Abstract N°: ID-56

Topic: Paediatric dermatology

Rhamdomyomatous mesenchymal hamartoma – a rare entity.

Julia Nowowiejska-Purpurowicz*[1], Mario Cutrone[2], Giuseppe Argenziano[3], Francesca Pagliuca[4], Andrea Bassi[5], Vincenzo Piccolo[6]

[1]Medical University of Bialystok, Bialystok, Poland
[2]Centro di Medicina Mestre, Ambulatorio di Dermatologia Pediatrica, Venice, Italy
[3]University of Campania, Dermatology Unit, Naples, Italy
[4]University of Campania, Naples, Italy
[5]Division of Dermatology, Azienda Toscana Nord Ovest, Lucca, Italy
[6]Dermatology Unit, University of Campania, Naples, Italy

Introduction
Rhabdomyomatous mesenchymal hamartoma (RMH) is a rare congenital lesion that occurs with uncertain frequency, more common in boys than girls, or, according to some reports, with no sex predilection. The exact etiology is not known. Clinically, it usually manifests as a solitary polypoid lesion. The most frequent localization is head and neck, especially nose and chin, but RMH may appear in other sites of the body. The treatment involves surgical or laser removal.

Materials and Methods
N/A

Results
Hereby, we describe a case of RMH in a 9-year-old boy. He presented to the dermatology outpatient department in order to diagnose and treat a skin lesion on the chin. The child had been adopted by the parents, hence no actual personal or family history was available; however, the parents claimed the lesion was congenital. On the physical examination, there was a soft exophytic pink lesion on the chin. Dermoscopy revealed a light pink structureless background with very fine blood vessels. The lesion was fully excised. Histopathological examination revealed a polypoid lesion, in the shape of a skin tag, covered by normal-appearing epidermis. The stalk of the polyp was made of a mixture of collagen bundles, adipose tissue, nerves and skin adnexae, with interspersed haphazardly-distributed mature skeletal muscle fibers. A bland perivascular lymphocytic infiltrate was also seen. No cytological atypia nor necrosis was recognized. Mitotic activity was inconspicuous; thus, orienting toward the diagnosis of RHM.

Conclusions

RMH is a very rare congenital abnormality, and only several dozen cases have been described so far, the majority in children. According to the analysis by Ehara et al., 20% of all patients with RMH were older than 18, and in such cases, the authors suggested the lesion was acquired and probably had a different pathogenesis.

RMH usually appears in the midline in areas with superficially located striated muscles. It should be differentiated with other skin lesions, especially on the chin.

The diagnosis may be suspected based on the clinical image, but pathology is decisive. The microscopic picture reveals intermixed intradermal skeletal muscle, fibrous, and adipose mesodermal and ectodermal components.

Considering that RMH has been described as coexisting with other abnormalities, caution should be exercised. RMH may be associated with cleft lip and/or palate, Delleman (oculocerebrocutaneous) syndrome or Goldenhar syndrome.

RHM is a benign tumor, and there have never been reports of malignant transformation. The prognosis is good; the lesions do not recur after the surgical excision, and even two cases of spontaneous regression have been reported.

RMH is a rare benign congenital lesion that should be suspected in case of a polypoid structure on the chin in a child. Surgical excision allows for histopathological confirmation and provides complete healing.

Abstract N°: ID-88

Topic: Paediatric dermatology

Efficacy, Safety, and Tolerability of Intralesional Vitamin D Injections for Treating Warts in Children

Gamal Elduweb*[1], Wafa Elsreti[1]

[1]Benghazi university, Libya, Outpatient, Dermatology department, Benghazi, Libya

Introduction
Cutaneous warts, caused by the human papillomavirus (HPV), are common benign skin lesions in children. Despite a prevalence of up to 33% among schoolchildren, many do not seek medical care.
Aim of the study
To assess the demographic profile of pediatric warts in Libyan children and evaluate the efficacy, safety, and tolerability of intralesional Vitamin D3 treatment.

Materials and Methods
A quasi-experimental longitudinal study was conducted on 35 children (aged 3–15 years) at Benghazi Aljadida Polyclinic. Patients underwent full dermatological exams. Each wart was injected with 0.2 ml lignocaine, followed by 0.2 ml Vitamin D3 (15 mg/ml). Injections were repeated biweekly over 4 sessions, with a 6-month follow-up. Response was categorized as complete, moderate, or mild. Data were analyzed using SPSS v23 ($p \leq 0.05$ considered significant).

Results
Warts constituted 4.9% of dermatology visits; 2.7% were in children <16 years. Mean age: 8.2 years; 60% were female; 54.2% aged 6–10 years. Verruca vulgaris was the most frequent type (45.6%). Family history of warts: 62.9%; atopy: 82.9%. Mean number of lesions: 5; average disease duration: 3.1 months. 54.2% received 1–2 injections; 40% received 3–4. Total response: 94%; complete clearance in 82.9%. Best outcomes in children <5 years (100% clearance); plantar warts showed 100% response. Longer disease duration (>5 months) correlated with better outcomes (100% clearance). No significant association with number of injections ($p = 0.551$). Total response: 94%; complete clearance in 82.9%.
Best outcomes in children <5 years (100% clearance); plantar warts showed 100% response.
Longer disease duration (>5 months) correlated with better outcomes (100% clearance). No significant association with number of injections ($p = 0.551$).

Conclusions
Intralesional Vitamin D3 is an effective, safe, and well-tolerated treatment for pediatric warts, especially plantar and periungual types. Minor side effects included transient pain and itching, with no scarring or pigmentation issues.

