Abstract N°: ID-103

Topic: Allergology and immunology

Phototoxic Contact Dermatitis Following Pine Cone Exposure with Nail Involvement: A Clinical and Immunological Overlap with Subacute Cutaneous Lupus Erythematosus

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Introduction

Photocontact dermatitis is an inflammatory skin reaction that develops following exposure to photosensitizing substances combined with ultraviolet radiation and may present with a wide spectrum of clinical manifestations, ranging from erythema to hyperpigmentation, bullous and purpuric lesions. Although most cases are self-limited, severe or atypical presentations should prompt evaluation of underlying photosensitive systemic or autoimmune conditions, including cutaneous lupus erythematosus. Nail involvement in photocontact dermatitis is rare, and its coexistence with immunological features suggestive of subacute cutaneous lupus erythematosus has been uncommonly reported.

We aimed to report a rare case of phototoxic contact dermatitis following pine cone exposure, presenting with vesiculobullous, purpuric, and nail involvement in a patient with immunological features consistent with subacute cutaneous lupus erythematosus, and to highlight the importance of evaluating underlying photosensitive autoimmune conditions in patients with severe phototoxic reactions.

Materials and Methods

We report the case of a patient who developed phototoxic contact dermatitis following pine cone exposure, in the presence of clinical and immunological features consistent with subacute cutaneous lupus erythematosus.

Results

A 62-year-old woman presented with pruritic, burning, and stinging skin lesions that developed within hours after pine cone exposure, followed by sun exposure. Dermatological examination revealed sharply demarcated violaceous, purpuric, and vesiculobullous lesions with non-pitting edema on sun-exposed areas of the forearms, hands and face, along with nail matrix involvement of the thumbs. Dermoscopic evaluation of the nails demonstrated purpuric changes, splinter hemorrhages, and bluish nail discoloration. Laboratory investigations showed normal coagulation parameters and platelet counts. Immunological evaluation revealed positivity for antinuclear antibodies (1:100), anti-SSA, anti-SSB and Ro-52 antibodies. The patient responded to systemic and topical corticosteroid therapy with marked clinical improvement. During follow-up, secondary infection of regressing lesions was observed and successfully treated with systemic antibiotics. Based on the clinical course, exposure history, and lesion distribution, a diagnosis of phototoxic contact dermatitis was established in the presence of immunological features consistent with subacute cutaneous lupus erythematosus.

Conclusions

This case highlights that severe phototoxic contact dermatitis may present with uncommon features such as nail involvement and purpuric lesions, particularly in patients with an underlying photosensitive autoimmune predisposition. The coexistence of phototoxic injury and lupus-related immunological findings suggests a clinical–immunological overlap

in which phototoxic exposure may trigger or accentuate cutaneous manifestations. Anti-Ro/SSA and Anti-La/SSB antibodies exhibit a strong correlation with skin involvement in SLE. Consistently, our patient demonstrated positivity for both markers. In patients presenting with severe or atypical phototoxic reactions, evaluation for underlying autoimmune photosensitive conditions should be considered to ensure appropriate management, follow-up, and patient education regarding sun protection and avoidance of triggering agents.

Abstract N°: ID-130

Topic: Allergology and immunology

Pediatric IPEX-associated dermatitis responds to dupilumab: evidence from skin transcriptomics and immune profiling

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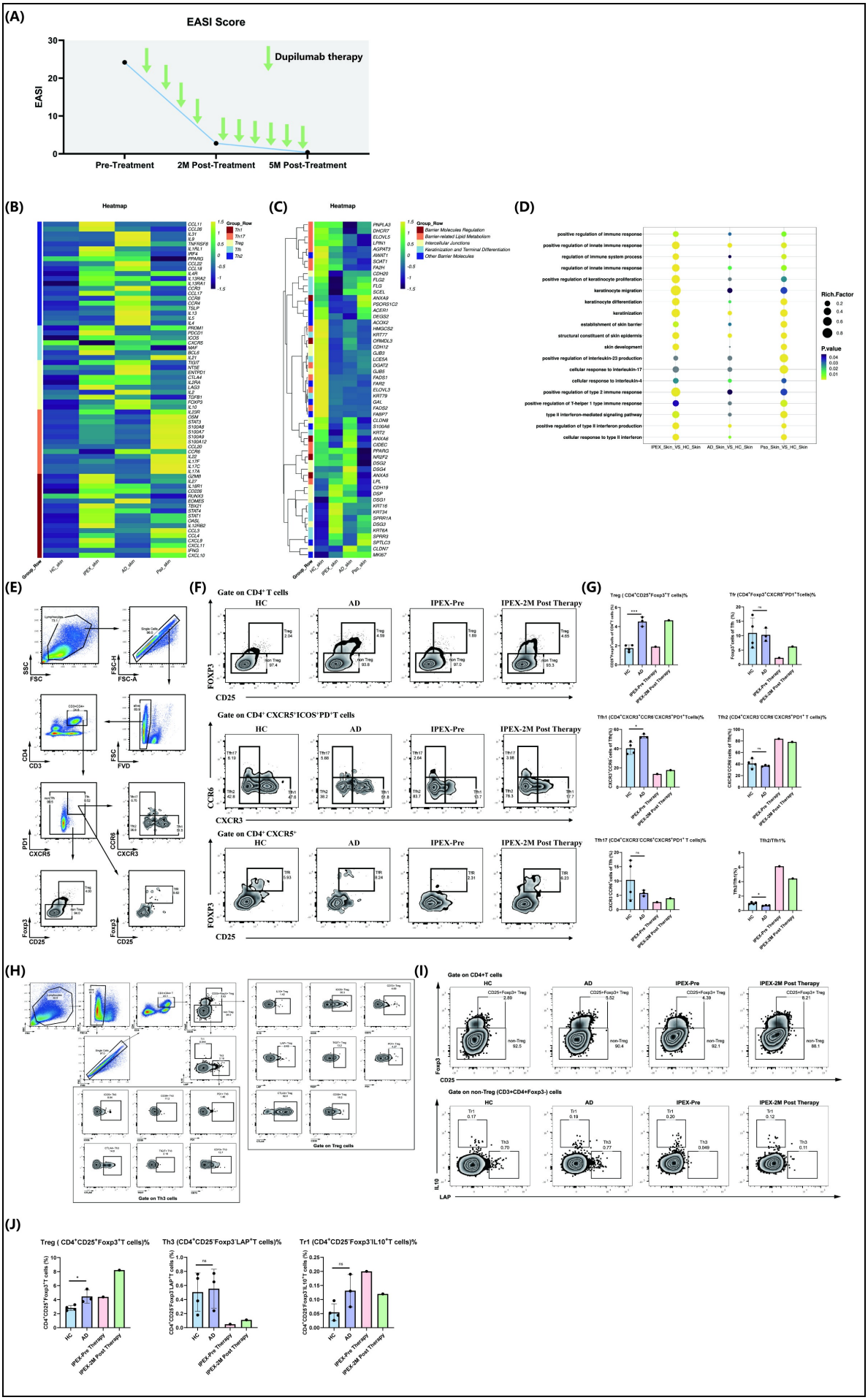
Introduction
Immunodysregulation, Polyendocrinopathy, Enteropathy, and X-linked (IPEX) syndrome is a rare autoimmune disorder caused by mutations in the *FOXP3* gene. Patients with IPEX frequently present with severe dermatitis, diabetes, and enteropathy. This study explores the efficacy of Dupilumab (an anti-IL4Rα monoclonal antibody) in treating persistent, severe dermatitis in an IPEX patient refractory to conventional treatments like sirolimus.

