EADV SYMPOSIUM

PRAGUE
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Abstract N°: 44

Restless Nights: The Impact of Urticaria on Sleep and Quality of Life

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Introduction & Objectives:

Urticaria, a common skin condition in clinical practice, is frequently associated with impaired quality of life, particularly regarding sleep. Sleep disturbances are commonly reported by patients with chronic urticaria, yet the full impact of these disturbances on quality of life remains underexplored. This study aims to evaluate the prevalence of sleep disturbances in patients with chronic urticaria and analyze their impact on quality of life.

Materials & Methods:

We conducted a cross-sectional observational study involving 120 adult patients diagnosed with chronic urticaria. Sleep disturbances were assessed using the Pittsburgh Sleep Quality Index (PSQI), while quality of life was measured using the Urticaria Quality of Life (U-QOL) tool. Clinical, biological, and demographic factors were also analyzed to identify associations with sleep disturbances.

Results:

Among the 120 patients included in the study, 112 completed all questionnaires and assessments (93.3% participation). The study population included 62 women (55.4%) and 50 men (44.6%), with a mean age of 43.5 ± 12.4 years (range: 19-70 years). The median duration of urticaria was 24 months (interquartile range: 12-48 months).

Sleep disturbances were highly prevalent in this population, affecting 95 patients (85%). The most commonly reported disturbances included insomnia, reported by 76 patients (68%), frequent nocturnal awakenings in 69 patients (62%), difficulty falling asleep in 53 patients (47%), and excessive daytime sleepiness in 48 patients (43%).

Analysis of PSQI scores showed that 92 patients (82%) had a total score above 5, indicating poor sleep quality. The average PSQI score was 8.3 ± 3.1, reflecting significant sleep impairment. A significant positive correlation was observed between poor sleep quality and higher urticaria symptom intensity ($r = 0.68$; $p < 0.01$).

Sleep disturbances significantly impaired quality of life, especially in the emotional and functional domains as assessed by U-QOL scores. Patients with sleep disturbances showed a mean decrease of 5.2 points in the emotional domain ($p < 0.01$) and 4.6 points in the functional domain ($p < 0.05$), highlighting significant impairment in these aspects.

Multivariate analysis identified several factors associated with the prevalence and severity of sleep disturbances. Prolonged urticaria duration (more than 12 months) was significantly associated with an increased risk of sleep disturbances (odds ratio = 2.3; $p < 0.01$). Additionally, patients with severe urticaria (Urticaria Activity Score > 25) were more likely to report sleep disturbances (odds ratio = 1.9; $p < 0.05$). The presence of psychiatric comorbidities, such as anxiety or depressive disorders, was a major predictor of sleep disturbances, with an odds ratio of 3.2 ($p < 0.01$).

Conclusion:

Sleep disturbances are frequently encountered in patients with chronic urticaria and have a considerable impact on their quality of life. Management of chronic urticaria should systematically include the assessment of sleep disturbances, and tailored therapeutic strategies could significantly improve patient well-being. These findings highlight the need for a multidisciplinary approach in the treatment of chronic urticaria, particularly for patients suffering from sleep disturbances.

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Abstract N°: 47

The Impact of Isotretinoin on Mental Health in Acne Patients: A Systematic Review and Meta-Analysis

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Introduction & Objectives:

Acne vulgaris, a common dermatological condition impacting mental well-being and quality of life (QoL), is often treated with isotretinoin for severe cases. Despite its efficacy, isotretinoin's potential mental health risks, particularly for depression and anxiety, remain inconclusive due to conflicting findings in existing research.

The aim is to evaluate isotretinoin's effects on depression, anxiety, quality of life (QoL), and acne severity in acne patients compared to control treatments, aiming to provide a comprehensive analysis of isotretinoin's safety and psychosocial impact.

Materials & Methods:

A comprehensive search across five databases yielded 1,236 articles, with 38 studies meeting inclusion criteria. These studies, encompassing 576,277 patients (189,620 treated with isotretinoin), were analysed for mental health and acne severity outcomes. A random-effects model was applied to calculate standardised mean differences (SMD) with 95% confidence intervals (CI).

Results:

Meta-analysis revealed no significant difference in depression (SMD: -0.08; 95% CI: -0.25 to 0.09; p=0.36) or anxiety (SMD: 0.23; 95% CI: -0.55 to 1.01; p=0.57) risk between isotretinoin and control groups. However, significant improvements were noted pre- versus post-treatment in depression (SMD: 0.74; 95% CI: 0.39 to 1.10; p<0.0001) and QoL (SMD: 1.31; 95% CI: 0.38 to 2.25; p=0.006).

Conclusion:

Isotretinoin effectively reduces acne severity and improves QoL, with no increased risk of depression or anxiety compared to other treatments. Significant post-treatment improvements in depression and QoL indicate psychosocial benefits, though individual mental health monitoring remains crucial. Future studies should focus on standardised protocols and long-term outcomes to further clarify isotretinoin's safety profile.

Abstract N°: 84

Dermatology and Phenomenology: how lived experiences of dermatological conditions should shape our practice

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Introduction & Objectives:

Dermatological conditions impact patients' self-esteem and mental well-being, yet their psychological dimensions are frequently overlooked in clinical practice. Chronic conditions such as eczema, psoriasis, acne, and alopecia can result in emotional distress, driven by unmet clinical expectations and societal stigma. Care Opinion UK, a platform allowing patients to share anonymous feedback, provides insights into how patients experience healthcare interactions and the broader societal perception of skin conditions. Drawing on Edmund Husserl's phenomenology—a philosophical framework for exploring subjective experience—this study examines how patient narratives highlight the psychological burden of living with visible skin conditions. The emerging field of psychodermatology offers a framework for addressing these challenges in dermatological care.

This study aims to:

1. Investigate patient dissatisfaction and emotional impact during dermatology consultations.
2. Analyse the role of societal stigma in shaping self-perception and mental health.
3. Demonstrate the potential of phenomenology to enhance patient-centred care in dermatology.

Materials & Methods:

A systematic thematic analysis was performed on 5 patient narratives sourced from Care Opinion UK. These narratives focused on individuals with visible dermatological conditions, such as eczema, alopecia, acne, and psoriasis. Husserl's phenomenological principles were employed to explore the lived experiences of patients and uncover their emotional and psychological dimensions. Foucault's sociological framework of normalisation provided additional context for analysing societal pressures, disciplinary mechanisms, and their interplay with clinical encounters.

Results:

Three key themes emerged:

1. **Dissatisfaction with Clinical Encounters** – Patients frequently reported feelings of dismissal, emotional distress, and dissatisfaction during consultations. Many described clinicians as prioritising efficiency over empathy, leaving patients feeling unheard and unsupported.
2. **Societal Stigma and Self-Esteem** – Visible skin conditions often led to experiences of stigma, alienation, and shame. These feelings were exacerbated by societal beauty standards that emphasise the ideal of "normal" skin.
3. **Impact on Mental Health** – Chronic dermatological conditions were strongly associated with anxiety, depression, and lowered self-esteem, with societal judgment and unsupportive clinical responses intensifying this distress

Conclusion:

This study highlights the importance of adopting a phenomenological approach in dermatology to address the emotional and psychological aspects of living with dermatological conditions. The emergence of psychodermatology provides a means to bridge the gap between physical symptoms and mental health. By incorporating patients' lived experiences into the treatment process, clinicians can promote care that improves emotional well-being and enhances patient satisfaction.