Abstract N°: ID-188

Topic: Paediatric dermatology

Annular Variant of Linear Focal Elastosis in an Adolescent: A Rare Case Report

Vishal Vinod*[1], Mithinkumar Balasundaram[2], Karthikeyan Vadivazhagan[3], Sowmya Srinivasan[3], Srikanth Shanmugam[2]

[1]Mahatma Gandhi Medical College and Research Institute, Sri Balaji Vidyapeeth (Deemed to be University), Medical Student, Pondicherry, India
[2]Mahatma Gandhi Medical College and Research Institute, Sri Balaji Vidyapeeth (Deemed to be University), Dermatology, Venereology and Leprology, Pondicherry, India
[3]Mahatma Gandhi Medical College and Research Institute, Sri Balaji Vidyapeeth (Deemed to be University), Pathology, Pondicherry, India

Introduction

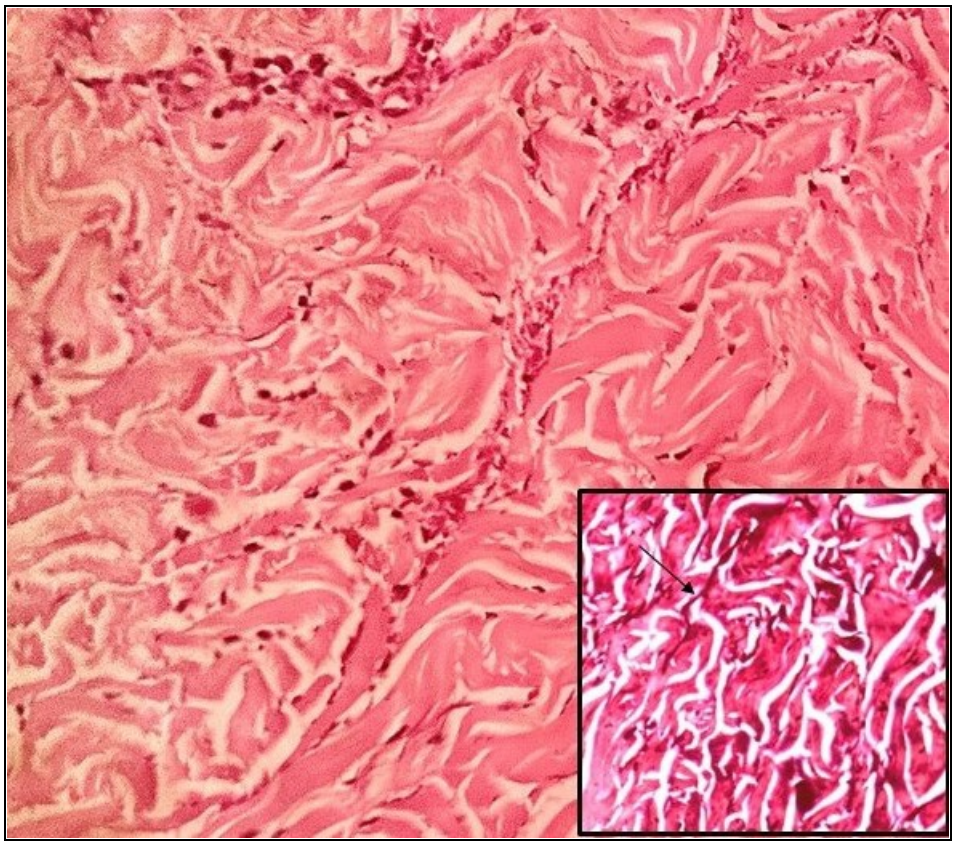
Linear focal elastosis (LFE) is a rare acquired disorder of elastic tissue, traditionally described in elderly men, but increasingly recognized in adolescents. It presents as asymptomatic, linear or band-like plaques, usually on the back, and can mimic striae distensae or other annular dermatoses. We report an unusual annular morphological variant of LFE in a 13-year-old boy, emphasizing the importance of recognizing it to prevent misdiagnosis and unnecessary interventions.

Materials and Methods

A 13-year-old boy presented with a one-year history of asymptomatic lesions on the mid and lower back. Lesions began as linear streaks, gradually coalescing into well-circumscribed annular plaques with central atrophy and peripheral linear streaks along Langer's lines. Routine hematological and biochemical investigations were normal. A punch biopsy was obtained from the transition zone between linear and annular areas. Specimens were processed with hematoxylin & eosin (H&E) and Verhoeff–Van Gieson (VVG) staining to evaluate dermal collagen and elastic fibers.

Results

Clinical examination revealed several well-circumscribed annular plaques with smooth, non-scaly surfaces and light tan to yellow-brown color, predominantly on the mid and lower back. Each plaque showed central atrophy with mild hyperpigmentation, surrounded by peripheral linear streaks along Langer's lines, producing an annular configuration. A few discrete linear plaques were also observed over the upper back. Histopathology demonstrated dense, homogenized dermal collagen with thickened, fragmented, and irregular elastic fibers (H&E, ×400). Verhoeff–Van Gieson staining highlighted abnormal, fragmented elastic fibers (inset, ×400), confirming linear focal elastosis. Differential diagnoses considered included striae distensae, annular elastolytic giant cell granuloma, elastosis perforans serpiginosa, and annular sarcoidosis, all of which were excluded based on histopathology. The rare annular morphology in an adolescent broadens the known clinical spectrum of LFE.



Hematoxylin and eosin–stained section (×400) showing homogenized, densely collagenized dermal matrix with occasional inflammatory cells. The inset (Verhoeff–Van Gieson stain, ×400) highlights thickened, irregular, and fragmented elastic fibers (black arrow)

Conclusions

This case highlights a rare annular presentation of linear focal elastosis (LFE) in an adolescent male, emphasizing the importance of clinicopathological correlation for accurate diagnosis. It expands the recognized clinical morphology of LFE, showing that atypical annular plaques can occur during adolescence, particularly in the context of rapid growth. Awareness of such variants is essential to prevent misdiagnosis, unnecessary investigations, and inappropriate treatment. Early recognition of this benign condition ensures appropriate patient counseling and management, and further studies are needed to better understand its pathogenesis and clinical spectrum.

Abstract N°: ID-192

Topic: Paediatric dermatology

Hereditary α-Tryptasemia and Peripheral Blood KIT D816V Mutation in Patients with Pediatric Mastocytosis

Olga Tockova*[1]

[1]University Medical Centre Ljubljana, Clinic of Dermatovenereology, Department of Dermatovenereology, Ljubljana, Slovenia

Introduction
Hereditary α-tryptasemia (HαT)—a genetic trait caused by increased α-tryptase-encoding typtase alpha/beta-1 (TPSAB1) copy number—is associated with adult mastocytosis. Somatic, gain-of-function point mutations within *KIT* gene play crucial role in the development of mastocytosis in adult.

Materials and Methods
The primary objective was to assess the association between α-tryptase and pediatric mastocytosis. We also want to evaluate whether the *KIT* p.D816V mutation in peripheral blood leukocytes (PBL) reliably predicts systemic mastocytosis in children.A prospective cohort of 68 children from a referral center in Slovenia with cutaneous mastocytosis (CM) underwent tryptase genotyping by droplet digital PCR and examination for *KIT* p.D816V in PBL using a sensitive PCR test. Total basal tryptase levels (BST) were measured in all patients by fluorescence enzyme immunoassays.

