Abstract N°: 43

Dermatological Emergencies: An Overview from a University Hospital Center

Ouissal Hormi[1], Benaini Nada[1], Zerrouki Nassiba[1, 2], Zizi Nada[1, 2]

[1]Department of Dermatology Venereology and Allergology, CHU Mohammed VI, Oujda Morocco., Oujda, Morocco
[2]Laboratory of Epidemiology, Clinical Research, and Public Health, Faculty of Medicine and Pharmacy, Mohammed First University, Oujda, Morocco, Oujda, Morocco

Introduction & Objectives:

Dermatological emergencies account for a significant portion of hospital consultations, encompassing a wide range of conditions, from benign skin disorders to life-threatening pathologies. A substantial number of patients presenting to emergency services with dermatological issues do not require urgent management. This study aimed to describe the epidemiological and clinical profiles of dermatological emergencies in a hospital setting.

Materials & Methods:

We conducted a retrospective descriptive study over a four-year period, from January 2020 to November 2024, in the emergency unit of a university hospital. All patients who presented with dermatological emergencies were included in the analysis.

Results:

During the study period, a total of 98,736 patients were admitted to the emergency department, with 8,886 (13%) consulting for dermatological reasons. Of these consultations, 62% were from the adult emergency department, while 38% were from the pediatric emergency department. The average age of the patients was 38 ± 19.62 years, with the most represented age group being 40 to 59 years. A slight female predominance was noted, as 55% of the patients were female.

Consultations were most frequent on Mondays, with an average of 11 patients per day (± 5.12). This suggests a trend of increased dermatological presentations at the beginning of the week. The hospitalization rate for dermatological emergencies was 42.3%, indicating that nearly half of the patients required inpatient management. In terms of referrals, 42% of patients were referred by general practitioners, 36% by dermatologists, and 22% self-referred to the emergency department.

The most common reasons for consultation were infectious dermatoses (23.2% of cases), with viral infections accounting for 48%, bacterial infections 36%, and fungal infections 16%. Drug reactions were the second most frequent reason for consultation, accounting for 19.9% of cases, followed by allergic reactions (18.6%). Other common diagnoses included bullous dermatoses (16%), inflammatory dermatoses (12.5%), systemic diseases (5.7%), tumor pathologies (2.5%), and erythroderma (1.6%).

Among the hospitalized patients, the most frequent conditions were severe skin infections, severe drug reactions, and bullous dermatoses, which required more intensive care. These findings highlight the diversity and complexity of dermatological emergencies encountered in the hospital setting.

Conclusion:

Although many patients presenting with dermatological complaints to the emergency department do not require urgent care, a significant proportion still need hospitalization or specialized management. Most of these conditions could potentially be managed in an outpatient setting, emphasizing the importance of accurate assessment and appropriate referral. For emergency physicians, being well-versed in the recognition and initial management of dermatological

emergencies is essential to ensure proper patient care and optimal resource utilization.

Abstract N°: 88

clinico demoscopic and histopathological correlation of benign skin and adnexal tumors- a descriptive study

Iswariya Jaganathan*[1]

[1]command hospital airforce Bangalore, bangalore, India

Introduction & Objectives:

Skin tumors are an important group of dermatoses encountered in the dermatology out patient department . Also forms an important component of genodermatoses. Certain tumors are easily recognized clinically based on the characteristic site of presentation, size, colour, distribution, and symptoms.Dermoscopy is a non-invasive technique that can assist the clinician in the diagnosis of suspicious skin lesion in general, particularly pigmented skin tumors. It improves diagnostic accuracy of benign skin lesions compared to examination with the naked eye.Clinico-dermoscopic and histopathological correlation of skin and adnexal tumours will enable to study specific characteristics and possible early diagnosis of premalignant and malignanat transformation, clinical observation and suspected site of biopsy from individual lesions.

Objectives: Study the specific dermoscopic criteria and patterns of benign skin and adnexal tumours

Materials & Methods:

CASES: All patients with clinical features suggestive of benign skin and adnexal tumors

DURATION:18 months

Study Sample Size: 49

METHODOLOGY:

- All patients with clinical features suggestive of Benign skin and adnexal tumours will be evaluated with a detailed clinical history, physical examination and dermoscopic examination
- Demographic data such as age, gender, clinical variables in terms of site of tumour and duration will be documented.
- An informed consent will be obtained for the histopathological evaluation.
- Patients with clinical and dermoscopical features of Benign skin and adnexal tumours will be further subjected to histopathological examination for tissue diagnosis
- Specific dermoscopic criteria and patterns of benign skin and adnexal tumours will be observed
- Correlation of clinical dermoscopic and histopathological features will be studied
- During the course of the study, if malignancy detected, patient will be further evaluated and appropriately managed

Methods: In our study 49 patients of benign skin and adnexal tumours were selected according to inclusion & exclusion criteria. Written informed consent was taken for their participation in the study. They were evaluated with clinical, dermoscopy features and histopathological findings after a skin biopsy.

Results: Out of 49 patients in the study, 70% were females and 30% were males, mean age was 56 years, most common site involved is face (64%). 16% cases of benign skin and adnexal tumours were Trichoepithelioma, Melanoacanthoma, Pseudolymphomatous folliculitis, Neurofibroma, Cutaneous leiomyoma and Hemangioma, 16% cases as Acrochordon, 12% cases as Intradermal Nevus , 10% cases as Seborrhoeic keratosis, 8% cases as Steatocystoma multiplex, 8% cases were CMN, 8% cases as Epidermal inclusion cyst, 6% case were lipoma, 2% cases were Trichilemmal cyst, 6 % special nevi such as Nevus lipomatosus, Deep penetrating plexiform spindle cell nevus and ILVEN. During our study three cases of basal cell carcinoma were diagnosed through clinical, dermoscopic and histopathological evaluation.

Conclusion: We found that there is significant correlation between features of benign skin and adnexal tumours noted on dermoscopy and histopathological findings (p-0.001). It is essential to evaluate any benign skin tumours showing colour and size variations for the risk of malignant transformation

Abstract N°: 108

The Toxins We Wear: A Review of Current Regulations Governing the Harmful Chemicals in Our Clothing

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

[1]Massachusetts General Hospital, Dermatology , Boston, United States
[2]The University of Texas Southwestern Medical School, Dallas, United States
[3]David Geffen School of Medicine, University of California Los Angeles, Los Angeles, United States
[4]Harvard Medical School, Boston, United States
[5]Harvard T.H. Chan School of Public Health, Boston, United States

Introduction & Objectives: Toxic chemicals are a growing concern within the fashion industry, particularly among frequently worn apparel. In 2024, South Korean (SK) officials investigated several major retailers, confiscating numerous textiles, clothing, and footwear (TCF) containing phthalates and lead up to 622 and 19.12 times the (SK) legal limit, respectively.1,2

Similarly, per- and polyfluoroalkyl-containing substances (PFAS) are of increasing prevalence, as an analysis of 22 smartwatch bands revealed high levels of multiple PFAS, most commonly PFHxA (41% of samples), raising concerns given their prolonged skin contact (Table 1).3 In accordance with the growing utility of toxins within TCF, we aim to review the current regulatory frameworks governing this issue in the European Union (EU), United States (US), and Canada.

Materials & Methods: Systematic reviews of publicly available data were conducted for each region, extracting details from relevant regulatory bodies on the production, importation, availability, and distribution of TCF containing such chemicals.

Results: Dedicated to mitigating dermal exposure to carcinogens, mutagens and/or endocrine disruptors, the European Chemicals Agency (ECHA) via REACH in 2020, imposed concentration limits on lead and phthalates within manufactured and imported TCF.4 The EHCA has placed similar restrictions on several PFAS, including PFHxA, with plans to eventually remove all PFAS from consumer products.5,6 Other regulatory bodies have been slower to implement comparable restrictions. The US governs consumer product safety via the Consumer Product Safety Commission (CPSC), placing concentrations limits on lead and phthalates in children's items.7 In 2024, the US proposed phasing out nonessential PFAS in TCF, and in January 2025, some states, including New York and California, issued formal bans.8-10 Similar to the US, Canada's Consumer Product Safety Act (CCPSA) has placed limits on phthalates and lead to minimize children's exposure.11 CCPSA has also banned certain PFAS and issued mandatory reporting guidelines for manufactured and imported PFAS-containing products in an effort to guide future rulings (Table 2).12,13

Conclusion: Despite evidence suggesting percutaneous absorption and reports of systemic effects, the lack of standardized, stringent regulations on toxins including phthalates, lead, and PFAS in apparel highlights a dangerous, yet overlooked health concern. As we navigate modern consumerism, dermatologists must assist patients in making informed decisions when choosing TCF and other products with prolonged skin contact. We must also advocate for improved transparency, labeling, and regulations on permissible chemicals to mitigate potential risks. The EU has made substantial efforts that other regulatory bodies should strive to emulate. With global cooperation, we can improve current industry standards, holding popular brands accountable with the goal of improving human and environmental health.

Table 1: Summary of phthalates, lead, and per- and polyfluoroalkyl-containing substances (PFAS) evidence of percutaneous absorption and associated systemic effects.

Chemical	Evidence of Percutaneous Absorption into Systemic Circulation?	Associated Effects
Phthalates	Yes, phthalates may enter the body via ingestion, absorption and skin contact. [a,b]	Considered endocrine disrupting chemicals associated with endometriosis, decreased testosterone, type 2 diabetes, obesity, and breast/uterine cancer. [c,d]
Lead	Yes, lead poisoning is cumulative following inhalation, oral, and/or dermal exposure. [e]	Associated with damage to the central nervous system, cardiovascular system, and kidneys. Exposure during pregnancy may result in reduced fetal growth and preterm birth. [f]
PFAS	Yes, while investigations are incipient, *in vitro* 3D human skin models reveal percutaneous systemic absorption of PFAS with absorption fractions up to 58.9%. [g,h]	Associated with cancer, liver disease, fetal growth restrictions, and allergies. [i,j]

[a] *TOXICOLOGICAL PROFILE for DIETHYL PHTHALATE*.; 1995. https://www.atsdr.cdc.gov/ToxProfiles/tp73.pdf

[b] Arrigo F, Federica Impellitteri, Piccione G, Faggio C. Phthalates and their effects on human health: Focus on erythrocytes and the reproductive system. *Phthalates and their effects on human health: Focus on erythrocytes and the reproductive system*. 2023;270:109645-109645. doi:https://doi.org/10.1016/j.cbpc.2023.109645

[c] Zajac, G, "Toxic Fashion: Evaluation of Chemicals in Clothing and Recommendations for the Amended TSCA" (2023). *Master's Projects and Capstones*. 1624.https://repository.usfca.edu/capstone/1624

[d] Eales J, Bethel A, Galloway T, et al. Human health impacts of exposure to phthalate plasticizers: An overview of reviews. Environment International. 2022;158:106903. doi:10.1016/j.envint.2021.106903

[e] ATSDR. *Toxicological Profile for Lead*.; 2020. https://www.atsdr.cdc.gov/toxprofiles/tp13.pdf

[f] World Health Organization. Lead Poisoning and Health. Who.int. Published 2024. https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health

[g] Dame MCW // U of N. Use of PFAS in cosmetics "widespread," new study finds. Notre Dame News. https://news.nd.edu/news/use-of-pfas-in-cosmetics-widespread-new-study-finds/

[h] Ragnarsdóttir O, Abou-Elwafa Abdallah M, Harrad S. Dermal bioavailability of perfluoroalkyl substances using in vitro 3D human skin equivalent models. Environ Int. 2024;188:108772. doi:10.1016/j.envint.2024.108772.

[i] Rich, N. (2016, January 6). *The lawyer who became Dupont's worst nightmare*. The New York Times. https://www.nytimes.com/2016/01/10/magazine/the-lawyer-who-became-duponts-worst-nightmare.html

[j] Ragnarsdóttir, O., Abou-Elwafa Abdallah, M., & Harrad, S. (2024). Dermal bioavailability of perfluoroalkyl substances using in vitro 3D human skin equivalent models. *Environment International*, *188*, 108772.

Table 2: Summary of the regulations concerning phthalates, lead, and PFAS in textiles within the European Union (EU), United States (US), and Canada.

Country	Chemicals	Maximum Concentration Limits	Regulatory Bodies	Notes
European Union (EU)	Phthalates: [k] -1,2-benzenedicarboxylic acid; di-C 6-8-branched alkyl esters, C7- rich -Bis(2-methoxyethyl) phthalate -Diisopentyl phthalate - Di-n-pentyl phthalate (DPP) - Di-n-hexyl phthalate (DnHP)	1,000 mg/kg (individually or in combination with other phthalates). [k]	European Chemicals Agency (ECHA) under the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH). [k]	Applicable to clothing, related accessories, footwear, and other textiles that come into contact with human skin to a similar extent as clothing. [k]
	Lead and its compounds. [k]	1 mg/kg [k]	European Chemicals Agency (ECHA) under the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH). [k]	Applicable to clothing, related accessories, footwear, and other textiles that come into contact with human skin to a similar extent as clothing. [k]

	PFAS: Undecafluorohexanoic acid (PFHxA), its salts and PFHxA-related substances. [l] Perfluorocarboxylic acids (C9-14 PFCAs), their salts and related substances. [m]	25 parts per billion (ppb) for the sum of PFHxA and its salts, or 1,000 ppb for the sum of PFHxA-related substances, measured. [l] 25 ppb for the sum of C9-C14 PFCAs and their salts, or 260 ppb for the sum of C9-C14 PFCA-related substances. [m]	European Chemicals Agency (ECHA) under the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH). [l,m]	Applicable to clothing, related accessories, footwear, and other textiles that come into contact with human skin to a similar extent as clothing. [l,m]
	Other PFAS: [n] - Perfluorooctanoic acid (PFOA), its salts and PFOA-related compounds - Perfluorooctane sulfonic acid and its derivatives (PFOS) - Perfluorohexane sulfonic acid (PFHxS), its salts and PFHxS-related compounds	These PFAS are fully banned from production, use, import, and export at any concentration. [n]	The International Stockholm Convention. [n]	Completely banned and eliminated from use. [n]

United States (US)	Phthalates: [o] - Di-(2-ethylhexyl) phthalate (DEHP) - Dibutyl phthalate (DBP) - Benzyl butyl phthalate (BBP) - Diisononyl phthalate (DINP) - Diisobutyl phthalate (DIBP) - Di-n-pentyl phthalate (DPENP) - Di-n-hexyl phthalate (DHEXP) - Dicyclohexyl phthalate (DCHP)	0.1% (1000 parts per million [ppm]) (individually or in combination with other phthalates). [o]	The United States Consumer Product Safety Commission (CPSC) under the Consumer Product Safety Improvement Act (CPSIA). [o]	Limited to textiles found in children's toys and childcare articles (product designed or intended by the manufacturer to facilitate sleep or the feeding of children age 3 and younger) such as sleepwear, slings, and bibs. [o]
	Lead and its compounds [o]	100 ppm. [o]	The United States Consumer Product Safety Commission (CPSC) under the Consumer Product Safety Improvement Act (CPSIA). [o]	Limited to textiles used in children's products, including apparel, sleepwear, and bibs. [o]
	PFAS [p]	Currently, there are no federal regulations governing PFAS in TCF. [p]	N/A	N/A

Canada	Phthalates:[q] - di(2-ethylhexyl) phthalate (DEHP) - dibutyl phthalate (DBP) - benzyl butyl phthalate (BBP) - diisononyl phthalate (DINP) - diisodecyl phthalate (DIDP) - di-n-octyl phthalate (DNOP)	1,000 mg/kg [q]	Canada Consumer Product Safety Act (CCPSA). [q]	Limited to childcare products (excluding clothing), such as sleepwear, slings, and bibs. [q]
	Lead and its compounds [q]	90 mg/kg [q]	Canada Consumer Product Safety Act (CCPSA). [q]	Limited to clothing or clothing accessories intended for children under 14 years of age. [q]
	PFAS: [r] -Perfluorooctane sulfonate, its salts and its precursors (PFOS) -Perfluorooctanoic acid, its salts and its precursors (PFOA) - Long-chain perfluorocarboxylic acids, their salts and their precursors (LC-PFCAs)	The manufacturing, use, sale, offer for sale, and import of products containing these PFAS is not permitted in consumer textiles. [r]	Prohibition of Certain Toxic Substances Regulations. [r]	Prohibited from use in all consumer textiles. [r]

[k] "Liste Des Restrictions - ECHA." *Europa.eu*, 2020, echa.europa.eu/fr/substances-restricted-under-reach/-/dislist/details/0b0236e182ed1fc0.

[l] "Press Corner." *European Commission - European Commission*, 2024, ec.europa.eu/commission/presscorner/detail/en/ip_24_4763.

[m] Regulation - 2021/1297 - EN - EUR-Lex. Europa.eu. Published 2021. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021R1297.

[n] "Substances Per- et Polyfluoroalkylées (PFAS) - ECHA." *Europa.eu*, 2024, echa.europa.eu/fr/hot-topics/perfluoroalkyl-chemicals-pfas.

[o] *Consumer Product Safety Improvement Act of 2008 - Public Law 110-314-Aug. 14 2008.*; 2009. https://www.cpsc.gov/s3fs-public/pdfs/blk_pdf_cpsia.pdf

[p] Forever Chemical Regulation and Accountability Act of 2024 (2024 - H.R. 8074). GovTrack.us. Published 2024. Accessed February 17, 2025. http://www.govtrack.us/congress/bills/118/hr8074

[q] Branch LS. Consolidated federal laws of Canada, Canada Consumer Product Safety Act. laws-lois.justice.gc.ca. Published July 1, 2020. https://laws-lois.justice.gc.ca/eng/acts/c-1.68/

[r] Branch LS. Prohibition of Certain Toxic Substances Regulations, 2012. Justice.gc.ca. Published 2025. Accessed February 17, 2025. https://laws-lois.justice.gc.ca/eng/regulations/SOR-2012-285/FullText.html

Abstract N°: 124

Efficacy of Fractional CO2 Laser Stacking Method in the Treatment of Depressed Scars

Jung Hwan Lee[1]

[1]Hangangsoo plastic surgery clinc, plastic surgery, Seoul, Korea, Rep. of South

Efficacy of Fractional CO2 Laser Stacking Method in the Treatment of Depressed Scars

Introduction & Objectives:

Depressed scars, often resulting from trauma or skin lesions, pose significant aesthetic concerns and can contribute to considerable physical and psychological distress. Numerous therapeutic approaches have been introduced to mitigate these effects, with the laser stacking method demonstrating notable efficacy. This study aims to evaluate and compare the therapeutic outcomes of laser stacking treatments against single-pulse ablative laser treatments in the management of depressed scars.

