EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 12

Eccrine spiradenoma: rare disease with unusual presentation

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Introduction & Objectives:

Eccrine spiradenoma is an uncommon benign tumor of the eccrine sweat glands. It typically presents as a solitary lesion, with a pink or bluish coloration, and variable sensitivity, often associated with paroxysmal pain crises. The occurrence of multiple tumors is rare, and even more uncommon are linear or zosteriform patterns. Occasionally, the lesions may increase in size, reaching large dimensions.

This case report describes one of the rarest forms of the disease, which involves multiple nodules, arranged linearly along the lines of Blaschko, complicating the diagnosis and justifying its publication.

Materials & Methods:

A 17-year-old Caucasian female patient presented with the appearance of nodules on the posterior aspect of her left upper limb, starting at the age of 8, without pain or any other local symptoms. Family history was negative for similar cases.

Regarding personal history, the patient has detrusor overactivity, well controlled with Tolterodine and Imipramine. She denies any other associated comorbidities.

Seven years ago, one of the lesions was surgically excised at an external facility, with histopathology revealing eccrine spiradenoma. Due to the absence of pain or other clinical discomfort, a conservative approach was chosen. Four months ago, the patient developed new lesions in the same area, with a progressive increase in size and violaceous coloration.

On dermatological examination, multiple violaceous nodules were found, more palpable than visible, on the posterior aspect of the left arm, extending in a linear pattern to the left scapular region. The nodules ranged from 0.5 to 3.0 cm in diameter and were painless on palpation. The overlying skin appeared normal.

At this time, another excision of one of the nodules was performed, with histopathology again confirming the previous diagnosis. The patient opted not to pursue further treatment for the lesions due to concerns about potential aesthetic outcomes from the procedures, opting for continued outpatient follow-up.

Results: -

Conclusion:

Eccrine spiradenoma is a rare benign tumor that typically affects patients in their second, third, or fourth decades of life. It is reported that in 97% of cases, the tumor presents as a solitary, well-defined lesion.

The disease course is chronic, and malignant transformation is exceptionally rare, with the possibility of metastasis and a reserved prognosis.

Differential diagnoses include neuromas, leiomyomas, leiomyosarcoma, dermatofibroma, hemangioma, among others. Therefore, clinical knowledge is essential for the proper management of the case.

Treatment is primarily surgical, with Mohs micrographic surgery being the best option due to its low recurrence rates and potential to prevent malignant transformation.

Abstract N°: 113

Biphasic photodynamic treatment of 206 thin BCCs (< 1mm). Outcomes over a 7-year period.

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Introduction & Objectives: Conventional photodynamic treatment of thin BCCs has uncomfortably high rates of incomplete clearance. Incomplete clearance rates for superficial tumours are as high as 40% and even higher for tumours on the head and neck. Our experience is that flushing is more pronounced on the head and neck during photoactivation. We postulated that haemoglobin, although it may provide oxygen, may also be acting as a competing chromophore.

Our objective was to determine whether a 2-phased photoactivation protocol, in which the first phase consists of conventional red-light activation (20 Jcm-2 to 37 Jcm-2), and second phase photoactivation uses intense pulsed light (IPL) delivered with sufficient mechanical pressure in the handpiece to blanch the skin, improves clearance rates. An IPL cut-off filter in the 515 nm – 560 nm range has been used. Settings used were 15 Jcm-2, 2-3 passes, pulsewidth ≥ 100 ms.

Optical coherence tomography (OCT) has been used to aid in the diagnosis, to establish suitability of tumours for treatment, and to aid in verifying treatment outcomes.

Materials & Methods: Retrospective observational study of 206 non-recurrent BCCs ≤ 1mm depth treated over a 7-year period with a 2-phased photoactivation protocol ("biphasic PDT").

Results: In the final group of 178 tumours, of which 109 were located on the head and neck, and 77 were nodular and/or superficially infiltrating, there were 4 incomplete treatments during a 2-year median follow-up period (up to 7 years). This represents a clearance rate of 98%.

Conclusion: A modified biphasic photodynamic treatment protocol was highly effective in a large cohort of thin, non-recurrent BCCs (≤ 1mm depth). This includes many tumours on faces and noses. The few incomplete clearances encountered were easily managed.

Abstract N°: 150

From Lupus Paniculitis to Cutaneous T-Cell Lymphoma Type Paniculitis: A Progression or a Diagnostic Challenge?

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Introduction & Objectives:

Subcutaneous panniculitis-like T-cell lymphoma (SPTCL) and lupus panniculitis (LP) are rare conditions with overlapping clinical and histopathological features, posing significant diagnostic challenges. This case aims to highlight the complexities in distinguishing these entities and discuss whether the observed evolution represents a continuum from LP to SPTCL or a misdiagnosis at the initial presentation.

Materials & Methods:

A 33-year-old woman with systemic lupus erythematosus (SLE) diagnosed 11 years ago presented with painful nodules on her extremities and face, accompanied by fever and systemic symptoms. Initial biopsies confirmed LP, showing CD3+, CD4+, and mucin deposition, with negative T-cell receptor (TCR) clonality. Recurrent lesions prompted re-evaluation, including PET-CT and new biopsies, which revealed findings consistent with SPTCL: CD3+, CD8+, Ki67 60%, TIA-1+, and granzyme B+. Treatment responses to prednisone, azathioprine, hydroxychloroquine, and methotrexate were monitored.

Results:

Initial treatment with corticosteroids improved the nodules on the extremities but provided only partial resolution of facial lesions. PET-CT revealed hypermetabolic subcutaneous nodules (SUVmax 7.5) without visceral involvement. Methotrexate therapy enabled significant clinical improvement, particularly in the facial region, and reduced corticosteroid dependency. The patient was staged as T3N0M0 by hematology.

Conclusion:

This case illustrates the diagnostic overlap and potential continuum between LP and SPTCL. Chronic immune dysregulation in SLE may predispose patients to clonal lymphoproliferation, emphasizing the need for serial biopsies and multidisciplinary collaboration. Early and accurate distinction between these entities is critical for tailoring treatment and improving outcomes.

Abstract N°: 209

How Perfectly Do Biopsy Request Forms and Pathology Reports Adhere to Guidelines in Basal Cell Carcinoma? A Retrospective Analysis of 851 Cases

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Introduction & Objectives:

Basal cell carcinoma (BCC) is classified as low-risk or high-risk, depending on clinical history, tumor characteristics, and histological features. Identifying high-risk cases is crucial for treatment planning. This study evaluates adherence to current guidelines in biopsy request forms and pathology reports for BCC cases.

Materials & Methods:

This retrospective study reviewed BCC pathology reports and biopsy requisition forms collected over a ten-year period (2013–2023) at a tertiary care center. Clinical and pathological data, including patient demographics, lesion features, biopsy details, and histological findings, were analyzed for completeness.

Results:

A total of 851 BCC lesions were analyzed. Patient age, gender, type of biopsy, and lesion location were well-documented across request forms (100%, 100%, 99.1%, and 96.6%, respectively). Dermatologists documented lesion diameter more frequently (31.3% vs. 4.9%, $p<0.0001$). Prior treatment status, radiotherapy history, and immunosuppression status were rarely noted (Table 1). Of 635 excisional specimens, only 16.4% were marked with sutures or ink. Histopathologic features were inconsistently documented in BCC pathology reports (Table 2). Histologic subtype was reported in 24.7% of all cases, with significantly higher rates in excisional specimens (29.3%) compared to incisional (8.5%) and punch specimens (13.2%) ($p<.00001$). Lateral and deep margin status were documented in 94% and 92.4% of excisional specimens, respectively, while tumor thickness and level of invasion were rarely reported (11.7% and 1.1%).

Conclusion:

Implementing standardized reporting systems, regular audits, and targeted training for clinicians and pathologists could significantly improve documentation practices. These measures would enhance data quality, streamline communication, and contribute to more accurate diagnoses, better treatment outcomes, and improved patient care.

Table 1: Comparison of documented clinical information in BCC biopsy request forms between dermatologists and other specialties

Clinical Information	All forms (n=851) - Present (n, %)	Dermatologist' forms (n=182) - Present (n, %)	Other Specialties' forms (n=669) - Present (n, %)	p-value*
Patient age	851 (100%)	182 (100%)	669 (100%)	N/A
Patient gender	851 (100%)	182 (100%)	669 (100%)	N/A
Type of biopsy	843 (99.1%)	180 (98.9%)	663 (99.1%)	.802
Location of the lesion	822 (96.6%)	176 (96.7%)	646 (96.6%)	.926
Clinical diameter of the lesion	90 (10.6%)	57 (31.3%)	33 (4.9%)	**<.00001**
Prior treatment status (primary vs recurrent)	3 (0.3%)	0 (0%)	3 (0.4%)	N/A
History of radiotherapy at the site	0 (0%)	0 (0%)	0 (0%)	N/A
Immunosuppression status	2 (0.2%)	1 (0.5%)	1 (0.1%)	.323

* Chi-square test used; $p < 0.05$ is significant.

Table 2: Histopathologic features documented in BCC pathology reports

Histopathologic features	Present (n, %)	Missing (n, %)
Histologic subtype	210 (24.7%)	641 (75.3%)
Excision margin status* Lateral Deep	597 (94%)	38 (6%)
	587 (92.4%)	48 (7.6%)
Depth of tumor Thickness (mm) Level of invasion (beyond reticular dermis)	100 (11.7%)	751 (88.3%)
	9 (1.1%)	842 (98.9%)
Presence of perineural invasion	107 (12.6%)	744 (87.4%)
Presence of lymphovascular invasion	110 (12.9%)	741 (87.1%)
Immunohistochemistry (optional)	550 (64.6%)	301 (35.4%)

* These parameters were analyzed only for excision specimens (n=635).

Abstract N°: 238

Serum Eosinophil, Eosinophilic Cationic Protein, Major Basic Protein, And Eosinophil Derived Neurotoxın Levels In Patıents With Cutaneous Melanoma And Their Relationshıp With Distant Metastases And Disease Stage

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Introduction & Objectives:

Cutaneous melanoma is an aggressive skin cancer with increasing global incidence due to ultraviolet (UV) exposure, being the leading cause of skin cancer-related deaths. Serum biomarkers commonly used to assess disease progression and metastasis risk, though their sensitivity and specificity remain limited. Tumor microenvironmental factors are known to play a significant role in the development and progression of melanoma. This study evaluates eosinophil counts and serum levels of ECP, EDN, and MBP in melanoma patients compared to healthy controls, and explores their relationship with melanoma stage, lymph node involvement, and metastasis to assess their predictive potential in disease progression.

Materials & Methods:

A total of 48 melanoma patients and 32 healthy controls were included. Melanoma stages, subtypes, and tumor locations were recorded. Eosinophil counts, serum levels of ECP, EDN, and MBP were measured and analyzed for associations with melanoma stages and metastatic involvement.

Results:

In melanoma patients, mean serum ECP and MBP levels were significantly lower, while EDN levels were higher than in controls, independent of age and gender. Eosinophil counts did not differ significantly between melanoma and controls, or between localized and metastatic stages. Positive correlations were observed between ECP and MBP, while EDN correlated negatively with other parameters.

Conclusion:

Our findings suggest eosinophilic granules play roles in pro-tumoral and anti-tumoral pathways in melanoma. Elevated EDN; reduced ECP and MBP levels in metastatic stages highlight their potential as biomarkers. Further studies are needed to clarify eosinophilic pathways in melanoma progression and to develop therapeutic approaches targeting these mechanisms.

Abstract N°: 292

Combination of immuno-cryosurgery and CO2 Laser for nodular Bacal Cell Carcinomas on the tip of the nose, with a diameter < 1 cm, in an Aegean Sea island : five year follow-up

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Introduction & Objectives:

To report the five year follow-up results on CO2 Laser and

immunocryosurgery for the treatment of nodular Basal Cell Carcinomas (BCC) on the tip of the nose, with a diameter equal/less than 1 cm, in an Aegean Sea island.

Materials & Methods:

We present ten (10) patients, (6 men, 4 women),with an age

from 42 yo to 87 yo, with nodular BCC on the tip of the nose.

The protocol was as follows :

-CO2 Laser was performed to flatten the tumour.

- Immuno-cryosurgery consisted of five (5) weeks daily 5% imiquimod and a

cryosurgery session on day fourteen (14) in two (2) cycles of ten (10) sec (less than the usual time ,due to the risk of cartilage necrosis), with a thaw cycle.

The limit of cryosurgery was 3 mm.

Results:

Five (5) years after the initial treatment all ten (10) patients

were clinically tumor free.The only side effect was a slight hypopigmentation (7)

and/or a small scar (3).

In 3 patients were had to repeat the immune-cryosurgery one and a half year after the initial treatment.

Conclusion:

The combination of CO2 Laser and immuno-cryosurgery is an effective, minimally invasive, office-based, alternative treatment , especially in islands with limited surgical amenities (MOHs,plastic surgery) available, for BCCs of the tip of the nose, with a diameter equal/less than 1 cm.

Reference: A review of immunocryosurgery and a Practical Guide to its Applications

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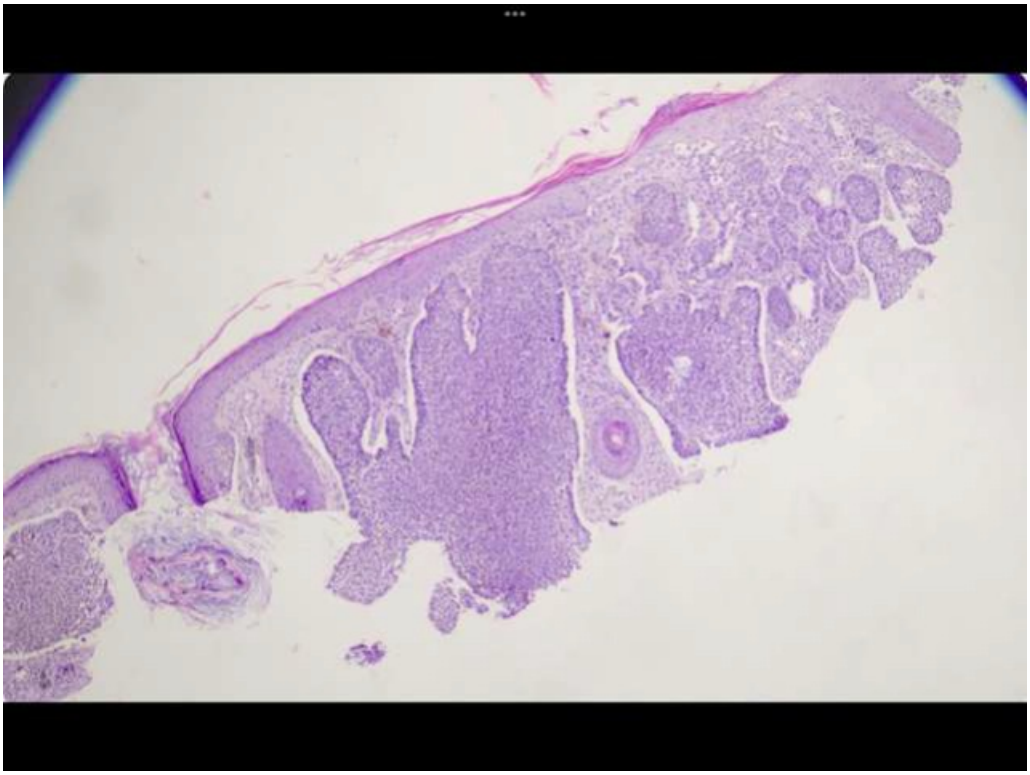

Abstract N°: 321

Basal cell carcinoma: clinical and histological evaluation

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Introduction & Objectives:

Basal cell carcinoma (BCC) is a non-melanocytic skin malignancy arising from basal cells of epidermis or follicular structures. Etiology of BCC is a multifactorial combination of genotype, phenotype and environmental factors. Multiple risk factors have been described for BCC, but chronic exposure to ultraviolet radiation, particularly UV-B is clearly the most important, progressively inducing keratinocyte carcinogenesis and resulting in BCC after several years or decades of cumulative cellular degeneration. There are several clinical variants of BCC including nodular, superficial, cystic, morpheiform and pigmented. Each varies in terms of clinical presentation, histopatology and aggressive behaviour. In the last few years, the interest on the study of the etiology, biology and treatment of BCC has been growing, mainly due to the world-wide increase of this illness, as well as due to the destruction of the ozone layer. This study was to analyze the recent clinical trends of basal cell carcinoma by reviewing a single institution's experience.

Materials & Methods:

A total number of 455 patients with histologically diagnosed BCC were included in the study. The following factors were considered: sex, age, skin phototype according to Fitzpatrick's classification, personal and family history, duration of disease, localization of lesions, clinical and histological type and recurrence rate. Environmental factors such as exposure to ultraviolet radiation, exposure to ionic radiation and to chemical agents were also analyzed. The data were statistically evaluated. Statistical significance for variables relationship was considered when $p<0.05$

Results:

Among the 455 patients included in this study, 253 (55.60%) patients were men and 202 (44.40%) patients were women. Ages ranged from 40 to 96 years with a mean age of 74 years. There was no statistically significant difference between genders with respect to age ($p>0.05$). Familiar predisposition for skin tumours was detected in 21 cases (4.61%). The duration of BCC ranged from 2 to 124 months. The great majority of the patients presented only one tumour 403 (88.57%). In terms of tumour location, most of the lesions were situated on the head and neck with the face being the area most commonly affected. More than 80% of all BCC's were located on sun-exposed skin areas, revealing a statistically significant association ($p<0.05$). Of non-photoexposed skin areas, a high percentage of cases were on the trunk 61 (13.40%). The nodular pattern was present in 251 (55.16%), superficial in 121 (26.59 %), pigmented in 49 (10.77%) and morpheiform in 34 (7.47%). During this study period, 19 cases showed recurrence of the cancer as the overall recurrence rate was 4.17%. There were no cases with metastasis or fatal outcome. The tumour is commonly found in concomitance with skin lesion related to chronic sun exposure, such as actinic keratoses, solar lentigines and facial telangiectasia.

Conclusion:

BCC is the most common malignant neoplasm in humans with rising incidence worldwide. The factors related to the development of BCC were: older age, phototypes I and II, previous history of non-melanoma skin cancer and exposure to UV rays both in recreational and in occupational form. The prevention of BCC is based on the knowledge of risk factors, early diagnosis and treatment, particularly in susceptible populations.

Abstract N°: 327

Descriptive study of primary cutaneous T cell lymphomas

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Introduction & Objectives:

Primary cutaneous T lymphomas are defined by the presence of a malignant proliferation of T lymphocytes with a cutaneous origin, without lymph node, bone marrow or visceral involvement at the time of diagnosis or 6 months later. They represent, in order of frequency, the second most common site of extra-nodal lymphoma after digestive lymphoma. Diagnosis is based on clinical, anatomopathological, immunohistochemical, immunophenotypical and genotypical studies. The aim of our work is to describe the epidemiological and clinical features of primary cutaneous T lymphomas**.**

Materials & Methods:

This is a retrospective, descriptive, mono-centric study, over a period of 10 years including all cases of primary cutaneous T cell lymphoma .

Results:

A total of 21 cases of primary cutaneous T cell lymphoma were collected, with an average age of 45.5 years, ranging from 11 to 87 years, and a slight male predominance (sex ratio M/F = 1.33). We recorded 18 cases of mycosis fungoides (MF) and 3 cases of Sézary syndrome (SS).

Of the patients presenting with MF, 83.33% had pruritus. Eleven cases had non-infiltrated erythematosquamous lesions, while hyper-pigmented and hypo-pigmented lesions were present in 8 cases (44.44% each). Lesions were infiltrated in 44.44% of cases, psoriasiform in only 1 patient. Five cases, i.e. 27.78% of our series, were at the tumor stage at the time of diagnosis. Three cases were associated with palmoplantar keratoderma, two with a rarefaction of body hair, and one with alopecia and pseudo-comedones.

Our series included 3 cases of SS. All patients had generalized pruritus. Erythroderma was present in 2 cases, and the 3rd case had erythematosquamous, hyperpigmented plaques extending over 75% of the skin surface. Nodular tumoral lesions were present in 2 cases.

In our series, the mean age was 45 years, which is close to that found in Moroccan series, notably the Marrakech University Hospital study with a mean age of 55 years, the Moulay Ismail Military Hospital in Meknes with a mean age of 57 years, and the Casablanca University Hospital epidemiological study where the mean age was 53 years. Our results are also in line with those of international studies, where the average age was between 50 and 60 years. The male predominance found in our study is also consistent with the results of national and international studies.

Conclusion:

Mycosis fungoides and Sézary syndrome account for over 50% of all cutaneous lymphomas. Clinical suspicion is a major factor in the diagnosis, which is why it is essential to be familiar with the various clinical aspects of cutaneous T-cell lymphomas.

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Abstract N°: 372

"Unusual Case of Indurated Facial Erythema: A Diagnostic Challenge of Cutaneous Angiosarcoma"

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Introduction & Objectives

Cutaneous angiosarcoma (CA) is a rare and aggressive vascular malignancy that often presents with nonspecific symptoms, making it challenging to diagnose. Due to its low frequency and atypical presentation, CA is frequently misdiagnosed or overlooked, especially when patients exhibit symptoms resembling more common conditions like cellulitis, erysipelas, rosacea, or granulomatous diseases. The delay in diagnosis can result in advanced disease at the time of confirmation, which negatively impacts prognosis.

To raise awareness of cutaneous angiosarcoma as a differential diagnosis in patients presenting with facial erythemaand edema that do not respond to conventional therapies, particularly when accompanied by alarm signs such as rapid progression, weight loss, asthenia, and visual disturbances. This case aims to highlight the importance of early recognition and timely intervention, which can improve outcomes. Additionally, we emphasize the critical role of multidisciplinary management in treating this aggressive malignancy.

Materials & Methods

A 71-year-old male with a medical history of ischemic heart disease and lymphedema presented with a two-year history of progressive facial erythema and edema.

The patient reported the onset of painless right periorbital edema, which spread bilaterally to the maxillary and submandibular regions. Symptoms worsened in the mornings but improved throughout the day. He also experienced lymphatic leakage through the nose, increased tear secretion, and bilateral eyelid edema, predominantly on the right side. A comprehensive diagnostic approach included:CT scans of the neck, chest, and abdomen and skin biopsies from the neck and left frontal skin.

Results

The biopsy confirmed the diagnosis of cutaneous angiosarcoma, a rare vascular malignancy. The patient was initiated on taxane-based chemotherapy. However, despite treatment, the patient was lost to follow-up and unfortunately passed away shortly thereafter.

Conclusion

Cutaneous angiosarcoma is a rare and aggressive malignancy that should be considered in the differential diagnosis when a patient presents with persistent facial erythema and edema, especially when the condition is refractory to conventional therapies and associated with alarm signs such as rapid progression, weight loss, asthenia, and visual disturbances. Early diagnosis is essential for improving prognosis, but CA can often be challenging to identify due to its nonspecific presentation.

This case emphasizes the importance of early recognition and multidisciplinary management, particularly involving oncology, as surgical resection is typically not an option for patients with extensive and infiltrative disease. Systemic chemotherapy remains the primary treatment, but its effectiveness can be limited, and the prognosis is generally poor. By raising awareness of this rare condition, we aim to encourage timely diagnosis and intervention, which

can significantly impact patient outcomes.

Abstract N°: 374

the critical role of skin biopsy in diagnosing metastatic endometrial carcinoma : a case report

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Introduction & Objectives:

Endometrial carcinoma is a common gynecologic malignancy typically diagnosed through endometrial sampling, imaging, or surgical pathology. However, atypical presentations can complicate the diagnosis. This case report aims to highlight the critical role of dermatologic evaluation and skin biopsy in identifying metastatic endometrial carcinoma. A 64-year-old patient presented with cutaneous lesions characterized as erythematous, red-purple firm papules and plaques localized around a previous surgical incision site for umbilical hernia repair. The lesions exhibited coalescence, induration, and a tendency to merge, prompting a dermatological evaluation. These lesions were firm, infiltrated, and showed violaceous discoloration, raising suspicion for malignancy.

Materials & Methods:

The patient’s medical history, histopathological and immunohistochemistry findings, and PET-CT imaging were evaluated.

Results:

The initial skin biopsy revealed metastatic carcinoma of urogenital origin. PET-CT imaging showed no significant metabolic activity, and a conventional workup failed to confirm malignancy. A second biopsy of the cutaneous lesions was performed to further investigate the primary origin of the carcinoma. The second biopsy confirmed endometrial carcinoma as the primary source of the metastatic lesions. The patient underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy (TAH-BSO); however, no tumor cells were detected in the surgical specimens. The diagnostic challenge was attributed to the patient’s history of blind curettage, which likely failed to identify the primary tumor, allowing the disease to progress to metastatic involvement. Systemic therapy with liposomal doxorubicin and gemcitabine resulted in significant regression of the cutaneous lesions.

Conclusion:

This case highlights the importance of skin biopsy in the diagnosis of metastatic disease, particularly when conventional imaging and pathology fail to confirm malignancy. For dermatologists, it underscores the need to recognize atypical presentations of systemic malignancies manifesting as cutaneous lesions and to integrate histopathological findings into clinical decision-making.

Abstract N°: 448

An Iatrogenic Kaposi Sarcoma Occurring After Complete Remission of a Large B-Cell Lymphoma Treated with R-CHOP Chemotherapy

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Introduction & Objectives:

Kaposi sarcoma is a mesenchymal proliferative process involving blood and lymphatic endothelial cells,that require HHV-8 for it to develop. Rituximab is a chimeric monoclonal antibody (murine/human) targeting CD20, used to treat B-cell lymphomas as well as various autoimmune diseases.several cases of iatrogenic kaposi sarcoma (iKS)have been described after rituximab treatement. We report a case of Kaposi sarcoma in a patient treated in hematology for large B-cell lymphoma with R-CHOP chemotherapy.

Materials & Methods:

A 66-year-old female presented with red-violet papulonodular lesions evolving over three months, mainly located on her limbs. Her medical history included hypertension, type 2 diabetes, splenectomized myelofibrosis in 2009, and an eight-month history of large B-cell non-Hodgkin lymphoma treated with six cycles of rituximab combined with CHOP chemotherapy (cyclophosphamide, doxorubicin, vincristine, prednisone), achieving complete remission.Clinical examination revealed angiomatoid papulonodular lesions on the posteromedial aspect of her right thigh, the medial aspect of her left ankle, a nodule on the dorsal surface of her left hand, and her right knee. The lesions were painless and non-pruritic, without associated edema, digestive hemorrhage, or bronchial bleeding.Skin biopsy showed a proliferation of spindle cells with slightly atypical nuclei, surrounded by numerous vascular slits. Immunohistochemical staining for CD34 and CD31 was positive, and PCR for HHV-8 was strongly positive. HIV serology was negative. Thoracoabdominopelvic CT and digestive endoscopy revealed no abnormalities.

A diagnosis of iatrogenic Kaposi sarcoma due to rituximab was made. The management approach consisted of therapeutic abstention with clinical and radiological monitoring. The 4-month follow-up,revealed a complete resolution of Kaposi’s lesions ,with no recurrence observed after 10 months of follow up.

Results:

Kaposi sarcoma (KS) is a multifocal proliferation involving cutaneous and visceral manifestations, induced by HHV-8, with five main variants including the (IKS) witch remains rare, especially in HIV-negative individuals, but is a notable concern compared to classical KS in immunocompetent patients.Rituximab, through its B-cell depletion mechanism, reduces HHV-8-specific immune responses, creating a permissive environment for viral replication and KS development." Reported cases of iatrogenic Kaposi sarcoma (iKS) linked to rituximab in HIV-negative patients are extremely rare. Approximately 30 cases have been described in the literature, with only 3 cases involving rituximab combined with CHOP. Therapeutic abstention was chosen due to the absence of systemic involvement and the possibility of spontaneous lesion regression following cessation of immunosuppressive therapy.

Conclusion:

This case underscores the need for heightened clinical vigilance in patients receiving rituximab, particularly those with additional risk factors for HHV-8 reactivation, regardless of HIV status.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 466

Cutaneous In-Transit Metastases: A Case Report

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Introduction Prostate carcinoma is a common malignancy in men, with a high propensity for metastasizing to various sites, particularly bones. Cutaneous metastases, although rare, present clinical challenges and often indicate advanced disease. We report a rare case of cutaneous metastases from prostate cancer at hormone therapy injection sites and provide a review of the literature.

Case Report A 54-year-old male, diagnosed six years prior with metastatic prostate cancer involving the spine, was treated with radiotherapy and LH-RH analog injections for six months. He presented with a cutaneous eruption in the suprapubic region and thighs, corresponding to hormone therapy injection sites. There was no history of trauma or pelvic surgery. Examination revealed bilateral symmetrical thigh edema, extensive erythema of the inguinal region, painful scrotal elephantiasis, firm indurated papulonodular lesions in the suprapubic area, and angiomatous dome-shaped lesions on the abdomen and thighs. Differential diagnoses included lymphangiectasia, pseudo-Kaposi sarcoma, and cutaneous metastases. A biopsy from a papular lesion showed dermal and hypodermal proliferation of atypical tumor cells with prominent nucleoli, numerous mitoses, and perineural invasion. Immunohistochemistry positive for cytokeratin AE1/AE3 confirmed poorly differentiated prostatic adenocarcinoma as the origin of the cutaneous metastases.

