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Topic: Epidemiology

Divergent Patterns of Dermatological Health-Seeking Behavior in Refugee and Host Communities in Turkey: A 15-Year Digital Epidemiology Analysis

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Introduction
Mass migration profoundly reshapes disease profiles in both refugee and host communities. However, conventional surveillance systems frequently fail to capture refugee health-seeking behaviors due to language barriers and variability in healthcare system utilization. Leveraging Google Health Trends data, this study aimed to assess longitudinal trends in dermatological disease–related search behavior among the approximately 3.2 million Syrian refugees residing in Turkey, in comparison with the host population.

Materials and Methods
We conducted a longitudinal digital epidemiology study analyzing dermatological disease trends across three cohorts: Host (TUR–TUR), Refugee (TUR–SYR), and Origin (SYR–SYR). Data from Google Health Trends covered five distinct periods (2010–2024), with main analysis focused on the Establishment (2016–2019) and Post-Pandemic (2022–2024) phases. We performed searches using language-specific composite strings combining clinical terminology with colloquial expressions (Turkish for hosts, Arabic for refugees/origin) to reduce semantic loss. A set of 30 dermatological conditions was selected based on global prevalence in refugee populations. Turkish and Arabic term sets were developed through a multistep process incorporating expert input, lexical normalization, and usage frequency filtering. Monthly search volume data were extracted for each disease and cohort across three cohorts spanning two countries, generating a 15-year, monthly-resolution dataset comprising 16,200 data points in total (30 diseases × 180 months × 3 cohorts). Sentinel conditions were selected using stepwise elimination requiring both statistical significance (Mann-Whitney U test, $p < 0.05$) and moderate-to-strong effect size ($|r| \geq 0.50$).

Results
Among the 30 dermatological conditions screened, 11 met the predefined analytical criteria and were included in the final analysis (Table 1). These conditions exhibited three distinct trend patterns across the host, refugee, and origin cohorts (Figure 1). Scabies demonstrated a synchronized surge across all three cohorts during the post-pandemic period (2022–2024). It rose to Rank 1 from 7 among refugees ($r \approx +1.00$), Rank 3 from 15 among hosts ($r = +0.98$), and Rank 2 from 5 in the origin control cohort ($r \approx +1.00$). Pediculosis showed divergent trends between cohorts, declining in the host community ($r = -0.82$, Rank 1 → 4) while maintaining the top rank among refugees ($r = +0.94$). Leishmaniasis remained stable in the origin population ($r = +0.35$, Rank 20) but declined in the refugee cohort in Turkey ($r = +0.08$, Rank 26 → 29). Additionally, HIV ($r = +0.55$) and Syphilis ($r = +0.89$) exhibited increasing trends within the refugee cohort, similar to those observed in the origin population, while remaining lower in relative ranking.

Table 1. Longitudinal trends in dermatological health-related search behavior across host, refugee, and origin populations.

Disease	Host Community (TUR-TUR)	Refugee Community (TUR-SYR)	Origin Control (SYR-SYR)
1. Synchronized Surge			
Scabies	r = +0.98 (Rank 15 → 3)	r = +1.00 (Rank 7 → 1)	r = +1.00 (Rank 5 → 2)
Eczema	r = +0.92 (Rank 3 → 5)	r = +0.94 (Rank 9 → 9)	r = +0.74 (Rank 11 → 10)
Urticaria	r = +0.96 (Rank 13 → 10)	r = +0.56 (Rank 21 → 20)	r = +0.89 (Rank 22 → 18)
Hair Loss	r = +0.69 (Rank 5 → 11)	r = +0.78 (Rank 3 → 4)	r = −0.10 (Rank 3 → 4)
Warts	r = +0.60 (Rank 9 → 8)	r = +0.76 (Rank 19 → 16)	r = +0.24 (Rank 19 → 19)
2. Epidemiological Divergence			
Pediculosis	r = −0.82 (Rank 1 → 4)	r = +0.94 (Rank 1 → 1)	r = +0.91 (Rank 1 → 1)
Syphilis	r = +0.04 (Rank 23 → 24)	r = +0.89 (Rank 6 → 3)	r = +0.33 (Rank 6 → 3)
HIV	r = −0.12 (Rank 4 → 6)	r = +0.55 (Rank 5 → 7)	r = +0.99 (Rank 4 → 8)
Varicella	r = −0.23 (Rank 16 → 16)	r = +0.56 (Rank 10 → 12)	r = +0.44 (Rank 8 → 6)
HPV	r = +0.97 (Rank 7 → 4)	r = 0.00 (Rank 27 → 26)	r = +0.16 (Rank 24 → 25)
3. Geographic Control			
Leishmaniasis	r = 0.00 (Rank 27→27)	r = +0.08 (Rank 26 → 29)	r = +0.35 (Rank 20 → 20)