Materials & Methods:

Eighty patients with depressed scars were randomly assigned to two therapeutic groups: the ablative laser stacking therapy group (Group 1, n=40) and the single-pulse ablative laser therapy group (Group 2, n=40). Scar severity was assessed using the modified Vancouver Scar Scale (mVSS) pre- and post-treatment. Additionally, patient-reported outcomes were collected through self-administered questionnaires. Comparative analyses were performed within each group before and after treatment, as well as between the two groups to evaluate differences in therapeutic efficacy

Results:

A total of eighty scars, one from each patient, underwent the complete laser treatment protocols. Group 1 demonstrated significantly greater improvements in mVSS parameters, including pigmentation, vascularity, pliability, and height, compared to Group 2 ($P < 0.05$). Regarding patient-reported outcomes, Group 1 reported superior results across three domains: aesthetic appearance, reduction of concavity, and overall improvement ($P < 0.05$).

Conclusion:

The stacking method with a fractional ablative laser at 20-30 mJ demonstrated superior outcomes for treating depressed scars compared to single-pulse laser application at 10-15 mJ. This approach balances efficacy and minimizes complications. Optimizing energy levels and protocols may further enhance treatment outcomes and patient satisfaction

Abstract N°: 233

The comparison of ChatGPT-3.5, ChatGPT-4o and Dermatologic Resident performance based on over 1,000 questions of the Specialty Certificate Examination in Dermatology

Justyna Putek*[1], Alina Jankowska-Konsur[2]

[1]University Centre of General Dermatology and Oncodermatology, Wroclaw Medical University,, General Dermatology , Wrocław, Poland
[2]University Centre of General Dermatology and Oncodermatology, Wroclaw Medical University, Wrocław, Poland

Introduction & Objectives:

ChatGPT, a sophisticated generative artificial intelligence tool, has gained significant attention for its ability to simulate human conversations and perform tasks using advanced natural language processing. This study aimed to evaluate the effectiveness of ChatGPT-3.5 and ChatGPT-4o in answering questions from the Specialty Certificate Examination in Dermatology, a key requirement for dermatology certification in Poland. The performance of these chatbots was also compared to that of dermatology residents.

Materials & Methods:

A total of 1,080 single-best-answer, multiple-choice questions from nine consecutive exams were utilized, excluding 24 invalidated questions and one clinical image-based question. ChatGPT-3.5 and ChatGPT-4o were tested using a structured prompt aligned with Polish and international dermatology guidelines. The responses were analyzed for accuracy, and the difficulty index of the questions (categorized as easy, moderate, or hard) was assessed. Statistical analysis was performed using a two-sample t-test and ANOVA with significance set at $p<0.05$.

Results:

ChatGPT-4o outperformed ChatGPT-3.5 across all exams, answering 82.8% of questions correctly compared to 49.5% for ChatGPT-3.5 ($p<0.001$). ChatGPT-4o also scored above the average resident results in most cases, though it never exceeded the maximum resident scores. By difficulty level, ChatGPT-4o achieved significantly higher accuracy than ChatGPT-3.5 for easy (92.6% vs. 59.6%), moderate (77.7% vs. 43.2%), and hard questions (62.7% vs. 37.3%). Importantly, ChatGPT-3.5 failed to meet the passing threshold for any exam, while ChatGPT-4o passed all and generally outperformed average resident scores.

Conclusion:

ChatGPT-4o demonstrated superior performance compared to ChatGPT-3.5 and often outperformed average dermatology residents. While it remains limited by access to specific Polish guidelines and clinical experience, ChatGPT-4o can serve as a valuable tool for clinicians to address complex and controversial queries. Further studies are needed to explore its applicability in real-world clinical settings.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 261

Epidermodysplasia Verruciformis with Different Types of Non-Melanoma Skin Cancers

Varniraj Patel[1]

[1]Vedantaa Institute of Medical Sciences, Dermatology, Venereology and Leprosy, Palghar, India

Introduction & Objectives:

Epidermodysplasia verruciformis (EDV) is a rare, autosomal recessive genodermatosis characterized by an increased susceptibility to human papillomavirus (HPV) types 5 and 8. Clinically, it presents with lesions resembling warts, seborrheic keratoses, and pityriasis versicolor. Non-melanoma skin cancers (NMSC), particularly squamous cell carcinoma (SCC), are a known complication in EDV, while basal cell carcinoma (BCC) is less frequently reported. The objectives of this report are to highlight two cases of EDV and to describe the clinical features, histopathological findings, and treatment outcomes, emphasizing the importance of early recognition and appropriate management to prevent malignant transformation.

Materials & Methods:

Two female patients, aged 46 and 43 years, each presented with a 20-year history of hypopigmented to erythematous, mildly scaly papules and plaques distributed across the body. Detailed clinical examinations, dermoscopic assessments, and routine investigations were performed. Biopsies were taken from suspicious lesions. Histopathological evaluations confirmed EDV features in both cases, along with SCC in patient one and superficial as well as basosquamous variants of BCC in patient two. Both patients underwent surgical excision of malignant lesions, with adequate margins, and were subsequently managed with isotretinoin, zinc, and imiquimod for premalignant lesions.

Results:

Patient one exhibited multiple hyperpigmented plaques, some ulcerated, while patient two had discoid plaques with a beaded margin and central ulceration on the face, along with a large ulcerated nodule on the chest. Histopathology confirmed EDV in both cases, showing characteristic changes of HPV-related skin lesions. Patient one had SCC, whereas patient two displayed superficial and basosquamous BCC. Following surgical excision and adjuvant medical therapy, both patients showed favorable outcomes.

Conclusion:

EDV poses a significant risk for developing NMSC, especially SCC. Although BCC is less common in EDV, clinicians must remain vigilant. Regular follow-up, cancer screening, and prompt management of premalignant and malignant lesions are crucial. Treatment options include surgical excision, isotretinoin, zinc supplementation, and topical immunomodulators. Photoprotection and patient education play key roles in preventing further malignancies.

Abstract N°: 274

General Practitioners' Competence in Managing Acne in Adolescents and Adults

Ouissal Hormi[1], Zerrouki Nassiba[1, 2], Zizi Nada[1, 2]

[1]Department of Dermatology Venereology and Allergology, CHU Mohammed VI, Oujda Morocco., Oujda, Morocco
[2]Laboratory of Epidemiology, Clinical Research, and Public Health, Faculty of Medicine and Pharmacy, Mohammed First University, Oujda, Morocco, Oujda, Morocco

Introduction & Objectives:

Acne is one of the most common skin conditions, primarily affecting adolescents but also persisting in adults. Effective management is crucial to prevent complications and improve patients' quality of life. General practitioners play a key role in the initial diagnosis and treatment of acne, often collaborating with dermatologists for more complex cases.

Materials & Methods:

In this cross-sectional descriptive study, an anonymous questionnaire designed using Google Forms was distributed via social networks to general practitioners and residents from university hospitals. The objective was to assess the knowledge of general practitioners and residents regarding the management and diagnosis of skin cancers.

Results:

The survey results on respondents' characteristics show that the sample consists of 60% men and 40% women, with an average age of 45 years (standard deviation: 8 years) and an average of 18 years of experience.

Regarding practice location, 40% work in urban areas, 35% in suburban areas, and 25% in rural areas. In terms of diagnostic skills, 90% of physicians feel confident in recognizing different types of acne, 85% use acne severity scales such as the IGA, and 70% consider themselves capable of identifying cases requiring referral to a dermatologist.

For treatment initiation, 95% regularly prescribe topical retinoids, 80% use benzoyl peroxide as a first-line treatment, 60% prescribe topical or oral antibiotics for moderate to severe cases, and 40% prescribe oral contraceptives for women with hormonal acne.

Regarding patient education, 75% of physicians provide detailed advice on skincare, 65% address dietary aspects, and 50% use brochures or online resources to educate patients. For follow-up and reassessment, 85% review their patients every 4 to 6 weeks after treatment initiation, 70% adjust treatment based on individual responses and side effects, while 30% report difficulties in regularly following up with patients due to time constraints.

Finally, concerning collaboration with specialists, 60% of physicians have regular contact with dermatologists for consultations, 50% refer patients with severe or scarring acne, and 40% express a desire for better continuous training on acne management.

Conclusion:

The study reveals that general practitioners have strong competencies in acne management, although improvements can be made in patient education and interprofessional collaboration. Increased efforts in continuous training and the development of educational resources are necessary to optimize acne management in general practice.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 351

Advantages, disadvantages, and challenges of using social media in dermatology

Ouissal Hormi[1], Zerrouki Nassiba[1, 2], Zizi Nada[1, 2]

[1]Department of Dermatology Venereology and Allergology, CHU Mohammed VI, Oujda Morocco., Oujda, Morocco
[2]Laboratory of Epidemiology, Clinical Research, and Public Health, Faculty of Medicine and Pharmacy, Mohammed First University, Oujda, Morocco, Oujda, Morocco

Introduction & Objectives:

The use of social media is constantly increasing in the healthcare field, including dermatology. These platforms allow professionals to share knowledge, establish connections, and raise public awareness. However, they also present challenges such as the spread of misinformation and the protection of patient confidentiality. This study aims to examine the advantages, disadvantages, and challenges of social media use by dermatologists through a questionnaire.

Materials & Methods:

An online questionnaire was distributed among practicing dermatologists. This questionnaire assessed their use of social media in a professional context, including frequency of use, preferred platforms, types of content shared, as well as perceived benefits and obstacles encountered. The data were analyzed quantitatively and qualitatively to identify general trends and points of divergence among participants.

Results:

Among the 57 dermatologists who responded to the questionnaire, 75% reported regularly using social media for professional purposes, mainly for disseminating medical information, educating patients, and collaborating with colleagues. The most frequently used platforms were Instagram, cited by 45% of participants, followed by Twitter at 35%. Less than 20% of respondents used LinkedIn, while other platforms such as Facebook and TikTok were mentioned less significantly.

The main advantages included quick access to information (70%), with the ability to consult recent research, clinical cases shared by other professionals, and updates on new practices and treatments. This responsiveness is particularly valuable in a constantly evolving field like dermatology. 60% of respondents highlighted the importance of peer interaction, using social media as a platform to discuss complex cases, share experiences, and ask questions. This interaction is perceived as a means to improve professional practice and strengthen bonds within the dermatology community. Finally, 50% of dermatologists used social media to raise public awareness about skin diseases, promote prevention, and provide practical advice, enabling them to reach a broad audience, which would be difficult through traditional means.

However, several disadvantages and challenges were also identified. Among them, 40% of dermatologists expressed concerns about data privacy, particularly regarding the security of patients' personal information and the legal implications of sharing such data on social media. Furthermore, 30% of respondents reported the spread of misinformation as a major issue, particularly the dissemination of unverified treatments, harmful advice, or false information about dermatological conditions, which could mislead the public and harm patient health. Lastly, 65% expressed ethical concerns regarding the use of social media in a medical setting, highlighting risks to the integrity of dermatological practice, adherence to professional guidelines, and management of professional image online. Some also mentioned conflicts of interest, especially related to commercial partnerships or the promotion of dermatological products.

Conclusion:

Social media plays a growing role in dermatology, but its professional use requires a balanced approach, considering ethical and practical issues. Clear guidelines and training on the safe and ethical use of social media should be implemented to maximize benefits while minimizing risks.

Abstract N°: 416

The Missing Mineral: Zinc Deficiency in a Lupus Patient's Journey

Samar Hasan*[1], Jenny Hughes[1]

[1]Princess of Wales , Dermatology , Bridgend , United Kingdom

Introduction & Objectives:

A 46-year-old woman presented to our clinic with a striking psoriasiform rash on her scalp, chest, hands and feet, as well as a photosensitive rash affecting her face, upper chest and back which had started four months prior. She reported poor appetite, weight loss, hair loss, and nail changes. Additionally, she experienced debilitating muscle and joint pain that required the use of wheelchair and high doses of morphine for pain control. Our differential diagnosis included psoriasis, acrodermatitis continua of Hallopeau, autoimmune blistering conditions, connective tissue disease, and paraneoplastic rashes.

Materials & Methods:

Not applicable

Results:

Initial investigations indicated positive lupus serology, explaining some of her symptoms but not the severe muscle pain, nail changes, alopecia, and the psoriasiform rash. She was managed with topical and oral steroids, as well as low dose methotrexate with minimal improvement. She was started on hydroxychloroquine by our Rheumatology colleagues; however, we suspected an additional underlying cause. Zinc deficiency was considered, and her zinc level was found to be low at 6.6 µmol/L (reference range: 10.0–20.0 µmol/L). The patient disclosed a history of inadequate dietary intake, likely exacerbated by the recent loss of three close family members. She also smokes more than 30 cigarettes per day. Zinc supplementation led to significant improvements in her rash, alopecia, and muscle aches. Despite these improvements, the rash persists in some areas, particularly her hands, and we plan to investigate further for selenium deficiency and other nutritional deficiencies.

Conclusion:

Nutritional deficiencies are rare in the United Kingdom but important to consider as a differential diagnosis especially when there are unexplained symptoms.

Abstract N°: 490

A single-centre prospective qualitative analysis of knowledge, attitudes and behaviour of sunbed use amongst patients attending a pigmented lesion clinic (PLC) in a tertiary referral centre

Fei Lai[1], Claire Quigley[1], Gregg Murray[1], Amanda Gordon[1], Ji Fung Yong[1], Helena Yoo[1], Claudine Howard-James[1], Kelly Impey[1], Carmel Blake[1], Anne-Marie Tobin[1]

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

Introduction & Objectives:

Indoor tanning is linked to higher risks of skin cancers and other health issues. Despite strict regulations in Ireland, sunbeds use among the Irish population is still common. The study aimed to identify characteristics of sunbed users, their behaviours and motivation towards indoor tanning, and awareness of associated health risks among patients attending a pigmented lesion clinic.

Materials & Methods:

A prospective qualitative analysis was conducted on 104 patients at a tertiary dermatology clinic in Ireland. Participants completed an anonymous survey covering demographic details, sunbed usage frequency, motivators, and use of unregulated tan-enhancing agents. Survey data were analyzed using descriptive statistics and linear correlation.

Results:

A total of 104 patients were included, with 83.6% reporting prior sunbed use. Younger females showed higher usage rates, with 56% of users under age 22, and 21% below the legal age of 18. Non-compliance with safety measures was common. Seventeen-percent of patients reported use of tan enhancers such as nasal spray, drinks and injections. Frequent users showed a statistically significant correlation ($r=0.25$, $p<0.005$) with skin burning. However this study highlights that increased risk awareness does not correlate with lower sunbeds usage, suggesting an underlying addictive component to indoor tanning practices.

Conclusion:

Emotional benefits and improved appearance were key motivators, while social influences were low. This study highlights the need for stricter regulation of sunbed access and adjunct products, and underscore the importance of educational interventions targeting younger groups. Psychosocial and behavioural therapy is an important component to address tanning dependence and shifting users' perceptions.

Abstract N°: 625

Screen Smarter: Evaluation of Artificial Intelligence as a Patient Resource in Non-Melanoma Skin Cancer Screening

Omeed Modiri[1], Joseph Ebriani[1], Jeremy Davis[1]

[1]University of California, Los Angeles, Los Angeles, United States

Introduction & Objectives:

Patients have increasingly turned to the internet and search engines like Google to self-diagnose medical conditions, often with inconsistent results and heightened anxiety. The advent of artificial intelligence (AI) in dermatology holds significant promise for enhancing diagnostic accuracy and efficiency. Publicly accessible AI models such as ChatGPT (OpenAI) and Gemini (Google) have showcased impressive capabilities in various medical applications. This study explores the utility of ChatGPT and Gemini in aiding patients to screen for non-melanoma skin cancers (NMSCs) through analysis of clinical images.

Materials & Methods:

Using 100 validated clinical images from the ISIC archive (50 NMSCs and 50 benign lesions), we posed three patient-centered questions to each model for each clinical photo: (1) What is this? (2) Is it dangerous? (3) Does it need treatment? Initial diagnoses, top three differentials, danger assessments, and treatment recommendations were recorded for both models. Diagnostic performance was evaluated based on accuracy, sensitivity, and specificity.

Results:

For initial NMSC diagnosis, ChatGPT and Gemini showed similar overall accuracies of 66.0% and 68.0%, respectively. However, ChatGPT outperformed Gemini when considering the top three differential diagnoses (90.0% vs. 72.0%, $p=0.052$). In assessing lesion danger, ChatGPT was significantly more accurate for both NMSCs and benign lesions ($p < 0.001$). For top single diagnoses, ChatGPT demonstrated higher sensitivity (64.0% vs. 52.0%) and specificity (98.0% vs. 55.1%) compared to Gemini ($p < 0.001$). Including the top three diagnoses increased sensitivity for both models (ChatGPT: 100%, Gemini: 78%) but reduced specificity (ChatGPT: 58%, Gemini: 24.5%).

Conclusion:

ChatGPT and Gemini exhibited varying performance across diagnostic tasks, with ChatGPT showing a slight, non-significant edge in overall accuracy. Both models, however, fall short of clinical application standards. ChatGPT demonstrated high specificity but low sensitivity in detecting malignant lesions when prompted for a single diagnosis, while Gemini underperformed in both metrics. Including the top three diagnoses improved sensitivity for both models but markedly reduced specificity. These findings suggest that although ChatGPT may be more reliable for ruling in malignancies, neither model is adequate as standalone tools for independent patient screening.

Abstract N°: 658

Understanding barriers to dermatologic care among persons experiencing homelessness

Christine Li[1, 2], Jake Nusynowitz*[2, 3], John Trinidad[2]

[1]UMass Chan Medical School, Worcester, United States
[2]Massachusetts General Hospital, Boston, United States
[3]Florida International University, Miami, United States

Introduction & Objectives: Homelessness in the United States remains a pressing issue, with over 650,000 persons experiencing homelessness (PEH) on a single night in January 2023, marking a 12% increase from 2022. Dermatologic conditions, including infections, inflammatory disorders, and skin cancers, are more prevalent among PEH. However, structural barriers such as financial constraints, lack of transportation, and fragmented care, along with individual factors like stigma and psychiatric comorbidities, hinder timely diagnosis and treatment. This study aimed to identify barriers to dermatologic care among PEH in Massachusetts and assess the impact of community-based dermatology education on health-seeking behaviors and skin health knowledge.

Materials & Methods: A one-hour dermatology educational session was delivered at local shelters and organizations supporting PEH in Massachusetts. The session covered basic skincare, sun protection, skin self-exams, and concerning findings for skin cancer. Participants completed anonymous pre- and post-session surveys in English, rating their familiarity with dermatology, likelihood of seeing a dermatologist, confidence in skincare, and comfort with self-exams on a 10-point Likert scale before and directly after the educational session. The survey also collected demographic data, barriers to dermatologic care, and optional free-text responses.