Materials and Methods
We conducted a clinical case study of a 2-year-old IPEX patient with refractory dermatitis. Whole-exome sequencing (WES) confirmed the *FOXP3* mutation. Skin biopsies were analyzed for inflammatory gene expression and immunohistochemistry to characterize inflammatory pathways. Immune cell phenotyping was performed using flow cytometry pre- and post-treatment in peripheral blood mononuclear cells (PBMCs). The patient was treated with Dupilumab alongside sirolimus and prednisone. Clinical improvements were evaluated using the Eczema Area and Severity Index (EASI) score.

Results
Immunohistochemistry revealed elevated IL-13 expression. RNA sequencing of skin samples revealed upregulation of both Th1- and Th2-related genes, suggesting a dual inflammatory phenotype in IPEX dermatitis. The patient exhibited significant clinical improvement after 8 months of sustained Dupilumab therapy, with the EASI decreasing from 24.8 to 0.4. Flow cytometry demonstrated a reduction in Th1 and Th2 cell subsets post-treatment, accompanied by an increase in Treg and Th3 cell populations as well as enhanced expression of immunosuppressive markers such as CTLA-4 and CD39.

Conclusions
Dupilumab appears promising as a therapeutic option for managing refractory dermatitis in IPEX, particularly by attenuating Th1/Th2 inflammation and promoting regulatory responses mediated by Treg and Th3 cells.


(A)
EASI Score
Dupilumab therapy
EASI
Pre-Treatment
2M Post-Treatment
5M Post-Treatment
(B)
Heatmap
(C)
Heatmap
(D)
positive regulation of immune response
positive regulation of innate immune response
regulation of immune system process
regulation of innate immune response
positive regulation of keratinocyte proliferation
keratinocyte migration
keratinocyte differentiation
keratinization
establishment of skin barrier
structural constituent of skin epidermis
skin development
positive regulation of interleukin-23 production
cellular response to interleukin-17
cellular response to interleukin-4
positive regulation of type 2 immune response
positive regulation of T-helper 1 type immune response
type II interferon-mediated signaling pathway
positive regulation of type II interferon production
cellular response to type II interferon
IPEX_Skin_VS_HC_Skin
AD_Skin_VS_HC_Skin
Pso_Skin_VS_HC_Skin
Rich.Factor
P.value
(E)
(F)
Gate on CD4+ T cells
HC
AD
IPEX-Pre
IPEX-2M Post Therapy
FOXP3
CD25
Gate on CD4+CXCR5+ICOS+PD1+T cells
CCR6
CXCR3
Gate on CD4+ CXCR5+
(G)
Treg (CD4+CD25+Foxp3+T cells)%
Tfr (CD4+Foxp3+CXCR5+PD1+Tcells)%
Tfh1 (CD4+CXCR3+CCR6-CXCR5+PD1+Tcells)%
Tfh2 (CD4+CXCR3-CCR6-CXCR5+PD1+ T cells)%
Tfh17 (CD4+CXCR3-CCR6+CXCR5+PD1+ T cells)%
Tfh2/Tfh1%
(H)
Gate on Treg cells
Gate on Th3 cells
(I)
Gate on CD4+T cells
Foxp3
CD25
Gate on non-Treg (CD3+CD4+Foxp3-) cells
IL10
LAP
(J)
Treg (CD4+CD25+Foxp3+T cells)%
Th3 (CD4+CD25-Foxp3-LAP+T cells)%
Tr1 (CD4+CD25-Foxp3-IL10+T cells)%

Abstract N°: ID-226

Topic: Allergology and immunology

Clarifying the Clinical Presentation and Therapeutic Management of Shiitake Mushroom Flagellate Dermatitis: A Systematic Review

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Introduction
Shiitake mushroom flagellate dermatitis (SMFD) is a rare toxicoderma caused by consuming raw or undercooked shiitake mushrooms (*Lentinula edodes*), presenting as intensely pruritic, linear "whiplash-like" erythematous streaks. Since its first description in Japan in 1977, cases have been reported globally. While the condition is self-limiting, optimal management remains undefined due to limited evidence from predominantly isolated case reports. This systematic review aims to comprehensively characterize the global clinical presentation, laboratory and histopathological features of SMFD, and compare resolution times across treatment modalities to guide evidence-based therapeutic decision-making.

Materials and Methods
Following PRISMA guidelines, a systematic literature search was conducted in May 2025 across PubMed, Embase, and Web of Science databases for case reports of shiitake dermatitis. Time to resolution was stratified by treatment modality: (1) no treatment, (2) topical corticosteroid monotherapy, (3) systemic therapy (corticosteroid or antihistamine) monotherapy, and (4) combined topical-systemic therapy. Quality assessment utilized the Joanna Briggs Institute critical appraisal checklist for case reports and case series.

Results
Of 468 studies identified, 54 met inclusion criteria (48 case reports, 6 case series; n=117 patients). The characteristic flagellate erythema most commonly affected the back (66%) and chest/abdomen (62%), followed by lower extremities (37%) and upper extremities (37%); head and neck involvement was rare (<10%). Symptom onset occurred between 10 hours and 5 days post-ingestion, with most cases presenting within 1-2 days.

Laboratory testing performed in 25 cases showed predominantly normal results (76%), with abnormalities including elevated IgE, elevated CRP, eosinophilia, and leukocytosis. Histopathology from 23 biopsies most frequently demonstrated spongiosis (74%), superficial perivascular lymphocytic infiltrate (61%), and eosinophilic infiltrate (52%). Mean time to resolution varied by treatment approach: no treatment 19.6 days, systemic corticosteroids alone 9.7 days, topical corticosteroids alone 13.4 days, combined topical-systemic therapy 13.6 days. Quality assessment revealed moderate overall study quality.

Conclusions
Clinical manifestations of SMFD are homogeneous across global case reports, with characteristic truncal distribution and intense pruritus serving as hallmark features. Laboratory and histopathological investigations are largely nonspecific and may be reserved for excluding alternative diagnoses rather than confirming SMFD. Medical treatment

not only manages symptomatic pruritus but appears to be associated with accelerated resolution, with systemic corticosteroid monotherapy demonstrating the shortest mean resolution time (9.7 days). Combined topical-systemic therapy showed no additional benefit over monotherapy, suggesting monotherapy as appropriate first-line management. These findings provide evidence-based guidance for clinicians encountering this rare but increasingly recognized dermatological condition.

