Abstract N°: ID-3

Topic: Acne and related disorders, hidradenitis suppurativa

COMBINED USE OF AUTOLOGOUS PLATELET-RICH PLASMA AND FRACTIONAL LASER IN THE TREATMENT OF ATROPHIC POST-ACNE SCARS

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Introduction
Recently, autologous platelet-rich plasma (PRP) has attracted considerable attention in the medical field due to its ability to stimulate tissue regenerative processes.

This study aimed to investigate the potential of PRP in combination with fractional CO_2 laser therapy for the treatment of atrophic post-acne scars.

Materials and Methods
A total of 28 patients with atrophic post-acne scars (10 women and 18 men) were enrolled. Fourteen patients underwent ablative fractional CO_2 laser treatment alone, while the remaining 14 received fractional CO_2 laser therapy combined with PRP injections. PRP was administered immediately after the laser procedure. Treatment sessions were repeated at one-month intervals, with a total of 4 to 6 sessions performed.

Results
Clinical outcomes were evaluated using both subjective (patient satisfaction) and objective criteria (resolution of post-ablative inflammatory processes, facial surface smoothing, and assessment of serial photographs). In the group treated with fractional laser combined with PRP, overall clinical improvement of post-acne scars was observed as early as one month after the first procedures, whereas in the laser-only group, similar clinical dynamics were noted at later stages (after 3–4 sessions).

Conclusions
This study demonstrated that in the management of atrophic post-acne scars, fractional laser treatment combined with PRP enhances the efficacy of laser therapy and shortens the recovery period compared to fractional laser treatment alone.

Abstract N°: ID-11

Topic: Acne and related disorders, hidradenitis suppurativa

Psychiatric Outcomes After GLP-1 Receptor Agonist Initiation vs Metformin in Hidradenitis Suppurativa: All of Us Database Study

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Introduction
Hidradenitis suppurativa (HS) is associated with high rates of obesity and psychiatric comorbidity. Glucagon-like peptide-1 receptor agonists (GLP-1RAs) and metformin are increasingly used for metabolic disease and have reported anti-inflammatory and neuropsychiatric effects. Recent safety analyses have raised concerns about possible psychiatric adverse events with GLP-1RAs. The psychiatric impact of GLP-1RAs in HS remains unknown. This study compared 12-month psychiatric outcomes among adults with HS initiating GLP-1RAs versus metformin.

Materials and Methods
We conducted a retrospective matched cohort study within the All of Us Research Program (Controlled Tier v8). Adults with HS were identified using SNOMED concepts. Incident GLP-1RA users were compared with incident metformin users; an HS cohort without exposure ("HS-neither") was included descriptively. The index date was the first prescription after HS diagnosis. The primary endpoint was new psychiatric diagnosis within 12 months. Stabilized inverse probability treatment weights (IPTWs) balanced baseline covariates. Weighted risks, risk differences (RDs), risk ratios (RRs), and IPTW-weighted Cox models estimated effects. A sensitivity analysis excluded participants with psychiatric diagnoses in the prior 365 days.

Results
The weighted analytic cohorts included 76.7 GLP-1RA users, 232.5 metformin users, and 1761 HS-neither participants. By 12 months, psychiatric diagnoses occurred in 61.3% of GLP-1RA users vs 51.1% of metformin users (RD +10.2 percentage points [pp], 95% CI −3.5 to 24.0; RR 1.20, 95% CI 0.95–1.52). Among those without prior psychiatric history, risks were 33.6% vs 24.7% (RD +9.0 pp; RR 1.36). In IPTW Cox models, the hazard ratio for time to psychiatric diagnosis was 1.26 (95% CI 0.90–1.78). Obesity was independently associated with increased hazard (HR 1.56, 95% CI 1.13–2.17). Divergence between exposure groups occurred primarily in the first 90 days (GLP-1RA 45.5% vs metformin 36.2%). Diagnosis-specific analyses showed higher risks with GLP-1RA for depression (RR 1.33), anxiety (RR 1.45), and mood disorders (RR 1.76), while suicidality was rare and not increased. Sensitivity analyses excluding prior psychiatric disease showed similar patterns with wider CIs.

Conclusions
Among adults with HS, GLP-1RA initiation was associated with a nonsignificant increase in 12-month psychiatric diagnoses compared with metformin, with most events clustering early after initiation. Continued pharmacovigilance

,prospective adequately and powered studiesstudies are warranted to clarify temporal patterns and mechanisms linking metabolic therapy and mental health in HS.

Abstract N°: ID-12

Topic: Acne and related disorders, hidradenitis suppurativa

Adjunctive H_1-Antihistamines in Isotretinoin Therapy for Acne Management

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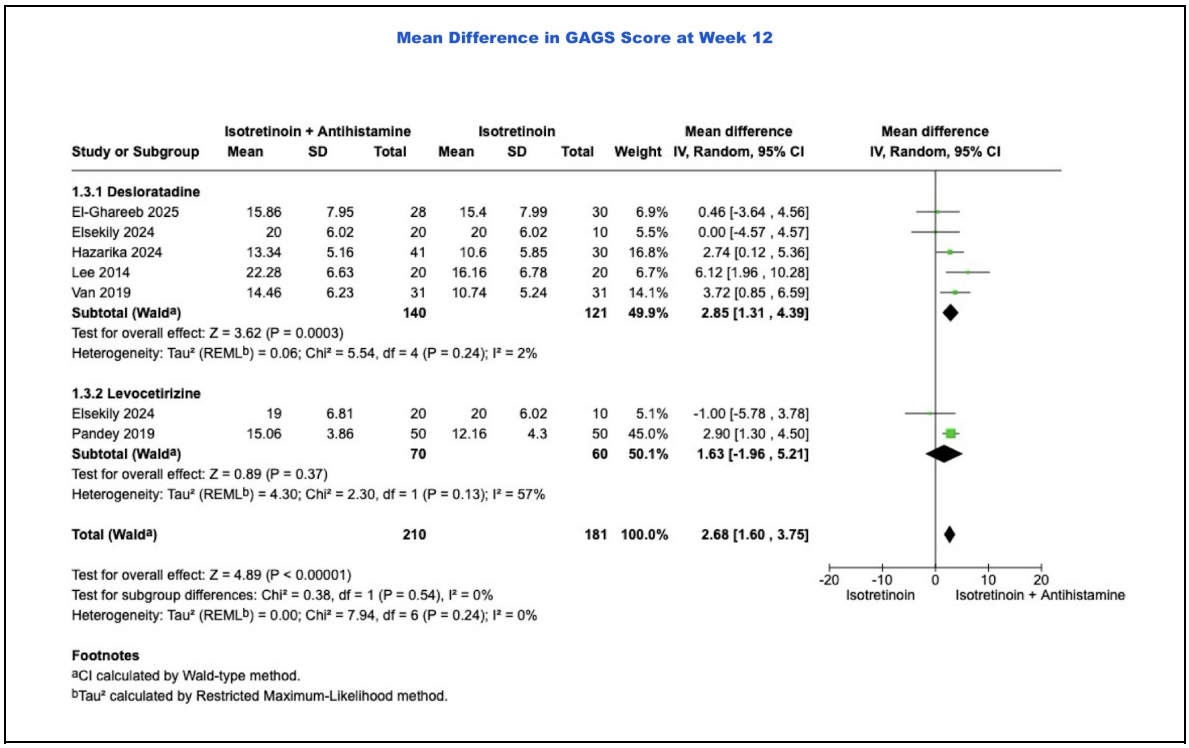
Introduction
Acne vulgaris is a common chronic inflammatory disorder that can substantially affect quality of life. Oral isotretinoin is the most effective systemic therapy, but its mucocutaneous adverse effects may limit adherence. Recent trials suggest that adding an oral H1-antihistamine such as desloratadine or levocetirizine may improve treatment tolerability and clinical response. This systematic review and meta-analysis assessed whether combining an H1-antihistamine with isotretinoin provides benefits compared with isotretinoin alone.

Materials and Methods
The review adhered to PRISMA 2020 and Cochrane Handbook guidance and was prospectively registered in PROSPERO (CRD420251036678). Ten trials involving 675 participants were eligible. Data were extracted independently by two reviewers, with disagreements resolved by a third reviewer. Risk of bias was assessed using the Cochrane RoB 2 tool. Analyses were performed using RevMan 5.4 with random-effects models, and heterogeneity was evaluated via I2 and Q tests. Sensitivity analyses were performed to evaluate the robustness of pooled results.

Results
At week 12, combination therapy showed a significantly greater reduction in Global Acne Grading Scale scores compared with isotretinoin alone ($p < 0.00001$, mean difference 2.68; 95% CI 1.60–3.75; $I^2 = 0\%$). Earlier GAGS assessments at weeks 4 and 8 were non-significant or borderline. For inflammatory lesions, significant improvements at weeks 4, 8, and 12 were observed after exclusion of an influential outlier, with consistently low heterogeneity. Non-inflammatory lesions did not differ at early timepoints but were significantly lower at week 12 in the desloratadine subgroup (OR 2.61, $p = 0.003$, $I^2 = 11\%$) and in overall pooled analysis (OR 2.77, $p < 0.0001$, $I^2 = 2\%$). Adverse effects including acne flare-ups, pruritus, and cheilitis occurred less frequently with combination therapy, while findings for xerosis were inconsistent. Effects appeared more consistent in studies evaluating desloratadine, whereas results for levocetirizine were less uniform.



Conclusions

Adding an oral H1-antihistamine to isotretinoin may improve treatment tolerability and may contribute to improvements in acne severity, particularly at later follow-up. Benefits were most consistent in trials using desloratadine. Further high-quality randomized studies with standardized outcome reporting are needed to clarify long-term efficacy and to compare different antihistamines more directly.

Abstract N°: ID-45

Topic: Acne and related disorders, hidradenitis suppurativa

The importance of supplementation with zinc, silymarin, and omega-3 in therapy with oral isotretinoin

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Introduction
Oral isotretinoin is a highly effective treatment for severe acne, particularly cystic acne unresponsive to other therapies. Despite its efficacy, isotretinoin can cause significant side effects, particularly concerning liver health, including elevated liver enzymes, hepatotoxicity, and altered lipid levels. Given these risks, routine liver function tests are essential during treatment. Certain supplements, such as zinc, silymarin, and omega-3 fatty acids, may support liver function and reduce these side effects. This study aims to evaluate the protective effects of these supplements during isotretinoin therapy.

Materials and Methods
From the pool of 750 patients, this retrospective case-control study included 228 patients with acne papulopustulosae or acne nodulocysticae treated with 0.5 mg/kg oral isotretinoin for six months at the Dermazone Clinic in Sarajevo. Through the study 18 patients were excluded due the loss of follow-up. Patients were divided into two groups: the exposed group (115 patients) who received supplementation with zinc, silymarin, and omega-3 fatty acids, and a control group (85 patients) who did not. Blood analyses, including liver function tests (AST, ALT, GGT, ALP, bilirubin, and lipid profile), were conducted every eight weeks. Statistical analyses were performed using Bluesky statistics based on R software, with outcomes adjusted for age and gender.

Results
The control group exhibited a mild to moderate increase in ALT and AST levels, with an average 2,2 fold rise from baseline that was observed in one third of patients, compared to an average 1.33-fold increase. GGT levels increased in average by 30% in the control group and 19% in the exposed group. Triglycerides and cholesterol levels were elevated in both groups but significantly more in the control group. Supplementation was significantly associated with lower liver enzyme and lipid levels and a reduced occurrence of eczemas and skin dryness. Adjusted results indicated a protective effect of supplementation on liver enzymes (AST OR=1.44, CI95% 1.16-2.08).

Conclusions
Supplementation with zinc, silymarin, and omega-3 fatty acids during isotretinoin therapy can significantly reduce liver enzyme elevation, lipid disturbances, and dermatologic side effects, leading to better overall treatment outcomes. These findings support the use of supplementation under medical supervision to enhance the safety and efficacy of isotretinoin therapy.

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Abstract N°: ID-85

Topic: Acne and related disorders, hidradenitis suppurativa

Assessment of the Efficacy, Safety, and Tolerability of Low-Dose Pulsed Oral Isotretinoin in Managing Acne Vulgaris

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Introduction

Acne vulgaris is a chronic inflammatory skin condition commonly seen in adolescents. It is influenced by factors such as excess sebum production, abnormal keratinization, bacterial colonization, and inflammation.
Aim of the Study:
1. To evaluate the efficacy, safety, and tolerability of low, pulse-dose oral isotretinoin in Libyan patients with moderate to severe acne.
2. To correlate treatment response with demographic factors, acne severity, and BMI.
3. To compare findings with existing national and international studies.

Materials and Methods

A prospective non-comparative study was conducted on 50 patients attending the dermatology outpatient clinic in Albeida. All patients underwent detailed dermatological evaluation, and informed consent was obtained prior to initiating oral isotretinoin therapy.
Study Protocol:
Acne severity was assessed using the Global Acne Grading System (GAGS), which scores six facial and body regions. Baseline tests included CBC, liver function, lipid profile, and urine pregnancy test (for females). Female patients began treatment after menstruation to confirm non-pregnancy. Isotretinoin was administered as 20 mg/day for 10 days/month over 4 months. Follow-up included repeat investigations at 1 and 4 months post-treatment, with relapse monitoring up to 4 months.
This prospective non-comparative clinical trial included 50 patients with moderate to severe acne vulgaris, treated with low-dose oral isotretinoin (20 mg/day for 10 days/month) over 4 months. Patients were followed for 4 months post-treatment to assess relapse.
Evaluation:
- Treatment response was assessed at 1 month and 4 months after completion using a 0–4 scale:
- 1: 100% clearance
- 2: >75% clearance
- 3: 50–75% clearance
- 4: <50% clearance
- Lesion counts and patient safety were monitored at each visit.
- Data were analyzed using SPSS, Friedman test, and t-test.

Results

60% of patients were female, mean age 23; 40% were aged 21–25. 46% had acne for 7–12 months. 50% were obese, and 72% were overweight or obese. Higher acne severity was noted in obese/overweight patients (80–90%).

Inflammatory acne was common (65–90%), especially on cheeks (60%), chin (55%), and forehead (50%).
GAGS scores showed 52% had moderate acne, and 18% had severe acne.In this study, 52% of patients had moderate acne and 18% had severe disease based on GAGS scores. Following 4 months of low-dose, pulsed isotretinoin therapy (20 mg/day for 10 days/month):
Treatment response:
- 94% showed good improvement.
- 70% had complete or marked clearance/
- 24% had moderate improvement/ Moderate cases:30% had marked improvement, 10% complete clearance.
- Age group 21–26 years: similar improvement rates.
- Obese/overweight patients: 30% and 12% showed marked improvement respectively
- Side effects: Mild cheilitis and xerosis were reported; no serious adverse effects
- Lab findings: No significant changes in cholesterol or triglycerides

Conclusions

Low-dose, pulsed isotretinoin was effective, well-tolerated, and cost-efficient for moderate to severe acne, with minimal side effects.

Abstract N°: ID-108

Topic: Acne and related disorders, hidradenitis suppurativa

Adverse pregnancy outcomes among pregnant women with hidradenitis suppurativa: A systematic review and meta-analysis

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory dermatosis primarily affecting women of reproductive age and may contribute to an increase of adverse pregnancy outcomes (APOs). This study aimed to investigate the association of HS with APOs.

Materials and Methods
A systematic review of observational studies examining the association of maternal HS with APOs was conducted. We searched MEDLINE, Embase, and CENTRAL from inception to 15 March 2025 for relevant studies. No restrictions were imposed on language or geographic regions. Observational studies, including cohort and case-control designs, which examined the odds or risk of APOs among pregnant women were considered eligible for inclusion. The risk of bias was assessed using the Newcastle-Ottawa Scale. A random-effects model meta-analysis using the inverse-variance-weighted method was performed.

Results
We included 4 retrospective cohort studies with 15,189,175 pregnancies. The overall risk of bias was low to unclear. The meta-analysis revealed associations of HS with APOs, including gestational diabetes mellitus (OR 1.46, 95% confidence interval [CI] 1.09-1.96), preeclampsia/eclampsia (OR 1.18, 95% CI 1.01-1.38), cesarean section (OR 1.31, 95% CI 1.04-1.64), and postpartum hemorrhage (OR 1.39, 95% CI 1.07-1.82). Regarding adverse fetal outcomes, maternal HS was significantly associated with spontaneous abortion (OR 1.19, 95% CI 1.06-1.34), preterm birth (OR 1.17, 95% CI 1.04-1.31), and birth defects (OR 1.47, 95% CI 1.03-2.11).

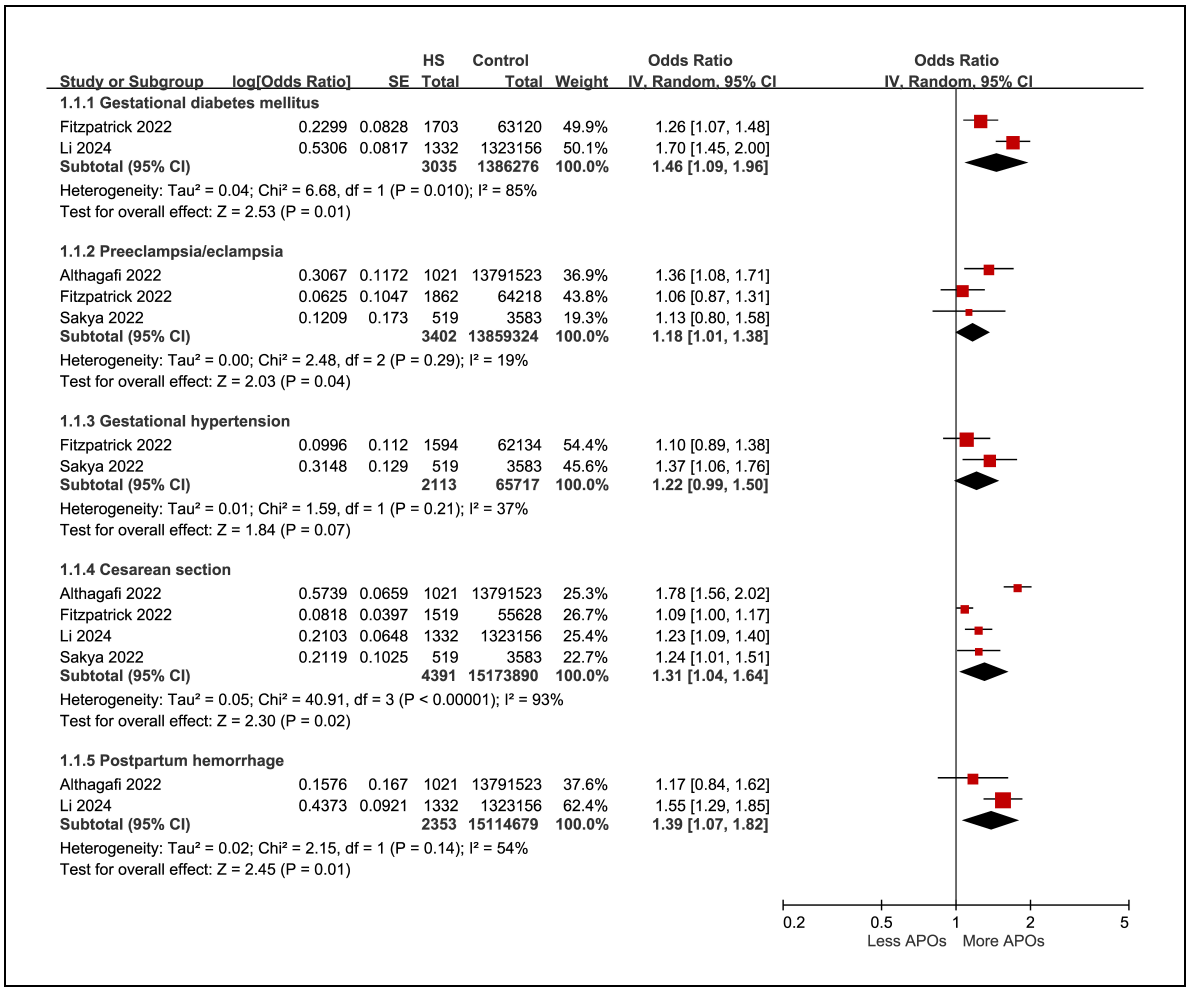

Figure 1. Associations between hidradenitis suppurativa and adverse maternal outcomes. APOs, adverse pregnancy outcomes.

Conclusions

Pregnant women with HS have an increased risk of APOs, underscoring the need for coordinated care between dermatologists and obstetricians, as well as early diagnosis and intervention to mitigate potential risks to maternal health and fetal development.

Abstract N°: ID-135

Topic: Acne and related disorders, hidradenitis suppurativa

Severe Hidradenitis Suppurativa Resistant to Conventional Therapies: A Case Report on the Role of Biologic Treatment with Adalimumab

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder affecting apocrine gland-rich areas, typically emerging at puberty and peaking between ages 20 and 40. It is more common in women and linked to factors like genetics, obesity, smoking, metabolic syndrome, and Crohn's disease. Though its exact cause is unclear, HS is associated with follicular occlusion, an abnormal microbiome, and cytokine-driven inflammation. It is not a classic infection but a hyperergic condition where bacteria can worsen immune responses. While bacterial colonization may not be the primary cause, antibiotics can help reduce inflammation.

Materials and Methods

We report the case of a 37-year-old male smoker with insulin-dependent type 1 diabetes mellitus, nodulocystic acne, HS, and dissecting folliculitis, chronic since 2009. His brother has axillary HS (Hurley stage I). The patient presented with inflamed nodules, abscesses, fistulous tracts, sinuses with purulent drainage, intense localized pain, foul odor, and debilitating scars.

His previous treatments included topical antiseptics (Povidone-iodine, Chlorhexidine), Fusidic Acid, systemic antibiotics (Clindamycin, Rifampicin, Azithromycin), Acetaminophen, Isotretinoin, low-dose corticosteroids (Methylprednisolone), an autovaccine, and multiple surgeries (incisions, drainage, debridement, lavage, mesh placement). Despite these interventions, the disease progression remained unfavorable.

Results

Laboratory tests showed leukocytosis (neutrophilia, lymphocytosis), an inflammatory syndrome (elevated ESR, CRP, fibrinogen), increased LDH, hyperglycemia, hypertriglyceridemia, glucosuria, elevated Hb A1c, hypoinsulinemia, and lactose intolerance (rs4988235 polymorphism, homozygous CC). The bacteriological examination of the secretion from the axillary lesions in both aerobic and anaerobic environments was positive for Fusobacterium gonidiaformans, Parvimonas micra, Peptostreptococcus anaerobius, Porphyromonas uenonis, Anaerococcus obesiensis, Mobiluncus curtisii, Actinognum schaalii, Staphylococcus lugdunensis and Staphylococcus epidermidis.

Paraclinical investigations revealed a normal abdominal-pelvic ultrasound, EKG, and Quantiferon test. A chest X-ray showed mild interstitial changes. Gastroenterology consultation confirmed resolved HBV infection with a protective anti-HBs titer, permitting Adalimumab initiation. Anti-HBs will be reassessed in three months, with prophylaxis if levels drop. Endocrinology consultation adjusted insulin therapy for better diabetes control.

The patient, classified as severe HS (Hurley stage III) with a DLQI score >10, showed no improvement after three months of systemic treatments. Skin lesions persisted with no DLQI improvement over 12 months. Given his stable lab results and unchanged clinical condition, he was deemed eligible for biologic therapy with Adalimumab (160 mg at week 0, 80 mg at week 2, then 40 mg weekly for maintenance).

Conclusions

HS is a persistent and challenging chronic inflammatory disorder, often resistant to standard treatments. In this case, severe disease, a high DLQI score, and failure of prior systemic therapies necessitated Adalimumab initiation for better disease management. This case highlights the importance of early recognition of severe HS, a multidisciplinary approach, and timely biologic therapy to improve patient outcomes and quality of life while minimizing complications.

Abstract N°: ID-175

Topic: Acne and related disorders, hidradenitis suppurativa

Evaluating the quality and readability of online information about hidradenitis suppurativa: a systematic review

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder associated with significant physical, psychological and social burden. Despite increasing awareness, diagnostic delays remain frequent, leading many patients to seek health information online. However, the reliability, accuracy and accessibility of online HS-related content vary widely. This systematic review aimed to evaluate the quality, accuracy and readability of HS information available through artificial intelligence (AI)–generated content, search engine–derived resources and social media platforms.

Materials and Methods
A comprehensive search of PubMed, Embase, Cochrane Library and Google Scholar identified 17 studies published between 2017 and 2024 that assessed HS-related online content using validated scoring tools and/or physician evaluation.

Results
More than 50% of studies rated online HS materials as variable in quality, with 36% rating them as moderate. Readability -assessments revealed that most resources exceeded the recommended sixth-grade to eighth-grade school level, limiting accessibility for patients. Social media platforms, particularly TikTok and YouTube, featured highly engaging but frequently inaccurate or anecdotal content, with physician-generated materials receiving lower engagement than nonmedical resources.

Conclusions
These findings highlight the critical need for simplified, evidence-based online resources to improve health literacy and support informed decision-making by patients with HS. The prevalence of misinformation, particularly regarding alternative treatments and pharmaceutical scepticism, underscores the urgent need to develop enhanced patient education strategies. Future efforts should focus on AI-driven readability improvements, clinician engagement in digital education and collaboration with social media platforms to ensure the availability of accessible, high-quality HS information.

Abstract N°: ID-292

Topic: Acne and related disorders, hidradenitis suppurativa

Targeting the Pathway or the Cytokine? First Network Meta-Analysis Incorporating Phase 3 Povorcitinib Data: Comparative Efficacy of JAK1 vs. IL-17 Inhibitors in Moderate-to-Severe Hidradenitis Suppurativa

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Introduction

The therapeutic landscape of Hidradenitis Suppurativa (HS) has recently expanded beyond anti-TNF monotherapy. Two novel mechanistic classes have emerged as frontrunners: cytokine blockade targeting IL-17A and IL-17F (e.g., bimekizumab, secukinumab) and intracellular signaling inhibition via JAK1 (e.g., povorcitinib, upadacitinib). While these agents have demonstrated efficacy against placebo, head-to-head comparisons are lacking to guide treatment algorithms and emerging "upgrade criteria" [1]. This study aims to conduct the first Bayesian Network Meta-Analysis (NMA) incorporating the newly released Phase 3 data of povorcitinib (September 2025) and Phase 2 data of upadacitinib to establish a comparative efficacy hierarchy among these novel therapeutic options.

Materials and Methods

A systematic literature search was conducted to identify randomized, double-blind, placebo-controlled trials (RCTs) evaluating JAK inhibitors, IL-17 inhibitors, and TNF inhibitors in adults with moderate-to-severe HS. The primary endpoint was the proportion of patients achieving Hidradenitis Suppurativa Clinical Response (HiSCR50) at the end of the induction period (Week 12–16). The analysis integrated the most recent Phase 3 data for povorcitinib (STOP-HS1/2) [2] and bimekizumab (BE HEARD I/II) [3], alongside pivotal Phase 3 data for secukinumab (SUNSHINE/SUNRISE) [4] and adalimumab (PIONEER I/II) [5]. Additionally, Phase 2 data for upadacitinib was included as an exploratory arm [6] to comprehensively evaluate the class effect of JAK1 inhibition. A Bayesian NMA was performed to estimate Odds Ratios (OR) and Surface Under the Cumulative Ranking (SUCRA) scores.

Results

Eight pivotal RCTs involving over 4,000 patients were included in the network. In the comparative analysis for HiSCR50 achievement, bimekizumab (320mg Q2W) demonstrated the highest probability of being the most effective treatment (SUCRA: 0.88), followed by adalimumab (40mg QW) and povorcitinib (75mg QD). Specifically, bimekizumab showed HiSCR50 rates of 48–52% [3], while povorcitinib demonstrated rates of 40.6–42.3% in Phase 3 trials [2]. Upadacitinib (30mg QD) exhibited consistent efficacy signals (HiSCR50: 38.3% - Phase 2 data) [6], reinforcing the potential of the JAK1 pathway, though slightly lower than the confirmatory Phase 3 data of povorcitinib. Indirect comparison between the JAK1 inhibitor class and IL-17A/F inhibitors revealed no statistically significant difference in efficacy (OR: 0.72, 95% CrI: 0.37–1.43), suggesting comparable short-term efficacy between the two mechanisms.

Table 1. Summary of Key Efficacy Data Included in the Network Meta-Analysis (Induction Period: Week 12–16)

Treatment Agent	Mechanism of Action	Administration Route	Key Trials Included	HiSCR50 Response Rate (%) at Induction
Bimekizumab (320mg Q2W)	IL-17A & IL-17F Inhibitor	Subcutaneous (SC)	BE HEARD I & II (Phase 3)	**48% – 52%**
Povorcitinib (75mg QD)	JAK1 Inhibitor (Small Molecule)	**Oral (PO)**	STOP-HS1 & 2 (Phase 3)	**40.6% – 42.3%**
Upadacitinib (30mg QD)	JAK1 Inhibitor (Small Molecule)	**Oral (PO)**	Phase 2 RCT (Ackerman et al.)	**38.3%** *(Phase 2 Data)*
Secukinumab (300mg Q2W)	IL-17A Inhibitor	Subcutaneous (SC)	SUNSHINE & SUNRISE (Phase 3)	**42% – 45%**
Adalimumab (40mg QW)	TNF-alpha Inhibitor	Subcutaneous (SC)	PIONEER I & II (Phase 3)	**41.8% – 58.9%**

Abbreviations: Q2W: Every 2 weeks; QD: Once daily; QW: Once weekly; HiSCR50: Hidradenitis Suppurativa Clinical Response 50.

