Abstract N°: ID-27

Topic: Miscellaneous

AI in dermatology and STI management;Augmentation and not replacement

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Introduction
Clinical Consultations have evolved from personal mentorship to digital networks to AI tools. These technologies help in quick diagnosis,personal sand precise management as well as public education. Some dermatologist although debate the role of AI in practice,yet this can be an important tool in future.

Materials and Methods
This talk will be based on a course of AI in medicine taken by the author and the CAPSTONE project he did during the course. It will describe various ways of utilisation,its pros and cons.

Results
In dermatology and STI clinics,AI enhances triage,supports diagnosis and accelerates literature review. Undue dependence however risks misdiagnosis specially in genital lesions where visual presentation overlaps with contextual data (sexual hitory,preferences,systemic symptoms etc) and multimodal tools are needed.

Conclusions
AI is a powerful augmentation tool in our speciality. The future integrates AI with clinical expertise of a person. A "cinician in the loop " model having human judgement augmented by macine will be future. Machine will not replace humans. Preserving clinical acumen,empathy and human touch will remain paramount

Abstract N°: ID-40

Topic: Miscellaneous

Hormonal Milestones and Skin Barrier Function: Differences Across the Menstrual Cycle and Menopause

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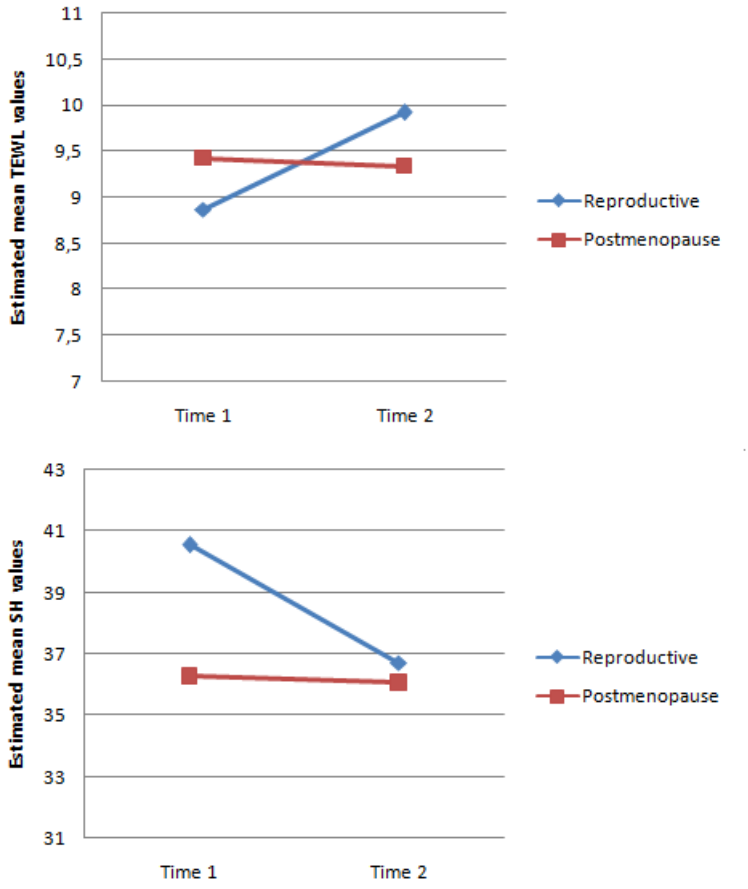
Introduction
The relationship between female hormonal status and epidermal barrier function has gained increasing scientific attention, yet current evidence regarding the menstrual cycle and postmenopause remains limited and inconsistent. Fluctuations in estrogen and progesterone are known to influence skin physiology, particularly barrier integrity and hydration. The objective of this study was to assess the impact of the menstrual cycle and postmenopause on skin barrier function by analyzing two key biophysical parameters: transepidermal water loss (TEWL) and skin hydration (SH).

Materials and Methods
Eighty-one women aged 18–65 years participated in the study, including 36 in the reproductive period (mean age 27.06 ± 5.60 years) and 45 in postmenopause (mean age 56.56 ± 4.37 years). In reproductive-age participants, TEWL and SH were evaluated during the ovulatory and mid-luteal phases, representing distinct hormonal environments. Postmenopausal participants underwent measurements on two occasions seven days apart to control for intra-individual variability. All assessments were performed under standardized environmental conditions using validated instruments.

Results
A significant cyclic variation in epidermal barrier parameters was observed. TEWL values were significantly lower during the ovulatory phase (8.87 ± 1.59) than in the mid-luteal phase (9.92 ± 1.37), indicating more efficient barrier function during ovulation. Skin hydration exhibited a similar pattern, with significantly higher SH values in the ovulatory phase (40.55 ± 7.80) compared with the mid-luteal phase (36.27 ± 7.42). Although TEWL did not significantly differ between reproductive-age and postmenopausal women, SH in the ovulatory phase was markedly higher than in the postmenopausal group (40.55 vs. 36.27; $p = 0.009$), suggesting age- and hormone-related variations in hydration rather than barrier permeability.

Figure 1. TEWL and skin hydration across study groups and time points.



Legend:
Time 1 represents the ovulatory phase in reproductive-age participants and the first measurement in postmenopausal participants.
Time 2 represents the mid-luteal phase in reproductive-age participants and the second measurement performed seven days later in postmenopausal participants.

Conclusions

This study demonstrates that epidermal barrier function is most efficient during the ovulatory phase, characterized by lower TEWL and higher hydration levels compared with the mid-luteal phase. The absence of TEWL differences between reproductive-age and postmenopausal participants highlights the complexity of barrier physiology and suggests that hydration, rather than barrier permeability, may be more sensitive to age- and hormone-related influences. Overall, these findings underscore the role of cyclical hormonal changes in shaping skin barrier dynamics and provide additional evidence for hormonally modulated variations in epidermal physiology.

Abstract N°: ID-57

Topic: Miscellaneous

Actinic granuloma in a middle-aged male – clinicopathologic correlation

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Introduction
Actinic granuloma, also known as O'Brien granuloma, is a rare granulomatous dermatosis attributed to solar-induced damage of elastic fibers. It typically affects middle-aged adults and presents as papules or plaques over photo-exposed areas. Accurate diagnosis relies on clinicopathologic correlation to differentiate it from other granulomatous dermatoses.

Materials and Methods
A clinical evaluation and laboratory workup were performed for a 37-year-old previously healthy male presenting with an eight-month history of pruritic, skin-colored papules. Routine investigations included full blood count, liver and renal function tests, serum calcium, and chest X-ray. A split-skin smear for *Mycobacterium leprae* was performed to exclude histoid leprosy. A punch biopsy was taken from a representative lesion and histopathological analysis was conducted.

Results

Examination revealed multiple indurated papules distributed over photo-exposed areas including the scalp, face, extensor arms, forearms, and upper trunk. Systemic examination was unremarkable, and all routine investigations were within normal limits. The split-skin smear was negative for *M. leprae*.
Histopathology showed orthokeratosis and moderate irregular acanthosis with an intact basal layer. The upper dermis displayed prominent solar elastosis with histiocytic reaction around altered elastic and collagen fibers, occasional foreign-body type giant cells, and a moderate perivascular lymphocytic infiltrate with eosinophils. Necrobiosis, caseation, and well-formed granulomas were absent. These findings supported a diagnosis of actinic granuloma.

Conclusions
Actinic granuloma is an uncommon granulomatous dermatosis that should be considered in patients presenting with photo-distributed papular eruptions. Clinicopathologic correlation, supported by exclusion of histoid leprosy and other granulomatous disorders, is essential to establish an accurate diagnosis and guide management.

Abstract N°: ID-61

Topic: Miscellaneous

Eruptive collagenoma in a young adult – a rare case presentation

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Introduction
Eruptive collagenoma is a rare, acquired connective tissue nevus characterized by the sudden onset of multiple asymptomatic papules and plaques due to increased dermal collagen deposition. It usually occurs sporadically in young individuals without systemic features. Histopathological evaluation is required to differentiate it from other papular dermatoses and connective tissue disorders.

Materials and Methods
A 25-year-old male with a one-year history of asymptomatic papules and plaques over the trunk and upper arms underwent detailed clinical evaluation. Differential diagnoses considered included eruptive xanthoma, generalized eruptive histiocytosis, and papular sarcoidosis. A lesional skin biopsy was performed, followed by routine histopathology and Elastic Verhoeff–Van Gieson (EVG) staining to assess collagen and elastic fiber alterations.

Results
Clinical examination revealed multiple firm, hyperpigmented to brownish papules and plaques distributed symmetrically over the chest, abdomen, back, and upper arms. There were no preceding inflammatory events, trauma, or systemic complaints. Systemic examination was normal.
Histopathology showed marked deposition of thick, haphazardly arranged collagen bundles in the dermis with a mild perivascular lymphocytic infiltrate. EVG stain demonstrated thinning, widening, and focal fragmentation of elastic fibers. These features confirmed the diagnosis of eruptive collagenoma.

Conclusions
Eruptive collagenoma, though uncommon, should be considered in young adults presenting with asymptomatic papular eruptions. Diagnosis relies on clinicopathologic correlation, supported by elastic fiber staining, to distinguish it from histiocytic disorders and other connective tissue nevi.

Abstract N°: ID-268

Topic: Miscellaneous

Study of parental practices regarding the use of natural or alternative remedies in the management of childhood dermatoses

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Introduction

The use of natural or alternative remedies is increasing, reflecting parental expectations favoring solutions perceived as “safer,” more traditional, or free of adverse effects. In pediatric dermatology, these practices are common, particularly due to fear of topical corticosteroids, sociocultural influences, and the availability of traditional remedies. However, these practices may delay diagnosis, modify disease progression, and complicate medical management. This study aimed to evaluate parental practices, motivations associated with the use of natural remedies, and their clinical impact.

Materials and Methods

A prospective descriptive study was conducted over a 14-month period, including parents of children aged 0 to 17 years consulting for dermatological conditions. An anonymous questionnaire explored the use of natural or alternative remedies, motivations for their use, perceived effectiveness, and potential adverse effects.

Results

Among the 78 parents included in the study, 61% reported using a natural or alternative remedy prior to dermatological consultation. The most frequently used remedies were vegetable oils (45%), particularly olive oil, argan oil, and black seed (Nigella) oil, followed by medicinal plants (32%), local traditional remedies (28%), poultices and decoctions (16%), and products obtained from herbalists (30%).

The motivations for using these remedies were diverse. Perceived safety was predominant, with 57% of parents believing these treatments were less risky than medications. Family or cultural traditions motivated 54% of uses, followed by financial accessibility in 51% of participants. Advice from relatives or herbalists influenced 46% of parents, while distrust of conventional medications concerned 22%, and social media influence was reported by 17%.

Regarding perceived effectiveness, 41% of parents reported temporary improvement of the dermatosis, 39% observed no effect, and 20% noted worsening of the condition. Adverse effects were reported in 17% of cases, mainly irritation (10%), exacerbation of the dermatosis (5%), and allergic reactions (2%).

The use of natural remedies impacted medical management. The mean delay before dermatological consultation was 26 days among users, compared with 11 days among non-users.

Dermatoses concerned by the use of natural remedies were mainly atopic dermatitis (28%), followed by acne (18%), scabies (16%), tinea (14%), psoriasis (10%), alopecia areata (8%), and vitiligo (6%).

Conclusions

These findings highlight the need to strengthen communication between healthcare professionals and parents to explain the limitations and potential risks of natural remedies and to encourage early and appropriate dermatological management.

Abstract N°: ID-282

Topic: Miscellaneous

Beyond Skills and Knowledge: Professional Identity Formation in Dermatology Residency Training

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Introduction
Professional identity formation - the internalisation of what it means to think, act, and feel like a doctor - is central to postgraduate training, as emphasised by the Carnegie Foundation [2]. This study examines the under-explored area of professional identity formation among dermatology residents within the specialty's unique and niche training environment.

Aim

This study explores how dermatology residents learn what it means to be a dermatologist and develop their professional identities.

Materials and Methods
Guided by an interpretivist paradigm, this study employed a qualitative approach. Dermatology residents at different training stages from multiple UK deaneries were recruited using purposive sampling. Nine semi-structured video interviews were conducted, audio-recorded, transcribed verbatim, and analysed using reflexive thematic analysis with inductive coding.

Results
Six themes were identified. *Being at the threshold:* trainees entered dermatology feeling underprepared, occupying an "imposter" phase as prior general-medicine identities no longer fit. *Crossing the threshold:* supervised responsibility, feedback, and reflection transformed uncertainty into growing confidence and clearer standards of a "good dermatologist." *Growth through experiences:* life events deepened empathy and maturity. *Belonging and communities of practice:* stable teams and peer support fostered psychological safety and purpose. *Role modelling and mentoring:* admired seniors shaped values, communication style, and comportment, often more powerfully than formal teaching. *Teledermatology fostered a hybrid professional identity:* residents reconcile evolving practices with traditional doctor–patient ideals.

Conclusions
Dermatology residents' identities emerge primarily through experiential learning, responsibility, belonging, and mentorship. Training programmes should strengthen supervision, feedback, and supportive environments to facilitate identity formation and competence.

Abstract N°: ID-365

Topic: Miscellaneous

Urothelial Carcinoma in Junctional Epidermolysis Bullosa: A Potential Secondary Complication?

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Introduction

Junctional epidermolysis bullosa (JEB) is a rare autosomal recessive genetic dermatosis characterised by cutaneous and mucosal blistering. Cutaneous squamous cell carcinomas (SCCs) arising in areas of chronic wounds and scarring are a well-recognised complication. Mucosal involvement can occur, though reports of associated mucosal carcinomas are scarce.

Materials and Methods

This is a detailed clinical case report and relevant review of the literature for a patient with JEB whose disease course has been complicated by a papillary urothelial carcinoma.

Results

An 81-year-old male, with generalised intermediate JEB (JEB-GI), whose diagnosis was based on clinical features, histology and genetic testing, had experienced recurrent blisters and erosions mainly affecting his limbs since childhood. DNA extracted from peripheral blood revealed biallelic variants in the *LAMB3* gene; c.1132+5G>A and c.562A>G. Over the course of his life, he developed several complications of JEB including dystrophic nails, alopecia, early dental disease secondary to enamel dysplasia and multiple cutaneous SCCs. The patient was diagnosed with a metastatic SCC of the right leg in 2015 and left leg in 2019. Both were managed with a wide local excision and ipsilateralinguinal lymph node dissections. Adjuvant radiotherapy was avoided due to skin fragility.

In 2018, at age 74, he was diagnosed with an invasive, high grade pT2 papillary urothelial carcinoma of the penile urethra. This was identified by the patient as a non-healing area of ulceration adjacent to the penile meatus on a background of recurrent blistering of the glans penis. Biopsy confirmed the diagnosis, and a staging CT IVP and PET revealed no nodal enlargement or distant metastasis. This was managed surgically with a partial urethrotomy of the penile urethra. He is currently in remission and continues to have 6 monthly surveillance flexible cystoscopies.

Involvement of the transitional cell epithelium of the urinary tract is known to occur in patients with JEB-GI, with urological complications being reported in up to 28% of cases. Thus, the development of a urothelial carcinoma in our patient could possibly be related to chronic urinary tract injury and inflammation, which can create a permissive tumor microenvironment (via mechanisms analogous to those implicated in cutaneous SCCs in epidermolysis bullosa). One other case of urogenital carcinoma has been reported in the literature in a patient with JEB, a case of transitional cell carcinoma of the bladder.

Conclusions

We present a case of JEB occurring in an 81-year-old with concurrent urothelial carcinoma. We hypothesis that the urothelial carcinoma may have developed secondary to a fibrotic and inflamed microenvironment that promotes tumorigenesis, resulting from prolonged mucosal fragility in JEB.

Abstract N°: ID-393

Topic: Miscellaneous

Sneddon–Wilkinson Syndrome Beyond the Classic Hypopyon Pustules: An Atypical Case in an Octogenarian

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Introduction

Sneddon–Wilkinson syndrome (subcorneal pustular dermatosis) is a rare, chronic, relapsing pustular dermatosis first described by Sneddon and Wilkinson in 1956. It predominantly affects women between the fifth and seventh decades of life, with lesions classically presenting as flaccid, superficial pustules with a hypopyon appearance, where neutrophilic fluid collects in the dependent portion of the blister.

