Abstract N°: 10

Injudicious and unauthorized use of topical corticosteroid and its hazards

Prajwal Pudasaini*[1], Sadiksha Adhikari[2], Sagar Gc[1]

[1]Civil Service Hospital of Nepal, Kathmandu, Nepal
[2]Gandaki Medical College and Teaching Hospital, Pokhara, Nepal

Introduction & Objectives:

Rampant and injudicious use of topical corticosteroids has been a major concern for physicians all around the world. Over use and abuse of these medicines can cause hazardous effects on an individual along with systemic adverse effects. The main aim of our study was to assess clinic-epidemiological profile of topical steroid abuse and the need of a nationwide public awareness campaign for its regulation.

Materials & Methods:

A hospital-based cross-sectional study was conducted on patients of all ges and both genders visiting Out Patient Department of Dermatology of Civil Service Hospital,Nepal for 1 year from February 4, 2023-February 10, 2024 including 124 patients. Ethical clearance was taken from the Institutional Review Committee of Civil Service Hospital.

Results:

The majority of patients (41.9%) were between 21 to 30 years of age. A female predominance

(60.5%) was recorded. Students formed the major subgroup of the population included in the

study. The major indication for topical steroid abuse was dermatophytic infection (41.9%). Face

(54.8%) was the most common site of application of topical steroids. Ultrapotent (44.4%) steroid

was commonly used by the patients. Majority of the patients applied topical steroids once daily

(73.4%). Topical steroid was predominantly advised by the pharmacy (56.5%). Erythema (59%)

was the common adverse effect observed.

Conclusion:

This study depicts the clinical scenerio occuring as a shockwave effect of over use of steroid and further re-iterates the need of raising public awareness in Nepalese patients

Abstract N°: 494

Evaluation of Pigmented Skin Lesion Referrals in a Tertiary Dermatology Centre: Impact on Melanoma Detection and Waiting Time

Fei Lai*[1], Ji Fung Yong[1], Fatma Al-Hosni[1], Caitriona Hackett[1]

[1]Tallaght University Hospital, Dublin, Ireland

Introduction & Objectives:

There has been a significantly increased number of dermatology referrals in recent years for suspicious skin lesions. This has contributed to long waiting times which may delay diagnosis and treatment of melanoma. Our aim is to evaluate the effectiveness of our current triage system in diagnosing melanoma accurately and in a timely fashion through dedicated pigmented lesion clinics(PLC), based on the referral information given.

Materials & Methods:

We conducted a prospective study to assess melanoma pickup rates using a dedicated PLC template to assess the triaging system in a tertiary dermatology centre of referrals for suspicious pigmented skin lesions in a 3-month period. The total waiting time, mode, reason for referral, clinical diagnosis and final histopathology results were recorded. The results of this study were then analysed using descriptive analysis.

Results:

The study assessed 362 patients over a 3-month period. There were 172 referrals through the national general referral(NGR) form, 170 referrals through National Cancer Control Programme(NCCP) pigmented lesion referral pathway, and 20 using generic letters. The most common reason for referral is a changing mole (n=151, 41.7%). Total waiting times ranged from 1 to 45 weeks. Referrals were triaged to be seen within 4 weeks, 12 weeks or >12 weeks with results detailed below.

Triage waiting time	Number of patients(%)	Number of primary lesions requiring biopsy/excision(%)	Number of incidental lesions requiring biopsy/excision(%)
<4 weeks	29(8)	11(3)	2(0.5)
4-12 weeks	79(21.8)	26(7.2)	6(1.6)
>12 weeks	254(70.2)	94(26)	39(10.8)

A total of 131 primary lesions referred and 47 incidental lesions required a biopsy or excision, however this also included non-pigmented lesions. The study found that only a small percentage (N=11, 3%) of primary lesions referred and 2(0.5%) incidental lesions, were clinically suspicious for melanoma. Of the 11 primary referrals, 7 were seen within 12 weeks. Histopathology examination confirmed diagnosis of melanoma in 2 cases.

Conclusion:

This study showed that our triage system was effective at stratifying suspicious pigmented lesions to ensure patients were seen within a reasonable timeframe. However, there is still some discrepancy between referral information and clinical assessment accounting for longer waiting times of suspected melanomas. A significant number of benign lesions referred adds to the ongoing burden of dermatology outpatient waiting times, despite efforts to prioritise urgent referrals. This

highlights better dermatology education and knowledge is needed among primary care physicians and adjunctive services such as tele-dermatology may improve dermatological care.

Abstract N°: 616

An investigation into Artic and Antarctic Dermatoses

Ryan Scheinkman[1], Rahul Aggarwal[1], Rachel Summers[1], Garrett Kraft*[1], Rachel Papavasilopoulos[1], Daniel Bister[1], Julia Sarama[1], Keyvan Nouri[1]

[1]University of Miami, Dermatology, Miami, United States

Introduction & Objectives:

The intersection of historical, environmental, and modern research contexts creates a unique framework for understanding dermatological conditions in polar regions. The poles represent unique challenges dermatological health ranging from difficulties in delivering healthcare the extreme environmental characteristics of the poles. Considering the increasing relevance for polar research due to changes to the poles from climate change and its relevance as a space analog for both human space exploration and extremophile study for astrobiology research, understanding and anticipating the health challenges of polar inhabitants in paramount especially considering the logistical challenges of delivering healthcare in this environment.

