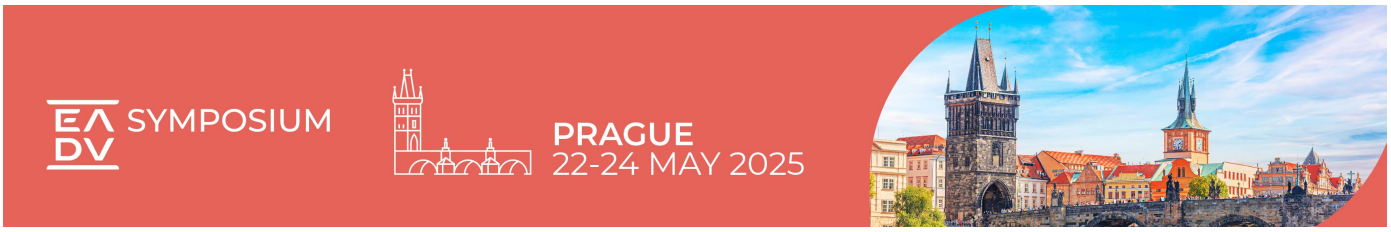

Abstract N°: 25

Demodicosis and Thyroid Autoimmunity: Unraveling the Connection

Muhammed Burak Yücel*[1], Esranur Ünal[1], Ragıp Ertas[1]

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Demodicosis and Thyroid Autoimmunity: Unraveling the Connection

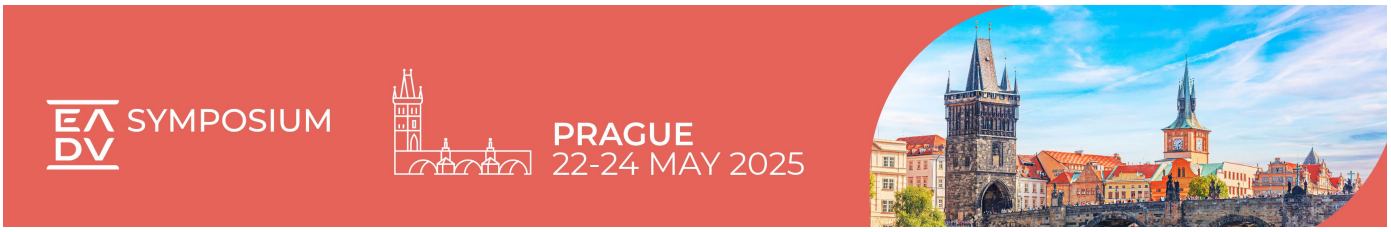
Introduction: Demodex mites are ectoparasites belonging to the microflora that become pathogenic at a certain level in human pilosebaceous units and can develop as primary or secondary to immunosuppression, causing the clinical picture of demodicosis. On the other hand, thyroid hormones affect immune functions and epidermal inflammation in the skin, particularly through their nuclear receptors, and have many clinical effects.

Objective: In this study, we hypothesised that skin features such as xerosis, spiculated and dry skin structure, papular lesions, which are frequently seen in demodicosis, may also be seen in autoimmune thyroid diseases and that immune dysregulation and immunosuppression processes, which seem to be intertwined in the pathogenesis of autoimmune thyroid disease, may increase demodicosis colonisation and lead to clinical findings. We aim to identify the risk of developing autoimmune thyroid disease in patients with demodicosis.

Materials & Methods: 201 patients with a clinical diagnosis of demodicosis or rosacea were included in the study. Patients were selected based on certain criteria, including no prior use of immunosuppressive therapy or acaricide treatment in the previous month, and no active infection or malignancy. Thyroid hormones (TSH, T3, T4), anti-TPO antibodies and Demodex counts measured by standard superficial skin biopsy were evaluated together. The patients were further classified into two types of demodicosis based on their symptoms. Type 1 demodicosis, also known as pityriasis folliculorum or erythematotelangiectatic type, included patients who experienced symptoms such as facial dryness, erythema, rough and prickly skin texture, telangiectasia and flushing triggered by factors such as sunlight, stress and spicy foods. Type 2 demodicosis, also known as rosacea-like or papulopustular demodicosis.

Results: Patients with elevated anti-TPO levels had significantly higher demodex counts ($p<0.05$). Demodex positivity and anti-TPO levels were strongly associated with Type 2 demodicosis ($p<0.001$, $p=0.008$). There was a positive correlation between demodex count and anti-TPO ($r=0.144$, $p=0.043$), with a predictive value for anti-TPO positivity ($p=0.004$). Positive correlation was found between demodex count and anti-TPO ($r=0.144$, $p=0.043$). Demodex count has a predictive value for anti-TPO positivity ($p=0.004$).

Conclusion: This study has shown that an increased Demodex count in the type 2 demodicosis clinic is associated with an increased risk of autoimmune thyroid disease. Combined assessment of Demodex counts and thyroid autoantibodies is important for early diagnosis of the risk of developing possible thyroid autoimmunity.



Abstract N°: 205

Comparing emollient use with topical luliconazole (azole)in the maintenance of remission of chronic and recurrentdermatophytosis. An open-label, randomized prospectiveactive-controlled non-inferiority study

Yashdeep Pathania[1]

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Introduction & Objectives:

Background: Literature on emollient use in the management of chronic and recurrent dermatophytosis is limited.

Objective: To assess the efficacy of emollient in the remission maintenance of chronic and recurrent dermatophytosis.

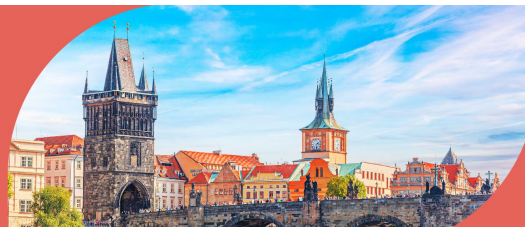
Materials & Methods: ** In this randomized open-label study with the intention to treat, 80 patients with chronic recurrent dermatophytosis were randomized into two groups, where both groups were treated adequately for 6 weeks, followed by continuation of topical azole in group A and topical emollient in group B for 6 weeks. Clinical remission was determined by disappearance signs and symptoms of tinea lesions with or without hyperpigmentation. Physician and patient global assessment scores were evaluated every 2 weeks for 6 weeks to assess remission maintenance.

Results:

A total of 80 patients of chronic and recurrent dermatophytosis were assessed for remission maintenance. The recurrence of disease occurred in 20 patients overall, wherein 7 patients (17.5%) in group A and 13 patients (32.5%) in group B at the end of the study (18 weeks); however, the difference between the two groups was not statistically significant (p = .121). The mean physician global assessment scores of group A and group B at 12 weeks were 4.45 ± 0.74 and 4.15 ± 0.92, 4.43 ± 0.90 and 4.10 ± 0.98 at 14 weeks, 4.0 ± 1.32 and 3.98 ± 1.23 at 16 weeks, 3.85 ± 1.44 and 3.90 ± 1.35 at 18 weeks, respectively. The mean patient global assessment scores of group A and group B were 4.65 ± 0.62 and 4.25 ± 0.87 at 12 weeks, 4.40 ± 0.87 and 4.17 ± 0.98 at 14 weeks, 4.18 ± 1.15 and 4.12 ± 1.30 at 16 weeks and 3.97 ± 1.33 and 3.90 ± 1.51 at 18 weeks.

Conclusion:

The present study concludes that the efficacy of emollient was not inferior to topical luliconazole for maintaining remission in chronic and recurrent dermatophytosis.



Abstract N°: 326

ORF disease of the hand

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Introduction & Objectives:

ORF disease is a disease transmitted to humans by sheep. It is caused by a dermotropic virus belonging specifically to the parapox virus family.

The aim of our work is to determine the epidemiological, clinical and evolutionary profile of patients presenting with an ORF nodule of the hand.

Materials & Methods:

This is a retrospective descriptive study over a 3-year period including all patients with ORF disease of the hand. Epidemiological, clinical, therapeutic and evolutionary characteristics were evaluated.

Results:

A total of 5 children with ORF disease were included . The mean age of our patients was 11.2 +/- 2 years, predominantly female (sex ratio F/H= : 4).The history and clinical examination were suggestive in all our patients; direct contact with sheep during the feast of sacrifice was found in all cases, with an average incubation period of 10 +/- 2 days.

Dermatological examination revealed a localization on the hand in all our patients, with a typical clinical appearance of a yellowish papule sometimes taking on a pearly-white color. Two patients in our series presented a complication of the ORF nodule; 1 case of superinfection and 1 case of erythema multiforme.

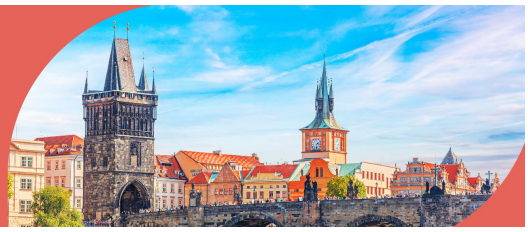
The treatment was disinfection with local antiseptics and topical fuscidic acid in the case of superinfection. The evolution was favorable in all our patients, with an average healing time of 17+ /- 7 days.

Diagnosis is clinical, based on the notion of contact with sheep and the characteristic clinical appearance. Virus isolation, tissue culture or PCR testing are costly, not widely available and not essential for diagnosis.

ORF nodules must be distinguished from milker nodules. Conservative treatment with a local antiseptic is recommended to prevent bacterial infection. Cryotherapy or topical cidofovir can be used for large lesions. Low-dose systemic steroids and antihistamines are useful in the treatment of erythema multiforme secondary to ORF disease.

Conclusion:

Orf’s disease is a benign viral disease that can cause epidemics after the Feast of Sacrifice in Muslim countries. We recommend vaccinating sheep against contagious ecthyma and wearing gloves for any direct or indirect contact with the animals.



Abstract N°: 370

cutaneous leishmaniasis diagnosed by qrt-pcr: a case report

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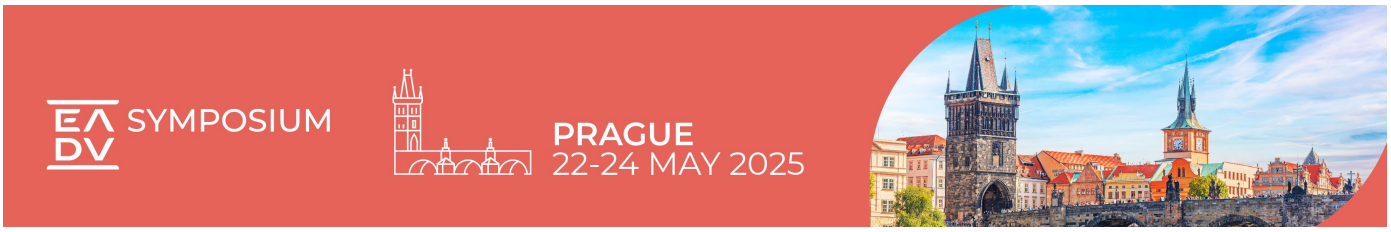
Introduction & Objectives: Leishmaniasis is an endemic disease transmitted to humans by female sandflies. Diagnosis is based on clinical and microbiological examinations. It often presents with cutaneous manifestations, but visceral forms can also occur. Lesions may vary in appearance, and diagnostic methods include microbiology, serology, and molecular tests. A study identified the “nail sign” as a significant finding for cutaneous leishmaniasis in endemic regions due to its high specificity and positive predictive value. We present a patient whose clinical diagnosis of leishmaniasis, based on the presence of the “nail sign”, was confirmed only through polymerase chain reaction (PCR).

Materials & Methods: We report a 67-year-old male patient with hyperkeratotic plaques with crusts on an erythematous base in both frontal regions on the scalp, residing in one of the endemic regions presented. Upon examination, the dimensions of each lesion were measured as 5x3 cm. Additionally, an ulcerated, crusted lesion measuring 1x1 cm was noted beneath the plaque lesion on the right frontal region. The biopsy result taken from the patient on January 2024 were nonspecific. At a subsequent visit, removal of the crust from the lesion on the right frontal region revealed the “nail sign”. Based on this observation, leishmaniasis was suspected. Samples were cultured in Novy-MacNeal-Nicolle (NNN) medium, leishmania serology was requested and direct microscopic examination was performed. Culturing in the NNN growth medium yielded no growth, and leishmania serology was also negative. Two additional biopsies were taken from the edge of the lesion, one month apart. However, there was no evidence of any findings suggesting leishmaniasis. Ultimately, qRT-PCR was performed on the smear sample identified as the Leishmania infantum.

Results: Based on the PCR result, the patient was scheduled for 15 sessions of intralesional meglumine antimoniate therapy. During follow-ups, the patient showed clinical improvement, and subjective complaints subsided.

Conclusion:

Leishmaniasis is an endemic parasitic disease. Although microbiological examinations for diagnosis remain the gold standard due to their high specificity, they may not always provide accurate results. As a result, PCR is considered the final diagnostic tool. In the chronic phase of the disease, the number of live parasites may decrease, leading to lower culture sensitivity. Therefore, PCR should be considered a complementary diagnostic tool as it can provide positive results even in the absence of live parasites or in cases with minimal inoculation. Considering Behçet’s “nail sign”, we proposed a preliminary diagnosis of Leishmania. In this context, we recommend that if crusts are present in the lesions of patients, especially those living in endemic areas, Behçet’s “nail sign” should be taken into account.



Abstract N°: 422

Non-tuberculous mycobacterial skin infection: Variability in route of infection and clinical presentation

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Non-tuberculous mycobacterial skin infection: Variability in route of infection and clinical presentation

Introduction & Objectives: Mycobacterium other than tuberculosis (MOTT) or Non tuberculous mycobacteria (NTM) have recently been emerged out to be important bacterial disease causing cutaneous infections specially at post-surgical or post traumatic site. It can have variety of manifestations such as skin and soft tissue infections localized to the sites of trauma or surgery, abscesses, cellulitis, discharging sinuses, disseminated infection, lymphadenitis, pulmonary infection etc. These are classified as rapid and slow growing mycobacteria based on their rate of growth. In post surgical or post traumatic cases rapid growers as *Mycobacterium abscessus complex, bacteria, Mycobacterium chelonae,* and *Mycobacterium fortuitum* are mainly responsible. In this case series we will be discussing about post surgical, post traumatic cases and a case of dual infection with mycobacterial tuberculosis and MOTT.

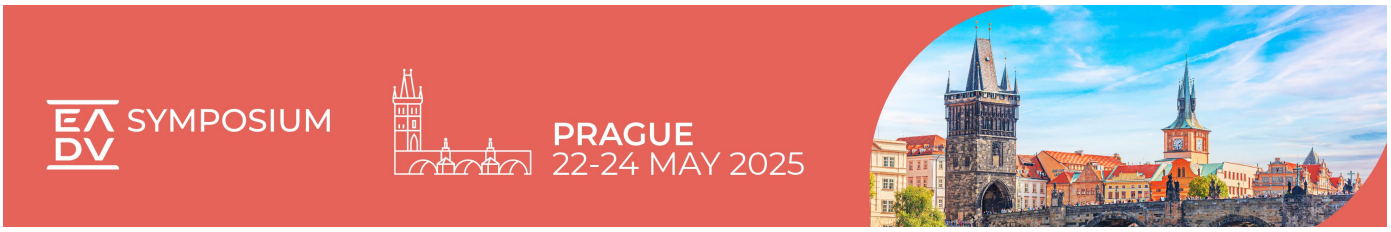
Materials & Methods: This series include 3 cases of cutaneous MOTT infections. Data for these cases were retrieved from electronic data base and we analysed demographic details, clinical profile and treatment outcome.

Results: Case 1 was a young girl who underwent surgery for Renal cell carcinoma. After 4 Weeks of surgery she developed multiple discharging sinuses and small vesicles on the suture site. She was retroviral negative and was not on any chemotherapy. Culture from the discharge was positive for *Mycobacterium fortuitum* complex. Oral azithromycin along with linezolid was started as per culture sensitivity report. Response started within 2-3weeks and by 6 weeks there lesions were in healing phase with no discharge.

Case 2 was a middle aged man who presented with left infra-ocular soft to firm swelling following trauma. Tissue was sent for culture which was positive for MOTT. Patient was started on cap clofazimine, tab clarithromycin and Inj Amikacin. Within a month there was 50 percent resolution of lesions. Amikacin was stopped after a month clarithromycin, clofazimine and linezolid was further continued ant at 3 months there was complete therapeutic response.

Case 3 was a young male who was already on ATT (antitubercular therapy) for pleural effusion since 3 months. While his pleural effusion responded to ATT, he recently developed multiple erythematous nodules with pus discharge on hand and feet. The CB-NAAT (Cartridge-Based Nucleic Acid Amplification Test) test was positive for mycobacterium tuberculosis, rifampicin sensitive, as well as PCR for MOTT was positive twice. ATT was continued and azithromycin along with amikacin was added for MOTT. Lesions started healing within a month and patient is still under follow up.

Conclusion: To Conclude NTM are ubiquitous and frequently infect post-surgical and post traumatic cases. Immunocompromised individuals, those who have undergone any surgical procedure or with any medical equipment in situ are commonly affected group of individuals. These infections are on rise, sensitizing dermatologist, microbiologist is important, as appropriate and timely therapy can reduce the morbidity and mortality. The three cases we described in this series had different clinical profile, they were immunocompetent and all responded to treatment based on correct etiological diagnosis and drug sensitivity profile.



Abstract N°: 438

Evaluation of an E-learning Approach for Common Skin Infections Education

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Introduction & Objectives:

The integration of digital platforms in education has significantly grown. In dermatology, this approach is particularly relevant due to the visually-driven nature of the specialty. Common skin infections exhibit a broad spectrum of clinical presentations, often posing diagnostic challenges. We developed an online educational platform and assessed its effectiveness for learning about common skin infections.

Materials & Methods:

The platform's design followed the ADDIE model:

- **Analysis:** Identification of educational needs.
- **Development:** Compilation of educational materials.
- **Design:** Integration of relevant technologies.
- **Implementation:** Launch of the e-learning module onwww.skinactions.com.
- **Evaluation:** A three-week satisfaction survey via Google Forms, assessing the e-learning experience, usefulness, accessibility, and perceived benefits.

Results:

The platform design incorporated clinical and semiological analyses of various pathologies, decision trees, case studies, quizzes, and additional resources, including a photo library, forum, and bibliography. A total of 860 logins were recorded, and 171 participants completed the satisfaction survey. Among them, 84 were medical students, 43 general practitioners, and 43 specialists. Key findings revealed that 55% of respondents reported gaining additional knowledge, while 66.7% considered access to the database useful. A majority viewed the e-learning platform as a valuable complement to traditional lectures, and 58.5% expressed their intention to utilize this resource again during their training.

Discussion The diversity of medical education methodologies has enhanced healthcare professionals' training in an adaptive manner. Clinical case-based learning and medical simulations provide practical applications for developing students' clinical skills. Blended e-learning programs have demonstrated improved learning outcomes in the context of continuing education. Our study provides insights into students' perceptions of e-learning as a concurrent tool to traditional lectures and highlights knowledge progression following additional online training. However, some limitations were noted: the suboptimal quality of certain images, the lack of pre-test/post-test evaluations, and the absence of videos and interactivity. The platform requires regular updates as it remains freely accessible. Future developments include adding instructional videos on technical skills and interactive sessions. Furthermore, the platform has gained international attention, with 191 visitors from France, surpassing its audience in Morocco, as reported by Google Analytics.

Conclusion:

E-learning is an effective and engaging educational tool, offering a valuable supplement to traditional teaching. It represents a critical resource for continuous medical training and fosters learner motivation.

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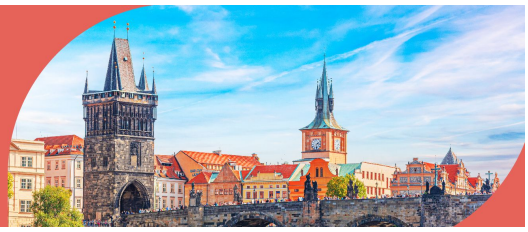

Abstract N°: 454

Late-Onset Serratia marcescens Cutaneous Infection Following Rhinoplasty: An Unexpected Complication

Alice Kesler[1], Taylor Gray[2], Christina Sun[3], Aman Prasad[3]

[1]Lakeland Regional Health Medical Center, Department of Medicine, Lakeland, United States
[2]University of Florida College of Medicine – Jacksonville, Department of Dermatology, Jacksonville, United States
[3]University of Florida, Gainesville, United States

Introduction & Objectives:

Serratia marcescens, a Gram-negative bacillus, typically causes infections in hospitalized and immunocompromised patients. While commonly associated with nosocomial urinary and respiratory tract infections, cutaneous manifestations of *S. marcescens* are exceptionally rare, particularly in immunocompetent individuals.

Materials & Methods:

We present a case of a 31-year-old immunocompetent female who developed a persistent erythematous nodule on her nasal supratip three years following rhinoplasty. The lesion proved resistant to multiple therapeutic interventions, including intralesional corticosteroids, oral doxycycline, and topical metronidazole. Though *S.* mascescens was initially dismissed as a contaminant, subsequent tissue cultures confirmed its pathogenic role.

Results:

The patient’s abscess resolved following a course of levofloxacin, though surgery was required to remove residual scar tissue.

Conclusion:

This case underscores the importance of considering atypical pathogens in chronic cutaneous infections following cosmetic procedures, even in immunocompetent patients. Increased awareness among clinicians can aid in prompt diagnosis and targeted therapy, improving outcomes and patient quality of life.

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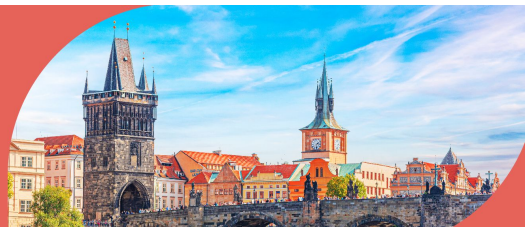

Abstract N°: 577

Co-presentation of chickenpox and multifocal Herpes zoster in an immunocompetent child: A case report

Wissal Souhail[1, 2], Oumaima Markouk[1, 2], Meryam Aboudourib[1, 2], Leila Bendaoud[1, 2], Ouafa Hocar[1, 2], Said Amal[1, 2]

[1]CHU Mohammed VI Marrakesh, Arrazi hospital, dermatology department, Marrakesh, Morocco
[2]biosciences Research Laboratory, FMPM, Cadi Ayyad university , Marrakesh, Morocco

Introduction:

Herpes Zoster is a viral vesicular rash caused by the reactivation of latent varicella-zoster virus (VZV). The pediatric multifocal form is rare. We report a case of simultaneous varicella and multifocal Herpes zoster in a child with no prior maternal or postnatal exposure.

Observation:

A 14-year-old patient with no significant medical history, vaccinated against varicella one year prior, presented to the emergency department with a painful vesicular eruption in the L1 and L2 dermatomes, along with two painful clear bullae evolving for 4 days, consistent with herpes zoster. This was associated with vesicular lesions with umbilication on the face and scalp, indicative of varicella, appearing simultaneously without any signs of visceral involvement.

To exclude immunodeficiency conditions and other diseases, a biological assessment was performed during hospitalization. HIV, syphilis, and hepatitis B and C serologies returned negative, and the rest of the investigations were unremarkable.

The patient was treated with Valaciclovir 20mg/kg/dose 3 times daily for 7 days, a second-level analgesic, and daily antiseptic baths.

The progression was marked by drying of the lesions and the appearance of erosions covered by crusts.

Discussion:

Epidemics of concurrent varicella and Herpes Zoster in children have not been extensively studied. Here, we describe a rare case in an immunocompetent vaccinated child, with no prior known contact with VZV.

The umbilicated vesicles on the face were diagnosed as varicella, while those in a dermatomal distribution were classified as Herpes zoster. This association has been described in Asia for genotype J. Understanding the pathogenesis and molecular triggers of concomitant varicella and Herpes Zoster will provide more useful insights for treatment.

Furthermore, between 0.7 and 2.1/100,000 vaccinated individuals have developed a shingles-like eruption at the injection site, involving underlying peripheral neurons. This association likely implicates the live attenuated vaccine in immunocompetent individuals.

Conclusion:

Further studies should focus on the relationship between clinical presentation and VZV genotype groups, providing valuable guidance for clinicians in diagnosis.

A strong suspicion should be raised when a patient develops a shingles-like rash one year after vaccination, and prompt treatment with acyclovir should be initiated.

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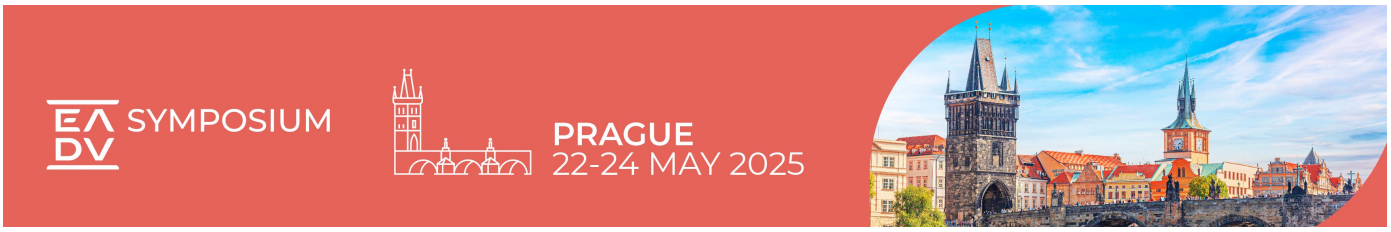


Abstract N°: 590

dermatophytids a 5 cases series

Inas Chikhaoui[1], Madiha El Jazouly[1], Sara Nejjari[1], Soumia Chiheb[1, 2]

[1]Cheikh Khalifa Bin Zayed Al Nahyan Hospital, Dermatology, Casablanca
[2]CHU Ibn Rochd, Dermatology, Casablanca

Introduction & Objectives:

Dermatophytids or auto-eczematization reactions correspond to cutaneous inflammatory reactions secondary to a remote immunological stimulus. They can be linked to bacterial, viral, parasitic and fungal infections, especially dermatophytosis.

The first described case of dermatophytitis dates back to 1918, when Josef Jadassohn reported on a patient with kerion and named it an allergic reaction of the “lichen trichophyticus” type.

We report a series of 5 cases of dermatophytid reactions, a frequents condition that is still underdiagnosed.

Materials & Methods:

In a retrospective study conducted in 2024, we recorded a total of 5 cases of dermatophytid reactions that had consulted our clinic.

Results:

Of the 5 cases, 2 were secondary to ringworm of the scalp and 3 to toes, axilla and groin intertrigos. The majority of patients were female and aged between 5 and 22 years.

The secondary cutaneous reaction was a papulopustular rash in 2 patients.

3 patients presented pruritic eczematous lesions, either concomitant with the infection or occurring a few days after initiation of treatment.

This made it possible to establish the diagnosis and initiate appropriate treatment, with a favorable outcome.

Although little or nothing is known about their pathogenesis, dermatophytids are considered to be reactions of immunological origin secondary to a fungal antigen. This is a type IV hypersensitivity reaction.

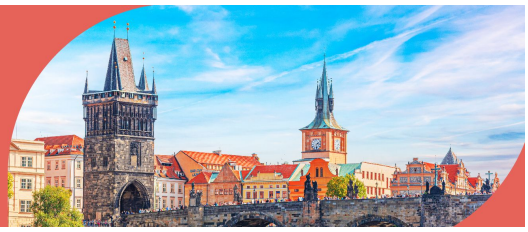
Several clinical pictures have been described. The clinical presentation may vary according to the host’s immunological response, and may be localized or generalized. The rash may appear concomitantly with infection, or after initiation of systemic treatment. Diagnosis of this condition is based on the presence of dermatophytic infection, a remote skin rash and its resolution following healing of the infection.

The main differential diagnoses are drug-induced toxidermia and para-viral rash.

Treatment of these Id reactions is based on the combination of local or systemic corticosteroids with antimycotic treatment of the causative infection.

Conclusion:

Dermatophytids are immunological reactions that are often under-diagnosed, leading to a misdiagnosis of toxidermia and to discontinuation of the antifungal treatment essential for resolution of the underlying condition.



Abstract N°: 603

TITLE: Frequency Of Atypical Dermatosis Presented In Outdoor Patient Department Services Hospital Lahore

Sahar Mashoor[1]

[1]Services Hospital Lahore, Dermatology, Lahore, Pakistan

Introduction & Objectives:

Atypical Dermatosis is a public health problem in diagnosing and subsequently treating skin infection. Atypical Dermatosis presentation is quite rare, the diseases shows different clinical stages of variable presentation. This review focuses on the incidences of different Dermatosis with atypical presentation and their prevalence and incidences.

To Study the prevalence of atypical dermatosis presented in outdoor department Services Hospital Lahore.

Materials & Methods:

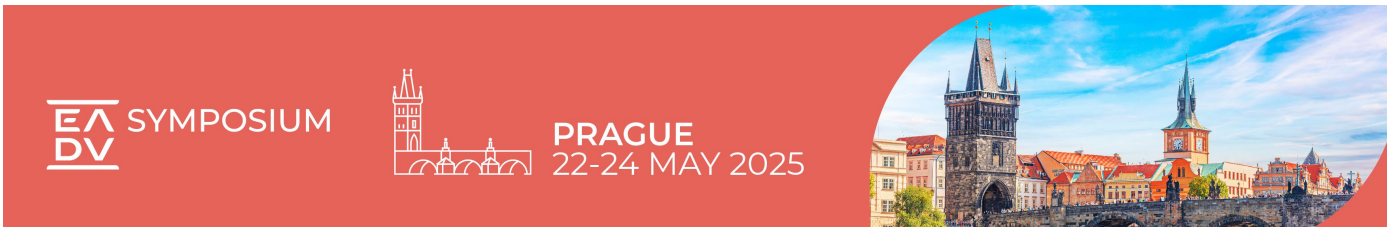
This prospective epidemiologic cross sectional study used a population-based stratified random sample of 100 individuals The study was carried out in Outdoor Patient Department (OPD) Services Hospital Lahore. The diagnosis were made clinically and relevant investigations were carried out. All the findings were recorded on a preformed pro forma and relevant investigations carried out. Results were compiled and tabulated. All the data was recorded and analyzed by SPSS software.

