Abstract N°: 276

Geographic and fissured tongue in pustular psoriasis: Clinical subtypes and genetic insights

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Introduction & Objectives:

Past research has documented that generalized pustular psoriasis (GPP) is associated with geographic tongue (GT). However, the fissure tongue (FT) may be more prevalent in PP in real clinical practice. Whereas the correlation between tongue abnormalities and PP subtypes, and its genetic profile has not been elucidated yet.

Materials & Methods:

This descriptive study included 113 PP patients who underwent tongue examination, they were subclassified based on detailed clinical phenotypes. Published PP-associated gene mutations were explored through whole genome sequencing (WGS).

Results:

A total of 42.5% (48/113) of PP patients exhibited tongue abnormalities, including 39 with FT, 6 with GT, and 3 with both FT and GT. Among these, 28 cases were diagnosed with GPP, 10 with GPP+PsV, 7 with ACH, and 3 with PPP. The proportion of tongue involvement was notably higher in GPP-only patients (54.1%, 28/51) (22 FT, 3 GT, 3 FT+GT) compared to those with GPP+PsV (30.3%, 10/33) (8 FT, 2 GT). In ACH patients, 43.8% (7/16) presented with tongue abnormalities (6 FT, 1 GT), while in the PPP cohort, 23.1% (3/13) exhibited FT. Among *IL36RN*-positive PP patients, 67.2% (43/64) had tongue lesions (35 FT, 5 GT, 3 FT+GT). When further stratified, 67.3% (33/49) of homozygous *IL36RN*-positive individuals exhibited tongue lesions (26 FT, 4 GT, 3 FT+GT), while 66.7% (10/15) of heterozygous individuals showed similar involvement (9 FT, 1 GT). Of the 48 patients with tongue involvement, 89.6% (43/48) were found to harbor *IL36RN* mutations (33 homozygous and 10 heterozygous), and 31.3% (15/48) had pathogenic *CARD14* mutations (3 homozygous and 12 heterozygous). Interestingly, family members of GPP+FT patients carrying the same *IL36RN* heterozygous mutation may exhibit FT without any associated PP lesions. Moreover, the frequency of *IL36RN* positivity in patients with tongue abnormalities (89.6%, 43/48) was significantly higher than the *IL36RN*-positive rate in the overall GPP cohort (58.3%, 49/84), as well as in GPP-only (70.6%, 36/51) and ACH patients (75%, 12/16). Additionally, among the 44 GT/FT patients who underwent nail examination, 68.2% (30/44) exhibited nail abnormalities. Joint involvement was also notable, with 61.9% (13/21) of patients with reliable joint data reporting joint pain or radiological abnormalities.

Conclusion:

This study provides undocumented data on tongue abnormalities across different PP subtypes and underlying genetic profiles, revealing that PP with or without tongue lesions may involve distinct pathogenic mechanisms. The correlation between tongue abnormalities with *IL36RN* mutations may be even stronger than PP subtypes including GPP and ACH which have been widely acknowledged in the past.

Abstract N°: 837

Mucositis in chemotherapy patients: supportive care can improve daily life

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Introduction & Objectives:

Mucositis is an inflammatory and/or ulcerative lesion of the mucous membranes of the oral and/or gastrointestinal tract that can be caused by treatments such as chemotherapy and radiotherapy, or by infection. Approximately 40% of adult patients receiving conventional chemotherapy experience mucositis, and up to 75% experience mucositis with high-dose chemotherapy. Mucositis can cause severe pain and discomfort in cancer patients and affect their quality of life.

Materials & Methods:

The management of mucositis remains a challenge and clear recommendations are needed to standardise practice and improve patient outcomes. 25 French centres were asked to recruit individuals aged 18 years AND older with mucositis. Each patient was asked to complete a day zero questionnaire to establish baseline and a day 14 questionnaire to describe disease progression. Treatment was at the discretion of the physician.

Results:

77 patients were recruited from 20 French centres. Patients who completed both questionnaires and confirmed that they had been treated with a dermo-cosmetic product [Aqua, sodium chloride, zinc sulphate] in spray were retained for analysis. A total of 33 patients were considered evaluable [51.5% male, mean age 62.1±11.4 years]. According to the dermatologist's assessment of severity, the mucosa showed redness, heat and pain, but solid food was still possible. After 14 days of product use, 63% had improved oral discomfort, 60% had improved oral pain, 45% had improved feeding difficulties and 42% had improved ability to swallow liquids. At D0 and D14, using a visual numerical scale, 51% had improved their state of stress and 42% had improved their level of fatigue. 78% felt that the product had helped to reduce irritation of their oral mucosa and 85% were satisfied with the product.