Results

An 88-year-old female with a history of essential arterial hypertension, ischemic stroke, obesity, and gastric ulcer presented to the Dermatology Clinic with a generalized erythematous papular eruption. The lesions showed a tendency to coalesce and were partially covered by crusts, predominantly involving the abdominal and inguinal regions and the medial aspects of the thighs. The patient reported intense pruritus and persistence of the eruption despite previous treatment with topical dermatocorticosteroids and systemic prednisone (30 mg/day). Laboratory investigations were unremarkable, including screening for hepatitis B and C, Toxoplasma gondii, and Toxocara canis. Notably, lactate dehydrogenase was elevated, and neutrophilia was present. An incisional skin biopsy was obtained from a recent papule (<48 hours) on the abdomen. Histopathological examination revealed epidermal atrophy and intraepidermal pustules with superficial subcorneal localization, composed of aggregated and degenerated neutrophils, associated with attenuation of the granular layer. A mild mixed inflammatory infiltrate consisting of lymphocytes, plasma cells, rare neutrophils, and occasional eosinophils was observed in a perivascular dermal distribution. Based on the histopathological findings, the differential diagnosis included acute generalized exanthematous pustulosis, pustular psoriasis, and subcorneal pustular dermatosis (Sneddon–Wilkinson syndrome). Indirect immunofluorescence was negative, allowing exclusion of IgA pemphigus. The final diagnosis of Sneddon–Wilkinson syndrome was established, and treatment with dapsone was initiated at 50 mg/day and subsequently increased to 100 mg/day, leading to complete resolution of the cutaneous lesions. The particularities of this case are represented by the atypical presentation, characterized by the absence of classic hypopyon pustules, the predominance of crusted papular lesions, and a more generalized distribution involving the abdomen, inguinal region, and medial thighs. Additional notable features include the persistence of lesions despite systemic and topical corticosteroid therapy, the patient's advanced age, subtle laboratory abnormalities, and the diagnostic clarity provided by biopsy of an early lesion.

Conclusions

This case highlights that atypical presentations lacking hypopyon pustules can delay diagnosis, underscoring the importance of correlating histopathology, clinical features, and immunofluorescence findings. Awareness of these variants ensures timely, effective treatment and prevents complications from misdiagnosis.

Abstract N°: ID-443

Topic: Miscellaneous

Brains or Bots in Dermatology? Efficiency and Performance of Frontier AI Models on the UK Specialty Certificate Examination in Dermatology

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Introduction

Large Language Models (LLMs) have demonstrated strong performance in medical examinations; however, many existing benchmarks are limited by data contamination, manual question selection, and inclusion of image-dependent items that confound text-based evaluation. The Specialty Certificate Examination in Dermatology is a postgraduate, high-stakes assessment designed to evaluate the knowledge, clinical judgment, and guideline-based decision-making expected of a newly appointed consultant dermatologist, with emphasis on higher-order clinical reasoning through best-of-five multiple-choice questions. In a specialty heavily reliant on visual information, isolating pure textual reasoning is essential for valid assessment. This study benchmarks four frontier LLMs: GPT-4o, DeepSeek-V3, Claude Opus 4.5, and Gemini 3 Pro—using a strict algorithmic exclusion protocol to ensure unbiased evaluation of text-based clinical reasoning.

Materials and Methods

A dataset of official specialty dermatology certification examination questions was processed using an automated, regex-based exclusion algorithm to remove items referencing clinical images, histopathology, or figures. The remaining text-only questions (n = 99) were administered to GPT-4o, DeepSeek-V3, Claude Opus 4.5, and Gemini 3 Pro using a zero-shot chain-of-thought prompting strategy to elicit structured clinical reasoning. Each model was evaluated using its highest available reasoning configuration. Performance was benchmarked against the official 2024 examination pass threshold of 73.5%. Statistical comparisons were conducted using McNemar's test for paired nominal data, with $p < 0.05$ considered statistically significant. Cost-efficiency was assessed using standardized inference pricing per million tokens, with consideration of inference latency.

Results

All four LLMs significantly exceeded the examination pass threshold ($p < 0.001$). GPT-4o achieved the highest accuracy (94.9%), followed by DeepSeek-V3 (92.9%), Claude Opus 4.5 (90.9%), and Gemini 3 Pro (88.9%). Pairwise analysis demonstrated no statistically significant difference between GPT-4o and DeepSeek-V3 ($p > 0.05$), indicating clinically equivalent reasoning performance within this dataset. Despite similar accuracy, substantial differences in operational efficiency were observed. DeepSeek-V3 achieved near-parity performance while operating at approximately 18-fold lower inference cost compared with premium-tier models. (Figure 1) Extended reasoning modes were associated with increased inference latency without proportional gains in accuracy.

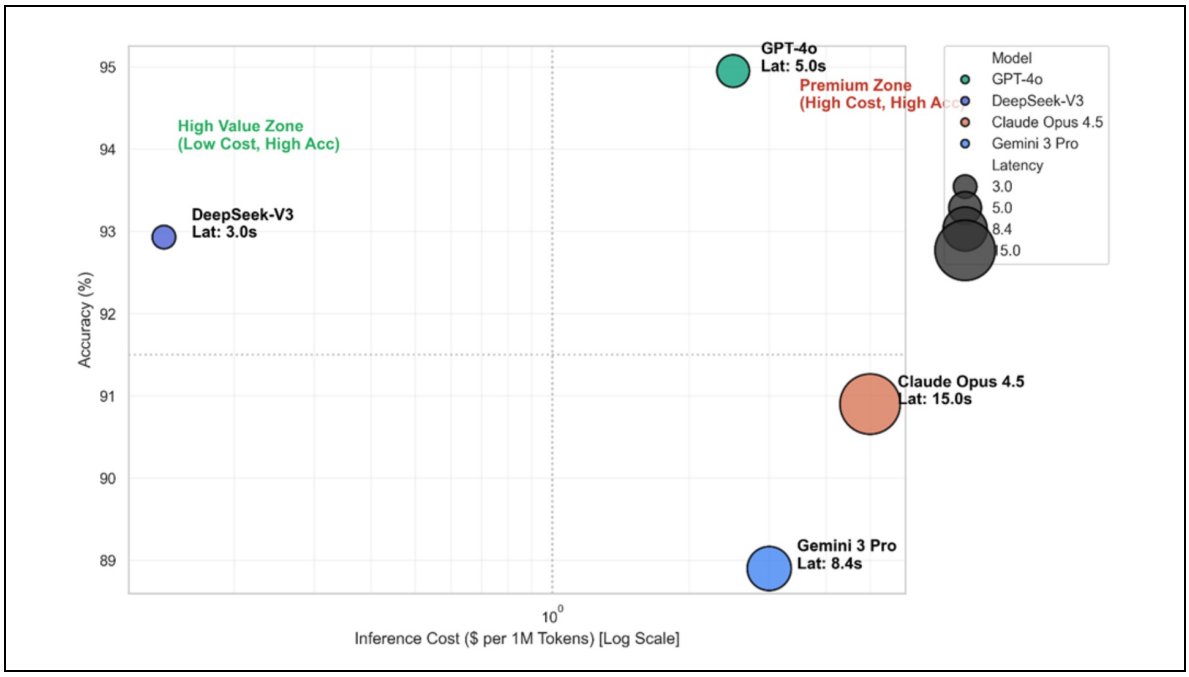

Figure 1. The "Efficiency Frontier," showing DeepSeek-V3 as the clear "Value Champion" in the upper-left quadrant

Conclusions

Among the evaluated frontier Large Language Models, DeepSeek-V3 demonstrated clinically equivalent reasoning performance to the highest-scoring model while operating at substantially lower computational cost. This favorable balance between accuracy and efficiency positions DeepSeek-V3 as a promising option for scalable applications in dermatology education and assessment. Further studies are warranted to validate these findings across larger datasets, additional medical specialties, and multimodal clinical scenarios, including image-based dermatologic evaluation.

Abstract N°: ID-515

Topic: Miscellaneous

A Case of Severe Pretibial Myxedema in a patient with Graves' disease

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Introduction
N/A

Materials and Methods
N/A

Results
A 33-year-old woman was referred to our department with bilateral skin thickening and induration of the lower extremities, including the dorsum of the feet, which had developed 2 years ago. She had a history of Graves' disease and thyroid ophthalmopathy. The anterior aspects of the lower legs showed a "peau d'orange" appearance. Based on clinical suspicion of pretibial myxedema (PTM), a 3-mm punch biopsy was performed, revealing deposition of acid mucopolysaccharides in the papillary and reticular dermis. Due to symptomatic thyrotoxicosis, severe goiter, and thyroid ophthalmopathy, she underwent a total thyroidectomy. At the one-year follow-up, she showed partial clinical improvement.

PTM, also known as thyroid dermopathy, is a rare infiltrative skin disorder that is most often associated with autoimmune thyroid diseases, particularly Graves' disease. The underlying pathophysiology involves the accumulation of glycosaminoglycans, especially hyaluronic acid, within the dermis and subcutaneous tissue due to fibroblast activation mediated by autoimmune antibodies. PTM can persist even after definitive thyroidectomy due to the presence of circulating autoantibodies, and this should be explained to patients before surgical intervention. Because of its rarity, awareness of its distinctive presentation is essential for timely diagnosis and multidisciplinary management. Herein, we report a rare case of severe pretibial myxedema in a patient with Graves' disease.

Conclusions
N/A

Abstract N°: ID-552

Topic: Miscellaneous

Topical minoxidil reported hair discoloration: a cross-sectional study

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Introduction
Minoxidil is a widely utilized medication androgenic alopecia. An original investigation on its potential to cause hair darkening in treated people is lacking.

Materials and Methods
We conducted an observational study using two face-validated questionnaires that dermatologists altered to assess minoxidil's hair discolouration risk. This Saudi Arabian survey collected data in October and November 2022. One questionnaire targeted the population, while the other targeted dermatologists.

Results
Survey 1 included 453 patients, 56.7% of whom were 18-24 and mostly female. It's interesting that 26% (n=118) detected hair greying and 14.8% (n=67) noticed other color changes. With P-values of 0.0001, longer-term minoxidil users and those with a family history of hair greying had higher hair discolouration. Dermatologists completed Survey 2 (57 participants). Nearly 60% of dermatologists have ten years of experience. 42.1% of dermatologists saw grey hair after minoxidil use. 17.5% of doctors blame minoxidil for hair graying. This observational study examined the data of over 400 patients to determine if minoxidil could cause hair discoloration.

Conclusions
Based on the data, we hypothesize that this drug may cause hair discoloration with prolonged use and in people with a family history of hair greying.

Abstract N°: ID-584

Topic: Miscellaneous

A systematic review of the literature evaluating the reliability of non-invasive methods for assessing skin pigmentation

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Introduction
Assessment of skin pigmentation (also known as skin type, skin colour, skin tone) is a core aspect of dermatology for evaluating patients prior to phototherapy, assessing skin cancer susceptibility, and to ensure equity in dermatological and medical care for all patient groups. Approaches for measuring skin pigmentation involve Fitzpatrick skin type, spectrophotometry, skin colour charts, and digital technologies, including artificial intelligence-based methods. This systematic review examined the reliability of the various techniques used to assess skin pigmentation to determine the most reliable method for its measurement.

Materials and Methods
A systematic literature review was conducted via the following databases: MEDLINE, EMBASE, the Cochrane Library, Web of Science, ACM Digital Library, and IEEE Xplore. Studies examining the reliability of non-invasive approaches for assessing skin pigmentation were identified and included in this systematic review.

Results
88 studies with a total of 85,680 participants were included in the systematic review. 39 studies comprising 57,702 participants assessed a single method of measuring skin pigmentation, including Fitzpatrick skin type/questionnaire-based methods in 9 studies (13,038 participants), skin colour charts in 8 studies (approximately 43,056 participants), spectrophotometry or colorimetry in 14 studies (1,171 participants), and digital methods in 8 studies (283 participants; 14,711 images). All 14 spectrophotometry / colorimetry studies reported that this is a reliable method of measuring skin pigmentation. Only 1 of 17 questionnaire-based methods or colour chart studies, including one modified Fitzpatrick skin type and one Munsell colour chart, reported reliability. 4 of 8 digital studies suggested their approach was reliable. Two or more methods of measuring skin pigmentation were compared in 48 studies (27,978 participants). 20 studies (5,592 participants) evaluated Fitzpatrick or questionnaire-based methods with spectrophotometry or colorimetry; 15 of these 20 studies favoured spectrophotometry. 4 studies (4,017 participants) compared spectrophotometry with Fitzpatrick skin type and colour charts, and all 4 found spectrophotometry to be superior. 2 studies (167 participants) found 3D photography comparable to spectrophotometry but were limited by their small sizes. 4 studies (253 participants) reported correlation between biopsied melanin content and spectrophotometry values, while melanin content was not shown to correlate with Fitzpatrick skin type.

Conclusions
This systematic review suggests that spectrophotometry and/or colorimetry currently provide the most consistent and reliable assessment of skin pigmentation. The use of a robust, reproducible method for measuring skin pigmentation is important to ensure accurate assessment of skin pigmentation in dermatology and is fundamental to reducing patient health inequalities across all medical disciplines.

Abstract N°: ID-602

Topic: Miscellaneous

High Patient Satisfaction with Artificial Intelligent Scribes in Dermatology: A Cross-Sectional Survey

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Introduction
Ambient artificial intelligence (AI) scribes are increasingly being adopted to reduce documentation burden and address clinician burnout.[1] Despite their growing use, patient experiences with these tools are not well explored. This study aims to evaluate patient satisfaction, perceptions, and concerns related to AI-assisted consultations and AI-generated visit summaries in an outpatient dermatology setting.

Materials and Methods
We conducted a cross-sectional survey of adult patients attending initial consultations with three dermatologists at a private clinic between July and November 2025. Patients consented to AI-scribe documentation and received clinician-reviewed AI-summaries post-appointment. Patients anonymously completed online surveys assessing their experiences using five-point Likert scales and concerns using multi-response checkboxes. Associations between patient characteristics and concerns were analysed using univariate binary logistic regression.

Results
A total of 123 patients completed post-consultation surveys (response rate 82.3%). Overall consultation satisfaction was high, with 95.9% of participants reporting satisfaction. Most patients perceived high clinician attentiveness (85.4% strongly agree) and found it easy to develop interpersonal rapport (83.7% strongly agree). AI-generated visit summaries were generally viewed as accurate, easy to understand, and helpful for understanding diagnosis and management. Most participants trusted that their privacy was protected, although over one-third reported residual concerns. These included privacy and data security (27.6%), potential for inaccurate documentation (8.1%), perceived reduction in personal communication (5.7%), distraction from the consultation (2.4%), and the perception that AI-scribes offered no clinical benefits (1.6%). Increasing age was associated with the perception that AI scribes were unnecessary (OR 1.11 per year, 95% CI 1.00–1.23, p=0.047), with no significant associations observed with sex.

Characteristic	n (%) or mean
Age (mean ± SD, years)	35.5 (15.9)
Age range (years)	3 – 80
Sex	
Male	41 (33.3)
Female	82 (66.7)
Clinician seen	
Clinician 1	41 (33.3)
Clinician 2	32 (26.0)
Clinician 3	50 (40.7)

Table 1. Demographic and clinical characteristics of survey participants (n=123)

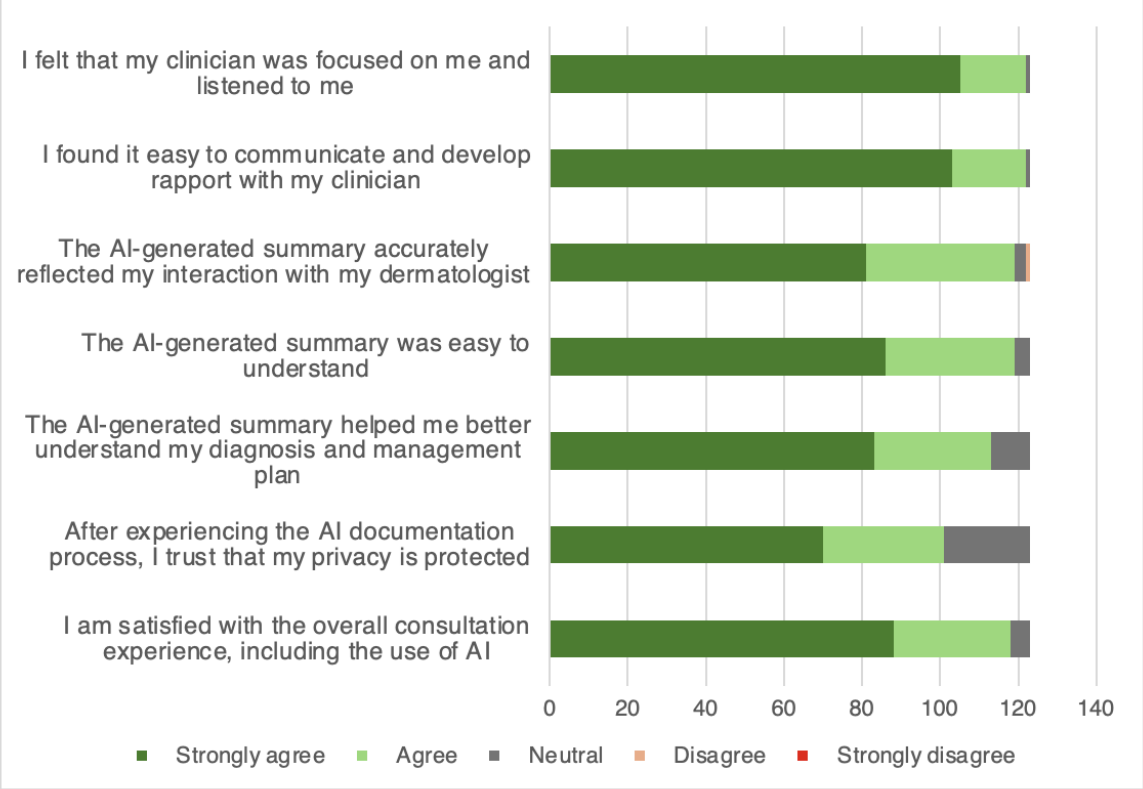

Figure 1. Patient satisfaction and perceptions of ambient AI scribes (n=123)

Conclusions

Patients report high satisfaction with AI-assisted dermatology consultations and most patients perceived AI-generated summaries as accurate and easy to understand. Ongoing concerns regarding privacy and data security were reported. This highlights the need for reassurance regarding data handling and governance in future implementation strategies.