Conclusions

This is the first NMA to statistically position povorcitinib within the biologic landscape using Phase 3 data, while supporting the class effect with upadacitinib findings. Our results suggest that oral JAK1 inhibitors offer a viable, non-injectable alternative with comparable efficacy to potent IL-17 biologics in the induction phase. While IL-17A/F inhibition numerically leads the ranking, the lack of significant superiority over JAK1 inhibition supports a patient-centered approach, where comorbidity profiles and delivery preferences (oral vs. injectables) drive the therapeutic choice.

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Abstract N°: ID-293

Topic: Acne and related disorders, hidradenitis suppurativa

JAK inhibitors as salvage therapy in refractory hidradenitis suppurativa: a real-world case series

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Introduction
Hidradenitis suppurativa (HS) is a chronic, debilitating inflammatory dermatosis with substantial unmet therapeutic needs. Despite approved biologics, a subset of patients with moderate-to-severe HS experience inadequate response or secondary loss of efficacy. Janus kinase inhibitors (JAKi) provide multi-cytokine pathway modulation through the JAK–STAT axis implicated in HS inflammation, yet real-world evidence across different JAKi remains limited. We report clinical outcomes of three JAKi used as salvage therapy in refractory HS and contextualize our findings with the available literature.

Materials and Methods
We retrospectively reviewed 7 patients with moderate-to-severe HS refractory to conventional therapies who received oral JAKi: tofacitinib, upadacitinib, or ivarmacitinib. Disease severity and patient-reported impact were assessed during routine follow-up using established clinical measures, including IHS4 and Hurley staging. Patients were monitored monthly for at least 1 month, with subsequent follow-up visits based on clinical course. Clinical response was evaluated by assessing improvements in inflammatory lesions, drainage/abscess activity, and pain.

Results
Five of seven patients (71.4%) achieved an initial clinical response, with marked improvement in pain and purulent discharge typically within the first month. JAK1-selective agents (upadacitinib and ivarmacitinib) demonstrated rapid improvement in key symptoms in most treated cases. A dose-dependent response was observed with upadacitinib: the 30 mg dose provided better control of deep-seated inflammation compared to the 15 mg dose, which was associated with residual drainage in one patient. Tofacitinib (JAK1/JAK3) showed heterogeneous outcomes, inducing remission in one patient but failing to adequately control disease in others. Rapid recurrence was observed following treatment interruption, suggesting a suppressive rather than curative effect. No severe adverse events were reported during the observed follow-up period.

Conclusions
In this real-world case series, JAK inhibitors—particularly JAK1-selective agents—showed promise as a salvage option for refractory moderate-to-severe HS, with rapid improvement in key symptoms. Responses were heterogeneous, and higher dosing may be required for deep or fibrotic disease components, while interruption may lead to quick relapse. Larger controlled studies are needed to define optimal dosing strategies, durability, and the patient subgroups most likely to benefit.

Abstract N°: ID-350

Topic: Acne and related disorders, hidradenitis suppurativa

Morbihan disease: successful treatment with oral isotretinoin

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Introduction

Morbihan disease is a rare condition associated with acne and rosacea, characterized by persistent, solid, non-pitting facial edema predominantly affecting the upper two-thirds of the face. Its etiology remains unclear, and the disease can be frequently misdiagnosed, leading to delayed or ineffective treatment. Due to its chronic course and facial involvement, Morbihan disease significantly impairs patients' quality of life and psychosocial well-being. We report a case of Morbihan disease successfully treated with oral isotretinoin.

Materials and Methods

A 33-year-old male with no relevant medical history presented with an eight-year history of persistent facial edema, predominantly involving the eyelids, accompanied by diffuse facial erythema and papules on the frontal region. Dermatological examination revealed a localized dermatosis affecting the frontal and periorbital areas, characterized by diffuse erythema, erythematous papules, occasional pustules, and firm non-pitting edema. Mucosal involvement and lymphadenopathy were absent, and dermographism was negative. A skin biopsy was performed to support the diagnosis and exclude alternative conditions.

Results

Histopathological examination showed superficial perivascular lymphocytic infiltrate, telangiectasias, and intrafollicular neutrophils, findings consistent with rosacea-related changes. Laboratory studies were within normal limits. Based on clinical and histopathological findings, a diagnosis of persistent solid facial edema (Morbihan disease) was established. Treatment with oral isotretinoin at a dose of 20 mg/day was initiated, with an estimated cumulative dose of 11,640 mg. At six-month follow-up, a marked improvement in facial edema and erythema was observed, with good treatment tolerance.

Conclusions

Morbihan disease is an uncommon and challenging dermatologic condition with no standardized treatment. This case highlights oral isotretinoin as an effective therapeutic option, leading to significant clinical improvement. Early recognition of this entity is essential to avoid misdiagnosis and inappropriate management, and to improve patient quality of life, even though complete and permanent resolution remains infrequent.

Abstract N°: ID-371

Topic: Acne and related disorders, hidradenitis suppurativa

Hidradenitis Suppurativa: Epidemiology, Clinical Features, Management, and Implications

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder characterized by painful nodules, abscesses, sinus tracts, and scarring, primarily affecting apocrine gland–rich intertriginous areas such as the axillae, groin, and inframammary regions. Its prevalence varies widely across populations, with estimates ranging from approximately 0.3% to over 4% globally, and it typically begins in early adulthood, disproportionately affecting females. HS significantly impairs quality of life due to persistent symptoms and delayed diagnosis.

Materials and Methods

This review synthesizes findings from recent peer-reviewed literature and clinical analyses on HS. Sources included systematic reviews, epidemiological studies, clinical staging and treatment guidelines, and mechanistic research accessed through databases such as PubMed, EMBASE, and MEDLINE. Data were evaluated for clinical relevance and evidence strength regarding disease characteristics, diagnostic criteria, and therapeutic outcomes.

Results

HS lesions result from follicular occlusion of the pilosebaceous unit, followed by follicular rupture and a chronic inflammatory response leading to abscess and sinus tract formation. Severity is commonly classified using the Hurley staging system: Stage I involves isolated abscesses without sinus tracts; Stage II features recurrent abscesses with sinus tracts; Stage III shows diffuse involvement with interconnected tracts and extensive scarring. Comorbid conditions such as obesity, metabolic syndrome, and smoking correlate with disease severity and incidence. Management requires a multimodal strategy including lifestyle modification, systemic antibiotics, biologic therapies (e.g., TNF-α inhibitors such as adalimumab), and surgical intervention for advanced disease

Conclusions

HS is a complex, chronic inflammatory dermatosis with significant morbidity and psychosocial impact. Early recognition and a tailored, multidisciplinary treatment approach are critical to mitigate disease progression and improve patient outcomes. Enhanced awareness and improved diagnostic strategies are needed to reduce delays in care and optimize quality of life for affected individuals.

Abstract N°: ID-375

Topic: Acne and related disorders, hidradenitis suppurativa

TREATMENT OUTCOMES OF TNF-α INHIBITORS IN DISSECTING CELLULITIS OF THE SCALP

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Introduction

Dissecting cellulitis of the scalp (DCS) is a chronic inflammatory disorder characterized by painful nodules, abscesses, sinus tract formation, and progressive scarring alopecia. The condition predominantly affects young adult males and is classified within the follicular occlusion tetrad, together with hidradenitis suppurativa, acne conglobata, and pilonidal sinus. The disease course is often relapsing and refractory, leading to significant physical discomfort and psychosocial impairment. Conventional therapies, including systemic antibiotics, corticosteroids, isotretinoin, and surgical interventions, frequently yield incomplete or transient responses. The central role of TNF-α in the inflammatory pathogenesis of follicular occlusion disorders has provided the rationale for biologic therapies. Adalimumab has demonstrated efficacy in hidradenitis suppurativa and is increasingly being utilized in refractory DCS cases.

Materials and Methods

This retrospective observational study included patients diagnosed with DCS who received biologic therapy at a tertiary dermatology center between 2016 and 2025. Demographic data, clinical characteristics, comorbidities, disease duration, treatment regimens, and outcomes were extracted from electronic medical records. Treatment response was classified as complete response, partial response, or no response based on physician global assessment. The study was conducted in accordance with the Declaration of Helsinki.

Characteristic	*Overall (n = 7)*
Age, mean ± SD (years)	28.4 ± 4.5
Male sex, n (%)	6 (85.7)
Female sex, n (%)	1 (14.3)
Body mass index, mean ± SD (kg/m²)	27.8 ± 4.3
Smoking history, n (%)	5 (71.4)
Biopsy-confirmed diagnosis, n (%)	3 (42.9)
Hidradenitis suppurativa, n (%)	1 (14.3)
Acne conglobata, n (%)	0 (0)
Pilonidal sinus, n (%)	1 (14.3)

Table 1. Demographic and clinical characteristics of patients with dissecting cellulitis of the scalp

Results

Seven patients were included. The mean age was 28.4±4.5 years, and the mean BMI was 27.8±4.3 kg/m^2. The majority were male (85.7%), and 71.4% had a smoking history. Among follicular occlusion-related comorbidities, hidradenitis suppurativa and pilonidal sinus were each present in one patient (14.3%). Diagnosis was confirmed by biopsy in 42.9% of cases (Table 1).

Regarding treatment response, 50% of responders versus 100% of non-responders had a smoking history. Non-

responders exhibited higher BMI values and longer disease duration. Pilonidal sinus was observed exclusively in the non-responder group, possibly reflecting a more severe disease phenotype.

Following biologic therapy, complete response was achieved in 28.6%, partial response in 28.6%, whereas 42.9% showed no response. Overall, 57.1% demonstrated at least partial clinical improvement. All responders were treated with adalimumab, while both infliximab-treated patients failed to respond. A trend toward improved response was observed with longer treatment durations (Table 2).

In our cohort, TNF-α inhibitors achieved at least partial response in 57.1% of patients, supporting their potential efficacy in refractory DCS. Smoking, elevated BMI, prolonged disease duration, and associated follicular occlusion comorbidities appeared to be associated with treatment failure. The lack of response in infliximab-treated patients may be attributable to unfavorable prognostic characteristics rather than insufficient drug efficacy. These findings suggest that treatment response may be driven more by patient- and disease-related factors than by the choice of TNF-α inhibitor alone.

Parameter	*Responders (CR + PR) (n = 4)*	*Non-responders (n = 3)*
Male sex, n (%)	3 (75.0)	3 (100)
Smoking history, n (%)	2 (50.0)	3 (100)
Body mass index	Lower tendency	Higher tendency
Disease duration	Shorter tendency	Longer tendency
Hidradenitis suppurativa, n (%)	1 (25.0)	0 (0)
Pilonidal sinus, n (%)	0 (0)	1 (33.3)
Biologic agent	Adalimumab	Adalimumab + Infliximab
Clinical response	CR: 2 (50.0) PR: 2 (50.0)	NR: 3 (100)

CR: complete response; **PR:** partial response; **NR:** no response

Table 2. Comparison of clinical characteristics according to treatment response

Conclusions

TNF-α inhibitors represent a valuable therapeutic option in refractory DCS; however, response remains heterogeneous. Early intervention, smoking cessation, and weight management may enhance treatment outcomes. An individualized treatment approach considering patient-specific factors is essential for optimizing therapeutic success in this challenging condition.

Abstract N°: ID-385

Topic: Acne and related disorders, hidradenitis suppurativa

A study evaluating sexual function in Thai male patients with moderate to severe acne vulgaris after receiving low-dose isotretinoin compared to doxycycline.

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Introduction
Isotretinoin is a highly effective treatment for moderate-to-severe or refractory acne. However, it is associated with dose-dependent adverse effects, including rare but increasingly reported sexual dysfunction. This study aims to assess the impact of low-dose isotretinoin on sexual function in male patients with moderate-to-severe acne, compared with doxycycline.

Materials and Methods
This preliminary prospective observational study enrolled sexually active Thai men aged 18–50 years old who initiated daily low-dose isotretinoin (10 mg/day) or doxycycline (200 mg/day). Patients with a history of psychiatric disorders or medical conditions known to affect sexual function were excluded. Participants completed electronic questionnaires at baseline and at 3-month intervals, including demographic information, the Arizona Sexual Experience Scale (ASEX), the International Index of Erectile Function–5 (IIEF-5), the Patient Health Questionnaire-9 (PHQ-9), and the Dermatology Life Quality Index (DLQI). Sexual and erectile dysfunction (ED) were assessed using ASEX and IIEF-5 scores, respectively. Outcomes were analyzed using a linear mixed-effects model with random intercepts, adjusted for partner sex, intercourse frequency, and income. Interaction effects between treatment groups and time points were assessed using likelihood ratio tests. When the *P* value from the test was less than 0.05, the interaction term was included, and the estimated mean and 95% confidence intervals were reported using Scheffé's adjustment for multiple comparisons.

Results
Sixty-three male patients with a mean age of 25.6 ± 4.8 years old were included; 52 received isotretinoin, and 11 received doxycycline. After three months of treatment, both isotretinoin and doxycycline groups demonstrated a reduction in ASEX scores, suggesting a tendency toward improvement in sexual dysfunction, with statistically but not clinically lower ASEX scores in the isotretinoin group (P=0.032). Neither ASEX nor IIEF-5 scores after treatment differed significantly from baseline in either group. IIEF-5 scores showed a slight decrease in estimated margins over time (P >0.05); however, mean IIEF-5 scores remained within the mild severity range of ED in both groups. Quality of life improved significantly in both groups over time, with greater DLQI reduction in the isotretinoin group (P = 0.001; P < 0.01). Changes in PHQ-9 scores between visits were not statistically significant, and there was no difference between groups (P > 0.05).

Among Sixty-three male patients, six patients developed sexual dysfunction after treatment, four in the isotretinoin group and two in the doxycycline group. In contrast, three isotretinoin-treated patients demonstrated improvement in ASEX scores and no longer met criteria for sexual dysfunction at post-treatment. However, the proportion of patients with sexual dysfunction before and after treatment was not significantly changed (P >0.05), regardless of treatment groups.

Conclusions

In sexually active Thai men with moderate-to-severe acne vulgaris, Comparisons over three months of treatment between low-dose isotretinoin and doxycycline did not result in significant changes in sexual or erectile function. Full studies are needed to confirm these findings and to assess individual susceptibility to sexual adverse effects.

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Abstract N°: ID-415

Topic: Acne and related disorders, hidradenitis suppurativa

Loss of efficacy of Adalimumab in Hidradenitis Suppurativa: focus on alternatives

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Introduction

The loss of efficacy of adalimumab, one of the most commonly used biologics for the treatment of hidradenitis suppurativa/acne inversa, is not news to the scientific community, and it should be noted that the number of cases not responding to this agent has been progressively increasing in recent years.

Materials and Methods

We present a 45-year-old patient with hidradenitis suppurativa/acne inversa (Hurley II-III) (Fig.1a-d) with a complaint duration of 3 years who has been on adalimumab 40 mg weekly for 9 months. The lack of improvement in the clinical condition as well as the progression of the disease within the ongoing biologic therapy led to the need for repeated hospitalizations and the additional introduction of intravenous treatment with a regimen of antibiotics (Ertapenem, Metronizadol, Ceftriaxone), zinc, colchicine, and pain relievers. During these hospitalizations, a partial improvement was found, which was not durable and required the parallel administration of antibiotics, colchicine and zinc in combination with adalimumab in an outpatient regimen. Several attempts at surgical treatment/incision in non-specialized units were also made, and these too remained generally unsuccessful or with a nondurable, unsatisfactory clinical outcome. Due to the subsequent consecutive worsening of the symptomatology, the patient was admitted for evaluation of the clinical condition and optimization of treatment. Surgical treatment was performed by surgical deroofing under general anaesthesia, concurrent with discontinuation of adalimumab/antibiotic application and long-term remission was achieved.

Figure 1a-d: Right axilla of a patient with hidradenitis suppurativa and deep tissue induration (a); Left axilla , affected by deep, painful, subcutaneously localized nodules in a patient with hidradenitis suppurativa (b). Inguinal and suprapubic findings in a patient with hidradenitis suppurativa (c). Perianal involvement in a patient with hidradenitis suppurativa /acne inversa (d).

Results

Surgical deroofing has also been shown to be an effective therapeutic option in the loss/lack of efficacy of adalimumab in patients with hidradenitis suppurativa (Hurley II-III). In the case of therapeutic resistance or worsening of symptomatology in patients with acne inversa within adalimumab therapy, other advanced alternatives such as golimumab, anakinra, etanercept are available. The efficacy of these second-line agents is also questionable due to the development of resistance to them as well, which in turn necessitates the frequent switch to third-line agents such as: Ustekinumab, Tildarkizumab, Certolizumab or Ixekizumab. The future will show to what extent this "trust" could be justified and whether in practice the surgical approach will once again displace the so-called "modern options" as the reasonable next basic and reliable alternative.

Conclusions

The disadvantage of modern biological therapy is mainly due to the loss of efficacy/development of resistance over time, multiple side effects and frequent recurrence after discontinuation of treatment. In contrast, in the case of specific, stage-oriented, specialized surgical treatment of hidradenitis suppurativa/ acne inversa, in the form of surgical deroofing, for example, the results are long-lasting and in the case of recurrences: the latter are much more easily managed by dermatosurgery/surgery again. The effect achieved after this type of manipulation is essential for the patients' quality of life and guarantees to a large extent also prevention of the development of keratinocyte tumours in the areas affected by chronic inflammation. Precisely because of the aforementioned facts, in a serious number of patients this type of treatment could be considered as a priority. The rethinking of the guideline and the staging of surgical modalities as first-line therapy could, in a serious number of patients, have a positive effect. Swap for surgery seems to be a good alternative.

Abstract N°: ID-433

Topic: Acne and related disorders, hidradenitis suppurativa

Efficacy and Safety of Interleukin-1β–Targeted Therapy in a Patient with Hidradenitis Suppurativa and Concomitant Crohn's Disease: A Case Report

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by painful nodules, abscesses, and draining tunnels, most commonly affecting intertriginous areas such as the axillae, groin, and gluteal regions, leading to substantial impairment of quality of life. HS is frequently underdiagnosed or misdiagnosed, with estimated prevalence ranging from 0.2% to 1.7% worldwide. The pathogenesis of HS is multifactorial and involves a complex interplay of genetic, hormonal, and environmental factors.

Interleukin-1β (IL-1β) plays a central role in the inflammatory cascade underlying HS, contributing to tissue damage, chronic inflammation, and disease progression. Dysregulated IL-1β signaling has also been implicated in several autoimmune and inflammatory disorders, including Crohn's disease. Despite therapeutic advances, treatment options for HS remain limited, particularly in patients with coexisting inflammatory bowel disease, in whom interleukin-17 inhibitors are contraindicated.

The objective of this case report is to highlight the efficacy and safety of IL-1β–targeted therapy in a patient with moderate HS and concomitant Crohn's disease, for whom standard biologic treatment options were restricted.

Materials and Methods

We report the case of a 39-year-old female patient who presented to the Department of Dermatology with recurrent inflammatory nodules, abscesses, and draining tunnels in the groin region, initially appearing in 2017. Initial management consisted solely of surgical drainage of an abscess. Despite recurrent lesions in adjacent groin areas, a definitive diagnosis of hidradenitis suppurativa was established only in 2024.

The patient had a history of Crohn's disease diagnosed in 2003, previously treated with sulfasalazine and budesonide. At the time of dermatological evaluation, Crohn's disease was in clinical remission and required no ongoing therapy.

Results

Following diagnosis, HS was classified as Hurley stage II with an IHS4 score of 12. Systemic antibiotic therapy with doxycycline was initiated but discontinued due to significant gastrointestinal adverse effects, including nausea, vomiting, and diarrhea. Although a national drug program for biologic treatment of HS was available, the patient was not eligible for therapy with secukinumab, an interleukin-17A inhibitor, because of the coexistence of Crohn's disease.

Given the limited therapeutic options, photodynamic therapy was initially introduced, resulting in partial clinical improvement. Subsequently, the patient was started on treatment with a monoclonal antibody of the IgG4 subclass that binds interleukin-1β with high affinity and neutralizes its biological activity. IL-1β is a key pro-inflammatory cytokine and a validated therapeutic target in several inflammatory and autoimmune diseases.

At present, the patient remains on IL-1β–targeted therapy, with marked clinical improvement, significant reduction of inflammatory activity, and decreased number and severity of HS lesions. Importantly, the treatment has been well tolerated, with no exacerbation of Crohn's disease observed during follow-up.

Conclusions

This case highlights the pivotal role of interleukin-1β in the pathogenesis of hidradenitis suppurativa and demonstrates that IL-1β–targeted therapy may represent an effective and safe treatment option for patients with HS and concomitant Crohn's disease. In individuals for whom interleukin-17 inhibitors are contraindicated, IL-1β inhibition may offer a valuable alternative, allowing effective control of cutaneous inflammation without compromising gastrointestinal disease stability.

Abstract N°: ID-437

Topic: Acne and related disorders, hidradenitis suppurativa

PASS Syndrome as a Therapeutic Challenge During Long-Term IL-17A Inhibitor Therapy: A Case Report

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Introduction

PASS syndrome (Pyoderma gangrenosum, Acne, Suppurative hidradenitis, Spondyloarthritis) is a rare autoinflammatory disorder characterized by the coexistence of neutrophilic dermatoses and spondyloarthritis. Its immunopathogenesis involves complex interactions between pro-inflammatory cytokines, particularly dysregulation of the IL-1 and IL-17 pathways. While IL-17A inhibitors represent an effective treatment option for spondyloarthritis, their impact on concomitant inflammatory skin diseases remains heterogeneous. The objective of this report is to present a case in which long-term IL-17A inhibition was associated with the development of clinical features consistent with PASS syndrome.

Materials and Methods

A retrospective analysis of the patient's clinical course was performed, including disease history, therapeutic interventions, and response to treatment. In addition, a targeted review of the literature was conducted, focusing on autoinflammatory syndromes and paradoxical cutaneous reactions associated with biologic therapies.

Results

A 36-year-old woman with ankylosing spondylitis had been treated with secukinumab for 3.5 years, initially at a dose of 150 mg and subsequently escalated to 300 mg administered monthly. During treatment, a sustained improvement in articular symptoms was observed; however, the patient developed painful inflammatory lesions involving the mons pubis, axillae, and intergluteal cleft, consistent with hidradenitis suppurativa. These were accompanied by exacerbation of acneiform eruptions and the appearance of ulcerative lesions on the lower legs with a pyoderma gangrenosum–like morphology, fulfilling the clinical criteria of PASS syndrome.

Despite continuation of IL-17A inhibitor therapy, cutaneous manifestations persisted. Systemic corticosteroid treatment resulted in partial improvement of the pyoderma gangrenosum–like lesions. Acne vulgaris was managed with topical retinoids, while photodynamic therapy was introduced for hidradenitis suppurativa due to lack of response to systemic antibiotics, leading to partial clinical improvement. The clinical manifestations of PASS syndrome are illustrated in Figure 1.

Conclusions

This case highlights the complexity of immune dysregulation in PASS syndrome and illustrates the limitations of therapeutic strategies targeting a single cytokine pathway. The paradoxical emergence of neutrophilic dermatoses during effective IL-17A inhibition underscores the need for individualized, phenotype-driven therapeutic decision-making and close interdisciplinary collaboration. Further research is warranted to elucidate the role of the IL-1/IL-17 axis and to optimize targeted treatment strategies in patients with overlapping autoinflammatory conditions.

Abstract N°: ID-500

Topic: Acne and related disorders, hidradenitis suppurativa

Nightmares caused by isotretinoin in treating hidradenitis suppurativa: a case report and clinical insights

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Introduction

HIDRADENITIS SUPPURATIVA (HS) IS A CHRONIC, INFLAMMATORY, IMMUNE-MEDIATED SKIN DISEASE AFFECTING APOCRINE GLAND–BEARING AREAS AND IS ASSOCIATED WITH SIGNIFICANT PHYSICAL AND PSYCHOLOGICAL MORBIDITY. TREATMENT CAN BE CHALLENGING, PARTICULARLY IN ADVANCED DISEASE. ALTHOUGH ISOTRETINOIN IS PRIMARILY INDICATED FOR SEVERE ACNE, IT HAS BEEN USED OFF-LABEL FOR HS WITH VARIABLE EFFICACY. ISOTRETINOIN IS KNOWN TO CAUSE PSYCHIATRIC ADVERSE EFFECTS, INCLUDING DEPRESSION AND SUICIDAL IDEATION; HOWEVER, SLEEP-RELATED DISTURBANCES SUCH AS NIGHTMARES ARE RARELY REPORTED. WE DESCRIBE A RARE CASE OF ISOTRETINOIN-INDUCED NIGHTMARES IN A PATIENT WITH HS, HIGHLIGHTING THE IMPORTANCE OF PSYCHIATRIC AND SLEEP MONITORING DURING THERAPY.

Materials and Methods

A 24-YEAR-OLD OBESE MALE WITH A HISTORY OF CONTROLLED ASTHMA AND IRRITABLE BOWEL SYNDROME PRESENTED WITH A SEVEN-YEAR HISTORY OF RECURRENT PAINFUL ABSCESSES, SINUS TRACTS, AND PURULENT DISCHARGE INVOLVING THE AXILLAE AND LOWER ABDOMEN. HE WAS PREVIOUSLY MISDIAGNOSED AS HAVING RECURRENT ABSCESSES AND WAS LATER CLINICALLY DIAGNOSED WITH HURLEY STAGE III HS. INITIAL TREATMENT WITH TOPICAL CLINDAMYCIN AND ORAL DOXYCYCLINE WAS INEFFECTIVE. ISOTRETINOIN WAS INITIATED AT 20 MG DAILY AND LATER INCREASED TO 20 MG TWICE DAILY DUE TO LACK OF RESPONSE. FOLLOWING DOSE ESCALATION, THE PATIENT EXPERIENCED CLINICAL IMPROVEMENT IN HS LESIONS BUT DEVELOPED MULTIPLE ADVERSE EFFECTS, INCLUDING JOINT PAIN, FATIGUE, LOW MOOD, SLEEP DISTURBANCE, AND VIVID, RECURRENT NIGHTMARES OCCURRING ALMOST NIGHTLY. HE HAD NO PERSONAL OR FAMILY HISTORY OF PSYCHIATRIC ILLNESS. PSYCHOLOGICAL ASSESSMENT REVEALED MILD DEPRESSIVE SYMPTOMS, AND SLEEP EVALUATION DEMONSTRATED SIGNIFICANT IMPAIRMENT DUE TO NIGHTMARES. OWING TO INTOLERABLE SYMPTOMS, ISOTRETINOIN WAS DISCONTINUED AFTER TWO MONTHS, RESULTING IN COMPLETE RESOLUTION OF PSYCHIATRIC AND SLEEP-RELATED ADVERSE EFFECTS. THE NARANJO ADVERSE DRUG REACTION SCORE WAS 6, INDICATING A PROBABLE ASSOCIATION. GIVEN TREATMENT FAILURE AND DISEASE SEVERITY, THE PATIENT WAS TRANSITIONED TO ADALIMUMAB THERAPY. LABORATORY INVESTIGATIONS REMAINED WITHIN NORMAL LIMITS.

Results

N/A it is a case report

Conclusions

THIS CASE HIGHLIGHTS A RARE BUT CLINICALLY SIGNIFICANT PSYCHIATRIC ADVERSE EFFECT OF ISOTRETINOIN—VIVID NIGHTMARES—IN A PATIENT WITH HIDRADENITIS SUPPURATIVA. PSYCHIATRIC TOXICITY MAY OCCUR EVEN IN PATIENTS WITHOUT PRIOR MENTAL HEALTH DISORDERS AND CAN EMERGE AFTER DOSE ESCALATION. CLINICIANS SHOULD MAINTAIN A HIGH INDEX OF SUSPICION FOR SLEEP DISTURBANCES AND PSYCHIATRIC SYMPTOMS IN PATIENTS RECEIVING ISOTRETINOIN. ROUTINE MENTAL HEALTH AND SLEEP ASSESSMENTS SHOULD BE INCORPORATED INTO PATIENT MONITORING. IN CASES OF INTOLERABLE ADVERSE EFFECTS OR ADVANCED HS, BIOLOGIC THERAPIES SUCH AS ADALIMUMAB REPRESENT EFFECTIVE AND SAFER ALTERNATIVES. FURTHER RESEARCH IS WARRANTED TO BETTER UNDERSTAND THE MECHANISMS UNDERLYING ISOTRETINOIN-INDUCED SLEEP AND PSYCHIATRIC DISTURBANCES.

Abstract N°: ID-563

Topic: Acne and related disorders, hidradenitis suppurativa

Systemic metabolomic alterations in moderate-to-severe acne vulgaris: a pilot case–control study

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Introduction
Acne vulgaris is a common inflammatory skin disorder with multifactorial pathogenesis. While hormonal signaling and sebaceous gland activity are well-known drivers, there is increasing evidence that systemic metabolic processes may also influence disease severity. Metabolomics offers a way to capture changes in lipids, amino acids, organic acids and microelements, yet its application in acne remains limited. Understanding systemic metabolic signatures could help refine acne phenotyping and suggest new approaches for individualized treatment.

