Abstract N°: 46

Mathematical modeling in the study of skin carcinomas

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Introduction & Objectives:

Skin carcinomas are a form of cancer that develops in the cells of the epidermis or in the basal layer of the skin. This type of cancer can be treated successfully in the early stages, but can

become more aggressive and difficult to treat in the advanced stages.

Mathematical modeling can be used to predict treatment outcomes and guide therapeutic decisions. By combining clinical and radiological data with mathematical models, it is possible to predict the evolution of skin carcinoma over time and make more informed decisions

about patient treatment.

Materials & Methods:

The largest organ of the human body, the skin, is composed of 3 layers: epidermis, dermis and

hypodermis. Skin cancer affects healthy cells in the epidermis through abnormal multiplication.

Cutaneous carcinomas are histologically classified into:

- basal cell carcinomas (BCC);
- squamous cell carcinomas (with squamous cell - SCC);
- cutaneous sarcomas;
- malignant melanoma.

The models of applications of mathematics in the study of skin carcinoma are the following:

- tumor growth modeling;
- risk factor modeling and tumor development prediction;
- modeling tumor diffusion and spread;
- modeling cellular and molecular interactions;
- modeling response to treatment.

The main cause of skin cancer is excessive exposure to UV rays. Reduced stratospheric

ozone will allow more UV radiation to reach the atmosphere. As a result, increased UV radiation

from the sun can cause DNA damage in skin cells.

People who work outdoors and remain in contact with sunlight are defined as susceptible individuals and denoted by

S1(t). We examine infected individuals that are denoted by I1(t). Those who have survived skin cancer and are immune to it are denoted R(t).

$$\frac{dS_1}{dt} = k_1 - (\alpha_1 U + \gamma_1 I_1)S_1 - \mu_0 S_1 + \eta R \,, \frac{dI_1}{dt} = (\alpha_1 U + \gamma_1 I_1)S_1 - (\varepsilon_1 + \mu_0 + \psi_1)I_1,$$

$$\frac{dR}{dt} = \psi_1 I_1 - (\mu_0 + \eta)I_1, \frac{dU}{dt} = r - \mu U.$$

where k1 is the constant rate at the source, α1 is the infection rate, γ0 is the transmission rate, μ0 is the natural mortality rate, η is the recurrence rate, ε1 is the cancer-induced mortality rate, ψ1 is the recovery rate, r is the ultraviolet radiation index, μ is the decay rate of ultraviolet radiation, U is the UV radiation and the initial conditions S1(0)=S10>0, I1(0)=I10≥ 0, R(0)=R0≥ 0, U(0)=U0> 0.

The sensitivity indices of the basic reproduction number R0 with respect to the model parameters are calculated as follows:

$$\frac{\delta R_0}{\delta \alpha_1} \times \frac{\alpha_1}{R_0} = \frac{k_1}{\mu_0(\epsilon_1 + \mu_0 + \psi_1)} \times \frac{\alpha_1}{R_0} = \frac{\alpha_1}{\alpha_1 + \gamma_1}, \frac{\delta R_0}{\delta \mu_0} \times \frac{\mu_0}{R_0} = -\frac{k_1(\alpha_1 + \gamma_1)(\epsilon_1 + 2\mu_0 + \psi_1)}{{\mu_0}^2(\epsilon_1 + \mu_0 + \psi_1)^2} \times \frac{\mu_0}{R_0} = = -\frac{\epsilon_1 + 2\mu_0 + \psi_1}{\epsilon_1 + \mu_0 + \psi_1},$$

Results:

We recall that in the section where we analyzed the sensitivity of the model parameters we observed that they influence the sensitivity indices of the basic reproduction number R0.

In the following diagrams we present the relationship between the infection rate due to ultraviolet radiation α1 and R0, respectively the natural mortality rate μ0 and R0. It can be seen that R0 increases directly proportional to α1 and inversely proportional to μ0.

Conclusion:

In conclusion, the applications of mathematics represent a valuable tool in the treatment of skin carcinoma. Doctors are aware of the potential of this field and are collaborating with mathematical experts in order to improve the effectiveness of therapies and optimize patient outcomes.Also, mathematical applications in the study of skin cancer have radically transformed the field of oncological dermatology.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 156

Extramammary Paget Disease of the Axilla: a case report from Panama.

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Introduction & Objectives:

Extramammary Paget disease (EMPD) is an adenocarcinoma of apocrine gland-rich skin. Mammary Paget disease, described first, is associated with breast cancer, whereas its "extramammary" form can occur as a primary or secondary neoplasm. The most common locations of EMPD are the genital and perianal regions. Isolated axillary EMPD is an extremely rare entity that mostly affects patients of Asian ancestry. We present the first documented case of axillary EMPD in Panama.

Materials & Methods:

A 54-year-old male complained of a right axillary lesion which he noted 2 months before. Upon physical examination, an indurated erythematous plaque was observed on the right axillary vault. The lesion had a moist, beefy, red-colored surface with a moderate amount of scales and few scattered erosions. He reported occasional burning pain and pruritus. Milky-red areas interspersed with white structureless areas were present upon dermoscopy.

Our differential diagnoses were Bowen disease, irritated seborrheic keratosis, malignant melanoma, and extramammary Paget disease.

Two punch biopsies were obtained. Both specimens exhibited an epidermis with nests of cells containing large pale cytoplasm and large, vesicular, pleomorphic nuclei. These cells were positive for epithelial membrane antigen (EMA), cytokeratin 7 (CK7), and cytokeratin 8/18 (CK8/18, CAM 5.2); S-100 and Melan-A were negative. A diagnosis of Extramammary Paget disease was made.

Results:

Primary EMPD may derive from intraepidermal apocrine sweat ducts, whereas the secondary form is an epidermal metastasis of a visceral malignancy. The primary lesion is an erythematous plaque of variable size. Additional findings include nodules, erosion or ulceration, dyschromia, scaling, and crusting. Lesions are slowly progressive and commonly mistaken for inflammatory or infectious dermatoses. The most common symptom is pruritus, but burning pain, tenderness, and anesthesia are possible. Ten percent of patients are asymptomatic, particularly those with axillary disease, –up to 75%– potentially delaying diagnosis. Milky-red areas were the only structures able to differentiate EMPD from Bowen disease. Subsequently, lava lake structures and cloud-like structureless areas were proposed. All patients with chronically itching, eczematous or erythematous lesions –particularly of apocrine gland-rich skin– that have been refractory to topical steroids, must be biopsied. The histologic hallmark, the Paget cells, are a group of large cells with abundant, eosinophilic cytoplasm, and vesicular nuclei, that can be found singly or in clusters and tend to be scattered throughout all layers of the epidermis. Several entities can present with epidermal Paget-like cells. Squamous cell carcinoma, superficial spreading melanoma in situ, and Bowen disease are the three most common intraepidermal Pagetoid neoplasms. Morphological criteria alone differentiated among these, but immunohistochemistry might be necessary in cases of more difficulty. A panel employing S-100, CAM 5.2, and CK 7 was useful in the diagnosis of pagetoid neoplasms of genital skin. Mohs micrographic surgery is considered the first-line treatment.

Conclusion:

A diagnosis of EMPD was confirmed. However, it was not possible to differentiate between primary or secondary disease. For this purpose, additional immunohistochemical markers and/or extension studies (tomography, magnetic resonance imaging) are required.

Abstract N°: 420

Juvenile Xanthogranuloma with Spontaneous Regression in an Adult: A Rare Case with Dermoscopic Evaluation

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Juvenile Xanthogranuloma with Spontaneous Regression in an Adult: A Rare Case with Dermoscopic Evaluation

Introduction & Objectives: Juvenile xanthogranuloma (JXG) is the most common variant of non-Langerhans cell histiocytosis, mainly appearing during infancy and early childhood. It usually manifests as asymptomatic solitary or multiple yellow-brown papules or nodules with the characteristic “setting sun” pattern on dermoscopy. Adult onset JXG with no systemic involvement is a rare entity. We report a case of adult-onset JXG including dermoscopic evaluation.

Materials & Methods: The patient’s medical history and records were acquired and a thorough investigation of the literature was performed, using the keywords “adult-onset”, “solitary”, “dermoscopy” and “xanthogranuloma”.

Results: A 48-year-old female, otherwise healthy, presented with a papular lesion on the left nasal ala persisting for 2 months. Local examination showed a 4x3 mm yellow-skin coloured papular lesion, which was firm and non-tender on palpation. Dermoscopy revealed a round, yellow-orange dome-shaped papular lesion with linear telangiectasias and peripheral erythematous rim. Upon extensive physical examination, similar lesions were non-existent. The patient had no complaint of accompanying pain, bleeding or pruritus. There was no family history or any prior trauma to the affected site. A punch biopsy was performed and histologic examination showed dermal non-Langerhans cell histiocytic proliferation with occasional Touton giant cells. Based on clinicopathologic evaluation diagnosis was consistent with juvenile xanthogranuloma. Laboratory screening tests and ophthalmologic evaluation were within normal ranges. The patient rejected re-excision of the remaining lesion. On one-year follow-up, the lesion regressed with hyperpigmentation and no other systemic or cutaneous lesions were present.

Conclusion: JXG is a rare, usually self-limiting histiocytic disorder histologically characterised by dermal Touton giant cells, histiocytes laden with lipids and a variable cellular infiltration of lymphocytes, neutrophils, eosinophils and plasma cells. Its typical presentation is among children and adolescents, but rare adult JXG occurrences have been reported. Lesions may be solitary or multiple in the form of papules or nodules. The most specific dermoscopic finding of the lesions is a diffuse yellow-orange colour surrounded by an erythematous halo, described as a “setting sun” pattern. An association has been established between JXG, neurofibromatosis type-1 and juvenile chronic myelogenous leukemia in children, whereas in adults, the disease tends to follow a more isolated course. Systemic involvement is infrequent, nonetheless, long-term annual check-ups are recommended for all patients. Treatment of solitary lesions in adults is mainly based on excision, as spontaneous resolution is uncommon in adults. In this case, JXG resolved spontaneously with hyperpigmentation without any treatment.