Results:

There were 100 patients with mean Age range 15- 30. The sex ratio was found to be 56% Male and 41 % female with greater incidence in male than female. There was significant positive history of Covid –19 vaccinations in all the atypical Dermatosis presented in patients The study conducted showed there 47 % patients presented with atypical Herpes Zoster, 15 % Atypical Scabies, 13% atypical Chicken Pox, 9 % atypical Pitryasis Rosea, 10 % atypical popular Urticaria and less than 10% are the cases of atypical Pemphigus Vulgaris and Pitryasis Versicolor.

Conclusion:

During these unusual pandemic days, health-care professionals should keep in mind that COVID-19 may have atypical manifestations, particularly in the younger adults, and screening for COVID-19 may be helpful in elderly patients with suspicious clinical findings. Failing to diagnose infected individuals increases the risk of transmission.



Abstract N°: 606

A rare presentation of mucosal Leishmaniasis associated with macrocheilitis in an immunocompetent Patient

Wissal Souhail[1, 2], Maryem Aboudourib[1, 2], Ghita Erramli[1, 2], Leila Bendaoud[1, 2], Ouafa Hocar[1, 2], Said Amal[1, 2]

[1]CHU Mohammed VI, arrazi hospital , dermatology department, Marrakesh, Morocco
[2]Biosciences Research Laboratory, FMPM, Cadi Ayyad university , MARRAKECH, Morocco

Introduction & Objectives:

Leishmaniasis is a parasitic disease transmitted by female phlebotomine sandflies and caused by parasites of the *Leishmania* genus. In Morocco, cutaneous and visceral forms of the disease represent significant public health concerns, similar to other North African countries. However, the mucosal form, which is rare in the Old World, is endemic in some areas of Latin America and East Africa. Here we present a Moroccan case of mucosal leishmaniasis in an immunocompetent patient.

observation:

A 55-year-old patient residing in Ouarzazate (endemic area in southeastern Morocco with*Leishmania major*) presented with sublingual and palatine endobuccal vegetations and macrocheilitis, evolving over 6 months, accompanied by a fever of 39°C and general malaise. Clinical examination revealed a soft, tender, sublingual and palatine oral mass with diffuse leukoplakia and a fissured macrocheilitis. No pallor, jaundice, lymphadenopathy, or hepatosplenomegaly were noted. Three fragments of the vegetations were biopsied. Parasitological examination revealed numerous *Leishmania* amastigotes, while histology showed a predominantly plasmacytic infiltrate without pathogens or malignancy. Mycological examination was negative. Hemogram, T-cell subpopulations, liver function tests, and protein electrophoresis were all normal. HIV, syphilis, and hepatitis serologies were negative. Abdominopelvic ultrasound and thoraco-abdominopelvic CT scan showed no abnormalities. Indirect immunofluorescence serology demonstrated positive anti-*Leishmania* antibody titers. After 28 days of intramuscular N-methyl glucantime antimony (20 mg SbV/kg/day) and 6 weeks of fluconazole (200 mg/day), the lesions mainly regressed.

discussion:

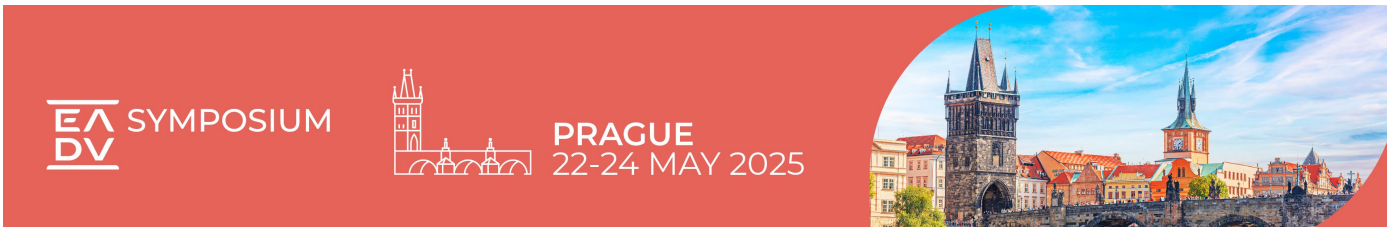
This case reports a rare instance of non-mutilating mucosal leishmaniasis associated with macrocheilitis in an immunocompetent patient without visceral involvement, in a region where *Leishmania major* predominates. The patient showed significant improvement after treatment with N-methyl glucantime and fluconazole. Cutaneous leishmaniasis is endemic in Morocco, with three main species identified: *Leishmania infantum* (with possible mucosal tropism), *L. major* (in arid zones), and *L. tropica*. Mucosal lesions are rare and often pauciparasitic, making diagnosis difficult. In this case, the mucosal involvement may have resulted from a direct bite by a sandfly in the oral mucosa, facilitated by the small size of the insect and specific circumstances such as sleeping with the mouth slightly open. Macrocheilitis can be caused by various granulomatous or infectious conditions (with leishmaniasis being a key cause) presenting a diagnostic challenge. Although rare in the Old World, mucosal forms like leishmaniasis of the lips are often associated with *L. infantum*.

Treatment generally involves meglumine antimoniate, though therapeutic failures can occur. Oral fluconazole serves as a second-line treatment (5–9 mg/kg/day for several weeks), with good tolerance despite controversial results for cutaneous leishmaniasis. Sequelae, such as gingival hypertrophy, may persist after successful treatment and require surgical intervention if they cause discomfort.

Conclusion:

This case highlights the importance of considering mucosal leishmaniasis in endemic regions, even with unusual clinical

presentations and locations.



Abstract N°: 614

Two cases of orf complicated with erythema multiforme

Ghita Basri[1], Madiha El Jazouly[1], Inas Chikhaoui[1], Sara Nejjari[1], Soumia Chiheb[2, 3]

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Two cases of orf complicated with erythema multiforme

Introduction:

Orf is an infectious dermatosis caused by a DNA parapoxvirus, also known as sheep pox or ecthyma contagiosum. It is typically a benign disease, though complicated forms are rarely reported. We present two cases complicated by erythema multiforme.

Case report:

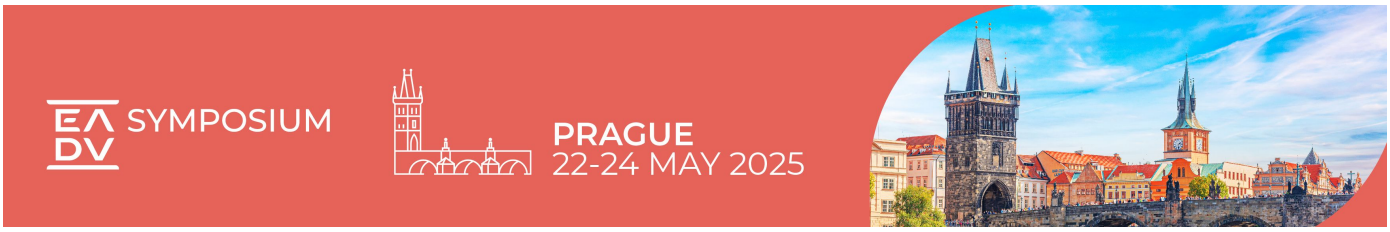
Case 1: A 67-year-old diabetic and hypertensive male, under treatment, presented for consultation with an inflammatory erythematous-violaceous nodule on his left index finger, which was very painful and had developed following trauma during a religious slaughter, caused by a sharp object. The lesion had been evolving for 3 days, without any fever or systemic symptoms. The patient was placed under symptomatic treatment. Two weeks later, he developed a diffuse, non-painful, and non-pruritic cutaneous eruption. Clinical examination revealed multiple erythematous, papular annular lesions with a target-like appearance, located on the hands, elbows, and feet. There was no mucosal involvement.

Case 2: A 52-year-old female, with no significant medical history, presented with the appearance of a slightly painful erythematous papular rash that had been evolving for one week. Cutaneous and mucosal examination revealed the presence of a painful, warm, violaceous nodule on her right index finger, associated with infiltrated papular lesions, primarily located on the back and palms. Neither patient had a history of medication use, recurrent herpes, or signs suggesting a pulmonary infection. The diagnosis of Orf complicated by erythema multiforme was made based on the clinical context. Local corticosteroid therapy along with local care was prescribed, resulting in significant improvement.

Discussion:

Ecthyma contagiosum is a cosmopolitan zoonosis with a predilection for epidermal cells. It is transmitted to humans via direct contact with infested animals or indirectly through contaminated objects. Following a short incubation period of 3 to 5 days, lesions initially present as pruritic erythematous macules, which then evolve into papules, often exhibiting a target-like appearance between days 7 and 14. The lesions may progress to nodules or vesicles, and orf lesions frequently ulcerate after 14 to 21 days, a phase referred to as the acute stage. Full healing typically requires 4 to 6 weeks. Erythema has rarely been reported in association with parapoxvirus infections, representing a very rare complications of orf. The pathophysiology of this reaction remains poorly understood. Some authors suggest that certain viral particles may have an immunomodulatory role, engaging both innate and adaptive immune responses of the host, resulting in an inappropriate inflammatory response. This is considered a type IV delayed hypersensitivity reaction, and treatment relies on addressing the underlying cause and symptomatic management. It should be noted that, in the absence of a suggestive clinical context, a thorough workup is necessary to rule out other etiologies of erythema multiforme.

Conclusion: Through our observations, we emphasize the importance of recognizing Orf and the range of hypersensitivity reactions it may provoke.



Abstract N°: 618

A Review of Cases Exemplifying the Geographical Expansion of Dermatologic Disease due to Climate Change

Eryn Patin*[1, 2], Kathyana P. Santiago Mangual[3], Richard Johnson[2], Arianne Kourosh[2, 4, 5]

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Introduction & Objectives:

Climate change (CC) has increased the global burden of temperature-sensitive pathogens.1 We present three cases depicting dermatological conditions encountered in atypical regions, representing the geographical and temporal expansion of diseases due to CC.

Materials & Methods:

This is a retrospective study analyzing the medical records of patients diagnosed and subsequently treated by our team for infectious diseases in uncharacteristic regions as a result of CC.

Results:

Case 1: A 32-year-old female presented with a 1-year history of worsening ulcerations on the right arm and cheek. Examination revealed pink ulcerated papules and plaques with hyperpigmented raised borders. Histopathology revealed kinetoplasts and amastigotes with marquee distribution. Tissue sent to the United States Center for Disease Control confirmed the diagnosis of cutaneous leishmaniasis (CL).

Case 2: A 39-year-old male presented with a 5-week history of headaches and “bilateral facial shingles.” Examination revealed umbilicated papules on the face and KOH prep test identified budding encapsulated yeast. Tissue culture confirmed cryptococcal organisms.

Case 3: A 72-year-old male presented with a 2-day history of bilateral leg pain, fever, abdominal pain, and diarrhea shortly after eating raw clams. Examination revealed warmth and poorly demarcated purpura with tense and eroded hemorrhagic bullae on the lower extremities. Blood culture confirmed *vibrio vulnificus* (VV) bacteremia.**

Conclusion:

The global prevalence of temperature-sensitive pathogens has risen with increases in ambient temperature and extreme weather conditions. Global warming (GW) has enhanced CL’s geographic distribution and survival of vector sandflies, and prolonged warmer seasons have fostered temporal expansion.1 While imports and natural disasters have driven migration of *C. gattii* to new regions, its adaptability has led to its survival.2 Warmer coastal waters globally have enhanced VV’s sustainability, resulting in an eightfold increase in cases within eastern US alone since 1988.3

Our cases illustrate CC’s impact on the spread of pathogens previously confined to warmer regions. With experts predicting that climatic variability and GW will only worsen with continued elevations in greenhouse gas emission and lack of global intervention, we should anticipate a concurrent and steady rise in the environmental sustainability of additional infectious dermatoses.1 Therefore, as dermatologists, we must remain abreast of emerging threats and associated cutaneous manifestations by enhancing education and clinical awareness of these historically overlooked skin impacts. In

improving preparedness and fostering collaboration with other medical specialties, we can more effectively reduce the global burden of infectious diseases associated with CC.

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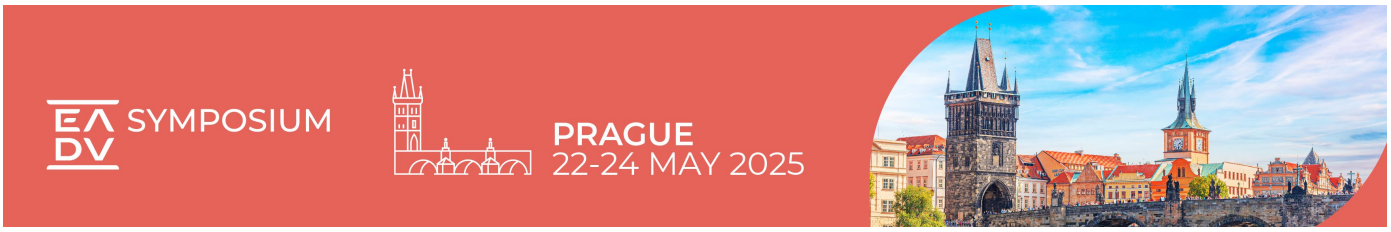

Abstract N°: 669

Case Report: Diagnosis and Management of a West Nile Virus Infection Presenting with Exanthema

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“Case Report: Diagnosis and Management of a West Nile Virus Infection Presenting with Exanthema”

Marie Isolde Joura1, Karin Jäger1

1 Department of Dermatology, Medical University of Vienna, Austria

Introduction:

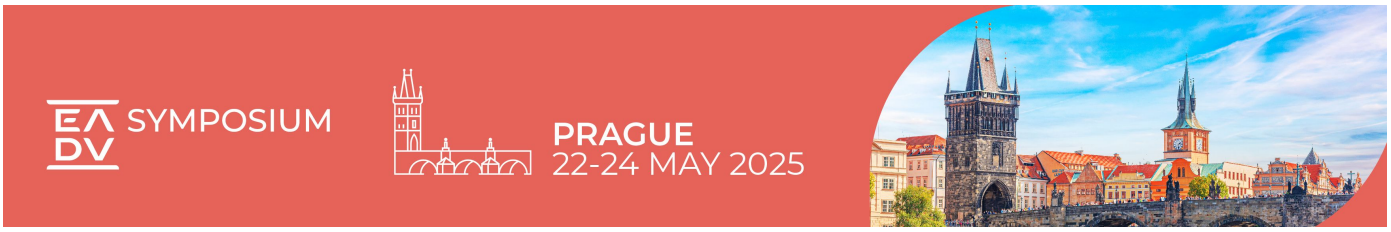
West Nile fever is a mosquito-borne viral infection whose incidence is increasing in many parts of the world, including Europe. In about 80% of cases, the infection remains asymptomatic, while around 20% of infected individuals develop flu-like symptoms. In rare instances, severe neurological complications such as meningitis or encephalitis may occur (approximately 0,7% of the cases). The objective of this case report is to present the diagnosis and course of a West Nile virus infection and emphasize the importance of early recognition of unclear rashes, particularly in light of the rising incidence of autochthonous infections in Europe.

Case presentation:

We report about a 62-year-old female patient who presented with a recently appeared rash after bathing in a pond on the outskirts of Vienna. The patient described a generalized weakness and arthralgia that had been present for several days. Her general practitioner had initiated treatment with amoxicillin/clavulanic acid the day before. The patient reported no recent travel abroad. Clinical examination showed a generalized, maculopapular rash predominantly affecting the extremities, with some areas of mild petechiae on the legs. The face was unaffected. Inspection of the oral cavity revealed a mildly reddened throat. Lymph nodes were non-palpable. Laboratory investigations showed mild thrombocytopenia (105 G/L), leukopenia (2.95 G/L), and reticulocytopenia (18.0 G/L). Viral serology confirmed an infection with the West Nile virus, with an initial weakly positive IgM that increased over time, finally confirming the infection. A neutralization test was also positive supporting this diagnosis. Differential diagnoses, such as viral exanthema, cercarial dermatitis, arthropod reaction, and drug-induced rash, have been excluded. The general symptoms, including weakness and arthralgia, improved after approximately one week. Without specific local therapy, the skin lesions healed completely after one week.

Conclusion:

West Nile fever should be considered in cases of unclear rashes in regions with a rising incidence of autochthonous infections. In most cases, the disease follows a mild course, and symptoms resolve within a short period. However, meningitis or encephalitis must be quickly diagnosed if suspected to enable appropriate management. Given the increasing incidence of West Nile virus infections in Europe, it is crucial to consider this disease as a potential cause of rashes, especially in patients with relevant risk factors, such as those residing in or traveling to affected areas.



Abstract N°: 725

Wolf's Isotopic Response after Herpes Zoster Infection

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Introduction & Objectives:

Wolf's isotopic response refers to the rare specific phenomenon of a new cutaneous disease occurring at the site of an unrelated and previously resolved cutaneous disease. First coined by Wolf et al. in 1995, this phenomenon has now been recognised as separate from the Köebner phenomenon. The exact pathogenesis of Wolf's Isotopic Response remains poorly understood, with several theories proposing it as a viral, vascular or immunologically phenomenon. Wolf's Isotopic Response most commonly occurs after herpes zoster reactivation. The secondary cutaneous condition can range from inflammatory dermatoses (such as lichen planus) to malignancy (such as squamous cell carcinoma).

Materials & Methods:

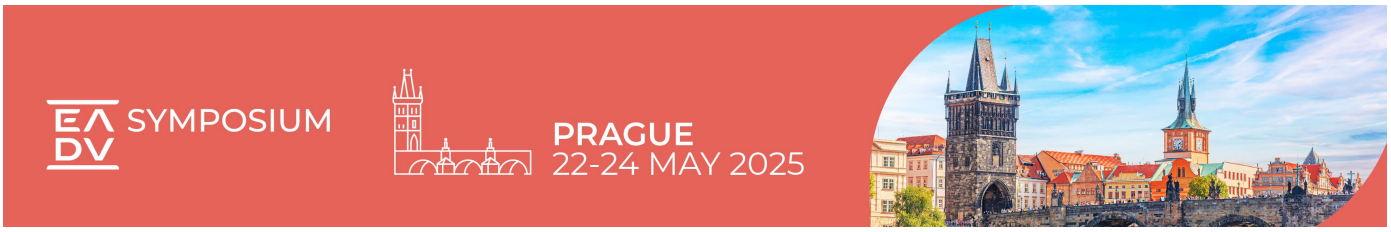
We report a case of Wolf's Isotopic Response after Herpes Zoster Infection, resulting in secondary biopsy-proven lichen planus.

Results:

The patient was commenced on a topical corticosteroid regimen, with clinical improvement demonstrated within a few weeks of initiation.

Conclusion:

Physicians should be aware of the potential for Wolf's Isotopic Response to occur at sites of cutaneous pathology, especially reactivation of herpes zoster infection.



Abstract N°: 730

Superficial dermatophyte skin infections, a new great imitator

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Introduction & Objectives:

Background: In recent years, there has been an increase in the incidence of superficial fungal infections associated with increasing evidence of their resistance to antifungal drugs. Diffirent clinical presentations have been recorded.

Objectives: To evaluate the pecuilar skin presentations of the superficial dermatophyte infections and identify the causative fungal species by direct microscopic examination and mycological culture.

Materials & Methods:

The study was conducted over a one-year period and included patients of both sexes and different age, recruited from the outpatient clinic at Al-Sader Hospital in Al-Najaf city. Scrapings were taken from skin, hair, and nails. Collected samples were subjected to KOH 10% to detect fungal elements. Additionally, mycological cultures were performed using Dextrose Sabouraud Agar (DSA) incubated at room temperature for 1 to 6 weeks, then examining the samples microscopically to identify fungi at the species level.

Results:

Among 233 patients with proved superficial fungal infections, 27 patients presented with pecuiliar presentations that mimick psoriasis, dermatitis, rosacea, systemic lupus erythematosus, lymphoma and lichen planus. The majority of patients (85.0%) presented with a non/ minimal inflammatory type. *Trichophyton rubrum* was the most commonly found, accounting for thirty-three cases (45.8%), this was followed by *Epidermophyton floccosum* (26.3%) and *Trichophyton mentagrophytes* (16.7%). The majority of tinea corporis cases were caused by *Trichophyton rubrum*, while tinea cruris cases were mostly caused by *Epidermophyton floccosum*. It was noted that most cases of *Trichophyton rubrum* and *Epidermophyton floccosum* presented with a non/ minimal inflammatory character.

Conclusion: ** There is a great increase in the incidence of superficial fungal infections with a tendency for bizzare presentations.

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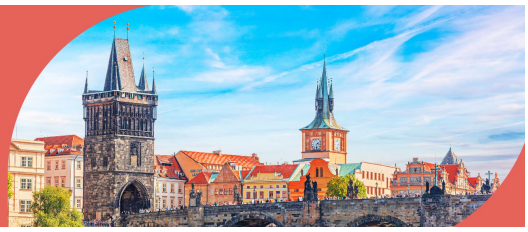

Abstract N°: 739

Borderline lepromatous (BL) leprosy presenting as severe tenosynovitis

Parul Verma[1], Swastika Suvirya[1], Priyanka Verma[1], Priyanka Yadav[2]

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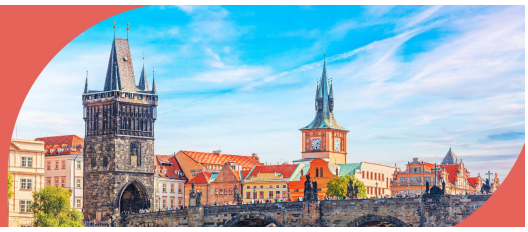
Introduction & Objectives: Presentation of Hansen's disease (HD) can vary widely and can mimic various dermatological, medical, neurological, and rheumatological diseases. Tenosynovitis is an unusual feature of Hansen's disease.

Materials & Methods: A 31 years old male presented to dermatology outpatient department with multiple erythematous plaques of varying size over face, trunk, and extremities since past 1.5 years. Multiple soft to firm, erythematous to skin coloured non-tender swellings were noted over bilateral knee, elbow, wrist joints and hands. Swellings were present since last 6 months and there was sudden increase inflammation over bilateral hand leading to sausage shaped fingers. Madarosis, ear lobule infiltration, bilateral ulnar and radial cutaneous nerve thickening, along with sensory loss could be elicited. A provisional diagnosis of BL Hansen's disease(BLHD) was made. For swellings, differential diagnosis of tenosynovitis secondary to Hansen's disease, tuberculosis, and deep fungal infection were thought. Biopsy was done from the plaque, swelling along with FNAC.

Results: Histopathology of plaques on back corroborated with diagnosis of BLHD with Wade Fite stain positive, and bacteriological index(BI): 3+ and biopsy from the swelling on elbow should features of borderline tuberculoid leprosy with bacillary index of 4+. FNAC from swelling revealed granulomatous pathology but CBNAAT for tuberculosis turned out to be negative. Fungal culture was negative too. Ultrasonography of swellings showed tenosynovitis of bilateral hand from distal forearm to fingers and evolving abscess on medial aspect of right and left elbow along with thickened nerves. The final diagnosis was BT-BL leprosy in type 1 reaction with tenosynovitis and patient was started on multibacillary multidrug therapy(MBMDT) for leprosy along with NSAIDs and oral steroids and he responded well to the therapy.

Conclusion: Musculoskeletal system involvement is not uncommon in leprosy patient and is often misdiagnosed. Tenosynovitis can develops in HD as part of a Type 1 leprosy reaction or as an inflammatory reaction to antigen in tendon sheath's synovial membrane. The later is usually in lepromatous end and may be aggravate in type 2 reaction. One should consider leprosy as differential in cases of tenosynovitis associated with sensory loss and nerve thickening.



Abstract N°: 817

Scaly Leg Mites in Domestic Birds: An Uncommon Cause of Pruritic Dermatitis in Humans

Amal Hamdi[1], Korbi Mouna[1], Belgacem Sameh[1], Ben Saleh Nessrine[1], Nabli Nadia[2], Bel Haj Ali Hichem[1], Jameleddine Zili[1]

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Introduction & Objectives:

Scaly leg mites, also known as budgerigar acariasis, represent a contagious ectoparasitic infestation caused by a hematophagous mite found in poultry, which can potentially be transmitted to humans. We report a case of scaly leg mites observed in domestic birds and transmitted to a human.

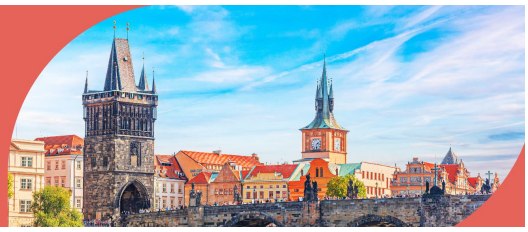
Results:

A 29-year-old woman, with no notable medical history, presented with pruritic skin lesions that had been evolving for several weeks. Clinical examination revealed multiple eczematous papular lesions, some excoriated, located on the abdomen and forearms, which did not improve despite repeated application of topical corticosteroids. A thorough patient history revealed excessive scratching behavior in her domestic birds, as well as the presence of whitish-yellow crusts on their legs, which she had attempted to scrape off and clean. Based on the severity of the itching, the appearance, and the localization of the lesions in the birds, the veterinarian confirmed the diagnosis of scaly leg mites. The eviction of infected birds, insecticidal treatment of the infested environment, and the application of an anti-scabies solution led to a complete resolution of pruritus and significant improvement of the skin lesions. No recurrence was observed.

Conclusion:

Scaly leg mites are a contagious parasitic dermatosis caused by sarcoptid mites of the genus*Cnemidocoptes mutans*, which burrow into the epidermis of the non-feathered parts of the legs. This condition is common, primarily affecting budgerigars and chickens. Transmission to humans occurs through direct contact with infected animals. However, infected individuals do not transmit the infestation to others. This was the case with our patient, who was solely responsible for her birds and did not transmit the condition to her family. Animal parasites are usually rapidly eliminated by the human immune system. Consequently, animal scabies does not typically cause symptoms in humans. However, the remarkable improvement in our patient’s lesions after anti-scabies treatment and the removal of infected birds suggest that scaly leg mites could pose a potential risk to humans, inducing various and highly pruritic skin lesions. The lifting and deformation of scales, the presence of lameness, or pruritic grayish or yellowish crusts in animals should raise suspicion of scaly leg mites and prompt treatment of the affected animal, disinfection of infested areas, and screening for human infestation.

In conclusion, budgerigar scabies is a contagious and relatively common infection that can, albeit rarely, be transmitted to humans. If not correctly identified and treated, it can become highly disruptive and bothersome.



Abstract N°: 904

When Molluscum Contagiosum Reveals an HIV Infection

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Introduction & Objectives:

Molluscum contagiosum (MC) is a benign viral infection caused by the Poxvirus family. It is a common condition in children but can also affect sexually active adults or individuals with weakened immune systems, particularly those with HIV.

This report describes a case of Molluscum contagiosum in a young adult, which ultimately led to the early diagnosis of HIV infection. The objectives of this case report are to:

Demonstrate how Molluscum contagiosum can serve as an indicator of HIV infection

Describe the clinical presentation of Molluscum contagiosum in adults with HIV

Highlight the importance of early HIV diagnosis

Emphasize the role of antiretroviral treatment in managing Molluscum contagiosum

Materials & Methods:

This is a case report about a 34-year-old patient, asthmatic for 10 years, who was admitted to a dermatology consultation in January 2024 for the management of molluscum contagiosum lesions diagnosed through clinical examination and dermoscopy. An HIV serological test was requested due to the patient's age and the location of the lesions. The patient received treatment with the topical application of a 5% potassium hydroxide solution.

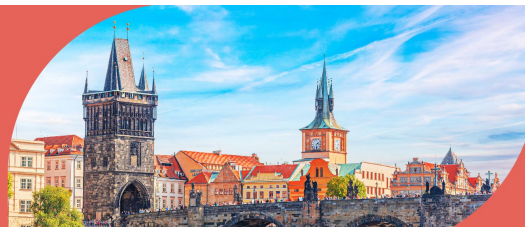
Results:

Molluscum contagiosum lesions presented in the typical form of multiple pearly, flesh-colored, millimetric, dome-shaped papules, firm, with a smooth surface and an umbilicated center, localized on the trunk . Dermoscopy revealed a central umbilicated pore with white, polylobular amorphous structures surrounded by a vascular crown (DL5). The diagnosis of Molluscum contagiosum was made based on clinical and dermoscopic findings.

HIV infection was confirmed with a CD4 count of 15% (213/µl) and a viral load of 40,700/ml. The initial treatment consisted of the local application of 5% potassium hydroxide solution twice daily until the appearance of the inflammatory BLOT phenomenon. The evolution showed resistance to topical treatment with the appearance of new lesions and extension to the genital area. After 3 months of antiretroviral therapy, spontaneous resolution was observed, with complete and rapid resolution of the lesions and an undetectable viral load. Follow-up in psychiatry was arranged with appropriate treatment.

Conclusion:

The diagnosis of Molluscum contagiosum in adults, regardless of its clinical presentation, should systematically lead to the search for HIV infection. Indeed, the detection of Molluscum contagiosum can reveal an underlying HIV infection, thus highlighting the importance of dermatology in the early detection of potentially serious conditions.



Abstract N°: 910

Kaposi Juliusberg syndrome complicating Darier's disease

Maria Charaa[1], Awatef Kelati[1], Soumiya Chiheb[2]

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Introduction & Objectives:

Darier's disease is a rare genodermatosis characterized by keratinization disorders, mainly acantholysis. (1) Superinfection during relapses, notably viral infection with herpes simplex virus type 1 (HSV1), responsible for Kaposi Juliusberg varioliform pustulosis, is a possible, albeit rare complication (2). We report a case of Kaposi Juliusberg complicating Darier's disease.