Materials and Methods
This prospective pilot case–control study enrolled 10 patients with moderate-to-severe acne (Investigator's Global Assessment 3-4) and 10 age-/sex-matched healthy controls. None had received systemic antibiotics, hormonal therapy, or isotretinoin in the past 6 months, and all were free from chronic diseases. Blood and urine samples were analyzed using multi-platform mass spectrometry (GC, LC–MS/MS) to quantify polyunsaturated fatty acids (PUFAs), amino acids, steroid hormones, micronutrients, and vitamins. Statistical comparisons were performed with Mann–Whitney U tests; significance was set at $p < 0.05$.

Results
Acne patients showed clear signs of systemic metabolic imbalance compared to controls. The omega-3 index was lower in patients (median 3.9% vs. 6.7%, $p = 0.003$), while the omega-6/omega-3 ratio was higher (median 9.3 vs. 4.8, $p = 0.001$). The arachidonic acid/eicosapentaenoic acid ratio was markedly elevated (median 41.0 vs. 18.9, $p = 0.002$), suggesting a shift toward pro-inflammatory lipid precursors. Amino acid profiling revealed higher levels of 3-methylhistidine ($p = 0.04$), indicating increased protein catabolism. Other amino acids related to stress response, including hydroxylysine and beta-alanine, were reduced in most patients ($p = 0.03$). Selenium was consistently lower in acne patients ($p = 0.01$), while zinc and vitamin levels remained within normal ranges. Steroid hormones, including testosterone, DHEA-S, and androstenedione, did not differ significantly ($p > 0.1$).

Conclusions
This pilot study identifies a specific systemic metabolic phenotype in moderate-to-severe acne, characterized by pro-inflammatory fatty acid imbalance and selenium deficiency, independent of hyperandrogenism. These findings reveal a novel metabolic dimension in acne pathogenesis and support further investigation of targeted metabolic interventions.

Abstract N°: ID-590

Topic: Acne and related disorders, hidradenitis suppurativa

Reused Skin Grafts for Treating Hidradenitis Suppurativa: A Systematic Review

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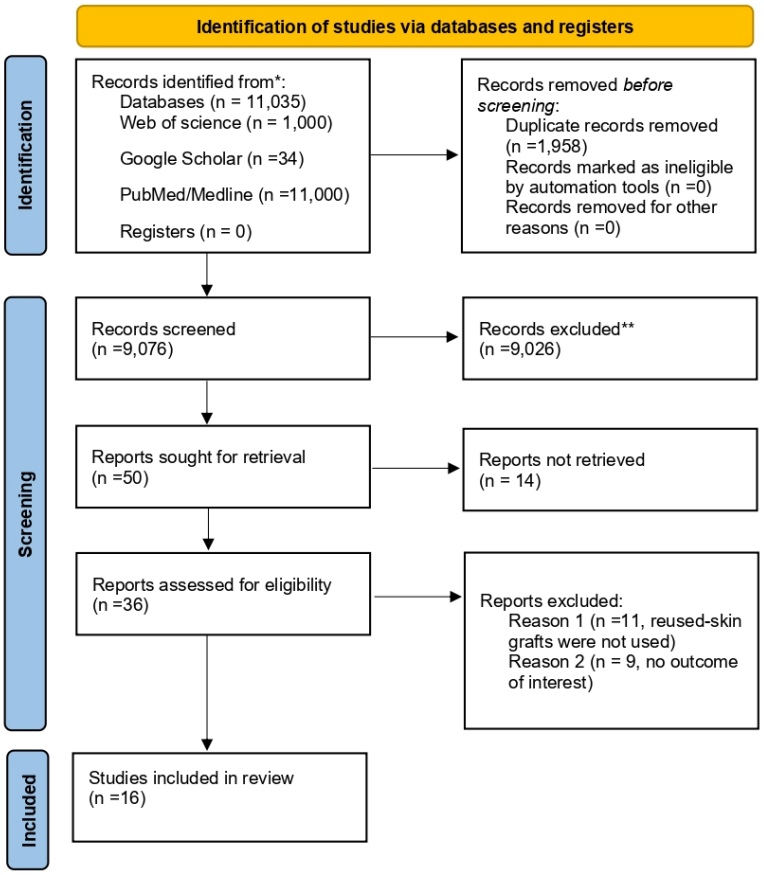
Introduction
Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory disease in which wide excision remains the most reliable option for durable disease control in moderate to severe cases. Reconstruction after excision is challenging. Reused or recycled split-thickness skin grafts, harvested from excised HS tissue and reapplied after processing, have been proposed to reduce donor-site morbidity, but their clinical value remains uncertain.

Materials and Methods
A PRISMA-compliant systematic review was conducted using PubMed, Web of Science and Google Scholar from inception to the final search date. Studies reporting HS excision followed by reused or recycled skin grafting were included. Outcomes of interest were recurrence, graft survival, complications and follow-up duration. Given heterogeneity, a narrative synthesis was performed. Risk of bias was assessed using design-appropriate tools.

Figure 1 : PRISMA 2020 flow diagram for new systematic reviews which included papers



Results

Sixteen studies met inclusion criteria, including five systematic reviews, two retrospective cohorts and nine case reports or small case series. Primary reused-graft reports comprised approximately 41 patients with follow-up ranging from 6 to 113 months. Across these series, no surgical-site recurrences were reported (0/41), corresponding to an exact 95% confidence interval of 0–7.0%. Complications were generally minor. However, in the largest reused-graft series, 44% of patients required supplemental conventional donor grafts. Broader pooled estimates from conventional graft literature reported recurrence rates ranging from 2% to 18%, reflecting substantial heterogeneity.

Conclusions

Reused skin grafting appears feasible and safe in selected HS patients, with encouraging short- to medium-term durability. Current evidence supports feasibility rather than definitive comparative effectiveness, underscoring the need for well-designed prospective studies.

Abstract N°: ID-609

Topic: Acne and related disorders, hidradenitis suppurativa

Clinical Characteristics and Treatment Outcomes Associated with Family History in Hidradenitis Suppurativa: A Systematic Review and Cohort Study

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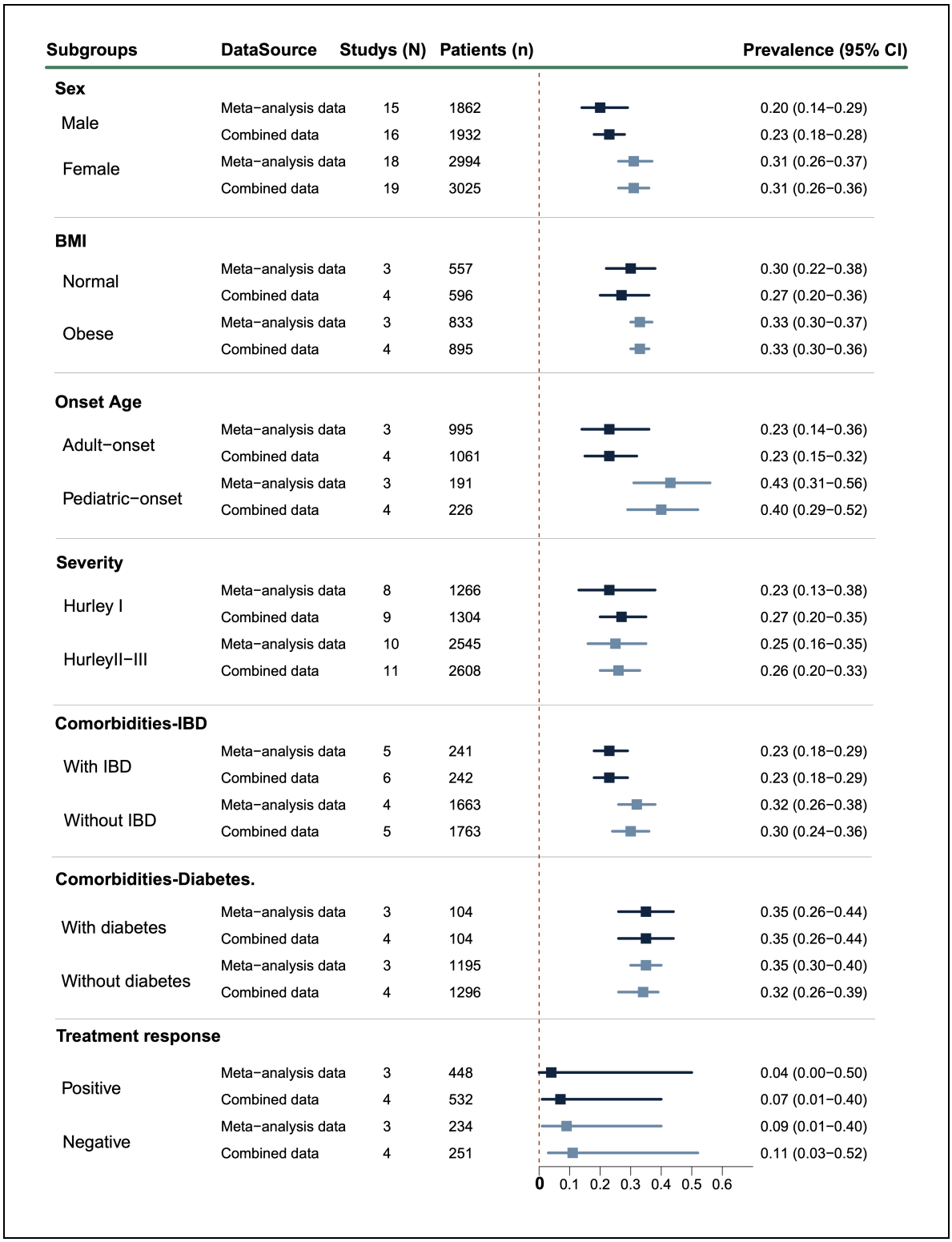
Introduction
Hidradenitis suppurativa is a chronic inflammatory skin disease with substantial clinical heterogeneity. Familial aggregation has been reported, suggesting a genetic contribution to disease susceptibility. However, the prevalence of positive family history and its associations with clinical characteristics and treatment outcomes remain inconsistent across populations. This study aimed to systematically evaluate the prevalence of family history in hidradenitis suppurativa and to investigate its clinical significance using both meta-analysis and cohort data.

Materials and Methods
A systematic review and meta-analysis were conducted to estimate the prevalence of positive family history in hidradenitis suppurativa across different geographic regions. In parallel, a retrospective cohort study was performed to compare demographic characteristics, disease features and treatment outcomes between patients with and without a family history. Pooled estimates were calculated using random-effects models. Multivariate analyses were applied in the cohort to identify factors independently associated with treatment response.

Results
The meta-analysis demonstrated substantial geographic variation in the prevalence of positive family history of hidradenitis suppurativa, with lower estimates reported in Asian populations compared with European cohorts. In the cohort analysis, patients with a positive family history showed earlier disease onset and distinct clinical characteristics compared with sporadic cases. Moreover, positive family history was independently associated with poorer treatment response after adjustment for disease severity and other confounders.



Conclusions

Family history is a clinically relevant factor in hidradenitis suppurativa, associated with earlier onset, distinct phenotypes and reduced treatment response. These findings support the importance of incorporating family history into clinical assessment and highlight the potential need for individualized management strategies in patients with familial disease.

Abstract N°: ID-625

Topic: Acne and related disorders, hidradenitis suppurativa

Intestinal permeability and systemic inflammation in acne vulgaris: the emerging role of zonulin

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Introduction

Acne vulgaris is a chronic inflammatory disease of the pilosebaceous unit increasingly recognized to involve systemic metabolic and inflammatory factors. The gut–skin axis provides a framework linking intestinal barrier function with cutaneous inflammation. Zonulin, a physiological regulator of epithelial tight junctions, modulates intestinal permeability and has been implicated in several chronic inflammatory conditions. This review synthesizes current evidence on the potential role of zonulin-mediated intestinal permeability in acne vulgaris.

Materials and Methods

A narrative review of peer-reviewed clinical, experimental, and review literature was conducted, focusing on acne vulgaris, zonulin, intestinal permeability, diet, microbiota, and the gut–skin axis. Emphasis was placed on human studies assessing serum zonulin levels in acne and related inflammatory skin diseases, as well as mechanistic studies addressing tight junction regulation and dietary or microbiome-related influences.

Results

Direct clinical evidence indicates significantly elevated serum zonulin levels in patients with acne vulgaris compared with healthy controls, suggesting increased intestinal permeability. These findings are accompanied by higher consumption of high–glycemic index foods and dairy products, dietary factors previously associated with acne severity. Indirect evidence from inflammatory skin diseases, including rosacea, atopic dermatitis, and vitiligo, supports an association between barrier dysregulation and cutaneous inflammation, although zonulin levels vary by disease context. Mechanistic data demonstrate that zonulin release can be triggered by dietary antigens and microbial signals, leading to tight junction disassembly and systemic immune activation. In non-acne populations, microbiome-targeted interventions such as probiotics have been shown to modulate serum zonulin and markers of intestinal barrier function.

Conclusions

Current evidence supports a potential association between zonulin-mediated intestinal permeability and acne vulgaris within the gut–skin axis framework. Elevated circulating zonulin levels in acne patients, together with dietary and microbiome-related influences, suggest that intestinal barrier dysfunction may contribute to systemic inflammation relevant to acne pathogenesis. However, causality remains unproven, and zonulin should be regarded as a candidate biomarker rather than a definitive pathogenic driver. Further longitudinal and interventional studies using standardized permeability assessment are
needed to clarify clinical relevance.

Abstract N°: ID-644

Topic: Acne and related disorders, hidradenitis suppurativa

Efficacy and Safety of Human Skin Microbiome-Derived Strains as Topical Treatment for Acne: An In Vitro and In Vivo Study

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Introduction
The skin microbiome plays a crucial role in defending against pathogens and modulating immunity, and its dysregulation is linked to various skin conditions, including acne.

Materials and Methods
In this study, four previously identified strains—Staphylococcus epidermidis B424F-5, S. epidermidis BS47C-1, Dermacoccus profundi BS35F-3, and Streptococcus salivarius BS320F-4— were selected from a skin microbiome database of healthy individuals. The efficacy and safety of these strains against acne-related inflammation were evaluated using in vitro and in vivo animal model experiments.

Results
Cutibacterium acnes exposure increased the expression of acne-associated inflammatory mediators—such as IL-1β, IL-6, IL-8, COX-2, iNOS, and TNF-α—particularly in keratinocytes, without inducing cytotoxicity. Treatment with heat-killed S. epidermidis BS47C-1 (SE2), D. profundi BS35F-3 (DP), and S. salivarius BS320F-4 (SS) significantly reduced these markers in vitro. In vivo, topical application of the strains alleviated inflammation in a C. acnes-induced mouse model, with histological evidence of reduced erythema and immune cell infiltration. Bulk RNA sequencing of keratinocytes showed that SE2 and DP downregulated cytokine and interferon signaling while enhancing skin barrier and antimicrobial gene expression, suggesting a dual anti-inflammatory and barrier-supporting mechanism.

Conclusions
These results provide compelling evidence of the efficacy and safety of human skin microbiome-derived strains as potential topical treatments for acne. By targeting both microbial colonization and inflammatory pathways, these strains offer a promising avenue for the development of novel acne therapeutics.

Abstract N°: ID-648

Topic: Acne and related disorders, hidradenitis suppurativa

Isotretinoin and serum thyroid parameters: systematic review and meta-analysis

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Introduction
Isotretinoin is an effective treatment for acne vulgaris; however, its effects on thyroid function remain unclear, with existing studies reporting inconsistent biochemical changes. This study aimed to assess the effects of oral isotretinoin on serum thyroid function parameters and thyroid autoantibody levels in patients with acne vulgaris.

Materials and Methods
A systematic review and meta-analysis of observational studies was conducted in accordance with PRISMA guidelines and prospectively registered in INPLASY (INPLASY202560049). PubMed, Scopus, Embase, and Web of Science were searched from January 1980 to September 2025. Studies reporting serum thyroid parameters before and during isotretinoin therapy were included. Random-effects meta-analyses were performed for outcomes reported in more than three studies. Statistical heterogeneity was assessed using the I^2 statistic, and risk of bias was evaluated using National Institutes of Health quality assessment tools.

Results
Fifteen studies met the inclusion criteria. Meta-analysis demonstrated a statistically significant increase in thyroid-stimulating hormone following isotretinoin treatment ($Z = 3.63$, $p < 0.001$), along with significant decreases in thyroxine ($Z = 8.69$, $p < 0.001$) and triiodothyronine levels ($Z = 8.06$, $p < 0.001$). Substantial heterogeneity was observed for thyroid-stimulating hormone ($I^2 = 85\%$) and triiodothyronine ($I^2 = 86\%$), while heterogeneity for thyroxine was moderate ($I^2 = 60\%$). Evidence regarding changes in thyroid autoantibody levels was limited and inconsistent across studies.

Conclusions
Oral isotretinoin therapy is associated with statistically significant alterations in serum thyroid function parameters. However, the clinical significance of these biochemical changes remains uncertain, underscoring the need for well-designed prospective studies.

Abstract N°: ID-657

Topic: Acne and related disorders, hidradenitis suppurativa

Concurrent Hidradenitis Suppurativa and Microscopic Colitis Successfully Treated With Anti-TNF Therapy

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by recurrent, painful nodules and abscesses, which often requires long term medical management. Microscopic colitis (MC) is an uncommon cause of chronic, non bloody diarrhea which is diagnosed histologically despite normal endoscopic appearance. While both conditions have inflammatory etiologies, their coexistence is rarely reported and therapeutic overlap is poorly documented.

Materials and Methods
We report the case of a 58 years old woman of Cypriot origin with HS since the age of 15 (Hurley stage II), previously treated with multiple courses of antibiotics with partial and transient benefit. She presented with several months of chronic watery diarrhoea. Colonoscopy revealed macroscopically normal mucosa. Histological examination of colonic biopsies confirmed microscopic colitis. Because of the refractory nature of her HS and the inflammatory basis of both conditions, treatment with adalimumab 40 mg subcutaneously once weekly was initiated (induction: 160mg at week 0, 80mg at week 2, 40mg at week 4 and maintenance 40mg weekly). Within weeks, she experienced a marked reduction in HS lesions, pain and drainage, accompanied by significant improvement in stool consistency and frequency. At 12-month follow-up both dermatologic and gastrointestinal symptoms remained in sustained remission.

Results
The concurrent presentation of HS and MC is extremely rare, with few cases described in the literature. This case highlights a potential shared pathogenic pathway involving dysregulated immune responses, possibly mediated by TNF-α. The rapid and sustained improvement of both conditions with adalimumab suggests that anti-TNF agents may represent an effective therapeutic option when these diseases coexist, particularly in patients unresponsive to conventional therapies.

Conclusions
We describe a rare case of HS and MC in which anti-TNF treatment achieved simultaneous remission of dermatologic and gastrointestinal symptoms. Further studies are warranted to clarify the immunologic link between these diseases and to evaluate the role of biologics in their management.

Abstract N°: ID-684

Topic: Acne and related disorders, hidradenitis suppurativa

Gentle 755 nm Alexandrite Laser Treatment of Boils

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Introduction

Furunculosis is a necrotizing form of folliculitis involving the hair follicle and adjacent subcutaneous tissue. Predilection sites include areas of dense terminal hair exposed to friction and sweating, such as the nape of the neck, face, axillae, waist, groin, thighs, and buttocks. Predisposing factors include obesity, diabetes mellitus, prolonged sitting, tight or irritating clothing, smoking, and immunodeficiency.

Laser hair removal using a 755-nm Alexandrite laser has previously been shown to improve pre-existing lesions and reduce disease activity in hidradenitis suppurativa across various anatomic regions. In this case spotlight, we present a patient with therapy-resistant recurrent furunculosis successfully treated with a 755-nm Alexandrite laser (CANDELA GentleMax Pro Plus®).

Materials and Methods

A 36-year-old female patient, Fitzpatrick Skin Type III, active smoker, with no relevant past medical history presented with recurrent, slow-healing furuncles and residual scarring involving the genital and gluteal regions as well as the lower extremities. Symptoms had been present since the age of 16 and were frequently accompanied by prodromal systemic symptoms, including fever and chills.

The patient had previously consulted multiple dermatologists and undergone repeated 2–3-month courses of systemic antibiotics, isotretinoin therapy, and continuous topical treatment. Only temporary improvement was achieved, with recurrences occurring even during active therapy.

Extensive diagnostic evaluation was performed. Antinuclear antibody testing was negative and routine laboratory investigations revealed no significant abnormalities. Serological testing for HIV, hepatitis B and C, and syphilis was negative. Microbiological cultures obtained from purulent material revealed no bacterial or fungal growth. Punch biopsy histology demonstrated acute neutrophilic inflammation without specific features.

Despite oral doxycycline and topical vitamin D–clindamycin combination therapy, only transient improvement was observed. Based on the clinical presentation, a provisional diagnosis of hidradenitis suppurativa was considered, and biological therapy was evaluated. However, due to the atypical involvement of the lower extremities, the patient did not meet inclusion criteria for biologic treatment.

The patient underwent three sessions of 755-nm Alexandrite laser hair removal at 6-week intervals, targeting the lower extremities, abdomen, genital region, and buttocks. Treatment was delivered using a single-pass technique. In areas of active inflammation or open lesions, a modified approach was applied: one pulse was delivered centrally to the lesion, followed by 4–5 surrounding pulses with 30–40% overlap.

The clinical endpoint was the development of perifollicular edema and mild erythema. Immediately after treatment, cool compresses were applied, followed by topical panthenol. The patient was instructed to avoid sun exposure for 4–6 weeks before and after each session.

Results

A noticeable reduction in inflamed nodules was observed after the first treatment session. Perifollicular edema resolved within 24 hours. The patient also reported improvement in general well-being and mood.

Following the third session, inflammatory furuncles on the lower extremities had resolved to a remarkable degree. The patient subsequently underwent two additional maintenance sessions and expressed high satisfaction with the clinical outcome. No adverse effects were observed.

Conclusions

The 755-nm Alexandrite laser selectively targets melanin within hair follicles, enabling effective long-term hair reduction. As recurrent furunculosis and folliculitis originate from follicular inflammation, reducing follicular density may decrease disease-triggering factors and inflammatory burden. This case suggests that Alexandrite laser hair removal may represent a valuable adjunctive treatment option in patients with recurrent, therapy-resistant furunculosis. Further controlled studies are warranted to confirm these findings.

Abstract N°: ID-730

Topic: Acne and related disorders, hidradenitis suppurativa

Epidemiological and clinical profile of patients with acne scars: baseline data from a prospective interventional study

Ana Luiza Mapurunga Gonçalves*[1, 2], Ana Paula Yorika Kuaye[3], João Mendes Silva Lega[4], Rafael Leite Tavares de Morais[5], Sylvia Ypiranga[1], Daniel Pinho Cassiano[1], Fabiola Rosa Picosse[1], João Bosco Pesqueiro[5], Milvia Maria Simões e Silva Enokihara[4], Edileia Bagatin[2]

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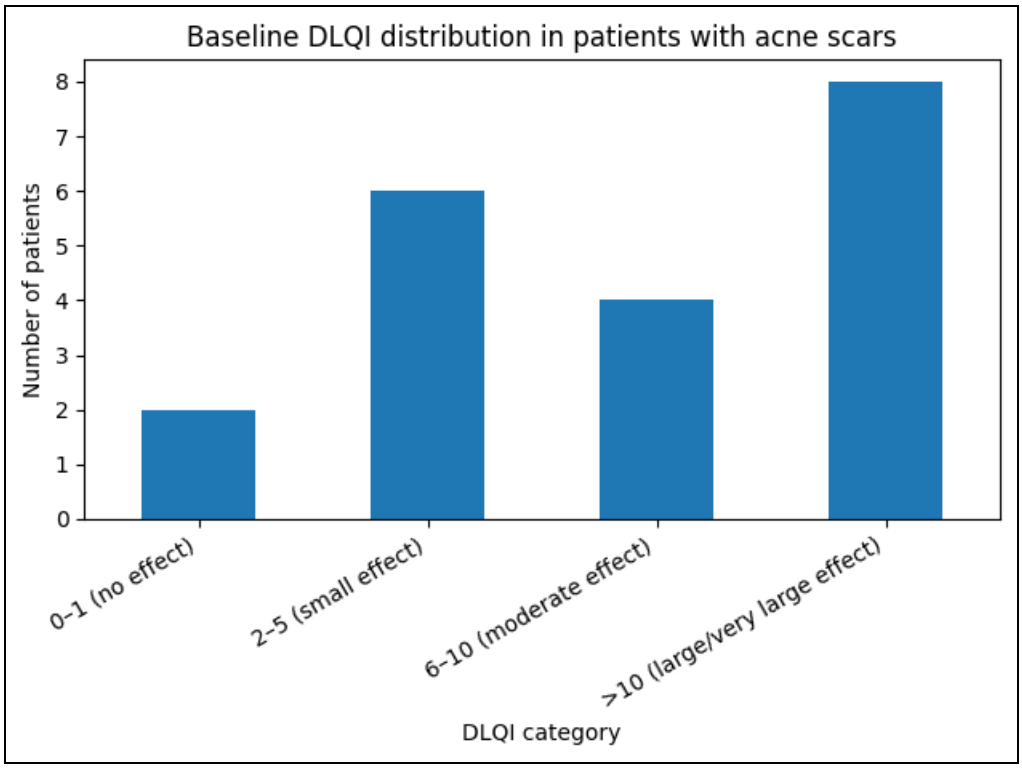
Introduction
Acne scars are a common sequela of acne vulgaris and are frequently associated with long-lasting psychosocial impairment. Epidemiological and clinical characterization of patients is essential to contextualize therapeutic outcomes and to improve understanding of disease burden. We aim to describe the epidemiological, clinical, and quality-of-life characteristics of patients with acne scars at baseline in a prospective interventional study.

Materials and Methods
This prospective study included **20 patients** with facial acne scars evaluated at baseline (T0) prior to procedural treatment. We hereby present data collected during the first clinical evaluation, comprising a comprehensive medical history. Quality of life was assessed using the **Dermatology Life Quality Index (DLQI)**. Descriptive statistical analysis was performed.

Results
The study population consisted of 50% female and 50% male patients, with a mean age of 29.0 ± 6.3 years. Acne onset predominantly occurred during early adolescence, and most patients reported a prolonged history of active acne. The median time from first acne onset to scar development was 4 years. Skin-picking habits were reported by 45% of patients, and 55% reported maximum distress (score 10) related to scar appearance. Scars were mainly located in the malar region (95%), and 55% of patients also presented acne in extrafacial sites. Baseline DLQI assessment revealed a mean score of 9.0 (median 8), with 45% of patients presenting DLQI scores ≥10.



Conclusions

Acne scars can substantially impair patients' self-esteem, leading them to seek procedural treatments to improve their self-image. Notably, 45% of patients presented DLQI scores ≥10, indicating moderate to severe impairment in quality of life prior to treatment. A prolonged history of active acne was also observed, reinforcing its association with scar development.

Overall, these findings highlight a significant baseline quality-of-life impairment, underscoring the psychosocial burden of acne scarring and the importance of comprehensive outcome assessment in interventional studies.

Abstract N°: ID-731

Topic: Acne and related disorders, hidradenitis suppurativa

Interobserver Reliability of Acne Scar Assessment Scales in a Split-Face Study Using Standardised In-Person Evaluation

Ana Luiza Mapurunga Gonçalves*[1, 2], Ana Paula Yorika Kuaye[3], João Pedro Mendes Silva Lega[4], Rafael Leite Tavares de Morais[5], Sylvia Ypiranga[1], Daniel Pinho Cassiano[1], Fabiola Rosa Picosse[1], João Bosco Pesqueiro[5], Milvia Maria Simões e Silva Enokihara[1], Edileia Bagatin[1, 2]

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Introduction

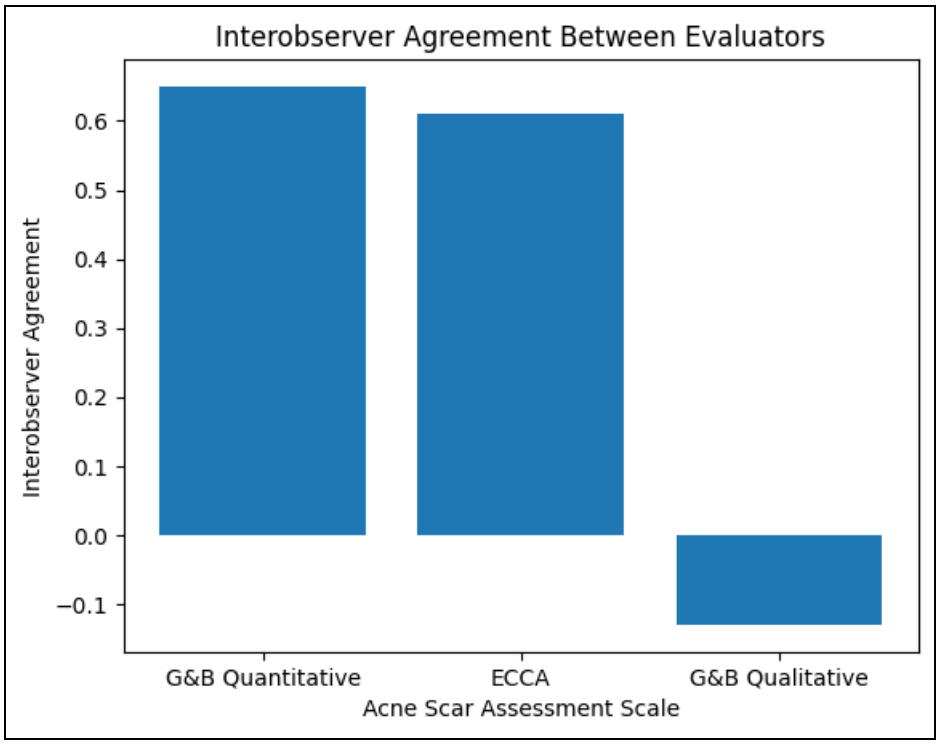
Acne scars are an extremely prevalent complication resulting from acne vulgaris. Scars tend to persist after acne resolves and are challenging to treat. There are many grading scales for acne scars, although there is no gold standard commonly used in clinical practice or for research trials. It is essential to establish a clinical baseline using validated grading scales to more accurately analyze the outcome of the procedures performed. This cross-sectional analysis derives from an undergoing split-face procedural study. In this study, Goodman & Baron quantitative scale, Goodman & Baron qualitative scale, and *Échelle d'Évaluation Clinique des Cicatrices d'Acné* (ECCA) were used as grading scales for characterizing each hemiface severity before procedures. Several validated acne scar assessment scales are currently used; however, comparative data on their interobserver reliability under standardised in-person conditions remain limited.

