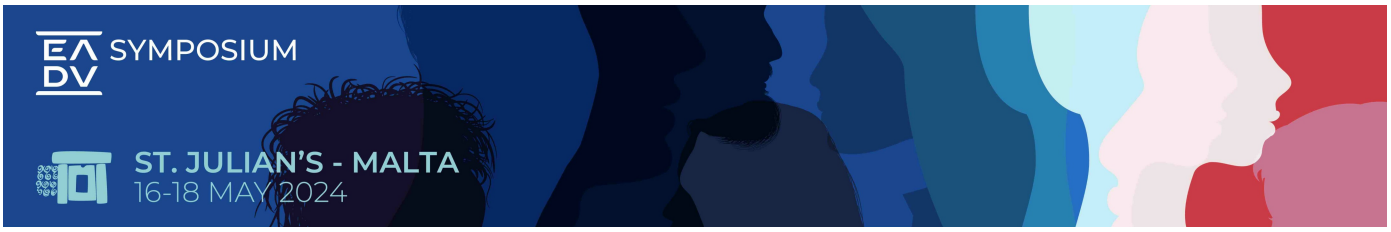


Abstract N°: 9

A rare case: one-sided reticulate acral pigmentation of kitamura

Rajkiran Takharya[1]

[1]Manipal Academy of Higher Education, Dermatology, Manipal, India

Introduction :

Reticulate pigmentary disorders are rare genetic abnormalities generally inherited in an autosomal dominant manner. These disorders include reticulate acropigmentation of Dohi (RAPD), reticulate acropigmentation of Kitamura (RAPK), Haber's syndrome, Dowling–Degos disease (DDD), and Galli– Galli disease. RAPK is characterized clinically by reticulate, slightly depressed pigmented macules on the acral parts of the body (mainly the dorsum of the feet and hands). Pits and breaks are located at the palms, soles, and dorsal phalangeal surfaces. The lesions begin in the first and second decades of life and steadily increase onto the extremities and seldom on the face and eyelids. The lesions typically darken slowly over time.

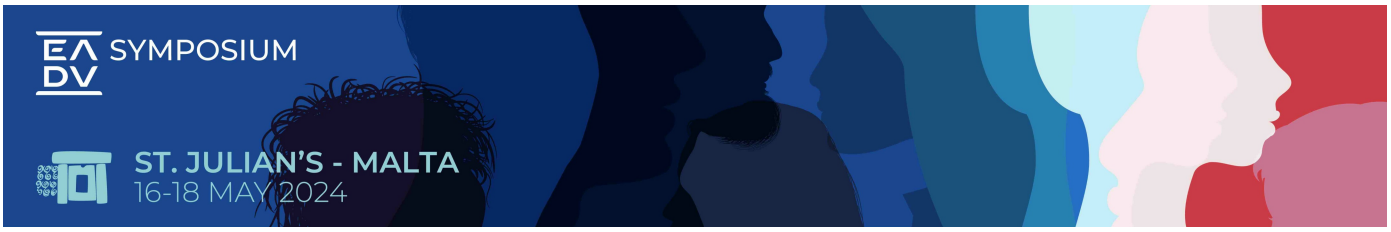
Case Report:

An 18 -year-old lady came to OPD with asymptomatic, darkish coloured skin lesions on the dorsum of the right hand for two months with no other complaints. The lesions were first less in number then progressed proximally to involve most of the right hand and forearm. The colour of lesions darkened with time from light brown to darkish brown. There was no history of chronic intake of any drugs, trauma or photosensitivity. Dermatological examination revealed hyperpigmented, angulated, atrophic macules in a reticulate pattern involving only the right side of her hand and forearm. The ventral surface of the same hand was not involved. Pits with breaks in dermatoglyphics were absent on both the palms. Other body parts like soles, scalp, hair, nails, teeth, Mucous membranes were normal. Cutaneous biopsy of a hyperpigmented macule over the right dorsum of the hand revealed thinning of the epidermis, elongation of rete ridges with increased number of melanocytes in the basilar keratinocytes. A diagnosis of unilateral reticulate acral pigmentation of Kitamura was made.

Discussion:

Kitamura and Akamatsu from Japan originally described RAPK. Close to one hundred cases are reported, principally in dark-skinned people of Asian ethnic origin. RAPK is clinically characterized by hyperpigmented, angulated, and slightly atrophic macules over the distal extremities. On histopathology will reveal atrophic epidermis with club-like elongation of the rete ridges and an excess of melanin in the basal layer. The differential diagnosis of RAPK includes RAPD, dyskeratosis congenita, Naegeli–Franceschetti– Jadassohn syndrome, dyschromatosis universalis hereditaria, dermatopathia pigmentosa reticularis and DDD. The differentiation between RAPD and RAPK clinically is in RAPD, there are hypopigmented macules. Hyperpigmentation on flexor areas are seen in DDD, reticular, and under histopathological examination, pigmented filiform projections in the epidermis with involvement of the follicular infundibulum are seen.

Our patient had cutaneous lesions, which are classically observed in RAPK, and the skin biopsy confirmed the diagnosis of RAPK. Notably, our patient had a unilateral distribution of the lesions, which is exceptional in RAPK. This made us come to conclude that condition makes our patient become is a case with unilateral acral reticulate pigmentation of Kitamura.



Abstract N°: 18

A case of bizarre acquired localised hyperpigmentation disorder associated with minocycline

Laura Đorđević Betetto[1], Boštjan Luzar[2, 3], Aleksandra Bergant Suhodolčan[1, 3]

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Introduction

Disorders of cutaneous pigmentation are one of the leading causes for dermatological consultation globally and drugs are one of the most common causes of acquired cutaneous hyperpigmentation. Minocycline-induced hyperpigmentation (MIH) is a well-documented adverse effect of this tetracycline antibiotic. It has been suggested that higher dosage and long-term therapy may be associated with an increased risk of MIH. MIH may affect several body sites, not just the skin, including the bones, eyes and thyroid. Traditionally, three types of MIH have been described (with a fourth reported in a few case reports), according to clinical presentation, histopathological picture and prognosis. If MIH is diagnosed, immediate discontinuation of minocycline is recommended.

Results

We herein present a 73-year-old Caucasian man that presented to our outpatient clinic with a hyperpigmented skin lesion on his right thigh. The patient had a history of hypertension, benign prostatic hyperplasia and smouldering IgA-kappa multiple myeloma. He had undergone bilateral hip arthroplasty. He was taking tamsulosin, telmisartan, carvedilol, acetylsalicylic acid and minocycline.

The patient initially developed cellulitis with an abscess in the hip region, which progressed to Staphylococcus aureus sepsis. When he returned from hospital, the red discolouration on his right thigh worsened. Suspecting an infection of the right hip prosthesis, further diagnostic procedures were carried out to rule out inflammation in the joint itself, and oral minocycline at a dose of 100 mg twice a day was prescribed as a prophylactic treatment, after which the pain and redness subsided, but the colour slowly turned grey-black.

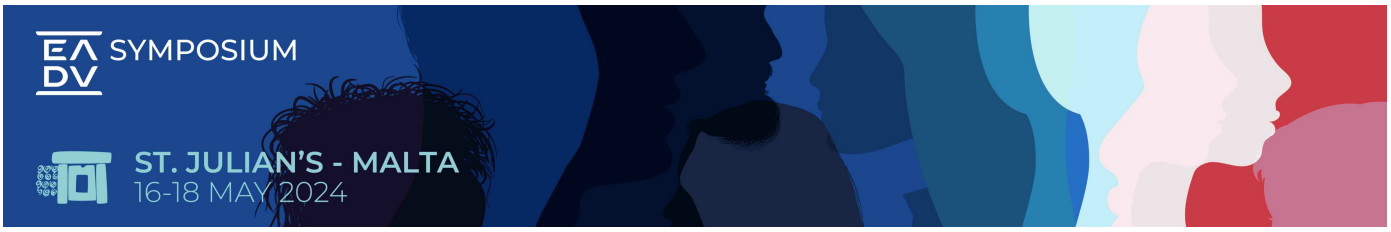
During the clinical examination at our clinic, an area of uneven black discolouration was present on the lateral part of the right thigh, consisting of several confluent, mostly round, non-scaly macules. The skin structure itself was not altered and the skin appendages were preserved. The black discoloration was irregularly spreading into the surrounding skin, where the pigmentation decreased. Deposition of greyish and brownish perifollicular pigment was visible on dermoscopy. Notably, the skin did not show hyperpigmentation in the area of the hip replacement scar or elsewhere on the skin or mucus membranes.

A skin biopsy was performed that showed pigment deposited within macrophages and freely in the interstitium both in the dermis and in certain regions of the subcutaneous fat and along the skin adnexa. There was an accompanying mild, predominantly chronic perivascular lymphocytic infiltrate. The histologic changes observed were consistent with MIH. Positive histochemical reactions to Perl's and Masson-Fontana suggested type 2 MIH.

We recommended discontinuation of minocycline therapy after 14 months. At the dermatological check-up a few months later, an improvement was noted - the pigmentation was less pronounced and less extensive. As the patient did not express any concerns about the cosmetic appearance of the lesion, no further treatment was initiated.

Conclusion

To the best of our knowledge this is the first described case of a mixed type of MIH, as it has clinical features of type 1 and histopathological features of type 2. We present this case to raise awareness of MIH which can lead to permanent cosmetic disfigurement. Therefore, physicians must inform their patients about the possibility of developing MIH during minocycline therapy and monitor them accordingly.



Abstract N°: 161

The global burden of vitiligo: A systematic review and meta-analysis of the incidence and prevalence

Morten Haulrig*[1], Rownaq A-Sofi[1], Mie Siewertsen[1], Subisan Baskaran[1], Marianne Løvendorf[1], Beatrice Dyring-Andersen[1], Lone Skov[1], Nikolai Loft[1]

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Introduction & Objectives:

Vitiligo is commonly described with a prevalence of 0.5%-1%, and recent epidemiological studies suggest an increasing prevalence. However, no studies have systematically evaluated the global incidence and prevalence. Therefore, we conducted a systematic review and meta-analysis to provide information on the incidence and the global, regional, and country-specific prevalence of vitiligo in the general population (PROSPERO: CRD42021261643).