Materials & Methods:

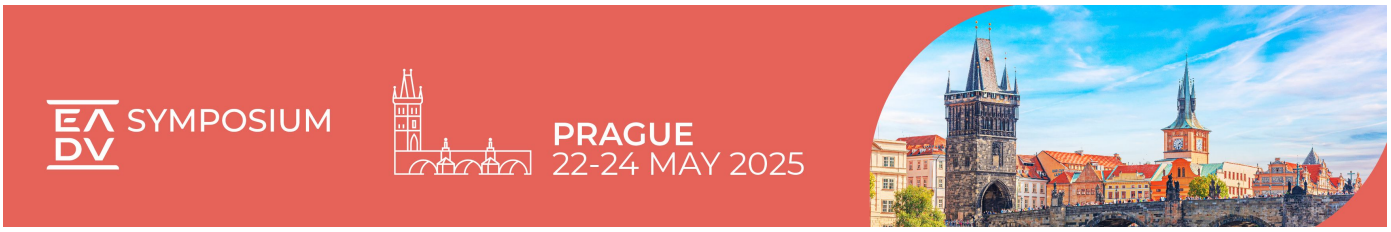
A 27-year-old patient with a history of Darier's disease diagnosed at puberty, aortic insufficiency and a congenital vascular malformation (aneurysm of the vein of Galien) presented with a week-old diffuse painful febrile rash. Clinical examination revealed a febrile rash consisting of vesiculopustular lesions and post-vesicular excoriations grouped in a sheet, resting on a pigmented background, mainly involving the face and trunk and the mucous membranes, all evolving in a context of altered general condition. No neurological signs were reported. Other diffuse, brownish, malodorous papular keratotic lesions were found, corresponding to the underlying disease of Darier's disease. On the basis of these clinical findings, the patient was put on Aciclovir 1000mg daily for ten days, combined with local treatment. After 15 days of well-managed treatment, the lesions had completely disappeared.

Results:

Darier's disease is a rare autosomal dominant acantholytic genodermatosis, caused by a mutation in the ATP2A2 gene, manifested by the appearance of rough, often brownish-colored keratotic papules, mainly in seborrheic areas. Kaposi's Juliusberg varioliform pustulosis, also known as eczema herpeticum, corresponds to the dissemination of a herpetic infection on a pre-existing dermatosis, most often on a background of atopic dermatitis (3)(4), which usually causes disseminated vesiculopustular eruptions. It can sometimes be associated with other dermatoses, notably acantholytic ones such as Darier's disease (5). The pathophysiology of this disease remains poorly understood. Cathelicidin, normally present in the epidermis, is a key component of innate immunity, a deficiency of which could explain the predisposition to this superinfection. In addition, the presence of circulating plasmacytoid dendritic cells could also be involved in the pathological process (6). The severity of Kaposi Juliusberg syndrome varies from individual to individual. Meningo-encephalitic and visceral complications determine the prognosis (7). Treatment with oral aciclovir 200 mg five times a day for 5 days is effective (7). However, it seems that in the case of Darier's disease, it is sometimes necessary to use these antivirals at higher doses to avoid relapses. Despite well-managed treatment, some varioliform scars may remain.

Conclusion:

Kaposi Juliusberg syndrome is an entity that should not be overlooked, particularly in the context of Darier's disease. Although the association is rare, it is a potentially fatal complication. However, thanks to medical advances, early diagnosis and appropriate antiviral treatment, it can be effectively treated.



Abstract N°: 934

Acquired reactive perforating collagenosis secondary to an infection by Trichophyton rubrum.

Paula Soto Revuelta[1], José González Fernández[1], Sergio García González[1], Mary Carolina Antonetti Roso[1], Lydia Corbalan Escortell[1], Sonia De la Fuente Meira[1], Mar García García[1], Mariano Ara Martín[1]

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Introduction

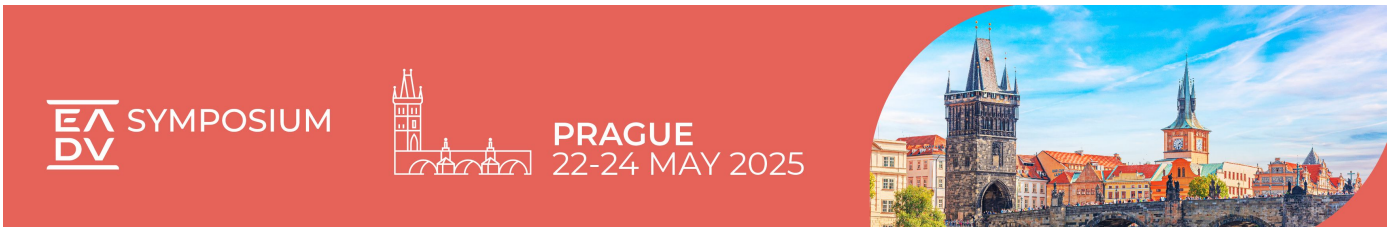
Reactive perforating collagenosis (RPC) is a rare condition characterized by the transepidermal elimination of altered collagen. Two forms have been described: a hereditary form and an acquired form (ARPC). The acquired form is more common and primarily affects diabetic patients or those with chronic renal failure. We present a case of ARPC secondary to an infection with *Trichophyton rubrum*.

Clinical Case

A 42-year-old woman with a history of atopic dermatitis presented with pruritic lesions on her feet and trunk that had developed over several months and were resistant to treatment with topical corticosteroids. The patient reported that the lesions first appeared on her feet after wearing tight socks during a day of skiing. On examination, both feet exhibited diffuse erythema along with papules that had a central hyperkeratotic plug and an erythematous halo (Fig. 1). Additionally, a large plaque was observed on the upper back, characterized by an atrophic center, well-defined borders, and erosive-crusty lesions on its surface (Fig. 2). A biopsy of one of the lesions on the back revealed changes consistent with a perforating dermatosis; however, PAS staining did not reveal any fungal structures. Additional studies, including culture, autoimmunity analysis, and immunofluorescence, were performed, all of which returned negative results. Due to the lack of improvement, a new culture was obtained from a skin biopsy of the foot, which confirmed the growth of *Trichophyton rubrum* after PCR testing was performed on the sample. Treatment with itraconazole 100 mg/day and topical sertoconazole was initiated, resulting in significant improvement of the lesions after one month of treatment (Fig. 3).

Discussion

ARPC is typically associated with diabetes mellitus and renal failure; however, it has also been reported in association with other conditions characterized by pruritus and constant scratching, such as hypothyroidism, hyperthyroidism, hepatic dysfunction, and infectious processes. This case illustrates ARPC triggered by an infection with *Trichophyton rubrum*. The infection posed a diagnostic challenge, as PCR testing was necessary to identify the fungus due to the absence of fungal hyphae in the histological examination and negative culture results; the diagnosis was only possible through biopsy culture.



Abstract N°: 936

Parvovirus B19 infection presenting concurrently as papular– purpuric gloves and-socks syndrome and bathing-trunk eruption

Meryem El Moustaoui[1], Najoua Ammar[1], Hajar EL Hassani Taib[1], Syrine Hamada[1], Meriame Meziane[1], Nadia Ismaili[1], Leila Benzekri[1]

[1]Ibn Sina University Hospital, dermatology, Rabat, Morocco

Introduction & Objectives:

Parvovirus B19 infection has been linked to various well-defined skin rashes, such as erythema infectiosum, papular-purpuric gloves and socks syndrome (PPGSS), and petechial bathing-trunk eruption.

Our case underscores the importance of considering PPGSS when evaluating adult patients with rashes, and patients should be reassured about the self-limiting nature of the disease.

Materials & Methods:

We describe the case of an immunocompetent man with a primary parvovirus B19 infection presenting as concurrent PPGSS and petechial bathing trunk eruption.

In March 2024, a 23-year-old man presented with a 3-day history of mild fever (38,2C), fatigue, and skin eruption.

He was admitted to the dermatology department for treatment. The clinical examination found a confluent maculopapular rash of the hands and feet, with petechial purpura, extending beyond the wrists and ankles, multiple pustules on the glans penis, scrotum, and peri-anal area, on an erythematous background. The examination of the oral mucosa revealed a labial edema, glossitis with some white deposits, two small endojugal erosions, and cheilitis.

Laboratory studies showed mild lymphopenia (700/mm3; 1500–4000/mm3), marked elevation of erythrocyte sedimentation rate (50 mm/h; 0–20 mm/h) and C-reactive protein (187 mg/L;< 10 mg/L), and the hepatic and renal assessments were normal. Detection of viral DNA in the serum and skin was positive.

The patient was treated symptomatically with topical antiseptics and paracetamol, and the rash resolved within 10 days.

Results:

The distinctive syndrome characterized by pruritic erythema and swelling of the hands and feet, accompanied by petechiae, fever, and oral erosions, caused by B19V is termed papular-purpuric gloves and socks syndrome (PPGSS).

The papular-purpuric gloves and socks syndrome was described in 1990 and was first associated with parvovirus B19 in 1991. It most commonly affects children and young adults, without any gender prevalence. It has also been associated, less frequently, with other viruses such as human herpes virus types 6 and 7, measles, cytomegalovirus, Coxsackie B6, and hepatitis B virus

It is crucial to evaluate patients for virus-specific complications, such as aplastic crisis (particularly in pregnancy or HIV infection), hepatitis, arthritis, and cardiomyopathy. Parvovirus B19 infection is additionally linked with miscarriages and hydrops fetalis Treatment typically involves bed rest, nonsteroidal anti-inflammatory drugs (NSAIDs), and topical steroids.

Conclusion:

Because of the potential for a cross-reactive immune response between HPV B19, rubella, and Epstein-Barr viruses, it is

recommended to include serologic testing for these agents when analyzing serum samples for HPV B19. Further cases of PPGSS are required to establish whether it could potentially be a nonspecific manifestation of various viral infections.

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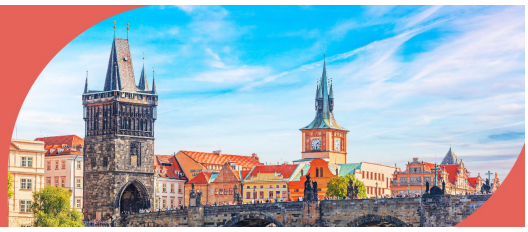

Abstract N°: 969

Pityriasis Versicolor in a Zosteriform Distribution: A Case Report

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Introduction & Objectives:

Pityriasis versicolor (PV) is a benign, non-contagious fungal infection of the skin caused by lipophilic yeasts of the *Malassezia* genus. It is clinically characterized by slightly scaly macules of varying color, ranging from pinkish beige to dark brown, with a predilection for seborrheic areas. It is a condition often recurrent, causing aesthetic concerns. While the appearance of PV is generally characteristic, atypical presentations have been reported. We report the case of a young girl who presents with PV in a zosteriform distribution.

Materials & Methods:

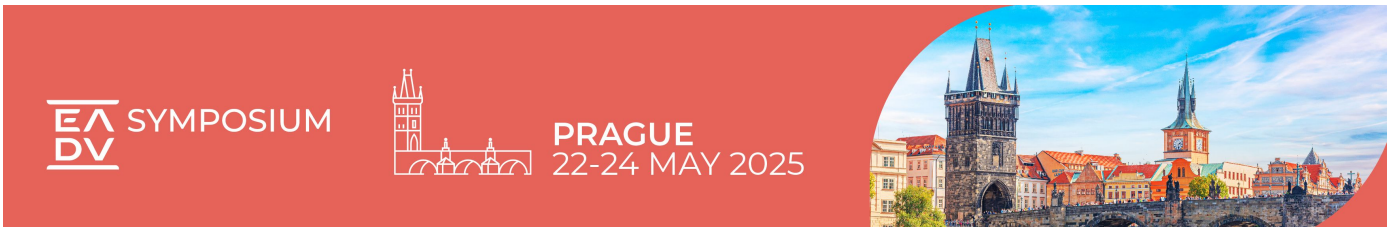
A 22-year-old girl presented with an asymptomatic eruption on the right thoraco-abdominal region, which had been evolving for one year. Clinical examination revealed hyperpigmented lesions in a zosteriform distribution, forming an S-shaped pattern. Examination under Wood's lamp showed a pale golden-yellow fluorescence, and the *copeau* sign was positive. Based on these findings, a diagnosis of zosteriform pityriasis versicolor was made. Treatment with fluconazole was initiated, resulting in good improvement.

Results:

Pityriasis versicolor is caused by *Malassezia*, a lipophilic yeast that is part of the normal skin flora. The condition typically develops in the presence of local or systemic predisposing factors. It is non-contagious and mainly affects individuals aged 18 to 40 years, without sex predominance. PV presents as round or oval macular lesions, finely scaly, and of varying color depending on the skin type. Lesions primarily affect seborrheic areas. Various clinical forms can be distinguished based on the morphology of the lesions: pigmented form, leucodermic form, erythematous form, atrophic form, confetti form, and follicular form. Atypical forms, such as Blaschkolinear or zosteriform distributions, have also been reported, as seen in our patient. Treatment mainly involves topical or systemic antifungal agents.

Conclusion:

PV is a benign condition that responds well to topical or systemic antifungal treatments. However, the issue of recurrences causes aesthetic concerns, often justifying prophylactic treatment.



Abstract N°: 972

The varied manifestations and complications of Orf infection

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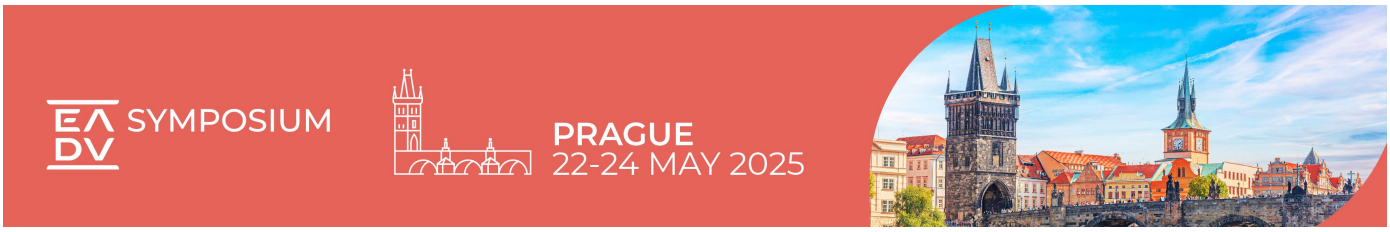
The varied manifestations and complications of Orf infection

Introduction: Orf is a self-limiting and rarely encountered zoonotic infection. While the condition primarily affects the skin, it can present with a variety of clinical features Diagnosing Orf is primarily clinical, reinforced by a history of animal exposure. However, complications can arise, necessitating a multifaceted therapeutic approach to manage both localized and systemic effects. Through this paper, we aim to illustrate the diversity of clinical manifestations and the challenges in managing Orf infections with diverse complications.

Case series: We present a series of three cases of Orf infection, each demonstrating distinct clinical challenges, with the causal factors being direct contact with sheep and, in one case, a sheep bite. The clinical presentation of Orf lesions was typical in all three cases, consisting of ulcerations and erosive lesions on the hands, which were subsequently complicated by various clinical manifestations, including erythema multiforme, a subsequently colonization by Methicillin-resistant Staphylococcus aureus (MRSA) in one case, lymphangitis in another, and Bullous Pemphigoid in the third. Following the initiation of appropriate systemic and local therapies, tailored to each case, the clinical course was favorable in all patients, with no residual sequelae. Through the diverse clinical cases presented, we highlight the potential for Orf infection to trigger autoimmune conditions, ranging from localized forms to more severe manifestations.

Conclusion: This case series emphasizes the diverse clinical outcomes of Orf infection, which can range from uncomplicated skin lesions to important systemic involvement. The variable presentation observed in these cases reinforces the need for clinicians to be vigilant in identifying and managing Orf infections, particularly when complications arise.



Abstract N°: 974

SDRIFE-like presentation of parvovirus B19

Meriem Chaouqi[1], Ennaciri Amine[2], Meryem Moustaoui[1], Najoua Ammar[1], Syrine Hamada[1], Nadia Ismaili[1], Laila Benzekri[1], Meriam Meziane[1]

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Introduction & Objectives:

Infection with parvovirus B19 is a viral pathology that is often benign but can present with a variety of clinical signs, sometimes making diagnosis difficult. Among the clinical presentations, some may mimic more atypical conditions, such as SDRIFE Syndrome (Baboon syndrome), which was once described as being exclusively associated with a drug-induced toxic reaction.

We present the evolution of a skin rash in the context of parvovirus B19 infection, clinically similar to SDRIFE syndrome, now recognized in an infectious context

Materials & Methods:

This case report focuses on the clinical presentation, diagnostic work-up, and management of a 47-year-old female patient who presented with a skin rash in the context of parvovirus B19 infection, clinically resembling SDRIFE Syndrome. The patient had no significant medical history or prior drug use.

- **Patient Evaluation:** The patient was examined for signs of an erythematous rash, which was symmetric and located on the neck, axillary folds, inguinal folds, elbow creases, and buttocks. The rash was non-purpuric, mildly pruritic, and developed acutely within 6 days, accompanied by fever. A detailed clinical examination was conducted to rule out other causes of similar presentations.
- **Laboratory Investigations:** Standard blood tests were performed to assess the general health and rule out any underlying conditions. The viral serologies were examined for the presence of IgG and IgM antibodies specific to parvovirus B19. A polymerase chain reaction (PCR) test was also conducted to confirm the parvovirus B19 infection. The patient's medication history was reviewed and found to be negative, thus ruling out drug-induced causes of the rash.

Results:

- The standard blood tests were normal, while viral serologies showed a parvovirus B19 infection (both IgG and IgM were detected, confirmed by a positive PCR)
- **Diagnosis:** Based on the clinical presentation and the absence of medication history, the diagnosis of SDRIFE-like syndrome induced by parvovirus B19 infection was made.
- **Treatment and Follow-Up:** The patient received symptomatic treatment for the rash and fever, including antipyretic and antipruritic therapy. No systemic treatment or further interventions were required. The rash regressed spontaneously within a few days without any sequelae or complications, and the patient was followed up for any recurrence or long-term effects.

Conclusion:

This case highlights the importance of recognizing the clinical similarities between parvovirus B19 infection and other dermatological conditions, such as SDRIFE syndrome (Baboon syndrome). While SDRIFE is traditionally linked to drug-

induced reactions, this case demonstrates that parvovirus B19 infection can also present with a clinical picture that mimics this syndrome. Early diagnosis through appropriate laboratory testing, is crucial to differentiate it from other potential causes and avoid unnecessary interventions.

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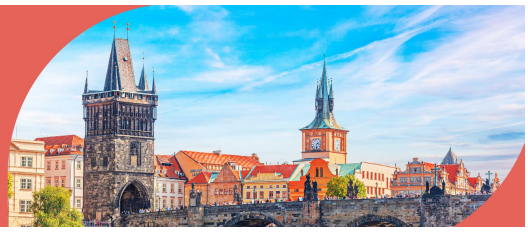

Abstract N°: 980

Spontaneous Palpebral Necrosis in an Elderly Patient: A Rare Dermatological and Ophthalmic Conundrum

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[1]CHU Mohammed VI, Dermatology, MARRAKESH, Morocco

Introduction & Objectives:

This case report presents an 88-year-old female patient with a rare and severe dermatological manifestation: spontaneous left upper eyelid necrosis. The patient, with a history of bilateral blindness (likely due to cataracts) and hypertension, presented with a one-month history of bilateral inflammatory eyelid edema, conjunctivitis, and urinary symptoms, progressing to left upper eyelid necrosis and spontaneous rupture of the left globe. The objectives of this report were to document the clinical presentation, explore potential dermatological and systemic etiologies, and highlight the diagnostic and management challenges associated with palpebral necrosis in an elderly patient with multiple comorbidities.

Materials & Methods:

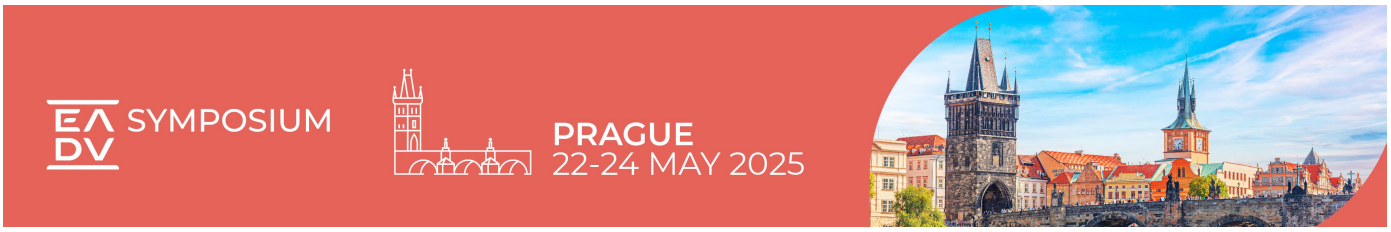
A comprehensive review of the patient's medical history, clinical examination, and diagnostic findings was conducted. A detailed dermatological evaluation was performed, focusing on skin and mucosal lesions, while ophthalmic imaging and laboratory tests were used to rule out infectious, autoimmune, or vascular causes. The patient's systemic condition, including her history of hypertension and bilateral blindness, was also considered in the diagnostic process.

Results:

The patient presented with bilateral eyelid edema, conjunctivitis, and urinary symptoms, which progressed to left upper eyelid necrosis and spontaneous globe rupture. Dermatological examination revealed hypertrophic scars on the thorax, xerosis, hyperpigmented papules on the face and neck, and interdigital intertrigo. Ophthalmic findings included bilateral eyelid swelling, conjunctival hyperemia, chemosis with purulent discharge, and necrotic changes in the left upper eyelid. The right eye exhibited cataract, corneal perforation, neovascularization, and retinal detachment. No systemic infection, trauma, or autoimmune markers were identified. Abdominal examination revealed small subcutaneous lipomas.

Conclusion:

This case highlights spontaneous palpebral necrosis as a rare and complex dermatological condition in an elderly patient with multiple comorbidities. The absence of trauma or systemic infection raises questions about potential vascular insufficiency, local infectious processes, or undiagnosed autoimmune conditions. The report underscores the importance of a thorough dermatological evaluation in cases of palpebral necrosis and emphasizes the need for interdisciplinary collaboration between dermatology and ophthalmology to optimize patient outcomes. Further research is needed to elucidate the underlying mechanisms and improve diagnostic and therapeutic strategies for this rare condition.



Abstract N°: 985

Exploring Diversity: A Case Series On Interesting Infectious Diseases And Their Clinical Presentations

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Introduction & Objectives:

Dermatological infectious diseases encompass conditions caused by various pathogens, including bacteria, viruses, fungi, and parasites.

Materials & Methods:

Case 1: A 38-year-old male presented with hypopigmented macules over his body for 3 years, initially treated for Hansen's disease, was given multibacillary multidrug therapy for 1 year. Later developed fever, erythematous papules and nodules over the face and neck with multiple swelling over hands. Skin biopsy revealed diffuse granulomatous infiltrate consisting of epithelioid and plasma cells with structures resembling Leishman-Donovan (LD) bodies. Diagnosed as Post kala-azar dermal leishmaniasis, treated with Injection of liposomal Amphotericin B 100 mg (9 doses) and tablet miltefosine.

Case 2: A 40-year-old female presented with painful facial swelling and a discharging sinus over the left zygomatic region. X-ray (water's view) showed opacity in the left maxillary antrum with erosion in its wall & zygomatic bone which appears due to infection or neoplasm. CT showed lytic destruction of the zygomatic process of the left maxilla, enhancing soft tissue components and inflammatory soft tissue in the left premaxillary and retroantral fat space. KOH Mount from the discharge showed fungal hyphae. Left maxillary sinus biopsy grew broad non-septate fungal hyphae with right-angled branches suggestive of Zygomycetes on fungal culture. The patient was treated with oral antifungals for 1 year with marked improvement.

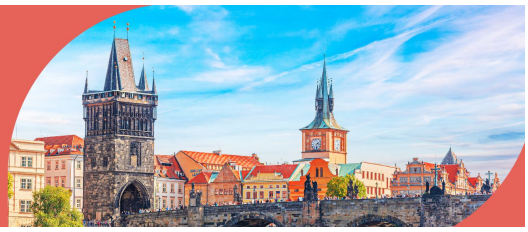
Case 3: A 58-year-old female presented with itchy, foul-smelling matted hairs associated with fever and cervical lymphadenopathy. On examination, multiple nits, and live mites were present, diagnosed as Plica Polonica due to Pediculosis Capitis with secondary infection, treated with oral antibiotics, oral ivermectin, and permethrin lotion.

Case 4: An 8-day-old neonate with generalised blotchy and reticulate hyperpigmentation all over the body more prominent over the centrofacial area of the face. There was a history of fever with joint pains in the mother a few days before delivery. On evaluation, there were raised IgM chikungunya antibodies in both mother and child and raised IgG antibodies in the mother. The neonate was diagnosed with Congenital Chikungunya with post-chikungunya hyperpigmentation and treated with emollients.

Case 5: A 1-month-old male was admitted to NICU for fever, a single episode of seizure and not accepting feeds. The patient developed vesicular lesions over bilateral upper extremities and generalised scaly hyperpigmented lesions over the body which progressed to purpuric macules over bilateral hands and feet involving palms and soles and reticulate pigmentation of the face including nose and lips. Mother had a history of fever with joint pain 5 days after delivery. On evaluation, he was found to have low haemoglobin, elevated total leucocyte count, low platelets and hepatosplenomegaly and a positive IGM Chikungunya. Managed with multiple IV antibiotics, platelet transfusions and IVIG, diagnosed as a case of Complicated Neonatal Chikungunya with Sepsis. The patient succumbed to death.

Conclusion:

This case series highlights diverse infectious diseases presenting unique clinical challenges, including post-kala-azar dermal leishmaniasis, zygomycosis, pediculosis capitis, and post-chikungunya complications.



Abstract N°: 986

Clinical Challenges in Diagnosing Tuberculosis Verrucosa Cutis

Ni Gusti Ayu Amanda Dharmaningputri*[1], Mufqi Handaru Priyanto[1], Eliza Miranda[1], Sondang Pandjaitan Sirait[1]

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Introduction & Objectives:

Tuberculosis verrucosa cutis is a paucibacillary form of cutaneous tuberculosis typically affecting immunocompetent individuals who have been sensitized, often as a result of reinfection from external sources. Diagnosing cutaneous tuberculosis can be challenging due to the atypical appearance of the lesion. The following case is reported as an illustration of verrucous tuberculosis that has not been properly treated for 10 years, highlighting the challenges faced in diagnosing cutaneous tuberculosis.

Materials & Methods:

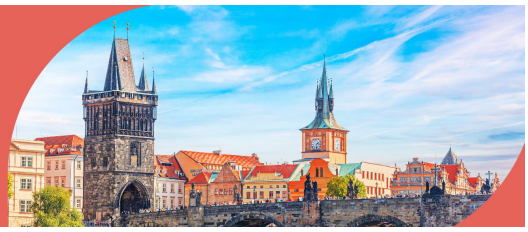
This case report aims to describe the clinical characteristics and treatment plan for tuberculous verrucosa cutis in a 20-year-old Indonesian man.

Results:

A 20-year-old male patient complained about thickened, painless, mild itchy, red patches on his left knee and thigh that presented and progressed for the past 10 years. The patient had a history of falling on the grass field, forming a scar that progressively thickened and spread. History of previous tuberculosis infection was denied. No similar complaints or TB history were reported in the family. On physical examination, multiple erythematous plaques were found, with plaque-sized lesions, a verrucous surface, white dry scales, and brown crusts. The lesion edges were violaceous, circumscribed, and showed serpiginous spread. Histopathological examination showed hypergranulosis, numerous Langhans giant cells, dense lymphocytic infiltration in the dermis, without sign of necrosis. The rapid molecular test using GeneXpert MTB/RIF test resulted in sensitive to rifampicin. However, the culture did not show the presence and growth of Mycobacterium tuberculosis (MTB). We diagnosed the patient with tuberculosis verrucosa cutis. The patient was treated with initial phase of antituberculosis therapy consisted of 750 mg rifampicin, 375 mg isoniazid, 1375 mg etambuthol, and 2000 mg pyrazinamide once daily. After one month of therapy, the patient reported major improvement in his skin condition.

Conclusion:

The diagnostic criteria for cutaneous tuberculosis are met if there are characteristic histopathological findings from skin samples, the presence of acid-fast bacilli (AFB) on microscopic examination, detection of MTB through the rapid molecular test, or the isolation of MTB in a culture. MTB culture remains the gold standard for diagnosing cutaneous tuberculosis, however it can be time-consuming and has low sensitivity. As a faster and more sensitive alternative, rapid molecular test is frequently used in clinical practice. When clinical suspicion is high, therapeutic trials with antituberculosis medications are justified, and the diagnosis may be confirmed based on the patient's response to treatment.



Abstract N°: 1012

Recurrent Toxin-Mediated Perineal Erythema: Two Cases Highlighting a Rare but Distinct Entity

Dilara Ilhan Erdil[1], Demet Sensoy Sogut[1], Selda Pelin Kartal[1]

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Recurrent Toxin-Mediated Perineal Erythema: Two Cases Highlighting a Rare but Distinct Entity

Introduction & Objectives:

Recurrent toxin-mediated perineal erythema (RTPE) is a benign, self-limiting condition characterized by well-demarcated erythema and desquamation in the perineal and inguinal regions, thought to be triggered by superantigens synthesized by staphylococci and streptococci. The clinical presentation may be accompanied by acral edema, mucositis, and strawberry tongue. RTPE is clinically significant due to its recurrent nature, potential for misdiagnosis, and association with systemic infections.

Materials & Methods:

The patient's outpatient record, history, and laboratory data were evaluated.

Results:

The first case was a 6-year-old male patient who presented with abrupt onset erythema extending to the perineal, suprapubic, and inguinal regions, along with desquamation in the central area, which had begun a few days earlier. Hyperemia in the oropharynx, perioral desquamation, and strawberry tongue were observed. The second case was a 4-year-old male patient. Erythema was detected only in the suprapubic region, with mild desquamation in the center of the erythema. Mild perioral peeling was present, but there was no strawberry tongue. Cryptic tonsillitis was seen in the oropharynx region. Both patients were in good general condition; fever and arterial blood pressure values were within normal limits. Both patients had a history of recent sore throat and did not report any medication use. Blood tests of patients showed no pathology except for neutrophilia and elevated ASO levels. In both patients, throat cultures revealed the growth of Streptococcus pyogenes/Group A beta-hemolytic streptococci. Upon consultation with pediatricians, systemic amoxicillin-clavulanic acid therapy was initiated. After treatment, rapid regression in erythema and desquamation was observed. It was the first episode for both of our patients, and they did not experience any recurrence of symptoms in the following months.