Discussion Prostate carcinoma, despite its high incidence, rarely metastasizes to the skin (0.3%) [1]. Commonly affected regions include the inguinal area, penis, abdomen, head, neck, chest, extremities, and back [2]. Cutaneous metastases may appear as multiple hard nodules, nonspecific eruptions, or edema [3,4]. Prostatic adenocarcinoma spreads via direct extension, surgical scar implantation, or lymphatic and hematogenous routes [5]. In-transit metastases in the inguinal area are typically linked to lymphatic spread. In our case, lymphatic obstruction by tumor cells likely caused lymphedema and lymphangiectasia, facilitating retrograde tumor emboli spread into the skin. Previous pelvic lymphadenectomy or radiotherapy may have exacerbated the lymphedema.

Conclusion This case highlights the rarity of cutaneous metastases from prostatic adenocarcinoma, especially at hormone therapy injection sites. It underscores the role of lymphatic spread in tumor dissemination. Challenges include diagnosing and managing complications like lymphedema and skin alterations. A multidisciplinary approach is essential for these rare but significant manifestations of advanced prostate cancer.

Abstract N°: 474

Diagnostic challenges of melanoma concealed by tattoos: analysis of ink pigmentation and advanced diagnostic methodologies

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Introduction & Objectives:

Tattooing, a practice with over 4,000 years of history, continues to grow in popularity, particularly among individuals aged 20–35 with a prevalence of approximately 25%. The process involves injecting ink between the epidermis and upper dermis, where it is phagocytosed by immune cells and later encapsulated by fibroblasts during granulation. However, tattoos present a significant diagnostic challenge, particularly in identifying skin lesions such as melanoma. The pigmentation from tattoos can obscure skin abnormalities and complicate dermatoscopic evaluation. This study aims to explore diagnostic approaches for melanoma occurring within tattooed skin.

Materials & Methods:

A comprehensive PubMed database search was conducted to analyse the diagnostic challenges associated with melanoma within tattoos, focusing on the influence of ink colour and additional diagnostic techniques beyond physical examination prior to excision. The search was as broad as possible, including EMTREE and MESH approaches, covering the period from the inception of the database up to December 2024. The analysis included 37 studies conducted in accordance with PRISMA guidelines.

Results:

Dark tattoos can obscure malignant changes, delay diagnosis and complicate dermoscopic evaluation. Melanomas are more frequent in black and blue tattoos, while red pigments are linked to squamous cell carcinomas and benign hyperplasia. Impurities in tattoo inks, including mercury and cobalt, persist due to a lack of global safety standards. Tattooed skin poses diagnostic challenges with nevi mimicking melanoma, leading to unnecessary excisions and scarring. Reflectance confocal microscopy (RCM) offers high-resolution imaging, distinguishing tattoo particles from cells and enhancing diagnostic precision, especially when combined with optical coherence tomography (OCT). Excision is recommended for lesions in tattoos, avoiding laser removal to prevent diagnostic errors and toxic ink releases. Although clinical presentation frequently aligns with histologic findings, performing a biopsy can provide valuable additional insights in select cases where further investigation is warranted.

Conclusion:

Clinicians should remain vigilant when evaluating tattooed skin, as delayed melanoma diagnosis is linked to poorer patient outcomes. Dark tattoo pigments obscure clinical and dermoscopic evaluation, highlighting the value of advanced imaging techniques such as Reflectance Confocal Microscopy for non-invasive diagnosis. Standardizing tattoo ink composition is also critical to reducing harmful exposures. These findings underscore the need for balancing tattooing's popularity with public health measures and promoting informed decision-making.

Abstract N°: 527

A Two-Year Diagnostic Journey in Folliculotropic Mycosis Fungoides: From Benign Mimickers to Tumor Stage

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Introduction & Objectives:

Folliculotropic mycosis fungoides (FMF) is an uncommon subtype of cutaneous T-cell lymphoma, often masquerading as benign inflammatory dermatoses and resulting in delayed diagnosis. We describe a 75-year-old male with a two-year history of progressive facial and truncal lesions initially misattributed to non-specific dermatitis and lupus-like processes. The case evolved rapidly over multiple follow-ups, ultimately manifesting as tumor-stage FMF with systemic involvement.

Materials & Methods:

The patient first presented with a persistent, asymptomatic erythematous plaque on the right malar region, unresponsive to topical therapies for approximately six months. By one year after onset, new plaques appeared on the trunk, prompting repeated skin biopsies that showed non-specific or interface dermatitis-like features. Another six months later, nodular lesions emerged on the face and scalp, prompting additional histopathological and immunophenotypic evaluations. Sections were stained for T-cell markers (CD3, CD4, CD8, CD7), and Guitart scoring was performed to assess cytologic atypia and architectural features. Advanced imaging, including PET-CT, was obtained to determine the extent of disease.

Results:

Early biopsies failed to provide a unifying diagnosis, suggesting lupus-like interface dermatitis or a non-specific inflammatory process. However, the development of nodular lesions on the face and scalp led to more comprehensive immunohistochemical analysis, which revealed atypical folliculotropic infiltrates consistent with FMF. Guitart scoring reached 7, confirming a high level of atypia. PET-CT demonstrated extensive skin and nodal involvement consistent with stage IV-A2 disease. The patient underwent radiotherapy with minimal benefit, followed by gemcitabine-based chemotherapy and off-label brentuximab, resulting in partial regression of tumor lesions.

Conclusion:

This case underscores the importance of persistent clinical suspicion and repeated histologic assessment for patients with atypical, treatment-resistant cutaneous lesions particularly when histopathology is inconclusive over an extended period. FMF can progress from patch or plaque stages to a tumor phase more rapidly than classic MF, especially when involving follicular structures. Early recognition and aggressive management may improve outcomes, highlighting the need to consider FMF in the differential diagnosis of chronic facial or truncal eruptions that exhibit follicular involvement and resist standard therapies.

Abstract N°: 575

A case of mycosis fungoides bullosa responsive to phototherapy

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A case of mycosis fungoides bullosa responsive to phototherapy

Introduction: Mycosis fungoides (MF) bullosa is characterized by (1) vesiculobullous lesions with or without typical skin lesions of MF such as patches, plaque, or tumors; (2) typical histologic features of MF; (3) negative immunofluorescence studies; and (4) negative evaluation for other dermatoses. It is a rare clinicopathologic variant with only 36 cases reported in literature. It has a predilection for elderly males, and is known to have a poor prognosis. Phototherapy has been utilized in early stages of MF and may also have a potential role in the management of bullous type MF through its photoimmunologic effects.

Case Report: This is a case of a 25-year-old male presenting with a 5-year history of generalized fairly defined irregularly shaped erythematous scaly plaques with interspersed tense and flaccid bullae, erosions, ulcers and poikiloderma. There was associated pruritus, easy fatigability and weight loss, with no noted lymphadenopathies, hepatosplenomegaly, or mucous membrane involvement. The patient was initially diagnosed as plaque stage MF, stage IB (T2 N0 M0), based on plaque histology. Topical corticosteroids, oral methotrexate and narrowband UVB phototherapy were initiated with noted clearing of bullae. However, the patient would develop new-onset bullae with missed phototherapy sessions. The patient initially complied with medications and phototherapy but was lost to follow-up due to financial constraints and distance from the hospital. He was later contacted via telemedicine and reported a recurrence of multiple bullae on his lower extremities. Exclusion of other autoimmune blistering diseases, hypersensitivity reactions, and other dermatitides as well as a repeat biopsy of a bullae showing subepidermal clefting in association with nodular to diffuse atypical lymphoid proliferation with epidermotropism and adnexotropism shifted the diagnosis to MF bullosa.

Conclusion: This case highlights bullous MF in a young adult, which is an uncommon epidemiologic presentation of this rare variant. Bullous MF should be considered when blisters occur in conjunction with typical MF lesions, after excluding other potential etiologies. While phototherapy has not been widely reported as a definitive treatment for bullous MF, this case demonstrates its pivotal role in disease management. Notably, adherence to a narrowband UVB phototherapy regimen was associated with the resolution of bullae, whereas noncompliance led to recurrences, underscoring the importance of consistent treatment in achieving optimal outcomes and the efficacy of phototherapy in controlling MF bullosa.

Abstract N°: 594

Epidemiological data on non-melanoma skin cancer from the dermato-oncology department of a university general hospital (2007-2022)

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Introduction & Objectives: Non-melanoma skin cancers (NMSC) are the most common malignancies among Caucasians, primarily including basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), along with rarer tumors. Their incidence has been rising globally, with notable variations between countries. In Greece, recent epidemiological data on NMSC are limited. This study aims to document the epidemiological characteristics of NMSC cases treated at a tertiary university hospital in Greece over a 16-year period.

Materials & Methods: This retrospective study analyzed 2,471 patients treated from 01/01/2007 to 31/12/2022, with histologically confirmed diagnoses of BCC, SCC, adnexal tumors, Kaposi sarcoma, dermatofibrosarcoma, sarcomas, vascular tumors and other rare neoplasms. For each patient, clinical characteristics such as age, gender and precise tumor location were documented, along with histological characteristics, including the subtype for BCC and the grade of differentiation for SCC.

Results: BCC accounted for 67.3% of cases, followed by SCC at 28.1%. The mean age of patients was 71.7 years (range: 19–99 years), with a male-to-female ratio of 1.56:1. The face was the most frequent tumor site (49.7%), followed by the trunk (17%) and scalp (13.8%). Women exhibited higher trunk involvement compared to men (20.3% vs. 14.8%), whereas men showed a higher prevalence of scalp involvement compared to women (16.7% vs. 9.5%). Nodular BCC (64.7%) and well-differentiated SCC (32.4%) were the most common subtypes. From 2012 to 2019, the incidence of NMSC cases increased, followed by a decline between 2020 and 2022. This upward trend during the specified period was observed only for SCC, while BCC did not exhibit the same pattern.

Conclusion: The findings align with global trends of rising NMSC incidence, with the recent decline likely influenced by the COVID-19 pandemic. The high prevalence of BCC and SCC on the trunk, particularly among women, underscores the importance of public education on the risks of sun exposure and tanning devices. The steady increase in SCC cases may be attributed to rural referrals and population migration to urban areas. In contrast, the stability or decline in BCC cases is likely due to modern diagnostic and therapeutic approaches, where dermoscopy enhances diagnostic accuracy and non-surgical treatments reduce the need for histological documentation, leaving low-aggressiveness BCC cases unrecorded.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 688

Descriptive study of the epidemiological, clinical, paraclinical and therapeutic profile of Darier et Ferrand dermatofibrosarcomas.

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Introduction & Objectives:

Individualized as a true anatomo-clinical entity in 1924 by Darier and Ferrand, dermatofibrosarcoma protuberans is a rare cutaneous tumor of intermediate malignancy, characterized by its slow progression, local aggressiveness, a high recurrence rate, and the rarity of metastases.

Materials & Methods:

This is a retrospective and descriptive study carried out in a dermatology department over a 9-year period, including all patients diagnosed with dermatofibrosarcoma protuberans. Data were extracted from patient medical records.

Results:

A total of 8 patients were included. Age refers to the time of diagnosis, as tumor evolution is slow, and the age of tumor onset is difficult to establish precisely. The average age of patients at the time of diagnosis was 55.3 +/- 15 years, with extremes ranging from 36 to 83 years. Females predominated, with an F/H sex ratio of 3.

5 patients (62.5%) presented with de novo dermatofibrosarcoma protuberans and 3 with tumor recurrence (37.5%). In 2 cases it was a first recurrence and in the other a second recurrence. The mean time to recurrence was 7 years, with extremes of one year and 19 years.

The average time from lesion onset to first consultation was 14.2 years for those patients who were able to specify it, with extremes ranging from 2 years to 30 years.

Tumors were multinodular in 4 cases (50% of cases), nodular in 2 cases (25%), taking on the appearance of an indurated plaque in 2 cases (25%). Ulceration was reported in one case (12.5%). Pain was not noted in any of our patients. The lymph nodes were free in all cases. In all our patients, general health was preserved.

The limbs were affected in 50% of cases, the trunk in 37.5% and the neck in 12.5%. Lesion size in our series varied from 2cm to 10cm, with an average of 6.75cm.

All cases of dermatofibrosarcoma protuberans (100%) were confirmed by anatomopathological examination of a preoperative lesion biopsy. Immunohistochemical studies were carried out in 7 cases, i.e. 87.5% of the population studied. Intense and diffuse expression of CD34 was observed in 7 cases (87.5%), P53 in 1 case (12.5%) and Ki67 in 1 case (12.5%).

Locoregional and distant extension studies were performed in all our patients, revealing no metastases.

6 patients (75%) underwent wide surgical resection with 5 cm safety margins, and 2 patients (25%) are scheduled for further surgery. Direct suture closure was performed in one patient (12.5%), directed wound healing was performed in one patient (12.5%), and reconstruction was performed in 3 patients (37.5%). None of our patients underwent radiotherapy or chemotherapy.

Conclusion:

Darier et Ferrand dermatofibrosarcoma is a rare, slowly progressing tumor, characterized by its rare metastasis and, above all, its high recurrence rate. Diagnosis is often evoked clinically and confirmed by histological study. Treatment of DFSP is surgical, based on wide, deep excision of the lesion. Clinical monitoring enables early detection of recurrences, which are frequent in this pathology.

Abstract N°: 717

Cutaneous Involvement in Waldenström Macroglobulinemia: A Rare Case Report

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(Note: This is a report of a rare case; thus, subsections of methods and results were not available.)

Introduction & Objectives:

Waldenström Macroglobulinemia (WM) is a lymphoplasmacytic lymphoma characterized by the proliferation of IgM-secreting clonal B cells. Extramedullary involvement is rare (<5% of cases), with cutaneous manifestations accounting for only a small fraction (5%) of these. Here, we report a case of a 62-year-old male with a history of WM who developed persistent cutaneous indurations on the left thigh and lower leg.

Case Presentation

A 62-year-old male presented with firm, violaceous subcutaneous plaques on the medial aspect of the left thigh and anterior left lower leg, persisting for six months. He had been diagnosed with WM in 2015 and had undergone multiple cycles of rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone (R-CHOP) therapy, followed by autologous stem cell transplantation in 2021. At the time of presentation, he was not receiving any active treatment. The lesions were painful and associated with localized warmth. Dermatological examination revealed violaceous, hyperpigmented, indurated subcutaneous plaques extending from the anterior thigh to the lower leg. Additionally, two similar lesions were noted on the anterior left wrist. Histopathological analysis of punch biopsy samples demonstrated a dense dermal and subcutaneous infiltrate composed of small- to medium-sized neoplastic lymphoid cells, with rare plasmocytic differentiation. Immunohistochemical analysis revealed diffuse CD20 and CD79a expression, kappa light chain restriction, and IgM expression in rare cells. Tissue cultures were negative for infectious agents. The patient was referred to the Hematology department. Positron emission tomography/computed tomography (PET/CT) revealed hypermetabolic lesions in the sacral vertebrae and iliac lymphadenopathy. Craniospinal magnetic resonance imaging (MRI) demonstrated bone marrow infiltration and a soft tissue mass in the sacral canal with leptomeningeal involvement. Based on these findings, ibrutinib therapy was initiated, and palliative radiotherapy was administered to the sacral region due to leptomeningeal involvement. Following one month of treatment, significant clinical improvement and nearly complete regression of the skin lesions were observed.

Conclusion:

Cutaneous involvement in WM, though rare, can manifest as non-neoplastic lesions due to paraproteinemia or as neoplastic lesions from lymphoplasmacytic cell infiltration. Nonneoplastic lesions are more common and include those linked to hyperviscosity, cryoglobulinemia, and specific paraproteins; while neoplastic lesions, which are very rare, may present as firm erythematous plaques** usually symmetrically located on the face, trunk and extremities. Although malignant transformation was not observed in our patient, neoplastic cutaneous involvement may serve as a marker for disease progression or transformation, including progression to diffuse large B-cell lymphoma, as reported in a subset of cases in the literature. Dermatologists should maintain a high index of suspicion when evaluating patients with a history of WM presenting with atypical cutaneous lesions. Early recognition and appropriate management can lead to favorable outcomes.

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Abstract N°: 764

Phase II Trial of Atezolizumab (Anti-PD-L1) in the Treatment of Relapsed/Refractory IIB/IVB Mycosis Fungoides / Sézary Syndrome Patients after Previous Systemic Treatment. EORTC-1652-CLTG "PARCT"

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Introduction & Objectives: Treatment of advanced mycosis fungoides (MF) and Sézary syndrome (SS) remains challenging. In recent years, PD-1 blockade immunotherapies have shown inconsistent results in this setting. However, no clinical trial has yet investigated PD-L1 blockade. In this international, multicenter, open-label phase II trial, we evaluated the efficacy and safety of anti-PD-L1 atezolizumab for the first time in stage IIB-IV refractory/relapsed MF and SS.

Materials & Methods: The trial was carried out within the EORTC-Cutaneous Lymphoma Tumor Group. Patients received atezolizumab 1200 mg IV Q3w for up to 1 year unless progression or withdrawal. The main study endpoints were overall response rate (ORR), progression-free survival (PFS), time to next systemic treatment (TTNT), and overall survival (OS). Translational data were collected through immunohistochemistry and flow cytometry analyses.

Results: A total of 26 patients were enrolled from seven countries. Seventeen patients met the inclusion criteria. At a median follow-up of 36.6 months, the ORR was 15.4% in the intention to treat (ITT) and 17.6% in the per protocol (PP) population, respectively. In the PP group, 58.8% of patients, and in the ITT group, 53.9% of patients achieved partial response or stable disease as their best outcome. One complete response was observed after 1 year. Median PFS was 3 months (95% CI 1.4-4.9) in PP and 3.1 months (95% CI 2.4-4.0) in ITT. Median OS was not reached for PP and was 22.3 months (20.0-NE) for ITT. Median TTNT was 5.9 months (2.8-NE) in PP and 6.2 months (3.1-14.8) in ITT. The most common grade ≥ 3 adverse events were fatigue (23.1%) and infections (15.4%), with two sepsis-related deaths. Atezolizumab was primarily discontinued due to disease progression (50%). Overall, no significant differences in the PD-L1

expression or in the magnitude of expression decrease were observed between responders and non-responders.

Conclusion: Atezolizumab shows moderate activity in pretreated refractory/relapsed MF and SS. Overall, progression was more common in stage IIB patients, regardless of PD-L1 expression, possibly due to a more immunosuppressive environment associated with ulcerated tumors with high bacterial loads. Further studies are needed to identify reliable predictors of safety and treatment response.

Abstract N°: 778

Ulcerated Plaque in the Intergluteal Fold

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Introduction & Objectives:

Basal cell carcinoma (BCC) is a very common skin malignancy which is mainly located in photo exposed areas. BCC of the perianal and genital skin is rare and exhibits clinical and histologic heterogeneity witch explain the possible delay in diagnosis. Herein, we report an atypical case of a basal cell carcinoma located in the intergluteal fold.

Results:

A 66-year-old female presented with an infiltrated plaque located in the intergluteal fold evolving for two years. The lesion initially appeared as a small papule that progressively increased in size. She denied any prior lesions, trauma or irradiation in the area preceding the appearance of the tumoral lesion. The patient initially consulted the Surgery Department and was treated with antibiotics for a coccygeal fistula with no clinical improvement. On clinical examination, the lesion appeared as an infiltrated, bleeding plaque measuring 4 cm at its longest axis, situated in the coccygeal region. The plaque exhibited irregular borders, heterogeneous pigmentation with irregularly distributed pigmented spots, and a central. Dermoscopic evaluation showed polymorphic vessels, globules, and a blue-gray veil. She had no palpable lymphadenopathy. The patient underwent complete surgical excision of the lesion with lateral margins of 1 cm. Histological findings of the surgical specimen showed a predominantly ulcerated tumour on the surface, characterized by clusters of cells occasionally centred by necrosis and surrounded by retraction clefts. These clusters were composed of basaloid cells with oval nuclei. Both the lateral and deep surgical margins were free of tumor involvement. The diagnosis of Basal Cell Carcinoma of the Intergluteal Fold was retained.

Conclusion:

Basal cell carcinoma (BCC) is the most frequent malignant tumour in humans. BCC predominantly affects sun-exposed areas of the skin; however, it can also occur in covered regions and uncommon sites, which may impede early diagnosis and treatment, particularly when the clinical presentation is atypical. Certain sites of BCC are considered as atypical including the breasts, periungual region, palms, soles, gluteal region, and intertriginous areas such as the axillae, groin, and genital regions. Several factors have been implicated in the development of BCC in non-sun-exposed areas. These include chronic maceration, trauma, immunosuppression, arsenic exposure, and ionizing radiation. The intergluteal crease, as noted in our patient, is an uncommon location for BCC and is frequently overlooked in clinical assessments. The existing literature on BCC in this specific localization is limited. Regarding the potential associations between tumor location and histological subtypes, some studies have indicated that unexposed areas predominantly exhibit a superficial pattern. In contrast, lesions located in sun-exposed regions primarily display a nodular pattern. Gibson and Ahmed reported that the BCC of the perianal and genital skin is rare and exhibits clinical and histologic heterogeneity. This explain the possible delay in diagnosis if patients seeking treatment for what they consider itching or irritation, or when physicians initially mistake these cancers for inflammatory orinfectious dermatoses, as in our case. In conclusion, factors influencing the anatomical distribution of BCC remain poorly understood. Considering the gluteal fold as a possible location of BCC can aid proper diagnosis.

Abstract N°: 787

Hyperpigmented mycosis fungoides: an unusual variant

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Introduction:

Mycosis fungoides (MF) is the most common primary cutaneous lymphoma. Aside from the classic type characterized by erythematous-squamous plaques, several rarer anatomic-clinical variants have been described, some of which can be misleading. We report a case of hyperpigmented MF.

Case presentation:

A 21-year-old woman with phototype IV presented with psoriasiform lesions since the age of 7, which responded to topical corticosteroids, and developed diffuse hyperpigmented lesions over the past 2 years. Dermatological examination revealed multiple pigmented macules, minimally pruritic, measuring 1 to 5 cm, with a reticulated appearance, scattered on the neck, trunk, and all four limbs. The rest of the clinical examination was unremarkable. A skin biopsy of pigmented lesion demonstrated an epidermotropic lymphocytic infiltrate consisting of atypical lymphocytes of small to medium size, with an immunophenotype of CD2+, CD3+, and CD4+. CD8 positivity was noted in only a few cells. The diagnosis of hyperpigmented mycosis fungoides was established. Evaluation for secondary localization was negative. The patient was started on methotrexate at a weekly dose of 15 mg, which resulted in a good response.

Discussion:

The hyperpigmented variant of MF is very rare. It mainly affects individuals with dark skin and typically appears at an earlier age than the usual form. Clinically, the hyperpigmented macules, without poikiloderma, may present alone or in association with the classic erythematous-squamous lesions of MF. Differential diagnoses include post-inflammatory hyperpigmentation, ashy dermatosis, and cutaneous amyloidosis.

Histologically, the findings are similar to classic MF. However, immunohistochemistry typically reveals a CD8+ phenotype, though it can also be CD4+, as in our observation. The exact pathogenesis of hyperpigmented MF remains poorly understood. The hyperpigmented appearance may result from the cytotoxic effect of CD8+ T lymphocytes on melanocytes.

The disease progression is often indolent over several years, with a few cases of transformation into large cell lymphoma (CD30+) reported. The treatment is not standardized and generally follows the approach for classic MF.

Conclusion:

Although rare, hyperpigmented MF should be considered as a differential diagnosis in cases of acquired hyperpigmentation.

Abstract N°: 844

Leonine Facies and Cutaneous Lymphoma: A Case Report.

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Introduction:

Primary cutaneous lymphomas are malignant lymphomas with exclusive cutaneous expression at diagnosis. Cutaneous peripheral T-cell lymphomas (CTCL-NOS) are rare. Although facial presentation is uncommon, it can occur. This case highlights the diagnostic challenges of leonine facies, requiring consideration of multiple differential diagnoses.

Case report:

We present the case of a 70-year-old patient with a history of chronic pruritus for one year, refractory to antihistamines. Three months prior to admission, he developed violaceous papular lesions on the cheeks, which rapidly progressed into multiple painless nodules covering the entire face (leonine appearance). This was accompanied by a decline in general health and nocturnal sweats.

Physical examination revealed:

- Violaceous nodules infiltrating the face, sparing the nose.

- Erythroderma.

- Palmoplantar keratoderma.

- Non-painful, firm, juxta-centimetric lymphadenopathy.

Diagnosis of non-specific cutaneous peripheral T-cell lymphoma was confirmed by biopsy and immunohistochemistry (CD3+, CD5+, CD2+, granzyme B+, BCL2+, Ki67 100%). CD4 and CD8 were negative in one sample and positive in another. No signs of tuberculosis, fungal infections, leishmaniasis, or leprosy were detected. The lymph node biopsy showed reactive lymphadenopathy. Laboratory tests revealed leukocytosis, tumor lysis syndrome, and no Sézary cells. Extension work-up showed supra- and subdiaphragmatic lymphadenopathy.

Emergency cytoreductive chemotherapy (CHOP) with tumor lysis syndrome management was initiated. Clinical evolution showed nodules flattening, pruritus regression, and erythroderma. Lesions regressed after each session but reappeared shortly after. The patient died before his third session.

Discussion:

Cutaneous lymphomas are a heterogeneous group classified by the WHO-EORTC into several subtypes. These are clonal proliferations primarily affecting the skin and may later involve the lymph nodes and, rarely, the bone marrow. T-cell lymphomas account for 75-80% of cutaneous lymphomas, with an annual incidence of 1.5 cases per 100,000 people. CTCL-NOS is rare, representing 2% of all CTCL. It forms a heterogeneous group with phenotypic variety and is diagnosed by exclusion when the lymphoma does not match any other well-defined subtype. It often presents aggressively as solitary or multifocal plaques or nodules, sometimes pruritic or accompanied by erythroderma. The lesions commonly affect the trunk, head, and neck. Diagnosis relies on biopsy and immunohistochemistry, with extension work-up being necessary. Prognosis is poor, with response rates of 40-60% and overall survival of 20-40%. Poor prognostic factors include advanced

age, male sex, multifocal or extracutaneous lesions, advanced stage, high LDH and Ki67 levels, large cell size on histology, and a poor ECOG performance status. Recently, the T-cell score has included low albumin levels and leukocytosis.

Treatment includes radiotherapy for solitary lesions, CHOP chemotherapy for multiple lesions, or stem cell transplant in some cases.

Conclusion:

This case highlights the rarity and diagnostic complexity of CTCL-NOS, especially with facial lesions causing leonine facies. Differential diagnoses include leprosy, leishmaniasis, deep mycoses, and other cutaneous lymphomas. Management remains challenging, requiring a multidisciplinary approach. Despite intense chemotherapy, the prognosis remains unfavorable.

Abstract N°: 882

Merkel Cell Carcinoma: A Retrospective Case series of morphological presentations across three skin cancer centres

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Introduction & Objectives:

Merkel Cell Carcinoma (MCC) is a rare, aggressive neuroendocrine tumour that derives from the Merkel cells within the epidermis. The pathogenesis principally involves cell DNA mutations from long-term UV light exposure or the presence of Merkel cell Polyomavirus (MCPyV). The majority of MCC satisfy at least three features of the commonly known 'AEIOU' acronym; Asymptomatic; Expanding rapidly; Immunosuppression; Over 50 years-old; UV-exposed site. There is limited literature describing the key clinical and morphological features of this tumour.

The aim of this case series is to showcase the clinical variability of both early and advanced MCC and to identify and describe the common morphological features at presentation.

Materials & Methods:

A Business Intelligence platform (BOXI) search was performed using the term, 'Merkel Cell tumour,' to identify pathologically confirmed cases of MCC over a fifteen-year period between July 2009 - July 2024, across three skin cancer centres. The authors searched Medical Image Manager (MIM) to identify if clinical photographs of lesions were available. Two expert authors reviewed the images to achieve consensus on morphological descriptors. Demographic data were collected retrospectively.

Results:

Over fifteen years, 110 biopsy-proven cases of MCC were identified. Of these, 38 had clinical images available and were included (M:F 19:19). Median age at diagnosis was 81.2 (range 61-93). Twelve (31.6%) individuals were immunosuppressed at time of diagnosis. 13/38 (34.2%) people had documented lymphadenopathy. At presentation, 26/38 (68.4%) tumours were 2cm or more in diameter. 36/38 (94.7%) located in sun-exposed sites; 33/38 (86.8%) erythematous; 35/38 (92.1%) nodular; 22/38 (57.9%) ulcerated; 18/38 (47.4%) keratinised.

Conclusion:

Given the significantly inferior survival rate compared with melanoma, coupled with the increased incidence of MCC (1), attributable to the ageing population, it is essential that dermatologists are aware of the common morphological features of MCC. This will result in a higher index of suspicion, reduce delay in diagnosis and potentially improve overall prognosis.