Materials & Methods:

We conducted a literature search using PubMed and Google Scholar between December 2024 and January 2025 to collect and analyze references that were relevant to dermatological insults and conditions present in the Artic and Antarctic environment. Inclusion criteria included prior original research articles, literature reviews, and case reports relevant to dermatology and polar exploration that could be analyzed in the context of a review.

Results:

Cold injuries remain a notable concern in Antarctic environments, with frostbite comprising 95% of cases, followed by hypothermia (3%) and trench foot (2%) . Frostbite represents a significant dermatological concern in polar regions, particularly among explorers, researchers, and staff members exposed to the prolonged cold environments. Documented cases from early expeditions, such as the Franklin Expedition, demonstrate the profound impacts of cold exposure on human tissue, with necrosis and loss of digits commonly reported. An observational study of researchers in an Antarctic base camp showed an initial decrease in hydration and greasiness upon arrival to the arctic climate accompanied by rougher skin surface texture, followed by gradual increase in hydration and greasiness followed by improved skin roughness on day 45 after arrival. The extreme cold and low-light environment of the polar environment has been linked to hormonal dysregulation (Polar T3 Syndrome) and nutrient deficiencies, especially in winter months relevant to skin health. The remoteness of polar regions makes medical providers among the most isolated in the world. During winter, MEDEVAC is unreliable and only feasible when the ice thaws in summer. Some regions, like the South Pole station, lack the geographical capacity for MEDEVAC, and sea conditions frequently hinder access to medical assistance .

Conclusion:

The notable risks posed to skin health demonstrate the important role dermatologists can play in developing preventative guidelines, treatment recommendations, and patient education for polar explorers, especially on how to prevent dangerous exposure to environmental hazards.

Abstract N°: 619

epidemio-clinic High altitude dermatology : a case series

Farouk Elguennouni*[1], Jawad Azhari[1], Tarik Hanafi[1], Mohamed El Amraoui[1], Youssef Zemmez[1], Rachid Frikh[1], Naoufal Hjira[1]

[1]Mohammed V Military Training Hospital, dermatology venerology , Rabat, Morocco

Introduction & Objectives:

High-altitude dermatology encompasses skin disorders influenced by environmental stressors at elevations ≥1500 meters, including extreme ultraviolet (UV) exposure, low humidity, frigid temperatures, and hypobaric hypoxia. These factors predispose populations to unique dermatological conditions, ranging from cold-induced injuries to photoaggravated disorders. This case series analyzes the epidemio-clinical patterns of skin diseases among residents of rural high-altitude regions (1630 m) to characterize prevalent dermatoses, identify environmental and occupational risk factors, and propose context-specific prevention strategies. The study aims to bridge gaps in understanding how altitude-related climatic stressors shape dermatological health in underserved populations.

Materials & Methods:

A cross-sectional study was conducted during a humanitarian dermatology mission in a high-altitude region (29.09.23–01.11.23), enrolling 1,192 patients presenting with dermatological complaints. Data included demographics (age, gender), occupation (farmers, construction workers, housewives), and clinical diagnoses. Diagnoses were categorized into cold-related injuries, UV-related disorders, infections, inflammatory conditions, and malignancies. Statistical analysis was performed using Jamovi™ (v2.4.11), with results expressed as mean ± standard deviation (age) or percentages (categorical variables).

Results:

The cohort (mean age: 45 ± 8.5 years) comprised 59.8% males (n=712) and 40.2% females (n=480). Occupations included farming (62%), construction (23%), and homemaking (15%). Dermatological conditions were stratified as follows:

Xerosis: 53.8% (n=642), often exacerbated by low humidity and harsh hygiene practices (e.g., household soap use). Atopic dermatitis: 21.7% (n=259), linked to cold-induced barrier dysfunction.

Infectious diseases: 7.04% (n=84), including cutaneous leishmaniasis (3.1%) and tinea corporis (2.9%), associated with animal contact. UV-related disorders: 9.2% (n=110), encompassing chronic heliodermatitis (5.3%) and sunburns (3.9%). Cold-induced injuries: 4.1% (n=49), predominantly chilblains and frostbite. Skin carcinomas: 0.83% (n=10), primarily actinic keratoses. Genodermatoses: 0.5% (n=6). Rosacea (2.8%, n=33) and other conditions accounted for 16.2% (n=191).

Conclusion:

This study highlights xerosis, atopic conditions, and UV-/cold-related dermatoses as the predominant burdens in high-altitude populations, driven by climatic extremes and occupational exposures. Key implications include:

Prevention Strategies: Promote photoprotection (clothing, broad-spectrum sunscreen), emollient use for xerosis, and avoidance of abrasive hygiene products.

Occupational Risk Mitigation: Farmers and outdoor workers require targeted education on UV protection and wound care to reduce infections.

Socioeconomic Barriers: Low education levels hindered treatment adherence, underscoring the need for simplified, culturally adapted health messaging.

The findings align with prior mountain-region studies, reinforcing the role of environmental stressors in shaping dermatological health. While skin carcinomas were rare, chronic UV damage signals long-term carcinogenic risks. Future interventions must integrate dermatological care into high-altitude public health programs.

Abstract N°: 814

Is obesity a risk factor for melanoma?