Conclusion:

RTPE, a condition mediated by bacterial toxins believed to act as superantigens, often presents with distinct clinical features that may mimic other conditions. Despite its resemblance to conditions like scarlet fever, patients with RTPE typically experience a mild course and maintain a stable general condition. A crucial aspect of managing this condition is the thorough exclusion of other significant disorders in the differential diagnosis, especially Kawasaki disease, as it shares overlapping clinical features, can involve multiple systems, and carries a risk of cardiac complications, whereas RTPE typically follows a benign course. Although clinical features such as perineal erythema and a strawberry tongue were similar to those observed in Kawasaki disease, the absence of fever, the presence of positive throat cultures, and the patients' overall stable condition were particularly helpful in differentiating them from Kawasaki disease. Diagnosis is based on clinical findings and culture results. Though rare in dermatology, we present these cases to raise awareness among clinicians.

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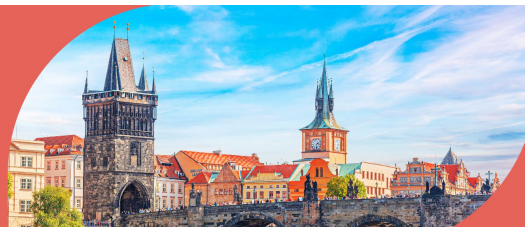

Abstract N°: 1029

A decade long struggle- persistent thigh swelling as presentation of cutaneous aspergillosis

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[2]PGIMER, Histopathology, Chandigarh, India

Introduction & Objectives: Cutaneous Aspergillosis is an opportunistic mycosis caused by saprophytic mold, leading to a variety of morphological presentations. Primary cutaneous aspergillosis in immunocompetent patients is exceedingly rare, posing diagnostic and therapeutic challenges.

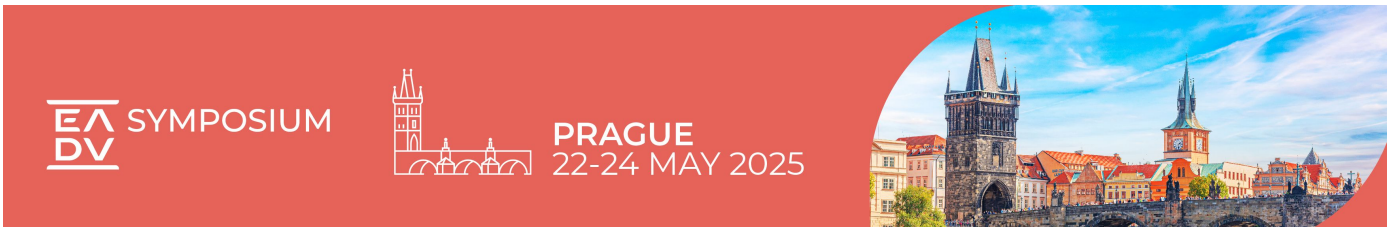
Materials & Methods: A case report is shown. Prior informed consent was obtained from the patient.

Results: A man in his 40s presented to us with a painless hard swelling of right thigh for 10 years, with the recent appearance of overlying discharging sinuses for 1 month. There was no history of trauma or surgical intervention, recurrent infections in the past, or any systemic complaints. Cutaneous examination revealed a diffuse, firm, ill-defined, non-tender, indurated swelling fixed to the skin and underlying tissue over right thigh. It was associated with non-pitting edema of the entire right lower limb and significant right inguinal lymphadenopathy. Lower limb radiographic scans revealed an ill-defined hypointense soft tissue lesion in right thigh with associated subcutaneous edema. Lymphoscintigraphy showed partially obstructed lymphatic drainage in the right lower limb. Histopathology was performed with the possibilities of basidiobolomycosis, phaeohyphomycosis and aspergillosis in mind. It revealed fibrocollagenous tissue with a few epithelioid cell granulomas admixed with lymphocytes and giant cells. Negative shadows in the cytoplasm of giant cells suggested fungal granulomatous inflammation. Fine-needle aspiration cytology revealed a few epithelioid granulomas, many multinucleated giant cells, and fungal profiles with thin septate hyphae with acute angle branching. Fungal culture showed fluffy to velvet-like yellow-green colonies suggestive of *Aspergillus flavus*. The patient was treated with voriconazole, based on culture sensitivity reports, along with saturated solution of potassium iodide, which led to significant reduction in swelling over 2 months.

Conclusion: Primary cutaneous aspergillosis, though rare, can occur in immunocompetent individuals commonly presenting as erythematous papules, nodules, and necrotic plaques. Other rare presentations include eumycetoma, sporotrichoid spread and painful necrotic ulcers. However, persistent chronic thigh swelling has not been described, which may be confused with basidiobolomycosis (Table1). Therefore, a high index of suspicion is required, even in immunocompetent individuals for early diagnostic investigations like histopathology and cultures.

Table 1- Differentiating features between Cutaneous aspergillosis and Basidiobolomycosis

Features	Basidiobolomycosis	Aspergillosis
Etiology	Causative organism- *Basidiobolus ranarum*	Causative organisms are *Aspergillus flavus, Aspergillus fumigatus, Aspergillus ustus*
Morphology and distribution	Firm, well-circumscribed and painless swelling, which may involve the whole shoulder, arm, entire leg, or buttocks. Finger insinuation positive. Ulceration and regional LNE rare	Necrotic papulonodules, subcutaneous nodules (secondary cutaneous); may be associated with an intravenous catheter site (primary cutaneous), areas of terminal circulation
Fungal profiles	Irregular sparsly septate hyaline fungal hyphae with thick walls,	Acute angle branching, septate hyphaeto velvet like initially white and later become bright to dark yellow-green



Abstract N°: 1040

Something fishy about that ulcer: a leg ulcer on an immunosuppressed scuba-diver

Claudine Howard-James*[1], Michael Maguire[1], Kevin Molloy[1]

[1]Tallaght University Hospital, Dermatology, Dublin, Ireland

Introduction & Objectives:

A 58-year-old male presented with an enlarging painful ulcer on his left medial knee. He had a history of psoriatic arthritis, on dual immunosuppression for the past five years with methotrexate and adalimumab. He had recently travelled to over twenty countries across five continents in the past two years, and his hobbies included scuba diving and seawater/freshwater swimming.

Materials & Methods:

One year prior to this presentation, he recalled freshwater swimming in a cave lake in the state of Bahia, Brazil without a wetsuit where companions reported bites from tropical fish on the same day. From that time, he developed two small erythematous papules on each knee with rapid resolution on the right knee. His travel continued, with scuba dives in multiple countries in Central America, the Caribbean and Ireland in the months that followed. The left knee lesion slowly enlarged, and he sought medical attention in Ireland nine months later; receiving penicillin antibiotics, topical steroids and Mupirocin cream from his General Practitioner. He was switched from Adalimumab to Infliximab for a presumed diagnosis of pyoderma gangrenosum by his treating Rheumatology team. The lesion's growth accelerated over the course of 8 weeks, ultimately leading to acute presentation to the Emergency Department with severe pain and limited mobility. On examination, he had a 20x10cm eroded plaque on his left knee with an exudative base and a ragged erythematous/violaceous edge. He also had a 25x20mm eroded lesion on his right flank, and a hyperpigmented patch on his right knee. He denied fevers or systemic symptoms.

Results:

His blood serology was negative for hepatitis B, C and HIV infection, and he was varicella immune. Interferon-gamma release assay (IGRA) was positive, which had been negative in 2019 while on immunosuppression.

A skin biopsy from the left leg lesion demonstrated ulceration, mixed inflammation and underlying dermal necrosis but no significant epidermal hyperplasia. Necrotising granulomas were seen and Ziehl-Nelsen stain was positive for abundant acid-fast bacilli. Direct microscopy was positive for *Mycobacterium.* Subsequent biopsy from the right flank lesion had similar findings.

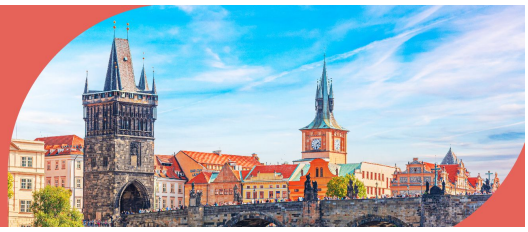
Chest x-ray showed no irregularities. A liver ultrasound was completed due to isolated raised alanine transferase (ALT) which showed no liver lesions.

Conclusion:

Full culture and sensitivity results are still pending, and appropriate treatment regimen will be commenced following idenitification of the specific *Mycobacterium.* His immunosuppression is on hold, both ulcerated lesions continue to slowly enlarge and he remains under close review.

This case demonstrates the importance of a full medical and social history, including hobbies and travel, in all patients on immunosuppressive therapy, as they are at risk of atypical infections and presentations.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025



Abstract N°: 1041

The first reported case of Trichoderma longibrachiatum causing a cutaneous fungal infection in an immune-competent patient.

Claire Quigley*[1], Anna-Rose Prior[2], Stephen Crowther[3]

[1]Tallaght University Hospital , Dermatology , Dublin , Ireland
[2]Tallaght University Hospital , Microbiology , Dublin , Ireland
[3]Tallaght University Hospital , Histopathology, Dublin, Ireland

Introduction & Objectives:

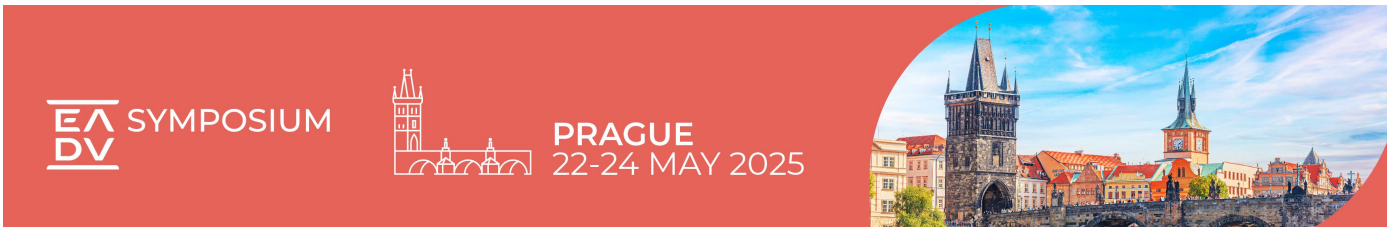
Trichoderma spp. are saprophytic fungi increasingly recognised as human pathogens. There are few case reports detailing *T. longibrachiatum* in immunocompromised patients, fewer still detailing cutaneous infections. Herein, we present the case of *T. longibrachiatum* in an immune competent host.

Materials & Methods:

A 29-year-old Hispanic man presented to the dermatology clinic for review of a deeply pigmented naevus, which was ultimately proven to be benign. He was noted to have an extensive erythematous, scaly rash on full skin examination. The rash was asymmetric and appeared to have a sebhorrheic predominant distribution on the trunk and the lower limbs and showed some mild perifollicular accentuation with islands of sparing. The patient was otherwise healthy. A skin biopsy was taken to outrule any evidence of folliculotropic mycosis fungoides. Skin scrapings returned negative, however fungal stains on histology showed spores in the keratin layer. *Trichoderma longibrachiatum* was cultured from a tissue sample sent for fungal culture. Given the lack of clinical breakpoints for the laboratory to determine antifungal susceptibility to this organism,* the patient was treated empirically with oral itraconazole 200mg daily for a week and a response assessment is pending

Conclusion:

To the best of our knowledge, this is the first case outlining cutaneous *T.longibrachiatum* infection in a immune competent patient treated with itraconazole



Abstract N°: 1086

Lupus vulgaris misdiagnosed as sarcoidosis – echoes of tuberculosis in modern medical practice

Andreea Cozma*[1], Dorina Procopciuc[1], Denisa Misailoaie[1], Laura Solovastru[1], Elena-Roxana Hascoët[1]

[1]Universitatea de Medicină și Farmacie „Grigore T. Popa” din Iași, Iași, Romania

Introduction & Objectives:

Tuberculosis is an infectious disease that has marked the past, impacting medicine, society, and politics. The anti-tuberculosis reforms and strategies implemented have significantly reduced the incidence of this disease, but it has not been completely eradicated. This presentation highlights the importance of understanding cutaneous tuberculosis from the dermatologist’s perspective.

Materials & Methods:

We present the clinical case of a 70-year-old female patient who presented to our clinic with an indurated, infiltrated, erythematous-violaceous plaque with an irregular but well-defined border and slightly elevated margins. The lesion displayed multiple telangiectasias, scales, and four ulcers ranging in diameter from 0.3 cm to 2 cm, covered by hemorrhagic-mieliceric crusts and associated with pain. The lesions were located in the parotid, preauricular, auricular, retroauricular, and retromastoid regions, with temporal-occipital extension on the left side.

Results:

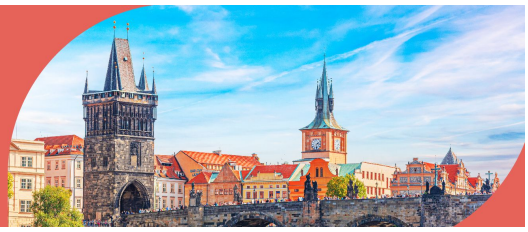
From the patient’s history, it was found that the onset occurred in August 2014 with the appearance of an erythematous-violaceous plaque on the left earlobe. The progression was gradual, and in September 2019, a skin biopsy was performed, which led to a diagnosis of cutaneous sarcoidosis. The patient received systemic corticosteroid therapy; however, there was no improvement—in fact, the lesion worsened and extended. Her medical history includes arterial hypertension and insulin-treated diabetes mellitus. She denies any history of pulmonary or extrapulmonary tuberculosis. Paraclinical, a slightly elevated ESR, slightly increased GGT, elevated IgE, and a HbA1c of 6.4% were detected.

A diagnosis of ulcerative lupus vulgaris was suspected, and a Quantiferon test was performed, which was positive. A chest X-ray revealed a left apical nodule, and an RT-PCR test detected Mycobacterium tuberculosis DNA. A bacteriological examination of the ulcer secretion revealed Staphylococcus aureus. The sample was also sent for culture on Löwenstein–Jensen medium, but it was rejected as it was considered contaminated.

Following the corroboration of clinical and paraclinical data, a diagnosis of ulcerative lupus vulgaris, superinfected with Staphylococcus aureus, was established

Conclusion:

Although considered a disease of the past in some countries, tuberculosis remains a public health issue in endemic regions. Furthermore, migration has led to the diagnosis of tuberculosis in areas where it is regarded as a rare disease. Understanding the past, in our case the clinical manifestations of cutaneous tuberculosis, has made it possible to direct the investigations and establish the correct diagnosis. This case underscores the importance of considering cutaneous tuberculosis in the differential diagnosis, particularly in regions where it is less frequently encountered.



Abstract N°: 1088

Acquired Toxoplasmosis in a healthy child

Menali Gamage*[1], Sriyani Samaraweera[1]

[1]Lady Ridgeway Hospital for Children, Colombo, Sri Lanka

Acquired Toxoplasmosis in a healthy child

Introduction & Objectives:

Cutaneous involvement in acquired toxoplasmosis is rare in immunocompetent hosts and is nonspecific yet diverse, making diagnosis challenging. Herein, we report a case of a rapidly enlarging skin nodule in a 6-year-old healthy boy, presenting as a cutaneous manifestation of toxoplasmosis.

Materials & Methods:

A 6-year-old boy presented with a progressive, non-tender lump over the left forearm for a duration of two months. There was no history of trauma, prick injury, animal or insect bite. Additionally, there was no history of loss of appetite, weight loss, night sweats, or contact with tuberculosis. No history of recurrent infections, fatigue, bleeding diathesis, or bone pain suggestive of marrow infiltration was noted.

On examination, a firm, skin-coloured subcutaneous lump measuring 3 cm × 3 cm with some nodularity was observed over the left forearm. There was no discharge, ulceration, or surface changes except for a previous biopsy scar over the lesion. No regional or generalized lymphadenopathy was present. The BCG scar was noted.

Investigations revealed persistent hypereosinophilia with an elevated ESR. Gene Xpert testing for tuberculosis was negative. Histology showed extensive infiltration of eosinophils, lymphocytes, and neutrophils in the dermis and deep cutis. Tissue cultures for bacterial, fungal, tuberculous, and atypical mycobacterial infections were negative.

Toxoplasma antibodies were positive at a high titre, confirming the diagnosis. Treatment with cotrimoxazole resulted in a complete resolution of the lesion in two months.

Results:

Toxoplasmosis is a common, often asymptomatic infection caused by *Toxoplasma gondii*, an intracellular protozoan. Skin manifestations include maculopapular rashes, subcutaneous nodules, urticarial lesions, and annular erythema. Extracutaneous organ involvement may affect the lymph nodes, cerebrospinal fluid, muscles, and heart. The standard treatment for acquired toxoplasmosis in both immunocompetent and immunodeficient patients is a combination of pyrimethamine and sulfonamides.

Conclusion:

Persistent hypereosinophilia and histological findings, combined with serological confirmation, were key in establishing the diagnosis, reinforcing the importance of considering toxoplasmosis in cases of unexplained skin nodules. Recognising its diverse presentations can aid in early diagnosis and appropriate management, preventing unnecessary interventions and ensuring optimal patient outcomes.

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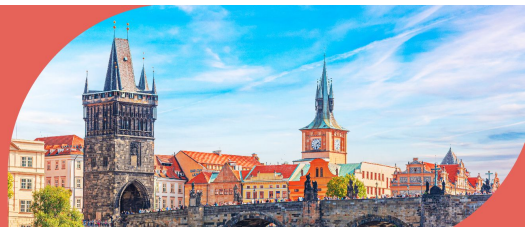


Abstract N°: 1117

Crusted (Norwegian) Scabies in Two Related Individuals: Clinical Presentation, Diagnosis and Treatment

Thomas Fotas[1], Ioannis Pappas[2], Menelaos Lefkaditis[3], Georgios Christodoulopoulos[4]

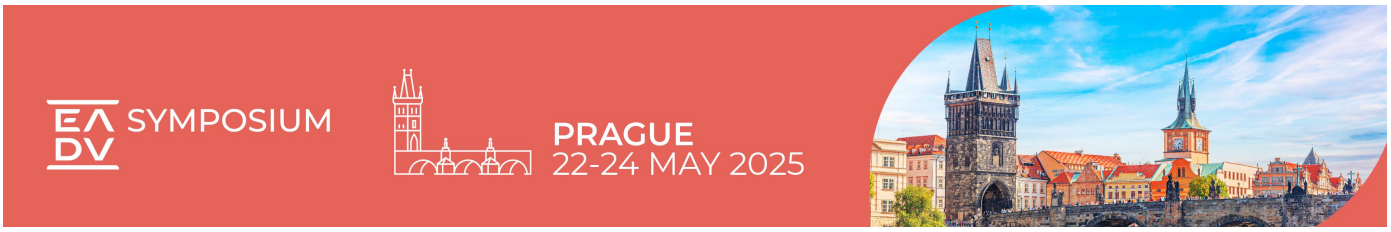
[1]General Hospital "Asklepieio Voulas", Department of Dermatology and Venereology, Athens, Greece
[2]University of Thessaly, Faculty of Veterinary Medicine, Laboratory of Pharmacology and Toxicology, Karditsa, Greece
[3]University of Thessaly, Faculty of Veterinary Medicine, Laboratory of Microbiology and Parasitology, Karditsa, Greece
[4]Agricultural University of Athens, Department of Animal Science, Athens, Greece

Introduction & Objectives: Crusted (Norwegian) scabies is a rare and severe form of scabies that predominantly affects immunocompromised individuals. This report describes two related cases with extensive hyperkeratotic lesions, aiming to highlight the clinical presentation, diagnostic approach, treatment, and epidemiological considerations of this condition.

Materials & Methods: Two patients, an elderly woman and her adult son, presented with hyperkeratotic lesions. The woman exhibited lesions on her face, hands, and thorax, while the man had lesions on the middle torso, including the genitals, buttocks, armpits, arms, and chest. The man's medical history included congenital intellectual disability and chronic corticosteroid therapy for autoimmune vasculitis. Diagnosis was confirmed via microscopic examination of skin scrapings. Treatment involved oral ivermectin (200 µg/kg) administered in two doses one week apart, combined with topical benzyl benzoate lotion 20%, applied once daily for two consecutive days, with reapplication on days 7 and 8.

Results: Both patients responded successfully to the treatment regimen, with resolution of hyperkeratotic lesions. Epidemiological investigation revealed that the man had contact with a flock of sheep affected by sarcoptic mange, suggesting potential zoonotic transmission.

Conclusion: These cases emphasize the need for early recognition of crusted scabies in immunocompromised individuals and the implementation of effective treatment regimens. The findings demonstrate the efficacy of oral ivermectin combined with topical therapy and underscore the importance of thorough contact tracing and environmental management to prevent reinfection.



Abstract N°: 1160

Lupus vulgaris misdiagnosed as sarcoidosis – echoes of tuberculosis in modern medical practice

Andreea Cozma*[1], Dorina Procopciuc[1], Denisa Misailoaie[1], Elena-Roxana Hascoët[1], Angy Abu Koush[1], Laura Solovastru[1]

[1]Universitatea de Medicină și Farmacie „Grigore T. Popa” din Iași, Iași, Romania

Introduction & Objectives:

Tuberculosis is an infectious disease that has marked the past, impacting medicine, society, and politics. The anti-tuberculosis reforms and strategies implemented have significantly reduced the incidence of this disease, but it has not been completely eradicated. This presentation highlights the importance of understanding cutaneous tuberculosis from the dermatologist’s perspective.

Materials & Methods:

We present the clinical case of a 70-year-old female patient who presented to our clinic with an indurated, infiltrated, erythematous-violaceous plaque with an irregular but well-defined border and slightly elevated margins. The lesion displayed multiple telangiectasias, scales, and four ulcers ranging in diameter from 0.3 cm to 2 cm, covered by hemorrhagic-mieliceric crusts and associated with pain. The lesions were located in the parotid, preauricular, auricular, retroauricular, and retromastoid regions, with temporal-occipital extension on the left side.

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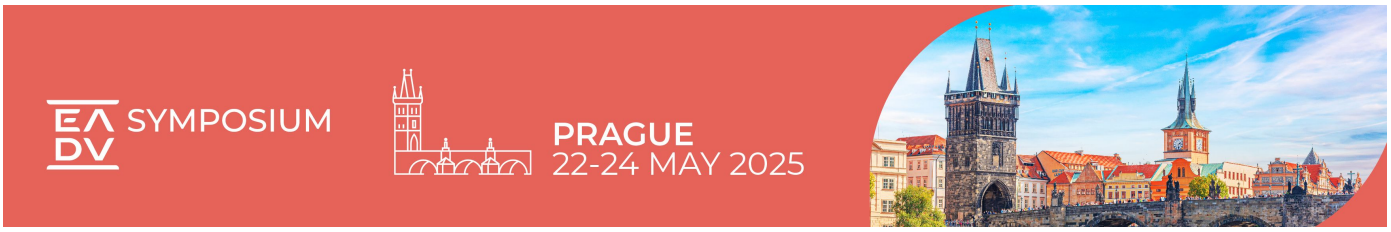
Following the corroboration of clinical and paraclinical data, a diagnosis of ulcerative lupus vulgaris, superinfected with Staphylococcus aureus, was established.

Conclusion:

Although considered a disease of the past in some countries, tuberculosis remains a public health issue in endemic regions. Furthermore, migration has led to the diagnosis of tuberculosis in areas where it is regarded as a rare disease. Understanding the past, in our case, the clinical manifestations of cutaneous tuberculosis has made it possible to direct the investigations and establish the correct diagnosis. This case underscores the importance of considering cutaneous tuberculosis in the differential diagnosis, particularly in regions where it is less frequently encountered.



Abstract N°: 1167

Free Access To Medications For Scabies Treatment in Italy – A Call to Action and the Need To Evaluate its Clinical And Epidemiological Impact

Martina Mussi[1, 2], Iria Neri[1], Valeria Gaspari[1], Bianca Maria Piraccini[1, 2], Riccardo Balestri[3], Giulia Rech[3], Michela Magnano[3], Salvatore Domenico Infusino[3], Laura Atzori[4, 5], Corrado Zengarini[1, 2]

[1]S. Orsola-Malpighi Polyclinic, Dermatology, Bologna, Italy
[2]Alma Mater Studiorum - Università di Bologna, Department of Medical and Surgical Sciences, Bologna, Italy
[3]Santa Chiara Hospital, Dermatology, Trento, Italy
[4]UniCa - Università degli Studi di Cagliari, Dipartimento di Scienze mediche e sanità pubblica, Cagliari, Italy
[5]P.O. San Giovanni di Dio Cagliari, Dermatology, Cagliari, Italy

Introduction & Objectives:

Scabies is a neglected parasitic disease with a growing global incidence, disproportionately affecting socioeconomically disadvantaged populations. The World Health Organization (WHO) has recognized treatment accessibility as a crucial component of scabies control. However, medication costs remain a significant barrier, particularly in low-income communities, migrants, and individuals in communal living environments. The Autonomous Province of Trento and the Emilia-Romagna region in Italy have recently implemented free access programs for scabies treatment, yet the epidemiological and clinical impact of such initiatives remains unexplored. This study aims to assess the effectiveness of providing free ivermectin and other scabicidal medications, both in terms of therapeutic success and epidemiological impact.

Materials & Methods:

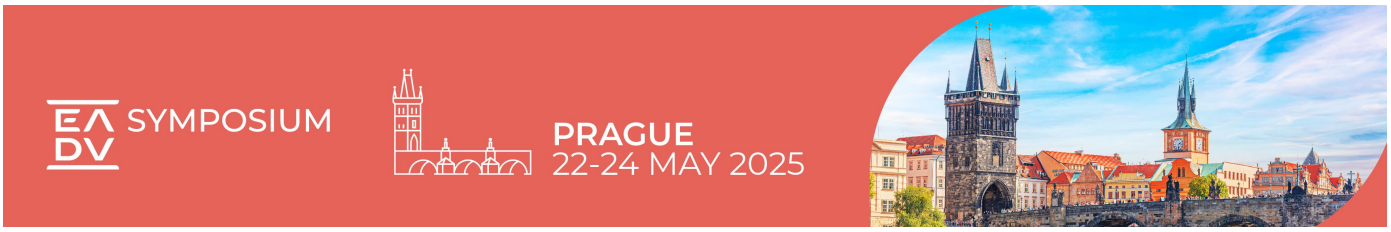
A retrospective observational analysis was conducted on scabies cases reported from 2013 to 2024 in the Emilia-Romagna and Trento regions. Data on scabies incidence trends and treatment accessibility were collected. The SCAB-net national research protocol was initiated to evaluate the impact of free ivermectin distribution, along with pyrethroid derivatives and benzyl benzoate, on both treatment outcomes and transmission control. Key indicators included treatment success rates, the persistence of symptoms, and the reduction of new scabies cases after implementing free medication access.

Results:

Following the introduction of free medication policies, a significant increase in scabies treatment adherence was observed. Since April 2023, the Autonomous Province of Trento has guaranteed free ivermectin provision to affected individuals and their close contacts, while Emilia-Romagna extended coverage in July 2024 to include multiple scabicidal treatments under the Regional Health Service. Preliminary data indicate improved therapeutic success rates and a decline in reinfestation cases in both regions. The economic feasibility and long-term sustainability of free scabies treatment programs remain subjects of further study.

Conclusion:

Ensuring free access to scabies medications, as implemented in Trento and Emilia-Romagna, represents a critical step in reducing health disparities and controlling scabies outbreaks. This initiative underscores the importance of public health policies that prioritize accessibility, aligning with WHO recommendations for universal health coverage of neglected diseases. Further large-scale epidemiological studies and economic analyses are required to confirm the long-term benefits of this approach and support the wider implementation of free scabies treatment programs worldwide.



Abstract N°: 1178

Tinea Imbricata: A Diagnosis to Consider in Case of Annular Dermatosis.

Nada Naciri*[1], Bendaoud Layla[1], Fatima-Ezzahraa Zeroual[1], Mariem Aboudourib[1], Hocar Ouafa[1], Said Amal[1]

[1]Arrazi Hospital, Mohammed VI University Hospital, Faculty of Medicine and Pharmacy of Marrakech, Biosciences and Research Laboratory FMPM, Cadi Ayyad University., Department of Dermatology – Venereology, Marrakesh, Morocco

Introduction:

Tinea imbricata is a rare fungal infection caused by Trichophyton concentricum, characterized by figured skin lesions. Its geographic distribution is limited. This case highlights the clinical, epidemiological, and mycological aspects of this unusual infection. To our knowledge, it is the first published case in Morocco and is an imported case.

Case report:

We present the case of a 34-year-old man, residing in Morocco, of Pakistani origin, with no significant medical history or animal contact. He reported similar lesions in two family members in Pakistan. He had an annular, pruritic, scaly lesion on his left inner thigh for 4 months, initially treated with topical corticosteroids, but the lesions worsened and spread.

Dermatological examination revealed: Erythematous, annular, concentric, well-defined lesions on the inner thighs with fine white scales, and erythematous, scaly papules in the inguinal area.

The suspected clinical diagnosis was an atypical dermatophyte infection, and mycological testing confirmed the presence of Trichophyton concentricum. The treatment with 250 mg oral terbinafine and topical terbinafine for 4 weeks led to improvement by the second week.

Discussion:

Tinea imbricata, also known as Tokelau, is a rare superficial mycosis caused by the anthropophilic dermatophyte Trichophyton concentricum. It is mainly found in regions like Oceania, Southeast Asia, and Central and South America, with cases among immigrants, suggesting travel and immigration play a role. There are no established statistics on it in Morocco.