Materials and Methods

We aim to compare the interobserver agreement of commonly used acne scar grading scales when applied by blinded expert dermatologists in a split-face study design. Twenty patients were evaluated in person, with each facial hemiface analysed independently to reflect localised scar heterogeneity. Assessments were performed in a standardised position under identical lighting conditions. Two blinded expert dermatologists independently evaluated each hemiface using the Goodman & Baron quantitative scale, Goodman & Baron qualitative scale, and the ECCA scale. Interobserver agreement was analysed at the hemiface level using intraclass correlation coefficients (ICC; two-way random-effects model, absolute agreement) for quantitative scales and weighted Cohen's kappa for qualitative assessment.

Results

Forty hemifaces from 20 patients were included in the pooled analysis. Interobserver agreement between the two evaluators varied according to the assessment scale. The Goodman & Baron quantitative scale demonstrated moderate interobserver reliability (ICC = 0.65), while the ECCA scale showed moderate agreement (ICC = 0.61). In contrast, the Goodman & Baron qualitative scale exhibited poor interobserver agreement, with a weighted Cohen's kappa of −0.13, despite standardised in-person evaluation by blinded expert dermatologists.



Conclusions

Interobserver reliability differs substantially among acne scar assessment scales, even under standardised in-person conditions. Quantitative instruments demonstrated superior reproducibility compared with qualitative ones. These findings highlight the importance of careful scale selection in both clinical trials and routine dermatologic practice, where reproducibility is critical.

Abstract N°: ID-745

Topic: Acne and related disorders, hidradenitis suppurativa

Hidradenitis suppurativa - uncommon clinical presentation

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Introduction

Hidradenitis suppurativa or acne inversa is a chronic inflammatory condition affecting skin region rich in apocrine sweat glands. The etiology and pathogenesis of the disease are not well established yet, but genetic factors, immune and hormonal disregulation, as well as environmental risk factors are considered as possible causes of follicular occlusion which leads to follicular rupture. The lesions are tipically manifested as open and closed commedons, painful papules, nodules and abscesses with purulent secretion and progression to the draining sinuses and scars. Skin lesions are mostly localized in the intertriginous areas, such as: axillae, brests, inframammary folds, subabdominal folds, inner upper tighs, groin, mons pubis, vulva/scrotum, perineum, buttocks, perianal area. The skin lesions lead to permanent scarring, secondary infection, chronic pain, imapired mobility, reduced quality of life.

Materials and Methods

We present a 41-year-old woman, actress, with normal body weight, without comorbidities, who reported the appearance of inflamed nodules in the axillary region 15 years ago. She was treated with antibiotics and lesions were regressed. Ten years ago, similar lesions occurred and passed again after antibiotic treatment. Two years ago, she had new relapse in the armpit region, but also new lesions in the mammary region, groin, and gluteal region. Soon after that she developed lesion on the right upper arm. She reported intensive pain and serious problems with moving her arm, so she mostly held it close to the body and she had problems with everyday functioning. On clinical examination we found numerous inflamed nodules and plaques on the body folds together with sinus tracts and scars. The most impressive change on the skin was localized on the inner side of the right upper arm in the form of an extensive atrophic scar with an active erythematous edge covered with pustules and crusts. The lesion caused intense pain and muscle atrophy due to lack of movement. The patient became depressed and anxious, she avoided social contacts, she was unable to work. She was examined by a plastic surgeon, an operative treatment was planned but not carried out. Complete blood count and biochemical panel were normal. Bacteriological smear was sterile. Histopathological finding of the lesion on the right upper arm showed had presentation which corresponds to hidradenitis suppurativa.

Results

We introduced clindamycin for 12 weeks, and the lesion on the right upper arm regressed, with a residual scar. The inflamed lesions in the intertriginous regions, and, of course, the scars remain, so she had an operative treatment, for now in the axillary region. It is important to mention that immunomodulatory therapy for this disorder is not yet available in our country.

Conclusions

We present a patient as a very rare clinical presentation of hidradenitis suppurativa. We found some reports about unusual, ectopic localisation of the lesions on the face, caesarean scar, dorsal foot, posterior thigh, abdomen, knees, scalp. To our knowledge this is the first described case of hidradenitis suppurativa localized on the upper arm.

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Abstract N°: ID-752

Topic: Acne and related disorders, hidradenitis suppurativa

ProYellow Laser: A New Innovative Treatment for Steroid-Induced Rosacea

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Introduction

Background:

Steroid-induced rosacea (SIR) is a common and distressing complication of prolonged topical corticosteroid use on the face. It manifests as persistent erythema, telangiectasia, and papulopustular eruptions. Conventional therapies often result in incomplete clearance and frequent relapses. The 577-nm ProYellow laser provides selective photothermolysis of superficial vessels with minimal thermal damage, offering a novel treatment approach for this condition.

Objective:

To evaluate the clinical efficacy and safety of the 577-nm ProYellow laser in the management of steroid-induced rosacea.

Materials and Methods

Patients clinically diagnosed with SIR were treated using the 577-nm ProYellow laser. Each patient received three sessions at 3–4 weeks interval, with parameters adjusted according to lesion severity and skin type. Baseline and post-treatment assessments included standardized photographs, erythema grading, and patient satisfaction scoring. Side effects and downtime were recorded.

Results

Marked improvement in facial erythema and telangiectasia was observed after three treatment sessions. The mean erythema score decreased by 65%, and 82% of patients reported good to excellent satisfaction. Adverse events were mild and transient, consisting mainly of short-lived erythema or edema. No cases of post-inflammatory hyperpigmentation or scarring were recorded.

Conclusions

ProYellow laser treatment is a safe, effective, and well-tolerated modality for steroid-induced rosacea. It offers rapid improvement in erythema and telangiectasia with minimal downtime, making it an excellent alternative to conventional therapy.

Abstract N°: ID-762

Topic: Acne and related disorders, hidradenitis suppurativa

Efficacy and Tolerance of a Product Containing SE Microbioma Complex® in Patients with Mild Acne- a Prospective, Uncontrolled Study

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Introduction

Acne is a chronic disease. Four main aethiologic factors involved in the pathogenesis of acne are: excessive sebum production, hyperkeratinization of pilosebaceous follicles, dysbiosis, and inflammation. Inflammation occurs at all stages of acne lesion development and is closely related with *C. acnes*. Restoring balanced microbiome could be a promising therapeutic target. *S. epidermidis* is a beneficial bacteria that inhibits *C. acnes*. Beneficial postbiotics are metabolites from this beneficial bacteria that kill *C. acnes*. Beneficial prebiotics are prebiotics that inhibit *C. acnes.* SE Microbiome Complex® is a complex of *S. epidermidis* postbiotics, prebiotics, and skin penetration enhancer (1% salicylic acid) that inhibits *C. acnes* and reduce acne. To investigate this issue we conducted a prospective, uncontrolled study with tampones containing SE Microbiome Complex® in patients with mild acne.

Materials and Methods

The participants in the study were recruited between October and December 2023 among the outpatients of our Acne Clinic. Twenty patients were included in our single center, no-blind, and no controlled prospective study. Before, after 1 and after 2 months of treatment, acne severity assesed by counting of comedones and papules. a tolerance and patients´ satisfaction with a product were followed. Statistic analyses of number of comedones and papules before, after 1 and 2 months was performed.

Results

All patients completed the study. Sex of patients: 35% were men, 65% were women. Average age of all patients was 18,3 years (15,9 for men, 19,6 for women). All patients suffered from mild papulosa acne. Before the treatment, the total number of comedones was 732, the total number of papules was 738. After 1 month of the therapy the total number of comedones was 512, the total number of papules was 380 and after 2 months the numbers were 402 for comedones and 263 for papules. A statistically significant improvement at P 0,001 in both number comedones and papules between months 0-1 and a statistically significant improvement at P 0,01 in both number comedones and papules between months 1-2 was observed. Between months 0 and 2 the significance was at P 0,001 for both comedones and papules. The tolerance of a product was good with 19 patients, only 1 patient suffered from mild dryness in the beginning of the therapy. Patients´ satisfaction with a product was very good at all patients.

Conclusions

Our prospective study of patients treated with tampons containing SE Microbiome Complex® for mild papulosa acne indicates that there was a significant improvement in both comedones and papules. The tolerance of a product and patients´ satisfaction with a product were very good. According to this facts we suppose, aboved mentioned tampons could be a new possibility of treatment for patients with mild papulosa acne.

Abstract N°: ID-787

Topic: Acne and related disorders, hidradenitis suppurativa

Influence of the state of the intestinal microbiocenosy on the severity of acne

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[1]Danylo Halytsky Lviv National Medical University, Dermalogy, venereology department, Lviv, Ukraine

Introduction

Introduction In recent years, dermatologists and cosmetologists have increasingly paid attention to the problem of the relationship between skin diseases and the organs of the gastrointestinal tract (GI). Numerous clinical and microbiological studies confirm the connection between gastrointestinal pathology and intestinal dysbacteriosis with inflammatory skin diseases. **The purpose** of our study was to investigate the influence of the intestinal microbiocenosis on the severity of acne (AC)

Materials and Methods

There were 105 patients under our observation, who underwent culture and determination of the intestinal microbiota.

Results

The results of the conducted studies showed that in patients with IBD there is a decrease in the content of bifidobacteria, lactobacteria, a significantly lower content of Escherichia coli (EC), staphylococci. At the same time, there is a higher content of EC with enzymatic properties, conditionally pathogenic enterobacteria; enterococci; the content of yeast fungi p. Candida increases. When analyzing the dependence of the severity of the disease on the state of intestinal microbiocenosis disturbance, it was found that in patients with AC of the I degree of severity, a slight disturbance of the intestinal microflora is observed, mainly dysbacteriosis of the I degree is noted (in 83.78%); in 5.41% - dysbacteriosis of the II degree. With the complication of the disease, a more significant disturbance of the intestinal microflora is observed. Thus, in patients with AC of the III degree of severity, dysbacteriosis of the III and IV degrees is observed (in 60.87% - dysbacteriosis of the III degree and in 21.74% - dysbacteriosis of the IV degree); in patients with AC of the IV degree of severity, dysbacteriosis of the III degree is observed in 37.5% and in 50% - in the IV degree. The deficiency of normoflora is complicated by a more severe course of acne, a prolonged course of the disease, and torpidity to the treatment.

Conclusions

v Thus, the results of the studies of the intestinal microflora allowed us to conclude that the violation of the intestinal microbiocenosis contributes to acne. The most frequently observed decrease in the content of bacteria of the normal microflora (dysbacteriosis I stage) - a deficiency of Escherichia coli, bifidobacteria and lactobacteria (practically in all studied patients). The decrease in the number of bifidobacteria is accompanied by the growth and development of opportunistic microorganisms, which is a sign of deep dysbiotic disorders (dysbacteriosis II and III stages).

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Abstract N°: ID-788

Topic: Acne and related disorders, hidradenitis suppurativa

THE IMPACT OF COVID-19 ON THE PROGRESSION OF METABOLIC DISORDERS IN WOMEN WITH ACNE

Marianna Dashko*[1], Orysya Syzon[1], Iryna Vozniak[1], Iryna Chaplyk-Chyzho[1], Hennadiy Astsaturov[1], Iryna Babak[1]

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Introduction

Acne is a multifactorial chronic inflammatory disease with primary damage to the pilosebaceous unit and the polymorphic clinical manifestations associated with overproduction of sebaceous glands, pathological desquamation of the sebaceous epithelium of the sebum follicles, activation of saprophytic, conditionally pathogenic microorganisms, and psychoemotional disorders. This is undoubtedly one of the most common dermatoses in clinical practice, accounting for 20-25% of dermatology consultations. Today, especially in wartime, acne vulgaris remains a socially important problem in approximately half of patients with psychoemotional disorders, mainly of a depressive and anxiety associated nature with a sharp decrease in the quality of life of patients.

Aim - to study a pathogenic role of certain metabolic disorders as well their consequences in the development of acne in women who had COVID-19.

Materials and Methods

134 women with acne, aged 18 to 45 years old, were examined. The levels of CRP (C-reactive protein), TC (total cholesterol), HDL (high-density lipoproteins), LDL (low-density lipoproteins), TG (triglycerides), atherogenic index (AI), index HOMA (insulin resistance index) were determined. All patients with acne were divided into 2 groups for the study: Group 1 - women with acne, and Group 2 - patients with acne who had had COVID-19 3-12 months before the examination. The study included women with acne who have had a mild or moderate course of COVID-19.

Results

Most of the examined patients with acne have shown varying degrees of changes in some metabolic indices. The total cholesterol level in patients with acne was higher by 27.78%, $p<0.001$, and in patients with acne associated with COVID-19 by 45.37%, $p<0.001$, compared with the control group. The HDL level was lower by 27.91% and 39.53%, $p<0.001$, respectively, compared with the control group, LDL was higher by 34.35% and 58.78%, $p<0.001$, respectively, and the TG level was twice as high, $p<0.001$, as the control group level in both groups of women with acne. At the same time, an increase in the atherogenic index by 28.09%, $p<0.01$ and 37.02%, $p<0.001$, respectively, was also observed compared with the control group level, but without significant changes between the levels of both groups of women with acne.

Conclusions

High level of metabolic indices (CRP, TC, HDL, LDL, TG, IA), have been observed in women with acne. At that, more significant abnormalities in the examined indices have been found in patients who have had COVID-19 that substantiates the necessity to develop new comprehensive methods of treatment, taking into account the impact of metabolic disorders, associated with COVID-19.

Abstract N°: ID-789

Topic: Acne and related disorders, hidradenitis suppurativa

STUDYING SOME INDICATORS Of CYTOKINE PROFILE IN WOMEN WITH ACNE AFTER COVID-19

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Introduction

The global trend in COVID-19 is that the virus permanently turns into a seasonal disease, such as the flu. Every year, people will face the problem of the coronavirus, which will continue to mutate. The known and studied nature of COVID-19 mutations currently does not indicate that the virus has become more aggressive for the human body. More and more often, COVID-19 proceeds as an acute respiratory viral infection and evades an immune response.

Aim. To study a pathogenic role of certain indicators of cytokine profile as well their consequences in the development of acne in women who had COVID-19.

Materials and Methods

134 women with acne, aged 18 to 45 years old, were examined. Concentration of cytokines were determined. The concentration of cytokines (IL-1ß, IL-4, IL-8, IL-10) in blood serum was determined by the enzyme-linked immunosorbent assay sandwich method using standard BIOSOURSE INTERNATIONAL kits and the Bio-plex Pro Human Cytokine test systems (Austria)

Results

All patients with acne were divided into 2 groups for the study: Group 1 - women with acne, and Group 2 - patients with acne who had had COVID-19 3-12 months before the examination. The study included women with acne who have had a mild or moderate course of COVID-19.

To assess the cytokine profile in women with acne, we have determined pro-inflammatory (IL-1ß, IL-8) and anti-inflammatory (IL-4, IL-10) interleukins in blood serum. The significant changes ($p>0.05$) in pro-inflammatory cytokine values have been observed in all examined women with acne, namely, an almost twofold increase in the level of IL-1 (ß) in women with acne with no prior history of COVID-19, and increase by 2.86 times in women who have had COVID-19, and IL-8, respectively, by 2.96 and 1.54 times ($p>0.05$) and anti-inflammatory interleukins, namely: IL-4, respectively: an increase by only 1.9 times and 1.57; IL-10 by 1.88 and 1.59.

Conclusions

The changes in cytokine profile have been observed in women with acne. At that, more significant abnormalities in the examined indices have been found in patients who have had COVID-19 that substantiates the necessity to develop new comprehensive methods of treatment, taking into account the impact of immunological changes associated with COVID-19.

Abstract N°: ID-805

Topic: Acne and related disorders, hidradenitis suppurativa

Digital media as an early but risky information source in the patient journey of hidradenitis suppurativa: a qualitative interview study

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Introduction

Hidradenitis suppurativa (HS) is a chronic, painful, and stigmatising inflammatory skin disease associated with long diagnostic delays and high psychosocial burden. As digital media increasingly shape symptom interpretation and healthcare-seeking behaviour, their role within the HS patient journey remains insufficiently explored.

Materials and Methods

This qualitative study used semi-structured, problem-centred interviews with 20 adults with a confirmed diagnosis of HS. Participants were purposively sampled to reflect variation in age, sex, disease severity, diagnostic delay, and treatment history. Interviews were audio-recorded, transcribed verbatim, and analysed using qualitative content analysis according to Mayring, combining deductive and inductive coding. Reporting followed the COREQ framework.

Results

Participants described prolonged diagnostic delays (mean 12 years), repeated misdiagnoses, and substantial physical and psychosocial burden. Digital media played a central role across different stages of the patient journey, particularly before and after diagnosis. Search engines and video-based platforms were most frequently used to interpret symptoms, explore treatment options, and prepare for medical consultations. While online information provided reassurance and peer comparison, participants also reported confusion, emotional distress, and exposure to misinformation and commercial bias. Engagement in online communities was largely passive, reflecting privacy concerns related to intimate disease locations. Nearly all participants expressed a need for trustworthy, physician-endorsed digital resources, particularly visual and multimedia formats, to support earlier recognition and informed decision-making. Importantly, digital media were often used before first dermatological contact, shaping symptom interpretation and expectations toward medical care long before a correct diagnosis was established.

Conclusions

Digital media are a key yet complex part of the HS patient journey and often influence symptom interpretation and care-seeking behaviour before specialist contact. This study shows that patients rely on online information to navigate prolonged diagnostic uncertainty, while simultaneously being exposed to misinformation and emotional distress. Improving the quality and clinical integration of evidence-based digital resources may reduce diagnostic delay, counter misinformation, and strengthen patient education and care pathways in HS. These findings highlight digital media as a previously underrecognised but clinically relevant layer of care.

Abstract N°: ID-813

Topic: Acne and related disorders, hidradenitis suppurativa

Metabolomics in Acne Vulgaris: Revealing New Insights into Pathogenesis and Treatment

Stanislava Sevostianova*[1], Olga Olisova[1], Lyailya Kayumova[1], Nikolay Arsentiev[1], Ekaterina Grekova[1], Anastasia Shishkova[1], Ilia Kukes[1]

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Introduction

Acne vulgaris is a common inflammatory skin disorder that presents significant physical and psychological challenges to millions of individuals worldwide. Its pathogenesis is primarily attributed to hormonal, genetic, and environmental factors. However, increasing evidence suggests that systemic metabolic disturbances may also play a crucial role in the development of acne. Metabolomics, a comprehensive approach to analyzing metabolites, has provided valuable insights into the metabolic pathways involved in acne vulgaris. This systematic review aims to synthesize the current knowledge on metabolomic alterations in acne, with a particular focus on lipid metabolism, amino acid profiles, and oxidative stress markers, and to explore their potential implications for diagnosis and treatment strategies.

Materials and Methods

This systematic review was conducted in accordance with the PRISMA guidelines to ensure transparency and reproducibility. Studies published between 2010 and 2025 were included if they employed metabolomic techniques such as gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, and nuclear magnetic resonance spectroscopy to analyze serum, plasma, sebum, or skin samples from individuals with acne vulgaris. Studies comparing acne patients with healthy controls were prioritized. The risk of bias was assessed using the Newcastle-Ottawa Scale, and data extraction was performed independently by two reviewers. Meta-analysis was conducted for studies with quantitative data on metabolic outcomes, ensuring statistical consistency across included studies. A total of 22 studies involving 1,034 acne patients and 1,062 healthy controls were included in this systematic review.

Results

The studies consistently reported significant metabolic alterations in acne patients. Lipid metabolism was notably disturbed, with acne patients exhibiting elevated levels of free fatty acids (MD=1.52 µmol/L, 95% CI [1.05, 1.99], P<0.001) and triglycerides (WMD=0.62 mmol/L, 95% CI [0.45, 0.79], P<0.001). Additionally, ceramide levels were significantly higher (MD=0.27 µmol/L, 95% CI [0.12, 0.42], P=0.002), indicating dysregulation in lipid biosynthesis. The amino acid profile showed marked changes, with branched-chain amino acids elevated by 18% (P<0.001) and glutamine levels increasing by 0.36 µmol/L (95% CI [0.22, 0.49], P<0.001), pointing to alterations in energy balance and protein metabolism. Furthermore, increased oxidative stress markers were observed, including malondialdehyde (MD=0.22 µmol/L, 95% CI [0.05, 0.39], P=0.02) and lactic acid (MD=0.32 mmol/L, 95% CI [0.18, 0.46], P<0.001), suggesting an imbalance in oxidative pathways and heightened inflammation in acne patients. Several studies also examined the effects of treatment, with topical retinoids significantly reducing free fatty

acid levels by 13% (MD=-0.88 µmol/L, 95% CI [-1.16, -0.60], P<0.001) and antibiotics such as doxycycline lowering triglycerides by 9% (MD=-0.56 mmol/L, 95% CI [-0.81, -0.31], P<0.001), though no significant effects were observed on amino acid profiles.

Conclusions

This systematic review highlights significant metabolic alterations in acne vulgaris, particularly in lipid metabolism, amino acid profiles, and oxidative stress markers. These findings suggest that acne involves broader systemic metabolic dysregulation beyond skin-related factors. Identifying specific biomarkers such as free fatty acids and branched-chain amino acids may offer new avenues for early diagnosis and personalized treatment strategies. Despite promising results, variability in study methodologies emphasizes the need for larger, well-controlled studies with standardized approaches. Future research should aim to integrate metabolomic data with genetic and microbiome information to provide a more comprehensive understanding of acne pathophysiology and to refine therapeutic strategies.

Abstract N°: ID-825

Topic: Acne and related disorders, hidradenitis suppurativa

Impact of The Ceramide-Containing Acne Skincare Regimen on Acne Severity, Quality of Life, and Tolerability in a Hot, Dry Climate: An Egyptian Real-World Study

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Introduction
Acne vulgaris is a chronic inflammatory condition that is associated with impairment of the skin barrier. Conventional acne treatments are frequently linked to dryness and irritation, leading to poor treatment adherence and reduced therapeutic efficacy. Ceramide-based skincare products are used alongside traditional acne treatments to increase tolerability, promote skin barrier regeneration, and improve outcomes by decreasing transepidermal water loss (TEWL). Our objective was to assess the effectiveness, tolerability, and patient experience of the Ceramide-Containing Skincare Toolbox, specifically the Blemish Control Cleanser and Control Gel, in relation to acne severity, skin condition, quality of life, and satisfaction among Egyptian patients.

Materials and Methods
We conducted a prospective, 8-week, multicenter observational study. Patients were selected from the university-affiliated dermatology outpatient clinics. Adolescents and adults (≥13 years) initiating new topical or systemic acne therapies with mild to severe acne, as determined by the Global Evaluation of Acne (GEA, 1–5), were included. Each participant received a regimen of ceramide-containing acne skincare alone or with adjuvant treatments. This regimen included the blemish control cleanser (containing 2% salicylic Acid, 3 essential ceramides (NP, AP, EOP), and niacinamide) and the blemish control gel (with 3% glycolic acid, 2.5% lactic acid, 2% salicylic acid, 1% niacinamide, and ceramides (NP, AP, and EOP)), that was prescribed by their dermatologist. Changes in acne severity (GEA), lesion shape and distribution, skin tolerance (measured on a 0–4 scale), quality of life (measured using a modified Cardiff Acne Disability Index (mCADI)), and patient satisfaction (measured at Weeks 4 and 8) were among the study's findings.

Results
A total of 158 of the 168 recruited individuals completed the follow-up. Physician-assessed GEA improved significantly from 2.53 ± 0.91 at the beginning to 2.34 ± 0.90 at Day 28 of treatment (−7.3%; p=0.004) and 1.95 ± 0.90 by Day 56 (−22.8%; p<0.001). Similar declines were seen in patient-reported GEA (−14.1% at Day 28 and −25.0% at Day 56; both p<0.001). Acne lesions, anatomical distribution, and complications significantly decreased over time. Burning, itching, erythema, oiliness, and dryness were among the skin conditions that both doctors and patients reported continuously getting better. The quality of life improved when the mean mCADI scores dropped from 1.4 ± 0.6 at baseline to 1.1 ± 0.6 at Day 28 and 0.9 ± 0.6 at Day 56 (p<0.001). Both doctors and patients reported significantly higher levels of satisfaction, and over 80% reported their intention to keep using or recommending the regimen. Favorable product features like comfort, softness, and non-greasiness were accepted by the majority of patients (≥70%).

Conclusions

In our Egyptian population, the Ceramide-Containing Skincare Toolbox significantly decreased acne severity, skin barrier-related symptoms, complications, and quality of life over eight weeks with good tolerability and satisfaction. Ceramide-based formulations tend be a helpful supplement for acne management.

Abstract N°: ID-830

Topic: Acne and related disorders, hidradenitis suppurativa

Ultrasonography Alters IHS4-Based Clinical Assessment in Hidradenitis Suppurativa: A Case Series

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease in which standard clinical assessment may not fully reflect the true extent of inflammatory involvement. Clinical severity scores are based on the evaluation of nodules, abscesses and sinus tracts detectable on physical examination. Ultrasonography is increasingly considered a valuable adjunct to clinical assessment in HS.

Materials and Methods

A review of the literature regarding the use of ultrasonography in HS was performed. In addition, a case series of six patients with HS was analysed, in whom disease activity was assessed using the IHS4 score based on clinical examination alone and on clinical examination supplemented by ultrasonography. Ultrasound examinations were performed using a linear LA2–14A probe. For comparative assessment, one affected anatomical location was selected in each patient.

Results

In all analysed cases (6/6), clinical assessment differed from clinical assessment supplemented by ultrasonography. Ultrasound examination revealed additional inflammatory structures, including inflammatory nodules, sinus tracts and abscesses not detected on clinical examination, resulting in changes in IHS4 scoring. Nodules assessed clinically as non-inflammatory demonstrated features of active inflammation on ultrasound examination. In some cases, these differences led to changes in patient qualification for biological therapy. The results are presented in Table 1.

Conclusions

Ultrasonography represents an important adjunct to clinical examination in hidradenitis suppurativa, allowing for a more accurate assessment of disease activity. Incorporation of ultrasound into routine evaluation of patients with HS may significantly influence disease severity classification and therapeutic decisions, including eligibility for biological treatment.

Abstract N°: ID-847

Topic: Acne and related disorders, hidradenitis suppurativa

Effectiveness and Tolerability of Low-Dose Micronized Isotretinoin in Severe Facial Acne: A Post Hoc, Age-Stratified Analysis of a Real-World Retrospective Electronic Medical Record Study

Byalakere Chandrashekar[1], Maya Vedamurthy[2], Seetharamanjaneyulu Kolalapudi[3], Vijaya Mallela[4], Shahnaz Arsiwala[5], Anil Ganjoo[6], Abir Saraswat[7], Farida Modi[8], Sowmya Sujatha[9], Satish Udare[10], Surojit Gorai[11], Bhavesh Lalan*[12], Aditi Jain[13], Shruti Dharmadhikari[13], Chintan Khandhedia[13], Prashant Devkare[12], Amey Mane[13], Suyog Mehta[13]

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Introduction

In India, acne predominantly affects individuals aged 18–25 years, with a significantly higher prevalence in females (81.7%). Isotretinoin is the standard of care for severe acne. Low-dose micronized-isotretinoin, a novel formulation developed with an optimized micronization technology, can be administered independent of meals. This real-world study was conducted to evaluate the effectiveness and tolerability of low-dose micronized-isotretinoin in patients with severe facial acne. This post hoc analysis evaluated the outcomes stratified by age subgroup, comparing adolescents (12-17 years) and adults (≥ 18 years).

Materials and Methods

This real-world, retrospective, observational, single-arm, electronic medical records (EMR)-based study included patients aged ≥12 years, diagnosed with severe recalcitrant nodular facial acne who were prescribed low-dose micronized-isotretinoin 8/16/24mg. This post-hoc analysis primarily evaluated improvement in severity of acne in adolescents and adults based on Investigator's Global Assessment (IGA) scale (0=clear, 1=almost clear, 2=mild, 3=moderate, 4=severe) from baseline to 16±2 weeks of treatment. Further, change in total number of lesions and nodular lesions, response to treatment as assessed and graded by investigator (>75% clearing=excellent, 50-75% clearing=good, 25-50% clearing=fair and <25% clearing=poor), response to treatment graded by patients (1=very good, 2=good, 3=average and 4=poor) and incidence of adverse events(AEs) from baseline to end of treatment was evaluated in both groups. The study was registered on Clinical Trial Registry – India (CTRI/2024/07/070813).