Results: Data from 26 participants across two organizations have been analyzed thus far, with anticipated data collection from at least six other organizations by Spring 2025. The majority of participants identified as *Black or African American* (n=14, 53.8%), followed by *White* (n=8, 30.8%), *Hispanic or Latino* (n=4, 15.4%), and *American Indian or Alaskan Native* (n=3, 11.5%). Ages ranged from 35 to 78 years (mean 57.5). The most commonly reported barriers included *long wait times* (n=5, 19.2%), *lack of insurance* (n=4, 15.4%), *preference for a primary care physician* (n=4, 15.4%), *uncertainty about when to see a dermatologist* (n=3, 11.5%), *preference for home remedies* (n=3, 11.5%), and *fear of COVID-19* (n=3, 11.5%). Participants showed improvement across all measured domains. *Familiarity with dermatologic conditions* increased by 2.2 points (5.3 to 7.5), *likelihood of seeing a dermatologist* by 2.5 points (4.8 to 7.3), *confidence in skincare* by 2.4 points (5.9 to 8.3), and *comfort with skin self-exams* by 2.8 points (5.7 to 8.5).

Conclusion: Our study highlights the significant structural and individual barriers PEH face in accessing dermatologic care, including long wait times, lack of insurance, and uncertainty about when to seek a dermatologist. Despite these challenges, our preliminary data suggest that community-based dermatology education can improve skin health knowledge, increase confidence in self-care, and encourage engagement with dermatologic services. The observed increases in Likert scores across multiple domains indicate that even a brief, one-hour educational intervention can have a meaningful impact on participants' health-seeking behaviors. As data collection continues, further analysis will help refine outreach strategies and inform policies aimed at reducing dermatologic health disparities among PEH.

Abstract N°: 709

Nicotinamide and oxidative stress: new insights

Lara Camillo[1], Paola Savoia[1], Elisa Zavattaro[1]

[1]Università del Piemonte Orientale, Novara, Italy

Introduction & Objectives: Chronic exposure to ultraviolet radiation (UVR) is the main extrinsic factor responsible for skin carcinogenesis and premature aging or photoaging. Indeed, UVR can directly damage the DNA and induce the production of reactive oxygen species (ROS) and the release of proinflammatory cytokines, that in turn contribute to DNA damages, lipid and protein peroxidation eventually resulting in tissue alteration. To prevent and reduce these damages, several strategies have been developed, including the administration of systemic photoprotectors. Nicotinamide (NAM), the amide form of vitamin B3, is the precursor of NAD that is involved in several reactions, including ATP production. NAM is able to protect cells against UV-induced damages by enhancing DNA repair, inhibiting local inflammation and blocking some energy-dependent enzymes. Recently, we demonstrated that NAM can also protect cells from UVB-induced oxidative stress in both human primary keratinocytes and fibroblasts by reducing the production of ROS, despite its mechanism of action is still unknown. This study aims to understand whether NAM can act through a NAD-dependent pathway and clarify which oxidative damages are reverted by NAM.

Materials & Methods: HaCat cell lines and normal human epidermal keratinocytes (NHEK) are exposed to UVB 40 mJ/cm2 dose and stimulate with NAM and FK866 (NAMPT inhibitor) for 4 and 24 hours. ROS production, catalase activity, gene and protein expression, cell cycle and apoptosis will be evaluated.

Results: On both cell lines, NAM can significantly reduce ROS production especially after 24 hours from irradiation. Moreover, NAM can restore cell cycle, reduce apoptosis and the expression of proinflammatory and oxidative stress markers. These effects are NAD-dependent since in presence of NAMPT inhibitor, they were completely reverted.

Conclusion: NAM can reduce the UVB-induced oxidative stress and its correlated damages in a NAD-dependent manner, adding more insights about the efficacy and safety of this molecule.

Abstract N°: 722

AI-Generated Dermatological Images: A Data-Efficient Model Training Strategy in a Novel Frontier

Ayberk Aktaran*[1], Ahmet Türkoğlu[2], Ilknur Altunay[1]

[1]University of Health Sciences, Department of Dermatology and Venereology, Istanbul, Türkiye
[2]Mersin University School of Medicine, Department of Physiology, Mersin, Türkiye

Introduction & Objectives:

Given its highly visual nature, dermatology presents unique opportunities for AI (artificial intelligence) implementation. While AI-based visual recognition of skin diseases has been extensively studied in research and commercial projects, studies on AI image generation in dermatology remain largely unexplored. AI-generated images would enhance education, preserve patient privacy, and aid in visualizing rare and atypical skin conditions.

Low-rank adaptation (LoRA) is a parameter-efficient fine-tuning model training paradigm that reduces computational costs while maintaining performance. We aimed to develop a locally trained AI model trained with LoRA on our photograph archives to generate realistic images of diverse skin conditions, with psoriasis as the pilot disease.

Materials & Methods:

A total of 55 psoriasis case images, obtained with patient consent and representing diverse demographics and clinical features, were selected. Clinicians created standardized prompts detailing anatomical view, position, sex, age, lesion localization, surface area, and lesion appearance, as well as erythema and scaling severity.

A consumer-grade GPU was used. Images were paired with prompts. The AI model was trained using LoRA. An epoch is defined as one complete cycle of the dataset during training. The average loss drop, used to assess model proficiency, indicated more precise training. The trained AI model was implemented in an open-source, pre-trained image generation model licensed for non-commercial research purposes, which operates on a Python-based user interface.

The team conceptualized diverse psoriatic skin conditions in textual form. The generated images were re-evaluated for clinical relevance, and the final parameters were refined.

Results:

Psoriasis was chosen for its distinct clinical features, standardized severity assessment, and broad clinical familiarity. Dataset details are in Table 1.

Regarding LoRA training, the drop rate in average loss significantly decreased and reached a plateau as the number of epochs increased. Therefore, fewer training cycles were sufficient. (Figure 1).

Early training datasets contained unspecified non-dermatological details and had limited genital involvement, introducing artifacts that distorted healthy skin and lesions. Later, we emphasized nondermatological elements like underwear and backgrounds while incorporating genitals in real-life training images. Optimized final parameters such as LoRA weight and model guidance with clinical relevance improved variability and distinctness. Consistency between conceptual text and the generated image was maintained while minimizing repetitive patterns.

Conclusion:

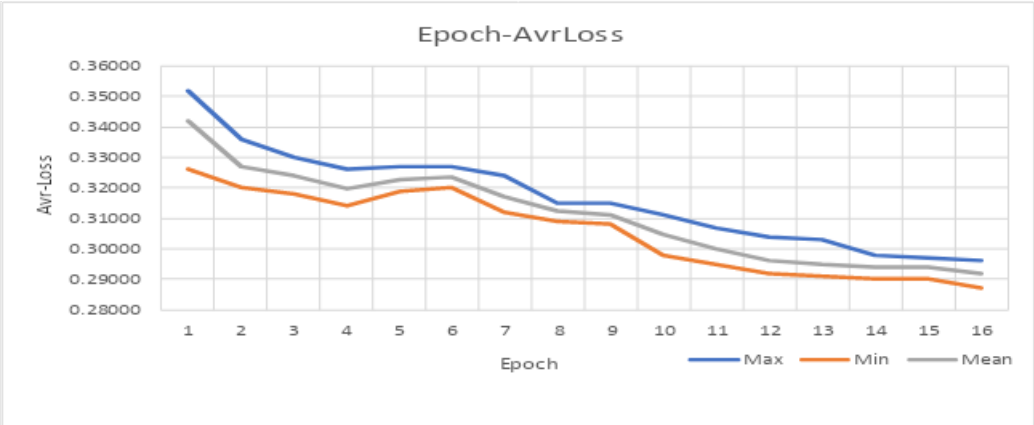
Training a dermatological model with LoRA on a pre-trained text-to-image model would help generate educational materials and clinical scenarios. Due to high computational costs, pre-trained models are considered more efficient than

training models from scratch. Our method generates clinically relevant results even with small datasets, making it applicable to rarer diseases. Future studies would be conducted with a demographically expanded dataset and a greater diversity of diseases.

Table 1:

Image Types and Counts	Fitzpatrick Skin Type Distribution	Gender Distribution
Full-body images	8	Fitzpatrick Skin Type II
Wide-angle images	34	Fitzpatrick Skin Type III
Lesion & skin images	13	Fitzpatrick Skin Type IV
Total = 55		

Figure 1:



Abstract N°: 723

A prospective study examining tanning bed use among dermatology patients

Paula Finnegan[1], John F Bourke[1], Oonagh Molloy[1]

[1]South Infirmary Victoria University Hospital, Cork, Ireland

Introduction & Objectives:

Tanning beds were declared to be carcinogenic by the World Health Organisation in 2009. Clinical research has shown an increased risk of melanoma and non-melanoma skin cancers associated with sunbed use. This is especially true for those who engage in tanning bed use early in life. Health misinformation has become a major issue worldwide. False claims of the benefits of tanning beds, propagated through the Internet and social media are of concern. These includes the self-management of several medical conditions such as inflammatory dermatoses. The aim of our aim study was to explore the prevalence of and behaviours surrounding tanning bed use in patients attending Irish dermatology service.

Materials & Methods:

Ethics approval was granted by the Clinical Research Ethics Committee of the Cork Teaching Hospitals. Informed written consent was obtained from each participant prior to being enrolled in the study. Study participants were recruited through the dermatology outpatient departments at South Infirmary Victoria University Hospital in Cork, Ireland, and Mallow General Hospital in Cork, Ireland. The study period was from September 2023 to November 2023. The design of this study was an anonymised written questionnaire on tanning bed use. Data regarding skin phototype, acne history and sunbed exposure were collected. Inclusion criteria were Irish residents actively attending dermatology outpatient departments (both new and follow-up patients). Exclusion criteria were patients who were not fluent in English. 377 questionnaires were completed by patients attending our services.

Results:

Almost a third (31%) of participants reported ultra-violet radiation (UVR) bed use outside of a medical setting. More than half of the patients reporting previous tanning bed use were attending pigmented lesion clinics (52%). Participants were more likely to use tanning beds if they were female and older (mean age of sunbed users = 43 years). Seventeen per cent of tanning bed users engaged in this behaviour to self-treat an underlying condition such as acne.

Conclusion:

Our results show that despite the amended legislation introduced, tanning beds are still in vogue in Ireland. Dermatologists should be alert to the false claims regarding potential health benefits of sunbed use, and should aim to counter health misinformation claims whenever possible.

Abstract N°: 724

‘Selfie-dermatology’ – a picture’s worth 1000 words, and 100 miles?

Paula Finnegan[1], John F Bourke[1], Michelle Murphy[1]

[1]South Infirmary Victoria University Hospital, Dermatology, Cork, Ireland

Introduction & Objectives:

Technological development and smart phone technology has changed society. Smartphones have made high quality camera access ubiquitous at the touch of a button. Telemedicine is the use of communication technologies in healthcare for the exchange of medical information for diagnosis and treatment over a distance. Few studies have examined the use of patient-submitted images in a real-life setting.

Materials & Methods:

We conducted a local patient-led pilot project aiming to streamline primary care referrals and use patient-submitted selfie-style images via email to facilitate a hybrid clinic. Fifty of the longest waiting patients were identified. Twenty-seven patients were deemed suitable to be allocated to a teledermatology clinic based on the nature of their presenting complaint – 37% provided self-captured selfie-style photos sent in electronically in advance via email, and 80% of these were found to be extremely helpful in aiding with the consultation. The remaining 23 patients were offered face-to-face appointments.

Results:

Sixty-six percent of patients were successfully managed in a virtual setting without need for a follow-up appointment in person.

Conclusion:

In summary, we report a pilot study looking at teledermatology with a focus on patient-submitted images, embracing patient-led care, the visual nature of the specialty in an effort to reduce waitlists, with the additional benefit of saving patients time and travel costs.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 729

"MySkinSelfie": Can Patient-Captured Images Transform Teledermatology?

Omar M E Ali[1], Beth Wright[2], Charlotte Goodhead[1], Philip J Hampton[1]

[1]Department of Dermatology, Newcastle Hospitals NHS Foundation Trust, Newcastle upon Tyne, United Kingdom
[2]Department of Dermatology, North Bristol NHS Trust, Westbury on Trym, United Kingdom

Introduction & Objectives:

The COVID-19 pandemic accelerated the adoption of teledermatology. As healthcare embraces digital transformation, the role of patient-generated data remains contentious. This study evaluated MySkinSelfie, an innovative mobile application empowering patients to capture and securely share skin lesion images. Our objective was to assess diagnostic accuracy of patient-taken photographs for skin cancer triage and extract crucial lessons for the future development of AI-assisted dermatological diagnosis.

Materials & Methods:

A retrospective analysis was conducted across two cohorts: urgent two-week-wait skin cancer referrals (n=704) and a dedicated basal cell carcinoma (BCC) triage clinic (n=107) at two UK centres. Patient-captured images were assessed by consultant dermatologists and compared with subsequent histological diagnoses. Diagnostic concordance, sensitivity, specificity, and clinical outcomes were evaluated. Patient demographics, image quality, and workflow integration challenges were analyzed.

Results:

Remote consultations successfully reduced face-to-face appointments by 90% for BCC and 63% for two-week-wait referrals. Diagnostic concordance between remote consultant and histological diagnosis was 83% for urgent skin cancers and 72% for BCC cases. For BCC detection, sensitivity and specificity were 95.8% and 67.5% respectively. Notable findings included two amelanotic melanomas initially misdiagnosed as BCC, highlighting limitations of non-dermoscopic assessment. Despite a mean patient age of 63 years, 51% of invited patients successfully submitted images, challenging assumptions about digital exclusion in older populations.

Conclusion:

Patient-led teledermatology can enhance access to skin cancer assessment, particularly during healthcare crises. However, the lack of dermoscopy limits diagnostic accuracy, and significant challenges remain in integrating patient-captured images into routine practice. Future AI-assisted diagnostic pathways must address image quality variability, digital accessibility, and medicolegal considerations. Exploring patient-led dermoscopy and AI-enhanced imaging may bridge the gap between teledermatology and fully automated skin cancer triage.

Abstract N°: 788

A Single-Center Retrospective Analysis of Eccrine Poroma and Eccrine Porocarcinoma

Nazmiye Selin Salici*[1], Sueda Sanlı[2], Duygu Yamen[2], Cem Leblebici[3], Vefa Asli Erdemir[4], Ayse Esra Koku Aksu[2], Mehmet Salih Gürel[4], Sumeyre Seda Ertekin[1]

[1]Koç University School of Medicine, Department of Dermatology and Venereology, Istanbul, Türkiye
[2]University of Health Sciences Faculty of Medicine, Istanbul Research and Training Hospital, Department of Dermatology and Venereology, Istanbul, Türkiye
[3]University of Health Sciences Faculty of Medicine, Istanbul Research and Training Hospital, Department of Pathology, Istanbul, Türkiye
[4]Medeniyet University, Goztepe Prof. Dr. Suleyman Yalcin City Hospital, Department of Dermatology and Venereology, Istanbul, Türkiye

Introduction & Objectives:

Eccrine poroma and eccrine porocarcinoma are rare adnexal neoplasms with distinct clinical and histopathological characteristics. Despite their clinical significance, these entities are often underrecognized, and descriptive analyses in the literature remain limited. This study aims to evaluate the demographic and clinical characteristics of patients diagnosed with these tumors, with a focus on lesion localization, ulceration, and diagnostic accuracy.

Materials & Methods:

We retrospectively reviewed all histologically confirmed cases of eccrine poroma and eccrine porocarcinoma treated at our department between 2010 and 2023. Collected clinicoepidemiological data included age at diagnosis, gender, lesion location, size, color, ulceration, associated symptoms, and suspected clinical diagnosis. Statistical analyses were conducted using the Mann-Whitney U, Chi-square, and Fisher's Exact tests, with statistical significance set at $p < 0.05$ (SPSS v28).

Results:

A total of 46 patients diagnosed with either eccrine poroma (n = 37, 80.43%) or eccrine porocarcinoma (n = 9, 19.57%) were included. The mean patient age was 58.15 ± 15.85 years, with a male-to-female ratio of 1.71. The mean duration since lesion onset was 44.2 ± 48.74 months, and the mean lesion diameter was 9.89 ± 7.23 mm.

Clinically, 23 patients (50%) presented with an exophytic nodule, while the remaining 50% exhibited flat papules or plaques. Lesions were distributed as follows: head and neck (n = 12, 26.1%), trunk (n = 6, 13.0%), upper extremities (n = 7, 15.2%), and lower extremities (n = 21, 45.7%). Poromas were predominantly located on the lower extremities (n = 21, 56.76%), whereas porocarcinomas most frequently occurred on the trunk (n = 5, 55.56%) ($p < 0.05$).

Ulceration was significantly more common in porocarcinoma cases (n = 4, 44.44%) compared to poroma cases (n = 4, 10.81%) ($p = 0.017$). Bleeding was also more prevalent in eccrine porocarcinoma cases (77.78% vs. 35.14%, $p = 0.024$). Nine poromas (24%) were located on the palmoplantar surface, while no porocarcinomas were observed in this region. All volar lesions were skin-colored to pink-red, whereas only 35% of non-volar lesions shared this coloration; the remaining non-volar lesions exhibited hyperpigmentation, blue-purple, or multicolored appearances ($p < 0.05$). The accuracy of suspected clinical diagnoses was significantly higher for volar lesions (77.78%) compared to non-volar lesions (16.22%) ($p = 0.001$)

Conclusion:

Eccrine poromas and eccrine porocarcinomas exhibit overlapping clinical presentations, which can complicate differential

diagnosis. However, clinical features such as bleeding, ulceration, and localization to the trunk are more prevalently associated with the malignant variant, eccrine porocarcinomas. Additionally, palmoplantar poromas represent only a minority of poroma cases. The high incidence of clinical misdiagnosis, particularly for non-volar lesions, coupled with the limited number of comprehensive descriptive studies on these tumors, underscores the need for increased clinical awareness.

Abstract N°: 835

Soothing and improving skin fragilized by anticancer treatments: tolerability and efficacy of a dermocosmetic.

Anne-Laure Demessant-Flavigny[1], Caroline Lefloch[2]

[1]La Roche-Posay International, Scientific Communication Director, Levallois Perret, France
[2]La Roche-Posay International, Scientific Director,, Levallois Perret, France

Introduction & Objectives:

Anti-cancer treatments such as chemotherapy, radiotherapy and immunotherapy target rapidly renewing cells, including cancer cells. However, this action also affects skin cells, resulting in cutaneous side effects such as redness, dryness or itching. These side effects can significantly alter the patient's quality of life, both physically and psychologically, to the point of sometimes leading to a change in anti-cancer treatment. The use of appropriate dermocosmetics could help alleviate these discomforts and improve overall well-being.

To evaluate the acceptability and effects of a dermocosmetic product formulated with [Aqua, Sodium Chloride, Zinc Sulfate] in spray in patients undergoing cancer treatment.

Materials & Methods:

An observational study was conducted on 46 male and female patients aged 18 years and older undergoing cancer treatment. Data collected included assessment of the product's adaptability to patient needs, perceived efficacy and tolerability.