Abstract N°: 284

Patient Information Leaflet Feedback on Delusional Infestation.

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Introduction & Objectives:

Delusional parasitosis, also known as Ekbom syndrome, is a poorly understood condition often surrounded by misinformation. Patients and their families frequently encounter skepticism regarding their experiences. This research aimed to create a patient information leaflet (PIL) with a patient centred approach and to gather feedback on its usefulness for sharing information and validating their experiences.

The objective of this study was to evaluate patient feedback on a newly developed PIL designed for individuals with delusional parasitosis, assessing its perceived usefulness and impact.

Materials & Methods:

A survey was administered to 18 patients before their appointments, incorporating the new PIL. The survey included questions on the leaflet's clarity, usefulness, ability to validate patient experiences and other pointers, measured on a 10-point Likert scale (0 = No answer, 1 = Strongly Disagree, 10 = Strongly Agree). Data was analysed using descriptive statistics and factor analysis. Additionally, the final question allowed for written feedback, which was examined through thematic analysis.

Results:

The survey results revealed that the majority of patients were satisfied with the new PIL. Specifically, 94% agreed or strongly agreed that the leaflet was logical and easy to follow, 72% found it useful for understanding their condition, and 89% felt it validated their experiences. Mean scores for these concepts were 8.83, 7.61, and 7.78, respectively. Thematic analysis of written feedback highlighted themes of improved understanding but uncertainty around acknowledgement of experiences.

Conclusion:

This new patient-centered PIL for delusional parasitosis was well-received, indicating its potential as a valuable tool for patients and their support networks. By addressing the specific needs and experiences of patients, the leaflet can improve communication and reduce the stigma associated with the condition. Future research should explore long-term impacts and the effectiveness of similar resources in other patient populations.

Abstract N°: 389

Quality of Life of Patients with Cutaneous Leishmaniasis

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Introduction & Objectives:

Cutaneous leishmaniasis is a parasitic disease of concern in many regions of the world, posing significant clinical and public health challenges. It is caused by the protozoan of the *Leishmania* genus and affects millions of people annually, primarily in tropical and subtropical regions.

Materials & Methods:

We conducted a retrospective, descriptive, single-center study in the Dermatology-Venereology-Allergology Department over a 10-year period, from June 2014 to August 2024. This study included all cases of cutaneous leishmaniasis, whether hospitalized in the dermatology department or seen in consultation during this period.

Results:

Seventeen cases of cutaneous leishmaniasis were recorded. The mean age of the affected patients was 33.9 ± 19.26 years, with a male-to-female sex ratio of 4.66. The average duration of lesion progression was 4.65 ± 3.48 months, with a median of 2 months between lesion onset and the first consultation. Lesions varied in number, ranging from 1 to 55, with a median of 2 lesions per patient. Multiple lesions were present in 76.5% of patients. The mean lesion size was 2.53 ± 1.71 cm, with the face being the most frequently affected site (58.8%). The mean Dermatology Life Quality Index score was 11 ± 3.8, indicating a significant impact on quality of life, with scores ranging from 5 to 19. The distribution of patients by quality-of-life impact was as follows: 47.1% had a significant impact, 29.4% moderate impact, and 5.9% mild impact. For the pediatric population, the mean Children's Dermatology Life Quality Index score was 11.3 ± 3.7, indicating a significant impact on their quality of life, with values ranging from 7 to 14. Among these children, two experienced a very significant impact on their quality of life, while one experienced a moderate impact.

The impact on quality of life was further evaluated using the Skindex score, which assesses three dimensions: symptoms, functioning, and emotions. The mean and standard deviation for emotions were 30.64 ± 5.67%, for symptoms 26.50 ± 9.21%, and for functioning 26.2% ± 7.92%. Maximum recorded values were 42% for emotions, 44% for symptoms, and 39% for functioning. Minimum observed values were 22% for emotions, 11% for symptoms, and 17% for functioning.

Conclusion:

In conclusion, improving the quality of life of patients with cutaneous leishmaniasis requires a multidimensional approach. This includes not only effective treatments to alleviate physical symptoms but also adequate psychological and social support to help patients cope with the emotional and social challenges associated with their condition.

Abstract N°: 391

Impact of Atopic Dermatitis on Patients’ Quality of Life: An Impact Not to Be Overlooked

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Introduction & Objectives:

Atopic dermatitis is a chronic, relapsing skin condition characterized by skin inflammation, intense itching, and a compromised skin barrier. In addition to the physical manifestations, atopic dermatitis profoundly affects patients’ quality of life, influencing their psychological well-being, sleep, and social life. This study aims to assess the impact of atopic dermatitis on the quality of life of patients followed in our department.

Materials & Methods:

This is a retrospective descriptive study involving children treated for atopic dermatitis in the dermatology department, conducted between June 2016 and June 2024. Quality of life was assessed using a standardized questionnaire for children with dermatological conditions. Data were analyzed using SPSS software (version 21.0) from the epidemiology, clinical research, and public health laboratory. Descriptive analysis of sociodemographic and clinical characteristics was performed to describe the study sample at inclusion. Quantitative variables were expressed as mean ± standard deviation or as median and interquartile range, depending on the distribution. Qualitative variables were expressed as frequency and percentage.

Results:

We included 89 children aged 4 to 16 years with atopic dermatitis. The mean age of the patients was 7.4 ± 3.2 years. A slight male predominance was noted (55% boys). The severity of atopic dermatitis varied, with 45% of cases classified as mild, 37% as moderate, and 18% as severe. The impact on quality of life, measured by the standardized questionnaire, had an average score of 10.6 ± 4.3, reflecting a moderate to severe impact. Regarding the distribution of scores, 5% of children reported no impact, 28% reported a mild impact, 42% reported a moderate impact, 18% reported a severe impact, and 7% reported a very severe impact. Pruritus and skin discomfort were reported by 85% of patients, significantly affecting sleep in 65% of them. Additionally, 50% of children expressed difficulties with physical activities, 40% suffered psychological repercussions such as frustration or depression, and 30% encountered social interaction issues, with 15% experiencing isolation. Regarding treatment, 70% of children were using topical corticosteroids, while 25% were receiving systemic treatments. A notable improvement in quality of life scores was observed in 60% of patients after 6 months of follow-up. These results highlight the significant impact of atopic dermatitis on children’s quality of life, necessitating a comprehensive therapeutic approach.

Conclusion:

Atopic dermatitis has a significant impact on children’s quality of life, affecting not only their physical well-being but also their psychological and social health. Using standardized assessment tools is essential to evaluate the extent of this impact and guide therapeutic management in a holistic manner.

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Isotretinoin-Induced Hypersomnia: A Cross-sectional Study and Literature Review

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Isotretinoin-Induced Hypersomnia:

A Cross-sectional Study and Literature Review

Introduction & Objectives:

Isotretinoin is an oral retinoic drug for severe resistant acne cases that has controversially been associated with multiple psychiatric adverse effects. Research has primarily focused on depression and suicidality; however, a few case studies reported hypersomnia and sleep changes after isotretinoin initiation. We aimed to assess sleep quality and measure rates of hypersomnia, depression, and anxiety in patients undergoing isotretinoin therapy.

Materials & Methods:

This cross-sectional study was conducted at outpatient clinics of the university hospital. The rate of self-reported oversleeping was measured. In addition, researchers used the Pittsburgh Sleep Quality Index to assess sleep quality and conducted semistructured clinical interviews to detect depression and anxiety.