Results

Aggregated and anonymized EMR data of 305 eligible patients from 11 centres across India were included (Age[mean±SD]: 24.15±7.07 years, 63.93% females) from April 2023 to February 2024, comprising 40 adolescents and 265 adults. The mean duration of treatment was 16.11±1.48 weeks. The mean IGA score from baseline to end of treatment (16±2 weeks) decreased significantly in both groups. The mean change ± SD (%change) in IGA score from

baseline to 8±2 weeks, 12±2 weeks, and 16±2 weeks was 1.25 ± 0.74 (36.44%) [p=0.001], 2.33 ± 0.76 (67.93%), and 3.05 ± 0.60 (88.92%) [p<0.001 for both], respectively, in the adolescent group. While it was 1.30 ± 0.77 (38.24%), 2.06 ± 0.85 (60.59%), and 2.84 ± 0.73 (83.53%) [p<0.001 for all], respectively, in the adult group. The change in the total number of nodular lesions and total number of lesions from baseline to 16±2 weeks was significant in both groups. The mean change ± SD (%change) of nodular lesions was 6.88 ± 6.21 (95.16%) [adolescent group] and 7.40 ± 15.26 (95.12%) [adult group] [p<0.001 for both]. While the mean change ± SD (%change) of total lesions was 35.90 ± 41.81 (95.10%) [adolescent group] and 28.86 ± 34.09 (91.85%) [adult group] [p<0.001 for both]. By 16±2 weeks, treatment response graded by investigator was 'Excellent' for 60% adolescents and 69.06% adults, while 'Good' for 40.00% adolescents and 28.68% adults (Table 1). Additionally, treatment response graded by patient was 'Very Good' in 67.50% adolescents and 64.91% adults and 'Good' in 32.50% adolescents and 32.08% adults, at 16±2 weeks (Table 1). Overall, 6 patients reported 8 AEs like headache and pain.

Table 1: Response to treatment as assessed and graded by investigator and patient from baseline to end of treatment

	N = 305	12 to 17 years (n=40)	≥ 18 years (n=265)
Investigator-Grading			
8 ± 2 weeks	Excellent (>75% clearing)	6 (15.00%)	49 (18.49%)
	Good (50-75% clearing)	25 (62.50%)	154 (58.11%)
	Fair (25-50% clearing)	9 (22.50%)	54 (20.38%)
	Poor (<25% clearing)	0 (0.00%)	8 (3.02%)
12 ± 2 weeks	Excellent (>75% clearing)	18 (45.00%)	133 (50.19%)
	Good (50-75% clearing)	21 (52.50%)	105 (39.62%)
	Fair (25-50% clearing)	1 (2.50%)	24 (9.06%)
	Poor (<25% clearing)	0 (0.00%)	3 (1.13%)
16 ± 2 weeks	Excellent (>75% clearing)	24 (60.00%)	183 (69.06%)
	Good (50-75% clearing)	16 (40.00%)	76 (28.68%)
	Fair (25-50% clearing)	0 (0.00%)	5 (1.89%)
	Poor (<25% clearing)	0 (0.00%)	1 (0.38%)
Patient-Grading (1 – Very Good, 2 – Good, 3 – Average, Poor – 4)			
8 ± 2 weeks	Very good	6 (15.00%)	72 (27.17%)
	Good	31 (77.50%)	151 (56.98%)
	Average	3 (7.50%)	38 (14.34%)
	Poor	0 (0.00%)	4 (1.51%)
12 ± 2 weeks	Very good	19 (47.50%)	137 (51.70%)
	Good	20 (50.00%)	102 (38.49%)
	Average	1 (2.50%)	24 (9.06%)
	Poor	0 (0.00%)	2 (0.75%)
16 ± 2 weeks	Very good	27 (67.50%)	172 (64.91%)
	Good	13 (32.50%)	85 (32.08%)
	Average	0 (0.00%)	7 (2.64%)
	Poor	0 (0.00%)	1 (0.38%)

Table 1: Response to treatment as assessed and graded by investigator and patient from baseline to end of treatment

Conclusions

This first-of-its-kind, EMR-based, retrospective study conducted in India demonstrated effectiveness and tolerability of low-dose micronized-isotretinoin in both adolescent and adult patients with severe facial acne. Thus, this food-independent formulation of isotretinoin can be a convenient treatment option in both adolescent and adult patients without specific dietary requirements.

Abstract N°: ID-859

Topic: Acne and related disorders, hidradenitis suppurativa

Effectiveness and Tolerability of Low-Dose Micronized Isotretinoin in Severe Facial Acne: A Post Hoc, Gender-Stratified Analysis of a Real-World Retrospective Electronic Medical Record Study

Byalakere Chandrashekar[1], Maya Vedamurthy[2], Seetharamanjaneyulu Kolalapudi[3], Vijaya Mallela[4], Shahnaz Arsiwala[5], Anil Ganjoo[6], Abir Saraswat[7], Farida Modi[8], Sowmya Sujatha[9], Satish Udare[10], Surojit Gorai[11], Bhavesh Lalan*[12], Aditi Jain[13], Shruti Dharmadhikari[13], Chintan Khandhedia[13], Prashant Devkare[12], Amey Mane[13], Suyog Mehta[13]

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Introduction

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Materials and Methods

This real-world, retrospective, observational, single-arm, electronic medical records (EMR)-based study included patients aged ≥12 years, diagnosed with severe recalcitrant nodular facial acne who were prescribed low-dose micronized-isotretinoin 8/16/24mg. This post-hoc analysis primarily evaluated improvement in severity of acne in male and female patients based on Investigator's Global Assessment (IGA) scale (0=clear, 1=almost clear, 2=mild, 3=moderate, 4=severe) from baseline to 16±2 weeks of treatment. Further, change in total number of lesions and nodular lesions, response to treatment as assessed and graded by investigator (>75% clearing=excellent, 50-75% clearing=good, 25-50% clearing=fair and <25% clearing=poor), response to treatment graded by patients (1=very good, 2=good, 3=average and 4=poor) and incidence of adverse events(AEs) from baseline to end of treatment was evaluated in patients of both gender. The study was registered on Clinical Trial Registry – India (CTRI/2024/07/070813).

Results

Aggregated and anonymized EMR data of 305 eligible patients from 11 centres across India were included (Age[mean±SD]: 24.15±7.07 years, 63.93% females) from April 2023 to February 2024, comprising 110 males and 195 females. The mean duration of treatment was 16.11±1.48 weeks. The mean IGA score from baseline to end of treatment (16±2 weeks) decreased significantly in both groups. The mean change ± SD (%change) in IGA score from baseline to 8±2 weeks, 12±2 weeks, and 16±2 weeks was 1.26 ± 0.81 (36.73%), 2.07 ± 0.86 (60.35%), 2.83 ± 0.80 (82.51%)

[p<0.001 for all], respectively, in male patients. While it was 1.32 ± 0.74 (38.94%), 2.12 ± 0.84 (62.54%) and 2.89 ± 0.67 (85.25%) [p<0.001 for all], respectively, in female patients. The change in the total number of nodular lesions and total number of lesions from baseline to 16±2 weeks was significant in both groups. The mean change ± SD (%change) of nodular lesions was 9.43 ± 21.07 (94.68%) [male patients] [p=0.001] and 6.15 ± 8.45 (95.50%) [female patients] [p<0.001]. While the mean change ± SD (%change) of total lesions was 38.33 ± 46.46 (93.49%) [male patients] and 24.96 ± 25.79 (91.40%) [female patients] [p<0.001 for both]. By 16±2 weeks, treatment response graded by investigator was 'Excellent' for 66.36% male and 68.72% female patients while 'Good' in 30.00% male and 30.26% female patients (Table 1). Additionally, treatment response graded by patient was 'Very Good' in 65.45% male and 65.13% female patients and 'Good' in 30.00% male and 33.33% female patients, at 16±2 weeks (Table 1). Overall, 6 patients reported 8 AEs like headache and pain.

Table 1: Response to treatment as assessed and graded by the investigator and patient from baseline to end of treatment

	N = 305	Male (n=110)	Female (n=195)
Investigator-Grading			
8 ± 2 weeks	Excellent (>75% clearing)	28 (25.45%)	27 (13.85%)
	Good (50-75% clearing)	54 (49.09%)	125 (64.10%)
	Fair (25-50% clearing)	25 (22.73%)	38 (19.49%)
	Poor (<25% clearing)	3 (2.73%)	5 (2.56%)
12 ± 2 weeks	Excellent (>75% clearing)	54 (49.09%)	97 (49.74%)
	Good (50-75% clearing)	46 (41.82%)	80 (41.03%)
	Fair (25-50% clearing)	9 (8.18%)	16 (8.21%)
	Poor (<25% clearing)	1 (0.91%)	2 (1.03%)
16 ± 2 weeks	Excellent (>75% clearing)	73 (66.36%)	134 (68.72%)
	Good (50-75% clearing)	33 (30.00%)	59 (30.26%)
	Fair (25-50% clearing)	3 (2.73%)	2 (1.03%)
	Poor (<25% clearing)	1 (0.91%)	0 (0.00%)
Patient-Grading (1 – Very Good, 2 – Good, 3 – Average, 4 – Poor)			
8 ± 2 weeks	Very good	25 (22.73%)	53 (27.18%)
	Good	69 (62.73%)	113 (57.95%)
	Average	15 (13.64%)	26 (13.33%)
	Poor	1 (0.91%)	3 (1.54%)
12 ± 2 weeks	Very good	53 (48.18%)	103 (52.82%)
	Good	49 (44.55%)	73 (37.44%)
	Average	7 (6.36%)	18 (9.23%)
	Poor	1 (0.91%)	1 (0.51%)
16 ± 2 weeks	Very good	72 (65.45%)	127 (65.13%)
	Good	33 (30.00%)	65 (33.33%)
	Average	4 (3.64%)	3 (1.54%)
	Poor	1 (0.91%)	0 (0.00%)

Conclusions

This first-of-its-kind, EMR-based, retrospective study conducted in India demonstrated effectiveness and tolerability of low-dose micronized-isotretinoin in both male and female patients with severe facial acne. Thus, this food-independent formulation of isotretinoin can be a convenient treatment option in patients of both gender without specific dietary requirements.

Abstract N°: ID-908

Topic: Acne and related disorders, hidradenitis suppurativa

Beyond follicular occlusion: Keratosis pilaris as a comorbidity in hidradenitis suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease in which follicular occlusion and aberrant keratinization represent central pathogenic events. Keratosis pilaris (KP) is a common disorder of follicular hyperkeratosis affecting approximately 40% of adults. Given this shared involvement of follicular keratinization, a relationship between HS and KP appears biologically plausible. However, it remains unclear whether KP reflects a shared pathophysiologic background or represents a secondary epiphenomenon driven by systemic inflammation or metabolic dysregulation. This study systematically explores the relationship between HS and KP by evaluating the prevalence and severity of KP in HS patients compared with controls, assessing the role of familial predisposition, and delineating the clinical characteristics of HS patients presenting with concomitant KP.

Materials and Methods

We conducted a cross-sectional two-center study comparing 196 patients with confirmed HS to 66 age- and sex-matched controls without chronic inflammatory skin diseases. Prevalence and severity of KP were assessed using the Keratosis Pilaris Area and Severity Index (KPASI) and a global investigator-assessed severity score. Clinical data included family history of HS and KP, smoking habits, body mass index (BMI), and atopic comorbidities (allergic rhinitis, conjunctivitis, asthma, atopic dermatitis). Pruritus was systematically assessed, including presence, duration, and localization. Disease activity in HS was quantified using the International Hidradenitis Suppurativa Severity Score System (IHS4) and Hurley staging. Statistical analyses included Mann-Whitney U test for continuous variables and Chi-square test for categorical variables. Multivariate binomial logistic regression models were constructed to identify independent predictors of HS phenotype and HS-KP phenotype. A subgroup analysis compared HS patients with concomitant KP (HS-KP phenotype) to those without KP.

Results

KP was significantly more prevalent in HS patients than in controls (p=0.006) and showed greater clinical severity, with higher global severity scores (p=0.025) and KPASI values (median 0.8 IQR 2.4 vs. 0 IQR 1, p=0.011). Despite this increased clinical burden, HS patients reported a significantly lower family history of KP (p<0.001), while family history of HS was markedly higher (p<0.001). In multivariate analysis, KP (OR=0.350, 95% CI 0.141-0.873; p=0.024), smoking (OR=0.146,

95% CI 0.060-0.350; p<0.001), and obesity (OR=0.210, 95% CI 0.087-0.502; p<0.001) were associated with HS status, whereas family history of KP was strongly associated with control status (OR=22.970, 95% CI 6.417-82.221; p<0.001). Within the HS cohort, the HS-KP phenotype was characterized by younger age (median 39.5 years IQR 20 vs. 49 years IQR 20, p=0.008), fewer affected anatomical regions (median 2 IQR 2 vs. 3 IQR 3, p=0.006; OR 0.805, 95% CI 0.652-0.994), prominent pruritus (p<0.001), longer itch history (median 4 years vs. 0 years, p<0.001), itch in skin creases (p<0.001), xerosis (p<0.001), hay fever (p=0.002), and a strong association with obesity (OR 4.336, 95% CI 1.711-10.992, p=0.002).

Conclusions

KP is significantly more prevalent and severe in HS but seems to lack the strong familial aggregation typical of classic hereditary KP. This discrepancy supports the interpretation that KP in HS likely represents an epiphenomenon related to metabolic and atopic dysregulation rather than a shared primary genetic defect. The identification of an HS-KP phenotype highlights a clinically distinct subgroup characterized by younger age, more localized disease, and prominent atopic features. Recognition of this phenotype may facilitate holistic management strategies, extending beyond lesion-directed therapy to include evaluation and treatment of barrier dysfunction, pruritus, and metabolic health.

Abstract N°: ID-931

Topic: Acne and related disorders, hidradenitis suppurativa

Artificial intelligence to shorten the diagnosis of hidradenitis suppurativa

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Introduction

Hidradenitis suppurativa (HS), also known as acne inversa, is a chronic, inflammatory, recurrent skin disease characterized by painful nodules, abscesses, draining tunnels (sinus tracts or fistulas) and scarring. The disease primarily affects intertriginous areas, including the axillae, groin, inframammary and anogenital regions. Despite increasing awareness, diagnosis is often delayed by up to ten years, which is associated with increased disease severity, a higher comorbidity burden at the time of diagnosis and substantial psychosocial impact for affected individuals. Artificial intelligence algorithms enable rapid and precise recognition of patterns in clinical image data. When embedded in clinical decision support systems, they have the potential to shorten diagnostic delays and facilitate earlier and more targeted treatment.

Materials and Methods

For this study, 986 clinical photographs of patients with hidradenitis suppurativa and clinically relevant differential diagnoses were included. Images were assigned to one of three diagnostic categories: non–hidradenitis suppurativa, possible hidradenitis suppurativa or confirmed hidradenitis suppurativa. Three dermatologists independently annotated the images. After data preprocessing, an AI-based Vision Transformer (ViT) model was trained for automated classification.

Results

The Vision Transformer achieved a classification accuracy of 73% (balanced accuracy: 79%, F1-Score: 77 %). Interrater agreement among the three experts was moderate, with a Fleiss' kappa of 0.58.

Conclusions

The moderate interrater agreement underscores the diagnostic difficulty of hidradenitis suppurativa, even for experienced clinicians. In this clinically challenging setting, Vision Transformer–based models may support diagnostic decision-making. Such approaches could contribute to reducing diagnostic delays and improving early detection of HS in the long term. Integration into a web-based clinical decision support system and further analyses are currently underway.

Abstract N°: ID-947

Topic: Acne and related disorders, hidradenitis suppurativa

Non Invasive Fibrosis Parameters in Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory dermatosis that is not limited to the skin; it is also closely associated with comorbid conditions such as metabolic syndrome, obesity, diabetes, and non-alcoholic fatty liver disease (NAFLD). This condition constitutes a potential risk factor for liver fibrosis. This study aimed to calculate newly defined non-invasive liver fibrosis parameters (FIB-4, APRI, NFS, SAFE) in HS patients and to evaluate the relationship between these scores and clinical risk factors.

Materials and Methods

In this prospective cross-sectional study, the demographic and clinical characteristics of HS patients followed up at a tertiary care university hospital were evaluated along with Hurley stages, FIB-4, APRI, SAFE and NFS scores, TG/HDL ratios, and other biochemical and inflammatory parameters.

Results

Of the 107 HS patients included in the study, 29.9% (n=32) were female and 70.1% (n=75) were male. The mean age was 35.46 years (female: 34.78, male: 35.76), mean height was 174.1 cm (F: 163.9, M: 178.2), mean weight was 90.4 kg (F: 78.7, M: 95.0), and mean BMI was 29.78 (F: 29.4, M: 29.9) kg/m^2. Mean disease duration was 111.36 months (F: 106.07; M: 113.45) with a median of 72 months (F: 54 months; M: 84 months). %64,65 of patients were active smokers. The Hurley stage distribution was %23.1 (n=21) stage 1, %39.6 (n=36) stage 2, and %37.3 (n=34) stage 3. The most common localisations were axillary 63.7% (n=65), inguinal 51.0% (n=52), gluteal 28.4% (n=29), neck 17.6% (n=18), and submammary 9.8% (n=10). It is noteworthy that all cases of neck and perianal involvement were observed in male patients.

The mean FIB-4 was 0.61 (SD: 0.65/0.60), APRI 0.18 (SD: 0.21/0.17), SAFE -64.09 (SD: -67.31/-62.90), NFS score -2.91 and TG/HDL ratio 3.70 were found. Only the SAFE score showed a significant correlation with Hurley stages (p=0.029). Significant positive correlations were found between age and FIB-4, SAFE, NFS, TG/HDL ratio; BMI and SAFE, NFS, and TG/HDL ratio; disease duration and SAFE, NFS, FIB-4; smoking status and SAFE, NFS, and TG/HDL ratio. When evaluated by location, SAFE scores were significantly higher in patients with axillary involvement.

When considering the treatments, adalimumab group generally had higher scores than systemic antibiotic therapy, but no statistically significant difference was observed. Compared to the healthy population, although the mean values remained within the safe range in terms of fibrosis, the TG/HDL ratio should be below 2.0, whereas in our study it was found to be 3.7.

Conclusions

This study demonstrates that age, BMI, and smoking, which are known risk factors for liver fibrosis, are also valid in

patients with HS. Our study found that the risk of fibrosis increases with disease duration and severity, which is consistent with results from studies conducted using ultrasonography in the literature. TG/HDL ratio was found to be high compared to the normal population, which is consistent with studies showing that HS is associated with non-alcoholic fatty liver disease and metabolic syndrome. Furthermore, as in the psoriasis literature, it supports the hepatodermal axis theory, which suggests that long-term systemic inflammation can cause damage to distant organs such as the liver. This theory suggested that proinflammatory cytokines (particularly IL-17) released from lymphocytes and keratinocytes in psoriatic skin enter the systemic circulation and activate inflammatory pathways in the liver, leading to fibrosis. A similar situation may also applicable in hidradenitis suppurativa.

This study is one of the first to evaluate the effect of HS on liver fibrosis through non-invasive markers. The findings indicate that disease duration and high cumulative smoking exposure are associated with an increased risk of liver fibrosis in HS patients. The use of these practical scores in clinical practice could significantly contribute to the early detection of patients at risk; further studies are needed.

Abstract N°: ID-994

Topic: Acne and related disorders, hidradenitis suppurativa

Cardiovascular disease risk in hidradenitis suppurativa across treatment pathways: a large population-based cohort study

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory disease associated with increased risk for cardiovascular disease (CVD), yet it remains unclear how cardiovascular outcomes vary across the clinical treatment trajectory, from pre-systemic therapy to advanced anti-inflammatory treatment. We sought to evaluate the incidence of CVD in patients with HS across successive treatment lines, reflecting real-world clinical practice and escalating anti-inflammatory treatment intensity.

Materials and Methods
We conducted a population-based retrospective cohort study within Clalit Health Service. We identified patients with HS and categorized them by position along the HS treatment pathway: pre-systemic therapy (baseline), systemic antibiotic therapy, and tumor necrosis factor inhibitor (TNFi) therapy. Follow-up began at HS diagnosis (baseline, n = 5618), the first antibiotic prescription (antibiotic group, n = 2979), or at TNFi initiation (TNFi group, n = 340). The primary outcome was incident CVD, defined as ischemic heart disease or cerebrovascular accident. Incidence rates were calculated, and hazard ratios (HRs) were estimated using Cox proportional hazards models. Propensity score weighting was applied to balance baseline characteristics across treatment groups.

Results
After weighting, TNFi treatment was not associated with an increased cardiovascular risk compared with baseline therapy (hazard ratio [HR] 1.20, 95% confidence interval [CI] 0.41-3.49). Weighted incidence rates were similar between TNFi-treated and baseline-treated patients (4.34 vs. 4.84 events per 1,000 person-years, respectively). In contrast, antibiotic treatment was associated with a significantly higher cardiovascular risk compared with baseline therapy (HR 1.98, 95% CI 1.39-2.81), with higher weighted incidence rates (4.29 vs. 2.51 events per 1,000 person-years, respectively). Comparing TNFi and antibiotic treatment showed no significant difference in cardiovascular risk (HR 0.51, 95% CI 0.20–1.30), with lower incidence rates observed among TNFi-treated patients.

Conclusions
Patients receiving systemic therapy, reflecting more severe disease, demonstrated heterogeneous cardiovascular risk, with increased risk observed among antibiotic-treated patients but not among those treated with TNFi.

Abstract N°: ID-1011

Topic: Acne and related disorders, hidradenitis suppurativa

Benefits of Using a Purifying Cleanser and Anti-Blemish Skincare in Acne: Findings from Two Clinical Studies in Teens and Adults

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Introduction

Acne vulgaris is a highly prevalent skin disorder, affecting up to 80% of adolescents and young adults aged 11 to 30 years. It is also a common reason for seeking dermatological advice. Given the clinical relevance and psychosocial impact of acne, integrating tailored dermocosmetic regimens, including suitable cleansers and targeted skincare products, into daily management strategies is highly recommended. These two clinical studies aimed to evaluate the effectiveness and tolerability of combining a purifying cleanser and an anti-blemish skincare product formulated to specifically address mild to moderate acne in adolescents and young adults with phototypes I to IV.

Materials and Methods

Two open-label, intra-individual clinical studies, conducted under dermatological control, were designed to include complementary populations, ensuring a comprehensive evaluation across both age groups and skin phototypes. The first study, performed in Spain, included 32 adolescents aged 13 to 18 years (phototypes I–III) with a combination to oily skin and mild to moderate acne (IGA ≥ 2). The second study, conducted in Tunisia, included 32 young adults aged 18 to 36 years (phototypes III–IV) with sensitive, combination to oily skin and mild to moderate acne. In both studies, subjects used in the morning and evening on the face and neck, a purifying cleanser to wet skin, followed by an anti-blemish cream to clean and dry skin. The duration of application was 56 days in the adolescents study and 28 days in the adults study. The clinical parameters evaluated on D0, D28, and D56 where applicable, included the counting of retentional and inflammatory lesions by a dermatologist, an assessment of skin tolerance, and the subjects' perception of the effects of the products association. Changes in acne severity using the Investigator's Global Assessment (IGA) and the intensity of seborrhea using a standardized scale was also evaluated in the adolescents study. Illustrative photographs were also taken in both studies.

Results

In adolescents, this association of products significantly reduced the IGA score at D28 (-12% vs baseline, $p<0.05$), with further reduction at D56 (-19% vs baseline, $p < 0.05$). A marked decrease in the intensity of seborrhea was observed at D28 (-30% vs baseline, $p<0.0001$), and D56 (-42% vs baseline, $p < 0.0001$). Lesions count also showed significant reduction in retentional lesions (-23% at D28 and -39% at D56, $p<0.0001$) and inflammatory lesions (-25% at D28, $p<0.05$; -47% at D56, $p<0.0001$). Subjective assessments at the end of the study (D56) indicated that 97% of subjects reported that the skin is supple and moisturized, 94% of the subjects considered their skin soft and comfortable. In adults, significant reductions were also observed in non-inflammatory (-34%, $p<0.0001$) and inflammatory lesions (-25%, $p<0.0001$) after 28 days. Subjective assessments indicated that 97% of the subjects reported that the skin is mattified after application and did not feel a greasy film after products use, and 88% reported a rapid decrease in pimples and blackheads after 28 days. According to the investigator, in both studies, this association was very well tolerated.

Conclusions

The combined findings from these two studies show that the twice daily dermocosmetic products use are very well-tolerated and clinically effective in supporting the decrease of overall acne signs in adolescents and young adults with sensitive skin (adults) and different phototypes. The complementary nature of the study populations, and the consistency of the observations, support the relevance of this dermocosmetic approach as a very well-tolerated option for the daily management of mild to moderate acne.

Abstract N°: ID-1037

Topic: Acne and related disorders, hidradenitis suppurativa

Refractory Hidradenitis Suppurativa with Immune-Mediated Complications: A Case for an Integrated Therapeutic Approach

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Introduction
Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin disorder associated with significant morbidity and impaired quality of life. Its pathogenesis is complex and not entirely known; dysfunctional immune response and occlusion of hair follicles have been hypothesised as causes of chronic inflammation. The management of severe disease remains challenging, particularly in patients refractory to standard systemic and biologic therapies and those developing immune-mediated comorbidities. The objective of this case report is to illustrate the importance of an integrated, interdisciplinary, and individualised therapeutic strategy in the management of complex, treatment-resistant HS.

Materials and Methods
Case report

Results
We report a 44-year-old male with a longstanding history of HS, classified as Hurley stage III in 2021. Initial treatment with adalimumab for five months, alongside continuous low-dose methylprednisolone, resulted in overall clinical deterioration, prompting discontinuation of both therapies. Shortly thereafter, the patient developed purpuric and ulcerative lesions on the lower extremities consistent with leukocytoclastic vasculitis and pyoderma gangrenosum. Therapy was subsequently switched to secukinumab (300 mg every four weeks) in combination with methylprednisolone. Although an initial improvement was observed over three months, sustained disease control was not achieved, and relapse of vasculitis occurred during corticosteroid tapering. Escalation of systemic corticosteroids led to clinical improvement. Given persistent disease activity, the patient underwent multiple staged surgical interventions, including wide excisions, marsupialisation, and loose seton placement in the perianal and gluteal regions, with perioperative intravenous ertapenem administered prior to major procedures. Due to recurrent inflammatory flares, immunomodulatory therapy was intensified with dose escalation of secukinumab to every two weeks and the addition of methotrexate at a weekly dose of 10 mg. This combined approach resulted in partial clinical remission, with the patient currently in a sustained inflammation-free phase, enabling successful discontinuation of systemic corticosteroids, followed by cessation of methotrexate, and continuation of surgical management.

Conclusions
This case highlights the complexity of managing refractory HS complicated by immune-mediated inflammatory comorbidities and underscores the necessity of a comprehensive, multimodal treatment strategy. Integration of biologic therapy, systemic immunosuppression, targeted antibiotic use, and staged surgical interventions allowed disease stabilisation and steroid-sparing control. Close interdisciplinary collaboration and flexible, individualised treatment planning are essential when standard therapeutic algorithms fail in

severe HS.

Abstract N°: ID-1075

Topic: Acne and related disorders, hidradenitis suppurativa

A therapeutic paradox: Hidradenitis suppurativa emerging under Adalimumab for ankylosing spondylitis and ulcerative colitis

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Introduction
Hidradenitis suppurativa (HS) is a chronic and debilitating disorder of the hair follicles characterized by inflammatory nodules, subcutaneous abscesses, and sinus tracts. It is associated with significant morbidity and has been linked to systemic inflammatory conditions, suggesting shared immunopathogenic pathways. While anti-TNF agents like Adalimumab are effective in controlling chronic inflammatory diseases, paradoxical reactions have been increasingly described. We herein report a case of a patient with ulcerative colitis and ankylosing spondylitis treated with adalimumab with the onset of HS during therapy.

Materials and Methods
An 57-year-old male with a 10-year history of ankylosing spondylitis and ulcerative colitis, who has been undergoing treatment with adalimumab for 2 years, presented at our clinic complaining of painful inflammatory nodules, some of which were suppurative, located bilaterally in the axilla, which have been developing for a year. The clinical examination revealed nodules, abscesses, and fibrous tracts in the axillary region, as well as numerous asymptomatic acromic plaques scattered on the extremities and periorificial areas. Laboratory tests identified inflammatory syndrome and negative bacteriological swabs. A diagnosis of hidradenitis suppurativa Hurley stage II and vitiligo was made. Given the patient's complex pathology, topical antibiotic treatment was initiated, with subsequent favorable evolution of the axillary lesions at one month follow-up.

Results
Adalimumab is an effective long-term option for moderate-to-severe HS in clinical trials and real-world settings. However, half of patients do not achieve a clinically significant response. Many paradoxical effects have also been described. Studies suggest that blocking TNF-α may alter the balance of local cytokines and lead to the activation of other inflammatory pathways. This phenomenon is similar to the psoriasiform paradox. Our patient had previously undergone treatment with infliximab, with poor control of rheumatological and gastric pathology. Therefore, he was switched to adalimumab, which achieved remission of rectocolitis. The association with severe inflammatory bowel disease limits treatment with systemic antibiotics, anti-inflammatory drugs, or anti-IL-17 agents.