Results
A significant majority of patients (57 of 68; [83.8%]) had at least one α-tryptase-encoding gene; none had HαT. Interestingly, all patients (n = 10 of 10; [100%]) with pruritus were α-tryptase carriers. 7 of the 68 (10.3%) who were positive for *KIT* p.D816V in PBL, one fulfilled diagnostic criteria for indolent SM, and another was diagnosed with monoclonal mast cell activation syndrome. One of those individuals had an increased basal serum tryptase (BST) level (14.5 ng/mL).

Conclusions
We found a high presence of germline α-tryptase in children with CM, but not HαT. These findings suggest that α-tryptase, not HαT, may generally be associated with pediatric mastocytosis and mast cells mediator-related symptoms in CM patients.By employing sensitive examination for *KIT* p.D816V in PBL, in combination with clinical data and other examinations, our study suggests that *KIT* p.D816V in PBL may indicate systemic disease in children with CM. We highlight the potency of *KIT* screening in PBL to find CM patients at risk for systemic clonal mast cells disorder and further highlight the use of *KIT* screening as a biomarker in clinical practice of children with CM.

Abstract N°: ID-203

Topic: Paediatric dermatology

Paediatric Verrucous Venous Malformation on the Lower Limb

Stephanie Farrugia*[1], Susan Aquilina[1]

[1]Mater Dei Hospital, Department of Dermatology, L-Imsida, Malta

Introduction
Verrucous venous malformations (VVMs), formerly known as verrucous hemangiomas, are rare low-flow vascular anomalies composed of capillaries and veins in the dermis and subcutaneous tissues. They typically present at birth as soft, non-keratotic macules on the lower extremities, which progress with time, evolving into hyperkeratotic, verrucous lesions. VVM may be associated with tenderness, bleeding, pruritus and recurrent infections.

Materials and Methods
An otherwise healthy 2-year-old girl presented with a well-demarcated, dark red-violaceous lesion over the right medial malleolus with overlying keratosis measuring 12mm by 7 mm with an underlying mass. The lesion was initially a soft nonkeratotic macule present since birth which over time has become more hyperkeratotic and developed a swelling beneath the skin lesion, which was not pulsatile but was tender. Given its natural history, clinical features and location, a clinical diagnosis of verrucous venous malformation was done.

Results
The pathophysiology of VMMs involves a somatic missense mutation in mitogen-activated protein kinase kinase kinase 3 (MAP3K3) which leads to malformed dermal venule-like channels. Given their rare incidence, VVMs are often misdiagnosed and mistaken for lymphatic malformations and angiokeratoma. However, the clinical history and progression of a violaceous red lesion at birth which develops overlying hyperkeratosis with an underlying tender mass are quite distinctive for VMM. Diagnosis can be further supported with sonographic imaging, histopathological and immunohistochemical assessments. Sonographic findings include hypoechoic changes with widening of the subcutaneous space. Histological features of VMM include hyperkeratosis, papillomatosis, and acanthosis, and venous proliferation extending deep into the dermis and subcutaneous tissue. Immunohistochemical staining is positive to GLUT-1 in most cases, which further helps distinguish VMM from other vascular lesions. Early diagnosis and treatment are key to improving long-term cosmetic outcomes. Treatment options include sirolimus, laser or surgical excision following a multidisciplinary team assessment involving plastic surgery, dermatology and radiology. Treatment may be complicated by recurrence, infection and residual pain.

Conclusions
VVM is a rare congenital vascular anomaly that presents at birth and gradually becomes hyperkeratotic and verrucous with age. Through our case, we aim to raise awareness about this rare, distinctive, yet underrecognized paediatric condition.

Abstract N°: ID-206

Topic: Paediatric dermatology

Cutaneous mosaicism in children: from clinical patterns to diagnostic decision-making

Andrey Mun*[1, 2], Abdushukur Mannanov[1]

[1]Tashkent State Medical University, Tashkent, Uzbekistan
[2]Central Asian University, Dermatology, Tashkent, Uzbekistan

Introduction

Cutaneous mosaicism results from postzygotic genetic mutations leading to genetically distinct cell populations within the skin. In pediatric patients, mosaic skin lesions are often the earliest visible sign of an underlying genetic alteration. Beyond their characteristic distribution patterns, mosaic manifestations represent a critical diagnostic clue that can guide further evaluation and clinical management. This presentation focuses on the practical value of recognizing cutaneous mosaicism in children through real-life clinical cases.

Materials and Methods

A series of pediatric patients presenting with mosaic skin lesions was analyzed. Clinical morphology and distribution patterns, including Blaschko-linear, segmental, checkerboard, and phylloid arrangements, were systematically assessed. Cases were categorized according to the type of mosaicism and associated cutaneous and extracutaneous findings. Available diagnostic investigations were reviewed to evaluate the contribution of dermatological assessment to final diagnosis and follow-up strategies.

Results

Multiple forms of cutaneous mosaicism were identified, encompassing pigmentary disorders, epidermal nevi, segmental inflammatory dermatoses, and mosaic manifestations of monogenic skin diseases. Pattern recognition proved crucial for differentiating mosaic from non-mosaic conditions and for estimating the timing of the postzygotic event. In several cases, dermatological findings preceded the recognition of extracutaneous involvement, allowing earlier referral and targeted monitoring. The analysis demonstrates that a pattern-oriented clinical approach significantly influences diagnostic pathways and patient management in pediatric practice.

Conclusions

Cutaneous mosaicism in children is not merely a descriptive dermatological finding but a key element in clinical decision-making. Careful evaluation of lesion morphology and distribution enables early diagnosis, risk stratification, and appropriate follow-up. Case-based discussion highlights the continued relevance of clinical expertise in the era of advanced genetic testing and supports the role of pediatric dermatologists as primary identifiers of mosaic genetic disorders.

EA DV SYMPOSIUM 2026
ATHENS 7 - 9 MAY

Abstract N°: ID-248

Topic: Paediatric dermatology

SOLITARY MASTOCYTOMA IN A INFANT: A CASE REPORT

Bouchra El Ghouti*[1], Fatima Zahra Agharbi[1], Marwa Faik Ouahab[1], Soumiya Chiheb[1, 2]

[1]Cheikh Khalifa International University Hospital, Dermatology, Casablanca, Morocco
[2]Ibn Rochd University Hospital, Dermatology, Casablanca, Morocco

Introduction

Mastocytoma is a rare, benign pediatric tumor characterized by mast cell hyperplasia in the papillary dermis, typically developing within the first few weeks of life. (1)

Materials and Methods

Here we report a case that highlights the importance of dermoscopy in early diagnosis and the role of non-invasive management in pediatric patients.