References:

1. Samiha T Mohsen, Emma L Price et al. Incidence, mortality and survival of Merkel cell carcinoma: a systematic review of population-based studies, *British Journal of Dermatology*, Volume 190, Issue 6, June 2024, Pages 811–824

Abstract N°: 953

Marjolin's ulcer type melanoma: An exceptional complication

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Introduction :

Marjolin's ulcer refers to skin cancers that develop from the malignant transformation of a chronic wound. Among these, burn scars are particularly prone to degeneration due to the high tension on the skin. We present a case of Marjolin's ulcer type melanoma.

Observation :

A 69 years old patient, had a history of thermal burns at the age of 5, involving the abdomen and both thighs, complicated by a left inguinal ulcerating lesion that had been evolving for 30 years. Dermatological examination revealed an achromic, inhomogeneous ulcerating borgeoning tumour with a raised border and indurated base, 4 cm long, painful and bleeding on contact, resting on a retractile erythematous placard . Dermoscopy with immersion and polarized light revealed milky areas in places, with central areas devoid of structures. The vascularization was polymorphic: linear and tortuous vessels on a pinkish erythematous background. A skin biopsy was performed. Anatomopathological examination supplemented by immunohistochemistry was in favour of a malignant melanoma. This concluded to a Marjolin's ulcer type melanoma. A pelvic MRI revealed homolateral inguinal ADPs measuring 23x24mm. The rest of workup for locoregional and distant extension is in progress.

Discussion :

Marjolin's ulcer refers to the malignant tumors that develop on various types of scars and chronic ulcerations. In most cases, these are burn scars, as in our patient's case. In a review of the literature by Mahlon et al., 76.5% of these patients had developed Marjolin's ulcer on old burn scars. The histological form was squamous cell carcinoma in 71% of cases, basal cell carcinoma in 12% of cases, melanoma in 6% of cases (as reported in our observation). Marjolin's ulcers usually develop on the limbs and trunk, particularly in the large flexion creases, since the ulceration is sustained by antagonistic muscle forces and frequent trauma. The onset of these skin tumors varies on average from six weeks to 30 years. Our patient had a latency period of 30 years. Its etiopathogenesis is multifactorial and poorly elucidated.

The prognosis for Marjolin's ulcer remains guarded, given its high metastatic potential, risk of recurrence, and high mortality and comorbidity rates. Although its management is controversial, radical surgery remains the treatment of choice, combined in some cases with radiotherapy and chemotherapy.There is currently no consensus on the use of lymphatic curage.Most authors agree that prophylactic lymph node dissection is unnecessary, while Novick et al. stress the importance of prophylactic lymph node dissection, particularly in cases of Marjolin's ulcer of the lower limbs.Thus, the best treatment remains prophylaxis, with early transplantation.In the case of burn lesions left to heal under controlled conditions, preventive removal of fibrous scar tissue followed by repair of the residual loss of substance can prevent the appearance of these skin tumours.

Conclusion:

Our observation is original in that the occurrence of melanoma on burn scars is underestimated, and remains a formidable complication.Thus, all chronic wounds should benefit from multiple biopsies, with a view to a precise anatomopathological examination.Treatment is above all preventive, based on correct initial management of burn lesions and regular monitoring of unstable scars. In the case of suspicious lesions, surgical treatment should be radical from the outset.

Abstract N°: 962

Cutaneous Metastases of a Pulmonary Adenocarcinoma: A Case Report

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Introduction & Objectives:

Cutaneous metastases are secondary locations of malignant tumors. They are often present during the progression of the primary neoplasia. Sometimes, they can be discovered simultaneously, and more rarely, early on, revealing the primary neoplasia. The prognosis at this stage is usually poor. We report the case of cutaneous metastases accompanying a pulmonary adenocarcinoma.

Materials & Methods:

We report the case of a 70-year-old patient who presented with chronic cough associated with hemoptysis. Clinical examination revealed cutaneous nodules on the cephalic extremity. Radiological exploration showed a pulmonary nodule, and histological analysis was in favor of a pulmonary adenocarcinoma. Histological examination of the cutaneous lesions revealed cutaneous metastases originating from the lungs.

Results:

Cutaneous metastases represent about 2% of malignant skin tumors. They rarely reveal the primary neoplasia, which is why recognizing their clinical appearance is crucial to avoid missing the diagnosis. Their appearance is variable, with the most common being nodular forms, followed by inflammatory forms, and rarely, sclerotic forms. There is often a proximity relationship between the primary cancer and the secondary cutaneous locations. The prognosis at the stage of cutaneous metastasis is poor.

Conclusion:

Cutaneous metastases sometimes accompany the primary tumor or may reveal it, highlighting the importance of recognizing their clinical appearance and raising suspicion to investigate the primary cancer. The patient’s age and the location of the metastases are important factors to consider, as they help guide the origin of the primary neoplasia. The prognosis at the metastatic stage is poor, with a survival rate of less than 12 months.

Abstract N°: 973

Leveraging Artificial Intelligence and 3D Total Body Photography to Automate Skin Photodamage Assessment

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Introduction & Objectives:

Exposure to ultra-violet (UV) radiation is the primary environmental risk factor for melanoma, however existing risk prediction models rely on self-reporting or subjective observations with poor reproducibility. The increasing use of total body photography (TBP) in clinical skin examinations, combined with advances in artificial intelligence, presents new opportunities for automated skin assessment of UV damage. We aimed to develop a method of automating photodamage assessment from 3D-TBP.

Materials & Methods:

We first developed a novel photo-numeric scale for assessing skin photodamage and pigmentation from TBP images. This scale was validated for use by laypeople by comparing their annotation accuracy with expert annotation. We then curated a training dataset of 19,481 skin image tiles (15 x 15cm) extracted from 3D-TBP from 76 study participants (25 high-risk, and 51 population-risk). Image tiles were individually annotated for photodamage and pigmentation, then used to train a convolutional neural network (CNN) using a multi-task learning strategy which included pigmentation as an auxiliary task. Accuracy of the single and multi-task CNNs were evaluated using an expert labelled test dataset.

Results:

Validation assessment of the photo-numeric scale showed substantial-to-almost perfect agreement for image annotation between laypeople and experts (k=0.77-0.83). The multi-task CNN design improved performance compared to the single-task CNN with the area under the receiver operator curve (ROC-AUC) increasing from 0.91 to 0.94. Class-specific accuracy improved for mild (0.84 to 0.90, p=0.02), moderate (0.66 to 0.69, p=0.62), and severe (0.71 to 0.87, p<0.01) photodamage categories. Accuracy was high and without significant differences between anatomical sites (range 0.80-0.83, p=0.39). An interface was developed to display CNN photodamage output as heatmaps on 3D-TBP patient avatars for clinical interpretation.

Conclusion:

Our CNN provides a novel tool to automatically and objectively report an individual's photodamage phenotype directly from 3D-TBP. Incorporating this assessment into risk prediction models may inform targeted screening initiatives for melanoma and other skin cancers.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 998

Actinic Keratoses: Therapeutic Effect of Cryotherapy as monotherapy and in Combination with Field- Treatments in a small case series

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Introduction & Objectives:

Topical imiquimod and Photodynamic Therapy (PDT) are approved for the field treatment of AKs, and have been investigated in numerous studies as monotherapy or in combination with cryotherapy.

Materials & Methods:

Data were collected from 32 patients (29 men – 3 women; median age: 81 years, range: 58-91 years) for 126 treatment cycles of 41 head regions (22 scalp, 9 forehead, 8 cheek, 1 ear, 1 nose).

Treatment modalities included cryosurgery as monotherapy or combination of either PDT or imiquimod with adjuvant cryosurgery.

Partial, region confined AK burden was determined with the AKASI instrument at the time of treatment and at the corresponding follow up appointments.

For quantifying the 'therapeutic' effect of each treatment cycle we calculated the 'AKASI difference' (Δ[AKASI]) defined as the difference of the respective AKASI score at the time of follow up evaluation and at the time of treatment.

Results:

Overall, there is a significant difference in levels of AK burden after a treatment cycle between the different treatment modalities ($F(2,116)=9.818$; partial $\eta 2=0.129$; $p<0.001$) and also as a function of increasing duration of follow up after treatment ($F(2,116)=10.935$; partial $\eta 2=0.141$; $p<0.0001$).

The AK burden was not significantly modified by cryosurgery as monotherapy.

In the contrary, after either of the two field therapies (Imiquimod or PDT) the AKASI scores decreased moderately though significantly (Δ[AKASI]: -0.83, p=009 and -0.49, p=0.004 for imiquimod or PDT with adjuvant cryosurgery, respectively).

In addition, the alteration of the AK burden at short- (p=0.002) and at medium-term evaluation appointments (p=0.014) were also significantly different after the imiquimod-cryosurgery combination compared to cryosurgery as monotherapy.

However, without further treatment the initial therapeutic effect progressively vanished with increasing follow-up time for both combination modalities. Notably, the reversion of the initial therapeutic effect was more rapid in the case of the PDT compared to the imiquimod treatment groups.

Conclusion:

In our patients, cryosurgery as monotherapy showed no significant advantage to clearance of target AKs.

When cryosurgery was used in combination with field treatments the response as expressed through the patient AKASI score was moderate though significant compared to pretreatment status.

The duration of the therapeutic effect in our patients was also interesting. Cryosurgery as monotherapy did not offer significant and sustainable outcome. The combination of cryosurgery with PDT showed a significant response but not a long term therapeutic effect. In our series, the benefit was almost completely lost before one year and AKs increased thereafter moderately above the pretreatment levels.

The combination of cryosurgery with imiquimod did not appear advantageous in terms of the absolute therapeutic effect when compared to the combination with PDT but displayed a marginal persistence of improvement for more than one year(average Δ[AKASI]: -0.05).

In conclusion, field treatment is mandatory when confronting AKs within actinic damaged skin and the combination with a locally destructive method could add more value to the overall response.

Abstract N°: 1011

Carcinoma bascocelular en « coup de sabre »

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Introduction & Objectives:

The term “coup de sabre” describes a vertical, linear or triangular lesion with a superior base, reminiscent of scars induced by a sabre blow. It is almost systematically linked to localized scleroderma (Morphea).

Materials & Methods:

Patient BM, aged 63, diabetic, phototype 2, consulted for a lesion of the left shoulder, a linear erythematous plaque of 15 cm in length and 3 cm in width approximately, with an ulcerated surface, some translucent pearls on the periphery and pigmented points, no functional sign was reported, appeared back than 10 years with a progressive increase .

Dermoscopy reveled an ulceration with a vascularization in a tree trunk, the diagnosis of BCC was confirmed by the biopsy which found (basaloid cells in a peripheral palisade with a fibrous and inflammatory stroma).

The therapeutic decision was the surgical excision of the nodular BCC in a sabre stroke, which was successfully performed.

Results:

Sabre-like or linear BCC is an extremely rare entity, first described in 1985, and should not be confused with basaloid follicular hamartoma (1).

Apart from the classic factors incriminated in BCC such as photoexposure and genetic factors, the role of physical and surgical trauma has also been mentioned for linear BCC (2) .

The most frequent location of linear BCC is represented by the periocular region, followed by the neck and then the trunk; location on the shoulders, such as our patient, has only very rarely been reported.

Conclusion:

Linear BCC can concern all histological subtypes, but the nodular form is the most frequent (3).

Given its rare and recurring nature, the treatment of sabre-shaped BCC should be surgical from the outset (1).

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1035

T-cell lymphoma panniculitis in familial and pediatric-onset

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Introduction & Objectives:

Pediatric-onset subcutaneous panniculitis-type lymphoma (PSCL) is a rare entity. We report a case of PSCL in a 5-year-old girl who presented a similar history in her younger brother during follow-up.

Materials & Methods:

A 5-year-old girl was admitted for inflammatory plaques and nodules disseminated to the trunk and limbs with facial involvement in a general context of asthenia. The search for antinuclear factors was negative. The osteomedullary biopsy did not reveal any abnormality. Biologically, inflammatory anemia and leukopenia were found.

The skin biopsy found an atypical hypodermal lymphocytic infiltrate with a periadipocytic crown expressing CD3, CD8 and negative for CD20 and CD56.

The diagnosis of LTSP was retained and a polychemotherapy type CHOP was indicated leading to a total remission. The evolution has been marked over the last 10 years by:

- other cutaneous recurrences treated by more aggressive protocols that are effective but poorly tolerated (cardiotoxicity) motivating a relay with corticosteroids and methotrexate to control the flare-ups and with good tolerance.

- a similar history in the younger brother aged 7 years of LTSP preceded by pulmonary tuberculosis.

Results:

The originality of our observation lies in:

-the young age of our patient and her brother, rarely reported in the literature reporting a mean age of onset of 36 years.

-the facial topography is also poorly described in previous studies.

-the aggressive management of our young patient contrary to the recommendations favoring immunomodulatory treatment in the absence of macrophage activation syndrome.

-moreover, the occurrence in a short period of time after an infectious process (toxoplasmosis, chickenpox and nasopharyngeal infection) as in the case of the younger brother has also been described by other authors suggesting a clonal reactive T lymphoproliferation rather than a true lymphoma.

-the family context: we found only 2 observations in our bibliographic search, the first published by Shen et al in 2 twin brothers and the 2nd by Gau et al in a boy and his older sister.

Conclusion:

These findings suggest the existence of a hereditary genetic factor within the family predisposing its affected members to the development of lymphoma. Furthermore, our observation highlights the lack of knowledge of this entity by some clinicians who tend to assimilate it to an aggressive form.

Abstract N°: 1058

Intense hyperfixation of a seborrheic keratosis on PET-CT

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Introduction & Objectives:

Seborrheic keratoses are benign epidermal tumors commonly diagnosed clinically. However, in atypical cases, histopathological analysis may be required to rule out malignancy. We report an unusual case of intense hyperfixation of seborrheic keratoses on 18F-fluorodeoxy-D-glucose positron emission tomography/computed tomography (18F-FDG PET-CT), highlighting a potential diagnostic pitfall.

Case report:

A 68-year-old man was referred to us by the internal medicine department following the discovery of intense and suspicious hyperfixation on 18F-FDG PET-CT. This imaging was performed as part of the staging assessment for a peripheral T-cell lymphoma, NOS type.

The PET-CT scan revealed multiple pathological hypermetabolic lymphadenopathies both above and below the diaphragm, suggesting a lymphomatous origin. Additionally, hypermetabolic cutaneous nodules were identified on the thoracic and left scapular wall, with a maximum standard uptake value (SUV max) of 8.9, raising suspicion of cutaneous lymphoma or a malignant tumor. No other hypermetabolic suspicious foci were detected in the remaining explored volume.

On clinical examination, the patient presented multiple oval brownish maculopapular lesions ranging from 2 mm to 1 cm in diameter on the posterior thorax. Dermoscopy revealed the presence of pseudocysts and pseudo-comedones with a scalloped border, suggestive of seborrheic keratoses. These lesions had a chronic course with no history of rapid onset, simultaneous appearance, or associated pruritus, and no other cutaneous lesions in the affected regions. However, due to the intense hyperfixation, an excision biopsy was performed on a hypermetabolic brown macular lesion of the left scapular region for histopathological analysis.

Histological examination revealed cutaneous tissue covered by an epidermis with orthokeratotic hyperkeratosis and a sharply demarcated epidermal proliferation, entirely raised above the adjacent skin. The epithelial mass consisted of cells from various epidermal layers, with a predominance of basal-type cells. The proliferation contained round keratin-filled cavities. An anastomosed basal pattern associated with hyperpigmentation was observed, confirming a diagnosis of seborrheic keratosis with no signs of malignancy.

Conclusion:

Our case confirms that hyperfixation can be observed in benign lesions, particularly seborrheic keratoses, which should be considered among the differential diagnoses despite intense hyperfixation. Such findings often necessitate excision and histopathological analysis to rule out malignancy. Given the high prevalence of seborrheic keratoses, similar hyperfixations on PET-CT scans may be encountered frequently. The reasons for this increased metabolic activity remain to be determined.

Abstract N°: 1076

Gene-Expression Signatures and Prognosis in Intermediate to High-Risk Cutaneous Squamous Cell Carcinoma.

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Introduction & Objectives:

Cutaneous squamous cell carcinoma (cSCC) has a mortality rate similar to melanoma with a 5-year survival rate of 25-35% with metastatic disease.1 The Brigham and Women's Hospital (BWH) is the staging system of choice. However, BWH has a poor positive predictive value (PPV), and a subset of tumors identified as intermediate risk under this staging system metastasize.2,3 Gene expression profiling (GEP) has demonstrated promise to predict poor outcomes in high risk cSCC.4.5 Using multi-omics on stage-matched at-risk cSCC, we aim to identify functionally relevant genes and subsequently develop and optimize a GEP panel.

Materials & Methods:

A total of 61 cSCC cases were identified with inclusion criteria of BWH T2a or higher. Cases were matched by clinical outcome (local recurrence, regional and distant metastasis), histopathologic features, age, sex, immunosuppression status and BWH staging. All tissues identified at inclusion were BWH stage T2a and T2b prior to histopathological review. Cases underwent histopathologic rereview by board-certified dermatopathologists to confirm pathological staging. Whole exome sequencing (WES) and whole transcriptome sequencing were performed on 61 and 53 primary tumors respectively. Multi-omic data integration was conducted to identify 183 functionally relevant mutated genes. Using these endogenous genes, a GEP panel was developed on Nanostring platform. A total of 186 samples in 183 patients of cSCC with inclusion and sample selection criteria as above were used to optimize the panel. Gene expression and modeling analysis were performed to select genes with greatest predictive power for selected outcomes.

Results:

Integrative analysis of whole exome and transcriptome sequencing identified 183 critical genes in carcinogenesis (Figure 1). Three outcome-related gene clusters were those involved in keratinization, cell division and metabolism. Of these, 16 genes expression may be associated with metastasis with an area under the curve (AUC) of 97.1%, sensitivity 95.5%, specificity 85.7%, and overall accuracy of 90% (Figure 2). Additionally, 11 genes were chosen to generate the risk score for overall survival (OS) and had an OS prediction of 80.8% with each risk gene increasing the risk of death by 2.47 (HR: 2.47; $p<0.001$). For panel optimization, 14 genes were used to generate a risk score for metastasis with an AUC of 82.0% (95% confidence interval (CI): 75.9%-88.2%), overall accuracy of 75.3%, sensitivity of 65.1%, and specificity of 80.5%, respectively (Figure 3). Eight genes were associated with overall survival (OS) 1.28 (95% CI: 1.13 to 1.46, $p<.001$) after adjusting for age, immunosuppressant use, and metastasis status.

Conclusion:

We performed exome and transcriptomic sequencing on stage-matched, outcome-differentiated intermediate to high-risk samples and identified 183 functionally relevant genes associated with metastasis and poor survival outcomes. We optimized these functionally relevant genes with our custom GEP panel and demonstrated the potential to predict outcomes in at-risk cSCC and its potential utility to direct clinical management.

Figure 1: The establishment of biomarker Panel

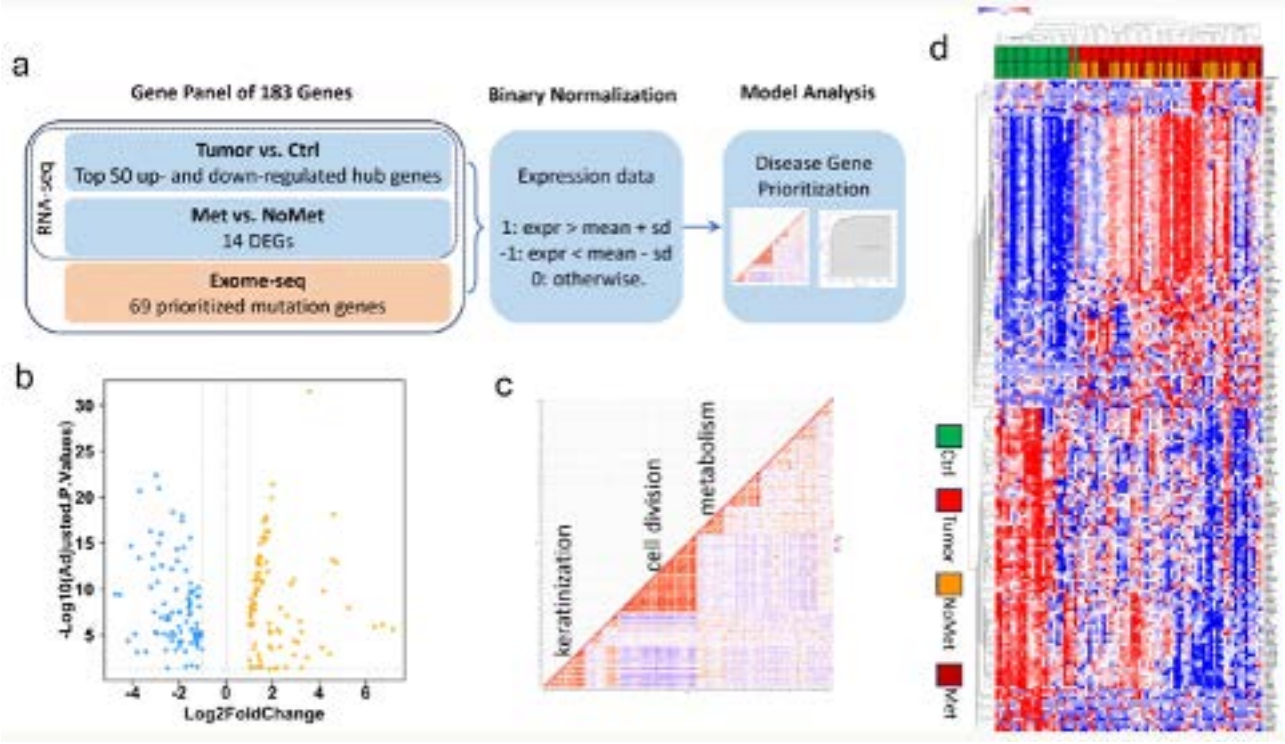


Figure 2: Modeling analysis of SCC biomarker panel.

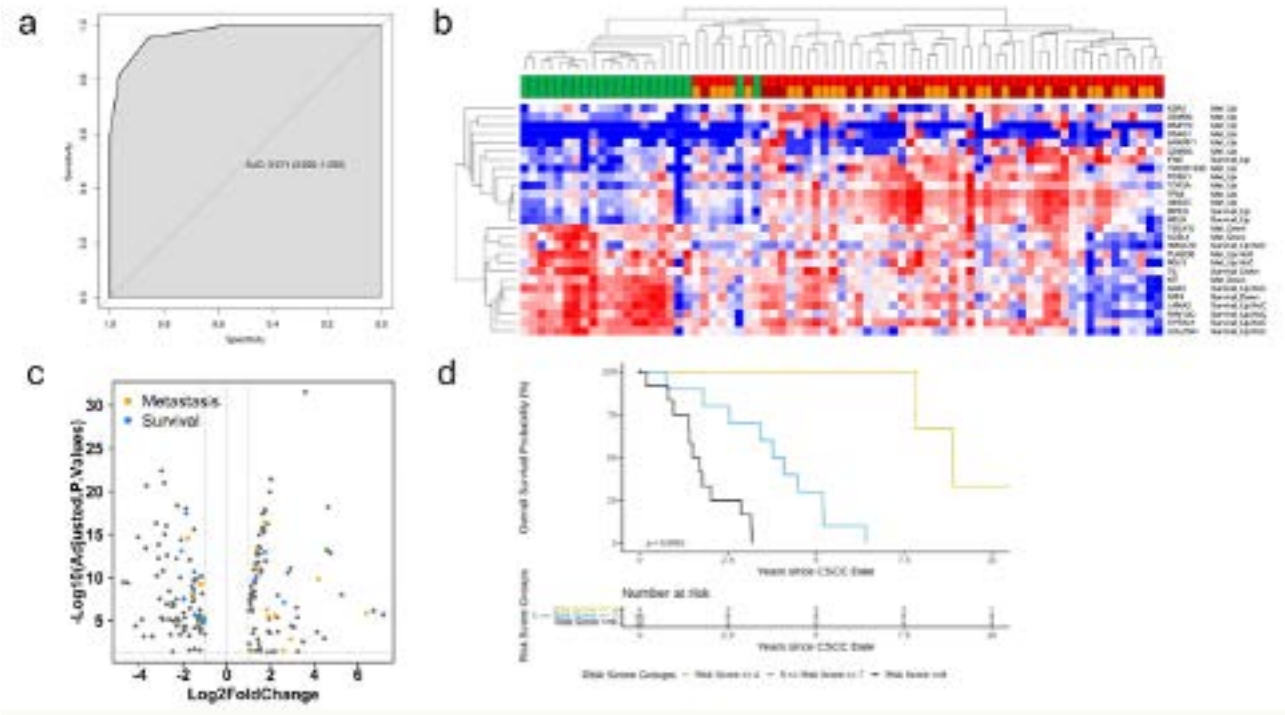


Figure 3: Gene panel data using Nanostring platform

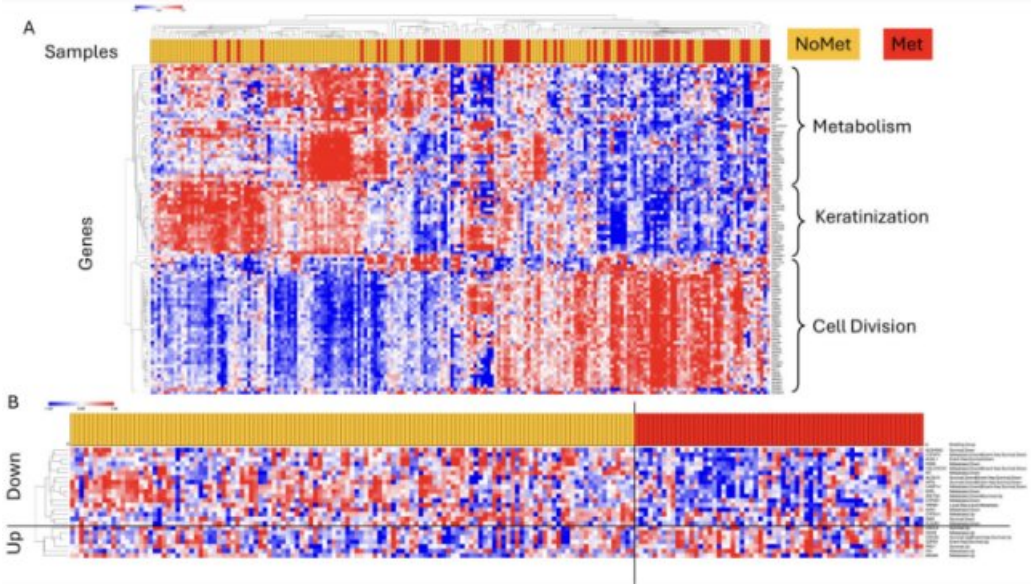
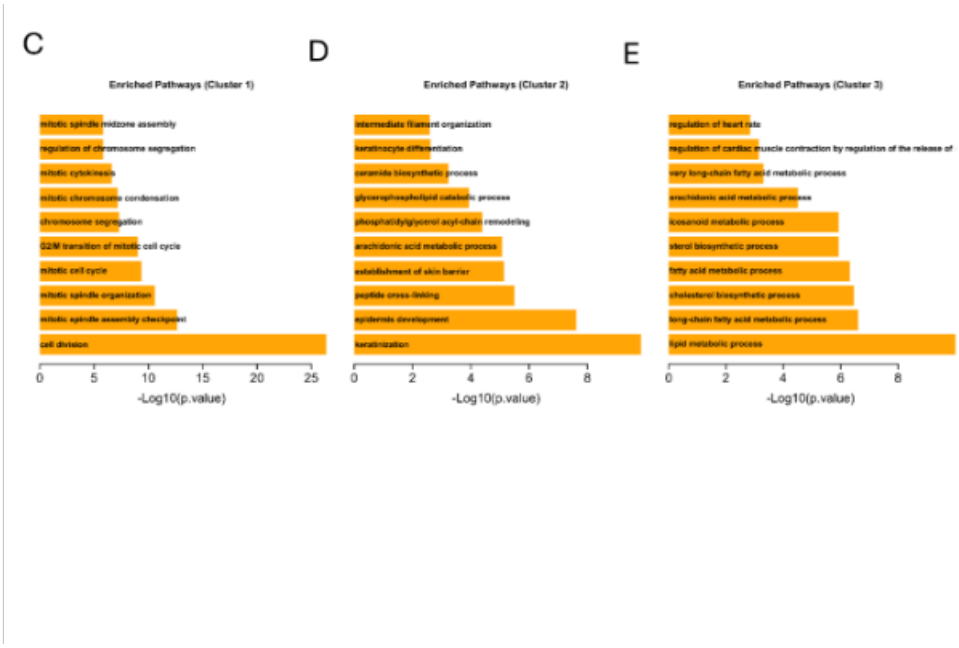


Figure 4:* Pathways or functions enriched in gene panel



A. Cluster 1 in the heatmap in Figure 1. B. in Cluster 2 in the heatmap in Figure 1. C. Cluster 3 in the heatmap in Figure 1.

Abstract N°: 1077

Primary cutaneous aggressive epidermotropic CD8+ T-cell lymphoma: a case report

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Introduction & Objectives:

Primary cutaneous aggressive epidermotropic CD8-T cell lymphoma is an extremely rare entity with distinct clinicopathological features. Herein, we report a case of this type of lymphoma occurring on foot lesions present for a several months, which was initially diagnosed as a fungal infection but finally presented as an abrupt eruption of disseminated ulcerated annular plaques and tumors with aggressive behavior.