Materials & Methods:

PubMed, EMBASE, and Web of Science were systematically searched from their inception dates to August 22, 2023. Studies reporting on the prevalence or incidence of vitiligo in the general population were included. Each study was categorised in subgroups based on age, sex, study type, sample size, study quality, and publication year. The overall analysis comprised all studies, except for studies only examining children and adolescents. Pooled proportions were calculated with the DerSimonian-Laird method for random-effects models with 95% confidence intervals (CI). The AXIS tool and the Newcastle-Ottawa Scale were used to assess the risk of bias.

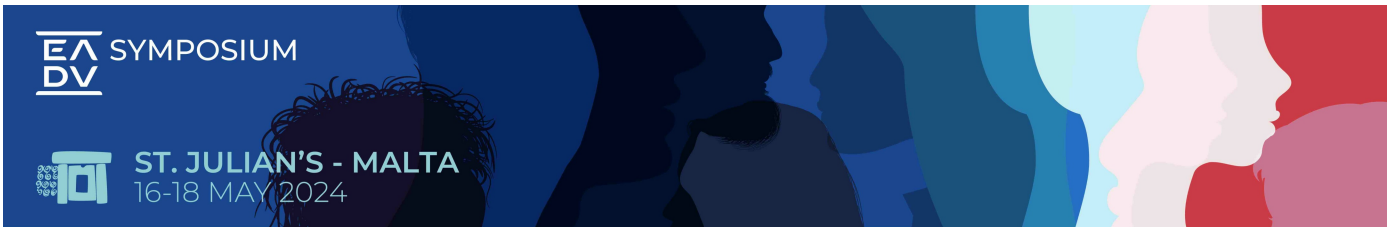
Results:

Of the identified 7,838 studies, 171 studies were eligible for analysis, comprising 572,334,973 participants. The overall incidence was 1.59 per 10,000 person-years (95% CI: 0.70-2.83). The overall prevalence was 0.40% (95% CI: 0.37-0.44); no difference was observed between females (0.50%, 95% CI: 0.36-0.66) and males (0.49%, 95% CI: 0.35-0.65). West Asia showed the highest prevalence (0.77%, 95% CI: 0.44-1.10) and East Asia the lowest (0.12%, 95% CI: 0.10-0.14). When categorised by countries, the highest prevalence was reported in Jordan (1.34%, 95% CI: 0.12-3.87) and the lowest in Sweden (0.19%, 95% CI: 0.08-0.34).

Children and adolescents showed a lower prevalence (0.27%, 95% CI: 0.24-0.31) compared to adults (0.70%, 95% CI: 0.59-0.81). When categorised by study types, questionnaire-based studies showed a higher prevalence (0.73%, 95% CI: 0.52%-0.98%) compared to examination-based studies (0.59%, 95% CI: 0.46%-0.73%) and register-based studies (0.13%, 95% CI: 0.10%-0.17%). The prevalence of vitiligo increased during the past 80 years when categorised by examination-based studies from 0.40% (95% CI: 0.17%-0.73%) between 1943-1979 to 0.89% (95%: CI 0.68%-1.13%) between 2020-2023. Questionnaire-based studies also showed an increasing prevalence, while in register-based studies, the prevalence was continuously low.

Conclusion:

This systematic review and meta-analysis shows the global impact of vitiligo and how subgroup analyses influence the prevalence. The overall prevalence of vitiligo is lower than previously assumed; females and males are equally affected, and vitiligo is more common in adults compared to children and adolescents. Questionnaire-based studies show a higher prevalence compared to examination-based and register-based studies.



Abstract N°: 329

Melasma. Analysis of the statistic data.

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Introduction & Objectives:

Melasma is one of the most prevailed causes of the referral for dermatological and cosmetological aid, particularly under the conditions of increased skin insolation in the countries with appropriate climatic exposures.

Materials & Methods:

There were used developed cards of the patients addressed to the Republican Specialized Research-Practical Medical Center of Dermatology and Venerology in the second half of 2023 with data of ambulatory observation and making photo documents of the clinical expressions.

Results:

During the period of study there were revealed 125 patients with melasma, 116 of them (92.8%) were females and 9 (7.2%) – males. 79 (63.2%) patients at the age of 30 to 40 years; 34 (27.2%) patients of age 20-30 years; 12 (9.6%) patients of the age older than 40 years. On the basis of clinical expressions 96 (76.8 %) patients have central facial form, 28 (22.4%) patients have molar form and 1 (0.8 %) have mandibular form of melasma.

Of 116 women the majority of them (62 patients) connected appearance of the spots with having previously pregnancy or the receiving of oral contraceptives, the rest 41 patients associated appearance of the spots with increased insolation (occupational activity, living in zones with extraordinary sun activity), 13 patients have difficulty in replying and connecting appearance of the elements with any provocational factor. Men noted appearance of the spots expression with occupational activity (long exposure to the direct sun lights).

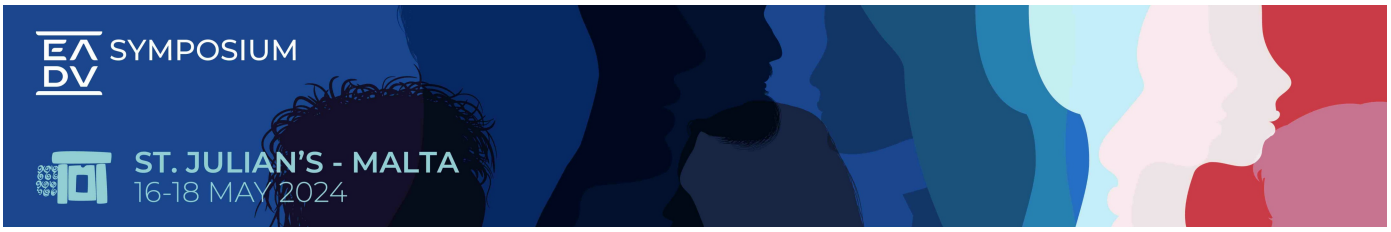
Investigation with use of digital dermatoscope showed 65 (52%) patients with epidermal type of melasma, 16 (12.8%) patients have dermal type of melasma, 44 (35.2%) patients have mixed type of melasma.

In the patients revealed there was found the following accompanying pathology: 81 (64.8%) patients have diseases of the thyroid gland (thyroid gland hyperplasia, goiter); 18 (14.4%) patients have diseases of the hepato-biliary system (retroversion of the gall bladder, chronic hepatitis, chronic cholecystitis); 18 (14.4%) patients have diseases of the gastrointestinal tract (gastric ulcer, duodenal ulcer, gastritis); 8 (6.4 %) patients have associated pathology.

The major part of the patients, 89 (71.2 %) patients showed appearance of these spots less than 5 years ago, 20 (16 %), noted appearance of these hyperpigmental spots on the face during 5-10 years, 16 (12.8 %) patients noted appearance of the spots more than out 10 years ago.

Conclusion:

Thus, disregulation of melanogenesis most frequently occurs among the women at the age 30 to 40 years with diseases of the thyroid gland and expresses in centrofacial form of the epidermal type of melasma.



Abstract N°: 620

Characterization of Gut Microbiota in Patients with Vitiligo based on Whole Genome Shotgun Sequencing

Hyun Jeong Ju[1], Woo Hyun Song[2], You Kyung Koh[2], Ji Hae Shin[1], Ji Yoon Kim[1], Minho Lee[2], Young Bok Lee[3]

[1]The Catholic University of Korea, St. Vincent`s Hospital, Department of Dermatology, Suwon, Korea, Rep. of South, [2]Dongguk University Ilsan Hospital, Department of Life Science, Goyang-si, Korea, Rep. of South,[3]Uijeongbu St. Mary's Hospital, The Catholic University, Department of Dermatology, Euijeongbu, Korea, Rep. of South

Introduction & Objectives:

Imbalances in gut microbiota have been implicated in the pathogenesis of autoimmune diseases. However, the connection between the etiopathogenesis of vitiligo and gut microbial dysbiosis remains elusive. Our study aims to elucidate the composition of the gut microbiome in patients with active generalized spreading vitiligo, employing metagenomic shotgun sequencing and advanced bioinformatic analyses to uncover potential bacterial biomarkers associated with the disease.

Materials & Methods:

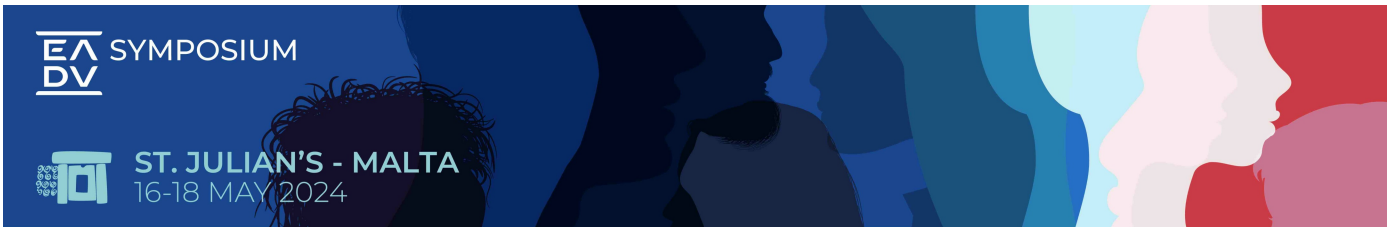
Patients with active generalized spreading vitiligo, who had not undergone systemic, topical treatment, or phototherapy in the recent two months, were enrolled. Metagenomic shotgun sequencing was conducted using Illumina sequencing technology. Sequence alignment to the human reference genome was performed using BWA-MEM2. Taxonomic analysis of unmapped sequences was carried out using Kraken2 and Bracken, while functional analysis utilized Humann 3.0. Asian samples from the NCBI GEO database were employed as healthy controls.

Results:

A total of 10 patients with active generalized spreading vitiligo and 11 healthy controls were included. Significant differences in bacterial community composition were observed compared to healthy controls. Alpha diversity was decreased in vitiligo patients. In phylum level, enrichment of *Actinobacteria* and *Firmicutes* and decrease in *Bacteroides* and *Proteobacteria* were observed in vitiligo patients compared with healthy controls. In genus level,*Bifidobacterium* was increased and *Streptomyces*, *Prevotella*, and *Phocaeicola* were significantly decreased in vitiligo patients. In species level, all kinds of *Blautia* species were significantly increased and *Prevotella* species were decreased in vitiligo patients. Functinoal profiling revealed that inosine monophosphate biosynthesis pathways were enriched in the vitiligo patients, predominantly by *Actinobacteria*. Conversely, inosine monophosphate degradation was prevalent in healthy control, primarily associated with *Bacteroidetes*. Despite small amount, a difference in the composition of fungus and virus was noted, however, it was difficult to find a correlation with the disease because they were thought to be affected by the host and bacteria.

