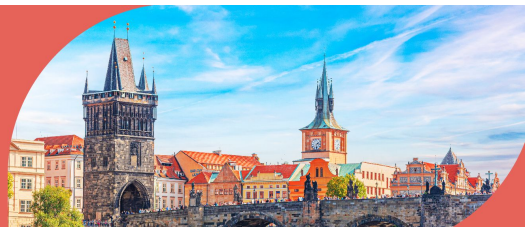
EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025



Abstract N°: 65

Infectious Dermatoses in Schools: What Parents Know and What Needs to Change

Maryam Ghaleb[1], Ouiame Eljouari[1], Gallouj Salim[1]

[1]CHU - Mohammed VI University Hospital Center, Dermatology and Venerology department, tanger

Introduction & Objectives:

Infectious dermatoses represent a significant problem for the school environment, from the point of view of child health and tranquility for the parents. This paper aims at assessing the parents' understanding about the infectious dermatoses, its prevalence, preventive measures, and handling of cases at school level.

Materials & Methods:

This will be a cross-sectional study that will be conducted in the dermatology department at CHU Mohammed VI in Tangier, Morocco, between May 2024 and September 2024. Data collection and analysis were made through a Google Form questionnaire that has been distributed to parents via social media and email.

Results:

A survey of 410 parents revealed that 43.2% have children aged 3-5 years and 26% have children aged 6-10 years. Nearly 70% of these children attend preschool or primary school. In terms of family structure, 42% of parents have two children, indicating a medium size family.

The survey revealed that 92% of parents are aware of infectious dermatoses, with tinea and herpes being the most recognized (98%), followed by varicella (90%), pediculosis (85%) and warts (80%). Approximately 86.2% of parents reported that their children had experienced infectious dermatoses, with chickenpox being the most common (65.8%), followed by pediculosis (53.6%) and impetigo (41%). Other less common conditions include herpes (31%), hand, foot, and mouth disease (27%), warts (13%), tinea (9%), measles (8%), roseola (7.8%), molluscum contagiosum (6.3%), and scabies (3%). 79.5% of parents reported that infectious dermatoses were common in schools.

Regarding sources of information, 40.5% of parents use the Internet, 38.5% consult a doctor, 12.8% refer to books or brochures, and 6.8% rely on the school. 60% of parents have been taught how to treat infectious dermatoses.

Preventive measures include teaching children about hygiene (20.3%), avoiding close contact with sick children (17.7%), notifying parents and restricting personal belongings (16.2%), cleaning school facilities (15.9%), and monitoring children's skin (13.7%).

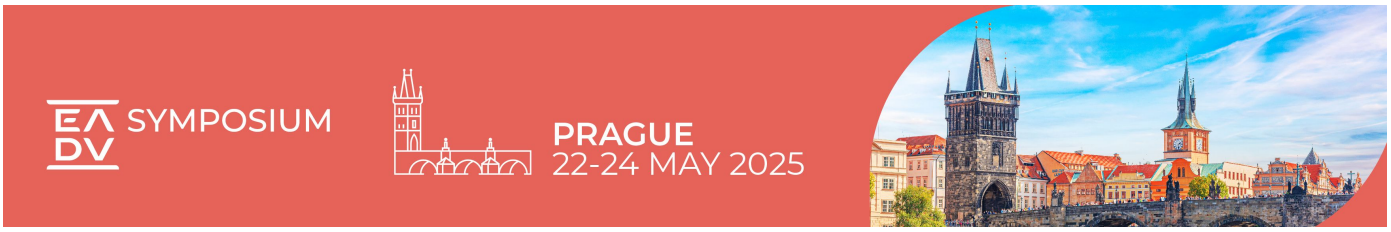
When their child shows signs of infectious dermatoses, 43.8% of parents consult a doctor, 31.3% inform the school and 12.5% use home remedies or self-medication. 70% of parents teach hygiene daily and 12.4% weekly.

Regarding school-led awareness programs, 45.5% of parents are dissatisfied, 31.9% are partially satisfied, and 22.7% are completely satisfied. Suggested improvements include stricter enforcement of hygiene (32.9%), regular health checks (26.5%), educational programs for children (24.4%), and distribution of brochures at the beginning of the school year (15.9%).

Conclusion:

Awareness and prevention of infectious dermatoses in schools remain a major concern for parents. Increased collaboration between parents and schools, along with increased awareness through the distribution of brochures and hygiene

education for children, seem promising measures to contain the spread of these diseases.



Abstract N°: 72

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Maryam Ghaleb[1], Ouiame Eljouari[1]

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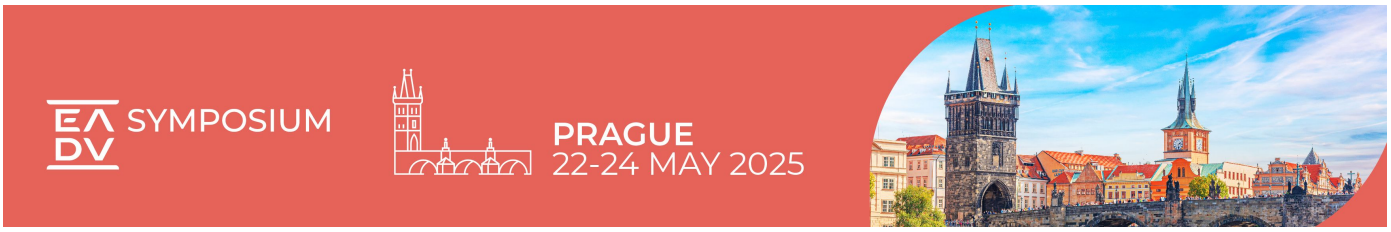


Abstract N°: 98

Navigating Challenges in Juvenile Psoriasis

Ouissal Hormi[1], Tahri 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:

Psoriasis is a chronic, inflammatory, immune-mediated dermatosis that affects individuals of all age groups. In one-third of cases, it manifests during childhood, significantly impacting the quality of life of both the child and their family. Pediatric psoriasis differs from adult psoriasis in terms of epidemiology, clinical features, and therapeutic options. Due to the lack of clear guidelines, managing pediatric psoriasis remains a challenge for dermatologists. The objective of our study is to evaluate the epidemiological, clinical, therapeutic, and evolutionary profile of juvenile psoriasis.

Materials & Methods:

This was a monocentric, retrospective, and descriptive study conducted over a 10-year period, from June 2014 to November 2024, including all children hospitalized for psoriasis in the dermatology department.

Results:

During the study period, we included 20 children. The average age of the patients was 8.5 ± 3.2 years, ranging from 2 to 15 years, with the school-age group (6–11 years) being the most represented. A slight male predominance was observed (55%), with a male-to-female ratio of 1.22. Juvenile psoriasis accounted for 33% of all pediatric hospitalizations.

Family history of psoriasis was noted in 45% of cases: in 5 cases among parents and in 4 cases among siblings. Overweight was present in 20% of patients, and 25% reported joint pain. All patients were appropriately vaccinated according to the national immunization program. Herbal remedies were used in 45% of cases.

The main triggering or exacerbating factor was psychological trauma, identified in 55% of patients, followed by infections (25%), including pharyngitis, impetigo, and flu-like syndrome. The average age of onset was 3.2 years.

The mean disease duration was 4.87 ± 2.01 years. Patients had consulted an average of 4.9 ± 2.07 times before admission, with 75% having seen a dermatologist. The average hospitalization duration was 16.1 ± 10.6 days.

The most common initial symptoms were erythematous and scaly lesions (70%), followed by scalp scaling (20%) and erythema (10%). The initial lesion sites were the elbows and knees in 60% of cases, the scalp in 30%, and skin folds in 10%.

96% of cases presented erythematous-squamous lesions: 45% as plaques, 10% as a combination of plaques and guttate lesions, and 30% as erythroderma. Pustular psoriasis was found in 15% of cases. Palmar-plantar involvement was observed in 25% of cases.

Positive Brocq’s sign was noted in 85% of cases. The most common dermoscopic findings included erythematous background (95%), white scales (90%), yellow scales (65%), red globules (45%), glomerular vessels (75%), and dotted vessels (35%).

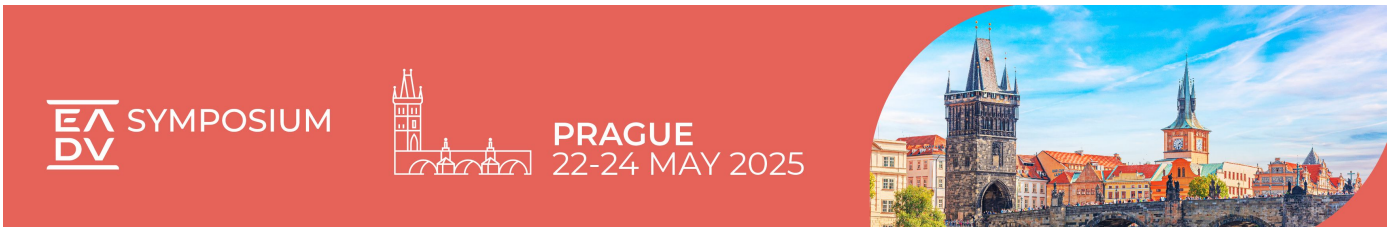
Two children (10%) had oral mucosal involvement. Scalp involvement was present in 70% of cases, with three patients exhibiting a scaly cap. Nail involvement was noted in 14 patients, presenting as pitting (13 cases), transverse ridging (9

cases), paronychia (4 cases), xanthonychia (4 cases), and onycholysis (2 cases).

No abnormalities were detected on osteoarticular examination. A metabolic workup (fasting glucose, lipid profile) was conducted for all patients, with normal results. Skin biopsies were performed in 40% of cases.

Conclusion:

Psoriasis manifests during childhood in nearly one-third of cases, with its prevalence and incidence on the rise. However, evidence on the efficacy and safety of treatments remains limited, and long-term data for pediatric patients are scarce.



Abstract N°: 109

Cartilage Hair Hypoplasia associated with granulomatosis

Yousra Habibi[1], Fatima-Zahra Elfatoiki[1], Hali Fouzia[1], Chiheb Soumia[1]

[1]CHU Ibn Rochd, Dermatologie, casablanca

Introduction & Objectives:

Cartilage-hair hypoplasia (CHH) is a phenotype of the cartilage-hair hypoplasia–anauxetic dysplasia (CHH-AD) spectrum disorders. CHH is a rare autosomal recessive metaphyseal chondrodysplasia characterized by short stature, short limbs, and skeletal abnormalities, usually recognized in newborns and occasionally prenatally due to the short extremities. Other findings include joint hypermobility, hypotrichosis, blond, silky hair, immunodeficiency, anemia, an increased risk of malignancy, and gastrointestinal dysfunction. We report a new case of cartilage-hair hypoplasia, reawakened by cytomegalovirus retinitis in a 9-year-old child treated for granulomatosis.

Materials & Methods:

Results:

This is a 9-year-old girl from a consanguineous marriage with recurrent respiratory infections, treated for granulomatosis since the age of 3, with histological examination of a skin biopsy showing granulomatous dermatitis without necrosis, skin ulceration with lymphocytic histiocytic infiltration, and absence of tuberculoid granuloma.

The patient presented with a 3-week history of decreased visual acuity in a context of apyrexia and general good health. Clinical examination on admission revealed a patient in good general condition, apyretic at 37.2 degrees, with a short stature (height persistently <0,4 percentile), left facial dermo-epidermal hemiatrophy, and an erythematous atrophic plaque, purplish in places on the left thigh, associated with fine, sparse, light-colored hair, counting fingers on ophthalmological examination. The rest of the examination was unremarkable.

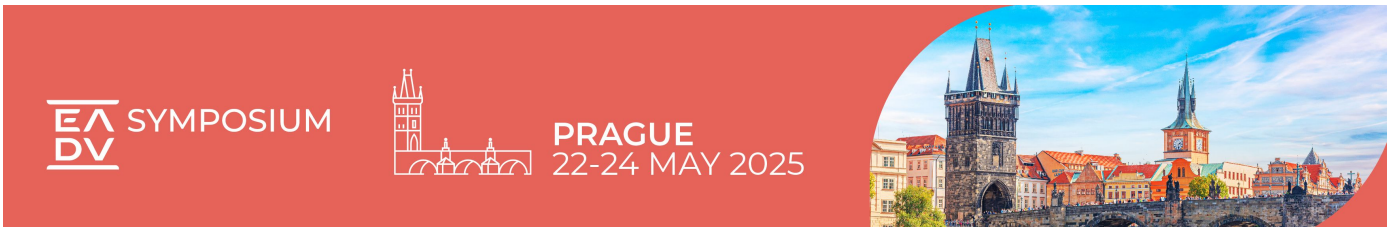
The patient was admitted to the hospital and underwent an ophthalmological examination supplemented by OCT and retinal angiography, revealing visual acuity of 3/10 in both the right and left eyes, retinal necrotic-hemorrhagic foci, macular edema, and active cytomegalovirus chorioretinitis. A cytomegalovirus PCR confirmed the diagnosis of cytomegalovirus retinitis. Treatment with intravenous Gancyclovir and corticosteroid therapy was initiated. A genetic study revealed a mutation in the RMRP gene located on chromosome 9p13.13, concluding an immune deficiency of the cartilage-hair hypoplasia type. Clinical evolution was marked 7 days after treatment by an improvement in visual acuity to 6/10 and regression of macular edema and hemorrhagic foci on control ophthalmological examination.

During hospitalization, a blood test revealed lymphopenia at 1070 /uL (reference range: 3000-6500 /Ul), immunological studies revealed a lower than normal CD8 count for age, indicating T-cell lymphopenia.

We also performed a full malformative and infectious workup, including radiographs of the limbs and pelvis for skeletal abnormalities, as well as abdominal ultrasound and chest CT. Thoracic CT revealed bilateral bronchopneumopathy treated during hospitalization. The rest of the malformative and infectious work-up was normal.

Conclusion:

Cartilage-hair hypoplasia is a rare autosomal recessive syndrome. Molecular genetic prenatal and preimplantation genetic testing for CHH-AD spectrum disorders, are possible. Early diagnosis of relatives at risk for CHH-AD spectrum disorders allows for timely management of manifestations that can be associated with significant morbidity.



Abstract N°: 110

Hand-foot-and-mouth disease: an epidemiological and clinical study About 60 cases

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

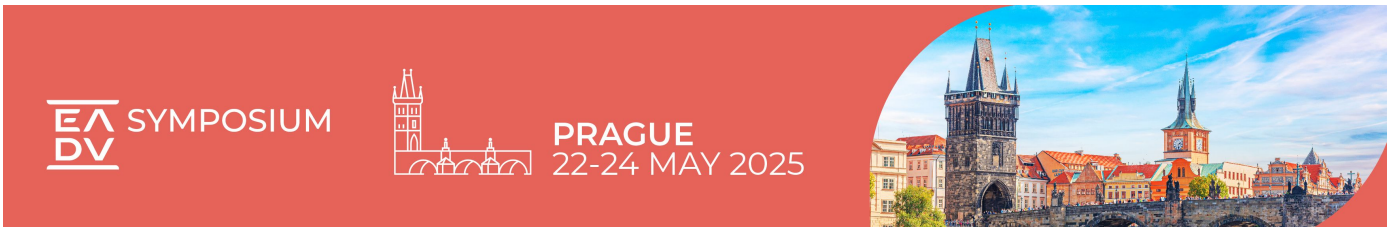
[1]CHU Ibn Rochd, Dermatologie, casablanca

Introduction & Objectives: Hand-foot-and-mouth disease (HFMD) is a viral disease generally affecting children under the age of 7. It is mainly caused by Enterovirus A or Coxsackie virus. Diagnosis is clinical, based on the occurrence of low-grade fever with a maculopapular or papulovesicular rash on the hands and soles, and painful oral ulcerations. We report a case series of 60 patients with HFMD.

Materials & Methods: This is a retrospective case series, spanning a period of 6 years, from the year 2018 to March 2023, of foot-hand-mouth syndrome in children, identified during the pediatric dermatology consultation.

Results: A total of 60 children with SMPB were identified. The mean age was 21.7 months. Male predominance was noted, with a sex ratio (M/F) of 1.75. Four patients (6.66%) had atopic dermatitis, sixteen patients (26.66%) had a previous infectious episode of the upper respiratory tract. Twenty-seven patients (45%) had fever. Clinical examination revealed a localized papulovesicular rash on the hands, feet and buttocks, as well as localized erosive and scabby lesions in the perioral region in 34 patients (56.6%). Lesions were generalized in 26 patients (43.3%). One patient had purpuric lesions (1.66%) and another had recurrent PMBS. Nail involvement such as onychomadesis and Beau's line was found in 11 patients (18.3%). Treatment was symptomatic, with antipyretics and emollient creams.

Conclusion: Hand, foot, and mouth disease (HFMD) is a common viral illness usually affecting infants and children but can affect adults. The infection usually involves the hands, feet, mouth, and sometimes, even the genitals and buttocks. Lesions usually resolve in seven to 10 days; however, in rare cases, patients may have neurologic or cardiopulmonary complications. The best methods to prevent the spread of hand-foot-and-mouth disease are handwashing and disinfecting potentially contaminated surfaces and fomites.