Clinical case:

A 70-year-old man with a history of lung abscess in childhood, left hand cellulitis, arthritis, hyperuricemia and fractures due to traffic developed a single, persistent, painless erythematous-desquamative, infiltrated plaque with arcuate morphology that began in the left foot in June 2023, for which he followed multiple topical antifungal treatments and systemic antibiotic therapy without clinical improvement. Meanwhile, a new lesion with similar characteristics appears in the anterior area of the thorax. In this way, it was decided to perform a biopsy of the pectoral lesion and oral terbinafine was prescribed. Histopathological analysis of a skin biopsy had revealed non-specific spongiotic dermatitis with inflammatory infiltrate lymphohistiocytary band/lichen planus like. In february 2024,due to lack of response to antifungal treatment and the fast growth of the lesion , topical betamethasone and oral dolquine were prescribed. Also, a general analysis with autoimmunity and tumor markers is requested.

During the next year, his disease progressed to the point where he had pruritic, indurated and ulcerated plaques and tumors on his face, feet, legs, chest and abdomen. In addition, progression to disseminated ulceronecrotic lesions occurred rapidly. We took a skin biopsy again, and it displayed diffuse aggregates of atypical lymphoid cells with a pagetoid spreading of epidermotropism . Spongiosis and necrosis were detected in epidermis and perivascular infiltration of tumor cells was seen in upper dermis. The proliferating lymphocytes indicated strong labelling with CD3, CD8, CD56 and were negative for CD4 and CD30.

He was transferred to the hemato-oncologic division for further systemic evaluation and he is undergoing chemotherapy treatment with an excellent initial response. The image studies and the bone marrow biopsy do not show dissemination. At the moment, the patient is waiting for a allogeneic hematopoietic stem cell transplantation.

Results:

Based on our experience, we feel that primary cutaneous aggressive epidermotropic cytotoxic T-cell lymphoma should be defined clinically by the rapid onset of erosive or ulcerated plaques with or without preceding skin lesions. It is associated with a very poor outcome, despite aggressive multi-agent chemotherapy. The disease has a tendency to spread systemically to unusual sites including the lung, testis and central nervous system but rarely to the lymph nodes.

Conclusion:

We have reviewed our experience with a rare and aggressive subtype of cutaneous T-cell lymphoma . We also bring attention to the yet poorly defined preceding skin lesions reported in several of our patients and often misdiagnosed as

pityriasis lichenoides acuta, erythema multiforme psoriasis, eczema, mycosis fungoides. It remains an important goal to learn to recognize and diagnose these early stages.

Abstract N°: 1100

The Epidemiological and Clinical Profile of Subungual Melanoma: A Series of 6 Cases

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Introduction & Objectives:

Melanoma is the most common malignant tumor of the nail apparatus. However, ungual melanoma (UM) remains rare, representing only 1 to 3% of melanomas. This localization is much more frequent in Black or Oriental populations, and epidemiological data in Morocco and the Maghreb are poorly known. The diagnosis is often delayed, with a poor prognosis.

The aim of our study is to establish an epidemiological and clinical profile of UM cases diagnosed at the Dermatology-Venerology Department of Mohammed VI University Hospital in Oujda.

Materials & Methods:

This is a retrospective descriptive and analytical study conducted at the Dermatology Department of Mohammed VI University Hospital in Oujda over a period of 10 years, from December 2014 to August 2024, including patients followed for UM. Epidemiological, clinical, paraclinical, therapeutic, and follow-up data were collected using a pre-established data collection form.

Results:

We recorded 30 cases of melanoma, of which 6 were ungual (20%). A male predominance was noted with a male/female sex ratio of 2. The average age of the patients was 65.83 years, with ages ranging from 60 to 76 years. All patients were of phototype IV. The average diagnostic delay was 6 years, with extremes ranging from 6 months to 18 years.

The primary location was the toenails (66.67%). Trauma was reported in 5 patients, accounting for 83% of cases. The major clinical feature was the presence of irregular melanonychia in 3 patients (50%), followed by ulcerative-budding lesions in 2 patients. The most frequent dermoscopic finding was the presence of multiple colors, with extension of pigmentation toward the proximal nail fold and hyponychium (Hutchinson's sign).

The most common histological type was acral lentiginous melanoma, present in 5 patients (83.33%). Most tumors were thick, with Breslow thickness greater than 4 mm in 3 patients, 3 mm in 1 patient, and less than 1 mm in 2 patients, with ulceration present in only 1 patient. The mitotic index was high, with more than 5 mitoses/10 high-power fields in most patients (66.66%). Three tumors were classified as stage IIB, 2 others as stage 1A, and 1 as stage 4 according to the AJCC classification. Amputation was the recommended treatment, except for 1 patient with metastatic melanoma who was treated with chemotherapy. A regional lymph node dissection was performed in 2 patients. Two patients who underwent surgical treatment had a good outcome, with recurrence after 1 year and 6 months in 1 patient, who died 2 years after the diagnosis. Two other patients were lost to follow-up after 2 years without recurrence, with a survival rate of 50%.

Conclusion:

Nail melanoma (NM) is a rare entity, often underdiagnosed, particularly in the context of the Maghreb. Late diagnosis contributes to a generally poor prognosis and limits therapeutic options. It is therefore essential to implement preventive and awareness measures for both healthcare professionals and the general population in order to respond more

effectively to a suspicious melanonychia stripe, leading to early diagnosis.

Abstract N°: 1108

Multicenter study on malignant melanoma in Portugal: insights from 2019-2023

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Introduction & Objectives: Malignant melanoma is the deadliest form of skin cancer, with approximately 150 000 new cases diagnosed annually in Europe. Its incidence has been increasing by 4-6% per year in certain populations over the past 50 years. Accurate clinical and epidemiological data are essential to improve early diagnosis and treatment strategies. Objectives: This study aimed to analyze trends in malignant melanoma diagnosis and staging from 2019 to 2023, focusing on referral sources and demographic factors, in a multicenter setting.

Materials & Methods: A retrospective, observational study was conducted across three hospitals. Data were collected for all malignant melanoma cases diagnosed between January 2019 and December 2023. Demographic and clinical data were analyzed using IBM SPSS Statistics v29.0, with emphasis on referral origins, histopathological diagnoses and disease staging.

Results: A total of 936 cases were identified, with an annual average of 187.2 ± 45.1 cases. A significant increase in diagnoses was observed in 2023, exceeding the upper standard deviation limit. The gender distribution was nearly equal (52.4% male, 47.6% female), with an average age of 66.99 years. Cases referred by primary health care showed a growing proportion of in situ melanoma diagnoses over the years, alongside a significant reduction in advanced-stage presentations ($p < 0.001$). Patients referred from dermatology follow-up clinics had lower staging and thickness, while those referred from emergency services exhibited more advanced disease

Conclusion: The findings highlight an increase in melanoma diagnoses in 2023, coinciding with improved early detection and referral practices by primary healthcare. Advanced-stage melanoma cases were more frequent among emergency services referrals, underscoring the importance of timely detection. Despite study limitations, including its retrospective nature, these insights align with existing literature and reinforce the value of primary care in early melanoma diagnosis.

Abstract N°: 1109

Interpretable Self-Supervised AI for cSCC: Addressing Inter-Clinician Variability in Tumor Grading and Enhancing Metastasis Prediction

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Introduction & Objectives:

Staging systems for cutaneous squamous cell carcinoma (cSCC) have poor predictive value in identifying cSCCs at risk of metastasis and 46% of high-risk cSCC are upstaged.1,2 Pathologists tumor grading is time consuming and faces intra and inter-clinician variability contributing to inconsistencies in diagnosis. Artificial intelligence (AI) tools for cSCC grading and risk stratification are predominantly unstudied. We develop the rank-aware contextual reasoning (RACR) multiple instance learning (MIL) approach and leverage this framework to stratify metastasis risk and predict cSCC tumor grading among a cohort of dermatopathologists with inter-clinician variability tumor diagnoses.

Materials & Methods:

RACR-MIL utilizes MIL with extracting local patch-level features and self-supervised pretraining. This tool uses the following innovations 1) prioritizes severe tumors by utilizing rank-ordering to replicate pathologist's ordinal grading protocol 2) employs contextual features through capturing the local tumor microenvironment and global structure with image graph networks and 3) dynamic graph learning with diversity constraints to model varied aspects of tumor morphology. The model was trained and evaluated on cSCC (N=815), and head and neck (N=672) and lung (N=289) SCC. RACR-MIL was trained and validated on 307 and 77 patients respectively to predict metastasis risk and identify novel histological phenotypes. For cSCC tumor grading prediction, 18 histopathologically challenging cases were annotated. These cases were interpreted by 5 dermatopathologists and grouped by consensus diagnosis as defined as agreement among ≥3.

Results:

RACR-MIL achieved 5-10% higher accuracy for skin cancer than existing weakly-supervised approaches with a 0.810 F1 and 0.841 Kappa score. RACR-MIL demonstrated alignment with pathologist annotations by improving worst-grade tumor localization by up to 50% and provided enhanced interpretability via tumor heatmaps. RACR-MIL increased diagnostic efficiency in 70% of cases and pathologists' qualitative comments supported the model's efficacy. RACR-MIL model leveraging of metastasis risk prediction achieved a mean AUC of 0.774 (±0.038) across 5-fold cross-validation, outperforming existing MIL methods by 3-5%. High-risk tissue regions identified by the model were clustered and validated by a dermatopathologist, revealing histopathological clusters with key patterns and features. For tumor grading prediction, The model's prediction achieved an overall agreement of 77.8% with consensus, aligning with the majority consensus in 10/12 cases (83.3%) and the minority consensus in 4/6 (66.7%) cases.

Conclusion:

The model's effectiveness as a practical diagnostic assistant is highlighted by its ability to identify histopathological features associated with metastasis and improved higher alignment with pathologist's annotations in a cohort of inter-clinician variability tumor diagnoses. Future studies are warranted to validate this model's utilization in the clinical setting.

Table 1: Comparison of the proposed model with state-of-the-art existing attention-based methods

Approach															
	F1	Precision	Recall	AUC	MCC	F1	Precision	Recall	AUC	MCC	F1	Precision	Recall	AUC	MCC
Non-contextual															
Max Pooling	0.761	0.770	0.776	0.942	0.762	0.561	0.554	0.583	0.810	0.395	0.699	0.714	0.717	0.919	0.670
Mean Pooling	0.758	0.756	0.771	0.943	0.754	0.590	0.581	0.621	0.818	0.419	**0.742**	0.745	0.751	**0.936**	0.716
ABMIL	0.782	0.774	0.805	0.954	0.781	0.604	0.596	0.623	**0.830**	0.445	0.690	0.709	0.713	0.930	0.664
GABMIL	0.770	0.770	0.787	0.957	0.780	0.585	0.574	0.606	0.821	0.415	0.702	0.708	0.713	0.933	0.671
CLAM-MB	0.778	0.775	0.789	0.954	0.781	0.600	0.591	0.620	0.813	0.435	0.707	0.715	0.722	0.932	0.681
Contextual															
PatchGCN	0.772	0.762	0.799	0.950	0.766	0.582	0.577	0.597	0.815	0.415	0.689	0.703	0.709	0.934	0.660
TransMIL	0.718	0.728	0.731	0.919	0.727	0.555	0.549	0.593	0.806	0.383	0.696	0.712	0.703	0.927	0.669
GTP	0.728	0.737	0.732	0.934	0.725	0.541	0.538	0.574	0.791	0.378	0.694	0.701	0.697	0.918	0.657
DSMIL	0.761	0.762	0.774	0.950	0.770	0.582	0.576	0.624	0.817	0.418	0.676	0.689	0.699	0.929	0.663
RACR-MIL	**0.810**	**0.800**	**0.833**	**0.959**	**0.804**	**0.619**	**0.612**	**0.636**	0.824	**0.451**	0.740	**0.753**	**0.757**	0.926	**0.723**

Figure 1: Probability heatmaps highlighting the class likelihood (pn,c) of tumor ROI identified by ABMIL and the model

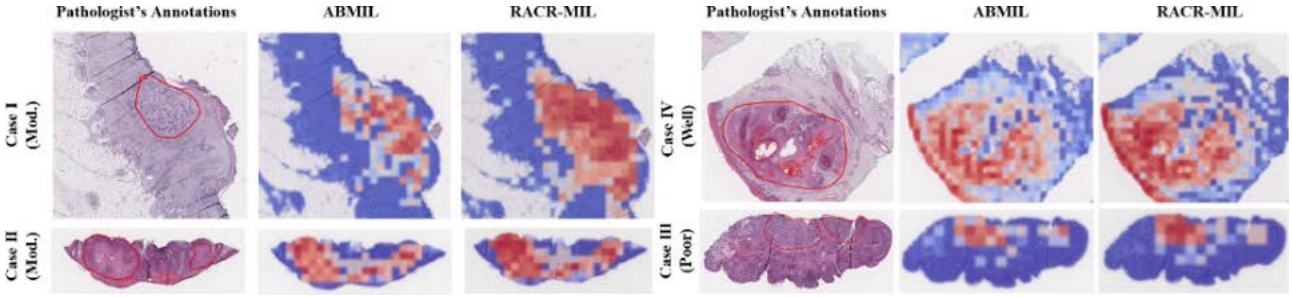


Figure 2: Model diagnosis and pathologist's feedback using RACR-MIL as diagnostic assistant for cSCC grading

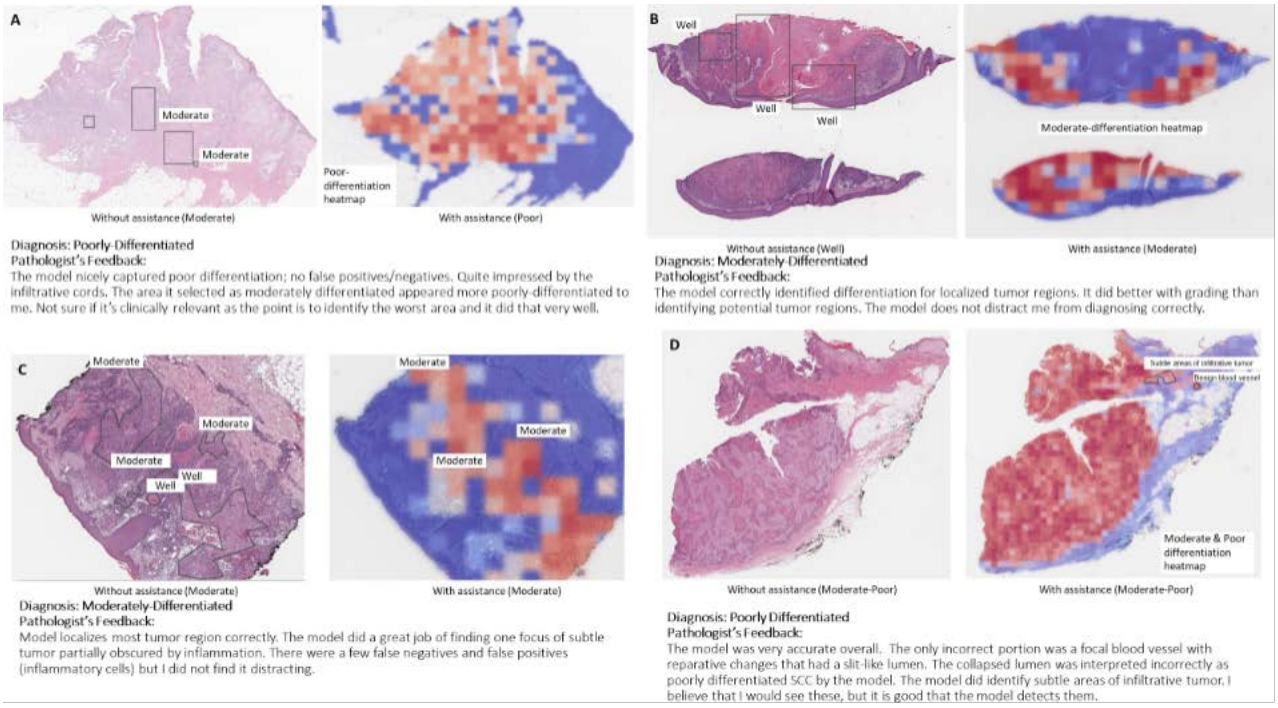
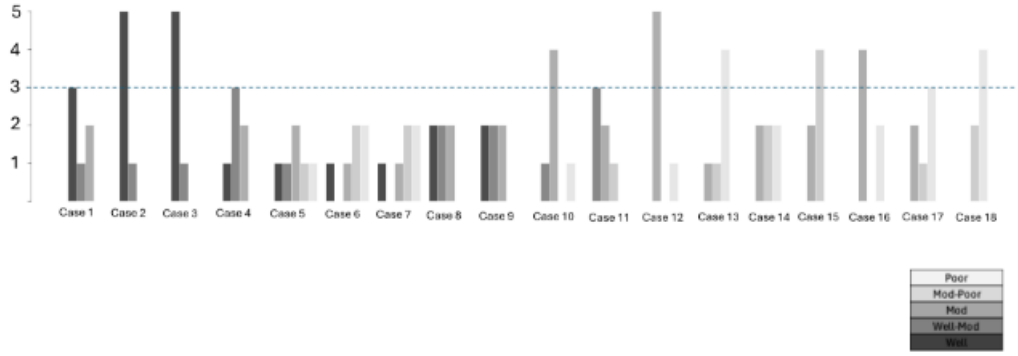


Figure 3: Eighteen cases annotated by 5 dermatopathologists and the model



Abstract N°: 1116

A very rare case of Kaposi Sarcoma presenting as a cutaneous horn in a 51 year old male

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Introduction & Objectives:

Cutaneous horns are hyperkeratotic projections typically arising secondary to actinic damage. The underlying lesion is usually benign, but rarely cutaneous horns can be secondary manifestations of pre-malignant or malignant disease 5 .

Kaposi sarcoma (KS) is a tumour caused by Kaposi sarcoma-associated herpesvirus (KSHV)/Human Herpesvirus type 8 (HHV-8). KS gained attention during the AIDS epidemic and its prevalence has significantly decreased with the widespread use of antiretroviral therapy.

A diagnostic challenge can be posed by the spectrum of recognised KS variants and mimicry of neoplastic and non-neoplastic lesions.

Materials & Methods:

A 51-year-old man was seen in the Skin Cancer Clinic with a 4-month history of an asymptomatic lesion on the sole of his left foot. He had moderate ultraviolet exposure with no personal or family history of skin cancer. His medical history included well-controlled HIV on HAART and Parkinson's disease, with no immunosuppressant medication use.

The lesion was initially resembling a blister and quickly developed into a calcified projection. Clinical examination revealed a 1cm light yellow conical skin projection in the left 4th interdigital space, without underlying erythema or induration.

Results:

The patient underwent curettage and cautery. Histopathology revealed a vasoformative spindle cell dermal tumour with overlying acanthosis, scale, and keratin horn formation. Immunohistochemistry demonstrated positivity for CD34 and ERG, consistent with endothelial differentiation, and for HHV8. SOX10, SMA and desmin were negative.

Conclusion:

To the best of our knowledge there are only four reported cases of KS-associated cutaneous horns 1–4. Our patient is the youngest case and the first reported case of KS presenting as a cutaneous horn with no prior KS history. It the only case of a HIV-positive patient, albeit with an undetectable viral load. KS-related cutaneous horns are usually found in the lower limb and there is one reported case in the upper limb 1–4.

Hyperkeratotic KS is a rare histological variant demonstrating acanthosis and hyperkeratosis, but not extensive accumulation of compact keratin layers, as is seen in cutaneous horns. Our case demonstrates this latter phenomenon both histologically and clinically, emphasising the difference between hyperkeratotic KS as a histological subtype, and KS-associated cutaneous horns.

Kaposi sarcoma has diverse clinical manifestations and we present this case to raise awareness of the rare presentation of KS as a cutaneous horn. Histopathological analysis remains crucial for accurate diagnosis and management, and highlights the importance of vigilance in identifying rare tumour presentations.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1119

Association of Hypopigmented Form and Conventional Form of Mycosis Fungoîdes

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Introduction: Mycosis fungoides (MF) can appear under multiple forms, including the hypopigmented variety. The latter can induce complexity in clinical and histological diagnosis**.**

Case report: A 44-year-old man, of phototype IV, without any particular medical history, suffered from itchy cutaneous lesions on the trunk during 6 years, with recent extension to the face, neck and upper limbs.

Clinical examination found erythemato-squamous patches and plaques measuring 2 to 10 cm in diameter. They were associated, in the anterior part of the trunk and on the back, with hypopigmented or even vitiligo-like macules, of recent appearance as per patient input.

The anatomopathological analysis of the infiltrated plaques was in favor of MF with a dense and diffuse lymphocytic infiltrate in subepidermal clusters with epidermotropism. Immunostaining was CD20-, CD3+, and expressing CD8+.

Histologic examination of a depigmented lesion, shown dermis was remodeled by a discrete CD3+ and CD8+ perivascular lymphoid infiltrate, of which rare lymphocytes nibble the epidermal basal layer. A slight pigmentary incontinence was noted with persistence of melanocytes (PS100+, MelanA+).

This, suggesting a coexistence of conventional MF with a hypopigmented MF (*hMF*).

Topical steroid ointment and narrowband UVB phototherapy were started, but given the partial response, methotrexate 25 mg per/week was prescribed, generating reduction of lesions' infiltration and attenuation of the pruritus but with persistence of the depigmented lesions.

Discussion: Hypopigmented MF is a rare subtype of MF with some immunohistochemical results different from classic MF 1, 2 and it is known to have a good prognosis outcome 2. This type of mycosis fungoides has mainly been described on teens or young adults having a phototype higher than Fitzpatrick III 3. *hMF* could be a solely manifestation but may sometimes coexist with other subtypes of MF2. In our patient case, classic mycosis preceded the onset of *hMF* by 6 years.

Conclusion: This observation can suggest a positive change in the prognosis of MF when areas of depigmentation occur. It calls for insisting on clinical and histological monitoring of MF in order to detect associated hypopigmented mycosis fungoides.

Abstract N°: 1161

Assessing the Concordance of Clinical and Pathological Diagnoses in Basal Cell Carcinoma Among the Iranian Population: A Cross-Sectional Analysis of 229 Cases

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Introduction & Objectives:

Nonmelanoma skin cancer (NMSC) is the most prevalent malignancy globally, with basal cell carcinoma (BCC) being the most common type. This study aims to evaluate the concordance between clinical and pathological diagnoses of BCC, emphasizing the importance of early detection.

Materials & Methods:

In this cross-sectional study, we conducted a retrospective review of clinical and pathological records for 229 patients diagnosed with BCC between 2020 and 2024. The analysis focused on gender, age, lesion location, and diagnostic accuracy.

Results:

Among the 229 patients, 193 were men (84.3%), and 131 (57.2%) had recorded clinical diagnoses. The mean age of diagnosed patients was 67.72 years. Lesions were primarily located on the scalp (29.5%), face (26.4%), and nose (13.9%). Of the pathological evaluations, 184 cases (80.3%) confirmed BCC, while 45 cases had alternative diagnoses. Notably, 94.6% of clinically diagnosed patients were suspected to have BCC by their physicians. A significant portion of cases (42%) lacked prior clinical diagnoses, reflecting a potential gap in education among nondermatologists regarding BCC recognition.

Conclusion:

The study found high concordance between clinical and pathological diagnoses of BCC, underscoring the need for improved clinical assessment skills among healthcare providers. Collaboration with dermatologists is essential for accurate diagnosis and improved patient outcomes. Enhanced training in recognizing BCC symptoms is recommended to address the identified gaps in clinical suspicion.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1170

Cutaneous lymphoid hyperplasia responding to class III topical steroids - a case report

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Introduction & Objectives:

Cutaneous lymphoid hyperplasia (CLH) or lymphocytoma cutis is a rare pseudolymphoma, that predominantly affects caucasian females. CLH usually presents as a single nodule on the face or less commonly on chest or upper extremities. Although most cases are idiopathic, some triggering factors have been observed such as insect bites, tattoo dyes, traumas and viral infections. Possible treatment options include observation, superpotent topical steroids, intralesional steroids, cryosurgery, photochemotherapy, local radiation therapy and surgical excision.

Materials & Methods:

This is a clinical case presentation and review of medical documentation, pathology slides and medical literature.

Results:

A 32-year-old otherwise healthy woman presented with a soft nodular lesion on her neck. The lesion had been bothering her for three months with the main complaints about irritation and intensive itching. Previously she was prescribed antihistamines by her general practitioner, the medication reduced itching and redness and lowered the infiltration of the lesion, but after discontinuation of the therapy symptoms returned. From previous history she had a tick bite on her leg 6 months before the appearance of the symptoms, but no other skin changes were initially observed.

The physical exam revealed a 3x2 cm large solitary pink nodular lesion on the left side of her neck, with mostly shiny lesion with a bit of white scales in the periphery. Upon stroking the lesion became red-purple and started itching.

Blood tests revealed no alterations and no new triggering factors were discovered.

The skin biopsy revealed lymphocyte infiltration in the peripapillary zone and in interstitium, no follicular formation or pleomorphism was observed. The immunohistochemistry confirmed lymphoid infiltrate with predisposition to B cell infiltrate. Histological findings and clinical data support diagnosis of CLH that in this can be classified as B cell persistent nodular arthropod bite reaction.

Due to the patient’s fears of topical superpotent steroid therapy she received treatment with local methylprednisoloni aceponas 0.1% cream once a day for 14 days. The first clinical improvement was noted already after 7 days, and after the 14-day course she had full remission.

Conclusion:

CLH is a benign process that may simulate a cutaneus lymphoma both clinically and histologically and diagnosis should be histologically verified. Although as topical theraphy superpotent steroids of class IV are usually prescribed for CLH, class III steroid has been proven to be effective in this case, thus highlighting the need for further studies of available topical therapy.

Abstract N°: 1177

Survival prognostic factors in patients with melanoma and unidentifiable sentinel lymph node

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Survival prognostic factors in patients with melanoma and unidentifiable sentinel lymph node

Introduction & Objectives

Sentinel lymph-node (SLN) status is recognized to be the most important independent prognostic factor in patients with cutaneous melanoma. However, in 1-6% of the cases it is not possible to identify the SLN and this category of patients should receive the follow-up schedule of patients with positive SLN.(1)

In our study we included 72 patients with melanoma and unidentifiable SLN for which we investigated their characteristics and factors associated with a worse prognosis.

Materials & Methods

An observational, longitudinal, retrospective study of 72 patients with cutaneous melanoma and unidentifiable SLN was performed at the Instituto Valenciano de Oncologia (IVO) between January 1st 2000 and December 31st 2022.

Pearson's chi-square and Fischer's chi-square statistical tests were employed to assess the association between certain clinical variables and the development of regional lymph-node metastasis or melanoma related deaths. Regional nodal disease-free survival (RNDFS) and melanoma-specific survival (MDS) were estimated using Kaplan-Meier method and the log-rank test. Cox proportional hazards method was used to describe adjusted multivariate models.

Results

After a median follow-up of 67 months, 12 patients (16.7%) developed regional lymph node metastasis; and 8 (11.1%) died of melanoma. After multivariate analyses, ulceration was associated with a decreased regional nodal disease-free survival (RNDFS) (HR=3,7; confidence interval (CI) 95%; p= 0.025) (figure 1), and vascular invasion was associated with a decreased melanoma-specific survival (MSS) (HR=8,8; CI 95%: 1,5-51; p=0.015) (figure 2).

Conclusion

The presence of ulceration and vascular invasion is associated with a worse prognosis and can be used to select patients who may require more intensive follow-up.