Conclusions
HS may occur de novo or worsen during treatment with adalimumab, although paradoxically, adalimumab is an approved treatment for HS. This paradoxical respons highlights the complex role of TNF-α in immune regulation and pose diagnostic and therapeutic challenges. The patients do not often fit the theoretical presentation of dermatological conditions. They are a complex equation of different pathologies, genetic predisposition, and individual adverse reactions. Therefore, clinicians must be able to integrate the patient's history into the decision on the most appropriate therapy for the maximum benefit.

Abstract N°: ID-1088

Topic: Acne and related disorders, hidradenitis suppurativa

Coexistence of vulvar crohn's sisease and hidradenitis suppurativa: A diagnostic and therapeutic challenge

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Introduction

Vulvar Crohn’s disease is a rare extraintestinal manifestation of Crohn’s disease, described mainly in isolated clinical cases. It may occur in association with luminal gastrointestinal involvement or, more rarely, as the sole clinical manifestation of the disease. Because of its nonspecific presentation, it is frequently underdiagnosed, leading to delayed management.

Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory dermatosis affecting apocrine gland–bearing areas such as the axillae and anogenital region.

Although associations between luminal Crohn’s disease and HS have been previously reported, the coexistence of isolated vulvar Crohn’s disease with axillary HS in the absence of intestinal involvement had not been described before.

Results

Case presentation:

A 45-year-old woman with a family history of Crohn’s disease underwent hemorrhoidal surgery in October 2023, during which a large fissure was discovered within a hemorrhoidal pack. Histology showed a tuberculoid granuloma without caseous necrosis, leading to empirical anti-tuberculosis treatment for six months without clear clinical benefit.

Two years later, she presented with diffuse vulvar lymphedema with multiple fissures, rhagades, and progressively worsening fistulizing axillary lesions. Vulvar biopsy revealed non-necrotizing tuberculoid granulomatous inflammation without detectable pathogens. Tissue PCR for Mycobacterium tuberculosis and QuantiFERON-TB Gold were negative.

Axillary biopsy showed chronic inflammatory dermatitis without malignancy. Gastrointestinal investigations (gastroscopy, colonoscopy, fecal calprotectin, and CT enterography) were entirely normal, with no evidence of luminal Crohn’s disease. The diagnosis retained was isolated vulvar Crohn’s disease associated with axillary hidradenitis suppurativa. The patient was treated with tetracyclines combined with intravenous infliximab (5 mg/kg) and azathioprine (1.5 mg/kg/day).

Conclusions

This case illustrates that vulvar Crohn’s disease may occur in the absence of any gastrointestinal involvement and can be easily misdiagnosed, particularly as tuberculosis or hidradenitis suppurativa. The association with axillary HS is exceptionally rare and increases diagnostic complexity, since each condition is a differential diagnosis of the other.

In the absence of standardized therapeutic guidelines, management should be multidisciplinary, involving dermatologists, gastroenterologists, and gynecologists, and may require immunosuppressive therapy and anti–TNF agents in severe or associated cases.

Abstract N°: ID-1143

Topic: Acne and related disorders, hidradenitis suppurativa

A Clinical Case Series Report on the Adjunctive Improvement of Rosacea Using a Repair Cream Containing Ceramides and Soothing Compounds

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[1]Shanghai Corday Biotech Co.,Ltd, Shanghai, China

Introduction

Test Sample

A repair cream containing ceramides and soothing compounds.

Test Objective

To evaluate the safety and efficacy of the test sample in subjects with rosacea.

Materials and Methods

Subjects

Eight patients (7 females, 1 male) aged 26-47 years, clinically diagnosed with rosacea. Most patients presented with recurrent facial flushing accompanied by papules and pruritus, occasionally with sensations of burning or pustules. Among the eight patients, two had a history of medication use or photoelectric therapy, such as oral isotretinoin or pulsed laser treatment.

Test Protocol

Based on the clinical subtype and severity of rosacea, physicians administered corresponding treatment regimens. In addition to the primary treatment, the repair cream containing ceramides and soothing compounds was applied twice daily (morning and evening) for 28 consecutive days, during which no other functional skincare products were used. Assessments were conducted on Day 0, Day 14, and Day 28, recording clinical photographs, VISIA images, and other instrumental data before, during, and after use. Among the eight cases, three physicians (38%) employed the repair cream as monotherapy for patients with mild-to-moderate symptoms. Five physicians (62%) used it in combination with systemic medication or photoelectric therapy for patients with moderate-to-severe symptoms. In the combination therapy groups, primary interventions included oral medications (e.g., doxycycline, minocycline) or photoelectric therapy (e.g., M22). Within the combined medication subgroups, two cases involved oral medication only, while two cases involved both oral and topical medications.

Test Sample Usage Method

After cleansing each morning and evening, apply evenly to the entire face twice daily for 28 consecutive days.

Table 1. Gender Distribution of Patients

Gender	Male	Female	Total
Number of Cases (n)	1	7	8

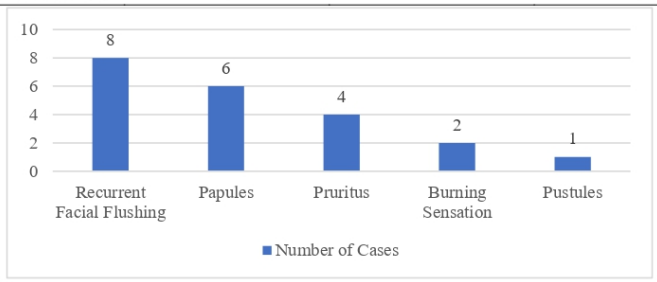

Figure 1. Facial Symptom History of Patients

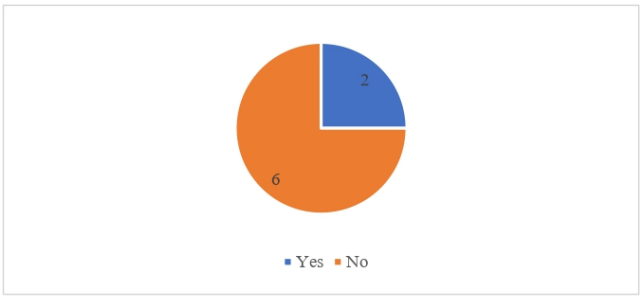

Figure 2. History of Medication or Photoelectric Therapy

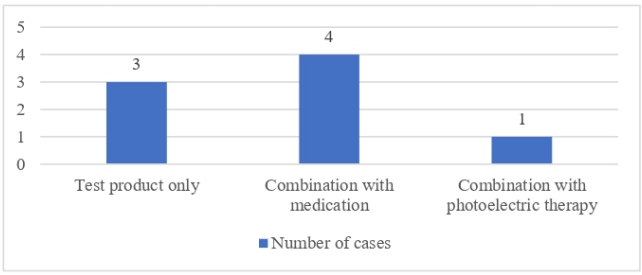

Figure 3. Types of Treatment Protocols

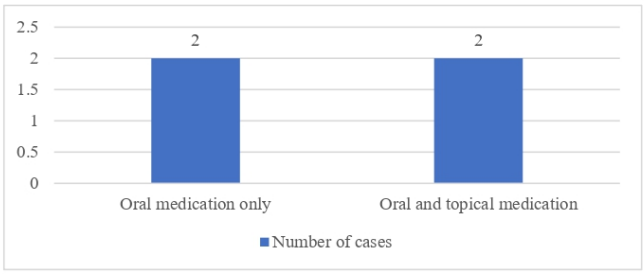

Figure 4. Usage of Combination Medications

Results

Analysis of eight clinical cases suggests that a multi-target repair cream containing ceramides and soothing compounds can effectively alleviate symptoms in mild-to-moderate rosacea as monotherapy. For example, 28-day exclusive use in one case improved facial erythema and telangiectasia, reducing the erythema A-value from 11.32 to 9.56 with good tolerability. This effect may stem from the synergy of long-chain ceramides for barrier repair, a redness-relieving peptide for neurovascular modulation, and azelamide MEA for anti-inflammatory action.

For patients with more severe inflammation, papulopustular lesions, or refractory erythema, combination with systemic/topical medication (e.g., minocycline) was necessary. In such regimens, the cream provided adjunctive benefits

including rapid relief of burning/pruritus and mitigation of drug-related dryness.
In patients undergoing photoelectric therapy (e.g., M22), concomitant use alleviated post-procedural dryness and tightness, potentially enhancing efficacy and reducing erythema through its soothing properties. Long-term management should include consistent use of such barrier-repairing products alongside patient education on lifestyle factors to consolidate outcomes and reduce relapse, supporting a "treatment–repair–maintenance" approach.

Conclusions

In summary, the treatment of rosacea should be individualized based on clinical subtype and disease severity. For mild-to-moderate patients, monotherapy with a multi-target barrier-repair product can effectively improve erythema, soothe sensitivity, and repair the skin barrier. For patients with active inflammation or moderate-to-severe disease, combination with oral medication or photoelectric therapy is necessary to achieve rapid symptom control and consolidate efficacy.

Abstract N°: ID-1144

Topic: Acne and related disorders, hidradenitis suppurativa

Recalcitrant secondary scrotal edema and elephantiasis in hidradenitis suppurativa effectively treated with acitretin

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Results

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory disorder of the follicular unit that predominantly affects intertriginous areas and significantly affects morbidity. Common presentation of HS includes recurrent nodules, abscesses, sinus tract formation, and scarring, but rare side effects and associations such as secondary scrotal edema and elephantiasis are an underrecognized complication.

We present a rare case of HS-induced secondary scrotal edema in a male patient referred to our clinic by a urologist. The patient presented with palpable nodules in the inguinal region, accompanied by gigantic swelling of the scrotum and penis that increased his scrotum size three-fold. He reported a low-grade fever ranging from 37.2°C to 38.4°C. Comprehensive infectious workup was performed. Serological testing for HIV, hepatitis B virus, hepatitis C virus, and Treponema pallidum were negative. The STD panel was negative, TPHA and VDRL tests were non-reactive, and a PCR genital panel yielded negative results. Further diagnostic evaluation excluded lymphoproliferative disease as a potential etiology. Ultrasound examination revealed scrotal edema measuring 34x14 mm on the right side and 36×12 mm on the left side. In both inguinal regions, several enlarged, round, hypoechoic lesions were observed. Multiple enlarged lymph nodes (up to 15 mm) with hyperechogenic and thickened cortex were detected, with the largest diameter 28×9 mm on the right and 24×8 mm on the left. The findings were consistent with inflammatory changes in HS. Based on clinical, radiological, and laboratory findings, genital lymphedema (elephantiasis) was considered most likely secondary to lymphatic obstruction caused by the patient's underlying HS. Systemic therapy (clindamycin 300 mg BID and rifampicin 300 mg BID) was initiated in accordance with established guidelines for twelve weeks. Topical therapy included wound care and clindamycin 1% applied twice daily. Only mild clinical improvement was observed, so the patient's therapy was switched to 50mg acitretin QD (0.5 mg/kg), which led to palpable clinical improvement. The patient experienced a notable increase in functionality and a dramatic improvement in everyday life was documented. Progressive improvement of genital lymphedema was observed at each follow-up visit, and after nine months of acitretin therapy, the patient demonstrated marked improvement and almost full regression. In our case, acitretin proved to be significantly more effective and beneficial than first line treatment of prolonged oral antibiotic therapy, and prevented the need for surgical intervention.

Elephantiasis and scrotal edema has been a recognized complication of inguinal node irradiation, filarial infection, tumor involvement, and surgical lymphatic destruction, but it is very rare, unknown to most dermatologists with only few cases being reported in literature. This case demonstrates severe genital lymphedema and elephantiasis as a rare but debilitating complication of long-standing HS. Chronic inflammation, recurrent infection, and secondary lymphatic obstruction may result in progressive scrotal and penile edema, mimicking infectious, lymphoproliferative disease and other potential aetiologies and we believe it is important to remember that this deformity is a potential consequence of untreated, chronic inguinal HS and results in psychological disturbances, social isolation, and functional impairment. This case study revealed that acitretin represents an effective alternative treatment option for secondary genital lymphedema and elephantiasis associated with HS, emphasizing the importance of a multidisciplinary therapeutic approach. Further prospective studies are needed to evaluate acitretin's effectiveness for this rare side effect and presentation.

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Abstract N°: ID-1171

Topic: Acne and related disorders, hidradenitis suppurativa

Impact of hidradenitis suppurativa on patients' quality of life: A moroccan study of 15 cases

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Introduction
Hidradenitis suppurativa, also known as Verneuil's disease, is a chronic, painful inflammatory skin disorder characterized by recurrent and often mutilating lesions, leading to a significant impairment in patients' quality of life. Due to its prolonged course, associated pain, suppuration, and its psychological and social impact, this condition ranks among the dermatologic diseases with the most severe effect on quality of life. The aim of this study was to assess the impact of hidradenitis suppurativa on the quality of life of patients followed in a Moroccan hospital setting.

Materials and Methods
This was a cross-sectional descriptive study including 15 patients with hidradenitis suppurativa, followed in the dermatology department between 2014 and January 2026. The diagnosis was clinical. Quality of life was assessed using the Dermatology Life Quality Index (DLQI). Sociodemographic, clinical, disease course, and therapeutic data were analyzed descriptively and expressed as means and percentages.

Results

The study included 15 patients with hidradenitis suppurativa followed in the dermatology department from 2014 to January 2026. A clear male predominance was observed, with 80% men (n = 12) and 20% women (n = 3). Most patients were young adults and had a prolonged disease course, as 73% (n = 11) had been affected for more than five years, reflecting the chronic nature and often delayed diagnosis of hidradenitis suppurativa. Clinically, moderate to severe forms according to the Hurley classification predominated, observed in 66.7% of patients (n = 10), while 33.3% (n = 5) had mild forms. Multiple anatomical sites were involved in 60% of patients (n = 9).

Quality of life assessment using the DLQI revealed significant impairment in all patients. A major to extremely severe impact on quality of life, defined as a DLQI score above 10, was observed in 86.7% of patients (n = 13). Specifically, 53.3% of patients (n = 8) had a very significant impact with DLQI scores between 11 and 20, while 33.4% (n = 5) had an extremely severe impact with DLQI scores above 20. Only 13.3% of patients (n = 2) experienced a moderate impact. The most affected domains included pain and discomfort, reported by 93% of patients, interference with daily activities in 80% of cases, disruption of social and professional relationships in 66.7%, and psychological impact with feelings of shame or isolation in 60% of cases. Greater impairment of quality of life was primarily associated with moderate to severe clinical forms, multifocal lesions, and longer disease duration.

Conclusions
Hidradenitis suppurativa is a severe chronic condition that leads to a major impairment in quality of life, as reflected by the significantly elevated DLQI scores in this series of 15 patients followed up until January 2026. Systematic assessment of quality of life should be an integral part of the management of patients with Verneuil's disease. A comprehensive approach—including medical treatment, surgical intervention when necessary, psychological support, and patient education—appears essential to improve both patients' experience and their functional prognosis.

Abstract N°: ID-1180

Topic: Acne and related disorders, hidradenitis suppurativa

Hidradenitis Suppurativa: Addressing the Unmet Need with Emerging Biologics and JAK Inhibitors

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Introduction
Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin disorder associated with significant physical and psychosocial burden. Current therapeutic options are limited, and many patients experience inadequate disease control. Adalimumab remains the only approved biologic, yet response rates are often suboptimal. This underscores an urgent unmet clinical need and drives the exploration of novel targeted therapies. The aim of this review is to highlight recent therapeutic advances in HS, focusing on emerging biologics and Janus kinase (JAK) inhibitors.

Materials and Methods
A systematic search and critical analysis of original research articles and high-quality reviews published over the past five years was conducted using PubMed, Scopus, ScienceDirect, and Elsevier. Only evidence-based, peer-reviewed clinical studies were included.

Results
Recent advances in the understanding of HS pathogenesis have identified multiple therapeutic targets, including TNF-α, IL-17, IL-1, and the JAK/STAT pathway. Investigational biologics include IL-17 inhibitors (e.g., secukinumab, bimekizumab), IL-1 inhibitors (e.g., anakinra, bermekimab), and anti-IL-36 agents. JAK inhibitors (e.g., upadacitinib, tofacitinib) have demonstrated potential in early-phase trials by modulating several inflammatory pathways. These agents offer a promising alternative for patients with inadequate response to conventional treatment.

Conclusions
Emerging biologics and JAK inhibitors represent a new therapeutic horizon in HS management. While adalimumab remains the only approved biologic, investigational therapies targeting distinct immunological pathways may offer improved efficacy and disease control. Further randomized controlled trials are needed to validate their long-term safety and effectiveness.

Abstract N°: ID-1233

Topic: Acne and related disorders, hidradenitis suppurativa

Impact of Hidradenitis Suppurativa on Patients' Sexual Life

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Introduction

Hidradenitis suppurativa is a chronic, recurrent inflammatory skin disease characterized by painful, suppurative, and often mutilating lesions, preferentially affecting areas rich in apocrine glands, which are frequently involved in bodily intimacy.
While its impact on overall quality of life is now well established, the specific effect on sexual life remains insufficiently explored. Chronic pain, suppuration, scarring, and impaired body image are major factors likely to alter sexuality and psychosexual well-being.
The aim of this study was to assess the impact of hidradenitis suppurativa on the sexual life of patients followed at the Dermatology Department of CHU Mohammed VI of Oujda.

Materials and Methods

This was a retrospective, descriptive, single-center study conducted at the Dermatology Department of CHU Mohammed VI of Oujda between June 2014 and January 2026. All hospitalized patients with hidradenitis suppurativa who reported being sexually active at the time of evaluation were included.
Sexual impairment was assessed using validated questionnaires: the Female Sexual Function Index (FSFI) for women and the International Index of Erectile Function (IIEF-5) for men.

Results

Fifteen patients with hidradenitis suppurativa were included. Three patients (20%) were female and twelve (80%) were male, with a male-to-female ratio of 4. The mean age was 35 ± 8 years. All included patients reported sexual activity at the time of evaluation.
Impaired sexual life was identified in 12 patients (80%).

Among women, assessment using the Female Sexual Function Index revealed global sexual dysfunction in all three patients (100%). The most frequently affected domains were desire, arousal, and overall satisfaction. Patients reported a marked decrease in sexual desire, mainly related to pain during intercourse, functional discomfort caused by lesions, and altered body image.

Among men, evaluation with the International Index of Erectile Function showed erectile dysfunction in 9 patients (75%). Erectile dysfunction was mild to moderate in 7 cases (58.3%) and severe in 2 cases (16.7%). A reduced frequency of sexual intercourse was reported by 10 patients (83.3%), and decreased overall sexual satisfaction by 9 patients (75%). The main limiting factors identified were pain during intercourse, chronic suppuration, fear of unpleasant odors, and discomfort related to genital or perineal lesions.

A more pronounced sexual impact was observed in patients with moderate to severe clinical forms according to the Hurley classification, found in 10 patients (66.7%). These patients more frequently reported severe impairment of sexuality, particularly in cases involving multiple anatomical sites and chronic disease without sustained remission.

Conclusions

Hidradenitis suppurativa leads to significant impairment of sexual life in the majority of patients, closely correlated with disease severity. Systematic assessment of sexual health using validated tools should be integrated into the comprehensive management of patients with hidradenitis suppurativa to improve their well-being and overall quality of life.

Abstract N°: ID-1236

Topic: Acne and related disorders, hidradenitis suppurativa

Mutilating Scars and Body Image in Hidradenitis Suppurativa

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[1]Department of Dermatology, Venereology and Allergology, Mohammed VI University Hospital, Oujda, Morocco, Department of Dermatology, Venereology and Allergology, oujda, Morocco

Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease that evolves toward recurrent lesions responsible for often extensive and mutilating scars. While the overall impact of the disease on quality of life is well established, the specific effect of scarring sequelae on body image remains insufficiently studied.
HS scars, due to their permanent nature, extent, and sometimes visible or intimate localization, can durably alter the perception of physical appearance and promote social discomfort, relational isolation, and decreased self-esteem. The aim of this study was to evaluate the role of mutilating scars in the impairment of body image among patients with HS.

Materials and Methods

This is a retrospective, descriptive, single-center study including 15 patients hospitalized for hidradenitis suppurativa at the Dermatology Department of CHU Mohammed VI of Oujda. The analysis focused on the characteristics of sequelae scars, their localization, and their impact on body image, indirectly assessed using the DLQI score and psychosocial complaints expressed by patients. Disease severity was assessed using the Hurley classification.

Results

The series included 15 patients, 12 men (80%) and 3 women (20%), with a mean age of 43 years. The mean duration of hidradenitis suppurativa was 9 years, reflecting a long-standing and chronic disease.
Sequelae scars were present in all patients (100%). Bridging or cord-like scars were the most frequent, observed in 12 patients (80%). Atrophic and retractile scars were found in 11 patients (73%), often responsible for marked local deformities. Extensive dyschromic scars affected 10 patients (67%), while hypertrophic scars were noted in 5 patients (33%).
Scar locations were mainly axillary in 12 patients (80%), followed by inguinal and perineal regions in 9 patients (60%) and the gluteal region in 7 patients (47%). Scars located in visible areas, particularly the face or scalp, were observed in 4 patients (27%).
Impaired body image was reported by 13 patients (87%). This impairment manifested as persistent aesthetic discomfort, difficulty exposing certain body areas, and a lasting negative perception of physical appearance. Eight patients (53%) reported avoiding certain social or relational activities because of the appearance of their scars.
The mean DLQI score was 18, indicating a very large to extremely large impact on quality of life. Eleven patients (73%) had a DLQI ≥ 16. Patients with Hurley stage III HS presented the most extensive scars as well as the most severe impairment of body image.

Conclusions

Mutilating scars of hidradenitis suppurativa represent a major determinant of impaired body image and psychosocial burden. In our series, scars were constant and associated with significant aesthetic discomfort, frequent social avoidance, and a marked reduction in quality of life.
Comprehensive management of hidradenitis suppurativa, integrating the prevention of scarring sequelae and appropriate psychological support, appears essential to improve patients' lived experience.

Abstract N°: ID-1239

Topic: Acne and related disorders, hidradenitis suppurativa

Diagnostic Delay in Hidradenitis Suppurativa: A Major Clinical Challenge

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Introduction

Hidradenitis suppurativa is a chronic, recurrent inflammatory skin disease that preferentially affects intertriginous areas. Despite well-defined clinical diagnostic criteria, this condition remains frequently underrecognized and often confused with common infectious skin disorders. This lack of awareness leads to prolonged diagnostic delay, resulting in delayed management, disease progression, and a significant impact on quality of life.
The aim of this study was to analyze diagnostic delay and the healthcare pathway of patients hospitalized for hidradenitis suppurativa at CHU Mohammed VI of Oujda.

Materials and Methods

This was a retrospective, descriptive, single-center study conducted at the Dermatology Department of CHU Mohammed VI of Oujda between June 2014 and January 2026. All patients hospitalized for clinically confirmed hidradenitis suppurativa were included. Collected data included diagnostic delays, medical consultations prior to diagnosis, initial suspected diagnoses, prescribed treatments, and disease severity according to the Hurley classification.

Results

Fifteen patients hospitalized for hidradenitis suppurativa were included, all presenting with a chronic course of the disease at the time of hospitalization (100%). The mean delay between the onset of the first lesions and the first medical consultation was 11 ± 5 months (range: 2–24 months). In contrast, the mean time to establish a definitive diagnosis of hidradenitis suppurativa was markedly longer, reaching 7.6 ± 3.4 years (range: 1–25 years). All patients experienced a diagnostic delay greater than one year (100%), and a delay exceeding five years was observed in 11 patients (73%).

Before diagnosis, most patients consulted several healthcare professionals. Twelve patients consulted at least two healthcare providers prior to diagnosis (80%), and eight patients consulted three or more specialists (53%). The first medical consultation was with a general practitioner in six patients (40%) and with a dermatologist in seven patients (47%), while a surgeon was the first consultant in one patient (7%) and a traditional healer in one patient (7%).

Initial suspected diagnoses were predominantly common infectious or inflammatory conditions. Recurrent furunculosis was diagnosed in eight patients (53%), simple cutaneous abscesses in five patients (33%), ano-perineal infections in four patients (27%), and pilonidal sinus in three patients (20%). Several incorrect diagnoses were often successively proposed for the same patient.

These diagnostic errors led to inappropriate initial management, mainly consisting of repeated short courses of systemic antibiotics in 12 patients (80%), isolated surgical drainage or local excisions in five patients (33%), and the use of topical antiseptic or antibiotic treatments alone in six patients (40%). The use of traditional treatments was reported by two patients (13%).

A definitive diagnosis of hidradenitis suppurativa was established during a specialized dermatology consultation in all patients (100%). At the time of diagnosis, six patients had moderate disease corresponding to Hurley stage II (40%), and nine patients had severe disease corresponding to Hurley stage III (60%). No patient was diagnosed at an early stage of the disease (0%). The mean number of affected anatomical sites was 3.9 ± 1, reflecting the impact of diagnostic delay on

clinical severity.

Conclusions

Diagnostic delay in hidradenitis suppurativa is frequent and prolonged, favoring progression to severe disease forms. Increased awareness among first-line healthcare providers and early referral to specialized dermatological care are essential to reduce diagnostic delay and improve patient prognosis and quality of life.

Abstract N°: ID-1286

Topic: Acne and related disorders, hidradenitis suppurativa

Safety and Efficacy of Cold Atmospheric Plasma for the Treatment of Acne Vulgaris: A Systematic Review and Meta-Analysis

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Introduction

Cold atmospheric plasma (CAP) therapy utilizes air, argon, or helium to generate a partially ionized gas containing reactive oxygen and nitrogen species (ROS/RNS), ultraviolet radiation, and photons. ROS/RNS suppress pro-inflammatory cytokines through disruption of the NF-κB pathway and the Th17/IL-23 axis, while reducing microbial colonization, including Staphylococcus aureus and Propionibacterium acnes, via bacterial cell wall disruptions. Given the implications in inflammatory dermatoses, this systematic review examined prospective controlled trials assessing CAP therapy for acne vulgaris.

Materials and Methods

EMBASE, SCOPUS, and PubMed were systematically searched from inception to July 2025. Prospective controlled trials comparing standard topical treatments for acne vulgaris, such as benzoyl peroxide, adapalene, or clindamycin, with CAP combined with topical treatments were included. A binary outcome meta-analysis was performed using complete and partial clinical responses, defined as total clearance and a ≥50% reduction in acne lesions, respectively.

Results

Five studies comprising 852 patients with mild-moderate acne were included (Figure 1). 33.6% of the patients were treated with standard topical therapy, 33.0% with CAP monotherapy, and 33.5% with CAP as adjunctive therapy, with a mean follow-up of five weeks. CAP used in combination with topical therapy was associated with significantly higher odds of achieving a complete clinical response compared to standard topical monotherapy (OR 4.14% CI 2.64-6.47, $p < 0.0001$; $I^2 = 0\%$, $Q = 2.78$). Fewer adverse events were reported in patients receiving CAP combined with topical therapies (7.9%), including erythema (2.3%), lichenification (1.3%), and burning sensation (1.3%), than in patients receiving the standard topical monotherapy (14.7%). No adverse events were reported with the CAP monotherapy group.

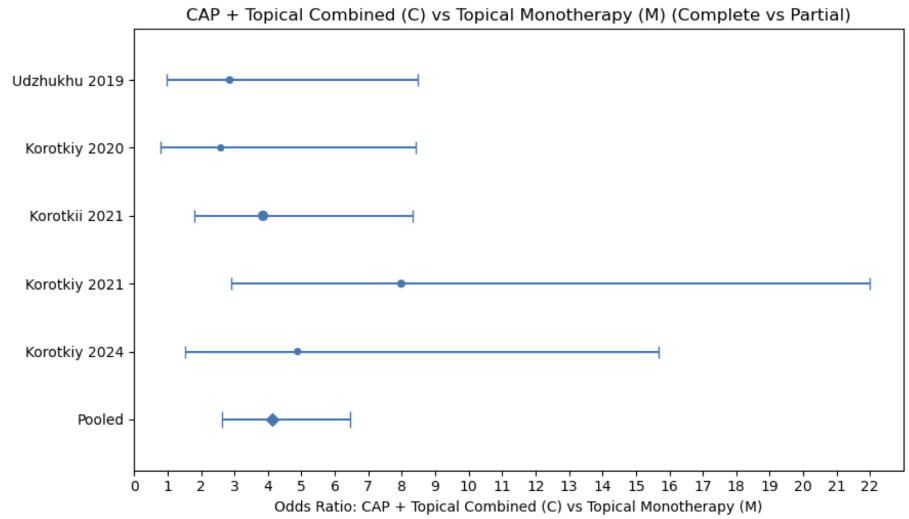

Figure 1: Forest plot comparing clinical responses of patients treated with cold atmospheric plasma and topical combination therapy with standard topical monotherapy.

Conclusions

This study demonstrated that CAP is well-tolerated and can be successfully utilized as either monotherapy or in combination with common topical therapies for acne vulgaris. However, the application of this technique in managing inflammatory dermatoses is limited by lack of consensus on treatment duration, dosing protocol, accessibility, and long-term safety data. Future research should examine the efficacy of CAP monotherapy using placebo-controlled designs and with longer follow-up durations to assess recurrence.