Results

A 6-month-old infant presented with cutaneous flushing, associated with an edematous subcutaneous nodule on the arm with a cobblestone surface.(figure A) The condition evolved in monthly flare-ups over the past three months, as reported by the mother. Darier's sign was positive on clinical examination.

Dermoscopy revealed polymorphic central vessels, a yellow-orange area, and a peripheral erythematous-pigmented zone.(figure B) A persistent pigmented lesion was noted between flare-ups. (figure C)

Based on clinical and dermoscopic findings, mastocytoma was suspected. However, a skin biopsy was not performed due to the patient's young age and parental reluctance. The infant was treated with cetirizine (2.5 mg once daily) to control pruritus and flushing caused by the mastocytoma.

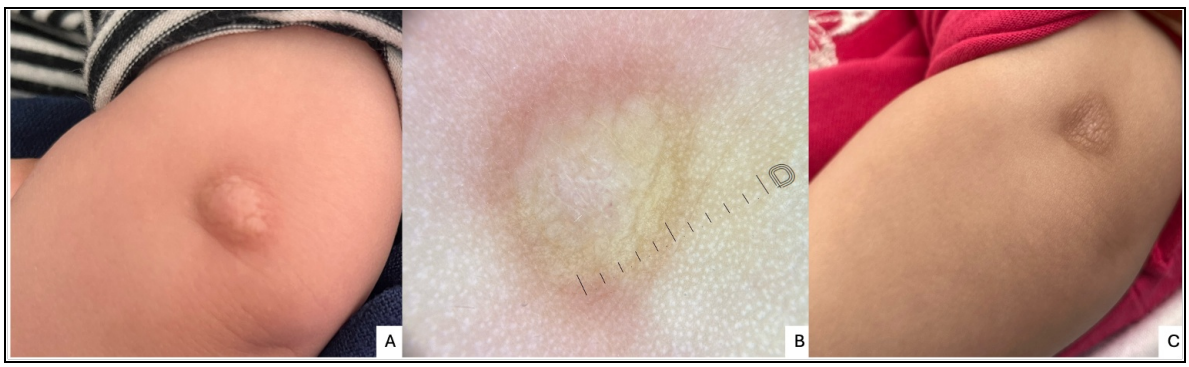


Figure A: nodule on the arm; Figure B: dermoscopy showing yellow orange area with polymorphic vessels and peripheral erythema; Figure C: appearance of the nodule outside flare-ups

Conclusions

Solitary cutaneous mastocytomas typically present as indurated macules, papules, plaques, or nodules with an erythematous, yellow-brown, or reddish-brown appearance, often exhibiting a “peau d’orange” texture with a leathery or rubbery consistency, and usually measuring up to 5 cm in diameter. Organomegaly and lymphadenopathy are absent(2)

Diagnosis is primarily clinical, based on morphology, a positive Darier’s sign, and the absence of systemic involvement. Skin biopsy is generally unnecessary unless diagnostic uncertainty exists.(2)

Key dermoscopic features include a light brown blot, a pigment network (due to dermal mast cell infiltration and basal layer hypermelanization), and a yellow-orange blot (indicating dense mast cell infiltration in the papillary and reticular dermis). (3) our case underscores the diagnostic value of dermoscopy and the need for clinician awareness regarding the variable presentations of mastocytoma, avoiding unnecessary biopsies in pediatric patients.

Although systemic symptoms such as flushing, dyspnea, hypotension, nausea, vomiting, abdominal pain, diarrhea, and headache are more commonly associated with systemic mastocytosis, they may also occur in solitary cutaneous mastocytosis. (1)

In most cases, pediatric patients present only cutaneous manifestations, typically developing within the first two years of life and resolving spontaneously before puberty. (4)

Treatment is symptomatic, focusing on trigger avoidance and reassurance. H1 antihistamines help manage pruritus and flushing, while H2 antihistamines are beneficial in severe or gastrointestinal symptoms. Preventive measures include lukewarm baths, air conditioning in hot weather, and avoiding known triggers(2)

Abstract N°: ID-278

Topic: Paediatric dermatology

Clinical characteristics, treatment outcomes and prognostic factors of ulcerated infantile hemangioma: 15 years of experience from a tertiary pediatric dermatology center

Ashleigh Ka Ying Chu*[1], James Wesley Ching-Hei Cheng[1], Ying Yin Lam[1], Wing Kan Julianna Bao[1], David Chi Kong Luk[1]

[1]United Christian Hospital, Paediatric & Adolescent Medicine, Kwun Tong, Hong Kong

Introduction

Infantile hemangioma (IH) is the most common benign tumor of infancy, affecting 4–10% of all infants worldwide. It is characterized by an initial proliferative phase shortly after birth, followed by plateau phase, then involuting phase at around 1 year old. Although conservative management in uncomplicated hemangioma allows spontaneous resolution, complications, including ulceration, functional impairment or disfigurement, may occur, especially over the high-risk areas, such as the periorbital, perineal, or phalangeal regions.

Ulceration is a common complication occurring in 15% of IH. Ulcerated hemangioma can result in bleeding, pain, secondary infection, scarring, and disfigurement. Prompt and effective treatment is warranted to avoid irreversible sequelae. Conservative management, medical therapy, laser therapy, and surgery are the choices of treatment for ulcerated IH. Combination therapy is the rule, as no single therapy offers significant advantages over others. However, there is a lack of treatment consensus in ulcerated IH, which poses challenges in management.

Besides, there is a paucity of literature addressing ulcerated IH in the locality. As the center offering tertiary pediatric dermatology service in this locality, our unit sometimes receives referrals only when the ulcers become recalcitrant and resistant to treatment. The lack of a recommended timeframe or guidance for referral of ulcerated IH led to delayed treatment, development of complications, and ultimately unsatisfactory outcomes. Therefore, our study addresses these clinical questions and evaluates the current practice of managing ulcerated IH in the locality.

Table 1. Demographics and clinical characteristics of ulcerated hemangiomas.