Results:

2 patients were considered not evaluable, 44 patients, 52.3% of whom were women with a mean age of 58.6%±12.5 years, used the product regularly, several times a day, for a mean duration of 17.8±11.8 days, over a period ranging from 7 to 61 days. The product was applied to sensitive areas commonly affected by side effects, including the face [78%], décolleté [62%], or neck [57%]; 93% of patients felt the product met their needs and 88% of patients reported a noticeable improvement in their skin condition, Among these patients, we observed a potential reduction in redness in 29%, an improvement in skin dryness [12%], a reduction in irritation [21%] and a reduction in itching [35%]. Three patients reported transient discomfort, but this was mild enough not to require discontinuation of product use. Overall, 9 out of 10 patients expressed general satisfaction, confirming the good tolerability and efficacy of the product.

Conclusion:

The results of this study demonstrate that dermocosmetic products formulated with [aqua, sodium chloride, zinc sulfate] are effective and well tolerated in soothing and improving skin compromised by cancer treatment. These findings underscore their value as part of supportive oncology care, helping to reduce skin discomfort and improve patients' quality of life. Moreover, a product presented in spray allows a touch-free application that may be less painful for patients and easier to use [which would explain the good compliance].

Abstract N°: 918

A child with linear plaque lesions on the right upper extremity

Utku Orman[1], Fadime Kilinc[1], Ayşe Akbaş[1], Esra Uçaryılmaz[1], Ceren Yakıştıran[1]

[1]ankara city hospital, Ankara, Türkiye

Introduction & Objectives: A 14-year-old child was admitted to our clinic with the complaint of a red rash on the right upper extremity. The rash appeared at the age of 2 years and spread proximally over time. During this period, she received intermittent topical corticosteroid treatment but did not benefit. The patient underwent a series of intestinal anastamosis operations after caustic substance ingestion at the age of 1.5 years and the rash appeared 4-5 months after this operation.

Materials & Methods: On physical examination, hyperkeratotic plaque lesions starting from the 3rd finger of the right upper extremity and spreading linearly proximally, with more hyperpigmented periphery, irregular but sharply circumscribed, hyperkeratotic plaque lesions with occasional squames were observed. **Hemogram and routine biochemistry tests were ordered from the patient. These tests were resulted as normal; therefore a 4 mm punch biopsy was planned with a prediagnosis of linear porokeratosis.** On histopathology, cornoid lamella is seen, which is a parakeratotic column within an epidermal invagination.

Results: Topical retinoic acid and topical calcipotriol treatment was started but the patient did not benefit. Systemic isotretinoin treatment was planned for the patient.

Conclusion: Porokeratosis is a rare, premalignant keratinization disorder with unknown etiology, characterized by sharply circumscribed hyperkeratotic papules or plaques with hyperkeratotic margins and a pale center, which can be located in different parts of the body. Genetics, ultraviolet radiation and immunosuppression are suspected in the etiology. It has multiple variants with different morphology, distribution and clinical course. Linear porokeratosis is a rare variant of porokeratosis. It is characterized by erythematous papules and plaques that usually occur in childhood and may show Blaschkoid spread. The diagnosis is made by showing cornoid lamellae with epidermal invagination in the biopsy taken from the hyperkeratotic high margin. Topical and systemic retinoids, topical calcipotriol or topical 5-FU cream may be used in the treatment. Destructive treatments such as cryotherapy and laser are effective in patients with limited, symptomatic lesions.

Abstract N°: 939

Closer Care, Cleaner Air: The Greening in Dermatology

Ji Fung Yong*[1], Anne Marie Tobin[1, 2]

[1]Tallaght University Hospital, Dermatology, Dublin, Ireland
[2]Trinity College Dublin, Dublin, Ireland

Introduction & Objectives:

In 2023, an estimated 55.01 million tonnes of carbon emissions were emitted from the Republic of Ireland. The healthcare sector was estimated to contribute 4.4% to global greenhouse gas (GHG) emissions. One of the notable contributions to global GHG emissions was the travel of patients, visitors and, staff to healthcare facilities, accounting for 18% of healthcare GHG emissions. Therefore, there is an urgent demand for healthcare professionals to act at the forefront of supporting human health by adopting greener practices in a safe and patient-friendly manner. Dermatology care in Ireland is delivered through a Hub and Spoke Model, with a Central Dermatology Department providing services in peripheral clinics. Our aim is to quantify the annual carbon footprint savings achieved by operating these satellite clinics.

Materials & Methods:

A national cross-sectional study of patients attending peripheral clinics and central dermatology departments in 2023 was conducted. Round-trip distances between the peripheral clinics and central dermatology departments were calculated using Google MapsTM software, and multiplied by the number of patients attending each peripheral clinics to determine the total distance saved by operating peripheral clinics. These totals were then used to calculate the carbon emissions saved for each center using CarbonFootprint.comTM software.

Results:

In 2023, 134,468 patients attended 12 Dermatology departments operating 18 peripheral clinics in the Republic of Ireland. 21,786 (16.2%) patients attended peripheral clinics. The mean round-trip distance from the peripheral clinics to the dermatology centres was 109.7km, ranging from 9km to 242km. A total distance of 1,986,369km was saved by running peripheral clinics, which would have emitted 331 tonnes of carbon dioxide. This carbon footprint is equivalent to 71 return flights from Dublin to Melbourne, 1655 round-trip car journeys between Malin (the northernmost point of Ireland) to Mizen Head (the southernmost point of Ireland) or 82,750 regular takeaway coffees.

Conclusion:

Global warming is accelerating at an alarming rate. With 2023 being the warmest calendar year in global temperature, we are observing a rise in mortality due to extreme weather conditions internationally. Hence, as healthcare professionals, we have a duty to strive toward greener practices to reduce carbon footprints. The implementation of peripheral dermatology clinics has proven to be effective not only in enhancing patient access to healthcare but also in significantly reducing carbon footprint associated with patient travel. This study underscores the critical role healthcare providers can play in mitigating environmental impact while simultaneously improving patient outcomes. We urge policymakers to take action by promoting active travel, improving public transport, and encouraging car-sharing schemes to help slow global warming.

Abstract N°: 1036

The language of Dermatology: a review of 14,227 clinic attendees' primary spoken language

Claudine Howard-James*[1], Caitriona Hackett[1]

[1]Tallaght University Hospital , Dublin, Ireland

Introduction & Objectives:

A key aspect of care in Dermatology Outpatients Department (OPD) is the provision of verbal and written information regarding diagnosis and management of dermatological conditions. In an increasingly multicultural society, language can be a barrier to optimal clinician-patient interactions and patient understanding (1). This is particularly pertinent in Dermatology where patient comprehension of dermatology-specific vocabulary can be variable even if communicating in the same language as their clinician (2). This review plans to analyse the primary or preferred language used by patients attending Dermatology OPD.

Materials & Methods:

We retrospectively identified all patients who attended Dermatology OPD in our tertiary centre during a one-year period (August 2023-August 2024). Primary language was assessed using hospital electronic patient records and results analysed using Excel software.

Results:

In total, 14,227 patients attended Dermatology OPD from August 2023-August 2024. Primary language was not specified in 345 patients, and 13,631 reported their primary language was English. 251 specified a language other than English as their primary language. Specified non-English languages included 23 spoken languages as well as Sign Language. The most common non-English language specified was Ukrainian, followed by Polish and Irish.

Conclusion:

We identified that at least 25 languages were spoken by patients attending Dermatology OPD in the past year. We plan to assess language preferences and barriers to information delivery further in a prospective manner as well as provide patient information leaflets in the most common spoken languages identified to optimise patient understanding of dermatological presentations in our tertiary OPD.

References

1. Handtke O, Schilgen B, Mösko M. Culturally competent healthcare – A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. PLoS One. 2019 Jul 30;14(7):e0219971.

2. Sanchez D, McLean EO, Maymone MBC, Granados NM, Vashi NA. Patient-provider comparison of dermatology vocabulary understanding: a cross-sectional study in patients from minority ethnic groups. Arch Dermatol Res. 2020 Aug 16;312(6):407–12.

Abstract N°: 1048

Giant Cellulitis-Like Sweet Syndrome: A Rare Variant of Sweet Syndrome

Anil Kaan Saka[1], Alperen Külhan[1], Huban Sibel Orhun[2], Fadime Kilinc[1], Emine Tamer[1]

[1]Ankara Bilkent City Hospital, Dermatology, Ankara, Türkiye
[2]Ankara Bilkent City Hospital, Pathology, Ankara, Türkiye

Introduction & Objectives: Sweet syndrome is a type of dermatosis that belongs to the neutrophilic dermatoses family, which includes pyoderma gangrenosum, subcorneal pustular dermatosis, SAPHO syndrome, neutrophilic eccrine hidradenitis, and bowel-associated dermatotis-arthritis syndrome. These diseases are characterized by aseptic neutrophilic infiltration of the epidermis, dermis, and hypodermis.

Sweet syndrome presents with sudden-onset erythematous plaques accompanied by fever and neutrophilia. Recently, a new variant of Sweet syndrome, the 'Giant Cellulitis-Like' variant, has been described. Clinically resembling cellulitis, it does not respond to systemic antibiotic therapy but regresses with systemic corticosteroid treatment.

Materials & Methods: In this case report, we present a patient diagnosed with Giant Cellulitis-Like Sweet Syndrome (GCLSS) who presented to our outpatient clinic with a painful, warm, approximately 30x40 cm giant plaque on the left side of the back. The lesion had begun to develop approximately 10 days before the visit, gradually enlarging, with papulovesicular lesions at the periphery and crusted areas on the surface.

Results: Laboratory tests at the initial visit revealed neutrophilia, elevated C-reactive protein (CRP), and an increased erythrocyte sedimentation rate (ESR). Histopathological examination of the punch biopsy revealed a mixed inflammatory infiltrate dominated by neutrophils and eosinophils filling the papillary dermis and extending into the underlying connective tissue. These histomorphological findings supported the diagnosis of Sweet syndrome.

Conclusion: Giant Cellulitis-Like Sweet Syndrome (GCLSS) is a newly recognized and rare variant of Sweet syndrome. Multiple predisposing factors may contribute to its development, necessitating further research. Due to its clinical resemblance to cellulitis, GCLSS is often misdiagnosed as bacterial cellulitis, leading to unnecessary antibiotic treatment and delays in appropriate therapy. In cases of suspected cellulitis unresponsive to systemic antibiotics, obtaining a biopsy and performing additional histopathological evaluations are crucial to rule out GCLSS.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1107

Late-onset disseminated superficial actinic porokeratosis in an elderly man

Issam Tablit[1], Almeghari Widad[1], Azouaou Mehdi[1], Zobiri Samira[1]

[1]CHU Mustapha, Algiers, Algeria

Introduction & Objectives:

Porokeratosis (PK) is a group of chronic dermatoses due to abnormal keratinization process and is characterized histopathologically by the presence of cornoid lamellae. Disseminated superficial actinic porokeratosis (DSAP) is a common subtype. Herein, we report a case of late-onset DSAP in a 90-year-old patient.

Materials & Methods:

A 90-year-old male patient was reffered to our clinic for a one year pruritic rash consisting of disseminated hyperpigmented annular scaly lesions. The patient received topical corticosteroids and oral antihistamines without improvement.

On examination, the patient had more than hundred annular hyperpigmented macules, most of them displaying hypopigmented slightly atrophic center and a raised scaly border, disseminated on the trunk, upper and lower limbs. His face and palmar-plantar surfaces were spared. The patient reported severe pruritus. Dermoscopy revealed a whitish well-defined peripheral ring structure consistent with the typical “double keratin rim” observed in PK. Histopathology confirmed the presence of cornoid lamellae. Based on these findings a diagnosis of DSAP was established. Acitretin (25 mg/d) was given during two months without significant improvement.

Results:

Among the subtypes of PK, DSAP is among the most commonly observed, primarily encountered in countries with high levels of sunshine. DSAP manifests as multiple to numerous small annular scaly lesions in sun-exposed areas. They are pruritic in one-third of the patients. DSAP is believed to be associated with genetic predisposition, exposure to ultraviolet radiation, as well as immunosuppression, malignancy, radiation therapy, and medications.

The lesions usually appear during the 3rd or 4th decade of life, occasionally later in life. A review by Patrizi et al. reported a late-onset DSAP among 12/40 patients between 58 and 89 years. The lesions ranged from a few to 20-50, mainly localized on lower limbs. Our patient was 89 years old at the onset of the disease and had more than hundred lesions. The authors suggested that this variety of late-onset DSAP may represent a type of immunosuppression-induced PK where the pathologic clone for PK is present but remains latent until the amount of sun exposure, together with the physiological age-related lowering of immunocompetence, bring about its proliferation.

A recent study reported that the dermoscopic hallmark of PK is the keratin rim. Pigmentation or erosions along the keratin rim, vascular structures, as well as scales or shiny white structures are additional dermoscopic clues. In our case, the presence of keratin rim was suggestive of the diagnosis.

The characteristic histologic feature of PK is seen in the peripheral keratotic margin of the lesions: it consists of a narrow vertical column of parakeratotic corneocytes resembling “a stack of plates”, called “cornoid lamella”, which was observed in our case.

Occurrence of malignant transformation is reported in up to 29.3% of DSAP cases.

Treatment of DSAP is notoriously challenging. Several treatment options have been tried with variable results. More

recently, a combination of lovastatin 2% with cholesterol 2% showed promising efficiency. In our patient, acitretin was chosen because of disseminated rash, even its effect appears to be suspensive.

Conclusion:

DSAP in elderly tends to be more severe and seems related to the amount of sun exposure, together with the physiological age-related lowering of immunocompetence.

Abstract N°: 1146

Evaluation of the Effect of Platelet-Rich Fibrin Matrix in the Correction of Periorbital Wrinkles: An Experimental Clinical Trial

Mohammad Reza Namazi*[1], Razieh Mahmoodi[2]

[1]Shiraz University of Medical Sciences and Dr. Namazi skin and Hair Clinic, Shiraz, Iran
[2]Shiraz University of Medical Sciences , Shiraz, Iran

Introduction & Objectives: Skin rejuvenation techniques have gained substantial popularity due to increased life expectancy over recent years. Platelet-rich fibrin matrix (PRFM) is the new generation of platelet aggregate products that have surfaced in recent years to treat skin aging.

We intend to use PRF to correct periorbital wrinkles in 15 volunteers and evaluate its effectiveness in this study.

Materials & Methods: To evaluate the efficacy of PRFM intervention, eight men and women over the age of thirty entered our study. Blood samples were taken and were immediately centrifuged at 700rpm for 5 minutes. PRFM was extracted from the plasma and injected at the sub-dermis site in periorbital areas. The initial severity of periorbital wrinkles was determined by Visioface 1000D, and obtained data were delivered to the statistical unit for statistical analysis. Scoring and evaluation were based on tissue volume and depth and were measured before and twelve weeks after injection. Adverse effects were also taken into consideration.

Results: The results demonstrated noticeable improvement in deep, fine, and small wrinkles, periocular hyperpigmentation, and overall skin freshness of the injection site. The subjects had swelling in the injection site for up to one day after the injection, which resolved without complications.

Conclusion: PRFM was observed to have potential in skin rejuvenation, demonstrating promising outcomes in terms of safety and long-term effects in improving skin condition.

Abstract N°: 1341

A Survey of Dermatologists' Experiences of Patient Waiting Times for Dermatologic Care in Ireland

Nicola Kearney[1], Mary Laing[1]

[1]Galway University Hospital, Dermatology, Galway, Ireland

Introduction & Objectives:

Supply and demand trends in dermatology in Ireland reflect those in the wider medical field, in which pervasive shortages in secondary care are emerging. There is a clear need for wider access to dermatological care in Ireland, as evidenced by long outpatient waiting lists. We sought to investigate this access issue via an online survey distributed to consultant dermatologists in Ireland in September 2024.

Materials & Methods:

An online survey was distributed to all consultant members of the Irish Association of Dermatologists, an all Ireland professional body of dermatologists, in September 2024.

Results:

Twenty-four consultants completed our survey; 63% were female, 29% were male, whilst 8% opted against specifying their gender. Forty-six percent of consultants worked in both public and private dermatology, while 38% worked solely within the public sector and 17% worked only within the private sector. There was a significant disparity between reported patient waiting times between the public and private sectors, with 67% of consultants reporting that their patients wait over 2 years for a routine dermatology appointment in the public sector, compared to 17% in the private sector. This disparity persisted where urgent dermatology appointments were concerned; 50% of consultants reported that their patients wait over 3 months for an urgent dermatology appointment in the public sector, with the remaining 50% waiting less than 3 months. In the private sector, just 17% of patients wait over 3 months for an urgent dermatology appointment, with the remaining 83% waiting less than 3 months. Consultants were also asked what factors they believe contribute to longer waiting times for dermatologic care; the most frequently cited factor was a shortage of dermatologists (87.5%). Other frequently noted reasons included high patient demand (75%), an ageing population requiring more complex care (62.5%) and increased skin cancer screening/surveillance (62.5%). Suggested solutions to reduce waiting lists in dermatology included an increased number of dermatologists, teledermatology and photo-triage and increased dermatology education to primary care and the general public. Skin cancer screening/surveillance accounted for the majority of consultant's workload (45.83%). Challenges faced by dermatologists included overbooked clinics with inadequate facilities, poor outcomes in melanoma, too many referrals per consultant, and closing of lists to new referrals.

Conclusion:

This study highlights the key challenges encountered by a cohort of dermatologists in the provision of secondary dermatological care, ranging from resource limitations to increasing skin cancer rates. To address these challenges, concerted efforts are required to reform our health infrastructure via the provision of more specialist dermatologists and specialist nurses, improved education for our non-dermatology colleagues, and the integration of technological innovations such as teledermatology and AI. Dermatologists are pivotal in advocating for this reform, thereby ensuring patients receive the right care, in the right place, at the right time.

Abstract N°: 1479

Pacific Dermatology Education Programme: Towards Success

Miranda Wallace*[1], Emma Nash[2], Anna Wilson[3], Janice Yeon[4], Mike Kama[5], Lachlan Warren[6], Meciusela Tuicakau[5], Margot Whitfeld[7]

[1]Mater Hospital Brisbane, Dermatology, South Brisbane, Australia
[2]The University Of Notre Dame, Windsor, Australia
[3]UNSW Sydney, Sydney, Australia
[4]The Skin Hospital, Darlinghurst, Australia
[5]Ministry of Health and Medical Services, Suva, Fiji
[6]Women's and Children's Hospital, North Adelaide, Australia
[7]St Vincent's Hospital Sydney, Darlinghurst, Australia

Introduction & Objectives:

The South Pacific island of Fiji, approximately 16,000 kilometres from Europe, has one of the highest percentages of albinism worldwide. Fiji is made up of more than 300 islands, of which about 110 are inhabited, and its overall population is estimated to be 900,000. Fiji has been served by one local dermatologist. Our program uses in-person and online lectures, workshops, and clinical practice to teach and upskill local Fijian physicians to become more skilled in dermatology. The post-graduate diploma in dermatology was created in 2018 and the first class of students started in 2019. In 2024, three doctors graduated their final year of the Master of Medicine in Dermatology programme.