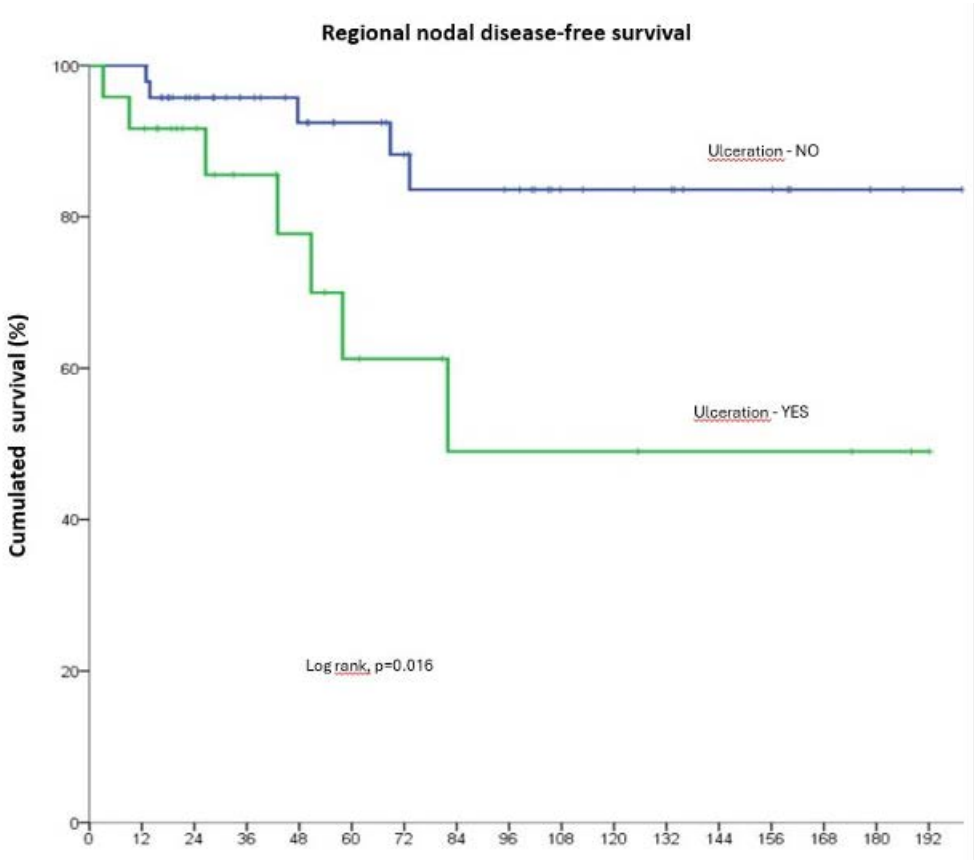

Figure 1. Survival curves representing RNDFS for ulceration

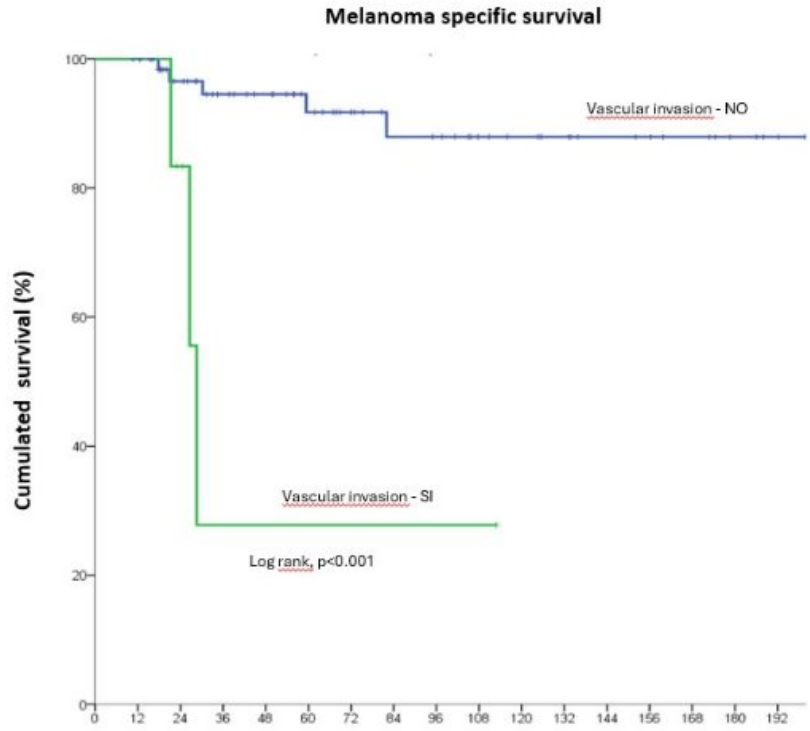

Figure 2. Kaplan-Meier curve representing MSS for vascular invasion

1. Moro R, Arjona-Aguilera C, Requena C, Pont-Sanjuan V, Traves V, Manrique-Silva E, Nagore E. Prognostic Role of Non-Identification of Sentinel Lymph Node in Cutaneous Melanoma Patients: An Observational Retrospective Study. Cancers (Basel). 2020 Oct 27;12(11):3151. doi: 10.3390/cancers12113151. PMID: 33121093; PMCID: PMC7692392.

Abstract N°: 1217

Keratinocyte carcinoma risk following HPV8 actinic keratosis

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Introduction & Objectives:

Patients with multiple keratinocyte carcinoma (KC), squamous and basal cell carcinoma (SCC or BCC), place additional demands on already stretched services. Stratifying patients at high risk of subsequent KC provides an opportunity to pursue aggressive prevention strategies, including managing actinic keratoses. Recently, we identified HPV8 as the basis for up to 70% of actinic keratoses (AK), easily identifiable by koilocytes within histology.1 Herein, we sought to determine whether or not HPV8 AK are associated with a risk for KC.

Materials & Methods:

Following ethical (19/NS/0012) and NHS R&D approvals, patients with histology diagnosed with AK were recruited. Histology samples were retrieved and analysed for the presence of koilocytes, and medical records examined for KC before and up to 10 years following AK removal. Statistical analysis used included Fisher's exact test, odds and hazard ratios.

Results:

104 of the 274 patients recruited had no antecedent history of KC, a suitable baseline for comparison since a prior KC increased the likelihood of subsequent KC. In the ensuing 10 years, 33 patients developed invasive KC (40 BCC and 37 SCC). In this cohort, the patients who developed skin cancer showed no significant difference in age, gender, immunosuppression or body site. In both groups, the majority of AK were located on the head (70% vs 61%, p=0.99). The development of subsequent KC was also unrelated to the histological subtype (classical, bowenoid, acantholytic or lichenoid) of the removed AK. Although AK are a risk factor for KC, none of these other features predicted those at increased risk of subsequent KC.

Patients with HPV8-associated AK with koilocytes (n=68) were of similar age (69 ± 10 years), but there were more males (56% vs 28%, p=0.01) with mainly head lesions (66%, p=0.67). In the subsequent 10 years, patients with HPV8 AK developed more KC (63 vs 14, p=0.02), notably SCC (OR 3, p=0.02). Patients with more than one invasive SCC or a high-risk SCC were exclusively in the cohort of AK with koilocytes. In the 10 years after histological diagnosis of HPV8 AK, there was a significant accrual of KC (HR 5.5, 95% CI 2.3-12.9, p<0.001).

Conclusion:

Thus, HPV8-associated koilocytes within AK stratify those patients at greatest risk of subsequent KC.

\1. Morgan HJ, Olivero C, Shorning BY, Gibbs A, Phillips AL, Ananthan L, et al. HPV8-induced STAT3 activation led keratinocyte stem cell expansion in human actinic keratoses. JCI Insight. 2024 Jun 25;9(15).

Abstract N°: 1258

A Case of Diffuse Large B-Cell Lymphoma Mimicking Rhinophyma In An 80-Year-Old Filipino Male

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Introduction & Objectives:

B-cell lymphomas are a diverse group of cancers arising from B-lymphocytes, with diffuse large B-cell lymphoma (DL-BCL) being the most common subtype. This neoplasm can manifest in various extranodal sites, but less commonly in the skin. Although association with B-cell lymphoma and granulomatous rosacea has been documented, reports on DL-BCL clinically resembling rhinophyma are scarce. In this report, we present a unique case of primary cutaneous DL-BCL (PC-DLBCL) mimicking rhinophyma.

Materials & Methods:

N/A

Results:

An 80-year-old Filipino male was referred to our clinic for a four-month history of a progressively enlarging mass over the nose associated with visual field obstruction. The patient had a long-standing history of previously undiagnosed and untreated rosacea described as persistent erythematous patches and papules over the central face. Further history revealed that the patient is a retired naval officer with chronic and intensive sun exposure having served in the field for 30 years. The patient is also a previous 7.5-pack year smoker, but without other significant co-morbids, vices or any family history of cancer. Upon physical examination, the patient presented with an erythematous, firm, non-tender nodule with some bulbous areas, visible telangiectasias, and patulous follicles with keratinous plugs measuring 5x5x6cm over the dorsum and right ala of the nose. The patient also had concomitant centrofacial erythema and conjunctival injection. A subsequent biopsy was done which revealed dense diffuse compactly arranged atypical pleomorphic cells with large hyperchromatic nuclei and abundant mitotic figures extending through the full thickness of the dermis with noted angioinvasion. Immunohistochemistry showed positive expression of CD20, BCL6, and MUM1 in the neoplastic cells and strong expression of Ki67 (80%), and negative staining for CDS, CD10, and BCL2, compatible with a final diagnosis of Diffuse Large Cell B-Cell Lymphoma (PC-DLBCL), Not Otherwise Specified (NOS), Non-Germinal Center Type. Patient then underwent R-CHOP therapy with a good response.

Conclusion:

PC-DLBCL, NOS presents unique challenges in diagnosis and management due to its varied presentation, rarity and potential for aggressive behavior. Whether chronic inflammation from rosacea is a risk factor to malignant cellular transformation remains to be fully elucidated. PC-DLBCL should always be considered in cases of rhinophymatous lesions with suspicious rapid growth or atypical changes, and thorough clinicohistopathological evaluation and immunophenotyping are essential. Treatment options include first-line chemotherapy with Rituximab (ie. R-CHOP, R-CHOEP, pola-R-CHP) with or without radiation therapy; Anti-CD19 CAR T-cell agents; and bispecific T-cell engager agents.

Abstract N°: 1292

Artificial intelligence review of malignant skin lesions leading to discharge without doctor review; real world data exploring synergy for safety

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Introduction & Objectives

Convolutional neural networks (CNNs) have demonstrated performance comparable to that of dermatologists in classifying malignant skin lesions and can provide a valuable aid in the early evaluation and diagnosis of skin cancer. This data predominantly stems from a research setting however there is a lack of data exploring the incorporation of artificial intelligence (AI) networks in real world clinical practise, particularly in combination with dermatology nurse assessment. The objective of our study was to determine the sensitivity and specificity of a CNN in combination with a dermatology nurse in detecting malignant skin lesions, evaluating if safe discharge of patients from the urgent skin cancer pathway can be achieved without dermatology physician assessment.

Materials and methods

This was a retrospective study examining all urgent skin cancer referrals undergoing teledermatology assessment at a single centre in the United Kingdom between January 2023 to December 2024. All patients were reviewed in the skin cancer multidisciplinary team meeting. The primary outcomes of this study were the diagnostic sensitivity and specificity of a market-approved CNN (Moleanalyzer-Pro, FotoFinder Systems) in detecting malignant skin lesions alone and in combination with a dermatology nurse assessment. Histopathological diagnosis was used as a reference standard. The CNN analysed dermosocopic lesions and attributed an AI score. An AI score > 0.5 is typically categorised by the CNN as conspicuous for malignancy. Our study evaluated the diagnostic sensitivity and specificity of the CNN using an AI score of > 0.5 and a more stringent AI malignancy score > 0.05.

Results

A total of 93 histologically malignant lesions were reviewed via teledermatology over this two-year period. Diagnostic sensitivity of the CNN alone in detecting malignant skin lesions was 83% using an AI score of >0.5 and 93.2% using an AI score > 0.05. Sensitivity of a dermatology nurse assessment alone was 89.8%. Diagnostic sensitivity of the CNN and dermatology nurse in combination was higher relative to the CNN or dermatology nurse in isolation, with a diagnostic sensitivity of 98.9% using an AI score > 0.5 and 100% using an AI score > 0.05. Diagnostic specificity of the CNN and nurse in combination was 50%, equal to that of a dermatology nurse and CNN in isolation (AI score > 0.05). Reliance on the CNN or nurse alone would have resulted in four to eleven missed skin cancer diagnoses and incorrect discharges however a combined approach with CNN (AI score > 0.05) and dermatology nurse assessment would have captured all skin cancer diagnoses over this two-year period and resulted in no incorrect discharges. An AI score > 0.05 was optimal for detecting rarer cutaneous malignancies and malignancy in diverse skin types.

Conclusion

This retrospective study suggests that a higher diagnostic accuracy for malignant skin lesions may be achieved when a dermatology nurse cooperates with a market-approved CNN, offering a greater safety-net when discharging patients from the urgent skin cancer pathway. This approach could also alleviate the need for a dermatology physician review, resulting in improved efficiency of the skin cancer pathway. Future research should include a larger and prospective study and explore the accuracy of this combined approach in diagnosing benign lesions to determine if the number of unnecessary

invasive diagnostic biopsies could also be reduced.

Abstract N°: 1293

The Skin-Lightening Power of Tirbanibulin 1% Ointment

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Introduction & Objectives: Tirbanibulin 1% ointment has been licensed to treat non-hyperkeratotic actinic keratosis (AKs) on the face and scalp in adults. Recent evidence suggests that, besides the antineoplastic effect, tirbanibulin may also confer substantial cosmetic benefits on skin aging and potential skin-lightening effects on solar lentigines (SL). To investigate tirbanibulin efficacy and safety profile on SL, we performed a study on patients affected by both SL and AKs treated with topical tirbanibulin.

Materials & Methods: We report a single-center retrospective study of patients affected by SL and AKs in the context of field cancerization treated with tirbanibulin 1% ointment.

Results: Among 42 patients, 35% (n=15) experienced complete clearance of SL, while partial clearance was observed in 50% (n=21) of patients, at 57 days follow-up.* Regarding AKs, complete and partial clearance were observed in 52% (n=22) and 40% (n=17) of patients, respectively.

Conclusion: Our results suggest that tirbanibulin 1% ointment may offer the dual benefit of treating AKs while simultaneously lightening aesthetically bothersome and difficult-to-treat lesions like SL, with just five days of application.

Abstract N°: 1298

Cutaneous sarcomatoid squamous cell carcinoma confirmed by immunohistochemical staining: a case report

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Introduction & Objectives:

Cutaneous sarcomatoid squamous cell carcinoma (CS-SCC) is a rare and highly malignant tumor, known for its poor prognosis. First described by Martin and Stewart in 1935, CS-SCC primarily affects males between the 6th and 8th decades of life, typically on sun-exposed areas such as the head, neck, and extremities. Often misdiagnosed as other conditions like melanoma or Kaposi sarcoma, accurate diagnosis is critical. The objective of this case report is to highlight the clinical features, diagnostic challenges, and treatment of CS-SCC, emphasizing the role of histological and immunohistochemical analysis in confirming the diagnosis.

Materials & Methods:

We report the case of a 63-year-old male patient seen at our dermatology department. The patient presented with an ulcerative tumor located on the left talus, which had been progressively enlarging over the past two years. The patient underwent two biopsies: the first biopsy suggested a Kaposi sarcoma, while the second pointed towards a nodular melanoma. Histological and immunohistochemical studies were used to definitively diagnose the tumor as CS-SCC. Markers such as CK5/6, P63, AE1/AE3, and PS100 were expressed, while melanocytic markers (SOX10, MelanA, HMB45) and muscle markers (desmin, caldesmon) were negative.

Results:

Following the rapid tumor growth and the patient’s impaired mobility, a surgical resection of the tumor was performed by a team of traumatologists, alongside inguinal lymph node dissection. A histological examination of the resected tumor confirmed the diagnosis of CS-SCC, with the tumor showing spindle cell proliferation and specific immunohistochemical marker expressions. A full-body CT scan revealed no signs of metastatic spread, indicating that the disease had not yet metastasized.

Conclusion:

Cutaneous sarcomatoid squamous cell carcinoma (CS-SCC), also known as spindle cell carcinoma, is an uncommon and aggressive variant of squamous cell carcinoma. Due to its clinical similarity to other more common diagnoses, CS-SCC is often misdiagnosed. Histological and immunohistochemical studies are crucial for accurate diagnosis, which is essential for timely treatment and improving the prognosis. In this case, early diagnosis and surgical intervention were key factors in preventing further complications for the patient.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1301

Sister Mary Joseph's Nodule: A Rare Umbilical Metastasis in Abdominal and Pelvic Cancers

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Introduction & Objectives: Sister Mary Joseph's nodule (SMJN) is a rare umbilical metastasis typically originating from abdominal or pelvic cancers. Although infrequent, its clinical presentation is often associated with disease recurrence or progression, serving as a crucial diagnostic clue. This study aims to highlight the significance of SMJN as a potential secondary lesion indicative of underlying malignancy through two clinical cases involving metastatic adenocarcinomas of gastric and ovarian origin.

Materials & Methods: Two patients presenting with umbilical nodules were evaluated. The first was a 34-year-old male with no significant medical history, reporting a painful, pruritic umbilical mass of 3 cm diameter evolving over five months. Associated symptoms included abdominal pain and significant weight loss. Clinical examination revealed a firm, irregular, brown verrucous nodule. Biopsy findings were inconclusive due to superficial sampling. Imaging identified a gastric tumor with hepatic metastases, peritoneal carcinomatosis, and umbilical muscle infiltration. Palliative treatment was initiated.

The second case involved a 73-year-old hypertensive female presenting with a painless 2 cm umbilical nodule, accompanied by pelvic pain and abdominal distension over three months. Physical examination revealed a firm, pinkish lesion with moderate ascites. Imaging identified a 16 cm right lateral uterine solid-cystic pelvic mass, peritoneal effusion, and umbilical nodules. A probable diagnosis of metastatic ovarian cancer was established.

Results: SMJN was identified in both cases as a manifestation of advanced malignancy—gastric cancer in the first case and ovarian cancer in the second. In both instances, imaging techniques such as CT scans were essential for confirming the primary tumor location and metastasis extent. The prognosis was unfavorable, highlighting the advanced stage of disease upon SMJN detection.

Conclusion: SMJN is a rare but significant clinical finding associated with abdominal or pelvic malignancies. Despite its low prevalence, it can serve as an initial indicator of an underlying advanced cancer. Early recognition and comprehensive diagnostic evaluation, including imaging, are crucial for prompt management. Although the prognosis remains poor, appropriate interventions can enhance patient quality of life. Health professionals must maintain a high index of suspicion when encountering umbilical nodules to expedite diagnosis and treatment.

Abstract N°: 1326

A cross-sectional analysis of online availability of sun protective clothing.

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Introduction & Objectives:

The World Health Organisation advocates for the use of photoprotective clothing to combat the deleterious effects of UV radiation. The photoprotective standard of clothing is often measured as the ultraviolet photoprotective factor (UPF). UPF measures skin erythema at various UV radiation doses, and is analogous to the SPF of sunscreen. The European Committee for Standardisation (CEN) has developed a standard on requirements for test methods and labelling of sun-protective garments. UV protective clothing for which compliance with this standard is claimed must have a UPF of greater than 40 (UPF 40+) and must maintain an average UVA transmittance of less than 5%. We aimed to investigate the frequency of UPF-rated clothing sold online by the UK's largest retailers.

Materials & Methods:

The UK's top 30 retailers based on revenue generated for the year 2023 – 2024 were identified. Each online retailer's website was searched for "UPF clothing" and "UPF" between September and December 2024. Seven online retailers were excluded as they did not sell clothing; the remaining 23 retailers were included for analysis in this study.

Results:

Of the 23 remaining stores, 35% (8/23) sold UPF-rated clothing online. Three retailers sold UV protective clothing for men, women, and children, while this photoprotective clothing was less widely available on the remaining 5 retailer's websites. Of the stores that did have UPF-rated clothing, 50% (4/8) had fewer than 15 UPF-graded items for sale; 25% (2/8) had over 200 UPF-graded items on their website. All UPF-rated clothing identified from these retailers websites were rated UPF 40+ or above, thereby complying with the CEN's guidance on UV protective clothing. The stores that had a selection of UPF-rated clothing on their website included Amazon, H&M, John Lewis, JD Sports, NEXT, House of Fraser, Screwfix and Very. The vast majority of UPF rated clothing identified were activewear and children's swimwear; there was a scarcity of casual clothing with a UPF rating.

Conclusion:

Our online search of UPF-rated garments revealed that this photoprotective clothing is not readily available, with only 35% of the UK's largest online retailers stocking UPF-rated clothing. The poor availability of UPF-graded clothing may be partially attributed to the time of year in which we conducted our online search, months of the year that typically receive less sunshine. Furthermore, UPF-rated clothing may incur extra production costs that limit its availability; the cost of UPF testing, the cost of photoprotective fabrics, and costs associated with quality control measures in the production of photoprotective fabrics. Public health campaigns may provide a potential solution to target this public health concern, placing emphasis on UPF-rated clothing as an essential photoprotective measure.

Abstract N°: 1329

Particularities of Poikilodermic Mycosis Fungoides

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Introduction & Objectives:

To study the anatomo-clinical and evolutionary characteristics of patients with poikilodermic mycosis fungoides (MF).

Materials & Methods:

Retrospective study of cases of MF with predominant poikilodermic lesions of more than 50% diagnosed in the dermatology department at the EHU of Oran over a period of 11 years (2009 to 2019).

Results:

Six patients were included, including four women and two men. The average age at onset of the disease was 28 years. The average diagnostic delay was 20 years. Moderate pruritus was observed in 4 patients. At the time of diagnosis, two patients had stage IA, two had stage IB, one had stage IIIA and one had stage IIB. Histological analysis in our six patients revealed an atypical lymphocytic infiltrate of the superficial dermis associated with epidermotropism. Pautrier microabscesses were noted in three cases. Pigmentary incontinence was described in four patients, epidermal atrophy in three cases. CD3+CD8+CD4- phenotype was observed in only one case. In the early stage, first-line treatment was dermocorticoids (1 case), UVB (2 cases) with good tolerance and partial remission, methotrexate (1 case) with slight skin improvement. In the advanced stage, polychemotherapy was used in one patient (stage IIB) leading to tumor regression and hematological, neurological and digestive toxicity, methotrexate (1 case) with partial remission and hepatic toxicity. Average follow-up duration was 7 and a half years, during which we did not note any discontinuation of follow-up or death, moreover none of our patients presented progression of the disease.

Conclusion:

Poikilodermic MF is characterized by a younger age at presentation, the case of our patients. The diagnosis is made at an early stage, the case of the majority of our patients. The reference treatment is phototherapy and the use of systemic treatments at the advanced stage, this therapeutic attitude has been adopted in our patients. All our cases have remained stable, none of them have shown progression during follow-up, highlighting the favorable prognosis of poikilodermic MF.

Abstract N°: 1336

A qualitative review of online content relating to sunscreen misinformation.

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Introduction & Objectives:

Conspiracy theories pertaining to sunscreen use have gained significant traction in the media. The aim of this study was to qualitatively assess online misinformation surrounding sunscreen via a review of popular social media platforms, online google searches, and a literature review on

PubMed, and to compare this misinformation with published evidence on sunscreen.

Materials & Methods:

A literature review was performed via PubMed in October 2024 using the search terms “sunscreen” AND “conspiracy theories” OR “misinformation”. Eight papers were selected for inclusion in this study. Other potential sources of online misinformation were also searched in October 2024: Google; TikTok, Facebook, Instagram, YouTube.

Results:

Three themes emerged in relation to sunscreen conspiracy theories from our online searches; carcinogenic chemicals found in sunscreen, vitamin D deficiency associated with sunscreen use, and the environmental impact of sunscreen use.

Several social media influencers reported that toxic chemicals in sunscreen cause “endocrine disruption” and cancer. While some evidence exists to support the notion that sunscreen may have a degree of systemic absorption, there is no definitive evidence suggesting that sunscreen is harmful to humans. The FDA commissioned two studies addressing concerns relating to the systemic absorption of sunscreen in 2019 and 2020; while elevated plasma levels were demonstrated, the amount of sunscreen used in these studies like far exceeds the amount that is used by the average individual.

Multiple online sources also highlighted that sunscreen use inhibits vitamin D synthesis. As one social media influencer noted “You need vitamin D to be cancer free. The best sunscreen is a good tan.”. There is little supporting evidence in the literature that sunscreen decreases vitamin D concentration in real-life settings. While experimental studies have supported the theoretical risk that sunscreen use may affect vitamin D levels, evidence from observational studies and field trials indicate that this risk is low.

Numerous online sources also highlighted the potential toxicopathological effects of sunscreen on our marine ecosystems. These sources note that sunscreens cause rapid bleaching of hard coral. Several studies published over the last decade or so have implicated UV filters used in sunscreens to negatively affect our marine ecosystems and possibly contribute to coral decline. However, we are unable to extrapolate from these papers alone that the UV filters in sunscreen are responsible for the bleaching and death of coral.

Conclusion:

The anti-sunscreen movement is gaining traction across all forms of non-traditional media outlets, and has numerous internet users questioning sun safety. An increased online presence of medical professionals promoting accurate health information could help corroborate false and misleading claims on social media as they arise in real-time.

Abstract N°: 1338

Favorable evolution of mycosis fungoides after control of sepsis

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Introduction & Objectives:

The evolution of mycosis fungoides (MF) can be punctuated by severe infectious complications, thus worsening the prognosis. However, in some patients, an improvement in the condition has been observed after the initiation of appropriate antibiotic therapy; we report the case of an MF patient in remission under no treatment for several months after control of the sepsis.

Materials & Methods:

patient aged 65 with diabetes followed for mycosis fungoides classified as IB. He received 1 cycle of UVB well tolerated and followed by a remission of 07 months, then Repuva (1 cycle) without any efficacy then methotrexate at a dose of 20 to 25 mg/week taken irregularly for about a year leading to a slight skin improvement. The clinical examination on admission found infiltrated erythemato-squamous plaques affecting more than 70% of the tegument. The blood assessment showed 10% of Sezary cells in the peripheral blood and flow cytometry showed CD7 ˃ 40% and CD26 ˃ 30%. During his hospitalization, the patient presented:

- an abscessed collection in the arm from the peripheral catheter in a context of fever at 40° and deterioration of the general condition with positive blood cultures for staphylococcus.

- a hemiplegia of the right arm with Wernicke's aphasia, the brain CT scan showed a left sylvian ischemic stroke.

The patient received symptomatic management of his stroke and parenteral antibiotic therapy adapted according to the antibiogram leading to a remission of his MF which was maintained for 09 months without any other treatment.

Results:

Mycosis fungoides is the most common form of primary cutaneous T-cell lymphomas. It generally affects people over 60 years old, like our patient. Its therapeutic management is adapted according to the stage of the disease based on consensus recommendations, which were adopted in our patient who received phototherapy as a first-line treatment and then methotrexate. Furthermore, the occurrence of severe infectious complications tends to darken the prognosis; paradoxically, in our patient, a clear clinical improvement was noted after control of his sepsis. A similar case has been published in the literature of a patient with advanced-stage MF who, after receiving a course of gemcitabine, was hospitalized for MRSA septicemia followed by a lasting remission of forty-six months after the disappearance of the infection and without treatment of his PCLT. Furthermore, Lindahl et al reported in 8 patients with advanced stage LTCP who, after receiving parenteral antibiotic therapy, had a marked clinical improvement after 2 months, which would probably be linked to the inhibition of disease activity by antibiotics.

Conclusion:

Only a better understanding of the pathogenesis of MF would allow a more precise therapeutic approach to this condition.

Abstract N°: 1355

Mycosis fungoides and lung adenocarcinoma: A Critical Association to Recognize.

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Introduction & Objectives:

Mycosis fungoides (MF) is the most common form of cutaneous T-cell lymphomas. It presents initially as small patches and plaques and in a late stage as tumors with or without lymph nodes or visceral involvement. Few cases studied the development of secondary cancers in patients diagnosed with MF. We report a rare case of MF associated with lung adenocarcinoma.

Materials & Methods:

NA

Results:

A 60-year-old male presented with pruritic dermatosis since three years ago. His past medical and family history was non contributory. The patient had an addiction to smoking. He also reported tobacco chewing and occasional alcohol consumption for the past 10 years. The physical examination showed erythematous scaly patches localized on the trunk and the upper limbs. No lymphadenopathy or other systemic symptoms were found. A skin biopsy confirmed the diagnosis of MF. The patient underwent further examinations to determine systemic involvement of extracutaneous lymphoma. A thoraco abdomino pelvic computed tomography (CT) scan showed a suspicious nodule in the upper lobe of the right lung, suggestive of adenocarcinoma. The diagnosis was confirmed by a scanner-guided lung biopsy with histopathological examination. The patient had undergone surgery for the lung adenocarcinoma and his MF has been well controlled by topical corticosteroids.

Conclusion:

MF is the most common type of primary cutaneous T-cell lymphomas. Cutaneous manifestations are commonly the first sign of the disease. Patients with MF are at increased risk of developing non-Hodgkin lymphoma, Hodgkin lymphoma, bladder cancer, lung cancer, and melanoma. The characteristics of patients developing these cancers have not been specifically delineated. There are no established guidelines for screening MF patients for second malignancies. Several studies concluded that there is a strong association between MF and small cell lung cancer. The pathophysiological mechanism of this association is not fully understood, although there are many hypotheses that implicate the treatment of MF with phototherapy, local irradiation and chemotherapy. These therapies can generate an intense immune response leading to a chronic systemic inflammation. They can additionnaly induce direct or indirect DNA damage which is associated with a higher risk of malignant transformation. However, the second malignancies in MF patients can appear due to the decreased T-cell mediated immune response.

To our knowledge, we are the first to report a patient with MF associated with lung adenocarcinoma. Clinicians should be aware of this association and a careful follow-up examination is required to reduce potential diagnostic delay, suboptimal therapeutic outcome, and a poor quality of life.

Abstract N°: 1405

Development and Validation of the Melanoma Cancer Awareness Measure

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Introduction & Objectives:

The time taken to recognise a potential melanoma symptom and seek medical attention is the second longest of all cancers. There is currently no validated measure to assess public awareness of melanoma symptoms and risk factors. We aimed to develop and validate a reliable measure of melanoma cancer awareness (M-CAM).

Materials & Methods:

Items for symptoms and risk factors were sourced from national cancer guidelines and patient information websites and reviewed by an expert panel to create a draft M-CAM. Three validation studies were undertaken. To assess internal and test-retest reliability, lay participants (n=32) completed the M-CAM on two occasions (~14 days apart). Construct validity was assessed by comparing expert (n=35) and lay participant (n=100) responses to the M-CAM. Sensitivity to change was established by comparing responses of participants randomly allocated to a control leaflet (n=32) or a leaflet outlining signs and symptoms of melanoma (n=29).