Conclusion:

Our metagenomic analysis confirmed that vitiligo patients showed decreased diversity of gut microbiome. A predominance of *Actinobacteria* and *Bacteroidetes* was noted in vitiligo patients and healthy control, respectively. Moreover, enrichment of inosine monophosphate biosynthesis, a precursor molecule implicated in purine metabolism was noted in vitiligo patients. As mycophenolate mofetil, an inhibitor of inosine monophosphate dehydrogenase, is effective in treatment of vitiligo, purine metabolism could be associated with the disease progression of vitiligo, and further research is needed to evaluate the underlying mechanism.



Abstract N°: 657

A randomized clinico-dermoscopic study on localized, intradermal microinjections ofTranexamic Acid for Melasma

Aseem Sharma*[1]

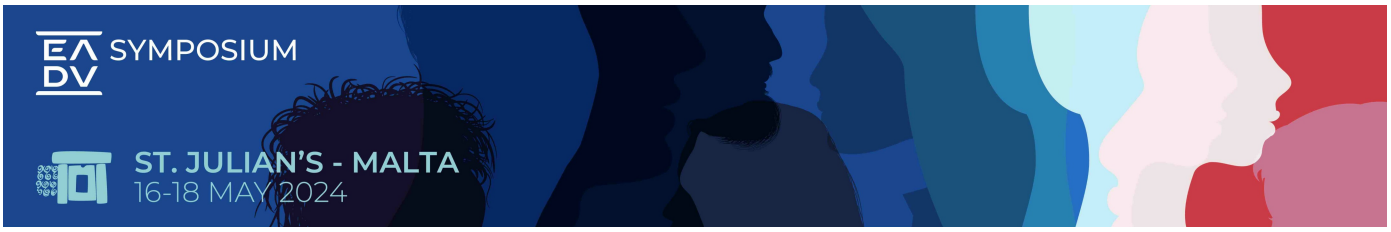
[1]Skin Saga Centre for Dermatology, Dermatology, Mumbai, India

Introduction & Objectives: Melasma is a common cosmetic problem among Asians. While various treatments are currently being used, there is no entirely satisfactory treatment. Tranexamic acid (TA), an inhibitor of plasminogen activator is an effective treatment for ultraviolet-induced hyperpigmentation.

Materials & Methods: Fifteen women with melasma were selected, and graded dermoscopically into epidermal, dermal and mixed types. After applying topical anesthesia, the left or right side of the face was chosen randomly to be treated with injection TA, in which 0.05cc of TA (4 mg/mL) was injected intradermally into the melasma lesion at 1 cm intervals by using a 1 mL insulin syringe with a 30-gauge needle. Caution was exercised to restrict cumulative dosage to 8mg, the upper limit of the therapeutic window for TA. Injections were repeated weekly for 12 weeks. Strict sun protection was advised to all patients. A clinical investigator evaluated the results by using the Melasma Area and Severity Index (MASI) at baseline and at 4, 8, and 12 weeks. Four regions viz., forehead, right malar region, left malar region and chin, were assessed based on three variables: percentage of the total area involved (A), darkness (D), and homogeneity (H). Dermoscopy was also employed to aid the same. Apart from the objective scoring, a subjective Quality of Life questionnaire was also deployed, to gauge satisfaction levels.

Results: Twelve women out of 15 showed statistical decrease in the MASI from baseline, insignificant at 4 weeks, and significant at both 8 and 12 weeks. Significant improvement was noted in the Epidermal type, followed by mixed and dermal. Subjective satisfaction increased significantly. Four subjects had recurrence at 14 weeks. No obvious adverse reactions were observed throughout the study.

Conclusion: Based on these results, we recommend that intralesional microinjections of TA acid should be offered as a potentially new, effective, and safe therapeutic modality for the treatment of melasma.



Abstract N°: 717

Isobionic-amide Cysteamine complex : A novel skin depigmenting combination for the treatment of melasma

Behrooz Kasraee[1, 2], Laure Dirlewanger[2]

[1]Centre Dermatologie Cornavin, Geneva, Switzerland, [2]Scientis SA, Geneva, Switzerland

Introduction & Objectives:

Due to the suboptimal efficacy and safety of current skin depigmenting compounds, there is a continuous need for new safe and efficacious depigmenting formulations. Here, we present a new skin depigmenting compound isobionic-amide, as a new inhibitor of tyrosinase and with potentiating effect on tyrosinase inhibition by cysteamine. The results of in vitro and clinical studies of isobionic-amide/cysteamine formula will be presented.

Materials & Methods:

The enzyme inhibitory effects of isobionic-amide, cysteamine and their combination were assessed on mushroom tyrosinase. The efficacy and safety of isobionic-amide/cysteamine was compared with placebo and Kligman's formula (mKF) in a double-blind randomized trial in 80 melasma patients. Chromametry, mMASI score, and qualitative measurements were collected at baseline, week 4, week 8 and week 16.

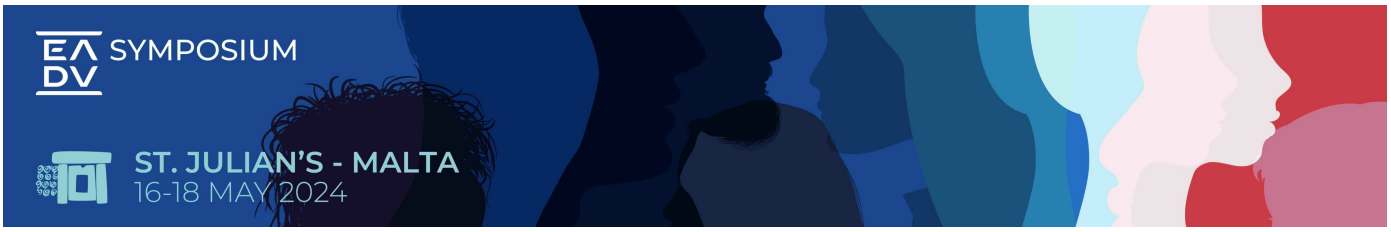
Results:

Isobionic-amide and cysteamine were both inhibitors of tyrosinase. The combination of both molecules had a synergistic effect on the reduction of tyrosinase activity. The results of the clinical study showed the same onset of depigmenting action at week 4 for cysteamine/isobionic-amide and mKF; and a comparable effect to significantly reduced melasma severity at all timepoint. Patients quality of life was significantly improved with cysteamine/isobionic-amide compared to mKF ($p<0.0001$). Patients' feedback and satisfaction was also higher with cysteamine/isobionic-amide formula.

Conclusion:

Isobionic-amide synergistically enhanced the tyrosinase inhibitory effect of cysteamine.

Isobionic-amide/cysteamine provided an early onset of action and was as effective as the mKF for the treatment of melasma. The data suggest that isobionic-amide/cysteamine could potentially be a novel alternative to mKF for the treatment of melasma.



Abstract N°: 855

Linear and whorled nevoid hypermelanosis: a rare pigmentary disorder

Salma Zakaryaa[1], Fouzia Hali[1], Bouchra Baghad[1], Farida Marnissi[2], Soumiya Chiheb[1]

[1]Ibn Rochd university hospital center, Dermatology and venereology, Casablanca, [2]Ibn Rochd university hospital center, Anatomopathology Department, Casablanca

Introduction & Objectives:

Linear and whorled nevoid hypermelanosis (LNCH) is a rare congenital dermatosis described by Kalter et al in 1988, characterized by hyperpigmented macules arranged along Blaschko's lines.

This sporadic dermatosis corresponds to cutaneous mosaicism and must be differentiated from the various other Blaschkolinear pigmentary disorders. We report a new case.

Observation:

A 10-year-old female patient with no history of consanguinity presented with hyperpigmented patches occurring in the 1st year of life. Clinical examination revealed diffuse linear hyperpigmented patches following Blaschko's lines on the face, neck, trunk, abdomen and limbs, associated with linear hypopigmented lesions on the legs. These lesions respected the palmoplantar regions and there was no mucosal involvement.

Cardiovascular, ophthalmological and skeletal investigations were normal. Histological examination revealed hyperpigmentation of the basal membrane. The diagnosis of HNLC was retained and the patient underwent dermatological follow-up.

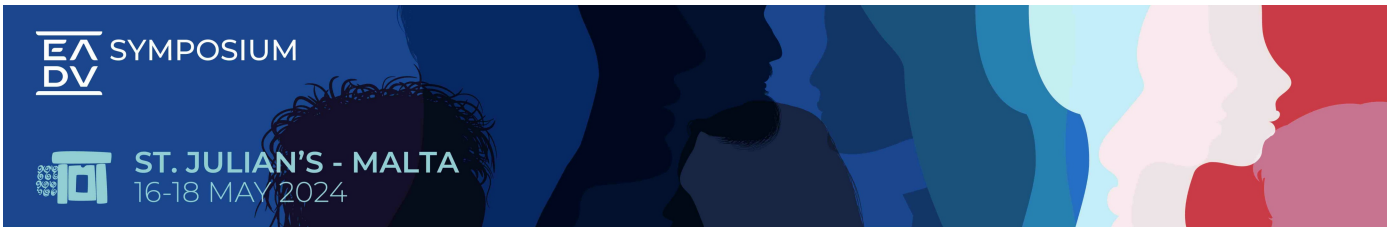
Conclusion:

Linear and whorled nevoid hypermelanosis (LNCH) is considered to be pigmentary mosaicism, usually observed in the first year of life, characterized by macular hyperpigmentation along Blaschko's lines and histologically by epidermal hypermelanosis without dermal pigment incontinence.

The macular lesions are linear, segmental or convoluted, with a clear demarcation from the midline.

They may be associated with blaschkoid hypopigmented lesions, particularly in linear forms, as well as extra-cutaneous neurological (developmental delay, epilepsy, hydrocephalus), musculoskeletal and cardiac abnormalities.

Mosaic chromosomal abnormalities (chromosomes 7, 14, 18 and X) have been identified in some cases.