Yuval Arbel[1], Yifat Arbel[2], Amichai Kerner[3], Miryam Kerner*[4]

[1]Western Galilee College, Economics and Management, Akko, Israel
[2]Bar Ilan University, Mathematics, Ramat Gan, Israel
[3]Bar Ilan University, Faculty of Social Sciences, Ramat Gan, Israel
[4]Technion - Israel Institute of Technology, Medicine, Haifa, Israel

Introduction & Objectives:

Are twofold: 1) to estimate the relationship between obesity (BMI ≥30) and the prevalence of melanoma in different US states and 2) to examine the possibility of defining a new risk group. This might enhance the possibility of detection, which in turn might increase the survival rates of patients.

Materials & Methods:

Quadratic Regression Analysis. This model permits a non-monotonic variation of obesity with new melanoma cases adjusted for age, where the control variable is the level of UV radiation. The study is a cohort Study, based on data at the US statewide level in 2011–2017, where the dependent variable (the annual new melanoma cases per 100,000 persons) is adjusted for age.

Results:

Demonstrate a negative correlation between obesity and incidence of melanoma. This outcome is further corroborated for Caucasians.

Conclusions:

We should continue to establish primary prevention of melanoma by raising photo protection awareness and secondary prevention by promoting skin screening (by physician or self) among the entire population group in all BMI ranges. Advanced secondary melanoma prevention including noninvasive diagnosis strategies including total body photography, confocal microscopy, AI strategies should focus the high-risk subgroup of Caucasians with BMI<30.

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Abstract N°: 957

Clinical characteristics, associated comorbidities and treatment outcomes of granuloma annulare

Ersoy Acer*[1], Esra Ağaoğlu[1], Hilal Kaya Erdogan[1], Tugba Hıdır[1], Muzaffer Bilgin[2], Zeynep Nurhan Saracoglu[1]

[1]Eskişehir Osmangazi University Faculty of Medicine Department of Dermatology, Eskişehir, Türkiye
[2]Eskişehir Osmangazi University Faculty of Medicine Department of Biostatistics, Eskişehir, Türkiye

Introduction & Objectives: Granuloma annulare (GA) is a benign, granulomatous and inflammatory disease. There is little data regarding its epidemiology. We aimed to evaluate the clinical characteristics, associated comorbidities and treatment outcomes of patients with GA**.**

Materials & Methods: In this observational, retrospective study included 92 patients who were diagnosed with GA in our department between 2013 and 2023. Data of the patients were obtained retrospectively from the records of GA patients.

Results: The study included 92 patients (21 male, 71 female) and mean age was 47.23±21.46 years. All patients were the most common in 7th, 5th and 6th decade (22.8%, 20.7%, 19.6%, respectively). Patients of 31 (33.7%) had generalised GA, 61 (66.3%) had localised GA. Localized disease was statistically more frequent in 2th decade whereas generalized disease in 7th decade (p=0.041, p= 0.060, respectively). Both generalized GA and localized GA were more frequent in female (p=0.02). Localized disease was more frequent involved in hands (p <0.05). Fourteen (15.2%) patients were in pediatric age group. Pruritus was more common in adult and generalized patients than pediatric and localized patients (p=0.01, p=0.01, respectively). The most common comorbidities were diabetes mellitus (21.7%), hypercholesterolaemia (16.3%) and hypertension (16.3%). Seven (7.6%) patients had history of malignancy. 26 (28.3%) patients were received at least one systemic treatment. The most common systemic treatment were doxycycline (n=14), hydroxychloroquine (n=9) and narrow band Ultraviolet B (NB UVB) (n=7).

Conclusion: GA was more common in female and adults. Localized disease was more frequent in 2th decade whereas generalized disease in 7th. Patients should be checked for the metabolic and autoimmune diseases and sometimes for malignancy. Hydroxychloroquine, NB UVB and doxycycline were mostly used as an effective treatment option for GA.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1094

The connection between COVID-19 and the increase in granuloma annulare cases.

Chanilka Abegunawardana Pahalage[1], Irina Smirnova[2]

[1]Saint Petersburg State University, Dermatology, Saint Petersburg , Russian Federation
[2]Saint Petersburg State University, Dermatology, Saint Petersburg, Russian Federation

Introduction & Objectives:

Granuloma annulare is a rare dermatosis; according to some data, it affects less than 0.05% of the population. In recent years, there has been an increase in the incidence of this dermatosis. However, the disease remains poorly understood, its etiology and pathogenesis have not been deciphered, and diagnosis and treatment are challenging.

The connection between COVID-19 and the increase in the incidence of granuloma annulare is increasingly relevant. The COVID-19 pandemic has impacted the lives of billions, with consequences extending beyond infectious diseases. Recent years have seen a rise in the incidence of various dermatological manifestations, particularly granuloma annulare.

Research in this area is important for understanding the mechanisms underlying the occurrence of granuloma annulare in the context of COVID-19. Identifying cause-and-effect relationships may help in developing effective methods for the prevention and treatment of dermatological diseases.

Research on the impact of coronavirus infection on the appearance and exacerbation of granuloma annulare in patients. Also, the identification of possible risk factors that contribute to the development of granuloma annulare in the context of COVID-19.

Materials & Methods:

Data Analysis - Collection and analysis of statistical data on cases of granuloma annulare before and after the onset of the COVID-19 pandemic.