Abstract N°: 516

Atypical blue cell nevi: a diagnostic dilemma

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Introduction & Objectives: Atypical cellular blue nevus is an uncommon lesion in adults, characterized by anatomoclinical features that fall between those of a typical cellular blue nevus and a malignant blue nevus. Here, we present a case involving a patient with this condition.

Materials & Methods: A 65-year-old man with no prior history presented with a skin lesion of the right foot, evolving for several years and had suddenly increased in size and appearance over the past 4 months.

Clinical examination revealed a firm pigmented dome-shaped nodular lesion, located on the lateral malleolus, ulcerated in appearance, with yellowish tints in places, resting on a greyish-blue pigmented base.

Dermoscopy revealed polychromatic blue-brown discoloration, a whitish veil and vascular structures, as well as an erythematous background.

Histological examination revealed a 10mm-thick, highly pigmented, cellular dermal-hypodermal melanocytic lesion with a poorly defined dermal contingent and a rounded hypodermal “bell-shaped” expansion pushing back the hypodermis, in favor of an atypical cellular blue nevus or a malignant blue nevus.

A complementary immunohistochemical study showed intense expression of the melanocytic markers HMB45 and MelaA by proliferating cells, with a low proliferative index (Ki67:2%), and the molecular study revealed no evidence of HER-2 amplification.

At this stage, the diagnosis was established as an atypical cellular nevus. An extension work-up was performed, showing no distant involvement, and no recurrence was noted after 6 months

Results: Our case highlights the difficulty of managing this still poorly understood entity, whose anatomopathological features are not well established. Atypical cellular blue nevi may contain mitoses, ulcerations, infiltrations, cytological atypia or necrosis, complicating their differentiation from melanomas. Their growth is unusual and considered at high risk of malignancy, requiring complete resection with healthy margins and regular follow-up. In addition, cases of benign lymph node metastases in blue cell nevi have been described in the literature, justifying the need for an extension work-up.

Conclusion: Recognition of this borderline entity is crucial, as its evolution and prognosis are unpredictable. Systematic surgical excision and long-term clinical monitoring are recommended.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 704

pseudoxanthoma elasticum like papilary dermal elastolysis in a male - a case report

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Introduction:

Pseudoxanthoma elasticum-like papillary dermal elastolysis is a rare idiopathic elastolytic disorder with cutaneous lesions clinically resembling PXE with partial or total band-like elastolysis of the papillary dermis histopathologically, and without systemic complications. So far all the cases reported are from females. Here we report a case of PXE like PDE in a male

Case report:

A 56year old male patient presented to the outpatient department with multiple skin coloured and yellowish non follicular papules over neck extending to the supraclavicular region. The skin over neck was lax and reduntant. Other flexures were spared. He gives history of prolonged sun exposure due to his occupation. He is a known case of Gilberts disease with no known medical illness. However, other systemic examinations were unremarkable, especially for eye, cardiac, or gastrointestinal systems. A skin punch biopsy was performed, and the hematoxylin and eosin (H and E) sections revealed a normal-appearing epidermis, reduced elastic fibres in the superficial dermis with wavy fragmented elastic fibres in the mid dermis. No calcification or inflammation was present. Von kossa stain for calcium was negative.

Results: PXE like PDE is clinically characterized by the appearance of progressive multiple, asymptomatic, non-follicular, skin-colored papules that tend to coalesce to form plaque with cobblestone appearance. The lesions manifest mainly on the lateral sides of the neck above the clavicles, axilla, and antecubital fossa, and to a lesser extent, the abdomen, in a symmetrical distribution. PXE like PDE mainly affects females in the late adulthood (60-80).The histological hallmark of the condition is the partial or total loss of elastic fibres in the papillary dermis. In addition the reticular dermis may have fragmented, clumped elastin fibres as presented in this case. The main differential diagnoses of PXE-like PDE include inherited PXE, white fibrous papulosis of the neck (WFP), mid-dermal elastolysis (MDE), and papillary dermal elastosis. PXE is histologically characterized by wavy, fragmented elastin fibres with calcium deposition in the reticular dermis along with systemic involvement involving eye and cardiovascular system which is absent in this case. Mid-dermal elastolysis (MDE) is an acquired elastic tissue disease manifested by fine wrinkling of the skin and mid-dermal loss of elastic fibres. A band-like focal loss of elastic fibres along the mid-dermis is the characteristic histopathological diagnostic feature of MDE. WFP is located mainly on the back of the neck and less frequently on the lateral sides of the neck and the histological feature is focal increase and thickening of the collagen fibres in the papillary dermis.

Conclusion: :PXE-PDE is a rare condition, but it displays typical histological and clinical features. Knowledge of this entity avoids unnecessary explorations and enables rapid reassurance of patients.

Abstract N°: 716

Premature sebaceous hyperplasia versus sebaceous naevus; a case that poses diagnostic challenge

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Introduction & Objectives:

Sebaceous gland hyperplasia is a benign condition of enlarged sebaceous glands, commonly affecting middle aged and older people. In newborns it can be a physiological occurrence, regressing with time. Premature sebaceous hyperplasia (PSH) refers to sebaceous hyperplasia presenting during or soon after puberty. 1

Sebaceous hyperplasia can be difficult to differentiate from naevus sebaceus, a congenital post-zygotic Ras-mutated hamartoma. Naevus sebaceous classically grows during puberty with a small risk of developing secondary neoplasms.

Materials & Methods:

We present the case of a 12 year old female who was referred with a skin lesion on her left cheek. The lesion was present since birth, but it increased in size and developed a darker centre over the preceding year, coinciding with menarche. She had no significant medical or family history. Examination of the left check demonstrated an 8 x 5mm plaque composed of grouped white globules with central light brown homogeneous pigmentation.

Results:

Due to concerns about the reported changing features, the patient underwent a shave biopsy. Histology demonstrated sebaceous hyperplasia with no adenomatous architectural patterns, and preserved mismatch repair protein immunohistochemistry. This suggested a diagnosis of either PSH or naevus sebaceous. The lesion regrew after the shave biopsy and has remained unchanged and asymptomatic. She remains under regular Dermatology review.

Conclusion:

Differentiating between sebaceous hyperplasia and naevus sebaceous can be challenging. In our patient, whilst initial histological analysis suggested PSH, further assessment revealed a possible diagnosis of naevus sebaceous.

Cases of PSH have been reported with an age of onset from birth up to 26 years.2–9 Neonatal onset sebaceous hyperplasia is extremely rare and four of the six reported cases were initially misdiagnosed as naevus sebaceous. 6 The other two reports propose terming neonatal sebaceous hyperplasia “sebaceous hamartomas” due to their unique histopathological features.

Our patient shares features of both PSH and naevus sebaceous and the diagnosis remains equivocal; perhaps, as suggested in the literature, these patients belong to a unique entity. 7,8 If this is PSH, to our knowledge it is the first neonatal onset PSH with reported pubertal changes.

We report this case to make Paediatric Dermatologists aware of these sebaceous lesions, which are difficult to differentiate clinically and histologically. Sebaceous hyperplasia is a benign condition, which does not require treatment unless desired for cosmetic purposes, whilst naevus sebaceous can be associated with malignant transformation. Further studies are required to better understand the pathogenesis and clinical course and to help differentiate between sebaceous hamartomas, including naevus sebaceous, and sebaceous hyperplasia.

Abstract N°: 734

generalized lichen spinolosus in an inmmunocompetent patient: a rare case often underdiagnosis

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Introduction & Objectives:

Lichen spinulosis is a less common skin dermatosis which rarely arises in adult patients. LS usually shows a localized distribution, but a rare, generalized variant exists in the setting of chronic diseases such as HIV disease.

In this case report, we describe an uncommon case of a healthy adult who presented with generalized LS in whom the main clinical concern was for scabies.

Materials & Methods:

In this case report, we describe an uncommon case of a healthy 35-year-female presented with 10 month history of persistent pruritic skin lesions. Patient had received before consulting us therapy for Scabies (benzyl benzoate) and no lesions had resolved.

Skin examinations revealed 1 to 4 mm hyperkeratotic follicular skin colored papules with horny spines on his bilateral forearm, the olecranon, the back, abdomen, knee, neck and legs. Some lesions were surrounded by reddish halo on the back and knee; palpation of a patch resembles a nutmeg grater); Dermoscopy showed a perifollicular scaling with normal interfollicular area.

Histological examination of lesional skin revealed an enlarged hair follicle filled with a regular keratotic plug, covered by a thin layer of orthokeratotic keratosis with no analyzable areas of alternation and small vascular elements were surrounded by mild mononuclear inflammatory infiltrate in the dermis. laboratory tests, including HIV serology, were normal.

These clinico-histo-pathological findings were consistent with lichen spinolosus.

Patient was treated with combination therapy (topical betamethasone (0.05%) preparations and urea (10%)) and the lesions started improving after 4 weeks of treatment.

Results:

Lichen spinulosus is a rare dermatosis belongs to the family of follicular keratotic disorders; It is commonly observed in children and young adults but rarely observed in adults and elderly patients. There has been few previous reports of immunocompetent adults females patients with LS in the literature;

As in our case wherein, the eruption was longstanding and generalized distribution and folliculocentricity of theskin lesions in the current adult patient, raises suspicion of several differential diagnosis of LS such keratosis pilaris, folliculotropic mycosis fungoides, follicular mucinosis, and scabies.

Conclusion:

Lichen spinulosis is a less common skin dermatosis which rarely arises in adult patients. In front of any generalized and symmetric distribution of hyperkeratotic lesions, rigorous clinical examination, histological, and molecular studies should be required so as not to overlook this diagnosis.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 826

Atypical melanocytic proliferation with halo reaction in a 5-year-old Filipino male with vitiligo: A case report

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Introduction:

Melanoma in the pediatric age group is rare and has distinct clinical behavior and pathologic features compared to adult melanoma. A modified ABCDE (Amelanotic, Bleeding, Color uniformity, De novo, and Evolution) serve as clues in the diagnosis of melanoma in the pediatric population.