Results:

Of 123 patients with acne on isotretinoin, 77 (62.6%) reported oversleeping. Nearly half (60 patients, 48.8%) were categorized as poor sleepers according to the Pittsburgh Sleep Quality Index. The interviews revealed anxiety and depression percentages among 9.8% and 4.9% of participants, respectively.

Conclusion:

Hypersomnia was noticeably high in this study sample; thus, it may cautiously suggest a possible link between isotretinoin and hypersomnia. However, more research is needed to investigate this potential relationship.

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Abstract N°: 586

Examining the psychological and motivational background of tattoos - a novel direction in psychodermatology research

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Introduction & Objectives: Psychodermatology is a scientific field that is receiving more and more attention, and within it, the examination of tattoos and other body modifications can represent a new direction in the development of this discipline. Tattoos are considered a means of self-expression, however, some studies link them to self-esteem disturbances, as well as some psychological and psychiatric problems.

The aim of our research was the analysis of the psychological and motivational background of tattoos, as well as the investigation of emotional dysregulation.

Materials & Methods: The study has been ongoing since 2021, currently 150 people have been involved, of which 100 women (66.67%) and 50 men (33.33%), from the age group over 18. Among them, 48 people (32.00%) were diagnosed with psychiatric diseases, including both tattooed and non-tattooed participants. During the investigation, a 32-page questionnaire package was completed, of which, in the current work, we present the results of the PHQ-9 a depressive symptom scale, the TAS-20 questionnaire measuring alexythymia, and the CTQ-SF childhood trauma questionnaire, which are used to measure psychological problems related to emotional dysregulation. In addition, we documented the tattoos of the participants and the circumstances of their creation, as well as the motivations behind tattoos.

Results: In the course of the research, we analyzed 235 tattoos of 99 tattooed persons (66%), and in almost half of them (48 persons, 48.48%) other body modifications (e.g piercings, aesthetic interventions) were also detected. The tattoos were usually placed in a clearly visible place, most often on the arms, and the main motivation is to emphasize personal relationships and attachment, besides the communicative, self-expressive aspect. Regarding emotional dysregulation, the rate of alexithymia is twice as high among the tattooed (20.88% by tattooed, 10.42% by the non-tattooed ones). 61.62% of the respondents have more than 2 tattoos, which is also an indicative of addictive behavior behind tattoos, closely related to emotional dysregulation. This is supported by the fact in the anamnesis of tattooed participants, we found higher rate of other addictions (50.51%, compared to the non-tattooed participants, where the rate is only 19.61%). In the psychiatric patient population, affective disorders alongside addictions and individuals affected by personality disorders (e.g. borderline personality disorder) could be identified, and the content of their tattoos also refers to their underlying psychiatric illness. A higher rate of childhood emotional abuse is present in tattooed individuals, however, further investigations are required to clarify this result.

Conclusion: In summary, the examination of tattoos can bring a new perspective in both the psychiatric and dermatological fields (including aesthetic practice). Regarding psychodermatology, our study might also direct attention towards self-inflicted skin lesions.

Abstract N°: 689

Recent Trends in Psychodermatology Publications: A Five-Year Analysis

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Introduction & Objectives:

Psychodermatology, an interdisciplinary field bridging dermatology and psychiatry, has grown significantly over recent years, as understanding and addressing the psychological dimensions of skin conditions has become increasingly prioritized. To examine the development of this field, we reviewed trends in the literature between 2020 and 2024. By understanding these trends, we aim to provide insight into the focus areas within psychodermatology, identify research gaps, and suggest future directions for this dynamic field.

Materials & Methods:

To gather data, a PubMed search was conducted on November 4th, 2024 using the keywords “psychodermatology” or “psychocutaneous.” Articles published within the last five years were scrutinized for relevance, with 292 articles ultimately analyzed. Data including publication year, study type, and study topic was compiled and summarized in Table 1.

Results:

Within the defined time period, the number of publications has remained significant, between 51 and 64 per year. The slight peak in 2020 publications could reflect increased attention to mental health issues amidst the COVID-19 pandemic. The most common study types included “Other,” encompassing commentaries, letters to the editor, and protocols, as well as reviews and survey studies. However, primary research, such as randomized control trials or cohort studies, remains limited. “General Psychodermatology” was the largest topic of study, including psychodermatological disorders (e.g. trichotillomania, delusional parasitosis, etc.) and broader issues like awareness, attitudes and education. Finally, aside from “General Psychodermatology,” certain conditions such as eczema and psoriasis have a strong presence in research.

Conclusion:

These findings reflect a sustained scholarly commitment to psychodermatology, with steady annual publication rates. This area of research remains exploratory, with an emphasis on synthesizing existing knowledge and gathering patient perspectives through common methodologies such as review articles and survey studies. While frequently examined conditions such as eczema and psoriasis highlight the field’s recognition of psychosocial impacts, the relative paucity of data on other dermatologic diseases identifies areas for future exploration. Expanding empirical research, in the form of longitudinal and comparative studies, may enhance understanding and improve clinical outcomes in psychodermatology.

Table 1. Psychodermatology Publication Types by Year, Study Type, and Topic.

Year	Total number of published articles	Study types of published articles	Total number of published articles	Topic categories of published articles	Total number of published articles
2020	64	**Case-Control**	6	**Acne**	10
2021	51	**Case Report**	8	**Alopecia**	9
2022	53	**Case Series**	5	**Eczema/Dermatitis**	25
2023	62	**Cohort Study**	14	**General Psychodermatology**	97
2024	61	**Cross-Sectional Study**	30	**Melanoma**	2
		Other	109	**Other** (commentaries, letters to the editor, reviews, survey studies)	93
		Randomized Controlled Trial	18	**Psoriasis**	32
		Review	63	**Trichotillomania**	9
		Survey	39	**Urticaria**	7
				Vitiligo	8

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Abstract N°: 898

Assessment of work capacity and relationship with disease activity in patients with axial psoriatic arthritis

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Introduction & Objectives: Psoriatic arthritis (PsA) is an immune-mediated inflammatory disease that affects the joints, entheses, and axial structures, including the spine and sacroiliac joints. This condition often results in pain, diminished quality of life, and reduced work capacity. Given these significant impacts, the aim of our study is to evaluate work capacity and its correlation with disease activity in pts diagnosed with axial PsA (ax-PsA).

Materials & Methods: The study included 114 pts with PsA (male/female (n (%)) – 58 (50.9)/ 56(49.1)), meeting the CASPAR (2006) with peripheral and axial involvement were included after signing consent participation forms. A standard rheumatological examination and PROs were performed. Mean age was 46 [38;55] years, duration of PsA was 36 [12;96] months (mo), duration of psoriasis was 60 [24;84] mo, duration of chronic back pain was 60 [24;84] mo. DAPSA was 29.4 [20.3; 47.5], ASDAS -CRP – 2.58 [2.17;3.21], BASDAI - 6 [4.16;7.16]. All pts had sacroiliitis based on X-ray findings. All pts completed the WPAI questionnaire to assess their work ability. It allows for the assessment of 4 scales:** absenteeism (time missed from work due to the condition), presenteeism (reduced productivity while at work), overall work productivity loss (a combination of absenteeism and presenteeism), activity impairment (difficulty performing daily activities outside of work). Me [Q25; Q75], Pierson-χ2 M±SD, %, Pierson-χ2, Manna-Whitney tests were performed. All $p<0.05$ were considered to indicate statistical significance.