Abstract N°: 112

Staphylococcal Scaled Skin Syndrome in an infant in intensive care

Yousra Habibi[1], Hali Fouzia[1], Chiheb Soumia[1]

[1]CHU Ibn Rochd, Dermatologie, casablanca

Introduction & Objectives: Acute staphylococcal epidermolysis (SSSS; Staphylococcal Scaled Skin Syndrome) is a rare exfoliative dermatitis affecting infants and young children characterised by superficial epidermal detachment due to infection with exfoliatin A and/or B producing S. aureus.

We report a case of acute staphylococcal epidermolysis in an intensive care unit. We also discuss the differential diagnoses of SSSS, emphasising the importance of early diagnosis.

Materials & Methods:

Results:

A 14-month-old infant was admitted to a paediatric intensive care unit for a convulsive seizure following bacterial meningoencephalitis complicated by an ischaemic stroke.

The patient was intubated, ventilated, sedated and receiving intravenous anticonvulsant treatment; diazepam, a dual antibiotic therapy; Vancomycin, Tigecycline, an antiviral treatment; Aciclovir and an antifungal; Fluconazole intravenously.

A lumbar puncture was performed on admission and found to be purulent, with direct examination of 640 leukocytes/mm3, predominantly neutrophils; the culture was sterile. Multiplex PCR was negative. The blood count showed haemoglobin at 15g/dL, white blood cells at 8500 cells/uL, platelets at 10,000 cells/uL, and a prothrombin rate of 21%. C-reactive protein was 120 mg/L. A chest X-ray showed multiple bronchial foci, and a protected distal bronchial swab revealed a multi-resistant Klebsiella and Acinobacter infection.

On day 12 of hospitalisation, the patient presented with erythematous plaques topped by erosive lesions on the perineum, gluteal fold, thighs and trunk, with a positive Nikolski's sign. The skin surface area was 30%. There was no facial involvement, no conjunctival involvement, in particular no conjunctival hyperhaemia, no cheilitis, and no involvement of the oral mucosa.

In view of this clinical picture and the infectious context, we first considered an acute staphylococcal epidermolysis syndrome (SSSS) (Staphylococcal Scaled Skin Syndrome).

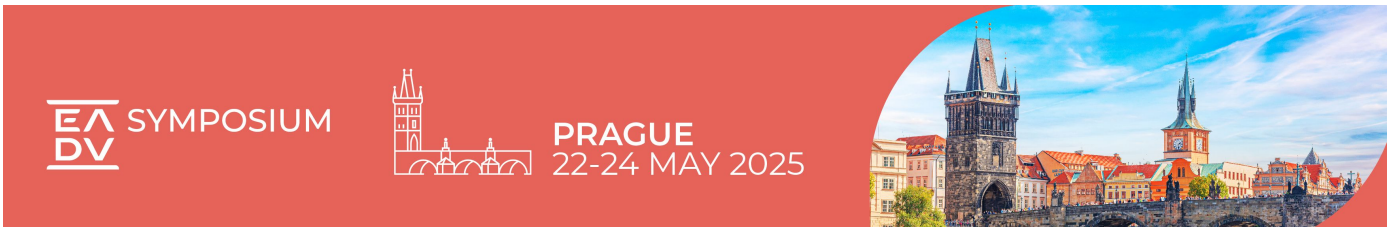
We suggested a diagnosis of toxidermia, in particular baboon syndrome, SDRIFE and Steven Johnson syndrome, in view of the multiple drugs taken, but the course, chronology and absence of lesions of the oral and ophthalmic mucosa were not in favour.

We recommended anti-staphylococcal treatment and local care: antiseptic washing, emollient and repair cream.

The patient went into septic shock and died.

Conclusion: Acute staphylococcal epidermolysis is an exfoliative dermatitis caused by infection with exfoliatin A and/or B-secreting S. aureus. It mainly affects infants, children under the age of 10 and adults who are immunocompromised or suffering from renal failure. Diagnosis is essentially clinical. Treatment is based on intravenous anti-staphylococcal antibiotics. Practitioners need to be made aware of the importance of rapidly recognising the clinical signs of SSSS and differentiating it from toxidermia, so that the treatment can be carried out correctly to avoid complications and ensure a

complete cure.



Abstract N°: 662

bullous Gianotti-Crosti Syndrome : a rare presentation to keep in mind

Sara Nejjari[1, 1], Inas Chikhaoui[1], Soumia Chiheb[1]

[1]Cheikh Khalifa Bin Zayed Al Nahyan Hospital, Casablanca, Morocco

Introduction & Objectives:

Gianotti-Crosti Syndrome (GCS), also known as papular acrodermatitis of childhood, is a self-limiting dermatosis typically associated with viral infections. It is characterized by a symmetric, papular eruption predominantly affecting the extremities, face, and buttocks. Although GCS is well-documented in the literature, the bullous variant is exceedingly rare, particularly in infants.

This presents a unique case of a 13-month-old female with bullous Gianotti-Crosti Syndrome, highlighting the clinical course, diagnostic challenges, and the importance of recognizing atypical presentations in pediatric dermatology.

Materials & Methods:

A 13-month-old female presented with a 4-week history of a progressive rash on her lower extremities. The eruption began as erythematous papules, which later evolved into bullous lesions. The patient had an initial febrile episode, but her general condition remained unaffected, with no signs of systemic illness. Physical examination revealed multiple tense bullae on the thighs and lower legs, accompanied by scattered papules and vesicles. No mucosal involvement or lymphadenopathy was observed. Laboratory investigations, including viral serology, were conducted to rule out underlying infections. Based on the clinical presentation and exclusion of other differential diagnoses, a diagnosis of bullous Gianotti-Crosti Syndrome was established.

Results:

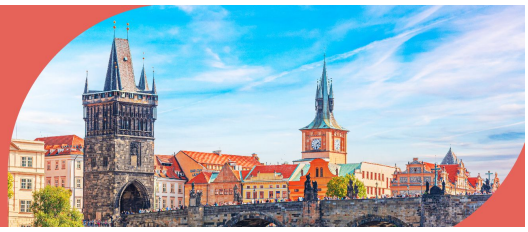
The presentation of Gianotti-Crosti Syndrome with bullous lesions is a rare phenomenon, with only a handful of cases reported in the literature. Most cases of GCS are associated with viral triggers such as Epstein-Barr virus, hepatitis B, or cytomegalovirus. However, in our patient, no specific viral etiology was identified, underscoring the idiopathic nature of some GCS cases. The bullous variant of GCS poses diagnostic challenges, as it can mimic other blistering disorders such as bullous impetigo, erythema multiforme, or autoimmune blistering diseases. This case emphasizes the importance of a thorough clinical evaluation and histopathological correlation when necessary.

Compared to previously reported cases, our patient’s presentation aligns with the classic distribution of GCS but stands out due to the bullous transformation. This observation adds to the growing body of evidence that GCS can manifest with diverse morphological features, expanding the spectrum of this condition. The absence of systemic symptoms and the self-limiting nature of the rash further support the diagnosis of GCS.

The clinical significance of this case lies in its contribution to the understanding of atypical GCS presentations. Early recognition of this variant can prevent unnecessary investigations and interventions, reducing healthcare costs and parental anxiety. Furthermore, this case highlights the need for pediatricians and dermatologists to consider GCS in the differential diagnosis of bullous eruptions in young children, even in the absence of a clear viral trigger.

Conclusion:

This case of bullous Gianotti-Crosti Syndrome in a 13-month-old female illustrates the importance of recognizing atypical dermatological presentations in pediatric patients. While GCS is typically a benign and self-limiting condition, its bullous variant can pose diagnostic dilemmas.



Abstract N°: 679

Pediatric Acquired Epidermolysis Bullosa and Celiac Disease: A Case Report

El Idrissi Manal[1], Mariem Tabka[1], Souissi Asmahane[1], Mokni Mourad[1]

[1]Hopital la Rabta, Dermatology, Tunis, Tunisia

Introduction & Objectives:

Acquired epidermolysis bullosa (EBA) is a rare autoimmune dermatosis in children, targeting type VII collagen.

Materials & Methods:

We report a case of EBA associated with celiac disease.

Results:

A 6-year-old child with no significant medical history presented with an 18-month history of generalized skin eruption characterized by tense bullae, extensive eczematous plaques, palmoplantar dyshidrosis, crusted cheilitis, and mild scalp involvement. The initial clinical presentation suggested an autoimmune bullous dermatosis, such as bullous pemphigoid, linear IgA dermatosis, or an inflammatory variant of EBA. Direct immunofluorescence (DIF) revealed IgG and C3 deposits along the dermoepidermal junction. ELISA tests for anti-BP230 and anti-BP180 antibodies were negative. The diagnosis of EBA was confirmed by indirect immunofluorescence on split skin, showing antibody binding to the blister floor. The patient was treated with Prednisolone at 1 mg/kg/day combined with Dapsone at 25 mg/day for six months. The skin evolution was marked by the development of a mechanobullous phenotype, characterized by skin fragility, involvement of trauma-prone areas, and milia formation. Systemically, growth retardation and iron deficiency anemia prompted celiac disease serology. Esophagogastroduodenoscopy, although without major abnormalities, revealed non-atrophic mild active gastritis with *Helicobacter pylori* infection and edematous duodenitis with mild intraepithelial lymphocytosis, consistent with celiac disease.

Conclusion:

EBA is extremely rare in children, with only 40 cases reported in the literature since 1986. In pediatric patients, clinical presentation is often inflammatory, frequently involving the face, whereas mucosal involvement is less common than in adults. Histology and DIF are not specific, typically showing a subepidermal blister with linear IgG and sometimes C3 deposits along the dermal-epidermal basement membrane. The diagnosis is confirmed by indirect immunofluorescence on split skin, demonstrating antibody binding to the blister floor, as observed in our patient. Definitive confirmation relies on immunoelectron microscopy, which identifies immune deposits on anchoring fibrils, and on immunoblotting or ELISA, which detect autoantibodies against type VII collagen. Conditions commonly associated with EBA in adults, such as malignancies, autoimmune diseases, and endocrinopathies, are rare in children. The association between EBA and celiac disease is uncommon, and our case highlights this rarity in the literature. Therapeutically, Prednisolone and Dapsone have been the primary treatment agents. In most reported cases, their combined use provides a synergistic therapeutic effect. The prognosis in pediatric EBA appears more favorable than in adults.

This case underscores the importance of exploring potential associations between these diseases for accurate diagnosis and optimal management.

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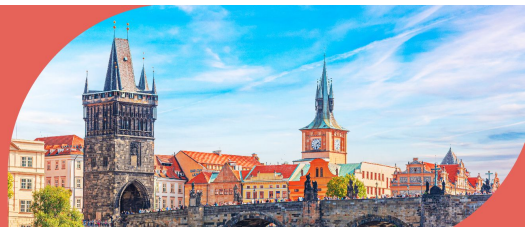


Abstract N°: 685

Results of the study of the level of autoimmune antibodies in pediatric scleroderma

Denis Zaslavsky[1], Alexey Taganov[2], Valeria Vasilieva[1], Olga Mineeva[1], Aslan Sadykov[3], Elena Kamyshanova[3], Daria Kozlova[1]

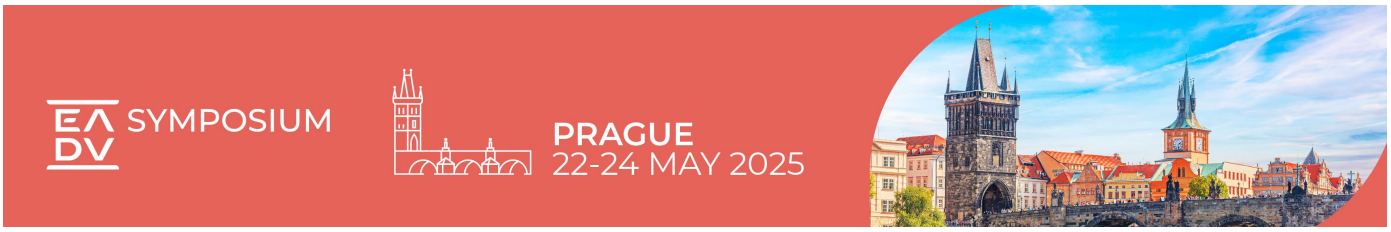
[1]Saint-Petersburg State Pediatric Medical University, Dermatovenereology, Saint-Petersburg, Russian Federation
[2]French clinic of skin diseases named after Pierre Wolkenstein, Dermatovenereology, Saint-Petersburg, Russian Federation
[3]Leningrad Regional Center for Specialized Types of Medical Care, Dermatovenereology, Saint-Petersburg, Russian Federation

Introduction & Objectives: An important part of the diagnosis of localized scleroderma (LS) is the detection of serum autoantibodies (aAB). Autoantibodies more often appear in patients with systemic sclerosis (SS), therefore, their detection in patients with LS contributes to a more accurate assessment of the prognosis of the disease or indicates the possibility of developing other autoimmune pathologies.

Materials & Methods: to analyze the spectrum of aAB and the frequency of their occurrence in children with LS the retrospective cohort study of laboratory autoimmune parameters was conducted in 75 children observed for LS from 2014 to 2024. The patients were determined for the presence and concentration of antinuclear factor (ANF) using indirect immunofluorescence (on HEp-2 cells) and the type of fluorescent glow.

Results: an analysis of 75 children (54 girls and 21 boys) aged from 6 months to 15 years (average age 9 years) showed that antinuclear aAB were detected in 48 children (64%) with LS. Low positive titers of antinuclear antibodies (1:160) were detected in 23 children (30.6%), moderately positive titers (1:320-1:640) in 19 ones (25.3%), and highly positive titers (1:1280 or more) - in 6 ones (8%). A homogeneous luminescence pattern was detected in 13 patients (17.3%), nucleolar - in 3 ones (4%), cytoplasmic - in 3 ones (4%), coarse-granular - in 4 ones (5.3%), fine-granular - in 5 patients (6.7%), dots in the nucleus - in 7 ones (9.3%), autoantibodies to centrioles - in 1 (1.3%), and autoantibodies to cell plate antigens - in 1 (1.3%). In 10 children (13.3%), only one group of patterns was detected, and a mixed type of luminescence was found in 12 patients (16%). In 1 patient (1.3%), several aAB were simultaneously found: PM Scl 75 (2+), Th(1+), Ro-52 +/-, LE cells, AT to annexin V, to beta-2-glycoprotein, to cardiolipin, to phosphatidic acid, to phosphatidylethanolamine, to phosphatidylserine. In another patient (1.3%), elevated levels of aAB to collagen and elastin were found. aAB to PM-Sc100 +/- were found in 4 (5.3%), to NOR90 +/- in 1 (1.3%) patient, to NOR90 – 2+ in combination with anticentromere antibodies (CENT – B)- 1+ in 1 patient (1.3%), aAB to extractable nuclear antigens RNP/Sm (+/-) - in 1 patient (1.3%).

Conclusion: the obtained data on the total titer of ANF are close to the literature data (42-63%). The detected aAB signal the activity of the autoimmune process in LS and, possibly, the development of other autoimmune systemic pathologies. The analysis of the conducted retrospective study suggests that there is a relationship between one and another indicator or disease. This study is continued for a more accurate characterization and identification of groups.



Abstract N°: 731

A Polish case of Ichthyosis Follicularis with Alopecia and Photophobia (IFAP) Syndrome with severe phenotype

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Introduction & Objectives:

Ichthyosis follicularis with alopecia and photophobia syndrome (IFAP) is an extremely rare X-linked congenital disorder. To date, approximately 60 cases of IFAP syndrome have been reported worldwide.

Materials & Methods:

We present the case of a 7-year-old boy with a mutation in the*MBTPS2* gene, with a severe phenotype and features of BRESHECK syndrome, requiring intensive multidisciplinary care from the first days of life.

Results: The patient was born with a collodion membrane at 36 weeks of gestation (G3P2), with a birth weight of 1800 g and Apgar scores of 7/8. He presented with generalized alopecia, including the absence of eyelashes and eyebrows. Shortly after birth, he was diagnosed with a severe form of ichthyosis, hypogammaglobulinemia, atrial septal defect (ASD II), a bicuspid aortic valve, cryptorchidism, optic nerve hypoplasia, and Hirschsprung's disease, requiring an ileostomy. His skin exhibited significant abnormalities, including dryness, scaling, and erythematous changes with yellow scales, predominantly affecting the skin folds and scalp. Differential diagnoses included Netherton syndrome, staphylococcal scalded skin syndrome (SSSS), and metabolic disorders. Genetic testing confirmed the diagnosis of IFAP syndrome, revealing a pathogenic variant in the MBTPS2 gene. Additionally, a p.(Arg33Trp) alteration was identified in one allele of the AP1S3 gene.