Ulcerated hemangioma	Total ($N = 85$)
Demographics	
Age at presentation (months): median (range)	2.9 (0.25–15.9)
Sex	
Female	62 (73%)
Male	23 (27%)
Female to male ratio	2.7:1
Ethnicity	
Chinese	80 (94%)
Non-Chinese	5 (6%)
Gestation	
Full term	72 (85%)
Preterm	13 (15%)
Moderate-to-late preterm (32–36 weeks of gestation)	8 (6.8%)
Very preterm (27–31 weeks of gestation)	1 (0.8%)
Extreme preterm (24–26 weeks of gestation)	4 (4.7%)
Clinical features	
Infantile hemangioma	
Age of onset (weeks), median (range)	1 (0–12)
Size (area, cm^2), means ± SD	20 ± 35
Anatomical type	
Superficial	52 (61%)
Deep	0 (0%)
Combined/mixed	33 (39%)
Morphological pattern	
Focal	56 (66%)
Segmental	16 (19%)
Indeterminate	13 (15%)
Site	
Head and neck	41 (48%)
Trunk and limbs	16 (19%)
Anogenital	28 (33%)
Number of lesions	
1	65 (76.5%)
>1	20 (23.5%)
Ulcer	
Age of ulcer occurrence (months), median (range)	2.5 (0.2–14.6)
Time to ulcer from IH onset (days), means ± SD	101 ± 94
Size (area, cm^2), means ± SD	2.2 ± 4
Treatment	
Topical timolol maleate 0.5%	2 (2.4%)
Oral propranolol	6 (7.1%)
Pulsed dye laser	6 (7.1%)
Timolol + Laser	5 (5.9%)
Propranolol + Laser	59 (69%)
Outcomes	
Healing time (months), means ± SD	1.4 ± 1.5
Recurrence	21 (25%)
Secondary complications	52 (61%)
Infection	23 (27%)
Severe bleeding	0 (0%)
Functional impairment	6 (7.1%)
Disfigurement	3 (3.6%)
Scar	46 (54%)
Follow-up duration (years), means ± SD	2.7 ± 2.0

Materials and Methods

Objectives: To evaluate the clinical characteristics and therapeutic outcomes of ulcerated infantile hemangioma (IH) and identify prognostic factors of ulcerated IH.

Materials: All patients with a diagnosis of ulcerated IH, identified through the Clinical Data Analysis and Reporting System (CDARS) , using the diagnostic codes [International Classification of Diseases (ICD-9)] of “hemangioma of skin and subcutaneous tissue” (228.01) and “skin ulcers” (707.9), were recruited.

Methods: A single-center retrospective study recruiting patients with ulcerated IH between 2008 and 2023 was conducted. Clinical features and treatment response were analyzed to identify prognostic factors of ulcerated IH and differences in outcomes between early versus late pediatric dermatology referral.

Table 2. Comparison between ulcerated hemangiomas of different sites.

Ulcerated hemangioma	Head and neck ($n=41$)	Trunk and limbs ($n=16$)	Anogenital ($n=28$)	*P*-values
Demographics				
Age at presentation (months), median (range)	2.6 (0.6–7.9)	6.0 (1.0–14.9)	2.7 (0.25–15.9)	**0.002**
Sex				
Female	30 (73%)	11 (69%)	21 (75%)	0.9
Male	11 (27%)	5 (31%)	7 (25%)	
Female to male ratio	2.7:1	2.2:1	3:1	
Ethnicity				
Chinese	40 (98%)	14 (88%)	26 (93%)	0.33
Non-Chinese	1 (2%)	2 (12%)	2 (7%)	
Gestation				
Full term	37 (90%)	13 (81%)	22 (79%)	0.125
Preterm	4 (10%)	3 (19%)	6 (21%)	
Clinical features				
Infantile hemangioma				
Age of onset (weeks), median (range)	1 (0–11)	2 (0–12)	1 (0–4)	0.065
Size (area, cm^2), means ± SD	8.8 ± 12.7	49.9 ± 62.2	17.9 ± 24.8	**0**
Anatomical type				
Superficial	26 (63%)	3 (19%)	23 (82%)	**0**
Deep	0 (0%)	0 (0%)	0 (0%)	
Combined/mixed	15 (37%)	13 (81%)	5 (18%)	
Morphological pattern				
Focal	26 (63%)	12 (75%)	18 (64%)	0.91
Segmental	9 (22%)	2 (12.5%)	5 (18%)	
Indeterminate	6 (15%)	2 (12.5%)	5 (18%)	
Number of lesions				
1	35 (85%)	12 (75%)	18 (64%)	0.085
>1	6 (15%)	4 (25%)	10 (36%)	
Ulcer				
Age of ulcer occurrence (months), median (range)	2.5 (0.2 – 12)	8 (2 – 14.6)	2.25 (0.25 – 10)	**0.008**
Time to ulcer from IH onset (days), means ± SD	80 ± 76	186 ± 124	90 ± 81	**0.024**
Size (area, cm^2), means ± SD	1.5 ± 3.1	4.0 ± 6.1	1.7 ± 3.9	0.232
Treatment				
Topical timolol maleate 0.5%	1 (2.4%)	0 (0%)	1 (3.6%)	0.405
Oral propranolol	4 (9.8%)	0 (0%)	2 (7.1%)	
Pulsed dye laser	1 (2.4%)	1 (6.3%)	4 (14.3%)	
Timolol + Laser	2 (4.9%)	2 (12.5%)	1 (3.6%)	
Propranolol + Laser	28 (68%)	11 (69%)	20 (71%)	
Outcomes				
Healing time (months), means ± SD	1.1 ± 0.7	2.4 ± 2.8	1.3 ± 1.1	0.289
Recurrence	9 (22%)	6 (37.5%)	6 (21%)	0.42
Secondary complications				
Infection	10 (24%)	4 (25%)	9 (32%)	0.76
Severe bleeding	0 (0%)	0 (0%)	0 (0%)	N/A
Functional impairment	4 (9.8%)	0 (0%)	2 (7.1%)	0.434
Disfigurement	3 (7.3%)	0 (0%)	0 (0%)	0.189
Scar	21 (51%)	8 (50%)	17 (61%)	0.155
Follow-up duration (years), means ± SD	3.4 ± 2.2	1.2 ± 1.1	2.4 ± 1.5	0.019

Results

A total of 85 patients with ulcerated IH were included. Hemangiomas in the head and neck (H&N) and anogenital regions had an earlier presentation and occurrence of ulceration. Large hemangiomas or ulcers, combined/mixed IH, lip hemangiomas, and positive microbial growth were significant prognostic indicators for longer healing time, more complications and recurrence of ulceration. Cheek hemangiomas, focal IH and later onset ulceration were associated with less scarring and complications. Early referrals before ulceration had less ulcer recurrence (odds ratio [OR]=0.139; 95% confidence interval [CI]: 0.028–0.693] and secondary complications (OR = 0.081 [95% CI: 0.019– 0.348]). Prophylactic topical timolol maleate 0.5% was effective in reducing scar formation (OR = 0.06 [95% CI: 0.005–0.75]) and shortening follow-up duration (P=0.044). Combination therapy with oral propranolol and pulsed dye laser was the mainstay of treatment (74%). Maintenance laser after ulcer resolution was associated with less ulcer recurrence (OR = 0.27 [95% CI: 0.075–0.96]).