Results:

Internal reliability was high (Cronbach's alpha > 0.8) for all scales. Public responses were consistent over time, demonstrating test-retest reliability. Experts achieved higher scores than the lay public on prompted [9.10 (3.25) vs 11.26 (2.70), p<0.001] and unprompted symptom awareness items [1.67 (1.68) vs 3.06 (1.81), p<0.001], and unprompted risk factor items [0.81 (0.95) vs 1.26 (1.22), p=0.053]. However, prompted risk factor items were not different between the groups [10.74 (4.62) vs 10.69 (6.07) p=0.422]. The melanoma leaflet group performed better than the control group in the prompted symptom [9.75 (3.57) vs 12.59 (1.84), p<0.001], unprompted symptom [1.84 (1.44) vs 4.55 (2.08), p<0.001], prompted risk factor [12.06 (4.40) vs 15.59 (3.49), p<0.001] and unprompted risk factor items [0.87 (1.04) vs 2.14 (1.73), p=0.007] demonstrating sensitivity to change. A risk factor item related to age did not demonstrate construct validity or sensitivity to change.

Conclusion:

The M-CAM is a reliable and valid measure to assess melanoma symptom awareness. Further validation may be needed to assess construct validity of the risk factor subscale. Assessing public awareness of melanoma in national surveys could identify gaps in knowledge and support early detection and awareness efforts.

Abstract N°: 1504

Hidden in plain sight: piloleiomyoma mistaken for a keloid scar

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Introduction & Objectives:

Piloleiomyoma is a rare and benign smooth muscle tumor, originating from the arrector pili muscle. Given their non-specific appearance, they have multiple differential diagnosis and can thus be challenging to identify. We here report the case of a patient who presented with a piloleiomyoma mistaken for a keloid scar.

Patient & Observation:

A 32-year-old patient presented with a painful lesion of the extensor surface of the right arm that had been evolving for 3 years, initially erythematous and progressively increasing in size, with no previous history of wounds or other lesions. She had received 3 intralesional corticosteroid injections with no improvement. Examination revealed a firm erythematous nodular lesion with a regular border, almost 2 cm long. There were no similar lesions or adenopathy. A resection of the lesion with histological study revealed a dermohypodermal spindle cell tumour proliferation, expressing anti-smooth muscle actin antibodies, desmin, PS100 in a heterogeneous manner, focally CD34 and CK. The outcome after 3 months was favorable, with no recurrence.

Discussion:

Piloleiomyomas are the most common variant of cutaneous or “superficial” leiomyomas. They most often appear during the second or third decade of life, with no gender prevalence, and typically affect the extremities.

They most often present as tender or painful multiple firm skin-colored to light brown papules or nodules of up to 20 mm of diameter, with various distributions reported. Our case is distinct because of the solitary presentation mimicking a keloid, and underlines the diagnostic difficulty in this type of situation, where differential diagnosis includes along with spontaneous keloid eruption, other tumors (dermatofibroma, neurofibroma, angiolipoma…).

Histology shows an unencapsulated well-defined dermal tumor made up of spindle-shaped cells with eosinophilic cytoplasm and elongated, cigar-shaped nuclei with halos. While there may be some variation in nucleus shape and occasional mitoses, the tumor remains benign. Presence of varying levels of epidermal hyperplasia and basal pigmentation, with trapped hair follicles and eccrine glands, is highly suggestive.

Upon immunohistochemical examination, piloleiomyomas are positive for smooth muscle markers (actin, desmin…); and less frequently S-100 that was found in our patient.

Treatment is often necessary to relieve pain or sensitivity, and involves smooth muscle relaxants, nerve-targeting drugs (gabapentin, topical analgesics…), botulinum toxin injections and cryotherapy. Surgical excision is the preferred approach for few or solitary and painful leiomyomas.

Conclusion:

Though uncommon, piloleiomyomas present a diagnostic challenge due to their similarity to other skin conditions, such as keloids, and this case underlines the importance of considering them in the differential diagnosis of persistent, painful dermal lesions.

Abstract N°: 1565

Beyond Expectations: Over 10 Years of Relapse-Free Survival in Stage IIIB Melanoma Without Systemic Therapy

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Introduction & Objectives: Cutaneous melanoma is an aggressive skin cancer characterized by its high potential for metastasis and recurrence, particularly in cases with lymph node involvement. Although advancements in systemic therapies have improved survival rates, patients with stage III melanoma still face significant risks of relapse and mortality. This case report highlights an unusual instance of prolonged relapse-free survival in a patient with stage IIIB melanoma, managed through surgical interventions alone.

Materials & Methods: We present a 70-year-old male patient who presented at our clinic in June 2011 with two recently excised melanomas: one on the right forearm (superficial spreading melanoma (SSM), Clark III, Breslow 1.1 mm) and another on the upper back (nodular melanoma, Clark IV, Breslow 2.4 mm). In August 2011, sentinel lymph node biopsy and re-excision of the scars revealed no melanoma cells. During regular follow-ups, an enlarged lymph node on the left neck was detected and surgically removed in October 2014, and histopathology confirmed as melanoma metastasis. A PET/CT scan in November 2014 identified a small hyperdense lymph node in region I of the left neck, prompting a radical neck dissection, which showed no metastasis in the 11 lymph nodes removed. Hence, this case corresponded to IIIB stage melanoma. However, the patient declined vemurafenib therapy.

In October 2016, a SSM (Clark II, Breslow 0.45 mm) was excised from the posterior neck, followed by scar re-excision. In February 2019, a SSM (Clark II, Breslow 0.48 mm) was excised from the left lumbar region, with scar re-excision in April 2019. The patient continues check-ups according to current recommendations, including digital dermoscopy, lymph node ultrasound, and S100B, and remains free of melanoma recurrence to date.

Results: The patient's prolonged relapse-free survival is unusual for stage III melanoma, especially considering that he refused targeted therapy with vemurafenib. Five-year survival rates for stage III melanoma vary widely based on substage, with IIIA patients showing survival rates of approximately 93%, while IIID cases drop as low as 32%. Factors influencing survival include tumor burden, ulceration, and the number of metastatic lymph nodes. Studies have demonstrated that complete lymph node dissection, as performed in our patient, does not significantly improve overall survival compared to ultrasound nodal observation, suggesting that close monitoring may suffice for certain patients. Furthermore, long-term survival of metastatic melanoma in the absence of systemic therapy has been observed in some cases; however, these remain exceptions to typical outcomes.

Conclusion: This case highlights the heterogeneity of melanoma and demonstrates the possibility of some stage III patients with favorable features achieving excellent long-term outcomes with surgical management alone. Further research is needed to identify the factors contributing to such exceptional outcomes and refine treatment strategies for melanoma patients at varying risk levels.

Abstract N°: 1635

Penile Intraepithelial Neoplasia in an Elderly Patient: Overcoming Diagnostic Challenges

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Introduction & Objectives:

Penile intraepithelial neoplasia (PEIN) is a rare and often belatedly diagnosed condition, frequently associated with chronic high-risk HPV infection, persistent inflammatory conditions, or prolonged irritation from urine, friction, or trauma. Its resemblance to common conditions like balanitis, candidiasis, and psoriasis contributes to diagnostic delays. This challenge is particularly pronounced in elderly patients, who may present with multiple risk factors for PEIN.

Materials & Methods:

We report the case of an 80-year-old male who, following endoscopic prostate surgery, developed soreness and itching of the glans, difficulty retracting the foreskin, and dysuria. Clinical examination revealed an erythematous plaque on the glans and foreskin, characterized by a moist, eroded surface with yellow, malodorous secretions. Initially suspected to have bacterial balanitis as a post-procedural complication, he was treated with multiple courses of topical antibiotics and antifungals. However, his symptoms persisted, with no significant clinical improvement.

Results:

Upon presentation at our clinic, the patient exhibited an acquired buried penis due to obesity and tissue laxity, complicating hygiene maintenance. The associated discomfort further hindered effective topical treatment application. Given the persistent infections, we initiated a combined oral antifungal and antibiotic regimen, leading to negative fungal and bacterial cultures. Despite this, the poorly demarcated, erythematous, and slightly ulcerative lesion on the glans and foreskin remained, prompting a punch biopsy. Histopathological analysis confirmed PEIN, necessitating referral to oncology for disease staging and to urology for complete excision of the lesion.

Conclusion:

This case underscores the importance of considering neoplastic conditions when genital infections fail to respond to standard treatment. Delaying a biopsy due to technical challenges can hinder timely diagnosis and intervention. Notably, the patient's presentation with bacterial infections—likely exacerbated by his urologic surgery—ultimately facilitated earlier detection of PEIN. Furthermore, his advanced age required a nuanced, individualized approach, balancing comorbidities and treatment tolerability. This case highlights the critical role of thorough diagnostic evaluation, particularly in patients with anatomically complex presentations and atypical disease courses.

Abstract N°: 1650

The Diagnosis Dilemma: When Mycosis Fungoides Hides in Plain Sight

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Introduction & Objectives:

Mycosis fungoides (MF), the most common cutaneous T-cell lymphoma (CTCL), is often misdiagnosed due to its indolent course and non-specific presentation. Diagnosis is further complicated by its notoriously inconsistent histopathological findings, which may delay both physician recognition and patient acceptance. This presentation aims to highlight the challenges of delayed diagnosis and treatment refusal in MF, emphasizing the role of histopathological variability in patient denial. Additionally, it seeks to refresh the diagnostic algorithm for MF, underlining the importance of timely intervention.

Materials & Methods:

We report the case of a 57-year-old male, a National Forestry Authority leader, living a highly natural and vegan-powered lifestyle. He was initially diagnosed with large plaque parapsoriasis 15 years ago and received intermittent methotrexate and UVB therapy with suboptimal control. Despite persistent skin lesions, he remained skeptical of an MF diagnosis, a skepticism reinforced by histopathological variability—only one out of three biopsies confirmed MF. His preference for alternative treatments contributed to a decade-long delay in consistent management.

Results:

Upon presentation, the patient exhibited extensive but indolent cutaneous lesions, milder than typically expected after 15 years of inadequate treatment. We initiated PUVA therapy and referred him to hematology for staging. Recognizing the potential severity of the case, the hematologist performed a bone marrow smear and CT scan to assess disease extent. The patient is currently awaiting results to finalize the therapeutic approach.

Conclusion:

This case underscores the diagnostic and therapeutic delays in MF, exacerbated by histopathological inconsistencies and patient skepticism. While an alternative lifestyle may have partially slowed disease progression, the lack of proper treatment posed a risk of advancement. Timely recognition, patient education, and adherence to a structured diagnostic algorithm are essential in preventing avoidable disease progression in MF.

Abstract N°: 1655

Adherence to Guidelines in Cutaneous Squamous Cell Carcinoma Biopsy Request Forms and Pathology Reports: A Retrospective Analysis of 314 Cases

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Introduction & Objectives:

Cutaneous squamous cell carcinoma (cSCC) is classified as low-risk, high-risk, or very-high risk depending on clinical history, tumor characteristics, and histological features. Identifying high-risk cases is crucial for treatment planning. This study evaluates adherence to current guidelines in biopsy request forms and pathology reports for cSCC cases.

Materials & Methods:

This retrospective study reviewed cSCC pathology reports and biopsy requisition forms collected over a 12-year period (2012–2023) at a tertiary care center. Clinical and pathological data, including patient demographics, lesion features, biopsy details, and histological findings, were analyzed for completeness.

Results:

A total of 314 cSCC lesions were analyzed in 181 males and 133 females, with a mean age of 77.1±11.0 years. Biopsy request forms documented patient age and gender in all cases and type of biopsy (99.4%) and lesion location (99.7%) in nearly all cases. However, clinical diameter of the lesion (7.0%), prior treatment status (2.2%), and immunosuppression status (0.96%) were rarely recorded, while clinical or radiologic nerve invasion and history of radiotherapy at the site were never documented. Immunosuppression status was documented significantly more often in dermatologists' forms than in those from other specialties (p=.036) (Table 1). In pathology reports, differentiation degree was recorded in 42.4% of cases, histologic subtype in 9.2%, and depth of invasion in 40.4%. Perineural and lymphovascular invasion were documented in 18.8% and 19.1%, respectively. Immunohistochemistry was performed in 65.1% of cases. Among excised specimens (n=260), lateral and deep margin status was documented in 82.7% and 83.5% of cases, respectively (Table 2).

Conclusion:

Implementing standardized reporting systems, regular audits, and targeted training for clinicians and pathologists can improve documentation, enhance data quality, and support better diagnosis, treatment, and patient care.

Table 1: Comparison of documented clinical information in cSCC biopsy request forms between dermatologists and other specialties

Clinical Information	All forms (n=314) - Present (n, %)	Dermatologist' forms (n=36) - Present (n, %)	Other Specialties' forms (n=278) - Present (n, %)	p*
Patient age	314 (100%)	36 (100%)	278 (100%)	1
Patient gender	314 (100%)	36 (100%)	278 (100%)	1
Type of biopsy	312 (99.4%)	35 (97.2%)	277 (99.6%)	.216
Location of the lesion	313 (99.7%)	36 (100%)	277 (99.6%)	1
Clinical diameter of the lesion	22 (7.0%)	5 (13.9%)	17 (6.1%)	.154
Prior treatment status (primary vs recurrent)	7 (2.2%)	0 (0%)	7 (2.5%)	1
Clinical or radiologic nerve invasion	0 (0%)	0 (0%)	0 (0%)	1
History of radiotherapy at the site	0 (0%)	0 (0%)	0 (0%)	1
Immunosuppression status	3 (0.96%)	2 (5.6%)	1 (0.36%)	**.036**

* Fisher exact test used; $p < .05$ is significant.

Table 2: Histopathologic information documented in pathology reports

Histopathologic information	Present (n, %)
Histologic subtype	29 (9.2%) Keratoakantom: 21 Akantolitik: 8
Degree of differentiation	133 (42.4% %) Well: 110 Moderately: 18 Poorly: 5
Excision margin status* Lateral Deep	215 (82.7%)
	217 (83.5%)
Depth of tumor	127 (40.4%) Thickness (mm): 86 (27.4%) Level of deepest invasion: 70 (22.3%)
Presence of perineural invasion	59 (18.8%)
Presence of lymphovascular invasion	60 (19.1%)
Immunohistochemistry (optional)	204 (65.1%)

* Analyzed only for excision specimens (n=260).

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1666

Classic Kaposi's sarcoma in an elderly patient - a therapeutic challenge

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Introduction & Objectives: This case report presents a male patient with classic Kaposi sarcoma (KS) and monoclonal gammopathy, highlighting the rare association between the two. KS is a vascular neoplasm typically linked to human herpesvirus 8 (HHV-8) infection, commonly seen in HIV patients, but also occurring in non-HIV individuals, especially those immunocompromised, such as the elderly patients or those on immunosuppressants.

Materials & Methods: case report**

Results: An 89-year-old man presented with multiple brownish and livid papules and plaques involving the dorsum of his right foot and full circumference of his ankle and the distal 2/3 of his lower leg. The lesions were progressing throughout the period of 7 years and were initially misdiagnosed as stasis dermatitis. He denied constitutional symptoms, except for a recent 7 kg weight loss and a history of deep vein thrombosis in the opposite leg. A skin biopsy of one nodule revealed proliferation of spindle-shaped cells with vascular channels, and a positive immunohistochemistry for HHV-8, confirming the diagnosis of KS. HIV testing was negative, and complete blood count, liver and kidney function tests were within normal limits. Serum protein electrophoresis showed a monoclonal spike in the gamma region, confirmed as IgG lambda monoclonal protein by immunofixation. Despite recommendations for a whole-body low-dose computed tomography scan and a bone biopsy, the patient declined further workup for suspected multiple myeloma. Given the extensive involvement of the whole lower leg and dorsal foot, as well as patient's advanced age and preference for non-aggressive approach, we opted for a combination of cryotherapy and 5% imiquimod cream. This resulted in significant regression of KS plaques, improvement in the mobility of the involved ankle and satisfaction of the patient with the achieved outcome.

Conclusion: KS is a rare but well-established malignancy in the immunocompromised population. This case demonstrates the rare co-occurrence of KS and monoclonal gammopathy in an elderly patient, suggesting a potential link between the monoclonal protein and immune dysfunction, which may predispose to HHV-8 infection and KS development. Treatment of KS varies based on disease stage but, the treatment strategies are not well established due to limited randomized clinical trials. Therapeutical options include radiotherapy, cryotherapy, topical imiquimod and alitretinoin, excision of individual nodules, laser therapy, immunotherapy and intralesional or systemic chemotherapy. Novel treatment approach includes checkpoint inhibitor immunotherapy, which is promising but requires further research. Clinicians should consider the possibility of KS in elderly patients with unusual skin lesions on lower legs, as early diagnosis allows a timely and less aggressive treatment approach that may prevent systemic spread and improve outcomes.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1669

A rare squamomelanocytic tumour

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Introduction & Objectives:

Squamomelanocytic tumours are rare, biphenotypic neoplasms exhibiting both squamous and melanocytic differentiation, of disputed histogenesis which pose numerous diagnostic and therapeutic challenges.

Materials & Methods:

A 78-year-old man was referred to dermatology with a two-month history of an enlarging right cheek lesion. His medical history was unremarkable, with no prior skin cancers.

On physical examination, there was an 11mm irregularly pigmented, asymmetrical lesion with a central erythematous papule and overlying scale. Dermoscopic examination peripherally revealed an atypical pigment network. Centrally, the raised portion demonstrated background erythema with shiny white lines, rossettes and polymorphous blood vessels.

Given the clinical suspicion for malignancy, an excisional biopsy was performed.

Results:

Histopathological examination demonstrated an endophytic epidermal proliferation of islands of epithelium with central keratinisation, minimal atypia and several mitoses. In intimate association with the squamous proliferation and in the epidermis above there was an atypical melanocytic proliferation, proven with Melan A staining. There was active regression, obscuring part of the lesion. Both components appeared to represent a single entity rather than representing separate true “collision” tumours. The thickness of the lesion was 1.3 mm. Based on these findings, a diagnosis of squamomelanocytic tumour was made. The patient was referred to Plastic Surgery for wide local excision and sentinel lymph node biopsy.

Conclusion:

This case highlights the importance of recognising the distinct clinical and histopathologic features of squamomelanocytic tumours to ensure accurate diagnosis and appropriate management.

Abstract N°: 1680

A Rare Case of Squamous Cell Carcinoma Following a Cactus Spine Injury

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Introduction & Objectives:

Squamous cell carcinoma (SCC) is the second most prevalent cutaneous malignancy, following basal cell carcinoma (BCC), and is typically associated with chronic ultraviolet (UV) radiation exposure and various forms of cutaneous trauma, including penetrating injuries. In regions such as the southwestern United States, where cacti are endemic, injuries resulting from cactus spine punctures are frequent. These injuries can vary in severity, ranging from superficial abrasions to deep dermal penetration, and while often benign, they possess the potential for more insidious outcomes.

Materials & Methods:

Results:

Conclusion:

This case study details an intriguing presentation of a well-differentiated squamous cell keratoacanthoma arising five years subsequent to a cactus spine puncture wound. The prolonged latency period between the initial trauma and the eventual neoplastic transformation suggests a complex interplay between localized trauma, chronic inflammation, and potential environmental factors, including UV exposure, that may predispose to malignancy. This case not only underscores the need for vigilance in the long-term surveillance of seemingly trivial traumatic injuries but also highlights an uncommon etiological pathway for SCC development, particularly in a geographic region where both UV exposure and traumatic skin insults are pervasive. The association of SCC with prior cactus spine injury in this instance offers a compelling example of how environmental and traumatic factors may converge to influence carcinogenesis.

Abstract N°: 1681

Primary Cutaneous Diffuse Large B-Cell Lymphoma, Leg Type mimicking pyoderma gangrenosum : A Case Report

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Introduction & Objectives: We report the case of a 63-year-old male who presented with a chronic erosive lesion on his right tibia that failed to respond to both immunosuppressive and standard antibiotic therapy. The patient's initial clinical, laboratory, and radiologic evaluations were non specific, and the first skin biopsy performed showed chronic dermatitis. However, due to progressive enlargement of the lesion and lack of clinical response to corticosteroid and antifungal treatment, a second biopsy was performed. Histopathologic and immunohistochemical analysis revealed features consistent with primary cutaneous diffuse large B-cell lymphoma, leg type. This case highlights the diagnostic challenges of atypical cutaneous lesions and underscores the importance of considering a neoplastic process in non-resolving dermatoses in patients with atypical findings.

Materials & Methods: A **63-year-old male** presented with an erosive lesion on his right tibia. The lesion was characterized by a peripheral purple rim, local tenderness, and serosanguineous exudate discharge. Three months ago, the patient had a painless papule and failed to respond to topical and systematic antibiotics.

Results: An initial skin biopsy revealed chronic dermatitis. Based on the lesion's clinical features, the patient was initially managed with topical tacrolimus ointment and systemic therapy with methylprednisolone 32 mg/d and itraconazole 200 mg/d. However, the lesion increased in size, prompting a reassessment of the initial diagnosis. A new skin biopsy was performed. Histopathological examination revealed: **primary cutaneous diffuse large B-cell lymphoma, leg type (PCDLBCL, LT).**

Discussion

PCDLBCL, LT is a distinct clinicopathologic entity that occurs primarly on the lower extremities of elderly patients (mean age: 70 years old) and carries a more aggressive course compared to other primary cutaneous B-cell lymphomas. Its clinical presentation may initially mimic benign inflammatory or infectious dermatoses, such as pyoderma gangrenosum , thereby delaying in diagnosis—as observed in our patient. Additionally, there are published data on cutaenous T-cell lymphomas (CTCL) mimicking pyoderma gangrenosum lesions. The lack of response to antibacterial, corticosteroid, and antifungal therapy should raise suspicion for an underlying lymphoproliferative disorder.** Early recognition and prompt diagnosis of PCDLBCL, LT are essential due to its aggressive nature. Treatment strategies typically involve a combination of systemic chemotherapy R-CHOP and radiotherapy, depending on the patient's clinical condition and extent of the disease.

Conclusion: We report the case of a 63-year-old male with a chronic, non-healing erosive lesion on the right tibia initially diagnosed as pyoderma gangrenosum. Due to lack of clinical improvement and lesion progression, a repeat biopsy was performed, revealing primary cutaneous diffuse large B-cell lymphoma, leg type. This case underscores the importance of re-evaluating the diagnosis in non-responsive cutaneous lesions in young and elderly patients and highlights the significance of repeat biopsy and immunophenotypic study in establishing the correct diagnosis.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1697

Ichthyosiform Mycosis Fungoides: A Case Report

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Introduction & Objectives: Mycosis fungoides (MF) is the most common primary cutaneous T-cell lymphoma. Ichthyosiform mycosis fungoides (IMF) is a rare variant of cutaneous T-cell lymphoma, characterized by skin lesions that resemble ichthyosis.

Materials & Methods: A 41-year-old woman was admitted with a 6-year history of poikilodermatous plaque with icthyosiform desquamation in the left axillar region and scaly erythematous patches and plaques on the abdomen. A soft tissue ultrasound revealed bilateral axillary lymphadenopathy, with the largest lymph nodes measuring approximately 25 mm. Histopathological (HP) evaluation of multiple skin specimens showed the dermal invasion with small-to-medium atypical lymphocytes. The immunophenotypic profile suggested mycosis fungoides (CD2+, CD3+, CD4+, CD5+, CD8-/+, and CD30+ in 40-50% of lymphocytes). A lymph node biopsy did not reveal infiltration by neoplastic cells, while a multi-slice computed tomography (MSCT) scan of the thorax and abdomen showed no abnormalities. Sternal punction showed reactive bone marrow. White blood cell count, lactate dehydrogenase and beta-2 microglobulin levels were normal. The patients was initially treated with methotrexate, acitretin and phototherapy. Presence of side effects and unsatisfactory response required change in treatment. Given the CD30 positivity, brentuximab vedotin was introduced into her therapy. To date, the patient has received three out of a sixteen planned doses and has a significant reduction in erythema, scaling, and infiltration of skin lesions.

Results: Mycosis fungoides (MF), often called the “great imitator,” encompasses a wide spectrum of clinical presentations, frequently resulting in misdiagnosis and considerable delays in initiating appropriate treatment. The ichthyosiform variant of MF can be particularly difficult to diagnose; it may appear as the sole manifestation of the disease or coexist with classic or follicular MF lesions. Patients with refractory CD30+ MF should be considered for targeted therapeutic options aimed at CD30-expressing cells.

Conclusion: We present a case of a rare clinical entity known as ichthyosiform mycosis fungoides, in which conventional treatment strategies have proven ineffective. The administration of brentuximab vedotin has demonstrated promising effects. It is essential that every patient diagnosed with acquired ichthyosis undergoes a thorough evaluation to exclude this unique clinical-pathological variant. Early and accurate identification of IMF is crucial to ensure timely therapeutic interventions, which can significantly impact patient outcome.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1708

Immunosuppression increases the risk for HPV8 associated keratinocyte carcinoma

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Introduction & Objectives:

Immunosuppression increases the risk of keratinocyte carcinomas (KC), squamous and basal cell carcinoma (SCC and BCC), notably among organ transplant recipients on immunosuppressant therapies. Recently, we determined that actinic keratoses (AK), a treatable precursor for KC, are more frequently present around KC in immunosuppressed patients.1 Whether AK in immunosuppressed individuals are attributable to HPV8, as in the immunocompetent,2 remains to be determined.

Our null hypothesis was that HPV8 frequency within AK should be similar between immunocompetent and immunosuppressed individuals with a similar risk for KC.

Materials & Methods:

Following ethical (19/NS/0012) and NHS R&D approvals, patients with histology diagnosed AK were recruited. Histology samples were retrieved and analysed for the presence of koilocytes. Medical records were examined to identify immunosuppressed individuals using the terms: “Immunosuppression”, “Transplant”, “Lymphoma”, and “Chemotherapy”, as well as a review of current medication. Statistical analyses using Fisher’s exact test, odds and hazard ratios were used to test the null hypothesis.

Results:

104 of the 274 patients recruited had no antecedent history of KC, a suitable baseline for comparison since a prior KC increased the likelihood of subsequent KC. In the ensuing 10 years, 33 patients developed invasive KC (40 BCC and 37 SCC). In this cohort, the patients who developed skin cancer showed no difference in age, gender, immunocompetence or body site. In both groups, the majority of AK were located on the head (70% vs 61%, p=0.99). The development of subsequent KC was also unrelated to histological subtype (classical, bowenoid, acantholytic or lichenoid) of the removed AK. Although AK are a risk factor for KC, none of the other features examined predicted those at increased risk of subsequent KC.

Patients with HPV8-associated AK with koilocytes (n=68) were of similar age but were more likely to be immunosuppressed (29% vs 11%, p=0.049), male (56% vs 28%, p=0.01) and with mainly head lesions (66%, p=0.67). In the subsequent 10 years, patients with HPV8 AK developed more KC (63 vs 14, p=0.02), notably SCC (OR 3.1, p=0.02), and there was a significant accrual of KC (HR 5.5, CI 2.3-12.9, p<0.001). HPV8 AK were more prevalent in the immunosuppressed (OR 3.33; p=0.049), however, immunosuppression did not add to the risk of subsequent SCC.

Conclusion:

Immunosuppression greatly increases the risk of HPV8 AK and therefore KC.

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human actinic keratoses. *JCI Insight* 2024; **9**. doi:10.1172/jci.insight.177898.

Abstract N°: 1728

Malignant Cutaneous Adnexal Tumors: A Review of 12 Cases

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Introduction & Objectives:

Malignant cutaneous adnexal tumors (MCATs) are extremely rare neoplasms, accounting for less than 1% of all skin cancers. They are heterogeneous and mimic the structure of cutaneous adnexa. The incidence of these tumors is increasing. Their diagnosis relies on histopathological examination in conjunction with clinical findings. The aim of our study is to report a series of MCATs and to review their clinicopathological features based on a literature review.

Materials & Methods:

A retrospective review was undertaken including all cases of MCATs over a 17-year period (January 2007 to January 2024).). Epidemiological, clinical and histopatholigical data were analyzed.

Results:

Twelve patients were included (5 men and 7 women) with a sex ratio (M/F): 0,7. The mean age was 52.2 years (range: 44–75 years). All patients presented with a cutaneous nodule ranging in size from 0.4 to 4.5 cm, with an average size of 1.82 cm. The locations of the lesions were: the scalp in 4 cases, the chest wall in 3 cases, the upper limb in 3 cases, the thigh root in 1 case, and the lower limb in 1 case. Histopathological examination revealed eccrine porocarcinoma in 5 cases, spiradenocarcinoma in 2 cases, hidradenocarcinoma in 3 cases, adenoid cystic carcinoma in 1 case, and digital papillary adenocarcinoma in 1 case. The criteria for malignancy observed included tumor infiltration, perineural invasion, moderate to marked nuclear atypia, and numerous mitoses. Lymph node metastasis was identified in 2 cases.