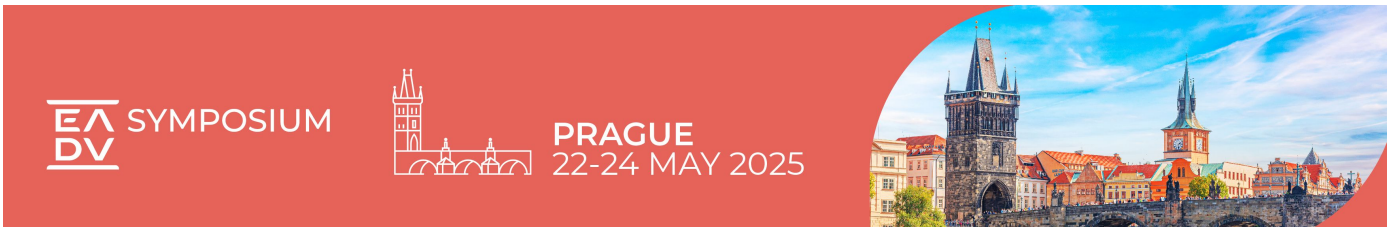
Transmission is human-to-human, affecting both sexes and all ages, typically acquired in childhood. Predisposing factors include hot and humid climates, poor hygiene, skin microbiota, and genetic and immunological factors. Few cases have been reported outside endemic areas, even after prolonged cohabitation, as is the case with the patient's spouse, suggesting a potential genetic predisposition.

Diagnosis is clinical, based on pruritic, concentric, annular, or lamellar lesions with scaly borders that may generalize. Corticosteroid use may obscure diagnosis. Lesions often affect the trunk, limbs, and face, but sparing nails, palms, soles, and hair. Tinea imbricata is highly contagious due to the abundant presence of scaly cells that are rich in arthrospores. Trichophyton concentricum grows slowly, forming cream colonies with a smooth, waxy, wrinkled surface. Microscopy shows irregular, branched hyphae.

Lesions may evolve chronically, with risks of post-inflammatory dyschromia and lichenoid changes. The treatment of choice is oral antifungals, either terbinafine (250 mg per day) or griseofulvin (500 mg twice a day) for 4 weeks. Topical antifungals and keratolytics may be added. Spontaneous improvement is rare, and relapses are common, especially in genetically predisposed individuals.

Conclusion:

Concentric lesions present a diagnostic challenge. Despite its geographic limitations, Tinea imbricata should be considered. This case underscores the importance of diagnostic vigilance and appropriate therapy to prevent lesion exacerbation from unsuitable treatment.



Abstract N°: 1191

Scabies increasing incidence in Bologna from 2013 to2024: a retrospective analysis

Martina Mussi[1, 2], Michelangelo La Placa[1, 2], Alessandro Pileri[1, 2, 2], Annalucia Virdi[1], Marco Adrano Chessa[1, 2], Federico Bardazzi[1], Carlotta Gurioli[1], Michela Starace[1, 2], Valeria Gaspari[1], Cosimo Misciali[1], Fortunato Cassalia[3], Iria Neri[1], Bianca Maria Piraccini[1, 2], Corrado Zengarini[1, 2]

[1]S. Orsola-Malpighi Polyclinic, Dermatology, Bologna, Italy
[2]Alma Mater Studiorum - Università di Bologna, Department of Medical and Surgical Sciences, Bologna, Italy
[3]University of Padua, Department of Medicine, Padova, Italy

Introduction & Objectives:

Scabies, caused by Sarcoptes scabiei, has seen a rising global incidence in recent years, becoming a public health concern in several Western nations. Despite anecdotal reports from healthcare providers, longitudinal data on scabies incidence are limited. In Bologna, Italy, an increasing number of cases have been reported to local health authorities, but standardized epidemiological studies assessing long-term trends are lacking. This study aims to analyze the incidence trends of scabies at S. Orsola Hospital's Dermatological Emergency Department from 2013 to 2024, investigating seasonal variation and potential socio-environmental factors contributing to transmission.

Materials & Methods:

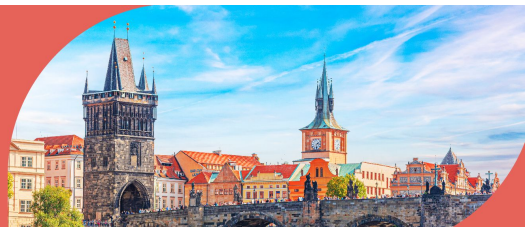
A retrospective observational analysis was conducted using hospital records from October 2013 to September 2024, identifying cases through ICD-9 codes. Data included monthly case counts, patient age, nationality, and seasonal variation. Only first-time diagnoses were included, excluding follow-up visits to prevent duplication. Statistical analyses were performed to assess incidence trends, seasonal peaks, and potential demographic variations, using χ^2 tests, linear regression, and the Kruskal-Wallis test.

Results:

A total of 1,192 scabies cases were diagnosed over the study period. A significant upward trend in cases was observed, with an average annual increase of ~70 cases per year ($p=0.019$). Seasonal variation was evident, with peak incidence in February, March, and April, while the lowest rates occurred in July and August ($p<0.001$). No significant nationality differences were noted in the overall patient distribution, though cases among Italian residents showed an increase in the later years of the study.

Conclusion:

The increasing scabies incidence in Bologna over the past decade, alongside seasonal peaks, suggests that environmental and social factors contribute to its transmission. Without clear evidence of demographic shifts or widespread drug resistance, other factors, such as overtourism, suboptimal accommodation conditions, and increased population density, may play a role. These findings underscore the need for continuous public health monitoring and targeted interventions to manage scabies outbreaks effectively, particularly during peak transmission periods. Further studies are warranted to assess the long-term impact of socio-environmental changes on scabies epidemiology.



Abstract N°: 1192

A case of Epstein-Barr virus-induced erythema multiforme

Bochra Bennour[1], Zoé Manssens[2], Elena Karimova[1]

[1]Hospital of Lens, Dermatology department, Lens, France
[2]CHR de Lille, Anatomical pathology department , Lille, France

Introduction:

Erythema multiforme is a cutaneous and mucosal hypersensitivity reaction triggered by certain antigenic stimuli. Herpes virus infection (most commonly HSV1) is a classic cause of erythema multiforme in adults, particularly in its recurrent form. Erythema multiforme due to Mycoplasma Pneumoniae is more frequent in children. We present a rare case of erythema multiforme induced by Epstein-Barr virus (EBV).

Case report:

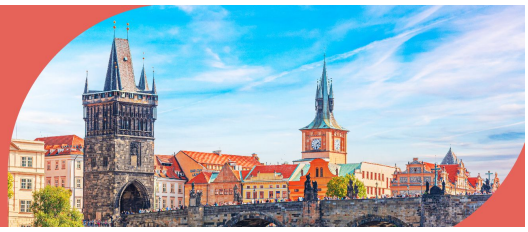
A 42-year-old man with no known medical history presented to the emergency department with acral target lesions evolving for a week. Fever, altered general condition and concomitant inflammatory polyarthralgias concomitant with the cutaneous signs were reported. There was no herpetic infection or medication preceding the symptomatology. Treatment with amoxicillin and prednisone had been initiated after the onset of the exanthem by his referring physician, without efficacy. Clinical examination revealed infiltrated “target” lesions, sometimes with bullous center, on the arms, forearms and hands. Peri-ocular papules and ecchymotic and petechial purpura of the legs were also observed. There was no mucosal involvement.

Results:

Biological tests showed monocytosis (1400/mm3), inflammatory syndrome (ESR 90 mm/h, CRP 108 mg/l, platelets 588,000/mm3). Vasculitis biomarkers and immunological tests were free of anomalies. HIV serologies, hepatitis (B and C) were negative. IgM antibodies (EBV and Cytomegalovirus (CMV)) were negative and IgG (EBV and CMV) were positive. HSV-1 and 2 PCR were negative, EBV blood PCR was positive (21049 copies). Skin biopsy revealed a spongiform and discretely lichenoid dermatosis associated with a predominantly lymphocytic dermal inflammatory infiltrate without vasculitis. In situ hybridization for the presence of for EBV RNA revealed no signal. Direct immunofluorescence was negative, thus excluding the diagnosis of Rowell’s syndrome. We retained the diagnosis of EBV-induced minor erythema multiforme. We ceased Amoxicillin and Prednisone medication and prescribed symptomatic treatment. Clinical evolution was favorable within two weeks.

Conclusion:

Erythema multiforme in EBV infection is very rare. About a dozen observations are described in the literature as case reports. The most common form is minor erythema multiforme. In cases with mucosal involvement, mucosal damage is generally discreet. Adults and children are equally affected; however, the persistent form of erythema multiforme affects adults electively. Some authors incriminate corticosteroid in the perennialization of erythema multiforme, but this condition is not always present. Tofacitinib appears to be effective in treating resistant cases of persistent erythema multiforme. EBV infection should be considered and searched for when erythema multiforme is suspected.



Abstract N°: 1196

Ireland's first confirmed case of Trichophyton indotineae and response to topical Griseofulvin.

Emma Carroll*[1], Marion Leahy[2], Maria Stanciu[2], Mary Laing[1, 3]

[1]University Hospital Galway, Dermatology, Galway, Ireland
[2]University Hospital Galway, Galway, Ireland
[3]University of Galway, Galway, Ireland

Introduction & Objectives:

This case involves a 22-year-old male from Bangladesh who has been living in Ireland for three years. He presented with a year-long history of a progressive scaly rash affecting his groin, hands, face, and scalp. Skin scrapings performed revealed the presence of *Trichophyton* species. Our patient initially attended his general practitioner. He did not respond to topical corticosteroids, topical antifungals and a short course of an oral antifungal prior to presentation to dermatology. He was then trialled on itraconazole for four weeks and terbinafine for two months, neither of which successfully cleared the infection. A subsequent six-week course of itraconazole also failed to improve the condition.

Materials & Methods:

Due to the persistence of the rash, a skin biopsy was performed, the results of which suggested fungal infection and advised correlation with microbiology. Of note, culture was negative for fungi. Repeat skin scrapings did however show persistence of *Trichophyton* species. Following discussion with microbiology, the sample was sent to Bristol for whole genome sequencing. This confirmed the diagnosis of *Trichophyton indotineae*.

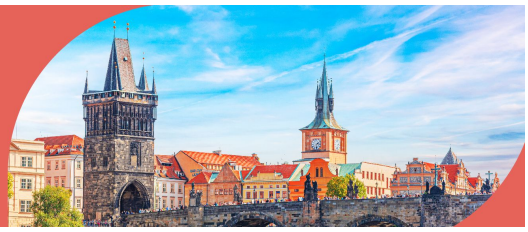
Results:

The patient has since responded to six weeks of griseofulvin therapy. Interestingly, due to a language barrier between pharmacy and patient, griseofulvin was used topically instead of orally, and the rash began to resolve with this unexpected topical application.

Conclusion:

This case demonstrates the necessity to consider *T. indotineae* in patients presenting with recalcitrant dermatophytosis, particularly those with a travel history to endemic regions. Suspicion should be raised in cases of nonresponse to standard first-line topical antifungals, including combination antifungal-corticosteroid topicals, and/or oral antifungals, particularly given the emergence of resistant *T. indotineae*. It has become a problematic dermatophyte due to its predominantly in vitro genetic resistance to terbinafine owing to point mutations of the squalene epoxidase gene. It also displays in vivo resistance to terbinafine. Secondly, this case highlights the importance of molecular diagnostic tools for accurate identification and appropriate treatment selection, given the organism's resistance profile.

Ireland's first confirmed case of *T. indotineae* should serve as a cautionary tale for dermatologists and public health officials worldwide.



Abstract N°: 1206

Clinical Spectrum of Cutaneous Tuberculosis in a Tertiary Care Center in India

Muskaan Johal*[1], Parag Chaudhari[1], Kiran Godse[1]

[1]D Y Patil Hospital, Navi Mumbai, India

Clinical Spectrum of Cutaneous Tuberculosis in a Tertiary Care Center in India.

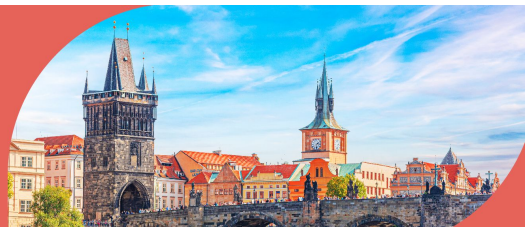
Introduction and Objectives: Tuberculosis (TB) is a chronic granulomatous disease caused mainly by Mycobacterium tuberculosis, primarily affecting the lungs in 80-85% of cases, with extrapulmonary manifestations occurring in approximately 15-20% of patients. Cutaneous tuberculosis constitutes approximately 1–5% of extrapulmonary tuberculosis cases, involving the skin either as an isolated manifestation or in conjunction with other organ systems.Cutaneous tuberculosis has a wide spectrum of clinical presentation and can present as papules, plaques, nodules, ulcers or verrucous lesions.

Materials and Methods: This case series, comprising of 13 patients (7 males and 6 females, aged 7–45 years), was done on patients visiting the dermatology OPD from November 2023 to December 2024. Out of 13 patients, 11 were diagnosed as cutaneous tuberculosis while the remaining 2 presented with tuberculids. The patients were analysed on the basis of history, clinical features, Mantoux test, IGRA test, and histopathological findings noted on skin biopsy.

Results: We observed the commonest presentation of Cutaneous TB to be Tuberculosis Verrucosa Cutis, seen in 7 patients, presenting as verrucous plaques, at elbow which is the common site for trauma. History of trauma in younger patients and barefoot walking in adults were potential diagnostic clues. The next most common type was lupus vulgaris, which presented as an erythematous plaque with peripheral papules and scarring at one side of the lesion. Two cases of Tuberculids were noted: papulonecrotic tuberculids and Lichen Scrofulosorum, with the former showing active tuberculosis in the lymph nodes on HRCT Thorax. A 45-year-old female with tubercular lymphadenitis (Scrofuloderma) exhibited tender ulcerative plaques and multiple discharging sinuses over the chest and axilla. Histopathology of these cases revealed epithelioid granulomas. In the papulonecrotic tuberculid case, Langhans giant cells with caseous necrosis was also observed.

Conclusion: This case series highlights the diverse clinical spectrum of cutaneous tuberculosis, emphasizing its global health challenge, especially in resource-limited settings. Recognizing both common and rare clinical forms is crucial to addressing this significant health burden. Cutaneous tuberculosis remains a significant public health concern, often underdiagnosed due to its varied clinical presentations and low bacillary load. Strengthening TB control programs, early case detection, and ensuring treatment adherence are crucial to reducing its burden and preventing community transmission.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025



Abstract N°: 1275

Fighting More Than Opponents: Molluscum Contagiosum in Contact Sports

Bianca-Alexandra Moise[1], Catalin Mihai Popescu[1, 2], Raluca Popescu[1, 2], Ioana Ditu[3]

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Introduction & Objectives:

Molluscum contagiosum (MC) is a common benign cutaneous viral infection, caused by the molluscum contagiosum virus, an unclassified member of the Poxviridae family. Diagnosis is usually straightforward, based on the characteristic skin lesions (mollusca), and can be aided by dermoscopy.

While MC most commonly affects children, sexually active adults and immunocompromised patients, it can also affect athletes or recreational participants engaging in contact sports. Some contact sports, like Brazilian jiu-jitsu, which focuses on groundwork, joint locks, and chokeholds rather than kicks and punches, pose a higher risk due to the prolonged and close contact between participants.

Most cases are transmitted through direct skin-to-skin contact. Mollusca can rupture due to physical trauma, leading to the release of a caseous material with high viral load, which may result in autoinoculation or transmission to other susceptible individuals, particularly in the presence of abrasions, wounds or skin conditions that disrupt the epidermal barrier. Mats and other fomites serve as minor vectors.

Spontaneous resolution generally occurs in healthy individuals. While treatment is not required, it is recommended in the context of contact sports, as it reduces the risk of autoinoculation and transmission.

We report the case of an otherwise healthy male patient diagnosed with MC after participating in contact sports.

Materials & Methods:

A 30-year-old male presented with multiple asymptomatic papules involving the occipital scalp and posterior neck. The patient reported that the affected area is frequently in direct contact with other participants' skin, often irritated by friction and regularly shaved. Notably, other participants exhibited similar lesions on different areas of the body.

On physical examination, the papules were well-defined, skin-colored, waxy, firm, 1-5mm in diameter, with some displaying central umbilication. Dermoscopy showed central white and round amorphous structures, surrounded by peripheral crown vessels.

Results:

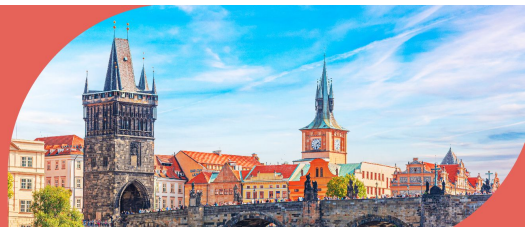
A diagnosis of molluscum contagiosum was made. The patient was advised to temporarily avoid activities involving physical contact between the infected area of the skin and exposed skin of others, in order to prevent transmission. Additionally, in order to reduce the risk of autoinoculation, he was instructed to avoid manipulating the lesions and to refrain from shaving his hair.

Considering the lesions' localization, the patient's cosmetic concerns and desire to return to contact sports quickly, the most suitable treatment was physically destructive therapy. The patient opted for CO2 laser due to its efficacy and minimal recovery time.

Following a single session of CO2 laser, the lesions resolved completely, healing without scarring or pigmentary changes.

Conclusion:

Skin infections are common among contact sports participants. Prolonged and close skin-to-skin contact makes them highly susceptible to various skin infections. Although molluscum contagiosum is benign and self-limited, in the contact sports setting, infection control is best achieved through early treatment and temporary removal of infected participants from play until they are no longer contagious. By adopting rigorous hygiene practices, maintaining a clean training environment and vigilance regarding skin health, practitioners of contact sports can continue to enjoy their activities on the mat, rather than on the sidelines.



Abstract N°: 1319

Cyclosporine as a Novel Therapeutic Approach in Erythema Nodosum Leprosum

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[1]dr d y Patil hospital , navi mumbai , India

Cyclosporine as a Novel Therapeutic Approach in Erythema Nodosum Leprosum

Introduction & Objectives:

Erythema nodosum leprosum (ENL) is a severe immunological complication of lepromatous leprosy, characterized by painful erythematous nodules, systemic symptoms, and significant morbidity. Standard treatment includes corticosteroids and thalidomide; however, cyclosporine, an immunosuppressant, has shown promising results in managing refractory cases. This report presents a case of Hansen's disease complicated by recurrent ENL successfully treated with cyclosporine.

Case Report : ** A 35-year-old male, previously diagnosed with lepromatous leprosy, presented with multiple tender, erythematous nodules over the trunk and extremities, high-grade fever, arthralgia, and malaise. The patient had been on multidrug therapy (MDT) for leprosy for the past 10 months. He experienced multiple episodes of ENL, managed initially with systemic corticosteroids and nonsteroidal anti-inflammatory drugs (NSAIDs). However, symptoms recurred upon tapering steroids, leading to steroid dependency. On examination, he had multiple erythematous, tender subcutaneous nodules on the limbs and trunk. Systemic examination revealed hepatosplenomegaly. Laboratory investigations showed leukocytosis, elevated erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP). Slit skin smear demonstrated a high bacterial index. A skin biopsy confirmed features of ENL.

Results:

The patient was initially managed with high-dose prednisolone (1 mg/kg/day) and NSAIDs. However, due to recurrent episodes upon steroid tapering, cyclosporine (5 mg/kg/day) was introduced as a steroid-sparing agent. Within two weeks, the patient showed significant improvement in nodule resolution, decreased pain, and systemic symptoms. Steroids were gradually tapered and discontinued over six weeks. The patient remained symptom-free on cyclosporine monotherapy for three months, with no significant adverse effects.

ENL is a complex inflammatory reaction in lepromatous leprosy, often requiring prolonged immunosuppressive therapy. Corticosteroids and thalidomide remain the mainstay, but their long-term use is associated with severe adverse effects. Cyclosporine, a calcineurin inhibitor, modulates T-cell activation and has demonstrated efficacy in refractory ENL cases. Its role as a steroid-sparing agent is particularly beneficial in patients with steroid dependence or contraindications. In this case, cyclosporine effectively controlled ENL, allowing successful steroid tapering and preventing recurrence. The favourable outcome aligns with emerging evidence supporting cyclosporine's role in ENL management.

Conclusion:

Cyclosporine is a promising alternative in the treatment of refractory ENL, offering effective symptom control while reducing steroid dependence. Further studies are needed to establish optimal dosing and long-term safety in Hansen's disease.

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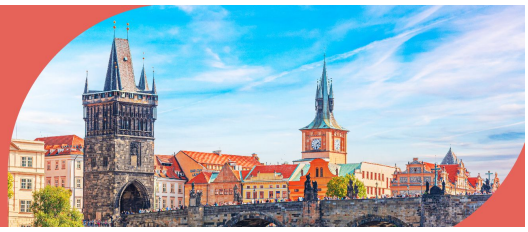


Abstract N°: 1343

A Rare Case of Erysipelas in the Context of Mauriac Syndrome: Diagnostic and Treatment Insights

Fatine Soulami[1]

[1]Morocco, Dermatology, tangier, Morocco

Introduction & Objectives:

The patient was admitted to our hospital for the management of erysipelas in the context of Mauriac syndrome, a rare but serious complication often associated with poorly controlled diabetes mellitus. Mauriac syndrome is characterized by hepatomegaly, growth retardation, and cushingoid features. The coexistence of erysipelas in such cases presents a unique diagnostic and therapeutic challenge.

Materials & Methods:

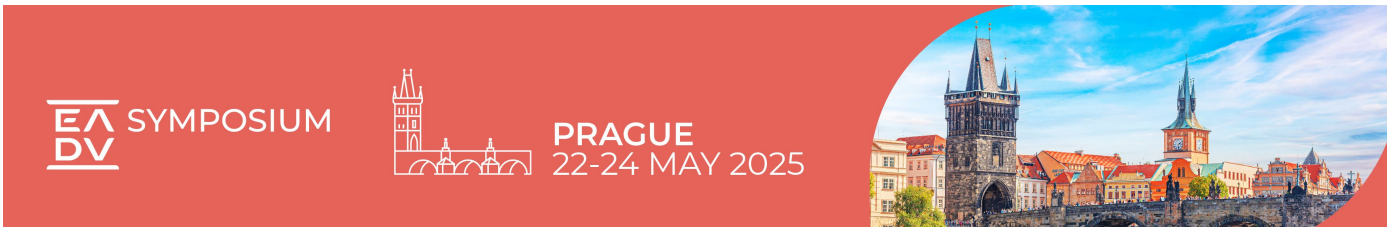
A comprehensive clinical evaluation was conducted upon admission. The diagnosis of erysipelas was established based on clinical features, including the presence of a sharply demarcated, erythematous, and swollen area of the skin accompanied by systemic symptoms such as fever. Laboratory investigations revealed signs of inflammation, including elevated C-reactive protein and leukocytosis. Liver function tests and imaging confirmed findings consistent with Mauriac syndrome. The patient's glycemic control history was reviewed, highlighting a prolonged period of poor metabolic regulation.

Results:

The patient displayed classic signs of severe erysipelas with an underlying metabolic disorder. Initial management focused on stabilizing the patient's metabolic status and initiating appropriate antibiotic therapy for erysipelas. Improvement in local skin inflammation and systemic symptoms was noted within a few days. Further investigations revealed persistent hepatomegaly and other stigmata of Mauriac syndrome. Endocrinological consultation was sought to optimize long-term management strategies for the underlying condition.

Conclusion:

This case underscores the importance of recognizing skin infections such as erysipelas as potential complications in patients with Mauriac syndrome. Early and aggressive treatment, combined with metabolic stabilization, is crucial for favorable outcomes. This report highlights the need for heightened clinical awareness and a multidisciplinary approach to manage complex cases involving concurrent dermatological and metabolic conditions.



Abstract N°: 1374

Id reactions in patients with kerion of scalp: a rare entity unveiled

Mama Mahmoud[1], Nesrine Ben Salah[1], Korbi Mouna[1], Eldgadi Cheikh[1], Youssef Monia[1], Belhadjali Hichem[1], Jameleddine Zili[1]

[1]Fattouma Bourguiba Hospital, Department of Dermatology, Monastir

Introduction & Objectives:

Dermatophytid (“id”) reaction is immunologically mediated skin manifestation secondary to sensitization to a dermatophyte infection. It is a rare acute skin reaction to a variety of dermatophytosis stimuli. We report a case series of id reactions in children with kerion of the scalp.

Materials & Methods:

A retrospective analysis of 6 cases previously diagnosed as id reaction, from 2018 to 2024.

Results:

Our series includes 4 boys and 2 girls with an average age of 7.3 years (3-14 years). All the children had no particular medical history. They initially presented with kerion of the scalp, due to Microsporum canis (3 cases), Tricophyton mentagrophytes (2 cases), and Tricophyton tronsurans (1 case). Two to 10 days after initiation of oral treatment with griseofulvin (5 cases) or terbinafine (one case), the patients presented with skin eruption. Two patients presented with painful erythematous papulonodular lesions on the lower limbs. This skin eruption was clinically consistent with erythema nodosum. A generalized eczematous rash was noted in 2 patients. One patient presented with eczematous papules and pustules often on the face and ears and the last one with generalized pustular eruption extending from head and extremities to the trunk. There was no fever or deterioration of general condition in all cases. In one case, serum inflammatory markers were elevated. Mycological examination of these skin lesions was free of fungal organisms. The diagnosis of id reactions induced by kerion of the scalp was retained. Clinical types were erythema nodosum, generalized exanthematous pustular dermatophytid and eczematous eruption. Treatment with griseofulvin and terbinaffin was continued. Cutaneous eruption resolved on oral corticosteroid medication (prednisone 0.5 mg/kg/day) in one case and spontaneously in other cases in the following days without sequelae.

Conclusion:

Dermatophytid reactions are inflammatory autosensitivity reactions of the skin thought to occur in association with dermatophytosis but at sites distant from infection. The most common dermatophyte infection triggering an id reaction is tinea pedis, although id lesions occur in the setting of tinea capitis, as in our cases, and tinea corporis as well. Culture and potassium hydroxide examination of these id lesions does not indicate the presence of the organism, yet there is a positive Trichophyton skin reactivity. The theory suggests local reactions to fungal antigens that are absorbed systemically from a distant site of infection leading to an autosensitization reaction to dermatophytes. Lesions are typically pruritic and may manifest as vesicular eruptions on the hands and feet, follicular papules, erysipelas-like plaques, urticaria or an eczematous rash. Erythema nodosum may also follow severe tinea. Skin lesions in our cases were considered as id reaction to kerion due to: the proven of the dermatophyte infection, distant skin eruption free of fungal organisms and resolution of the dermatophytid by the antifungal therapy. The id reaction can be treated
with topical steroid and will resolve once the original infection has been controlled.
Occasionally systemic steroids are required for a few weeks.
Dermatophytid reactions secondary to dermatophytosis of the scalp are rare and may be interpreted as allergic reactions to the antifungal medication. Our cases emphasize the importance of continuation of this therapy even with the development of id reaction.

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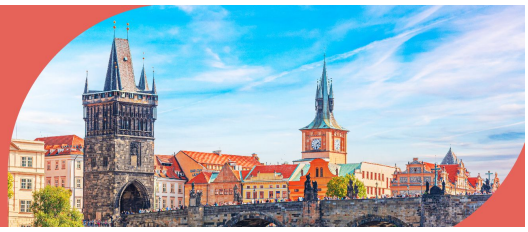


Abstract N°: 1386

Tinea capitis caused by Microsporum gypseum: a rare pathogen.

Mama Mahmoud[1], Nesrine Ben Salah[1], Bahri Yasmine[2], Korbi Mouna[1], Youssef Monia[1], Belhadjali Hichem[1], Jameleddine Zili[1]

[1]Fattouma Bourguiba Hospital, Department of Dermatology, Monastir
[2]Fattouma Bourguiba Hospital, biology , Monastir

Introduction & Objectives:

Tinea capitis is a common infection of the scalp usually affecting school-aged children. Microsporum gypseum, a geophilic fungus, is considered to be involved in keratin degradation in the soil and is known to be an infrequent cause of ringworm in humans.We report a case of tinea capitis in a child caused by an uncommon pathogen, M. gypseum.

Materials & Methods:

NA.

Results:

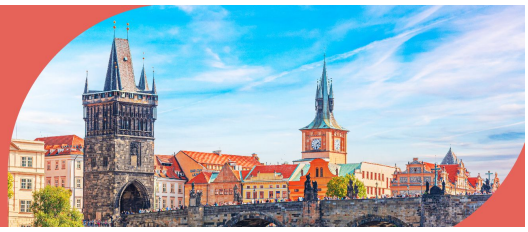
A 6-year-old male child, with no pathological history, was referred to our dermatology consultation for evaluation of multiple patches of hair loss on the scalp that had been developing for 2 months. he had direct soil, plant and pet contact. Dermatological examination revealed erythematous scaly rounded lesions in the occipital region of the scalp, medium-sized, few in number with short broken hairs. Wood light fluorescence was absent. The mycological study of the sample revealed the presence of mycelial filaments with ecto-endothrix-type hair parasitism. A fungal culture of broken hairs and scale showed rapid growth in 4 days. Macroscopic examination revealed powdery beige colonies. Microscopic findings showed the presence of rare mycelial filaments. Macro conidia were abundant, fusiform in cocoons, echinulate and thinly septate, divided into four to six cells, characterizing M. gypseum. The patient was treated for 6 weeks with Terbinafine per os. Complete resolution of the clinical lesions was achived.

Conclusion:

Tinea capitis is the most common mycosis worldwide and may represent a public health problem. Most studies in the Maghreb and many countries around the Mediterranean show

that microsporic ringworm is on the increase specifically attributed to Microsporum canis. M. gypseum, a geophilic dermatophytie that produce keratinases conferring keratolysis as an important virulence factor, is exceptionally involved. Human infection can be acquired from the soil, animals such as cats, dogs and rodents that can carry this organism but are rarely infected, and infrequently other humans. Lesions caused by M. gypseum are generally characterized by erythematous scaly plates with pustules inside or on the edges, which could lead to mistreatment with topical steroids and antibiotics. The diagnosis is made with direct mycological examination and culture for fungi. M gypseum colonies grow rapidly producing powdery colonies. Microscopic findings are also characteristic. The recommended treatment of tinea capitis is oral griseofulvin therapy for 6 to 8 weeks. Terbinafine, itraconazole or fluconazole may be used in this case.

This case merits attention because of the rarity of the isolation of M.gypseum, an unusual cause of tinea capitis. We have to include this differential diagnosis in the evaluation of inflammatory scalp lesions in infants, especially if there is a history of exposure to sand or soil. Moreover, we would emphasize the significance of mycological culture which would help to make the diagnosis.