Conclusion:

Mucositis, which is common in patients undergoing cancer treatment, has a significant impact on their daily comfort. In our study of 33 patients, we found that a supportive product [aqua, sodium chloride, zinc sulphate] significantly improved pain, dysphagia and stress in just 14 days, with 85% satisfaction. These promising results highlight the importance of supportive therapy in optimising the management of mucositis.

Abstract N°: 996

Cinnamon Contact Stomatitis: When a Common Spice Causes Uncommon Oral Lesions

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Introduction & Objectives:

Cinnamon is a frequent additive in foods, beverages, and oral hygiene products, yet it can induce significant mucosal reactions through contact hypersensitivity. We present a 41-year-old female with persistent oral lesions harboring “tadpole cells” on Tzanck smear, ultimately diagnosed as cinnamon contact stomatitis.

Materials & Methods:

A 41-year-old woman presented with a six-month history of fragile, cream-colored papules and plaques—some of which were hemorrhagic—on the lingual frenulum and right buccal mucosa, ranging from a few millimeters to several centimeters in size. These lesions occasionally bled upon minor trauma. She had previously visited multiple centers, receiving various treatments without any improvement or definitive diagnosis. A thorough laboratory evaluation, including KOH preparation, was negative for fungal involvement. A Tzanck smear revealed numerous “tadpole cells,” suggesting a possible acantholytic process. Further inquiry uncovered the patient’s daily cinnamon consumption (added to tea). Based on clinical findings and the exclusion of other potential causes, cinnamon contact stomatitis was considered.

Results:

Given the chronicity and the suggestive history of daily cinnamon consumption, patch testing was planned for confirmatory evaluation. Meanwhile, the patient was advised to discontinue all cinnamon-containing products. At the two-week follow-up—prior to patch test completion—all oral lesions had resolved completely.

Conclusion:

Cinnamon contact stomatitis should be considered in patients with chronic, unexplained oral lesions, especially when histopathologic or cytologic findings suggest an irritant or hypersensitivity process. A thorough dietary and product history is crucial. Identifying and eliminating the offending agent—cinnamon in this instance—typically leads to rapid clinical resolution.

Abstract N°: 1380

Plasma cell mucositis resembling erosive lichen planus

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Introduction & Objectives:

Plasma cell mucositis (PCM) is a rare dermatological condition characterized by a dense infiltrate of polyclonal plasma cells. Its etiology remains unknown. Since its first description in 1952 as Zoon's balanitis, cases have been reported in various anatomical locations, leading to multiple designations. Traditionally, PCM is considered benign, yet there is no consensus on its management. Multiple treatments have been used with highly variable results. This study presents a new case of PCM affecting the oral cavity.

Materials & Methods:

A 62-year-old woman with a 15-year history of persistent gingival edema, erythema, easy bleeding, and mild pain, presented with dental mobility. Her medical history included vitamin D deficiency, osteoporosis, allergic conditions, and long-standing bruxism. Her family history revealed multiple autoimmune diseases and five siblings with similar oral manifestations. A clinical examination showed generalized gingival erythema and friable tissue. Initial differential diagnosis included erosive lichen planus. However, histopathological findings confirmed PCM, revealing a dense plasma cell infiltrate without hyperkeratosis or hypergranulosis. Various diagnostic tests were performed, but no specific underlying cause was identified.

Results:

The patient had previously been prescribed mometasone furoate 0.1% with initial improvement, followed by recurrent symptoms. Histopathology confirmed PCM, demonstrating a dense inflammatory infiltrate of mature, non-atypical plasma cells, along with psoriasiform hyperplasia, acanthosis, and spongiosis. The high familial load of autoimmune disease in this case is noteworthy. PCM remains a diagnostic challenge due to its clinical variability and overlapping features with other mucosal conditions. The patient continues under multidisciplinary evaluation with topical corticosteroids.

Conclusion:

PCM is a chronic, rare condition that affects quality of life despite its benign nature. Although malignancy has not been described, its clinical variability necessitates histopathological correlation for accurate diagnosis. Due to the lack of standardized management, further studies are required to establish optimal diagnostic and therapeutic strategies.