Results: The analysis of social status pts with ax-PsA showed: 58% were employed, 18% were unemployed, 16% were retirees, and 8% were students. The level of absenteeism was 44.6%, presenteeism was 49.7%, the overall percentage of work impairment was 43.1%, and the overall percentage of reduced daily activity was 55.6%. Women have a higher percentage of reduced daily activity compared to men (63% vs 46%, p=0.007). A correlation was found between high ASDAS-CRP activity and work impairment according to absenteeism (43.3 vs 26.6, p=0.004) and presenteeism (55.1 vs 30.7, p=0.001) scales. High BASDAI activity significantly reduces work ability across all scales of the WPAI questionnaire.

Conclusion: In pts with ax-PsA, the presence of the disease impacts work impairment; the higher the disease activity, the more pronounced the reduction in both work and daily activities. Therefore, timely adjustment and intensification of therapy are necessary for all pts with ax-PsA to improve their quality of life and work ability.

Abstract N°: 1037

Evaluation of Psychological Symptoms and Quality of Life in Patients with Early-Stage Mycosis Fungoides: A Case-Control Study

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Introduction & Objectives: Mycosis fungoides (MF) is the most common type of cutaneous T-cell lymphoma. This study was designed to measure psychological symptoms and health-related quality of life in patients with early-stage MF and compare the results with controls

Materials & Methods: Forty patients with early-stage MF and 40 age- and gender-matched healthy controls were included in the study. The sociodemographic characteristics of all participants were recorded and Depression, Anxiety and Stress Scale-21 (DASS-21) was administered to measure depression, anxiety and stress levels. Additionally, Skindex-29 was applied to assess the quality of life in MF patients.

Results: No significant difference was detected between patient and control groups of MF regarding DASS-21 subscales scores and the total scores. Both symptom and emotion subscale scores of Skindex-29 were found to be statistically higher in female MF patients. Older MF patients had worse symptoms and functional impairment according to Skindex-29. The DASS-21 total scores were positively correlated with all Skindex-29 subscale scores in MF patients.

Conclusion: This study demonstrated that quality of life in early-stage MF may be negatively affected in elderly and female patients. Health-related quality of life was more affected in patients with increased levels of depression, anxiety and stress. The quality of life of MF patients can be increased by improving their psychological health.

Table 1. Comparison of DASS-21 scale scores in MF and control groups

Characteristics	**Patient group**	**Control group**	**p**
	Mean ± SD	Median (min-max)	Mean ± SD
DASS-21-Depression	4.68±0.63	4.0 (0-18)	4.20±1.92
DASS-21-Anxiety	4.28±0.56	3.5 (0-16)	4.15±2.04
DASS-21-Stress	4.95±0.61	4.0 (0-18)	4.48±1.85
DASS-21-Total	13.9±1.72	13.0 (0-52)	12.83 ± 0.76

**

Table 2. Correlation of Skindex-29 subscale scores between age, duration of disease and DASS-21 total scores in MF patients

Skindex-29 domains	Age	Duration of disease	DASS-21 score (total)
Symptoms	p=0.01* r=0.404	p=0.227 r=0.160	p=0.000* r=0.546
Emotion	p=0.08 r=0.277	p=0.919 r=-0.017	p=0.000* r=0.658
Functioning	p=0.001* r=0.486	p=0.360 r=0.149	p=0.000* r=0.558

*: Positive correlation between the variables.

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Abstract N°: 1390

Allergic contact dermatitis associated to Dermatillomania: a case report

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Introduction & Objectives:

Dermatillomania or skin picking disorder is characterized by repetitive skin picking leading to tissue damage. We report the case of a 57-year-old female patient presenting with chronic palmoplantar eczema aggravated by dermatillomania.

Materials & Methods:

NA.

Results:

A 57 years old patient with a medical history of diabetes, hypertension, and primary hyperparathyroidism, was followed at the Dermatology Department for a chronic palmo plantar eczema. She was treated with topical steroids and antihistamines. Clinical examination revealed palmoplantar hyperkeratosis on an erythematous and fissured background, along with superficial linear erosions on the dorsum of the feet and legs. The patient reported no improvement with her treatment. A thorough patient interview revealed significant relief during scratching and self-excoriation, suggesting dermatillomania. After psychiatric assessment the diagnosis of dermatillomania was retained according to DSM-5 criteria. An antidepressant treatment (sertraline chlorhydrate) was prescribed and the patient was referred to psychiatric department for psychotherapeutic management.

Conclusion:

Dermatillomania or skin picking disorder (sometimes called excoriation disorder, neurotic picking, psychogenic excoriation) is characterized by repetitive, impulsive skin plucking/pinching and resultant skin lesions. Despite a lifetime prevalence of 1.4% in general population. Skin picking disorder is believed to be underreported. It is more commonly reported in females, with a median age of onset of 30–45 years. Dermatillomania can led to serious medical conditions, such as scarring, ulcerations and infections. It is a contributing factor to the exacerbation of underlying dermatoses, leading to the chronicization of lesions and impairment of the skin barrier, as in our case.

Through this case report we suggest that dermatillomania should be considered in patients with uncontrolled dermaàtosis mainly in there are signs of excoriations or scratching. The diagnosis and management of this condition require a multidisciplinary approach involving both dermatology and psychiatry to optimize treatment outcomes and improve the patient’s quality of life.

Abstract N°: 1541

The challenge of postherpetic neuralgia in the elderly

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Introduction & Objectives:

Post-herpetic neuralgia (PHN) is a common and debilitating complication of herpes zoster, especially the elderly. It involves intense and persistent neuropathic pain that is often resistant to conventional analgesics. Its management in the elderly represents a real therapeutic challenge, given their physiological fragility, the frequency of comorbidities and the potential risks of polymedication.

The aim of this case report is to shed light on this often under-treated entity, despite its considerable impact on quality of life, leading to insomnia, anxiety and even depression.

Materials & Methods:

Results:

Case presentation:

An 80-year-old female patient, known to be hypertensive on amlodipine, presented to our department with an acute-onset skin eruption, very painful, located on the left supra-mammary and supra-dorsal areas, which had been evolving for 48 hours in a context of apyrexia and preservation of general condition. Clinical examination revealed a unilateral metameric rash, involving the left 3rd intercostal space, made up of mainly clear vesicles, some hematic, grouped in clusters and resting on an erythematous base. The diagnosis of intercostal herpes zoster was made, and treatment was immediately initiated combining local care, oral valaciclovir 3g/d and benfotiamine-based vitamin therapy. In terms of analgesics, given the high intensity of the pain, we prescribed from the outset a level 2 analgesic (paracetamol + codeine) together with daily sessions of LED therapy. The evolution at two weeks was marked by near-total regression of the skin lesions, with persistence of postherpetic pain, described as throbbing and insomniac. We therefore proceeded with a gradual analgesic escalation until satisfactory relief was achieved using a combination of gabapentin 600 mg/d and amitriptyline 10 mg/d, after naturally eliminating any contraindications, particularly cardiac.