Abstract N°: ID-620

Topic: Miscellaneous

Obesity-Associated Lymphedematous Mucinosis: Clinical, Dermoscopic and Histopathological Findings to an Underdiagnosed Condition

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Introduction

Cutaneous mucinoses are a heterogeneous group of disorders characterized by abnormal deposition of mucin in the skin. According to their distribution, they are classified as localized or generalized, and as primary or secondary depending on whether they occur in association with systemic diseases. Obesity-associated lymphedematous mucinosis (OALM) is a rare and likely underdiagnosed entity included among secondary localized mucinoses. It was first described in 2006 by Tokuda et al., and the term was later established by Rongioletti et al. OALM typically arises in the context of chronic lymphedema associated with overweight or obesity and predominantly affects adult women.

Materials and Methods

A descriptive observational case report was conducted.

Results

A 59-year-old woman with a medical history of arterial hypertension, obesity, and hypothyroidism secondary to thyroidectomy for thyroid nodules, adequately controlled with replacement therapy, presented with mildly pruritic cutaneous lesions and chronic edema of the lower limbs. The lesions had been present for several years and showed progressive worsening in parallel with weight gain. Physical examination revealed lymphedema and multiple small well-demarcated papules that showed a smooth, shiny surface, medium consistency, a slightly translucent appearance, and variable coloration from erythematous-brownish to skin-colored. Dermoscopic examination revealed a pinkish background with clustered dotted vessels. A biopsy of one of the papular lesions was made and histopathological examination showed in the superficial dermis, mild perivascular lymphocytic inflammatory infiltrate, vertically oriented dilated vessels with normal endothelium, and dermal edema with mucin deposition, being more evident with Alcian blue staining. Doppler ultrasound examination of the lower limbs ruled out chronic venous insufficiency. Based on the clinical, dermoscopic, and histopathological findings, a diagnosis of OALM was established. Treatment with topical corticosteroids, compression therapy, and weight-loss measures was initiated, however, no significant clinical improvement was observed during follow-up, and the patient was unable to achieve adequate weight reduction.

Conclusions

Clinically, OALM is characterized by the presence of papules and erythematous-edematous or skin-colored plaques with a smooth, semi-translucent surface, typically located on the lower extremities, with a predilection for the pretibial area.

Dermoscopy may aid in the diagnosis, with reported findings including dotted vessels, yellowish or pink backgrounds, and poorly defined brownish areas. Histologically, OALM is characterized by epidermal atrophy with occasional subepidermal vesiculation, edema, and moderate mucin deposition in the superficial dermis. Angioplasia with vertically oriented vessels, increased numbers of stellate or linear fibroblasts, and a mild perivascular lymphocytic infiltrate are frequently observed. Although the etiopathogenesis of OALM is not fully understood, it has been hypothesized that lymph accumulation in the dermal interstitium leads to decreased tissue oxygenation, thereby stimulating mucopolysaccharide synthesis and promoting mucin deposition. The main differential diagnoses include pretibial myxedema and venous stasis–related mucinosis. Regarding treatment, weight loss has been documented as the most effective intervention, leading to complete resolution in some cases, and compression therapy aimed at lymphedema management has also shown benefit.
In conclusion, recognizing obesity-associated lymphedematous mucinosis as a distinct diagnostic entity in patients with obesity and chronic lymphedema is essential to avoid diagnostic pitfalls and to implement appropriate management strategies. Given the limited number of cases reported, increased awareness of this underdiagnosed condition may contribute to earlier diagnosis and improved patient care.

Abstract N°: ID-627

Topic: Miscellaneous

Trichofolliculoma – a case report of novel reflectance confocal microscopy findings

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Introduction

Trichofolliculoma is a rare benign follicular hamartoma, most commonly arising on the face and scalp. Clinically, it usually presents as a solitary, asymptomatic papule or nodule; however, its appearance is often non-specific, which makes clinical diagnosis challenging. In some cases, a centrally dilated follicular ostium with a tuft of fine, hypopigmented hairs may be observed and constitutes an important diagnostic clue. Reports describing the dermoscopic features of trichofolliculoma remain scarce and typically include a central hair tuft on a pink or milky-red structureless background with radially arranged vessels. Reflectance confocal microscopy (RCM) features have been reported even more rarely, and the few available descriptions mainly refer to irregular finger-like epidermal protrusions surrounding the hair follicle. Herein, we present a case characterized by a suggestive dermoscopic pattern and novel, previously undescribed RCM features, which may further contribute to the non-invasive recognition of this rare follicular tumour.

Materials and Methods

-

Results

An 18-year-old otherwise healthy woman presented with an asymptomatic skin-coloured nodule of unknown duration located on the right paramedian forehead. Dermoscopic examination revealed a centrally located tuft of white hairs and a smaller peripheral hair tuft, both situated on a milky-red structureless background with minimally branching, radially arranged vessels. Reflectance confocal microscopy demonstrated a well-demarcated lesion surrounded by fibrous tissue, with a centrally dilated follicular opening from which multiple hair shafts emerged. Numerous hair follicles at different stages of maturation were observed throughout the lesion, separated by normotypic epidermis with mildly expressed finger-like protrusions. Histopathological examination confirmed the diagnosis of trichofolliculoma. Although incomplete excision was noted at one radial margin, no local recurrence was observed during one year of follow-up.

Conclusions

Trichofolliculoma should be differentiated from other follicular and adnexal lesions, including fibrofolliculoma, pilar sheath acanthoma, trichoepithelioma, dilated pore of Winer, and folliculosebaceous cystic hamartoma, among others. While only two cases of trichofolliculoma evaluated by RCM have been reported to date, both describing irregular finger-like protrusions, the present case expands the confocal spectrum by demonstrating a fibrously delimited lesion with a central dilated follicle containing multiple tufted hairs and numerous hair follicles at different stages of maturation. When combined with a characteristic dermoscopic pattern, these RCM findings may represent a relatively distinctive constellation and support the role of RCM as a valuable adjunctive tool in the in vivo diagnosis of trichofolliculoma.

Abstract N°: ID-630

Topic: Miscellaneous

Analysis of erythroderma in patients treated at the First Female Ward of the Clinic of Dermatology and Venereology, University Clinical Center of Serbia from 2010 to 2024.

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Introduction

Erythroderma is the clinical finding of generalized erythema and scaling of the skin. Erythroderma is a severe and potentially life-threatening dermatitis involving greater than 90% of the body surface area, with a variable degree of exfoliative skin scaling. This condition is potentially life-threatening and has been associated with high mortality in hospitalized patients. Although rare, it remains a relevant and difficult for dermatologists to treat this disease. Erythroderma is a syndromic entity and determining its etiology may be a challenge for dermatologists. Clinical features are frequently nonspecific and the dermatologist must search for cause-oriented clues. The relative incidence of different etiologies may vary among populations due to genetic, geographic, and social disparities. Most studies indicate that erythroderma is more commonly associated with an exacerbation of a pre-existing dermatosis, but also can be a manifestation of a wide range of systemic diseases including infection, malignancy, and drug hypersensitivity reactions. The patient's medical history is crucial for a correct diagnosis

Materials and Methods

The aim of our study was to analyze erythroderma in patients treated at the First Female Ward of the Clinic of Dermatology and Venereology, University Clinical Center of Serbia from 2010 to 2024. A retrospective study was conducted, which included 22 female patients treated at our department.
Data were collected from medical records and information systems. Statistical analysis was performed using the IBM SPSS Statistics (Statistical Package for Social Sciences) 24.

Results

The mean age of the patients was 66.00 ± 15.55 years. Previous skin disease existed in 15 (68.2%) patients. Atopic dermatitis was the most frequent, in 22.7%, followed by plaque psoriasis in 18.2% and lymphoma/ leukemia in 18.2% patients. Idiopathic erythroderma was diagnosed in three (13.6%) patients where no cause was found. Drug-induced erythroderma was noted in two (9.1%) patients. Patients with toxic epidermal necrolysis and DRESS (drug reaction with eosinophilia and systemic symptoms) syndrome were not included in this study. Erythroderma associated with cancer (pulmonary carcinoma) was noted in one (4.5%) patient, without a preexisting dermatosis. In another patient with breast carcinoma in whom multiple drugs were given, we could not determine clearly the association (either malignancy or drug). Biopsy for histopathological verification was performed in 19 (86.4%) patients and the histopathological finding was in correlation with the diagnosis in 12 (63.2%), in the other 7 patients the finding was non-specific. The most common associated symptoms were pruritus (68.2%), fever (18.2%) and lymphadenopathy (36.4%). Palmoplantar keratoderma was observed in 5 (22.7%) patients, all five with preexisting skin condition (Psoriasis, T-cell lymphoma and *Pityriasis rubra pilaris*). The most frequently recorded complications were anemia (40.9%) and hypoalbuminemia (40.9%). In two patients worsening of the underlying cardiac and renal disease was observed.

Conclusions

We have confirmed the highest frequency of erythroderma associated to pre-existing skin diseases, particularly psoriasis and atopic dermatitis. Recorded complications align with literature data. Thorough clinical evaluations, regular follow-ups and repeated skin biopsies are necessary for accurate diagnosis.

Abstract N°: ID-643

Topic: Miscellaneous

When Safety Meets Bias: A Paired Evaluation of Multimodal AI Models for Dermatologic Diagnosis in Skin of Color

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Introduction

Large multimodal models (LMMs) are being proposed as diagnostic support tools in dermatology, but performance differences across skin types and model safety guardrails pose major barriers to clinical adoption. We performed a paired comparison of three next-generation LMMs - Gemini 3.0 Pro, Grok-2, and GPT-4 to evaluate diagnostic accuracy, racial performance gaps, and model operability for common dermatoses in Skin of Color (SoC) and Western skin.

Materials and Methods

A balanced dataset of 672 clinical images (336 Indian/SoC; 336 Western/Caucasian) covering six dermatoses (acne, eczema, lichen planus, psoriasis, scabies, urticaria) was curated. Each image was evaluated by Gemini 3.0 Pro, Grok-2, and GPT-4o using a standardized context-aware dermatology prompt. The primary endpoint was Top-3 diagnostic accuracy assessed via a predefined semantic harmonization framework (dermatology-reviewer curated mappings; e.g., "atopic dermatitis" or "nummular eczema" → eczema). Strict exact-string matching was used as a sensitivity analysis. Refusals were defined as model responses explicitly declining diagnostic interpretation (e.g., "I'm sorry, I can't help with that"). Paired statistical tests (Cochran's Q and exact McNemar) were utilized with significance defined as $p < 0.05$.

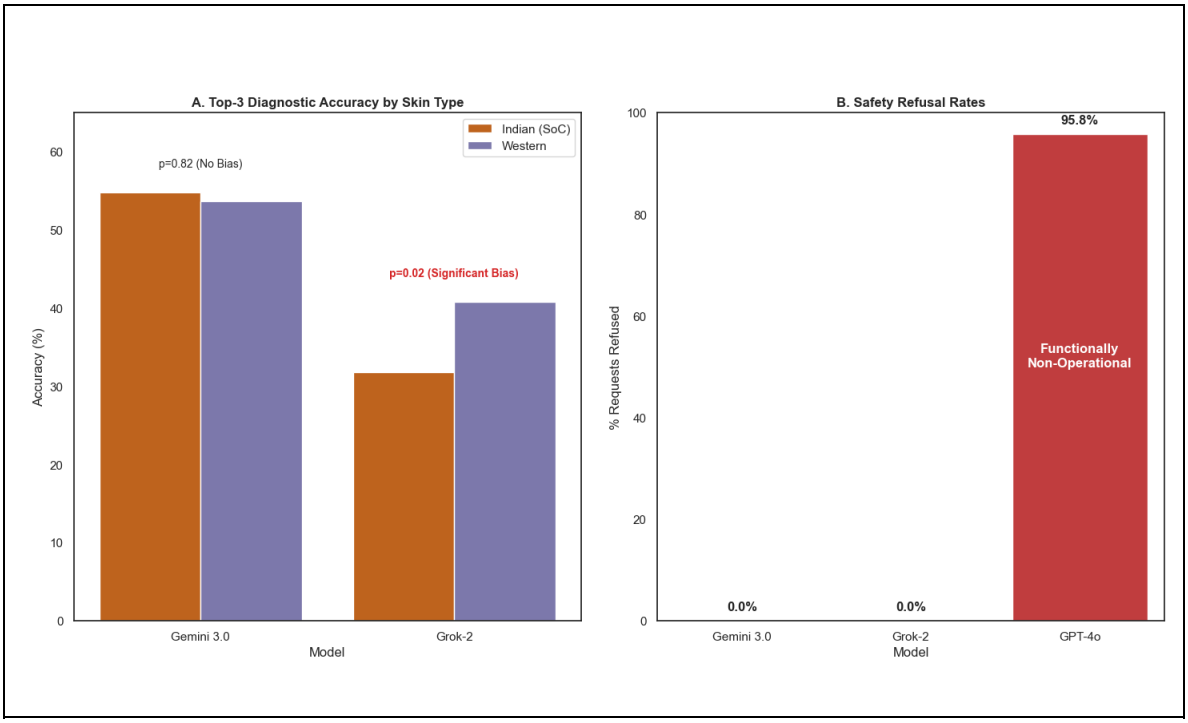
Table 1. Balanced Dataset Composition (N=672)

Disease Category	Indian Skin (SoC)	Western Skin	Total Images
Acne Vulgaris	56	56	112
Eczema (Atopic)	56	56	112
Lichen Planus	56	56	112
Psoriasis	56	56	112
Scabies (Infestation)	56	56	112
Urticaria	56	56	112
TOTAL	**336**	**336**	**672**

Results

Overall model performance differed markedly (Cochran's $Q = 346.47$, $p < 1\times10^{-75}$). Using the semantic harmonization primary endpoint, Top-3 accuracies were: Gemini 3.0 Pro - Indian 54.8%, Western 53.6% (bias $p = 0.82$); Grok-2 - Indian 31.8%, Western 40.8% (bias $p = 0.02$); GPT-4o - Indian 3.3%, Western 2.7%. Pairwise McNemar tests confirmed Gemini significantly outperformed Grok-2 ($p = 4.38\times10^{-15}$) and GPT-4o ($p = 4.05\times10^{-80}$).

GPT-4o exhibited extremely high refusal rates, explicitly declining diagnostic output in 83.0% of Indian skin images and 93.8% of Western skin images, rendering the model functionally non-operational for dermatologic image diagnosis under the evaluated conditions. In contrast, Gemini and Grok-2 displayed 0% refusals. Disease-level analysis revealed a pronounced failure of Grok-2 in identifying scabies (miss rate >90%), while Gemini more reliably recognized infestations in SoC.



Conclusions

In this paired evaluation of 672 images, Gemini 3.0 Pro demonstrated superior diagnostic performance and comparable Top-3 accuracy across Indian and Western skin under a clinically pragmatic semantic harmonization framework. In contrast, Grok-2 exhibited lower accuracy with a statistically significant Western-favored performance gap and disease-specific failures. GPT-4o was rendered functionally non-operational by excessive safety-related refusals. These findings emphasize that model architecture and safety configuration substantially affect both performance and real-world usability in diverse populations.

Table 2. Summary of Clinical Utility and Safety Profile

Metric	Gemini 3.0 Pro	Grok-2	GPT-4o
Diagnostic Accuracy	□ High (54.8%)	□□ Moderate (31.8%)	□ Failed (N/A)
Racial Bias (SoC)	□ None	□ High (Favors Western)	□ Unknown
Safety Filters	□ Operational	□ Operational	□ Restrictive (96% Refusal)
Scabies Detection	□ Reliable	□ Failed (>90% Miss)	□ N/A
Clinical Verdict	Ready for Pilot	Risk of Disparate Harm	Not Ready for Clinic

Abstract N°: ID-670

Topic: Miscellaneous

Sebaceous Hyperplasia Within the Epidermis After a Scald: A Rare Case Report

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Introduction
Sebaceous hyperplasia is a benign proliferation of sebaceous glands, typically localized within the dermis. Epidermal localization is extremely rare. We report an unusual case of epidermally located sebaceous hyperplasia developing after a thermal injury.

Materials and Methods
A rare dermatological case was analyzed using clinical examination,dermoscopy and histopathological confirmation

Results
A 22-year-old Caucasian man presented with an asymptomatic rash on the upper half of his body, particularly involving the shoulders and back. The patient had sustained a second-degree sunburn affecting the upper half of the body, and the lesions began to appear approximately one month later. He also had acne affecting the back and chest and reported the use of sports nutrition supplements. Clinical Findings Physical examination revealed thinning of the skin at the site of the rash. The rash presented as a reddish patch at the sites of the burn, composed of numerous reddish-orange papules, some with superficial crusting. The papules merged into serpiginous lines. Dermoscopy Dermoscopy demonstrated white-yellowish central star-like structures surrounded by erythema, with polymorphic vessels including dotted, looped, and branched patterns. Histopathology The patient underwent histopathological examination, which confirmed the diagnosis of multiple epidermally located sebaceous hyperplasia with focal hypergranulosis and acanthosis.

