Abstract N°: 27

Coexisting pustular and ulcerative pyoderma gangrenosum in an adult female

Assia EL Bouhmadi[1], Rachadi Hanane[1], El Fatoiki Fatimazahra[1], Hali Fouzia[1], Chiheb Soumia[1]

[1]Chu Ibn Rochd, Dermatology, CASABLANCA, Morocco

Introduction & Objectives:

Pyoderma gangrenosum (PG) is a rare debilitating inflammatory skin disease clinically characterized by painful, rapidly evolving cutaneous ulcers with undermined, irregular, erythematous-violaceous edges. Several clinical variants have been described, including classic ulcerative, bullous, pustular and vegetative. Usually only one specific type of PG occurs in an individual, but occasionally combinations of different clinical types may occur. We report a case of idiopathic pustular PG associated the ulcerated form in a young adult female

Results:

This is a case of a 45-year-old woman who initially presented with nodular lesions, followed by the appearance of painful pustular lesions and ulcerated lesions, localized exclusively to the thighs, dating back to one week before the consultation. Bacteriological cultures were sterile. Biological tests revealed significant neutrophilic leukocytosis, elevated CRP, and negative procalcitonin (PCT). A biopsy specimen from the pustule showed a massive neutrophilic infiltrate with suppurative abscess formation extending from the dermis to the epidermis, which led to the diagnosis of Pyoderma Gangrenosum (PG).

No underlying systemic condition was found. We initiated treatment with prednisolone at 0.5 mg/kg/day, but she continued to develop new small pustular lesions without ulceration. We increased the dose to 1 mg/kg/day and introduced topical steroids, which initially led to a good response. However, new lesions eventually started appearing again. We then introduced Dapsone at 75 mg/day, which significantly improved the symptoms, and no new lesions appeared.

Conclusion:

This case is notable for its atypical presentation, with lesions confined exclusively to the thighs and coexistence of pustular and ulcerative PG. The absence of an underlying systemic condition adds to the diagnostic challenge, underscoring the importance of histopathology in confirming PG. The patient's initial resistance to systemic corticosteroid therapy and subsequent positive response to Dapsone emphasizes the value of considering second-line treatments in refractory cases. This case highlights the need for personalized treatment strategies in PG and the potential efficacy of Dapsone in managing corticosteroid-resistant forms of the disease.

Abstract N°: 185

Pyoderma Gangrenosum in children: A Rare dermatosis of difficult diagnosis

Yousra Habibi[1], el Fetoiki Fz[1], Hali Fouzia[1, 1], Chiheb Soumia[1]

[1]CHU Ibn Rochd, Dermatologie, casablanca

Introduction & Objectives:

Pyoderma Gangrenosum (PG) is a rare neutrophilic dermatosis manifested by rapidly progressive painful inflammatory skin ulcerations [1]. The average age of onset of PG is between 40 and 50 years, with an incidence of 3 to 10 cases per million inhabitants per year [2]. It is an exceptional condition in children. We report a case in a 12-year-old child revealed by multiple skin ulcerations of the left leg resistant to several treatments.

Materials & Methods:

Results:

A 12-year-old patient with no notable pathological history presented with skin ulcers 3 months before her first consultation with rapidly progressive painful erythematous-violaceous irregular-edged skin ulcers on the left leg resistant to local treatment, following a localized post-traumatic bullous lesion on the left leg. Histological examination of the skin biopsy revealed a polymorphic inflammatory infiltrate consisting mainly of neutrophils associated with lymphocytes and eosinophils in the superficial and deep dermis, with no tuberculoid granuloma, caseous necrosis or signs of malignancy. Bacteriological and mycological cultures from the skin lesions were sterile. The diagnosis was Pyoderma Gangrenosum. The patient was treated with systemic corticosteroid therapy; prednisone 1mg /kg / day i.e. 30 mg per day, in addition to local care, and experienced complete healing of the skin lesions.

Conclusion:

Pyoderma Gangrenosum is an uncommon clinical entity that is difficult to diagnose. In this report, we describe a new case of PG in children, highlighting the diagnostic difficulties associated with persistent cutaneous ulcers in children, which can delay diagnosis.

Abstract N°: 221

Ink and Intrigue: A Case of Cosmetic Eyebrow Tattoo-Induced Cutaneous Sarcoidosis

Jelena Nojner*[1], Olivera Drulović[1], Igor Kapetanović[1], Ivona Rakočević[1]

[1]Clinic of Dermatovenereology, University Clinical Center of Serbia, Belgrade, Serbia, Belgrade, Serbia

Introduction: Sarcoidosis is a multisystemic granulomatous disease of unknown etiology, characterized by the formation of non-caseating granulomas. Skin involvement occurs in approximately 25% of cases. Sarcoidal granulomas associated with tattoos and permanent makeup has been well-documented. As cosmetic tattooing of eyebrows and lips grows in popularity, there is increasing concern that certain pigments, particularly those in red or brown inks, may provoke sarcoid reactions. Distinguishing between sarcoid granulomas and foreign-body granulomas in these contexts can be challenging. Since sarcoidosis can present with systemic involvement, prompt recognition of granulomas on tattoos is essential for appropriate management and treatment.

Results: We present a case of a 33-year-old Caucasian female with a 4-year history of asymptomatic rash located in the eyebrow. The patient had a cosmetic eyebrow tattoo two years before skin lesions appeared. The patient's medical history included hypothyroidism and vitamin D deficiency. A physical examination of the skin revealed multiple erythematous, yellowish, firm papules symmetrically distributed and confined to the eyebrows and, on the site of the previous cosmetic tattoo. On the torso, the patient had two decorative black tattoos. Foreign body reaction to tattoo pigment and tattoo-associated sarcoidosis were suspected as differential diagnoses. A skin punch biopsy was taken. Histopathology revealed dermal non-caseating naked granulomas, black and brown pigment, and iron deposits within, consistent with a diagnosis of cutaneous sarcoidosis. Chitotriosidase was elevated at 835.3 nmol/h/ml (reference range 0-150 nmol/h/ml). Serum angiotensin-converting enzyme (ACE) level was elevated at 90 U/L (reference range 20-70U/L). All other laboratory parameters were within normal ranges. Chest radiography was unremarkable. The ophthalmological examination did not show signs of uveitis, and ocular involvement. The diagnosis of tattoo-associated cutaneous sarcoidosis without systemic disease was established. The patient was treated with oral steroids (prednisone 0.5 mg/kg, tapering the dose over the next 2 months), oral antimalarials (hydroxychloroquine 4.4 mg/kg), and topically with mometasone furoate ointment. Due to the development of exanthema, hydroxychloroquine was discontinued after one month. Low doses of prednisone were continued in combination with topical corticosteroids and calcineurin inhibitors (pimecrolimus 1% cream). After 3 months, there was a clinical improvement, with only erythema persisting.

Conclusion: Sarcoidal reactions at tattoo sites are well-documented, though their exact mechanism remains unclear. It is suggested that pigments, particularly iron oxide in red or brown inks and carbon black in decorative tattoos, may trigger these reactions through chronic antigenic stimulation. The latent period can span from months to years, and any granulomatous dermatosis at a tattoo site should warrant consideration of sarcoidosis. Given its ability to mimic other conditions, obtaining a biopsy for diagnosis is critical, with foreign body reaction being the primary differential. Treatment options are varied, and success rates can differ. Importantly, the discovery of granulomas in tattoos necessitates further evaluation of other organs, including the lungs, eyes, heart, and kidneys, to aid in identifying potential systemic manifestations of sarcoidosis.

Abstract N°: 517

Drug survival, effectiveness, and safety of guselkumab for moderate-to-severe psoriasis for up to 4 years.

Luca Mastorino[1], Paolo Dapavo[1], Pietro Quaglino[1], Simone Ribero[1]

[1]University of Turin, medical sciences, Torino

Introduction & Objectives:

Guselkumab has been shown to be safe and effective for the treatment of psoriasis in numerous randomized clinical trials and real-life studies. Real life data on treatment up to 4 years are lacking. The present study aims to estimate the drug survival DS, effectiveness, and safety of guselkumab over a period of 208 weeks (w).

Materials & Methods:

We included all consecutive patients with psoriasis or psoriatic arthritis receiving at least 1 dose of guselkumab. Effectiveness was evaluated according to the achievement of PASI100, 90 and <=3. DS was evaluated according to Kaplan-Meyer curve.

Results:

In atotal of 202 patients theeanPASI decreased from 10.88 (SD 5.76) at baseline to 0.48 at 208w. PASI100 showed an increasing response , the outcome was achieved in 30%, and 64.71% of patients at 16W, and 208W, respectively. For PASI90 and<=3 we found a similar trend. 208w of treatment, the estimated DS was 68.5% on observed cases. Being Super Responders (SRs) according to our (p=0.005) and the GUIDE definition (p<0.001), along with cardiovascular comorbidities reduced the risk of drug interruption. In our population none of the baseline characteristics showed a clear impact on the effectiveness of guselkumab. Considering both SR definitions, in our cohort being a SRs is associated with better response in the long-term when considering PASI100 and 90 in both linear and multivariate analysis.

Conclusion:

Our study confirms the good effectiveness and favorable safety profile of guselkumab in a real-world setting up to four years.

Abstract N°: 520

Update on the management of patients with erythrodermic psoriasis using targeted therapy

Luca Mastorino[1], Pietro Quaglino[1], Simone Ribero[1], Paolo Dapavo[1]

[1]University of Turin, medical sciences, Torino

Introduction & Objectives:

Erythrodermic psoriasis (EP) is a severe and rare variant of psoriasis. Clinical features include scaling and erythema affecting more than 90% of body surface area, systemic symptoms such as lymphadenopathy, arthralgia, fever, fatigue, dehydration, serum electrolyte disturbances, and tachycardia, making this condition a potentially life-threatening disease. Differential diagnosis encompasses atopic dermatitis, cutaneous adverse drug reaction, and advanced cutaneous lymphoma. Following a correct diagnostic framing, appropriate systemic treatment must be initiated. Unfortunately, there are no up-to-date guidelines; the latest recommendations suggested cyclosporine and infliximab, while ignoring recent therapeutic introductions.

To review the current reported systemic treatment options for EP.

Materials & Methods: This systematic review was based on a search in MEDLINE, PubMed, Scopus, and Cochrane Library for articles in English from first available publication to 9 Nov, 2024.

Results: In all, 145 studies were included in the review.** Case report and case series are the main available works, reporting heterogeneous outcomes and effectiveness with non-biologic and biologic systemic agents. Available randomized controlled trials includes patients with EP treated with etretinate, infliximab, certolizumab-pegol (CZP), Ixekizumab, guselkumab, risankizumab, and deucravacitinib. These publications are not dedicated studies, and the population considered is limited to a few patients, with limitations in terms of statistical power. Among non-biologic systemic treatments, methotrexate and cyclosporin are the most widely reported as treatment for EP. Among biologics, infliximab and secukinumab are the most reported with 103 and 93, patients respectively. The studies comprising the largest number of patients to date include one on cyclosporin, two on infliximab with 44 and 24 patients, and one on ustekinumab with 22 patients. Head-to-head analyses between different molecules include a comparison of secukinumab and ixekizumab, showing similar results, and a retrospective analysis of infliximab, adalimumab, etanercept, ustekinumab and efalizumab reporting superiority of anti-TNFalpha agents over the other two treatments. The efficacy is variable between studies. Methotrexate and cyclosporine collectively reported a therapeutic response in more than two-thirds of patients, with the latter having a faster onset of action. Among biologics, CZP and secukinumab showed PASI 75 achievement in more than 80% of patients in some studies at 52 and 8 weeks, respectively; more than 75% of patients achieved PASI 90 with risankizumab at 16 weeks.

Conclusion: Nonbiologic systemic drugs appear to be a rational initial approach with cyclosporine and maintenance therapy with methotrexate. In the case of contraindications or treatment failure of traditional systemic therapies, among biologic drugs, the rapidity of action, safety, and limited evidence of efficacy are in favor of IL-17 inhibitors and risankizumab.

Abstract N°: 561

Cutaneous Malakoplakia of the Periorbital Region in an Immunocompromised Patient - A Case Report

Karolina Dębowska*[1], Mikołaj Łanocha[2], Anna Tekielak[2], Szymon Leonik[2], Bartosz Miziołek[2], Beata Bergler-Czop[2]

[1]Public Independent A. Mielecki Clinical Hospital, Department of Dermatology, Katowice, Poland
[2]Medical University of Silesia, Department of Dermatology, Katowice, Poland

Introduction & Objectives:

Malakoplakia, first described in 1902, is a rare granulomatous inflammatory disease that arises as a reaction to infection with Gram-negative bacteria, most commonly Escherichia coli. The genitourinary system is most frequently affected, with involvement in 60-70% of cases. Cutaneous and mucosal manifestations are extremely rare, with the periorbital region reported in only one previous case report. Immunosuppression is recognized as a risk factor. This case adds to the limited literature on cutaneous malakoplakia, particularly in the periorbital region, and highlights challenges in diagnosis and treatment.

Materials & Methods:

A 73-year-old woman presented with a one-year history of enlarging nodules located in the left periorbital region. The affected area, measuring 10 cm × 8 cm, exhibited numerous erythematous, ulcerated nodules involving the conjunctiva, the skin of the upper and lower eyelids, and the adjacent cheek. Due to significant eyelid and conjunctival edema, the patient experienced reduced visual acuity in the left eye. Surgical excision of the masses was performed three months earlier; however, the lesions recurred. The patient, immunocompromised due to myelodysplastic syndrome, was undergoing systemic corticosteroid therapy. Wound culture demonstrated recurrent growth of Escherichia coli, while fungal cultures were negative. The dermoscopic findings included localized orange structureless area, diffuse erythema, ulcerations, and branching vessels, which can be associated with granuloma formation. MRI of the orbits with contrast demonstrated enhancement involving the entire eyelid, suggestive of a non-specific infiltrate limited to the eyelid, excluding deeper orbital involvement. Skin biopsies revealed large aggregates of histiocytes exhibiting abundant eosinophilic cytoplasm, periodic acid-Schiff stain (PAS) positive, known as von Hansemann cells, and contained PAS-positive basophilic Michaelis-Gutmann bodies.

Results:

Malakoplakia has a tendency to recur, and requires long-term treatment with systemic antibiotics that penetrate macrophages until clinical improvement is observed. Quinolones and ascorbic acid are suggested as potential therapies based on prior reports. Furthermore, treatment involves surgical intervention and requires modulation of immunosuppressive therapy.

In this case systemic corticosteroids were discontinued and a prolonged course of levofloxacin (500 mg per day) and ascorbic acid (500 mg twice daily) was initiated. Levofloxacin, a quinolone antibiotic with intracellular penetration, was chosen for its efficacy against Gram-negative bacteria, while ascorbic acid was added to enhance macrophage function.