Case Presentation:

We present a case of a 5-year-old Filipino child who developed a solitary black macule at birth that transformed into a round, smooth-surfaced, soft, erythematous, non-tender nodule measuring 1.0 x 1.0 x 0.5 centimeters on the left upper quadrant on the abdomen. Dermoscopy showed arborizing vessels and a brown pigmented tip. The nodule was surrounded by a vitiliginous patch with subsequent development of similar depigmented patches over the face. Excision biopsy revealed a melanocytic tumor of uncertain malignant potential (MELTUMP) with halo reaction. Immunohistochemical stains such as Melan-A, SOX-10, S-100, and HMB-45 showed staining in cells of interest. Wide excision of surgical bed was conducted by Pediatric Surgery ensuring no residual tumor. No recurrence of tumor was noted at 6 and 12-month post-excision.

Discussion:

Intermediate melanocytic tumors such as melanocytomas should be considered in cases where findings go beyond the definition of a benign nevus but falls short of a melanoma. The halo reaction may be attributed to the immune response to any melanocytic tumor. Assessment of melanocytic tumors in pediatric population warrants a modified criteria that incorporates both conventional and pediatric specific features. Appropriate management entails weighing between the risks for overly aggressive interventions and watchful waiting. Only on long-term follow-up can the tumor's true biologic behavior be determined.

Abstract N°: 909

The cutaneous reflection of pelvic neoplasm : Malignant Acanthosis Nigricans revealing carcinoma of the ovary

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Introduction & Objectives:

Acanthosis nigricans (AN) is a dermatosis corresponding to acquired hyperpigmentation of the folds and, more rarely, the mucous membranes (1). It is generally associated with a benign metabolic syndrome. However, a paraneoplastic origin can not be ruled out. We report a case of paraneoplastic acanthosis nigricans revealing serous carcinoma of the ovary.

Materials & Methods:

44-year-old patient, with a history of total thyroidectomy on Levothyroxine*25 µg,* presented with diffuse chronic pigmented pruritic lesions that had been evolving for six months. The history-taking revealed no change in general condition, nor any other associated signs. Physical examination revealed brownish, velvety, pigmented plaques on the perioral face, nape of the neck, back of hands, axillae, submammary and inguinal folds, with no mucosal involvement or palpable adenopathy. Although the diagnosis was clinically obvious, a skin biopsy was performed to rule out certain differential diagnoses. This revealed a hyperkeratotic, acanthosic epidermis, with no evidence of parakeratosis. Given the diffuse nature of the disease and the absence of metabolic syndrome, a paraneoplastic origin was suspected. Abdominal-pelvic MRI revealed two suspicious latero-uterine cystic masses, associated with incipient peritoneal carcinosis and lumbo-aortic adenopathies. Biological analysis revealed elevated tumour markers. An enlarged total hysterectomy was performed. Anatomopathology confirmed the diagnosis of low-grade serous ovarian carcinoma.

Results:

Paraneoplastic or malignant acanthosis nigricans is an extensive and rapidly progressive form of AN, always associated with a malignant tumor, most often intra-abdominal. Various localizations have been reported. The most frequent are gastric, esophageal, pancreatic and hepatic(2). Association with ovarian cancer is relatively rare (3), with 3 cases reported in the literature(2)(4)(5). In the majority of cases, cutaneous manifestations precede cancer diagnosis (6). Clinically, they are characterized by the presence of brownish, velvety, papillomatous, hyperkeratotic and pruritic pigmented plaques of the neck, folds, and flexion zones, usually symmetrically distributed. The brutal onset, rapid progression and extent of lesions, as well as the association with mucosal involvement, differentiate it from the benign variant. Histologically, the characteristics are similar in both malignant and benign forms. There is hyperkeratotic orthokeratosis, papillomatosis and minimal basal cell hyperpigmentation, without dermal inflammation. The exact pathogenesis of this entity remains poorly elucidated. However, the most implicated factor is TGF-α, a tumor-releasing tumor factor. Abnormal expression of this factor can be associated with various cancers, notably ovarian cancer (8). This over-expression leads to excessive stimulation of keratinocytes and fibroblasts, triggering excessive proliferation of epidermal cells and consequently, to skin thickening and hyperpigmentation, characteristic of malignant acanthosis nigricans.

Conclusion:

Malignant acanthosis nigricans is a rare entity that should not be overlooked, and is always associated with a malignant tumor. Diagnosis should be made at an early stage of the disease, to improve prognosis. Reversibility depends primarily on treatment of the underlying cause.

Abstract N°: 940

A case report of digital myxoid pseudocyst

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Introduction & Objectives:

A digital myxoid pseudocyst is a benign tumor most commonly found at the finger, close to the nail. It is a frequent reason for consultation in dermatology, due to its impact on the nail apparatus.

We report here a case of pseudocyst.

Materials & Methods:

A 60-year-old female with no previous history, presented a nodule above the nail fold of the little finger on the right hand. Clinical examination revealed a single, flesh-colored nodule on the dorsal surface of the little finger between the distal interphalangeal (DIP) joint of finger and the proximal nail fold, with positive transillumination and an irregular, longitudinal grooving at the nail plate. This digital myxoid pseudocyst was classified as a type B. A bone X-ray was normal. Puncture and drainage were performed, evacuating a clear and viscous fluid. Compression was then recommended, with good progression after 1 month.

Results:

A digital myxoid pseudocyst is a benign tumor containing a thick “mucoid” substance made up of mucopolysaccharides. It can affect both sexes, with a predominance of females, and most often occurs after the age of 50. Digital localization is the most common.

Clinically, it presents as a single, flesh-colored nodule, or a cystic, translucent lesion with telangiectasias. A connection to the distal interphalangeal joint is found in over 80% of cases. The Myxoid pseudocyst is asymptomatic. De Berker have described 3 clinical forms.

- Type A located between the proximal nail fold and the crease of the distal interphalangeal joint.

- Type B within the proximal nail fold, pressuring on the underlying matrix, with a longitudinal grooving along the nail plate.

- Type C beneath the nail plate, with erythronychia or dystrophy of the nail plate.

Diagnosis is clinical, and further tests are only carried out if there is any doubt about the diagnosis. Numerous treatments have been proposed, with varying degrees of efficacy and recurrence, particularly in the case of non-surgical procedures. The iterative puncture and drainage followed by compression of the myxoid pseudocyst should always be attempted, for at least 6 months, before moving on to surgical procedures.

Conclusion:

A digital myxoid pseudocyst are typically found in the proximal nail fold of the fingers. Clinical features and nail dystrophy depend upon their location. Diagnosis is clinical. Therapeutic management is difficult because of recurrence.

Abstract N°: 1006

Clinical and morphological results of autolipofilling in patients with vulvar lichen sclerosus

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Introduction & Objectives: Vulvar lichen sclerosus (VLS) is a chronic autoimmune disease affecting the skin and mucous membrane of the external genitalia of women. It is characterized by thinning of the epidermis, disruption of tissue architecture, decreased elasticity and the formation of atrophy and scars, which leads to serious functional and aesthetic problems. One of the most progressive minimally invasive modern methods of treating VLS is autolipofilling. The autolipofilling procedure is not only safe, but also allows solving the problem of aesthetic correction, which significantly improves the quality of life of patients. The method is minimally invasive, does not require major surgical damage and long-term rehabilitation. The use of autologous tissue completely eliminates the risk of immunological rejection or allergic reaction.

Materials & Methods: We observed 25 patients diagnosed with VLS. All patients gave informed consent. They previously underwent histological and immunohistochemical examination of the vulvar biopsy. Patients with hyperexpression of p53 and Ki-67 against the background of isolated VLS in combination with squamous cell hyperplasia and basal atypia of keratinocytes were excluded from the observation due to the fact that these signs are considered to be a predictor of increased susceptibility to malignant changes. Under local anesthesia, after infiltration of the subcutaneous fat in the hypogastric region, adipose tissue was collected in a volume of 10-20 ml depending on the affected area. The obtained adipose tissue was decanted from the infiltration solution. Then, adipose tissue was emulsified using a special cannula for nanografting. The obtained fat fraction was injected into the affected area using a linear-retrograde technique in a volume of 10-20 ml submucosally with a syringe with a 26G needle with uniform distribution in the area of the VLS focus. In the postoperative period, antiseptic treatment of the surgical area was performed, and wearing compression underwear in the liposuction area was recommended.

Results: Clinical and morphological results were assessed after 1 year after the autolipofilling procedure. As a result of using this technique, a long-term stable effect was noted, expressed in the cessation of itching, a decrease in the feeling of tightness and an improvement in the dermatoscopy indices of sebumetry, cutometry and corneometry after treatment. The most indicative effects of autolipofilling were a decrease in hyperkeratosis and edema, a decrease in lymphocytic infiltration around the vessels, inflammatory infiltrate, an increase in elastic fibers. The indicated positive dynamics occurred in 22 (88.0%) patients, the remaining 3 (12.0%) patients noted a decrease in the volume of the labia and the resumption of itching within 6-8 months after the procedure.

Conclusion: The autolipofilling procedure performed on patients with VLS had good clinical and morphological results and can be recommended as an alternative method of treating this disease.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1061

Unilateral Blaschkoid Transient Acantholytic Dermatosis; a case report

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Introduction & Objectives:

A 65-year-old man presented with a 7-month history of a recurrent, moderately pruritic erythematous papulovesicular eruption on his left flank. These skin changes occurred in a linear pattern along the Blaschko lines and did not cross the midline. His medical history was unremarkable and there was no family history of any genodermatoses. The patient worked as a construction worker in hot climates and spent long hours outdoors in sweat-inducing conditions. The rash was initially treated as herpes zoster infection with oral aciclovir with no improvement.