Conclusions

This case is unique due to its distinctive clinical presentation, the unusual epidermal localization of sebaceous hyperplasia, and its association with a prior scald injury. The pathogenesis may be related to elevated androgen levels influencing sebaceous gland proliferation during post-burn skin healing. Whether this condition represents a rare complication of thermal injury, a consequence of androgen excess, or a combination of both remains unclear. Currently, there are no established treatment guidelines for this condition. Further studies are needed to better understand its pathogenesis and management. We propose ablative laser therapy and topical retinoids as potential treatment options.

Abstract N°: ID-693

Topic: Miscellaneous

Mapping the Skin Barrier Function

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Introduction

Assessing the integrity of the skin barrier is essential for understanding cutaneous health and designing effective dermatological interventions. Traditionally, transepidermal water loss (TEWL) has been the standard method for assessing barrier integrity. However, TEWL provides a single averaged measurement over the measured area, failing to capture the spatial heterogeneity of the skin surface. Local variations in barrier capacity, which can influence both disease progression and topical treatment efficacy, remain largely uncharacterized. To address this limitation, techniques capable of mapping barrier function with high spatial resolution are needed. Capacitance imaging, designed for visualizing skin hydration over a given skin area, offers a promising platform for this purpose. Using a capacitance array in contact with the skin surface for a short period while recording the readings at regular intervals allows for measurement and mapping of the accumulation rate of water under probe occlusion. Here, we test if this method produces expected results following barrier disruption or following application of barrier enhancing topical creams.

Materials and Methods

In this proof-of-concept study measurements were conducted on 3 volunteers. The skin barrier function was assessed by measuring the TEWL rates measured by Tewameter (C&K, Cologne, Germany) and the rates of water loss under probe occlusion using Epsilon (Biox, London, UK). Five sites were randomly assigned on the two volar forearms of each volunteer as follows: a) untreated, b) treated with product A, c) treated with product B, d) untreated but tape-stripped, e) tape-stripped and then treated with product A; where product A was a cream rich in petrolatum and product B a glycerin-based moisturizing lotion. Tape stripping involved application of 10 consecutive tapes (D-squame, Cuderm, Dallas, TX, USA) for 30 sec each on the same site. Instrumental measurements were taken at baseline, after tape stripping (at the stripped sites), and at 2 h following product application.

Results

First, repeatability of the measurements of the rates of water accumulation under probe occlusion was confirmed. Application of the glycerin-based product increased the water content of the stratum corneum (as demonstrated by the hydration mapping) but did not affect the rate of water accumulation under occlusion. However, application of the petrolatum-rich barrier cream decreased the water loss rate under occlusion without affecting significantly the hydration values. Barrier disruption by tape stripping increased both the hydration values and the water loss rate values, while application of the barrier cream following tape stripping demonstrated an immediate improvement in barrier strength as documented by low rates of water accumulation under probe occlusion.

Conclusions

The evaluation of skin barrier function is fundamental in dermatological research and product development. This study demonstrates that mapping the rate of water accumulation under probe occlusion using a capacitance sensor array is able to document skin barrier damage following an insult, as well as skin barrier repair following application of a topical product. This barrier mapping technique could enable a more detailed, functional understanding of skin physiology, providing clinicians and researchers with detailed functional maps to better capture localized disruptions in the cutaneous barrier. With further validation in larger and more diverse populations, this approach could offer a valuable tool for dermatological research, product development, and clinical assessment of localized barrier dysfunction.

Abstract N°: ID-750

Topic: Miscellaneous

Patient Acceptability, Perceptions, and Concerns Regarding Artificial Intelligence Scribes in Outpatient Dermatology Clinics

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Introduction

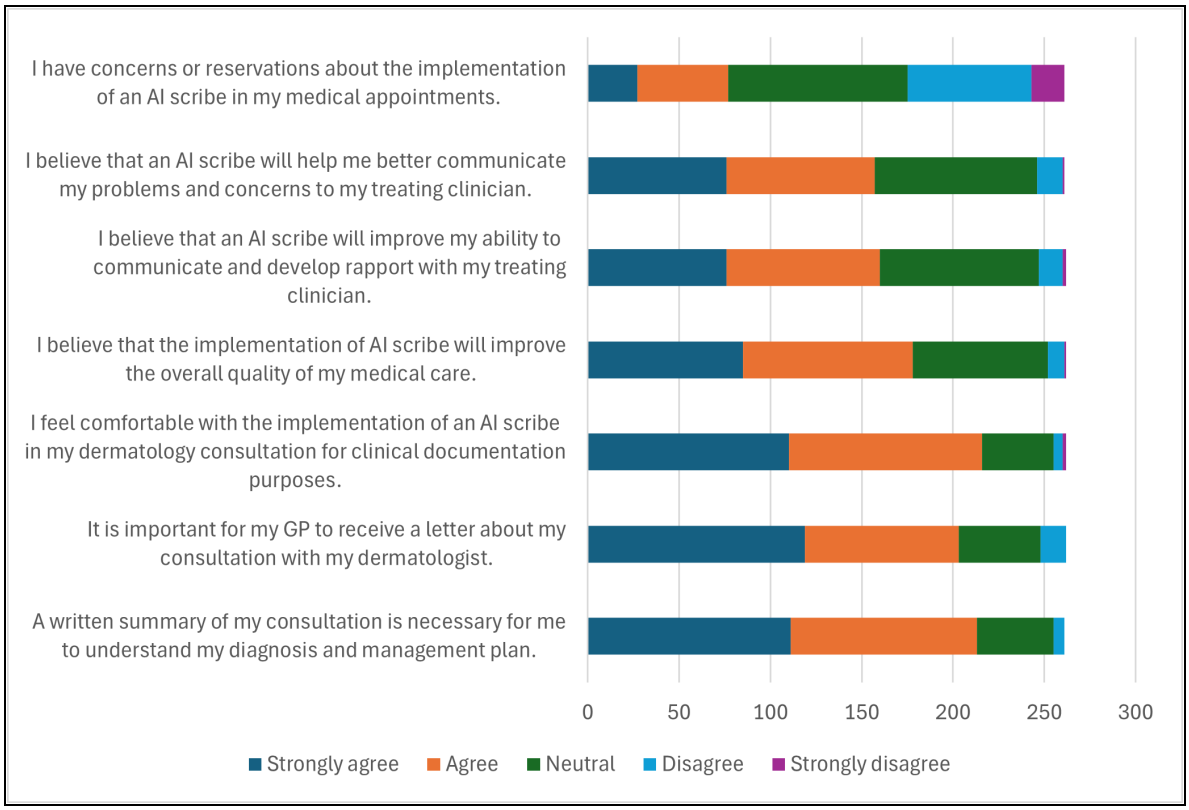
Artificial intelligence (AI) scribes have the potential to reduce administrative burden and enhance clinician-patient interactions. To date, only one study has examined AI scribes in dermatology, but did not explore patient attitudes and concerns (1). This study explores patient acceptability, perceptions, and concerns regarding AI scribe use in an outpatient dermatology setting.

Materials and Methods

We conducted a cross-sectional, anonymous survey of adult first-time patients attending a single private dermatology clinic between July and December 2025. The completion rate was calculated as the proportion of entries resulting in consented, completed surveys. Participants completed an online survey assessing acceptability, perceived benefits, and concerns with respect to AI scribe use within the consultation; most items used a 5-point Likert scale. Associations between patient characteristics and patient concerns were assessed using univariate binary logistic regression with odds ratio (OR) and 95% confidence interval (CI). Statistical significance was set at $p<0.05$. Ethics approval was obtained from the institutional human research ethics committee.

Results

263 patients completed the survey (completion rate 90.7%). Most respondents felt confident with using technology (95.8%) but lacked prior experience with AI scribes (87.8%). 82.1% respondents felt comfortable with the implementation of AI scribes (41.8% strongly agree; 40.3% agree), however 59.7% reported concerns (28.9% strongly agree; 30.8% agree) (Figure 1). The most common concerns were privacy/data security (62.7%) and inaccurate documentation (40.7%). Increasing age was associated with greater concern regarding privacy and security (OR 1.03 per year, 95% CI 1.01–1.04), whereas younger age was associated with greater concern regarding inaccurate documentation (OR 0.98 per year, 95% CI 0.97–1.00). Male patients were less likely than females to report concern about reducing personal connection (OR 0.51, 95% CI 0.28–0.95, p = 0.034). No significant associations were observed with prior AI scribe experience or confidence with technology.



Conclusions

To our knowledge, this is the first study to assess patient perceptions and attitudes regarding AI scribe use in dermatology. The acceptance rate of 82.1% was higher than previously reported rates of 39-48% in other settings (2,3). This may relate to a relatively younger cohort, high self-reported confidence with technology, the private clinic setting or reflect differences in a dermatology context. Despite this, over half of respondents still expressed concern about AI scribe use. Similar to prior studies (2), privacy, data security and documentation inaccuracies were the most common concerns. Interestingly, our findings suggest that patient concerns vary by age: older patients were more likely to express concerns regarding privacy and data security, whereas younger patients were more concerned about inaccurate documentation. This may reflect generational differences in expectations of digital accuracy, familiarity with technology, and perceptions of data privacy.

Overall, our study emphasises the important patient-centred implementation strategies by highlighting age- and gender-related differences in attitudes and concerns towards AI scribes in dermatology. While patients were generally accepting of AI scribes, careful attention to consent processes, ongoing feedback from patients, and adequate clinician oversight remains essential.

Abstract N°: ID-759

Topic: Miscellaneous

Efficacy of an AI-Algorithm-Assigned Customized Longevity Skincare Regimen in Women with Signs of Skin Aging: Interim Results from a 12-Week Clinical Study

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Introduction

Photodamaged and chronologically aged facial skin is characterized by fine lines, wrinkles, hyperpigmentation, and loss of firmness and elasticity, arising from collagen degradation and reduced epidermal and stratum corneum renewal. Personalized skincare approaches that match products to individual skin characteristics may optimize treatment outcomes. This study evaluated the efficacy of an AI-algorithm-assigned customized skincare regimen containing retinol or bakuchiol, vitamin C, peptides, and collagen supplementation in women with mild-to-moderate signs of skin aging.

Materials and Methods

Study Design: A 12-week, single-center, clinical trial was conducted in an independent research center. Forty-three women (aged 35–55 years) with Fitzpatrick skin types I–VI and mild-to-moderate fine lines, wrinkles, and lack of elasticity were enrolled; 41 completed the 4 weeks followup.

Treatment: Subjects completed an AI-driven questionnaire and a proprietary AI-automated facial image analysis to determine night treatment assignment: Retinol 0.3% Cream, Retinol 0.6% Cream, or Bakuchiol Cream. All subjects used Vitamin C 10% Serum (AM), assigned Night Treatment Cream (PM), Under Eye Cream, Dark Spot Remover, Oral Collagen + Hyaluronic Acid + Vitamin C supplement, and SPF 30 sunscreen daily.

Assessments: Clinical grading (modified Griffiths 0–9 scale) evaluated fine lines, wrinkles, firmness, elasticity, smoothness, radiance, and skin tone. Bioinstrumentation included a Corneometer (hydration), a Tewameter (TEWL), and an Indentometer (firmness). Subject self-assessment questionnaires evaluated perceived efficacy and tolerability. Statistical analysis: Wilcoxon signed-rank test (clinical grading), paired t-test (bioinstrumentation), binomial test (questionnaires); $p < 0.05$ significant.

Results

Demographics: Mean age 48.6±5.1 years; 61% White, 27% Black, 7% Multi-racial, 2.4% Asian; 29% Hispanic.

At Week 4, statistically significant improvements ($p<0.05$) were observed across multiple parameters:including fine lines (-9.6%), skin smoothness (-9.1%), radiance (-5.1%), skin tone evenness (-4.8%), and hydration (+14.9%).

Bioinstrumentation: Corneometer measurements demonstrated a statistically significant 14.9% increase in skin hydration at Week 4 (from 52.4 to 60.2 arbitrary units, $p<0.001$), with 80.5% of subjects showing improved stratum corneum moisture content. Tewameter measurements showed that the night treatment creams and more specifically the tested retinol creams did not interfere with skin barrier.

Self-Assessment: At Week 4, 87.8% of subjects reported overall skin improvement ($p<0.001$). Overall results rated as good or better by 90.2% ($p<0.001$). 100% found products easy to apply and comfortable to use ($p<0.001$).

Parameter	Baseline	Week 4	% Change	% Improved
Fine Lines (Global Face)	4.46	4.04	-9.6%*	78%
Skin Smoothness (Tactile)	4.02	3.66	-9.1%*	68%
Skin Smoothness (Visual)	4.82	4.51	-6.3%*	63%
Radiance/Luminosity	4.82	4.57	-5.1%*	56%
Skin Tone Evenness	5.07	4.83	-4.8%*	56%
Dark Circles	3.79	3.63	-4.2%*	32%
Overall Skin Condition	4.89	4.70	-4.0%*	46%
Skin Hydration (Corneometer)	52.4	60.2	+14.9%*	81%

** Clinical grading: lower scores = improvement (0-9 scale); Corneometer: higher values = improvement. All resutls were p<0.001 vs baseline.*

Conclusions

At Week 4, this AI-algorithm-assigned customized skincare regimen demonstrated statistically significant improvements in multiple clinical parameters including fine lines (-9.6%), skin smoothness (-9.1%), radiance (-5.1%), skin tone evenness (-4.8%), and hydration (+14.9%). High subject satisfaction (87.8% reported improvement) and excellent tolerability (100% comfortable application) support the efficacy and acceptability of this personalized approach. These interim results suggest that AI-driven treatment assignment may optimize anti-aging skincare outcomes. Final Week 12 efficacy and safety data will provide comprehensive evaluation of this novel personalized skincare approach.

Abstract N°: ID-771

Topic: Miscellaneous

Transformation of Dermatovenerology Education in the Context of Globalization, Digitalization, and Post-War Reconstruction

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Introduction

The transformation of medical education has become a global priority due to technological progress, social change, and geopolitical challenges. In Ukraine, these processes are intensified by wartime conditions and the strategic course toward European integration. In the post-war period, modernization of medical education will play a key role in rebuilding the healthcare system and integrating it into the European and global academic space.

Dermatovenerology, as a clinically and socially significant discipline, requires rethinking its educational foundations. Traditional teaching models based exclusively on classical clinical training no longer meet modern professional demands. Contemporary education requires the integration of digital technologies, blended learning, interdisciplinary approaches, and international academic standards, while preserving classical medical traditions.

Materials and Methods

The study is based on a comprehensive methodological framework combining historical, comparative, systemic, and structural-functional analyses. Content analysis of scientific publications, educational standards, curricula, regulatory documents, and digital learning platforms was conducted. A modeling method was used to develop an innovative conceptual model of dermatovenerology education.

Results

The results demonstrate a multidimensional transformation of dermatovenerology education characterized by structural, technological, and conceptual changes. Key trends include the transition to blended learning models combining clinical practice with digital platforms; digitalization through e-learning, virtual simulations, telemedicine, and digital diagnostics; transformation of the teacher's role into mentorship and facilitation; convergence with European and global educational standards; and the implementation of competency-based education focused on clinical skills, ethics, digital literacy, and lifelong learning.

An innovative educational model integrating classical clinical training, blended learning technologies, digital tools, international standards, and student-centered approaches was developed.

Conclusions

The transformation of dermatovenerology education reflects global trends in medical training, where flexibility, adaptability, and digital competence are essential. In Ukraine, this process has strategic importance, as post-war

reconstruction requires not only physical rebuilding but also intellectual and educational renewal. Medical education thus becomes a driver of professional resilience and international integration.

Participation in international projects plays a key role in developing language proficiency, research competencies, professional networking, investment in educational infrastructure, and the global visibility of Ukrainian scientists through publications. Despite limited resources and systemic challenges, this transformation must begin now. Delaying internationalization risks widening the educational gap, whereas early engagement generates long-term cumulative benefits.

Forming in students and interns an understanding that professional identity must be shaped from the outset with an international perspective is essential. The proposed model demonstrates that dermatovenerology can evolve into an interdisciplinary educational platform integrating clinical science, technology, ethics, and innovation.

Thus, dermatovenerology education becomes not only a component of medical training but a strategic instrument for healthcare modernization and sustainable development, preparing specialists capable of effective professional activity at both national and global levels.