Conclusion:

Cutaneous malakoplakia presents with variable and nonspecific clinical features, making diagnosis challenging. Histopathological examination is essential for a definitive diagnosis and differentiation from malignant process, such as nonmelanoma skin cancer, lymphomas or inflammatory diseases like sarcoidosis. The presence of foamy macrophages containing basophilic granules, termed the Michaelis-Gutmann bodies, is pathognomonic for this condition. This case underscores the need to consider malakoplakia in the differential diagnosis of granulomatous lesions, particularly in

immunocompromised individuals.

Abstract N°: 611

An unusual case of rosacea fulminans in a young man

Ghita Basri[1], Sara Nejjari[1], Inas Chikhaoui[1], Mohamed Amine Amine[2], el Amraoui Mohamed[2], Frikh Rachid[2], Hjira Naoufal[2]

[1]Cheikh Khalifa International University Hospital, CASABLANCA
[2]Mohammed V Military Training Hospital, Rabat

An unusual case of rosacea fulminans in a young man

Introduction:

Rosacea fulminans, is a rare dermatosis that mainly affects young women, manifesting as a sudden-onset rash affecting the face and potentially causing aesthetic damage. Its occurrence in men is exceptional.

Case report:

We report the case of a 47-year-old patient, with no notable history, who presented with a sudden-onset, painful and febrile rash of the face, without any evidence of allergy or drug intake. Dermatological examination revealed extensive facial erythema, with telangiectasias and multiple papulo-nodular lesions, locally cystic and pustular, with an erythematous, edematous background. Dermoscopic analysis of revealed polymorphous vessels, whitish scales, follicular white spots and yellow-orange globules. Ophthalmological examination found bilateral blepharitis and conjunctivitis. The biology tests showed an inflammatory syndrome, and the demodex screen was negative. Histological examination revealed a lymphocytic and neutrophilic inflammatory infiltrate of the superficial and middle dermis of perivascular and periadnexal topography, as well as dilated capillaries. The diagnosis of rosacea fulminans was confirmed, and the patient was put on oral and local metronidazole, with a significant improvement within a few days.

Discussion:

Rosacea fulminans was first described in 1940 by O'Leary and Kierland as a severe variant of acne. It was only later, in 1992, that Plewig defined this entity as a clinical form of rosacea. The pathophysiology of this dermatosis, although not elucidated, is thought to involve hormonal factors, which would explain its occurrence in young women in particular, and especially those on hormonal contraception or during pregnancy. According to the literature, cases of fulminant rosacea in men are exceptional. Clinical features include a polymorphic eruption of painful inflammatory papules, nodules, pustules or cysts, based on an erythrocyanotic background, more or less marked oedema and frequent conjunctival involvement. Antibiotics (cyclins and metronidazole) are the mainstay of treatment. In certain situations, corticosteroid therapy or isotretinoin may be necessary. Treatment is generally favorable and non-scarring.

Conclusion:

The aim of this case report is to highlight the need to evoke the diagnosis of fulminant rosacea in the presence of facial erythrosis with papules and pustules, even in a male patient.

Abstract N°: 627

Evaluation of the Efficacy and Safety of tofacitinib in the Management of Lichen Planus

Zahra Azizian[1], Afshin Mortazavi[2]

[1]Iran University of Medical Sciences, tehran, Iran
[2]blue sky skin clinic, karaj, Iran

Introduction & Objectives:

Lichen planus is a chronic disease that affects the skin, hair, nails and mucous membranes especially the oral cavity and vulva. skin and mucosal damage is caused by T-cell mediated inflammatory agents, such as tumour necrosis factor-α and interferon γ.

JAK inhibitors like tofacitinib may control inflammation through suppressing JAK-STAT signaling in keratinocytes and lymphocytes.Tofacitinib inhibits inflammatory signalling pathways which play a central role in the pathogenesis of lichen planus, thus it can be useful in the management of patients.

Materials & Methods:

The present study was an non-randomized, pilot study of the efficacy and safety of tofacitinib in the treatment of lichen planus. All the patients were prescribed Tofacitinib 5 mg twice or three times daily, for 12 weeks. Patients were evaluated for improvement in their lesions, based on the physician's global assessment (PGA) and subject global assessment (SGA) on days 30 ,60 and 90.

Results:

A total of 43 patients completed the study duration and were considered for the final analysis.33 patients had cutaneous lichen plan alone(23 patients with classical cutaneous lichen plan,7 patients with lichen plan pigmentosus and 3 patients with hypertrophic lichen plan),6 patients had concurrent cutaneous and oral lichen planus,4 patients had concurrent cutaneous ,oral and vulvovaginal lichen plan .The mean age of patients was 42 years old.27 patients were female and 16 patients were male.

After 12 weeks, 41.86% patients showed 2 or more grade improvement in their disease as per PGA.One grade improvement was seen in 52.14% patients, while 13.95% patients showed no improvement in their disease.(One patient with erosive lichen plan,Two patients with lichen plan pigmentosus ,Two patients with classical lichen plan and one with hypertrophic lichen plan).There was no significant correlation between duration of disease and treatmen response(pvalu:0.5) and also there was not meaningful statistical relation between type of lichen plan and treatment response.(pvalu:0.007)

Similar to PGA, there was significant improvement in the patient's disease condition based on SGA of the disease. After 12 weeks of tofacitinib therapy, 37.74%patients showed more than 75% improvement in their lesions, 36.51%patients showed 50–75% improvement, 25.75%showed <25% improvement.

Tofacitinib was well tolerated during the study period. About 18.06% patients developed minimal increase in lipid profile. The most common side effect followed by Gastric discomfort about 21.03% and mild increase in Liver enzyme in 3 patients (6.9%) .All the side effects were of a mild degree . five of the patients discontinued tofacitinib because of adverse events.

Conclusion:

The results obtained in our study justify that Tofacitinib is efficacious and safe in the management of patients with lichen

planus. Based on these results, it can be as an alternative treatment option in patients with lichen planus.

Key words:Lichen plan,Tofacitinib,Efiicacy

Abstract N°: 646

Eosinophilic Annular Erythema: A rare entity

Ghita Basri[1], Fatima-Zahra Agharbi[1], Sara Nejjari[1], Inas Chikhaoui[1], Khalqui Slamti[1], Soumia Chiheb[2]

[1]Cheikh Khalifa International University Hospital, CASABLANCA
[2]Université Hassan II, Faculty of medecine, CASABLANCA

Eosinophilic Annular Erythema : A Rare entity

Introduction:

Eosinophilic annular erythema (EAE) is a rare, recently described figurate dermatosis belonging to the spectrum of eosinophilic dermatoses. Its association with Wells syndrome has been increasingly reported in the literature. We report a rare case of eosinophilic annular erythema.

Case report:

A 16-year-old female presented with a diffuse, pruritic, acute-onset skin eruption in the absence of associated cutaneous or extracutaneous signs. There was no history of medication use or preceding infection. Clinical examination revealed annular, pseudo-urticarial plaques with central clearing and erythematous-violaceous borders, some of which were arciform. The lesions were localized to the trunk, back, and limbs, sparing the face, palms, and soles. Laboratory tests revealed moderate blood eosinophilia and a slight increase in erythrocyte sedimentation rate. Histopathological examination showed a superficial dermal lymphohistiocytic infiltrate with a perivascular distribution and a prominent eosinophilic component, confirming the diagnosis of eosinophilic annular erythema.

Discussion:

EAE is a rare eosinophilic dermatosis characterized by annular erythematous papules and plaques, predominantly affecting the trunk and extremities. First described by Peterson and Jarratt in 1981, it was initially reported only in pediatric cases. Kahofer et al. described the first adult case in 2000. To date, only 18 cases have been reported in the literature. The skin lesions typically exhibit centrifugal progression and resolve within weeks to months without scarring. Some authors have reported EAE in association with chronic conditions such as chronic renal failure, diabetes, hepatitis C, Churg-Strauss syndrome, autoimmune thyroiditis, and chronic Helicobacter pylori gastritis. EAE has also been linked to malignancies, including clear cell renal carcinoma and metastatic prostate cancer.

EAE is thought to represent a hypersensitivity reaction to an unidentified antigen. Several hypotheses have been proposed, including the role of IL-5 in eosinophil recruitment in response to stimuli such as insect bites. Another hypothesis involves the presence of IL-2 receptors on eosinophils, which may trigger degranulation. Histologically, EAE is characterized by a superficial dermal perivascular lymphohistiocytic infiltrate with a dominant eosinophilic component, and mucin deposits. Differential diagnoses include erythema migrans, erythema annulare centrifugum, erythema gyratum repens, annular cutaneous sarcoidosis, and localized granuloma annulare. Treatment is symptomatic, aimed at reducing inflammation and inhibiting eosinophil chemotaxis. It primarily involves oral corticosteroids and synthetic antimalarials. Other therapeutic options, such as indomethacin, nicotinamide, methotrexate, cyclosporine A, and mycophenolate mofetil, have been used in isolated cases. Recent studies suggest the potential efficacy of mepolizumab, a monoclonal antibody targeting IL-5, offering a new therapeutic option for recalcitrant or recurrent cases.

Conclusion:

EAE is an eosinophilic dermatosis that occupies a nosological boundary between Wells syndrome and erythema annulare

centrifugum, sharing clinical and histopathological features with both entities. However, its distinct clinical course and treatment response suggest it may represent a unique clinical entity.

Abstract N°: 670

Think Beyond the skin: Atlantic Canadian Treat to Target(TTT) for Hidradenitis Suppurativa (HS)

Wayne Gulliver*[1, 2], Irina Turchin [3, 4], Tracey Brown - Maher[1, 5]

[1]MUN, Medicine, St.John's, Canada
[2]NewLab Clinical Research, Medicine, St.John's, Canada
[3]MUN, Medicine, Frederidton, Canada
[4]Probity Research, Clinical research, Fredericton, Canada
[5]NL Health, Medicine, Director Wound Care Clinic, St.John's, Canada

Introduction & Objectives: In 2014 a group of Canadian dermatologists pioneered the treat-to-target (TTT) approach in dermatology suggesting that in psoriasis the ideal treatment target would be PASI 100, BSA 0, PGA 0, with a holistic evidence-based approach (reference 1). Although TTT for hidradenitis suppurativa (HS) has been discussed in the literature, no evidence-based parameters or outcomes have been published (reference 2). Recent published European and North American guidelines(reference 3,4) for HS help guide our management : a holistic evidence-based TTT is not specified. We a group of Atlantic Canadian dermatologists propose a holistic evidence-based TTT approach with specific timelines and outcomes that should facilitate management and improve outcomes for this relentless devastating dermatological disorder.

Materials & Methods: Review of recently published guidelines and published data for approved biologic therapies (adalimumab, Pioneer 1 and 2 studies and secukinumab, Sunrise and Sunshine studies) and new and emerging therapies (bimekizumab, povorcitinib, sonelokimab, lutikizumab) as well as failed therapies including guselkumab and risankizumab. Using this data we propose the following TTT in HS.

Results: Early disease intervention is associated with better outcomes. I*n the ideal clinical setting* Targets including HiSCR 100, IHS4 100, DLQI 0 or 1, Pain 0 or 1 are also achievable especially with emergent therapies including Bemikizumab , Povorcitinib, Sonelokimab (in the BE-HEARD 1 and 2,INCB 54707-204 and MIRA studies). We suggest that at a minimum HiSCR 25 must be achieved by week 12 and expect that HiSCR 50 must be achieved by weeks 24-48 as seen in PIONEER, SUNNY and Be HEARD phase 3 trials. This level of response should be maintained over time. IHS-55 score should be achieved by week 24-48 and maintained to week 96 and beyond. A clinically meaningful reduction in DLQI of 4 points from baseline and at least 30% pain reduction from baseline should be achieved within 24-48 weeks of treatment. All surgical interventions whether that be deroofing of tunnels, surgical removal of persistent lesions, management of scars should be completed within 12-24 months. Odor control and appropriate wound care are essential .A holistic evidence-based approach to comorbidities should be achieved through collaboration with either HS centre of excellence or collaboration with primary care physician (provider), or in consultation with appropriate specialists to manage the comorbidities such as diabetes, hypertension, obesity , IBD and anxiety/depression. Smoking cessation programs and weight management programs should also be offered. HiSCR of 25 at week 12 and HiSCR 50 or IHS-55 at week 24-48 is a minimal therapeutic achievement.

Conclusion: A Treat to Target HS management is feasible with a holistic approach with evidence-based outcomes and timelines that will enhance our management of this life-altering relentless disorder. As seen with new and emergent therapies. complete disease control with targets of IHS4 100, HiSCR of 100 (complete resolution of inflammatory nodules, abscesses, and draining tunnels), with accompanying improvement in quality of life with DLQI scores of 0 or 1 can be achieved for our patients

Abstract N°: 773

Sweet Syndrome: 55 cases

Amal Hamdi[1], Marouene Ben Kahla[1], Mohamed Ben Rjeb[1], Nadia Ghariani Fetoui[1], Najet Ghariani[1], Mohamed Denguezli[1]

[1]Hospital F. Hached, Sousse, Tunisia

Introduction & Objectives:

Sweet syndrome (SS) is a neutrophilic dermatosis characterised by clinical polymorphism and by the diversity of diseases that may be associated with it. The aim of this study was to examine the epidemiological, clinical, therapeutic and evolutionary profile of SS in adults.

Materials & Methods:

This is a single-centre retrospective study of SS cases selected according to the diagnostic criteria for SS over a 30-year period (1993-2023).

Results:

A total of 55 patients were included in this study, 42 of whom were women (76.4%). The mean age was 49.55 years (20-87 years). A predominance of spring was noted (36.4% of cases). The most common prodromal symptoms were fever (70.9%), arthralgia (54.4%), flu-like syndrome (38.2%), upper respiratory tract infection (31%) and conjunctival hyperhaemia (20%). The mean time from prodrome to onset of cutaneous signs was 4.82 days (0-10 days). The skin lesions were multiple: erythematopapular plaques (100%), nodules (38.2%) and bullae (23.6%). The lesions were painful in 83.6% of cases, pruritic in 12.7% and symmetrical in 49.1%. They were located mainly on the backs of the hands (63.6%), the forearms (58.2%) and the legs (52.7%). Episcleritis was found in 3 patients and conjunctivitis in 5. Histology revealed a neutrophil-rich infiltrate in all cases, with histiocytic elements in 16.4% and leukocytoclasia in 16.7%. In terms of aetiology, SS was associated with inflammatory or autoimmune disease in 3 cases each, paraneoplasia in 5.5% of cases and pregnancy in 3.6%. A drug-related cause was identified in only one patient (isotretinoin). General corticosteroid therapy was prescribed in 52.7% of cases and colchicine in 20%, with a favourable immediate outcome in all patients. Remote relapses were described in 13 patients (23.6%) with an average delay of 1 year.

Conclusion:

SS is the most common form of neutrophilic dermatosis. The classic female predominance confirms the data in the literature. Ocular involvement may be the first manifestation of the syndrome and should be systematically sought. The idiopathic form of SS is the most common, as in our series. The association with infectious diseases, autoimmune diseases or neoplasia argues in favour of a hypersensitivity reaction. Colchicine and general corticosteroid therapy remain the most recommended treatment options. However, relapses are fairly frequent when treatment is stopped, and chronic forms are not uncommon (10% at 3 years).