Abstract N°: ID-369

Topic: Allergology and immunology

Nickel Allergic Contact Dermatitis: Epidemiology, Pathophysiology, and the Impact of Legislative Measures on Disease Reduction

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Introduction

Nickel is a ubiquitous metal used extensively in jewelry, clothing fasteners, electronic devices, and various household products due to its affordability and ability to enhance metal hardness. However, this widespread use has contributed to Nickel Allergic Contact Dermatitis (Ni-ACD), the most common cutaneous delayed-type hypersensitivity reaction worldwide. Over the past three decades, the incidence of Ni-ACD, especially among children, has nearly quadrupled, leading to significant morbidity characterized by pruritus, eczematous lesions, and reduced quality of life. The increasing prevalence has been attributed to early and frequent exposure to nickel-releasing objects such as earrings, zippers, and buttons. Ni-ACD can persist into adulthood, often manifesting as chronic hand eczema, emphasizing the lifelong burden of this condition.

Materials and Methods

A comprehensive literature review was conducted using epidemiologic studies, clinical reports, and data from population-based surveys, with a focus on outcomes observed after the implementation of the Danish Nickel Directive in 1990 and subsequent EU-wide legislation. Articles examining the mechanisms of sensitization, clinical presentation, diagnostic methods, and management strategies for Ni-ACD were analyzed. The role of genetic factors, such as filaggrin mutations and HLA antigen expression, as well as microbial influences like Staphylococcus aureus biofilm formation, was also reviewed.

Results

Ni-ACD develops through a biphasic immunologic process involving an induction (sensitization) phase and an elicitation phase. During the induction phase, repeated exposure to nickel ions beyond a threshold level results in activation of skin dendritic cells and formation of nickel-specific memory T cells. Subsequent exposures trigger inflammation and clinical dermatitis. The severity of reactions depends on the amount of nickel released, the duration of skin contact, and the condition of the skin barrier. Commonly affected areas include the face, eyelids, neck, wrists, periumbilical region, and hands.

Genetic predispositions, such as filaggrin loss-of-function mutations and certain HLA types, increase susceptibility. Environmental conditions—such as occlusion, sweating, and prolonged contact—enhance nickel corrosion and ion release, thereby exacerbating reactions.

Following Denmark's early enforcement of the Nickel Directive, which restricted consumer products intended for prolonged skin contact from releasing more than 0.5 µg nickel/cm^2/week, a marked reduction in Ni-ACD incidence was observed among young women and adolescents. These findings were later replicated across the EU after full adoption of the directive, confirming the effectiveness of regulatory measures in reducing sensitization and disease severity.

Conclusions

Ni-ACD represents a preventable but persistent public health concern with considerable medical and socioeconomic implications. While complete elimination of the disease is unlikely due to residual sources of nickel exposure, evidence from European studies demonstrates that strict legislative control of nickel release can significantly reduce new sensitizations and disease burden. Effective management relies on a combination of early diagnosis, patient education, avoidance of nickel-containing products, and appropriate topical therapy with corticosteroids and emollients. Prevention remains the cornerstone of disease control, underscoring the importance of extending similar legislative interventions globally to protect vulnerable populations, especially children and young adults.

Abstract N°: ID-401

Topic: Allergology and immunology

CLINICAL CHARACTERISTICS AND QUALITY OF LIFE IN ADULT PATIENTS WITH ATOPIC DERMATITIS AT CAN THO DERMATOLOGY HOSPITAL AND CAN THO UNIVERSITY OF MEDICINE AND PHARMACY HOSPITAL 2025–2026

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Introduction

Atopic dermatitis (AD) is a chronic inflammatory dermatosis characterized by intense pruritus and age-specific clinical patterns, significantly impacting patients' quality of life (QoL). Beyond physical symptoms like xerosis and lichenification, AD imposes a substantial burden on sleep, productivity, and psychosocial well-being. Its pathophysiology is multifactorial, involving skin barrier defects, immune dysregulation, and environmental triggers. Given the significant disease burden, this study aims to: (1) investigate the clinical characteristics, and (2) assess the QoL of AD patients at Can Tho Dermatology Hospital and Can Tho University of Medicine and Pharmacy Hospital.

Materials and Methods

Research subjects and methods: A cross-sectional study was conducted on 126 AD patients at Can Tho Dermatology Hospital and the University of Medicine and Pharmacy Hospital, Can Tho (2025–2026). Disease severity was assessed using the SCORAD index, and QoL was evaluated using DLQI. Data were analyzed using SPSS 26.0.

Results

Among 126 patients (mean age 45.1 ± 21.6; 55.6% male), the 12–35 age group was predominant. Pruritus (97.6%) and eczematous lesions (98.4%) were the cardinal clinical features, with the acute phase being most frequent (38.9%). The mean SCORAD index was 33.8 ± 14.2; notably, moderate (57.1%) and severe (37.3%) forms constituted the vast majority. Regarding quality of life, 57.9% of patients reported a "very large effect" on DLQI, with symptoms and psychological domains bearing the highest burden. A statistically significant correlation was established between disease severity (SCORAD) and QoL impairment ($p = 0.038$).

Conclusions

Conclusions: Patients with atopic dermatitis in this study demonstrated characteristic clinical manifestations, with pruritus being the most prominent feature. The majority presented with moderate disease severity and showed substantial impairment in quality of life. The observed correlation between SCORAD and DLQI reinforces that increasing disease severity is associated with a proportional decline in quality of life.

Keywords: atopic dermatitis, SCORAD; DLQI, quality of life

Abstract N°: ID-447

Topic: Allergology and immunology

Herpes zoster exacerbated by lidocaine-induced allergic reaction

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Introduction

Herpes zoster is a painful eruption of a vesicular rash that is usually unilateral and is caused by reactivation of the Varicella zoster virus (VZV). It is more common in elderly individuals with diminished cell-mediated immunity. Lidocaine is one of the most commonly used local anesthetics in clinical practice. We report the case of 79- year-old woman who presented with severe pain in the right ear accompanied by a vesicular rash, which gradually extended to the right cheek, neck and occipital region. The patient reported using self-prescribed ear drops containing Lidocaine hydrochloride one day after the onset of pain, after which her condition significantly worsened.

Materials and Methods

A 79-year-old patient presented with a unilateral rash involving the right auricular, buccal and mandibular regions, as well as the lateral neck, posterior cervical region, and right occipital area. The rash consisted of grouped vesicles on an erythematous and edematous base. Marked right auricular edema was observed. The patient was immediately hospitalized in our department. Systemic therapy was initiated with oral Aciclovir 400 mg 2 tablets five times daily, intravenous Methylprednisolone 30 mg, oral Pregabalin 75 mg once daily. Topical treatment with oxytetracycline hydrochloride/hydrocortisone spray and betamethasone cream was applied twice daily. The patient medical history was significant for arterial hypertension, Hashimoto thyroiditis, and asthma, all adequately controlled. She also reported multiple drug allergies, including allergy to Lidocaine, but was unable to provide a detailed list and documentation.

Results

After seven days of appropriate therapy, the patient showed significant clinical improvement and was discharged from the hospital. The vesicular lesions had resolved, with marked reduction of erythema and edema, and no new lesions were observed. Pain intensity decreased substantially; however, mild postherpetic neuralgia persisted at the time of discharge and was managed conservatively. Subsequently, skin prick testing with Lidocaine 2% produced a positive allergic reaction in 20 minutes and confirmed the immediate hypersensitivity reaction to lidocaine.