Conclusion:

The management of PHN in the elderly can be complex, and requires a multimodal approach combining both curative and preventive measures. The prevention component is based on two major principles: early initiation of antiviral treatment, ideally within 72 hours of eruption, and vaccination of immunocompetent subjects over 65 years old. The choice of analgesic generally follows a stepwise approach, depending on the intensity of the pain and the response to initial treatments. The use of third-line analgesics is common, with tricyclic antidepressants such as amitriptyline at the top of the list, followed by anticonvulsants such as gabapentin and pregabalin. Regardless of the chosen drug, gradual dose titration is essential, taking both efficacy and tolerance into account. Local treatments can also be used, particularly 5% lidocaine plasters and, less frequently, 8% capsaicin patches in specialized centers. LED therapy is another interesting option, both for preventing PHN if started within the first five days post-eruption, and for managing persistent, refractory pain. Additionally, it serves as a therapeutic alternative when pharmacological treatments are contraindicated. Overall, an individualized approach is essential, considering the unique features of each patient, particularly underlying pathologies and medication use. Close monitoring is recommended to reassess pain and adjust molecules and dosages accordingly, while keeping tolerance in mind.

Abstract N°: 1682

The use of POSAS scale to assess neck scar quality: development of the Russian version of POSAS and its testing in patients undergoing thyroid surgery

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Introduction & Objectives:

The neck is an aesthetically significant region, and scars in this localization often present a major cosmetic concern for patients. The external appearance of the scar is one of the main factors in determining whether the surgery was successful, and patients undergoing surgical procedures in this area are particularly focused on aesthetic outcomes. Thus, the evaluation of scar quality is a critical aspect of postoperative care. The Patient and Observer Scar Assessment Scale (POSAS) 3.0 was chosen as the assessment tool due to its comprehensive evaluation of scar characteristics from both patient and observer perspectives.

We aimed to develop the Russian version of POSAS 3.0 (POSAS-R), evaluate its psychometric properties, and assess its applicability in patients undergoing thyroid surgery.

Materials & Methods:

POSAS-R was developed in accordance with international guidelines for cross-cultural adaptation of patient-reported outcome measures. The feasibility, reliability, validity, and sensitivity to change were evaluated. Internal consistency was assessed using Cronbach’s alpha, reproducibility was examined with the intraclass correlation coefficient (ICC), and construct validity was determined by correlating POSAS-R scores with the Visual Analog Scale (VAS). Sensitivity to change was analyzed using effect size (ES).

Results:

The POSAS-R was tested in a cohort of 115 patients (mean age: 39.2 years) who underwent thyroid surgery. Both subscales, the Patient Scar Assessment Scale (PSAS-R) and the Observer Scar Assessment Scale (OSAS-R), demonstrated acceptable internal consistency (Cronbach’s $\alpha = 0.82–0.86$) and high reproducibility (ICC = 0.97 and 0.88; $p < 0.001$). Strong correlations with the VAS confirmed construct validity (Spearman’s $r = -0.807$ and -0.712; $p < 0.001$). Sensitivity to change was moderate, with effect sizes of 0.50 and 0.52.

Conclusion:

The developed Russian version of POSAS 3.0 is a valid and reliable tool for evaluating postoperative scars after thyroid surgery both from patient’s and clinician’s perspective. Sensitivity and applicability of the POSAS-R to monitor scar changes in patients following thyroid surgery at early and long-term postoperative periods was demonstrated. POSAS 3.0 is a promising useful tool for monitoring scar condition after thyroid surgery. Its integration into clinical practice in endocrine surgery as an indicator of recovery after treatment might facilitate improved “patient-physician” communication and enhance overall patient satisfaction.

Abstract N°: 1712

Sleep disorders in dermatology patients

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Introduction & Objectives:

Chronic dermatoses, generally pruritic and/or painful, can impair sleep quality and lead to a deterioration in patients' general well-being. The aim of our study is to analyze the association between chronic dermatoses in adults and sleep quality.

Materials & Methods:

This is a cross-sectional study including patients treated for chronic dermatosis. We used a two-part questionnaire. The 1st part included questions on the patient, his/her pathology, the causes of sleep disorders and the EVA pain and pruritus scales. The 2nd part of the questionnaire corresponded to the validated French version of the Pittsburg Sleep Quality Index (PSQI).

Results:

We collected a total of 337 patients with a mean age of 57+ /- 12 years and a sex ratio F/H of 1.7. The pathologies for which patients were followed up were as follows: 25 dermatomyositis cases, 50 pemphigus cases, 27 bullous pemphigoid cases, 135 psoriasis cases, 100 vitiligo patients.

The average PSQI of patients with pemphigus was 9; 24.1% of patients had a PSQI ≤ 5 and were therefore considered "good sleepers", and 75.9% of patients had a PSQI ≥ 5 and were considered "poor sleepers". For bullous pemhigoide the mean PSQI of patients was 7 , 35.3% of patients were therefore considered "good sleepers" and 64.7% of patients were considered "poor sleepers. For dermatomyositis, the mean PSQI of patients was 8, 48.1% of patients were therefore considered "good sleepers" and 5&.9% of patients were considered "poor sleepers". For psoriasis, the mean PSQI of patients was 4, 91.3% of patients were therefore considered "good sleepers" and 8.7% of patients were considered "poor sleepers".

For vitiligo, the average PSQI of patients was 3, so 92% of patients were considered "good sleepers" and 8% of patients were considered "poor sleepers". The etiology of sleep disorders was skin pathology in ,73% of cases and a non-cutaneous cause in 27%.

Pruritus was the main cause of skin-related sleep disorders (36.2%), followed by skin pain (32.1%), organic pain other than skin pain, notably muscular pain in patients with dermatomyositis (4.3%), skin-related frightening thoughts (15.2%), and an undetermined cause according to patients (12.2%).

Chronic dermatoses can have a significant impact on sleep through a variety of mechanisms. Behavioural factors such as stress, anxiety and depression have been identified as being associated with inflammatory dermatoses. The intensity of pruritus can also have an impact on sleep. Frightening thoughts, including worries about sleep deprivation, disease progression, anxiety about therapeutic interventions and feelings of shame because of skin appearance appear to be a major cause of skin-related sleep disorders. It is also important to note that high-dose corticosteroid therapy can also induce sleep disorders; in our study, several patients were on high-dose corticosteroid therapy > 1mg/kg /d, notably for pemphigus and dermatomyositis.

Conclusion:

Skin may have a negative impact on sleep in patients with chronic dermatoses. However, further clinical immunological or neurological studies are needed to investigate this relationship.

EADV SYMPOSIUM
PRAGUE
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Abstract N°: 1713

Impact of hidradenitis suppurativa on quality of life and sexuality

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Introduction & Objectives:

Hidradenitis suppurativa (HS)is a chronic inflammatory, recurrent and debilitating follicular skin disease that usually manifests after puberty as painful, deep, inflamed lesions in areas of the body containing apocrine glands, most commonly the axillary, inguinal and anogenital regions. Our aim is to assess the impact of HS on patients' quality of life and sexuality.

Materials & Methods:

This is a retrospective, descriptive and monocentric study over a period of 9 years including patients hospitalized for the management of HS. Our patients' quality of life was assessed by the DLQI score and the Skindex. The impact of HS on patients' sexuality was assessed by the FSFI score in women and the IIEF-5 score in men.

Results:

The average age of patients at diagnosis was 44.36 ± 15.02 years, with extremes ranging from 21 to 71 years. Two patients (18%) were female and 9 cases (82%) male. Four patients were married (36%), 4 were single (36%) and 3 patients were divorced because of the impact of their pathology (28%).

The mean DLQI at admission was 19 ± 4.5, reflecting a significant effect of the disease on patients' quality of life(Qol). One patient had a moderate effect on QoL, 4 patients had a significant effect on QoL and 6 patients had an extremely significant effect on QoL. The mean emotional Skindex of our patients was 59.8 ± 12.3%, symptomatic was 54.7 ± 13.3% and functional was 49.2 ± 13%.