Abstract N°: ID-1293

Topic: Acne and related disorders, hidradenitis suppurativa

Immunogenicity and Therapeutic Drug Monitoring of Anti–TNF Therapy in Hidradenitis Suppurativa: A Retrospective Cohort Study

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Introduction

Anti–tumor necrosis factor (TNF) biologics are cornerstone therapies for moderate-to-severe hidradenitis suppurativa (HS). However, long-term treatment durability is frequently limited by suboptimal response and secondary loss of efficacy. Immunogenicity-manifested by reduced drug exposure and the development of anti-drug antibodies-may contribute to treatment failure. Despite this, integrated real-world data evaluating immunogenicity across anti-TNF agents in large HS cohorts remain limited. Therefore, we aimed to characterize the prevalence, timing, and clinical impact of immunogenicity to anti-TNF therapy, including adalimumab and infliximab, in patients with HS within a retrospective Mayo Clinic cohort. Additionally, we sought to evaluate the role of therapeutic drug monitoring (TDM) in distinguishing pharmacokinetic underexposure from immunogenic treatment failure and to assess its association with clinical response in HS.

Materials and Methods

We conducted a retrospective cohort study of 186 patients with HS treated with adalimumab (n = 131) or infliximab (n = 55) at a tertiary referral center who underwent serum trough drug level and anti-drug antibody testing. Clinical response was categorized as optimal response, primary suboptimal response, or secondary loss of response. Associations between drug exposure, immunogenicity, and clinical outcomes were evaluated.

Results

Across the overall anti-TNF cohort, lower trough drug exposure was associated with suboptimal clinical response. Anti-adalimumab antibodies (AAA) were detected in 38.9% of adalimumab-treated patients, with a median time to detection of 15.3 months; 68.6% developed AAA within the first two years of therapy. AAA positivity was associated with poorer clinical response. Older age at adalimumab initiation, more advanced Hurley stage, and greater systemic inflammatory burden were associated with increased risk of AAA development.

Among infliximab-treated patients, anti-infliximab antibodies (AIA) were detected in 21.8% of patients and occurred exclusively in those with suboptimal clinical response, most frequently among patients with secondary loss of response (52.9%). Prior exposure to adalimumab was not associated with an increased risk of AIA formation.

In addition, among adalimumab-treated patients, we constructed a risk score to estimate the likelihood of anti-adalimumab antibody (AAA) development. The score was derived from clinically relevant variables, including neutrophil-to-lymphocyte ratio (NLR), age at adalimumab initiation, and Hurley stage. Based on coefficients from the multivariable Cox model, the AAA risk score was defined as:

AAA risk score = (0.348 × standardized NLR) + (0.010 × age at adalimumab initiation) + (0.517 × Hurley stage III).

The risk score demonstrated moderate discrimination and allowed stratification of patients according to AAA risk, with

differences in AAA-free survival observed across risk groups.

Conclusions

In this cohort, immunogenicity to anti-TNF therapy was common and closely associated with reduced drug exposure and treatment failure in patients with hidradenitis suppurativa. Both anti-drug antibody formation and pharmacokinetic underexposure contributed to suboptimal clinical response and secondary loss of efficacy across anti-TNF agents. Importantly, therapeutic drug monitoring enabled differentiation between immunogenic treatment failure and non-immune–mediated underexposure, providing actionable insights for clinical decision-making. Together, these findings support a therapeutic drug monitoring–informed clinical framework to guide biologic dose optimization, dosing interval adjustment, and timely therapeutic transitions. Adoption of this individualized approach may improve long-term treatment durability and clinical outcomes in patients with HS receiving anti-TNF therapy.

Abstract N°: ID-1345

Topic: Acne and related disorders, hidradenitis suppurativa

Systematic Review of Vascular Lasers for the Treatment of Inflammatory Active Acne Vulgaris

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Introduction

Acne vulgaris is a widespread inflammatory skin condition that affects many adolescents and adults, often resulting in psychological and emotional distress. Traditional treatments often face challenges like side effects and resistance, leading to the exploration of alternative therapies such as vascular lasers. This review aims to evaluate the efficacy, safety, and outcomes of vascular laser treatments (including IPL, PDL, and Nd:YAG) for managing inflammatory acne vulgaris lesions.

Materials and Methods

A systematic review was conducted following PRISMA guidelines. Relevant studies published between 2010 and 2024 were retrieved from databases including PubMed, Scopus, and Web of Science. Only randomized controlled trials and comparative studies in English were included. Data extraction focused on treatment parameters, patient demographics, treatment outcomes, and adverse effects. The quality of studies was assessed using the Cochrane ROB 2 tool.

Results

Out of 904 initially retrieved studies, 32 met the inclusion criteria, involving a total of 1,520 patients. The studies examined Intense Pulsed Light (IPL), Pulsed Dye Laser (PDL), and Neodymium-Doped Yttrium Aluminum Garnet (Nd:YAG) lasers. IPL showed lesion reductions between 42.4% and 61.56%, while PDL achieved reductions of up to 82.5%. Combination therapies, such as PDL/Nd:YAG, showed reductions as high as 83.5%. Fractional CO_2 lasers provided 87.94% improvement, with results sustained over time. Red light photodynamic therapy (PDT) outperformed IPL-PDT, achieving a reduction of 85.5%. Adverse effects were typically mild, including erythema and transient pain, with severe side effects being rare.

Conclusions

Vascular lasers, including IPL, PDL, and Nd:YAG, offer significant efficacy and safety in treating inflammatory acne vulgaris. Combination therapies and fractional CO_2 lasers demonstrate even better outcomes. Despite mild adverse effects, these therapies provide effective alternatives for managing acne lesions, though further standardization and large-scale trials are needed to optimize treatment protocols and ensure consistent long-term results.

Abstract N°: ID-1383

Topic: Acne and related disorders, hidradenitis suppurativa

Comparative treatment persistence of adalimumab versus infliximab in hidradenitis suppurativa: a real-world survival analysis

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease frequently requiring biologic therapy. Tumor necrosis factor-α (TNF-α) inhibitors are commonly used; however, comparative real-world evidence on long-term treatment persistence between agents remains limited. We compared treatment persistence of infliximab versus adalimumab among adults with HS in routine clinical practice

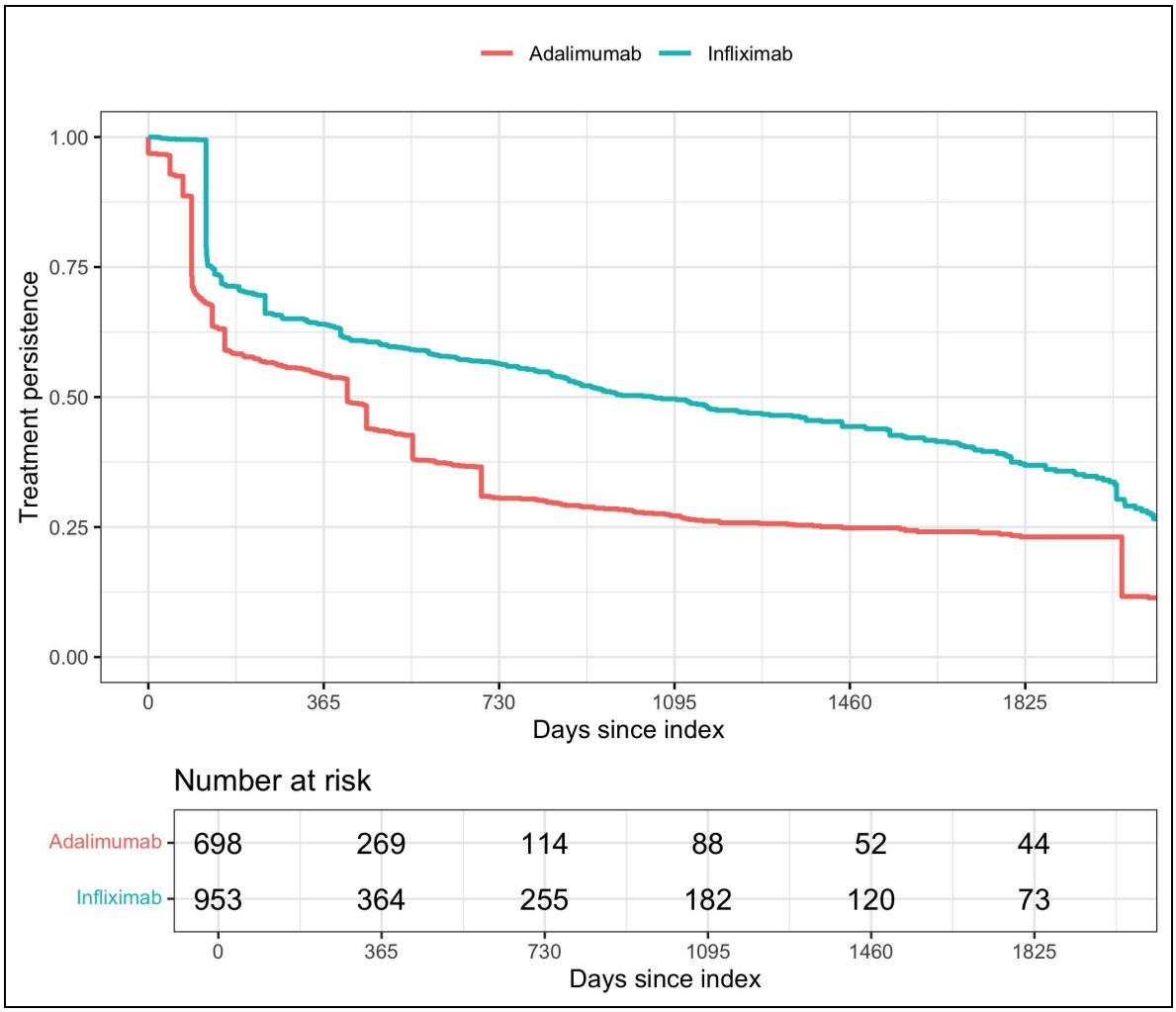
Materials and Methods
We conducted a retrospective observational cohort study using longitudinal electronic health record data from a single large U.S. academic health system. Adults with clinician-documented HS initiating adalimumab or infliximab were included using a new-user, single-episode design, with ≥12 months of pre-index observability. The primary outcome was treatment persistence, defined as time from TNF-α inhibitor initiation to discontinuation, operationalized as absence of further records beyond a prespecified grace period (adalimumab 90 days; infliximab 120 days) or switching to another biologic agent.

The primary estimand was the average treatment effect on persistence. Inverse probability of treatment weighting (IPTW) with stabilized weights was used to balance baseline covariates, including demographics, disease duration, severity proxy, comorbidities, calendar year, and smoking status. Treatment persistence was evaluated using IPTW-weighted Kaplan-Meier curves. Restricted mean survival time (RMST) differences at prespecified time horizons were estimated due to non-proportional hazards. Secondary analyses included doubly robust and overlap-weighted models.

Results
The analytic cohort included 1,785 adults with hidradenitis suppurativa initiating adalimumab (n=707) or infliximab (n=1,078). Inverse probability of treatment weighting achieved adequate balance across baseline covariates.

In IPTW-adjusted analyses, infliximab demonstrated longer treatment persistence than adalimumab. At 2,000 days, persistence was 33.7% for infliximab and 23.1% for adalimumab, corresponding to a restricted mean survival time difference of 317 days (95% CI 60-613). Consistent results were observed across alternative estimands, including doubly robust and overlap-weighted analyses. The IPTW Cox model showed a lower hazard of treatment discontinuation with infliximab compared with adalimumab (hazard ratio 0.54; 95% CI 0.35-0.83). Evidence of time-varying treatment effects supported the use of RMST as the primary summary measure.

Most discontinuations occurred without switching to another biologic (90%), and switching was less frequent after infliximab initiation (6%) than adalimumab (14%), indicating that switching patterns did not account for observed differences in persistence.



Inverse probability of treatment weighted (IPTW) Kaplan-Meier curves comparing treatment persistence among adults with hidradenitis suppurativa initiating infliximab versus adalimumab. Weights were stabilized to estimate the average treatment effect (ATE) and truncated at the 99th percentile.Treatment persistence was defined as time from TNF-α inhibitor initiation to treatment discontinuation, where discontinuation was defined as the earliest occurrence of: (1) absence of further records for the index TNF-α inhibitor beyond a prespecified grace period (adalimumab: 90 days; infliximab: 120 days), or (2) initiation of a different biologic therapy. Patients were censored at the last observed TNF-α inhibitor activity plus the prespecified grace period. Curves were truncated at 2000 days due to limited follow-up beyond this time point. Numbers at risk represent unweighted counts.

Conclusions

In this real-world cohort of adults with HS, infliximab demonstrated substantially longer treatment persistence than adalimumab after accounting for confounding and non-proportional hazards. The magnitude and consistency of this persistence advantage across multiple analytic approaches indicate clinically meaningful differences in long-term TNF-α inhibitor durability, supporting consideration of infliximab when sustained treatment persistence is a priority in HS management. Further studies are needed to clarify drivers of biologic discontinuation and to guide personalized biologic selection in HS.

Abstract N°: ID-1396

Topic: Acne and related disorders, hidradenitis suppurativa

Safety and efficacy of GLP-1-based therapies in Hidradenitis Suppurativa: A Systematic Review and Meta-analysis

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing immune-mediated inflammatory skin disease (IMID) characterized by painful nodules, abscesses, and draining tunnels in intertriginous areas, leading to substantial morbidity and impaired quality of life. [1, 2] Obesity and metabolic dysfunction (including insulin resistance and hyperglycemia) are common in HS and are associated with greater disease burden.[3] Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) and dual GIP/GLP-1 RAs improve weight and glycemic control and may exert anti-inflammatory effects, making them plausible adjunctive therapies in HS.[4] We conducted a systematic review and meta-analysis to evaluate the efficacy and safety of GLP-1–based therapies in HS.

Materials and Methods

This systematic review and meta-analysis followed PRISMA 2020 and Cochrane guidance and was registered prospectively (PROSPERO: CRD420251156865). MEDLINE (PubMed), Embase, Web of Science Core Collection, Scopus, and Cochrane CENTRAL were searched on December 13, 2025. We included randomized and nonrandomized studies (including case reports/series and conference abstracts with extractable data) enrolling HS patients treated with GLP-1 RAs or dual GIP/GLP-1 RAs, with or without comparators. Outcomes included disease activity improvement, Dermatology Life Quality Index (DLQI), pain (NRS/VAS), changes in weight and body mass index (BMI), metabolic/inflammatory markers, and adverse events.

Results

Seventeen studies were included in qualitative synthesis and nine contributed to quantitative analyses. GLP-1–based therapy was associated with disease activity improvement, with a pooled proportion of 60% (95% CI, 0.50–0.70). Four studies (n=126) reported DLQI: in the primary analysis, DLQI decreased by 5.90 points (95% CI, −12.98 to 1.17). In sensitivity analysis excluding the dual GIP/GLP-1 study, DLQI improved by 4.00 points (95% CI, −6.02 to −1.98), representing a statistically significant and clinically meaningful reduction. Pain outcomes (4 studies, n=136) showed a similar pattern, becoming statistically significant after excluding the same study (−1.87; 95% CI, −3.06 to −0.68). Weight, BMI, and metabolic and inflammatory markers (including HbA1c and CRP) generally improved. Safety reporting was sparse; only one study reported treatment-emergent adverse events quantitatively (5% constipation).

Conclusions

GLP-1–based therapies may improve HS disease activity, quality of life, and pain, with favorable effects on metabolic and inflammatory parameters, particularly in patients with obesity or metabolic comorbidities. Well-designed, large randomized trials are needed to confirm efficacy, and establish the safety and durability of benefit in hidradenitis suppurativa.

Abstract N°: ID-1406

Topic: Acne and related disorders, hidradenitis suppurativa

Association of Acne Vulgaris Severity with Inflammatory and Hematological Parameters

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Introduction

Acne vulgaris is a common chronic inflammatory skin disease affecting the pilosebaceous unit. Its pathogenesis involves increased sebaceous gland activity, abnormal follicular keratinization, *Cutibacterium acnes* colonization, and inflammatory responses. In recent years, growing evidence suggests that acne disease activity may be associated with systemic inflammation. Therefore, evaluating whether systemic inflammatory markers correlate with disease severity is important from both diagnostic and prognostic perspectives. In addition, chronic inflammation may lead to disturbances in iron metabolism, potentially resulting in anemia. Monitoring anemia-related parameters such as hemoglobin, hematocrit, and ferritin in acne patients may provide insight into the systemic effects of the disease. As inflammatory burden increases, changes in these parameters may occur, highlighting the importance of a holistic hematological assessment in acne management. This study aimed to investigate the relationship between disease severity and various inflammatory and hematological parameters in adult patients with acne vulgaris.

Materials and Methods

Seventy adult patients diagnosed with acne vulgaris in 2025 were included in the study. Patients with other chronic inflammatory dermatologic, infectious, or systemic diseases and those with incomplete laboratory data were excluded. Based on clinical evaluation, patients were divided into two groups: mild-to-moderate acne (Group 1, n = 35) and severe acne (Group 2, n = 35). Patients in the mild-to-moderate group required topical treatment and/or systemic antibiotics (doxycycline or azithromycin), whereas those in the severe acne group required systemic isotretinoin therapy. Demographic and clinical characteristics were recorded. Laboratory evaluations included anemia-related parameters [vitamin B12, folic acid, iron, total iron-binding capacity (TIBC), ferritin], inflammatory markers [C-reactive protein (CRP), serum amyloid A (SAA)], and complete blood count parameters [white blood cell count, neutrophils, lymphocytes, monocytes, platelets, and hemoglobin]. Statistical analysis was performed using SPSS version 26.0. Differences between groups were analyzed using the Mann–Whitney U test and Chi-square test. A p-value < 0.05 was considered statistically significant.

Results

A total of 70 adult acne vulgaris patients were included and categorized into mild-to-moderate (n = 35) and severe (n = 35) groups. Gender distribution was similar between groups (mild-to-moderate: 88.6% female; severe: 82.9% female), and no significant difference in age was observed. Laboratory analysis revealed that folic acid levels were significantly lower in the severe acne group (mild-to-moderate: 6.10 ± 2.49 µg/L; severe: 5.02 ± 2.08 µg/L; prevalence of low folic acid: 14.3% vs. 37.1%; p = 0.029). TIBC levels were significantly higher in patients with severe acne (mild-to-moderate: 358.80 ± 47.56 µg/dL; severe: 372.77 ± 54.41 µg/dL; 0% vs. 14.3%, p = 0.020). CRP levels were higher in the severe acne group, approaching statistical significance (mild-to-moderate: 1.60 ± 1.59 mg/L; severe: 3.10 ± 3.74 mg/L; 20% vs. 5.7%; p = 0.074). SAA levels were also higher in the severe group (13.67 ± 29.30 mg/L vs. 8.98 ± 7.75 mg/L); however, this difference was not statistically significant (p = 0.977).

Conclusions

The findings suggest that certain inflammatory and hematological parameters, particularly folic acid levels and total iron-binding capacity, may show significant alterations in patients with severe acne vulgaris, reflecting an increased systemic inflammatory burden. These parameters may serve as supportive biomarkers in the assessment of disease severity. Although elevated CRP levels also point toward systemic inflammation, larger-scale and prospective studies are required to confirm these findings.

Abstract N°: ID-1409

Topic: Acne and related disorders, hidradenitis suppurativa

Awareness of hidradenitis suppurativa in the German general population: a cross-sectional survey

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Introduction
Hidradenitis suppurativa (HS) is a debilitating, chronic inflammatory skin disease with severe impact on patient's quality of life. Patients additionally have to deal with a substantial diagnostic delay, which may be attributed to low disease awareness among both healthcare practitioners and the general public. Moreover, the stigma associated with the condition may prevent patients from seeking timely care, while the growing availability of digital and AI-supported tools is reshaping how individuals seek medical information. However, population-level data on HS awareness and digital search behavior remain scarce.

Materials and Methods
A representative cross-sectional study was conducted between November 5th and 8th 2025 surveying 2,000 participants in Germany. Demographic balance concerning gender and age was maintained through predefined quotas. Without naming the disease, participants were shown images with typical HS lesions accompanied by a brief symptom description (pain, discharge in axillary/inguinal regions). The survey explored the following key aspects: (1) knowledge of the terms hidradenitis suppurativa (HS) vs. acne inversa, (2) preferred search-modality (text- vs. image-based, conventional vs. AI-supported), (3) suspected causes and triggers, (4) self-reported disease exposure (personal or social circle). Multivariable logistic regression was used to identify predictors of disease awareness and knowledge gaps.

Results
Only 7.6 % recognized the term "hidradenitis suppurativa". Disease awareness was inversely associated with age, meaning younger participants had a higher awareness. Regarding search modalities, image-based search strategies were preferred over text-based ones and AI-supported search (text or image) was chosen by almost half of the participants. Image-based AI search was the single most common strategy in all demographic groups. Misconceptions regarding HS etiology were frequent: bacteria (48.6%), allergy (38.1%), sweating (37.6%), and poor hygiene (28.2%) were commonly assumed triggers, while established risk factors such as obesity (6.4%) and smoking (6.5%) were rarely identified. Age independently predicted failure to name any one of the established risk factors. A total of 7.2% reported being directly or indirectly affected and nearly one quarter suspected the disease in themselves or their personal environment.

Conclusions
Awareness of HS within the German population appears limited and shows a clear decline with increasing age. Incorrect assumptions about its causes remain common. In contrast, digital search behavior suggests a high level of openness

toward image-based and AI-assisted tools across all demographic strata. These observations point toward a pivotal role for targeted, visually oriented educational approaches that may support earlier recognition of symptoms and help address diagnostic delay.

Abstract N°: ID-1421

Topic: Acne and related disorders, hidradenitis suppurativa

Atypical facial involvement in dissecting cellulitis of the scalp: stepwise clinico-laboratory evaluation and therapeutic considerations

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Introduction

Dissecting cellulitis of the scalp (DCS) is a rare, chronic inflammatory disorder of the follicular occlusion spectrum and a cause of cicatricial alopecia. It typically affects the scalp and is histologically classified as a neutrophilic inflammatory alopecia. Facial involvement is exceptionally rare and may clinically mimic nodulocystic or conglobate acne, leading to diagnostic delay and inappropriate management. We present an atypical case emphasizing a structured, stepwise diagnostic approach and therapeutic decision-making.

Materials and Methods

A 19-year-old male with a history of pilonidal disease presented with patchy scarring alopecia of one-year duration and a recent acute flare of painful, boggy inflammatory plaques of the scalp with purulent discharge. Concomitant coalescent inflammatory nodules were observed on the forehead, cheeks, and temporal regions. A stepwise clinico-laboratory evaluation was performed, including: (i) comprehensive clinical examination to assess follicular occlusion spectrum disorders; (ii) microbiological cultures to exclude secondary infection; (iii) targeted skin biopsies from scalp and facial lesions with immunohistochemistry to address the differential diagnosis (acne conglobata/fulminans, folliculitis decalvans, acne keloidalis, infectious folliculitis, granulomatous dermatoses); and (iv) magnetic resonance imaging (MRI) to assess disease extent, severity, and exclude deep tissue involvement.

Results

MRI demonstrated extensive inflammatory infiltrates confined to the skin and subcutaneous tissue, measuring up to 10 cm, without evidence of osteomyelitis or deep extension. Histopathological examination revealed follicular occlusion and rupture, mixed inflammatory infiltrates with microabscess formation, foreign-body type granulomatous reaction, and fibrosis. Immunohistochemistry showed predominance of CD163-positive histiocytes with relatively limited neutrophilic infiltration, supporting a chronic granulomatous variant of DCS.
Adjunctive intra-procedural documentation during biopsy provided dynamic visualization of marked dermo–subcutaneous dissociation and associated fat necrosis, further supporting the severity and depth of the inflammatory process.
Treatment with combined topical and intralesional therapy, plus short courses of systemic corticosteroids and doxycycline, resulted in marked clinical improvement. Within the context of the follicular occlusion spectrum, therapeutic strategies commonly used in hidradenitis suppurativa—such as oral isotretinoin, clindamycin–rifampicin combinations, and biologic agents—may represent rational escalation options in selected refractory cases.

Conclusions

This case highlights the diagnostic complexity of dissecting cellulitis presenting with atypical facial involvement and underscores the value of a stepwise clinico-laboratory and imaging-based approach. MRI proved useful for objective assessment of disease extent and severity, which may be underestimated on clinical examination alone. Recognition of overlapping features within follicular occlusion disorders may guide appropriate therapeutic escalation and improve management of complex or refractory cases.

Abstract N°: ID-1474

Topic: Acne and related disorders, hidradenitis suppurativa

Mental Health and Sexual Function Monitoring in Isotretinoin Therapy: Seven-Month Review from a Specialist Clinic

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Introduction

In October 2023, the UK Medicines and Healthcare products Regulatory Agency (MHRA) introduced strengthened safety requirements for isotretinoin prescribing, prompted by concerns regarding potential psychiatric and sexual adverse effects. These measures mandate baseline mental health assessment prior to treatment initiation, ongoing monitoring during therapy, enhanced documentation of psychiatric risk discussions, and closer surveillance of sexual function. This review summarises early outcomes from a Scottish tertiary hospital's specialist isotretinoin clinic following implementation of these regulations, examining the prevalence and characteristics of mental health and sexual function changes in patients treated under the updated framework.

Materials and Methods

A retrospective review was conducted of all new patients attending the specialist isotretinoin clinic over a seven-month period (n=138; mean age 23.4 years; male:female ratio 1:1.6). All patients underwent mandatory baseline screening using the Dermatology Life Quality Index (DLQI) or Teenager Life Quality Index (TLQI), Generalised Anxiety Disorder-7 (GAD-7), and Patient Health Questionnaire-9 (PHQ-9). Patients were reassessed throughout treatment for mental health and sexual function changes. Collected data included previous psychiatric history, emergence of new psychological symptoms, sexual function outcomes, and treatment discontinuation due to adverse effects. Detailed sexual function documentation was available for a subset of 84 patients.

Results

At baseline, 24% of patients reported a prior mental health diagnosis. Anxiety was the most common (10 cases), followed by low mood (7 cases), with three patients reporting a history of suicide attempt or suicidal ideation. Two patients (1.4%) were referred to psychiatry due to significant pre-existing mental health conditions; both developed mood disturbances during treatment and discontinued isotretinoin, one voluntarily due to fatigue and one following psychiatric concern regarding low mood.

Overall, 29 patients (21%) reported psychological symptoms during treatment. Among patients with pre-existing mental health conditions, 34% developed treatment-associated mood effects, compared with 12% of those without prior psychiatric history. Fatigue was the most frequently reported symptom (14), followed by anxiety (9), irritability (5), and low mood (5). Notably, all three patients with a history of suicide attempt or ideation completed isotretinoin without new psychiatric adverse effects, and no cases of suicidality occurred during treatment.

Sexual function changes were reported in 10 of 84 assessed patients. Symptoms included vaginal dryness (6 cases) and

reduced libido (3 cases). No cases of erectile dysfunction were reported, and no persistent or long-term sexual dysfunction was documented.

Conclusions

Within this cohort managed under the updated MHRA safety requirements, isotretinoin was generally well tolerated. Mental health-related treatment discontinuation was low (1%), and no cases of suicidality were observed. Patients with pre-existing mental health conditions were more likely to report mood-related symptoms; however, outcomes were reassuring even in higher-risk individuals, including successful completion of therapy in all patients with a history of suicide attempt. Fatigue emerged as the most common psychological symptom. Sexual adverse effects were uncommon, predominantly mild, and non-persistent. These findings support the continued use of isotretinoin with robust monitoring and demonstrate the feasibility and clinical value of the enhanced MHRA safety framework.

Abstract N°: ID-1478

Topic: Acne and related disorders, hidradenitis suppurativa

Quality of Life in Patients with Acne Scars: A Systematic Review

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Introduction
Acne scars represent structural skin alterations that develop following inflammatory lesions of acne vulgaris. Epidemiological evidence indicates that scarring is not limited to patients with severe or moderate-to-severe acne but also occurs in individuals with mild disease. Once established, acne scars are not prone to spontaneous resolution and persist throughout life, contributing to social and psychological maladaptation. The objective of this systematic review is to summarize current evidence assessing the psychological burden associated with acne scars of varying severity and its impact on patients' quality of life.

Materials and Methods
This systematic review followed PRISMA recommendations. A comprehensive literature search was performed in the PubMed, Scopus, and Web of Science databases up to January 2026. Search terms included "acne scars," "quality of life," "stigmatization," and "psychological health." A total of 231 records were identified. After exclusion of review articles and irrelevant publications, full-text assessment was performed, and six studies met the inclusion criteria.

Results
The six included studies were published between 2015 and 2025 and collectively involved more than 1,000 participants with post-acne scarring. The mean age of participants ranged from 20 to 30 years, with the face being the most commonly affected anatomical site. Reported scar duration varied from 2 to 10 years. Moderate-to-severe scarring was the most frequently reported clinical presentation. Various validated instruments were used to assess quality of life and psychological outcomes, including the Dermatology Life Quality Index (DLQI), the Hospital Anxiety and Depression Scale (HADS), and the Beck Depression Inventory (BDI). All studies reported clinically significant impairment in quality of life despite the absence of active acne, highlighting the persistent burden attributable specifically to scarring. Mean DLQI scores corresponded to moderate to very large effects on quality of life. A substantial proportion of participants (36–50%) exhibited clinically significant symptoms of depression and anxiety. Recurrent psychosocial themes included dissatisfaction with appearance, reduced self-esteem, fear of negative evaluation by others, and avoidance of social and professional interactions. Higher scar severity was generally associated with poorer quality-of-life outcomes. However, several authors noted that patients with mild scarring also experienced considerable psychosocial distress. Discrepancies were observed between objective clinical severity and patient-reported impact, with subjective perception of scarring demonstrating stronger associations with psychological outcomes than objective clinical assessments.