Table 3. Prognostic factors of ulcerated hemangiomas.

Prognostic factors	Multivariate*	
For mean healing time	**B**	***P* value**
Size of hemangioma (area): ≥10 cm²	0.75	**0.041**
Size of ulcer (area): ≥1 cm²	1.1	**0.007**
Positive microbial growth	1.18	**0.002**
For recurrence	**OR (95% CI)**	***P* value**
Timing of referral: Before ulceration	0.14 (0.03–0.7)	**0.016**
Size of hemangioma (area): ≥10 cm²	3 (1.02–8.9)	**0.046**
Size of ulcer (area): ≥1 cm²	5.4 (1.5–19.9)	**0.011**
Positive microbial growth	3.6 (1.2–11.1)	**0.024**
For secondary complications	**OR (95% CI)**	**p value**
Sex: Female	3.8 (1.16–12.7)	**0.027**
Timing of referral: Before ulceration	0.10 (0.022–0.4)	**0.002**
Age of IH onset (weeks), median (range)	0.72 (0.5–0.996)	**0.048**
Size of hemangioma (area): ≥10 cm²	5.32 (1.20–23.5)	**0.028**
Site		
Lip ($n=14$)	14.1. (1.66-119)	**0.015**
Cheek ($n=7$)	0.022 (0.001–0.63)	**0.027**
Anatomical type: Combined/mixed	1.81 (1.008–3.2)	**0.047**
Morphological pattern: Focal	0.12 (0.03–0.55)	**0.007**
Age of ulcer occurrence (months), median (range)	0.79 (0.63–0.99)	**0.039**
Time to ulcer from IH onset: ≥2 months	0.19 (0.04–0.81)	**0.025**

*Adjusted for age, sex, IH size, type, site, treatment options.

Conclusions

Early referral of high-risk cases to a pediatric dermatology center before ulceration is crucial. Prophylactic topical timolol before ulceration and maintenance laser therapy after ulcer resolution can improve outcomes.

Table 4. Comparison between ulcerated hemangiomas of different referral timing.

Referral	Before ulceration ($n=31$)	After ulceration ($n=54$)	*P* value
Source of referral			**0.003**
Intradepartment	6 (75%)	2 (25%)	
Hospital authority hospital	6 (15%)	33 (85%)	
Maternal Child Health Center (MCHC)	5 (50%)	5 (50%)	
Private sector	7 (44%)	9 (56%)	
Demographics			
Age at presentation (months), median (range)	2.9 ± 3.6	4.5 ± 3.4	**0.008**
Sex			
Female	19 (61%)	43 (80%)	0.067
Male	12 (39%)	11 (20%)	
Female to male ratio	1.6:1	3.9:1	
Clinical features			
Infantile hemangioma			
Age of onset (weeks), median (range)	1.85 ± 2.3	1.43 ± 2.0	0.126
Size (area, cm²), means ± SD	13.6 ± 36.5	23.8 ± 34.0	**0.003**
Site			
H&N	16 (52%)	25 (46%)	0.539
Trunk and limbs	7 (22%)	9 (17%)	
Anogenital	8 (26%)	20 (37%)	
Anatomical type			
Superficial	17 (55%)	35 (65%)	0.364
Deep	0 (0%)	0 (0%)	
Combined/mixed	14 (45%)	19 (35%)	
Morphological pattern			
Focal	24 (77%)	32 (59%)	0.234
Segmental	4 (13%)	12 (22%)	
Indeterminate	3 (10%)	10 (19%)	
Ulcer			
Age of ulcer occurrence (months), median (range)	5.2 ± 3.6	3.1 ± 3.1	**0.001**
Time to ulcer from IH onset (days), means ± SD	149 ± 106	74 ± 75	**0.001**
Size (area, cm²), means ± SD	2.0 ± 4.1	2.2 ± 3.8	0.179
Timing of treatment			
Before ulcer	15 (48%)	7 (13%)	**0**
After ulcer	16 (52%)	47 (87%)	

			Multivariate*	
Outcomes	Before ulceration ($n=31$)	After ulceration ($n=54$)	OR (95% CI)	*P* value
Healing time (months), means ± SD	1.4 ± 1.3	1.4 ± 1.6	−0.113 (−1.0 − 0.775)	0.8
Recurrence	3 (9.7%)	18 (33%)	0.139 (0.03–0.7)	**0.016**
Secondary complications	13 (42%)	39 (72%)	0.081 (0.019–0.3)	**0.001**
Infection	4 (13%)	19 (35%)	0.097 (0.015–0.6)	**0.013**
Scar	12 (50%)	34 (63%)	0.039 (0.004–0.4)	**0.006**
Follow up duration (years), means ± SD	2.6 ± 1.7	2.8 ± 2.2	−0.089 (−1.97 − 1.79)	0.923

*Adjusted for age, sex, IH size, type, site, and treatment options.

Abstract N°: ID-285

Topic: Paediatric dermatology

A Challenging Case of Systemic Treatment Refractory Scalp Infection with Microsporum canis in an Immunocompromised Child

Mateja Starbek Zorko*[1, 2], Eva Jelovčan[2], Olga Točkova[1]

[1]Department of Dermatovenerology, University Clinical Centre Ljubljana, Ljubljana, Slovenia
[2]Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia

Introduction
Microsporum canis, a zoophilic dermatophyte, is a common cause of tinea capitis in children, usually presenting as scaly, alopecic patches. Immunocompromised children are susceptible to persistent infection. Griseofulvin, the traditional first-line therapy, is unavailable in many countries, making newer azole antifungals a widely accessible and effective alternative. We report a case of non-inflammatory, azole-refractory tinea capitis in a child with acute lymphoblastic leukemia (ALL), illustrating management difficulties in a region without access to griseofulvin.