Conclusions

Type I hypersensitivity reactions to local anesthetics are rare and account for less than 1% of all adverse reactions. Immediate hypersensitivity to lidocaine, although uncommon, should be considered in patients with a history of multiple drug allergies. Women appear to be at increased risk of hypersensitivity reactions to local anesthetics. This case highlights a herpes zoster infection in an elderly woman with multiple comorbidities, in whom concomitant lidocaine hypersensitivity contributed to exacerbation of the clinical presentation.

Abstract N°: ID-537

Topic: Allergology and immunology

When Cutaneous Sensitization to Polyethylene Glycol (PEG) Goes Beyond Skin Deep: A Case of Anaphylaxis

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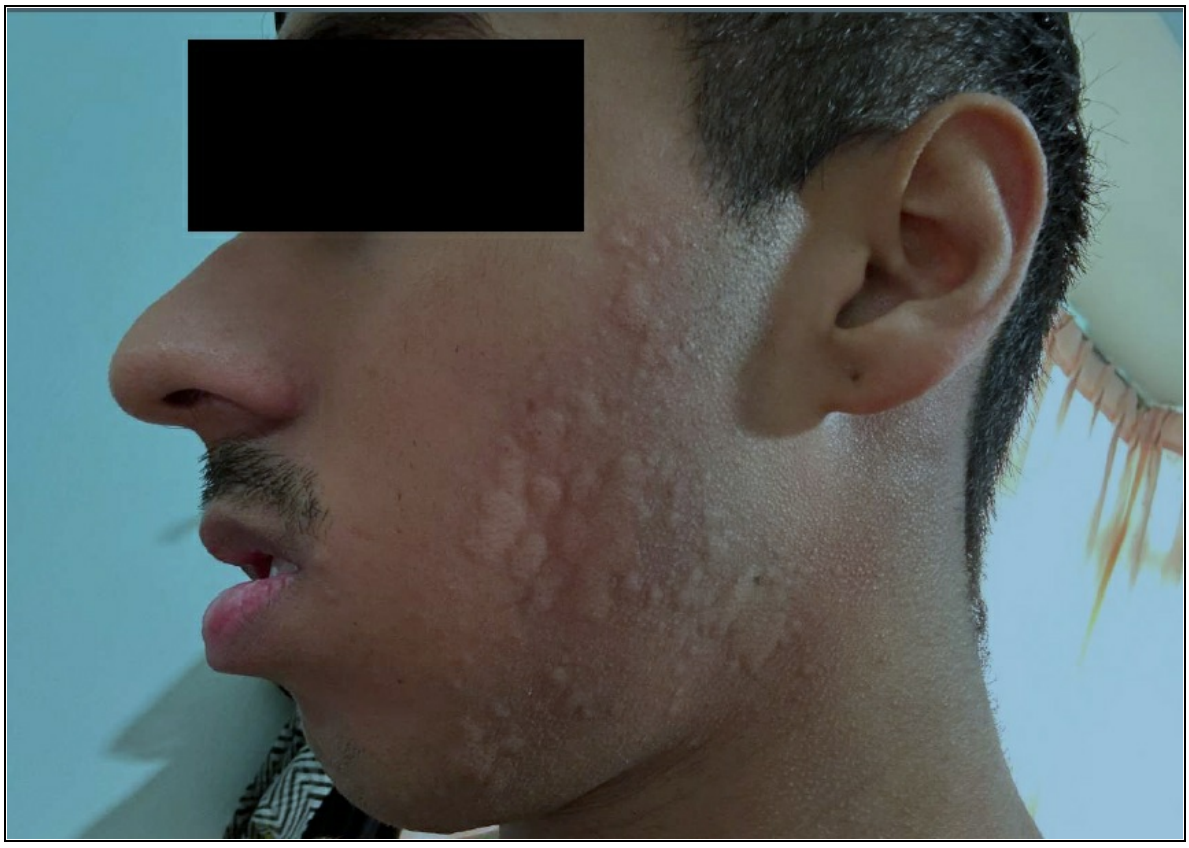
Introduction
This is an interesting case of cutaneous sensitization and resulting systemic allergy to polyethylene glycol (PEG).

Materials and Methods
A 23-year-old male planned for colonoscopy due to post-infectious diarrhoea consumed oral macrogol 4000 the night before. After a few sips, he developed lip swelling, which escalated to generalised urticaria, throat tightening and difficulty breathing within minutes. He was hypotensive en route to the hospital, requiring intramuscular (IM) adrenaline. He was stabilized in the emergency department where he received IM diphenhydramine and oral prednisolone. Following resolution of symptoms, he was discharged and referred to the allergy service.

He has no medication allergy. He noticed rashes along his beard area in the past five months (Figure 1). He has been using disposable shavers and shaving cream for the last two years. The lubricating strip on his disposable shaver contains PEG-180M and PEG-100, the shaving cream contains PEG-45M.

Skin prick tests were positive to macrogol 4000 at concentrations of 1:1000, 1:100, 1:10 and methylprednisolone acetate (contains PEG 3350) but negative to methylprednisolone succinate (without PEG). Skin prick and intradermal tests were positive to triamcinolone acetonide (contains polysorbate 80). The lubricating strip attached to the disposable razor was removed for patch test and prick to prick but these were negative. Prick test to the shaving cream was negative. To exclude dermographism, his skin was shaved with only blade and no wheal formed.

The results tie in with sensitization to PEG 3350 and 4000 with possible cross-reactivity to polysorbate 80. He was advised to avoid all products and medications with PEG and polysorbate. He was prescribed with standby adrenaline auto-injector pen. On subsequent visits, there were occasions where he had hives over shaved areas because he could not remove the lubricating strip adequately. There was no further anaphylaxis.



Results

Polyethylene glycols (PEGs) or macrogols are polymers widely used in medical, pharmaceutical, and cosmetic products[1]. Although rare, it is increasingly recognized as a cause of allergic reaction.

PEG is a common constituent in personal care products, medication preparations and wound dressings[1]. Frequently implicated drugs are macrogol laxatives, oral penicillin V, depo-medroxyprogesterone and depo-methylprednisolone[2].

PEG derivatives such as polysorbates share structural similarities and are as prevalent in cosmetic and pharmaceutical products[1]. Cross sensitization with polysorbate 80 is common[3].

Hypersensitivity to PEG is typically severe and rapid, with anaphylaxis occuring in 61%[4] - 76%[1] of cases, especially when administered via injectable or oral route[1].

While the underlying mechanism is not fully understood, sensitization is thought to occur through injured skin or mucosa where local inflammation promotes immune activation[5]. Although PEGs are generally poorly absorbed through the skin, low molecular weight (MW) PEGs which are commonly found in topical products penetrate the skin more readily[6] and skin injury increases PEG penetration regardless of MW[7]. Thus, application of products containing PEG on skin with defective barrier or wounds could lead to PEG sensitization.

This potential for cutaneous sensitization is highlighted in our case, in which contact urticaria developed after repeated exposure to PEG in lubricating strip and shaving cream on shaved skin. The presence of wheals is suggestive of an IgE-mediated process. Negative prick tests to the products may be explained by lower allergenicity of low MW PEGs[3]. Skin tests may be positive at higher concentrations.