Clinical Observations - Conducting clinical observations of patients with granuloma annulare who had confirmed COVID-19.

Surveys - Utilizing questionnaires to gather information about the psycho-emotional state of patients, their medical history, and risk factors.

Comparative Analysis - Comparing the severity of COVID-19 cases in patients with granuloma annulare.

Results:

1. Statistical Data

As a result of data analysis, it was found that after the onset of the pandemic, there was an increase in cases of granuloma annulare compared to previous years.

1. Clinical Observations

Patients who had recovered from COVID-19 exhibited more pronounced symptoms of granuloma annulare, such as itching and inflammation.

1. Surveys

Survey results indicated that respondents experienced stress and anxiety during the pandemic, which may contribute to the worsening of their condition.

1. Laboratory Studies

In patients with granuloma annulare who had COVID-19, elevated inflammation markers (such as C-reactive protein and interleukin-6) were found.

1. Comparative Analysis

Comparison showed that among COVID-19 patients, the incidence of granuloma annulare was approximately twice as high compared to the control group.

Conclusion:

The connection between COVID-19 and the increase in granuloma annulare cases may be due to several factors.

Firstly, COVID-19 can weaken the immune system, making the body more susceptible to various diseases, including granuloma annulare.

Secondly, stress and lifestyle changes caused by the pandemic may also contribute to the deterioration of health and the rise in cases of granuloma annulare.

Finally, it is important to consider that the observed changes in morbidity may be related to changes in diagnostics and reporting during the pandemic.

Thus, further research is needed for a deeper understanding of this connection.

Abstract N°: 1105

Kaposi's sarcoma: a 15 year retrospective study in a portuguese hospital

Hugo Leme[1], José Ramos[1], Ana Gouveia[1], Antonio Magarreiro-Silva[1], João Alves[1]

[1]Hospital Garcia de Orta, Dermatovenereology, Almada, Portugal

Introduction & Objectives: Kaposi's sarcoma is an angioproliferative neoplasm associated with human herpes virus 8 (HHV 8). The diagnosis of kaposi's sarcoma is based on clinical features, with histological and immunohistochemical confirmation. There are 4 widespread subtypes, which are histologically indistinguishable, but differ in epidemiology and prognosis: classic, endemic, iatrogenic and epidemic. Objectives: To describe the demographic and clinical characteristics and treatment used in patients diagnosed with Kaposi's sarcoma at our hospital.

Materials & Methods: A retrospective, descriptive and observational study that included patients with a histological diagnosis of Kaposi's sarcoma at our hospital between March 2009 and 2024.

Results: 55 patients were included, 43 males and 12 females, with an average age at diagnosis of 63.55 years. Over the years there has been a downward trend in the number of diagnoses per year. The majority of patients (67.3%) had lesions in a single anatomical location, mainly in the lower limbs. The most frequently observed subtype was classic (38.2%), followed by epidemic (36.4%), endemic (23.6%) and, finally, iatrogenic (1.8%). The time from symptom onset to diagnosis was longer in the endemic subtype (40.8 months), with an overall mean of 18.3 months. The epidemic subtype had the highest proportion of patients with systemic involvement (55%). The majority of patients (56.4%) underwent monotherapy. There was heterogeneity in the therapeutic modalities used, with surgery predominating in the classic subtype (10 cases), chemotherapy in the endemic subtype (4 cases) and antiretroviral treatment with or without CT in the epidemic subtype.

Conclusion: The results of this study show that there is still a considerable time between the onset of symptoms and diagnosis, that demographic characteristics are changing and adapting treatment to the subtype and extent of the disease is fundamental.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1239

Patterns of bacterial infections in a dermatology department: A retrospective analysis

Daghari Douha[1], Nesrine Ben Salah[1], Bhouri Mahdi[2], Yosr Kadri[2], Mouna Korbi[1], Mariem Mohamed[1], Yosra Soua[1], Hichem Belhadj Ali[1], Monia Youssef[1], Maha Mastouri[2], Jamel Eddine Zili[1]

[1]Faculty of medicine of Monastir , Department of Dermatology , Monastir, Tunisia
[2]Faculty of medicine of Monastir , Department of Microbiology , Monastir, Tunisia

Introduction & Objectives: Self-medication and the indiscriminate use of antibiotics have altered bacterial sensitivity, leading to an increase in multidrug-resistant strains. This study aims to investigate the epidemiological and bacteriological profile of bacterial infections in dermatology patients.

Materials & Methods: A descriptive retrospective study was conducted, including all bacteriological samples (BS) taken from January 2018 to April 2024 in hospitalized dermatology patients. Bacterial identification was performed using conventional techniques, and antibiotic sensitivity was assessed according to CASFPM/EUCAST guidelines. Data were entered into an SPSS version 25 database.