Although SS is often idiopathic, it is essential to look for associated diseases. These are most often infections, but also neoplasia.

Abstract N°: 777

Predictive Factors for Sweet Syndrome Recurrence

Amal Hamdi[1], Marouene Ben Kahla[1], Mohamed Ben Rjeb[1], Nadia Ghariani Fetoui[1], Najet Ghariani[1], Mohamed Denguezli[1]

[1]Hospital F. Hached, Sousse, Tunisia

Introduction & Objectives:

Sweet syndrome (SS) is a neutrophilic dermatosis characterised by diverse clinical manifestations. While numerous studies have explored the range of diseases linked with SS, only a handful have delved into factors that might forecast its recurrence. Thus, this study endeavors to identify predictive factors for the recurrence of SS.

Materials & Methods:

This is a single-centre retrospective study of SS cases selected according to the diagnostic criteria for SS over a 30-year period (1993-2023).

Results:

A total of 55 patients were included in this study, 42 of whom were women (76.4%). The mean age was 49.55 ± 13.87 years (20-87 years). Twenty-seven patients (49.1%) in our population had at least one previous history. Cardiovascular history was the most frequent with 16.9% of cases. All our patients presented a clinical and laboratory picture suggestive of SS, with histological evidence of an inflammatory infiltrate rich in neutrophils, confirming this diagnosis. SS was idiopathic in 41.8% of cases. Favourable evolution was noted in 29 patients (52.7%) on general corticosteroid therapy and in 11 patients (20%) on colchicine.

Recurrence of the lesions was observed in 3 patients (5.5%) when the dose was reduced or when the general corticosteroid therapy was stopped. Long-distance recurrence was noted in 13 patients (23.6%): early recurrence in less than a year in 7 patients (12.7%) and late recurrence in between 1 and 13 years in 4 patients (7.3%). Two patients had annual attacks of Sweet's syndrome. The first had haemorrhagic rectocolitis and Sweet's syndrome, both of which had been evolving for 6 years. The SS recurred at the rate of one attack per year. The second patient had SS for 12 years with an estimated frequency of 3-4 relapses per year. Aetiological work-up carried out on several occasions concluded that the patient had idiopathic SS.

We looked for an association between recurrences of SS and aetiological forms, locations and clinical and histological aspects, but no statistically significant difference was observed. However, patients with a history of cardiovascular disease had more relapses, 55.6% compared with 19.6% (p=0.037). Relapses were also more frequent in alcoholic patients (100%) than in non-alcoholic patients (21.2%) (p=0.014).

Conclusion:

SS is the most common form of neutrophilic dermatosis. Symptoms may resolve spontaneously; however, recurrence may occur after spontaneous remission or treatment-induced clinical resolution. Distant recurrences are also possible and depend on the underlying condition. For example, Sweet's syndrome in pregnancy is characterised by recurrence of lesions in subsequent pregnancies. In our study, there was no single lesion location or aetiology that caused recurrence. Chronic forms are not uncommon (10% at 3 years) and may be idiopathic or related to a progressive pathology, as in our series. Personal history and lifestyle habits also seem to play a role in the recurrence of SS. This role may be explained by the concept of neutrophilic disease and the possible occurrence of extracutaneous infiltrates with PNN, making Sweet's syndrome a systemic disease that may be influenced by multiple factors such as a history of cardiovascular disease and

alcoholism.

Although SS recurs in about a third of patients, the factors predictive of recurrence remain poorly defined. Personal history and lifestyle habits may influence the course of SS, but further studies are needed to confirm these hypotheses.

Abstract N°: 832

Neuromodulation of Facial Seborrheic Dermatitis via Transcutaneous Vagal Nerve Stimulation

William Nahm*[1], Ki-Joong Kim[2], Eui Namgung[3], Vincent Falanga[4, 5], Ryan Chen[6], David Lee[7], Katrina Schmitt[8], John Koo[9]

[1]New York University Grossman School of Medicine, New York, United States

[2]Institute of Bioscience and Integrative Medicine, Daejeon University, Department of Oriental Medicine, Daejeon, Korea, Rep. of South

[3]University of California San Diego, La Jolla, United States

[4]Boston University Chobanian and Avedisian School of Medicine, Department of Dermatology, Boston, United States

[5]Boston University Chobanian and Avedisian School of Medicine, Department of Biochemistry & Cell Biology, Boston, United States

[6]UMass Chan Medical School, Worcester, United States

[7]Damascus Dermatology & Skin Surgery Center, Damascus, United States

[8]Baylor Scott and White Health, Dallas, United States

[9]University of California San Francisco, San Francisco, United States

Introduction & Objectives:

The vagus nerve serves as a bidirectional communication pathway between the central nervous system and multiple organs, playing a crucial role in immunomodulation and inflammatory responses. It mediates the inflammatory reflex, a key mechanism controlling innate immunity and systemic inflammation during infection and tissue injury. While invasive vagal nerve stimulation (VNS) has shown promise in treating various neurological conditions, inflammatory disorders, gastrointestinal disorders, and arthritis, its potential impact on inflammatory skin disorders remains largely unexplored. Recently, invasive VNS has been shown to decrease epidermal hyperplasia and pro-inflammatory cytokines in the skin of murine models of eczema and psoriasis. Additionally, transcutaneous vagus nerve stimulation (tVNS), which stimulates the nerve through the skin via the neck or ear, has emerged as a non-invasive, cost-effective therapy with minimal side effects. Herein, we explored the effectiveness of cervical tVNS in managing seborrheic dermatitis (SD), an inflammatory skin condition.

Materials & Methods:

A 56-year-old male with a history of non-migraine headaches, post-traumatic stress disorder, diabetes, musculoskeletal pain, and chronic SD used cervical tVNS for headache management. He employed an FDA-cleared cervical tVNS device for migraine and cluster headaches (2.379–2.496 GHz, Gaussian Frequency Shift Keying Modulation, 1mW max power). The patient's SD was assessed with the Seborrheic Dermatitis Area and Severity Index (SEDASI) [1-14 mild; 15-29 moderate; 30-44 severe; >45 very severe] that evaluates four facial regions. The scalp SD was not assessed.

Results:

The patient's baseline SEDASI score was 23 (moderate). After five days of tVNS use, the patient reported reduced headache severity and frequency and displayed significant improvement in facial SD, with an SEDASI score dropping to 8. Following two additional weeks of tVNS, the SD slightly worsened with an SEDASI score of 14 but still remained improved from the pre-treatment baseline. After three months (SEDASI 14), the patient had a two-week dechallenge, resulting in his SD worsening back to beyond baseline levels with an SEDASI score of 24.

Conclusion:

This case represents the first reported treatment of an inflammatory skin disease, SD, following tVNS therapy. The

temporal relationship between treatment and clinical improvement, followed by relapse after dechallenge, suggests a potential therapeutic role for vagal nerve modulation in inflammatory skin disorders. The improvement may be attributed to tVNS-mediated modulation of inflammatory mediators, particularly interferon-g. Further investigation into tVNS should be performed as a non-invasive treatment option for inflammatory skin diseases (psoriasis, eczema, and contact dermatitis) and cutaneous autoimmune conditions.

Abstract N°: 1039

A rare case of perforating lichen nitidus showing the importance of clinicopathological correlation

Sukhdeep Singh*[1], Debajyoti Chatterjee[2], Vinay Keshava Murthy[1]

[1]PGIMER, Chandigarh, Chandigarh, India
[2]PGIMER, Histopathology, Chandigarh, India

Introduction & Objectives: Lichen nitidus is a chronic inflammatory disorder, which presents as asymptomatic round, flesh-colored grouped papules over arms, trunk or penis. Numerous variants have been including generalized, spinous, follicular, actinic, linear, vesicular, hemorrhagic and perforating.

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

Results:

A 30-year-old man, Fitzpatrick phototype V, presented to us with 5-month eruption of asymptomatic discrete, skin-colored, monomorphic, 1-2 mm umbilicated papules distributed symmetrically over dorsum of fingers, extending to involve palmar surface of both hands and volar aspect of the wrist. Dermoscopy revealed pinkish background with yellowish central keratotic core with radial lines in a sunburst pattern. Few of these lines showed hairpin and radial linear vessels. Histopathological examination revealed compact orthokeratosis, focal parakeratosis, irregular acanthosis, basal cell vacuolization along with few apoptotic keratinocytes. Interface dermatitis was notable with degenerated basophilic material along with dense band like lymphohistiocytic infiltrate in papillary dermis. Based on typical clinical features, dermoscopy showing radiating Wickham's striae and histopathological findings of interface dermatitis with altered dermal collagen, a diagnosis of perforating lichen nitidus was reached. The patient was prescribed topical clobetasol propionate 0.05% ointment along with topical tazarotene 0.05% gel.

Conclusion:

Perforating lichen nitidus is a rare variant of this uncommon disorder with only few cases reported in literature. Most of the cases described occur in young males (8-35 years) with predominance in skin of color (phototype IV-VI). Few subtle features like presence of umbilication with yellowish keratotic centre, predominance over dorsal aspect of fingers favor perforating lichen nitidus over classic lichen nitidus. Histopathology shows a dense well circumscribed lymphohistiocytic infiltrate in papillary dermis with acanthotic rete ridges partially encircling the infiltrate giving a 'ball in claw' appearance. A transepidermal perforation channel with inflammatory infiltrate and keratin can be observed. The importance of clinicopathological correlation in this case lies in its role in differentiating it from other conditions with similar clinical presentations, such as punctate porokeratosis, perforating granuloma annulare, and pompholyx (Table 1).

Table 1- Differentials considered in the case

	Perforating Lichen Nitidus	**Punctate Porokeratosis**		
Perforating Granuloma Annulare (GA)				

				Pompholyx
Morphology	Umbilicated, skin-coloured papules with yellow keratotic centre	Pinpoint, tender, hyperkeratotic spiny papules	Flesh to red-coloured papules, sometimes umbilicated, or crusted	Pruritic, deep-seated vesicles
Distribution				

Dorsum of fingers, palms, wrists

		Palmar aspects of hands and fingers, sparing dorsum	**Dorsal hands, fingers, extensor extremities; rarely palms**	**Palmar and lateral fingers; dorsal surfaces in recurrent cases**
Histopathology	Lymphohistiocytic infiltrate, transepidermal perforation, altered dermal collagen	Parakeratotic columns, scattered dyskeratotic keratinocytes	Palisading granulomas, necrobiotic collagen, fibrin, mucin deposits	Spongiotic dermatitis, superficial perivascular lymphocytic infiltrate

Abstract N°: 1053

Flip-Flop Between Atopic Dermatitis and Pityriasis Rubra Pilaris: A Therapeutic Challenge

Špela But[1], Špela Šuler Baglama[1]

[1]University Medical Centre Ljubljana, Clinic of Dermatovenereology, Ljubljana, Slovenia

Flip-Flop Between Atopic Dermatitis and Pityriasis Rubra Pilaris: A Therapeutic Challenge

Introduction & Objectives: Atopic dermatitis (AD) and pityriasis rubra pilaris (PRP) are non-communicable inflammatory skin diseases with distinct immune response patterns. AD follows an eczematous (type IIa) pattern, driven by Th2 cells and type 2 lymphocytes (ILC2) secreting interleukin (IL)-4, IL-5, IL-13, and IL-31. PRP, in contrast, exhibits a psoriatic (type III) pattern, involving Th17, ILC3, and Th22 cells producing IL-17A, IL-17F, IL-21, IL-22, and tumour necrosis factor alpha. Immunological switches can cause transitions between diseases within the same or across different patterns. Such switches, termed paradoxical reactions under biologic treatment, can also occur without prior therapy as “flip-flop” (FF) phenomena. We present a 35-year-old Caucasian woman with early-onset, well-controlled AD who developed erythroderma.

Materials & Methods: Examination showed coalescing erythematous plaques on the trunk and extremities, sharply demarcated from healthy skin on hand dorsi. Islands of sparing were noted on the abdomen and lower extremities, with perifollicular papules on flexural areas and the back.** Body surface area was 80%, itchiness 7/10, sleeplessness 10/10, and Dermatology Life Quality Index 19. The remaining clinical examination was unremarkable. Given the mismatch between the clinical picture and the typical presentation of AD, a broad differential diagnosis was pursued to exclude other potential causes such as PRP, paraneoplastic erythroderma, cutaneous lymphoma, psoriasis, and drug-induced erythroderma. Upon admission, extensive laboratory tests (complete blood count with differential, C-reactive protein, erythrocyte sedimentation rate, kidney and liver function, electrolytes, lipid profile, uric acid, albumin, lactate dehydrogenase, tumour markers, serum and urine protein electrophoresis with immunofixation, urinalysis, QuantiFERON, and hepatitis B/C serology), abdominal and lymph node ultrasounds, chest X-ray, and skin biopsy were conducted.

Results: Pathology confirmed PRP, showing psoriasiform hyperplasia of the epidermis, covered by orthokeratosis with alternating ortho- and parakeratosis. Other tests were unremarkable except for elevated total IgE (1300). Methotrexate was initiated at 15 mg weekly via subcutaneous injection. After four months, the treatment was effective but insufficient, prompting an increase to 20 mg weekly.

Conclusion: This case highlights immunological switches between diseases with distinct immune polarizations, even without biologic therapy. FF phenomena are rare and poorly understood. Whether our patient experienced a full phenotypic switch or coexistence of AD and PRP remains unclear. Given their opposing immunophenotypes, distinguishing them is crucial for optimal treatment but requires immunophenotyping, currently limited to research. Until then, management should focus on controlling both AD and PRP.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1075

Febrile Ulceronecrotic Mucha–Habermann disease mimicking immunobullous disease.

Menali Gamage*[1], Sriyani Samaraweera[1], Kishani Rajakaruna[2]

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

Febrile Ulceronecrotic Mucha–Habermann disease mimicking immunobullous disease.

Introduction & Objectives:

Febrile ulceronecrotic Mucha–Habermann disease (FUMHD) is a rare and severe subtype of pityriasis lichenoides et varioliformis acuta, characterized by rapidly progressive ulceronecrotic papules that leads to ulcers with necrotic crusts. We report a case of a 13-year-old boy with an extensive disease successfully treated with a dexamamethasone and methotrexate.

Materials & Methods:

A 13-year-old boy was referred to a tertiary care centre with a two-week history of generalised blistering eruption, mucocutaneous ulcers, and fever. He had a similar episode four months earlier, initially managed as an immunobullous disease at a local hospital. A skin biopsy revealed subepidermal bullous disease. While awaiting immunofluorescence results, he was treated with steroids, methotrexate, antibiotics, and acyclovir. Initial improvement was followed by lesion recurrence after methotrexate dose reduction. Due to worsening transaminitis, methotrexate was switched to cyclosporine, but he was transferred due to lack of improvement.