Materials & Methods:

Routine blood tests were unremarkable and infective causes were excluded. A skin biopsy revealed marked suprabasal acantholysis with scattered dyskeratotic cells, hypergranulosis, perivascular lymphocytic infiltrate and and epidermal basket weave pattern. In view of these findings, a diagnosis of unilateral blaschkoid Transient Acantholytic Dermatosis was established. The patient was treated with bethamethasone valerate cream for 3 weeks which helped clear the vesicles and control symptoms. The remaining papular lesions were treated with 0.1% topical tacrolimus ointment for 3 months with good effect.

Results:

Transient Acantholytic Dermatosis (TAD), also known as Grover disease, is a non-genetic, non-immune mediated acantholytic condition which commonly presents around the fifth decade. It typically presents as a generalized pruritic papulovesicular rash on the trunk. Rarely, it can present unilaterally in a Blaschkoid distribution as in our case. Possible triggers of TAD include sweating, sun exposure, fever, infections, malignancies, chronic organ failure and immunosuppression. The pathogenesis of TAD is still unclear. Theories suggest that eccrine duct damage or occlusion in genetically susceptible epidermis is a plausible cause, possibly related to postzygotic somatic mutations along the Blaschko lines. Previously reported cases of unilateral TAD were attributed to occlusion secondary to an orthopedic bandage following shoulder trauma and prolonged bedrest. A potential precipitating factor in our patient could be long hours of heat exposure related to his occupation. Treatment options for TAD include topical corticosteroids, topical calcineurin inhibitors, topical calcipotriol and retinoids. The condition usually resolves within 3 months but may take up to 11 months. TAD may recur in around 50% of cases.

The main differential diagnosis for Blaschkoid TAD is linear Darier's disease. The two conditions are quite difficult to distinguish since they share similar aetiology, clinical and histological features. Darier's disease is an autosomal dominant condition of ATP2A2 gene mutation that tends to present in younger patients with a positive family history of this skin condition. Our patient presented in his 6th decade with no personal and family history of Darier's; hence diagnosis of unilateral TAD was favored. Genetic testing for ATP2A2 gene mutation could have helped exclude Darier's disease however the patient declined the test.~~

Conclusion:

Unilateral papulovesicular eruptions can be misdiagnosed as herpes zoster infection, and poor clinical response to aciclovir should raise suspicion of acantholytic dermatoses.

Abstract N°: 1115

Pseudoxanthoma Elasticum-like Papillary Dermal Elastolysis: A Rare Case Report

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Introduction & Objectives: Pseudoxanthoma elasticum-like papillary dermal elastolysis (PXE-PDE) is an acquired, non-inflammatory disorder characterized by almost complete loss of elastic tissue in the papillary dermis, presenting with lesions clinically resembling PXE. It is most commonly observed in postmenopausal women. Clinically, it is characterized by multiple yellow or skin-colored, non-follicular papules. Although its etiopathogenesis is not fully understood, it is thought to be associated with ultraviolet damage, intrinsic aging, and elastic tissue degradation. However, the role of ultraviolet radiation remains controversial, as non-sun-exposed skin areas may also be affected. Here, we present a 75-year-old female patient diagnosed with PXE-PDE due to the rarity of this condition.

Materials & Methods: A 75-year-old female patient presented to our outpatient clinic with a five-year history of raised lesions on the lateral sides of the neck. Dermatological examination revealed 1-2 mm, yellow papules on the lateral neck. A biopsy was taken from the lesion for histopathological examination. Hematoxylin-eosin-stained sections of the affected skin showed surface parakeratosis, a regularly structured epidermis, and pigment incontinence in the dermis. Van Gieson staining of the sections demonstrated a marked loss of elastic fibers in the papillary dermis. No abnormalities were detected in the patient's biochemical and hematological parameters. Based on clinical and histopathological findings, the patient was diagnosed with PXE-PDE. No treatment was planned.

Results:

PXE-PDE was first described by Ronfioletti and Rebora in 1992. It is a rare acquired disorder characterized by the coalescence of non-follicular yellowish papules into plaques in the neck, scalp, supraclavicular fossa, and flexural areas.

The differential diagnosis of PXE-PDE includes white fibrous papulosis of the neck, mid-dermal elastolysis, and papillary dermal elastosis. White fibrous papulosis of the neck is more commonly seen in elderly men. However, the primary differential diagnosis should be made with pseudoxanthoma elasticum (PXE), a hereditary disorder caused by mutations in the ABCC6 gene. Clinically, PXE resembles PXE-PDE but presents at a younger age and is usually associated with ocular and cardiovascular complications. Histopathologically, PXE is characterized by fragmentation and calcification of elastic fibers, primarily in the reticular dermis.

Treatment options for PXE-PDE, including topical retinoids, have shown limited efficacy. However, in some cases, non-ablative fractional laser therapy has been reported to be effective.

Conclusion: Our knowledge about PKE-PDE, which is classified under degenerative elastic tissue diseases, is quite limited due to the rarity of the disease and the lack of published studies. It is a condition that is difficult to diagnose for dermatologists and pathologists in terms of clinical and histopathological features.

Abstract N°: 1131

Pseudoxanthoma Elasticum-like Papillary Dermal Elastolysis

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Introduction & Objectives:

Pseudoxanthoma elasticum-like papillary dermal elastolysis (PXE-PDE) is a rare acquired elastic tissue disorder that mimics inherited PXE but lacks systemic involvement. Due to its subtle histopathologic features and overlapping clinical presentation, PXE-PDE is often misdiagnosed, leading to limited treatment options. We present a case highlighting the classic histopathologic findings and a novel therapeutic approach using topical trifarotene cream.

Materials & Methods:

A 64-year-old female with a history of irritable bowel syndrome, depression, and endometriosis presented with a two-year history of pruritic, skin-colored papules on the lateral neck. A 3mm punch biopsy was performed, with histopathologic evaluation using hematoxylin-eosin (H&E), Verhoeff Van Gieson, Von Kossa, PAS, and Alcian blue staining. The patient was treated with a regimen of trifarotene cream, applied daily, alternating with a topical corticosteroid to minimize irritation.

Results:

Histopathologic analysis revealed a normal epidermis with increased melanophages in the papillary dermis and attenuation of elastic fibers, confirming PXE-PDE. Following three months of treatment with topical trifarotene, the patient reported significant improvement in both pruritus and lesion appearance, with near-complete resolution of papules. This response suggests trifarotene may serve as an effective therapeutic option for PXE-PDE, a condition with historically limited treatment success.

Conclusion:

PXE-PDE remains an underrecognized disorder due to its clinical and histologic overlap with other elastic tissue diseases. This case underscores the importance of special staining for accurate diagnosis and highlights topical trifarotene as a promising and effective treatment. Given the observed clinical improvement, further studies are warranted to explore its long-term efficacy and broader application in managing PXE-PDE.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1216

Spectrum of Atrophoderma Unveiled through Clinicopathological Correlation

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Introduction & Objectives: Atrophoderma of Pasini-Pierini (APP) and Moulin (AoM) are rare dermatosis characterized by hyperpigmented, atrophic, non-indurated plaques. Previously classified as a subtypes of morphea, these have distinct clinic-pathological features. We herein present two intriguing clinical cases of atrophoderma mentioned above wherein histology played a pivotal role in establishing a definitive diagnosis.

Materials & Methods: Two intriguing cases of APP and AoM are presented, and written informed consent was obtained from both patients.

Results: A 24-year-old male reported a 5-year history of asymptomatic, darkened patches on his back, gradually increasing in size. Examination revealed a solitary hyperpigmented plaque with “cliff-drop” borders on the back 5*8 cm in size, without overlying skin surface changes. Histology demonstrated epidermal atrophy, reduced dermal thickness, mild perivascular lymphocytic infiltrate, and no fibrosis, consistent with diagnosis of APP. The patient was reassured about the benign nature of APP. Emollients and mild corticosteroids were prescribed. Our second case was a 26-year-old male presenting for evaluation of multiple asymmetrical, brownish, atrophic patches predominantly on the trunk. The lesions first appeared in adolescence and had progressively spread over five years. The patches were sharply demarcated, non-scaly, and arranged along the lines of Blaschko. There was no associated pain, binding pruritus, or systemic involvement. Dermatological examination revealed hyperpigmented, atrophic plaques with a “cliff-drop” border along the lines of Blaschko in an “S-shaped” configuration with absent erythema or sclerotic change. Routine laboratory investigations, including autoimmune and inflammatory markers, were within normal limits. A skin biopsy showed epidermal thinning, reduced dermal collagen, and no significant inflammatory infiltrate, consistent with AoM. The patient was treated conservatively with emollients. Regular dermatological follow-ups were scheduled to monitor for potential progression or associated conditions.

Conclusion:

Atrophoderma of Pasini-Pierini and Moulin are rare yet distinct atrophic dermatoses with characteristic clinical and histopathological features. These cases highlight the pivotal role of histology in differentiating them from other atrophic disorders, ensuring accurate diagnosis and appropriate management. Given their benign nature, patient reassurance and conservative treatment remain the mainstay, with regular follow-ups to monitor disease stability.

Abstract N°: 1391

Favre Racouchot disease : Case report

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Introduction & Objectives:

Favre-Racouchot Syndrome (FRS) is a dermatological condition characterized by nodular elastosis, large comedones, and cystic lesions, primarily in sun-exposed areas such as the face and neck. Chronic ultraviolet (UV) radiation exposure and smoking are key contributing factors. The objective of this study is to report a case of FRS and evaluate the effectiveness of a combined treatment approach using isotretinoin and mechanical comedone extraction.

Materials & Methods:

A 75-year-old male smoker (50 pack-years) presented with a 10-year history of multiple cystic lesions, large open and closed comedones, and yellow-to-brown papules and nodules (2–6 mm) localized to the cheeks. A clinical diagnosis of Favre-Racouchot disease was made based on characteristic findings in a photo-exposed region. The patient was treated with low-dose isotretinoin (20 mg/day) and mechanical extraction of comedones. Sun protection measures and smoking cessation were also recommended.