The mean FSFI score was 21., reflecting dysfunction in all 5 dimensions (desire, arousal, lubrication, orgasm and satisfaction). The mean FSFI-5 was 14.8 ± 3.1, corresponding to moderate erectile dysfunction.

In our study, 4 patients reported being single (36%), while 3 were divorced (28%) due to the impact of their pathology. Indeed, HS is one of the dermatological conditions with the greatest impact on patients' quality of life. It affects not only physical health, but also mental and psychosocial health. Fear of stigmatization due to lesion odor, suppuration and scarring is responsible for social isolation. HS is also responsible for significant disruption of sexual life. The presence of active genital lesions and the number of affected areas, as well as psychic disorders associated with this disease, notably anxiety and depression, were significantly linked to sexual distress.

Conclusion:

HS is a debilitating dermatological disease with a major impact on patients' quality of life, sex life and marital status. Multidisciplinary psychosomatic management is needed to improve patients' quality of life.

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Abstract N°: 1761

Breast dermatoses and breastfeeding

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Introduction & Objectives:

Breastfeeding is a fundamental pillar of infant health, offering nutritional, immunological and emotional benefits for the infant.

However, certain breast dermatoses can compromise this precious experience, with major psychological repercussions for the breastfeeding mother.

The aim of our work is to assess the impact of different breast dermatoses on breastfeeding.

Materials & Methods:

This is a retrospective descriptive and analytical study involving patients with dermatoses of the breast at the time of breast-feeding. We defined 2 groups of patients: a group of patients who decided to breastfeed and a group of patients who decided not to breastfeed. Anxiety and depression were assessed in these patients using the HADS anxiety and depression score. Student's t-test was used to compare quantitative variables. A threshold of $p<0.001$ was considered statistically significant.

Results:

A total of 38 patients were enrolled, with an average age at the time of lactation of 29.3 +/- 6 years. The dermatosis was pre-existing at the time of pregnancy in 42.12%, was revealed during pregnancy in 31.57% and was revealed in the post-partum period in 26.31% of patients.

We noted 10 cases of dermatoses specific to pregnancy, including 8 cases of pemphigoide gestationis, 2 cases of impetigo herpetiformis, and one case of gravid intrahepatic cholestasis with mammary pruritus.

In addition, 28 patients presented with dermatoses not specific to pregnancy, including 7 cases of mammary vitiligo, 7 cases of psoriasis vulgaris, 5 cases of mammary candidiasis, 5 cases of mammary hirsutism in the context of polycystic ovary syndrome, 2 cases of mammary herpes, 1 case of generalized subacute lupus and 1 case of post-inflammatory hyperpigmentation.

Breast dermatosis did not affect the choice of breastfeeding in 28.9% of patients, while 71.1% decided not to breastfeed their children because of their breast dermatosis.

Dermatoses in the non-breastfeeding group included pemphigoide gestationis in 29.6%, psoriasis vulgaris in 25.9%, candidiasis mammae in 18.5%, impetigo herpetiformis and mammary herpes in 7.4% each, and subacute lupus and hisutism in 3.7% each.

The impact of dermatitis on the choice of breastfeeding was secondary to pain at the time of breastfeeding in 44.7%, fear of transmitting the disease to the child in 18.4%, social stigma in 15.7%, women's disgust with their breasts and breast milk in 13.1%, and the taking of medication with passage into breast milk in 8.1%.

Psychological impact was assessed using the Hospital Anxiety and Depresion Scale (HADS) for all patients with breast dermatosis. The mean HADS depression score was higher in the non-breastfeeding group (15.7 +/-2.6) than in the breastfeeding group (6.5+ /- 1.5), with a statistically significant difference ($p<0.001$). Similarly, the mean HADS anxiety score was higher in the non-breastfeeding group (15.4 +/-2.7) than in the breastfeeding group (7.7+ /- 1.4), with a statistically significant difference ($p<0.001$).

Conclusion:

The decision not to breastfeed because of breast dermatitis in women is a complex one. The depression and anxiety that can ensue underline the importance of both physical and mental care. It is essential that every woman feels supported, informed and listened to in her choice to breastfeed, and that she has access to psychological support to deal with any emotional distress, anxiety or depression that may arise from this choice.

Abstract N°: 1809

A case report:Gardner-Diamond Syndrome

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Introduction & Objectives: Gardner Diamond syndrome is a rare disease that can be caused by ecchymoses and mucosal, cutaneous hemorrhages in different parts of the body. Although the etiology is not known for sure, it is psychiatric factors and well-known characteristics that patients show autoreactivity to their own blood. Cutaneous lesions and hemorrhages are more common after trauma and recover after trauma.

Materials & Methods: A 22-year-old female patient applied to our clinic with a complaint of ecchymotic painful lesions on both lateral thighs.No other findings were detected in the dermatological examination.She had a history of hearing loss and depression due to chronic otitis media. He had no current medication and no history of trauma. No family members had similar complaints. On examination, she has scattered ecchymotic lesions with unclear borders on the lateral side of the left thigh, starting from the ASIS and continuing to the knee joint, and ecchymotic lesions with tenderness to pressure on the front of the right thigh, starting from the inguinal region and extending to the knee joint. PT, aPTT, INR tests, whole blood, erythrocyte sedimentation rate, crp, ANA, C3, C4, WVF, d-dimer and factor VIII activation tests requested for bleeding diathesis were observed within the normal range. Plasma, total blood and physiological saline were injected into the patient’s forearm skin by centrifugation. No ecchymosis was detected in the injection area approximately 24 hours after the injection. The patient was diagnosed with psychiatry.

Results: We consulted the psychiatry department to review psychiatric treatment methods, which constitute the first step of treatment for our patient and are seen as the most effective treatment when the literature is reviewed.

Conclusion: Gardner Diamond syndrome is a rare disease and a disease that should be considered in the differential diagnosis of ecchimotic lesions. Early diagnosis will allow early treatment of symptoms and prevent unnecessary examination. The patient was diagnosed with Gardner Diamond syndrome in the light of the patient’s psychiatric history and normal blood tests.

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Abstract N°: 1861

Lichen simplex chronicus of Scalp: A case series.

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Introduction & Objectives:

- Lichen simplex chronicus is one of the major psychodermatosis, that can cause significant impairment of quality of life in patient.
- Frequent sites include visible areas of the neck, ankles, scalp, and anogenital area.
- On the scalp, lesions usually appear as well-demarcated, hyperpigmented plaques with a deeper brownish-red color and significant scaliness. Additionally, scales and alopecia from hair breakage are common.
- It can be misdiagnosed as alopecia areata, trichotillomania, tinea capitis and lichen planus pigmentosus. Trichoscopy can distinguish LSC from other conditions.

Objective: To assess trichoscopic findings of clinically diagnosed cases of Lichen Simplex Chronicus.

Materials & Methods:

A diagnosis of LSC of scalp was made based on clinical and dermoscopic findings in 6 patients. The patient was prescribed a lotion-based topical corticosteroid to be applied locally.

Results:

- Average age of disease onset in our study was 30 years and all the patients were males. Half of the patients had lesion over the temple and the other half had over temple area of scalp.
- Most common finding on trichoscopy was perifollicular scaling (6/6 of cases). Trichoscopy reveals short hair shafts with split ends and “broom fibers” (4/6 cases).
- LSC was distinguished from trichotillomania by the pattern of hair breakage and from alopecia areata by its typical hair signs.
- Absence of Morse code hairs and other typical hair signs helps differentiate LSC from tinea capitis.