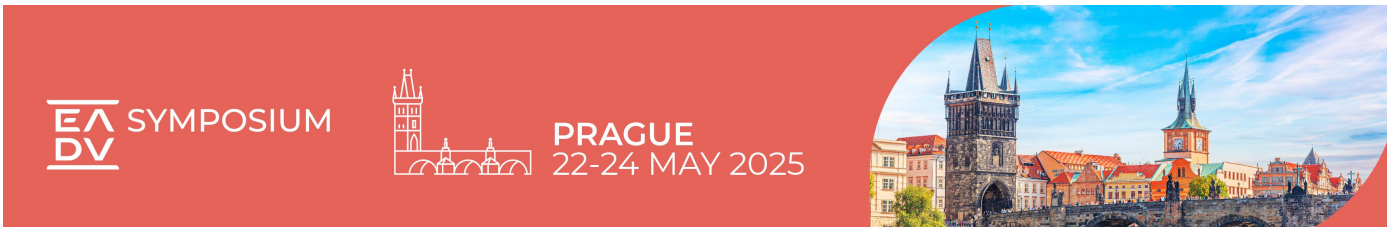
Early childhood was marked by frequent hospitalizations due to infections (*Escherichia coli*, *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Enterococcus spp.*, *Candida parapsilosis*). Recurrent flares of erythroderma, wound exudation, and extensive skin peeling persisted despite treatment with topical keratolytics, emollients, urea-based preparations, and systemic acitretin, which proved ineffective. Due to hypogammaglobulinemia, the patient was qualified for intravenous immunoglobulin replacement therapy. The patient also presented neurological symptoms, including limb tremors, ataxia, and psychomotor retardation.

The patient's skin remained chronically inflamed, characterized by widespread erythema, excessive dryness, massive scaling, and oozing, with recurrent bacterial superinfections. He experienced multiple episodes of sepsis originating from the gastrointestinal tract, central venous catheter, urinary tract, and mixed-etiology skin infections. He received three doses of mesenchymal stem cells; however, the treatment did not result in any significant improvement.

In the last year of his life, the patient's skin condition periodically deteriorated. Severe scaling, nail plate keratosis, and extensive oozing wounds persisted, accompanied by recurrent infections that proved resistant to treatment. This necessitated frequent modifications of antibiotic and antifungal therapy. Each attempt to discontinue systemic antibiotics resulted in reactivation of infections and deterioration of the overall condition. The boy developed multiple complications, including coagulopathy, hyponatremia, heart failure, and liver damage. He passed away shortly before his eighth birthday.

Conclusion: This case highlights the extreme therapeutic challenges in patients with IFAP syndrome, particularly in the

context of severe skin manifestations and immunodeficiency. The management of these patients requires intensive multidisciplinary care and further research into more effective therapeutic strategies.



Abstract N°: 799

Acute Febrile Neutrophilic Dermatosis (Sweet Syndrome) in an 8-Year-Old Child

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Acute Febrile Neutrophilic Dermatosis (Sweet Syndrome) in an 8-Year-Old Child

Introduction & Objectives:

Sweet's syndrome (SS), or acute febrile neutrophilic dermatosis, is a rare inflammatory skin disease first described by Robert Sweet in 1964. It is characterized by the sudden onset of painful, erythematous, edematous plaques, typically on the face, neck, and upper extremities, often accompanied by fever and systemic symptoms. Though primarily affecting adults, pediatric cases are rare, comprising 5-8% of occurrences. We report an unusual case of SS in an 8-year-old girl.

Materials & Methods:

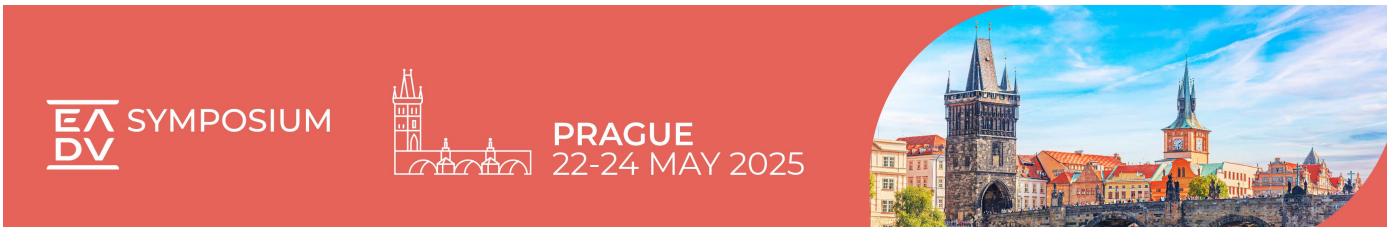
An 8-year-old girl presented with a 5-day history of painful, erythematous, and edematous plaques on the hands and feet. The lesions were well-demarcated, non-pruritic, and progressively increasing in size. She also reported low-grade fever (38.2°C) and fatigue for the past three days. On physical examination, the lesions were erythematous, indurated, warm to the touch. There was no mucosal involvement. Laboratory tests revealed elevated C-reactive protein (CRP) (42 mg/L), leukocytosis (15,000/mm^3), and neutrophilia (80%), while autoimmune screening was negative, and infectious workups were unremarkable. A skin biopsy confirmed SS by showing a dense neutrophilic infiltrate without leukocytoclastic vasculitis. Further imaging ruled out malignancy. Treatment with systemic corticosteroids (oral prednisone 1 mg/kg/day) resulted in significant improvement within 72 hours and complete resolution after two weeks, with no recurrence at the 3-month follow-up.

Results:

Sweet's syndrome (SS) is a rare neutrophilic dermatosis in children, accounting for only 5-8% of cases reported in the literature. It is characterized by the sudden onset of painful, erythematous plaques associated with fever and systemic inflammation, typically affecting the face, neck, and upper extremities. Acral involvement, as observed in our case, is highly uncommon, with very few cases reported in pediatric patients. A retrospective study of 25 pediatric cases identified only three patients with lesions on the hands or feet, emphasizing the rarity of our patient's presentation. The pathogenesis of SS remains incompletely understood but is thought to involve dysregulated neutrophilic activation, cytokine overproduction (IL-1, IL-6, IL-8, TNF-α), and hypersensitivity reactions. Several triggers have been identified, including infections, autoimmune diseases, and hematologic malignancies. While malignancy-associated SS is exceptionally rare in children, hematologic screening is crucial for atypical cases. Histopathologically, SS is characterized by a dense dermal neutrophilic infiltrate without vasculitis, which helps distinguish it from other conditions. Corticosteroids are the first-line therapy, promoting rapid symptom resolution. This case highlights the importance of recognizing atypical pediatric SS presentations, particularly with acral involvement, to ensure prompt diagnosis and management.

Conclusion:

Sweet's syndrome in children is rare, with variable clinical manifestations. Acral lesions, as in this case, emphasize the need for awareness of atypical presentations, enabling early diagnosis and effective steroid treatment.



Abstract N°: 804

Kawasaki Disease presenting as annular and targetoid urticarial plaques in a male child

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Kawasaki Disease presenting as annular and targetoid urticarial plaques in a male child

Introduction: Kawasaki disease is a self-limiting medium-vessel vasculitis primarily affecting the coronary arteries which can increase risk for long-term cardiovascular complications. Not all features present simultaneously, and delays in diagnosis and management may occur in patients with atypical presentation.

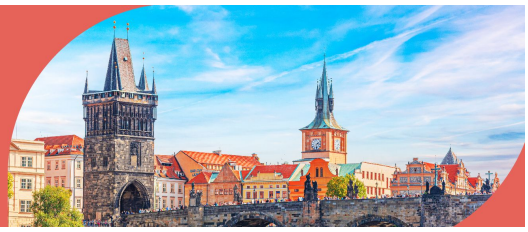
Case Presentation: A 5-year-old male presented at the Emergency Department with a 4-day history of febrile episodes (Tmax 40 degrees Celsius) associated with violaceous patches on the right foot that progressed to bilateral thighs. He was highly irritable with no sensorial changes, cough, joint pains, or dysuria, and he was unresponsive to oral antibiotics prescribed by the local health center. On day of admission, he developed tender acral swelling and erythematous urticarial plaques.

Physical examination showed erythematous, annular and targetoid, urticarial patches and plaques on the face and body, with angular cheilitis, bilateral cervical lymphadenopathies (largest 1.5 x 1.0 cm in diameter), and swollen hands and feet. There was no conjunctival injection nor perineal involvement. Laboratory evaluation revealed an elevated erythrocyte sedimentation rate (34 mm/h) and elevated C-reactive protein (11.4 m/dL). Complete blood count, liver and renal function tests were within normal limits.

A transthoracic echocardiogram revealed dilated left main coronary (Z score +2.25) and right mid coronary arteries (Z score +2.02) with minimal pericardial effusion, confirming the diagnosis of Kawasaki disease. Aspirin 50 mg/kg/day and intravenous immunoglobulin (IVIG) 2g/kg single dose were started, with complete resolution of symptoms 24 hours after IVIG infusion.

Conclusion: Kawasaki disease can also present as annular urticarial plaques. Clinicians should consider Kawasaki disease in highly irritable children with acral erythema and edema, persistent febrile episodes lasting 4 or more days, and symptoms unresponsive to antibiotics. Echocardiography should be done for all suspected Kawasaki cases due to risk for coronary artery aneurysms and other cardiovascular complications.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025



Abstract N°: 805

Successful Management of Prurigo Pigmentosa in a Young Ballet Dancer: A Case Report on Diagnostic Challenges and Treatment Outcomes

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Introduction & Objectives

Prurigo pigmentosa (PP) is a rare inflammatory dermatosis characterized by the sudden onset of pruritic papules and patches, predominantly affecting adolescents and young adults. Its clinical overlap with other dermatological conditions and lower prevalence in Europe—compared to Japan—makes diagnosis challenging. This case report details a complex presentation of PP in a 17-year-old ballet dancer, emphasizing the interdisciplinary approach for accurate diagnosis and the effectiveness of doxycycline in resolving skin lesions and pruritus.

Materials & Methods

A 17-year-old ballet dancer presented with pruritus and erythematous papules on her chest, back, and gluteal region. The lesions developed over two months, worsening recently. She reported a weight loss of 6 kg and amenorrhea for three months. Despite no ketogenic or restrictive diet, she trained intensively for auditions six times weekly. Dermatological examination revealed confluent erythematous papules in a reticular pattern with occasional keratotic papules on her back and intergluteal and intermammary regions. Initially diagnosed with contact dermatitis, the diagnosis was revised after worsening symptoms following seven days of topical corticosteroids. Differential diagnoses included PP, pityriasis versicolor, confluent and reticulated papillomatosis (CARP), and acanthosis nigricans.

Further evaluation excluded *Malassezia spp.* fungal infection through microscopy and Wood's lamp examination. Hormonal panels indicated adaptive hypometabolism due to caloric deficit, with reproductive hormones confirming functional hypothalamic amenorrhea. The patient's weight of 45 kg placed her in the 5th percentile, with a BMI of 16.9 kg/m^2, corresponding to the 2nd percentile. The endocrinological assessment indicated malnutrition, prompting the need for further interdisciplinary evaluation by a gastroenterologist and a psychological assessment to rule out eating disorders.

As part of the diagnostic evaluation, the patient underwent a biopsy of the skin lesions, which revealed mild epidermal thickening and acanthosis with dense neutrophilic aggregates surrounding hair follicles—findings consistent with PP.

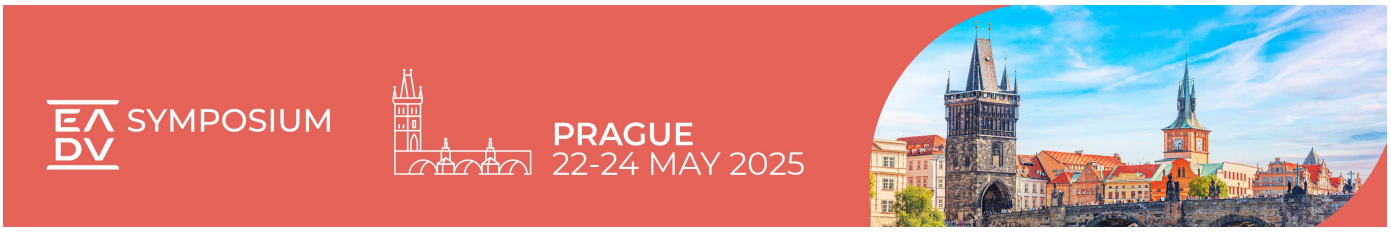
Results

Treatment was initiated with oral doxycycline at 200 mg/day for 10 days, followed by 100 mg/day for three months, alongside topical adapalene cream (1 mg/g). Three weeks into treatment, the patient showed complete regression of skin lesions and resolution of pruritus. Doxycycline continued until the planned three-month course was completed while adapalene was applied locally for long-term management.

Conclusion

This case highlights the complexities involved in diagnosing PP in an active young individual. The initial misdiagnosis as contact dermatitis underscores the need for thorough clinical evaluation and histopathological assessment when faced with atypical skin lesions. The successful treatment with doxycycline resulted in complete regression of symptoms, demonstrating its efficacy in managing PP. Additionally, this case emphasizes the importance of considering underlying

factors such as nutritional status and physical activity in adolescents with skin conditions. The interdisciplinary approach involving dermatology, endocrinology, and potentially gastroenterological and psychological evaluation illustrates the necessity of comprehensive care for managing complex dermatological presentations.



Abstract N°: 816

Primary Cutaneous B-Cell Lymphoblastic Lymphoma of the Scalp: A Rare Case Report in a Child

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Introduction & Objectives:

Pediatric head and neck tumors are common, although most of them are inflammatory rather than malignant. Primary cutaneous B-cell lymphoblastic lymphoma (B-LBL) is a rare malignancy that arises in the skin without extracutaneous involvement. Given its rarity, accurate diagnosis and thorough staging are crucial for appropriate treatment and treatment planning.

Materials & Methods:

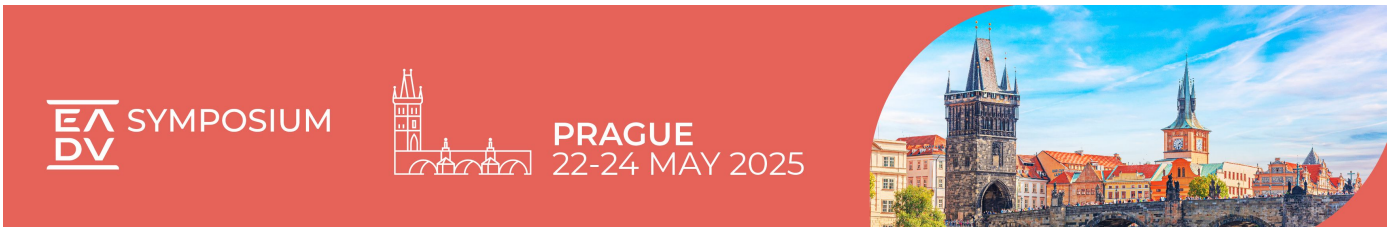
An 8-year-old female patient presented with a painful, solitary, nodular lesion on the scalp that was approximately 5 cm in diameter. The lesion was characterized by alopecia, a dry and shiny surface, epidermal scaling and mobility in relation to the underlying tissue.

Results:

Initial histopathological assessment was inconclusive due to the limited and fragmented nature of the biopsy specimen. Subsequent biopsy supplemented by immunohistochemical analysis revealed extensive infiltration of lymphoid cells expressing terminal deoxynucleotidyl transferase (TdT), common acute lymphoblastic leukemia antigen (CALLA), paired box 5 (PAX-5), CD79a, CD43 and CD34, while expression of CD20, CD3 and myeloperoxidase (MPO) was absent. The Ki-67 proliferation index was strikingly high (80–90%). Comprehensive staging, including bone marrow biopsy, positron emission tomography (PET) and cerebrospinal fluid analysis, confirmed the absence of extracutaneous disease. Based on these findings, the diagnosis of B-LBL was made. The patient received systemic chemotherapy (EURO-LB 02 protocol), which led to a complete regression of the tumour. There were no signs of recurrence over a follow-up period of 5 years.

Conclusion:

The diagnosis of primary cutaneous B-LBL is a major challenge as pediatric cutaneous lymphomas are rare. While cutaneous B-LBL can present as a primary skin lesion, they are more often associated with systemic disease. Therefore, comprehensive staging at the time of diagnosis is critical to rule out spread and ensure appropriate treatment. It is important that dermatologists and pediatric oncologists consider primary cutaneous B-LBL as a differential diagnosis for scalp and head tumors to ensure prompt and accurate intervention.



Abstract N°: 917

A clinical study of prevalence and pattern of genital, perineal, perianal and gluteal dermatoses in children

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Introduction & Objectives:

Dermatoses affecting the genital, perineal, perianal, and gluteal areas in children occur as a result to various causes, including infections (venereal and non-venereal), inflammatory conditions, keratinization disorders, nutritional deficiencies, and congenital disorders. Our objective was to study the prevalence and pattern of genital, perineal, perianal and gluteal dermatoses in children.

Materials & Methods:

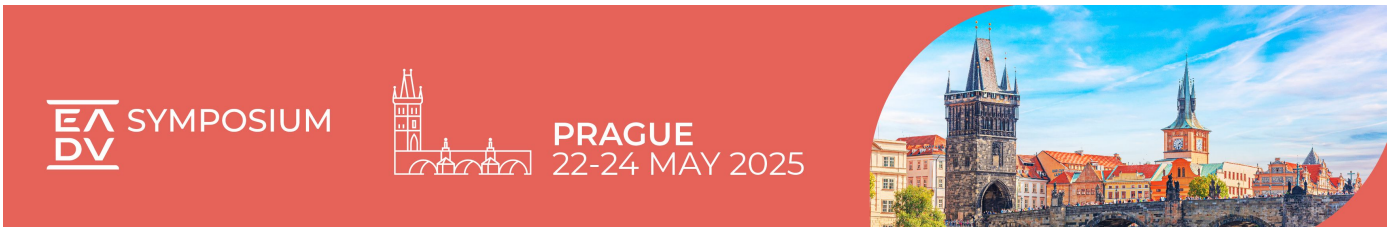
A prospective study conducted from December 2022 to December 2024 evaluated the prevalence and patterns of these dermatoses in children attending the outpatient departments at our centre. A total of 464 children, aged from birth to 18 years, were included.