On admission, he had extensive skin involvement affecting over 90% of the body, with blisters, pustules, necrotic ulcers, and oral and genital ulcers. Secondary bacterial and herpes simplex infections were present. He was febrile, with otherwise normal systemic findings. Investigations showed transaminitis, high inflammatory markers, mild hepatomegaly, and negative hepatitis and retroviral screenings. Skin biopsy showed necrotic keratinocytes, lymphocytic infiltration, red cells and pigment incontinence in the dermis, with negative direct immunofluorescence. A clinical diagnosis of Febrile Ulceronecrotic Mucha-Habermann Disease (FUMHD) was made.

He was managed in the ICU with IV immunoglobulins, broad-spectrum antibiotics, and IV acyclovir. Despite an initial response to IV dexamethasone, his condition worsened after four days. Oral methotrexate was introduced with careful liver function monitoring, while steroids were tapered. IV antibiotics were discontinued after 14 days. Supportive care included albumin replacement, insulin, antihypertensives, and wound management. The child improved significantly, achieving complete skin healing within three weeks of methotrexate initiation.

Results:

FUMHD is a rare, potentially fatal febrile variant of Pityriasis Lichenoides et Varioliformis Acuta. Its aetiology remains unknown, with infectious, immunological, and drug-related triggers suspected. Cutaneous features include polymorphic purpuric papules, ulceronecrotic lesions, and mucosal involvement, often complicated by infections. Systemic manifestations range from fever and pneumonitis to cardiomyopathy and neurological involvement. Diagnosis relies on clinical features and biopsy findings. Treatment includes glucocorticoids, methotrexate, IVIg, cyclosporine, and adalimumab, alongside broad-spectrum antimicrobials and supportive care.

Conclusion:

FUMHD is challenging to diagnose and manage due to its unclear aetiology and lack of guidelines. Early diagnosis,

prompt treatment, and specialised care are crucial for better outcomes.

Abstract N°: 1121

Immunological landscape of blood serum in hidradenitis suppurativa: role of pro-inflammatory cytokines in reflecting disease severity

Anna Tekielak[1, 2], Aleksandra Frątczak[2], Mikołaj Łanocha[1, 2], Szymon Leonik[1, 2], Karolina Dębowska[2], Karina Polak[1, 2], Beata Bergler-Czop[2]

[1]Doctoral School, Medical University of Silesia, Katowice, Poland
[2]Chair and Department of Dermatology, Medical University of Silesia, Katowice, Poland

Introduction & Objectives: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease whose pathogenesis is linked to excessive activation of the immune system. Increasing evidence suggests an important role for pro-inflammatory cytokines, such as IL-17, IL-23, IL-1β, TNF-α and INF-γ, in the inflammatory mechanisms that accompany HS. These cytokines may influence disease progression and represent potential biomarkers of symptom severity. The purpose of this review was to summarize the current knowledge of immune activity in the serum of patients with HS, with a particular focus on the levels of pro-inflammatory cytokines and their correlation with disease severity.

Materials & Methods: A literature review was conducted in Pubmed, Embase, Scopus and Web of Science databases including keywords such as “hidradetnitis suppurativa,” “cytokines” and “serum biomarkers.” The search was as broad as possible, and the following inclusion criteria were used, such as original studies using the determination of serum cytokine levels in patients with hidradenitis suppurativa published in English up to 2015. Eight articles were included in the final analysis.

Results: Analysis of available studies indicates that the levels of IL-17, IL-23, IL-1β and TNF-α are significantly elevated in HS patients compared to healthy subjects. In addition, a correlation has been shown between the levels of these cytokines and the clinical severity of the disease as assessed by the Hurley scale and HiSCR. Some studies also suggest the potential importance of INF-γ in the pathogenetic mechanisms of HS, but data in this regard remain inconclusive. The results of the analysis are summarized in the table.

Conclusion: A review of the literature confirms that HS is a strongly immune-mediated disease in which pro-inflammatory cytokines play a key role. Elevated levels of IL-17 and IL-23 indicate a significant involvement of the Th17 inflammatory pathway, which may have implications for future therapeutic strategies. However, there is still a need for further studies to better determine the diagnostic and prognostic value of inflammatory markers in the serum of HS patients.

Abstract N°: 1280

Refractory Morbihan Syndrome: A Case Challenging Standard Therapeutic Approaches

Luca Guarino*[1], Giulia Maretti[1], Federica Marraffa[1], Nicoletta Bernardini[2], Ersilia Tolino[2], Ilaria Proietti[2], Nevena Skroza[2]

[1]Sapienza University of Rome-, Rome, Italy
[2]Faculty of Pharmacy and Medicine Sapienza University of Rome - Polo Pontino, Latina, Italy

Refractory Morbihan Syndrome: A Case Challenging Standard Therapeutic Approaches

Introduction & Objectives Morbihan syndrome (MS) is a rare chronic inflammatory disorder characterized by persistent, non-pitting facial edema, predominantly affecting the upper two-thirds of the face. The underlying pathophysiology remains poorly understood, with proposed mechanisms including lymphatic dysfunction, chronic inflammation, and microvascular alterations. Due to the absence of standardized guidelines, treatment responses vary considerably, making management particularly challenging. Here, we present a case of severe, treatment-resistant MS that did not respond to multiple conventional therapies, diverging significantly from outcomes reported in the literature. This case underscores the need for improved therapeutic stratification and alternative treatment options.**Materials & Methods**A 47-year-old male presented with progressive, unilateral periocular erythema and edema that had persisted for six months, leading to functional impairment. The patient had no history of angioedema, connective tissue diseases, or infectious triggers. A skin biopsy was performed to confirm the diagnosis and rule out differential diagnoses. Histopathological examination revealed significant dermal edema, dilated lymphatic vessels, and perivascular and perifollicular lymphocytic infiltration, with a notable increase in CD117+ mast cells.Given the patient's refractory response, a literature review was conducted to compare outcomes with previously reported cases. Published reports describing the efficacy of isotretinoin, cyclosporine, omalizumab, and montelukast in MS were analyzed to contextualize the clinical course of this patient.**Results:**Despite prolonged treatment, the patient exhibited no sustained response to therapies that have shown benefit in previous described cases. Isotretinoin, in combination with ketotifen, which has been reported to induce remission in approximately 35% of cases, did not lead to any clinical improvement. Cyclosporine, often considered a salvage therapy for refractory cases, was ineffective. Omalizumab, a monoclonal anti-IgE therapy that has demonstrated rapid resolution of symptoms in some reports, failed to produce any noticeable changes. Similarly, montelukast, which has been associated with partial improvement in post-acne MS , did not alter the disease course. Systemic corticosteroids led to an almost complete but transient resolution, with a reappearance of symptoms shortly after tapering, in line with previous observations.**Conclusion**We report this case because it is a very rare and not well-known syndrome. Moreover, it presents as a unilateral localization, unlike most cases reported in the literature of S. of Morbihan with mainly symmetrical distribution.This case highlights the unpredictability of treatment responses in MS and challenges the assumption that effective therapeutic approaches published as 'single-case' experiences could be universally applicable. Future research should focus on pathogenesis, thereby guiding possibly more targeted therapeutic decisions.

Abstract N°: 1306

Extensive pityriasis lichenoides et varioliformis acuta in a pediatric patient

Ioana Badircea[1], Alexandra-Maria Alexe[1], Bogdan Prisecaru[2], Tiberiu Tebeica[3], Mihaela Cristina David Niculescu[4]

[1]Colentina Clinical Hospital , 2nd Dermatology Department , Bucharest, Romania
[2]Emergency Clinical Hospital for Children Grigore Alexandrescu, Plastic and Reconstructive Surgery , Bucharest , Romania
[3]Dr. Leventer Centre , Pathology , Bucharest , Romania
[4]Emergency Clinical Hospital for Children Grigore Alexandrescu, Dermatology , Bucharest , Romania

Introduction & Objectives:

Pityriasis lichenoides et varioliformis acuta (PLEVA) represents a rare cutaneous inflammatory disorder, with uncertain etiology. It usually affects children (as well as infants) and young adults, with a minor male predominance. Different hypotheses have been proposed for the etiopathogenesis, including an aberrant immune response to various infections, medications and vaccines or classifying PLEVA as a T cell dyscrasia, due to the presence of T cell clones in these patients. The disease follows an acute onset, with an abrupt eruption of multiple erythematous macules, that evolve to form papules or papulovesicles, some of them with central necrotic crusts. The trunk and flexural areas are the most affected areas. New lesions tend to develop simultaneously as previous lesions clear up. The prognosis is commonly favorable. Herein, we report the case of a male pediatric patient who has been diagnosed with scarlet fever, exhibiting extensive maculo-papular lesions shortly after the infection.

Materials & Methods:

A 4-year-old male patient presented in the Dermatology Department with a generalised eruption, that occurred one month previously. The patient was diagnosed with scarlet fever also one month ago and have received oral treatment with antibiotics for the infection. The physical examination revealed a generalized rash, consisting of erythematous plaques with fine scale and central crusts, mainly located on the trunk and the flexural areas. Simultaneous presence of lesions in various stages of development was also observed. There was important maceration in the skin folds and local adenopathy was noticed. Although the eruption was extensive, there was no sign of systemic involvement, with lack of fever. We included in the differential diagnosis: eczematized pityriasis rosea and lymphomatoid papulosis.

Results:

A punch biopsy was performed, and the histologic examination described dermal lymphocytic and histiocytic infiltrate, epidermal apoptotic keratinocytes, parakeratosis and exocytosis of erythrocytes into the epidermis. A PLEVA diagnosis was established. Blood tests revealed high levels of IgE, IgG and moderate anemia. Treatment with systemic Erythromycin, topical moderate-potency corticosteroids and topical antibacterial ointment on the necrotic lesions was initiated, with the resolution of the cutaneous lesions within 2 months.

Conclusion:

There is some evidence exposing that bacterial triggers are less often involved than viral infections in the etiology of the disease, supporting the particularity of this case. Although the nature of the condition is benign, with spontaneously resolution, it is important to recognize PLEVA, avoiding misdiagnosis and thus further complications.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1378

Erythema Induratum of Bazin in a patient with hemoglobin C disease

Imane Chraiki[1], Meryem Aboudourib[1], Sarah Zemrani[1], Layla Bendaoud[1], Ouafa Hocar[1], Said Amal[1]

[1]Dermatology-Venereology Department, Mohamed VI University Hospital, Marrakech

Introduction & Objectives:

Panniculitis is defined as an inflammation of subcutaneous fat tissue with diverse etiologies.

In 1861, Bazin et al. described erythema induratum of Bazin (EIB) as chronic, recurrent and subcutaneous violaceous or erythematous painful nodules that may accompany ulcers in the posterior portion of the legs in obese middle-aged female patients.

We present a rare case of a young female with atypical features, including non-ulcerative nodules.

Materials & Methods:

A 27-year-old diabetic female with hemoglobin C disease, confirmed by hemoglobin electrophoresis, presented with a 3 years history of multiple subcutaneous nodules on both arms and lower legs.

The lesions firstly appear as painful non visible lumps then become eccymotic and blueish, with no history of trauma, loss of weight, fever or cough. However, her brother was treated for pulmonary tuberculosis 6 years ago.

On examination, multiple violaceous deep-seated nodules on the anterolateral aspect of both arms and lower legs, non-fistulized to the skin. There was no ulceration or pus discharge. Systemic examination was normal.

Histopathological examination of the biopsy from the indurated nodule showed lobar panniculitis with vasculitis, however, there wasn't any caseous necrosis, and the Xpert® MTB/RIF from the tissue detected M. tuberculosis, which was suggestive of EIB.

Clinical differential diagnoses were considered such as lupus panniculitis, sarcoidosis and alpha-1 antitrypsin deficiency. Blood investigations revealed an anemia, normal CRP, antinuclear antibodies were negative. Angiotensin – converting enzyme, alpha-1 antitrypsin and chest X-ray were normal.

Results:

EIB is a disease characterized by subcutaneous asymptomatic or painful nodules on the posterior part of the legs that generally ulcerate, in obese middle-aged women.

Obesity and diabetes have been defined, respectively, as a risk factor and disease that frequently accompany EIB. It is a granulomatous disease characterized by lobular panniculitis, vasculitis and possible necrosis. The Xpert MTB/RIF for fresh tissue specimens has a sensitivity of 50% and the specificity is 99%.

Classical cutaneous tuberculosis treatment is frequently administered with a four-drug regimen for 2 months, followed by a two-drug regimen for 4 months.

The literature data have not been able to establish the association of EIB and hemoglobin C disease.

In our study, the lesions were localized on the anterolateral aspect of both arms and lower legs, in a thin and diabetic patient. The M. tuberculosis was detected on tissue, and the histopathology showed lobular panniculitis and vasculitis with

no granulomas nor necrosis.

Based on these findings, our patient was started on standard anti-tubercular therapy. Significant improvement was noted; the erythema decreased and the indurated nodules started to resolve.

This case was exceptional, alongside the association with hemoglobin C disease and presence of non-ulcerating nodules on the anterolateral aspect of the both arms and lower legs.

Conclusion:

This case is being presented to highlight that EIB can mimic other skin diseases. Its early suspicion may help in identifying the underlying focus of tuberculosis. EIB must be considered as a differential diagnosis when encountering a woman with tender nodules on the lower legs in endemic areas of tuberculosis infection.

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Abstract N°: 1467

Melkersson-Rosenthal Syndrome Presenting as a Hemorrhagic Nodule: A Diagnostic Challenge

Malek Akid[1], Litaiem Noureddine[1], Yosr Daoud[1], Syrine Nahali[1], Soumaya Gara[1], Meriem Jones[1], Rammeh Soumaya[2], Faten Zeglaoui[1]

[1]Charles Nicolle Hospital, Dermatology, Tunis, Tunisia
[2]Charles Nicolle Hospital, Pathology, Tunis, Tunisia

Introduction & Objectives:

Melkersson-Rosenthal syndrome (MRS) is a rare orofacial granulomatosis characterized by a triad of recurrent facial paralysis, macrocheilia, and fissured tongue. Diagnosis is based on histology, which reveals a granulomatous inflammatory infiltrate without caseating necrosis. We report an atypical case of MRS initially presenting as a hemorrhagic angiomatous nodule, posing a diagnostic challenge.

Materials & Methods:

A 45-year-old woman, with no significant medical history, presented with a 15 mm angiomatous, bleeding nodule on the lower lip. The lesion was clinically suggestive of either a pyogenic granuloma or squamous cell carcinoma. Surgical excision was performed. Histological examination revealed an acanthotic squamous epithelium with marked exocytosis of polymorphous inflammatory cells. The underlying connective tissue showed a dense lymphoplasmacytic infiltrate rich in neutrophils, along with non-caseating epithelioid and multinucleated giant cell granulomas. Given these findings, an infectious etiology was initially suspected. Additional investigations, including direct smear and PCR for Leishmania as well as syphilis serology, were all negative.