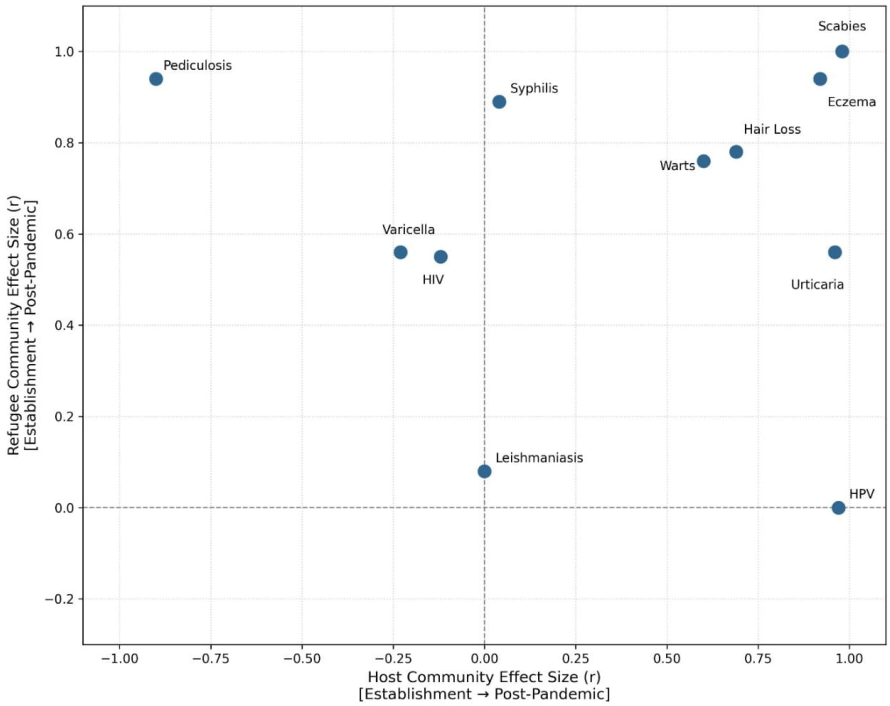
Abbreviations: TUR, Turkey; SYR, Syria; r, effect size.
This table summarizes longitudinal changes in dermatological health-seeking behavior, quantified by effect size (r) and relative rank shifts, between the Establishment (2016–2019) and Post-Pandemic (2022–2024) periods across Host, Refugee, and Origin cohorts. Rank changes are shown in parentheses. All listed conditions demonstrated statistically significant differences between periods ($p < 0.05$, Mann–Whitney U test). Inclusion of the Origin cohort enables differentiation of migration-associated patterns from baseline population trends.

Conclusions

Dermatological disease dynamics in refugee populations are influenced by both shared regional crises and persistent structural disparities. The synchronized surge in scabies across all cohorts indicates a transnational burden, while divergent patterns in pediculosis highlight ongoing inequalities related to overcrowded living conditions. The decline of leishmaniasis among refugees compared to its persistence in origin populations is consistent with reduced vector exposure in urban settings and supports the ecological validity of digital epidemiology approaches. These findings underscore the need for stratified, context-sensitive interventions addressing both convergent and divergent disease trends in displaced populations. Although composite query design reduced semantic loss, cultural differences in

information-seeking may limit how well search data reflect actual disease burden. The lack of age and gender stratification also restricts subgroup-level interpretation. Nevertheless, digital epidemiology offers a scalable, real-time surveillance tool to complement conventional clinical monitoring and reveal undercaptured public health dynamics in vulnerable communities.