Materials and Methods
A 4-year-old boy on maintenance therapy for ALL with methotrexate and mercaptopurine, presented with a 2-week history of annular, erythematous and scaling lesions, one on the scalp and two on the torso. His otherwise healthy brother had similar, torso-limited changes. Fungal cultures confirmed *Microsporum canis* in both cases, likely acquired from the family farm animals. The brother's infection was successfully treated with topical miconazole in several weeks.

Results
Because of the scalp involvement, systemic itraconazole for 4 weeks was started, alongside topical ketoconazole shampoo and miconazole cream. Recurrent lesions and positive culture at follow-up prompted a second 4-week itraconazole course. After 2 months, new scalp and body lesions with positive culture led to change of therapy and oral fluconazole was introduced, since griseofulvin was unavailable. After consultation with his hemato-oncologists, the patient received oral fluconazole once weekly for 8 weeks with topical ketoconazole and terbinafine. Persistent scalp lesions and positive mycologic tests after 16 weeks of different systemic and local antimycotics necessitated another change of therapy. Griseofulvin was obtained abroad and administered orally for 8 weeks, resulting in clinical and laboratory improvement. Pediatric hemato-oncologists monitored blood and liver parameters throughout systemic treatment, which were unremarkable. Several months after presentation, the patient achieved sustained clinical and mycological cure following 24 weeks of systemic therapy, administered according to the current recommendations on systemic treatment of tinea capitis, without adverse effects.

Conclusions
This prolonged, complex course of superficial tinea capitis underscores the impact of immunosuppression on disease presentation and especially treatment response. Tinea capitis, caused by *Microsporum canis,* in immunocompromised children requires flexible treatment strategies and close multidisciplinary monitoring. Clinical response may be limited even with prolonged azole therapy, the first line and only accessible treatment in many regions. In such cases, griseofulvin remains a reliable alternative that should be considered by clinicians.

EA DV SYMPOSIUM 2026
ATHENS 7 - 9 MAY

Abstract N°: ID-331

Topic: Paediatric dermatology

Dermatosurgical Problems: Cerebriform Intradermal Melanocytic Nevus Developing from a Giant Congenital Scalp Nevus

Simona Kordeva*[1], Konstantin Tchernev Jr[2], Georgi Tchernev[1, 2]

[1]Medical Institute of Ministry of Interior, Department of Dermatology and Venereology, Sofia, Bulgaria
[2]Onkoderma- Clinic for Dermatology, Venereology and Dermatologic Surgery, Sofia, Bulgaria

Introduction

We report a 8-year-old boy who presented to the dermatology department with progressive hair loss and intense itching involving the right temporal region, the right half of the scalp vertex, and the right half of the frontal region. He was born with a giant congenital scalp nevus classified as large (22cm x 28cm), without hypertrichosis or satellite lesions (Fig.1a-c).

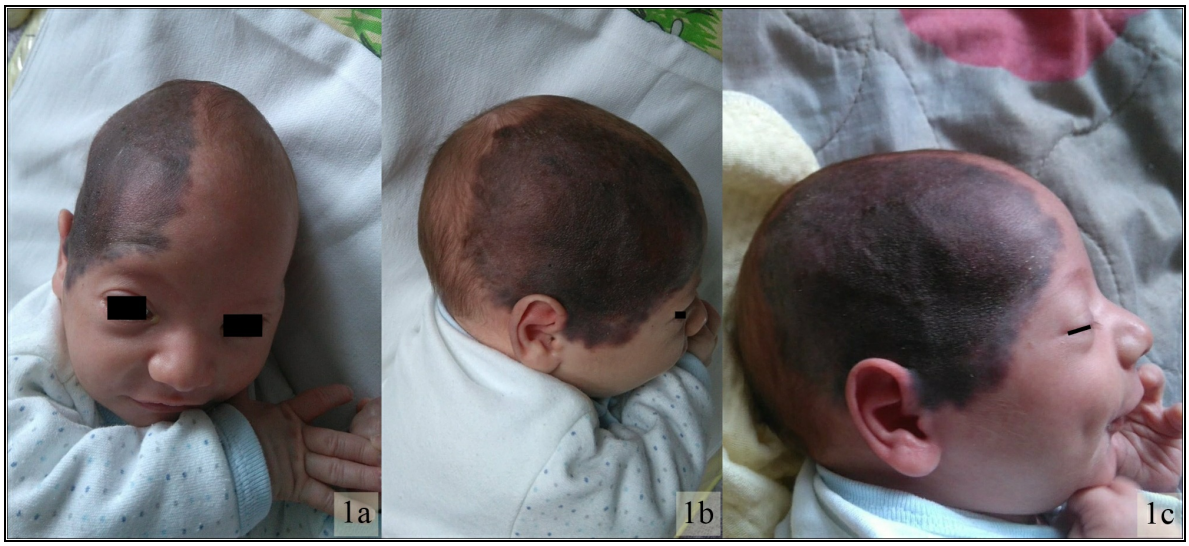


Figure 1a-c: A large (22cm x 28 cm) congenital cerebriform intradermal melanocytic nevus located in the right temporal region, the right half of the scalp vertex, and the right half of the frontal region. Period of time: newborn.

Materials and Methods

After eight years, the lesion demonstrated notable changes, including loss of pigmentation, progressive enlargement alongside intense pruritus and discomfort (Fig.2) .

Histopathological examination confirmed the diagnosis of a cerebriform (congenital) intradermal melanocytic nevus. Differential diagnoses included nevus sebaceous, which is known also to undergo malignant transformation.