Materials & Methods:

In 2019, The Pacific Dermatology Training Centre (PDTC) located in Tamavua-Twomey Hospital in Suva, was created as a training centre for upskilling local doctors through a four year Master of Medicine in Dermatology. The programme has been funded through Pacific Dermatology Ltd., an Australian not-for profit organisation, in partnership with Pacific Leprosy Foundation (NZ), Fiji Ministry of Health and Medical Services and Fiji National University, and community donations from Australia. Recent donations from the International League of Dermatological Societies (ILDS) has helped continue the programme for the near future.

Results:

In 2024, three final year students graduated from the programme and have begun their clinical work in 2025, supporting the Fijian Ministry of Health.

Conclusion:

The program's creation was motivated by the South Pacific community's high disease burden and restricted access to specialist dermatologist care. The last five years have been crucial in gaining insight into the educational requirements of dermatology students in underprivileged areas. Facilitating and supporting the establishment of a sustainable dermatology education program in a resource poor setting is the program's goal.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1654

Sunscreen Selection Demystified: Tailored Photoprotection for Every Patient Group

Antonia Clivet*[1], Elena Porumb-Andrese[1, 2]

[1]Hospital CFR, Iași, Romania
[2]Universitatea de Medicină și Farmacie „Grigore T. Popa" din Iași, Iași, Romania

Introduction & Objectives

Sunscreen remains a cornerstone of photoprotection, yet selecting the optimal product is challenging due to varied patient needs and environmental considerations. Patients with non-melanoma skin cancer (NMSC), pregnant women, children, newborns, men, individuals with photosensitive conditions (such as lupus and porphyrias), outdoor workers, athletes, elderly patients, and those with sensitive or acne-prone skin each require tailored formulations. Furthermore, regional differences in climate and ultraviolet (UV) intensity necessitate customized recommendations. This presentation aims to summarize current evidence on sunscreen ingredients and safety profiles, provide practical guidelines for choosing the right sunscreen for various patient categories, and explore the environmental impact of sunscreen use—with particular emphasis on reef-safe formulations and region-specific photoprotection strategies.

Materials & Methods

A comprehensive literature review was performed by examining clinical guidelines, regulatory recommendations, and peer-reviewed studies on sunscreen efficacy and safety. Products were evaluated based on their UV filtering mechanisms (chemical versus mineral filters), formulation specifics (sprays, creams, or lotions), and adjunct properties such as water resistance and broad-spectrum protection. Special attention was given to emerging data on eco-friendly sunscreens—especially those avoiding oxybenzone and octinoxate—as well as to regional variations in the UV index and the unique requirements of diverse patient populations.

Results

For patients with NMSC, high-SPF, broad-spectrum formulations containing physical blockers like zinc oxide and titanium dioxide are recommended to minimize UV-induced recurrence risk. Pregnant women benefit most from mineral-based sunscreens, owing to their low percutaneous absorption, while men tend to prefer lightweight, non-greasy formulations such as sprays or gels to enhance adherence. For children and newborns, formulations with reduced chemical filters and fragrance-free, hypoallergenic bases are advised, with cautious use of nanoparticle ingredients. Individuals with photosensitive conditions require sunscreens that offer robust UVA protection with minimal irritants to reduce flare-ups, and outdoor workers as well as athletes benefit from products that are water- and sweat-resistant. Elderly patients may require sunscreens with added emollient properties to counteract xerosis, and those with sensitive or acne-prone skin should opt for non-comedogenic, oil-free formulations. In regions with higher UV indices—such as high-altitude or equatorial areas—SPF 50+ products with enhanced UVA protection are essential, along with diligent reapplication protocols.

Conclusions

Selecting the appropriate sunscreen demands a multifaceted approach that integrates patient-specific requirements, regional UV exposure, and environmental impact. Tailored guidelines for special populations—from NMSC patients to those with photosensitivity—enable clinicians to recommend products that are both effective and safe, while the adoption of eco-friendly formulations supports marine conservation without compromising photoprotection. By customizing photoprotection strategies to meet diverse needs, dermatologists can optimize patient outcomes, enhance long-term adherence, and minimize ecological harm.

Abstract N°: 1698

Change in the psychological and emotional component of the quality of life of patient with allergic dermatitis under the influence of staying in an artificial microclimate cabinet

Kateryna Kolyadenko[1], Fedorenko Oleksandr[1]

[1]O.O.Bogomolets National medical university, dermatology, venereology with a course of cosmetology, Kyiv, Ukraine

Introduction & Objectives:

Allergic dermatitis is one of the most common chronically recurrent skin diseases of non-infectious origin. Statistical studies of recent years indicate their rapid growth in all countries of the world. One of the basic reasons for both their occurrence and subsequent exacerbations is considered to be chronic emotional stress, which is the dominant component of the general psychological trauma of a warring society. Without adequate consideration of this factor, purely drug therapy is ineffective in every second dermatological patient.

Purpose of the work: Search for effective non-drug methods of outpatient influence on the psychosomatic state of patients with allergic dermatoses during wartime.

Materials & Methods:

Under observation at the clinical base of the city dermatovenereological dispensary were 32 patients aged from 17 to 62 years and with a duration of the disease from 3 to 16 months. All of them underwent screening examination using the DLQI test twice (before the beginning and at the end of the procedures). All patients received outpatient non-drug treatment in the room of the artificial microclimate “Salt Cave”, the main active factor of which was the influence of finely dispersed aerosol of relict rock salt. The course consisted of 14-20 procedures with daily stay of patients in the artificial microclimate from 45 to 60 minutes.

Results:

he assessment of the effectiveness of such outpatient treatment was carried out taking into account both the visual dynamics of changes in dermatological status and the analysis of the screening examination of patients using self-testing - the quality of life index (QoL) of dermatological patients. In the process of such outpatient treatment, noticeable changes were observed in the psycho-emotional status of patients, which was reflected both in a decrease in the severity of objective and subjective symptoms of the disease and in a change in their self-assessment of the quality of their own life. Thus, a decrease in the feeling of itching was observed already on the 2-3rd day of the procedure, and its complete disappearance on the 9-11th day. The general improvement of the somatic condition was observed on the 6-7th day of the procedure. The numerical value of the QoL index at the end of the course also increased by almost a third. In addition, all patients noted improved sleep and a noticeable decrease in irritability and anxiety. The most pronounced changes in subjective self-assessment of their condition were observed in patients in whom the relationship between the appearance of another exacerbation of dermatosis and psycho-emotional experiences associated with another rocket attack was observed.

Conclusion:

The results give reason to consider it quite appropriate to more widely use the method of non-drug outpatient treatment in an artificial microclimate room to normalize the psycho-emotional and somatic state of patients in the complex therapy of chronic dermatoses of allergic genesis.

Abstract N°: 1716

Mesoglycan exerts prominent anti-aging effects in photoaged human facial skin

Amos Gilhar*[1], Aviad Keren[1], Assaf Zeltzer[1], Ralf Paus[2]

[1]Technion – Israel Institute of Technology, Haifa, Israel
[2]University of Miami, Miami, United States

Introduction & Objectives:

Novel senotherapeutics are urgently needed to counteract aging-related skin decline. Since we had shown angiogenesis and VEGF-A as key drivers of skin rejuvenation, Mesoglycan, a clinically used glycosaminoglycan mix that enhances perfusion, angiogenesis, and reduces inflammation, justifies exploration as a skin senotherapeutic due to its synergy with VEGF-A.

This pilot study aimed to evaluate the senotherapeutic potential of mesoglycan to inhibit skin aging in old, photoaged human facial skin *ex vivo*, using an organ culture model that exhibits greatly accelerated skin aging.

Materials & Methods:

Full-thickness facial skin samples from 7 women (mean age 72 ± 5 years) was organ-cultured under serum-free conditions for 6 days and treated with topical or "systemic" mesoglycan (100, 200, and 300 mg/ml), and a battery of key skin aging-associated biomarkers was assessed by quantitative immunohistomorphometry.

Results:

Mesoglycan treatment improved key aging biomarkers across all doses tested in photoaged female facial skin*ex vivo*. Mesoglycan enhanced epidermal morphology, with the reappearance of rete ridges observed exclusively in the topical treatment. Both systemic and topical treatments improved proliferation (Ki-67%), barrier function (filaggrin, laminin), and pigmentation markers (melanin content, gp100+, c-KIT+, and MITF+ cells). Mesoglycan counteracted skin aging and senescence markers, including p-S6 (mTORC1 activity), p16INK4A (senescence), Lamin B1 (nuclear integrity), SIRT1 (aging biomarker), and collagen 17A1 (epithelial stem cell niche integrity). Additionally, it improved mitochondrial function (MTCO-1, PGC1α, and VDAC/Porin), demonstrating efficacy against mitochondrial aging. Mesoglycan boosted skin antioxidant defenses by up-regulating NRF-2, HO-1, glutathione reductase, and PRDX expression. Moreover, mesoglycan improved dermal aging biomarkers, namely Collagen collagen I and III (Masson's trichrome, Picrosirius red staining), elastic fiber status (Fibrillin-1) and increased the number of dermal CD31+ endothelial cells. Notably, mesoglycan also significantly enhanced protein expression of VEGF-A and VEGFR, which drives human skin rejuvenation *in vivo*. As expected from the clinical mesoglycan literature and the difficulty of glucosaminoglycans to penetrate the human skin barrier "systemic" delivery (via addition to the culture medium) showed greater reduction in the tested aging biomarkers than topical application.

Conclusion:

Our *ex vivo* study directly in the human target organ provides proof-of-principle that both topical and systemic mesoglycan is a strong candidate senotherapeutic that promises to unfold major anti-aging effects in old, photoaged human facial skin

Abstract N°: 1725

Febrile ulceronecrotic mucha-habermann disease (pityriasis lichenoides et varioliformis acuta fulminans) presenting as lyell syndrome

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

[1]La Rabta Hospital, tunis

Introduction & Objectives:

Febrile ulceronecrotic Mucha-Habermann disease (FUMHD) is a rare, severe variant of pityriasis lichenoides et varioliformis acuta (PLEVA), also known as fulminant PLEVA. It is characterized by necrotic ulcers and hemorrhagic papules that evolve into large bullae, crusts, or pustules, and is often accompanied by high fever and multiple systemic symptoms, potentially leading to a fatal outcome. We present a case of fulminant PLEVA with an atypical presentation that initially mimicked Lyell's syndrome.

Materials & Methods:

A case report.

Results:

A 39-year-old Tunisian male was admitted to our dermatology department with a 7-day history of painful lesions that began on the trunk and progressed to erythroderma. The eruption featured red blotches, blisters, oral ulcers with bleeding gums, and genital mucosal involvement. He also presented high fever, significant anorexia and dehydration. Laboratory tests showed a biological inflammatory syndrome, hyponatremia, hypokalemia, and pancytopenia. The initial diagnosis on admission was Lyell syndrome. The skin biopsy specimen revealed superficial and deep perivascular dermatitis with spongiosis, exocytosis, necrotic keratinocytes, and parakeratosis, suggestive of PLEVA. The patient was transferred to intensive care unit and received intravenous antibiotics and systemic corticosteroids.

A repeted dermatologic examination with a novel biopsy were performed after two weeks, showed respectively necrotic ulcers and pathologic changes consistent with PLEVA.

Conclusion:

The initial presentation of PLEVA fulminant may be dominated by intense inflammation leading to extensive skin detachment and involvement of mucous membranes. This can obscure the large necrotic ulcers that become apparent once the acute phase is resolved, highlighting the importance of careful and repeated dermatologic examinations. Rigorous monitoring enables the early detection and treatment of potential systemic complications, and highlights the importance of the multidisciplinary collaboration, and close monitoring of the patient's progress to prevent further morbidity and a potentially fatal prognosis.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1771

teleexpertise in dermatology for earthquake victims

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

[1]Mohammed V Military Training Hospital, dermatology venerology , Rabat
[2]faculty of medecine and pharmacy , Rabat

Introduction & Objectives:

Tele-expertise, a subset of telemedicine, enables specialist consultations to support general practitioners (GPs), particularly in underserved or crisis-affected regions. Dermatology, with its visual diagnostic focus, is uniquely suited for telemedicine. This case series evaluates a six-month tele-expertise initiative designed to address dermatological needs among earthquake-affected populations. The primary objectives were to assess the feasibility, diagnostic distribution, and clinical impact of dermatology tele-expertise in disaster settings, while highlighting its role in bridging healthcare gaps and enhancing GPs education.

Materials & Methods:

A prospective, exploratory study was conducted from October 2023 to March 2024 through a university-affiliated telemedicine department. Five weekly tele-expertise sessions were organized across two earthquake-impacted regions. On-site GPs prepared consultations using a telemedicine kit equipped with a high-resolution camera and dermatoscope. Data, including patient demographics, diagnoses, and outcomes, were recorded in a standardized register. The study focused on evaluating consultation volume, diagnostic categories, follow-up rates, and referral needs, while also analyzing socio-economic and educational impacts.

Results:

A total of 177 consultations were conducted, involving 104 males (59%) and 73 females (41%), with a median age of 32 years (range: 6 months–92 years). Inflammatory dermatoses dominated (65% of cases), primarily eczema, followed by infectious conditions (22%, largely viral). Tumor-related lesions (6%, mostly benign) and genodermatoses (6%, including ichthyosis and hereditary epidermolysis bullosa) were less frequent. Follow-up was required for 45% of cases, while only 5% necessitated referral to tertiary care.

Key findings included a male predominance and younger patient demographic, contrasting with typical dermatology cohorts. The high prevalence of inflammatory over infectious dermatoses suggested post-disaster environmental triggers. High genodermatosis rate maybe linked to increased consanguinity in isolated communities. Tele-expertise also identified neoplastic conditions in socioeconomically vulnerable patients lacking routine care access.

The initiative demonstrated significant systemic benefits: dermatology ranked as the second most requested tele-specialty, reflecting high demand. Tele-expertise reduced patient travel, alleviating economic strain, while optimizing dermatologists' workloads. On-site GPs reported enhanced diagnostic confidence.

Conclusion:

This study underscores the critical role of tele-expertise in disaster response, with resource-limited settings. The visual nature of dermatological conditions, with dermoscopic precision, enhances diagnoses.

Tele-expertise improved patient outcomes and strengthened primary care through GP education. Its success in managing diverse conditions—from inflammatory dermatoses to neoplasms—supports broader implementation in disaster zones

and remote areas. Policymakers should prioritize integrating tele-dermatology into national healthcare frameworks to address disparities, enhance specialist reach, and prepare for future crises with equitable and efficient healthcare delivery.

Abstract N°: 1795

Hydrogen Peroxide 30% versus Liquid Nitrogen Cryotherapy for Treating Seborrheic Keratosis: A Randomized Clinical Trial

Maria Soueidy[1], Rym Afiouni[1], Maria Farhat[1], Soutou Boutros[1], Josiane Helou[1]

[1]Saint Joseph University, Dermatology, Beirut, Lebanon

Introduction & Objectives: Seborrheic keratosis (SK) is a very common benign skin tumor, mostly treated for aesthetic reasons. Management strategies include surgical procedures and topical interventions such as liquid nitrogen cryotherapy and hydrogen peroxide 40% (H2O2). Since the latter is not available in Lebanon and cryotherapy can sometimes be difficult to provide, this study aims to compare the efficacy and safety of cryotherapy and H2O2 30% solution in treating SK.

Materials & Methods: This prospective, interventional, single-center, open-label, active-controlled randomized clinical trial lasted 8 months. Eligible patients were visiting dermatology outpatient clinics at Hotel Dieu de France university hospital, with clinically confirmed seborrheic keratosis.Participants were randomized 1:1 to receive cryotherapy or hydrogen peroxide 30% solution application. Lesion clearance through Physician Lesion Assessment score (PLA) at 3 weeks, pain and other side effects during treatment and at follow-up, were evaluated. Statistical analysis was done using SPSS 24; $p<0.05$ was considered statistically significant.

Results: Overall, 49 patients participated in the study. 23 patients were treated with cryotherapy and 26 with H2O2 30%. Demographic characteristics and lesion localization were comparable between groups. SK were most prevalent on the back (33%). Our findings show significant superiority of H2O2 30% solution compared to cryotherapy after one session of treatment (46.2% vs 17.5% complete clearance, $p < 0.05$). Side effects were mostly observed after cryotherapy use, including erythema (4.3%), black crust (17.5%) and hyperpigmentation (4.3%). None of the H2O2-treated patients complained of pain during or after treatment, while all cryotherapy-treated patients complained of low-to-moderate pain.

Conclusion: Although cryotherapy is a good option for treating SK, it has limited efficacy comparing to hydrogen peroxide 30% and causes more side effects and pain. In addition, hydrogen peroxide 30% solution is an easily available, not expensive, and easy-to-use in different clinical settings.

Abstract N°: 1840

Eruptive Milia in a Red Ink Tattoo

Fatmanur Hacınecipoğlu[1], Bengu Cevirgen Cemil[1], Fatma Korkmaz[1], Selda Pelin Kartal[1]

[1]Ankara Etlik City Hospital, Dermatology, Ankara, Türkiye

Eruptive Milia in a Red Ink Tattoo

Introduction & Objectives: Tattoo-related dermatoses encompass a variety of reactions—including allergic, granulomatous, lichenoid, photosensitive, pseudolymphomatous, and infectious processes—affecting approximately 2% of tattooed individuals. Eruptive milia within tattoos are an uncommon complication, with a recent review identifying eight cases in the literature.

Materials & Methods: We report a case of a 21-year-old healthy man who developed asymptomatic, small white papules localized to the red-ink areas of a newly acquired tattoo one month post-procedure. The patient had used only dexpanthenol cream for aftercare.

Results: On clinical examination, numerous 1–2 mm dome-shaped papules were observed, confined to the red pigmented zones, while the surrounding skin remained unaffected. Dermoscopic evaluation revealed small, bright white, round formations lacking defined structures, consistent with milia. Based on these findings, a diagnosis of eruptive milia was established. The patient was initiated on conservative topical therapy—with alternating nightly applications of 40% urea cream and 0.025% tretinoin cream—and placed under follow-up.

Conclusion: This case underscores the importance of distinguishing eruptive milia—a benign condition—from other post-tattoo papular eruptions (e.g., sarcoidal granulomas, pseudolymphomatous reactions, or infection) that may require more aggressive interventions, such as corticosteroids, excision, or laser therapy. Notably, red inks, which often contain reactive metals or azo dyes, are more frequently associated with immunologic reactions compared to inert black inks. Distinguishing the dermoscopic features of milia from those of other conditions can help avoid unnecessary biopsies and ensure appropriate management.