Results:

Following treatment, the patient showed a significant reduction in comedones and cystic lesions. The combination of isotretinoin and physical extraction improved both the cosmetic and clinical aspects of the condition. No major adverse effects were reported.

Conclusion:

Favre-Racouchot disease is a chronic dermatological condition primarily linked to prolonged sun exposure and smoking. While no single treatment has been universally effective, a multimodal approach combining medical therapy (such as isotretinoin) with surgical techniques (comedone extraction) appears to yield optimal results. Preventive measures, including strict sun protection and smoking cessation, are crucial to halting disease progression.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1422

Study of hair macroelements in dermatoses in the Aral Sea region.

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Introduction & Objectives: Study of the content of macroelements in patients with vitiligo and psoriasis living in the Aral Sea region.

Materials & Methods: We examined 123 patients, including 74 with psoriasis and 49 patients with vitiligo, aged 18 to 65 years, who were treated at the Karakalpak branch of the Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology. It was revealed that among those examined, 42% were men and 58% were women.

The study (Na, Cl, Ca, K) of hair macroelements was conducted at the Institute of Nuclear Physics of the Academy of Sciences of the Republic of Uzbekistan using the neutron activation method.

Results: The results of clinical studies showed that among the examined patients with vitiligo, 48% had an acrofascial form, 16% had a segmental form, 20% had a focal form, 10% had a vulgar form, and 5% had Sutton's disease.

The results of clinical studies have established that the vulgar form of psoriasis was detected in 89%, the palmar-plantar form in 11%, psoriatic arthritis was detected in 12%, erythroderma - in 8% of the examined patients.

The results of practically healthy individuals were used as reference values.

Analysis of macroelements (Na, Cl, Ca, K) revealed the following changes.

Conclusion: Our studies have shown changes in macroelements in the hair of patients with dermatoses, changing depending on the clinical forms, which has its own significance in the study of pathogenesis and changes in the tactics of treatment and prevention of these dermatoses

Abstract N°: 1454

Clinical and histopathological study of Lichenoid dermatoses

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Introduction & Objectives:

Interface dermatitis refers to disorders in which the primary site of pathology is the interface between the epidermis and dermis, the dermo-epidermal junction. Interface dermatitis is divided into two subgroups: vacuolar and lichenoid type. The prototype of lichenoid interface dermatitis is lichen planus (LP). Lichenoid dermatitis (LD) is a histological term that refers to a combination of histological findings that is close to those of LP. They are characterised by a particular type of inflammation found on histology accompanied frequently by a band of lymphocytes and histiocytes in the superficial dermis, that often obscures the dermo epidermal junction. Disorders in this category include Superficial flexes: lichenoid drug eruption, lichen nitidus, lichenoid keratosis, lichenoid capillaritis, lichenoid mycosis fungoides, pityriasis lichenoides, keratosis lichenoides chronica and deep flexes:** lichenoid lupus erythematosus,lichen striatus. The LTR can be seen in skin disorders like acute graft-versus-host disease, lupus erythematosus, dermatomyositis, and toxic epidermal necrolysis/steven-Johnson syndrome.

Materials & Methods:

The study comprised of 100 patients diagnosed provisionally as lichenoid dermatoses on clinical grounds, during the period of January 2023 to January 2025. After thorough interrogation of all the subjects, detailed history is recorded in the proforma specially designed for this work. Complete physical and systemic examination was carried out in each patient and the relevant clinical findings were noted. Routine hematological investigations including Hemogram, LFT, serology for HCV, HIV and urine analysis were done in all the cases and a provisional diagnosis was made on clinical grounds and skin biopsy of most symptomatic lesion was obtained after an informed consent. Bar diagrams and pie chart were used to represent the data.

Results:

The most common condition identified was lichen planus, followed by fixed drug eruptions, lupus erythematosus, and erythema multiforme.

Histopathological Features: Key features included hyperkeratosis, acanthosis, and basal cell degeneration. The presence of Civatte bodies and melanin incontinence was significant in conditions like lichen planus and lupus erythematosus.Clinical and Histological Correlation: High concordance rates were observed for most conditions, particularly lichen planus . However, certain conditions like fixed drug eruptions and erythema multiforme showed lower concordance rates, indicating diagnostic challenges.

Conclusion:

Earlier studies on on LD had focused attention mainly on the prototype LP and consequently large number of papers were published on lichen planus only, not much data is available on rest of the lichenoid dermatosses. This study emphasizes the importance of histopathological examination in the accurate diagnosis of lichenoid dermatoses. The findings highlight the diverse clinical and histological presentations of these conditions, emphasizing the need for a comprehensive diagnostic approach. The study also identified gender and age-related trends in the prevalence of various conditions. This study provides valuable insights supporting the critical role of histopathology in their diagnosis and management. The findings advocate for meticulous diagnostic practices to ensure accurate identification and effective treatment of these

complex dermatological conditions.

Abstract N°: 1500

Exploring Lymphomatoid Granulomatosis: A Rare Lymphoproliferative Syndrome

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Exploring Lymphomatoid Granulomatosis: A Rare Lymphoproliferative Syndrome

Introduction & Objectives:

Lymphomatoid granulomatosis is a rare condition with a severe prognosis, characterized by lymphohistiocytic proliferation centered around blood vessels. It can affect one or more organs, notably the lungs, as well as the nervous system, kidneys, and skin in 50% of cases. Skin lesions typically present as deep nodules or erythematous plaques. This condition is considered a lymphoma from the outset, and the definitive diagnosis is histological.

The objective of this topic lies in the rarity of this lymphoproliferative syndrome associated with the Epstein-Barr virus.

Materials & Methods:

We report a clinical case of a patient from our department presenting with lymphomatoid granulomatosis located on the left mandibular border.

Results:

Lymphomatoid granulomatosis is a very rare B-cell lymphoproliferative syndrome associated with the Epstein-Barr virus, predominantly affecting the lungs (80%), and often the skin (40-50%) or the central nervous system (30% of cases). It is considered a B-cell lymphoma, with severity ranging from a low-grade lymphoma to an aggressive large-cell lymphoma. This disease is difficult to diagnose due to its polymorphic clinical presentation, which is often systemic in nature. In cases of cutaneous involvement, pulmonary involvement should be systematically investigated, as it can precede or follow skin involvement. Additionally, neurological involvement must be sought, and the search for other organ involvement depends on the clinical symptoms. As part of the staging workup, a biological assessment, chest X-ray, possibly a chest CT scan, and brain MRI are essential. The definitive diagnosis is histological, confirmed by identifying an angiocentric inflammatory infiltrate composed of polymorphous mononuclear cells containing a variable number of atypical large CD20+ B lymphocytes within numerous reactive small CD3+ T lymphocytes, and may be associated with necrosis. In situ hybridization often reveals EBV RNA within the atypical B cells. The proportion of atypical large B lymphocytes and, to a lesser extent, the proportion of EBV+ cells help classify the disease (Grade I to III) and determine its prognosis. Progression to an aggressive form of B-cell lymphoma occurs in 7 to 47% of affected cases. Grade III lymphomatoid granulomatosis has characteristics of lymphoma and should be treated with polychemotherapy.

Conclusion:

Lymphomatoid granulomatosis is a rare B-cell lymphoproliferative syndrome associated with the Epstein-Barr virus. It primarily affects the lungs, but extrapulmonary involvement is common, particularly in the skin and nervous system. Our patient has lymphomatoid granulomatosis localized to the left mandibular border, with the staging workup revealing no abnormalities. Close monitoring is recommended as part of screening for new manifestations.

Abstract N°: 1505

Unmasking Melanoma Through Vitiliginous Lesions: A Clinical Case Study and Pathophysiological Exploration

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Introduction & Objectives:

Vitiligo is an autoimmune dermatological condition characterized by depigmentation, often associated with organ-specific autoimmune diseases. The connection between vitiligo and melanoma is well-established, although its pathophysiology remains poorly understood.

The focus of this topic is on the rarity of cases of vitiligo associated with melanoma.

Materials & Methods:

Regarding a clinical case from our dermatology department involving a patient who presented with vitiliginous lesions several years before the onset of melanoma in the soft tissues of the right thigh.

Results:

The association between vitiligo and melanoma is well-documented, with varying incidences across different studies. The pathogenesis of this association may be secondary to an immune response directed against melanoma-associated antigens expressed by healthy melanocytes. Indeed, melanoma is considered a highly immunogenic tumor due to its high mutational load, and it has also been found that the antigens recognized by cytotoxic T lymphocytes isolated from melanoma patients are expressed both in melanoma cells and in normal melanocytes, which explains why they may also be present in autoimmune responses against melanocytes that lead to vitiligo.

Conclusion:

Vitiligo is an acquired achromia related to an autoimmune destruction of melanocytes. One of its mysterious aspects is its occurrence with melanoma. The discovery of metastatic melanoma in a patient with vitiligo is generally a rare case. However, its diagnosis has significant implications for vital prognosis due to the high mortality rate. A comprehensive approach to these patients is key to their survival. Our patient presents with vitiligo that preceded the melanoma by several years. He consulted after the appearance of a subcutaneous mass and was referred to the trauma department for potential excision and further management.

Abstract N°: 1588

Generalized papular mucinosis associated with monoclonal gammopathy with neurological complications.

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Introduction & Objectives:

Papular mucinosis is characterized by a papular, sclerodermiform rash resulting from the proliferation of dermal fibroblasts and the deposition of mucin. It is often associated with monoclonal gammopathy, and other systemic manifestations such as digestive, muscular and neurological involvement. We report an observation of papular mucinosis with neurological involvement complicated by death.

Materials & Methods:

We present the case of a 63-year-old patient with a history of chronic smoking (30PA weaned 4 years ago) and corticosteroid-induced diabetes under treatment. He presented multiple papules resting on a pruritic erythematous placard on the lateral surfaces of the upper limbs, neck, anterior surfaces of the knees, trunk and abdomen. He also presents a sclerodermiform aspect with infiltrated skin on the face and hands, and a leonine appearance.