Results:

Of the 464 children, 281 (60.56%) were males and 183 (39.43%) females. Common symptoms included lesions with itching, pain, and discharge, with disease duration ranging from birth to 10 years. Localized disease to only genitals was observed in 34 (7.9%) cases, genitals with inguinal folds and gluteal involvement in 148(34.4%) while 282 (65.6%) had generalized involvement. Infective conditions accounted for 385 cases (82.97%), including 6% sexually transmitted diseases, whereas 66 cases of inflammatory conditions (14.22%) of which 0.5% drug reaction were seen. Candidal infections (26.8%) and seborrheic dermatitis (14.3%) were most common in neonates and infants. In toddlers and school-aged children, scabies (38%) and hand-foot-mouth disease (28.5%) prevailed while in inflammatory conditions diaper dermatitis (3.6%) and Gianotti-Crosti syndrome (3.2%) were common, while adolescents had high rates of scabies (45.4%) and intertrigo (14.5%).

Conclusion:

The unique anatomy and physiological factors of these areas predispose children to various dermatoses, highlighting the need for increased parental awareness, especially regarding rising sexually transmitted infections.



Abstract N°: 1090

Comprehensive Approach to the Management of PHACE Syndrome: A Case Presentation

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Comprehensive Approach to the Management of PHACE Syndrome: A Case Presentation

Introduction & Objectives:

PHACE syndrome is an associated collection of rare congenital disorders with cutaneous and extracutaneous abnormalities. A large haemangioma is usually the presenting complaint of more complex internal abnormalities, which may be life-threatening if left undetected.

Materials & Methods:

A 21-day-old baby girl presented with large erythematous macules covering most of her face, with nodular growth and ulceration on the left lower lip and right pinna. Born at 36 weeks via emergency cesarean section due to premature rupture of membranes, she had a low birth weight. Her mother, a 28-year-old primigravida with gestational diabetes, first noticed erythematous patches at one week of age, which progressed to ulceration by day 16.

Examination revealed bilateral large segmental hemangiomas involving the face, beard area, eyes, lips, and ears, with ulceration. A clinical diagnosis of bilateral PHACE syndrome was made. Brain ultrasound showed left cerebellar hypoplasia with prominent cisterna magna, and echocardiogram detected non-life-threatening congenital heart defects.

The child developed worsening ulceration and hemangioma growth while awaiting further imaging. She was started on prednisolone with antibiotic coverage and continued wound care. Brain imaging confirmed structural abnormalities consistent with Dandy-Walker complex, while a Doppler study of brain vessels was normal. After excluding contraindications, propranolol (0.68 mg/kg) was initiated and adjusted based on response, while prednisolone was tapered. The treatment led to significant regression of hemangiomas.

However, tissue necrosis occurred at a propranolol dose of 1.8 mg/kg/day, prompting dose reduction and reintroduction of prednisolone. Necrosis stabilized, allowing gradual propranolol escalation and prednisolone tapering. The child was discharged with oral and topical beta-blockers and showed marked improvement after two months, with hemangiomas regressing and ulcers healing with minimal scarring. Multidisciplinary care continues, with reconstructive surgery and laser therapy planned.

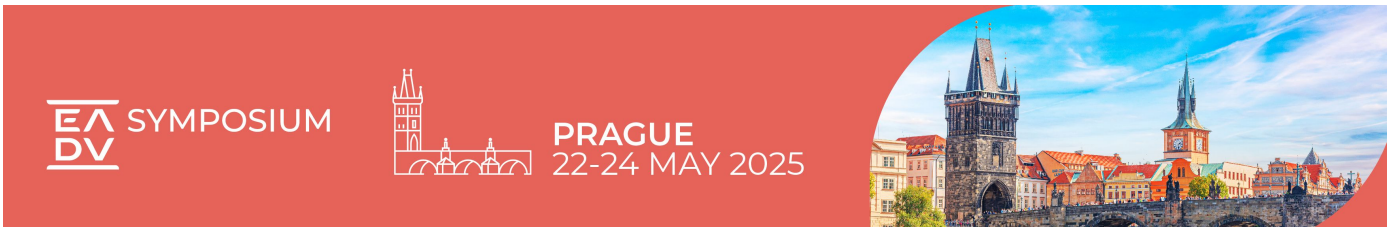
Results:

PHACE syndrome presents several challenges due to its complex and multifaceted nature ranging from cosmetic disfigurement to life-threatening complications. Addressing the psychosocial impact of PHACE syndrome on patients and their families presents an additional management challenge. Collaboration among specialists ensures that each aspect of the syndrome is thoroughly evaluated and appropriately managed.

Conclusion:

PHACE syndrome presents several challenges due to its complex and multifaceted nature ranging from cosmetic disfigurement to life-threatening complications. Collaboration among specialists ensures that each aspect of the syndrome

is thoroughly evaluated and appropriately managed. Propranolol should be used with caution in the management of hemangiomas associated with PHACE syndrome



Abstract N°: 1097

A case of pediatric alopecia mucinosa

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Introduction & Objectives:

Follicular mucinosis represents an uncommon inflammatory disorder, characterized by the accumulation of mucin within the follicular epithelium and the sebaceous glands. The etiology is unknown. Two types of alopecia mucinosa have been described so far: a primary type, unrelated to other diseases, and a secondary one related most frequently to mycosis fungoides. Clinically, it presents as erythematous papules and plaques accompanied by non-scarring alopecia, frequently distributed on the head and neck, mainly manifesting among children and young adults.

Materials & Methods:

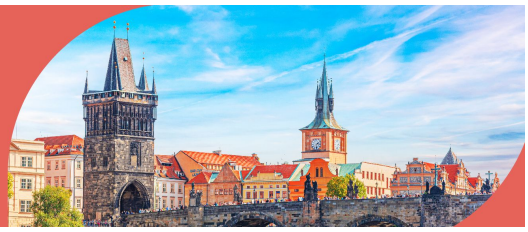
We hereby report the case of a 17 year old boy, who presented to the Pediatric Dermatology department with three alopecic oval-shaped, slightly erythematous plaques and rare follicular papules and scales within the plaques on the trunk and posterior right calf. Dermatoscopy showed broken hairs, thin perifollicular scales and empty follicles. Wood lamp examination revealed yellow-green follicular fluorescence, suggestive for fungal infection. Treatment with topical isoconazole and oral terbinafine was initiated, the former one being discontinued due to the diagnosis of viral meningitis with enterovirus several days later. The initial good response consisted in decreased erythema and scales, but later the plaques became entirely alopecic. A cutaneous biopsy from the posterior right calf lesion was performed. Blood tests were normal, excepting a low vitamin D level.

Results:

Histopathology revealed mucin deposits (Alcian blue) and disconnected keratinocytes in the follicular epithelium. PAS and Giemsa negative colorations excluded fungal and bacterial infection. A positive diagnosis of follicular mucinosis was established and topical treatment with betamethasone and keratolytics was initiated, afterwards changed to local tacrolimus ointment 0, 1%. A good evolution was observed, with normal growing hairs and absent erythema.

Conclusion:

Follicular mucinosis represents a challenging diagnostic, especially in the context of an atypical localization, such as the calf or the trunk. The young age, the low number of lesions and the absence of epidermotropism or atypical lymphocytes on pathology suggest a primary subtype.



Abstract N°: 1110

Cutaneous mastocytosis in pediatric patients: paraclinical examinations and management

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Introduction & Objectives:

Mastocytosis, a rare myeloproliferative disease, represents a group of disorders characterised by the expansion and accumulation of mast cells in one or more organ systems. Mast cells may be located on the skin, liver, spleen, bone marrow, gastrointestinal tract, or lymph nodes. The most common form is cutaneous mastocytosis , in which mast cells infiltration is limited to the skin. On the other hand, the WHO classification includes three types of mastocytosis: the cutaneous one (mentioned before), the systemic disease and the mast cell sarcomas. Although it is a genetic disease, caused by a mutation of the KIT gene on the 4q12 chromosome, this pathology, most often, is sporadic, and has no family history of mastocytosis. As for cutaneous mastocytosis, there are three main forms : maculopapular cutaneous mastocytosis or urticaria pigmentosa, diffuse cutaneous mastocytosis, mastocytoma of the skin. The objectives of this paper are to characterize the main forms of cutaneous mastocytosis, and to to list the main lines of treatment.

Materials & Methods:

In this paper, we present 5 clinical cases of pediatric patients with cutaneous mastocytosis: 1 form of urticaria pigmentosa, 1 form of diffuse cutaneous mastocytosis and 3 forms of mastocytoma of the skin. In all cases, the diagnosis was established based on skin exam and positive Darier sign. Only for the maculo-papular form, skin biopsy with histological examination was recommened, in order to confirm the diagnosis. Also, in order to exclude systemic involvement, we performed complete blood tests, abdominal ultrasound, serum tryptase level; only in one case, we also tested the patient for KIT mutation. All paraclinical exams, in all pediatric patients, were within normal limits.

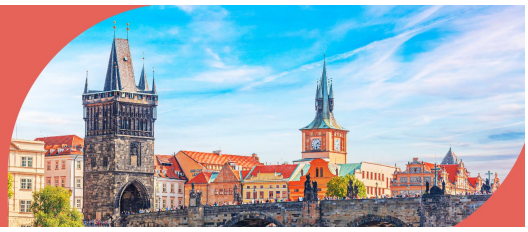
Results:

In all forms, rubbing or scratching an area of skin affected by mastocytosis results in redness, swelling, itching, and occasionally blistering within a few minutes (Darier sign).

The management of our patients included avoiding potential triggering agents, antihistamines and topical steroids. The evolution was favorable, with few acute episodes, that were managed with rapid response.

Conclusion:

In conclusion, pediatric patients with cutaneous mastocytosis should be managed interdisciplinary, with a view to rapid diagnosis and prevention of complications.



Abstract N°: 1171

Not always opting for surgical drainage: Consider cytosteatonecrosis

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Introduction & Objectives:

Subcutaneous fat necrosis of the newborn (SFNN) is a rare panniculitis that occurs in the first few days to weeks of life. Early recognition is crucial to prevent unnecessary interventions and monitor for potential complications, particularly hypercalcemia.

Materials & Methods:

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

Results:

We report the case of a 1.5-month-old female infant, weighing 3 kg, born at home via

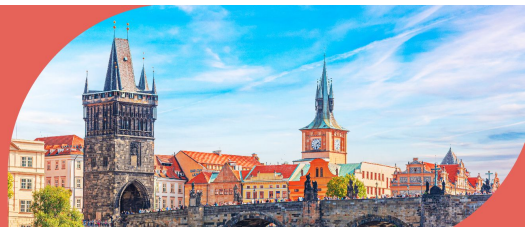
vaginal delivery. She had a history of hospitalization at 28 days of life for sepsis, treated with triple antibiotic therapy. She presented to the pediatric emergency department with multiple erythematous to violaceous, indurated subcutaneous nodules involving the entire skin. Some lesions were fluctuant, draining an oily, white material. The largest nodule measured 7 cm in diameter. The condition evolved in a febrile context. Bacteriological cultures were negative, but hypercalcemia was detected at 110 mg/L.

A skin biopsy revealed lobular panniculitis with histiocytic predominance and crystallization of fatty acids within adipocytes, confirming the diagnosis of SFNN. The pediatric surgeons initially considered surgical drainage, but the correct diagnosis prevented an unnecessary procedure.

Corticosteroid therapy was initiated with an initial bolus of 15 mg/kg/day for 3 days, followed by a maintenance dose of 0.3 mg/kg/day, gradually tapered over two months. The lesions resolved completely without further complications.

Conclusion:

This case highlights the importance of early recognition to avoid unnecessary surgical interventions and ensure appropriate management. Pediatricians and pediatric surgeons should be aware of this entity to prevent misdiagnosis and unnecessary procedures



Abstract N°: 1182

Hypopigmented Patch in a 6-Year-Old Patient Following Herpes Simplex Virus Infection: A Case of Segmental Vitiligo

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Introduction & Objectives:

Segmental vitiligo (SV) is a rare form of vitiligo characterized by unilateral, localized depigmentation. Its etiology remains unclear, though autoimmune, neural, and genetic factors have been proposed. Recent studies suggest a potential link between viral infections, particularly herpes simplex virus (HSV), and the onset of SV. We present a case of a 6-year-old girl with no significant medical history who developed a hypopigmented patch following a HSV infection, highlighting the importance of understanding this correlation for tailored treatment.

Materials & Methods:

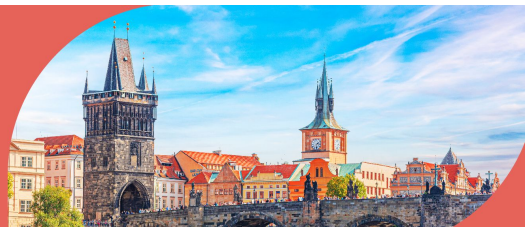
A 6-year-old girl presented with a hypopigmented patch near the left labial commissure, appearing two weeks after a resolved herpes labialis infection. Clinical examination revealed a well-defined, depigmented macule consistent with SV. No other cutaneous or systemic abnormalities were noted. The patient was initially treated with antiviral therapy for the HSV infection. Dermatoscopic evaluation and Wood's lamp examination confirmed the diagnosis of SV. The absence of family history or other autoimmune conditions supported the hypothesis of a post-viral trigger.

Results:

The association between HSV and SV is poorly understood but increasingly recognized. HSV may trigger SV through mechanisms such as localized inflammation, immune dysregulation, or molecular mimicry. Literature reports similar cases where viral infections precede SV onset, suggesting a potential pathogenic role. In this case, the temporal relationship between HSV infection and SV development supports this hypothesis. Antiviral therapy, while effective for HSV, did not prevent SV onset, underscoring the need for further research into prophylactic or combined treatments. Early recognition of this correlation is crucial for adapting therapeutic strategies, potentially incorporating antivirals or immunomodulators in SV management.

Conclusion:

This case highlights the potential role of HSV in triggering SV and emphasizes the importance of recognizing viral associations in vitiligo pathogenesis. Understanding this correlation could lead to more targeted therapies, improving outcomes for patients with post-viral SV. Further studies are needed to explore the mechanisms linking HSV and SV and to optimize treatment protocols. Early intervention and tailored approaches may mitigate the long-term impact of this condition, particularly in pediatric patients.



Abstract N°: 1240

presentation of acrodermatitis enteropathica in an infant

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

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Introduction & Objectives:

Acrodermatitis enteropathica (AE) is rare hereditary autosomal recessive disease caused by a defect in zinc metabolism, leading to a zinc deficiency.

Materials & Methods:

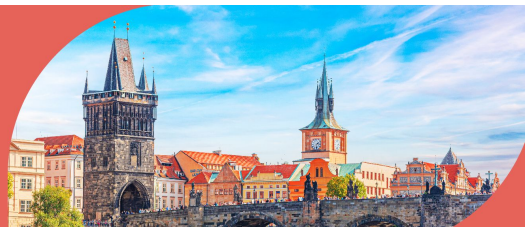
We report a case of a nine-month-old female infant diagnosed with acrodermatitis enteropathica.

Results:

We report the case of a nine-month-old female infant who presented with psoriasiform and eczematous skin lesions distributed acrally across all four extremities. The symptoms began one month after weaning from breast milk at the age of six months. Notably, the patient did not have a history of diarrhea or hair loss. Physical examination revealed well-demarcated erythematous and crusted lesions in the periorificial region and on all extremities. Laboratory tests showed a significantly low serum zinc level of 168 µg/L (reference range: 553–1046 µg/L). A biopsy from an early lesion revealed histopathological findings consistent with AE, including spongiosis, parakeratosis, keratinocyte necrolysis, thinning of the malpighian layer, and absence of a granular layer. The diagnosis of AE was confirmed based on the clinical, serum zinc level and pathological features. The patient was initiated on oral elemental zinc supplementation at 3 mg/kg/day. Within two weeks of treatment, all skin lesions resolved completely. Regular monitoring of serum zinc levels every 3–6 months allowed dose adjustments to maintain the lowest effective dose.

Conclusion:

AE is a rare inherited disorder that affects zinc metabolism and is characterized by a triad of alopecia, diarrhea, and acral and perioral dermatitis. This case highlights the diagnostic challenge posed by atypical presentations of AE, particularly in the absence of diarrhea and alopecia, as in our patient. AE occurs as a result of inherited mutations in the SLC39A4 gene that impair zinc absorption. Zinc deficiency in AE impairs keratinocyte proliferation and differentiation, weakening the skin barrier. This leads to persistent inflammation, erythema, and crusting, while also increasing susceptibility to secondary infections. Lesions are often localized to acral and periorificial areas, likely due to higher mechanical friction and metabolic demands in these regions. The clinical features observed in this patient, psoriasiform and eczematous lesions in the acral and perioral areas, are typical of AE. The diagnosis is further supported by histopathological findings of spongiosis, parakeratosis, and keratinocyte necrolysis. Measurement of serum zinc remains an important diagnostic tool, as values below the reference range confirm deficiency. Early detection and treatment of AEs is critical, as delayed treatment may result in significant morbidity and complications. The rapid healing of this patient’s lesions following oral zinc supplementation highlights the effectiveness of early intervention. The dose of 3 mg/kg/day of elemental zinc is in line with current recommendations, and regular monitoring can optimize the dose to prevent deficiency and possible toxicity.