Abstract N°: 947

Out-of-pocket expenditures of individuals affected by vitiligo in German speaking countries

Christine Gasteiger*[1], Stefanie Ziehfreund[1], Michael Hindelang[1], Hannah Wecker[1], Alexander Zink[1]

[1]Technical University of Munich, TUM School of Medicine and Health, Department of Dermatology and Allergy, München

Introduction & Objectives:

Out-of-pocket expenditures (OOPE) are a significant burden to patients with dermatological diseases, as evidenced across several diseases such as atopic dermatitis, alopecia areata, and psoriasis. This study aims to evaluate OOPE among individuals affected by vitiligo from Germany, Austria, and Switzerland. In addition, the study investigates various expenditure categories, their corresponding amounts, and factors associated with higher expenditure.

Materials & Methods:

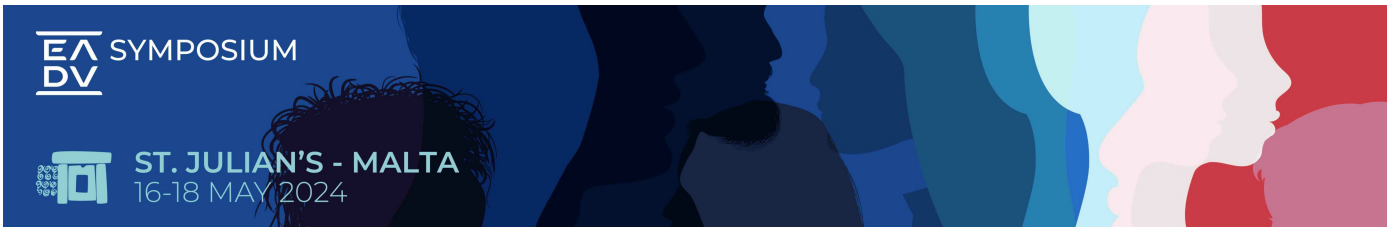
A cross-sectional study was conducted from September to December 2023 using an online questionnaire to enrol individuals aged 18 years and older who reported being affected by vitiligo. Participants were recruited through online resources such as self-help groups and flyers in dermatology clinics. The questionnaire enquired about sociodemographics, disease severity (including the self-assessment Vitiligo Extend Score), quality of life (assessed by the Dermatological Life Quality Index), OOPE, and the extent and purpose of vitiligo-related media use. Descriptive data were generated and group differences were assessed using the Mann-Whitney U test and the Kruskal-Wallis test. Spearman's correlation coefficient (ρ<0,05) was used to calculate the correlation between quality of life and OOPE.

Results:

Data from 173 participants, with a mean age of 44.5 years (SD 12.1 years) and 76.3% women, were analysed. The majority lived in Germany (84.4%), 11.6% in Switzerland, and 4.0% in Austria. A significant proportion (96.5%) reported vitiligo-associated OOPE, with sunscreen being the most common expenditure (89.6%) averaging €63.3 per year, followed by camouflage/make-up/tanning agents (54.3%), moisturizers (49.7%), nutritional supplements (48.0%), and clothing (35.8%). The median of annual OOPE was €704,0 (SD 1284.0). Women exhibited higher OOPE compared to men (€350 vs. €130, p=0.008), individuals undergoing dermatological therapy spent more than those not undergoing therapy (€500 vs. €273, p=0.039), and participants utilising digital media for alternative therapy information had higher expenses compared to those who did not (€570 vs. €250, p=0.0043). No differences were observed for relationship status, education level, skin type, disease progression, or insurance type. A moderate positive correlation was observed between quality of life and OOPE (ρ=0.49, p<0.001).

Conclusion:

Sunscreen emerged as the most frequently reported OOPE for individuals affected by vitiligo. This high frequency of expenditure on sunscreen may reflect vitiligo patients' heightened sun protection habits. In addition, over half of the respondents reported expenses for vitiligo-covering methods like makeup, camouflage, and clothing. This indicates the burden of stigma and psychological impact associated with vitiligo and skin diseases in general. In addition, awareness of vitiligo associated OOPE could improve patient consultation with dermatologists, particularly regarding information on effectiveness/uselessness of nutritional supplements.



Abstract N°: 1078

Lichen planus pigmentosus-inversus: A case report

Meriame Lamkaissi[1], Mariem Tabka[1], Miriam Saad[1], Ismahene Souissi[1], Mourad Mokni[1]

[1]La Rabta hospital of Tunis , Departement of dermatology

Introduction & Objectives:

Lichen Planus Pigmentosus Inversus (LPPI) is a rare variant of lichen planus characterized by hyperpigmented patches predominantly localized in intertriginous areas. Due to its rarity, only a few LPPI cases have been reported. Herein, we present the case of a 45-year-old woman with no relevant personal or family history presenting with LPPI

Materials & Methods:

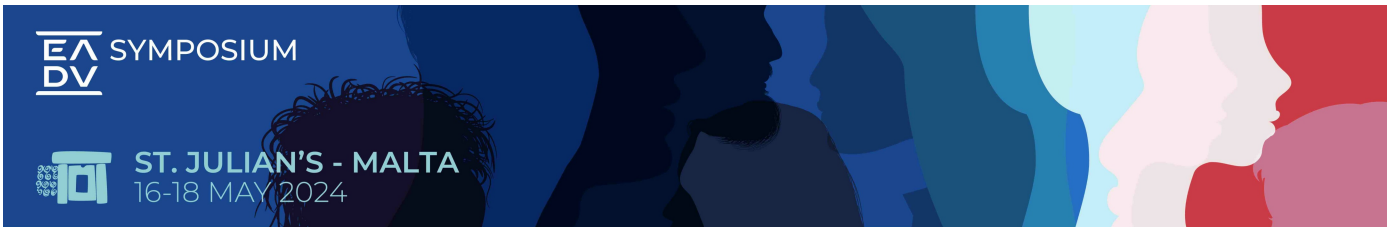
Results:

A 45-year-old female patient, with no past medical history and no prior medication, presented with asymptomatic, symmetric, gray-brown macules of 4 months duration. Physical examination revealed multiple well-demarcated, hyperpigmented macules and patches on the axillae, intertriginous regions of her neck, groins, and inframammary areas, without pruritus. The mucosae, scalp, and nails were not involved. General clinical examination revealed no abnormalities. The dermoscopy revealed homogeneous diffuse brown patches with perifollicular hyperpigmentation.The histopathological examination of a punch biopsy showed orthokeratotic epidermal atrophy, degeneration of the basal layer, lichenoid inflammatory infiltrate composed of lymphocytes and histiocytes in the superficial dermis, and areas of pigmentary incontinence and melanophagia, along with a lymphohistiocytic infiltrate in the superficial papillary dermis.These findings, along with the distribution of lesions, were consistent with a diagnosis of Lichen Planopilaris (LPP)-inversus. The patient was treated with a high-potency topical corticosteroid.

Conclusion:

LPP-inversus is a term used to describe LPP lesions located on non-sun-exposed areas, such as intertriginous and flexural regions. Most cases have been reported in people with lighter skin, such as Caucasians and Asians. A recent review concludes that there is a female predominance.Dermatological examination typically reveals the following clinical features: Hyperchromic macules, well-defined, with a smooth surface, they are usually asymptomatic or slightly pruritic and measuring from millimeters to centimeters in diameter, Generally, there is no mucosal or oral involvement.The Positive diagnosis is established through a combination of anatomical and clinical findings.The evolution of LPP-inversus is variable, with spontaneous resolution possible in some cases, while it may persist for several years in others. The treatment is not standardized; however, options include medium or strong class topical corticosteroids, topical tacrolimus, and general corticosteroid therapy. The main differential diagnosis includes lichen planus pigmentosus. However, lichen planus pigmentosus typically appears after sun exposure and affects photoexposed areas, unlike LPPI, which predominates in intertriginous areas.Haut du formulaire

To conclude, Lichen planus pigmentosus inversus should be considered in the differential diagnosis of cutaneous pigmentation exclusively located in flexural areas.



Abstract N°: 1116

becker's syndrome with homolateral breast hypoplasia: cosmetic prejudice in a young adolescent girl

Sara Nejjari[1], Inas Chikhaoui[1], Ghita Basri[1], Soumia Chiheb[2]

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Introduction & Objectives:

Becker syndrome is a rare syndrome in which a Becker nevus of the trunk is associated with hypoplasia of the breast, muscle or bony skeleton.

We report the case of a patient presenting with Becker syndrome and underlying breast hypoplasia.

Materials & Methods:

Patient I.M, aged 15, had presented since puberty a mosaic pigmented lesion without hyperpilosity of the right breast, associated with significant hypoplasia of the homolateral breast.

The patient's mother reported a history of depressive episodes that paralleled the evolution of her breast hypoplasia.

Results:

The diagnosis of Becker's nevus in the context of Becker's syndrome was retained.

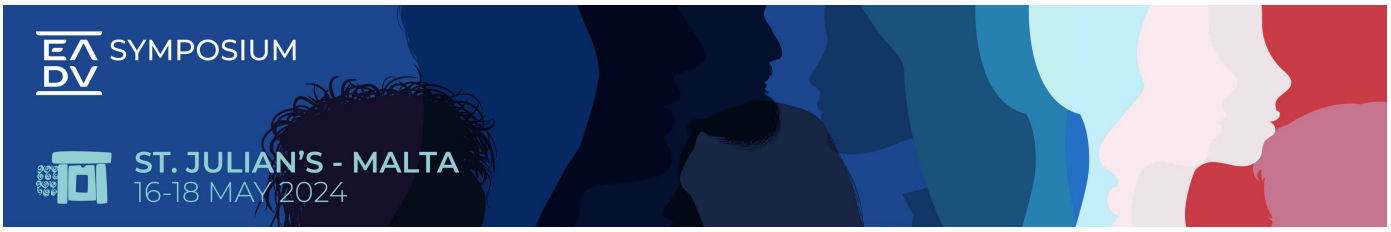
The diagnosis of Becker syndrome is essentially clinical, characterized by the presence of a hyper-pigmented macule associated with hypoplasia of the breast, areola and/or nipple, and in some cases even of the underlying musculature.

An androgen-dependent theory of this syndrome has been reported in the literature, hence its high prevalence in the male population.

The particularity of this observation lies in the occurrence of this syndrome in women, so this diagnosis should be evoked in the presence of hyperpigmentation of the breast with or without hyperpilosity and hypoplasia of the homolateral breast.

Conclusion:

Becker's syndrome may be rare, but its occurrence in the female population has a significant psychological impact.