Conclusion:

MCATs are rare tumors. Their peak incidence occurs at 75 years of age. Their clinical presentation is various and nonspecific (indurated nodules or ulcerated polypoid lesions). These neoplasms are predominantly located in the head and neck region. Only histopathological examination can confirm the diagnosis of malignancy, based on the depth of invasion, poor circumscription, and asymmetry. Nuclear atypia and mitoses are not absolute criteria for malignancy. Histopathological examination also allows for the identification of the histological type, often aided by the presence of a benign tumor component. The differential diagnosis of MCATs includes cutaneous metastases from visceral tumors. Surgery is the primary treatment for these neoplasms.

Despite their wide diversity and nonspecific clinical features, MCATs must be recognized and treated due to their unfavorable prognosis. Regular and long-term follow-up of patients is necessary given the frequency of late local recurrences and the potential for metastatic dissemination in some tumors.

Abstract N°: 1731

Peeling with jessner's solution followed by 0.5% colchicine cream in the treatment of actinic keratoses and skin field cancerization

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Introduction & Objectives: Actinic keratoses (AKs) are atypical proliferations of keratinocytes with potential for malignant transformation, especially in patients with multiple lesions, which occurs in those with an active skin field cancerization (SFC). Colchicine has been used to treat AKs, showing reduction of AK count. Chemical peels are already used due to the possibility of re-epithelialization after controlled skin damage. To date, there are no studies using colchicine cream applied after a peel to treat CCC. Therefore, this study aimed to evaluate the efficacy and safety of peeling with Jessner's solution followed by colchicine cream 0.5% (COL) in the treatment of SFC.

Materials & Methods: A randomized, parallel, double-blind, self-controlled clinical trial was performed to evaluate the efficacy of four weekly applications of JS peeling followed by 0.5% colchicine cream (COL) in the treatment of SFC. Twenty immunocompetent patients with 3-10 AKs on each forearm were included and received (JS) followed by placebo cream (JS) on one forearm and JS followed by COL on the other forearm, in four weekly sessions. Solar sunscreens were distributed. Clinical and ultrasound evaluations were performed on days 0 and 90. At the central point of the forearm, were analyzed by high-frequency ultrasound: size of the SLEB and mean pixel intensity (MPI) of the upper and lower dermis. The SLEB was also analyzed at the worst AK of each forearm (fig 1). The primary outcome was the total reduction (complete clearance) of AKs. Secondary outcomes were: partial clearance (>50%); reduction in AK count; reduction in the Forearm Photoaging Scale (FPS); improvement in the AK Severity Score (AKSS); and improvement in the ultrasound parameters. All participants included were part of the intention-to-treat population. The scores were purchased according to time and groups by generalized linear mixed-effects model, with significance defined as $p<0.05$.

Results: Complete clearance was achieved in 5% of COL and 10% of JS. Partial clearance (50%) was achieved in 45% of COL and 55% of JS. AK count reduced 42% in COL and 52% in JS. FPS and AKSS reduced in both groups (table 1). None of these outcomes showed statistical differences between the interventions ($p>0.2$). Ultrasound analysis revealed a significant reduction in SLEB and an increase in the MPI of the dermis in both groups, without statistical difference between them. In the analysis of the worst QA, COL showed superiority in reducing SLEB (0.06mm) in relation to JS, which did not reduce SLEB of QA ($p=0.014$).

Conclusion: Serial peels with Jessner's solution followed by colchicine cream are no different from serial Jessner peels with placebo cream for the treatment of AKs and SFC.

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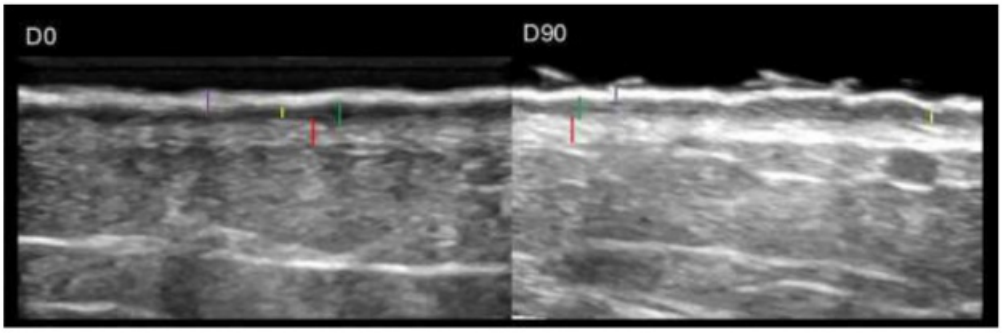

Figure 1. Assessment of the forearm on days 0 and 90 with high-frequency US (22MHz). Purple: Epidermis. Yellow: SLEB. Green: Upper dermis. Red: Lower dermis.

Table 1: Main clinical outcomes at D0 e D90 of groups COL and JS.

Variables		COL	JS	p-value
AK count (mean, sd)				0.31
	D0	7.7 (2.27)	8.25 (2.22)	
	D90	4.3 (2.25)	4.25 (3.08)	
AKSS (mean, sd)				0.25
	D0	10 (4.79)	11.45 (5.41)	
	D90	4.45 (4.42)	4.2 (4.31)	
FPS (mean, sd)				0.46
	D0	93.8 (21.33)	93.5 (21.57)	
	D90	64.5 (20.83)	75.65 (22.07)	

AK: actinic keratoses; AKSS: Actinic Keratoses Severity Scake; FPS: Forearm Photoaging Scale.

Abstract N°: 1733

Sebaceous Hamartoma of Jadassohn: A Series of 42 Cases Featuring an Unusual Early Transformation.

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Introduction & Objectives:

Jadassohn's sebaceous hamartoma (JSH) is a congenital lesion primarily affecting the scalp and face, progressing through several phases with a risk of tumor transformation in adulthood. The aim of our study is to report a series of JSH cases and analyze their clinicopathological and evolutionary features.

Materials & Methods:

A retrospective review was undertaken including all cases of JSH over a 15-year period (January 2009 to January 2024). Epidemiological, clinical, histological and evolutionary data were analyzed.

Results:

Fourty-two patients were included (18 men and 24 women) with a sex ratio (M/F): 0,75. The average age was 16.9 years (range: 1.5–75 years). The three main clinical presentations were plaques (14 cases), papules (10 cases), and brownish lesions (8 cases). All lesions had a verrucous appearance. Their sizes ranged from 0.5 to 4 cm, with a mean size of 1.53 cm. The primary location was the scalp (26 cases). Most lesions had been present since birth (23 cases). A biopsy was performed in 26 cases. Histopathological examination confirmed JSH in all cases, with associated syringocystadenoma in two cases, clear cell acanthoma and trichoblastoma in one case each, and malignant transformation into squamous cell carcinoma in an 11-year-old girl. The latter underwent complete excision with a favorable outcome.

Conclusion:

Jadassohn's sebaceous hamartoma (JSH) is a congenital hamartoma with an incidence of 0.3% in newborns. It can be associated with various types of tumors, often benign, primarily trichoblastoma and syringocystadenoma papilliferum. The risk of malignant transformation is a significant concern, particularly in adulthood. Our series includes a case of JSH degeneration in a young girl, prompting a reconsideration of the surveillance protocol and therapeutic abstention in children. Based on our findings, close follow-up of patients, regardless of age, is essential. In cases where clinical lesions suggest malignant transformation of JSH, prompt surgical excision should be performed. If close monitoring is not feasible, early prophylactic excision should be considered.

To conclude, our series includes a case of early malignant degeneration in a child. This case challenges the current recommendations of observation and therapeutic abstention for JSH in childhood.

Abstract N°: 1736

A rare occurrence of palmar squamous cell carcinoma in situ - complete resolution with 5% imiquimod cream

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Introduction & Objectives: Squamous cell carcinoma in situ (SCCis) is an intraepidermal proliferation of atypical keratinocytes which clinically presents as a slow growing, sharply delimited erythematous plaque with variable amount of scaling. It most commonly, but not exclusively, develops on sun-exposed skin of head, neck and lower extremities, with other localizations affected less often. Herein we present a rare and therapeutically challenging case of a palmar SCCis.

Materials & Methods: Case report

Results: A 64-year-old patient presented with a thick hyperkeratotic plaque on his right palm, 3.5 cm in diameter, extending to proximal parts of the 3rd and 4th finger. The lesion had persisted for 6 years and had reportedly appeared following an injury. The patient was referred for biopsy and histopathological analysis confirmed SCCis. Due to localization unsuitable for radiation or surgery, combined non-surgical treatment modalities were used. To reduce thick hyperkeratotic covering, 10% salicylic acid in white petrolatum was prescribed BID for one week, followed by partial curettage and cryotherapy with liquid nitrogen on two occasions. This allowed for therapy with 5% 5-fluorouracil (5-FU) cream to be started, QD in the first week, and BID afterwards. Treatment was continued for 11 weeks, with regular control visits, curettage and cryotherapy in 2-week intervals, and lead to significant reduction of hyperkeratosis, but disappointingly slight reduction in size. Therefore, 5-FU was replaced by 5% imiquimod cream used QD for 5 consecutive days followed by a 2-day break, with further regular curettage and cryotherapy. This resulted in a rapid clinical response, with central ulceration and peripheral erythema appearing after only 2 weeks of treatment. Complete central regression was observed after 11 weeks, while residual peripheral hyperkeratotic patches resolved in the following 8 weeks. The patient is currently in follow-up, with no recurrence in a 3-month interval.

Conclusion: Palmar SCCis is extremely rare and may pose a significant therapeutical challenge. In order to avoid functional impairment resulting from surgery or radiation, various therapeutic options can be used, ranging from destructive modalities like electrodessication, curettage and cryotherapy, to topical immunotherapy (5% imiquimod), topical chemotherapy (5-FU), photodynamic therapy and ablative lasers. In the presented case, imiquimod, unlike 5-FU, exerted a prompt inflammatory response leading to fast resolution of the tumor. A combination of curettage and cryotherapy with imiquimod has shown to be a successful treatment, sparing our patient from surgery and preserving hand function while achieving complete regression of SCCis.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1741

A Polymorphic Eruption: An entity not to be misdiagnosed

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[1]hopital habib thameur, Tunis

Introduction & Objectives:

Eosinophilic dermatosis associated with hematological malignancies (EDAH), also known as exaggerated insect bite-like reaction, is a pruritic paraneoplastic dermatosis most observed in patients with chronic lymphocytic leukemia (CLL).

Materials & Methods:

A 60-year-old man, followed for CLL in remission for two years, presented with a recurrent pruritic eruption. Physical examination revealed polymorphic lesions consisting of papules, pustules with erosive surfaces covered by crusts, purpuric lesions, as well as erythematous infiltrated nodules and plaques located on the thighs, trunk, arms, and forearms. The medical history did not indicate any insect bites. Laboratory tests showed blood eosinophilia at 640/mm^3. Skin biopsy in this patient revealed a dermal inflammatory infiltrate rich in lymphocytes and eosinophils.

Results:

EDAH is a rare paraneoplastic dermatosis initially described in patients with CLL and later associated with other hematological malignancies. EDAH typically occurs during the hematological disease; however, in rare cases, skin lesions may precede the diagnosis of the malignancy. The diagnosis of EDAH is based on Byrd's criteria: (1) presence of papules, nodules, or papulovesicles resistant to treatment, (2) dermal infiltrate rich in eosinophils and lymphohistiocytes, (3) exclusion of other causes of eosinophilia, and (4) presence of a malignant hematological condition that precedes or follows the appearance of skin lesions. The mechanism may involve a hypersensitivity reaction mediated by a T-helper 2 (Th2) population reactive to the B malignancy, leading to the release of cytokines, including interleukin (IL)-5, which causes tissue eosinophilia. The most effective treatment for this dermatosis appears to be addressing the hematological malignancy with appropriate chemotherapy.

Conclusion:

EDAH should be considered in the presence of polymorphic eruptions in any patient with a hematological malignancy.

Abstract N°: 1757

Topical 5-fluorouracil 4% Resolves Anti-PD-1 Induced Keratoacanthomas in rare Lymphoma Allogeneic Transplant Patient

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Introduction & Objectives: Enteropathy-associated T-cell lymphoma (EATL), previously known as type I EATL, is a rare, aggressive lymphoma, typically diagnosed between ages 60-65, with a slight male predominance, which can lead to abdominal pain, small bowel perforation or obstruction. Prognosis is generally poor (80% death rates) with conventional surgery and chemotherapy, however, combining chemotherapy with hematopoietic stem cell transplantation (HSCT) and immunotherapy has significantly improved both progression-free and overall survival rates.

Materials & Methods: We present an allogeneic transplanted (allo-HSCT) EATL patient, who developed keratoacanthomas (KAs) from PD-1 inhibitor and was successfully treated with topical chemotherapeutic 5-fluorouracil (5-FU) 4%.

Results: Biopsies were performed to exclude squamous cell carcinomas (SCC). Dermoscopy and histopathological evaluation confirmed well-differentiated, cutaneous SCCs-keratoacanthoma (KA) type Two cycles of once daily topical application of 4% 5-FU for a month completely resolved the lesions. This allowed continuation of 19 cycles of immunotherapy without further cutaneous immune-related adverse events (irAEs), achieving a third CR (3 years, 2months post-HSCT).

Conclusion: Due to EATL's rarity, management, irAEs, and treatment are scarcely outlined in the medical literature. Therefore, the effective use of topical 5-FU in treating nivolumab-induced KAs in a patient with complex immunobiology, emphasizes its potential as a valuable tool for managing irAEs and enabling continued cancer treatments without interruption.

Abstract N°: 1767

Early Response to Immunotherapy in NMSC Patients – AGENONMELA Study

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Introduction & Objectives:

Reflectance confocal microscopy (RCM) is a non-invasive diagnostic technique that enhances dermoscopy in melanoma and non-melanocytic skin cancer (NMSC) diagnostics. It enables high-resolution visualization of skin up to 250 µm in-depth, in a quasi-histological perspective. A PubMed search identified only one study applying RCM in angiosarcoma (AS), limited reports in Kaposi sarcoma (KS), and a few studies in selected adnexal tumours. RCM has been used in melanoma treatment monitoring, its role in NMSC remains largely unexplored. The AGENONMELA study aims to assess early immune responses in locally advanced NMSC (laNMSC) using RCM after treatment with balstilimab (anti-PD-1) and to correlate RCM imaging findings with pathological response.

Materials & Methods:

A total of 43 patients (pts) with laNMSC were enrolled between 07/2021 and 12/2024 in an academic, open-label, phase II clinical trial. Among them: 35 pts received at least one dose of balstilimab, and only 13 pts underwent RCM imaging at screening, week 12, and/or end-of-treatment (EOT) visits, depending on technical feasibility. A comparative analysis was performed, evaluating tumour response based on RECIST v1.1 and pathological examination of tumour samples corresponding to RCM imaging zones.

Results:

Among the 13 patients who underwent RCM, the following pathological and RECIST responses were observed: KS (n=3): SD (n=2), PR (n=1), AS (n=4): CR (n=1), SD (n=1), PD (n=2), Squamous cell carcinoma (SCC) (n=1): CR (n=1), Basal cell carcinoma (BCC) (n=3): Gorlin-Goltz syndrome (GGS) subtype: SD (n=1), PD (n=1) and Metatypical subtype: CR (n=1), as well as Adnexal cancer (AC) (n=3): SD (n=1), PD (n=2)

RCM Imaging Findings at Week 12 and EOT Visits

Patients with CR (SCC, metatypical BCC, AS) exhibited monomorphic infiltration of small bright dots, and enhanced fibrosis in the tumour bed and adjacent dermis. Patients with SD or PD displayed inflammation primarily in the skin but not within the tumour or stroma, with no fibrosis and variable inflammatory extension (ranging from absent to extensive mixed patterns). KS and AS patients were deprived of inflammatory infiltration across all visits. Patients with advanced BCC and SCC showed persistent mixed inflammation throughout the trial, which remained unchanged in non-responders. RCM-detected inflammation only partially correlated with pathological findings due to the opposite tissue orientation of biopsy sections.

Conclusion:

Unlike most skin cancers, KS and AS did not show baseline inflammatory infiltration or develop one under immunotherapy. SCC and BCC exhibited pre-existing mixed inflammation, which remained unchanged in non-responders. Patients with CR or PR demonstrated monomorphic infiltration of small bright dots, visualized by RCM. Advanced or ulcerated NMSC lesions pose technical challenges for RCM imaging.

Abstract N°: 1776

Deep Penetrating Nevus in a Young Adult: Case report of a Rare Entity

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Introduction & Objectives:

Deep penetrating nevus (DPN) is a rare acquired melanocytic lesion characterized by a distinct histopathological appearance. It belongs to a spectrum of melanocytic lesions that involves DPN, atypical DPN (with uncertain biologic and metastatic potential) and DPN-like melanoma.

Materials & Methods:

A 29-year-old male presented to our clinic, with an asymptomatic 5.5X5.5mm blue to black, well circumscribed lesion of unknown duration located on the right parietal area. Clinical and dermoscopic evaluation revealed a common intradermal nevus. The patient requested surgical removal of the lesion because it caused him concern and excision was performed with 2mm healthy skin margin.

Results:

Histopathology revealed findings compatible with deep penetrating nevus. Immunohistochemistry showed negative PRAME, borderline positive HMB-5, positive p16 +, P53+, cyclin d1+, β-catenin + and V600E mutation on the exon 15 of the BRAF gene. Subsequent histopathological assessment revealed an intradermal compound nevus and a deep WNT activated penetrating/plexiform melanocytoma. The dermoepidermal component of the common compound nevus lacked continuous hyperplasia of melanocytes in the basal layer of the epidermis or malignant intraepidermal pagetoid dispersion. Its dermal component matured normally and lacked essential atypia or mitotic activity with cells showing rare immunopositivity in the cell proliferation index Ki67. The deep infiltrating nevus consisted of solid aggregates of melanocytes with a plexiform pattern and disruption of the reticular fiber network. It consisted of epithelioid or spindle-shaped cells without strong atypia, 1 mitosis/mm2 and per histological section and minimal immunopositivity in cell proliferation index Ki67. Melanophage histiocytes were detected at the edge of the solid aggregates and the intermediate substrate.

Conclusion:

Deep penetrating nevus (DPN) is an uncommon benign melanocytic lesion that appears in all ages, usually in young women, and is located on the head and neck, trunk, and upper extremities. It presents as a solitary, small (<1 cm), symmetrical, well-circumscribed nevus, with brown to blue to black color.

Our patient was a 29-year-old male with long hair. The nevus was small (5.5X5.5cm), blue to black and well circumscribed with dermoscopic features of a common intradermal nevus. It was located on the right parietal area and caused him concern when he daily groomed his long hair.

DPN is characterized by distinct histopathological features including symmetrical proliferation of epithelioid to spindled melanocytes, abundant melanophages and wedge-shaped extension to the deep reticular dermis and subcutis. Cytologic atypia and mitotic figures are not present and distinguish DPN from deep penetrating melanoma. Lesions that

demonstrate borderline features and may be associated with lymph node deposits but lack the malignant features of melanoma have been characterized as atypical DPN. Atypical DPNs although having a benign clinical course are rarely reported to progress to melanoma.

In our patient, histopathology and immunohistochemistry revealed findings compatible with benign deep penetrating nevus (DPN).

The DPN group of melanocytic lesions poses a histopathologically diagnostic challenge. Due to close resemblance with the atypical DPN that poses a malignant potential, long-term clinical follow-up is essential.

Abstract N°: 1796

Four Synchronous Primary Melanomas: A Case Report

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Introduction:

Cutaneous melanoma (CM) is one of the most aggressive skin cancers, with an increasing global incidence. While most patients present with a single primary melanoma (SPM), some develop multiple primary melanomas (MPM) over their lifetime. MPM accounts for 5–10% of melanoma cases, with synchronous melanomas occurring in up to 20–30%.

Case report:

A 76-year-old woman presented with a pigmented lesion on her right lower leg that had enlarged and changed shape. She denied symptoms. Her skin type was Fitzpatrick II, with a history of sun exposure but no personal or family history of skin cancer.

Clinical examination revealed a 10 × 10 mm irregular pigmented lesion on the right shin with asymmetry, angulated lines, and multiple colors. A full-body skin check identified three additional irregular pigmented lesions: two on the same leg (7 × 4 mm and 10 × 8 mm) and one on the left flank (10 × 15 mm) with atypical dermoscopic features. The flank lesion, appearing most suspicious, was excised first. Histopathology confirmed a superficial spreading invasive melanoma (Breslow thickness 2.2 mm, mitotic index 4 per mm^2, regression present), staged as pT3a. MDT discussion led to wide local excision (WLE) and sentinel lymph node biopsy (SLNB), both clear.

Subsequent excision of the right leg lesions revealed three additional melanomas: a pT1a lentiginous melanoma (Breslow 0.3 mm, regression present), a pT1a melanoma, and melanoma in situ. The patient was placed under five-year melanoma surveillance.

Discussion:

Synchronous multiple melanomas occur in 5–10% of melanoma cases. Early detection is critical, yet additional melanomas may go undiagnosed initially. In our case, a full-body skin check at first presentation allowed for immediate diagnosis and management.

Studies suggest synchronous melanomas share molecular features but differ in thickness, location, and regression. They are often thinner than the first melanoma, likely due to increased surveillance. In this case, the thickest lesion measured 2.2 mm, while subsequent melanomas were thinner, aligning with prior findings.

Regression in multiple lesions suggests a possible immune response. Some studies associate regression with better outcomes, though its prognostic significance remains debated.

Conclusion:

This case highlights the need for full-body skin examination to detect synchronous melanomas early. While the role of regression in prognosis remains unclear, heightened clinical vigilance and long-term dermatologic surveillance are essential for optimal management.

Abstract N°: 1818

The use of Artificial Intelligence as a Medical Device and teledermatology in the assessment of Merkel cell carcinoma - an NHS case series

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Introduction & Objectives: This case series presents instances of Merkel cell carcinoma (MCC) detection by both teledermatologists and a UKCA Class IIa Artificial Intelligence as a Medical Device (AIaMD) in NHS skin cancer pathways. MCC is a very rare type of skin neuroendocrine cancer. Incidence rates have risen markedly in recent years: the European age-standardised rate in England increased from 0.43 to 0.65 per 100,000 person-years between 2004 and 20181. MCC predominantly affects older adults, with a median diagnosis age of 81 years, and is more common in males than females (ratio 1.4:1)1. MCC is associated with the worst prognosis of all skin cancer subtypes, making timely diagnosis and treatment essential. However, only 40% of MCC cases in 2018-19 were appropriately referred on the urgent suspected cancer (USC) pathway in England2.

Materials & Methods: Data was prospectively collected from consecutive patients presenting to 31 NHS pathways across England with suspicious skin lesions between April 2020 and October 2024. All lesions with a histology confirmed diagnosis of MCC were included. Demographic data, clinical history and lesion characteristics were recorded for all patients.

Results: A total of 124,626 patients with 187,441 lesions were assessed via AI-enabled skin cancer pathways over the study period. In total, 12 patients were diagnosed with MCC (one patient had two primary MCC lesions) suggesting a population prevalence of 0.01% among patients presenting to skin cancer pathways. Of 13 lesions, 6 met the appropriate predetermined inclusion criteria for AIaMD assessment: all 6 were appropriately classified by AIaMD and routed to the USC pathway. The remaining 7 MCC lesions were not suitable for AIaMD assessment due to either their size or the presence of ulceration. These 7 lesions underwent conventional teledermatology evaluation and all 7 were appropriately kept on the USC pathway by teledermatologists. The median age of patients diagnosed was 86 years (interquartile range 79-93) and 50% were male. Of these MCC lesions, 6 were located on the head, 3 on the arms, 3 on the legs, and 1 on the shoulder.

Conclusion: Based on over 124,500 patient assessments over a 4.5 year period, this 13 MCC lesion case series suggests that both AIaMD and teledermatology review have a high sensitivity for the detection of MCC.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1857

Melanocanthoma simulating malignant skin lesions

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Introduction & Objectives:

Melanoacanthoma is a rare benign skin tumor that can occur in the mouth (or other mucosal epithelium, referred to as an oral melanoacanthoma) and it can also occur on non-mucosal sites and is designated as a cutaneous melanoacanthoma (CM)1.

Materials & Methods:

A 90-year-old man presented with a 40-year history of a cutaneous mass with progressive growth and signs of inflammation located on the right posterior trunk. Examination showed a 1 x 2 cm tumor, dark brown in color with an ulcerated center with an erythematous base, with irregular, raised, well-defined borders. Central ulceration, blue-white veil, hairpin vessels and erythematous base were seen on dermoscopic examination.

Results:

CM is a benign epithelial tumor composed of melanocytes and keratinocytes. There are only 140 cases reported in the literature. It typically presents in elderly individuals older than 60 years of age.1 It is a lesion that has no predilection for race or sex.2

The most common sites are head and neck, or the trunk. Other locations are extremities, genitals3 (inguinal, penis or scrotum), buttocks and hip1 or nipple.4

CM presents as a light-brown to black plaques or nodules ranging in size from two by two millimeters to 15 by 15 centimeters2 on average. It typically presents as a solitary papule, nodule, or plaque, however its surface can be lobulated or verrucous1 and occasionally, it can also present as a cutaneous horn.5 There is one case reported as an ulcerated lesion.6

Possible etiologic factors include secondary colonization of melanocytes, irritation-induced maturation of basal cells into squamous cells that block melanin transfer from the melanocytes into the keratinocytes, and trauma.1 Some researchers postulate that melanoacanthoma is a type of seborrheic keratosis, but the melanocytes of the irritated and traumatized seborrheic keratoses predominantly remained in the epidermal basal layers at the junction between the epidermis and dermis.7 Histopathology of melanoacanthoma shows hyperkeratosis and acanthosis. Melanocytes with pronounced dendrites can be found not only in the lower layers but also in the upper layers of the epidermis. In the underlying dermis, perivascular lymphocytic inflammation may be present.1

At dermoscopy, features of seborrheic keratoses can be found: comedo-like openings, hairpin vessels, milia-like cysts, moth-eaten border, and sharp demarcations. However, we observed features specific for melanoma like atypical dots, blue-white veil, granularity, and polymorphous vessels8, this is where the diagnostic challenge lies.

Dongyoung Roh et.al. describes dermoscopic patterns in MA and malignant melanoma and concluded that they may overlap clinically in appearance and on dermoscopic findings.9

Most melanoacanthomas were surgically removed either at the time of biopsy or subsequently by simple excision.1

Conclusion:

We must consider lesions that can mimic melanoacanthoma, such as nodular

melanoma, pigmented actinic and seborrheic keratoses, basal and squamous cell carcinoma, as well as atypical and Spitz nevi. Due to the complexity of the findings, it is essential to perform a biopsy to establish the diagnosis histopathologically, since the management and implications for malignant tumors would radically change. It is important to have melanoacnthoma as a differential diagnosis in skin tumors, and to consider its less common locations and clinical and dermoscopic characteristics.

Abstract N°: 1886

Verrucous Mycosis Fungoides: A Rare Variant of MF- A Case Report

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Introduction & Objectives: Mycosis fungoides,** is a cutaneous lymphoma originating from CD4(+) T lymphocytes. In the majority of MF cases, classic MF clinical and histopathological findings are observed. In classic MF, skin lesions can appear as macules, plaques, tumors, or in an erythrodermic phase; however, different clinical forms can also be seen. In a small portion of cases, situations with features differing from the classic clinicopathological findings have been observed, and these are referred to as atypical MF forms. Among the atypical forms, there is hyperkeratotic/verrucous MF. With this case, we wanted to emphasize once again that MF can be a major mimic and may present with a variety of different clinical pictures.

Materials & Methods: A 42-year-old male patient presented to our hospital three years ago with large brown spots on the gluteal region. Later, pruritic, raised lesions developed on the patient's trunk. On dermatological examination, widespread areas on the upper trunk were observed, showing orange-yellow, hyperpigmented, and hyperkeratotic patches and plaques. Verrucous tumoral lesions were detected on the right lumbar region and umbilicus. Ultrasound imaging revealed reactive lymphadenopathy with an echogenic fatty hilus only in the right axillary region. Two incisional biopsies were taken. Histopathological examination showed prominent pseudoepitheliomatous hyperplasia in the epidermis, and atypical lymphocytes with epidermotropism, as well as lymphocytic infiltration in the papillary and superficial reticular dermis with perivascular areas of atypia. The CD4/CD8 ratio was 20, CD30 was positive, and there was a 90% loss of CD7 expression. Based on these findings, the diagnosis of "Verrucous MF" was made. The patient was staged with TNM staging as stage IIB. Due to the patient's lipid profile, acitretin therapy could not be initiated. Phototherapy was started three times a week. A 3rd generation retinoid derivative was added to the treatment to be applied once a day to the lesions. The patient received 8 doses of pegylated interferon beta-1a sc treatment and is still being followed.

Results: In 1896, Hallopeau and Bureau first described the presence of verrucous lesions in MF. Lesions may start as one or more erythematous papules and gradually grow into verrucous lesions. Except for occasional pruritus, they are usually asymptomatic. There are very few case reports in the literature, and in these cases, the lesions are typically located on the distal extremities and have been associated with lymphedema in the pathogenesis. Uniquely, our case involved involvement of the trunk. Regarding treatment, Psoralen + ultraviolet A (PUVA) therapy may help in the resolution of verrucous lesions; however, further studies are needed to demonstrate the consistent efficacy of this treatment specifically for verrucous MF. Topical imiquimod therapy could also be considered, as it is known to be effective in verrucous lesions. In the literature, Bunn et al. first reported that IFN was an effective agent in the treatment of advanced MF patients.