Abstract N°: 1243

Pseudoxanthomatous Mastocytosis: A Rare Diagnosis and Dermatoscopic Evaluation in a Pediatric Case

Rumeysa Nimet Bayraktar[1], Belkiz Uyar[1], Yunus Özcan[1]

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Introduction & Objectives: Cutaneous mastocytosis (CM) is a disease characterized by the excessive accumulation of mast cells, primarily affecting the pediatric population. CM has various clinical forms, including urticaria pigmentosa, solitary mastocytoma, telangiectasia macular eruptiva persistens, diffuse CM, and erythrodermic mastocytosis. One of these is pseudoxanthomatous mastocytosis, a rare variant. This form is recognized by yellowish papules and nodules that resemble xanthomatosis and can often pose challenges during dermatological examination.

Materials & Methods: A 4-year-old girl presented with yellowish patches and plaques disseminated on the trunk, groins, arms, and the medial aspect of the right hand. According to her mother, lesions first appeared in the groins at the age of 1. The patient had no prior history of skin or systemic diseases. Family history was unremarkable, and she was not on any regular medications. Dermoscopic examination revealed star-shaped macular erythemas on yellow-orange structureless areas. Darier's sign was positive. Laboratory tests showed low vitamin D levels and elevated free T3. Serum tryptase level was normal (4.92 µg/L). A biopsy was performed to differentiate between urticaria pigmentosa, xanthoma, mastocytosis, and Shagreen patches. Histopathological examination revealed dense infiltration of mast cells with amphophilic cytoplasm and round nuclei in the papillary dermis. Immunohistochemical analysis showed positive CD117 and tryptase staining. Based on the clinical and histopathological findings, the patient was diagnosed with pseudoxanthomatous mastocytosis. She was referred to her pediatrician for further evaluation for systemic mastocytosis.

Results:

Mastocytosis is a heterogeneous group of diseases caused by the excessive proliferation of mast cells in skin or internal organs. Diffuse cutaneous mastocytosis, which constitutes 1.74% of cutaneous mastocytosis cases, is a rare and severe form that can affect the entire skin surface. In this form, widespread reddish-brown color changes resembling "peau d'orange" and yellowish or brown nodules similar to pseudoxanthoma elasticum or xanthomas can be observed.

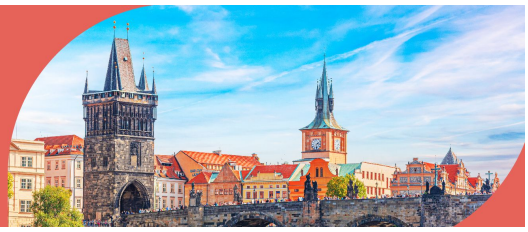
Conclusion:

Pseudoxanthomatous mastocytosis is also characterized by yellowish papules and nodules resembling xanthomas. The prevalence of this variant ranges from 8% to 25%, and it can occur in both children and adults. In children, solitary mastocytosis generally follows a benign course, with spontaneous resolution, while in adults, severe clinical presentations are more common.

Patients with Pseudoxanthomatous mastocytosis are at a higher risk than other forms of cutaneous mastocytosis, and they are more likely to suffer severe systemic complications including hypotension, anaphylaxis, severe diarrhea, and gastrointestinal manifestations because of the much higher concentration of mast cell mediators In pseudoxanthomatous mastocytosis, symptom severity will lessen over time and usually resolves spontaneously between the age of 15 months and 5 years.

Pseudoxanthomatous mastocytosis, a rare form of cutaneous mastocytosis, can be characterized clinically by patches and plaques that resemble xanthoma. Dermatoscopic examination of these cases may reveal star-shaped macular erythemas over yellow-orange structureless areas. Histopathological examination should be performed to confirm the diagnosis.

EA DV SYMPOSIUM PRAGUE 22-24 MAY 2025



Abstract N°: 1264

epidemioclinic profile of dermatopediatric consultations : a case series

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

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Introduction & Objectives:

Skin lesions are visible and have a psychosocial impact, thus children often need dermatological consultations. This study investigates if pediatric dermatology is dominated by infectious disorders at a tertiary hospital, as it's the case in many other regions, the objective is to characterize the epidemiological and clinical features of pediatric dermatology consultations. These observations are intended to enhance pediatric preventative interventions, healthcare methods, and resource allocation.

Materials & Methods:

During the course of three months (January–March 2023), a retrospective descriptive analysis was carried out in the hospital consultations. All pediatric patients who saw a dermatologist between the ages of two months and fifteen were included in the study. Medical records were used to gather information on clinical diagnosis, age, sex, and chronicity of disease. Using established criteria, diagnoses were categorized into groups like autoimmune, infectious, and inflammatory illnesses. Descriptive data were produced by statistical analysis using Jamovi 2.4.14. Because the design was retroactive, anonymised, ethical approval was not required.

Results:

A total of 120 pediatric consultations were examined; the gender distribution was equal, and the median age was 8 years (IQR: 4–12). The largest group consisted of school-aged children (6–12 years; 39.8%, n=43), followed by preschoolers (2–5 years: 31.7%, n=38) and teenagers (13–15 years: 20.8%, n=25). 7.5% (n=9) were newborns and infants under the age of two.

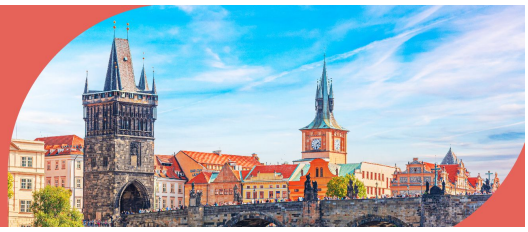
Atopic dermatitis (19.3%, n=23) and psoriasis (4.2%, n=5) were the most common inflammatory diseases (36.1%, n=43). Scabies (6.7%, n=8), viral rashes (5.0%, n=6), and dermatophytosis (2.5%, n=3) were among the infectious disorders that came in second (16.0%, n=19). Tumors and autoimmune diseases each made up 7.6% (n=9), while appendage disorders such as acne and scalp pathologies reached 8.4% (n=10). Chronic illnesses, including persistent inflammatory disorders, comprised

69.7% (n=83) of cases. Acute conditions (30.3%, n=36) were predominantly infections, including bacterial pyodermas and fungal dermatoses.

Conclusion:

This study highlights a unique profile of our country's pediatric population with a higher inflammatory and chronic diseases Strong neonatal screening programs and long-term care systems are essential given the prevalence of chronic dermatoses including atopic dermatitis and congenital abnormalities. Even though infectious diseases were less common, their continued prevalence emphasizes the value of community-level preventive efforts and hygiene instruction in schools. The short study period and single-center design are limitations that could impact generalizability. It is advised that further multicenter studies with longitudinal follow-up confirm these results and address regional disparities in pediatric

dermatological care.



Abstract N°: 1270

Chronic recurrences of acute hemorrhagic edema in infancy: a rare case and treatment insights

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Introduction & Objectives:

Acute hemorrhagic edema of infancy (AHEI) is a benign variant of leukocytoclastic vasculitis, triggered by an infectious episode, vaccination, or medication. It typically resolves spontaneously and rarely relapses. This case report describes a severe recurrent episode of AHEI in an infant aged 2 years and 8 months, occurring over 18 months.

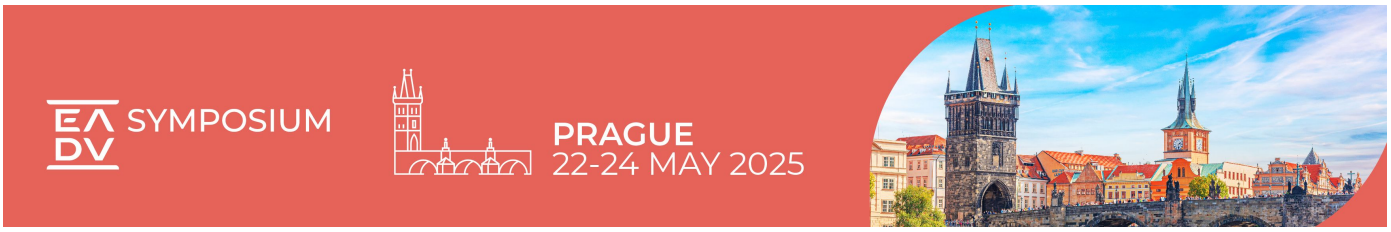
Materials & Methods:

Results:

The patient, a 2-year-and-8-month-old infant with no significant medical history, first presented at 14 months with bilateral eyelid edema and ecchymotic lesions on the face and limbs appeared following an upper respiratory infection, with a mild fever and spontaneous resolution. Over the next 18 months, the patient experienced recurrent episodes after each infectious episode (viral bronchiolitis, rhinopharyngitis, gastroenteritis), about 10 flare-ups annually, some associated with abdominal pain and one associated with a unilateral knee swelling. During each flare, papular, erythematous-purpuric and annular lesions were noted on the limbs and face, alongside eyelid edema. Urinary tests were always negative. Blood tests and CRP were normal, with no signs of acute intestinal invagination on ultrasound. Skin biopsy showed leukocytoclastic vasculitis without immunoglobulin deposits. Conservative treatment was recommended for each episode, with good progress. However, due to recurring episodes, oral corticosteroid therapy was initiated at 1 mg/kg/day for 1 month with a gradual decrease of 2.5 mg every 15 days, showing improvement within the first month, even after infections or vaccinations.

Conclusion:

Acute hemorrhagic edema of infancy is a rare but typically self-limiting condition, most commonly triggered by infections, vaccinations, or medications. Although the majority of cases resolve spontaneously without recurrence, some children may experience multiple episodes, as seen in our patient, who had 20 flare-ups over an 18-month period. The recurrent nature of the condition, especially when associated with infections, may require closer monitoring and, in some cases, the use of corticosteroids to control symptoms and prevent further flares. While the prognosis is generally favorable, with a good overall outcome, the potential for recurrence and the risk of complications such as joint or abdominal symptoms necessitate individualized management strategies. This case illustrates the need of continued research to better understand the pathophysiology of this condition and to optimize therapeutic approaches for recurrent or severe cases.



Abstract N°: 1342

pediatric lichen: an underestimated condition ? insights from a case series

Imane Hakim*[1], Bendaoud Layla[2], Mariem Aboudourib[2], Said Amal[2], Hocar Ouafa[2]

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[2]University Hospital Mohammed VI, Dermatology, Bioscience and Health laboratory, Marrakech, Morocco

Introduction & Objectives:

Lichen is a chronic inflammatory dermatosis that occurs preferentially in middle-aged adults. It is uncommon in children. Various clinical forms have been described in the literature. We describe the epidemiological and clinical features of lichen in children in a series of 34 cases.

Materials & Methods:

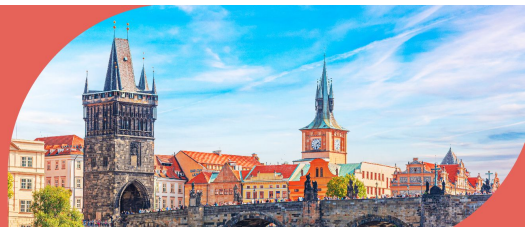
This is a retrospective descriptive study including all cases of children with lichen who consulted our dermatology department, over a period of 14 years and 8 months from January 2010 to August 2024.

Results:

Over a period of 14 years and 8 months, 34 cases of lichen were recorded. There were 25 girls and 9 boys. The sex ratio was M/F = 0.36. Mean age was 10 years (range 4-16 years). Phototype ranged from III to IV. The mean duration of lesion development was 19.4 months. One patient had a similar case in the family. Clinical forms were dominated by lichen planus in 67.64% of cases: pigmentogenous lichen in 8 cases, classical lichen in 5 cases, actinic lichen in 2 cases, lichen annulare and follicular lichen in one patient each. Nail lichen was found in 7 patients. Scleratrophic lichen in 11 cases. No involvement of the oral mucosa was noted. Histological studies were carried out on 20 children, confirming our clinical diagnosis and eliminating other differential diagnoses (16 skin biopsies and 4 nail biopsies). Peladic dermatitis and vitiligo were associated in one case each. Treatment was based on strong to very strong class dermocorticoids combined with topical tacrolimus, in localized cutaneous and scleratrophic vulvar forms. In generalized forms (cutaneous and nail), general corticosteroid therapy was indicated, either orally or in the form of monthly injections. A depigmenting treatment combined with emollients was also used.The evolution was marked by regression of clinical lesions and partial improvement without recurrence in the majority of patients.

Conclusion:

We report a large series of cases of lichen in children. It confirms the data in the literature regarding the rarity of this entity and the partially satisfactory response to treatment. Most therapies lack solid evidence of efficacy, and a more lucid consensus on the treatment of pediatric lichen is urgently needed.



Abstract N°: 1729

Pediatric Rosacea in Patients with Skin of Color: A Case Series

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

[1]Charles Nicolle Hospital, tunis

Introduction & Objectives:

Rosacea is rare in children, especially in those with darker skin phototypes. Pediatric rosacea often presents with clinical differences compared to adults, which may lead to delays in diagnosis and treatment. To describe the epidemiological and clinical characteristics of pediatric rosacea in a North African population.

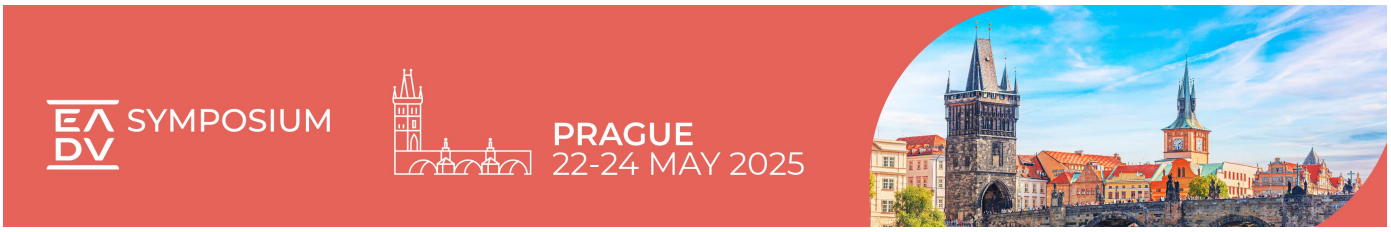
Materials & Methods: We conducted a retrospective, monocentric study of all pediatric rosacea cases over a 5-year period (2019-2024).

Results:

Five cases were included: three males and two females, with a mean age of 6 years (2-13). Three patients had phototype IV, one had phototype III, and one had phototype II. A family history of rosacea was found in three cases. Reported symptoms included sensations of warmth, heat, burning, and/or pain, with flushing in three cases. Dermatological examination revealed centrofacial redness with telangiectasias in three cases, and erythematous papules and pustules in two cases. Dermoscopy was performed on patients with an erythematotelangiectatic phenotype, showing linear and polygonal vessels. Ocular involvement was found in four cases: recurrent chalazion in two, meibomitis in two, blepharoconjunctivitis in one, and corneal neovascularization in one case. All patients were educated on avoiding triggers. One case was treated with topical ivermectin, while three received systemic treatment: doxycycline in two patients over 8 years old and oral suspension metronidazole in one, with a positive response.

Conclusion:

This case series underscores the underdiagnosis of oculocutaneous rosacea in dark-skinned pediatric populations and emphasizes the importance of early recognition. Dermoscopy can assist in making an accurate diagnosis. A positive family history of rosacea is common in affected children, suggesting a strong familial link. Ocular involvement is prevalent in younger patients and often precedes cutaneous symptoms. It should be systematically evaluated, as inadequate treatment may lead to serious complications, including blindness.



Abstract N°: 1756

Skin and Sweat Gland Alterations in Children Treated with Growth Hormone: Case Series

Katerina Grafanaki*[1], Anthi Foka[1], Efstathia Pasmatzi[1]

[1]University Hospital of Patras, School of Medicine, Department of Dermatology - Venereology, Patras, Greece

Introduction & Objectives: The growth hormone (GH)/insulin-like growth factor-1 (IGF-1) axis affects the skin and sweat glands through direct and indirect mechanisms, leading to various dermatological manifestations. Despite these effects, the relationship between GH therapy and specific dermatological conditions remains underexplored.

Objective: To describe two cases of dermatological side effects associated with GH therapy in pediatric patients and discuss their implications.

Materials & Methods:

- **Case 1**: An 8-year-old girl with GH deficiency developed psoriatic-like plaques three months after initiating recombinant GH therapy. Family history revealed psoriasis in a maternal relative.
- **Case 2**: An 11-year-old girl receiving GH therapy for early puberty presented with persistent heat intolerance and palmar hyperhidrosis five months after treatment initiation. Comprehensive clinical and biochemical evaluations were conducted in both cases.

Results:

- **Case 1**: The psoriatic lesions resolved following discontinuation of GH therapy and initiation of topical treatments, although relapses occurred after treatment cessation. Naranjo's probability scale suggested a likely association between GH therapy and psoriasis.
- **Case 2**: Symptoms of hyperhidrosis and heat intolerance subsided after stopping GH therapy and using topical agents like glycopyrrolate and propantheline. Persistent sweat gland hyperactivity highlighted potential irreversible changes from GH excess.