Conclusion:

- LSC is a psychodermatosis characterized by an itch-scratch cycle which leads to hyperpigmented scaly plaques on the scalp.
- Comprehensive clinical evaluation and trichoscopy can aid the diagnosis of LSC of scalp and avoid misdiagnosis into other conditions like trichotillomania, alopecia areata, tinea capitis, etc.

Abstract N°: 2082

Patient factors associated with novel NAIL-Q scales in toenail onychomycosis or onychocryptosis: a cross-sectional study and regression analysis

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Introduction & Objectives:

The NAIL-Q is a patient-reported outcome measure (PROM) assessing nail appearance, health-related quality of life (HRQL), and treatment satisfaction. Socio-demographic and clinical factors – including gender, race, financial stability, disease severity, number of affected nails and disease duration – have been independently associated with HRQL scores of patients with nail conditions. When the NAIL-Q is applied in observational study designs, these variables can act as confounders, potentially compromising the accuracy of results. Our objective is to identify the effects of socio-demographic and clinical variables on NAIL-Q Appearance, Nail Distress, Symptoms, Physical, and Outcome scores in people with toenail onychomycosis and/or onychocryptosis.

Materials & Methods:

Data utilized in this study were collected from Prolific Academic for an international field test study conducted between June and July 2022. Participants were English-speaking, aged 18-80 years, from 23 countries, and had a toenail condition for which they consulted a healthcare professional. They completed one or more NAIL-Q scales along with socio-demographic and clinical questionnaires. This study focused on a sub-sample of participants with toenail onychomycosis and/or onychocryptosis. Descriptive statistics were calculated for demographic and clinical characteristics. Simple linear regression analysis was conducted between each predictor variable and the NAIL-Q scales. Variables that showed a significant linear relationship in the initial analyses were included in a multivariable linear regression model. Standardized coefficients were used to compare the relative importance of predictor variables.

Results:

The study included 130 participants with toenail onychomycosis, 212 with toenail onychocryptosis, and 20 with both conditions. In both groups, most participants were female and Caucasian, with mean ages of 41 (± 15.0) years for onychomycosis and 34 (± 13) years for onychocryptosis. Worse NAIL-Q scores were associated with younger age, more affected nails, being non-Caucasian, difficulty paying bills, having onychomycosis, moderate to severe disease severity, longer condition duration, specific treatment status, experiencing pain, and interference with daily activities.

Conclusion:

Given the lack of HRQL tools that can be used across nail conditions, the NAIL-Q is a valuable PROM for research and clinical practice. It can provide meaningful insights into patient perspectives, helping to guide care discussions. Considering patient variables and adapting research methodologies accordingly minimizes bias, enhances validity, and supports the NAIL-Q's effective application in clinical research.

Abstract N°: 2113

Unraveling the Psychodermatologic Link Between Prurigo Nodularis and Mental Health

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Introduction & Objectives: Prurigo nodularis (PN), a neuroinflammatory nodular dermatosis, is commonly associated with psychiatric conditions such as depression and anxiety. This strong association has led some to conclude that PN may be of psychogenic origin, with reports of insurance companies requiring psychiatric medications before approving biologic treatment. This stigmatizing perspective may contribute to the underprescription of biologics for PN despite disease severity meeting eligibility criteria. The objectives of this study were to compare the prevalence of depression and anxiety between adults with PN and those without PN in the TriNetX patient population and to compare the risk of developing psychiatric conditions between PN and atopic dermatitis (AD), a less stigmatized inflammatory skin disease. By quantifying the psychiatric burden in PN, this study sought to clarify the association and challenge stigmatized perceptions of PN.

Materials & Methods: The TriNetX US Collaborative Network was queried to determine the prevalence of anxiety and depression in the PN population (ICD-10: L28.1) and a general population (GP) cohort excluding PN patients. Separate cohorts of adult PN patients (≥18 years at initial diagnosis) and adult AD patients (ICD-10: L20) were identified.

These cohorts were incorporated into Cox proportional hazard models to compare the 15-year risk of developing anxiety or depression, adjusting for demographics, major comorbidities (modeled after the Charlson Comorbidity Index), prescriptions for topical anti-inflammatories and biologics (proxies for disease severity), SSRIs and benzodiazepines (proxies for psychiatric severity), and other major risk factors for psychiatric disease. Statistical significance was set at $P < 0.05$.

Results: There were 111,956 PN patients and 82,527,573 GP patients. The rate of any psychiatric diagnosis was 60% in PN vs. 23% in the GP cohort. The rate of at least one episode of depression was 27% in PN vs. 5% in GP, while recurrent major depressive disorder (MDD) was 13% vs. 2%. For any anxiety disorders, 34% of PN patients carried a diagnosis vs. 10% of the GP cohort, while generalized anxiety disorder (GAD) was diagnosed in 12% vs. 3%, respectively.

When comparing 96,491 PN patients and 405,429 AD patients from the time of first diagnosis, the 15-year risk of recurrent MDD (hazard ratio [HR] 0.939; 95% Confidence Interval [CI] 0.917, 0.962; $P < 0.001$) and GAD (HR 0.814; 95% CI 0.793, 0.834; $P < 0.001$) was lower in the PN cohort.

Conclusion: This study confirms a higher burden of psychiatric conditions in PN compared to the general population, with depression and anxiety diagnoses being significantly more prevalent in PN patients. However, compared to AD, PN patients had a lower long-term risk of recurrent major depressive disorder and generalized anxiety disorder. These findings challenge the stigmatization of PN as a psychogenic disorder, as psychiatric comorbidities appear comparable—or even lower—than those of another inflammatory pruritic condition. Addressing these misconceptions may reduce barriers to appropriate care and improve access to biologic treatments for PN patients.

EADV SYMPOSIUM
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Abstract N°: 2122

Post-Cellulitis Milia en Plaque with Dermatitis Neglecta: A Rare case Report

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Introduction & Objectives:

Milia en plaque is a rare dermatological condition characterized by clusters of milia occurring on an erythematous or hyperpigmented base. Dermatitis neglecta, on the other hand, results from inadequate cleansing of the skin, leading to the accumulation of dirt, sebum, and keratinous debris forming a pseudo-verrucous plaque. Both conditions are infrequently reported in post-cellulitis settings. This case report highlights the occurrence of milia en plaque in conjunction with dermatitis neglecta in an elderly female post-cellulitis, emphasizing the role of dermoscopy in diagnosis and appropriate management strategies

Materials & Methods:

A 74-year-old woman, previously treated for cellulitis, presented with multiple dome-shaped, skin-coloured to dirty brown verrucous papules clustered over an area of post-inflammatory hyperpigmentation on her left lower leg. Dermoscopic examination revealed yellowish-to-erythematous structureless areas with multiple dark brown-to-black polygonal structures in a cobblestone pattern. Upon detailed history-taking, the patient admitted to poor hygiene and inadequate cleansing of the affected area due to fear of exacerbation. Saline soaking followed by gentle scrubbing led to the removal of the dark debris, revealing normal underlying skin. A repeat dermoscopic examination post-cleaning demonstrated only yellowish-to-mildly erythematous structureless areas with numerous white or whitish-yellow cystic structures of variable size, confirming the presence of milia en plaque.