Given the widespread use of PEG and limited labelling in personal care products, PEG represents a hidden and often overlooked allergen.

Conclusions

This case depicts a life threatening reaction to PEG following cutaneous sensitization. Awareness of PEG as both a parent compound and an excipient is vital for early recognition to prevent accidental re-exposure.

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Abstract N°: ID-616

Topic: Allergology and immunology

Bullous Cutaneous Reaction Following Black Fly (Simuliidae) Bites in a Traveler Returning from Madagascar

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Introduction

Bites from hematophagous insects can occasionally trigger pronounced local immune reactions. Black flies (Simuliidae), endemic in Madagascar, secrete immunogenic salivary proteins that may induce bullous hypersensitivity reactions, particularly in immunologically naive travelers. Such reactions are rare and can mimic other bullous dermatoses, making accurate diagnosis important.

Materials and Methods

We report the case of a 60-year-old woman who presented immediately after returning from Madagascar with multiple tense bullae on both lower legs following bites by black flies on the beach. She had no fever, systemic symptoms, or relevant past medical conditions. Clinical assessment included full dermatological examination and detailed history of insect exposure. Bullae were sterilely punctured, and topical and systemic treatment was initiated.

Results

Clinical examination revealed multiple bullae filled with clear fluid, predominantly on the left lower leg and to a lesser extent on the right lower leg and sporadically on the upper limbs. The patient was afebrile and in good general condition. The pacient was treated with a topical cream containing gentamicin and bethamethason-dipropionate. An intramuscular injection of a depot corticosteroid was administered. Antihistamin tablets were recommended to be taken twice a day.

Outcome: At one-week follow-up, no new bullae had developed, lesions were flattened with residual livid discoloration, and pruritus was markedly reduced.

The poster presentation includes photographs of skin manifestation before and after treatment.

Differential diagnosis should include bullous impetigo, localized bullous pemphigoid, herpetic infection, and in chronic or ulcerated cases, cutaneous leishmaniasis. Key features supporting the diagnosis were recent travel to an endemic area, acute onset after insect exposure, multiple tense bullae, and spontaneous resolution without scarring.

Conclusions

This case illustrates a rare bullous hypersensitivity reaction following black fly (Simuliidae) bites in a traveler returning from Madagascar. Awareness of such reactions is important for correct diagnosis, appropriate local and systemic management, and differentiation from infectious or autoimmune bullous disorders.

Abstract N°: ID-618

Topic: Allergology and immunology

Postpartum acute urticaria induced by progestin: A case report

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Introduction

Autoimmune progesterone dermatitis is a rare hypersensitivity disorder to endogenous or exogenous progesterone, characterized by a wide spectrum of clinical manifestations. The postpartum period, marked by profound hormonal and immunological fluctuations, represents a particularly susceptible context for the development of such reactions. Among the reported manifestations, urticaria is a possible presentation, which may be triggered or exacerbated by the initiation of progestin-based contraception, thus constituting an uncommon but clinically relevant cause of drug-induced urticaria.

Materials and Methods

We report the case of acute generalized urticaria induced by oral progestin contraception in a young postpartum patient.

Results

A 21-year-old primigravida woman, with no significant past medical history, delivered without obstetric complications. Progestin-only oral contraception was initiated shortly after delivery. Twenty-four hours after the first dose, she developed acute generalized urticaria, consisting of erythematous and edematous wheals, migratory, transient, and intensely pruritic, involving the trunk and both upper and lower limbs, without mucosal involvement or systemic symptoms.A pharmacovigilance investigation demonstrated a strong causal relationship between progestin exposure and the onset of urticaria. The suspected drug was immediately discontinued and replaced with an alternative contraceptive method. Dual antihistamine therapy was initiated, resulting in rapid clinical improvement with near-complete resolution of skin lesions within 48 hours.

Conclusions

Progesterone-induced urticaria belongs to the spectrum of hormonal hypersensitivity disorders, most commonly described in association with autoimmune progesterone dermatitis. The underlying pathophysiology primarily involves delayed-type (type IV) hypersensitivity mechanisms, although immediate-type (type I) reactions have also been reported. Exposure to exogenous progesterone may therefore unmask or amplify immune sensitization.Clinical presentations are highly polymorphic, including urticaria, angioedema, eczema, and erythema multiforme, which often complicates diagnosis and contributes to delayed recognition. The postpartum period represents a unique immuno-hormonal milieu that may facilitate the emergence of such hypersensitivity reactions.In the present case, the close temporal association between progestin initiation and symptom onset, together with the rapid resolution after drug withdrawal, strongly supports drug imputability, further confirmed by pharmacovigilance assessment. Management is primarily based on discontinuation of the offending agent, modification of contraceptive strategy, and symptomatic treatment with antihistamines,

usually leading to favorable outcomes.

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ATHENS 7 - 9 MAY

Abstract N°: ID-632

Topic: Allergology and immunology

Letrozole-induced erythema nodosum: a rare dermatological complication of aromatase inhibitors

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Introduction

Erythema nodosum is an acute septal panniculitis reflecting a systemic inflammatory reaction to various stimuli, including infections, autoimmune diseases, cancers and drugs. While infectious causes are the most common, drug-induced cases related to hormonal therapies, particularly aromatase inhibitors such as letrozole, remain exceptional. We report a case of letrozole-induced erythema nodosum in a patient treated for metastatic breast cancer.

Materials and Methods

We describe the case of a 56-year-old woman with metastatic invasive ductal carcinoma of the breast with pulmonary involvement, treated with palbociclib and letrozole for five weeks. She developed painful nodular lesions on the lower limbs, progressing for 20 days, with no fever. Clinical examination revealed inflammatory dermo-hypodermal nodules, tender to palpation, located bilaterally and asymmetrically on the anterior surfaces of the legs (figure 1). The absence of systemic symptoms, infectious prodromes, ulcerations, or livedo helped exclude alternative diagnoses. Laboratory tests and chest radiography were normal. Symptomatic treatment with colchicine, vitamin C, and rest showed no improvement after three weeks; instead, the lesions worsened. Given the time of onset and the absence of other identified causes, letrozole was strongly suspected by pharmacologists. Treatment was discontinued and replaced by exemestane, leading to clinical improvement.