Abstract N°: 1421

Relationship between dermatological changes in post-covid patients and changes in d-dimer and c-reactive protein levels

Iryna Chaplyk-Chyzho[1], Marianna Dashko[1], Orysya Syzon[1], Hennadiy Astsaturov[1]

[1]Danylo Halytsky Lviv National Medical University, Dermatology, venereology, Lviv, Ukraine

Introduction & Objectives: Today, a significant proportion of patients at dermatology appointments constitute patients with a history of COVID-19, which affected the course of dermatoses. Most people infected with SARS-CoV-2 recover completely within a few weeks, but even after a mild course of the disease, patients visit a dermatologist with severe and atypical dermatoses. Almost all organs and systems of the body during the course of COVID-19 and its treatment are subject to significant impacts, which in some cases leads to exacerbation of chronic dermatoses or the occurrence of new ones.

The goal of the paper is to analyze the occurrence of detected dermatological disorders in post-COVID patients associated with changes in the levels of D-dimers and C-reactive protein.

Materials & Methods: The skin diseases in 110 post-COVID patients (aged 25 to 65) who had not previously suffered from skin lesions and had recovered from coronavirus infection up to 3 months ago, as confirmed by IgG levels, were analyzed.

Results: During the dermatological skin examination, two or more dermatoses were detected in 60 patients (54.5%). Vasculitides and allergic dermatoses were most often observed (in 76 patients (69.1%)). Vasculitis was recorded in 40 patients (36.4%), toxicoderma in 27 patients (24.5%) and urticaria in 9 patients (8.2%). The vast majority of the patients also had diffuse and fibrosing alopecia - 45 cases (41%). Mycosis and pyoderma were detected in 40 post-COVID patients (36.4%). There were 21 patients (19.1%) with mycoses, while candida-associated lesions were observed in 17 patients (15.5%) and pityriasis versicolor in 4 patients (3.6%). 19 patients (17.2%) had pyoderma, including furunculosis in 11 (10%) patients, folliculitis in 4 patients (3.6%), hidradenitis in 3 patients (2.7%) and streptococcal angulitis in 1 patient (0.9%). The onset of psoriasis was detected in 6 patients (5.5%), lichen planus in 3 patients (2.7%) and vitiligo in 1 patient (0.9%).

The average level of C-reactive protein in all patients was 15.11±0.97 mg/l. This indicator was 3-4 times higher than the norm for almost all patients (107 patients (97.3%)). The average level of D-dimer in patients with vasculitis was 1.83±0.06, which was also increased by several times.

Conclusion: The results obtained indicate a high occurrence of dermatological disorders in patients who had COVID-19, often resulting from both the disease itself and its treatment. An increase in the levels of D-dimers and C-reactive protein is observed in the majority of post-COVID patients, which canserve as a marker of the occurrence of dermatological disorders and indicates the presence of a vascular component (vasculitis). Therefore, the task of the dermatovenerology service is to ensure an appropriate level of treatment and prevention of dermatoses in such patients in order to improve their quality of life. The diagnostics should be expanded and the determination of the level of D-dimers and C-reactive protein should be added in case of atypical dermatoses.

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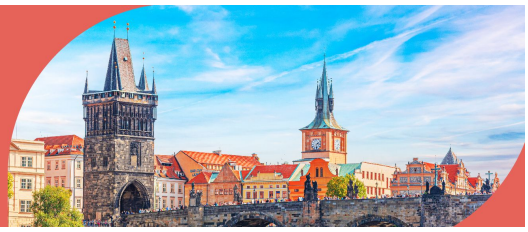


Abstract N°: 1544

Scrotal involvement in tuberculoid leprosy

Karol Sabas Ortega[1], Lydia Corbalan Escortell[1], Mary Carolina Antonetti Roso[1], Sergio García-González[1], José González Fernández[1], Paula Soto Revuelta[1], Sara Martinez-Cisneros[1], Mariano Ara Martín[1]

[1]Hospital Clínico Universitario Lozano Blesa, Dermatology, Zaragoza

Introduction & Objectives:

Leprosy, caused by *Mycobacterium leprae*, is a chronic infectious disease that primarily affects skin, peripheral nerves, upper respiratory tract and the eyes. While leprosy is rare in our clinical setting, its presentation in the skin can mimic other dermatological conditions, potentially delaying diagnosis and treatment. This case report strives to highlight the clinical presentation, diagnostic and management of leprosy.

Materials & Methods:

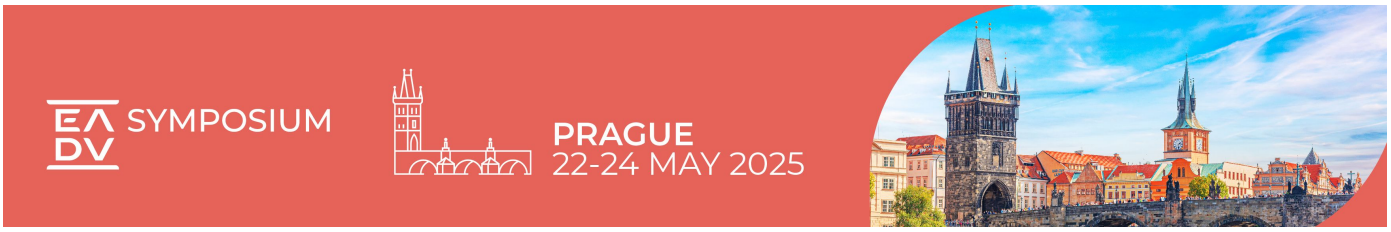
A retrospective case report was conducted. The patient´s clinical history, physical exploration and histopathology findings were reviewed. A 6mm punch biopsy of scrotum was done.

Results:

A 39-year-old male presented to the emergency room with a 2-year history of a lesion on his right scrotum. No other symptoms were reported. On physical examination, a large erythematous plaque of 10 cm was observed on the scrotum, with peripheral borders more infiltrated and slight central clearing. The patient also presented partial loss of eyebrows, though no other facial deformities were noted. A punch biopsy of scrotal lesion revealed a non-necrotizing, superficial and deep, granulomatous reaction with an epidermal component, accompanied by nerve fiber destruction. A DNA sample was extracted from the lesion and molecular analysis using polymerase chain reaction (PCR) identified *M. leprae* DNA.

Conclusion:

Although leprosy is considered a rare infectious disease, it remains relevant in our clinical practice. Early detection is fundamental to avoid complications and its transmission. Leprosy should be considered in the differential diagnosis of long-standing cutaneous lesions, particularly in patients with sensory loss or other suggestive findings.



Abstract N°: 1550

Misdiagnosed Psoriasis Exacerbation: Tinea Incognita Induced by Steroids

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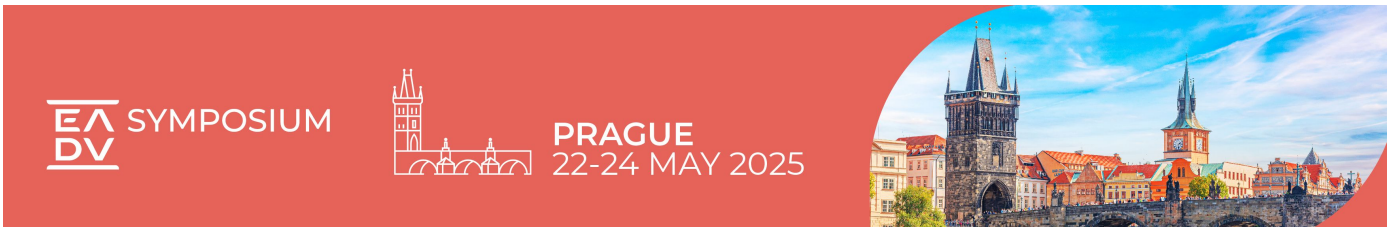
[1]Sağlık Bilimleri Üniversitesi Sultan Abdülhamid Han Eğitim ve Araştırma Hastanesi, Dermatology and Venereology, İstanbul, Türkiye

Introduction & Objectives: Tinea incognita is a dermatophytic infection modified by corticosteroid use, leading to significant diagnostic challenges. It often masquerades as other dermatological conditions, particularly in patients with preexisting disorders like psoriasis. In such cases, inappropriate steroid use can suppress the typical inflammatory response, making diagnosis even more difficult. This report emphasizes the need for heightened clinical suspicion when assessing patients with steroid-treated dermatological conditions to ensure accurate diagnosis and effective management.

Materials & Methods: A 35-year-old woman residing in a shelter presented with extensive erythematous, scaly plaques affecting multiple body regions, including the abdomen, inguinal folds, thighs, gluteal area, left forearm, and scalp. She had received a prior diagnosis of psoriasis, supported by a biopsy revealing psoriasiform dermatitis. She was prescribed topical calcipotriol and betamethasone dipropionate, which she used for two weeks. During follow-up, she developed additional pruritic plaques in the inframammary, abdominal, and inguinal regions, displaying active margins and central clearing. Given these atypical findings, a differential diagnosis of tinea corporis and tinea incognita was made. Diagnosis was confirmed through clinical assessment, and the patient was started on systemic itraconazole.

Results: After initiating antifungal therapy, the patient exhibited significant clinical improvement. The newly developed plaques regressed, confirming the misdiagnosis of a fungal infection as psoriasis exacerbation. This case underscores the critical importance of recognizing tinea incognita in patients receiving topical steroids. The use of corticosteroids had obscured the classical presentation of dermatophyte infection, delaying appropriate antifungal therapy. This highlights the necessity of dermatologists considering tinea incognita in cases of refractory, atypical, or worsening dermatological conditions treated with steroids.

Conclusion: Tinea incognita must be included in the differential diagnosis for psoriasis patients undergoing corticosteroid therapy, particularly when lesions exhibit unusual characteristics or fail to respond to conventional treatment . Greater awareness is crucial in dermatology practice to ensure early identification, timely antifungal treatment, and the avoidance of unnecessary steroid exposure, which can exacerbate fungal infections and complicate management.



Abstract N°: 1553

When facial paralysis reveals herpes Zoster Oticus : A case report

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[1]dermatology and venereology department of mohamed 6 university hospital, marrakesh, Morocco

Introduction :

Herpes Zoster Oticus** is a viral reactivation of the varicella-zoster virus (VZV). Its global incidence is 5/100,000 inhabitants per year and is characterized by its clinical variety, sometimes associated to peripheral facial paralysis (Ramsay Hunt syndrome). We will discuss the clinical and evolutive aspects, as well as the therapeutic strategy for a case of Ramsay Hunt Syndrome.

Observation :

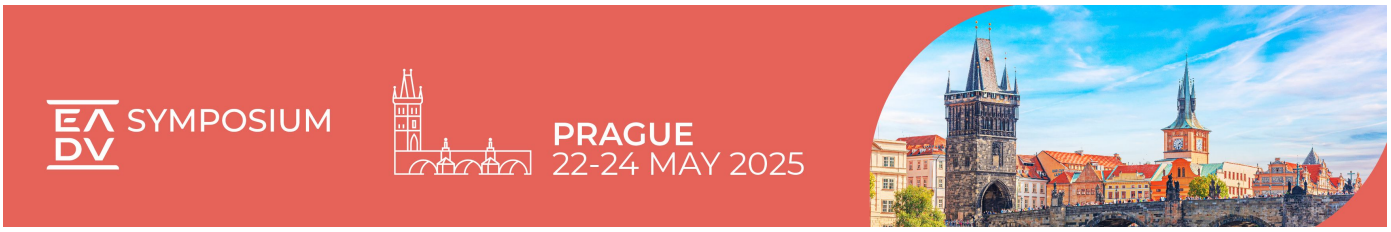
We report the case of a 53-year-old patient, hospitalized for right peripheral facial paralysis (PFP). The clinical aspect consisted of an inflammatory swelling of the right ear auricle , associated with vesicular lesions in the Ramsay Hunt zone and the oral palate, which had developed 5 days before admission, with otalgia, tinnitus, and ipsilateral hypoacusis, without otorrhea or vertigo. The otoscopic examination revealed an inflamed external auditory canal and a congested tympanic membrane, with audiometry showing right conductive hearing loss. The ophthalmological examination was normal, as were the biological tests. The patient was treated with IV Acyclovir at a dose of 10mg/kg/8h for 10 days, combined with prednisone at 1mg/kg/day for 10 days and a level 2 analgesic. The evolution was marked by improvement in the skin lesions . The patient was discharged with facial physiotherapy sessions and eye protection.

Discussion :

Ramsay Hunt syndrome results from the reactivation of the varicella-zoster virus in the geniculate ganglion .Clinical manifestations include general symptoms (fever, asthenia, ..) and auricular signs (otalgia, tinnitus, otorrhea, hypoacusis, vertigo, ..). The skin eruption appears 2 to 4 days after the onset of functional symptoms, consisting of vesicular lesions with clear contents in the concha, palate, …, and facial paralysis on the 5th day of the eruption, as described in our patient .Treatment involves the combination of an antiviral (Acyclovir, Valacyclovir) and prednisone for a minimum duration of 10 days, an analgesic for the prevention of post-zoster pain, local care, daily cleansing, and eye occlusion for corneal protection.

Conclusion:

Auricular herpes zoster is a condition that occurs after reactivation of the latent virus within the geniculate ganglion. The diagnosis is clinical. Treatment primarily involves the combination of corticosteroids, antivirals, and early functional rehabilitation.



Abstract N°: 1585

The unusually red, swollen ear lobe

Georgios Nikolakis[1], Georgia Vradeli[1], Eleni Kourtellari[1], Andreas Altenburg[1], Christos C. Zouboulis[1]

[1]Städtisches Klinikum Dessau, Brandenburg Medical School Theodor Fontane and Faculty of Health Sciences Brandenburg, Departments of Dermatology, Venereology, Allergology and Immunology, Dessau, Germany

Introduction & Objectives:

We present a case report of an 8-year old female patient, who was referred to our departments through the otolaryngology department with an unusual, erythematous and edematous, livid-violet, elastic nodule of the left ear lobe. The lesion persisted over 8 weeks, despite the use of topical disinfecting solutions and corticosteroid-containing creams. Dermatology full-body examination did not reveal similar lesions in the rest of the body.

Materials & Methods:

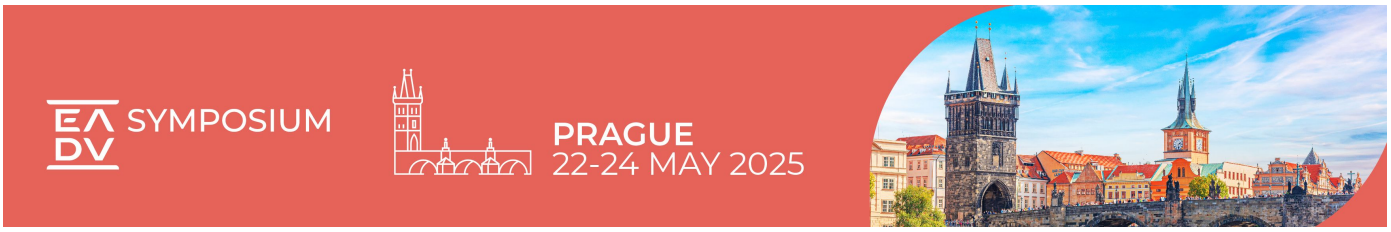
Clinical examination of the patient, a serology test and a 2-mm biopsy were performed.

Results:

A Borrelia-ELISA was performed, which revealed increased IgM (2.30, <1.0) and IgG antibodies (>10, <1.0) for*Borrelia burgdorferi.* The histopathological evaluation revealed a primary diffuselymphocytic infiltrate with single plasma cells in the dermis, with focal recognition of germinal centers. Immunohistochemistry again the B-lymphocyte cell marker CD20 (figure 1D) and the T-lymphocyte marker CD3 (figure 1C) detected a mixed lymphocytic infiltrate. The following clonality analysis showed a polyclonal pattern for both T- and B-lymphocytes. Amoxicilline per os 50 mg/kg KG over 21 days was administered and led to full remission of the lesion.

Conclusion:

This case report wants to highlight this characteristic phenotype of*B. burgdorferi*-associated cutaneous psedolymphoma, which should be included in the differential diagnosis for populations where the bacteria is endemic, such as nothern Europe. A timely diagnosis and treatment can prevent further development of borreliosis.



Abstract N°: 1689

Onychomycosis caused by Trichosporon asahii in an immunocompetent patient

Amal Hamdi[1], Mouna Korbi[1], Azer Ben Saleh[1], Monia Youssef[1], Hichem Haj Ali[1], Jameleddine Zili[1]

[1]Hopital Fattouma Bourguiba Monastir, Monastir, Tunisia

Introduction & Objectives:

Onychomycosis continues to be a frequent motive for dermatological consultations, with an increasing variety of identified pathogens. We report a case of onychomycosis caused by *Trichosporon asahii* in an immunocompetent patient.

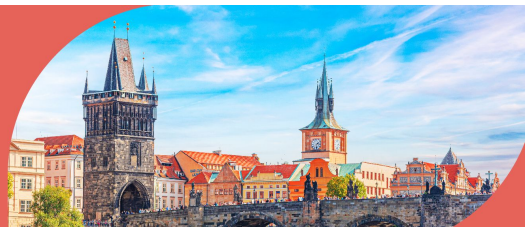
Case report:

A 57-year-old man, employed in the culinary field, with a medical history of epilepsy and deep vein thrombosis, presented to the dermatology department with a brown-black discoloration of his nails that had been evolving for several months. Clinical examination revealed distolateral involvement with subungual hyperkeratosis and brown-black discoloration of four fingers on the right hand. The rest of the physical examination showed no abnormalities. Direct mycological examination and cultures confirmed the presence of *Trichosporon asahii* in the nails of the right hand. No abnormalities were detected in the laboratory tests. The patient received treatment with amorolfine in a film-forming solution along with keratolytic therapy.

Conclusion:

Trichosporon asahii is a Basidiomycete yeast, commonly present in the environment as a saprophyte. It can occasionally colonize the skin, gastrointestinal tract, and respiratory system of healthy individuals. It is ubiquitous and frequently isolated from soil, water, pigeon droppings, and households. This may explain the contamination of our patient, who works in a poultry farm, as well as the involvement of the nails on the right hand. *Trichosporon asahii* is generally considered non-pathogenic and known to cause superficial cutaneous-mucous mycoses, white piedra, a superficial infection of hair shafts mainly limited to tropical regions, and less commonly onychomycosis in immunocompetent individuals, such as in the case of our patient. However, it is increasingly implicated in the occurrence of systemic nosocomial infections, particularly in immunocompromised patients. The first cases of trichosporonosis caused by *Trichophyton asahii* in immunocompetent individuals were reported in 2001 in Italy.

In conclusion, onychomycosis due to *Trichosporon asahii* is rare in immunocompetent individuals, but poses greater severity in immunocompromised patients who are susceptible to systemic nosocomial infections with unfavorable prognoses.



Abstract N°: 1721

Erythema induratum of bazin: a case series

Meriem Cherif[1], Tabka Meriem[1], Amri Feryel[1], Souissi Asmahane[1], Mokni Mourad[1]

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Introduction & Objectives:

Erythema induratum of Bazin (EIB) is a form of nodular vasculitis, often linked to tuberculosis, though its exact cause remains unclear. This study aims to describe the epidemiological, clinical, histological, therapeutic, and prognostic characteristics of EIB.

Materials & Methods:

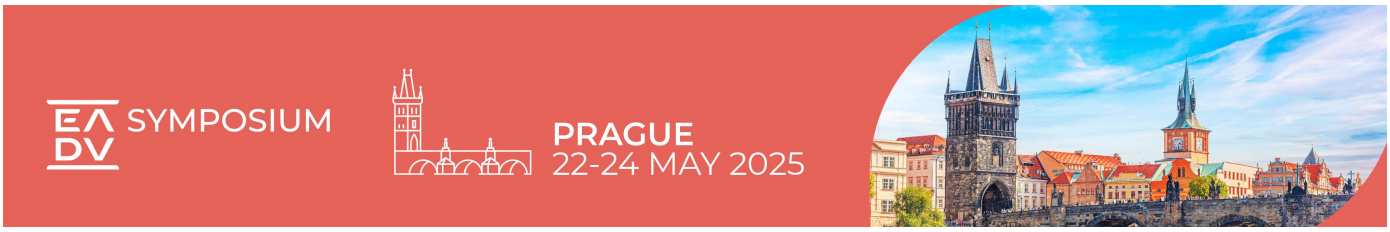
We conducted a retrospective, monocentric study of patients hospitalized for EIB from May 2006 to June 2024.

Results:

Twelve female patients, with a mean age of 50 years (range: 43-80), were included. A history of tuberculosis was noted in five cases (pulmonary in two, cutaneous in one, lymph node in one). Four patients had chronic venous insufficiency, and none were overweight. All presented with painful, inflammatory nodules (1-3 cm) on the lower limbs, characterized by normal to reddish-purple skin. Ulceration occurred in two cases, and hyperpigmentation in seven, with no fistulization. The disease duration varied from 1 month to 10 years. Two patients exhibited systemic symptoms, including fever and night sweats. The tuberculin skin test was positive in four cases. Investigations for tuberculosis, including sputum and urine tests and imaging, identified pulmonary tuberculosis in one patient. Skin biopsies showed tuberculoid granulomas without caseous necrosis in all cases, with lipophagic changes in two. Vascular thrombosis was seen in two cases, and leukocytoclastic vasculitis in all. PCR for *M. tuberculosis* DNA on skin biopsies was negative in three cases. Antituberculous treatment was administered to the five patients with tuberculosis history, leading to complete nodule resolution in two and transient improvement in one. One patient, initially treated with dapsone, showed no improvement until colchicine and prednisone were added. The remaining patients responded well to colchicine.

Conclusion:

Chronic nodular hypodermatitis of the legs should raise suspicion for EIB, particularly in regions endemic for tuberculosis. Prompt identification and targeted treatment of an underlying tuberculous focus can lead to effective management and improved patient outcomes.



Abstract N°: 1772

a rare case of maxillo-mandibular zoster

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

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Introduction & Objectives:

Herpes zoster (HZ), caused by reactivation of the varicella-zoster virus (VZV), typically manifests as a painful, unilateral vesicular rash in dermatomal distributions, most commonly thoracic (50%) or ophthalmic (V1, 10%). Involvement of the maxillary (V2) and mandibular (V3) branches of the trigeminal nerve is rare and diagnostically challenging, particularly in elderly patients with atypical presentations lacking vesicles. This case report aims to highlight the unique clinical features of V2/V3 zoster, emphasize the importance of early recognition to prevent complications like postherpetic neuralgia (PHN), and discuss diagnostic pitfalls in elderly patients with non-vesicular, dermatomal facial pain.

Materials & Methods:

A 65-year-old immunocompetent male presented to the emergency department with a 2-day history of left facial swelling, otalgia, and fever (39°C). Dermatological examination revealed an erythematous, warm, tender plaque with sharp margins involving the temporal, zygomatic, and mandibular regions (V2/V3 distribution). Mucosal findings included erosions at the oral commissure with honey-colored crusts, aphthous ulcers on the buccal mucosa, and oral candidiasis. Differential diagnoses (facial cellulitis, staphylococcal infection, eczema) were excluded based on the absence of a portal of entry, unilateral dermatomal distribution, and lack of systemic toxicity. The patient was diagnosed clinically with HZ and treated with oral valacyclovir (1 g three times daily × 7 days), topical fusidic acid (2% twice daily), codeine-paracetamol, and gabapentin (150 mg/day).

Results:

The patient’s pain and erythema improved within 72 hours of antiviral initiation. Mucosal erosions resolved by day 7, but mild PHN persisted for three weeks. No ocular or neurological complications occurred. The absence of classic vesicles, presence of mucosal involvement, and rapid response to valacyclovir reinforced the diagnosis of HZ.

Trigeminal HZ involving V2/V3 accounts for <5% of cases and may present without vesicles in elderly patients, mimicking cellulitis or bacterial infections. Mucosal lesions (oral erosions, aphthae) and concurrent candidiasis, as seen here, are underrecognized features. Early antiviral therapy (within 72 hours of symptom onset) reduces PHN risk, yet delayed diagnosis remains common due to atypical presentations. This case underscores the need to consider HZ in elderly patients with unilateral facial pain or erythema, even in the absence of vesicles.

Conclusion:

This report highlights key clinical insights:

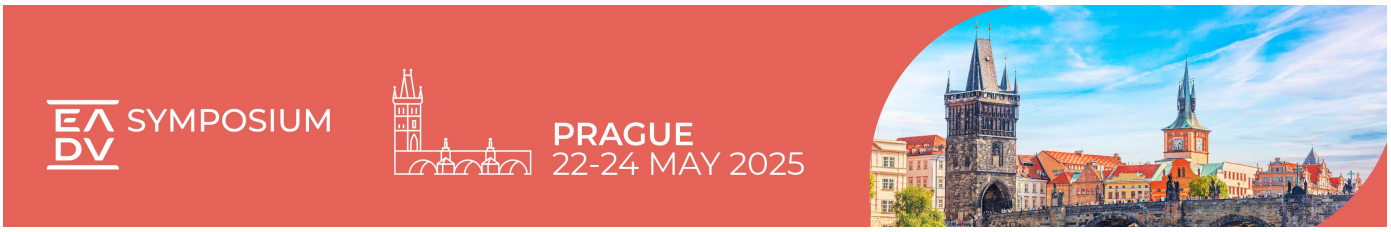
Atypical Presentations: V2/V3 HZ may lack vesicles but exhibit mucosal involvement, emphasizing the role of dermatomal pain and erythema in diagnosis.

Early Intervention: Prompt valacyclovir initiation mitigates acute symptoms and PHN risk.

Multidisciplinary Care: Collaboration between dermatologists, neurologists, and pain specialists optimizes outcomes in

complex cases.

Clinicians should maintain high suspicion for HZ in elderly patients with unexplained dermatomal pain or erythema, ensuring timely antiviral therapy to reduce morbidity. Further studies are needed to characterize risk factors for non-vesicular HZ and refine diagnostic criteria in atypical populations.



Abstract N°: 1821

Post-scabetic itch management a real-world 10 years retrospective study

Giovanni Damiani[1], Gabriele Carioti[2], Nicolò Ledonne[2], Albertina Onsea[3]

[1]Italian Center for Precision Medicine and Chronic Inflammation, Milan, Italy
[2]Center of Podiatry, IRCCS Galeazzi-Sant'Ambrogio Hospital, Milan, Italy, Milan, Italy
[3]Colegio Oficial de Farmacia Alicante, Alicante, Spain

Introduction & Objectives:

Post-scabetic itch (PSI) is an allergic reaction to mites and their products and persist for 4 to 6 weeks after scabies has been treated. It is important to differentiate PSI from irritant dermatitis-permethrin derived, parasitosis delirium and scabies recurrence. At the moment, very few reports addressed the problem, consequently empirical treatment is applied.

This study aims to investigate the prevalence of PSI in general population and its therapeutical management.

Materials & Methods:

In this 10-years, single center, retrospective observational study all scabies cases were retrieved and analyzed: demographic, clinical and therapeutical data were carefully collected. Patients with autoimmune diseases, under immunosuppressants, pregnant and with neuropathies (central and peripheral) were excluded. Furthermore, patients without at least 1 follow-up were excluded.

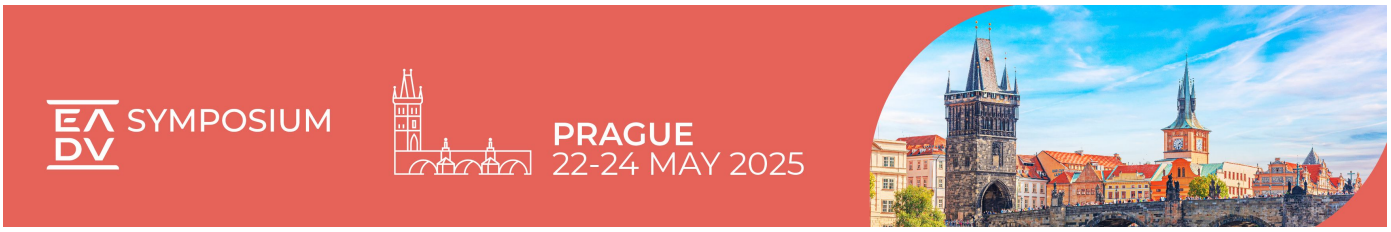
Results:

In this study, 1184 screened and 891 (321 females and 570 males, 32.6 ± 11.9 yoa) met the inclusion criteria. The classical popular presentation occurred in 774 (86.9%) patients, whilst the atypical presentations in 117 cases (76 nodular type, 27 urticarial type, 11 incognito type, 3 crusted type). As per internal protocol all patients underwent topical permethrin ± oral ivermectin.

After scabies clearance, 138 (15.5%) complained for pruritus and after a clinical examination 98 (71.0%) displayed post-scabetic pruritus, 31 (22.4%) irritant dermatitis, 6 (4.3%) impetigo, 3 (2.2%) parasitosis delirium. Patients with post-scabetic pruritus were treated with ceramid based emollients twice a day per 3 months and underwent oral therapies (N=67 for 1st generation anti-histamines (i.e. hydroxyzine, cinnarizine and promethazine), Mirtazapine N=31, Pregabalin N=11, Naltrexone N=3,), and injectables (Methylprednisolone depo N=11). PSI patients often presented atypical presentations or were atopic, while areas more interested were feet, forearms, buttocks and neck.

Conclusion:

PSI should be managed with topical emollients and different oral therapies decided based on the patient's medical history.



Abstract N°: 1829

A Rare Adult Case of Asymmetric Periflexural Exanthem Associated with Parvovirus B19

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[1]etlik city hospital, ankara, Türkiye

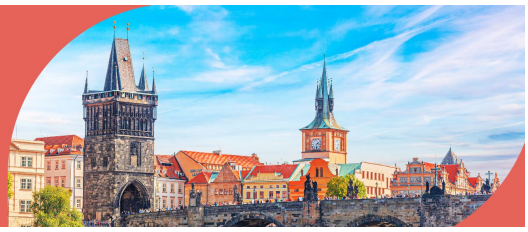
A Rare Adult Case of Asymmetric Periflexural Exanthem Associated with Parvovirus B19

Introduction & Objectives: Asymmetric Periflexural Exanthem is a rare, self-limiting dermatological disorder primarily observed in children, with even fewer cases reported in adults. It presents as unilateral papular eruptions localized to flexural and lateral thoracic regions, with a suspected viral etiology. This case aims to highlight the occurrence of Asymmetric Periflexural Exanthem in an adult patient.