Figure 1. Divergent patterns of dermatological health-seeking behavior between refugee and host populations across pre-pandemic and post-pandemic adaptation periods.



This scatterplot shows disease-specific effect sizes (r) for dermatological conditions meeting predefined analytical thresholds ($p < 0.05$) between the Establishment (2016–2019) and Post-Pandemic (2022–2024) periods. The x-axis represents Host and the y-axis Refugee community trends. Effect sizes were derived from monthly Google Health Trends data, with disease selection based on the non-parametric Mann–Whitney U test. Dashed lines indicate zero-change thresholds ($r = 0$).

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Topic: Epidemiology

Mortality From Diseases of the Skin and Subcutaneous Tissue in Brazil (2014-2024): A Nationwide Public Health Analysis

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Introduction
Diseases of the skin and subcutaneous tissue are often underestimated in terms of severity, despite their potential to cause serious complications and death. In low and middle-income countries with regional inequalities, mortality associated with dermatologic conditions may reflect structural limitations in healthcare access, delayed diagnosis, and insufficient integration of dermatology into public health strategies.

Materials and Methods
A retrospective descriptive study was conducted using mortality data from the national public health information system (DATASUS) of Brazil. All deaths recorded between 2014 and 2024 under ICD-10 Chapter XII (Diseases of the skin and subcutaneous tissue) were included. Absolute numbers and proportional distributions of deaths were analyzed across the five Brazilian macro-regions: North, Northeast, Southeast, South, and Midwest.

Results
From 2014 to 2024, a total of 36,431 deaths attributed to diseases of the skin and subcutaneous tissue were registered nationwide. The Southeast region accounted for the largest proportion of deaths (approximately 41%), followed by the Northeast (24%) and the South (17%). The Midwest contributed about 12% of deaths, while the North accounted for 5%. Despite differences in population size and healthcare infrastructure, all regions consistently reported mortality related to dermatologic conditions throughout the study period. The North and Northeast together represented nearly one-third of all deaths, highlighting a substantial burden in regions with historically limited access to specialized care.

Conclusions
Mortality from diseases of the skin and subcutaneous tissue represents a relevant and underrecognized public health issue in Brazil. The persistence of deaths across all macro-regions over a ten-year period underscores the need for improved early detection, strengthened referral networks, and greater incorporation of dermatologic care into public health planning. Addressing these gaps is essential to reduce preventable mortality associated with skin diseases.

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Topic: Epidemiology

Type 1 Neurofibromatosis or Von Recklinghausen Disease: Experience from the Dermatology Department of CHU Mohammed VI in Oujda

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Introduction

Type 1 neurofibromatosis (NF1), or Von Recklinghausen disease, is a common autosomal dominant genodermatosis characterized by highly variable clinical expression. Diagnosis is based on clinical criteria established by the NIH and recently revised in 2021. The aim of our study was to describe the epidemiological, clinical, paraclinical, and therapeutic profiles of patients with NF1 followed in the dermatology department of CHU Mohammed VI in Oujda, and to highlight the contextual particularities of their management.

Materials and Methods

We conducted a retrospective, descriptive, single-center study over a period of 10 years and 6 months (June 2014 to December 2024), including 25 patients hospitalized for NF1. Data were collected using a pre-established data collection form and analyzed using SPSS v21.

Results

The mean age at diagnosis was 27.2 years. There was a female predominance (60%) and a majority of patients were from urban areas (84%). All patients presented with café-au-lait spots, 96% had lentigines, and 96% had neurofibromas. Neurological manifestations were observed in 32% of cases, and bone complications in 36%. Academic failure affected 44% of patients, and quality of life was moderately impaired (mean DLQI: 8.2 ± 3.8). The rate of patients lost to follow-up was high (76%). Only one case of malignant transformation was reported.

Conclusions

Although generally benign, NF1 can lead to severe complications and significant functional and psychological impact. Our study highlights the limitations of early detection and follow-up, emphasizing the need to establish dedicated, multidisciplinary care pathways adapted to our socio-economic context.