Conclusion: MF is a major mimic of our time. With this case, we wanted to emphasize once again that MF can present with a wide variety of clinical pictures. Although the verrucous variant has been reported in very few cases in the literature, it should definitely be considered in the differential diagnosis of patients presenting with atypical verrucous plaques.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2013

The Double Take: Spotting Leser-Trélat in Cutaneous T-Cell Lymphoma

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Introduction & Objectives: Mycosis fungoides (MF), the most common variant of cutaneous T-cell lymphoma (CTCL), generally presents as slowly evolving, erythematous or dyspigmented patches and plaques with fine scaling. Relapses may occur, especially after premature therapy discontinuation. Although the Leser-Trélat sign—an abrupt proliferation of multiple seborrheic keratoses—is more frequently linked to solid malignancies, it can also suggest a paraneoplastic phenomenon in CTCL. We describe an 85-year-old female with stage IIA MF and numerous seborrheic keratoses, highlighting their potential paraneoplastic relationship.

Materials & Methods: The patient had a 12-year history of pruritic, erythematous-brown plaques with partial central clearing affecting >10% of her body surface area (face, trunk, buttocks, and extremities). A prior skin biopsy confirmed MF. She initially achieved clinical improvement with topical corticosteroids and psoralen plus UVA (PUVA) therapy over five years but discontinued treatment four years prior to presentation. Clinical examination also notes the presence of multiple papillomatous, hyperkeratotic brown papules consistent with seborrheic keratoses on the face, neck, trunk and bilateral elastic 1–2 cm inguinal adenopathies. Contrast-enhanced thoracoabdominopelvic CT showed infracentimetric bilateral iliac and axillary lymphadenopathies, without visceral involvement. Laboratory tests revealed mild normocytic normochromic anemia, slightly elevated lactate dehydrogenase (LDH) and no Sézary cells in peripheral blood. Hematology assessment found no indication for systemic chemotherapy.

Results: Stage IIA MF was confirmed based on clinical picture and histopathology. The suspicion of a paraneoplastic Leser-Trélat sign arose from the recent profusion of seborrheic keratoses in association with CTCL recurrence. The patient was re-initiated on PUVA therapy with 8-methoxypsoralen and progressively increased UVA doses, complemented by topical high-potency corticosteroids and emollients, with MF plaques demonstrating reduced thickness, erythema and pruritus. Although the seborrheic keratoses persisted, no malignant transformation was noted.

Conclusion: This case underscores the chronic, relapsing nature of MF and the need for sustained therapy to prevent recurrence. It also highlights the significance of paraneoplastic markers such as the Leser-Trélat sign in patients with CTCL. In older individuals, an abrupt rise in seborrheic keratoses warrants thorough reassessment to exclude disease progression or other malignancies. A combination of targeted phototherapy, high-potency topical treatment, and vigilant long-term surveillance, including imaging and hematologic evaluations is essential for guiding treatment, early detection of complications and optimizing disease control and improving patient outcomes in MF with potential paraneoplastic presentations.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2043

Nodular Cystic Hidradenoma: two case reports of an adnexal tumor with multiple differential diagnoses

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Introduction & Objectives:

Nodular hidradenoma, also known as clear cell mioepithelioma or acrospirone eccrine, is a rare benign neoplasm originating from the eccrine sweat glands. Although it is an uncommon pathology, its significance lies in the clinical, dermatoscopic, and histological features that allow differentiation from other similar cutaneous lesions. It frequently affects middle-aged women and typically presents as a solitary, slowly growing dermal lesion with variable clinical features. Early identification and differential diagnosis are crucial, as it may be mistaken for other benign and malignant skin tumors.

The objective of this article is to present two case reports of patients diagnosed with hidradenoma, highlighting the importance of considering this diagnosis due to its multiple differential diagnoses and the potential risk of malignancy.

Materials & Methods:

Case reports

Results:

Case report 1

An 80-year-old female patient, with no significant medical history, consulted dermatology for a lesion on her abdomen that had been progressively growing for two years.

On physical examination, she presented a nodular tumor of approximately 2 cm in diameter on the left flank, pink in color with a more pigmented lower sector. Dermoscopy revealed some bright white lines and branched vessels.

Given the diagnostic suspicion of nodular basal cell carcinoma versus amelanotic melanoma versus adnexal tumor, a biopsy was performed.

The pathological anatomy report showed a lesion with a morphological pattern and immunohistochemical profile compatible with cystic nodular hidradenoma, with the deep margin in contact. The patient is currently being monitored, with no signs of local recurrence.

Case 2

An 86-year-old male patient with no significant medical history presented to the dermatology department with a lesion on his right hand, which had been present for 6 months and was progressively enlarging.

On physical examination, a 12mm erythematous, firm-elastic tumor with a purple-brown color was noted. The lesion was mobile and located on the dorsal side of the proximal interphalangeal joint of the right thumb. Given the suspicion of an adnexal tumor, amelanotic melanoma, or basal cell carcinoma, surgical excision of the lesion was performed.

The histopathological examination confirmed a diagnosis of nodular hidradenoma with clear margins. The patient is currently under follow-up, with no signs of local recurrence.

Conclusion:

Nodular hidradenoma is a benign tumor that, although slow-growing and with a low risk of malignancy, can be confused with other cutaneous lesions. Its proper diagnosis requires a detailed analysis of its clinical, dermatoscopic, and histological presentation to differentiate it from other conditions such as dermatofibroma, lipoma, basal cell carcinoma, and amelanotic melanoma, among others. Although malignant transformation to hidradenocarcinoma is rare, continuous surveillance is essential due to the risk of local recurrences and potential metastasis.

Abstract N°: 2052

A Case of Mycetoma Clinically Masquerading as Cutaneous Squamous Cell Carcinoma in an Indian Patient

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Introduction & Objectives:

Cutaneous Squamous Cell Carcinoma (cSCC) is the second most common skin cancer after basal cell carcinoma, arising from malignant tumors of epidermal keratinocytes or adnexal structures in sun-damaged skin. It typically affects the face, neck, forearms, and hands. Risk factors include age, fair skin, UV exposure, immunosuppression, chronic trauma, genetics, and skin inflammation. cSCC often appears as a slowly enlarging, firm nodule or plaque with hyperkeratosis and can show ulcerative or exophytic growth. Diagnosis is confirmed through histopathological examination. We report a rare case of SCC resembling Mycetoma in a patient from India.

Materials & Methods:

A 70-year-old woman had a lobulated plaque on the fifth digit of her left foot that progressed over eight months. Initially painful, it enlarged and discharged pus after a hen's bite. Examination showed a 1×1 cm firm, non-tender plaque with pits on the toe's dorsum, without lymphadenopathy or other issues. Routine blood tests, tuberculin tests, and chest X-rays were regular. A foot X-ray revealed soft tissue swelling but no bony invasion. A biopsy assessed conditions like mycetoma and sporotrichosis, showing infiltrating squamous cells with keratin pearls, differentiating it from squamous cell carcinoma. The patient was referred for surgical excision and follow-up.

Results:

cSCC affects skin surfaces such as the head, neck, trunk, extremities, oral mucosa, periungual skin, and anogenital regions. In fair-skinned individuals, lesions appear in sun-exposed areas, whereas those with skin of color often find them in non-exposed regions. These lesions are linked to chronic inflammation or scarring. Mycetoma, caused by fungi or bacteria, typically appears as a painless mass with draining sinuses and purulent discharge. It often affects the feet in tropical regions like India after minor trauma.

In our patient, minor trauma preceded a non-tender lesion on the left little toe with seropurulent discharge, suggesting mycetoma. Other possible diagnoses included fixed cutaneous sporotrichosis and atypical mycobacterial infections. However, histopathology revealed well-differentiated squamous cell carcinoma. Similar cases include one with an indurated mass and malodorous discharge on the buttock that was diagnosed with cSCC after a mycetoma investigation and another with discharging sinuses on the chin that led to a diagnosis of SCC.

Conclusion:

Our case emphasizes the inclusion of cSCC in the differential diagnosis of any mass-like lesion, even with a clinical suspicion of a long-standing infection, such as mycetoma, particularly at atypical sites like a toe. SCC develops from non-healing ulcers, chronic inflammation, and diseases. Thus, clinicians should conduct biopsies for tissue cultures and histopathology, even when an infection is suspected since cSCCs can mimic infections.

Abstract N°: 2150

Multiple Non-Familial Trichoepitheliomas of the Face: A Case Report

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Introduction:

Multiple trichoepitheliomas are benign epithelial tumors that typically present as small papules, measuring a few millimeters in diameter. They predominantly affect the face, scalp, and neck, often emerging in childhood with a gradual increase in number over time. While asymptomatic, these lesions can cause significant cosmetic concerns. We report a case of multiple, diffuse trichoepitheliomas in a 21-year-old patient.

Case:

A 21-year-old male with no significant medical history, including no family history of similar conditions or consanguinity, presented with facial and scalp lesions that had been progressively increasing since the age of 13 years old .

On clinical examination, numerous translucent, flat to dome-shaped papules were observed. These lesions were pink to flesh-colored, painless, and varied in size, with some confluent areas. They were distributed over the face—particularly on the nose, nasolabial folds, and forehead—as well as the auricles, upper trunk, and scalp, all on otherwise healthy skin.

Dermoscopy revealed ivory-white areas suggestive of underlying fibrosis, along with cystic structures and prominent arborizing telangiectasias both centrally and peripherally. Notably, there were no maple leaf-like areas or ovoid nests. The remainder of the physical examination was unremarkable.

A skin biopsy demonstrated a well-circumscribed, symmetrical dermal tumor composed of basaloid epithelial cells arranged in small nodules and lobules. These cells had round to ovoid, slightly enlarged hyperchromatic nuclei with moderately abundant basophilic cytoplasm. The nodules contained central keratin-filled cystic spaces, and the stroma appeared cellular with focal hyalinization. No signs of malignancy were observed.

Based on the absence of a family history, along with the clinical and histopathological findings, a diagnosis of multiple non-familial trichoepitheliomas was made. Genetic testing has not yet been performed. A combined treatment regimen with CO_2 laser therapy and 1% topical sirolimus, applied twice daily, was proposed.

Discussion:

Trichoepitheliomas are benign tumors originating from the pilo-sebaceous unit. They can present as solitary, sporadic lesions or as multiple lesions, the latter often associated with hereditary conditions.

Clinically, trichoepitheliomas present as small, translucent, flat or dome-shaped papules (2–5 mm in diameter), pink or white in color, commonly affecting the face—especially the nasolabial folds, nose, upper lip, forehead, and eyelids—and occasionally the scalp, neck, or upper trunk. Dermoscopy, a non-invasive diagnostic tool, can enhance diagnostic accuracy.

Histopathological examination reveals nests and cords of basaloid cells, often with central keratin-filled cystic spaces and abrupt keratinization. The lesions tend to increase in number over time, although malignant transformation is rare.

Treatment options are limited, with a focus on invasive procedures like surgical excision, electrosurgery, and laser therapy. Non-invasive options, such as topical sirolimus, imiquimod, and tretinoin, show variable efficacy, while radiotherapy carries a risk of secondary skin malignancies.

Conclusion:

This case emphasizes the need for early recognition and tailored management of multiple non-familial trichoepitheliomas, given the potential risk of malignant transformation and lack of standardized treatments.

Abstract N°: 2181

Adverse Events Associated with Mogamulizumab Treatment in Patients with Cutaneous T-Cell Lymphomas: A Retrospective Study

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Introduction & Objectives: Mogamulizumab is a humanized monoclonal antibody targeting chemokine receptor type 4 (CCR4) protein. It has been approved for the treatment of mycosis fungoides (MF) and Sézary syndrome (SS) in adult patients who have failed at least one systemic therapy. This study aims to evaluate the adverse events observed in patients receiving mogamulizumab at a Tertiary University Greek Hospital.

Materials & Methods: This retrospective study included patients with primary cutaneous T-cell lymphoma (stages IB-IV) treated with mogamulizumab over a one-year period (January–December 2024). Data on disease stage, previous systemic treatments, and the number of doses administered before the onset of adverse events were analyzed.

Results: Seven patients (five males) aged 58–78 years (mean age: 66.2 years) were included in the study. Two patients had plaque-stage mycosis fungoides (IB, T2βN0M0B1), one had erythrodermic disease (T4N0M0B1), and four patients had Sézary syndrome (T4N0M0B2). All patients had received multiple systemic therapies before initiating mogamulizumab.

Adverse events were reported in six out of seven patients (85.7%). The most common adverse event was skin rash, occurring in four patients (57.1%), leading to treatment discontinuation in one case. All patients developed a macular rash with severe pruritus, while one also experienced hair loss with a phototoxic-type reaction. Palmoplantar keratosis was observed in three patients, and one developed indurated prurigo-nodularis like plaques. The non-neoplastic nature of the rash was confirmed histologically in all cases. Additionally, one patient developed severe heart failure, which resolved after drug discontinuation. Liver dysfunction was observed in two patients (28.6%) and improved after treatment withdrawal. A febrile reaction occurred during the first infusion in one patient (14.3%), while another reported fatigue and generalized weakness. Notably, adverse events occurred at a similar frequency either before the 6th dose or after the 12th dose.

Conclusion: Our study showed that skin rash was a frequent and challenging side effect, often necessitating treatment discontinuation. The occurrence of heart failure, which resolved after discontinuation, is of particular interest. However, further studies with larger patient samples are required to validate these findings and establish more definitive conclusions.

Abstract N°: 2239

A Rare presentation of Cutaneous Metastatic Leiomyosarcoma of Pulmonary origin mimicking Malignant Melanoma

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Introduction :

Leiomyosarcoma (LMS) is an extremely uncommon cancer that develops from smooth muscle cells, occurring at a rate of approximately two cases per million population. Cutaneous leiomyosarcomas can be primary or metastatic. While LMS tends to metastasize, cutaneous metastasis is infrequent. Primary pulmonary Leiomyosarcoma is exceptionally rare which originates from the smooth muscle cells of the bronchial and blood vessel wall and is often misdiagnosed as lung cancer or mediastinal tumour.

Case Report:

We present a rare case of metastatic leiomyosarcoma in a 36-year-old female who complained of painful swellings on her scalp over the past two months which rapidly progressed in size within 1 month and became ulcerated. She was a known case of pulmonary TB on Anti Tubercular Therapy. Cutaneous examination revealed, a single erythematous ulcerated nodule of 7* 6.5cms with raised borders, floor is covered with central area of necrosis and soft tissue debris and non healing granulation tissue, on the vertex of the scalp, which was mobile and soft in consistency . Two flesh coloured nodules of size 1.5*1.5 cm and 2*2 cms respectively with a hard consistency were found on left fronto parietal region of the scalp. There were no palpable lymph nodes. On auscultation, decreased breath sounds over right infraclavicular and mammary area were present. General and systemic examination was unremarkable.

Histopathological examination from the lesion over the scalp showed tumour composed of pleomorphic epithelial cells with large round to oval shaped hyperchromatic nuclei with prominent eosinophilic nucleoli in some cells and few atypical mitosis. Cytoplasm is moderate eosinophilic. Deeper areas showed necrosis within the tumour. The features were suggestive of Malignant melanoma, amelanotic type . However, immunohistochemistry demonstrated Pan keratin and vimentin, positivity and HMB45 and SOX 10 negativity. CT Chest revealed soft tissue mass in right upper and middle lobe of the lung. Further a lung biopsy revealed poorly differentiated malignancy demonstrating bizarre, binucleated spindle cells with nuclear pleomorphism, intra nuclear inclusions and mitotic figures. A whole-body PET/CT scan showed no evidence of involvement in any other organs.

IHC of the lung biopsy specimen also revealed pan keratin and vimentin positivity

Based on clinical, histopathological, and immunohistochemical findings, a diagnosis of metastatic Cutaneous Leiomyosarcoma was made, with the primary tumour identified as pulmonary leiomyosarcoma

Conclusion:

Our case is unique due to the rarity of Metastatic Cutaneous Leiomyosarcoma, which was initially misdiagnosed as malignant melanoma of amelanotic type, the reported female patient in her third decade, rapid progression, and the unusual origin of the primary tumour from pulmonary tissue. We emphasize that proper history, clinical examination and high index of suspicion is required to diagnose these rare presentations of cutaneous metastatic lesions

Abstract N°: 2318

An Unusual Case of Merkel Cell Carcinoma Metastasis to the Periclitoral Area with Spontaneous Regression

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Introduction & Objectives:

An 80-year-old Caucasian female presented to 2-week wait dermatology clinic with a 3-month history of a rapidly enlarging 4 cm exophytic purple nodule on the right cheek which was excised. Differential diagnosis included Merkel cell carcinoma (MCC), melanoma, squamous cell carcinoma or adnexal tumour. Histology and immunohistochemistry confirmed pT2 Merkel cell carcinoma with high-risk deep margins.

Materials & Methods:

Within 3 months, craniofacial MRI confirmed focal recurrence on the right cheek with right cervical lymphadenopathy. Histology from wide local excision of the right cheek, parotid tail mass and neck dissection showed recurrent MCC in the right cheek and parotid extending to the resection margin with metastasis to 4 lymph nodes. PET-CT showed no FDG avid recurrent or distant disease.

She received primary radical radiotherapy to the face and right submandibular node for a second recurrence on the right cheek. During admission with osteoporotic vertebral fractures she developed new post-menopausal bleeding. Examination revealed a 2 x 2cm left, periclitoral, tender, purple, ulcerated nodule. Skin biopsy confirmed metastatic MCC which was not amenable for excision or debulking. Due to poor performance status, she was not a candidate for avelumab. Repeat PET-CT showed no other active disease. Palliative radiotherapy was arranged, however the periclitoral MCC metastasis spontaneously regressed 4-months post-biopsy.

Results:

To the best of our knowledge there are 17 reported cases of primary vulval MCC but this is the first reported case of distant MCC metastasis to the vulva. PET-CT identification of periclitoral metastasis is complicated by the expected presence of tracer in the urethra as it is excreted. Vulval examination is therefore essential to include in the assessment of patients with known MCC.

Complete spontaneous regression (CSR) describes complete clinical resolution of tumour without treatment for the duration of follow up. This unusual phenomenon has an estimated incidence of 1.7-3% in MCC, is more frequently reported in primary MCCs than MCC metastases and usually occurs post-biopsy. CSR has been observed in other malignancies including melanoma, lymphoma, keratoacanthoma and basal cell carcinoma. The exact mechanisms underlying CRS remain unclear, however, studies on regressed skin sites have shown infiltration of CD3+, CD4+ and CD8+ T lymphocytes and foamy macrophages. It is postulated that skin biopsy triggers a T-cell-medicated immune response, leading to replacement of tumour cells by foamy macrophages.

Conclusion:

knowledge this the is the first reported case of distant MCC metastasis to the vulva. It highlights the limitations of PET-CT in assessing for disease in the periclitoral area. We therefore advise that vulval examination should form a key part of the skin assessment for patients with MCC.

Abstract N°: 2351

Vulvar Signet Ring Cell Carcinoma in the Context of Hidradenitis Suppurativa: A Case Report and Literature Review

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Introduction & Objectives:

Signet cell carcinoma (SCC) of the vulva arising in the context of hidradenitis suppurativa (HS) is a scarce and complex condition where the diagnosis is particularly challenging, as signs of malignancy may be obscured by the ongoing inflammation and scarring associated with HS.

Materials & Methods:

This is a case report. Written consent was taken from the patient.

Results:

A 50-year-old female with a BMI of 33.53kg/m2, unmarried, non-smoker, and a known case of iron deficiency anemia, thalassemia minor, and recurrent Bechet disease presented in the Dermatology Department with complaints of an ulcer over the groin region. She had on-and-off perineal ulcers/abscesses in the past and had multiple biopsies taken which were negative for malignancies. A diagnosis of Hidradenitis Suppurativa Stage III Hurley was made based on clinical presentation and investigations and was given treatment accordingly. She again visited after four months with the same presenting complaints accompanied by significant weight loss. Biopsy report confirmed signet cell carcinoma of the vulva. The patient was referred to oncology for further management and to gastroenterology to find out the primary origin of the cancer. Gastroenterology evaluation of this patient discovered anorectal carcinoma as the primary origin from where the signet call carcinoma had metastasized to the vulva.

Conclusion:

This case emphasizes the link between chronic inflammatory conditions like HS and unusual malignancies, highlighting the need for future research on biomarkers for malignant susceptibility in HS and developing therapies that address both inflammation and malignancy.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2357

Late Recurrence of Scalp Dermatofibrosarcoma Protuberans After Initial Diagnosis as a Histiocytoma

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Introduction & Objectives:

Dermatofibrosarcoma protuberans (DFSP) is a rare, locally aggressive soft tissue sarcoma with a high recurrence rate but low metastatic potential. Misdiagnosis, particularly in early stages, can lead to inadequate treatment and late recurrence. We report a case of recurrent scalp DFSP, initially diagnosed as a histiocytoma in 2014, which presented with a rapidly growing mass and histopathological evidence of fibrosarcomatous transformation.

Case presentation:

A 33-year-old chronic smoker with a history of multiple recurrent scalp nodules underwent excision of a lesion in 2014, initially diagnosed as a histiocytoma. Over time, he experienced recurrent lumps at the same site, eventually developing a large, ulcerated scalp tumor. Histopathological examination of the latest lesion confirmed DFSP with fibrosarcomatous transformation. Immunohistochemical analysis showed CD34 loss in areas of fibrosarcomatous change and a Ki-67 proliferation index of 20%, indicating increased tumor aggressiveness. The patient underwent wide surgical excision with 3 cm margins, achieving clear lateral and deep margins.

Discussion:

This case highlights the challenges of diagnosing DFSP, particularly when initial histopathology suggests a benign lesion. DFSP can mimic other cutaneous neoplasms, leading to delayed or incomplete treatment. Fibrosarcomatous transformation, as seen in this case, is associated with increased aggressiveness and a higher risk of recurrence. Wide excision remains the gold standard for achieving local control, emphasizing the need for long-term follow-up in patients with recurrent or misdiagnosed lesions.

Conclusion:

This case underscores the importance of early and accurate histopathological diagnosis in cutaneous sarcomas to prevent delayed recurrence and tumor progression. Recurrent cutaneous lesions, even those initially diagnosed as benign, warrant thorough reassessment to rule out DFSP and ensure appropriate management.

Abstract N°: 2398

Epidemiological indicators of melanoma in the Republic of Kosovo

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Introduction & Objectives:

Morbidity and mortality from malignant tumors remain high, and represent a problem of social importance, despite the introduction of modern diagnostic and treatment methods in medicine. They continue to develop and in recent years have become one of the main causes of death and disability in developing countries, leading to significant losses of the working population and impact on public health.

Materials & Methods:

In this study, based on statistical data from the report form of the Ministry of Health of the Republic of Kosovo for 2018-2024 cases of primary melanoma disease were studied. The male to female incidence ratio was 1.4:1.

Results:

In the republic, the intensive incidence rate of melanoma was 0.3 in 2018-2021, 0.2 in 2022, and 0.3 in 2023-2024. In absolute numbers: 72 in 2018, 69 in 2019, 66 in 2020, 54 in 2021, 47 in 2022, 77 in 2023 and 89 in 2024. When studying by stages of the disease, the frequency of detection of late stages (III and IV) was 37.1% in 2018, 47.8% in 2019, 35.6% in 2020, 29.7% in 2021, in 2023 - 25.1%, and in 2024 this figure was 35.3%. The 5-year survival rate is 37.3% in 2018, 29.1% in 2019, 39.6% in 2020, 34.8% in 2021, 32.3% in 2022, 31. 4% in 2023, and in 2024 this figure was 33.5%, and this was revealed in the statistics.

Conclusion:

Based on statistical data, it can be said that the incidence rate of melanoma in Kosovo varies from year to year. The late stage detection rate decreased from 37.1% to 35.3% due to tumor heterogeneity. The decreases in five-year survival of patients with melanoma (from 37.3% to 33.5%) is partly proportional to the heterogeneity of this disease and, accordingly, the complexity of the treatment method.

Abstract N°: 2408

Recent Advances in Immunotherapy and Targeted Therapy for Metastatic Melanoma: A Systematic Review and Meta-Analysis of Efficacy, Safety, and Survival Outcomes

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Introduction & Objectives:

Metastatic melanoma is one of the most aggressive skin cancers, with high mortality rates. In recent years, immunotherapy and targeted therapy have revolutionized treatment, significantly improving patient outcomes. While immune checkpoint inhibitors (ICIs), such as anti-PD-1 and anti-CTLA-4 agents, enhance long-term survival, targeted therapies, including BRAF and MEK inhibitors, provide rapid tumor reduction, particularly in BRAF-mutant melanoma. This systematic review aims to evaluate and compare the efficacy, safety, and clinical outcomes of these treatment strategies.

Materials & Methods:

This systematic review was conducted following PRISMA guidelines. A comprehensive literature search was performed in PubMed, Embase, and ClinicalTrials.gov for studies published between 2019 and 2024. Eligible studies included randomized controlled trials (RCTs) and high-quality observational studies assessing the clinical outcomes of immunotherapy and targeted therapy in metastatic melanoma. The search strategy incorporated Medical Subject Headings (MeSH) terms such as “Melanoma,” “Metastatic Melanoma,” “Immunotherapy,” “Immune Checkpoint Inhibitors,” “PD-1 Inhibitors,” “CTLA-4 Inhibitors,” “Targeted Therapy,” “BRAF Inhibitors,” and “MEK Inhibitors.” Data were extracted on overall survival (OS), progression-free survival (PFS), objective response rate (ORR), and treatment-related adverse events (TRAEs).

Results:

Twenty-five studies comprising 12,540 patients met the inclusion criteria. Immunotherapy demonstrated superior long-term survival benefits, with several studies reporting a median OS exceeding 36 months for combination ICIs. In contrast, targeted therapy provided higher ORR (ranging from 60% to 70%) but was associated with a higher risk of disease progression upon treatment discontinuation. The most frequent immune-related adverse events included colitis, pneumonitis, and endocrinopathies, whereas targeted therapy was linked to dermatologic and hepatotoxic effects. Combination therapy resulted in the highest incidence of severe (grade 3–4) TRAEs, affecting up to 62% of patients.

Conclusion:

Immunotherapy remains the cornerstone of metastatic melanoma treatment, offering significant survival benefits, particularly in patients with durable responses. Targeted therapy remains crucial for BRAF-mutant melanoma, especially in cases requiring rapid tumor reduction. Given the substantial toxicity associated with combination regimens, treatment selection should be personalized based on mutation status, disease burden, and patient comorbidities. Further research is needed to optimize treatment sequencing and identify biomarkers predictive of long-term response.

Abstract N°: 2427

Paraneoplastic Dermatosis as an Initial Manifestation in Gastric Cancer: Case Report

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Paraneoplastic Dermatosis as an Initial Manifestation in Gastric Cancer: Case Report

Introduction & Objectives

Paraneoplastic dermatoses are skin conditions caused by distant effects of malignancies. They are the second most common paraneoplastic syndromes and can be the first sign of cancer or indicate recurrence. Their recognition allows early detection, improving prognosis. Over 30 types have been described, with varying degrees of association with malignancies. The most commonly linked dermatoses include paraneoplastic acrokeratosis, acquired hypertrichosis lanuginosa, erythema gyratum repens, and paraneoplastic pemphigus. This report presents a case where paraneoplastic dermatoses were the initial manifestation of gastric adenocarcinoma.

Materials & Methods

A male patient with well-controlled type 2 diabetes developed black spots on his head, followed by progressive hair loss on the eyebrows, eyelashes, scalp, and armpits. Over six months, he experienced a 14 kg weight loss, nocturnal diaphoresis, anorexia, and abdominal pain. Imaging revealed gastric wall thickening (2.8 cm) and infiltrative-appearing retroperitoneal lymph nodes. Endoscopy with biopsy identified diffuse esophageal papillomatosis, a Bormann type 3 tumor in the gastric body, and thickened gastric folds. Given these findings, dermatology consultation was requested.

Results

Dermatology identified multiple dermatoses. The first, affecting the trunk, axillary folds, extremities, back, and palms, consisted of papular lesions coalescing into velvety plaques. A biopsy revealed histological features consistent with malignant acanthosis nigricans, acrokeratosis verruciformis, or acquired pachydermatoglyphia.

The second dermatosis, affecting the scalp, eyebrows, eyelashes, and armpits, was characterized by pseudoalopecic plaques. Dermoscopy showed single follicular units with perifollicular scaling. Histopathology confirmed superficial vacuolar interface dermatitis with pigment loss, perifollicular damage, and atrophy, consistent with pigmented lichen planus.

A gastric biopsy confirmed diffuse G3 adenocarcinoma with signet-ring cells. The patient was referred for oncology evaluation and chemotherapy initiation.

Conclusion

Paraneoplastic dermatoses can serve as early indicators of malignancy, enabling prompt cancer diagnosis and treatment. Although rare, they should be actively investigated in patients with suspected malignancies. In known cancer cases, their presence may signal recurrence and provide prognostic insights.