Abstract N°: 1141

UVB-induced NF-kB pathway is characteristic in the inflammatory subtype of solar lentigo

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Introduction & Objectives:

Lentigo is a pigmented spot or marginally raised lesion of the skin, characterized by persistence regardless of seasonal variations as well as specifically specified edges. Several subtypes of lentigo have been phenotypically categorized by considering skin biology, UV exposure, and protective process. However, underlying molecular-level mechanisms responsible for biological functions or characteristics associated with lentigo remain unclear. In this study, we inquired into the inherent gene regulatory mechanisms intimately linked to the inflammation-associated reactions of lentigo by comparing high- and low-inflammation lentigo patient RNA-seq samples through several analysis approaches from different point of views.

Materials & Methods:

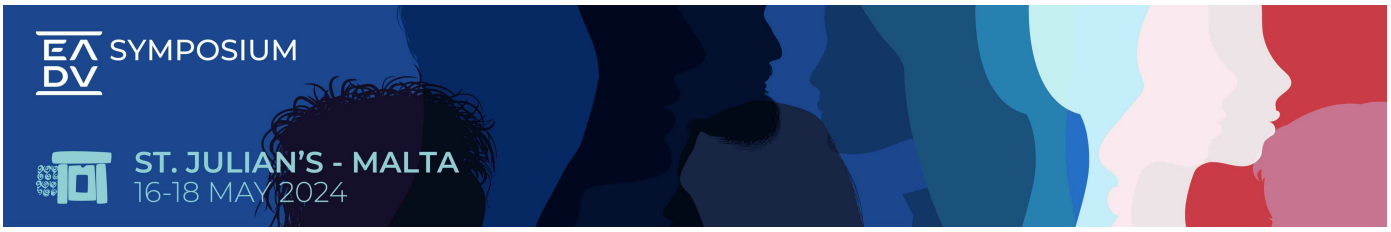
We performed a molecular-level comparative analysis between the high- and the low- inflammatory lentigo patient RNA-seq samples.

Results:

While recognizing that elevated expressions in the high-inflammation were involved in known inflammatory skin disorders, the comparative analysis between the high- and the low-inflammation disclosed similar or different patterns. Also, since specific core genes were associated with UVB light damage or oxidative stress, upregulation of NF-kB was found to be linked to UV light exposure in the high inflammation group. Furthermore, higher expressions of the low-inflammation turned out to be associated with protective mechanisms against UVB light damage.

Conclusion:

This is a molecular-level study of inherent gene regulatory mechanisms linked to inflammation-related responses in lentigo by comparing high-and low-inflammatory lentigo patient RNA-seq samples from different perspectives and through multiple analysis approaches. Upregulation of NF-kB was associated with UV light exposure in the high inflammation group and UVB-induced NF-kB pathway is characteristic in the inflammatory subtype of solar lentigo.



Abstract N°: 1276

Treatment Outcomes Among Adults and Adolescents With Vitiligo in the Phase 3 TRuE-V Studies of Ruxolitinib Cream Highlight the Importance of Early Treatment

Albert Wolkerstorfer*[1], Khaled Ezzedine[2], Thierry Passeron[3, 4], Amit Pandya[5, 6], Shaoceng Wei[7], Diana Stefani-Hunyady[7], Deanna Kornacki[7], David Rosmarin[8]

[1]Amsterdam University Medical Center, Amsterdam, Netherlands,[2]Henri Mondor University Hospital and Université Paris-Est Créteil Val de Marne, Paris, France, [3]Centre Hospitalier Universitaire de Nice, Université Côte d'Azur, Nice, France, [4]INSERM U1065, C3M, Université Côte d'Azur, Nice, France,[5]Palo Alto Foundation Medical Group, Sunnyvale, United States, [6]University of Texas Southwestern Medical Center, Dallas, United States,[7]Incyte Corporation, Wilmington, United States, [8]Indiana University School of Medicine, Indianapolis, United States

Introduction & Objectives:

Vitiligo is a chronic autoimmune disease characterized by loss of melanocytes that results in skin depigmentation. Early therapeutic intervention is recommended to improve the prognosis in patients with vitiligo. In 2 randomized, double-blind, vehicle-controlled phase 3 studies in adults and adolescents (aged ≥12 y) with nonsegmental vitiligo (TRuE-V1 [NCT04052425], TRuE-V2 [NCT04057573]) and in the TRuE-V long-term extension study (LTE; NCT04530344), 1.5% ruxolitinib cream application twice daily (BID) resulted in statistically significant improvements in repigmentation vs vehicle at Week 24, with continued improvements observed through Weeks 52 and 104. Here, body region involvement and efficacy data from the TRuE-V studies were assessed based on disease duration at baseline to evaluate ruxolitinib cream as an early therapeutic strategy.

Materials & Methods:

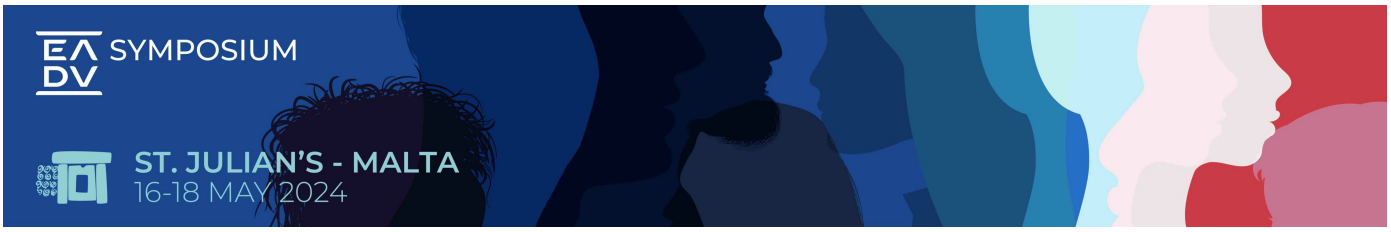
In TRuE-V1/TRuE-V2, patients with nonsegmental vitiligo were randomized 2:1 to apply 1.5% ruxolitinib cream or vehicle BID for 24 weeks, after which all patients could apply ruxolitinib cream until Week 52. Patients who did not achieve near-complete improvement (ie, ≥90%) from baseline in facial Vitiligo Area Scoring Index (F-VASI) at Week 52 continued to apply open-label 1.5% ruxolitinib cream BID until Week 104 in the TRuE-V LTE. A repigmentation outcome of ≥75% improvement from baseline in F-VASI (F-VASI75) was assessed according to disease duration at baseline (time since diagnosis). Data are reported as observed.

Results:

In TRuE-V1/TRuE-V2 (pooled), patients with shorter disease duration (≤2 y vs >2 y) were less likely to have baseline involvement of difficult-to-repigment areas (hands, 75.0% [36/48] vs 89.6% [549/613], respectively; feet, 45.8% [22/48] vs 66.2% [406/613]). The proportion of patients who achieved F-VASI75 at Week 24 was slightly higher among patients with disease duration ≤2 y vs >2 y (34.4% [11/32] vs 30.7% [111/362], respectively); a similar trend with further separation was observed at Week 52 (57.7% [15/26] vs 49.7% [161/324]). However, greater efficacy by disease duration ≤2 y vs >2 y was not apparent among patients in the TRuE-V LTE who applied ruxolitinib for an additional 52 weeks (Week 80, 46.2% [6/13] vs 55.2% [100/181], respectively; Week 104, 66.7% [8/12] vs 66.1% [109/165]). Among patients initially randomized to vehicle in TRuE-V1/TRuE-V2 who crossed over to ruxolitinib cream after Week 24, higher proportions with shorter disease duration had F-VASI75 responses at Week 52 in TRuE-V1/TRuE-V2 (28 weeks of ruxolitinib cream, 62.5% [5/8] vs 26.5% [41/155]) and Weeks 80 and 104 in TRuE-V LTE (50.0% [2/4] vs 43.2% [41/95] and 50.0% [2/4] vs 47.2% [42/89], respectively).

Conclusion:

Adolescents and adults who had shorter disease duration (≤2 y vs >2 y) were less likely to have involvement of the hands and feet, which are harder to repigment. In addition, patients with shorter disease duration were more likely to achieve F-VASI75 at earlier time points with application of ruxolitinib cream. Further improvements were observed with continued application of ruxolitinib cream; however, at later time points, similar rates of F-VASI75 were achieved regardless of baseline disease duration. These data suggest that early treatment may improve patient outcomes, although additional studies in larger populations are needed, particularly in patients with disease duration <6 months.



Abstract N°: 1320

Oral isotretinoin, a promising treatment for progressive macular hypomelanosis

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Introduction & Objectives:

Progressive macular hypomelanosis (PMH) is a common but often under-recognized condition, affecting teenagers and adults worldwide characterized by multiple, poorly defined, non-scaly, round, hypopigmented macules mostly located on the trunk. Although the exact cause of PMH is unknown, it has been suggested that the the presence of *Cutibacterium acnes* plays an important role in the development of the condition. Many treatment modalities have been proposed, but none are universally effective. Here, we present a case of PMH showing excellent response to oral isotretinoin.

Materials & Methods:

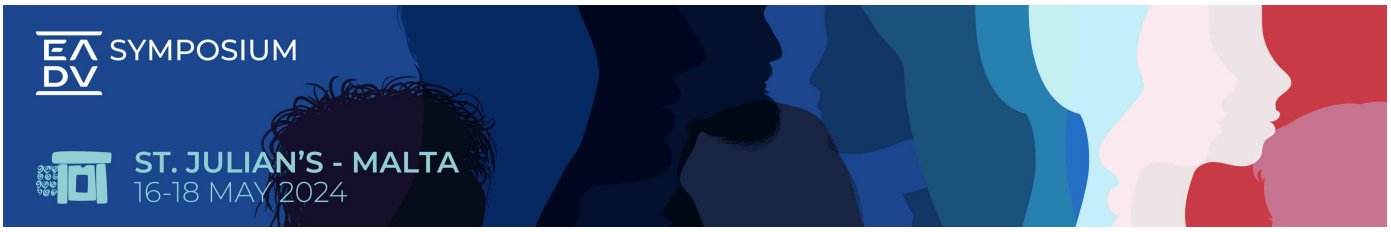
A 21-year-old, Caucasian female with Fitzpatrick phototype IV presented with asymptomatic circular areas of hypopigmentation affecting the trunk. The lesions had been present for four years, and previous treatments, including topical steroids and antifungal medications, did not lead to improvement of the condition. Dermatological examination revealed symmetrically distributed, non-scaly, confluent white macules on the trunk. Wood light examination demonstrated a characteristic punctiform red glow follicular fluorescence in the affected areas. Microscopy of skin scrapings (using potassium hydroxide) did not show any hyphae or yeast cells. The diagnosis of PMH was made and oral isotretinoin 20mg once daily (0.4 mg/kg) was prescribed.