Materials & Methods: A 47-year-old male patient with a three-day history of unilateral erythema and mild pruritus on the left side of the trunk was evaluated. Physical examination revealed extensive erythematous plaques with vesicles and papules on the left lateral thoracic region, with a few similar lesions on the contralateral side. Laboratory investigations, including complete blood count, biochemical analysis, bacterial cultures, and viral serologies (herpes simplex virus 1 and 2, cytomegalovirus, Epstein-Barr virus, and parvovirus B19), were performed.

Results: All laboratory findings, including complete blood count and biochemical tests, were within normal limits. Bacterial cultures and viral serologies were negative for herpes simplex virus 1 and 2, cytomegalovirus, and Epstein-Barr virus. However, parvovirus B19 IgM was positive, suggesting a possible association with Asymmetric Periflexural Exanthem. The lesions resolved spontaneously within two weeks without medical intervention.

Conclusion: This case underscores that Asymmetric Periflexural Exanthem, although predominantly seen in children, can also present in adults. It emphasizes the importance of considering Asymmetric Periflexural Exanthem in the differential diagnosis of unilateral dermatological eruptions in adult patients.



Abstract N°: 1855

The Emerging Challenge of Anti-Fungal Resistant Dermatophytoses

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Introduction & Objectives:

Dermatophytoses are superficial fungal infections caused by a group of keratinophilic fungi that invade the skin, hair and nails. While traditionally manageable with topical and systemic antifungal agents, the emergence of resistant strains has complicated treatment paradigms and became a significant global health concern. This resistance is particularly prevalent in *Trichophyton rubrum* and *Trichophyton mentagrophytes* species, which are increasingly exhibiting reduced susceptibility to azoles, terbinafine, and other first-line antifungals.

The objectives of this presentation are to explore the epidemiology, mechanisms, and risk factors driving antifungal resistance, discuss diagnostic and therapeutic challenges, and highlight strategies to mitigate this growing threat.

Materials & Methods:

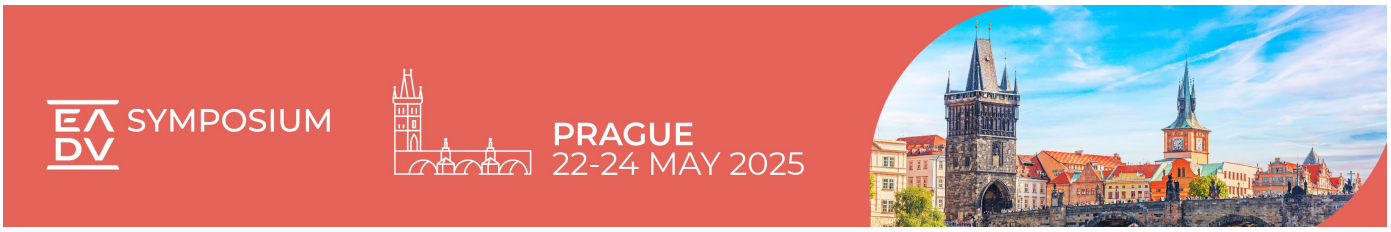
A comprehensive review of recent literature and clinical studies was conducted to analyze the epidemiology and mechanisms of antifungal resistance in dermatophytoses. Data on genetic mutations, such as those in the squalene epoxidase gene and the role of efflux pumps in reducing azole efficacy were evaluated. Diagnostic challenges, including the lack of standardized antifungal susceptibility testing, were assessed. Emerging therapeutic strategies, such as novel antifungal agents, combination therapies, and adjunctive treatments like photodynamic therapy and immunomodulators, were reviewed. Additionally, the importance of antifungal stewardship, patient education, and infection control measures was emphasized.

Results:

The review highlights a significant rise in antifungal-resistant dermatophytoses, driven by factors such as overuse of antifungals, inadequate treatment durations, and genetic mutations in fungal strains. Clinically, these infections present as extensive, recurrent, or chronic conditions that are recalcitrant to standard therapies, leading to increased morbidity and reduced quality of life. Diagnostic challenges persist due to the absence of standardized susceptibility testing. However, emerging therapies, including novel antifungals and combination treatments, show promise in managing resistant cases. Antifungal stewardship and public health measures are critical to curbing the spread of resistance.

Conclusion:

Antifungal-resistant dermatophytoses represent a growing public health challenge that requires a multidisciplinary approach. By integrating advances in diagnostics, therapeutics, and antifungal stewardship, healthcare providers can improve patient outcomes and reduce the global burden of this emerging threat. This presentation underscores the need for increased awareness, evidence-based management practices, and collaborative efforts to address antifungal resistance in dermatophytoses effectively.



Abstract N°: 1885

treatment of cutaneous warts in immunocompromised individuals: a systematic review

Abdullah Almeziny[1], Rahaf Almutairi[1], Latifah Almehaideb[1], Asem Shadid[2], Fares Alkhayal[3], Yasser Alqubaisy[3]

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[2]King Fahad Medical City, Riyadh, Saudi Arabia
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Introduction & Objectives:

Cutaneous warts (CW), caused by Human Papillomavirus (HPV), are common dermatological conditions that can cause significant discomfort and psychological distress. While most warts resolve spontaneously or with conventional treatments, immunocompromised (ID) patients often experience persistent and recalcitrant warts. Current treatments, are often ineffective in ID patients and can cause scarring or recurrence. Immunotherapies, which stimulate a systemic immune response, have emerged as a promising alternative. This review aims to evaluate the efficacy and safety of immunotherapies and other treatments for CW in ID patients.

Materials & Methods:

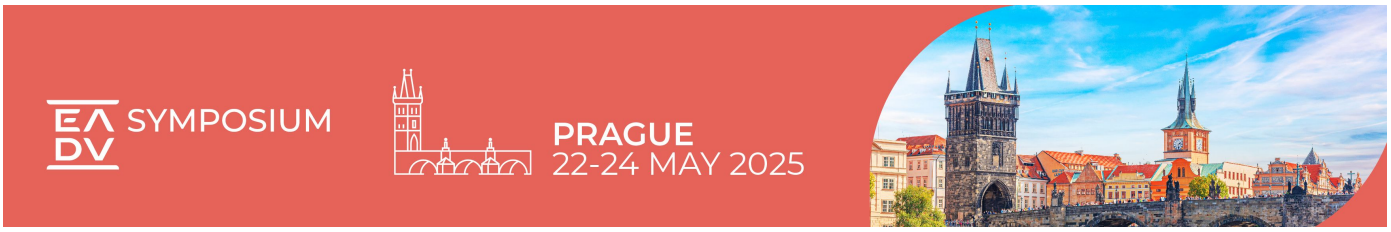
This systematic review followed PRISMA guidelines. databases were searched using MeSH terms related to CW, immunocompromised status, and treatment modalities. Studies published between January 2015 and May 2024 were included. Studies involving ID patients of any age with CW were included. Interventions included any wart treatment modality, with comparisons to placebo or no treatment. Outcomes focused on efficacy and safety. Study designs included RCTs, case reports, and case series. Two reviewers independently extracted data and. Disagreements were resolved through discussion

Results:

Of 225 studies, 16 met the inclusion criteria (1 RCT, 11 case reports, and 4 case series/retrospective cohort studies). The review included 100 ID patients (39 males, 61 females). The most common causes of immunosuppression were organ transplantation (particularly renal) and HIV infection. The feet, hands, and periungual regions were the most frequent wart locations. The most common treatments were HPV vaccines, local hyperthermia, and intralesional immunotherapy (e.g., Candida antigen, bleomycin). Other therapies included cryotherapy, salicylic acid, photodynamic therapy (PDT), and laser therapy. Immunotherapies demonstrated high efficacy, with complete resolution rates ranging from 39% to 82%. HPV vaccines were particularly effective, with some patients showing complete remission after three doses. Local hyperthermia and intralesional bleomycin also showed promising results. The Common side effects included pain, erythema, and edema at the injection site. Systemic side effects were rare, making immunotherapies a safer option for ID patient. Immunotherapies, particularly intralesional injections, offer a safe and cost-effective treatment for recalcitrant CW in ID patients. They stimulate a systemic immune response, leading to the resolution of both treated and distant warts. While traditional therapies like cryotherapy and salicylic acid are effective for localized warts, they often fail in ID patients and can cause irritation or scarring. HPV vaccines, intralesional Candida antigen, and bleomycin have shown high efficacy with minimal side effects. However, the lack of standardized protocols and long-term data necessitates further research.

Conclusion:

Immunotherapies, particularly intralesional injections, are a viable and effective treatment option for recalcitrant CW in ID patients. They offer a systemic immune response with minimal side effects, making them a safer alternative to traditional therapies. However, further high-quality RCTs are needed to establish standardized protocols and confirm long-term efficacy and safety. Immunotherapy should be considered for ID patients who have failed conventional treatments.



Abstract N°: 1898

First Cases of Trichophyton mentagrophytes ITS Genotype VII (TMVII) in the Czech Republic: Emerging Sexually Transmitted Dermatophyte Infections

Anna Engelmann*[1], Ivana Kuklova[1], Zuzana Plzakova[1], Ales Jan Pavlicek[1]

[1]First Faculty of Medicine, Charles University and General University Hospital in Prague, Department of Dermatology and Venereology, Prague, Czech Republic

Introduction&Objectives

Tinea genitalis, glutealis and tinea barbae has increasingly been reported in Europe and the U.S. attributed to the emerging dermatophyte, *Trichophyton mentagrophytes* internal transcribed spacer (ITS) genotype VII (TMVII), which may spread via sexual contact.

We have diagnosed 6 such cases in tertiary care hospital in Prague, Czech Republic, in men who have sex with men (MSM), during 2024. Here we report the first two cases of TMVII dermatophytosis in HIV negative MSM.

The first patient, a 35-year-old man, presented with painful, inflammatory, kerion-like tinea barbae and tinea glutealis. His sexual partner had less-inflammatory multiple skin lesions located perianally, perigenitally, on the thighs, trunk, and upper limbs. Initially, tinea barbae was misdiagnosed as herpetic and bacterial folliculitis, leading to unsuccessful treatment with antivirals and antibiotics. After 7 weeks of systemic itraconazole therapy, the facial lesions cleared, and no recurrence was observed during a six-month clinical and mycological follow-up.

Methods Clinical examination, mycological examination (direct microscopy with potassium hydroxide [KOH] and fungal culture), bacteriological and histopathological examination, molecular genetic examination (including ITS sequencing)

Results

Case 1: A 34-year-old male presented with inflammatory, pustular lesions in the beard area, consistent with sycosiform tinea barbae. He also exhibited scaly, erythematous plaques on the gluteal region. The patient reported a history of recent unprotected sex with multiple male partners. His immunological status was assessed, revealing no signs of immunosuppression. Although microscopic and histopathological evaluations of the beard lesion did not reveal any hyphae, antifungal treatment was initiated before the fungal culture results were available, based on the clinical presentation and positive KOH finding from the lesions of his sexual partner. Fungal culture confirmed *T. mentagrophytes*. Molecular sequencing of the ITS region identified TMVII. He was successfully treated with oral itraconazole (200 mg daily) for 7 weeks.

Case 2: The sexual partner, a 40-year-old male had multiple less-inflammatory erythematous and scaly skin lesions located mainly perigenitally, on the thighs and forearms. Direct mycological examination taken from lower abdomen and forearm was positive and culture confirmed *T. mentagrophytes* with ITS sequencing identifying the strain as TMVII. He was treated with oral itraconazole (200 mg daily) for 6 weeks, resulting in complete resolution of symptoms.

Conclusion

TMVII is an emerging dermatophyte genotype with an increasing number of cases in Europe and the U.S., particularly among MSM. Its clinical presentation can mimic bacterial folliculitis or other inflammatory skin conditions, delaying accurate diagnosis and treatment. Molecular identification via ITS sequencing is crucial for confirming TMVII infections, as routine cultures may not differentiate between *T. mentagrophytes* and other dermatophytes. Current treatment recommendations include systemic antifungals. With the rising prevalence of TMVII-associated dermatophytosis, clinicians

should maintain a high level of suspicion for sexually transmitted fungal infections, particularly in high-risk populations like MSM. Further epidemiological studies are required to better understand the transmission dynamics and improve prevention strategies.

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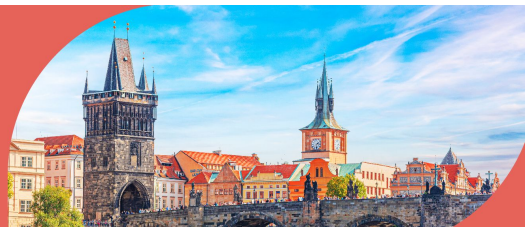

Abstract N°: 1910

Annular scabies: a chart review of 11 patients

Gabriele Carioti[1], Andrea Tangherloni[2], Nicolò Ledonne[1], Albertina Onsea[3], Giovanni Damiani[4]

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[2]Bocconi University, Bocconi Institute for Data Science and Analytics, , Milan, Italy
[3]Colegio Oficial de Farmacia, Alicante, Spain
[4]Italian Center for Precision Medicine and Chronic Inflammation, Milan, Italy

Introduction & Objectives:

Scabies may manifest in different clinical endotypes included nodular, urticarial, bullous, elastosis perforans serpiginosa, subcorneal-pustular dermatosis-like lesions, and annular ones. Annular endotype is also divided in disseminated annular granuloma-like lesions, annular patches, mixed endotypes (annular + others). The clinical manifestation seems to be strictly dependent by the cutaneous immune system and its functionality at the time, more than the atopic trait. The case series aim to evaluate the cluster of characteristics of scabietic patients with annular endotype.

Materials & Methods:

In this single center, retrospective, observational study we retrieved, with a validated code, all cases of atypical scabies with a filter for "annular" in the visit text.

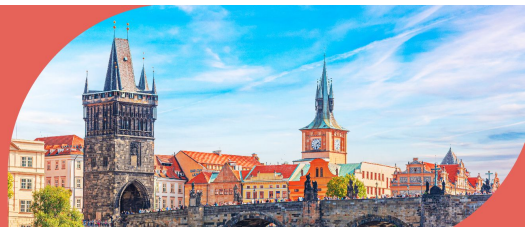
Results:

In the study we enrolled 11 patients with annular scabies (7 females and 4 males, 27.2 ± 8.6 yoa). Interetsingly, only 2 were atopic and all the others used topicals containing corticosteroids (scabies incognito). From a clinical point of view, 3 patients displayed disseminated granuloma-like lesions, 3 had annular patches and 5 had mixed pattern with acral annular lesions. The circadian distribution of pruritus was maintained in all cases that cleared with benzyl-benzoate 25% cream for 5 days, 2 of stop and other 5 days. No post-scabetic pruritus was registered.

Conclusion:

Patients with annular eruption should be tested with dermatoscopy to rule out scabies, especially in young adults.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025



Abstract N°: 1943

Urticarial scabies: a 5-year retrospective study

Nicolò Ledonne[1], Gabriele Carioti[1], Albertina Onsea[2], Giovanni Damiani[3]

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Introduction & Objectives:

Urticarial scabies is an atypical manifestation of scabies often under recognized and inappropriately treated with topical corticosteroids. Differently from urticaria, pruritus has always a nocturnal appearance at the beginning and is not mitigated by anti-histamines. It can appear in form of chronic urticaria with hives and seldom with crusty acral ulceration resembling a urticaria vasculitis, but in both cases hives persist for more than 24 hours.

Materials & Methods:

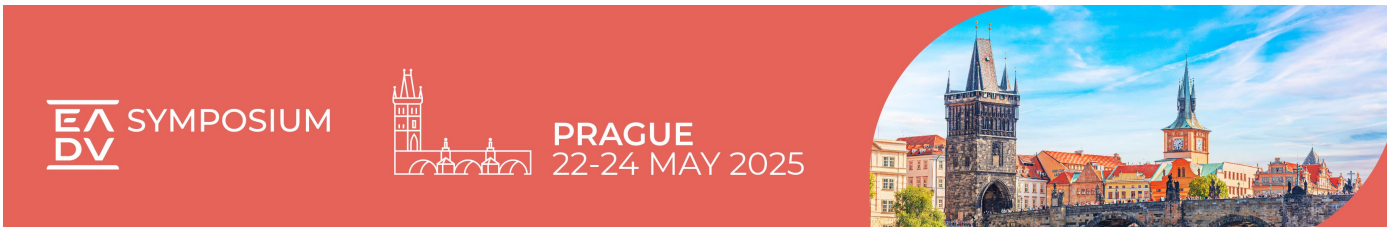
This is a 5-year, single center chart review of urticarial cases of scabies diagnosed with dermatoscopy and skin scrabbing. All included patients had to have at least one follow-up.

Results:

Forty-seven cases were collected with an average age of 14.1 ± 5.7 years old without a gender prevalence. All patients were atopic or had a previous medical history of urticaria (pseudo-Koebner phenomenon) but did not apply corticosteroids. All patients underwent benzyl-benzoate 25% cream treatment to avoid irritant contact dermatitis. Among the areas more interested were feet, forehead and abdomen. Thirty-one patients were under 5 years old and experienced a serious post-scabetic itch, treated with dimethindene maleate drops and methyprdenisone depo solution intramuscular.

Conclusion:

Urticaria with prevalent nocturnal itch and hives persitent (>24 hours) should be evalauted with dermatoscopy and skin scarbbing to exclude scabies atypical variants.



Abstract N°: 1951

The use of vascular lasers (pulsed dye laser & ndyag) for the treatment of viral warts in Egyptian patients.

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Introduction & Objectives:

Cutaneous warts are caused by human papilloma virus infection resulting in keratinocytes proliferation and wart formation. It's one of the most the frequent conditions seen in our clinics. According to estimates the prevalence of viral warts is approx. 7-12%. A hospital based epidemiological study on Egyptian population carried on 2019 showed it's the most common viral skin infection, another study on school children found that the prevalence of viral warts was 10% among one school in upper Egypt. Although warts are liable to spontaneous regression, it's hard to rely on that as rapid spreads are also common in our community so providing a tolerable effective treatment is required by the dermatologist.

Multiple therapies exist to treat cutaneous warts ranging from home remedies and self- administrated salicylic acid preparations to physical destruction (electro-cryo- cautery) and immunotherapy also is being used with various amount of success, however, warts can be really resistant to treatment in addition to multiple factors affecting patient compliance and outcomes due to pain, discomfort, large number of sessions needed.

Laser therapy can be an alternative for untreated warts, ablative co2 lasers are commonly used to physically remove the infected keratinocytes layer by layer nd-yag is also used as it destructs blood vessels feeding the wart resulting in its regression.

Pulsed dye laser known for its effectiveness with cutaneous vascular lesions provides a safe effective modality for treating resistant warts especially in children and difficult to manage areas ex. Plantar, periungual etc.

Here I share my experience using both types of vascular lasers in treating my patients in the past 5 years.

Materials & Methods:

Patients received 2-4 sessions of either candela v beam 595nm laser or Cutera excel v+ 532 nm & 1064 nm at a 2week interval, local Pridocaine cream was used, pairing of hyperkeratotic lesions was done prior to each session.

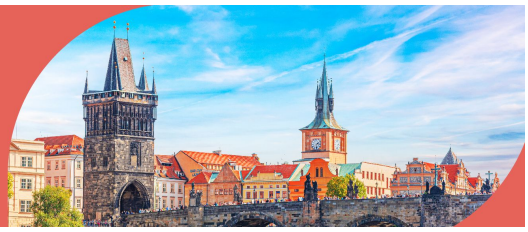
Lesions was evaluated by photographs and dermoscopy before each session.

Results:

Most of the patients have their lesions cleared by the 2nd sessions and few required a 3rd session for remaining lesions. Adverse events were limited to pain, local erythema and burning after session, two patients with plane warts encountered hyperpigmentation and stopped treatment, patients with plantar and common warts were satisfied with treatment.

Conclusion:

Pulsed dye laser is an effective treatment for viral cutanous warts with low incidence of adverse events.



Abstract N°: 1958

primary cutaneous cryptococcosis presenting with ulcers on the upper limb: a rare case

Themis Sgontzou[1], Margarita Gerolympou[1], Anastasia Politi[1], Melpomeno Theofili[1], Eftychia Zouridaki[1], Evangelos Daskalakis[1], Alexander Stratigos[1]

[1]Andreas Sygros Hospital, 1st Department of Dermatology and Venereology , Athens, Greece

Introduction & Objectives:

Cryptococcus is an encapsulated basidiomycete fungus with more than 30 species in the environment but only cryptococcus neoformans can cause human disease. It is found in bird droppings, soil, fruits and vegetables. Cutaneous cryptococcosis may be primary from direct inoculation of fungal spores in trauma (extremely uncommon) or secondary from hematogenous dissemination of pulmonary cryptococcosis after spore inhalation, the latter is mainly associated with immunosuppressive individuals as cryptococcus is an opportunistic pathogen. It has no typical clinical manifestations consisting of papules, pustules, nodules, ulcers, and petechiae or ecchymoses. Treatment for PCC may include fluconazole, itraconazole and amphotericin B. Histopathology is the gold standard in diagnosing the disease. As there is little evidence in the literature, we report a case of cutaneous cryptococcosis.

Materials & Methods:

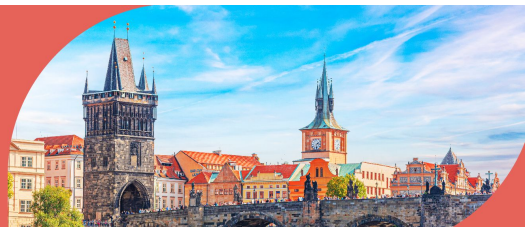
A 74-year-old Caucasian patient with a medical history of diabetes mellitus type 2, coronary artery disease, hypertension, hypercholesterolemia, chronic obstructive pulmonary disease and osteoporosis was referred to the Ulcer and Wound Healing Clinic due to two ulcers with a yellowish peri-wound area, located at the left upper extremity (upper-arm and forearm respectively) since 2 months. The patient was immunocompromised as he was under treatment with systemic corticosteroids (methylprednisolone 8mg daily) for the last 4 months due to unstable COPD. Initially therapy combined surgical debridement and topical wound healing therapy. Due to atypical clinical presentation swab cultures for common aerobia/anaerobia bacteria and a skin biopsy were performed. Wound cultures revealed St.aureus and Candida ssp, which were treated with amoxicillin/clavulanic acid 1g twice daily for 10 days and fluconazole 100mg daily for 14 days.

Results:

The biopsy from the ulcer margins revealed inflammatory skin reaction with multiple yeasts of cryptococcus. Further imaging showed no evidence of systemic disease and investigations for other causes of immunosuppression as HIV infection and hematology malignancies were negative. The patient reported daily preoccupation with his garden where pigeons were frequently present. Additional treatment with fluconazole 100mg daily for 30 days and topical silver sulfadiazine was administered as well as gradual withdrawal of corticosteroids.

Conclusion:

PCC is a sub classification of cutaneous cryptococcosis, which differs from secondary cryptococcosis in the route of infection. It is an uncommon, opportunistic infection that mostly affects immunocompromised patients. PCC is limited to the skin and the involvement of systemic organs must be thoroughly excluded. Clinicians need to keep a high degree of suspicion for the diagnosis since it can occur with a nonspecific clinical presentation. Our case is an interesting example of an immunocompromised patient with two ulcers that do not improve with wound healing therapy and empiric antibiotic therapy and further investigations for rare infections as cryptococcus need to be performed. A skin biopsy and a detailed epidemiological history are important for the diagnosis. In addition, all patients must be scanned for systemic disease and/or causes of immunosuppression since PCC is a diagnosis of exclusion.



Abstract N°: 2003

Small patch revealing lupus vulgaris

Soukaina El Mellouki[1], Alami Laila[1], Farai Yasmine[1], Anouar Ilyass[1], Zemmez Youssef[1], El Amraoui Mohamed[1], Frikh Rachid[1]

[1]Mohammed V Military Hospital, Dermatology, Rabat, Morocco

Introduction & Objectives:

Lupus vulgaris (LV) is a chronic, progressive, paucibacillary form of cutaneous tuberculosis, commonly found in individuals of all ages with a female predilection. LV results from haematogenous spread or direct inoculation from an underlying tuberculous focus, with facial lesions often due to haematogenous spread. The diagnosis can be challenging due to its clinical similarity to other dermatological conditions. This case aims to emphasize the diagnostic approach to LV, which includes dermoscopy, histopathology, tuberculin testing, and molecular techniques, using a patient presenting with an erythematous plaque on the nose.

Materials & Methods:

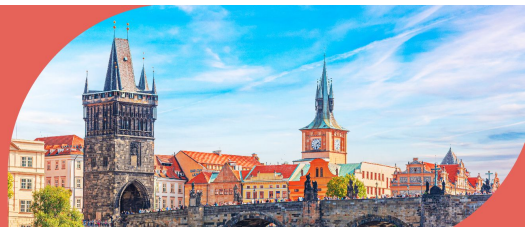
A 45-year-old woman presented with an erythematous, slightly scaly, well-demarcated plaque on the nose, persisting for one year. Dermoscopy revealed white scales, yellowish-orange structureless areas, and linear curved vessels. A biopsy was performed, and histopathology showed multiple epithelioid granulomas with caseous necrosis in the dermis, suggestive of tuberculosis. The tuberculin skin test was strongly positive, and polymerase chain reaction (PCR) from the lesion confirmed the presence of Mycobacterium tuberculosis. Based on these findings, a regimen of anti-tuberculosis medications was initiated.

Results:

The clinical and histopathological features, along with a positive tuberculin skin test and PCR confirmation, led to the diagnosis of lupus vulgaris. Dermoscopy helped differentiate the lesion from other skin conditions by revealing characteristic features such as white scales and yellowish-orange areas. The histopathology demonstrated epithelioid granulomas and caseous necrosis, which are hallmark signs of LV. PCR confirmed the presence of Mycobacterium tuberculosis, supporting the diagnosis of cutaneous tuberculosis. The patient was promptly started on a combination of isoniazid, rifampicin, ethambutol, and pyrazinamide for anti-tuberculosis therapy. Monitoring for treatment response and potential complications was initiated.

Conclusion:

Lupus vulgaris is a rare but important cause of chronic cutaneous lesions, particularly in patients with a history of tuberculosis or exposure to Mycobacterium tuberculosis. Given its ability to mimic other dermatologic diseases such as discoid lupus erythematosus, sarcoidosis, and rosacea, LV often poses a diagnostic challenge. This case highlights the necessity of a comprehensive diagnostic approach that integrates clinical, dermoscopic, histopathological, and molecular methods like PCR. Early diagnosis and initiation of anti-tuberculosis therapy are crucial for preventing disease progression, scarring, and complications, ultimately leading to improved patient outcomes.



Abstract N°: 2022

Erysipeloid Leishmaniasis: Diagnostic Challenges and Combined Treatment with Clarithromycin and Metronidazole, a Case Report

Ilhame Jegoual[1], Mariem Aboudourib[1], Bendaoud Layla[1], Ouafa Hocar[1], Said Amal[1]

[1]dermatology Venereology department, Arrazi hospital mohammed 6 , Marrakech, Morocco

Introduction:

Cutaneous leishmaniasis (CL) presents a wide clinical diversity, with the erysipeloid form being rare and misleading. While meglumine antimoniate remains the gold standard for treatment, its side effects and recent unavailability have prompted the investigation of alternative therapies, such as the metronidazole-clarithromycin combination. We report a case of facial erysipeloid CL, a rare form, to highlight the clinical and therapeutic particularities of this presentation.

Observation:

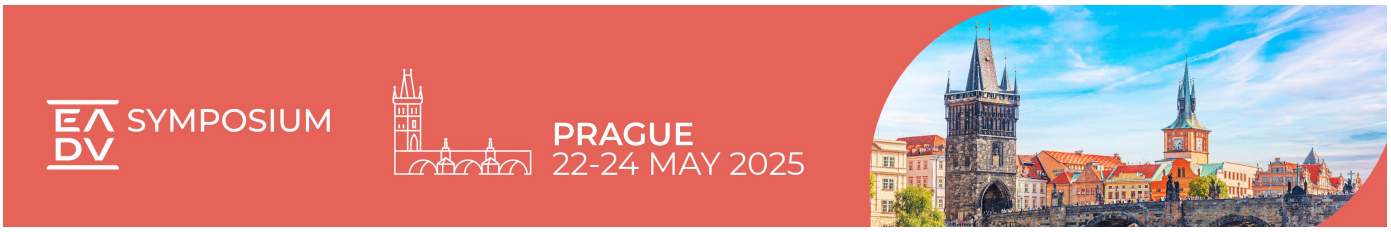
We report the case of a 72-year-old female patient, originally from southeast in Morocco, with no significant medical history, who presented with an erythematous, infiltrated, painless, and non-pruritic plaque located on the centrofacial area. The lesion had been evolving for three months, gradually increasing in size without any associated symptoms. A skin biopsy consisting of two fragments revealed an epithelioid giant cell granulomatous dermatitis without necrosis and a plasmocytic infiltrate. May Grunwald-Giemsa and Ziehl-Neelsen stains were negative, and the biopsy culture was sterile. However, a smear for Leishmania bodies was performed and showed a positive result. The patient was treated with metronidazole (1.5 g/day) and clarithromycin (1.5 g/day) for 15 days, with notable clinical improvement.

Discussion:

Cutaneous leishmaniasis (CL) remains a significant public health concern in Morocco, especially when it affects the face, where it can present in various clinical forms, often leading to diagnostic delays. The erysipeloid form, although rare, is often underestimated due to the difficulty and misleading nature of the diagnosis. Clinically, it manifests as an erythematous infiltrated plaque affecting the nose and/or cheeks, resembling facial erysipelas. The standard treatment remains the intramuscular administration of glucantime, which provides a favorable therapeutic response in most cases, although it is associated with various side effects. As a result, alternative treatment options are being explored, including the combination of metronidazole (20 to 30 mg/kg/day) and clarithromycin (15 mg/kg/day), administered for 15 days, with possible monthly renewals for up to three months in case of partial response. This combination helps minimize side effects while providing a satisfactory therapeutic response.