Results: A total of 209 BS were included, allowing for the isolation of 217 bacteria. The BS were performed on superficial pus (77.4%), urine (7.8%), deep pus (6.5%), and blood cultures (5.5%). The isolated bacteria were predominantly Gram-positive cocci, with a predominance of Staphylococcus aureus (n=101, or 46.5%), followed by Streptococcus pyogenes (5.5%), and enterobacteria, primarily Escherichia coli (8.8%), Klebsiella pneumoniae (6%), and Proteus mirabilis (6%). Pseudomonas aeruginosa accounted for 7.8% of all isolates. The resistance rate of S. aureus to methicillin was around 15.3%. Resistance rates to fusidic acid, kanamycin, and gentamicin were 55.5%, 42%, and 5%, respectively. Resistance rates of enterobacteria to amoxicillin, third-generation cephalosporins, and imipenem were 39%, 9%, and 1%, respectively. Among the isolates, 12.5% of Pseudomonas aeruginosa were resistant to imipenem (PARI) and 31% to fluoroquinolones. S. pyogenes were resistant in 3% of cases to macrolides and 1% to tetracyclines.

The rate of methicillin-resistant Staphylococcus aureus (MRSA) in our department is alarming. The resistance percentages to aminoglycosides and fusidic acid are high, likely due to self-medication or inappropriate prescription of topical fusidic acid in dermatology. The resistance of Pseudomonas aeruginosa to carbapenems and fluoroquinolones is significantly increasing. Although the resistance of Streptococcus A to macrolides and tetracyclines is low.

Conclusion: The emergence of multidrug-resistant strains poses a major challenge for the treatment of bacterial infections in dermatology.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1271

intertrigo among practicing muslims : a case control study

Farouk Elguennouni*[1, 2], Tarik Hanafi[1], Jawad Azhari[1], Mohamed El Amraoui[1], Youssef Zemmez[1], Rachid Frikh[1], Naoufal Hjira[1]

[1]Hopital militaire d'instruction mohammed v , Rabat
[2]faculty of medecine and pharmacy , Rabat

Introduction & Objectives:

Intertrigo, an inflammatory skin condition affecting body folds, arises from friction, moisture, and poor ventilation. Practicing Muslims, who perform ritual ablutions (wudu) multiple times daily to maintain purity, may face heightened risk due to prolonged skin moisture. This case-control study investigates the prevalence and risk factors of toe web intertrigo in this population, focusing on ablution practices, drying methods, and comorbidities. Objectives include identifying modifiable risk factors (e.g., ablution frequency, drying techniques) and comorbidities (e.g., diabetes) to inform preventive strategies and improve dermatological health in this community.

Materials & Methods:

A hospital-based case-control study included 400 age-matched participants: 200 cases (intertrigo patients) and 200 controls (no intertrigo). Inclusion criteria: age ≥18 years, infectious toe web intertrigo confirmed clinically. Exclusion criteria: pre-existing dermatoses or ongoing dermatological treatment. Data were collected via structured interviews and physical examinations. Variables included age, sex, drying methods post-ablution (air-drying, disposable towels, reusable towels), daily ablution frequency (1–5), and comorbidities (diabetes, chronic venous insufficiency). Statistical analyses employed chi-square tests, Fisher's exact tests, and univariate/multivariate logistic regression to assess associations.

Results:

Intertrigo prevalence correlated strongly with ablution frequency and drying practices:

Ablution frequency: Participants performing 2–5 ablutions/day had significantly higher intertrigo risk (OR: 1.1–1.5, $p<0.001$) than those performing one.

Drying methods: Reusable towel use posed a 52.55-fold higher risk (OR=52.55, $p<0.001$) compared to disposable towels. Air-drying showed intermediate risk.

Comorbidities: Diabetes (OR=55.08, $p<0.001$) and chronic venous insufficiency (OR=36.18, $p=0.005$) were significant predictors.

Multivariate analysis confirmed ablution frequency (adjusted OR=1.4, $p<0.001$) and reusable towel use (adjusted OR=48.2, $p<0.001$) as independent risk factors.

Conclusion:

This study identifies ablution frequency, reusable towel use, and comorbidities as critical intertrigo risk factors among practicing Muslims. Key recommendations include:

Preventive Education: Promote disposable towels or thorough air-drying post-ablution to reduce moisture retention.
Comorbidity Management: Screen high-risk groups (e.g., diabetics) for early intertrigo signs and reinforce foot hygiene.

Community Guidelines: Develop faith-sensitive dermatological guidelines addressing ritual practices.

While limitations include recall bias and self-reported data, these findings underscore the need for culturally tailored interventions. Future longitudinal studies should validate these associations and explore targeted prevention strategies to mitigate intertrigo burden in this population.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1384

Therapeutic Pathways of Patients with Severe Dermatological Diseases in Mali: A Cross-Sectional Study

Bakary Simpara*[1], Lamissa Cisse[1], Mamadou Gassama[1], Ousmane Faye[1]

[1]Hospital of Dermatology of Bamako, Bamako, Mali

Introduction & Objectives:

Severe dermatological diseases pose a significant challenge in Mali due to a shortage of specialized personnel and sociocultural barriers that delay medical consultation. Patients often seek treatment in advanced stages after experimenting with traditional medicine and illicit drugs. This study aims to describe the therapeutic itineraries of patients with severe dermatological conditions at the Dermatology Hospital of Bamako.

Materials & Methods:

A descriptive cross-sectional study was conducted over six months at the Dermatology Hospital of Bamako. Patients with dermatological diseases persisting for at least three months were included, while those with chronic non-dermatological conditions were excluded. Data were collected through structured questionnaires covering sociodemographic characteristics, prior consultations, and treatments received. Clinical examinations were performed, and statistical analyses were conducted using Epi Info version 7, with Pearson's chi-square test applied where relevant.