Abstract N°: ID-1020

Topic: Epidemiology

Epidemiological and Etiological Analysis of Acute Urticaria in a University Hospital Center

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Introduction

Acute urticaria is a common inflammatory dermatosis characterized by the rapid onset of pruritic erythematous lesions, sometimes associated with angioedema. Its onset is often related to various causes, including infections, medications, and food allergies. A better understanding of its etiological profile helps guide diagnosis and management.
This study aimed to analyze the epidemiological, clinical, and therapeutic characteristics of acute urticaria.

Materials and Methods

This was a retrospective descriptive study conducted at an University Hospital Center, including patients diagnosed with acute urticaria between 2021 and 2025.

Results

The study included 146 patients with acute urticaria, with a mean age of 28.7 ± 12.3 years and a slight female predominance (56%). Clinically, all patients presented with pruritic erythematous papular lesions, often generalized, while angioedema mainly involving the eyelids and lips was observed in 19% of cases. Systemic manifestations were rare and reported in only 6% of patients.

Etiologically, infections represented the main cause (38%), predominantly viral, followed by drug-induced reactions (25%), mainly involving antibiotics and nonsteroidal anti-inflammatory drugs, and food allergies (18%), particularly to milk, eggs, and nuts. In 19% of cases, acute urticaria remained idiopathic despite extensive investigations.

All patients were treated with second-generation antihistamines, with a favorable response observed in 87% of cases, whereas 12% required systemic corticosteroids due to severe forms or extensive angioedema. The median duration of urticaria was 8 days, highlighting its transient nature and the effectiveness of symptomatic treatment.

Conclusions

Acute urticaria is a frequent and generally self-limited condition with a favorable prognosis. In our series, infectious triggers, particularly viral infections, were identified as the leading etiological factor, followed by drug-related reactions and food allergies. These findings highlight the importance of a thorough clinical history and targeted etiological investigation to identify potential triggers and avoid unnecessary diagnostic procedures.
The high rate of favorable response to second-generation antihistamines confirms their role as first-line therapy, while systemic corticosteroids should be reserved for severe presentations or cases associated with significant angioedema.

Despite extensive investigations, a proportion of cases remains idiopathic, reflecting the multifactorial and sometimes elusive nature of acute urticaria.
Improving clinicians' awareness of the main triggering factors may contribute to optimized patient management, reduction of recurrence risk, and better patient education regarding trigger avoidance. Further prospective and multicenter studies are warranted to better characterize regional etiological patterns and refine therapeutic strategies.

Abstract N°: ID-1097

Topic: Epidemiology

Epidemiological Profile of Cutaneous Leishmaniasis in Brazil from 2015 to 2024

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Introduction

Cutaneous leishmaniasis (CL) is a neglected tropical disease that continues to represent a relevant challenge for dermatological practice and public health systems in Brazil. The disease is predominantly characterized by localized or disseminated cutaneous lesions and, in a smaller proportion of cases, by mucosal involvement. These clinical manifestations may result in physical sequelae, functional impairment, social stigma and a measurable reduction in quality of life. Although Brazil has implemented long-standing surveillance and control strategies, CL remains endemic in several regions, reflecting persistent transmission dynamics and structural challenges related to prevention, diagnosis and continuity of care.

In this context, the present study aimed to describe the epidemiological profile of cutaneous leishmaniasis in Brazil between 2015 and 2024, analyzing temporal trends, demographic characteristics, geographic distribution, clinical presentation and reported case outcomes, with the purpose of identifying population groups at higher risk, regional disparities and limitations in disease surveillance and follow-up.

Materials and Methods

A descriptive epidemiological study was conducted using secondary data obtained from the Brazilian Notifiable Diseases Information System (SINAN/DATASUS). All confirmed cases of cutaneous leishmaniasis reported nationwide between January 2015 and December 2024 were included. The variables analyzed comprised year of diagnosis, sex, age group, region of notification, clinical form and case outcome. Data analysis was based on absolute and relative frequencies, allowing a comprehensive overview of the distribution of cases across time, population groups and geographic regions.

Results

During the study period, 161,833 confirmed cases of cutaneous leishmaniasis were reported in Brazil. A consistent predominance among males was observed, with men accounting for 73.2% of all reported cases. The disease mainly affected individuals of working age, particularly those aged 20–39 years (38.6%) and 40–59 years (25.6%), highlighting its potential impact on productivity and socioeconomic burden.