Abstract N°: 1438

Treatment of erosive oral lichen planus with upadacitinib

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Treatment of erosive oral lichen planus with upadacitinib

Introduction & Objectives:

Oral Lichen Planus (OLP) is a chronic immune-mediated mucocutaneous disorder with a global prevalence of ~1%. It is driven by T-cell mediated inflammation and has several clinical subtypes including erosive OLP, which is particularly challenging to manage. Diagnosis usually relies on clinical evaluation, with Wickham's striae serving as a hallmark finding. Biopsy confirms OLP; however, in erosive OLP, ulceration may obscure these histologic features. Treatment is typically initiated for atrophic, erosive, or symptomatic OLP. First line therapies are topical corticosteroids or calcineurin inhibitors, while erosive OLP may require intralesional triamcinolone. Severe or refractory OLP requires systemic immunosuppressants. Emerging therapies, including biologics and JAK inhibitors are a new consideration for refractory OLP.

Materials & Methods:

This case report was compiled from physician documentation in the patient's electronic medical record. Treatment efficacy was evaluated based on symptom resolution and lesion improvement, incorporating patient-reported symptoms, photographic comparisons, and physician assessments.

Results:

A 41-year-old female with PsO, PsA, and biopsy confirmed OLP presented with worsening oral ulcerations. Her OLP had been managed with prednisone and clobetasol gel prior to presentation. Dexamethasone and chlorhexidine rinses were introduced, but provided little relief. Two years later, her OLP worsened, and she was started on mycophenolate, but discontinued it after nine months of minimal improvement. As her OLP remained unresponsive to treatment, her PsO and PsA management also proved challenging, necessitating multiple therapeutic adjustments. She was started on apremilast for her PsO and PsA, which was ineffective. She transitioned to certolizumab pegol, which provided partial relief, but was discontinued after two years due to recurrent infections. Bimekizumab was subsequently initiated, clearing her PsO, but leaving her with persistent joint pain, prompting her to self-discontinue after three months. Given her persistent PsA, upadacitinib 15 mg daily was started. After six months, her joint pain, although improved, persisted, prompting an increase to 30 mg daily. This adjustment not only alleviated her psoriatic pain, but also resolved her OLP erosions.

Conclusion:

Upadacitinib, a selective JAK1 inhibitor approved for PsA, reduces STAT-dependent inflammatory signaling. Studies show JAK1 and JAK3 overexpression in LP inflammatory infiltrates, implicating JAK signaling in its pathogenesis. Given the inflammatory pathway overlap between PsA and LP, JAK inhibition may mitigate the chronic inflammatory cascade that drives OLP. Upadacitinib's efficacy as an off-label therapy in this case of refractory erosive OLP warrants further clinical studies to establish its therapeutic role.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 1862

Chronic pigmentation of the oral mucosa

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Introduction:

Laugier-Hunziker Syndrome (LHS) is a rare, benign condition characterized by the development of asymptomatic oral and mucosal hyperpigmentation, primarily affecting the lips, inner cheeks, and tongue. It is often diagnosed in adulthood and is usually not associated with other systemic diseases. The condition is thought to be genetically inherited in an autosomal dominant pattern, though spontaneous cases have also been reported.

Observation:

We report a case of 90-year-old caucasian man presented with oral hyperpigmentation. His medical history includes arterial hypertension, heart failure, rheumatoid arthritis, multifactorial anemia requiring multiple transfusions with Venofer infusions, and obliterative arteriopathy of the lower limbs, for which he underwent revascularization. His regular medications include Clopidogrel, Atorvastatin, corticosteroid therapy, Furosemide, vitamin K supplementation, and Pantoprazole. The patient exhibited well-defined, homogeneous brownish-black pigmented macules affecting the tongue, inner cheeks, and lips, which had been evolving for over 30 years without any other associated mucocutaneous pigmentation. A comprehensive work-up, including adrenal (ACTH, cortisol), thyroid, and hepatic assessments, revealed no abnormalities. Serological tests for viral hepatitis were negative, and digestive endoscopy showed no anomalies. Given the late onset, the homogeneous nature of the lesions, and the unremarkable diagnostic findings, a diagnosis of Laugier-Hunziker disease was established, and therapeutic abstention was recommended.

Discussion:

LHD typically manifests in middle-aged adults, with an average age of onset around 50 years. The condition is characterized by asymptomatic benign, hyperpigmented macules on the lips and oral mucosa, with approximately half of the cases also presenting with longitudinal melanonychia.

In this case, the patient’s age of onset is notably later than the average reported in the literature. However, the clinical presentation aligns with LHD characteristics, including the absence of systemic involvement. The lack of nail involvement in this patient is also noteworthy, as nail pigmentation occurs in approximately half of LHD cases. The prolonged duration of the lesions without progression further supports the diagnosis of LHD. LHD is primarily a clinical diagnosis, established after excluding other causes of mucocutaneous pigmentation. Histopathological examination, if performed, typically reveals increased basal layer pigmentation with a normal number and morphology of melanocytes.