Results:

Among 111 patients included (1% of 24,000 consultations), 59% were female, with a mean age of 35 years. The most common occupations were housewives (22.52%), civil servants (20.72%), and students (20.72%). Modes of admission included third-party referrals (50.45%), facility referrals (33.33%), and self-initiated visits (16.22%). Prior treatments included antibiotics (43.24%), unidentified drugs (23.42%), and corticosteroids (9.90%). Before seeking specialized care, 27.93% used traditional medicine, and 13.5% self-medicated. The most frequent diagnoses were necrotizing fasciitis (18%), ulceronecrotic herpes zoster (9.10%), and erythroderma (9%).

Conclusion:

Delays in seeking specialized dermatological care are influenced by sociocultural factors and healthcare accessibility. Strengthening peripheral healthcare facilities, regulating pharmaceutical markets, and increasing patient education could significantly improve the management of severe dermatological conditions in Mali.

Abstract N°: 1425

The Impact of Blue Light on Skin Health: mechanisms of oxidative stress, DNA damage, and hyperpigmentation, and emerging protective strategies

Bryce Delong[1], Sahil Kapur[1], Mark Houdi[1], Kermanjot Sidhu[2], Craig Burkhart[1]

[1]University of Toledo College of Medicine and Life Sciences, Toledo, United States
[2]College of Human Medicine Michigan State University, Grand Rapids , United States

Introduction & Objectives: While ultraviolet (UV) radiation is the primary source of light-induced skin damage, blue light has been linked to photoaging, inflammation, and hyperpigmentation through multiple biological mechanisms.1,2

Studies have shown that blue light (400-495 nm) is one of the most energetic wavelengths, penetrating deeper into the dermis than UVB and UVA rays, creating damage by producing reactive oxygen species (ROS) and inducing DNA damage.2–5

Materials & Methods: We reviewed PubMed and Web of Science databases and manually selected manuscripts containing the imposed biological mechanisms of blue light radiation on photoaging, DNA damage, and hyperpigmentation.

Results: Blue light contributes to dermal hyperpigmentation through multiple pathways. It activates opsin (OPN3), a G-protein coupled receptor that activates protein kinases through the release of calcium and alters gene transcription. Opsins are expressed in the epidermis and induce melanogenesis when activated, promoting hyperpigmentation.1,2 Melanin photooxidation disrupts melanocyte function, contributing to increased and uneven pigmentation.1,2 Blue light also promotes the production of proinflammatory cytokine TNF-α, causing skin swelling and erythema.2,6

Photoaging and DNA damage from blue light is largely driven by ROS production.1–3 Blue light disrupts the mitochondrial membrane, causing hyperpolarization and oxidative stress through ROS formation, which decreases collagen and elastin production, causing premature aging and wrinkles.1,2 Chronic blue light exposure also activates matrix metalloproteinases (MMPs) that break down and impair the synthesis of collagen, which causes premature aging and prevents healing.2 ROS also depletes antioxidants in the skin, allowing radicals to bypass the body's defense, causing DNA damage.2,4 Blue light generates cyclobutane-pyrimidine dimers (CPD), creating DNA lesions.3 CPD lesion repair was found to be less efficient in cells irradiated with blue light than UV radiation, leading to compounding aging effects.3 Blue light also produces nitric oxide (NO) in the skin, raising intradermal levels of free NO.2 Free NO reacts with superoxide from ROS to form peroxynitrite, which is difficult to clear from keratinocytes and contributes to DNA damage.2,4

One of the most damaging effects of blue light is the formation of ROS.2 Implementing increased antioxidants in the diet or oral supplementation with Vitamin C, E, and glutathione can help scavenge these free radicals.2 Mineral sunscreens that contain titanium dioxide and iron oxides effectively block UV and blue light radiation by reflecting harmful rays.2,7 *Polypodium leucotomos* extract has shown promise in reducing photoaging by mitigating oxidative stress, inhibiting melanin photooxidation, and reducing OPN3 expression.1

Conclusion: While blue light exposure from digital devices is inevitable, continued research on the long-term effects of blue light exposure is crucial to identifying the specific mechanisms of DNA damage, hyperpigmentation, and photoaging.2 This knowledge will help develop improved protection strategies against the harmful impact of blue light.

Abstract N°: 1726

Scurvy: An Increasingly Common Cause of Purpura Among Young Students

Meriem Cherif[1], Litaiem Noureddine[1], Gara Soumaya[1], Jones Meriem[1], Zeglaoui Faten[1]

[1]Charles Nicolle Hospital, tunis

Introduction & Objectives:

Scurvy is a rare nutritional disease caused by ascorbic acid (vitamin C) deficiency. It typically occurs in patients with unfavorable living conditions. However, we have observed an increase in scurvy cases among young students consuming preserved foods.

Materials & Methods:

A case report

Results:

A 22-year-old woman with no prior medical history presented to our dermatology department with asymptomatic purpura on her legs, which had been developing over two months. Physical examination revealed non-blanching folliculocentric hyperkeratotic petechial papules on bilateral lower extremities. A biopsy showed stratum corneum hyperkeratosis with perifollicular erythrocyte extravasation and a scant superficial perivascular mononuclear infiltrate. The patient reported that she does not consume fresh foods and relies on preserved foods brought from her hometown, which is far from the capital where she attends university. A diagnosis of scurvy was made. The patient was given oral vitamin C supplements and advised to consume fresh vegetables and fruits, showing good improvement after two months.