Results:

Postoperatively, the patient developed persistent lip thickening. At follow-up, she presented with left-sided peripheral facial paralysis and a fissured tongue. Given this clinical triad and compatible histological findings, MRS was diagnosed. Treatment with synthetic antimalarials and intralesional corticosteroid injections led to gradual symptom improvement.

Conclusion:

This case highlights an atypical presentation of MRS, initially mimicking a tumoral lesion. Diagnosis relies on a combination of clinical and histopathological findings. Early management with corticosteroids and antimalarials can improve prognosis and reduce recurrence.

Abstract N°: 1494

Efficacy and safety of Shortwave Radiofrequency with Compound Lidocaine Cream for Erythematotelangiectatic Rosacea: A Randomized Controlled Split-face Trial.

Li Xie*[1], Xiang Weng[1]

[1]West China Hospital, Sichuan University, Department of Dermatovenereology, Chengdu, China

Introduction & Objectives:

Despite the availability of various treatments for erythematotelangiectatic rosacea (ETR), achieving complete resolution of erythema, burning, pain, and itching remains challenging. Shortwave radiofrequency (SWRF) has demonstrated efficacy in reducing inflammation and repairing the skin barrier, indicating its potential as an effective adjunctive therapy for ETR. Lidocaine, an amide local anesthetic, possesses anti-inflammatory properties and can inhibit inflammatory responses. Given the pathogenesis of rosacea and the established anti-inflammatory effects of lidocaine, we hypothesize that lidocaine may be beneficial in treating ETR. This study aims to evaluate the efficacy and safety of SWRF combined with compound lidocaine cream for the management of ETR.

Materials & Methods:

A total of 40 patients with ETR were enrolled in the study. The patients were treated with compound lidocaine cream combined with SWRF on one side of face and saline combined with SWRF on the other side. Each treatment consisted of 8 sessions at 1-week intervals and followed by a 4-week post-treatment follow-up period.

Efficacy was assessed by clinician's erythema assessment (CEA), patient's global assessment (PGA) and patient's subjective symptom score. Objective evaluation parameters comprised red area value measured with VISIA, hemoglobin value measured with ANTERA 3D, stratum corneum hydration, transepidermal water loss (TEWL), and erythema index measured with CK-MPA systems. Additionally, adverse events were monitored and analyzed.

Results:

All patients completed the trial. Both treatments were effective for ETR. The CEA scores and PGA scores were significantly lower on the lidocaine side compared to the saline side at weeks 4 and 8 of treatment, as well as 4 weeks post-treatment ($P < .001$). Compared with saline combined with SWRF, compound lidocaine cream combined with SWRF significantly decreased facial burning and flushing scores at weeks 4 and 8 of treatment, as well as 4 weeks post-treatment ($P < .05$).

Compared with the baseline, both treatments resulted in significant improvement in red area value, hemoglobin value and erythema index at weeks 4 and 8 of treatment and 4 weeks post-treatment ($P < .05$). The lidocaine side exhibited greater reductions in both red area value and hemoglobin value at the fourth week of treatment compared to the saline side, with statistically significant differences observed. Shortwave radiofrequency (SWRF) demonstrated efficacy in repairing the skin barrier. Both treatments resulted in significant improvement in stratum corneum hydration from baseline at weeks 4, 6 and 4 weeks post-treatment ($P < .05$), and TEWL decreased significantly at week 4 of treatment compared with baseline ($P < .05$). However, there were no significant differences between the two treatments in transepidermal water loss and stratum corneum hydration at weeks 2, 4, 6, 8, and 4 weeks post-treatment.

Conclusion:

The combination of shortwave radiofrequency and compound lidocaine cream is safe and effective for treating ETR and may represent a viable therapeutic option. Larger sample sizes and more in-depth basic research are required to thoroughly investigate the therapeutic mechanisms.

Abstract N°: 1507

Wells' syndrome mimicking infectious bullous cellulitis in a 3 year-old

Soukaina Lazouzi[1], Fatima-Zahra El Fatoiki[1], Hali Fouzia[1], Soumia Chiheb[1]

[1]University Hospital Center Ibn Rochd - Casablanca, Dermatology and venereology, Casablanca

Introduction & Objectives:

Wells' syndrome is a rare self-limiting but often recurring inflammatory dermatosis. It is uncommon amongst children, and is clinically variable but most often manifests as pruritic urticarial plaques. We report the case of a three-year old child who presented with bullous eosinophilic cellulitis variant mimicking infectious cellulitis.

Patient & Observation:

A 3-year-old girl, presented with a tender plaque of the left lower limb that had been evolving for 4 days, associated with fever and respiratory infection a week earlier. Examination found oedema of the left leg extending beyond the knee, with erythema, bullae and crusty lesions in places; and a similar plaque on the anterolateral side of the right thigh. There were no lymphadenopathies or associated signs. Blood work revealed an elevated white blood cell count of 12890/mm3 (range = 4000-10000) with an elevated eosinophil count of 3003/mm3 (range = 100-500), a normal neutrophil count of 4924/mm3, and a CRP of 10.98 mg/L (range < 6). Histological examination revealed an eosinophilic dermal infiltrate and multiple flame-like formations. The patient was initially started on oral antibiotics as it was suspect of erysipela, then switched to topical corticosteroids and oral antihistamine with favorable outcome.

Discussion:

Wells' syndrome, or "eosinophilic cellulitis", is a rare and frequently recurring inflammatory dermatosis of unknown origin, but potential etiological factors such as infections, insect bites, medications (eg. penicillin or infliximab) and more have been reported.

Authors describe a wide range of clinical presentations, including urticarial, vesiculobullous, nodular, papulonodular and annular forms, preceded by itching or tenderness, often leading to confusion with other etiologies. The main differential diagnosis thus remains infectious cellulitis, further supported by the acute onset and frequent association with fever.

Paraclinical elements can help, usually noting hyperleukocytosis with peripheral hypereosinophilia and elevated CRP levels, though cases with normal CRP levels have been described and our observation fits into this category.

The histopathological changes progress through three stages: an early phase with dermal edema and eosinophilic infiltration, a subacute phase marked by histiocyte infiltrates and flame figures, and a late phase with fewer eosinophils, histiocytes, and residual flame figures.

Though the disease usually resolves spontaneously within weeks, its recurring nature often calls for treatment but no standard guidelines are available. Based on case reports and small series, treatment relies on local and oral steroids, with dapsone or cyclosporine for resistant cases.

Conclusion:

Wells' syndrome remains a rare and frequently misdiagnosed condition, particularly in pediatric patients. This case highlights the importance of increasing awareness among clinicians to facilitate accurate diagnosis and effective management.

Abstract N°: 1542

Ofuji's papuloerythroderma: A case report.

Nadia Lahmamsi[1], Charaa Maria[1], Madiha El Jazouly[1], Soumia Chiheb[1]

[1]cheikh khalifa international university hospital, dermatology , casablanca , Morocco

Introduction & Objectives:

Originally reported in Japan by Ofuji, Ofuji's papulo-erythroderma (OPE) is a chronic erythroderma, most often affecting elderly men. OPE remains rare, and its etiology is poorly understood. Previous reports have associated it with malignancy, drug use, atopy, and infections. We report a case of a 69-year-old man successfully treated with phototherapy.

Materials & Methods: Mr. A.H., a 69-year-old diabetic on insulin for 10 years, presented with a pruritic generalized rash evolving in remissions over six months, initially treated with dermocorticoids. No recent infections or medications were reported. Dermatological examination revealed an erythroderma-like eruption with erythematous papular lesions grouped in patches, sparing the inguinal, axillary, and abdominal folds, as well as the lower back. The rest of the examination was unremarkable, with no peripheral adenopathy or organomegaly. Laboratory tests revealed hypereosinophilia (886/mm^3) and elevated total immunoglobulin E (1276 IU/ml). Serologies for HBV, HCV, and HIV were negative, as were serum protein electrophoresis and LDH levels. A punch biopsy revealed acanthotic epidermis with psoriasiform hyperplasia, exoserosis, and a dense perivascular dermo-epidermal lymphocytic infiltrate. Immunohistochemical studies excluded Mycosis fungoides. The clinical, biological, and histopathological findings led to a diagnosis of OPE. The patient was treated with topical corticosteroids and LT01 phototherapy (UVB), with favorable outcomes.

Results: Ofuji's papulo-erythroderma remains rare, primarily affecting elderly men. The diagnostic criteria proposed by Torchia et al., published in a systematic review, are essential due to the similarity with other dermatoses. Major criteria include erythroderma from the confluence of erythematous to brown papules, sparing skin folds (chaise longue sign), pruritus, histopathological exclusion of cutaneous T-cell lymphoma, and a thorough work-up to rule out underlying pathologies, particularly malignancies, infections, atopy, or medication. The combination of these criteria leads to a diagnosis of primary idiopathic OPE. Minor criteria, while not essential, include age over 55, male gender, eosinophilia, elevated serum IgE, and lymphopenia. The etiology of OPE remains unclear. Some authors suggest it could be paraneoplastic, emphasizing the need for further studies. Treatment options include immunosuppressants and monoclonal antibodies. The most common approach involves alternating topical or oral corticosteroids, antihistamines, oral retinoids, or PUVA.

Conclusion:

Our case emphasizes the importance of recognizing OPE and considering it when faced with a suggestive clinical presentation, even in the absence of all diagnostic criteria, and searching for underlying neoplastic pathology.

Abstract N°: 1566

Investigating the Role of Basal KC1 Keratinocytes and CXCL13+CD8+ T Cells on the Rapid Efficacy of Baricitinib in Treating Lichen Planus

Alyssa Stockard[1], Zachary Leibovit-Reiben[1], Angelina Hwang[1], Jacob Kechter[1], Tran Do[2], Xing Li[1], Lam C. Tsoi[2], Mark Pittelkow[1], Johann Gudjonsson[2], Aaron Mangold*[1]

[1]Mayo Clinic Arizona, Dermatology, Scottsdale, United States
[2]University of Michigan, Dermatology, Ann Arbor, United States

Introduction & Objectives:

Cutaneous lichen planus (LP) is a recalcitrant, difficult-to-treat, inflammatory skin disease characterized by pruritic, flat-topped, violaceous papules on the skin. Baricitinib is an oral Janus kinase (JAK) 1/2 inhibitor that interrupts the signaling pathway of interferon gamma (IFN)-γ, a cytokine implicated in the pathogenesis of LP. Herein, we aim to characterize the transcriptomic changes associated in LP skin samples with baricitinib treatment.

Materials & Methods:

In this phase II trial, twelve patients with cutaneous LP received baricitinib 2 mg daily for 16 weeks, accompanied by in-depth spatial, single-cell, and bulk transcriptomic profiling of pre- and post-treatment samples.

Results:

An early and sustained clinical response was seen, with 83.3% of patients responsive at week 16. Our molecular data identified a unique, oligoclonal IFN-γ secreting, CD8+, CXCL13+ T-cell population and basal keratinocyte (basal KC1) in LP skin (Figures 1A, 2A). These CXCL13+CD8+ T cell subset was a major source of IFN- γ and demonstrated a rapid decrease in IFN signature within 2 weeks of treatment, most prominently in the basal layer of the epidermis (figure 1C). We observed a 60-75% decrease in the proportion of CXCL13+ CD8+ T-cell in lesional skin from Week 0 to Week 2 during treatment in patients with complete or near-complete clinical response (PGA scores 0 and 1) (figure 3A). The single patient with a minimal response to treatment (PGA score of 4) had a higher proportion of CXCL13+ CD8+ T cells at baseline and only a 20% decrease of CXCL13+ CD8+ T-cell with baricitinib treatment (figure 3A). In patients with robust treatment response to baricitinib (PGA scores 0-1), the basal KC 1 population decreased, with an increased proportion of resting “basal KC2” cells after treatment (figure 2B-D). In contrast, basal KC1 remained the dominant state in the one patient with lack of response (PGA score of 4) (figure 3B).

Conclusion:

This study demonstrates the efficacy and molecular mechanisms of JAK inhibition in LP. Treatment response correlated with reduced expression of CXCL13+CD8+ T cells and a shift from basal KC1 to basal KC2 states. The association of changes in CXCL13+ CD8+ T cell and basal KC1 expression with clinical improvement suggests that changes in these cell populations may predict treatment response or serve as a potential target of future treatments. Further investigation is warranted.

Figure 1: (A) Six T cell subsets found in LP skin (B) IFN-γ expression in T cell subsets in LP skin; (C) Immunofluorescence of CD3 (green) and CXCL13 (red) in LP skin, showing co-localization of double-positive CXCL13+-CD8+ T cells adjacent to the epidermal-dermal junction (white broken line) (scale bar: 100um) (D) Type II IFN signaling network in LP skin.

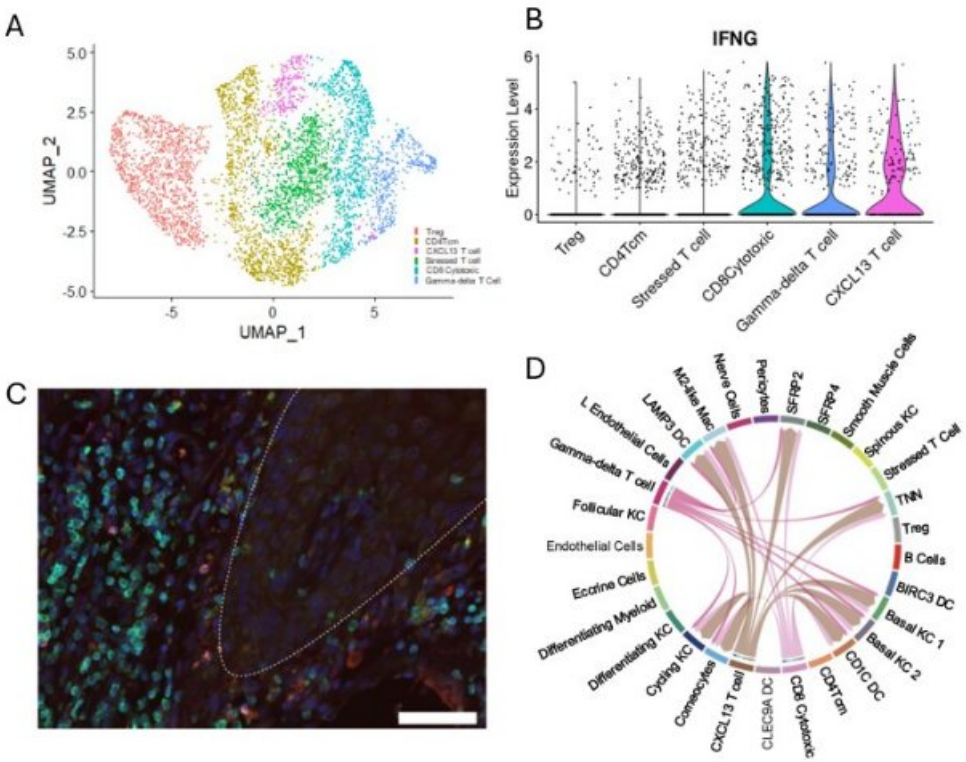


Figure 2: (A) Single-cell data from the LP cohort defines 6 distinct KC clusters, including 2 basal cell states. (B) The proportion of each KC subset at baseline and week 2 of treatment. (C) Expression of MHC class I and class II molecules in the different KC compartments at different time points. (D) Enriched gene ontology categories in the 2 basal KC clusters.