Abstract N°: ID-804

Topic: Miscellaneous

Impact of Tele-Dermatology for Cross-Referrals in a Central Institute of India

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Introduction
Dermatology cross-referrals from inpatient wards and other departments in large tertiary centres in India are often delayed by limited specialist availability, high patient volumes, and the need for repeated in-person reviews. These factors contribute to prolonged turnaround time, increased resident movement, and inefficient use of departmental resources. Tele-dermatology offers a potential solution by enabling remote evaluation of clinical information and images, but real-world data on its impact in high-volume Indian teaching hospitals remain limited. This study aimed to assess the effect of implementing a structured tele-dermatology system on the efficiency, quality, and overall performance of cross-referrals in a central government institute in India.
Objectives:
To compare pre- and post-implementation metrics of tele-dermatology for inpatient and inter-departmental cross-referrals, focusing on: (1) time and manpower efficiency, (2) quality of referral information and triage, (3) impact on in-person visits and repeat evaluations, (4) user satisfaction and perceived barriers, and (5) overall effect on quality and speed of cross-referrals.

Materials and Methods
Methods:
A cross-sectional, questionnaire-based assessment was conducted among dermatology residents involved in managing cross-referrals at a central tertiary-care institute in India.

Results
Implementation of tele-dermatology led to marked gains in efficiency, with mean time per referral decreasing from 30 to 20 minutes and staff requirement reducing from approximately 3–4 to 1–2 per case. Daily physical ward visits fell from about 7 to 3–4, estimated departmental resource use reduced from 200 to 100 units, and turnaround time for dermatology opinion improved from 3–4 hours to 2–3 hours, indicating faster and less resource-intensive cross-referrals. The quality of referrals improved, with adequate clinical information increasing from 70% to 80–90% and adequate photograph quality rising from 50% to around 80%, while diagnostic confidence remained stable at 4/5 on the Likert scale in both periods. Tele-dermatology enabled more cases to be resolved without in-person visits, halved repeat evaluations (4 to 2 per week), and increased overall system satisfaction from 4/5 to 5/5, alongside perceived reductions in non-essential resident movement and departmental expenditure.
However, several challenges like Non-standardised image capture and variable photograph quality with faulty photography rated as having a mild but tangible impact on efficiency. Certain referances still required physical examination, limiting the applicability of a purely virtual model and occasionally necessitating conversion to in-person review. Additional concerns included dependence on digital infrastructure. Despite these barriers, respondents rated tele-dermatology as excellent for triaging urgent versus non-urgent cases and for identifying those requiring consultant review, and strongly recommended continuation and expansion of the service.

Conclusions
Tele-dermatology for cross-referrals significantly improved time and manpower efficiency, reduced in-person ward visits and resource utilisation, and accelerated access to dermatology opinions, while maintaining high diagnostic confidence, satisfaction, and inter-departmental coordination. Challenges such as non-standardised imaging, persisting need for

physical examination in selected cases, and reliance on robust digital infrastructure highlight the importance of targeted quality-improvement measures. Future actions should focus on structured training of referring teams in clinical documentation and medical photography, development of standard imaging protocols and checklists, and strengthening of technical support and network reliability to minimise disruption. Integrating periodic audits, feedback loops, and potential decision-support tools into the tele-dermatology workflow may further optimise triage accuracy, safety, and scalability of cross-referrals in high-volume teaching hospitals.

Abstract N°: ID-886

Topic: Miscellaneous

Linear Atrophoderma of Moulin: A Case Report

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Introduction
Linear Atrophoderma of Moulin (LAM) is a rare, sporadic dermatosis first described in 1992 by Moulin et al., characterized by hyperpigmented, atrophic bands distributed along Blaschko lines, typically appearing in childhood or adolescence (1). This case report aims to deepen understanding of the clinicopathological features of this entity and to emphasize the importance of clinical suspicion when encountering uncommon dermatoses.

Materials and Methods
Case Report: A 14-year-old female with no relevant medical history developed an erythema that evolved into an asymptomatic hyperpigmented patch affecting the abdomen, lateral trunk, and back, prompting referral to dermatology. Physical examination revealed a localized dermatosis in the described areas characterized by hyperpigmented, atrophic patches with absence of hair, coalescing into a plaque with a hemibelt distribution following Blaschko lines and palpable induration of the region (Figure 1). Due to clinical suspicion of scleroderma-like dermatosis with differential diagnosis of Linear Atrophoderma of Moulin, an elliptical (spindle-shaped) biopsy of the lesion was performed; histopathology was compatible with Linear Atrophoderma of Moulin. Treatment was started with topical Urea 20% and Doxycycline 20 mg daily. The patient remains under treatment and surveillance.

Results
LAM is an uncommon dermatologic condition whose pathogenesis is not fully understood; however, the lesion distribution may result from mosaicism due to a postzygotic mutation during embryogenesis (2). Diagnostic criteria for LAM described by López et al. (3) include: a) onset in childhood or adolescence; b) hyperpigmented, mildly atrophic, unilateral lesions following Blaschko lines on the trunk and extremities; c) absence of preceding inflammation or subsequent scleroderma; d) a stable, nonprogressive clinical course without tendency to spontaneous remission; and e) histopathology showing basal layer epidermal hyperpigmentation and dermis without connective tissue or elastic fiber involvement. Marín-Hernández et al. later proposed expanding the histopathologic description to include a scant perivascular lymphohistiocytic inflammatory infiltrate and a dermis either without alterations or with mild collagen thickening/compaction. Because of overlapping features, LAM has been proposed to belong to a spectrum that includes Pasini–Pierini atrophoderma and morphea (Table 1). However, differences in age of onset, lesion distribution, histopathology, and prognosis suggest LAM is a distinct entity (4). No standardized treatment exists; management in this case was guided by the treating physician’s experience. Partial responses have been reported with topical calcipotriol and methotrexate. Topical steroids have been used with variable results (5).

Clinical and histopathological features of idiopathic atrophoderma of Pasini and Pierini, morphea, and linear atrophoderma of Moulin. Adapted from Danarti R et al., 2003

	Idiopathic atrophoderma of Pasini and Pierini	Morphea	Linear atrophoderma of Moulin
Age of presentation	Adolescence/early adulthood	Childhood/older adult	Childhood/Adolescence
Lesion	Well-circumscribed, smooth, depressed lesions, brown to gray in color, with a "cliff-drop" border, without a Blaschkoid distribution.	Well-circumscribed, densely sclerotic plaques, ivory or white in color with violaceous border.	Band-like hyperpigmented atrophic lesions along Blaschko lines.
Distribution	Back, chest, upper extremities, abdomen	Generalized	Chest, upper and lower extremities
Histopathology	**Early lesion:** dermis with thickening of collagen bundles and a mild inflammatory infiltrate. **Chronic lesion:** epidermis with mild hyperpigmentation; thickened, densely compacted collagen bundles in the reticular dermis; indurated areas with homogenously hyalinized collagen bundles.	**Early inflammatory stage:** epidermal thickening; thickened collagen bundles and inflammatory infiltrate at the violaceous lesion border; subcutaneous tissue replaced by thin, wavy collagen fibers. **Late sclerotic stage:** thickened, densely packed collagen bundles; atrophy of eccrine glands surrounded by adipose tissue; thick, pale, sclerotic subcutaneous tissue; blood vessels with fibrotic walls and narrowed lumina.	Basal-layer hyperpigmentation of the epidermis, thickening of collagen bundles, and a mild, sparse chronic inflammatory infiltrate.

Table 1. Clinical and histopathological features of idiopathic atrophoderma of Pasini and Pierini, morphea, and linear atrophoderma of Moulin. Adapted from Danarti R et al., 2003 (2)

Conclusions

Linear Atrophoderma of Moulin is an uncommon blaschkoid dermatosis, with fewer than 50 cases reported in the literature. Diagnosis relies on exclusion of differential diagnoses and clinicopathological correlation, underscoring the need for high clinical suspicion to avoid misdiagnosis. The lack of standardized treatment makes individualized therapy and close follow-up essential. Reporting this clinical case helps expand knowledge of this rare dermatosis to improve recognition and optimize diagnostic and therapeutic management.

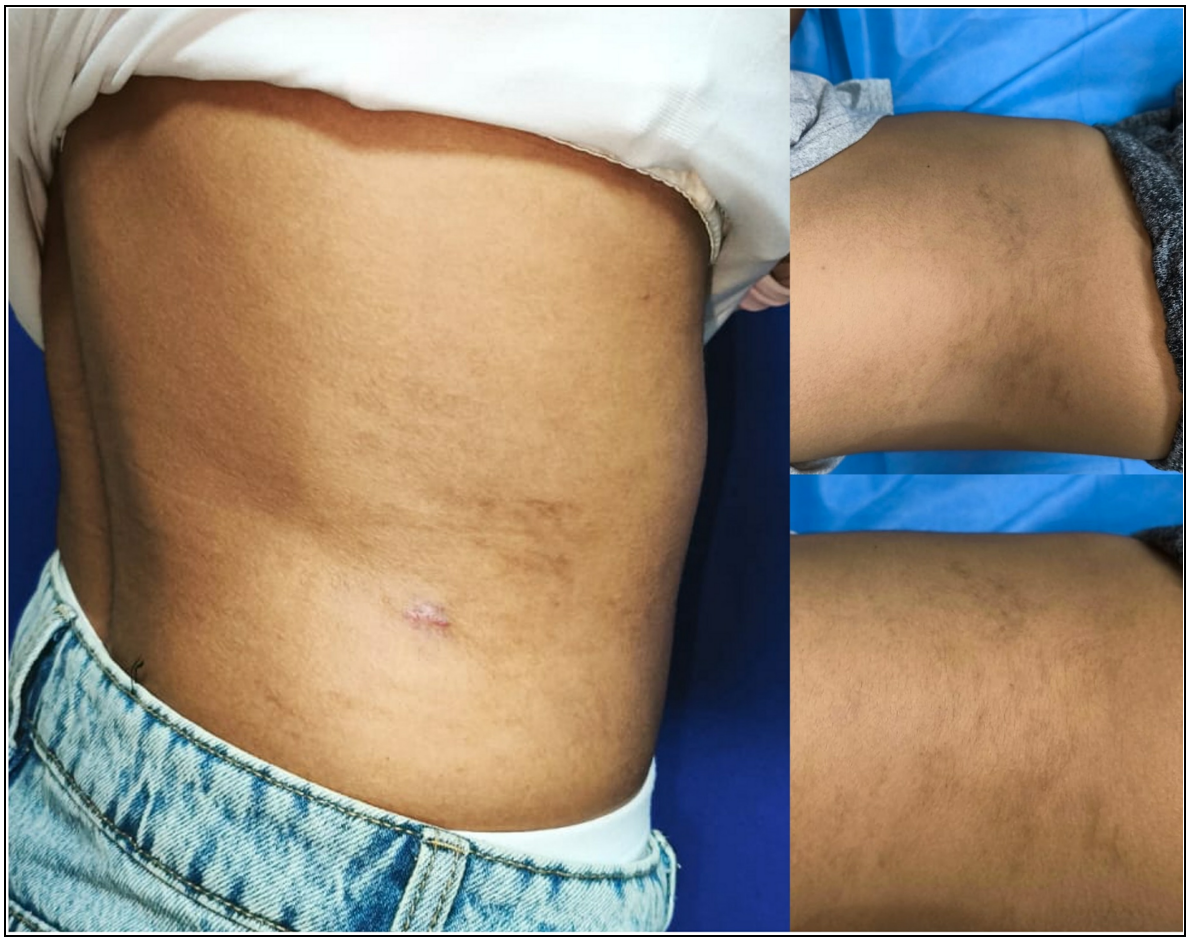

Figure 1. Localized dermatosis with hyperpigmented patches, atrophic surface, and absence of hair in a

blaschkoid distribution.

Abstract N°: ID-1002

Topic: Miscellaneous

Artificial intelligence and allergic dermatoses: Reliable tool or technological illusion?

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Introduction

Allergic dermatoses, including chronic urticaria, allergic contact dermatitis, and cutaneous drug reactions, represent frequent diagnostic challenges in clinical practice due to their heterogeneous clinical presentations and multiple triggering factors. The emergence of artificial intelligence (AI)-based tools offers new perspectives for the recognition of cutaneous patterns and therapeutic decision support. However, the reliability of these technologies in the field of allergic dermatoses remains uncertain. To evaluate the diagnostic performance of artificial intelligence systems in allergic dermatoses and to analyze their concordance with clinical expertise in order to determine whether they represent a reliable tool or a technological illusion.

Materials and Methods

A retrospective study was conducted on 120 patients presenting with allergic dermatoses confirmed clinically and/or histologically. Clinical images and patient data were analyzed using an artificial intelligence algorithm and compared with diagnoses established by dermatologists.

Results

Artificial intelligence correctly identified 94% of typical and localized allergic dermatoses, highlighting its strong performance in standardized clinical presentations with well-defined morphological patterns. However, diagnostic accuracy decreased to 62% in atypical or generalized presentations, reflecting the limitations of artificial intelligence in complex or polymorphic clinical situations.

Regarding specific conditions, chronic urticaria was correctly diagnosed in 78% of cases. Misclassifications mainly occurred in patients presenting with inducible urticaria or associated systemic triggers, where clinical history plays a key role. For allergic contact dermatitis, the diagnostic accuracy reached 65%, with most errors related to multifactorial etiologies, overlapping inflammatory dermatoses, or insufficient recognition of allergen exposure patterns.

The most frequent diagnostic confusions involved mixed dermatoses or cases associated with triggering factors such as medications or phytotherapy, leading to incorrect classification in approximately 20% of cases. These findings highlight the difficulty of artificial intelligence systems in integrating environmental and exposure-related data, which are essential in allergological evaluation.

Furthermore, artificial intelligence tended to underestimate disease severity and lesion extent in complex clinical presentations, particularly in widespread eczema or urticaria associated with angioedema. This limitation may have direct implications for therapeutic decision-making, potentially resulting in undertreatment or delayed escalation of therapy.

Overall, artificial intelligence demonstrated high performance in visually typical and isolated presentations but showed reduced reliability in multifactorial or clinically heterogeneous allergic dermatoses. These results reinforce the importance of combining artificial intelligence-based analysis with comprehensive clinical assessment, including patient history, exposure evaluation, and complementary diagnostic tests.

Conclusions

Artificial intelligence tools provide promising support in the diagnosis of allergic dermatoses; however, their reliability remains insufficient to replace clinical expertise. AI integration should therefore be considered as a complementary decision-support tool rather than a substitute for physician assessment. Prospective studies and improved algorithm training incorporating clinical, biological, and environmental data are needed to enhance their accuracy and validate their use in allergological practice.

Abstract N°: ID-1015

Topic: Miscellaneous

In Vitro Comparison of *Melaleuca alternifolia* and *Eucalyptus* extract versus 70% Ethanol Against Non-Pathogenic Bacteria Isolated from Human Hands

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Introduction

Bacterial proliferation on the hands is a key factor in the transmission of infections. The continuous use of ethanol-based topical antimicrobials has been associated with alterations in the transient cutaneous microbiota and the development of irritative reactions. The search for effective antiseptics alternatives has brought attention to plant extracts with antimicrobial properties. Secondary metabolites from plants have been reported as primary sources of antimicrobial agents. The use of essential oils to combat bacteria could represent an effective, economical alternative with lower environmental impact than the use of synthetic chemical compounds for skin sanitation. Furthermore, the limited use of essential oils for inhibiting bacterial growth means that bacteria may be less likely to have resistance mechanisms against them. Therefore, we hypothesize that essential oils with documented antimicrobial activity, such as *Melaleuca alternifolia* and *Eucalyptus* may inhibit bacterial growth more effectively than a widely used antiseptic agent such as 70% ethyl alcohol. **The objective of this study** was to evaluate and compare the efficacy of *Melaleuca alternifolia* (tea tree) and *Eucalyptus* extracts, along with 70% ethanol alcohol, in reducing the proliferation of non-pathogenic bacteria on hands.

Materials and Methods

Materials

Test substances:
Melaleuca alternifolia/Melaleuca essential oil
Eucalyptus essential oil
Ethyl alcohol 70% (or 70% Ethanol)

Methods: Mixed bacterial samples were obtained by swabbing visibly contaminated hands after contact with environmental surfaces and inoculated onto Bacteriological Agar plates. After incubation, sterile filter-paper discs impregnated with each test substance were applied using a disk diffusion model. Plates without antimicrobial agents served as controls. Cultures were incubated at 20–37 °C for six days. Bacterial growth was quantified by colony-forming unit (CFU) counts and inhibition zones were assessed macroscopically and microscopically. Mean CFU counts and standard deviations were calculated for each group.

Materials and Methods:

Results

Control plates demonstrated the highest bacterial growth, with a mean of 52.5 ± 4 CFU/plate. Treatment with 70% ethanol reduced bacterial growth to 35.0 ± 5 CFU, corresponding to a 33% reduction compared with controls; however, fungal growth was observed in over 70% of the samples, optical microscopy revealed septate hyphae consistent with filamentous fungi. *Melaleuca alternifolia* further reduced bacterial proliferation to 30.6 ± 5 CFU (42% reduction vs. control), with limited fungal growth appearing after 15 days of incubation. *Eucalyptus* exhibited the greatest antibacterial activity, with a mean of 9.4 ± 2 CFU, representing an 82% reduction relative to controls and no detectable fungal growth. Only *Eucalyptus* essential oil demonstrated fungicidal properties, as samples without substances, as well as those with alcohol and Melaleuca presented filamentous fungi. Gram staining and light microscopy (400× magnification) revealed bacterial morphologies consistent with Gram-negative cocci and bacilli across all sampled groups.