Abstract N°: 1854

Skin diversity representation in the British Association of Dermatologists' (BAD) e-learning for healthcare (elfh) educational resources: A quantitative analysis for skin phototype "curriculum calibration"

Jake Kennedy[1], Faisal Dubash[2]

[1]NHS Lothian Dermatology, Edinburgh, United Kingdom
[2]Ninewells Hospital, Dermatology, Dundee, United Kingdom

Introduction & Objectives:

The imbalance in skin diversity representation within dermatology educational resources is increasingly recognised worldwide. Lack of exposure to diverse image datasets may lead to lower confidence and potential misdiagnosis in treating darker skin tones. An analysis of 4146 images from medical textbooks in 2018, identified only 4.5% were dark skin tones in contrast to 74.5% lighter skin tones. With advanced globalisation, clinicians will be expected to manage all skin types competently. In 2010, the BAD developed a dermatology programme for e-learning for healthcare (elfh), to provide a national educational resource for trainees to complement the JRCPTB dermatology curriculum. Resident doctors, medical students and other allied healthcare professionals utilise the resource. Since 2010, there were updates to several modules to enhance representation of skin diversity. To determine the ongoing need for greater representation of skin diversity, we analysed skin diversity using clinical images and video content within the elfh dermatology e-modules, characterising them using the Fitzpatrick skin phototype classification for quantitative analysis.

Materials & Methods:

All 28 module themes comprising 176 individual e-learning modules on the elfh website were analysed in a 6-month period between 2024-2025. Images and video content depicting clinical dermatology of human skin across 6 Fitzpatrick skin phototypes were quantified. Duplicate images within an individual e-learning module were counted once, and non-clinical stock images and histopathology slide images were excluded.

Results:

Overall, 1597 images and 1 video were analysed: Skin phototype 1; 0.88% (14), type 2; 73.1% (1167), type 3; 8.2% (131), type 4; 5.8% (93), type 5; 5.9% (95 photos and 1 video) and type 6; 6.1% (97). Greater representation of skin phototypes 5 and 6 were identified in the following module themes: genital disorders, paediatric dermatology, genetics and skin infections. No representation of skin phototypes 5 and 6 skin were identified in the following modules: urticaria/mastocytosis/pruritus, systemic diseases, sebaceous and sweat gland disorders, drug eruptions, dermatological surgery, melanoma, skin lymphoma, psychodermatology, wound care and topical therapy.

Conclusion:

The predominant representation of lighter skin types (mainly skin phototype 2) in comparison to skin phototypes 3-6 in BAD elfh e-module resources was confirmed. Although this may be representative of a clinician's local/regional demographic, it does not reflect the demographic of regions with more diverse skin phototypes, thus could impact clinical competence. Achieving more balanced diverse skin representation requires inclusion of diverse images of multiple diseases for "curriculum calibration"; i.e. adjusting the balance of clinical images mapped across the JRCPTB curriculum. Greater representation of skin diversity multimedia could enhance student/trainee confidence in visual expertise and their clinical approach to skin disease in diverse skin phenotypes.

Abstract N°: 1883

Eruptive Vellus Hair Cysts of the Vulva: Uncommon Occurrence

Zorana Zlatanovic[1], Andrija Jovic[1], Danijela Popovic[1], Sladjana Cekic[1], Natasa Vidovic[1], Danica Tiodorovic[1]

[1]University Clinical Center Nis, Nis, Serbia

Introduction & Objectives:

Eruptive vellus hair cyst (EVHC) is a rare follicular disorder probably occurring due to occlusion of the infundibulum of vellus hairs. The lesions appear typically in children and young adults with equal gender distribution. Clinically, EVHC is characterized by multiple papules and small nodules involving the trunk, upper arms, and occasionally face. Involvement of the vulva is rare, with small cases published in literature. Herein, we present patient with EVHC of the vulva.

Results:

A 53-year-old female patient was admitted to our Clinic with a 3-year history of slightly pruritic lesions involving the vulva. The patient reported that lesions appeared gradually, increasing in number over the time. Her personal and medical history was unremarkable. Clinical examination revealed multiple small yellowish and skin colored nodules, some of them with comedo-like openings occurring on labia majora. Upon dermoscopy, a repetitive pattern made of multiple yellow structureless areas and comedo-like openings was observed. Based on clinical and dermoscopical presentation, diagnosis of multiple epidermoid cysts was proposed. In order to confirm the diagnosis, punch biopsy was performed. Histopathological examination showed dermal cyst surrounded by stratified squamous epithelium with granular layer, while the cavity of the cyst was filled with keratin debris mixed with transversally cut vellus hair shafts supporting the diagnosis of EVHC. The lesions were successfully treated with electrocautery under topical anesthesia. Retreatment was proposed in a case of a recurrence.

Conclusion:

Diagnosis of EVHC is usually straightforward when lesions involve typical localization. Although vulval occurrence is extremely rare, EVHC should be included in differential diagnosis of multiple vulval cysts.

Abstract N°: 1884

Aquagenic syringeal acrokeratoderma: Retrospective analysis of 21 patients from a tertiary care hospital

Yusuf Can Edek*[1], Ahmet Soyugür[1], Esra Adışen[1]

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

Introduction & Objectives:

Aquagenic syringeal acrokeratoderma (ASA), also known as transient reactive papulotransucent acrokeratoderma or aquagenic palmoplantar keratoderma, is a rare disease is characterized by translucent, white, confluent papules, plaques and keratoderma that develop after short-term water exposure of the hands and/or feet and resolve of lesions within a short time after drying. The majority of patients are adolescent and middle-aged women.

In this study, 21 patients with ASA who had been diagnosed through clinical examination will be presented. Our aim in presenting these cases is to provide a better understanding of the clinical, histopathological, dermoscopic features, and treatment modalities of ASA.

Materials & Methods:

This study was designed as a single-center retrospective, observational, cross-sectional study. We evaluated all accessible ASA cases between January 2018 and December 2024 in our hospital. Patients got ASA diagnosis following clinical examination included to study.

Medical records of patients were retrospectively reviewed and demographic characteristics, clinical characteristics, histopathological characteristics, dermoscopic characteristics, and treatment characteristics of patients was obtained from our hospital database.

Results:

21 patients with ASA diagnosis were included to this study. 66.6% of the patients were female. The median age at diagnosis was 19.1 years ± 9.1 (6 - 50 years).

All patients had palmar involvement, while two patients had concomitant plantar involvement. In dermatological examination, translucent, white, confluent papules, plaques and keratoderma developing after water immersion were the most common findings.

Punch biopsy was taken from the lesions of palmar region in 5 of the patients, and orthohyperkeratosis (n = 5), hyperplasia of eccrine glands (n = 1), and dilated sweat duct ostia (n = 1) were among the findings. Also, in the clinical evaluation of the patients, dermoscopic examination was performed in 3 patients and enlargement of dilated sweat duct ostia was detected in the dermoscopic evaluation.

Agents used in the treatment of patients included aluminum chlorohydrate cream, topical urea and salicylic acid combination, topical corticosteroid, and barrier creams. During follow-up, treatment response was achieved in 61.9% of the patients, partial response was observed in 19%, and treatment resistance was observed in 19%.

Conclusion:

Aquagenic syringeal acrokeratoderma is a rare disease that affects the palms and/or soles of the feet, characterized by translucent, white, confluent papules, plaques and keratoderma that develop after contact with water. The differential diagnosis of ASA includes diseases such as aquagenic urticaria and aquagenic pruritus. Although the disease has a mild

course and good prognosis, patients require treatment for cosmetic reasons and pain, burning, and stinging symptoms. The aim of ASA treatment is to reduce hyperkeratosis and contact with water.

Abstract N°: 1939

Two cases of centrofacial pyoderma gangrenosum secondary to levamisole adulterated cocaine.

Rishi Shah*[1], Haneen Al-Darrajy[1], Ellis Day[1], Sura Sahib[1], Helen Ramsay[1], Sophie Gaikwad[1]

[1]Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, United Kingdom

Introduction & Objectives:

Levamisole-adulterated cocaine is associated with severe inflammatory skin disorders including necrosis, ulceration, purpura, vasculopathy, vasculitis, and pyoderma gangrenosum (PG) – with/without associated systemic and immunological abnormalities1. Approximately 1 in 40 adults in the United Kingdom use cocaine2 and up to 80% containing levamisole1. These cases provided a diagnostic challenge in clinicopathological correlation as in addition to cocaine induced pyoderma gangrenosum (CIPG), there is a possibility of overlapping levamisole induced necrosis syndrome (LINES). Both CIPG and LINES are managed with cessation of cocaine and immunosuppression1.

Materials & Methods:

Results:

Case 1: 48-year-old female underwent surgical reconstruction of a 3cm septal perforation in 2018, and revision 18 months later. Her surgical wounds broke down with centrofacial ulceration. Weakly positive pANCA, MPO negative. Treatments including topical, oral and intravenous corticosteroids, topical tacrolimus, intravenous immunoglobulins, ciclosporin, mycophenolate, baricitinib and dapsone failed to halt progression. Evisceration of both eyes in 2024 culminated in her being registered blind.

Case 2: 44-year-old male presented in June 2024 with ulceration of the central face, hard palate, scalp, trunk and limbs. Managed with surgical debridement, antimicrobial therapy, oral prednisolone and ciclosporin. cANCA positive, PR3 negative.

Conclusion:

In both cases histology and urine toxicology support a clinical diagnosis of CIPG. While other associations with PG were excluded, it was not possible to exclude concurrent LINES.

Multi-Disciplinary Team care is complicated by difficult social circumstances, recurrent secondary infection, iatrogenic complications and ongoing cocaine use. Such cases are becoming more common, can have a devastating impact and are associated with poor outcomes. We would welcome colleagues' views and experience of similar cases.

References:

1. Lee KC et al. Complications associated with use of levamisole-contaminated cocaine: an emerging public health challenge. Mayo Clin Proc 2012; 87(6): 581–586.
2. Office for National Statistics (ONS): Drug misuse in England and Wales: Year ending March 2023. [Cited 26/11/24]. Accessed via: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2023

Abstract N°: 1944

Atypically localized eccrine poroma in a man with a preceding liposarcoma

Jovan Lalosevic*[1, 2], Ivana Savic[3], Emilija Manojlovic Gacic[4], Marija Malinić[1]

[1]Clinic of Dermatology and Venereology, University Clinical Center of Serbia, Belgrade, Serbia
[2]University of Belgrade - Faculty of Medicine, Department of Dermatology and Venereology, Belgrade, Serbia
[3]University of Belgrade - Faculty of Medicine, Belgrade, Serbia
[4]Institute of Pathology, University of Belgrade – Faculty of Medicine, Belgrade, Serbia

Introduction & Objectives: Eccrine poroma is a rare benign adnexal tumor that arises from the intraepidermal portion of the eccrine gland duct and is commonly found on the palms and soles. Due to its ability to resemble other dermatological conditions, clinical identification can be quite challenging. Histopathological examination remains the gold standard for establishing an accurate diagnosis.

Materials & Methods: A 60-year-old male presented with a two-year history of a slowly growing tumor on his right lower leg. Physical examination revealed a solitary, reddish, smooth, 25 mm-diameter tumor in his right medial perimalleolar region. Dermatoscopy showed a polymorphous vascular pattern with a predominance of hairpin blood vessels and pink-to-white structureless areas. Histopathology evaluation verified eccrine poroma, and the patient was referred for complete lesion excision. Past medical record was remarkable for liposarcoma, which was treated with above-knee amputation of his left leg and with locoregional chemotherapy.

Results: Eccrine poromas are traditionally associated with palmoplantar localization, and their occurrence on the lower leg is rare. Eccrine poromas can develop in patients with a history of immunosuppression from radio or chemotherapy but are generally considered a rare phenomenon in patients with sarcoma. While the occurrence of malignant transformation into eccrine porocarcinoma (EPC) is rare, its significance lies in its aggressive behavior and unfavorable prognosis. EPC may exhibit sarcomatoid features, adding complexity to the differential diagnosis and raising concerns about potential metastatic disease or the development of a second primary tumor.

Conclusion: The lesion’s atypical localization highlights the need to consider it as a differential diagnosis in a suspected case. It should also raise clinicians’ awareness of the broader anatomical distribution of eccrine poromas. Although benign, complete surgical excision with clear margins is important to prevent recurrence and the potential for malignant transformation. Given the patient’s history of liposarcoma and leg amputation, regular surveillance and follow-up are necessary.

Abstract N°: 1946

Does Language Matter? - Bridging Communication Gaps in Patient-Centered Dermatology for Skin of Colour

Harshita Ryali*[1], Humaira Ahmed[2], Hagar Elgezeri[3], Janet Angus[1]

[1]Southmead Hospital, North Bristol NHS Trust, Dermatology department, Bristol, United Kingdom
[2]Peninsula Medical School, University of Plymouth, Plymouth, United Kingdom
[3]Cairo University, Faculty of Medicine, Alkasr Alainy, Cairo, Egypt

Introduction & Objectives:

Skin of colour (SOC) is used to describe people of various racial and ethnic backgrounds including African, Asian, Middle Eastern, Native American, and Hispanic descent(1), commonly Fitzpatrick IV-VI type skin.

Studies highlight the need for improved training and care for patients with skin of colour (SOC). According to the UK 2021 census, 18% of people in England and Wales belong to black, Asian, mixed, or other ethnic groups(2), a percentage predicted to grow. Clinicians must foster trust and a safe environment for patients. A lack of confidence in SOC terminology can hinder discussions, impair patients' trust and confidence in the clinician, and affect their understanding of their condition. This gap in knowledge can contribute to health inequalities.

This project aimed to identify gaps in patient-centred communication of skin tones by comparing clinician perspectives to patient preferences in dermatology.

Materials & Methods:

Over three months, we surveyed clinicians to assess their language, descriptive terms, confidence in discussing skin tones in SOC patients and identifying potential biases impacting care. We then interviewed SOC patients to understand their preferences for healthcare terminology, their experiences, and how language in consultations could be improved to enhance trust and satisfaction.

Results:

Surveys from 14 dermatology clinicians revealed they all encounter SOC patients. Yet, none had received training in SOC communication and only 43% felt confident discussing skin tone. For challenges faced, 92% were unsure of preferred terminology and 50% feared causing offence. 79% felt unsure whether they used patients' preferred terminology.

Interviews with SOC patients (ages 18–69) showed that 63% felt their skin concerns were somewhat understood by clinicians, while only 12% felt very well understood. 75% of patients believed clinician language was important and impacts trust and satisfaction. Most (88%) personally used colour-based descriptors for their skin. Although 75% preferred clinicians used colour descriptors, most (87.5%) did not mind medical terminology such as scales if explained. Nobody preferred metaphors such as chocolate, etc. Patients advised caution with terms like "lighter" and "darker" as they imply a standard comparison.

Most patients emphasized that, beyond the terminology used, they valued feeling assured of the clinician's training in SOC conditions and ability to explain clearly.

Conclusion:

In summary, the findings highlight the need for training in skin of color (SOC) communication within dermatology. Though majority of the patients appear to prefer colour descriptive terminology, most are comfortable with medical scales with explanations. It is however important to note that patients prioritise clear, respectful language and clinician expertise

above all else. Clinicians face challenges in terminology and confidence. Addressing these gaps can enhance patient trust, improve clinical interactions, and reduce healthcare disparities.

References:

\1. Taylor SC. Skin of color: biology, structure, function, and implications for dermatologic disease. J Am Acad Dermatol 2002; 46: S41–62.

\2. GOV.UK. Ethnicity Facts and Figures [Internet]. Service.gov.uk. 2021. https://www.ethnicity-facts-figures.service.gov.uk

Abstract N°: 1949

The real-life collaboration between dermatologists and podiatrists

Giovanni Damiani[1], Niccolò Ledonne[2], Gabriele Carioti[2]

[1]Italian Center for Precision Medicine and Chronic Inflammation, University of Milan, Milan, Italy
[2]Podiatry Center, IRCCS Galeazzi-Sant'Ambrogio Hospital, Milan, Italy

Introduction & Objectives:

Dermatology is a core discipline in podiatry and cover approximatively 1/6 of the bachelor hours. Despite these interdependence podiatrists and dermatologists rarely collaborate in patient's management and this aspect often translate into second-level treatment delay (medical/surgical).

Thus, this study aimed to build an efficient infrastructure for podiatric patient's referral.

Materials & Methods:

The Italian Center for Precision Medicine and Chronic Inflammation together with the Podiatry Faculty at the University of Milan and the Podiatry Corporation in Milan in 2023 voted a protocol of rapid referral (<15 days) from podiatrists to dermatologists in case of a) suspected tumor of the feet, b) tinea pedis with or without onychomycosis, c) keratoderma and d) other idiopathic challenging dermatoses. To improve the efficacy of clinical screening of pigmented lesions, a dermatologist with > 5 years of experience in dermatoscopy conduced an intensive training (3 weeks for a total of 25 hours) on podiatrists participating to the protocol. All podiatrists included a 20x dermatoscope with polarized light in their *armamentarium*.

Results:

In 12 months 89 patients were referred with an average waiting time for dermatological consultation of 5.7 ± 2.9 days. From a clinical perspective 37 patients were referred for suspected fungal infection resistant to topical therapy, 20 for recurrent warts, 12 for suspected tumors, 8 for suspected drug reactions, 6 for hyperhidrosis, 4 keratodermas, 2 burns.

From a dermatological perspective14/37 patients displayed tumors of the foot (3 melanomas, 1 fibrokeratomas, 1 myxoid cyst, 2 squamous cell carcinoma, 2 clear cell-acantoma, 1 superficial basalioma and 2 kaposi sarcoma) and the dermatoscopic evaluation was crucial to assess the atypical pattern and rapidly refer. All mycoses were confirmed with the mycological scraping. Suspected drug side effects were confirmed only in 2 cases with a pustular plantar reaction from eltrombopag. Keratodermas was in 2 cases paraneoplastic, 1 case allopurinol-derived and 1 case of allergic contact dermatitis.

Conclusion:

The collaboration between dermatologists and podiatrists contributed to improve the assessment of foot located diseases, especially the neoplastic ones.

Abstract N°: 1959

Confidence vs. Competence: Addressing Educational Gaps in Dermatology to Improve Healthcare Efficiency and Patient Outcomes

Lina Al Qadi[1], Brett Henderson[2], Jillian Lamb[2], Kiera Dolan[3]

[1]Université de Sherbrooke, Faculté de médecine, Moncton, Canada
[2]Dalhousie University, Faculty of Medicine, Halifax, Canada
[3]Dalhousie University, Faculty of Medicine, Saint John, Canada

Introduction & Objectives:

Medical education often relies on self-assessment to gauge students' readiness for clinical practice. However, confidence does not always equate to competence, particularly in dermatology, where visual recognition and management skills are essential. Limited dermatology training not only affects physician competency but also contributes to obstacles in healthcare delivery. A lack of structured dermatology education can lead to unnecessary specialist referrals, prolonged patient wait times, and increased healthcare costs.