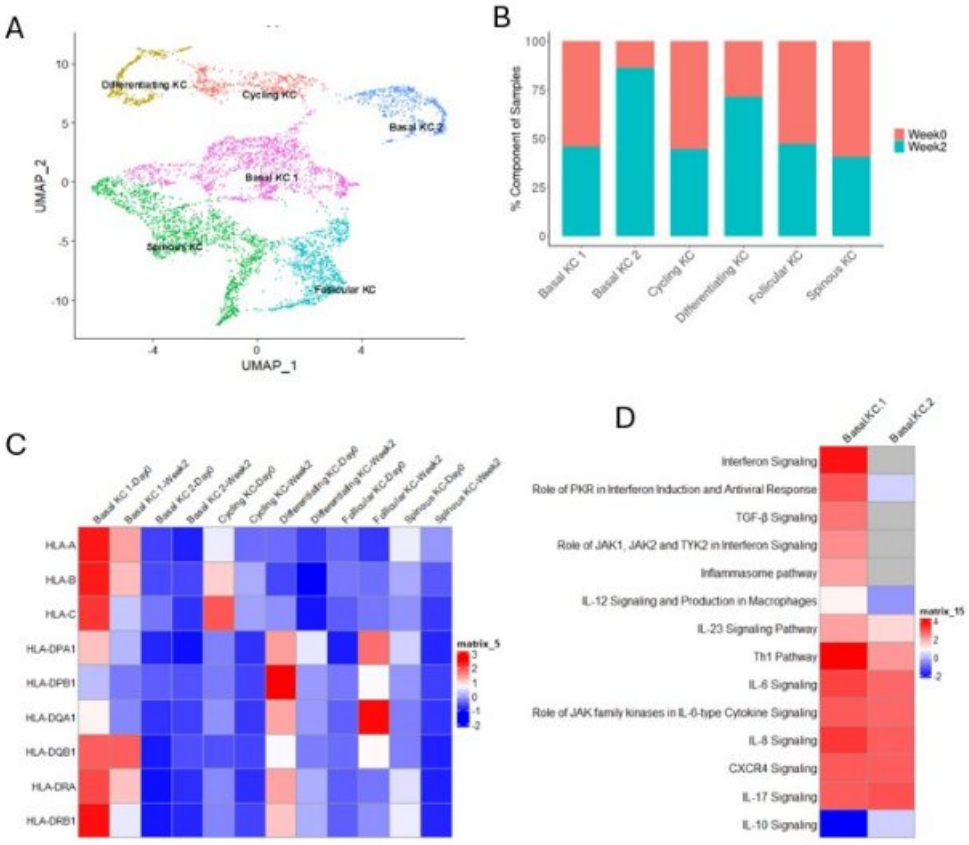
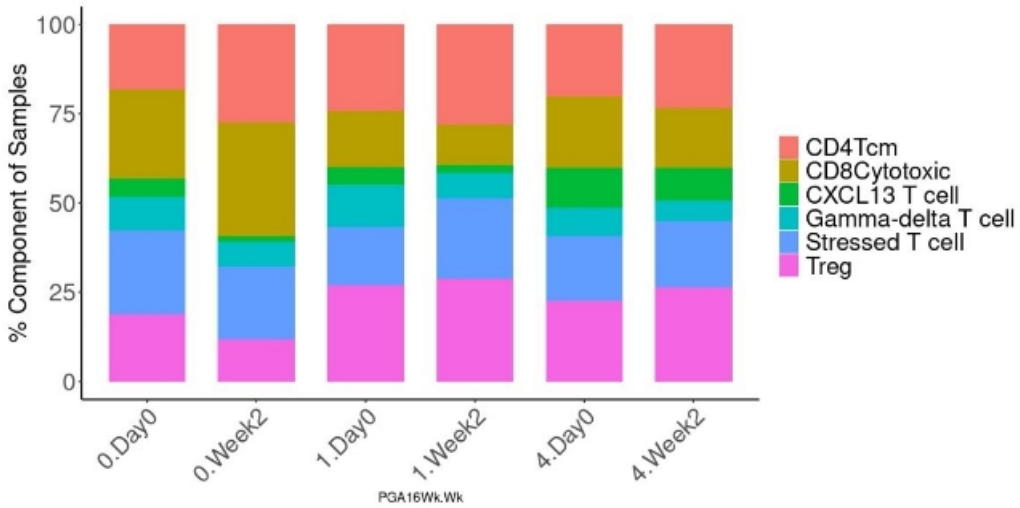


Figure 3: (A) Proportion of T

cell subclusters with PGA score based on week 16 response (0=total clear, 1=almost clear; 4=no improvement) at baseline (week0) and week 2 of treatment. (B) Proportion of keratinocyte subclusters with PGA score based on week 16 response (0=total clear, 1=almost clear; 4=no improvement) at baseline (week0) and week 2 of treatment.

A



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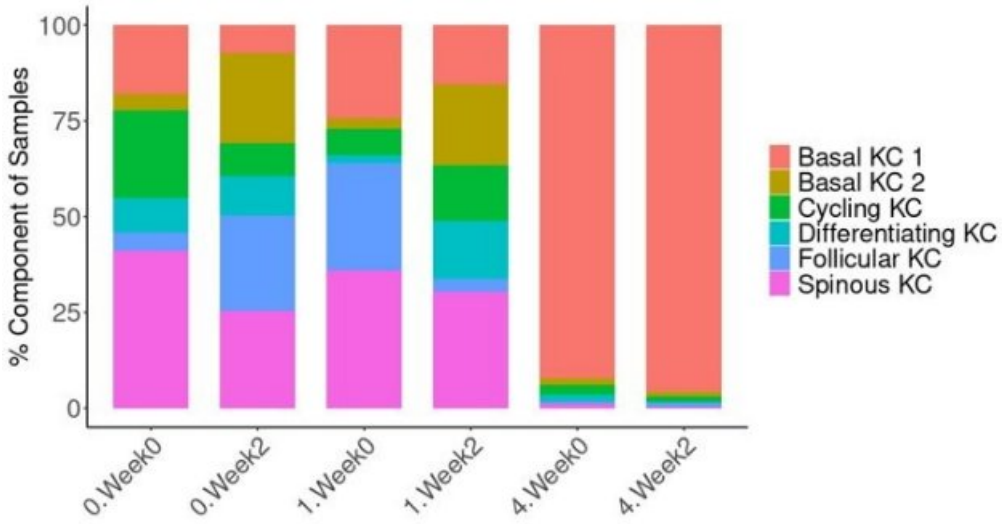

Abstract N°: 1568

Sweet Syndrome and Associated Conditions : A Review Of 20 Cases

Fouad Mohamed Amine[1], Nesrine Ben Salah[1], Gamarra Mohamed Ali[1], Korbi Mouna[1], Mohamed Mariem[1], Soua Yousra[1], Youssef Monia[1], Bel Hadj Ali Hichem[1], Zili Jamel[1]

[1]مستشفى فطومة بورقيبة بالمنستير, Dermatology Department, Monastir, Tunisia

Introduction & Objectives:

Sweet syndrome (SS) is the most common neutrophilic dermatosis. It is a rare inflammatory disease with predominant cutaneous manifestations, due to a sudden infiltration of the superficial dermis by neutrophils in the absence of infection. The aim of our review is to study the epidemiological, clinical, and etiological characteristics of SS through a hospital-based case series.

Materials & Methods:

A retrospective review was undertaken including all cases of SS diagnosed according to the EUROSCAR group criteria over a forteen-year period (2009–2023).

Results:

Twenty cases were included (Four men and sixteen women) with a sex-ratio (M/F) of 0.25. The mean age was 46 years old, ranging from 24 to 65 years. Associated diseases were found in 9 patients (45%): hematologic malignancy (1 case), solid tumor (1 case), diabetes (2 cases), connective tissue disease (1 case), and infections (4 cases). Two patients were pregnant at the time of diagnosis. Cutaneous manifestations were similar in all patients. They were characterized by the sudden onset of painful skin lesions in the form of erythematous papules, plaques, or infiltrated nodules. The lesions were asymmetrically distributed, predominantly localized on the upper extremities, face, and neck, and associated with high fever. Mucosal involvement was observed in two patients (10%). Elevated C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR), as well as neutrophilic leukocytosis, were consistently observed. Skin biopsy, performed in all cases, revealed a dense dermal infiltrate of neutrophils without leukocytoclastic vasculitis. Six patients (30%) were treated with systemic corticosteroids at a dose of 0.5 mg/kg/day. Fourteen patients (70%) received topical corticosteroid-based treatment. The outcome was favorable in all cases, with resolution of fever and complete regression of skin lesions within one to two weeks.

Conclusion:

As described in our review, SS is most often idiopathic. In rare cases, it may be associated with inflammatory, infectious, autoimmune, or neoplastic diseases. It can also be triggered by medication use. Pregnancy is one of its possible etiology. SS may reveal or precede these associated conditions, necessitating rigorous and prolonged monitoring. The progression of this dermatosis is typically benign, characterized by the resolution of skin lesions within two weeks, as evidenced in our study. The use of topical or, in some cases, systemic corticosteroids helps limit lesion progression and shortens the duration of the disease.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1722

Extragenital lichen sclerosus presenting as a comedo-like lesion

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

[1]La Rabta Hospital, tunis

Introduction & Objectives:

Extragenital lichen sclerosus (EGLS) often represents a diagnostic challenge as it may have various clinical presentations. Comedo-like openings were mainly seen under dermoscopy and were considered as an essential clue with a diagnostic and a prognostic significance. Herein, we report a particular EGLS presenting with comedo-like lesions apparent on physical examination.

Materials & Methods:

A case report.

Results:

A 52-year-old woman presented to our outpatient dermatology department with an asymptomatic lesion on the left forearm of five months' duration. She had a history of Hashimoto thyroiditis prior to presentation. Physical examination revealed a well-defined ovalar hypopigmented plaque, 3*4cm in diameter, slightly elevated, with a wrinkled surface and numerous comedo-like openings, surrounded by an erythematous halo. Polarized light dermoscopy, showed multiple round craters containing yellowish to brownish comedo-like plugs. The patient did not complain of genital pruritus, dyspareunia or vaginal discharge. Examination of the ano-genital area revealed no evidence of erythema, white patches or atrophy. A skin biopsy taken from the hypopigmented plaque revealed an interface dermatitis. The papillary dermis was fibrotic and immediately beneath the altered papillary dermis, there was a band-like lymphocytic infiltrate. Compact orthokeratosis and follicular plugging were present. The diagnosis of EGLS was made.

Conclusion:

Our case of EGLS is unusual as it was located on the forearm and presented clinically as a comedonal atrophic plaque, mimicking halo-naevus comedonicus.

Comedo-like openings were previously considered as a valuable dermoscopic pattern of early lichen sclerosus, and corresponding to a dilated infundibula with follicular cornified plugging. This sign was considered a marker of disease activity, as follicular features may become less prominent in long-standing lesions due to the spread of fibrosis to pilosebaceous follicles.

Differential diagnoses include naevus comedonicus, follicular mycosis fongoides and milia en plaque.

This case highlights the significance of considering atypical presentations for an accurate diagnosis of EGLS.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1724

Pyoderma Gangrenosum in Hermansky-Pudlak Syndrome: A Case Study and Pathophysiological Insights

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

[1]La Rabta Hospital, tunis

Introduction & Objectives:

Hermansky-Pudlak Syndrome (HPS) is a rare autosomal recessive disorder characterized by oculocutaneous albinism, bleeding tendencies, and systemic complications due to lysosomal accumulation of ceroid lipofuscin. Dermatologic manifestations in HPS patients can vary. This case explores the association of pyoderma gangrenosum (PG) with HPS and proposes a pathophysiological hypothesis.

Materials & Methods:

A case report

Results:

An 18-year-old girl from a non-consanguineous marriage, with a brother diagnosed with Hermansky-Pudlak syndrome (HPS), was identified with HPS type 2 at 7 months of age. Seven months ago, she presented with a purulent ulcer on her left leg, initially treated as an abscess with broad-spectrum antibiotics and surgical excision. As the ulcer worsened, she was referred to our dermatology department. Examination revealed a painful, well-defined 7x5 cm ulcer on the lateral aspect of the leg with an erythematous granulating base, pus, crusts, and an elevated violaceous border. A biopsy of the ulcer border showed a dense neutrophilic infiltrate in the dermis and leukocytoclastic vasculitis, consistent with a diagnosis of pyoderma gangrenosum. Systemic steroid treatment led to a favorable outcome.

Conclusion:

Hermansky-Pudlak Syndrome (HPS) results from mutations affecting lysosome-related organelles, leading to multisystemic complications. HPS is more prevalent among Puerto Rican patients, likely due to a founder effect. Patients with HPS are at increased risk of developing various skin complications, including skin cancer. Pyoderma gangrenosum (PG) is a chronic, ulcerative neutrophilic dermatosis with an unclear pathogenesis. HPS may present with granulomatous colitis, mimicking ulcerative colitis but histologically resembling Crohn's disease. We hypothesize that PG in HPS patients may be related to overlapping pathophysiological mechanisms, potentially occurring even without evident HPS-related colitis.

Abstract N°: 1813

Generalized extragenital lichen sclerosus et atrophicus presenting with widespread cutaneous lesions in a postmenopausal woman: a rare case report

Sukran Cansu Tiryaki Buyruk[1], Gökçen Çelik[1], Selda Pelin Kartal[1]

[1]Etlik City Hospital, Ankara, Türkiye

Introduction & Objectives: Lichen sclerosus et atrophicus (LSA) is a chronic inflammatory skin disease characterized by skin atrophy and hypopigmentation. The etiology of LSA is considered multifactorial, involving genetic, autoimmune, infectious, environmental, and hormonal factors. Although it can affect the genital region in individuals of both genders, it has a higher prevalence in postmenopausal women and prepubertal girls. While it predominantly involves the genital area, extragenital involvement is observed in 15-20% of cases. More rarely, approximately 6% of patients present with widespread cutaneous lesions without genital involvement.

Materials & Methods: A 57-year-old female patient presented with a five-year history of widespread pruritic cutaneous lesions. The lesions initially appeared on the medial aspects of the bilateral upper extremities and gradually spread to the entire body. Dermatological examination revealed confluent hyper/hypopigmented atrophic patches, some of which had a surrounding violaceous erythematous border, on all extremities, bilateral axillae, groin, and anterior trunk. The anogenital region was spared.

Results: Histopathological examination demonstrated typical features of LSA, including follicular plugging with epidermal hyperkeratosis, epidermal atrophy with flattening of rete ridges, vacuolization of the basal layer of the epidermis, and a band-like lymphohistiocytic infiltrate beneath the area. Complete blood count, routine biochemical tests, and thyroid function tests were within normal limits. Antinuclear antibody was negative. A diagnosis of generalized extragenital LSA was made, and methotrexate 15 mg/week was initiated due to the chronic and extensive nature of the lesions.