Bacterial Colony Count by Sample Type

Control substances ad		Ethyl Alcohol		Melaleuca		Eucalyptus	
Sample #	# of bacterial colonies	Sample #	# of bacterial colonies	Sample #	# of bacterial colonies	Sample #	# of bacterial colonies
1	50	1	29	1	32	1	13
2	52	2	40	2	32	2	12
3	48	3	30	3	40	3	8
4	50	4	40	4	39	4	8
5	55	5	42	5	25	5	9
6	60	6	32	6	26	6	8
—	—	7	36	7	27	7	9
—	—	8	29	8	24	8	8
AVERAGE:	52.5 ± 4	AVERAGE:	35 ± 5	AVERAGE:	30.62 ± 5	AVERAGE:	9.37 ± 2

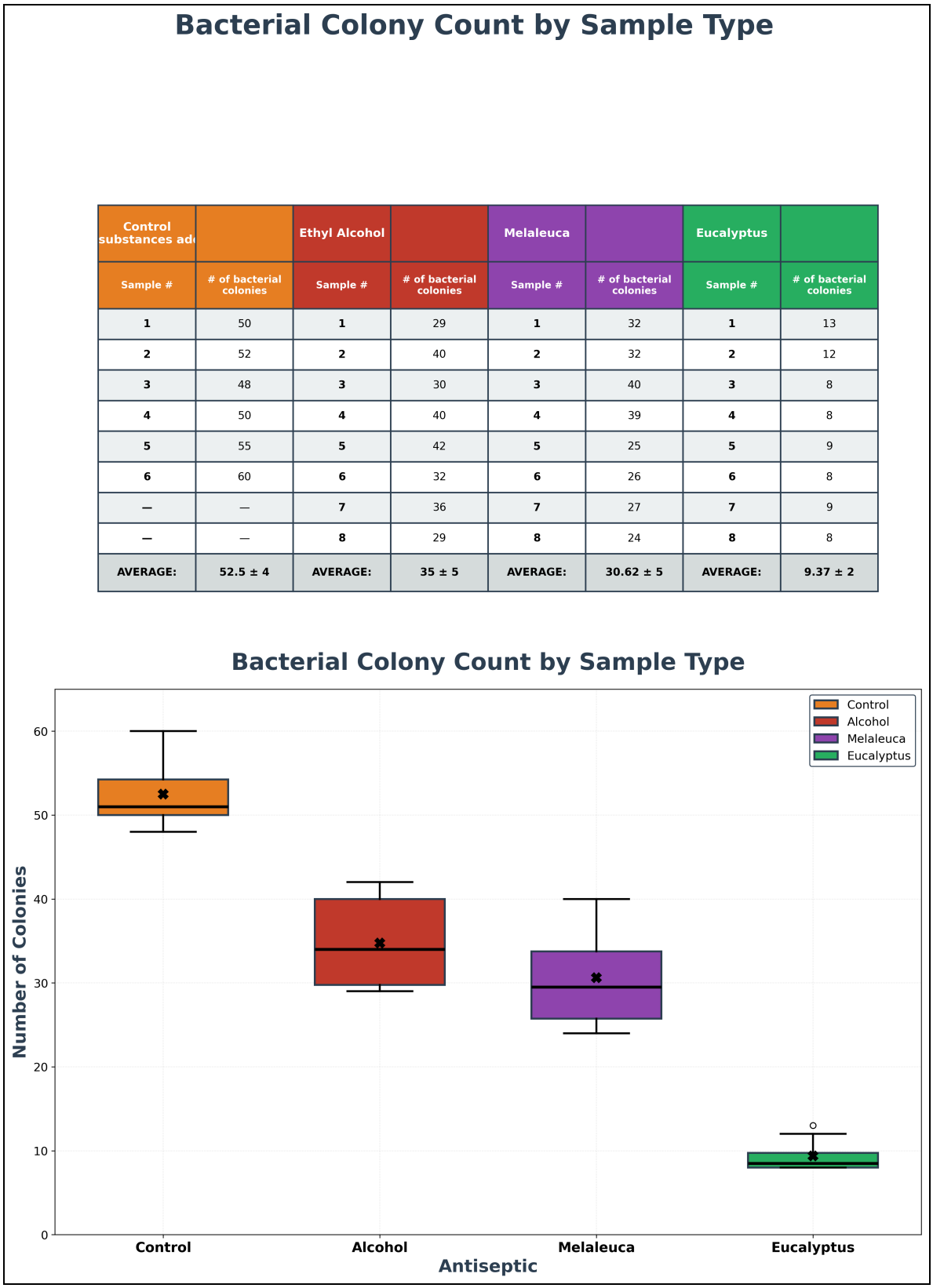
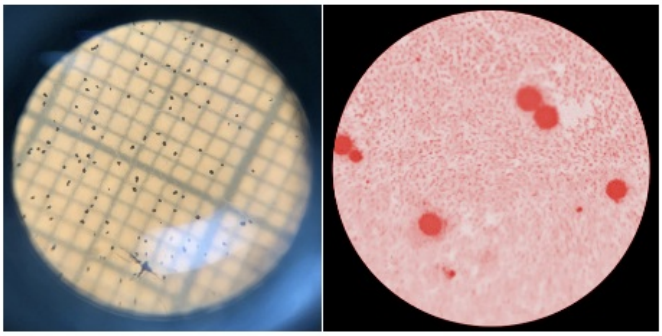


Figure 1. Summary of Antibacterial Efficacy of Essential Oils (Melaleuca alternifolia and Eucalyptus) and 70% Ethanol Against Hand-Surface Bacterial Colonies

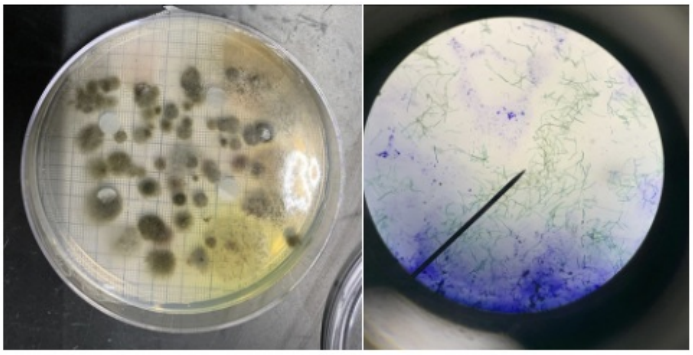
Conclusions

Melaleuca alternifolia and *Eucalyptus* extracts demonstrated antibacterial activity against mixed non-pathogenic hand flora in an in vitro culture model, with *Eucalyptus* showing the most pronounced and sustained effect. These findings support the potential of essential oils as natural antimicrobial agents; however, further studies are required to evaluate skin application, safety, and optimal use in vivo.

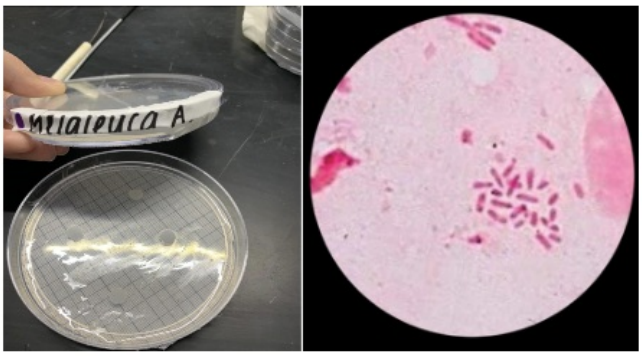
Control samples under microscope



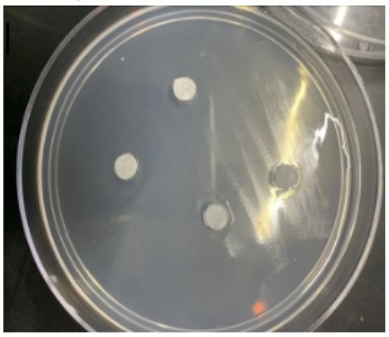
70% Ethanol samples



Melaleuca samples



Eucalyptus samples



Findings

Abstract N°: ID-1018

Topic: Miscellaneous

Traditional Medicine and Allergic Risks

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Introduction

The use of medicinal plants is highly prevalent in Morocco, both in traditional practices and domestic self-medication. However, their allergenic potential remains largely underestimated, exposing the population to allergic reactions that may occasionally be severe. Assessing public awareness is essential to improve prevention strategies and reduce health risks associated with traditional medicine.

Materials and Methods

A cross-sectional study was conducted among 200 Moroccan adults recruited during outpatient consultations at a University Hospital Center.

Results

Among the 200 participants, 78% reported regular use of medicinal plants for therapeutic purposes. Among these users, only 32% were aware of the potential allergenic effects of certain plants. Approximately 20% of participants reported having previously experienced a suspected adverse reaction, ranging from mild cutaneous manifestations such as rashes or pruritus to more severe episodes requiring medical care.

Analysis according to living environment showed that urban participants had significantly better awareness of allergological risks than those living in rural areas ($p < 0.05$), likely due to improved access to health information and medical services. Educational level also significantly influenced risk perception, with participants who had higher education demonstrating greater awareness of potential allergic reactions.

Regarding information sources, most participants (65%) relied on herbalists or plant vendors, 23% sought advice from family or friends, and only 12% obtained information from healthcare professionals. This reliance on non-medical sources reflects insufficient public education regarding allergic risks associated with medicinal plants.

Conclusions

This study highlights the limited awareness among the Moroccan population regarding the allergic risks associated with medicinal plant use, despite their widespread consumption. These findings emphasize the need to strengthen public health education focusing on the potential adverse effects of traditional remedies, particularly allergic and cutaneous reactions. Healthcare professionals should play a central role in actively questioning patients about the use of herbal and traditional treatments and providing evidence-based guidance on their safe use.

Moreover, collaboration between medical professionals, public health authorities, and traditional medicine practitioners may help improve awareness and promote safer therapeutic practices. Targeted educational campaigns, especially in rural areas and among populations with lower educational levels, could contribute to reducing preventable allergic reactions. Further large-scale studies are needed to better evaluate the epidemiological impact of medicinal plant use and to develop culturally adapted prevention strategies.

Abstract N°: ID-1019

Topic: Miscellaneous

Contribution of Artificial Intelligence to Patient Education in Chronic Urticaria

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Introduction

Chronic urticaria is a long-term inflammatory condition requiring continuous management and adequate patient understanding to achieve optimal disease control. Poor adherence to antihistamine therapy and insufficient knowledge of the disease frequently contribute to uncontrolled symptoms and impaired quality of life. Artificial intelligence tools, particularly conversational assistants, are emerging as new therapeutic education supports; however, their clinical impact remains insufficiently evaluated.

Materials and Methods

A cross-sectional study was conducted including 40 patients followed for chronic urticaria in a dermatology outpatient clinic. Participants completed a questionnaire assessing the use of artificial intelligence tools for educational purposes. Quality of life was assessed using the Dermatology Life Quality Index.

Results

Among the 40 included patients, 45% reported using artificial intelligence tools in the context of their disease. The main information sought concerned understanding chronic urticaria (78%), antihistamine treatments (67%), and daily symptom management (56%).

Among artificial intelligence users, 72% reported improved understanding of their treatment and 61% reported improved adherence to antihistamines, compared with 36% among non-users. The mean Dermatology Life Quality Index score was lower among artificial intelligence users (9.4 ± 5.6) compared with non-users (13.1 ± 6), indicating better quality of life. Improved therapeutic adherence was associated with better clinical disease control and lower Dermatology Life Quality Index impairment.

These findings suggest that artificial intelligence tools may enhance patient engagement and therapeutic understanding. However, variability in information quality and the absence of standardized medical supervision remain potential limitations.

Conclusions

Artificial intelligence appears to be a relevant complementary educational tool when appropriately integrated into the healthcare pathway. These results support the inclusion of digital health tools in therapeutic education strategies in allergology while emphasizing the importance of medical supervision and validation of provided information.

Abstract N°: ID-1025

Topic: Miscellaneous

Contact Dermatitis in Emergency Departments: What Is the Level of Knowledge Among Residents?

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Introduction

Contact dermatitis, whether irritant or allergic, is a frequent cause of consultation in emergency departments. Prompt recognition is crucial to prevent misdiagnosis, inappropriate treatment, prolonged patient discomfort, and delays in specialist care. Despite its prevalence, the level of knowledge of emergency medicine residents regarding clinical features, allergens, and management strategies remains poorly characterized.

Materials and Methods

A descriptive cross-sectional study was conducted among emergency medicine residents at a university hospital center. Sociodemographic information and knowledge levels were collected using a standardized, structured questionnaire assessing clinical recognition, allergen knowledge, patch test interpretation, and management decisions.

Results

Seventy-two residents ans interns participated, with a mean age of 26.8 ± 2 years and a nearly balanced gender distribution (53% male, 47% female). Most residents (65%) correctly identified clinical signs of irritant contact dermatitis. Recognition of allergic contact dermatitis was lower, with only 40% identifying vesicles, lesion distribution patterns, and relapsing course as key features.

Knowledge of allergens was limited: 38% could cite at least three common allergens, and 22% were aware of typical exposure sources. Understanding of patch testing was suboptimal; 28% knew its indications and limitations, and only 15% could correctly interpret test results. Regarding immediate management, 55% recommended avoidance of the causative agent, 47% selected an appropriate topical corticosteroid, 35% emphasized patient education, and 42% considered referral to dermatology for uncertain or severe cases.

These findings highlight significant gaps in both theoretical and practical knowledge, which could lead to suboptimal patient care, delayed referral, and inappropriate use of resources in emergency settings.

Conclusions

The results underscore the need for structured, targeted educational interventions for emergency medicine residents, combining theoretical modules with hands-on clinical training. Improving knowledge in early recognition, allergen identification, and management strategies is likely to enhance patient outcomes, reduce misdiagnoses, and optimize referral patterns to dermatology. Future studies could evaluate the effectiveness of such educational programs and

explore the role of digital tools, case simulations, and continuous professional development in reinforcing competence in contact dermatitis management in emergency settings.

Abstract N°: ID-1029

Topic: Miscellaneous

Digital Health and Teledermatology for Overseas Government Employees: A Narrative Literature Review

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Introduction

Global mobility and international work assignments expose government employees to diverse environmental, climatic, and occupational factors that may affect skin health. Limited access to dermatological services in host countries may result in delayed diagnosis and treatment. Teledermatology has emerged as an effective digital health solution to improve access to dermatological care, particularly for overseas government employees working in remote or underserved settings.

Materials and Methods

A narrative literature review was conducted using PubMed, Google Scholar, and ScienceDirect databases. Articles published in English between January 2020 and December 2025 were identified using the keywords “teledermatology,” “digital health,” “overseas workers,” “diplomatic staff,” and “healthcare access.” A total of 87 articles were initially retrieved. After screening titles, abstracts, and full texts, 26 relevant studies were included for narrative synthesis.

Results

The included studies consistently demonstrated that teledermatology improved access to dermatological care for overseas workers, particularly in regions with limited specialist availability. Diagnostic concordance rates between teledermatology and face-to-face consultations ranged from 75% to 92% for common inflammatory, infectious, and pigmentary skin disorders. Waiting times for specialist consultation were reduced by 35% to 60%, while travel-related healthcare costs decreased by approximately 40% to 55%. Patient satisfaction rates ranged from 82% to 95% across studies. Store-and-forward and real-time consultation models enabled earlier diagnosis and timely management. However, major barriers included limited digital literacy (reported in 30%–45% of participants), unstable internet connectivity (25%–40%), data security concerns (20%–35%), and regulatory constraints across different countries.

Conclusions

Teledermatology significantly enhances access to dermatological care for overseas government employees by improving diagnostic efficiency, reducing healthcare costs, and increasing patient satisfaction. Despite its demonstrated effectiveness, several technological, regulatory, and educational barriers remain. Strengthening digital infrastructure, improving user competence, and establishing standardized international regulations are essential to optimize the implementation and sustainability of teledermatology services in global work settings.

Abstract N°: ID-1085

Topic: Miscellaneous

Prurigo of pregnancy associated with idiopathic intracranial hypertension during gestation: first report and a proposed neuro-immune "skin–CNS" continuum

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Introduction

Prurigo of pregnancy is a pruritic dermatosis of the 2nd–3rd trimester, characterized by intensely itchy excoriated papules. Idiopathic intracranial hypertension (IIH) is defined by raised intracranial pressure without an identifiable structural cause. To our knowledge, the association between prurigo of pregnancy and IIH has not been reported. We describe a case occurring during pregnancy, raising a neuro-immune hypothesis.