Results:

Based on clinical and dermoscopic findings, a final diagnosis of post-cellulitis milia en plaque with dermatitis neglecta was established. The patient was managed symptomatically with topical emollients and Monthly sessions of cryotherapy were initiated to address the milia, leading to gradual improvement. Regular counselling on proper hygiene and skin care practices resulted in the prevention of further recurrences.

Conclusion:

This case highlights the importance of dermoscopy in distinguishing dermatitis neglecta from other hyperpigmented dermatoses and recognizing milia en plaque as a sequela of post-inflammatory changes. Early intervention, patient education, and targeted therapy are crucial for optimal management and prevention of recurrence in such cases.

EADV SYMPOSIUM

PRAGUE
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Abstract N°: 2146

Self-esteem and quality of life in men undergone chemical peels

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Introduction & Objectives:

Chemical peeling is considered a safe method for treatment of several skin diseases and to refresh and rejuvenate skin. The aim of this study is to evaluate the indications for chemical peels in men and the reflection of this treatment approach on their quality of life and self-esteem.

Materials & Methods:

Eighty-five patients were recruited in the study. Fifty-eight individuals had undergone chemical peeling for therapeutic reasons and twenty-seven individuals for cosmetic reasons. To assess patients’ self-esteem and quality of life, the Rosenberg’s Self-esteem Scale(RSES)and the Dermatology Life Quality Index (DLQI)were used before and after treatment.

Results:

Before the treatment, individuals who would undergo peeling for therapeutic reasons did not statistically significantly differ compared to those who would undergo the procedure for cosmetic reasons in terms of self-esteem ([Mean± Standard Error]:20.21 ± 0.36 vs. 19.81 ± 0.53, $p = 0.538$) or quality of life(10.12 ± 0.38 vs. 10.37 ± 0.56, $p=0.712$). However, both groups’ baseline self-esteem was more impaired in comparison to the controls (24.07 ± 0.29, $p <0.001$)

Conclusion:

The results of our study indicate that chemical peelings caused a significant improvement in men’s self-esteem and quality of life. Chemical peels are considered a low commitment option for men that provide impressive results when treating a wide range of skin conditions

EADV SYMPOSIUM

PRAGUE
22-24 MAY 2025

Abstract N°: 2246

Quality of Life in Xeroderma Pigmentosum: Effects of an SPF 99 Sunscreen with 2% Niacinamide

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Introduction & Objectives:

Xeroderma Pigmentosum (XP) is a rare, autosomal recessive genetic disorder characterized by a deficiency in the DNA repair pathway responsible for correcting damage caused by ultraviolet radiation. This deficiency leaves individuals with XP extremely sensitive to UV exposure, making them highly susceptible to developing skin cancers, including non-melanoma skin cancer (NMSC). This study aimed to investigate the impact of a broad-spectrum SPF 99 sunscreen containing 2% niacinamide on the quality of life (QoL) of XP patients.

Materials & Methods:

This single-arm, prospective, descriptive study was conducted in the villages of Araras and Faina, located in the state of Goiás, Brazil. 17 patients with a confirmed genetic diagnosis of XP, who were regular sunscreen users and free of active NMSC lesions were enrolled. Over 6 months, clinical evaluations were performed to monitor the appearance of new lesions (AK, BCC, and SCC) and assess treatment tolerance. These observations were then compared to the patient's medical history from the 6 months prior to study enrollment. Additionally, patients answered quality of life and cosmeticity questionnaires. Patients were instructed to apply the SPF 99 sunscreen to their face, arms, legs, and neck in the morning and reapply it every 3 hours.

Results:

Seventeen patients with XP and the XPV mutation (41.2% female, 58.8% male) completed the study. Fifteen were adults with a median age of 63 years, and two were children. Phototypes were distributed as follows: I (17.6%), II (5.9%), III (29.4%), and IV (47.1%).

After 6 months, there was a significant improvement in the quality of life of XP patients, with a 45.25% reduction in the DLQI score (4.67 at D180 vs. 8.53 at D0, p 0.006). A reduction of 28.96% was observed within the first month of use. Analysis of the occurrence of new AK, BCC, and SCC lesions revealed no new lesions among the 17 patients evaluated. However, 4 of these 17 patients had presented with one BCC lesion 6 months before the study started. Regarding cutaneous and ocular tolerance, no adverse events were reported, and the product was well-appreciated for not causing burning. At the end of the treatment, the average product satisfaction score (on a scale of 0 to 10) was 9.17, and 82.35% of the patients stated they would like to continue using the product.

Conclusion:

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The Impact of War on the Course of Atopic Dermatitis and Psoriasis.

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Introduction & Objectives: Psoriasis (P) and atopic dermatitis (AD) are common inflammatory skin diseases that affect people of all ages worldwide. One of the most powerful triggers for the exacerbation of autoimmune skin diseases is stress. The exacerbation of psoriasis and atopic dermatitis in such conditions not only worsens the physical condition of patients, but also negatively affects the quality of life, social adaptation and psychological comfort. Therefore, the study of the impact of war on these diseases and the development of adapted treatment strategies are a priority.

Objective. To analyze the impact of war as a stress factor on the course of psoriasis and atopic dermatitis. To develop recommendations on effective approaches to their treatment and prevention.

Materials & Methods: The medical records of outpatients suffering from AD (46 people aged 18 to 56) or P (51 people aged 18 to 60) were analyzed for 10 years in order to assess the course and severity of dermatoses. A survey was conducted on the quality of life of these patients during a full-scale invasion.

Results: The analysis of medical records of outpatients with psoriasis and atopic dermatitis during the war revealed a significant deterioration in the course of these diseases. In peacetime, 35 (76.1%) patients experienced exacerbations 1-2 times a year, and the remaining 11 (23.1%) patients had no more than 3 exacerbation episodes. While over the past 3 years, 25 (54.4%) patients experienced exacerbations 4-5 times a year. According to the SCORAD index, 17 (36.9%) patients had a score over 50 points, while 21 (45.6%) had scores within 25-50 points. Patients with atopic dermatitis also noted the negative impact of the war, which was manifested in increased itching, dry skin, frequent infectious complications and reduced treatment effectiveness.

In patients with psoriasis, 39 (76.5%) individuals had a mild form of psoriasis with outbreaks once a year or every two years, and the PASI score did not exceed 8 in 37 (72.6%) patients. Currently, 31 (60.9%) patients have rashes more than 3 times a year and the PASI score exceeds 8 points, and the rest have more than 16 points, which corresponds to a severe form of psoriasis. The psoriatic arthritis has been diagnosed in 19 (37.25%) patients over the past 3 years.

The quality of life in all patients, according to a subjective assessment on a 10-point scale, decreased from 8 (before the war) to 3 (during the war), which indicates a significant impact of stress on the physical and emotional state of patients.

Conclusion: The results of the study indicate that war is a significant negative factor complicating the course of autoimmune skin diseases, in particular psoriasis and atopic dermatitis. Chronic stress, limited access to medical care and mental and emotional exhaustion contribute to the exacerbation of the disease, the development of severe forms, such as psoriatic arthritis, and a significant decrease in the quality of life of patients. The treatment and prevention of these diseases should be comprehensive during the war. It should include not only therapy prescribed by a dermatovenerologist, but also mandatory psychological and, if necessary, psychiatric support. This approach will allow stabilizing the psychoemotional state of patients, reducing the frequency of exacerbations and improving the effectiveness of treatment even in difficult wartime conditions.