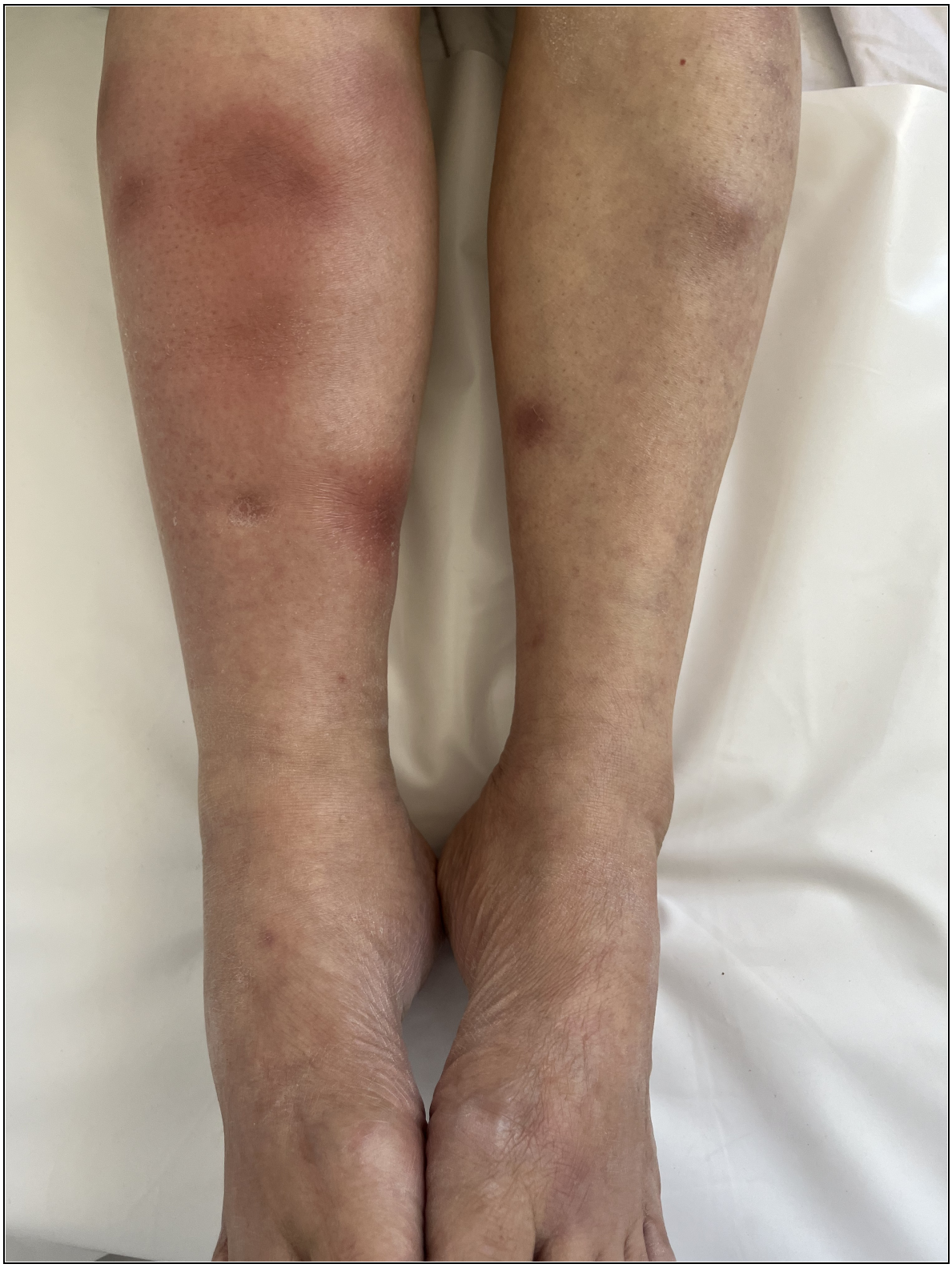

Figure 1

Results

Erythema nodosum is a common form of septal panniculitis, associated with infectious, inflammatory, neoplastic, or drug-related causes. Drug-induced forms account for up to 10% of cases; however, those caused by aromatase inhibitors, particularly letrozole, remain rare. In our case, the timing of onset, absence of other etiologies, and resolution after drug withdrawal support a medication-induced cause. The literature reports very few cases of erythema nodosum associated with letrozole; six cases related to aromatase inhibitors have been described. Other publications report severe cutaneous manifestations such as leukocytoclastic vasculitis, suggesting an immunoallergic mechanism. Management of erythema nodosum is based on rest, colchicine, or nonsteroidal anti-inflammatory drugs, with generally favorable outcomes after discontinuation of the causal agent.

Conclusions

This case illustrates a rare but clinically significant dermatologic complication of letrozole, a treatment otherwise well tolerated in most cases. Recognizing drug-induced erythema nodosum prevents unnecessary investigations and guides targeted management. This observation emphasizes the importance of considering adverse drug reactions, even uncommon ones, in the presence of unexplained panniculitis in patients receiving aromatase inhibitors.

Abstract N°: ID-1000

Topic: Allergology and immunology

Contact dermatitis to Cade oil: A reminder for dermatological and allergological vigilance

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Introduction

Cade oil, also known as vegetable tar oil, is widely used in self-medication for the treatment of inflammatory dermatoses, particularly psoriasis and eczema. Although considered a “natural” product, it contains phenolic compounds and polycyclic aromatic hydrocarbons known for their irritant and sensitizing potential. Cases of allergic contact dermatitis caused by cade oil remain rarely reported and are probably underdiagnosed. Through this original and well-documented case report, we aimed to highlight cade oil as an underestimated cutaneous allergen, illustrate its clinical presentation, and emphasize the importance of targeted allergological investigations in the context of self-medication.

Materials and Methods

We report a case of contact dermatitis induced by cade oil in a young patient.

Results

We report the case of a 19-year-old patient with no personal history of atopy or known allergies, who developed pruritic skin lesions following repeated application of cade oil to the scalp. Clinical examination and detailed history-taking were complemented by standardized patch testing, including the suspected product, performed according to current recommendations.

Clinical examination revealed well-demarcated erythematous, edematous, and oozing plaques localized to the scalp, nape of the neck, and retroauricular regions. Patch testing showed a positive reaction to cade oil, confirming the diagnosis of allergic contact dermatitis. Allergen avoidance combined with topical corticosteroid therapy resulted in rapid clinical improvement.

This case illustrates a common diagnostic challenge in differentiating irritant from allergic dermatitis and highlights the importance of patch testing when evaluating reactions to natural products.

Conclusions

This case highlights the sentinel role of cade oil as an underrecognized cutaneous allergen and underlines the potential risks associated with the use of natural products in self-medication. It emphasizes the importance of thorough history-taking, including systematic questioning about herbal and traditional remedies, in patients presenting with inflammatory or eczematous dermatoses. Targeted patch testing remains essential to differentiate allergic contact

dermatitis from irritant reactions and to identify the causative allergen, allowing appropriate management and prevention of recurrences. Increased awareness among dermatologists and allergologists, as well as improved patient education regarding the potential sensitizing properties of natural remedies, is crucial to reduce diagnostic delays and improve patient outcomes.

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Topic: Allergology and immunology

Successful Resolution of Erythrodermic Psoriasis Induced by Tuberculosis In Elderly with Topical Therapy Without Systemic Immunosuppression

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Introduction

Erythrodermic psoriasis (EP) is a rare variant of psoriasis and occurs in approximately 1-2.25% of psoriasis patients, it's a life-threatening dermatologic emergency that requires immediate systemic intervention to prevent complications like sepsis and heart failure. Psoriasis can be exacerbated by emotional stress, acute or chronic infections such as tuberculosis (TB). The simultaneous occurrence of EP and progressive pulmonary tuberculosis may be explained by the maintenance of a T- Helper 2 immune response in both conditions. A variety of anti-psoriasis treatment options, both topical and systemic, are available for the treatment of Erythrodermic psoriasis. However, managing EP in elderly patients with TB presents a significant therapeutic dilemma. Rapid-acting immunosuppressant drugs and certain biologic agents are contraindicated or carry a high risk of TB reactivation despite being recommended therapy for Erythrodermic Psoriasis. This case underscores the challenge of balancing treatment for skin stabilization with the safety concerns inherent in a geriatric patient with Tuberculosis.