Conclusion: GH therapy can induce dermatological side effects such as psoriatic lesions and sweat gland dysfunction, particularly in genetically predisposed children. Awareness of these potential adverse effects is essential for early diagnosis and management, ensuring safe GH use in pediatric populations.

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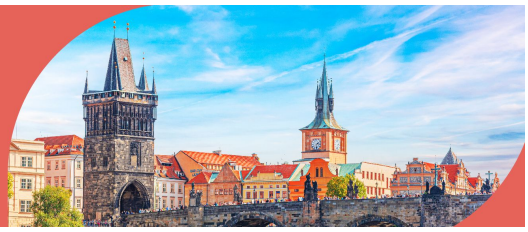

Abstract N°: 1801

Ophtalmiczoster, a rare affection in paediatric. About one case with no history of chickenpox.

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

[1]CHU mohammed 6, dermatology, marrakech, Morocco

Introduction & Objectives:

Zoster is caused by reactivation of the varicella zoster virus (VZV) which remains dormant in the dorsal sensory ganglia after chickenpox. Herpes zoster in children is rare, particularly the ophthalmic form, which can be responsible for serious ocular complications requiring adequate and early treatment.

We speak of ophthalmic zoster when the ophthalmic branch of the trigeminal nerve: V is affected

We report a new case of a child with ophthalmic zoster**

Materials & Methods:

This is a 5-year-old boy, with no significant pathological history, in particular no notion of neonatal or maternal varicella during pregnancy or episode of varicella during early childhood; who consulted in the emergency room for a painful eruption taking the forehead, and the upper eyelid, evolving for 5 days.

The examination found an afebrile child with multiple vesicles grouped in a bouquet on an eryhematous background, involving the right side of the nose, the right hemi-forehead with oedema of the right upper eyelid and difficulty in opening the eye. . Ophthalmologic examination by slit lamp and fundus examination was unremarkable.

The diagnosis of ophthalmic shingles was retained and the child received intravenous aciclovir at 10mg/kg/8h. The evolution was marked by clinical improvement with regression of edema and pain. A minimal immune assessment was carried out, in particular a blood count, blood glucose test and HIV serology, the results were normal.

The follow-up at 1 month was marked with good evolution.

Results:

Ophthalmic shingles is a particular affection by its clinical presentation, its ocular complications and pain that remains potentially serious. It forms 10 to 30% of shingles cases. In children, it is rare and has a better prognosis (2)

An Indian study (3) found, out of 195 cases of shingles, 22 ophthalmic shingles, 10% of which affected children.

The circumstances of reactivation of the virus in children are unknown. However, you should look for: Maternal chickenpox contracted in the second and third trimesters of pregnancy that can cause shingles in infants or young children. (2)

Immunodepression: the risk of shingles would be multiplied by 122 according to Guess and al.(4) For patients with malignant pathologies, immunosuppression promotes the occurrence of herpes zoster, in particular for patients with acute leukaemia or lymphoma undergoing treatment; the same applies to patients taking cytotoxic chemotherapy or immunosuppressive treatments, and to patients carrying the HIV virus.

The particularity of our case lies in the pediatric form, the absence of an episode of varicella preceding the current episode of herpes zoster, the absence of an episode of maternal varicella during pregnancy and the negative immunosuppression balance sheet.

Conclusion:

Ophthalmic shingles is a rare condition in immunocompetent children, with no prior notion of varicella, but remains more favourable in evolution than in adults.

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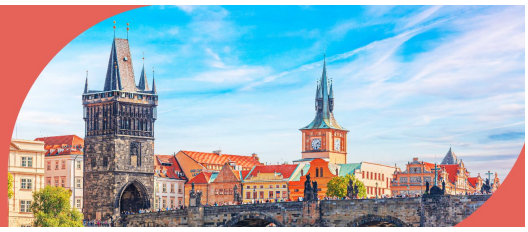


Abstract N°: 1966

JUDr. MUDr. Tomáš Uhrin, PhD., MUDr. Michaela Uhrinová Vukušičová, MUDr. Klára Martinásková, PhD.

Tomas Uhrin*[1]

[1]Fakultná nemocnica s poliklinikou J. A. Reimana Prešov, Dermatovenerology, Presov

Introduction & Objectives:

Hay-Wellssyndrome, is a rare autosomal dominant disease which belongs to the ectodermal dysplasias. Examination of the patient with a focus on supon disease.

Materials & Methods:

Authors presents the case of a 29-year-old man. Hospitalized for the first time at the age of 18. He was repeatedly hospitalized at the Dermatovenerology Department in the years 2014, 2019 and 2022. The patient has continued to develop morbid skin manifestations in the area of the scalp since childhood with the appearance of cicatricial alopecia. The patient was first hospitalized in the dermatology department in the spring of 2014, when the condition was diagnosed as Pseudo kerion Celsi. In correlation with the characteristic facial dysmorphia of Hay-Wells syndrome and associated diseases in the patient was highly probable given diagnosis.

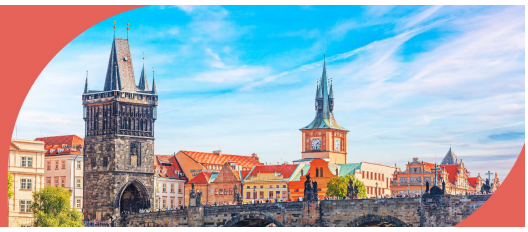
The genetic examination for the patient’s non-cooperation was completed only in 2022, the results were received only at the end of 2023.

Results:

In the proband, even after extensive investigation, the genetic etiology of the symptomatology was not found. The proband’s karyotype was normal, a panel examination of ectodermal dysplasias (including HayWells syndrome) indicated the presence of a possible duplication of exons 4-10 in the IKBKG gene, but SNP array examination did not confirm this finding. At the same time, no duplication/ deletion was detected within the genome with current diagnostic options.

Conclusion:

Diseased skin lesions in the capillitium may be the first visible manifestation of general diseases. The clinical manifestations of alopecia are variable, and some diseases may produce clinical and histopathologic features similar to this diagnosis. Awareness of this condition is important in the evaluation of biopsy in correlation with clinical manifestations to aid in early diagnosis and patient management.



Abstract N°: 2034

A rare case of benign cephalic histiocytosis with extrafacial dermatologic manifestations: A case report and the review of the literature

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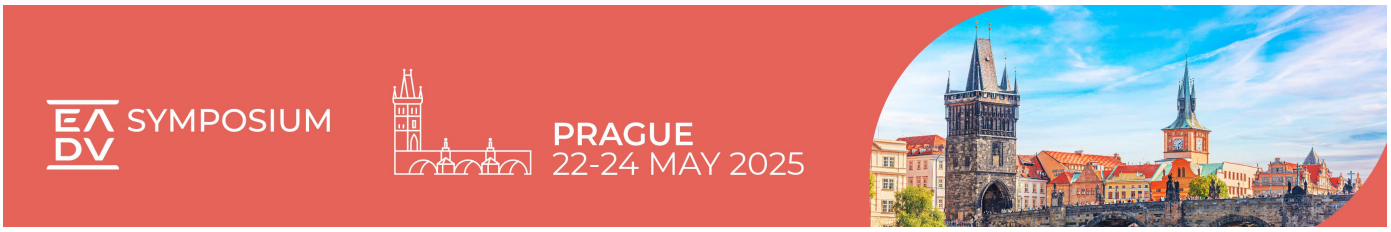
[2]Ankara Yildirim Beyazit University, Faculty of Medicine, Department of Dermatology and Venereology, Ankara, Türkiye
[3]Ankara Bilkent City Hospital, Department of Pathology, Ankara, Türkiye

Introduction & Objectives: Benign cephalic histiocytosis (BCH) is a rare histiocytic disorder characterized by the accumulation of histiocytes within the dermis. It is classified as a non-Langerhans cell histiocytic disorder. The pathophysiology of BCH remains poorly understood. Histopathological examination of the lesions reveals mononuclear histiocytes with abundant cytoplasm and oval-shaped nuclei, typically without significant atypia. These histiocytes are positive for CD68, while negative for Langerin and S100 protein, which is essential for distinguishing BCH from Langerhans cell histiocytosis. BCH typically affects infants within the first three years of life and shows no significant sex predilection. Approximately 70 cases have been documented in the literature. Clinically, BCH presents as yellowish-red to brown papules primarily localized to the face, although there have been approximately 26 reported cases of extrafacial involvement. BCH generally resolves spontaneously without the need for medical treatment and lesions tend to regress over time. While therapeutic intervention is rarely necessary, some cases may benefit from topical treatments or surgical excision for cosmetic purposes. Given its benign course, BCH has a favorable prognosis with no known long-term sequelae.

Materials & Methods: A case report of benign cephalic histiocytosis with extrafacial dermatologic manifestations is presented.

Results: A six-month-old male patient presented with complaints of red lesions resembling miliaria on his face. Dermatologic examination revealed asymptomatic yellowish-red papules bilaterally across the malar region, extending to the retroauricular area. Mucous membranes were unaffected. No lesions were noted on the extremities, palms, soles and trunk. Laboratory evaluations, including complete blood count, liver and renal function tests, lipid profile and electrolytes, were within normal limits. Total abdominal ultrasonography was unremarkable. A punch biopsy was performed. We observed new papules on the upper extremities during follow-up one month later. Histopathologic analysis revealed a proliferation of histiocytic cells in the upper and mid-dermis. Immunohistochemical staining showed diffuse positivity for CD68; while CD1a, CD21, CD30, S100 and Langerin were negative. Based on the clinicopathologic findings, the condition was identified as BCH, a type of non-Langerhans cell histiocytic disorder. Three months following the initial consultation, certain papules demonstrated healing with post-inflammatory hyperpigmentation, whereas new papules developed on both the face and upper extremities. The patient was scheduled for follow-up visits at six-month intervals.

Conclusion: Extrafacial involvement, such as upper extremity lesions, can occur in BCH. These cases are very rare. The scarcity of non-facial manifestations in the literature may contribute to misdiagnosis and unnecessary, aggressive treatments for other conditions, such as generalized eruptive histiocytosis and langerhans cell histiocytosis. Both clinical and histopathological findings are essential for accurate diagnosis; neither alone is sufficient. Assessment for potential systemic involvement and evaluation of laboratory parameters are crucial for differentiating BCH from other differential diagnoses.



Abstract N°: 2078

Epidemioclinical, therapeutic and evolutionary profile of Morphea in children in the dermatology department of the Mohammed VI University Hospital, Marrakech.

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

[1]CHU mohammed 6, dermatology, marrakech, Morocco

Introduction:

Morphea, or localized scleroderma, a rare inflammatory connective tissue disease characterized by inflammatory and sclerotic lesions of the skin. It is classified into five main types (plaque, linear, generalized, deep and mixed). It may be associated with extracutaneous manifestations, but never progresses to systemic scleroderma.

It is the most common form of scleroderma in children.

Through this series, we determine the epidemio-clinical, therapeutic and evolutionary characteristics of Morphea in children.

Materials & Methods:

A retrospective study of 10 patients who consulted our dermatology department over a 10-year period (2014-2024).

Results:

10 patients (6 girls and 4 boys) were identified, a sex ratio of 1,5. The mean age was 8.9 years (from 5 to 16). Progression ranged from 6 months to 4 years. 2 patients had iron-deficiency anemia, and 1had trauma as a precipitating factor. 1 patient had guttate psoriasis.

the linear type was in 5 cases, with 3 of monomelic subtype, superficial plaque in 4 cases, and 1 case had a mixed form. Number of lesions varied from 1 to 4, size was >2cm in all patients, and extension was <30% of the skin surface in 9. Extracutaneous manifestations were reported in 2 patients. Including depilation of the eyelashes and musculoskeletal involvement of the limbs. Pain was described in 1 patient.

Biopsy confirmed the diagnosis in all patients. With perivascular inflammatory infiltrates in 4 cases, collagen bundle anarchy in 1 and collagen fibrosis in 1. The immunological work-up carried out on 5 patients showed negative antinuclear antibodies in all 5.

Inflammatory workup showed inflammatory anemia in 1case, accelerated sedimentation rate in 1 and hypereosinophilia in 1. Boreal serology was not performed. Ultrasound of the soft tissue was requested in 1 patient, showing subcutaneous thickening with discrete densification of subcutaneous fat. None underwent magnetic resonance imaging .

The combination of 0.5 to 1 mg/kg/d of corticosteroids and 10 to 15mg/week of methotrexate, were indicated in all patients. Dermocorticoids were used in 1patient in association with general treatment, and as a relay to systemic treatment in others. Progression was partial improvement with softening of the skin and pigmented scarring in 5 patients, stabilization of lesions in 4 patients, and 1was lost.

Discussion:

Morphea, relatively rare, its pathophysiology is not elucidated.Autoimmune origin is suggested,with the existence of triggering factor such as trauma, infection or medication. In our series,only 1 patient had psoriasis, and 1 had trauma as a trigger.

Our study was also consistent with literature in age and female dominance.

Linear Morphea is the most frequent type in children, followed by Plaque Morphea. Articular involvement is the most frequent extra-cutaneous manifestation associated with linear Morphea, so in our series, only musculoskeletal involvement was described.

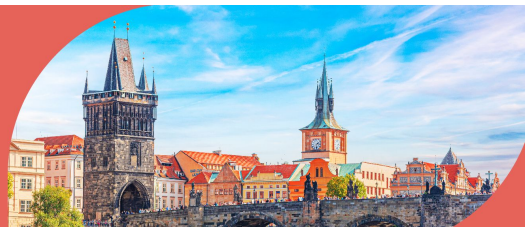
In the Tunisian series by L.Manaa, the AAN level was positive in over 40% of cases,suggesting the autoimmune origin. but, it was negative in all patients tested.

The inflammatory origin was supported by the positive work-up in 30%.

General treatment was indicated in all cases of Morpheus, for stabilization or improvement of lesions, and prevention of joint complications. Local treatment to maintain results.

Conclusion:

Despite its rarity, Morphea in children should not be ignored, in order to get early management and prevent complications and aesthetic sequelaes.



Abstract N°: 2085

Diastematomyelia revealed by a hypertrichosis on the back of a child

Zineb Mernissi[1], Mariem Aboudourib[1], Bendaoud Layla[1], Ouafa Hocar[1], Said Amal[1]

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Introduction & Objectives:

Diastematomyelia is a rare form of occult spinal dysraphism consisting of a splitting of the spinal cord. It is characterized by two hemicords separated by a bony or cartilaginous spur. Skin abnormalities on the back region are most commonly associated with this malformation. We report a case of diastematomyelia revealed by a hypertrichosis on the back of a child.

Materials & Methods:

Case report .

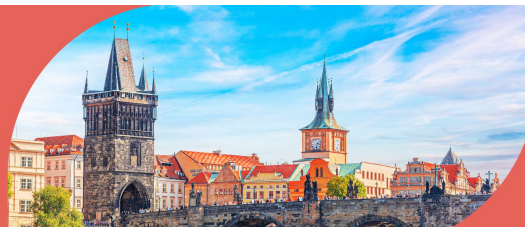
Results:

An 8-year-old female with no particular pathological history was admitted for a hypertrichosis in the dorsolumbar region, present since birth. The child did not present any sensorimotor deficits, and the neurological examination was normal. A dorsolumbar-sacral MRI was performed and revealed a split appearance of the spinal cord extending from the D11-D12 level to the conus medullaris, separated by an intracanalar bony spur at the L1-L2 level. This was associated with a lack of fusion between the transverse laminae and spinous processes, along with widening of the dorsolumbar bony canal and dural sac. All these factors were indications of a type 2 dorsolumbar diastematomyelia. The child was transferred to the neurosurgery department for surgical care.

Diastematomyelia is a type of closed spinal dysraphism characterized by division of the spinal cord with soft tissue,cartilage or bone within the cleft . It is a rare form of dysraphism that accounts for less than 3% of closed spinal dysraphisms and affects females more frequently than males. These occurences are thought to be the result of the formation of an endomesenchymal tract by an accessory neurenteric canal between the yolk sac and amnion, which divides the neural canal and notochord. The clinical findings associated with diastematomyelia may be orthopedic, neurological or cutaneous. The skin lesions are often the motif for dermatological consultations. These lesions are usually located on the back’s central region, and can include hair tuft, dermal dimple, hemangioma, skin sinus, nevus, lipoma, and pilonidal sinus. Magnetic resonance imaging (MRI) is the gold standard for diagnosing diastematomyelia, providing detailed visualization of the split cord, the presence of an intracanal bony or fibrous spur, and associated vertebral anomalies. In our case, MRI revealed a Type 2 diastematomyelia extending from D11-D12 to the conus medullaris, with a bony spur at L1-L2 and a widening of the spinal canal. The primary treatment is surgical intervention to excise the bony spur, and prevent progressive neurological deterioration.

Conclusion:

Diastematomyelia is a rare congenital spinal anomaly that can lead to severe neurological deficiencies if undiagnosed. Early recognition of cutaneous markers like a hair tuft is essential for prompt diagnosis and intervention to prevent irreversible neurological damage.