Conclusion:

Scurvy typically occurs in elderly male alcoholics, and in patients with behavioral health issues and who follow restrictive diets. Cutaneous manifestations of scurvy are early and characteristic. This case is original as it illustrates the typical aspect of scurvy in a new category of patients. In fact, methods of food preservation, such as salting, drying, and canning, can destroy or fail to include vitamin C. Even if some preserved foods initially contain vitamin C, this vitamin can degrade over time, leading to scurvy. Scurvy manifests as fatigue, weakness, muscle and joint pain, gum bleeding, and easy bruising. Skin lesions are characterized by folliculocentric hyperkeratotic petechial papules. This phenomenon is increasingly common among young students living away from their families.

Abstract N°: 2028

Dermatological disorders in the Military Setting: A Retrospective Study

Maha Lahouel[1], Amal Hamdi[1], Zeineb Amri[2], Jacem Rouatbi[1], Sarra Saad[1], Mohamed Ben Rjeb[1], Nadia Fetoui Ghariani[1], Marouene Ben Kahla[1], Sana Mokni[1], Amina Aounallah[1], Najet Ghariani[1], Lassaad Laaribi[2], Mohamed Denguezli[1]

[1]Hospital F. Hached, Sousse, Tunisia
[2]المصحة العسكرية الجهوية متعددة الإختصاصات بسوسة Polyclinique militaire de Sousse, Sousse, Tunisia

Introduction & Objectives:

Dermatology holds particular significance in the military setting due to the unique living and working conditions of service members. Military personnel are at increased risk of developing specific dermatological conditions due to occupational constraints, compromised hygiene, and exposure to extreme weather conditions. The aim of our study was to identify the most common dermatological diseases observed in active and retired military professionals.

Materials & Methods:

This was a monocentric retrospective cohort study. We reviewed the medical records of all active and retired military personnel who attended the outpatient dermatology clinic of a Military Polyclinic during the study period, from June 1 to December 31, 2023. Data were collected using a standardized form, including demographic and clinical information, as well as potential risk factors.

Results:

We collected data from a total of 91 military patients consulting in dermatology. The mean patient age was 47.6 years, with a clear male predominance (80%). Among the study participants, 65.9% were smokers, with a mean pack-year history of 17.7 ± 9.4. Approximately one-third (30.8%) reported prolonged sun exposure (more than 3 hours per day), while 37% stated that they did not use any form of sun protection. A reduced sleep duration (<6 hours per night) was reported by 60.4% of participants, with 22% experiencing subjective sleep disturbances, including difficulty falling asleep, frequent awakenings, and non-restorative sleep.

Infectious dermatoses (fungal, bacterial, and viral infections) were the leading reason for consultation, accounting for 48% of cases. Inflammatory conditions, including acne, eczema, and psoriasis, ranked second, affecting 39% of patients (36 cases). The most frequently diagnosed conditions were fungal infections (35.2%), followed by eczema (15.4%), seborrheic dermatitis (9.9%), and warts (6.6%).

Conclusion:

Dermatological disorders are prevalent among military personnel and can compromise their operational capacity. The distinct living and working conditions of military personnel, such as lifestyle habits and stress, play a significant role in the onset of these dermatoses. Targeted preventive interventions, including improvements in hygiene practices and stress management, are crucial to reducing the prevalence of dermatological conditions in this population.

Abstract N°: 2256

Understanding Cutaneous Lupus in Morocco: A Study on Environmental Triggers, Genetics, and Therapeutic Approaches

Mouna Azaroual*[1], Mohd Faizan Siddiqui[2]

[1]Mohammed VI University Hospital, Marrakech, Morocco
[2]International Medical Faculty, Osh State University, Department of Public Health, Osh, Kyrgyzstan

Introduction & Objectives: Cutaneous lupus erythematosus (CLE), an autoimmune disease with multiple causes, is still poorly defined in Morocco, where environmental, genetic, and healthcare elements may especially affect disease manifestation. Evidence on environmental exposures, genetic our comprehensive review.

Materials & Methods: Combining MeSH terms and phrases “cutaneous lupus erythematosus,” “Morocco,” “environment,” “genetics,” and “therapy,” a thorough search of PubMed, Embase, Web of Science, Cochrane Library, and African Journals Online (2010–2024) was done. Observational/interactive research providing CLE epidemiology, environmental triggers, genetic relationships, or treatment data in Morocco were among inclusion requirements. Articles in non-English or French, case reports (<5 patients), and non-peer-reviewed sources were excluded.

Results: After dual independent evaluation (PRISMA-guided), 23 papers from 1,052 screened records selected for the study. Data extraction with an focus on environmental hazards (UV exposure, pollutants), genetic markers (HLA, IRF5), and therapeutic approaches Newcastle-Ottawa and Cochrane techniques were used in quality evaluation. Where it was practical, meta-analysis was conducted (RevMan 5.4). As major environmental hazards were results found on UV radiation (pooled OR: 2.8, 95% CI: 1.9–4.1; 12 studies) and agricultural pesticide exposure (OR: 2.1, 95% CI: 1.4–3.2; 8 studies). HLA-DRB1*03:01 susceptibility (34% vs. 12% controls; $p<0.001$) and TNFAIP3 variations (rs22309, OR: 1.7, 95% CI: 1.1–2.6) were identified by genetic synthesis. Treatment data showed dependency on hydroxychloroquine (72% of studies) and corticosteroids; biologics availability was restricted to metropolitan locations (<10% of patients). Reported in six studies, quality-of- life disabilities linked with socioeconomic hurdles and diagnostic delays (median: twelve months).