Materials and Methods

A 69-year-old man complained of red plaques covered with silvery scales involving 93% of the body surface area with positive Autspitz Sign and Koebner Phenomenon, dermoscopy and histopathologic examination were performed; the patient was diagnosed with Erythroderma et causa Psoriasis Vulgaris. Patient is being treated by Pulmonologist and diagnosed Relapse Pulmonary Tuberculosis. The patient was given topical salicylic acid 3 % combined with topical mid-strength steroid applied twice daily, emollient contained lanolin 10 % and Vaseline applied twice daily alternating with the first topical steroid combination. Treatment from pulmonologist were ceftriaxone 1 g twice daily and acetylcysteine three times daily. Patient also received Anti-Tuberculosis Therapy on 7th day of treatment.

Results

After 7 days of follow up, the patient showed clinical skin improvement and achieved PASI 75. At the 3 months follow up, patient reported cleared lesion, no recurrence of psoriasis, or tuberculosis-related complications.

Conclusions

In Erythrodermic Psoriasis, it is essential to identify potential triggering factors, such as TB Infection or another comorbidity. This case showed clinical improvement with topical corticosteroid and emollients, along with treatment of underlying TB infection, without systemic immunosuppressive therapy. The patient also showed no recurrence or complications during treatment of the underlying infection.

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Topic: Allergology and immunology

An Unusual Complication of Erythema Multiforme Major: Acute urinary retention

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Introduction

Erythema multiforme major is an immune-mediated condition affecting the skin and mucosal surfaces, characterized by the appearance of lesions classically described as target-like.The eruption is often precipitated by an infection, particularly due to Mycoplasma pneumoniae. In severe cases, erythema multiforme can be extremely painful and may require hospitalization, especially if mucosal lesions are present.

Our case illustrates an unusual complication of erythema multiforme major associated with *Mycoplasma pneumoniae* infection; the acute urinary retention

Results

It was a case of a 15-years-old adolescent, was admitted to hospital for a severe cutaneous-mucosal eruption. He presented a 3-day history of fever of 38.5°C, odynophagia, cough, the progression was marked by the sudden appearance of skin and mucosal lesions, a severe lower abdominal pain and an inability to pass urine for the last 8 hours.

Upon interrogation, his medical history showed that's not reveal any medication use and no recurrent herpes infection.

Dermatological examination showed a typical target lesion. The latter measures large between 1-3 cm diameter, has a regular round shape and well-defined border with three distinct zones, some of the papules have an erythematous periphery and a pale erythematous center and they are symmetrical distributed in the trunk, the limbs, upper and lower extremities, the palms and backs of the hands ,Mucosal examination showed an intense stomatitis affecting all of the oral, palatine, and pharyngeal mucosas , thick hemorrhagic crusts cover the labial lesions associated with bilateral conjunctival hyperemia with discharge. While the genital mucosas showed a papular erythematous lesion with a bullous center, and erosions in urethral meatus. Abdominal examination revealed a tender palpable bladder midway between the pubic symphysis and umbilicus.

Diagnosis of pneumonia was identified by Detection of IgM(8,4) or IgG(13) class antibodies in serum .

The acute urinary retention has been relieved by insertion of a urethral catheter, for the erythema multiforme major a therapeutic protocol with azithromycin associated to prophylaxis by valaciclovir and local care was intaured.

The clinical cours was favorable, by a spectacular resolution of all lesions with post inflammatory hyperpigmentation.

Conclusions

Erythema Multiforme Major is a toxic hypersensitivity reaction with a rapid course. A causal relationship between M.Pneumonia respiratory infections and erythema multiforme major is described. However, complications may arise secondary to mucosal involvement, particularly urethral strictures, which increase the severity of the clinical presentation due to the potential to induce acute kidney failure .

Abstract N°: ID-1306

Topic: Allergology and immunology

Dupilumab Shows Sustained Effectiveness and Safety in Patients With Atopic Dermatitis: Real-World Insights From the Overall Population 3 Years Into the GLOBOSTAD Multinational Prospective Observational Study

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Introduction
To provide interim effectiveness and safety data on adolescent and adult patients with atopic dermatitis who initiated dupilumab treatment per standard clinical practice and have completed 3 years of observation in the GLOBOSTAD registry. Observational studies on atopic dermatitis (AD) provide evidence for dupilumab treatment effectiveness and safety in a real-world setting.

Materials and Methods
The 5-year (y) GLOBOSTAD study (NCT03992417) enrolled patients ≥12y with moderate-to-severe AD who received dupilumab based on country-specific prescribing information. Assessments were conducted at baseline, 3 months (3mo; ±1mo), 6mo (±2mo), then every 6mo (±2mo) up to 3y. Data are reported as observed.

Results
Of the 953 patients enrolled in GLOBOSTAD, 343 discontinued (36.0%; most common was “withdrawal of consent by the patient”, 119/953 [12.5%]). 753/626/528 patients completed ≥1 assessment at 12mo/24mo/36mo, respectively. Mean±standard deviation Eczema Area and Severity Index score (>21=severe; ≤7=mild/no disease) improved rapidly from 25.1±12.8 at baseline to 4.7±10.1 at 12mo, and to 3.4±7.5/2.9±5.2 at 24mo/36mo, respectively. Patient-Oriented Eczema Measure score (≥17=severe; ≤7=mild/no disease) improved from 19.7±6.4 at baseline to 7.2±5.7 at 12mo, and to 6.5±5.5/6.4±6.2 at 24mo/36mo, respectively; Dermatology Life Quality Index score (≥13=very large effect; ≤6=small/no effect) improved from 14.5±7.0 at baseline to 4.1±4.5 at 12M, and to 3.8±4.5/3.7±4.4 at 24M/36M, respectively; weekly average pruritus Numeric Rating Scale score (≥7=severe; ≤3=mild/no disease) improved from 6.2±2.2 at baseline to 1.6±2.1 at 12mo, and to 1.4±2.1/1.2±2.1 at 24mo/36mo, respectively. Adverse events were reported in 480/953 patients (50.4%; most common was allergic conjunctivitis, 92/953 [9.7%]). 42/953 [4.4%] patients had serious adverse events).

Conclusions

Long-term dupilumab treatment showed sustained effectiveness with improvements in AD signs, symptoms, and quality of life for 3y in patients with moderate-to-severe AD. Safety was consistent with the known dupilumab safety profile.

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Topic: Allergology and immunology

Allergic contact dermatitis among hospital cleaning staff

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Introduction
Hospital cleaning staff are exposed to numerous irritants and allergens, which may lead to allergic contact dermatitis, resulting in functional impairment and a negative impact on quality of life and work performance. This study aimed to assess the prevalence, associated factors, and the impact on quality of life of allergic contact dermatitis among cleaning staff.