Conclusion:

Every physician should consider cutaneous leishmaniasis (CL) when encountering any atypical facial lesion resembling erysipelas, particularly in patients residing in or having traveled to leishmaniasis-endemic areas. The metronidazole-clarithromycin combination, due to its effectiveness, ease of oral administration in an outpatient setting, and affordability, serves as an excellent therapeutic alternative for the treatment of CL.



Abstract N°: 2026

Tongue involvement in lepromatous leprosy : a case report

Lina Benchekroun[1], Darghal Hanane[1], Meriam Meziane[1], Nadia Ismaili[1], Laila Benzekri[1]

[1]Ibn Sina, Rabat, Morocco

Introduction:

Leprosy is a chronic, infectious, and transmissible disease caused by *Mycobacterium leprae*, a bacillus with a tropism for the skin, mucous membranes, and nervous system. It is the second most common mycobacterial disease worldwide after tuberculosis and remains a public health issue. Despite the World Health Organization's (WHO) strategy aiming for zero leprosy cases, it continues to be reported in Morocco.

Leprosy is a **spectrum disease** with different clinical forms, ranging from the **tuberculoid pole**, associated with strong cell-mediated immunity, to the **lepromatous pole**, linked to poor immune response. Intermediate forms exist along this spectrum

Case report:

We present the case of a **41-year-old female** who had experienced paresthesia for three years, consulting multiple times without improvement. Six months before admission, she developed a **tongue tumor**. Upon examination, she exhibited a **typical leonine facies** with: Glabrous eyebrows, accentuated facial wrinkles, and skin thickening, multiple **subcutaneous nodules** on her limbs, **nasal deformity** with erosions. Despite these chronic lesions, she had never sought medical attention for them. Neurologically, apart from paresthesia, no other abnormalities were detected. A **skin biopsy** confirmed the diagnosis of **multibacillary lepromatous leprosy**, which had remained undiagnosed for three years. The patient was treated with **multidrug therapy (MDT)** and showed significant improvement with regular follow-up over the past two years.

Discussion:

Leprosy remains a public health issue, particularly in developing countries. While its prevalence has declined due to **multidrug therapy**, cases persist in **South Asia, Latin America, Africa, the Eastern Pacific, and the Western Mediterranean Basin**. Oral involvement in leprosy is **rare**, usually occurring in long-standing cases and predominantly in **lepromatous rather than tuberculoid forms**. The most common oral lesions affect the **palate and lips**, especially in **lepromatous leprosy (LL)** patients. In contrast, **tuberculoid leprosy (TT)** and **borderline tuberculoid leprosy (BT)** typically **lack oral mucosal lesions** due to their limited bacterial load, restricting lesions to the skin. Borderline cases (**BB and BL**) can progress toward the lepromatous pole, increasing the likelihood of mucosal lesions over time. This case is noteworthy due to the **exceptionally rare involvement of the tongue**, which is scarcely reported in the literature.

Conclusion:

Oral lesions in leprosy are uncommon but can manifest as **lepromas or leprous plaques** on the **hard palate, lips, or tongue**. These lesions are more prevalent in **multibacillary forms**, particularly **lepromatous leprosy (LL) and borderline lepromatous leprosy (BL)**. Early recognition is essential for diagnosis and management.

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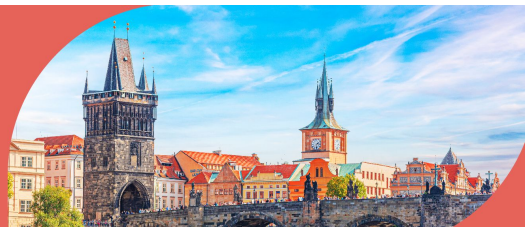

Abstract N°: 2038

Atypical Ramsay Hunt syndrome

Khadija Essekakri[1], Hali Fouzia[2], Chiheb Soumiya[2]

[1]chu ibn rochd casablanca, dermatology and venerology , Casablanca, Morocco
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Introduction & Objectives:

Herpes zoster, commonly referred to as zona, is a viral infection resulting from the reactivation of the varicella-zoster virus (VZV). The clinical manifestations of this condition vary significantly based on the specific nerve territories involved. Among the presentations localized in the cephalic region, Ramsay Hunt syndrome is particularly noteworthy, it is characterized by auricular herpes zoster, which arises from the reactivation of VZV within the geniculate ganglion. This syndrome is considered a rare and potentially severe pathology, necessitating prompt diagnosis to mitigate the risk of neurological complications.

Our case illustrates an atypical form of herpes zoster, providing an opportunity to explore the clinical and therapeutic challenges associated with this type of presentation.

Case report:

This case involves a 45-year-old man with a history of childhood varicella, who presented to the emergency department with a 6-day history of tingling and burning pain in his right ear. This discomfort progressed to the development of a painful vesicular rash in the right facial and auricular regions, accompanied by facial asymmetry that emerged two days following the onset of initial symptoms.

Upon interrogation, his medical history revealed no prior episodes of facial paralysis, or significant infections. He reported no history of immunocompromised conditions.

Dermatological examination revealed the presence of vesicular lesions containing serous fluid, arranged in clusters and distributed metamerically within the V3 territory of the trigeminal nerve. Certain areas exhibited impetiginization, alongside post-vesicular erosions covered with scabs, localized in the external auditory canal and concha, corresponding to the Ramsay Hunt region. The patient presented with right peripheral facial palsy, characterized by a positive Bell’s phenomenon and mild facial drooping. The assessment using the House-Brackmann grading system indicated a score of V, reflecting significant facial weakness.

A therapeutic protocol was instituted, including oral corticosteroids, oral acyclovir, analgesics, vitamin therapy, and local care.

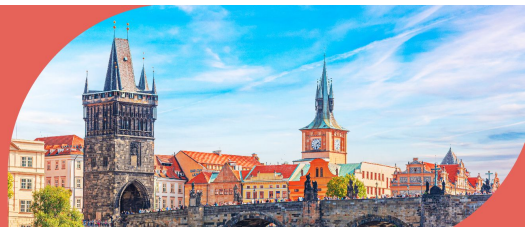
The clinical course was favorable, characterized by the resolution of lesions within a span of 10 days, marked regression of pain, and notable improvement in facial paralysis.

Conclusion:

RHS typically presents the triade of ipsilateral peripheral facial paralysis, ear pain and erythematous vesicles in the external auditory canal and auricle. However, there can be some unusual presentations with multiple cranial nerve involvements mostly reported in immunocompromised patients.

The particularity of our presentation lies in the rarity of RHS associated with V3 zona in a young immuno-competent adult.

Early recognition and treatment of RHS are essential to prevent long-term complications.



Abstract N°: 2161

Zoon's Balanitis Associated with Serratia Marcescens

Manisha Siriwardene[1], Margot Whitfeld[1], Michael Wehrhahn[2], Karen Cheung[2]

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[2]Douglass Hanly Moir Macquarie Park Lab, Microbiology and Infectious Diseases, Macquarie Park, Australia

Introduction & Objectives:

This is the first report of biopsy-confirmed Zoon's balanitis associated with Serratia marcescens (SM). The pathogenesis of Zoon's balanitis has never been well understood, particularly the red-brown colouring of the skin and characteristic "kissing lesions", however the plasma infiltrate has always raised the possibility of an infective aetiology.

Materials & Methods:

We describe a 68-year-old male referred to the dermatology clinic presenting with red-brown pigmentation of the glans and corona of the penis associated with a white, cloudy discharge. His background was significant for human immunodeficiency virus and end-stage-chronic kidney disease requiring dialysis.

Results:

On examination, the corona and exudate had a red-brown discolouration and the characteristic "kissing lesions" were present. A punch biopsy of the skin at the base of the penis suggested Zoon's balanitis. A skin swab and urine microscopy had significant growth of SM, an opportunistic pathogen known for producing a distinct red-brown pigment known as prodigiosin, a colour also identified on the glove of the examiner. Clinical improvement was observed following empirical treatment with topical mupirocin ointment, retraction of the foreskin during showers, Vaseline and a course of oral trimethoprim-sulfamethoxazole to which the SM was shown to be sensitive to.

Conclusion:

We propose SM as a contributing factor in the development of Zoons balanitis. Traditional treatment for Zoon's balanitis includes circumcision and topical anti-inflammatories. After antibiotic treatment targeting SM, swelling, difficulty retracting the foreskin and associated discharge was reduced. As SM is commonly identified in the urine, it is often regarded as non-pathogenic because it is not typically associated with a urinary leukocytosis. Further research into additional cases of Zoon's balanitis to ascertain whether SM may be part of the pathogenesis of Zoon's balanitis. This is a significant move forward in understanding treatment for this chronic and debilitating condition.

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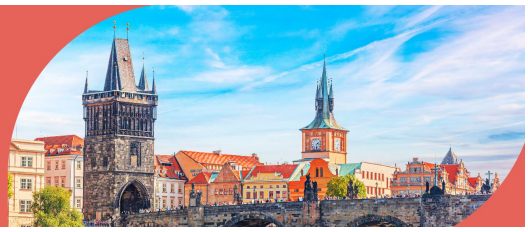

Abstract N°: 2192

Secondary Syphilis with Scalp and Beard Moth-Eaten Alopecia: A Rare Presentation and Diagnostic Challenge

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[1]University Hospital Mohamed VI, Department of Dermatology and Venereology,, Tangier, Morocco

Introduction & Objectives:

Syphilis, caused by *Treponema pallidum*, is known as "the great imitator" due to its diverse clinical manifestations, which can complicate diagnosis. A rare manifestation, syphilitic alopecia, occurs in the secondary stage and is often marked by a "moth-eaten" pattern, a hallmark sign of the disease. Although it affects 2.9-7% of patients, it is underrecognized and typically involves the scalp, though it can extend to other areas like the beard. With syphilis cases rising globally, it is crucial to recognize this rare symptom to avoid misdiagnosis and ensure timely treatment. This case highlights the importance of identifying syphilitic alopecia in clinical practice to prevent misdiagnosis and delay in treatment.

Materials & Methods:

Case Report

Results:

A 47-year-old male with no significant medical history, who presented with asymptomatic alopecia affecting the scalp and beard for the past five months. Prior to his visit to our clinic, the patient had been treated with topical corticosteroids for his alopecia, considered as an alopecia areate, without improvement.

Upon admission, physical examination revealed patchy, non-scarring alopecia localized to the temporal regions of the scalp and the beard area. The rest of the dermatological and mucosal examination was unremarkable, with no genital ulcers (chancres) or other skin lesions or systemic symptoms noted.

Trichoscopic examination of the alopecia patches showed presence of thin hair and broken hairs. There were areas with absent hair follicles, but no erythema or other abnormalities of the hair shaft, were observed. A Wood's light examination did not reveal any fluorescence, which further ruled out certain fungal infections.

A complete biological workup, including complete blood count (CBC), ferritin levels, and thyroid-stimulating hormone (TSH), was performed, all of which returned normal results.

Up on the absence of any sign in the trichoscopy of alopecia areata we did further our investigations with a serology. syphilis serology was strongly positive, confirming the diagnosis of secondary syphilis. HIV and hepatitis serologies were negative.

Given the diagnosis, the patient was started on treatment with 2.4 million IU of benzathine penicillin via intramuscular injection.

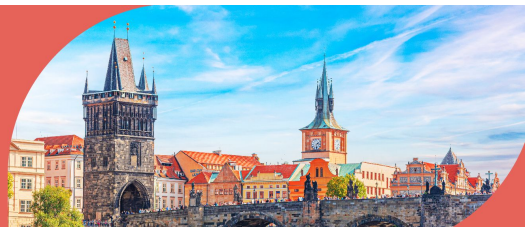
Given the rarity of syphilitic alopecia, this case serves as an important reminder to consider syphilis in the differential diagnosis of alopecia.

Conclusion:

SA occurs in approximately 4% of secondary syphilis cases and remains a rare but important clinical finding. Although it typically involves the scalp, it can also affect other hair-bearing areas, including the beard, axillae, and even the trunk and legs. This distribution can complicate the diagnosis, as several other conditions mimic the nonscarring alopecia seen in

syphilis. Differential diagnoses for this “great mimicker” include alopecia areata, tinea capitis, and trichotillomania.

This case highlights the importance of considering syphilis in the differential diagnosis of alopecia, especially in patients with risk factors for sexually transmitted infections. Syphilitic alopecia, although rare, can present with distinct clinical features and requires timely diagnosis and treatment to prevent complications.



Abstract N°: 2210

Sesame oil : an unexpected ally against Cutaneous Leishmaniasis

Balsam Saadaoui[1], Nesrine Ben Salah[1], Mohamed Ali Gmara[1], Mouna Korbi[1], Hichem Bel Haj Ali[1], Jameleddine Zili[1]

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Sesame oil : an unexpected ally against Cutaneous Leishmaniasis

Introduction & Objectives:

Cutaneous leishmaniasis is an endemic disease in our country. The skin lesions caused by this condition often result in scars that are difficult to treat. However, treatment options are challenging, and the restrictions on glucantime (the only effective treatment available in our country) necessitate the consideration of other therapeutic alternatives. We report a case of a patient effectively treated with sesame oil.

Materials & Methods:

NA

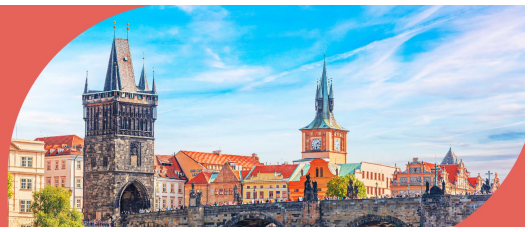
Results:

A 56-year-old man, with a medical history of diabetes treated with oral antidiabetics, presented with a 7-day history of ulcerative, crusted lesions on both upper limbs. The patient reported experiencing an insect bite in the affected areas one week prior to the appearance of the skin lesions. On physical examination, five non-itchy, erythematous, crusted ulcerative lesions were noted on both upper limbs, with the largest lesion measuring 4 to 5 cm in size. No mucosal lesions were observed. Laboratory findings confirmed the diagnosis of leishmaniasis. The patient categorically refused any conventional leishmaniasis treatment. Consequently, we opted to treat him with local application of sesame oil. The patient returned after five days, showing remarkable improvement.

Conclusion:

Leishmaniasis induces both humoral and cellular immune responses to the bite of the phlebotomine sandfly, resulting in an inflammatory reaction at the bite site and leading to the development of cutaneous ulcers. A recent study demonstrated that sesamin, a lignan found in sesame oil, has anti-inflammatory effects by significantly reducing the expression of interleukin 1 and 6 (IL-1 and IL-6) mRNA in human fibroblast cell lines. This may explain the spectacular improvement seen in our patient following the daily application of sesame oil to the skin lesions within five days. Additionally, we noted that the patient forgot to apply the oil to one lesion on his upper arm, which allowed us to confirm the treatment’s effectiveness. While the treated lesions showed a reduction in erythema and crusting, the untreated lesion remained unchanged. This suggests that sesame oil could be a promising therapeutic alternative for patients with contraindications to both local and systemic glucantime treatment.

In conclusion, sesame oil may offer a viable alternative treatment for cutaneous leishmaniasis, particularly for patients who cannot use conventional therapies like glucantime. Sesame oil, due to its anti-inflammatory properties, could be an effective, accessible, and safe option for managing this condition. Further studies are needed to confirm its efficacy and establish its role in the treatment of leishmaniasis.



Abstract N°: 2225

Majocchi's Granuloma Mimicking Psoriasis: A Diagnostic Challenge in a Patient on Biologic Therapy

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Introduction & Objectives:

Majocchi's granuloma (MG) is a rare form of deep fungal folliculitis, primarily caused by dermatophytes. Due to its rarity, there is no established consensus on its diagnosis and treatment. However, existing literature associates the development of MG with factors such as topical corticosteroid use, immunosuppression, and preexisting dermatophytosis. The aim of this case report is to help clinicians to recognize and diagnose it more effectively, and to guide diagnosis and discuss treatment strategies.

Materials & Methods:

We present the case of a Caucasian male who developed MG during his biological treatment for psoriasis with an anti interleukine-23(IL-23) agent.

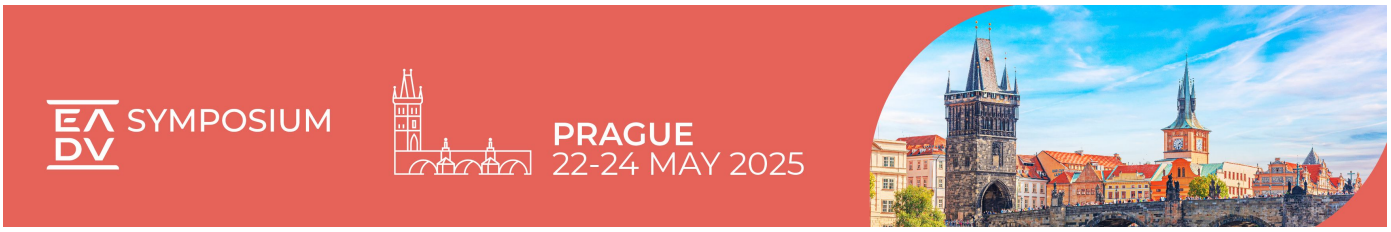
Results:

A 32-year-old male presented to our clinic with well-demarcated erythematous-violaceous plaques accompanied by intense pruritus and scaling. Within the perimeter of these plaques, there were nodules, papules, and pustules. The lesions were located in both popliteal spaces.The patient's medical history indicates that he has been receiving biologic treatment for psoriasis using an anti-IL-23 biologic agent for 6 months. Approximately 3 months before the admission, lesions began to appear, which the patient initially dismissed as psoriasis-related. He attempted to treat them at home using high-potency topical steroids and a vitamin D derivative, but saw no improvement. Notably, the patient is obese and has a job that involves 8 hours of daily driving, creating conditions for the development of fungal infections.

The differential diagnosis included staphylococcal abscesses, sarcoidosis. Samples were prelevated for direct microscopy and culture for fungus, as well as a skin biopsy, which came back positive for Trychophyton rubrum. Topical and systemic therapy, alongside with changes of lifestyle, were initiated consisting of antinfungal agents. Complete clearance was achieved after 3 months of treatment.

Conclusion:

This case highlights the diagnostic challenge of MG in a psoriasis patient on anti-IL-23 biologic therapy, where lesions were initially mistaken for a psoriasis flare and worsened by topical corticosteroids. Immunosuppression, obesity, and prolonged sitting likely contributed to fungal proliferation. Diagnosis was confirmed via skin biopsy and fungal culture**,** emphasizing the need for mycological testing in atypical or treatment-resistant cases**.** Systemic antifungal therapy for three months led to complete resolution. This case underscores the importance of considering opportunistic infections in psoriasis patients receiving biologics and the necessity for early diagnosis and targeted antifungal treatment**.**



Abstract N°: 2264

When unilateral laterothoracic exanthem occurs on both sides

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When unilateral laterothoracic exanthem occurs on both sides

Introduction & Objectives:

Unilateral latero-thoracic exanthema is a viral-induced eruption that occurs in children. It appears as benign eczematiform eruptions characterized by their distribution: axillary or flank onset, asymmetry with centrifugal hemicorporeal extension. We report a case of a child with an atypical bilateral extension of this pathology.

Materials & Methods:

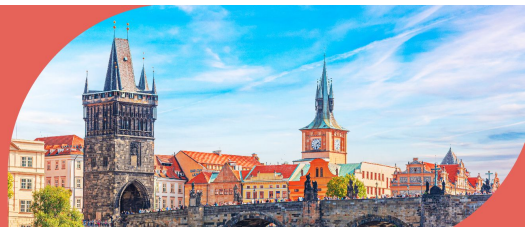
NA

Results:

A 10-year-old boy, with no medical history, presented with a 10-days history of crusty erythematous lesion in the axillary fold. The mother claims that he's been treated with 7 days of antibiotics with no improvement. On physical examination, the patient had erythematous papular lesion, crusty in places, slightly pruritic, on the left armpit with a centrifugal extension and bilateral asymmetrical involvement. There were no mucosal lesions. Laboratory findings were normal; mycological results were negative and viral serologies were normal. the patient was treated with anti-histamines and a skin emollient. He came back within 7 days with a spectacular improvement of his skin lesions. This remarkable improvement, led us to confirm the diagnosis of laterothoracic exanthema in its rare bilateral form.

Conclusion:

Unilateral laterothoracic exanthema is a pathology of para viral origin that generally occurs in spring. It affects pre-school children. Clinically, it presents as an asymmetric, papulovesicular, erythematous, eczematous truncal rash. It typically starts on the axilla and spreads centrifugally to the thorax and abdomen. Rare cases in the literature have been reported with bilateral extension of the disease, as in our case. the absence of any abnormalities in the work-up (biochemistry, viral serologies, mycological examination), the absence of fever and associated clinical signs, and the improvement in the cutaneous eruption allowed us to retain the diagnosis in this case. The treatment is symptomatic in this case, and the lesions will disappear within 2 to 8 weeks.



Abstract N°: 2289

Tracing the Skin's Clues: A Case of Lupus Vulgaris in a Migrant Patient

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Introduction & Objectives: Tuberculosis remains a global health concern, particularly in war-affected regions and among displaced populations. Poor sanitation and overcrowded living conditions in war zones facilitate its transmission. According to World Health Organization, Turkey is among the 18 high priority countries for tuberculosis in the European region, partly due to migration from endemic areas.

Cutaneous tuberculosis is a rare extrapulmonary form, with lupus vulgaris being a chronic and insidious variant. It usually presents as slowly expanding reddish-brown plaques, commonly on the face and extremities. Due to its indolent nature and clinical resemblence to other granulomatous dermatoses, diagnosis is often delayed.

Here, we present a case of lupus vulgaris in a war-displayed patient from Syria, highlighting long-term health impacts of war and forced-migration and the need for increased clinical awareness.

Materials & Methods: Case report and literature review.

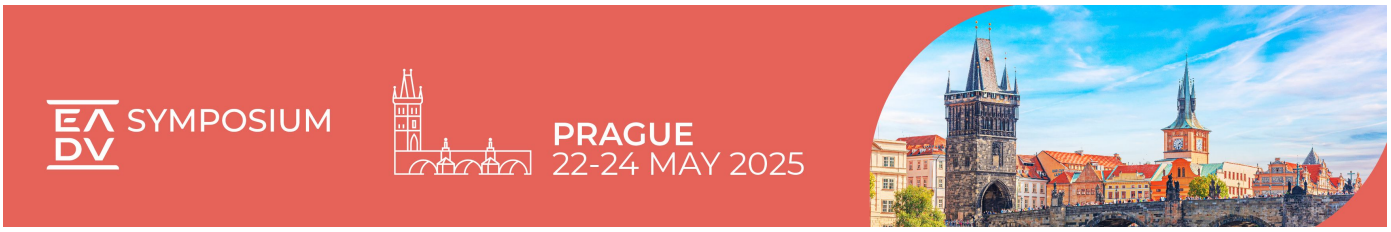
Results: A 42-year-old male patient from Syria presented with progressive skin lesions over three years. It began as a small papule on right thumb and later ulcerated. Over time, multiple reddish-brown infiltrated plaques developed on the forearm. Diascopy revealed an apple-jelly appearance. No lymphadenopathy was detected, systemic examination was normal. Given the ulcerative form of thumb lesion, an initial smear for leishmania was performed, which was negative. A skin biopsy was obtained with a differential diagnosis that include cutaneous tuberculosis, cutaneous leishmaniasis, deep fungal infections and sarcoidosis. Histopathology showed granulomatous inflammation with multinucleated giant cells. No fungal structures were observed, and PAS staining was negative. These ruled out deep fungal infections. The patient evaluated by the pulmonology department. Chest x-ray showed no abnormalities. Serum ACE level and thoracic CT were assessed, and sarcoidosis was ruled out. Additionally, the Quantiferon-TB Gold test was found positive.

Upon further questioning, the patient disclosed that he had been imprisoned in Syria during the war in 2013, where he was held overcrowded, unsanitary conditions and witnessed several prisoners suffering from tuberculosis, some of whom did not survive. This history suggested possible past tuberculosis exposure.

Considering the history of tuberculosis exposure and the exclusion of other differential diagnoses, the case was discussed with the infectious disease department, and a decision was made to initiate anti-tuberculosis theraphy.

The patient was started on standart anti-tuberculosis theraphy, including two months of isonizaid, rifampsin, pyrazinamide, and ethambutol, followed by four months of isoniazid and rifampicin. After completing the regimen, he showed remarkable resolution of the infiltrated plaques. The only remaining findings were hyperpigmentation and scarring.

Conclusion: Cutaneous tuberculosis can be challenging to diagnose due to its slow progression and clinical similarity to other granulomatous diseases. This case highlights the importance of considering cutaneous tuberculosis in chronic skin lesions, especially in patients from high-risk regions. Early diagnosis and timely anti-tuberculosis treatment lead to successful outcomes, preventing complications and unnecessary interventions.



Abstract N°: 2292

"A Case Report of Parvovirus infection: Less Complicated in Children, More Challenging in Adults"

Sihame Alaoui[1], Syrine Hamada[2], Nadia Ismaili[2], Meriam Meziane[2], Laila Benzekri[2]

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": A Case Report of Parvovirus infection: Less Complicated in Children, More Challenging in Adults"

Introduction & Objectives:

Parvovirus B19, identified in 1974, is the only member of the Parvoviridae family that exhibits pathogenicity in humans. The virus spreads easily and its symptoms vary depending on the individual's age, immunological and hematological state.

The objective of this case report is to review the clinical presentation, diagnosis challenges, and management of parvovirus B19 infection in adults.

Case report:

54-year-old patient with a history of urological surgery following a trauma in 2020 and active smoking. Has been experiencing fever for 10 days associated with polyarthralgia and erythematous maculopapular lesions, initially on the upper and lower limbs, then spreading to the back, trunk, abdomen, soles of the feet, and palms of the hands.

Clinical examination finds a patient stable hemodynamically and respiratory, and febrile at 38.5°C.

Dermatologically, a generalized erythematous maculopapular rash with aphthous ulcer on the lower lip without any other associated signs.

Biologically, he had normochromic normocytic anemia, lymphopenia, an inflammatory syndrome, and hepatic cytolysis and positive serology for Parvovirus B19 with IgM + and IgG -. The rest of the infectious workup was negative.

Discussion:

Infection with the B19 virus, a mild disease, mainly occurs in late winter and early spring, with an outbreak reaching epidemic levels every 3 to 4 years. Generally, it spreads through respiratory routes, through blood-derived products, and by vertical transmission from mother to fetus.

The virus targets endothelial cells and erythrocytes in particular, and its affinity for erythrocytes is mediated by a membrane P receptor whose activation leads to cell lysis.

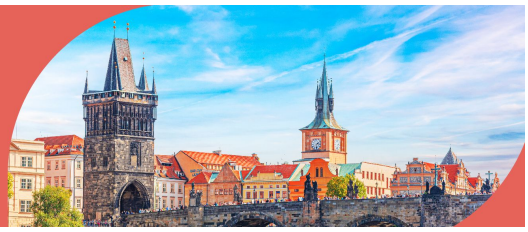
In healthy children with a good immune system, B19 is the agent responsible for the erythema infectiosum, a low-risk disease. In adults, this could be associated with a symmetric polyarthropathy, other skin manifestations such as papulo-purpuric gloves and socks syndrome, vesiculo-pustular eruptions, vasculitis, the lupus erythematosus-like syndrome, erythema nodosum, scleroderma and pityriasis lichenoides. Besides of, systemic manifestations as aplastic anemia in immunocompromised patients, encephalitis or glomerulonephritis.

Seroconversion associated with skin involvement is the best diagnostic proof. In the case of megalerythema epidemic, the viremic phases are short and end with the appearance of clinical lesions, making the search for viral DNA of little diagnostic value. Immunohistochemical testing of antigens in infected tissue is an elegant and routine diagnostic technique, as is in situ hybridization.

In healthy subjects, dermatological manifestations rarely prompt the initiation of treatment. On the other hand, in patients with immunosuppression or a pathological erythrocyte lineage, blood transfusions and/or intravenous infusions of immunoglobulins are frequently required.

Conclusion:

The clinical manifestations of primary infection with PVB19 are polymorphous, they include a combination of general symptoms, skin and systemic manifestations. Moreover, the risk of cytopenia's, hypocomplementemia or the presence of autoantibodies means that it should be considered as a differential diagnosis for established systemic diseases.



Abstract N°: 2315

Difficulties in managing erysipelas among primary care physicians: interns and general practitioners.

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Introduction & Objectives:

Erysipelas is a frequent reason for consultation. It is an acute, non-necrotizing bacterial dermohypodermatitis, caused by group A beta-hemolytic streptococcus, most often affecting the leg, but not excluding other sites.

Prompt treatment with appropriate antibiotics can prevent complications.

Materials & Methods:

It's a cross-sectional study from 08/09/2023 to 29/09/2023.

The questionnaire was aimed at interns and residents at Rabat University Hospital and general practitioners in the Rabat-Kenitra region, and covered 24 items, including the following:

-Frequency of erysipelas ,

-Diagnostic difficulties: unusual locations, differential diagnoses and signs of severity

-Management: antibiotic therapy prescribed, first or delayed referral to dermatologists.

Results:

92 responses were received, with 37% residents from various specialties, 33.7% interns and 29.3% general practitioners.

With an estimated frequency of 3 cases per month for 37%, and unusual localizations as the main diagnostic difficulty.

73.9% of doctors called a dermatologist directly, while 26.1% prescribed amoxicillin/clavulanic acid in 67% of cases +paracetamol for 7 to 10 days.

Criteria for hospitalization were also among the items dealt with, as were signs of severity and aggravating factors ….

The aim of our work is to highlight shortcomings in the management of erysipelas in order to remedy them. We found that in 90% of cases, physicians were able to recognize erysipelas in its usual form, supported by the opinion of a dermatologist in 74% of cases, although 18% of physicians had recourse to an opinion from vascular surgery or internal medicine.

The choice of antibiotic therapy and duration of treatment complied with recommendations in 73% of cases, while prescription errors were limited to 5% (NSAIDs, corticosteroids).

Conclusion:

Our study, the first of its kind, provided an overview of the management of erysipelas, enabling us to better target the essential points to be rectified.