Abstract N°: 2125

Crusted Scabies Masking Underlying Dermatological Diseases: A paediatric case Series

Jyotsna Verma[1], Akash Agarwal*[1], Maitreyee Panda[1]

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

Introduction & Objectives:

Crusted scabies is a rare, severe form of scabies characterized by widespread hyperkeratotic lesions and an exceptionally high mite burden. It is more commonly seen in immunocompromised, malnourished, or neurologically impaired individuals. Due to its atypical presentation, it can obscure underlying dermatological conditions, leading to diagnostic delays. We present a series of three pediatric cases where crusted scabies masked distinct primary dermatological disorders.

Materials & Methods:

Three pediatric patients, aged 15 to 17 years, presented with extensive pruritic, crusted lesions, each with different underlying dermatological conditions. Clinical examination, detailed history including family involvement, potassium hydroxide (KOH) mount, skin biopsy, and relevant serological tests were used to establish the diagnosis. All patients received specific treatment for their primary dermatoses, along with appropriate anti-scabetic therapy, including oral ivermectin, topical permethrin, and family-wide prophylaxis.

Results:

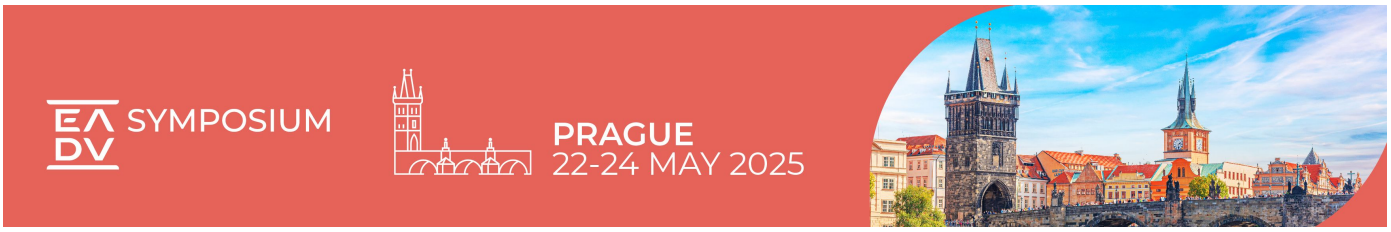
Case 1: A 17-year-old boy with erythroderma and impetiginized crusted lesions was found to have psoriasis complicated by crusted scabies and exogenous Cushing syndrome from prolonged topical corticosteroid use. Following targeted therapy, he achieved remission.

Case 2: A 15-year-old girl presented with persistent pruritus and crusted erosions over the entire body since 6 months and was later diagnosed with crusted scabies with systemic lupus erythematosus(SLE). Primary immunosuppression secondary to underlying SLE led to Treatment with ivermectin and SLE-specific management resulting in resolution of symptoms.

Case 3: A 16-year-old boy with chronic bullous disease of childhood (CBDC) experienced worsening of bullous lesions due to secondary scabetic infestation while on mycophenolate mofetil therapy. Proper scabies treatment led to simultaneous improvement in both CBDC and scabies.

Conclusion:

Crusted scabies remain underdiagnosed in pediatric patients due to its rarity and overlapping clinical features with other dermatological conditions. Immunosuppression from disease or medication exacerbates scabies infestation, further complicating the clinical picture. High clinical suspicion, early recognition, and prompt initiation of systemic and topical anti-scabetic therapy are crucial for effective management. This case series emphasises the importance of considering crusted scabies in pediatric patients with refractory or worsening dermatological conditions.



Abstract N°: 2128

308nm laser phototherapy experience in a series of cases of children with nonsegmental vitiligo

Alice Brinzea*[1, 2], Roxana-Ioana Nedelcu[2], Mihaela Balaban[2], Balasescu Elena[2], Gabriela Turcu[2], Alexandra Dobre[2], Antohe Mihaela[2], Anastasia Coman[3], Raluca Maria Vlad[2]

[1]Carol Davila University of Medicine and Pharmacy, Pathophisiology, Bucharest, Romania
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Introduction & Objectives:

308nm laser treatment (excimer) has emerged as a valuable tool in pediatric dermatology, offering precise, minimally invasive treatment for various conditions including vitiligo. The treatment offers advantages over traditional treatments by reducing systemic side effects and precisely targeting affected areas. The non-thermal nature of laser minimizes tissue damage, making them particularly suitable for pediatric patients.

Materials & Methods:

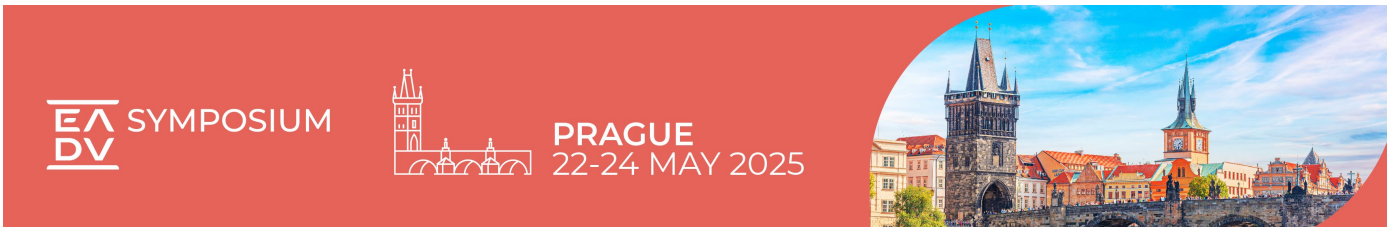
We included 8 paediatric patients aged 6 to 11 years, 5 girls and 3 boys, with extensive cutaneous territory involvement The recommended standard protocol was applied and the exposure/shot doses were permanently adjusted for each skin territory so that erythema would occur that did not persist for more than 48 hours.

Results:

In all patients, a favorable therapeutic result was obtained. In two of the patients the lesions closed and in 6 of the patients there was an improvement of more than 80% in the size and number of lesions. The average number of sessions was 26. The most responsive injuries were to the face, trunk and elbows.We intend that, in addition to the photographic evolution of the lesions, we also present the analysis of the applied parameters so that our experience can serve as a model of therapeutic regimen for similar cases, considering that the data published for the pediatric population are relatively few

Conclusion:

While laser phototherapy treatment has shown promising efficacy and safety, long-term data on pediatric applications remain limited. Further research and clinical trials are necessary to refine treatment protocols, evaluate long-term outcomes, and expand indications. Excimer laser therapy continues to evolve, offering a promising, less invasive alternative for managing pediatric dermatological conditions.



Abstract N°: 2133

Mycoplasma pneumoniae and Atypical SJS in Children: Raising Awareness of a Rare but Serious Complication

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Introduction & Objectives:

Stevens-Johnson syndrome (SJS) is a rare but severe mucocutaneous reaction, most often triggered by medications. It is characterized by widespread epidermal necrosis, resulting in skin detachment and significant mucosal involvement. While SJS is typically associated with drug reactions, infections, particularly *Mycoplasma pneumoniae*, have also been implicated.

This case series describes two paediatric patients who developed atypical SJS in the context of confirmed*Mycoplasma pneumoniae* infection.

The purpose of this report is to highlight this rare but potentially life-threatening complication and to emphasise the importance of considering Mycoplasma pneumoniae in the differential diagnosis of children presenting with characteristic skin manifestations, particularly when accompanied by respiratorysymptoms.

We present the clinical courses, diagnostic work-up, treatment, and outcomes of these two cases, aiming to increase awareness and improve the recognition and managementof this challenging condition.

Materials & Methods:

A retrospective chart review of two paediatric patients diagnosed with atypical SJS associated with*Mycoplasma pneumoniae* infection was conducted. Clinical presentation, laboratory findings, treatment modalities, and outcomes were analysed.

Results:

Case 1: A 15-year-old male presented with fever, cough, and extensive cutaneous eruption. Mucosal involvement affected the lips, glans penis, and one eye. No relevant drug history was noted. Chest X-ray demonstrated pneumonitis, and *Mycoplasma pneumoniae* PCR was positive.

Case 2: A 4-year-old boy presented with a one-day history of skin eruptions and lip swelling, following two weeks of cough and fever. Initially treated for lower respiratory tract infection, he later developed target lesions and full-blown mucositis. PCR confirmed *Mycoplasma pneumoniae* infection.

Both patients required hospitalization, intensive supportive care, and macrolide antibiotics. All patients experienced significant skin detachment and mucosal involvement, necessitating close monitoring for complications such as sepsis, electrolyte imbalances, and respiratory distress.They experienced significant skin detachment and mucosal involvement but recovered with treatment.

Conclusion:

This case series highlights the importance of considering Mycoplasma pneumoniae infection in the differential diagnosis of children presenting with fever, cough, and a progressive skin rash.

Atypical SJS is a rare but severe complication of Mycoplasma pneumoniae infection,

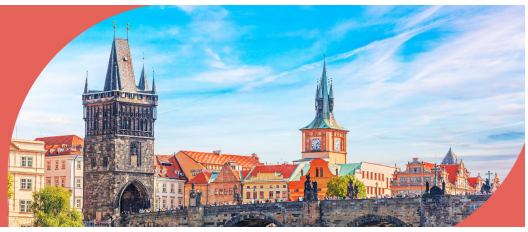
characterized by extensive epidermal detachment and mucosal involvement. Early recognition and prompt initiation of

appropriate antibiotic therapy are crucial for optimal patient outcomes.

This case series underscores the need for continued vigilance and a high index of suspicion

for Mycoplasma pneumoniae infection in children presenting with atypical rashes, particularly those with respiratory symptoms.

Further research is warranted to better understand the risk factors, pathogenesis, and optimal management strategies for atypical SJS associated with Mycoplasma pneumoniae in the paediatric population.



Abstract N°: 2160

Widespread psoriasis onset following vaccination in a 2-month-old infant

Anass Abbour[1], Fatima Zahra Elfatoiki[1], Fouzia Hali[1], Farida Marnissi[2], Soumiya Chiheb[1]

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

Introduction & Objectives:

Psoriasis is one of the most common inflammatory skin disorders. It results from the interaction of genetic, autoimmune and environmental factors such as infection, drugs and stress. Vaccination is an uncommon trigger for both the onset and exacerbations of psoriasis. We report a case of psoriasis onset after vaccination in an infant.

Materials & Methods:

Results:

A healthy 2-month-old boy, without personal or familial medical history of psoriasis presented with widespread cutaneous eruption that appeared 48 hours after pentavalent vaccine (Diphtheria, pertussis, tetanus, hepatitis B and *Haemophilus Influenzea* type b) and the first dose of oral poliomyelitis vaccine. The infant had also received at the age of 2 weeks Bacillus Calmette-Guerin (BCG) vaccination and hepatitis B vaccine.

Skin examination revealed multiple large erythematous plaques with white-silver scale and elevated borders that involved more than 70% of body surface area. There was no fever, asthenia, joint swelling or any other organ involvement.

Laboratory tests during acute flares showed no abnormalities. Skin biopsy showed parakeratosis, elongation of the ridges, perivascular lymphocytes infiltration and the presence of neutrophil aggregates in the epidermis.

The clinical and histopathological features were consistent with diffuse psoriasis plaques. The patient was treated by topical corticosteroids and emollient cream with great improvement.

Conclusion:

Only few cases of psoriasis flares following vaccination have been reported. Most of them associated with influenza vaccine and the duration varies from 2 weeks to 2 months. Most of the patients had an exacerbation of preexisting psoriasis after vaccination instead of having a first induction of psoriasis. The most common clinical features were guttate and plaque psoriasis. In our case, the infant developed cutaneous psoriasis flare two days after oral polio vaccine type 1 and type 3 and intramuscular pentavalent vaccine. The infant also received 6 weeks before intramuscular BCG vaccine and hepatitis B vaccine.

Our infant didn’t have preexisting psoriasis or familial medical history of psoriasis. The lack of other triggers of psoriasis flares, such us streptococcal infection or dug intake, and the short time interval between vaccinations and the onset of the flare suggested an association between the vaccination and the onset of psoriasis. However, our patient received multiples vaccines so it seems hard to determine the exact vaccine that caused the psoriasis onset.

This case highlights the potential for vaccination to induce psoriasis in genetically predisposed individuals emphasizing the need for monitoring and further investigation into vaccine-associated immune responses.

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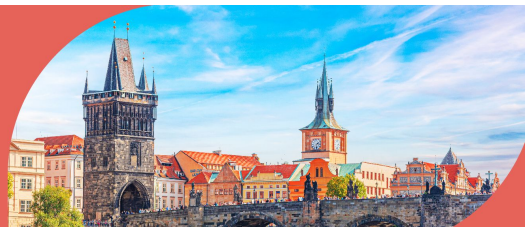


Abstract N°: 2171

Epidemiological and clinical profile of scabies in pediatric patients: A series of 148 cases

Anass Abbour[1], Fatima Zahra Elfatoiki[1], Fouzia Hali[1], Maha Soussi Abdallaoui[2], Soumiya Chiheb[1]

[1]Ibn Rochd University Hospital Center, Dermatology, Casablanca, Morocco
[2]Ibn Rochd University Hospital Center, Laboratory of Parasitology, Casablanca, Morocco

Introduction & Objectives:

Scabies is a contagious parasitic infestation caused by *Sarcoptes scabiei*, which can occur sporadically or in epidemic outbreaks, particularly in socioeconomically disadvantaged countries. In adults, pruritus is the predominant symptom. However, in pediatrics, diagnosis and treatment pose challenges that vary according to age. The objective of this study was to describe the epidemiological and clinical characteristics of scabies in children.

Materials & Methods:

A retrospective observational study was conducted, analyzing all cases of scabies diagnosed in our pediatric dermatology consultations over a five-year period, from January 2018 to January 2023.

Results:

A total of 148 cases were recorded, of which 33.8% were infants (age<1 year). The male-to-female sex ratio was 1.15. The median age was 6.2 years, with extremes ranging from 3 months to 15 years. The time to consultation varied from 5 days to 7 months.

Family-related pruritus was reported in 77.7% of cases, and exclusively maternal in 84.5% of infants.

Among infants, general symptoms characterized by agitation was reported in 84% of cases. Palmoplantar pustulosis was present in 72% of cases, scabious axillary nodules in 78%, facial involvement in 64%, back involvement in 38%, and scalp involvement in 56%.

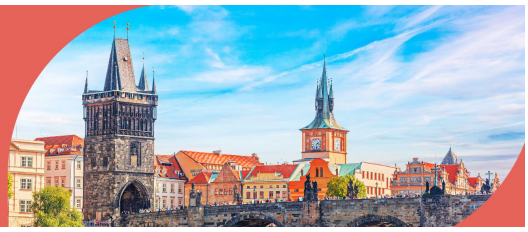
Among older children, scabetic burrows were observed in 30.6% of cases, with the *delta-wing sign* identified by dermoscopy in 15.3% of cases. The impetiginized form was found in 24.5% of cases, and the eczematized form in 22.5%. No cases of Norwegian scabies were reported.

Skin tape tests were performed in 44.6% of cases, yielding positive results in only 20.3%. All patients were prescribed scabicidal treatment (benzyl benzoate). Persistent scabious nodules were noted in 16.9% of cases, while recovery was observed in 48%. However, 35.1% of cases were lost to follow-up.

Conclusion:

This study highlights the clinical particularities of pediatric scabies, which, despite its prevalence, is often diagnosed late (up to 7 months delay). Diagnosis is particularly challenging in infants, as the lesions are often non-specific and predominantly involve the palms, soles, axillary region, scalp, and notably the face. Furthermore, pruritus is not always present, leading to diagnostic confusion with infantile palmoplantar acropustulosis. The distinct clinical presentation in infants and children may be attributed to differences in the distribution of pilosebaceous follicles and the lower thickness of the stratum corneum.

In suspected cases of scabies in children, confirmation can be achieved through parasitological examination or dermoscopy. In atypical cases, a therapeutic trial is strongly recommended.



Abstract N°: 2173

Acquired acrodermatitis enteropathica: A case report

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

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

Introduction & Objectives:

Acrodermatitis enteropathica (AE) is a rare disorder resulting from defective zinc absorption, leading to severe zinc deficiency. While it is commonly an autosomal recessive disorder, an acquired form may occur in exclusively breastfed infants when maternal dietary zinc intake is insufficient. Zinc is crucial for skin, nail, and hair development, making its deficiency a significant concern in early infancy.

Here, we describe the case of a 6-month-old infant who developed classic features of acrodermatitis enteropathica and responded to zinc supplementation.

Materials & Methods:

Results:

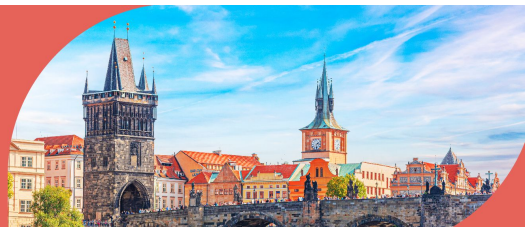
A 6-month-old male infant, born to a first-degree consanguineous couple, presented with erythematous, erosive rashes affecting the perioral, perineal, and acral regions. The infant had been exclusively breastfed since birth, with no introduction of formula or complementary foods. The rash initially appeared at three months of age and progressively worsened. There were no associated gastrointestinal or neurological symptoms. No family history of similar dermatological conditions or metabolic disorders was reported.

On examination, the infant exhibited erythematous papulovesicular lesions, progressing to erosions in the perioral region, limbs, and perineum. Additional findings included severe paronychia affecting all 20 nails and sparse, brittle hair. Laboratory tests confirmed significantly low serum zinc levels (0.48 mg/L, normal: 0.72–1.55 mg/L). Other systemic causes were ruled out. Oral zinc supplementation (10 mg/kg/day) was initiated, leading to rapid improvement and complete resolution of symptoms within three weeks.