Results:

A skin biopsy revealed a thickened reticular dermis with large collagen bundles separated by mucin, and a rarefaction of elastic fibers.

The papillary dermis is moderately hyalinized and contains tortuous vessels with endothelial cells, surrounded by a mild inflammatory infiltrate with a few mast cells. Moderate mucinous deposits, highlighted by Alcian blue, are associated with solar elastosis.

Plasma protein electrophoresis revealed a monoclonal gammopathy of the igG lambda type, with myelogram showing a rich marrow with numerous megakaryocytes, bone marrow plasma cell count at 6% with no signs of dystrophy or cytological abnormalities, and bone marrow biopsy showing morphological and immunohistochemical evidence of a reactive lymphoid infiltrate.

The patient had initially started corticosteroid therapy at a dose of 0.5mg/kg/d, then methotrexate was started then stopped following an episode of pneumonia, and the patient was put back on corticosteroids.

As the lesions did not improve and the pruritus worsened, the patient was admitted to hospital for a pre-cyclophosphamide assessment. During his hospitalization, the patient reported psychic disorders such as depression, and presented with consciousness disorders and febrile convulsions, with a normal cerebral CT scan and LP. The diagnosis of neurological damage due to mucinosis was retained, and the patient was transferred to intensive care, before dying of inhalation pneumopathy.

Conclusion:

Papular mucinosis is a dermatosis associated with monoclonal gammopathy and systemic manifestations, mainly digestive and muscular, but neurological damage is among the most severe, which is variable and can be life-threatening.

Figure 3 papular lesions around the interphalangeal articulations

Figure 2 Papular lesions with skin sclerosis on the knees

Figure 3 papular lesions around the interphalangeal articulations

Figure 1 clinical manifestation of papular mucinosis on the face with leonine appearance

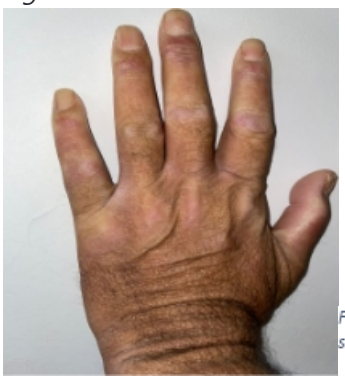


Figure 2 Papular lesions with skin sclerosis on the knees

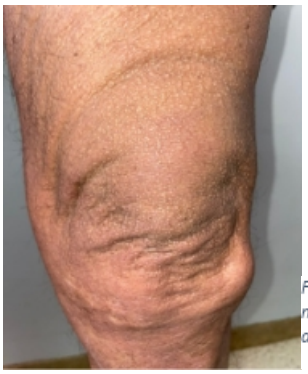
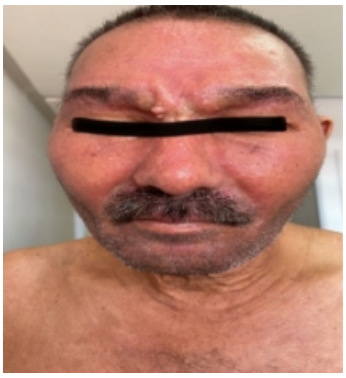


Figure 1 clinical manifestation of papular mucinosis on the face with leonine appearance



Abstract N°: 1737

B cell lymphoma mimicking Pyoderma Gangrenosum (PG) at a peristomal site

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Introduction & Objectives:

B cell lymphoma, can present in a variety of ways, often complicating diagnosis when it mimics other skin conditions. Inflammatory skin conditions such as pyoderma gangrenosum (PG) and cutaneous manifestations of lymphomas can both initially present as soft tissue infections.

Materials & Methods:

We present the case of an elderly gentleman who presented to a dermatology clinic with what initially appeared to be an area of irritant dermatitis surrounding his peristomal site. The lesion, characterized by erythema, ulceration, and induration, was initially suspected to be a localized inflammatory response, such as PG, a condition known to affect peristomal areas. Despite initial clinical management with treatment for irritant dermatitis, the lesion progressively worsened and PG was suspected. Treatment with antibiotics, topical steroids, and triamcinolone injection was initiated, but there was no improvement. Histopathological examination and immunohistochemical analysis revealed the presence of B cell lymphoma, a diagnosis that had not initially been suspected.

Results:

This case highlights the diagnostic challenge of distinguishing B cell lymphoma from PG, particularly when lesions present in a similar manner at peristomal sites. We should recommend immediate histopathological biopsy and examination to diagnose long-term soft tissue lesions which have been unresponsive to treatment and a broader differential diagnosis should be considered in cases with atypical skin manifestations.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1769

purely cutaneous rosai dorfman : a case report

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Introduction & Objectives:

Rosai-Dorfman disease (RDD), a rare histiocytic disorder classified under group R (Langerhans-related) histiocytoses, typically manifests with painless cervical lymphadenopathy and systemic symptoms. Purely cutaneous RDD, presenting as solitary or localized skin lesions without nodal or systemic involvement, is exceptionally rare (<5% of cases). This case report describes a 51-year-old female with a solitary cutaneous RDD nodule on the left thigh, aiming to highlight diagnostic challenges of this atypical presentation, underscore the pivotal role of histopathology and immunohistochemistry, and advocate for surgical excision as a definitive treatment.

Materials & Methods:

A 51-year-old woman presented with a 9-month history of a solitary, asymptomatic, firm nodule (1.5 cm) on the left thigh. Clinical examination revealed a well-circumscribed, erythematous subcutaneous nodule without ulceration. Systemic symptoms (fever, weight loss) and lymphadenopathy were absent. Diagnostic workup included:

Laboratory tests: Normal CBC, CRP, autoimmune markers (ANA, RF), and renal/hepatic function.

Imaging: Lymph node ultrasound and thoraco-abdomino-pelvic CT scan ruled out systemic involvement.

Histopathology: Excisional biopsy demonstrated a dermal infiltrate of large histiocytes with emperipolesis (intact lymphocytes within cytoplasm).

Immunohistochemistry: Histiocytes expressed S100, CD68, and cyclin D1; CD1a was negative, excluding Langerhans cell histiocytosis.

Results:

Histopathological findings confirmed cutaneous RDD, characterized by emperipolesis and S100+/CD68+/CD1a− immunoprofile. Surgical excision achieved complete lesion removal. At 12-month follow-up, the patient remained asymptomatic with no recurrence or systemic manifestations.

Conclusion:

This case underscores key insights:

Diagnostic Nuance: Cutaneous RDD should be considered in solitary nodules unresponsive to conventional therapies, particularly when histopathology reveals histiocytic emperipolesis. Immunohistochemistry (S100, CD68) is critical to differentiate RDD from mimics (e.g., dermatofibroma, lymphoma).

Therapeutic Efficacy: Complete surgical excision serves as both diagnostic and curative intervention, with low recurrence risk in localized cases.

Long-Term Monitoring: While purely cutaneous RDD has a favorable prognosis, lifelong surveillance is advised to detect

rare systemic progression.

The etiology of RDD remains enigmatic, though immune dysregulation and viral triggers (e.g., HHV-6) are hypothesized. This case reinforces the importance of multidisciplinary collaboration between dermatologists, pathologists, and surgeons to optimize outcomes in rare histiocytic disorders.

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Abstract N°: 1794

Mixed-type Neurothekeoma: A case report

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Introduction & Objectives:

Neurothekeomas are rare, benign skin neoplasm that are typically present in young adults and most commonly occur on the head and neck. They affect females more often than males, usually in the second and early third decades of life. The nomenclature and histogenesis of these tumors remain controversial. Based on histologic and immunohistochemical findings, three types of neurothekeomas have been described: myxoid, cellular and mixed.

Materials & Methods:

We report the case of a 24-year-old female patient with a two-year history of an asymptomatic, slowly growing, red dermal nodule on the upper right shoulder. The lesion was firm, non-tender and measured 0.6 cm in diameter.

Results: ** A lesional biopsy was performed and microscopic examination revealed a mixed plexiform neurothekeoma. The tumor exhibited both neural and myxoid components, confirming the diagnosis.

Immunohistochemical examination showed that the proliferation was partially positive for S100 and CD10, focally positive for CD63, negative for HMB45, actin and GFAP, with a Ki-67 proliferation index of 1-2%.

Conclusion:

Neurothekeomas are uncommon, and their clinical presentation may resemble other dermatological or soft tissue tumors. Histopathological evaluation remains essential for an accurate diagnosis and appropriate management. Complete surgical excision is the preferred treatment to prevent recurrence.

Abstract N°: 1947

lichen planus and metabolic syndrome, analysis of 75 cases

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Introduction & Objectives:

Lichen planus (LP) is an idiopathic inflammatory dermatosis of the skin , hair, nails and mucous membranes.

Lichen planus has been associated with metabolic disorders such as dyslipidemia and diabetes.

This study was intended to find prevalence of metabolic syndrome in patients with LP.

Materials & Methods:

This study took place over a period of one year from January to September 2023. It aimed to ascertain the prevalence of metabolic syndrome among patients with LP who consulted at the dermatology department of the Marrakech University Hospital.

The study included all patients over the age of 18 with a clinical and histological diagnosis of LP who gave their oral consent after being informed.

Diabetic patients, those with hypertension, dyslipidemia, heart disease, chronic liver disease, chronic kidney disease, thyroid disorders, psoriasis and those with a history of stroke, patients who had been treated with systemic steroids, retinoids, or ciclosporin were excluded from the study.

A pretested structured questionnaire was employed to gather data from all patients.

Age, gender, waist and hip circumference, body mass index, systolic and diastolic blood pressure, fasting blood sugar, triglycerides, and HDL levels were all measured in the cases.