This study had the following objectives :

- Evaluate the discrepancy between self-reported confidence and actual competence in dermatologic diagnosis and treatment among medical students.
- Analyze the correlation between dermatology training deficits, reliance on specialist referrals, and healthcare deficits.
- Determine the impact of dermatology exposure on medical students' diagnostic accuracy and treatment confidence.
- Propose targeted curriculum improvements to enhance dermatological competency among future physicians while optimizing healthcare resources.

Materials & Methods:

A cross-sectional survey of medical students in Atlantic Canada evaluated their dermatology education experiences, clinical exposure, confidence levels on diverse aspects of dermatology, as well as diagnostic and treatment skills. Participants completed a structured questionnaire first assessing their perceived preparedness to address dermatological conditions. Then, participants answered contextualized image-based dermatological questions, to assess dermatological competence. Statistical analysis identified trends in confidence, response accuracy, reliance on referrals, and areas requiring curriculum development.

Results:

A significant proportion of students overestimated their dermatology skills, with over 60% reporting confidence in diagnosis and fewer than 30% accurately identifying dermatologic conditions in skill-based assessments. Additionally, more than 70% of students indicated they would refer cases to specialists rather than attempt primary management. Increased clinical exposure, hands-on training, and case-based learning were identified as the most effective strategies to enhance dermatology education and reduce unnecessary referrals.

Conclusion:

Addressing gaps in dermatology education is critical for improving both student competency and healthcare efficiency. Integrating structured dermatology training, including clinical exposure and interactive learning methods, will ensure that future physicians are not only confident but also competent in managing skin conditions. Enhancing dermatology education will lead to more effective frontline care, reduce unnecessary specialist referrals, and improve overall patient

outcomes.

Abstract N°: 1962

Confidence vs. Competence: Addressing Educational Gaps in Dermatology to Improve Healthcare Efficiency and Patient Outcomes

Lina Al Qadi*[1], Brett Henderson[2], Jillian Lamb[2], Kiera Dolan[3]

[1]Université de Sherbrooke, Département de médecine, Moncton, Canada
[2]Dalhousie University, Faculty of Medicine, Halifax, Canada
[3]Dalhousie University, Faculty of Medicine, Saint John, Canada

Introduction & Objectives:

Medical education often relies on self-assessment to gauge students' readiness for clinical practice. However, confidence does not always equate to competence, particularly in dermatology, where visual recognition and management skills are essential. Limited dermatology training not only affects physician competency but also contributes to obstacles in healthcare delivery. A lack of structured dermatology education can lead to unnecessary specialist referrals, prolonged patient wait times, and increased healthcare costs.

This study had the following objectives :

- Evaluate the discrepancy between self-reported confidence and actual competence in dermatologic diagnosis and treatment among medical students.
- Analyze the correlation between dermatology training deficits, reliance on specialist referrals, and healthcare deficits.
- Determine the impact of dermatology exposure on medical students' diagnostic accuracy and treatment confidence.
- Propose targeted curriculum improvements to enhance dermatological competency among future physicians while optimizing healthcare resources.

Materials & Methods:

A cross-sectional survey of 125 medical students in Atlantic Canada evaluated their dermatology education experiences, clinical exposure, confidence levels on diverse aspects of dermatology, as well as diagnostic and treatment skills. Participants completed a structured questionnaire first assessing their perceived preparedness to address dermatological conditions. Then, participants answered contextualized image-based dermatological questions, to assess dermatological competence. Statistical analysis identified trends in confidence, response accuracy, reliance on referrals, and areas requiring curriculum development.

Results:

A significant proportion of students overestimated their dermatology skills, with over 60% reporting confidence in diagnosis and fewer than 30% accurately identifying dermatologic conditions in skill-based assessments. Additionally, more than 70% of students indicated they would refer cases to specialists rather than attempt primary management. Increased clinical exposure, hands-on training, and case-based learning were identified as the most effective strategies to enhance dermatology education and reduce unnecessary referrals.

Conclusion:

Addressing gaps in dermatology education is critical for improving both student competency and healthcare efficiency. Integrating structured dermatology training, including clinical exposure and interactive learning methods, will ensure that future physicians are not only confident but also competent in managing skin conditions. Enhancing dermatology education will lead to more effective frontline care, reduce unnecessary specialist referrals, and improve overall patient

outcomes.

Abstract N°: 2004

Skin Deep: Lack of EDI within dermatology medical education bought to the surface

Jagdeep Bal[1]

[1]WAHT Undergraduate Academy , Worcester , United Kingdom

Introduction & Objectives:

In recent years the lack of equality, diversity and inclusion (EDI) within undergraduate dermatology medical education has been bought to light. With teaching materials and textbooks largely displaying images of dermatological conditions on Caucasian skin, it leads to the danger of not preparing students to identify such pathologies in darker skin tones.

Materials & Methods:

This project was aimed at fourth year undergraduate medical students at a UK medical school. Its purpose was to objectively and subjectively improve confidence and ability to recognise dermatological signs and conditions in darker skin tones. It was a three cycle quality improved project which involved the creation and subsequent developments of a teaching tutorial with a gamification aspect.

Results:

The pre-intervention questionnaire analysis showed no students had received any prior teaching on this topic. The average confidence levels in all three cycles increased by more than two-fold. To objectively assess improvement, an eight-question quiz was completed; in all three cycles this led to an increase of more than three-fold. Narrative feedback expressed positive remarks towards the tutorial and gamification aspect.

Conclusion:

The lack of prior teaching on this topic boldly highlights the need for this topic to be implemented into the curriculum. This project has shown the ability to teach this topic effectively to better equip future doctors; a necessity to minimise the risk of poorer outcomes in those with darker skin tones.

Abstract N°: 2005

Evaluation of nail physiology and dermal thickness in postmenopausal women supplemented with oral hydrolyzed collagen: a randomized, double-blind, placebo-controlled clinical trial

Luciana Alves[1], Marilia Jorge[1], Ivanka Martins[1], Anna Carolina Miola*[1], Helio Miot[1]

[1]UNESP, Botucatu, Brazil

Introduction & Objectives: Aging of the skin and appendages involves extrinsic and intrinsic factors, as the reduction of the collagen, which may also impact on nail physiology, with reduction in the thickness and growth rate of the nail plate. There are few clinical studies in the literature evaluating the impact of collagen supplementation on the skin and nails, especially in menopausal women. We developed a clinical trial to evaluate the impact of oral hydrolyzed collagen 2.5 g/day for 12 weeks on the physiology of fingernails and dermal thickness of menopausal women.

Materials & Methods: A randomized, placebo-controlled clinical trial with postmenopausal women aged 55 to 75 years without immunossupression, use of retinoids, nephropathies, inflammatory or infectous nail diseases. The subjects received placebo (PLAC) or Verisol® hydrolyzed collagen 2.5g (COL) in a once-daily dosage for 12 weeks. Were evaluated: nail speed rate (NSR), nail thickness -NT- and hardness -NH (high-frequency ultrasound –HUS- and durometer); dermal thickness -DT- (HUS of the posterior face of the arm) and a subjective evaluation of improvement was performed through GAIS by patients and physicians (GAIS-P and GAIS-M). The primary outcome was the difference in NSR at the beginning and end of treatment. Secondary outcomes were: NT, NH, DT, GAIS-P and GAIS-M. All patients included in the study were part of the ITT population. Data analysis was performed using linear mixed effects model. A one-tailed p-value <0.05 was considered significant.

Results: Fourty patients were included and completed the study. There was no difference between the groups after 12 weeks in NSR (p=0.824), NT (p=0.565) and DT (p=0.201). Regarding NH, there was an increase of 9.8% (p=0.070) in the COL group and 6.8% (p=0.221) in the PLAC group, but without difference over time (p=0.565). About GAIS-P, 50% in each group reported improvement (p=1.000). Concerning GAIS-M, 53% in the COL group and 45% in the PLAC group showed improvement (p=0.634). After including 20 participants from each group, an interim analysis was performed. We observed a difference of less than 5% between the groups in the variables analyzed. NNT was 13. Therefore, we decided to interrupt the study due to futility.

Conclusion: This study involved menopausal women. It is biologically plausible that isolated oral collagen supplementation may be insufficient to restore significant changes in a group in which collagen deficiency has existed for decades, which may be different in groups of younger women, who are already susceptible to collagen loss, but have greater potential to benefit from oral supplementation. In conclusion, the use of 2.5g of Verisol® collagen for 12 weeks did not improve nail thickness, growth speed, hardness, dermal thickness or the appearance of aging in menopausal women.

Abstract N°: 2049

postherpetic pseudo-hernia; a rare complication of herpes zoster

Keavy Conroy[1], Siona Ni Raghallaigh[1], Michael Quirke[1]

[1]Beaumont Hospital, Dublin, Ireland

Introduction and objectives

Herpes zoster (HZ), caused by the reactivation of the varicella-zoster virus within the dorsal root ganglia, typically presents with a dermatomal vesicular rash and acute neuritis. However, complications such as disseminated disease, visual impairment, post-herpetic neuralgia, and motor nerve palsies can occur. Post-herpetic pseudo-hernia is a rare motor complication of HZ resulting from ventral nerve root denervation, leading to paralysis of the abdominal wall musculature and subsequent abdominal protrusion. Given its rarity and potential for misdiagnosis, increased awareness among clinicians is essential to prevent unnecessary investigations and interventions.

Materials and methods

We present the case of a 73-year-old Caucasian man who developed post-herpetic pseudo-hernia following herpes zoster infection. A detailed clinical evaluation was conducted, including history, physical examination, and imaging studies. The diagnostic process, clinical findings, and management approach were reviewed in the context of existing literature.

Results

The patient presented with a two-week history of right-sided abdominal swelling and a non-specific macular rash at the right flank. He reported symptoms of bloating, reduced appetite, and weight loss. Six weeks earlier, he had been treated for cutaneous herpes zoster with good effect. Examination revealed a diffuse, reducible swelling of the right abdominal wall with overlying post-inflammatory hyperpigmentation in a T11-T12 dermatomal distribution, along with associated hyperesthesia. Abdominal CT imaging identified a small incidental umbilical hernia but no evidence of lateral wall or Spigelian hernia. Based on clinical findings, a diagnosis of post-herpetic pseudo-hernia was established. Electrodiagnostic studies were not performed due to the risk of needle perforation and the clear clinical diagnosis. Management was conservative, limited to analgesics. On follow-up a month later, his abdominal swelling and post-herpetic neuralgia had significantly improved.

Conclusion

Post-herpetic pseudo-hernia is a rare complication of herpes zoster, occurring in approximately 0.17% of cases. The onset of abdominal bulging typically occurs between 7 and 60 days following the initial cutaneous eruption. While imaging and electromyography can aid in diagnosis, it is often identified clinically. Conservative management remains the mainstay, with most patients experiencing spontaneous recovery within 3 to 12 months. Given the increased incidence of herpes zoster following COVID-19 infection and vaccination, greater recognition of this condition among dermatologists and other clinicians is crucial to prevent unnecessary investigations and avoid unwarranted surgical referrals.

Abstract N°: 2121

Suppurative Panniculitis Masquerading as Insulin Injection Site Panniculitis: A rare case Report

Arjun Matathil[1], Akash Agarwal*[1], Maitreyee Panda[1]

[1]Institute of Medical Sciences and Sum Hospital, Bhubaneswar, India

Introduction & Objectives:

Panniculitis represents a diagnostic challenge due to its overlapping clinical and histopathological features, inadequate biopsy specimens, and evolving morphology across different stages. Insulin injection site panniculitis, a known complication of subcutaneous insulin therapy, can clinically mimic infectious panniculitis. Differentiating between the two is crucial for appropriate management. We report a case of suppurative infectious panniculitis initially mistaken for insulin-induced panniculitis due to improper injection technique and poor insulin storage.

Materials & Methods:

A 55-year-old diabetic female presented with multiple tender, hyperpigmented subcutaneous nodules with draining sinuses at insulin injection sites on her abdomen and thighs for 2-3 months. Upon detailed history-taking, improper injection techniques and unhygienic insulin storage were uncovered. Ultrasound revealed multiple abscesses with pus collections, and an incisional biopsy was performed. Aspirated pus samples were sent for bacterial culture and sensitivity testing. A provisional diagnosis of insulin-induced panniculitis was made, and the patient was switched to intravenous insulin therapy.

Results:

Histopathology revealed granulomatous inflammation with Langhans giant cells, histiocytes, lymphocytes, and neutrophils infiltrating the subcutaneous fat, along with evidence of RBC extravasation. Tuberculosis was ruled out through a negative Mantoux test, CBNAAT, and acid-fast bacilli staining of the pus sample. Bacterial culture identified multidrug-resistant Pseudomonas aeruginosa sensitive to netilmicin. The final diagnosis of infectious suppurative panniculitis was confirmed, and the patient was initiated on targeted antibiotic therapy. Proper insulin administration and storage education were provided. With treatment, there was a significant reduction in inflammation, resolution of abscesses, and improvement in glycemic control.

Conclusion:

Infection-induced panniculitis should always be considered in diabetic patients presenting with nodular lesions at insulin injection sites, especially in settings where hygiene practices may be suboptimal. Differentiation from insulin-induced panniculitis remains a challenge both clinically and histopathologically. Immunohistochemical analysis detecting histiocytes with intracellular insulin positivity has been suggested in the literature as a promising tool for diagnosis. Increased accessibility to such advanced modalities may aid in the early detection and optimal management of both conditions

Abstract N°: 2137

A Multifunctional System for Assessing Skin, Hair, and Nail Conditions

Olga Olisova[1], Ekaterina Grekova[1], Anfisa Lepekhova[1], Vladimir Pinegin[1], Ivan Maximov[1], Elizaveta Ryazanova[1], Goarik Bagdasaryan[1], Mikhail Sumin[2], Evgeny Sobolev[2], Georgiy Pluchsh[2]

[1]Sechenov University, V.A.Rakhmanov Department of Skin and Venereal diseases, Moscow, Russian Federation
[2]Scanderm Pro LLC, Moscow, Russian Federation

Introduction & Objectives:

Currently it's known that artificial intelligence (AI) effectively integrates into healthcare systems. AI usage enables widespread improvements in diagnostic accuracy for various diseases, the detection of pathological processes at early stages, and a reduction in the workload of medical staff. Our abstract describes a new software product based on a self-learning AI model and an extensive database. This new software will bridge the gap between patients and qualified interdisciplinary medical assistance, helping reduce negative patient conditions, lessen the burden on doctors, and increase treatment effectiveness. Skin diseases account for more than 2,500 conditions, representing a significant proportion of all human pathologies. A major peak in this trend occurred during the COVID-19 pandemic, when millions/billions of people faced hair loss. The prevalence of onychomycosis is 4-9% of the population as a whole, but the true figure is around 10-20% due to the infrequent visits to doctors. The lack of solutions for online diagnostics of skin, nail, and hair conditions leads to an increased burden on healthcare providers.

Materials & Methods:

This technology allows to identify objective parameters of skin, hair, and nail conditions, as well as the prediction of outcomes using machine learning, neural network methods, self-learning AI, surveys, questionnaires. The system is trained on a proprietary dataset of 450,000 annotated images, allowing it to detect dermatological patterns with high accuracy.

Results:

Dermatology is a visual medical science based on diagnostic algorithms using absolute and relative signs of skin and nail diseases or conditions. Every doctor uses a set of clinical decision-making algorithms at each stage of patient management.** Nowadays, the integration of medical software into hardware equipment (3D facial scanner) is underway, enabling in-depth skin analysis using 3D modeling and various spectral modes. This device is designed for medical and cosmetic diagnostics, making it particularly useful in university training and research programs.

Conclusion:

Thus, doctors' decisions can be transferred to an artificial neural network using large-scale databases that have gained significant attention in recent times. Errors in skincare often lead to various skin pathologies, from onychomycosis to hair loss. The app, through comprehensive assessment of skin and appendage conditions, can individually recommend timely daily basic care for each user, depending on various factors, and thereby improve their quality of life.

Abstract N°: 2153

Rare adult-onset verrucous epidermal naevus

Aliya Al-Saadi[1], Yousuf Al Washahi[2]

[1]OMSB, Muscat, Oman
[2]Sohar Hospital, Sohar, Oman

Rare adult-onset verrucous epidermal naevus

Abstract

Epidermal naevus is a benign growth of the epidermis that results from hamartomatous proliferation of the keratinocytes. Verrucous epidermal naevus (VEN) is a variant of epidermal nevi. It usually presents as asymptomatic skin-colored to brownish hyperkeratotic papules or plaques following Blaschko's lines. Epidermal naevus is mostly diagnosed in infancy or childhood and is rarely reported in adults. Histopathological examination mostly shows acanthosis, hyperkeratosis, and papillomatosis. We report a case of a 39-year-old male with a hyperpigmented scaly linear eruption diagnosed as adult onset verrucous epidermal naevus. Histopathological examination showed findings similar to the ones usually seen in confluent and reticulated papillomatosis (CRP).

Introduction

An epidermal nevus develops when keratinocytes proliferate hamartomatously in the epidermis. Onset ranges from birth to 14 years of age [1] although few cases of adult-onset epidermal nevi have been reported [2,3] Verrucous epidermal naevus is a variant of epidermal nevi. It presents as skin-colored to brownish hyperkeratotic papules that coalesce in plaques with scaling and crustation. Usually, it is asymptomatic. At puberty, it may become thicker and hyperpigmented with a more verrucous surface. Two variants of the condition were described; the localized one such as inflammatory linear verrucous epidermal naevus (ILVEN) or the generalized, systematized variant such as ichthyosis hystrix.

Hyperkeratosis, acanthosis, papillomatosis, and elongation of the rete ridges are commonly seen in the histopathological examination of epidermal nevi.[4] Treatment is usually difficult; however, multiple medical and surgical modalities have been tried with a variable response rate.[5-9]

Figure 1: multiple discrete and confluent, well-defined, hyperpigmented hyperkeratotic papules coalesce to form around seven plaques seen over the right trunk and the right groin area

In conclusion, epidermal nevi childhood presentation is classical and common but adult onset though rare, should always be kept in mind and considered in any linear rash presentation.

Abstract N°: 2156

Kikuchi Disease "A Lupus Mimicker"

Aliya Al-Saadi[1], Saud Al Hashmi[2], Nabila Al-Julandani[3]

[1]OMSB, Muscat, Oman
[2]Armed Forces Hospital, Seeb, Oman
[3]Armed Forces Hospital , As'seeb , Oman

Kikuchi Disease "A Lupus Mimicker": A Case Report

Abstract

Kikuchi disease, also called, Kikuchi-Fujimoto disease or histiocytic necrotizing lymphadenitis, is a rare self-limiting illness with an unknown etiology and pathogenesis. It is predominantly seen among young females. The cardinal clinical features include fever and cervical lymphadenopathy. Skin eruptions have also been reported. In Oman, two cases have been reported to date, in 2005 and 2020, with only one case exhibiting skin manifestations. There is a paucity of disease in our country and worldwide. In this case report, we discuss the diagnosis of Kikuchi disease in a previously healthy 17-year-old Omani female who presented with fever, cervical lymphadenopathy, and malar rash. The clinical picture in this case resembled that of systemic lupus erythematosus. Due to the rarity of Kikuchi disease, particularly in our region, it is crucial to consider it as a differential diagnosis when a patient exhibits the aforementioned symptoms to prevent misdiagnosis and inappropriate treatment, as it can easily be misdiagnosed as systemic lupus erythematosus.