Conclusion:

AE is a disorder characterized by zinc deficiency, which can be inherited or acquired. The inherited form is caused by mutations in the *SLC39A4* gene, leading to defective intestinal zinc absorption, whereas the acquired form occurs due to insufficient dietary intake, particularly in exclusively breastfed infants whose mothers have low zinc levels. Zinc is essential for various enzymatic processes, immune function, and epithelial health, making its deficiency a serious concern. This case highlights the importance of maternal nutrition in exclusively breastfed infants. The absence of gastrointestinal or neurological symptoms aligns with dermatologic manifestations commonly seen in zinc deficiency. Early diagnosis, confirmed by low serum zinc levels, and prompt supplementation are crucial for recovery. The case also underscores the need for maternal zinc screening, especially in at-risk populations, to prevent AE in infants.

Acquired AE is a rare but treatable disorder caused by zinc deficiency. Clinicians should consider AE in infants presenting unexplained dermatologic symptoms, particularly those exclusively breastfed. Early intervention with zinc supplementation ensures favorable outcomes, and maternal nutritional monitoring may help prevent AE-related complications.



Abstract N°: 2213

Infected cephalohematoma with furunculosis and multiple abscesses causing sepsis in a seven-day-old infant

Pusfana Meidelia[1], Hestia Nur Annisa[1]

[1]RSIA Grha Bunda Bandung, Bandung, Indonesia

Introduction & Objectives:

Cephalohematoma (CH) is defined as a subperiosteal haemorrhage that consist of blood and serosanguineous fluid accumulation in a newborn due to birth trauma. The incidence of CH occurs in 1 - 2 % of spontaneous vaginal delivery, and increases to 3 – 4 % of forceps or vacuum-assisted delivery. CH is usually a benign condition and can resolve spontaneously within a few weeks to months without any treatment. However, if infected CH occurred, either primary infection through skin lesions or secondary infection through bacteriemia, can have serious complications including sepsis. The appearance of local and systemic signs of infection can provide some clues to take immediate investigation. To the author's knowledge, only a limited number of sterile infected CH cases have been reported.

Materials & Methods:

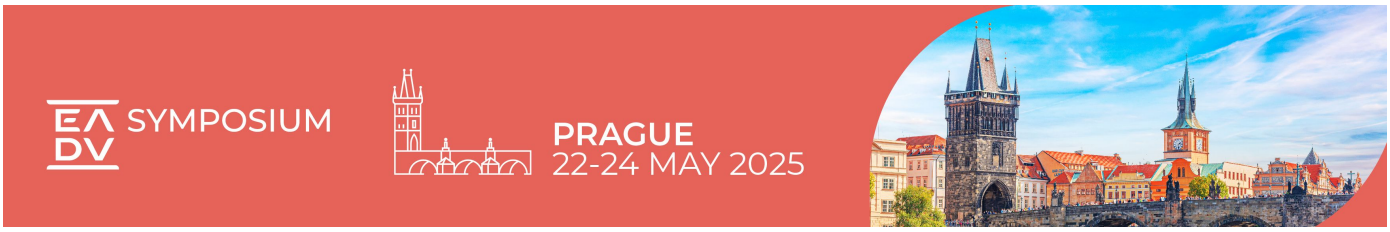
We present an infected CH in a 7-day-old infant with fever and furunculosis with multiple abscesses on left parietal CH. The inflammatory markers in blood were elevated and the laboratory resulted to sepsis, but blood and abscess fluid cultures were sterile with no pathogens. The infant was treated with intravenous antibiotics (cefotaxime and sultamicillin) for 13 days during hospital stays. The raised inflammatory markers did not decrease under antibiotics treatment. Therefore, we performed surgical intervention with incision and drainage on abscesses followed with topical antibiotic (mupirocin 2% cream).

Results:

The patient demonstrated clinical improvement postoperatively, he made full recovery and was discharged home after completing his antibiotics course. The wound completely healed with no evidence of residual abscess on 1-week follow-up. After 3 weeks of follow up, the lessions had significant improvement and did not show any new lesions. Furthermore, CH was disappeared and his head back in normal size, but we found scalp deformity on previous deep seated large abscess.

Conclusion:

In summary, when an infant with a CH show a decrease in general well-being, fever or local signs of inflammation, infected CH should be suspected. Nowadays, there is a trend toward an increased cases of infected CH with sepsis, suggest that an early diagnostic, complete septic workup, and prompt intervention should be performed. An infected CH can potentially life-threatening if not treated immediately. Optimal management of infected CH, even with negative cultures, often requires a combination of intravenous antibiotic and evacuation with surgical intervention.



Abstract N°: 2307

Pediatric dermatofibrosarcoma protuberans: dermoscopic features and case series of three patients

Ouissal Essadeq[1], Narjess Er-Rachdy[1], Laila Benzekri[1], Meriam Meziane[1]

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Introduction & Objectives:

Dermatofibrosarcoma protuberans (DFSP) is a rare, locally invasive soft tissue tumor of the skin that requires early diagnosis for optimal management. It primarily affects adults, but it can also rarely occur in infancy and childhood. Diagnosing DFSP in children is challenging due to its rarity, diverse clinical presentations, and occurrence at atypical sites. We report three pediatric cases of DFSP and describe their dermoscopic features, which played a key role in facilitating the diagnosis.

Materials & Methods:

Case 1: A young girl with no significant medical history presented with a slow-growing, painless lesion on the breast, evolving since the age of 9. Clinical examination revealed a well-defined lesion located between the upper and lower quadrants of the breast, consisting of a 4 × 3 cm erythematous atrophic plaque with a visible vascular network and a soft, slightly violaceous nodular lesion in the upper outer quadrant.

Dermoscopy findings: Absence of a pigment network, presence of focused and unfocused arborizing vessels and short fine telangiectasia on a pink background, along with chrysalis structures and structureless hyper/hypopigmented and yellowish areas.

Case 2: A 15-year-old adolescent presented with a recurrent atrophic form of DFSP on the abdomen, which had been evolving since the age of 15 and had recently become painful. The lesion measured approximately 5 cm.

Dermoscopy findings: Presence of a pigment network without a vascular pattern, on a pink background, with structureless hypopigmented areas.

Case 3: A 15-year-old girl presented with an asymptomatic lesion on the posterior aspect of the thigh, evolving for one year and measuring approximately 4 cm.

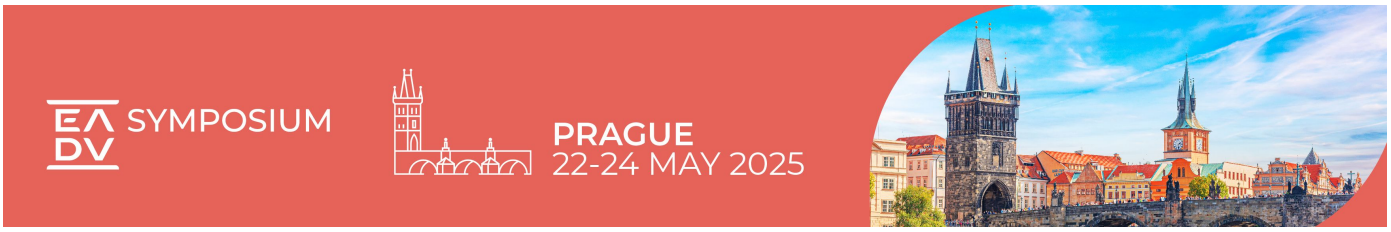
Dermoscopy findings: Presence of a pigment network, focused and unfocused arborizing vessels, short fine telangiectasia on a pink background, and structureless hypopigmented areas.

Results:

Histopathological examination confirmed the diagnosis of DFSP in all three cases, revealing a dermo-hypodermal proliferation composed of short interwoven fascicles with a storiform architecture, consisting of uniform spindle cells with mild to moderate atypia. Immunohistochemical staining for CD34 was positive in all cases, further supporting the diagnosis.

Conclusion:

DFSP remains a diagnostic challenge in pediatric patients due to its variable clinical presentation and rarity. Dermoscopy can provide valuable clues, helping to differentiate DFSP from other pediatric cutaneous tumors. Early recognition and histopathological confirmation are essential for timely management and improved outcomes.



Abstract N°: 2340

Unveiling what lies beneath the diaper area: clinical and dermoscopic features in a study of 100 cases

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Introduction & Objectives:

" Diaper area dermatoses " are a common reason for consultation in pediatric dermatology and encompass a range of conditions affecting the genital area in children. The diversity of underlying causes requires a thorough clinical and dermoscopic examination to guide diagnosis. Literature on the characteristics of the different conditions is limited, and to our knowledge, this study is the first to focus on dermoscopy of diaper area dermatoses in children. The main objective of this study is to provide an overview of the various dermatoses observed in the seat area and to define their clinical and dermoscopic features.

Materials & Methods:

For this purpose, we conducted a prospective, descriptive, monocentric study within our dermatology department. Patient data were collected over a six-month period during specialized pediatric dermatology consultations. The study included children presenting with dermatological conditions affecting the diaper area.

Results:

Our study included 100 children, with the most affected age group being 8 to 24 months and a sex ratio of 1 girl to every 6 boys. We identified 22 distinct etiologies of dermatoses in the diaper area, with the most prevalent conditions being psoriasis (26%), irritant dermatitis (17%), candidiasis (13%), seborrheic dermatitis (8%), condylomas (7%), atopic dermatitis (5%), and vitiligo (4%). Less frequent conditions included lichen sclerosus (2%), Stevens-Johnson Syndrome (2%), streptococcal anitis (2%), contact eczema (2%), hemangioma (2%), and single cases of ecthyma, histiocytosis, Hodgkin lymphoma, hereditary epidermolysis bullosa, pemphigus, malformation, benign tumor, impetigo, hand-foot-mouth syndrome, and anguillulosis.

Psoriasis primarily affected the pubic area and folds, with diffuse involvement of the diaper region in 20% of cases. Dermoscopy revealed regularly distributed dotted vessels ($p < 0.05$), scales, and erosions. Irritant dermatitis was associated with insufficient diaper changes (88.2%), diarrhea (41.2%), and the use of irritating products. Dermoscopy findings included linear vessels ($p = 0.049$) and erosions in erosive forms.

In candidiasis, “cottage cheese-like” structures were observed in 69% of cases, along with satellite pustules and polycyclic erosions.

Seborrheic dermatitis was characterized by blurry dotted vessels and peripheral yellowish-white scales on dermoscopy.

Condylomas exhibited irregular exophytic projections, whitish halos, and thread-like hemorrhages.

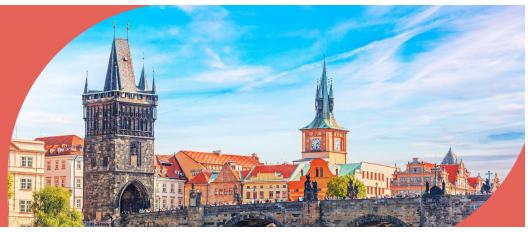
Other conditions included atopic dermatitis, which featured eczema-like plaques often exacerbated by irritants or allergens, lichen sclerosus, presenting with hypochromic zones, chrysalis structures, and reddish-purple areas, and vitiligo, characterized by hypo- or achromic patches with islands of repigmentation and telangiectasias.

Conclusion:

Diaper area dermatoses are a common condition with a wide range of clinical and etiological manifestations. Dermoscopy

has the potential to enhance the differential diagnosis of inflammatory genital diseases by identifying specific patterns.

Our study highlights the value of precise dermoscopic diagnosis in improving clinical evaluation and management.



Abstract N°: 2396

Pediatric dermatofibrosarcoma: A case of unusual scalp localization

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Introduction & Objectives:

Dermatofibrosarcoma (DFS) is a rare, low-grade mesenchymal tumor known for its locally aggressive nature. Predominantly affecting young adults, its occurrence in pediatric patients is exceptionally rare, presenting significant diagnostic and therapeutic challenges. This study aims to examine the clinical presentation, histopathological characteristics, and management strategies for DFS in children, with an emphasis on enhancing early diagnosis and treatment outcomes.

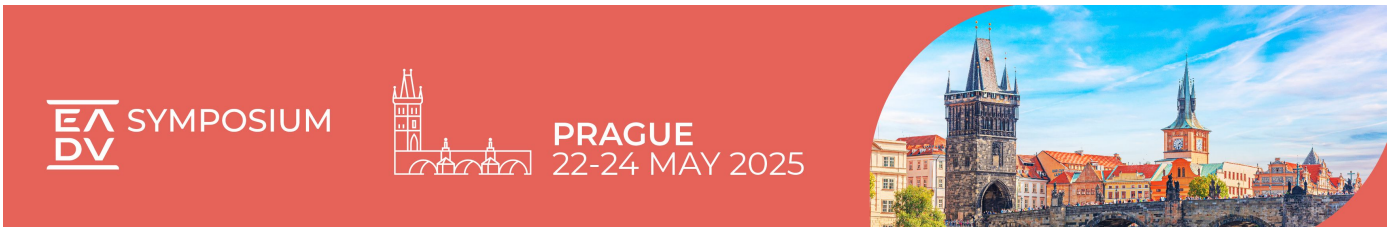
Materials & Methods:

Results:

A 13-year-old child, with no significant medical history, presented to our department with a multinodular scalp lesion that had been evolving over the past three years, progressively increasing in size. The lesion initially appeared as a small nodule around the age of 10 and gradually expanded to form multiple contiguous nodules.Clinical examination revealed a multinodular, erythematous tumor measuring approximately 4 cm in diameter. It consisted of three closely associated nodules with an irregular, bumpy surface. The lesion was indurated, firm, and infiltrated into the surrounding tissues. Palpation revealed moderate tenderness, indicating a painful component.Paraclinical findings showed normal bone mineralization on skull radiography, with no osteolytic or osteosclerotic lesions. Cerebral MRI identified a dermo-hypodermic tissue lesion on the right scalp, without evidence of bone or intracranial invasion. Lymph node ultrasound revealed sub-centimetric lymph nodes with preserved architecture, and no suspicious adenopathy or signs of necrosis.The therapeutic decision was to proceed with surgical excision using the Mohs technique. Histopathological examination confirmed the diagnosis of dermatofibrosarcoma. The specimen showed a monomorphic proliferation of fusiform cells arranged in a storiform pattern, without significant atypia. The lateral resection margins were clear, but the deep margin was involved at the aponeurotic plane. A surgical revision was then carried out to ensure complete resection and clear the involved deep margin

Conclusion:

Dermatofibrosarcoma (DFS) is exceptionally rare in children and underrecognized, with the potential to present with atypical clinical features. In our case, DFS manifested unusually on the scalp, a location less commonly affected compared to the trunk and extremities, which are more frequently involved in both adults and children. Although pediatric DFS shares clinical and histopathological features with its adult counterpart, its rarity in children requires a particularly careful and individualized therapeutic approach. In this instance, Mohs micrographic surgery was chosen, a technique that optimizes tumor clearance while preserving healthy tissue. Early diagnosis, combined with complete resection, remains essential to minimizing the risk of recurrence and ensuring an improved long-term prognosis.



Abstract N°: 2405

Bullous Lichen Planus: A Rare Variant of Lichen Planus in Children

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Introduction & Objectives:

Lichen planus is a rare chronic inflammatory dermatosis in children. Among the lichen planus variants exists a rare form known as the bullous lichen planus, and is often misdiagnosed as other blistering dermatoses such as bullous impetigo, dermatitis herpetiformis, and pemphigus. We report a case of the bullous lichen planus in a child.

Materials & Methods:

Case report.

Results:

An 8-year-old girl, with no significant medical history or medication use, was admitted for a generalized pruritic vesiculobullous eruption evolving over the course of one year, unresponsive to multiple courses of antibiotics. Dermatological examination revealed flaccid vesiculobullous lesions and post-bullous erosions on hyperpigmented macules affecting the chest, abdomen, back, limbs, skin folds, and external genitalia areas. A slate-gray pigmentation was also observed on the face and neck, evolving simultaneously with the bullous eruption. A biopsy of a blister demonstrated acanthosis, lamellar orthokeratosis hyperkeratosis, subepidermal blistering, and an inflammatory band-like infiltrate at the dermo-epidermal junction, indicative of bullous lichen planus dermatosis. Direct immunofluorescence was negative. Treatment with prednisone of 1 mg/kg/day was initiated, leading to significant clinical improvement.

Bullous lichen planus is a rare variant of lichen planus characterized by vesicular or bullous lesions superimposed on typical lichen planus lesions. In very rare cases, these blisters may appear on normal skin or erythematous plaques. In our patient, bullous lesions developed over hyperpigmented macules. Blister formation in bullous lichen planus is attributed to intense lichenoid inflammation and extensive epidermal damage, making it a hyper-reactive form of lichen planus. The main differential diagnoses include bullous impetigo, dermatitis herpetiformis, and pemphigus. Histological examination remains essential for confirmation. Regarding treatment, both topical and systemic corticosteroids, dapsone, acitretin, and phototherapy have been reported as effective therapeutic options.

Conclusion:

Although rare, bullous lichen planus should not be overlooked by clinicians outside dermatology, as early recognition and appropriate management play a crucial role in improving effective treatment.