Metabolic syndrome was established when three or more criteria specified in the modified National Cholesterol Education Program: Adult Treatment Panel III (NCEP-ATP III) guideline were fulfilled

Results:

Out of the 75 patients included in the study, 45 (60%) were female 30 (40%) were male and the mean age of the patients was 45,3.

The predominant morphological type of lichen planus was LP pigmentosus, observed in 40 patients, constituting 53,3% of cases.

In this study, 37 patients out of the total enrolled (49,3%) were diagnosed with metabolic syndrome.

The three patients with oral lichen planus had metabolic syndrome.

Conclusion:

There is no correlation between the severity of lichen planus and metabolic syndrome, which differs from psoriasis. However, metabolic syndrome is overrepresented in patients with lichen planus. Both conditions are partially linked through chronic inflammation via common cytokines (IL-1, IL-6) but also through factors such as sedentary lifestyle, rich diet, and neuropsychological influences.

Abstract N°: 1991

Isotretinoin – Induced AGEP: A Case Report

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Introduction & Objectives:

Acute Generalized Exanthematous Pustulosis (AGEP) is a rare but severe adverse dermatological reaction characterized by a rapid onset of generalized erythema, with numerous sterile nonfollicular pustules. These symptoms often subside after the discontinuation of the offending agent, typically, a recently introduced medication. Agents commonly implicated in triggering AGEP include antibiotics, antifungals, antimalarials, and diltiazem, with the characteristic eruption of AGEP typically observed within three days of drug administration.

Materials & Methods:

We report a case of A 20-year-old female patient was being managed for guttate, inverse, and scalp psoriasis under dermatological care. The treatment regimen of topical steroids, narrow band UVB phototherapy, methotrexate, showed no clinical improvement. She commenced treatment with cyclosporine at a dose of 2.5 mg/kg/day. After one month, the patient exhibited clinical improvement but developed urinary symptoms, which necessitated the discontinuation of cyclosporine. Isotretinoin was then initiated at a dosage of 40 mg daily for the inflammatory acne. Three days later, she developed numerous, pruritic, nonfollicular pustules and desquamative scales on top of erythematous and edematous plaques distributed from the upper chest to the upper arms and lateral aspects of the trunk bilaterally. There were multiple erythematous papules with punctate excoriations on the legs. No fever or mucosal involvement noted.

Laboratory investigations indicated an elevated WBC count at 15.760 with eosinophilic count of 2.52×109 /L and a percentage of 16%.

The differential diagnoses were pustular psoriasis of the exanthematic type, AGEP, and subcorneal pustular dermatitis. The treatment plan involved discontinuation of isotretinoin and resumption of cyclosporine at an increased dose of 3 mg/kg/day, split into two doses, alongside topical mometasone ointment.

A skin biopsy from the abdomen shows epidermal erosion, subcorneal and intraepidermal pustule with neutrophils. In the dermis there is evidence of polymorphous perivascular infiltrate and a significant number of eosinophils.

The Histological examination with the clinical presentation, was suggestive of AGEP. The patient’s management plan was adjusted to continue cyclosporine treatment.

Results:

The EuroSCAR tool was utilized to assess the lesion morphology, clinical course, and histological outcomes, which validated the diagnosis, further supporting the isotretinoin-induced AGEP hypothesis. The patient achieved complete resolution in three weeks with residual post-inflammatory hyperpigmentation on both upper extremities. Eosinophil counts normalized post-treatment

Conclusion:

Isotretinoin, a Vitamin A derivative, has a broad therapeutic spectrum in dermatology, notably in managing psoriasis. It

modulates cellular differentiation and inflammatory processes, attenuate keratinocyte hyperproliferation. Interestingly, up to this date only one study has reported isotretinoin-induced AGEP.

In 2010, Filho et al described the first case of isotretinoin-induced AGEP in a female patient diagnosed with Hidradenitis Suppurativa, who developed eruptions after 5 days of isotretinoin initiation.

This report highlights isotretinoin as a possible trigger for AGEP, emphasizing the crucial role of a thorough history and clinical assessment in early identification and management of such reactions.

Abstract N°: 2046

Granular parakeratosis, report of a case

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Introduction & Objectives:

Granular parakeratosis is a rare condition resulting from a keratinization disorder, leading to the expression of parakeratosis associated with keratohyalin granules. The exact pathophysiology remains unclear, though occlusion and contact with topical substances are suggested as potential triggers. It is more commonly seen in middle-aged women, typically presenting as brown plaques with keratotic papules. It often affects the axillae in either a unilateral or bilateral pattern, although involvement in other body folds has also been reported. Topical treatments, including calcineurin inhibitors, vitamin D analogs, retinoids, and corticosteroids, have been proposed, with variable outcomes.

Materials & Methods:

Case reports.

Results:

A 48-year-old male patient with a history of chronic urticaria with angioedema presented to the Dermatology Service due to asymptomatic lesions located in the left axilla, which had been evolving for two months.

On physical examination, multiple brown, keratotic papules were observed in the left axilla, arranged in a linear pattern following the axillary folds. The patient denied any associated symptoms.

Given the suspicion of granular parakeratosis, follicular lichen planus, or Hailey-Hailey disease, a skin biopsy was performed and sent for pathological examination.

The pathology report revealed the presence of parakeratosis with keratohyalin granules, accompanied by mild superficial perivascular lymphocytic infiltrates. These findings were suggestive of granular parakeratosis.

At the time of the results' return, the lesions had spontaneously resolved following the cessation of local irritating agents.

Conclusion:

Granular parakeratosis is a rare entity and, as such, is seldom suspected. However, it should be considered as a differential diagnosis in conditions with intertriginous involvement, such as Hailey-Hailey disease, vegetative pemphigus, acanthosis nigricans, erythrasma, fungal intertrigo, inverse lichen, inverse psoriasis, and contact dermatitis. Treatment response varies and no standardized protocol exists; however, there have been reported cases where lesions resolve spontaneously, as occurred in our patient.

Abstract N°: 2252

Hormonal Therapy and an Unexpected Dermatologic Puzzle: A Darier-like Variant of Grover's Disease Mimicking Lichen Striatus

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Introduction & Objectives:

Grover's disease (transient and persistent acantholytic dermatosis) is a benign papulovesicular eruption characterized by 4 distinct acantholytic histologic patterns. It is usually pruritic but self-limiting. Although it predominantly affects the upper trunk and dorsum, cases with a Darier-like pattern are rare and may pose diagnostic challenges, especially when lesions exhibit an unusual distribution.

While the classic form presents symmetrically, Darier's disease can also appear in localized variants, including linear forms that follow Blaschko's lines or isolated lesions on the scalp or palms. These linear forms may resemble other conditions, including inflammatory linear verrucous epidermal nevus (ILVEN), linear psoriasis, linear lichen planus, Hailey-Hailey disease, and Grover's disease. Histopathology is essential for accurate diagnosis.

Materials & Methods:

We present a case of a 40-year-old female patient who had undergone in vitro fertilization (IVF) treatment. She presented with pruritic, flat-topped, brownish-erythematous papular lesions that progressively coalesced over several weeks into a linear band with a Blaschkoid distribution along the right costal margin. The clinical presentation was initially suggestive of lichen striatus.

Results:

Biopsy revealed acantholytic and dyskeratotic dermatitis consistent with the diagnosis of Grover's disease, exhibiting a Darier-like pattern.

The patient was treated with a topical dermatocorticoid and emollient, resulting in pruritus relief and regression of the lesions.

Conclusion:

Localized Darier's disease associated with IVF treatment and pregnancy has been previously reported in the literature. However, this case is distinguished by its atypical presentation, characterized by a linear distribution of lesions resembling Lichen Striatus, alongside with the histopathological findings of Grover's disease with a Darier-like pattern. This unique association with hormonal treatment for IVF underscores the importance of clinicopathologic correlation for accurate diagnosis and appropriate management, ensuring that IVF treatment is not unnecessarily discontinued.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2321

Verruca Vulgaris on the Base of Nevus Sebaceous: A Case Report

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Introduction & Objectives:

Nevus sebaceous (NS), also known as organoid nevus, is a congenital skin hamartoma that usually occurs in the head and neck region and involves the pilosebaceous follicle, epidermis and adnexal structures. It has been stated that nevus sebaceous generally develops in three stages. In its early stages in infancy and childhood, NS usually appears as a smooth, alopecic, orange-yellowish thickening of the skin. A second stage occurs during adolescence when the NS thickens and contains verrucous papules, plaques, or both. In adulthood, a third stage may occur, characterized by the development of benign and malignant tumors in the original nevus. The relationship between sebaceous nevus and various benign and malignant cutaneous neoplasms is well documented. Although there is a consensus in various studies that the most common malignant lesion is basal cell carcinoma, the most common benign lesion has been shown to be trichoblastoma or syringocystadenoma papilliferum in different studies. Other identified tumors include squamous cell carcinoma, basosquamous carcinoma, apocrine cystadenoma, apocrine carcinoma, adnexal carcinomas, tubuloglandular cystadenoma, leiomyoma.

Materials & Methods:

In this case report, we will present a case of verruca vulgaris developing on nevus sebaceous, which is rarely described in the literature.

Results:

A 41-year-old male patient presented with an alopecia patch in his parietal region that had been present since birth and had been growing for the last few years and had become palpable. During the examination of the patient, yellowish verrucous structures were observed on a skin-colored plaque measuring 2x2 cm in the parietal region. In the dermoscopic examination, black crusts areas and bleeding areas were observed at the ends of the yellowish verrucous structures on the skin-colored plaque. An excisional biopsy was planned for the patient, and the biopsy result was reported as verruca vulgaris on the basis of nevus sebaceous. No recurrence was observed during follow-up of the patient.

Conclusion:

This case highlights the importance of clinical, dermoscopic, and histopathological evaluation in nevus sebaceous (NS) lesions with progressive changes. While NS is a benign congenital hamartoma, its potential for secondary neoplastic transformation necessitates long-term follow-up and, in selected cases, surgical excision.