Keywords: Histiocytic Necrotizing Lymphadenitis; Lymphadenopathy; Oman.

Introduction

Kikuchi disease, or Kikuchi Fujimoto disease (KFD), is an uncommon benign illness first described by Japanese pathologists in 1972.1,2 The exact etiology is unknown, but viral and autoimmune causes have been suggested. It predominantly affects young adults of Asian ethnicity although cases have been reported worldwide.3 The typical clinical presentation includes fever and cervical lymphadenopathy, with the skin being the most affected extranodal organ, although such cases are rare. The clinical and laboratory findings of KFD can resemble systemic lupus erythematosus (SLE). As the disease is self-limiting, there is no specific treatment. Supportive therapy is typically employed, and corticosteroids may be initiated in severe cases.4

Case Report

A 17-year-old female with no significant medical history presented to the emergency department with a high-grade fever, skin eruption lasting nearly one month, associated with weight loss of approximately 3 kg, malaise, arthralgia, and progressive swelling on the left side of her neck. Despite multiple courses of broad-spectrum antibiotics, there was no clinical improvement. The patient was admitted for further evaluation of her febrile illness.

On examination, the patient appeared sick, with fever and tachycardic. Physical examination revealed multiple palpable cervical lymph nodes on the left side, tender to touch. The largest swelling measured approximately 2 × 3 cm at level 3. There was an erythematous, non-blanching, non-scaly maculopapular eruption on the face, particularly affecting the malar area [Figure 1a]. Multiple non-pruritic, non-blanchable pinpoint erythematous macular eruptions were also observed on the forearms and lower extremities [Figure 1b] extending to the palms and soles [Figure 1c]. No hepatosplenomegaly or neurological deficits were detected. The rest of her systemic examination was unremarkable.


a
b
c

Abstract N°: 2195

Exploring the Dermatological Implications of GLP-1 Receptor Agonists: A Review

Baraa Saifi*[1], Zyad Saifi[2], Eliannore Boutros[1], Roa Osman[3], Sally El Khoury Abboud[1]

[1]Lebanese American University, Gilbert and Rose-Marie Chagoury School of Medicine, Byblos, Lebanon
[2]American University of Beirut Medical Center, Faculty of Medicine, Beirut, Lebanon
[3]Beirut Arab University, Beirut, Lebanon

Exploring the Dermatological Implications of GLP-1 Receptor Agonists: A Review

Introduction & Objectives: Glucagon-like peptide-1 receptor agonists (GLP-1 RAs), initially developed for type 2 diabetes and now increasingly popular for obesity management, have shown promise in dermatology due to their anti-inflammatory and metabolic modulation properties. The widespread clinical use of these agents has unveiled a broad spectrum of dermatological implications, encompassing both therapeutic benefits and emerging side effects. This narrative review aims to explore the dermatological potential of GLP-1 RAs, focusing on their mechanism of action, therapeutic applications, and associated side effects..

Materials & Methods: A systematic literature search on PubMed was conducted using selected keywords related to GLP-1 receptor agonists (semaglutide, liraglutide, tirzepatide, dulaglutide, exenatide) and key dermatologic conditions including psoriasis, hidradenitis suppurativa, acne, bullous pemphigoid, alopecia, dermatitis, melanoma, and other common skin conditions. Retrieved articles were screened using Rayyan software, duplicates were excluded, and full-text articles were reviewed for data extraction.

Results: GLP-1 RAs have demonstrated significant suppression of pro-inflammatory cytokines such as IL-17, IL-23, and TNF-α. These agents reduce C-reactive protein levels and oxidative markers in keratinocytes, indicating systemic anti-inflammatory effects. GLP-1 RAs enhance autophagy in keratinocytes, promote cellular survival, and reduce hyperproliferation, critical in psoriasis management. The weight loss effects of GLP-1 RAs contribute significantly to reducing systemic inflammation, particularly in patients with HS and psoriasis, where obesity is a common comorbidity. Improved insulin sensitivity through GLP-1 RA therapy lowers insulin-like growth factor levels, a known contributor to acne pathogenesis. In psoriasis patients, GLP-1 RAs significantly reduced Psoriasis Area and Severity Index (PASI) scores. In HS, GLP-1 RAs reduced flare frequency, lesion size, and pain, especially in patients with comorbid obesity. In acne and seborrheic dermatitis, GLP-1 RAs have been associated with both improvement and exacerbation of the disease course. Other documented benefits included improvement of Hailey-Hailey disease symptoms, reduction of pruritus in atopic dermatitis, promotion of angiogenesis and wound healing in diabetic and obese patients, and potential therapeutic roles in vitiligo, rosacea, and diabetic dermopathy. Adverse effects such as bullous pemphigoid, vasculitis, and other immune-mediated reactions have been reported, necessitating vigilant monitoring.

Conclusion: : GLP-1 RAs represent a promising therapeutic avenue in dermatology, with evidence supporting their role in managing inflammatory skin diseases, improving metabolic health, and enhancing patient quality of life. Potential adverse effects highlight the need for careful patient selection and monitoring. Multicenter trials with larger cohorts and longer follow-up periods are essential to establish the safety and efficacy of GLP-1 RAs in dermatological conditions.

Abstract N°: 2230

Bullous Impetigo as an Initial Presentation of Chronic Lymphocytic Leukemia Progression: A Case Suggesting Richter's Transformation

Mihaela Paula Toader[1], Roxana-Paraschiva Ciobanu[1], Medeea Andreea Florea[2], Antonia Clivet[1], Catalina Anca Munteanu[1], Alin Gabriel Colac[3], Cristina Colac-Botoc[1]

[1]Railways Clinical Hospital, Department of Dermatology, iasi, Romania
[2]" Gr. T. Popa" University of Medicine and Pharmacy, Faculty of Medicine, Iasi, Romania
[3]'Saint Spiridon" Emergency Hospital, Department of Maxilo-Facial Surgery, Iasi, Romania

Introduction & Objectives:

Chronic lymphocytic leukemia (CLL) is an indolent B-cell malignancy with potential transformation into aggressive variants such as Richter's transformation (RT) or prolymphocytic leukemia (PLL). Cutaneous manifestations may serve as an early indicator of disease progression. Additionally, patients with CLL exhibit an increased risk of secondary malignancies, such as squamous cell carcinoma (SCC), due to underlying immune dysregulation.This study aims to report a case of polymorphic cutaneous lesions in a patient with CLL, analyze the hematologic evolution, and highlight the interplay between CLL, immune dysregulation, and skin manifestations.

Materials & Methods:

This is a single-patient observational case report. Data were collected from medical records, laboratory findings, histopathology, and imaging studies. The patient underwent clinical evaluation, hematologic and biochemical testing (CBC, peripheral blood smear, bilirubin, LDH, inflammatory markers), skin biopsy, and abdominal ultrasound.

Results:

An 84-year-old male with a history of multiple SCCs was first admitted with erythematous macules, plaques, vesicles, and small bullae on the lower legs. A skin biopsy stated the diagnosis of bullous impetigo, and initial laboratory tests revealed mild leukocytosis, lymphocytosis, monocytosis, basophilia, ferropenic anemia, and a mild inflammatory syndrome. Clinical examination found enlarged cervical lymph nodes, raising suspicion of hematologic malignancy.

On readmission, the patient exhibited severe leukocytosis with persistent lymphocytosis, worsening anemia, thrombocytopenia, and elevated bilirubin and LDH levels. A peripheral blood smear showed Cabot rings and Gumprecht shadows, suggesting a lymphoproliferative disorder. A second biopsy diagnosed the cutaneous manifestations as paraneoplastic Abdominal ultrasound revealed grade III splenomegaly and multiple adenopathies, raising suspicion for CLL transformation into RT or PLL. The patient was referred to a hematology department confirming the suspicion.

Conclusion:

The case highlights the challenges in diagnosing CLL transformation and the role of cutaneous lesions as an early warning sign. The differential diagnosis included paraneoplastic pemphigus, autoimmune blistering disorders, and secondary cutaneous lymphomas, but the patient's hematologic progression strongly suggested CLL transformation. Additionally, his history of multiple SCCs supports the role of CLL-associated immune dysfunction, predisposing to malignancies and infections. The rapid development of cytopenias, splenomegaly, and leukocytosis necessitates urgent hematologic assessment. Early recognition of CLL transformation is essential for timely intervention and improved patient outcomes.

Abstract N°: 2276

Clinical Profile, Microbial Spectrum, and Outcomes of Dermatology Inpatients in a Tertiary Care Center: A Retrospective Study

Karishni Chittarvu*[1]

[1]gandhi medical college, DVL, Hyderabad, India

Introduction & Objectives:

Inpatient dermatology care plays a crucial role in managing severe dermatological conditions and their systemic associations. Despite dermatology being predominantly outpatient-based, certain conditions necessitate hospitalization for intensive management, particularly in tertiary care centers. This study aims to analyze the clinical profile of dermatology inpatients, including key trends in admissions, diagnoses, comorbidities, microbial infections, and outcomes.

Materials & Methods:

This retrospective, descriptive study reviewed medical records of patients admitted to the Dermatology, Venereology, and Leprology (DVL) Department in a tertiary care hospital from January 2022 to December 2023. Data on demographics, clinical presentations, diagnoses, treatments, hospital stay duration, microbial isolates, and outcomes were collected and analyzed using descriptive statistics.

Results:

A total of 600 patients were admitted during the study period**Immunobullous disorders (43.3%)** were the most common cause of admission, followed by **erythroderma (18.3%)**. Males (68.6%) were more frequently admitted than females (31.4%), with a mean age of **42.45 ± 14.33 years**. The mean hospital stay was**17 ± 4.85 days**, with **erythroderma cases requiring the longest admission (25 days)**. **Diabetes mellitus (12%)** was the most common comorbidity. Readmission rates were significant, particularly for **patients receiving pulse therapy (20%) and biologics (23.3%)**. **ICU admission was required for 28 patients (4.7%)** mainly for **Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis (SJS/TEN)** cases. **Mortality was 2.6%, primarily due to septicemia**

Microbiological analysis revealed **Klebsiella (40.6%)** as the most commonly isolated pathogen, followed by **Pseudomonas (30%), Escherichia coli (16.3%), and Proteus (8%)**. High levels of antibiotic resistance were noted, particularly among **Gram-negative bacteria**, **Methicillin-resistant Staphylococcus aureus (MRSA)** was also detected in a subset of patients, necessitating careful infection control measures.

Conclusion:

mmunobullous disorders remain the leading cause of inpatient admissions in dermatology, necessitating**prolonged hospitalization and frequent readmissions**. **Severe infections, particularly with multi-drug resistant organisms, pose a significant challenge**, contributing to **septicemia-related mortality**. The increasing burden of dermatological emergencies like **SJS/TEN** highlights the urgent need for **dedicated dermatological ICU facilities**. Early diagnosis, **multidisciplinary collaboration**, **strict infection control measures**, and **optimized antimicrobial therapy** are crucial for improving inpatient dermatological care outcomes.

Abstract N°: 2378

Pilot study: Skin Cancer in patients with Skin of colour (Fitzpatrick III to VI)

Harsharan Kaur[1], Manrup Hunjan[1], Udoka Ogbuneke[1], Michelle Thomson[1]

[1]Sandwell and City hospital, Dermatology, Birmingham, United Kingdom

Introduction & Objectives:

Skin cancer is less common in individuals with skin of colour (SoC), defined as Fitzpatrick skin types III–VI. However, when it does occur, it often presents at more advanced stages, contributing to disproportionately higher mortality rates. Challenges include atypical presentations, delayed diagnoses, and limited awareness among both patients and healthcare providers. As per the latest Birmingham 2021 census, non-white minorities include 51% of the population of which Asians make 31% and Blacks make 11% of the population. Focusing on skin cancer in SOC is not only a public health necessity in diverse areas like Birmingham but also a critical step toward equity in healthcare outcomes.

This study aims to improve understanding of skin cancer in SoC by analysing patient data to identify patterns in presentation, risk factors, and outcomes.

Materials & Methods:

A retrospective review was conducted on 10 patients selected with SoC diagnosed with skin cancer from January 2023 to December 2024 (24 months). Data on demographics, lesion characteristics, risk factors, and management were analysed. Descriptive statistics were used to summarize findings.

Results:

The cohort included equal gender distribution (50% male, 50% female) with a mean age of 68 years (range 27–96). The majority (80%) were of Pakistani or Indian origin with Fitzpatrick skin type IV. The duration of lesions varied significantly, ranging from 2 months to over 10 years before presentation. Notably, 1 case (10%) presented within 6 months, while 3 cases (30%) were documented between 6 and 12 months. Most of the cases, 6 (60%), exhibited lesions persisting for over a year prior to clinical evaluation, indicating a trend of delayed presentation. Basal cell carcinoma (BCC) was the most frequent diagnosis (40%), followed by malignant melanoma (30%) and squamous cell carcinoma (20%). Risk factors were not clearly documented with only 10% of patients reported sun exposure.

Conclusion:

Most lesions occurred in individuals of Pakistani/British Pakistani ethnicity with Skin Type IV. The most common cancer type was BCC, followed by melanoma. Head and neck were the most frequent lesion sites. A significant proportion of cases presented with specific symptoms, highlighting delayed presentation as a concern.

Skin cancer in SoC poses unique challenges due to atypical presentations, lower suspicion among providers, and delayed diagnoses. Additionally, it highlights the need for targeted interventions to address disparities. This study underscores the importance of awareness campaigns, regular skin examinations, and improved education for healthcare providers. Going forward, education is very important and sun seeking behaviours may be changing in the younger population hence reduce the number of skin cancers later on in life. This study contributes to the development of tailored interventions to reduce morbidity and mortality in these populations.

Abstract N°: 2404

Professional satisfaction in a national teledermatology program: Teledermatology as a potential solution to reduce professional burnout

Tomas Toledo-Pastrana[1], Bernadette Genevieve Pfang[2], Catalina Paredes Coronel[2]

[1]Hospitales Quironsalud Infanta Luisa y Sagrado Corazón, Dermatology Dpt., Seville, Spain
[2]Red Quirónsalud 4-H, Madrid, Spain., Unidad de Innovación Clínica y Organizativa, Madrid, Spain

Introduction & Objectives:

Store-and-forward teledermatology has proven to be beneficial to both patients and healthcare professionals by reducing waiting lists, improving access to specialized care, and quickly identifying patients with potentially malignant lesions. Teledermatology can potentially improve work-life balance for dermatologists, reducing the risk of professional burnout. We present a prospective study analyzing the professional experience of dermatologists working in the "DERMAON" teledermatology program, which covers 43 public and private Spanish hospitals.

Materials & Methods:

We performed a qualitative review of the literature to design a questionnaire to evaluate professional experience for teledermatology staff, which was launched online. A Mann-Whitney U test was used to detect differences between quantitative variables with a P value < 0.05 to indicate statistical significance.

Results:

22 responses were obtained (81% of staff). 14 (63.6%) were women. Median age was 38 years (IQR 32 - 42). 10 (45.5%) reported more than 10 years of teledermatology experience, and 10 had worked for 3 or more years in the DERMAON teledermatology program. 17 (77%) participants answered more than 50 teledermatology consultations per week. Everyone agreed that teledermatology improved the efficiency of the process and reduced waiting lists. The median time spent per virtual consultation was 5 minutes (4-8) versus 12.25 minutes (10-15) for an in-person consultation ($p < 0.001$). The majority (14 (63%)) thought that the quality of care of teledermatology was similar to that of in-person dermatology, and that patients were satisfied with the care provided through teledermatology. Finally, most participants agreed that working virtually improved their quality of work life, family balance, and career satisfaction, despite reporting an increase in hours worked outside of work hours (Figure 1).

Conclusion:

Teledermatology is associated with benefits for quality of life, family balance, and professional satisfaction of dermatologists, and could be a potential solution for professional burnout.


Teledermatology improves my quality of life at work


Teledermatology improves my satisfaction at work


Teledermatology improves my work-life balance


Teledermatology gives me more time for other activities (investigation, management...)


Teledermatology helps me to advance in my profesional career


Working remotely is associated with spending more work hours outside my working schedule

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2418

Zosteriform Cutaneous Leiomyoma: A Case Report

Jelena Vukovic[1], Jelena Veselinovic[2], Vesna Reljic[1, 3], Dubravka Zivanovic[1, 3], Marija Malinić*[1]

[1]Clinic of Dermatology and Venereology, University Clinical Center of Serbia, Belgrade, Serbia
[2]Department of Dermatology and Venereology, Primary Health Center Raška, Raška, Serbia
[3]University of Belgrade - Faculty of Medicine, Department of Dermatology and Venereology, Belgrade, Serbia

Introduction & Objectives: Cutaneous leiomyomas (CLs) are benign tumors that originate from the smooth muscle of the skin. They are categorized into three types based on their muscle origin: piloleiomyomas, genital leiomyomas, and angioleiomyomas. Piloleiomyomas arise from the arrector pili muscle and typically present as solitary or multiple firm papulo-nodules located on the extremities and trunk. The most common complaint among patients with multiple piloleiomyomas is pain, which can occur spontaneously or be triggered by pressure, cold temperatures, or strong emotions.

Materials & Methods: A man in his late 50s presented with multiple, intermittently painful, pinkish-red nodules. These nodules had a zosteriform distribution on the right mid-back, affecting the T6-T8 dermatomes. Over the past several years, the size and number of the lesions had progressively increased. Family history was unremarkable. Laboratory results showed no abnormalities, and there were no urinary complaints. An abdominal and pelvic ultrasound also revealed no abnormalities. Histopathological examination showed well-circumscribed bundles of smooth muscle cells characterized by elongated nuclei and eosinophilic cytoplasm, confirming the diagnosis of piloleiomyoma. The patient was scheduled for surgical excision of skin lesions and is being followed-up due to the potential association of these tumors with aggressive renal malignancy.

Results: Multiple piloleiomyomas may be inherited in an autosomal dominant pattern and can be associated with hereditary leiomyomatosis and renal cell cancer (HLRCC). Individuals with HLRCC may develop not only piloleiomyomas but also other variants of leiomyomas and are often at an increased risk of renal cell carcinoma, particularly the papillary subtype.

Conclusion: Cutaneous leiomyomas can resemble other skin lesions, such as dermatofibromas, neurofibromas, fibromyomas, and smooth muscle hamartomas, making biopsy necessary for accurate diagnosis. Although CLs are benign tumors, proper management and follow-up are essential because piloleiomyomas may increase the risk of developing renal cell carcinoma.