Materials and Methods

A 29-year-old woman, 26 weeks pregnant, with asthma treated with salbutamol, had been followed for 6 weeks by neurology for IIH and was receiving acetazolamide. IIH was diagnosed based on bilateral papilledema with visual field abnormalities. Brain MRI showed indirect signs of IIH and excluded secondary causes (no intracranial mass). MR venography (angiographic MRI/MRV) excluded cerebral venous thrombosis. Lumbar puncture showed an opening pressure of 29 cmH_2O with a strictly normal CSF. She presented with a 1-week history of a pruritic papular eruption starting on the hands and spreading to the trunk, back, limbs, and face. Dermatological examination revealed diffuse erythematous pruritic papules with excoriations, without palmoplantar, mucosal, or hair/nail involvement, and no lymphadenopathy. Laboratory tests were normal, including liver function tests and serum bile acids, excluding intrahepatic cholestasis of pregnancy. There was no recent new medication intake. Skin biopsy supported prurigo of pregnancy. Treatment with topical corticosteroids and antipruritic measures led to marked improvement. Pregnancy outcome was favorable, with uncomplicated delivery and no reported maternal–fetal adverse events.

Results

Prurigo of pregnancy occurs in the setting of pregnancy-related immune modulation (often Th2-skewed) and involves neuro-immune itch pathways. IL-31 is a key pruritogenic cytokine implicated in activation of cutaneous sensory fibers and immune–keratinocyte cross-talk. In parallel, IIH is primarily linked to dysregulated CSF dynamics, while inflammatory mediators (including IL-6/TNF-α pathways) may contribute in a subset of patients. We propose a "skin–peripheral nerves–CNS" continuum: peripheral pruritogenic inflammation may facilitate central sensitization via neuro-immune signaling at the neurovascular interface, lowering sensory thresholds and amplifying itch. The chronology (IIH predating the eruption), exclusion of cholestasis, and supportive histology favor true prurigo of pregnancy concomitant with documented IIH.

Conclusions

This case suggests a potentially novel co-occurrence of prurigo of pregnancy and IIH during gestation, supporting integrated dermatology–neurology–obstetric care and systematic data collection to explore shared neuro-immune susceptibility.

Abstract N°: ID-1104

Topic: Miscellaneous

Sustaining Peer Review in Dermatology Journals: The Emerging Role of Junior Editors

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Introduction

The increasing volume of manuscript submissions to academic journals has intensified pressure on the peer-review system, leading to difficulties in securing timely, high-quality reviews. As suggested by Donaldson et al. early-career researchers represent an underutilized resource that could help sustain peer review (1). In this context, the role of junior editors may be particularly valuable, yet their contribution has been insufficiently evaluated, especially in dermatology.

This study aims to assess the role of junior editors in an academic dermatology journal by comparing their peer-review performance with that of reviewers overall and editorial board members with extensive reviewing experience.

Materials and Methods

We conducted a retrospective analysis of peer-review activity within the Journal of the European Academy of Dermatology and Venereology (JEADV)
over the year 2025.Reviewers were categorized into five groups: Associate editors, section editors, junior editors, editorial board members and non-editorial board members. Aggregated performance metrics were compared across groups, including number of times selected to review, number of reviews agreed to, reviews declined, reviews completed, average time to complete reviews (days), and average reviewer quality score (R-Score) received by editors

Results

Of the 3,778 reviewer assignments analyzed, 705 (18.68%) were allocated to junior editors, 17 (0.45%) to associate editors, 320 (8.48%) to editorial board members, 114 (3.02%) to section editors, and 2,619 (69.38%) to reviewers without editorial roles.

The junior editors performance metrics compared with associate editors, editorial board members, section editors and non-editorial board members are summarized in table 1.

When compared with editorial board members, junior editors demonstrated a higher median number of reviews agreed to (6.5 IQR[4.0–11.0] vs 3.0 IQR [1.0–6.0]; $p < 0.0001$). Similarly, the median number of completed reviews was greater among junior editors than among editorial board members (6.0 IQR[4.0–9.8] vs 2.0 IQR[1.0–5.0]; $p < 0.0001$).

The median R-score was slightly higher for junior editors (3.2 IQR [2.7–3.7]) compared with editorial board members (3.0 IQR[2.6–3.3]; $p = 0.0361$).

The median time to complete reviews was comparable between groups, at 10.5 days IQR[5.2–16.0] for junior editors and

11.0 days IQR[3.0–16.0] for editorial board members (p = 0.5676).

	Junior Editor	Associate Editor	Editorial Board Member	Section Editor	Not an editorial member	P value
Number of times selected (median)	6.5 [4.0;11.0]	2.0 [1.5;8.0]	2.0 [1.0;5.0]	2.0 [1.0;9.0]	1.0 [1.0;2.0]	p value: <0.0001
Reviews agreed (median)	5.0 [3.0;10.0]	2.0 [1.0;8.0]	1.0 [0;3.0]	2.0 [0.5;8.0]	0 [0;1.0]	p value: <0.0001
Reviews declined (median)	0 [0;1.0]	0 [0;0.5]	1.0 [0;2.0]	0 [0;1.0]	1.0 [0;1.0]	p value: <0.0001
Reviews completed (median)	5.0 [3.0;8.8]	1.0 [0.5;5.5]	1.0 [0;3.0]	1.0 [0;7.5]	0 [0;1.0]	p value: <0.0001
Average R-Score	3.2 [2.7;3.7]	3.1 [2.9;3.3]	3.0 [2.5;3.1]	2.7 [2.5;3.2]	3.0 [2.2;3.3]	p value: 0.0100
Average. Time to complete reviews(days)	10.0 [5.0;16.0]	18.0 [16.5;19.5]	11.0 [2.0;16.0]	6.0 [5.0;10.0]	12.0 [3.0;19.0]	p value: 0.4107

Table 1: Junior editors performance metrics compared with editorial board members and non-editorial board members:

Conclusions

Our study showed that reviewers without editorial appointments represented the majority of assigned reviewers, with junior editors forming the second largest group.

Once a review was accepted, junior editors completed reviews at rates comparable to or exceeding those of other reviewer groups. The average time to complete reviews was shorter for junior editors than for associate editors and similar to that of editorial board members and non-editorial board members. Average R-Scores for junior editors were comparable to those of experienced reviewers, indicating that review quality was maintained despite lower seniority.

Thus, junior editors represent a reliable and effective component of the peer review system. Their timely performance and comparable review quality suggest that greater integration of junior editors can help alleviate “reviewer fatigue” without compromising editorial standards. Structured involvement of junior editors may enhance the sustainability of peer review while simultaneously providing valuable training and professional development for early-career researchers

Abstract N°: ID-1170

Topic: Miscellaneous

Evaluating quality and reliability of most-viewed TikTok videos on Minoxidil

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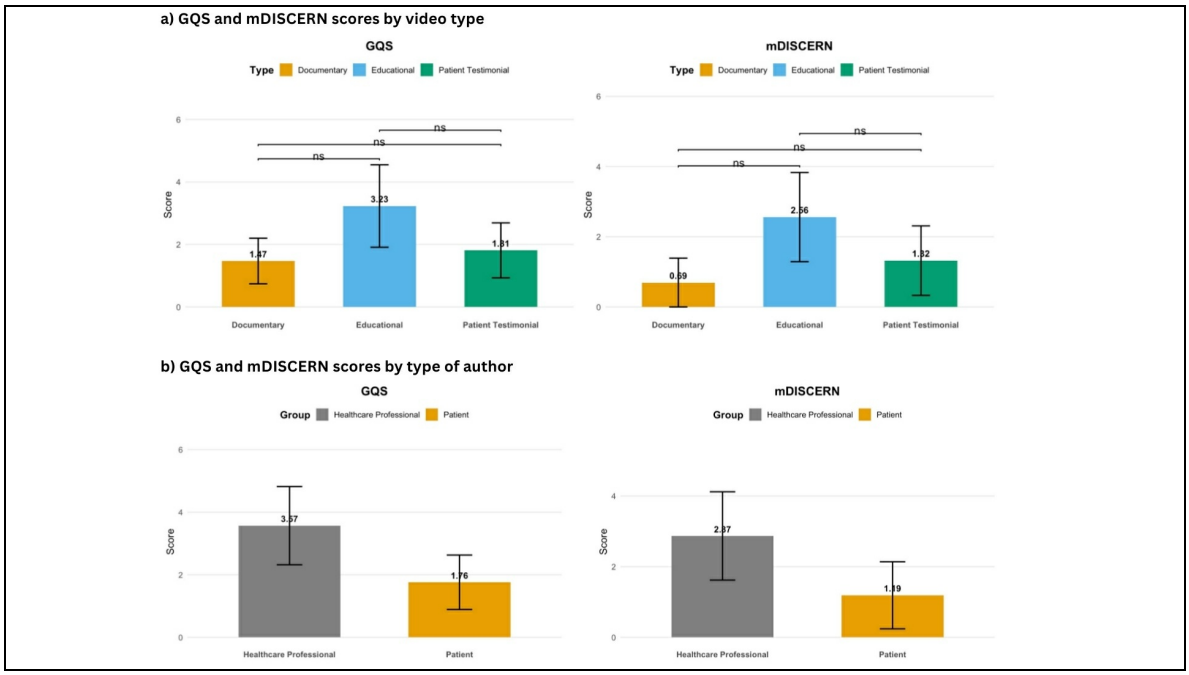
Introduction
Minoxidil is a widely prescribed treatment for androgenetic alopecia and other types of hair loss. Beyond its clinical use, minoxidil has gained attention on social media, especially TikTok, where videos often reach large audiences. However, their accuracy, educational value, and overall quality are inconsistent, potentially affecting users' perceptions and self-management practices. The aim of this study is to analyze TikTok videos about minoxidil, evaluating the type of content, profile of creators, and reliability of the information shared.

Materials and Methods
A TikTok search was conducted using the minoxidil hashtag. The top 120 videos were analyzed and scored using the modified DISCERN (mDISCERN; 0–5 scale) and Global Quality Scale (GQS; 1–5 scale), with higher scores indicating greater reliability or quality.

Results
Among 120 videos, 39 were educational, 58 patient testimonials, and 23 in documentary format. The average mDISCERN and GQS scores were 1.61 ± 1.26 and 2.21 ± 1.25, respectively. Educational videos scored highest (2.56 ± 1.27; 3.23 ± 1.33), followed by testimonials (1.33 ± 1.00; 1.81 ± 0.89) and documentaries (0.70 ± 0.70; 1.48 ± 0.73). Content from healthcare professionals (n = 30) outperformed that from patients (n = 90) on both scales (2.87 ± 1.25 vs. 1.19 ± 0.95; 3.57 ± 1.25 vs. 1.76 ± 0.87). The most frequently reported intended uses were non-specific hair loss (24.2%), hair thinning (21.7%), and androgenetic alopecia (10.8%). Most videos (85.8%) mentioned a product concentration, typically 5%. Adverse effects were reported in 65.8%, highlighting hypertrichosis. However, risks were frequently vague or poorly detailed, limiting the reliability of safety information.



Conclusions

Overall, the most-viewed TikTok videos on minoxidil provide low-quality and incomplete information, raising concerns about misinformation. Despite the reach of social media, the dermatologist remains essential to establish the correct diagnosis, evaluate risks, and determine whether minoxidil is the most appropriate therapy for each patient.

Abstract N°: ID-1174

Topic: Miscellaneous

Erythema Multiforme as a Complication of Orthodontic Treatment Using Aligners

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Introduction
Aligners are widely used in modern orthodontics due to their aesthetic advantages and convenience. However, the use of polymer-based orthodontic appliances may be associated with adverse reactions affecting the skin and mucous membranes, including immune-mediated inflammatory dermatoses. Erythema multiforme (EM) remains an insufficiently studied complication associated with orthodontic treatment.

To evaluate the clinical and pathogenetic features of erythema multiforme development in patients undergoing orthodontic treatment with aligners.

Materials and Methods
A clinical observational study included 43 patients undergoing orthodontic treatment with aligners. In 6 patients (13.9 %), mucocutaneous manifestations consistent with the diagnostic criteria of erythema multiforme developed during aligner use. Other mucosal manifestations, primarily stomatitis, were observed in 15 patients (34.9 %). The time of symptom onset, clinical presentation, extent of lesions, and their association with the initiation of orthodontic treatment were assessed. The study methods included dermatological examination, medical history analysis, laboratory investigations, and consultations with related specialists.

Results
In 6 patients (13.9 %), typical clinical manifestations of erythema multiforme were observed, including polymorphic skin eruptions and lesions of the oral mucosa after the initiation of aligner use. The temporal correlation with orthodontic appliance wear, absence of other triggering factors, and regression of symptoms following aligner discontinuation and anti-inflammatory therapy suggest a potential role of aligner materials in triggering immune-mediated reactions.

Conclusions
The use of aligners may act as a potential trigger for the development of erythema multiforme in predisposed patients. These findings highlight the importance of a multidisciplinary approach, early identification of mucocutaneous complications, and individualization of orthodontic treatment.

Abstract N°: ID-1179

Topic: Miscellaneous

Genital Tumors: A Silent Story—Clinicopathological Spectrum from Benign to Malignant Lesions

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Introduction

Genital tumors often present with subtle, asymptomatic, or misleading clinical features, resulting in delayed diagnosis and increased morbidity. Both benign and malignant lesions can mimic common dermatoses or infections. Early recognition and histopathological confirmation are essential to prevent progression to invasive disease. This case series highlights the varied clinicopathological spectrum of genital tumors encountered in routine dermatology practice.

Materials and Methods

A retrospective analysis of six patients presenting with genital lesions was conducted. Clinical features, provisional diagnoses, histopathological findings, and management outcomes were reviewed. All patients underwent punch or excisional biopsy for definitive diagnosis, followed by appropriate treatment.

Results

Case 1:
A 45-year-old female presented with an asymptomatic, solitary whitish shiny papule over the left labia majora for 1.5 years. Differential diagnoses included molluscum contagiosum, inclusion cyst, and vulvar hydrocystoma. Excisional biopsy revealed a unilocular cyst with papillary folds lined by cuboidal and columnar cells, confirming vulvar apocrine hydrocystoma.
Case 2:
A 60-year-old female presented with pruritic, dark-colored genital lesions for 1 year. Clinical examination revealed an irregular hyperpigmented plaque with a central hypopigmented area over the labia majora. Biopsy findings were consistent with Bowen's disease, and surgical excision was done.
Case 3:
A 70-year-old female presented with an asymptomatic blackish raised lesion over the mons pubis for 5 years. Examination showed a well-defined hyperpigmented plaque with a central dome-shaped black nodule. Differential diagnoses included irritated seborrheic keratosis, melanoacanthoma, basal cell carcinoma, and nodular melanoma. Excisional biopsy revealed hyperkeratosis, acanthosis, scattered melanocytes with prominent pigmentation, and pseudohorn cysts, confirming melanoacanthoma.
Case 4:
A 58-year-old male presented with a non-healing, painless penile ulcer for 3 months. Serology was reactive for syphilis, and he was treated with weekly benzathine penicillin without improvement. Punch biopsy revealed full-thickness epithelial dysplasia with atypical keratinocytes and dermal plasma cell infiltrate, confirming erythroplasia of Queyrat. The lesion resolved completely after CO_2 laser ablation.
Case 5:
A 65-year-old female presented with an itchy, light-colored genital lesion for 4 years and a reddish raised mass for 1 year. Examination showed depigmentation with atrophy over the labia minora and a fleshy mass over the labia majora. Biopsy revealed squamous cell carcinoma arising over lichen sclerosus. Complete surgical excision was performed.
Case 6:
A 51-year-old male presented with an itchy, depigmented lesion over the prepuce for 10 years and a non-healing mass for 4 years. Examination showed atrophic depigmentation with a fleshy mass causing phimosis. Histopathology

confirmed squamous cell carcinoma arising over genital lichen sclerosus. The patient underwent partial penectomy.

Conclusions

Genital tumors can mimic benign or infectious conditions, leading to diagnostic delay. Persistent, atypical, or non-healing genital lesions should be biopsied to rule out premalignant or malignant pathology. Early diagnosis and timely intervention significantly improve outcomes and reduce morbidity. This series highlights the importance of maintaining a high index of suspicion and performing routine histopathological evaluation in genital lesions.

Abstract N°: ID-1195

Topic: Miscellaneous

Adherence to photoprotection in patients with Xeroderma Pigmentosum: A questionnaire-based study.

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Introduction
Xeroderma pigmentosum (XP) is a rare inherited disorder resulting from mutations in DNA repair genes, leading to an extreme sensitivity to ultraviolet (UV) radiation. Patients with XP often develop light-induced skin and eye abnormalities, with a high risk of skin cancers, and may occasionally present neurological complications.

Currently, strict adherence to photoprotection is the only effective strategy to prevent the development of skin cancers and improve long-term outcomes in these patients.

This study aimed to evaluate the level of adherence to photoprotection measures among patients with XP.

Materials and Methods
We conducted a retrospective, descriptive study including 15 patients over a period of one year, from January to December 2025. All patients were regularly followed in dermatology and plastic and reconstructive surgery clinics.

For this study, a questionnaire was developed to evaluate patients' knowledge, beliefs, and behaviors regarding sun exposure and photoprotection measures.

Results
All fifteen patients enrolled in the study completed the questionnaire. The cohort had an equal distribution of males and females, with a mean age of 18 years (range: 5–30 years). Dermatological evaluation revealed that all patients had basal cell carcinomas, while six patients (40%) had developed squamous cell carcinomas. Additionally, five patients (33%) had a history of Dubreuil's melanoma or Bowen's disease, predominantly affecting the forehead and nasal region.