Given the benign nature of LHD, treatment is generally unnecessary unless for cosmetic reasons. In such cases, laser therapy has been employed with varying degrees of success. In this patient, the absence of symptoms and the benign nature of the lesions warranted a conservative approach with therapeutic abstention.

Conclusion:

This case underscores the importance of recognizing Laugier-Hunziker Disease as a benign condition with characteristic mucocutaneous pigmentation. Accurate diagnosis is essential to differentiate LHD from other syndromes with similar presentations but differing systemic implications, thereby avoiding unnecessary investigations and interventions. Clinicians should consider LHD in the differential diagnosis of patients presenting with oral pigmentation, especially when lesions are

long-standing and asymptomatic.

Abstract N°: 2019

Grinspan's Syndrome and Burning Mouth Syndrome: A Diagnostic Conundrum in the Presence of a Complex Triad

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Introduction & Objectives: First described by Grinspan in 1965, Grinspan's syndrome is characterized by the concurrent presence of diabetes mellitus, hypertension and oral lichen planus (OLP). While the individual components are well-established, the pathophysiological connections between them remain unclear. Diagnosing the syndrome can be challenging due to symptom overlap with other oral conditions, such as burning mouth syndrome (BMS). This report highlights the diagnostic complexities and emphasizes the importance of a comprehensive clinical evaluation to distinguish it from similar conditions.

Materials & Methods: We report the case of a woman with a five-month history of OLP and multiple comorbidities, including type 2 diabetes mellitus and hypertension, consistent with the diagnostic triad of Grinspan's syndrome. The patient also reported a persistent burning sensation on the tongue, without erosive lesions, which significantly impacted her quality of life.

Results: A 68-year-old patient with a history of hypertension and type 2 diabetes mellitus, both managed with long-term pharmacological therapy, was referred to our dermatology department due to the development of painful erosive lesions in the oral mucosa, consistent with OLP. The patient initially mistook these lesions for aphthous ulcers, and despite multiple topical treatments, the lesions did not improve, leading to histopathological confirmation of OLP three months later.

Upon her first visit to our department in January 2025, a clinical examination revealed erosive lesions and reticular striae on the buccal mucosa bilaterally, along with a persistent burning sensation on the tongue, despite the absence of visible lesions. No lichenoid lesions were observed on the skin or genital mucosa. The presence of OLP, diabetes and hypertension supported the diagnosis of Grinspan's syndrome. However, the potential contribution of antihypertensive and antidiabetic medications to eliciting lichenoid reactions could not be ruled out. Further investigations revealed elevated anti-thyroid peroxidase (anti-TPO) antibodies, suggesting autoimmune thyroiditis, a condition often associated with lichen planus. Topical tacrolimus was initiated, leading to significant improvement in mucosal lesions, although the burning sensation persisted. The persistence of symptoms, combined with underlying metabolic conditions such as diabetes, suggested the possibility of an additional coexisting condition, BMS , which is characterized by chronic oral pain in the absence of visible mucosal abnormalities. In this case, the patient's BMS may be attributed to a combination of factors, including OLP, hormonal imbalances, and metabolic conditions.

Conclusion: This case illustrates the challenges in diagnosing Grinspan's syndrome, particularly when symptoms overlap with other oral conditions, such as BMS. Accurate diagnosis requires a comprehensive medical history, laboratory investigations, and careful differential diagnosis. Given the multifactorial nature of both Grinspan's syndrome and BMS, a multidisciplinary approach is essential for optimal patient management. Although no definitive cure exists, ongoing research is essential to improve therapeutic strategies for symptom relief and quality of life, while further studies are needed to explore the interrelation between these conditions.

Abstract N°: 2036

Erythema Multiforme with severe Genital involvement: When Herpes hits hard

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Introduction & Objectives:

Erythema multiforme (EM) is an acute inflammatory dermatosis, frequently triggered by Herpes simplex virus (HSV) infection. It is characterized by the presence of targetoid cutaneous lesions and mucosal involvement, which can be extensive in severe cases. We report a case of a generalized eruption with significant mucosal impairment, recquiring hospitalization.

Patient & Observation:

A 67-year-old patient, with a history of three recurrent episodes of vesicular eruptions, predominantly affecting the perineal and genital regions, presented with an extensive cutaneous and mucosal eruption, associated with systemic symptoms including fever, asthenia, and weight loss.

Clinical examination revealed numerous target and pseudo-target lesions on the trunk and limbs, painful erosions affecting the skin and mucosa, and grouped vesicular lesions on the glans. Serological testing for HSV confirmed past infection as IgG were positive and IgM negative.