Conclusions
Acne scarring is associated with a significant reduction in quality of life and persistent psychosocial impairment, including stigmatization and diminished psychological well-being, in some cases exceeding the impact of active inflammatory acne lesions. These findings underscore the importance of early identification of patients at risk for scarring, timely and personalized acne management to prevent scar formation, and routine screening for psychological distress with appropriate supportive interventions. Currently, there is a paucity of data comprehensively analyzing the relationship between acne scarring and quality of life. Further well-designed studies incorporating a broad range of mental health outcome measures are warranted.

Abstract N°: ID-1515

Topic: Acne and related disorders, hidradenitis suppurativa

Role of the Cutaneous Microbiota and Environmental Factors in Acne: A Case–Control Study of 60 Patients

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Introduction
Acne is a common chronic inflammation of the pilosebaceous unit, primarily affecting adolescents and young adults, with a significant impact on quality of life. Its multifactorial pathophysiology involves hyperseborrhea, follicular hyperkeratinization, inflammation, and imbalance of the cutaneous microbiota. Several environmental factors, such as high glycemic index diets, dairy consumption, stress, and pollution, contribute to this dysbiosis and promote acne lesions.
This study aimed to compare the diversity and composition of the facial cutaneous microbiota between 30 acne patients and 30 healthy controls, identify lifestyle and host-related factors that may favor acne development, and evaluate the relationship between microbial composition and clinical severity.

Materials and Methods
We conducted a cross-sectional, observational case–control study from January to June 2025 at Mohammed V Military Teaching Hospital, Rabat. The study included 60 participants (30 acne patients and 30 healthy controls) aged 12–35 years. Skin swabs were obtained from the forehead, cheeks, and chin using sterile swabs. Samples were cultured on various media, including blood agar, chocolate agar, Chapman agar, and Sabouraud agar with chloramphenicol. Data were analyzed using SPSS version 27.

Results

BMI was significantly higher in acne patients (23.79 ± 1.75 vs. 21.71 ± 2.4 kg/m^2, p=0.043). Signs of hyperandrogenism were more frequent among cases (36.7% vs. 13.3%, p=0.037). Four lifestyle factors were significantly associated with acne: high-glycemic-index diet (80% vs. 33.3%, p=0.0007), daily dairy intake (70% vs. 40%, p=0.038), high stress level (76.7% vs. 46.7%, p=0.034), and bedtime after midnight (66.6% vs. 36.7%, p=0.039).

Microbiological analysis showed significantly higher colonization by *Cutibacterium acnes* in acne patients (66.6% vs. 20%, p=0.0003), as well as increased yeasts (63.3% vs. 20%, p=0.0014) and polymicrobial colonization (66.6% vs. 30%, p=0.0092). *Staphylococcus epidermidis* predominated in controls (23.7% vs. 23.3%, p=0.0084). Severe acne was characterized by a progressive increase of *C. acnes* (11% in GEA 1–2 to 86% in GEA 4–5) and *Staphylococcus aureus* (57% in severe acne vs. 11% in mild acne).

Conclusions
Acne results from a complex interaction between the cutaneous microbiota and environmental factors. Our findings demonstrate that acne is not solely related to *C. acnes*, but involves a broader microbial imbalance. This opens avenues for more personalized management combining conventional therapies with targeted nutritional or microbiota-based approaches. Further studies using molecular sequencing and larger sample sizes are warranted to confirm these associations.

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Abstract N°: ID-1541

Topic: Acne and related disorders, hidradenitis suppurativa

Efficacy and Tolerability of Combined Blue and Red LED Therapy in Mild to Moderate Acne: A Prospective Descriptive Study

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Introduction
Acne vulgaris is a common chronic inflammatory dermatosis. Conventional treatments may be limited by adverse effects and poor adherence. Light-emitting diode (LED) therapy represents a non-invasive alternative: blue light (~415 nm) exerts antibacterial effects, while red light (630–660 nm) has anti-inflammatory properties.
Objective: To evaluate the efficacy and tolerability of combined blue and red LED therapy in patients with mild to moderate inflammatory and/or comedonal acne.

Materials and Methods
We conducted a prospective descriptive study over three months (November 2025–January 2026) in the Dermatology Department of Ibn Rochd University Hospital, Casablanca. Ten patients aged ≥15 years (mean age: 22 years) with mild to moderate inflammatory and/or comedonal acne were included. Exclusion criteria were severe acne, recent isotretinoin use, pregnancy, and photodermatoses. Patients received combined blue and red LED sessions twice weekly for 12 minutes over 8 weeks (total fluence: 46 J/cm^2). Clinical outcomes included changes in inflammatory and non-inflammatory lesion counts, GAGS score, IGA grade, DLQI, and patient satisfaction.

Results
A progressive and significant clinical improvement was observed after 8 weeks. Inflammatory lesions decreased by 55–65%, while comedonal lesions decreased by 45–55%. The GAGS score improved by 52%, and 70% of patients showed at least a one-grade improvement in IGA. Nine patients (90%) were considered responders, defined by a ≥50% reduction in GAGS score. Quality of life improved markedly, with mean DLQI decreasing from 9.2 to 3.4. The mean satisfaction score was 7.8/10. LED therapy was well tolerated, with only minor and transient adverse effects, mainly mild erythema and a transient sensation of warmth.

Conclusions
Combined blue and red LED therapy appears to be an effective, well-tolerated, and non-invasive treatment option for mild to moderate inflammatory and comedonal acne, leading to significant clinical improvement and enhanced quality of life. Larger randomized controlled trials are needed to confirm these findings and better define its role in therapeutic guidelines.

Abstract N°: ID-1550

Topic: Acne and related disorders, hidradenitis suppurativa

Systematic Review on the Efficacy, Safety, and Relapse Rates of Procedural Therapies in Acne Vulgaris

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Introduction
Acne vulgaris is a chronic inflammatory skin condition that affects both adolescents and adults, impacting both physical and emotional well-being. Despite the availability of numerous treatments, acne often remains persistent, prompting a growing interest in procedural therapies. This systematic review aims to evaluate the efficacy, safety, and relapse rates of various procedural therapies for managing acne vulgaris, drawing from 160 studies published up to 2024.

Materials and Methods

Data from 160 studies involving 8,121 patients were analyzed across four major databases: PubMed, Scopus, Embase, and Cochrane. The studies were categorized into six groups: Light therapies, Chemical Peelings, Lasers, Radiofrequency, Comparative Studies, and Combination Studies. The outcomes assessed included improvement rates, relapse rates, side effects, and patient satisfaction.

Results
The results showed that photodynamic therapy (PDT), especially using intense pulsed light (IPL) and aminolevulinic acid (ALA), had the highest median improvement rate of 56.66% for inflammatory acne. Chemical peels with 30% Salicylic Acid demonstrated an 85% efficacy rate. Among lasers, the Nd:YAG laser showed the highest effectiveness for non-inflammatory lesions, while the 1726-nm laser demonstrated the most durable results. Combination therapies, including PDT with isotretinoin, were particularly effective in managing moderate-to-severe acne. However, some treatments, like PDT, had lower tolerability due to pain and burning sensations.

Conclusions
Procedural therapies, particularly PDT, chemical peels, and lasers like Nd:YAG and 1726-nm lasers, offer effective options for treating acne vulgaris. Combination therapies, especially those involving PDT and isotretinoin, enhance outcomes significantly. However, the studies showed variability in outcome measures and relapse rates, emphasizing the need for larger, standardized trials to confirm long-term efficacy and safety.

Abstract N°: ID-1563

Topic: Acne and related disorders, hidradenitis suppurativa

Deroofing in Anatomically Challenging Hidradenitis Suppurativa: An Anatomy-Adapted, Ultrasound-Assisted Approach

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Introduction
Management of hidradenitis suppurativa (HS) in anatomically challenging areas such as scrotal, gluteal, inguinal, and perineal regions remains difficult, particularly when biologics or wide excision are not feasible. We present our real-world experience using standard deroofing for difficult-site lesion management.

Materials and Methods
We evaluated 10 patients with persistent Hurley stage II/III HS involving anatomically challenging sites, including scrotal, gluteal, inguinal, and perineal regions. All patients underwent lesion-directed standard deroofing. During surgical planning and treatment, metal probes and ultrasonography were used to define tunnel orientation, depth, and extent and to guide the procedure according to lesion morphology and location. Procedures were performed under local or tumescent anesthesia, and wounds were managed by secondary intention healing. Short-term outcomes included changes in drainage and active inflammatory lesion burden, patient-reported quality of life, procedural tolerability, and early recurrence/safety findings. The cohort also included one syndromic case (pachyonychia congenita), managed with the same lesion-directed approach.

Results
Across the cohort, treatment was associated with reduced drainage and active inflammatory lesion burden, with parallel improvement in patient-reported quality of life. Multiple difficult-site lesions were managed, including severe scrotal involvement, where near-complete clinical remission was observed at approximately 3 months. Procedures were generally well tolerated. No major procedure-related safety signals or early recurrences were observed during short-term follow-up.

Conclusions
In anatomically challenging HS regions, lesion-directed standard deroofing supported by probe guidance and ultrasonography appears to be a feasible and useful minimally invasive option for local lesion control. This approach may provide meaningful short-term clinical benefit in patients with limited therapeutic alternatives.

Abstract N°: ID-1574

Topic: Acne and related disorders, hidradenitis suppurativa

Evaluation of the relationship between clinical and histopathological findings and tissue JAK-STAT pathway expression in hidradenitis suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease whose molecular landscape remains partially understood. The JAK-STAT pathway, a critical mediator for proinflammatory cytokines (TNF-α, IL-17, IL-23), has emerged as a potential therapeutic target. The primary aim of this study is to determine JAK1, JAK2, and JAK3 expression levels across epidermal, dermal, and hair follicle compartments in HS lesions and analyze their correlation with clinical phenotypes, disease severity (IHS4 score, Hurley stage), and histopathological findings to provide a molecular rationale for targeted therapies.

Materials and Methods

This cross-sectional case-control study included 50 HS patients followed up at a tertiary referral center, who underwent surgical excision of their lesions, and 50 healthy control individuals undergoing breast reduction surgery (mammoplasty material). Immunohistochemical staining was performed on formalin-fixed paraffin-embedded tissue samples using JAK1, JAK2, and JAK3 antibodies. Staining patterns were evaluated in epidermal keratinocytes using the H-score (0-300), a semi-quantitative method for inflammatory infiltrates in the dermis, and as positive or negative in hair follicle epithelium. Disease severity was determined using the "International Hidradenitis Suppurativa Severity Score System" (IHS4) and "Hurley Staging." Mann-Whitney U, Kruskal-Wallis, Spearman correlation tests, and multivariate logistic regression analysis were used for statistical analysis of the data; Holm correction was applied for multiple comparisons.

Results

The study group consisted of 74% (n=37) male patients, with a mean age of 40.1 ± 13.4 years. It was observed that 82% of the patients were active smokers. In immunohistochemical analyses; dermal JAK1 and JAK3 expressions in HS tissue were found to be statistically significantly higher compared to the control group ($p<0.001$) (Figure 1). Increases in JAK1 and JAK3 were also detected in the epidermal and hair follicle epithelium. In contrast, dermal JAK2 expression was observed to be significantly lower in the HS group compared to the control group ($p<0.001$). In the correlation analysis with disease severity; a positive correlation was detected between dermal JAK3 H-score and both IHS4 score ($\rho=0.399$, $p=0.004$) and Hurley stage ($\rho=0.380$, $p=0.006$). Additionally, dermal JAK1 levels were observed to significantly increase in the severe IHS4 group. In multivariate logistic regression analysis; it was determined that increased dermal JAK1 increased the risk of HS (OR: 1.029), while dermal JAK2 levels had an inverse (protective/decreasing) relationship with the disease (OR: 0.939). In regional analysis, dermal JAK3 expression in gluteal region lesions was determined to be significantly higher compared to other regions ($p=0.017$).

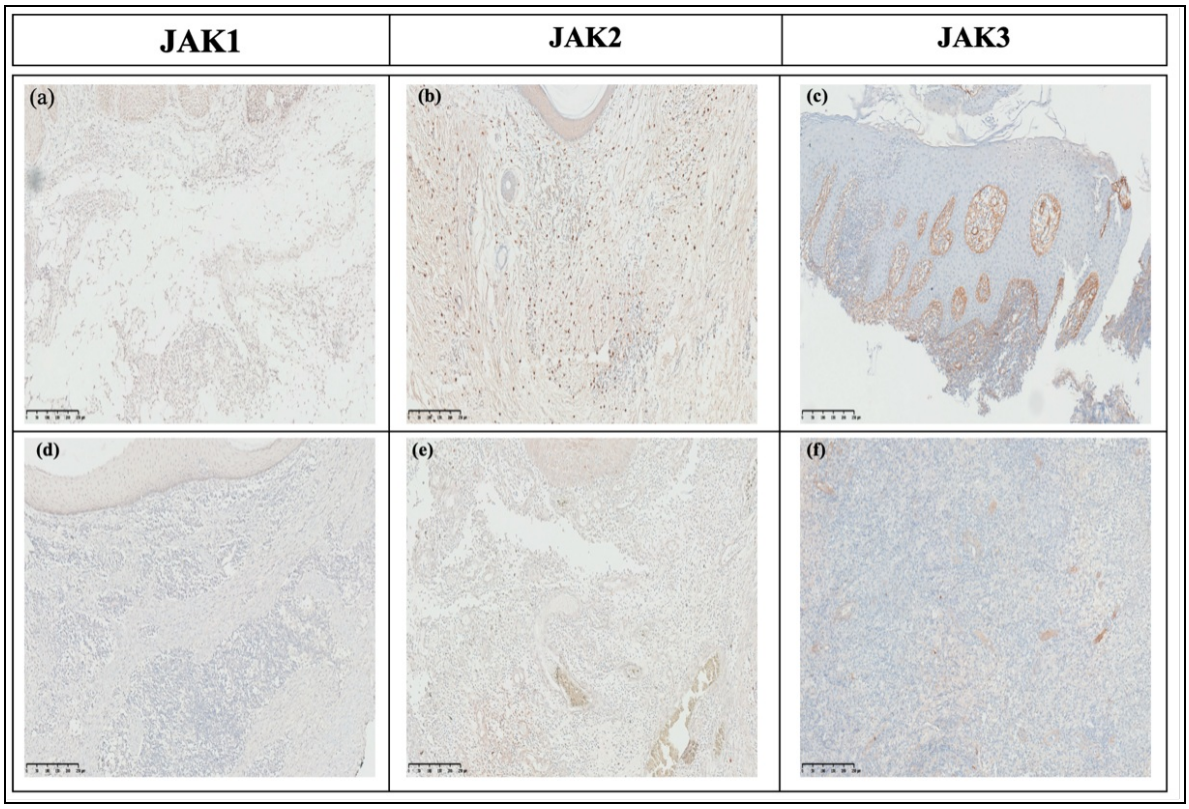

Figure 1. Representative immunohistochemical staining patterns of JAK isoforms in Hidradenitis Suppurativa tissue samples. The top row demonstrates the highest observed expression levels, while the bottom row shows negative/low expression areas. (a) Diffuse and strong JAK1 expression (Dermis, H-score: 300, x100). (b) Moderate JAK2 expression (Dermis, H-score: 100, x100). (c) Diffuse and strong JAK3 expression (Dermis, H-score: 300, x100). (d-f) Negative expression of JAK1, JAK2, and JAK3, respectively (H-score: 0, x100).

Conclusions

Our study reveals that the JAK/STAT pathway in HS pathogenesis exhibits a specific dysregulation dominated by JAK1 and JAK3 isoforms, rather than a "pan-activation." The decrease of JAK2 in diseased tissue suggests that this molecule might assume a different role in tissue homeostasis or repair processes rather than inflammation. Furthermore, the strong relationship of JAK3 levels with disease severity and gluteal localization indicates that this molecule carries potential as a biomarker. In light of these findings, it is predicted that selective inhibitors targeting JAK1 or JAK3, rather than agents suppressing the entire JAK pathway, could be a superior option in terms of efficacy and safety in HS treatment.

Abstract N°: ID-1579

Topic: Acne and related disorders, hidradenitis suppurativa

A comprehensive systematic review on the efficacy, safety, tolerability, and relapse rates of modern procedural therapies for inflammatory and non-inflammatory acne vulgaris

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Introduction
Procedural therapies are increasingly recognized as effective adjunctive treatments for acne vulgaris, complementing traditional topical and systemic therapies. As the understanding of acne pathogenesis advances, new treatment modalities have emerged to target the condition more effectively. This systematic review aims to provide a comprehensive overview of the efficacy, safety, and relapse rates associated with various procedural therapies for acne vulgaris, offering valuable insights into their role in managing this prevalent dermatological condition.

Materials and Methods
Data from 160 studies, involving a total of 8,121 patients, were collected from four major databases up to 2024. The studies were categorized into six treatment approaches: Light therapies (n=55), Chemical Peelings (n=20), Lasers (n=21), Radiofrequency (n=5), Comparative Studies (n=18), Combination Studies (n=36), and other modalities (n=5). Each category was analyzed for treatment efficacy, safety, and relapse rates. Key inclusion criteria were randomized controlled trials, cohort studies, and case series focusing on procedural interventions for acne vulgaris.

Results
The analysis revealed varying levels of efficacy and tolerability across different procedural therapies. Photodynamic therapy (PDT) using Intense Pulsed Light (IPL) and Aminolevulinic Acid (ALA) demonstrated a 56.66% median improvement rate for inflammatory acne, although its use was limited by low tolerability due to pain and burning sensations. Among chemical peels, Salicylic Acid (30%) showed the highest efficacy at 85%, followed by Glycolic Acid at 80.25%. In contrast, Jessner Solution and 25% Trichloroacetic Acid (TCA) were less effective and associated with an increased risk of post-inflammatory hyperpigmentation (PIH). Lasers, particularly Nd:YAG, were more effective than PDL, especially in treating non-inflammatory lesions, with fewer flare-ups. Fractional Microneedling Radiofrequency (RF) demonstrated superior efficacy and lower recurrence rates compared to lasers and RF alone.

Conclusions
The evolution of acne vulgaris management underscores the growing role of procedural therapies, each offering varying levels of efficacy and safety profiles. While treatments like PDT, chemical peels, and laser therapies are effective, challenges such as tolerability and side effects remain. Fractional Microneedling RF presents a promising option with lower recurrence rates. These findings highlight the importance of individualized treatment strategies, combining procedural therapies with traditional treatments to optimize acne management.

Abstract N°: ID-1586

Topic: Acne and related disorders, hidradenitis suppurativa

Influence of Artificial Intelligence on Self-Diagnosis and Self-Treatment of Acne in Young Adults

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Introduction
Acne is a very common inflammatory skin disease among young adults and is often initially managed through self-diagnosis and self-treatment. The recent rise of generative artificial intelligence (AI) tools, such as ChatGPT, has transformed access to medical information by providing patients with immediate answers regarding their symptoms and therapeutic options. This evolution is reshaping health behaviors by influencing healthcare-seeking patterns and treatment practices.
The aim of this study was to assess the influence of AI on self-diagnosis and self-treatment of acne among young adults, as well as its clinical consequences.

Materials and Methods
This was a descriptive and analytical cross-sectional study including 120 young adults aged 18 to 35 years with current or recent acne. Data were collected using an anonymous self-administered questionnaire covering sociodemographic characteristics, acne profile, use of AI tools, self-diagnosis and self-treatment practices, delay in specialist consultation, and reported adverse effects.

Results
The study population included 120 participants, of whom 72 were women (60%) and 48 were men (40%). The mean age was 24 ± 4 years, with a range of 18 to 35 years. Acne had been evolving for more than one year in 78 patients (65%). Perceived acne severity was mild in 46 patients (38%), moderate in 54 patients (45%), and severe in 20 patients (17%). Use of an AI tool for acne-related questions was reported by 84 patients (70%), with regular use in 45 patients (54%) and occasional use in 39 patients (46%). The main reasons for using AI were identification of acne type in 63 patients (75%), choice of treatment or skincare routine in 58 patients (69%), avoidance or postponement of a medical consultation in 31 patients (37%), and searching for so-called natural alternatives in 26 patients (31%).
AI-based self-diagnosis was reported by 61 patients (73%), with a high level of confidence in 44 patients (72%). A delay in dermatological consultation attributed to trust in AI was observed in 29 patients (35%), with a mean delay of 8 ± 6 months, mainly affecting patients who perceived their acne as mild or moderate (24 patients, 83%).
AI-guided self-treatment was reported by 68 patients (81%), involving the use of multiple dermocosmetic products in 56 patients (82%), benzoyl peroxide in 41 patients (60%), non-prescription topical retinoids in 34 patients (50%), and topical antibiotics alone in 22 patients (32%). So-called natural treatments were used by 27 patients (40%). The simultaneous combination of several potentially irritating active ingredients was found in 38 patients (56%).
Cutaneous adverse effects were reported by 47 patients (56%), mainly skin irritation in 32 patients (38%), inflammatory worsening of acne in 21 patients (25%), and post-inflammatory hyperpigmentation in 18 patients (21%). Among AI users, 36 patients (43%) felt that their acne had worsened before any medical consultation, whereas 19 patients (23%) reported that AI had facilitated earlier access to dermatological care.

Conclusions
Artificial intelligence significantly influences self-diagnosis and self-treatment of acne among young adults. While it represents a potentially useful tool for information access and patient empowerment, its unregulated use is associated with inappropriate practices, adverse effects, and delays in medical care. Patient education and active involvement of

dermatologists in guiding AI use are essential to optimize acne management and prevent complications.

Abstract N°: ID-1593

Topic: Acne and related disorders, hidradenitis suppurativa

Pyoderma Gangrenosum After Reduction Mammoplasty: A case report

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Introduction

We present the case of a 45-year-old female patient who was transferred to our dermatology department from an external gynecology department with extensive ulcerations following bilateral reduction mammoplasty. The first skin lesions appeared one week after surgery and progressed rapidly, accompanied by severe pain. Given the elevation of inflammatory markers and suspected postoperative wound infection, intravenous clindamycin was commenced. Microbiological cultures obtained at the surgical ward identified the presence of 4MRGN *Escherichia coli*; therefore, intravenous antibiotic therapy with meropenem was initiated. Laboratory investigations revealed markedly elevated inflammatory parameters, with C-reactive protein levels exceeding 100 mg/L. Calprotectin was within normal range. The patient's medical history was otherwise unremarkable.

Materials and Methods

N/A

Results

Following the early initiation of systemic corticosteroid therapy at the day of transfer with prednisolone at a dose of 1 mg/kg body weight, a significant reduction in pain and stabilization of skin lesions were observed. In addition, daily antiseptic wound management using polyhexanide gel andhydrogel/antiseptic dressings was performed. The patient required individualised opioid analgesia, advanced wound care, and psychological support. Furthermore, immunosuppressive therapy with ciclosporin A (2.5 mg/kg body weight) was initiated. Owing to the presence of necrotic plaques, biodebridement was subsequently performed.

Conclusions

In this case, we present a therapeutic pathway for postoperative pyoderma gangrenosum, consisting of initial immunosuppression with ciclosporin A, followed after stabilization of the inflammatory process by gentle wound debridement using maggot therapy.

Pyoderma gangrenosum associated with breast reductionsurgery represents a severe postoperative complication thatmay result in poor cosmetic outcomes. According to the literature, postoperative pyoderma gangrenosum is most commonly associated with breast surgery, accounting for approximately 25% of all postsurgical cases. Notably, pyoderma gangrenosum following reduction mammoplastytypically affects the inframammary region, particularly the inferior quadrants of the excision lines, and rarely involves the upper breast. An exclusion of associated inflammatory bowel disease, including ulcerative colitis and Crohn's disease is essential due to impact on the therapy choice.

Abstract N°: ID-1595

Topic: Acne and related disorders, hidradenitis suppurativa

Investigating the Impact of Isotretinoin Treatment on Metabolic Syndrome Markers and Body Mass Index Changes in Patients with Severe Acne Vulgaris: A Prospective Study

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Introduction
Acne vulgaris is a prevalent inflammatory skin condition affecting both adolescents and adults, with severe cases requiring pharmacological interventions. Isotretinoin, a treatment for severe cystic acne, significantly reduces sebum secretion and sebaceous gland size. This study investigates the effects of isotretinoin treatment on metabolic syndrome markers and body mass index (BMI) changes in patients with severe acne vulgaris.

Materials and Methods
This prospective study followed 62 patients with severe acne vulgaris undergoing isotretinoin treatment. Data was collected before the treatment, one month after, and three months following treatment initiation. Variables such as BMI, lipid profiles, blood glucose levels, and waist circumference were measured and analyzed for any significant changes.

Results
Sixty-two patients participated in the study, selected through non-probability (convenience) sampling. The therapeutic dose taken by patients was 20 mg of isotretinoin daily ($n = 49$) or every other day ($n = 13$). Among the participants, six patients experienced a decrease of 3 units or more in HDL levels, while 16 patients saw an increase of 3 units or more in LDL levels, 3 months after beginning the treatment. Additionally, the triglyceride (TG) levels increased by 9 units or more in six individuals, and the blood sugar (BS) levels increased by 5 units or more in nine individuals, 3 months after treatment initiation. Moreover, one person's waist circumference increased by 1.5 cm 3 months after treatment began. The average weight of the individuals at the end of the treatment rose from 60.74 kg to 61.12 kg. However, this weight increase was not statistically significant. ($p > 0.05$).

Conclusions
Oral isotretinoin is effective in treating severe acne vulgaris without significant metabolic side effects such as changes in BMI, triglycerides, or blood glucose levels. This supports isotretinoin as a safe treatment option for patients with severe acne, particularly when administered at the appropriate dosage.

Abstract N°: ID-1602

Topic: Acne and related disorders, hidradenitis suppurativa

Systematic review of laser and Light-Based procedural treatments for hidradenitis suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory skin disease involving the follicular epithelium that significantly impairs quality of life. Treatment varies by stage and includes antibiotics, immunosuppressants, biologics, and surgery for severe tissue damage. Laser therapies like CO2, Nd:YAG, and IPL offer non-invasive options.

Materials and Methods

This systematic review evaluates the efficacy and safety of procedural treatments, including IPL, CO2, and Nd: YAG lasers, in the treatment of hidradenitis suppurativa. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed. Studies published from 2010 to 2025 were searched in Scopus, Web of Science, and PubMed databases using predefined terms. Inclusion criteria comprised English-language studies investigating laser therapies, including IPL, CO2, and Nd: YAG lasers, for hidradenitis suppurativa in comparative and randomized controlled trials. Data extraction covered study characteristics, patient demographics, laser parameters, and treatment outcomes. Quality assessment was performed using the Cochrane Risk of Bias (ROB 2) tool.

Results

Out of 2,833 initially retrieved records, 8 studies involving a total of 181 patients met the inclusion criteria. The studies investigated multiple laser-based interventions: 2 focused on Intense Pulsed Light (IPL), including one study using IPL alone and another combining IPL with Pulsed Dye Laser (PDL); 2 studies examined LAight® therapy (a combination of IPL and radiofrequency), including comparisons with topical clindamycin 0.1%; and 4 studies investigated Nd: YAG laser, including combined protocols with CO_2 laser, benzoyl peroxide, and clindamycin. IPL monotherapy achieved a 67% hidradenitis suppurativa clinical response (HiSCR) rate and reduced median modified severity scores from 8.5 to 4.5 ($p = 0.006$). LAight® combined with topical clindamycin produced a −60.0% ± 6.7% reduction in IHS4 versus −17.8% ± 5.6% with clindamycin alone ($p < 0.001$), with HiSCR responses of 63% versus 36% at week 16. Nd: YAG laser yielded a mean HS-LASI score decrease of 31.6% after two sessions ($p < 0.001$) and, in a randomized within-patient trial, a 72.7% ± 13.0% lesion score reduction versus 22.9% ± 38.9% with topical therapy ($p < 0.001$). Fractional CO_2 + Nd: YAG combination therapy achieved 90% ± 20.5% improvement versus 70.7% ± 23.6% with Nd: YAG alone, with 80% of treated sides rated “clear” on physician global assessment at two weeks (55% maintained at three months). IPL–PDT using NMB gel led to a 77.3% ± 18.9% lesion reduction versus 44.1% ± 28.2% with FMB gel ($p < 0.01$). Adverse effects—including erythema, mild burns, transient pain, and tenderness—were generally mild and self-limited, with no severe events reported.

Conclusions

Laser and light-based therapies, including long-pulsed Nd: YAG, fractional CO_2, IPL combined with radiofrequency (LAight®), and photodynamic therapy, offer effective and safe options for managing hidradenitis suppurativa. Hair follicle–targeting lasers, particularly Nd: YAG, show sustained reductions in inflammatory lesions and lower recurrence compared to medical treatments alone. Ablative approaches like fractional CO_2 and IPL-RF complement these effects by improving scarring and accelerating lesion resolution. Photodynamic therapy shows potential but requires further validation in larger controlled trials. Adverse effects are generally mild and transient. Nonetheless, the heterogeneity of

current studies and limited follow-up underscore the need for standardized protocols and robust randomized trials. Future research should aim to refine treatment strategies and integrate laser/light modalities with systemic and topical therapies to enhance long-term outcomes and quality of life.