Conclusion: This case report contributes to the literature by documenting a rare presentation of generalized extragenital LSA with widespread cutaneous involvement, highlighting the importance of recognizing atypical presentations of LSA and considering systemic treatment options in extensive cases.

Abstract N°: 2007

Mycosis fungoides masquerading as cutaneous lupus erythematosus

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

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

Introduction & Objectives:

Mycosis fungoides (MF) is a primary cutaneous T-cell lymphoma, characterized by the malignant proliferation of T-memory cells. It follows a chronic indolent course, evolving through phases of patch, plaque, tumor, and erythrodermic stages. Due to its nonspecific presentation, MF is often referred to as “a great imitator,” as it can mimic a variety of dermatological conditions. Commonly, MF presents with non-specific patches on sun-protected areas such as the lower trunk and buttocks, and its treatment often involves phototherapy. However, early diagnosis is challenging because its clinical and histological features are non-specific in the initial stages. In contrast, cutaneous lupus erythematosus (CLE) typically affects sun-exposed sites, worsens with sun exposure, and has distinct histological features. This report describes a case of a 46-year-old woman who was misdiagnosed with CLE for six years before a repeated biopsy confirmed MF.

Materials & Methods:

A 46-year-old woman presented in 2018 with a slowly enlarging, asymptomatic lesion above the left eyebrow. The lesion was erythematous, well-defined, and infiltrated. Over time, the lesions extended to her face and trunk, with erythema and itching exacerbated by sun exposure. Investigations revealed positive antinuclear antibody (ANA) and double-stranded DNA (dsDNA). Routine blood tests were normal. A skin biopsy showed atrophic epidermis with dense perifollicular lymphocytic infiltrate, and direct immunofluorescence was positive, leading to a diagnosis of CLE. Various treatments, including synthetic antimalarials, thalidomide, and mycophenolate mofetil, were administered with no improvement. In 2024, the patient returned with worsening lesions and a broader distribution across the face, trunk, abdomen, and thighs. A repeat biopsy and immunohistochemical profile confirmed the diagnosis of MF. Phototherapy and weekly methotrexate injections were initiated. After 10 sessions, significant improvement was observed.

Results:

The patient, initially diagnosed and treated for CLE, later presented with more extensive and persistent lesions. The clinical examination revealed confluent erythematous-squamous plaques with well-defined edges on the face, trunk, back, abdomen, and thighs. Histological findings and an immunohistochemical profile confirmed MF, a diagnosis that had been missed in the previous years. The treatment approach shifted to phototherapy, in conjunction with weekly methotrexate injections, which resulted in marked improvement of the lesions.

Conclusion:

Mycosis fungoides is a rare cutaneous T-cell lymphoma that can closely resemble various dermatologic conditions, earning it the title of “great imitator.” In this case, MF masqueraded as CLE, presenting with features such as photosensitivity and a similar histological pattern. Although photosensitivity has been reported in MF, it typically does not manifest in a photo-distributed pattern. This case highlights the importance of considering MF in the differential diagnosis of cutaneous conditions with similar presentations, particularly when there is inadequate response to standard treatments. Timely diagnosis and appropriate therapy are essential for managing MF and improving patient outcomes.

Abstract N°: 2010

The Orphan Child of Inflammatory Skin Diseases: A Retrospective Study of 97 Pityriasis Rubra Pilaris Cases

Zeliha Karabudak Özbakır[1], Elif Çağla Aydın*[1], Burcu Beksac[1], Esra Adışen[1], Murat Orhan Öztaş[1], Ahmet Burhan Aksakal[1], Nilsel Ilter[1], Ayla Gulekon[1]

[1]Gazi University Faculty of Medicine, Department of Dermatology, Ankara, Türkiye

Introduction & Objectives:

Pityriasis rubra pilaris (PRP) is a rare and severe inflammatory skin condition with its six subtypes. PRP occurs in both adults and children, with an unclear etiology, and it may present with challenges in diagnosis and treatment. In this study, we aimed to reveal the clinical and sociodemographic characteristics of PRP patients in our department.

Materials & Methods:

Following the approval of Gazi University Ethics Committee, the medical records of patients diagnosed with PRP between 2000 and 2024 were reviewed through the hospital database. Data were analyzed using *SPSS Statistics 25.0.*

Results:

A total of 97 patients, with 65 (67%) males and 32 (33%) females were included in this study. The mean age at the first evaluation was 25.0±18.9, while the age at the onset of their symptoms was 22.25±19.8. Histopathological examination was performed in 82 patients (84.5%). In more than half of the patients (52.4%) symptoms began in the pediatric age group. In patients with disease onset before 18 years of age, male gender was more prevalent *(p=0.004).*** The treatments given to the patients are presented in ***Table 1.***

The distribution of clinical types was as follows: 22 patients (22.7%) with type 1, 26 (26.8%) with type 2, 23 (23.7%) with type 3, 19 (19.6%) with type 4, and 7 (7.2%) with type 5. Eighteen patients (18.6%) had a family history of psoriasiform dermatoses. Accompanying comorbidities were observed in 33 patients (34%), including autoimmune diseases in 12 patients (12.4%) and metabolic syndrome in 20 patients (20.6%). Metabolic syndrome was more frequently observed in female PRP patients *(p=0.029)*. Moreover, patients with metabolic syndrome had a higher age of disease onset *(p=0.000)* and a higher prevelance of palmoplantar keratoderma *(p=0.013).*

Table 1. First-line, second-line, and further treatments given to the patients

First-line Treatment (n, %)	Second-line Treatment (n, %)	Third-line Treatment (n, %)	Fourth-line Treatment (n, %)	Fifth-line Treatment (n, %)
Topical therapies* (56, 57.7)	Methotrexate (13, 13.4)	Cyclosporine (4, 4.1)	Cyclosporine (1, 1.03)	Biological agents (2, 2.06)
Methotrexate (16, 16.5)	Acitretin (6, 6.2)	Methotrexate (2, 2.06)	Phototherapy** (1, 1.03)	
Acitretin (16, 16.5)	Phototherapy** (4, 4.1)	Acitretin (1, 1.03)	Methotrexate (1, 1.03)	
Oral isotretinoin (3, 3.1)	Cyclosporine (3, 3.1)	İsotretinoin (1, 1.03)	Biological agents (1, 1.03)	
Phototherapy** (3, 3.1)	Oral isotretinoin (1, 1.03)	Phototherapy** (1, 1.03)		
Cyclosporine (2, 2.06)				

*Topical corticosteroids, topical calcineurin inhibitors, topical calcipotriol

**Narrowband ultraviolet B, ultraviolet A1

The disease was still active in 63 patients (64.9%). However, no significant differences were found between the groups with active and remitted disease in terms of associated autoimmune diseases, family history, or age and gender. Among the laboratory parameters, eosinophilia was recorded in seven patients (11.7%), and it was more prevalent in male patients *(p=0.012).*

Conclusion:

PRP is an important skin condition due to its ability to affect patients of all age groups and its variable prognosis, although it is not commonly considered in clinical practice due to its relative rarity. The significant effects of metabolic syndrome on the PRP clinic are noteworthy. It can be concluded that metabolic syndrome should be carefully considered in elderly female patients, particularly in those with palmoplantar keratoderma. Additionally, our results highlight that disease activity and course are unpredictable. The absence of erythrodermic patients in our study may be related to early healthcare visits by the patients, or it could be a result of the retrospective design of the study. Multicenter and prospective studies are needed to improve the clinical approach to PRP.

Abstract N°: 2073

Real world effects of dupilumab on prurigo nodularis patients

Hana Elhassan*[1], Sylwia Michlewska[1], Richard Weller[2]

[1]Lauriston Building, Edinburgh, United Kingdom
[2]University of Edinburgh, Centre for Inflammation Research, Edinburgh, United Kingdom

Introduction & Objectives: Prurigo nodularis (PN) is a chronic inflammatory skin disorder characterised by multiple, firm, intensely pruritic nodules. It is associated with profound psychological and physical morbidity, and is frequently refractory to treatment. In February 2024, the Scottish Medicines Consortium approved dupilumab for the treatment of moderate to severe PN in adults, following the LIBERTY-PN PRIME and PRIME 2 phase 3 RCTs. These demonstrated significant improvements in itch, defined as ≥4 point improvement in WI-NRS (at 24 and 12 weeks respectively). This was 60% of patients in PRIME and 37.2% in PRIME2. Overall life quality impact was assessed using DLQI.

This is a retrospective cohort study to evaluate the real-world outcomes of PN patients treated with dupilumab, with comparison to LIBERTY-PN PRIME and PRIME 2 findings.

Materials & Methods: Patients were interviewed and case records interrogated to obtain baseline and post-treatment (up to 24 weeks) worst itch scores, DLQI scores, and adverse treatment effects.

Results: 47 patients treated with dupilumab for ≥12 weeks were identified. 10 patients (6 male), median age 46.5 years (IQR 42-53 years), had documented baseline WI-NRS, and follow up scores at the first point of clinical follow-up; follow-up time ranged between 12 to 20 weeks post dupilumab initiation. Baseline WI-NRS ranged from 4 to 10; median baseline WI-NRS was 8.5. Follow up worst itch scores ranged from 1 to 8; median itch score of 5. Median point improvement was 5 (IQR 2-6), with point improvements ranging from -1 to 9 points. 60% of evaluated patients had ≥4 point itch improvement. DLQI scores were documented at baseline and follow up (up to 24 weeks) for 16 (34%) patients. Baseline DLQI ranged between 6 to 30. Median baseline DLQI was 15.5. Post treatment DLQI scores ranged between 0 and 19. Median DLQI score post-treatment was 6. DLQI improvements varied between 0 and 29 points; median point improvement was 9. 11 patients reported mild ocular side effects, managed with lubricating eye drops. 1 patient reported photosensitivity. All patients remained on treatment.

Conclusion: This study represents the largest single-centre cohort in the United Kingdom to date, and provides critical real-world data on the effectiveness of dupilumab in PN. It indicates a real-world worst-itch effectiveness similar to the PRIME trial, and significant improvements to patients' quality of life. This work adds to the evidence base suggesting interleukin modulation therapies may offer promising outcomes for patients with this poorly understood and difficult to manage condition.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2176

Idiopathic lymphocytoma cutis: An atypical presentation

Anass Abbour[1], Fatima Zahra Elfatoiki[1], Fouzia Hali[1], Soumiya Chiheb[1]

[1]Ibn Rochd University Hospital Center, Dermatology, Casablanca, Morocco

Introduction & Objectives:

Lymphocytoma cutis (LC) represents a spectrum of skin disorders defined as benign reactive lymphoproliferative B-cell process that may simulate cutaneous malignant lymphomas clinically and/or histologically.

Herein, we report a case of idiopathic lymphocytoma cutis in a 28-year-old female.

Materials & Methods:

Results:

A 28-year-old woman was referred to our dermatology department with complaints of 3 erythematous to violaceous plaques on the left forearm, left thigh and right sub mammary fold for the last year. Onset was insidious, symptomless and caused no discomfort to patient. There was no past history of drug intake, insect bite, tattooing, scabies, vaccination, acupuncture and photosensitivity. On examination, no regional lymphadenopathy was noticed.

A skin biopsy was taken from the central part of the thigh lesion, which revealed a predominantly nodular or diffuse infiltrate of lymphocytes admixed with variable number of histiocytes, eosinophils and plasma cells. Immunohistochemical studies showed B cell predominance with a variable number of T cells. Based on the clinical and histological findings, this case was diagnosed as idiopathic lymhocytoma cutis.

The patient was treated with intralesional corticosteroid infiltration (1infiltration/month) with good resolution.

Conclusion:

Lymphocytoma cutis, also known as Spiegler-Fendt sarcoid, is a benign lymphoproliferative disorder characterized by a lymphoreticular hyperplastic reaction within the dermis. It is classified as a B-cell pseudolymphoma. Although its exact etiopathogenesis remains undetermined, multiple associations have been documented, including exposure to certain medications, contact allergens, post-herpetic (zoster) scars, arthropod bites, vaccinations, tattoos, and infectious agents such as *Borrelia burgdorferi* and *Leishmania donovani*. Nevertheless, in most cases, the underlying trigger remains idiopathic.

This rare condition primarily affects young adults under the age of 40, with a higher prevalence among females. Clinically, it presents as asymptomatic, solitary plaques or nodules with a skin-colored to violaceous appearance, predominantly involving the face, chest, and upper extremities. Histopathological examination reveals a superficial dermal lymphocytic infiltrate, which may be nodular or diffuse, with sparing of adnexal structures. However, follicular distortion and hyperplastic changes are sometimes observed, along with occasional mitotic figures within the follicular epithelium. Flow cytometry typically demonstrates a polyclonal lymphocytic population.

The differential diagnosis includes B-cell lymphomas, sarcoidosis, cutaneous lupus erythematosus, angiolymphoid hyperplasia with eosinophilia, lichenoid eruptions, and rosacea. Treatment options encompass topical or intralesional glucocorticoids, surgical excision, cytotoxic agents, interferons, and antimalarial drugs.

Long-term follow-up is essential, as there is a potential for progression to cutaneous lymphoma.

Abstract N°: 2187

Secondary Anetoderma Associated with Cutaneous Mastocytosis: A Rare Entity with Atypical Presentation

Nur Defne Doğan[1], Murat Demiriz[2], Gulsen Akoglu*[1]

[1]Gülhane Eğitim ve Araştırma Hastanesi, Dermatology and Venereology, Ankara, Türkiye
[2]Gülhane Eğitim ve Araştırma Hastanesi, Pathology, Ankara, Türkiye

Introduction & Objectives: Anetoderma is a rare dermatosis characterized by significant atrophy and loss of elastic fibers in the skin, resulting in papules and macules with palpable depressions. Cutaneous mastocytosis occurs due to the abnormal accumulation of mast cells, resulting in itchy, reddish-brown papules with a positive Darier's sign. In this case, we present a rare case of secondary anetoderma triggered by mastocytosis involving atypical sites, such as the face and neck.

Materials & Methods: A 32-year-old female patient presented with multiple itchy papules and atrophic patches lasting for about three years, first appearing on her arms and subsequently on her face and neck. The lesions were initially itchy and raised but became atrophic as they regressed. On examination, five reddish plaques with positive Darier's sign on the arms and neck and multiple soft atrophic depressions and patches were observed on her face and arms. The patient had no history of chronic disease or regular medication use.

Results: Histopathological examination of the lesions revealed epidermal atrophy, a significant increase in mast cell count, and a noticeable reduction in elastic fibers in the dermis. The patient did not have any symptoms of systemic mastocytosis. Complete blood count, liver and kidney function tests, and serum tryptase levels were within normal limits. Depending on clinical, laboratory, and histopathological findings, the patient was diagnosed with secondary anetoderma associated with cutaneous mastocytosis. The patient was put on therapy, which included oral ketotifen (1 g/day), colchicine (2x0.5 g/day), and daily vitamin C and E supplementation. Within a seven-month treatment, the number of new emerging lesions was significantly reduced, and papules regressed with a remarkably less atrophic appearance.