The geographic distribution of cases was markedly heterogeneous. The North Region accounted for nearly half of all notifications (47.4%), followed by the Northeast (23.9%) and the Central-West (15.3%), reflecting sustained endemic transmission in these areas. In contrast, the South Region contributed only 1.8% of reported cases, indicating a substantially lower burden in that region.

Regarding clinical presentation, the cutaneous form was overwhelmingly predominant, representing 93.8% of cases. Mucosal involvement was identified in 6.1% of notifications, indicating the continued occurrence of more severe clinical manifestations. In terms of outcomes, cure was documented in 69.1% of cases. Treatment abandonment occurred in 2.9%, and deaths directly attributed to cutaneous leishmaniasis were rare (<0.1%). Notably, outcome information was missing or recorded as unknown in 24.3% of cases, pointing to important limitations in patient follow-up and data

completeness within the surveillance system.

Conclusions

From 2015 to 2024, cutaneous leishmaniasis remained a significant public health concern in Brazil, with a clear predominance among men of working age and a pronounced regional concentration in endemic areas, particularly in the North and Northeast. Although cure was reported in most cases and disease-specific mortality was low, persistent treatment abandonment and substantial gaps in outcome reporting indicate weaknesses in surveillance quality and continuity of care. Strengthening early diagnosis, improving case monitoring and enhancing the completeness of notification data remain essential to reduce the burden of the disease.

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Topic: Epidemiology

Fleeting Beauty Trends and Their Regulatory Aftermath

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Introduction

The history of cosmetics is marked by recurring cycles in which aesthetic innovation outpaces scientific evaluation and regulatory oversight. In the modern era, rapid product turnover, social media-driven demand, and fragmented regulatory frameworks continue to permit potentially harmful cosmetic ingredients to reach consumers before meaningful intervention occurs. The regulatory trajectories of these fleeting cosmetic fads remain poorly characterized. This study examined historical cosmetic trends associated with toxic exposure to evaluate their health consequences and the regulatory responses they prompted, comparing approaches in the United States (U.S.) and the European Union (EU).

Materials and Methods

We conducted a historical-regulatory review examining patterns of delayed oversight in cosmetic products associated with toxic exposure. Case examples were identified through medical literature, regulatory documents, and public health reports. Ingredients included radium, mercury, hydroquinone, asbestos, per- and polyfluoroalkyl substances (PFAS), endocrine-disrupting UV filters, and trimethylbenzoyl diphenylphosphine oxide (TPO). Regulatory responses in the U.S. were compared with EU regulatory actions to identify patterns of safety evaluation.

Results

Across cosmetic fads spanning the 1910s to the present, regulatory responses differed markedly between the U.S. and the EU. In the EU, mercury and hydroquinone are explicitly prohibited in cosmetic products under Regulation (EC) No 1223/2009 and its amendment Regulation (EU) No 2021/1009, while radioactive substances, including radium, are prohibited by category. Asbestos is prohibited under the Registration, Evaluation, Authorisation, and Restriction of Chemicals (REACH) framework (Regulation (EC) No 1907/2006), which applies to cosmetic products. Several endocrine-disrupting UV filters were prohibited under Regulation (EU) No 2024/996, and TPO under Regulation (EU) No 2025/877. In contrast, PFAS in cosmetics remain under evaluation by the European Chemicals Agency (ECHA) without a comprehensive EU-wide ban. In the U.S., regulatory actions have been less centralized. Radium-containing cosmetics were deemed adulterated under the Federal Food, Drug, and Cosmetic Act of 1938 once radium was recognized as a poisonous or deleterious substance, although radium was not explicitly named. Intentional use of mercury in cosmetics was prohibited under 21 CFR § 700.13 in 1974. Additional regulatory measures have occurred primarily at the state level, including prohibitions on PFAS in cosmetics enacted in several U.S. states. Federal actions have otherwise been limited to investigational or advisory measures, including requests for additional safety data on select sunscreen ingredients and the issuance, and subsequent withdrawal, of guidance on asbestos testing in talc-containing cosmetics.