Regarding awareness and perception of photoprotection, half of the patients viewed sun protection as a preventive measure, 40% considered it essential, and 10% regarded it as optional. Notably, none of the participants were aware of the potential harm from artificial UV sources.

The protective measures reported by patients varied. Sunscreens were the most commonly used, applied by 60% of patients, followed by caps and UV-protective eyewear at 40%, and long-sleeved clothing at 30%. Only one 12-year-old patient consistently used a fully adapted protective outfit, including a visor, a UV-protective top, and gloves.

In most cases (60%), family members—particularly parents—played the primary role in ensuring adherence to photoprotection. Importantly, all patients reported renewed commitment to sun protection following consultations with their dermatologist or plastic surgeon.

Conclusions

Xeroderma pigmentosum places patients at a high risk of developing skin cancers. Our study shows that, despite partial knowledge of photoprotection, patients remain motivated when supported by specialists. Strict sun protection remains essential to prevent skin lesions and improve quality of life, even in contexts where access to appropriate protective measures is limited.

Abstract N°: ID-1196

Topic: Miscellaneous

Beyond Steroids and Biologics: Skin Microbiome Modulation as the Next Therapeutic Revolution in Dermatology

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Introduction

The skin microbiome plays a fundamental role in maintaining barrier integrity, immune tolerance, and inflammatory balance. Advances in molecular sequencing have revealed that alterations in microbial diversity and composition—termed dysbiosis—are closely associated with several inflammatory dermatoses. Traditional dermatologic treatments frequently rely on antimicrobial suppression, which may disrupt microbial homeostasis and contribute to disease recurrence. Increasing attention is now focused on microbiome modulation as a novel therapeutic strategy that emphasizes restoration rather than eradication

Materials and Methods

A comprehensive narrative review of experimental, clinical, and translational studies was conducted to evaluate the role of the skin microbiome in inflammatory skin disorders. Literature examining microbial diversity, host–microbe interactions, immune modulation, and barrier function was analyzed. Conditions reviewed included atopic dermatitis, acne vulgaris, rosacea, and seborrheic dermatitis. Therapeutic approaches assessed included prebiotics, probiotics, postbiotics, and microbiome-friendly prescribing practices. Real-world clinical observations regarding relapse rates, treatment tolerance, and long-term disease control were incorporated

Results

Multiple studies demonstrated reduced microbial diversity and pathogenic dominance in inflammatory dermatoses. In atopic dermatitis, *Staphylococcus aureus* overgrowth correlated with disease severity and immune activation. Acne was associated with strain-specific imbalance of *Cutibacterium acnes* rather than bacterial load alone. Rosacea showed associations with altered microbial profiles and inflammatory responses. Emerging evidence supported the role of microbiome-modulating therapies in restoring immune balance, improving barrier function, and reducing inflammation. Postbiotics demonstrated particular promise due to their stability, safety, and anti-inflammatory properties. Microbiome-friendly maintenance strategies were associated with improved tolerability and reduced relapse

Conclusions

Skin microbiome modulation represents a paradigm shift in dermatologic therapy, moving from pathogen suppression to ecosystem restoration. When used alongside conventional treatments, microbiome-centered strategies may enhance therapeutic durability, reduce recurrence, and support personalized long-term disease management. Integrating microbiome modulation into routine dermatologic practice offers a sustainable and scientifically grounded approach for chronic inflammatory skin disorders

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Abstract N°: ID-1242

Topic: Miscellaneous

Scleromyxedema coexisting with monoclonal gammopathy – a case report

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Introduction
Scleromyxedema is a chronic condition characterised by the accumulation of mucin deposits in the skin. It manifests as areas of waxy, firm papules. Most patients also suffer from monoclonal gammopathy. This study presents a case of a patient with papular mucinosis and IgG monoclonal gammopathy with lambda light chains who underwent autologous bone marrow transplantation.

Materials and Methods
The patient, a 52-year-old individual under the care of the clinic since 2011, was diagnosed on the basis of a histopathological examination of a skin biopsy. During hospitalization in the Haematology Department in the same year, a concomitant lymphoproliferative disease was ruled out. Various therapies were employed throughout the course of the disease, including pulse glucocorticosteroids, acitretin, cyclosporine A, PUVA therapy and plasmapheresis treatments, but no satisfactory improvement was achieved. In March 2012, it was decided to administer intravenous immunoglobulins, which the patient received in cycles with breaks until November 2023. This treatment was associated with periodic improvements in skin elasticity, but the disease continued to progress. During his last hospitalization at the Dermatology Clinic, the patient presented with generalized callosity, waxy papules, sclerodactyly, thickening of the auricles, a 'lion's face' appearance and microstomia.

Results
In October 2023, the patient was admitted to the Haematology Department, where a series of tests were performed. Based on the results, monoclonal gammopathy was diagnosed as part of the underlying disease. In March 2024, the patient underwent autologous haematopoietic cell transplantation following the administration of high-dose melphalan at the Bone Marrow Transplantation Department. One month after the transplant, there was a noticeable improvement in skin symptoms, primarily reduced skin thickness and an increased range of facial movement (including reduced microstomia). This improvement was still evident after 12 months.

Conclusions
Scleromyxedema is a rare dermatological condition that presents many diagnostic and therapeutic challenges. Treatment methods reported in case studies include melphalan, intravenous immunoglobulins, glucocorticosteroids and thalidomide. Third-line therapy involves autologous haematopoietic cell transplantation. Patients require ongoing monitoring due to the possible progression of skin lesions. Due to the coexistence of other diseases and abnormalities, close collaboration between various specialists and extensive diagnostic testing are necessary throughout the course of the disease.

Abstract N°: ID-1266

Topic: Miscellaneous

Influence of Artificial Intelligence on Delayed Consultation for Suspicious Skin Lesions in Young Adults

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Introduction

Early diagnosis of suspicious skin lesions is a major challenge in dermatology, directly influencing prognosis, particularly in malignant skin tumors. The rapid expansion of generative artificial intelligence (AI) tools, such as ChatGPT, has changed health-information-seeking behaviors by allowing patients to interpret skin lesions they perceive as suspicious on their own. While AI may enhance vigilance and encourage medical consultation, it can also create a false sense of reassurance and contribute to delayed access to specialist care.
The aim of this study is to assess the impact of artificial intelligence on consultation delay for suspicious skin lesions among young adults.

Materials and Methods

This is a cross-sectional descriptive and analytical study including **120 young adults aged 18 to 35 years** who had presented at least one skin lesion perceived as suspicious during the **twelve months preceding the survey**. Data were collected using an **anonymous questionnaire** addressing sociodemographic characteristics, perceived clinical features of the lesion, use of artificial intelligence tools for lesion interpretation, delay before dermatological consultation, and final management.

Results

The study population included 120 participants, comprising **70 women (58%) and 50 men (42%)**, with a mean age of **26 ± 5 years** (range: 18–35 years). Suspicious lesions were located on the trunk in **39 patients (33%)**, the face in **34 patients (28%)**, the limbs in **31 patients (26%)**, and acral areas in **16 patients (13%)**. Perceived lesion changes (increase in size, color change, bleeding, or pain) were reported by **52 patients (43%)** at the time of initial concern.

The use of an AI tool to interpret the skin lesion was reported by **78 patients (65%)**. Among them, **46 patients (59%)** reported regular use and **32 patients (41%)** occasional use. AI-related queries mainly concerned the benign or malignant nature of the lesion (**61 patients, 78%**), the need to consult a physician (**49 patients, 63%**), the urgency of medical management (**37 patients, 47%**), and warning signs to monitor (**29 patients, 37%**).

After consulting AI, **44 patients (56%)** reported feeling reassured, **21 patients (27%)** reported increased anxiety, and **13 patients (17%)** reported no emotional impact. A dermatological consultation delay attributed to trust in AI was observed in **33 patients (42%)**, with a mean delay of **9 ± 7 months**. This delay was significantly more frequent among patients who felt reassured (**82%**) compared with those who remained concerned (**18%**). Among patients who delayed consultation, **25 (76%)** sought medical care only after a clinical change in the lesion, mainly an increase in size (**64%**) or a color change (**52%**).

Conversely, **18 patients (23%)** reported that AI facilitated earlier consultation, mainly due to warning messages suggesting possible malignancy or explicitly recommending dermatological evaluation. After specialist assessment, **41 patients (34%)** were diagnosed with lesions requiring medical management: **29 chronic inflammatory or dysplastic lesions (24%)**, **9 benign skin tumors with evolutionary potential (7%)**, and **3 lesions suspicious for malignancy (2.5%)**. All three suspicious malignant lesions were diagnosed after a consultation delay exceeding six months and involved

patients who had initially been reassured by AI.

Conclusions

Artificial intelligence significantly influences consultation delay for suspicious skin lesions among young adults. Although it may enhance awareness and facilitate access to care, unregulated use of AI is associated with potentially harmful diagnostic delays. Appropriate digital health education, combined with active involvement of dermatologists in guiding AI use, is essential to reduce diagnostic delays and improve outcomes for suspicious skin lesions.

Abstract N°: ID-1267

Topic: Miscellaneous

Can Artificial Intelligence Accurately Depict Dermatological Disease? A Morphological Assessment of AI-Generated Imagery

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Introduction

High-quality clinical photography is fundamental to dermatology education. As a visual specialty, pattern recognition is essential for developing diagnostic proficiency. However, obtaining suitable educational images can be challenging, particularly for identifiable anatomical areas, due to privacy, consent, and practical constraints. Rapid advancements in artificial intelligence (AI), specifically in text-to-image generation, have led to the increasing use of AI-generated images in medical education and patient-facing resources.

In other medical fields, concerns have been raised regarding high rates of medical inaccuracy within AI-generated images, including fabricated anatomy and poor representation of pathology. Furthermore, inherent biases within AI models and the reinforcement of stereotypes often leads to demographic inaccuracies, such as the over-representation of white individuals (1). Social media has amplified the dissemination of AI generated dermatological images to both healthcare professionals and the public. Inaccurate AI representations of dermatological disease could contribute to the spread of misinformation, which is particularly concerning when presented as formal educational material.

Materials and Methods

AI-generated images of acne, psoriasis, and eczema were created using a market-leading AI platform with image generation capabilities and additional healthcare specific capability designed to assist medical professionals in their work. Dermatology registrars from Scotland, UK independently assessed each image. Images were graded based on primary lesion morphology and distribution.

Results

While the AI-generated images achieved superficial recognizability, expert assessment by dermatology residents revealed significant clinical inaccuracies across all conditions. A primary concern was the misrepresentation of fundamental lesion morphology.

Specifically, acne morphology was poorly represented, with lesions consistently appearing vesicular rather than the pathognomonic papules and pustules. In eczema, morphology was also poorly demonstrated, with the AI incorrectly depicting well-demarcated plaques and "hallucinating" crusts suggestive of secondary impetiginisation despite the absence of such prompting. Conversely, while psoriasis morphology was generally well portrayed, the anatomical distribution was noted to be atypical, disregarding the characteristic spatial hallmarks essential for diagnostic recognition.

Errors noted ranged from inaccurate primary lesions to atypical distributions and unprompted clinical features. This suggests that AI-generated imagery, in its current state, poses a significant risk of reinforcing incorrect diagnostic patterns among medical professionals and students.

Figure 1. AI depictions of acne (left), psoriasis (center) and eczema (right).
Lesions in the acne image appear more vesicular than pustular. Psoriasis plaques are atypically distributed. Eczema appears crusted and impetiginized.

Conclusions

AI-generated images are increasingly integrated into dermatology education and patient information. However, inaccuracies in lesion morphology and the tendency for AI to "hallucinate" clinical features may lead to the misrepresentation of dermatological conditions. This has potential implications for both clinician education and patient understanding. Expert review and cautious integration of AI-generated imagery are essential to ensure educational accuracy and promote responsible use within the specialty.

Abstract N°: ID-1305

Topic: Miscellaneous

Deaf patient use of dermatologic care: a single-center descriptive cohort study

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Introduction
Deaf patients face systemic barriers to accessing high-quality health care. Additionally, patients with hearing disabilities have an increased lifetime prevalence of skin cancer. However, research on dermatology encounters for this patient population is scarce. This study aimed to descriptively characterize dermatology encounters for Deaf patients who use American Sign Language (ASL) at a single academic center.

Materials and Methods
The study included adult patients with a diagnosis of deafness, a documented primary language of ASL, and who received dermatologic care at the center from January 2015 to August 2025. The cohort included 83 patients. The average age at first encounter was 47. 54 (65%) patients were female, 57 (69%) were White, 11 (13%) were Hispanic, 9 (11%) were Black, and 5 (6%) were Asian.

Results
In total, 627 in-office encounters were scheduled: 356 (57%) were completed, 218 (35%) were cancelled, and 53 (8%) were not attended. Documentation from 280 encounters showed ASL interpretation was used in 233 (83%) encounters, declined by patients in 9 (3%), and unavailable in 7 (3%). 31 (11%) encounters used other communication methods. Without interpretation, patients relied on hearing assistive technology, writing, or lip-reading. Patients presented for 114 (32%) problem-focused visits, 112 (31%) preventative visits, 106 (30%) follow-up visits, and 28 (7%) procedural visits. Follow-up was recommended for 242 visits with an average interval of 6 months. Of 218 subsequent encounters, 188 (86%) were completed within 6 months of the recommended date. Loss to follow-up occurred in 24 of 83 (29%) patients after a lapse of 3 years or longer since their last visit.

Conclusions
Overall, our findings describe dermatologic care patterns for a small, diverse cohort of Deaf patients at a single academic center. Notable findings included a high rate of cancellation, common use of ASL interpretation, and a substantial rate of loss to follow-up. Further research is needed to understand dermatologic care disparities in Deaf patients.

Abstract N°: ID-1399

Topic: Miscellaneous

Necrotizing Fasciitis in an Immunosuppressed Patient with Lupus Nephritis: A Diagnostic Challenge

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Introduction

Necrotizing fasciitis is a rapidly progressive, life-threatening soft tissue infection in which prognosis relies on early recognition, immediate broad-spectrum antimicrobial therapy, and timely surgical management. In immunosuppressed patients, clinical presentation may be atypical and early investigations can be misleading, potentially delaying definitive care. Imaging may be decisive, and magnetic resonance imaging is particularly valuable when computed tomography is non-specific. We report a case of necrotizing fasciitis in a patient with lupus nephritis receiving mycophenolate mofetil and systemic corticosteroids, highlighting the diagnostic role of MRI and the need for urgent combined medical–surgical management.

Materials and Methods

A 65-year-old man with membranoproliferative lupus nephritis (class III + V) on long-term mycophenolate mofetil and systemic corticosteroids was admitted for rapidly progressive, severe pain of the lower limbs with chills and fever. Examination revealed extensive erythematous, warm, tender oedematous plaques involving both legs, with purpuric areas, serous bullae and erosions. Marked oedema extended to mid-leg bilaterally; interdigital intertrigo and diffuse scrotal oedema with mild erosion were also noted. There was no crepitus and no sensory deficit. Laboratory tests showed a marked inflammatory response with elevated CRP and procalcitonin, anaemia, and acute kidney injury in the setting of nephrotic syndrome. Initial contrast-enhanced CT demonstrated diffuse cutaneous and subcutaneous oedema with fascial thickening, interpreted as complicated dermohypodermitis/phlegmon without gas or a drainable abscess; arterial and venous Doppler ultrasound excluded deep vein thrombosis. Because of rapid clinical progression and ongoing concern for necrotizing infection, MRI was performed and showed bilateral fascial thickening with myositis signal changes, supporting the diagnosis of necrotizing fasciitis. Broad-spectrum intravenous antibiotics were initiated and subsequently adapted, together with intensive local care (blister drainage, limb elevation, treatment of interdigital intertrigo). Immunosuppression was adjusted with multidisciplinary input, including temporary discontinuation of mycophenolate mofetil and tapering of systemic corticosteroids. The patient underwent unilateral surgical debridement and parage of the most affected limb, followed by progressive clinical and biological improvement and discharge with continued wound care and specialist follow-up.

Results

This case illustrates the diagnostic challenges of necrotizing fasciitis in immunosuppressed patients. Rapid progression, severe pain, purpura and blistering are key warning signs, yet early CT findings may remain non-specific; importantly, the absence of gas does not exclude necrotizing infection. MRI can provide pivotal additional information by demonstrating fascial involvement and associated myositis, supporting early escalation when clinical suspicion persists. Moreover, initially negative superficial cultures should not reassure clinicians in the presence of strong clinical red flags. In patients with lupus nephritis treated with mycophenolate and corticosteroids, balancing infection control against the risk of renal flare requires careful multidisciplinary adjustment of immunosuppression. Early collaboration among dermatology, radiology, surgery, infectious diseases and nephrology is crucial, and a low threshold for surgical

intervention is recommended when MRI supports the diagnosis.

Conclusions

In immunosuppressed patients, necrotizing fasciitis may present with atypical features and non-specific early CT findings. MRI can be decisive in supporting the diagnosis and prompting escalation of care. Prompt broad-spectrum antibiotics, early multidisciplinary coordination, and timely surgical management, including debridement, are essential to improve outcomes.