Conclusion: Driven by gene-environment interactions and treatment disparities, this study emphasizes the multifarious etiology of CLE in Morocco. It supports prioritizing genetic research to guide precision treatment and focused public health initiatives (e.g., UV protection regulations, pesticide control). Improving results in an understudied group depends critically on strengthening healthcare infrastructure and supporting new technologies.

Abstract N°: 2283

Mortality from cutaneous melanoma in very older adults in Spain between 1998 and 2022

Daniel Hernandez-Calle*[1], Luis Alonso Martínez de Salinas[1], Ruth del Cristo Cova Martín[1], Alba Lecumberri Indart[1], Sonia Beá Arbédol[1]

[1]Hospital Universitario Ramón y Cajal, Madrid

Introduction & Objectives:

Cutaneous melanoma mortality is on the rise in Europe, which has been linked to an ageing population, especially in the very old (>80 years). However, this is a heterogeneous population. The aim of the study is to analyze melanoma mortality in very old adults.

Materials & Methods:

Crude cutaneous melanoma mortality rates were calculated from the National Institute of Statistics national mortality registry between 1998 and 2022 in those aged 80 years and older. Average annual trends (AAPC) and partial annual trends (APC) were calculated using a JointPoint regression.

Results:

Cutaneous melanoma mortality in those over 80 years of age in Spain has increased by 1.51% per year (11.15 - 19.97), with no joint points. All age groups experienced an overall upward trend, however in those aged 80-84 years a turning point was identified in 2015, from an APC of 2.10% (95%CI 0.55-3.24) to - 3.75 %(95%CI -4.02 - -0.51).

Conclusion:

Cutaneous melanoma mortality is clearly on the rise in very old adults, however, the 80-84 age group has experienced a change in trend in recent years.

Abstract N°: 2391

Dermatological conditions in Correctional Settings : A North Moroccan Experience

Hajar Dahmani[1], Ouiame El Jouari[1], Salim Gallouj[1]

[1]University Hospital Mohamed Vi, Dermatology, Tanger, Morocco

Introduction & Objectives:

Prisoners represent a disadvantaged and vulnerable population with limited access to healthcare. Dermatological conditions remain poorly studied, particularly in developing countries. No descriptions of dermatological conditions in Correctional Settings are available in northern Morocco. This study aims to describe the epidemiological and clinical profile of dermatological conditions observed among inmates at the local prison in Tangier, northern Morocco.

Materials & Methods:

This is a descriptive retrospective study conducted during a multidisciplinary medical caravan, which included several specialties, including dermatology. The caravan took place on June 28, 2024, at the local prison in Tangier, organized by the Mohammed VI Foundation for the Reintegration of Prisoners, in collaboration with the team of resident doctors from Mohammed VI University Hospital. The study focused on all dermatological consultations. For each patient, a complete clinical examination was performed, including dermoscopy. The care provided was of a “public health” nature, aimed at mass care, with limited use of additional diagnostic tests. A prescription was given to each patient, containing appropriate treatments. Cases requiring follow-up or further care were recorded and referred to the university hospital.

Results:

Among the 336 inmates, 81 patients consulted dermatology, making it the most frequent reason for consultation, all of whom were men. The patients’ ages ranged from 21 to 66 years, with an average age of 36 years. Twenty-two percent had a medical history. Nine patients had a history of atopy, six patients had a history of diabetes, one had dyslipidemia, and one had hypertension. All the patients developed dermatoses during incarceration. Poor hygiene was noted in 31% of the inmates.

Infectious dermatoses ranked first among all the dermatoses recorded, with 49 cases, representing 60.5% of the patients. Scabies was the most prevalent, observed in 28 inmates (34.5%). Other infectious dermatoses included dermatophytosis in 12 patients, pityriasis versicolor in 5 patients, 2 cases of extensive warts, as well as one case of genital candidiasis and one case of pubic lice. Inflammatory dermatoses followed, with eczema accounting for 10% of the cases and psoriasis in 9% of the patients. Acne was observed in 3 patients, and alopecia areata in 2. Additionally, there were 2 cases of androgenetic alopecia. Tumorous conditions included 5 trichilemmal cysts, 2 seborrheic keratoses, 1 basal cell carcinoma of the face, 1 verrucous squamous cell carcinoma of the foot, and 1 ingrown toenail. Five patients were referred to the Mohammed VI University Hospital in Tangier for necessary medical procedures, such as tumor extraction and biopsy for diagnosis.

Conclusion:

Prisons can become major infectious hotspots, requiring regular care with easy access to healthcare and a steady supply of medication. Medical caravans and Teledermatology are useful tools to improve diagnosis and follow-up care for inmates, allowing for more studies to be conducted to better understand these conditions and adapt prevention and treatment strategies accordingly.