Materials and Methods

A descriptive cross-sectional study was conducted in December 2025 among hospital cleaning workers. Data were collected using structured questionnaires.

Results
A total of 45 workers were included, 85% of whom were female, with a mean age of 39 ± 8 years. Most participants had a job seniority ranging from 5 to 20 years. On average, they worked between 8 and 11 hours per day, five days per week. All participants reported daily use of chemical products. Sixteen workers (35.5%) had confirmed allergic contact dermatitis and had previously consulted a dermatologist. Typical lesions consisted of erythematous and vesicular plaques, associated with intense pruritus and occasional oozing. Lesions predominantly affected the palms (89%), followed by the forearms (15%), face (4%), and ankles (2%). The main incriminated products were concentrated detergents, chemical disinfectants, and fragranced products. Regarding personal protective equipment, only 41% reported systematic use of appropriate gloves. Allergic contact dermatitis was significantly associated with job seniority greater than five years ($p = 0.03$) and daily exposure to chemical products without complete use of personal protective equipment ($p = 0.01$). Additionally, 11.1% of affected workers expressed concerns about the need to change their profession, 26.7% reported limitations in daily activities, and 31.1% described a psychological impact related to intense pruritus and visible lesions.

Conclusions
Allergic contact dermatitis is common among cleaning staff and significantly affects quality of life. Preventive measures, including education, proper use of personal protective equipment, and regular dermatological follow-up, are essential.

Abstract N°: ID-1371

Topic: Allergology and immunology

Late onset reactions after hyaluronic acid dermal fillers, etiology, prevention and management

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Introduction

Hyaluronic acid (HA) dermal fillers are widely regarded as safe aesthetic procedures; however, rare late-onset reactions (LORs) have been reported. These reactions typically manifest between 3 and 4 months post-injection, though in some cases they may occur as early as 24 hours after treatment. Understanding the underlying mechanisms and appropriate management strategies is essential to minimize complications and optimize patient outcomes.

Materials and Methods

A narrative review of current literature was conducted focusing on the etiology, prevention, and management of late-onset reactions associated with hyaluronic acid dermal fillers. Reported mechanisms include filler-related factors, infectious triggers, and host immune system alterations. Preventive strategies and treatment approaches were analyzed based on clinical recommendations and expert consensus.

Results

Several contributing factors to LORs have been identified. First, the physicochemical properties of HA fillers, particularly low-molecular-weight HA, may provoke immune responses. Second, infectious processes may arise due to contamination during injection or reactivation of dormant biofilms. Third, host immune dysregulation, such as autoimmune diseases or viral infections, may predispose patients to prolonged foreign body reactions, delayed type IV hypersensitivity reactions, or adjuvant-based immune responses.
Risk reduction strategies include strict adherence to aseptic techniques, appropriate product selection, and correct injection depth based on anatomical considerations. Post-procedure patient education regarding filler care also plays a crucial role in prevention.

Conclusions

The management of late-onset reactions to HA dermal fillers should be guided by the suspected underlying etiology. Hyaluronidase is recommended for non-inflammatory reactions in the absence of active infection, while inflammatory reactions may be managed with observation and/or corticosteroid therapy. In cases of infection, hyaluronidase is not considered first-line treatment; instead, drainage, bacterial culture, and appropriate antibiotic therapy are required. Individualized patient assessment and tailored management remain essential in all cases.

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Topic: Allergology and immunology

Hypersensitivity reactions to insect stings in children: Assessment of pediatric emergency residents' knowledge according to severity

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Introduction

Insect stings are a common reason for consultation in pediatric emergency departments. Reactions may range from simple local erythema to severe systemic manifestations, including life-threatening anaphylaxis. Adequate recognition, severity assessment, management, and prevention are therefore essential. This study aimed to evaluate pediatric emergency residents' knowledge regarding the identification, severity assessment, management, and prevention of hypersensitivity reactions to insect stings in children.

Materials and Methods

A single-center cross-sectional study was conducted in December 2025 among residents working in a pediatric emergency department. An anonymized questionnaire based on clinical case scenarios was used.

Results

Of the 55 residents contacted, 38 responded (69%), with a female predominance (male-to-female ratio = 0.4) and a mean age of 24.2 years. Most respondents were in their second year of residency (n = 22, 58%).

Regarding local reactions, 23 residents (60%) correctly identified appropriate management measures (local care, antihistamines, and observation), while 15 (40%) still considered these reactions as requiring urgent or intravenous treatment. For non-anaphylactic systemic reactions, 17 residents (45%) correctly assessed severity and proposed appropriate management (oral antihistamines, clinical observation, and discharge instructions), whereas 21 (55%) overtreated these reactions by incorrectly considering them as life-threatening emergencies.

Concerning anaphylactic reactions, 35 residents (92%) identified epinephrine as the first-line treatment; however, only 11 (29%) correctly indicated the dose and 13 (34%) the appropriate intramuscular injection site. Half of the residents were unfamiliar with intravenous administration modalities. In addition, most respondents incorrectly considered corticosteroids as emergency first-line treatment, although 28 (74%) were aware of the minimal contents of an emergency kit.

Conclusions

These findings highlight an overall good theoretical knowledge among pediatric emergency residents but reveal significant gaps in practical management and in distinguishing between different severity levels of hypersensitivity reactions to insect stings in children.

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Topic: Allergology and immunology

Use of artificial intelligence by patients in dermato-allergology

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Introduction

The rise of artificial intelligence (AI) tools accessible to the general public is transforming health behaviors, particularly in dermatology and allergology, where visible and chronic symptoms often prompt patients to seek information before consulting a physician. This study aimed to evaluate AI use among patients consulting in dermato-allergology and to analyze its impact on their perceptions, behaviors, and care pathways.

Materials and Methods

A cross-sectional study was conducted in a dermato-allergology consultation using a questionnaire on patients' use of AI.

Results

A total of 84 patients were surveyed (mean age 37.2 ± 12.8 years; 63% female; male-to-female ratio 0.59). Among them, 52% had consulted an AI tool prior to the consultation, mainly ChatGPT. The most frequent conditions were chronic urticaria (38%), eczema or contact dermatitis (29%), and atopic dermatitis (20%). The main motivations were diagnostic guidance (70%), understanding the disease (64%), and reassurance (58%).

Behavioral changes prior to consultation were reported by 43% of AI users, including self-medication (35%), spontaneous discontinuation of a suspected treatment (30%), or unjustified avoidance measures (18%). AI-generated information was considered clear in 74% of cases but anxiety-inducing in 27%. Only 11% believed AI could replace a medical consultation, while 68% considered it a complementary tool. AI use was more frequent among patients under 40 years (65% vs 38%, $p = 0.02$). Patients with atopic dermatitis were more likely to consult AI for reassurance and therapeutic advice ($r = 0.41$; $p = 0.004$), and anxious users more frequently modified their behavior ($r = 0.46$; $p = 0.001$). No significant associations were found between sex and AI use ($p = 0.28$) or between disease type and perception of AI as a substitute for consultation ($p = 0.12$).

Conclusions

AI is increasingly consulted by patients and influences therapeutic decisions, highlighting the need for its thoughtful integration into the physician–patient relationship.