In this patient, verruca vulgaris developed within NS, a rare occurrence. A review showed that there were around 20 case reports related to this all over the world. The presence of verrucous growth and hemorrhagic crusting raised suspicion for malignancy, but histopathology confirmed a benign viral lesion, suggesting a possible role of HPV infection in NS alterations.

Although basal cell carcinoma is the most common malignancy associated with NS, a variety of benign and malignant adnexal tumors can develop. Regular monitoring and histopathological assessment are essential for early detection and appropriate management, particularly in cases with new or progressive features. Excisional biopsy remains the preferred

approach in suspicious lesions to ensure accurate diagnosis and prevent delayed recognition of malignancy.

Abstract N°: 2343

Clinical Case of Anetoderma

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Introduction & Objectives:

The term “anetoderma” originates from the Greek words “anetos” (relaxed) and “derma” (skin). It is a rare chronic dermatological condition characterized by localized loss of skin elasticity, leading to the formation of flaccid or herniated skin areas. The pathogenesis of anetoderma remains incompletely understood, but autoimmune, inflammatory, and vascular factors are thought to be involved. Anetoderma is classified into primary and secondary forms, with the latter being associated with infections, autoimmune diseases, and certain medications. In some cases, the condition develops following bacterial or viral infections such as syphilis, HIV, or Lyme disease. Additionally, there is evidence linking anetoderma to systemic lupus erythematosus, antiphospholipid syndrome, and other systemic connective tissue diseases.

Materials & Methods:

The study includes the collection, analysis, and presentation of data such as complaints, medical and life history, findings from physical, laboratory, and instrumental examinations, treatment history, and patient follow-up. A literature review was conducted using original research and review articles from databases such as ScienceDirect, Scopus, PubMed, Elsevier, and others over the past five years.

Results:

We present a clinical case of a rare dermatosis in a 25-year-old male who first noticed skin lesions at the age of 16. Initially, the lesions were mistaken for scarring, and the patient did not seek medical attention. In 2025, he was evaluated by a dermatologist, given a preliminary diagnosis of anetoderma, and referred for a skin biopsy. The lesions were widespread, affecting the skin of the face, trunk, and extremities. Dermoscopic examination revealed a homogeneous pale pink coloration with unevenly distributed fine, branching blood vessels. The patient underwent laboratory tests, including ANA, antiphospholipid antibodies, complete blood count (CBC), and biochemical blood analysis. A skin biopsy is currently being processed with a request for elastic fiber staining. The diagnostic process is complicated by the lack of specific disease markers, necessitating a comprehensive approach. Possible associations with systemic diseases, including vasculitis and collagenopathies, are also being explored.

Conclusion:

Anetoderma is a rare and diagnostically challenging disease, with lesions that remain stable over time, making treatment difficult. Despite its benign nature, the condition can significantly impact a patient’s quality of life. Treatment options include immunomodulatory agents such as colchicine or hydroxychloroquine, as well as laser therapy for cosmetically significant lesions. In some cases, the use of penicillamine, tacrolimus, and retinoids has been considered. Further research is needed to determine the most effective therapeutic strategies and to identify predisposing factors for anetoderma. Moreover, early diagnosis remains a critical issue, allowing for the minimization of disease progression and its consequences.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2377

Scleredema Diabeticorum: A Key Differential Diagnosis for Lipoma

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Introduction & Objectives:

Scleredema is a rare connective tissue disease that belongs to a group of scleroderma-like disorders. It is characterised by symmetric, non- pitting induration of the skin, caused by the thickening of the dermis and deposition of collagen and mucin. Typically, it begins at the posterior and lateral aspects of the neck, gradually extending to the upper back, shoulders, and face, leading to reduced shoulder mobility and impaired respiratory function. Scleredema is often associated with underlying medical conditions, such as diabetes mellitus, upper respiratory tract infections, and haematological disorders. Histological features include dermal fibrosis with thickened collagen bundles and varying mucin deposits. In rare cases, scleredema can present as a mass-like lesion, which can be misdiagnosed as subcutaneous lipoma or soft tissue infection.

Materials & Methods:

A 67-year-old male patient with a history of type 2 diabetes mellitus presented with a slow-growing palpable mass on the posterior neck, which was initially diagnosed as a lipoma. Further evaluation and histopathological examination revealed thickening of the dermis with swollen collagen fibers in bundles. Additionally, ultrasonography showed increased dermal thickness with a hypo-echoic echotexture, and no mass lesion was identified.

Results

Histopathological findings and imaging studies led to the diagnosis of scleredema diabeticorum, rather than the initially suspected lipoma. The skin thickening observed in both histopathological and ultrasonographic evaluations was consistent with scleredema, and no mass lesion was identified, confirming the absence of a subcutaneous lipoma.

Conclusion:

** Scleredema is a rare connective tissue disorder that can present as a mass-like lesion, especially in patients with underlying medical conditions such as diabetes mellitus. It is crucial to consider scleredema as a potential diagnosis in patients presenting with subcutaneous nodules over the posterior neck, accurate and early diagnosis with diagnostic workup of histopathological evaluation and imaging is critical for preventing unnecessary procedures like excisional biopsy, ensuring appropriate management.

Abstract N°: 2395

Lichenoid Dermatologic Toxicity Induced by Imatinib: A Case Report

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Lichenoid Dermatologic Toxicity Induced by Imatinib: A Case Report

Introduction & Objectives:

Chronic myeloid leukemia (CML) is a myeloproliferative neoplasm caused by the t(9;22) translocation, leading to the Philadelphia chromosome and BCR-ABL1 rearrangement. Tyrosine kinase inhibitors (such as Imatinib) are effective targeted therapies for this disease but are often associated with side effects, including cutaneous manifestations. Lichenoid drug eruption induced by Imatinib is rare and difficult to diagnose.

Materials & Methods:

A 59-year-old patient, with hypertension and atrial fibrillation under treatment for 2 years, was treated with Imatinib for CML. One month after starting the treatment, he developed generalized pruritus and hyperpigmented, infiltrated, and scaly macules that started on the trunk and then spread across the entire body. Dermoscopy revealed Wickham's striae, gray-brown pigmented dots, rosettes, and regular linear vessels. No mucosal signs were observed. Skin biopsy confirmed the diagnosis of lichenoid dermatologic toxicity with epidermal acanthosis, orthokeratotic hyperkeratosis, focal hypergranulosis, and mononuclear cells in the dermis. Imatinib was implicated by pharmacovigilance, and its discontinuation along with oral corticosteroid therapy (0.5 mg/kg) led to symptom improvement.

Results:

The patient, with no dermatological history and on antihypertensive and anticoagulant therapy for two years, started Imatinib one month before the appearance of skin lesions. The development of lichenoid lesions one month after starting Imatinib is therefore suggestive of lichenoid drug eruption. Cutaneous reactions to Imatinib are common, but lichenoid drug eruption is rare. These toxidermias manifest as psoriasiform, licheniform and eczematiform aspects.

Conclusion:

Cutaneous reactions to Imatinib mainly include maculopapular exanthems, edema, pruritus, and sometimes purpura. More severe forms, such as Stevens-Johnson syndrome, have been described. In our patient, the study of imputability criteria and the improvement following cessation of treatment argue in favor of imatinib being responsible for the onset of lichenoid dermatologic toxicity.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2413

Sebocystomatosis: A Benign but Highly Disfiguring Disease

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Introduction & Objectives:

Sebocystomatosis or steatocystomatosis is a rare benign subcutaneous disease characterized by multiple dermal cystic lesions derived from the pilosebaceous glands. Its pathogenesis remains unclear but is primarily considered a malformation of the pilosebaceous duct junction. Although generally asymptomatic, this condition can be highly disfiguring, with a significant social impact.

Materials & Methods:

We report four cases of young adult patients, including three males and one female, with a common history of multiple cystic lesions evolving since adolescence, causing concern. Two of the four patients had a history of intellectual disability. They had received various treatments with no improvement.

Results:

On clinical examination, numerous firm, mobile, yellowish, skin-colored papules and nodules were observed on the trunk, arms, face, and scalp.

Although the history and clinical examination suggested a diagnosis of sebocystomatosis, a skin biopsy was performed to confirm the diagnosis. Histopathological examination revealed a cystic lesion containing sebum extending to the superficial dermis, with a thin epithelial lining forming part of the cyst wall.The patients were treated with oral tetracyclines and scheduled for laser therapy.

Conclusion:

Despite being a benign condition with multiple therapeutic options, steatocystomatosis remains challenging to treat due to the risk of scarring and frequent recurrences, leading to unsatisfactory outcomes.

Abstract N°: 2419

desmoplastic trichoepithelioma

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Introduction & Objectives:

The diagnosis of trichoepithelioma is considered when a patient presents with solitary and asymptomatic papules on the face.

If a patient presents with multiple asymptomatic papulonodules on the face, as well as other areas of the body including the trunk and the buttocks, the diagnosis of multiple-familial trichoepitheliomas or Brooke-Spiegler syndrome should be considered. A family history of these syndromes can usually be elicited and patients may complain of auditory and visual symptoms, as some of the lesions can be found in the external auditory canals and periorbital regions.

Multiple lesions associated with these two diseases can be very disfiguring, and are thus frequently associated with psychosocial problems. Therefore, patients frequently present with great cosmetic concerns.

Materials & Methods:

This is a 29-year-old female patient with no medical history. She presented with hyperpigmented papular lesions on both cheeks, measuring a few millimeters in diameter, firm, painless, and non-pruritic, with no associated signs.

Results:

Dermoscopic examination was non-specific, showing hyperpigmentation with an erythematous background. A similar appearance was reported in her sister. A skin biopsy was performed, and histological examination confirmed a diagnosis of desmoplastic trichoepithelioma. The patient was treated with Erbium laser, with a good clinical outcome.

Conclusion:

Patients with multiple-familial trichoepithelioma and Brooke-Spiegler syndrome should be informed that treatment of existing trichoepitheliomas may be successful without recurrence, but occurrence of new trichoepitheliomas at a different site is not uncommon.