Treatment consisted of intravenous valacyclovir (5 mg/kg every 8 hours),along with supportive local therapy, including wet warm compresses and epithelializing agents on mucosal lesions. The evolution was favorable, with progressive resolution of lesions and complete mucosal healing by day 10. A long-term suppressive therapy with valacyclovir (500 mg/day) was initiated for 10 months with no recurrence observed at the two-month follow-up.**

Discussion :

HSV-induced erythema multiforme can present in severe forms requiring hospitalization and systemic antiviral therapy to control lesion progression and minimize recurrence risk. Extensive mucosal involvement can be particularly debilitating, necessitating intensive local management to promote healing and alleviate discomfort. Early recognition and prompt intervention are essential to prevent complications and optimize patient outcomes.

This case highlights the potential for HSV to trigger widespread mucocutaneous involvement, mimicking severe dermatological conditions such as Stevens-Johnson syndrome. The rapid improvement with antiviral therapy reinforces the importance of early treatment to reduce severity and duration. Additionally, the use of long-term suppressive therapy aligns with current recommendations to prevent recurrences in severe HSV-associated EM, adding valuable insights to the literature

Abstract N°: 2304

self resolving pemphigus vulgaris

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Introduction & Objectives:

Pemphigus vulgaris is an uncommon autoimmune blistering disorder affecting the skin and mucous membranes. Its treatment can be challenging.

We report an exceptional case of self-resolving pemphigus vulgaris in a 64-year-old patient.

Materials & Methods:

A 64-year-old female with no medical history was admitted to our department for an evaluation of an erosive cheilitis, evolving for 3 years. During this period, oral erosions persisted with slight improvement according to the patient without medication.

Dermatological examination showed a phototype III patient with hyperpigmented scars on the 2 inguinal folds, on the interfessial area and 1 on the left sub- mammary area.

Examination of the oral mucosa revealed erosive cheilitis, erosions on the inner surface of the upper lip and a fissured tongue.

A bullous dermatosis was suspected, and a biopsy of the buccal mucosa was performed, showing a histological appearance compatible with pemphigus. The immunilogical work-up revealed positive anti-desmoglein 1 and 3 antibodies with respective rates of 0.7 and 3.7 compared with normal rates of less than 0.5.

One week after hospitalization, all lesions had completely healed before any treatment was introduced.

Results:

** Pemphigus vulgaris is an autoimmune disease characterized by blisters and widespread erosions, involving skin and mucous membranes, caused by autoantibodies to desmoglein 1 and 3.

The treatment of pemphigus vulgaris requires multiple immunosuppressive agents, but often it is particularly resistant.

Only one similar case has been reported in the literature, that of spontaneous resolution of isolated desquamative gingivitis in the setting of pemphigus in a 37-year-old patient after failure of several topical and oral treatments.

Conclusion:

Even if self resolving of vulgaris pemphigus is possible in very rare cases, these patients must be closely monitored, given the high risk of relapse in the absence of disease-modifying treatment.

EADV SYMPOSIUM PRAGUE 22-24 MAY 2025

Abstract N°: 2428

Herpes Zoster of the Mandibular Branch of the Trigeminal Nerve with Lingual Involvement: A Case Report

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Introduction & Objectives:

Herpes zoster is a reactivation of the varicella-zoster virus, often affecting dermatomes innervated by the cranial or spinal nerves. While trigeminal nerve involvement is well-documented, mandibular branch (V3) involvement with associated lingual symptoms is less common. This case highlights the clinical presentation, anatomical considerations, and response to antiviral treatment in a patient with herpes zoster affecting the left mandibular nerve and lingual innervation.

Materials & Methods:

A 53-year-old male from Morocco, with no known allergies, presented with a 10-day history of painful erythematous vesicular lesions on the left hemiface, extending to the lower left lip. Examination revealed erosive lesions on the left side of the mobile tongue, associated with tingling sensations but without pharyngeal involvement. Based on clinical suspicion of herpes zoster, the patient was treated with valaciclovir 500 mg three times daily, oral antiseptic rinses, and analgesics.

Results:

After one week of antiviral therapy, the facial lesions showed significant healing, and the oral erosions resolved. The distribution of symptoms corresponded to the left mandibular division (V3) of the trigeminal nerve, including its lingual branch, which carries sensory fibers from the mandibular nerve and facial nerve. The case emphasizes the role of neural pathways in symptom localization.

Conclusion:

This case underscores the importance of recognizing herpes zoster affecting the mandibular branch of the trigeminal nerve with lingual involvement. Understanding the innervation of the face and tongue is crucial for accurate diagnosis and targeted treatment. Early antiviral therapy can lead to rapid symptom resolution and prevent complications such as postherpetic neuralgia.