Table 1. Fleeting Beauty Trends and Their Regulatory Aftermath

Fad	Appeal	Cosmetic Products	Health Impact	Regulatory Body Response
Radium Beauty Craze (1910s-1930s)	Radioactive glamour; glow-in-the-dark products	Night cream, rouge, compact powder, vanishing cream, talcum powder, hair tonic, skin soap, face powder[1]	Jaw necrosis, nonhealing ulcers and abscesses, aplastic anemia, bone sarcomas[2]	U.S.: Radium-containing cosmetics deemed adulterated under the Federal Food, Drug, and Cosmetic Act of 1938[3] EU: Radioactive substances, including radium, prohibited in cosmetic products under Regulation (EC) No 1223/2009[4]
Mercurial Skin-Lightening (1950s-present)	"Fairness" and "brightening" creams	Skin lightening cream[5]	Neuropsychiatric toxicity (mad hatter disease), nephrotoxicity, pneumonitis, mercurial baboon syndrome[5]	U.S.: Intentional use of mercury in cosmetic products prohibited under 21 CFR § 700.13 (1974)[6] EU: Mercury prohibited in cosmetic products under Annex II of Regulation (EC) No 1223/2009[4]
Asbestos-Contaminated Talc (1950s-present)	"Baby-fresh", oil-absorbing talc powders and "silky" makeup	Baby powder, eye shadow, foundation, lipstick, mascara[7]	Carcinogenic contaminant[7]	U.S.: FDA guidance on asbestos testing in talc-containing cosmetic products issued (2024) and withdrawn (2025)[7] EU: Asbestos prohibited under REACH (Regulation (EC) No 1907/2006), applicable to cosmetic products[8]
Hydroquinone Skin-Lightening (1980s-2020s)	Dermatologist-adjacent skin-brightening products marketed as anti-aging	Skin lightening cream[5]	Peripheral neuropathy, fish odor syndrome, fetal growth restriction[5]	U.S.: Over-the-counter hydroquinone-containing skin-lightening products prohibited; prescription use permitted[9] EU: Hydroquinone prohibited under Regulation (EU) No 2021/1009, except in artificial nail systems[10]
PFAS-Laced Personal Care (2000s-present)	Ultra-long-wear, waterproof products	Eyeshadow, concealer, eyeliner, mascara, lip products, eye cream, primer, compact powder, blush, bronzer, highlighter, facial spray, liquid/cream foundation, sunscreen, shampoo[11]	Increased cancer risk, birth defects, liver disease, thyroid dysfunction, reproductive toxicity[11]	U.S.: PFAS prohibited in cosmetics at the state level (California, Colorado, Maryland, Minnesota, Washington)[12] EU: PFAS restriction under evaluation by European Chemicals Agency (ECHA)[13]
Endocrine-Disrupting UV Filters (2010s-present)	"Glassy" skin and photoprotection	Sunscreen, shampoo, conditioner, fragrance, mascara, powder, lip balm, and anti-aging cream[14]	Endocrine-modifying potential, antiandrogenic activity, neurotoxicity, reproductive toxicity[14]	U.S.: FDA requested further investigation of select sunscreen ingredients (e.g., oxybenzone, octinoxate)[15] EU: Select endocrine-disrupting UV filters (e.g., 4-MBC) prohibited under Regulation (EU) No 2024/996[16]
TPO Gel Manicures (2010s-present)	Three-week, chip-free gel nails	Gel nail polish[17]	Classified as "carcinogenic, mutagenic, or toxic to reproduction" by European regulators[17]	U.S.: No federal regulation of TPO in cosmetic products. EU: TPO prohibited under Regulation (EU) No 2025/877 (effective Sept 2025)[17]

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Conclusions

The cosmetic industry's toxic relationship with fleeting fads depicts how beauty trends often precede regulatory safeguards, exposing consumers to avoidable risks. Compared with the U.S., the EU has adopted a more centralized and precautionary approach to cosmetic regulation. Recent regulatory reversals in the U.S., including the withdrawal of proposed mandatory asbestos testing for talc-containing cosmetics, further highlight the fragility of existing protections. Dermatologists are uniquely positioned to identify emerging adverse patterns, counsel patients on evolving cosmetic risks, and advocate for timely safety measures. The establishment of educational and regulatory bodies composed of dermatologists and public health specialists may help identify and mitigate harmful substances before they reach the market.