Conclusion: Cutaneous mastocytosis may be associated with anetoderma involving the face and neck. Colchicine treatment and vitamin C and E supplements may be promising agents for preventing the development of new lesions and accompanying elastic fiber degeneration.

Abstract N°: 2217

Under the Ashes of Inflammation : sweet's syndrome and its unexpected journey to panuveitis

Balsam Saadaoui[1], Mouna Korbi[1], Nesrine Ben Salah[1], Sondos Arfa[1], Sameh Ben Mbarek[2], Manel Njima[2], Hichem Belhaj Ali[1], Jameledine Zili[1]

[1]مستشفى فطومة بورقيبة بالمنستير, Service de Dermatologie , Monastir, Tunisia
[2]مستشفى فطومة بورقيبة بالمنستير, Monastir, Tunisia

Under the Ashes of Inflammation : sweet's syndrome and its unexpected journey to panuveitis

Introduction & Objectives:

Sweet syndrome is a rare acute febrile neutrophilic dermatosis, linked with various conditions including infections, malignancies, inflammatory bowel disease, autoimmune disorders and some drugs. This condition mainly presents as fever, headache, cutaneous lesions, ocular inflammation and other systemic manifestations. We present an unusual case of sweet syndrome associated with a panuveits.

Materials & Methods:

NA

Results:

A 24-year-old woman, with no medical history, presented with a 2 days history of fever, sore erythematous skin lesions, as well as an eye pain. The patient denied any history of medications. On physical examination, the patient presented a fever of 39°c, multiple painful papulopustules on an uderlying erythematous base, localized on the chest, back and arms. On another note there were no mucosal lesions. Laboratory tests revealed hight levels of white blood cells (majoritary neutrophils), c-reactive protein up to 100 and hight levels of sedimentation rate. We proceeded with an ophtalmological examination wich revealed a granulomatosis panuveitis on the right eye, which our ophthalmology colleagues have described as an unusual eye condition in this syndrome. Skin biopsy revealed : histological aspect of neutrophilic dermatosis. Other analyses showed no abnormalities in the workup, and the diagnosis of idiopathic sweet syndrome was established. The patient was treated with systemic corticosteroid therapy 1mg/kg/j, with initial improvement of her skin and eye lesions, but few later a relapse of the ocular symptomatology was observed.

Conclusion:

Sweet syndrome is a rare condition, mainly caused by infections, malignant deseases, drugs or can be idiopathic as in our case. Our patient fulfilled 2 major and 4 minor diagnosis criteria presenting with an abrupt painful rash, skin biopsy showing dense neutrophilic infiltration, pyrexia above 38°C, elevated CRP, and leukocytosis with more than 70% neutrophils. The incidence of ocular involvement in Sweet syndrome is estimated at one-third of cases, mainly in the anterior segment. Posterior involvement is rare, and only 7 cases have been reported to date, including only three cases of panuveitis. This condition generally responds to treatment with general coticotherapy, but our patient had a severe ocular panuveits which recovery lasted only a limited period of time. A therapeutic combination of general corticosteroid therapy and cyclophosphamide is under consideration for our patient.

EA DV SYMPOSIUM
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22-24 MAY 2025

Abstract N°: 2220

Bullous Pemphigoid Unveiling Breast Cancer: A Fatal Outcome

Safaa Rhafli[1], Ouiame El Jouari[1], Nour Samari[1], Oumayma Chalkha[1], Meryeme Elbakkali[1], Khedija Bennani[1], Salim Gallouj[1]

[1]Mohammed VI University Hospital of Tangier, Tangier, Morocco

Introduction & Objectives:

Bullous pemphigoid (BP) is an autoimmune blistering disease often linked to malignancies. This case highlights a rare association between non-synchronous breast cancer and bullous pemphigoid. It underscores the importance of considering cancer screening when BP is diagnosed, especially in older patients, as it can lead to a fatal outcome if not identified early.

Materials & Methods:

This is a case report about one patient hospitalized in the dermatology department at Tangier University Hospital.

Results:

We present the case of a 72-year-old female with no significant past medical history, admitted for the evaluation and management of a bullous eruption.

The disease began 10 days prior to admission with pruritus and urticarial lesions predominantly affecting the abdomen, axillae, and inguinal folds. Subsequently, the patient developed multiple tense vesiculobullous lesions on an erythematous base, symmetrically distributed, including involvement of the thighs. The bullae contained serous and hemorrhagic fluid and were resistant to rupture. These lesions were associated with crusting and erosions. Oral mucosal examination revealed erosions on the buccal mucosa and tongue. Asymmetry of the breasts was noted. The examination of the right breast revealed a firm, mobile, and painless nodule measuring 5 cm in the superomedial quadrant. Additionally, a large, hard, and fixed mass measuring 10 cm was detected in the subclavicular region, extending towards the axilla. The overlying skin appeared intact, with no signs of ulceration. The lymph node examination revealed infiltration by the axillary mass on the right side, while the left side remained free of palpable lymphadenopathy.

A skin biopsy with direct immunofluorescence (DIF) was performed and confirmed a diagnosis of bullous pemphigoid. The breast ultrasound report described ACR 5 tissue lesions in the right breast, associated with suspicious contralateral axillary lymphadenopathy. A CT scan (CTAP) revealed suspicious lesions, highly suggestive of brain and lung metastases.

Dermatologically, the patient received a corticosteroid bolus therapy at 15 mg/kg for three consecutive days, along with a preparation containing high-potency topical corticosteroids. For oral mucosal involvement, she was prescribed a mouthwash composed of lidocaine, econazole, chlorhexidine digluconate (0.5 ml), and chlorobutanol hemihydrate. The evolution was initially marked by regression of the cutaneous and mucosal lesions, offering some hope for improvement. She was subsequently referred to gynecology. Unfortunately, despite the medical efforts, she passed away two months later.

Conclusion:

High clinical suspicion is key when diagnosing bullous pemphigoid, especially in older patients. In this case, breast cancer was discovered alongside skin eruptions and mucosal lesions, pointing to a possible paraneoplastic manifestation. This highlights the need for a thorough diagnostic approach in elderly patients with bullous pemphigoid, ensuring early detection and better management.

Abstract N°: 2267

Coexistence of two rare complications in a hidradenitis suppurativa patient: Amyloidosis and osteomyelitis

Yusuf Can Edek*[1], Samed Şahin[1], Esra Adışen[1]

[1]Gazi University Faculty of Medicine, Ankara, Türkiye

Introduction & Objectives:

Hidradenitis suppurativa (HS), is a chronic inflammatory disease of apocrine sweat glands characterized with painful nodules, abscesses, draining tunnels and scars in the intertriginous areas. Besides disease's acute flare up nature, it can present with chronic complications as anemia, amyloidosis, fistulas, osteomyelitis, and squamous cell cancer. Management of HS is essential to control of disease and prevent these complications.

Herein, we present a male HS patient who suffered from amyloidosis and osteomyelitis two rare complications of HS.

Results:

A 54-year-old male patient was evaluated in our clinic due to an increase in his complaints. In the anamnesis taken from the patient, it was learned that his complaints were in the form of recurrent painful discharge and swelling in the axilla, inguinal region and glutea for 20 years and that he was diagnosed with HS 8 years ago. During this period, he used systemic antibiotics (doxycycline, rifampicin-clindamycin), systemic steroids, isotretinoin, and had surgery on his lesions. The patient, who was followed up with Hurley stage III HS, had a history of previously diagnosed gastrointestinal and renal amyloidosis and was receiving hemodialysis. The patient, who was started on adalimumab treatment due to its effectiveness in the management of HS and amyloidosis, had been using the treatment for three years. He was evaluated due to an increase in the pain and discharge of his lesions in the gluteal region. The patient's laboratory tests revealed elevated acute phase reactants, and the patient also described accompanying back pain and underwent lumbosacral in the sacral vertebrae. Upon detection of osteomyelitis and abscess structures in the MRI, daptomycin and ertapenem antibiotherapy (29 days) was applied to the patient. He was discharged with ampicillin antibiotic therapy, which resulted in regression in his complaints and acute phase reactants and continues adalimumab treatment (40 mg once a week).

Conclusion:

HS has been associated with a variety of systemic complications, including anemia, secondary amyloidosis, lymphedema, fistulas to adjacent anatomic structures, squamous cell carcinoma, and hypercalcemia. Secondary systemic amyloidosis is caused by the deposition of a distinctive non-immunoglobulin protein called amyloid A (AA) protein. AA amyloidosis most commonly occurs with kidney involvement, but can also affect the liver, spleen, gastrointestinal tract, adrenal glands, joints, and heart. HS is among the causes of AA amyloidosis. Osteomyelitis, one of the rare complications of HS, can develop as a result of trauma, hematogenous spread, or through the neighborhood. Although osteomyelitis is known as one of the complications of HS, it has been rarely reported in the literature. In this case report, we present a patient with two rare long-term complications of HS, and we would like to emphasize that HS patients should be evaluated for these complications.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2326

Retrospective study of hydroxychloroquine use in morphoea

Elsa Barbosa[1], Aveen Connolly[1], Catherine H Orteu[1]

[1]Royal Free Hospital , London, United Kingdom

Introduction & Objectives:

Morphoea, or localized scleroderma, is a chronic inflammatory condition characterized by sclerosis and atrophy of the skin and underlying soft tissues. Treatment depends on disease severity and includes topical agents, phototherapy, or systemic therapies such as corticosteroids, methotrexate, mycophenolate mofetil, and abatacept. There is limited evidence on the use of hydroxychloroquine for morphoea management. The aim of this study was to evaluate hydroxychloroquine's efficacy as treatment in morphoea.

Materials & Methods:

This is a retrospective medical records analysis of 23 patients treated with hydroxychloroquine for morphoea at our hospital between 2020-2024.

Results:

A total of 23 medical records were reviewed, 20 (87%) were female and 3 (13%) males. The mean age was 46 years (range 17- 79). Eleven patients (48%) had linear morphoea, 10 (43%) plaque morphoea (of which 4 generalised and 2 deep plaque), 1 (4.5%) mixed pattern with linear and plaque and 1 (4.5%) pansclerotic morphoea. The average dose of hydroxychloroquine was 4.7 mg/Kg (range 1.5 mg/Kg for a patient with a low eGFR <30 mL/min to 8mg/Kg). Of the 23 patients, hydroxychloroquine was used as monotherapy in 15 cases (65%); in 7 cases (30%), it was added to immunosuppressive therapy (1 patient was on abatacept, 3 on methotrexate, 1 on prednisolone, 1 on mycophenolate mofetil (MMF), and 1 on MMF and Prednisolone). One patient attended our hospital already on hydroxychloroquine, methotrexate and prednisolone.

Of the 23 patients, 12 (53%) showed clinical improvement, 7 (30%) had disease progression and 4 patients (17%) had stable morphoea. Among the 12 (53%) who showed clinical improvement, 8 were on monotherapy, and 4 had hydroxychloroquine used as an adjunct. One of the 8 patients on hydroxychloroquine monotherapy with clinical improvement, IV methylprednisolone was required about 2 years after starting hydroxychloroquine. Another patient required dose increase from 5 to 5.5 mg/kg for benefit to be seen. Three patients had LoSCAT scores measured before, and 6 or 12 months after starting hydroxychloroquine. On average, there was a 14-point reduction in the LoSCAT activity score and an 8-point reduction in the LoSCAT damage score. Additionally, 3 patients showed MRI resolution of inflammation after starting hydroxychloroquine.

Of the 7 patients (30%) who showed disease progression, 6 were on monotherapy, while 1 was on Prednisolone 10mg alongside hydroxychloroquine. Two patients developed morphoea patches within the first 6 to 8 months of starting hydroxychloroquine, which was discontinued in favour of immunosuppression. Interestingly, one patient had been stable for 18 months on hydroxychloroquine but began to develop patches after this period and was switched to methotrexate. Two patients had mycophenolate mofetil added to hydroxychloroquine, one was referred for PUVA1, and another opted to continue hydroxychloroquine due to a recent shingles infection.

Only two patients (9%) reported side effects, but none had to discontinue hydroxychloroquine. The reported side effects were hyperpigmentation, pruritus and low mood.

Conclusion:

Hydroxychloroquine has immunomodulatory properties with a relatively safe adverse event profile. Our retrospective study demonstrated its efficacy as a treatment option for morphoea, either as monotherapy or as an adjunctive treatment. Larger prospective studies are required to further evaluate hydroxychloroquine effectiveness.

Abstract N°: 2407

Blaschkolinear Distribution of Atopic Dermatitis: A Underrecognized Presentation

Salma Abid[1], Hasnae Zerhouni[1], Ammar Najoua[1], Hamada Syrine[1], Meriem Meziane[1], Ismaili Nadia[1], Benzekri Laila[1]

[1]Ibn Sina University Hospital, Rabat, Morocco

Introduction & Objectives:

Polygenic skin disorders rarely present in a linear or in a segmental distribution. The most plausible explanation remains the loss of heterozygosity affecting a predisposing gene, occurring as an early postzygotic event.

In atopic dermatitis, segmental manifestations are not only exceedingly rare, but may be under-diagnosed or confused with other inflammatory acquired blaschko-linear dermatoses (IABLD).

To date, only a few cases of superimposed segmental atopic dermatitis have been reported in the literature. Therefore, we hope that our case contributes to a better understanding of this disease, which may help facilitate its diagnosis.

Materials & Methods:

We report a case of a 41-year-old man, who has a history of atopy : atopic dermatitis and allergic rhinoconjonctivis, who presented to our dermatology department, with a 3-months-old history of an extremely pruritic rash, localized at the arms, trunk, buttocks and legs.

Dermatologic examination revealed erythematous lichenified plaques, with excoriated papules along Blaschko's lines on the arms, buttocks, multiples excoriated papules on the abdomen, with palmar hyperkeratosis.

A skin biopsy of the lesions showed hyperkeratosis and spongiosis, compatible with an atopic dermatitis.

Results:

Taking into consideration the clinical history of atopy in our patient, with the linear distribution of more severe atopic dermatitis along blaschkolines, and the results of histology, we concluded that it was a superimposed segmental atopic dermatitis. Superimposed segmental atopic dermatitis remains an underrecognized presentation of atopic dermatitis. This could be due to the fact that the segmental distribution of the atopic dermatitis may be subtle, or confused with other inflammatory acquired blascko-linear dermatoses.

Conclusion:

Our case represents a rare and exceptional presentation of atopic dermatitis, shedding light on the underrecognized segmental manifestations of polygenic skin diseases. It may contribute to a better understanding of the pathophysiology of superimposed segmental atopic dermatitis. Also, recognizing these atypical presentations can facilitate earlier and more accurate diagnosis and potentially guide future therapeutic approaches.