Results:

At 3-month follow up, most hypopigmented patches had resolved and considerable repigmentation had occurred in the remaining macules compared to initial presentation. Treatment will continue for another 3 months.

Conclusion:

In our experience from the presented case report, the administration of oral isotretinoin is an effective and promising treatment for PMH. This notion is further supported by the implication of acne bacteria, *Cutibacterium acnes*, in the pathogenesis of PMH, as well as, the distribution of the PMH lesions in sebum-rich areas. Based on these observations, It is not unreasonable to postulate, that the effectiveness of oral isotretinoin treatment can be attributed to the reduction of sebum found in the pilosebaceous unit alongside the eradication of C. acnes. Clinicians need to be aware of this important association to avoid misdiagnoses, and to consider alternative treatment strategies. Further studies are needed to to evaluate the exact role of C. acnes in the pathogenesis of PMH, and to confirm the results of the proposed treatment.



Abstract N°: 1420

Assessing the effectiveness of tretinoin in treating axillary hyperpigmentation with acanthosis nigricans: A study utilizing the acanthosis nigricans scoring chart (ANSC)

Puri Chunekamrai[1], Nattasit Chatpimolkul[1], Soravit Thummawatwimon[1], Arucha Treesirichod[1]

[1]Faculty of Medicine, Srinakharinwirot University, Department of Pediatrics, Nakhonnayok, Thailand

Introduction & Objectives:

Acanthosis nigricans, characterized by hyperpigmentation and skin thickening, commonly affects body folds, including the axillary region. Despite numerous studies, a universally recognized cure for this condition remains elusive. The potential therapeutic role of tretinoin has been investigated, leading to this Phase III trial, a pilot study aiming to evaluate the effectiveness of 0.025% tretinoin in addressing axillary hyperpigmentation associated with acanthosis nigricans.

Materials & Methods:

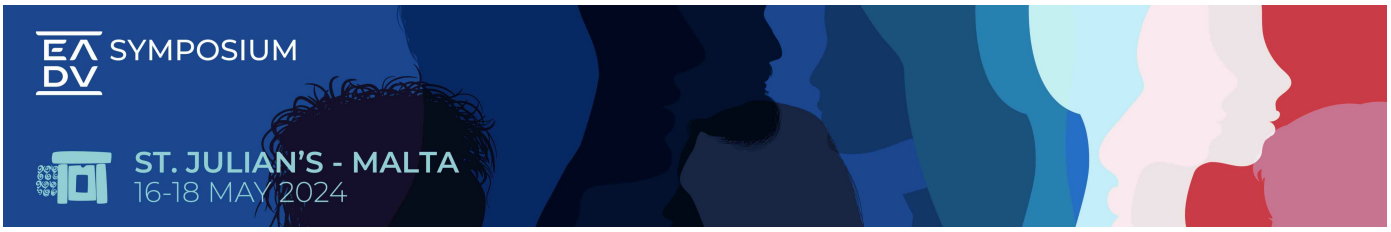
The pilot study involved adult patients with axillary hyperpigmentation associated with acanthosis nigricans. The impact of an 8-week application of tretinoin was meticulously assessed using the Acanthosis Nigricans Scoring Chart (ANSC). The total ANSC score was calculated by aggregating individual scores for skin color (ranging from 1 to 8) and texture (ranging from 1 to 6). Overall success rates were evaluated using both investigator-assessed (IGE) and participant-assessed (PGE) global evaluation scales. Additionally, potential adverse effects were systematically examined throughout the study.

Results:

Ten participants were enrolled in the study, with a majority being female (70%). The ANSC assessment revealed a significant improvement from week 0 to week 8 ($p < 0.001$). The mean (sd) total score of ANSC at week 0 and week 8 was 10.8 (1.6) and 7.4 (1.2), respectively. During this period, the mean (sd) percentage change in ANSC score was 31.13 (7.67)%. The findings from global evaluation scales supported the positive outcomes observed in the ANSC assessment. Notably, the administration of tretinoin showed no serious local skin adverse reactions throughout the treatment duration.

Conclusion:

This study demonstrates that the application of 0.025% tretinoin significantly improves axillary hyperpigmentation associated with acanthosis nigricans. Consequently, tretinoin emerges as a credible and viable treatment option for addressing this challenging condition.



Abstract N°: 1576

Symmetrical Facial Hyperpigmentation of a Hispanic Woman: A Case of Hori's Nevus

Hasret Gunduz[1], Kenneth Shulman[2], Mehmet Fatih Atak[3], Frederick Pereira[4], Banu Farabi*[2]

[1]The Feinstein Institute for Medical Research, Center for Autoimmune and Musculoskeletal Diseases, Manhasset, United States, [2]New York Medical College, Department of Dermatology, New York, United States,[3]NYC Health + Hospitals/Metropolitan, Department of Internal Medicine, New York, United States, [4]Mount Sinai School of Medicine, Department of Dermatology, New York, United States

Introduction & Objectives:

Hori's Nevus is part of a group of benign melanocytic proliferations termed dermal melanocytosis, which includes congenital dermal melanocytosis of infants, nevus of Ota, and nevus of Ito. It clinically presents as discrete brown macules, which later coalesce into confluent grey-brown macules and small patches.

Materials & Methods:

Herein, we present a case of Hori's Nevus in a 41-year-old Hispanic woman, highlighting clinical presentation, diagnostic features, and treatment considerations.

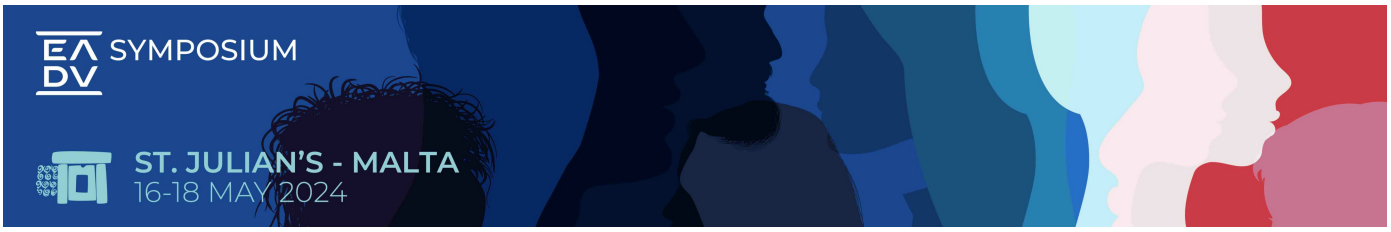
Results:

A 41-year-old Hispanic female was referred to dermatology for facial hyperpigmentation. The patient reported having this pigmentation for over 10 years but noted exacerbation within the past year. The hyperpigmentation was asymptomatic, and the patient denied any exacerbating factors or prior treatment. She did not endorse wearing sunscreen. Physical examination revealed bilateral well-defined brown to grey hyperpigmented macules coalescing into patches starting on the temporal aspects of the forehead, wrapping around the zygomatic cheeks, and extending medially to the nasolabial folds. Notably, there was sparing of the immediate periocular skin. Dermatoscopic examination showed a reticulated pattern of pigmentation with follicular openings, while histopathology revealed melanocytes with pigmented dendritic processes in the upper dermis. Her medical history was notable for systemic lupus erythematosus, chronic kidney disease secondary to lupus nephritis, hypertension, deep vein thrombosis, and pulmonary embolism. Medications included Lisinopril, Hydroxychloroquine, Mycophenolate, and Apixaban. A diagnosis of Hori's Nevus was made by correlating clinical and histopathological findings.

Conclusion:

Hori’s Nevus was first described in 1984 as a new entity distinct from Nevus of Ota. It is most common among women of East Asian descent, with onset commonly after the age of 15, with a reported mean age of 30. The distribution is most common on the bilateral malar region, with other areas of involvement possibly including the forehead, temple, eyelids, nasal ala, and nasal root. The etiology is unknown; however, proposed mechanisms include the drop-off of epidermal melanocytes, migration of hair bulb melanocytes, reactivation of pre-existing dermal melanocytes, and manifestation of latent dermal melanocytes in some areas of the face, possibly triggered by dermal inflammation, atrophy, or age-related degeneration of epidermis and dermis. Common features on dermatoscopy of Hori’s Nevus include blue-brown or grey pigmentation and a speckled homogeneous pattern. The most widely accepted treatment is Q-switched Nd: YAG laser. Other forms of laser include alexandrite, Er: YAG, Q-switched ruby, and CO2. Cryotherapy, dermabrasion, hydroquinone, and skin grafts have been attempted with variable results.

In conclusion, our case emphasizes the importance of considering Hori’s Nevus as a possible cause of symmetrical facial darkening, particularly in those with existing medical conditions. Tailored management strategies addressing cosmetic concerns and health considerations are essential.



Abstract N°: 1601

Dermoscopy of lichen planus pigmentosus : A case series

Yosr Daoud[1], Chamli Amal[1], Malek Mrad[1], Ghofrane Ouarech[1], Refka Frioui[1], Anissa Zaouak[1], Houda Hammami[1], Samy Fenniche[1]

[1]Habib Thameur Hospital, Dermatology, Tunisia

Introduction & Objectives:

Lichen planus pigmentosus (LPP) is a variant of lichen planus characterized by an acquired dark brown to gray macular pigmentation particularly in photoexposed areas. There is a wide range of differentials with substantial clinicopathological overlap. Dermoscopy, a non-invasive tool that is used in different skin diseases, including pigmentary disorders, offers an additional diagnostic dimension for LPP.

Materials & Methods:

This is a retrospective study including all histologically confirmed cases of LPP consulted in our department over a 2-year period (from 2020 to 2022).

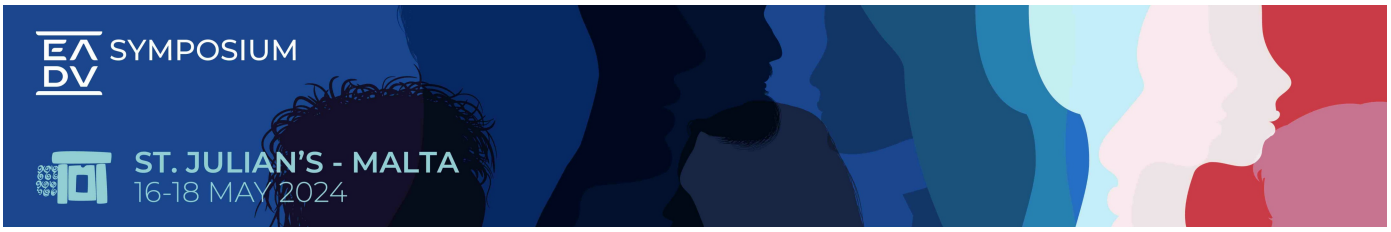
Results:

A total of 23 patients were included in this study, comprising 4 males and 19 females. The mean age was 47 years. The patients' phototype was divided into: IV (n=20) and III (n=3). Concerning pigmentation patterns, a diffuse pattern was observed in 14 cases, a patchy pattern in 8, and a linear pattern in 1. LPP coexisted with frontal fibrosing alopecia in 3 cases and with classic lichen planus in 2 cases. The most common dermoscopic finding was dots and/or globules (n=23) in different patterns: speckeled (n=4), dotted (n=2), reticular (n=4), diffuse (n=9), hem-like (n=1), and circular (n=2). Other patterns were the exaggerated pseudoreticular pattern (n=12), sparing of follicular openings (n=23), targetoid appearance (n = 3), erythema (n=4), and telangiectasia (n=7). Histological findings were pigment incontinence (n=23), a band-like lichenoid infiltrate (n=8), a superficial perivascular infiltrate (n=13), interface dermatitis (n=19), presence of colloid bodies (n=16) and basal cell vacuolization (n=16). We found a statistically significant association between the intensity of pigmentary incontinence on the histological examination and the presence of blotches in dermoscopy (p=0.046) and a statistically significant correlation between the presence of telangiectasias and facial LPP (p=0.04).

Conclusion:

In this study, we found that the accentuation of the normal pseudo-network, which corresponds to the hyperpigmentation of the basal layer, along with dots and globules, which correspond to pigment incontinence, are the principal dermoscopic features of LPP. In fact, the brownish color of dots and globules indicates the presence of melanophages in the superficial dermis as a result of the lichenoid inflammation that occurs just below the epidermis in LPP. We also found three patterns: reticulated, diffuse, and non-specific pattern (which include speckled and dotted pattern). The circular pattern was noted in two female patients in our study who had facial LPP concomitant with FFA and sparing of follicular opening was observed in all the cases. Telangiectasias and erythema were reported in the study of facial LPP concomitant with FFA and were found to be linked to the inflammatory processes associated with epidermal atrophy.

Our findings align with prior research on the dermoscopic manifestations of LPP: dots and globules, accentuation of the normal pseudo-network and telangiectasias. However, no pathognomonic dermoscopic features exclusively attributable to LPP were identified. Such studies would furnish valuable insights into the dynamic course of this disease, facilitating the identification of dermoscopic signs indicative of disease activity.



Abstract N°: 1730

Do natural compounds hold promise for skin repigmentation in patients with acquired vitiligo?

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

[1]Ludwik Rydygier's Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University, Department of Dermatology and Venerology, Bydgoszcz, Poland

Introduction & Objectives:

In vitiligo, depigmentation changes occur due to the action and destruction of pigment cells (melanocytes). Studies have demonstrated that they are more susceptible to reactive oxygen species (ROS), compared to those in healthy individuals. A comprehensive understanding of the pathogenesis of vitiligo suggests that effective treatment should address melanocyte dysfunction, autoimmune responses, and melanocyte depletion. Attention has been drawn to the potential benefits of ginkgolides, which can serve as complementary therapy in treating vitiligo due to their antioxidant properties. Ginkgo biloba extract, derived from the leaves of the ginkgo biloba tree, has been used historically in Chinese medicine and is currently employed for neuroprotection and vasodilation. Ginkgo biloba extracts modulate the Nrf-2 oxidative pathway, scavenging free radicals and eliminating superoxides. Additionally, bioflavonoids help mitigate the cytotoxic effects of UV-B radiation used in phototherapy.

The role of oxidative stress in the etiopathogenesis of vitiligo is recognized, and therapy has been enhanced by incorporating antioxidant interventions. However, existing reports evaluating their clinical effectiveness in repigmentation yield conflicting results, underscoring the need for further research.

Materials & Methods:

In the study, immortalized human dermal melanocytes - hTERT Human Dermal Melanocytes were utilized. The results were derived from treating the immortalized melanocyte line with compounds containing ginkolide groups. hTERT Human Dermal Melanocytes, which were not exposed to ginkolides, were used as a control.

Cells were treated with compounds from Ginkolide groups J, C, K, A at concentrations ranging from 15,625 nM to 500 nM. The cells from the cultures were isolated after 24/48 hours of melanin production using trypsin and cold PBS. In order to standardize the lysate content, 2*106 cells per sample were used for the procedure. The amount of melanin was quantitatively determined by ELISA. The obtained results were subjected to statistical analysis.

Results:

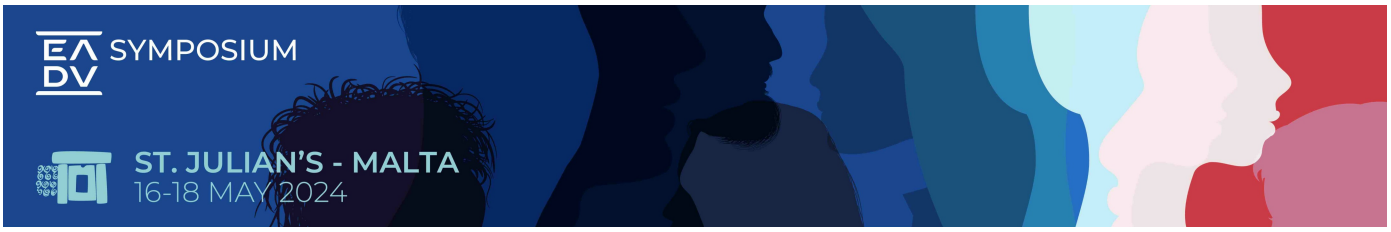
ELISA tests revealed that ginkolides B, C, J, and K possess properties that enhance melanin synthesis. The positive correlation intensified with the duration of exposure, ranging from 24 to 48 hours. The proliferation of ginkolides during both 24 and 48-hour incubations was inversely correlated with the increase in melanin. The highest concentrations of melanin were observed at low ginkolide concentrations. The effects and implications of melanin synthesis were observed when using ginkolides J and C.

Conclusion:

The results obtained indeed validate the research concept pursued and affirm the safety of usage (no cytotoxicity), as well as the necessity of employing low doses to induce a biological effect in the form of increased melanin synthesis.

Studies have indicated that Ginkolide groups J, C, K, and A can enhance melanin synthesis, which is crucial for repigmentation. This suggests that these Ginkolide groups could potentially play a significant role in the treatment of vitiligo. However, it's important to emphasize that these findings are based on limited studies. Therefore, further research

is warranted to fully comprehend the potential of Ginkolide groups in vitiligo treatment and to confirm these preliminary findings. This will help in establishing a more definitive and effective treatment protocol for vitiligo using these compounds.



Abstract N°: 1869

Successful treatment using triple combination therapy of topical calcineurin inhibitor, oral mini-pulse methylprednisolone, and daily vitamin D3 supplementation in a-5-year-old asian girl with vitiligo receiving 308-nm-excimer light phototherapy: A case report

Pusfana Meidelia[1]

[1]Tivaza Skin Specialist Clinic, Bandung, Indonesia

Introduction & Objectives:

Approximately 50 percent of patients with vitiligo develop the condition before they reach the age of 20, and in about 25 percent of them develop before the age of 8, with a mean age of 4 – 5 years. Current treatment options for children with vitiligo include topical medications, systemic treatments with steroid and supplementations, or phototherapy. All therapi aims to increase repigmentation to the skin and the combination therapy always come with good result than monotherapy.

Materials & Methods:

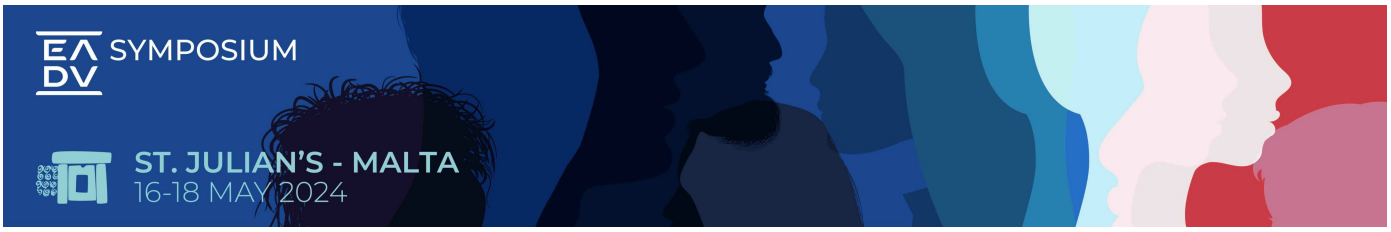
A 5-year-old girl presented at our clinic with 3 months history of using steroid topical twice a day on white patches that were visible involving the left area of abdomen without any improvement. There was no history suggestive of autoimmune disorders and there was no family history of vitiligo. Physical examination revealed localized hypopigmented macules on left side of the abdomen. A clinical diagnosis of vitiligo was made after wood's lamp examination was taken and showed as bright blue-white. The patient was received 0.5 mg/kg body weight mini-pulse dose of methylprednisolone on two consecutive days every week and vitamin D3 5000 IU once daily, combine with topical use of pimecrolimus cream 1% twice daily and 308-nm-excimer light phototherapy once a week.

Results:

Significant repigmentation was achieved on the second month of treatment, with minimal to no adverse events from the beginning of therapy and there were no new lesion appeared. After 4 months of treatment, the vitiligo has improved dramatically over time with almost 90% repigmentation occured at returning the skin.

Conclusion:

In this case, the combination using triple therapy of pimecrolimus cream 1% twice daily with oral mini-pulse therapy of methylprednisolone for two consecutive days every week and vitamin D3 supplementation 5000 IU once daily, in conjunction with 308-nm-excimer light phototherapy once a week has demonstrated excellent outcomes and satisfaction in childhood vitiligo patient with remarkable repigmentation after 4 months continuous treatments without significant side effects.



Abstract N°: 1899

Laugier Hunziker syndrome associated with pemphigus vulgaris: A simple coincidence?

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Introduction

Laugier Hunziker syndrome (LHS), also referred to as idiopathic lenticular mucocutaneous pigmentation, represents a hereditary and benign pigmentary disorder characterized by macular hyperpigmentation of the oral mucosa, and is frequently associated with longitudinal melanonychia. Despite its clinical recognition, the exact physiopathology and etiology of LHS remain elusive.

Herein, we present a rare case of LHS associated with pemphigus vulgaris, where incidental observation revealed hyperpigmentation of the oral mucosa and nails.

Case Description

A 67-year-old Moroccan man was referred to the Dermatology Department at Ibn Sina Hospital in Rabat for management of pemphigus vulgaris, confirmed via skin biopsy and direct immunofluorescence.

Upon physical examination, three asymptomatic brown lenticular macules with well-defined borders and smooth surface were observed on the lower lip. The patient denied experiencing any symptoms.

Additionally, a grayish longitudinal melanonychia was noted on the nail of his right great toe, a condition the patient reported having for several years. Notably, both Huntchinson and pseudo- Hutchinson signs were absent, and no nail splitting or dystrophy was observed.

Digital dermoscopy revealed grayish longitudinal bands on the nail plate, homogeneous in thickness, color, and spacing.

The patient reported no family history of mucocutaneous pigmentary disorders or intestinal polyposis. However, he has a chronic smoking habit and no history of chronic drug use.

Discussion:

To date, fewer than 200 cases of LHS have been documented in the literature, and it is typically not associated with systemic abnormalities. While initial observations by Laugier and Hunziker noted the frequent occurrence of hyperpigmentations on the oral mucosa, pigmented lesions have also been observed in unusual sites such as the neck, thorax, abdomen, pretibial area, sclera, eyebrow site, and esophagus.

Typically, pigmentations develop during early to middle adulthood, with a higher prevalence among females, and an average reported age of 52 years.

Nail involvement occurs in approximately 60% of cases, often appearing as longitudinal stripes on the nail plate, with occasional pseudo-Hutchinson's.

Dermoscopy serves as a valuable non-invasive diagnostic tool for distinguishing LHS pigmented lesions from nail melanoma, although similar dermoscopic patterns may be observed in medication-induced or ethnic-type melanonychia.

Before diagnosing LHS, it is essential to rule out associated systemic conditions such as Peutz-Jeghers syndrome (PJS) and

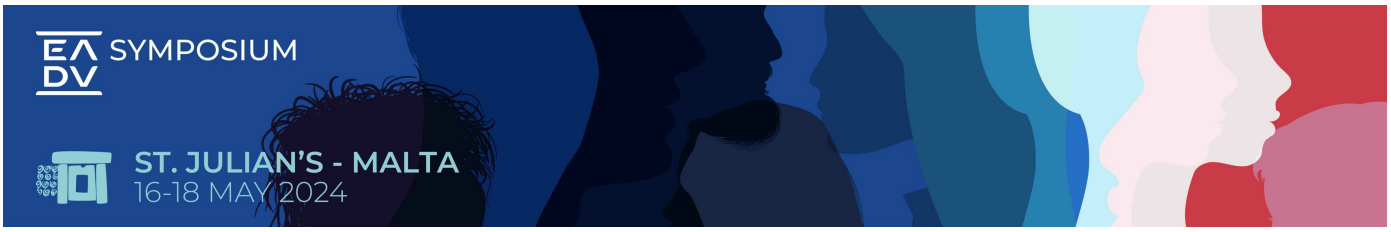
Addison’s disease.

Although biopsy can be helpful, revealing increased pigmentation in the basal layer without abnormal melanocyte morphology, it remains non specific.

Multiple case reports have described associations between LHS and various conditions. However, no documentation exists regarding LHS associated with Pemphigus vulgaris. Therefore, treatment for LHS is generally not indicated unless for aesthetic or psychological reasons. **

Conclusion:

While the condition has been acknowledged, and various case reports have been published, it remains unfamiliar to many dermatologists. Hence, it is important to consider LHS, facilitating the exclusion of more severe pigmentary diseases and avoiding unnecessary diagnostic procedures.



Abstract N°: 1932

A case of Blaschkolinear lichen planus pigmentosus of the nose

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Introduction & Objectives:

Lichen planus pigmentosus (LPP) is a rare variant of lichen planus (LP) characterized by acquired chronic reticular hyperpigmentation, with dark brown to grey macules and patches. It tends to be symmetrically distributed. It frequently appears on sun-exposed skin. The linear pattern of LPP is rare and only a few cases of facial involvement have been reported in the literature.

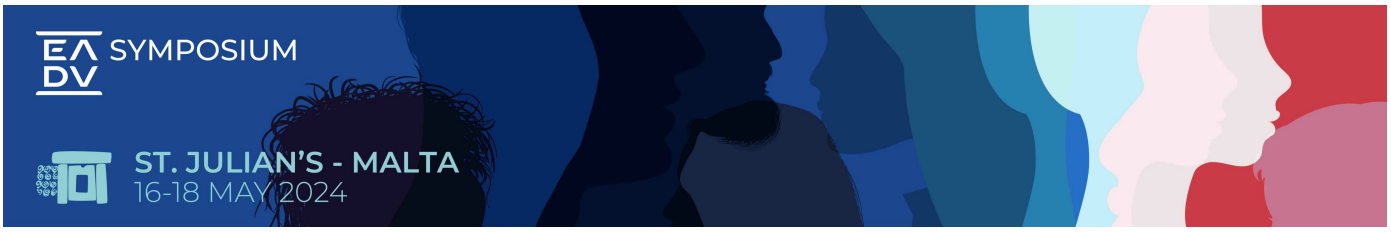
We report here a case of LPP of the nose with unilateral Blaschkolinear pattern.

Materials, Methods & Results:

A 64-year-old man (Fitzpatrick skin type IV) presented with an asymptomatic grey-black linear lesion on the nose for three months. There was no history of raised lesion, erythema or scaling prior to this lesion. He had no medical or surgical history, took no medication and used no cosmetic products. There was no history of excessive sun exposure or trauma to the site of the lesion. Physical examination revealed multiple brown to grey-black macules clustering to form a linear streak following Blaschko's lines on the dorsum of the right side of the nose, extending from the bridge to the apex. The lower third of the lesion was slightly atrophic. There were no other skin lesions elsewhere. Mucosae, scalp and nails were unaffected. Dermoscopic examination showed brown to grey-black dots and globules on a diffuse brownish background. Histological findings confirmed the diagnosis of LPP with the presence of atrophic epidermis, basal cell degeneration with some apoptotic cells, dermal melanophages, pigment incontinence, and a dermal lymphohistiocytic infiltrate. Hepatitis C serology was negative. The patient was treated with a topical corticosteroid and the lesions improved within six months.

Conclusion:

LPP is considered a rare variant of LP. Clinically, it differs from classic LP by the longer clinical course, the rare involvement of scalp, nail and mucosae and the absence of pruritus. It usually affects middle-aged patients with darker skin. LPP can present in atypical patterns including segmental, zosteriform and linear. However, only a few cases have reported facial involvement in a unilateral Blaschkolinear pattern, as in our case. This distribution along the Blaschko's lines suggests that the predisposition to develop LPP may be determined during embryogenesis. Several differential diagnoses can be discussed such as lichen striatus, linear nevoid melanosis, ashy dermatosis, linear atrophoderma of Moulin, post-inflammatory hyperpigmentation and linear fixed drug eruption. Histological features shed light on diagnosis. They include epidermal atrophy, hypergranulosis, basal layer degeneration, lymphohistiocytic or lichenoid infiltrates, dermal melanophages and pigment incontinence. Band-like lichenoid infiltrates can also be seen in early lesions. Gray-brown or gray-bluish dots and globules are the most common dermoscopic findings, reflecting pigment incontinence and dermal melanophages. In conclusion, LPP should be considered in the differential diagnosis of a Blaschkolinear pigmentary dermatosis particularly in darker-skinned populations.



Abstract N°: 1972

Inflammatory vitiligo with raised borders: a rare variant of a common disease

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Inflammatory vitiligo with raised borders: a rare variant of a common disease

Introduction & Objectives:

Vitiligo is an acquired depigmenting skin disorder resulting from selective destruction of melanocytes. Typically, the diagnosis is made clinically in the presence of achromic non-scaly macules or plaques. Inflammatory vitiligo with raised borders (IVRB) or marginal vitiligo is a rare subtype.

We report a case of IVRB in a child with histological findings.

Materials & Methods:

A 14-year-old male child presented to our department complaining of white patches on both armpits evolving for three months. The lesions were asymptomatic. Clinical examination showed achromic patches surrounded by a raised erythematous border without scales. There were no achromic patches on the other areas of the body.

We suspected inflammatory vitiligo, mycosis, granuloma annulare, leprosy, centrifugal erythema annulare, or mycosis fungoides.

Results:

Under Wood's light, the central white part of the patch became brightly glow blue-white.

A skin biopsy was performed in the raised erythematous border et showed spongiosis with numerous Langerhans cells and lymphocytic inflammatory infiltrate in the dermis. Direct mycological examination was negative.

The patient responded quickly to monotherapy with topical steroids and he is currently being followed for common vitiligo.

Conclusion:

IVRB is an uncommon variant rarely reported in the literature. Typically, it presents with an erythematous rim at the periphery of hypopigmented or depigmented patch. The raised inflammatory borders may be present from the onset of vitiligo or may appear secondarily.

The differential diagnosis of this presentation includes particulary hypopigmented mycosis fungoides and discoid lupus erythematosus. Diagnosis of vitiligo vulgaris is generally made clinically. In our case, skin biopsy was performed because of the atypical presentation which allowed to exclude suspected differential diagnoses. The histopathological patterns of IVRB described in the literature are psoriasiform pattern, lichenoid pattern, eczematous change in the epidermis dermal with lymphohistiocytic infiltrate in the upper dermis as in our case and rarely lymphocytic infiltrate with exocytosis of lymphocytes which may lead to a misdiagnosis of mycosis fungoides. The management IVRB is similar to that of the classic form of vitiligo. It has been reported that the inflammatory borders may also regresses spontaneously.

Through this case, we reported a rare form of vitiligo which is IVRB which represents a diagnostic challenge.