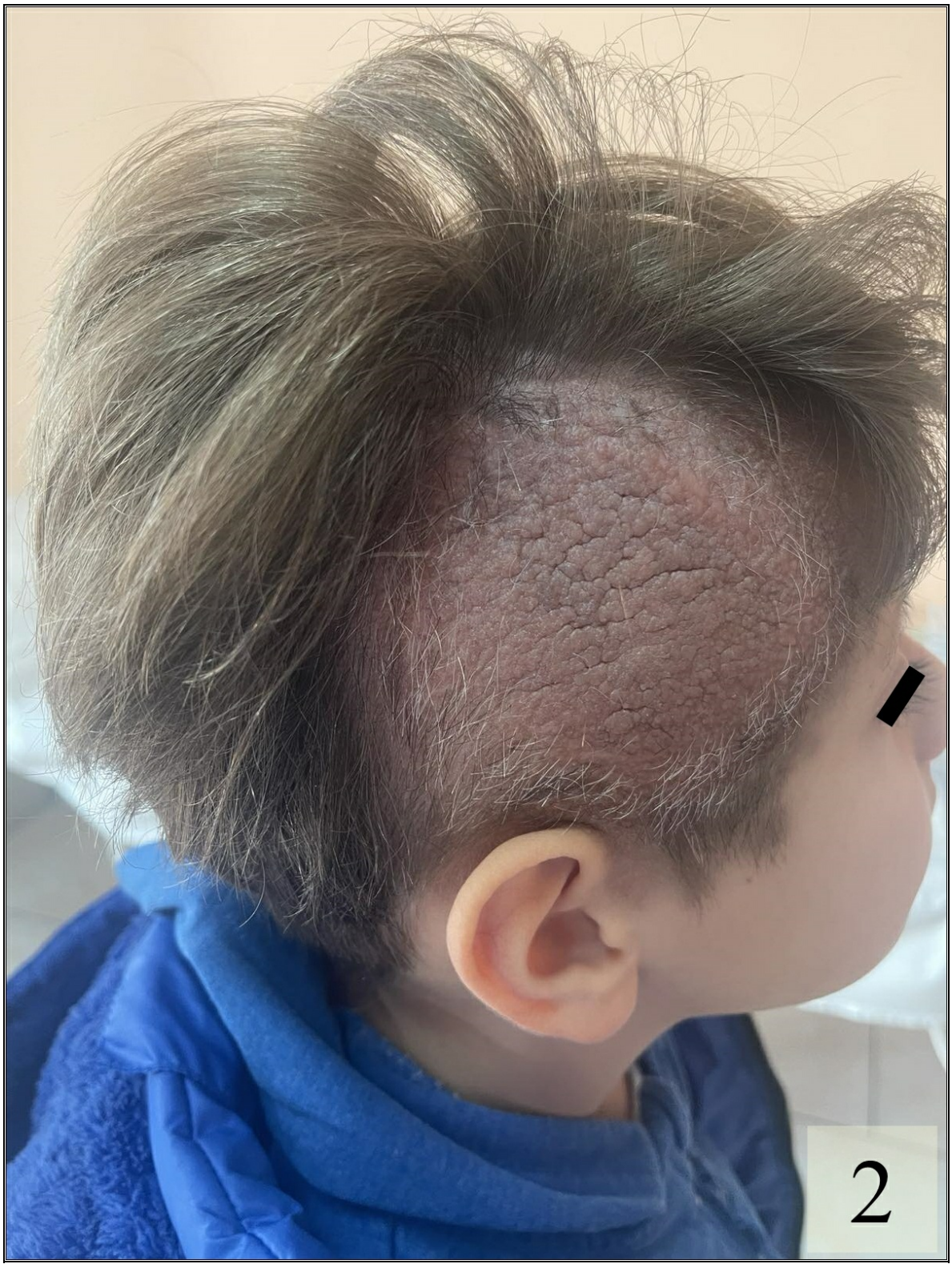


Figure 2: Period of time: 8-year-old.

Results

Given the risk of degeneration or malignant transformation into melanoma, surgical excision with consideration of reconstructive approaches - due to the expected large primary defect - was recommended.

Conclusions

The problems within the problematic of the clinical management of this condition has been discussed.

Abstract N°: ID-378

Topic: Paediatric dermatology

Cutaneous Findings of Kikuchi-Fujimoto Disease in a Child: A Diagnostic Clue from Skin Biopsy

Fatma Zehra Diken*[1], Gürbüz Yıldırım[2], Burhan Engin[1]

[1]Istanbul University-Cerrahpasa, Cerrahpasa Faculty Of Medicine, Dermatology and Venereology, Istanbul, Türkiye
[2]Istanbul Bagcilar Training and Research Hospital, Dermatology and Venereology, Istanbul, Türkiye

Introduction

Kikuchi–Fujimoto disease (KFD) is a rare, self-limited histiocytic necrotizing lymphadenitis. It typically presents with acute to subacute painful cervical lymphadenopathy and may be accompanied by systemic symptoms such as fever and malaise. Cutaneous involvement can occur and encompasses a wide spectrum of clinical presentations; however, it is reported less frequently, particularly in pediatric patients. Reports describing cases with cutaneous involvement supported by detailed histopathological evaluation are limited. Herein, we present a case of KFD in a 4-year-old boy with cutaneous involvement, in whom the diagnosis was confirmed by histopathological examination of both skin and lymph node biopsies.

Materials and Methods

A previously healthy 4-year-old boy presented with a six-week history of a progressively enlarging, painful mass in the left posterior cervical region. One week prior to admission, he developed fever and a skin rash predominantly affecting the left side of the face (Figure 1), with bilateral distribution and extension to the left upper extremity, including the elbow. Physical examination revealed fever (38.5°C) and a tender left cervical lymphadenopathy measuring 2 × 1 cm, without generalized lymphadenopathy. Cutaneous examination showed erythematous crusted maculopapular lesions involving the face and upper extremity, sparing mucosal and palmoplantar areas. Laboratory evaluation demonstrated anemia with mildly elevated inflammatory markers, while leukocyte and platelet counts and liver enzymes were within normal limits. Infectious serologies were negative. Cervical ultrasonography revealed multiple enlarged left cervical lymph nodes, the largest measuring 18 × 12 mm, without suppuration.

Histopathological examination of the lymph node revealed extensive necrosis and karyorrhexis with residual cortical lymphoid follicles. The necrotic areas contained numerous CD68-positive histiocytes and CD123-positive plasmacytoid dendritic cells, without neutrophils or malignant proliferation. Skin biopsy demonstrated widespread keratinocyte necrosis with focal parakeratosis, basal vacuolar degeneration, lymphocytic exocytosis, and a diffuse dermal lymphohistiocytic infiltrate composed of CD3-positive T lymphocytes and CD163-positive histiocytes (Figure 2).

Based on the clinical and histopathological findings, a diagnosis of KFD was made. Symptomatic treatment with acetaminophen was ineffective; however, systemic corticosteroid therapy resulted in rapid resolution of fever and marked regression of cutaneous lesions. The patient remained asymptomatic during follow-up, with no recurrence.

Results

The patient presented with fever, unilateral tender cervical lymphadenopathy, and facial and upper extremity skin lesions. Laboratory tests revealed mild anemia and elevated inflammatory markers with a negative infectious workup. Imaging showed enlarged cervical lymph nodes without suppuration. Histopathology of the lymph node demonstrated necrosis with karyorrhexis and CD68-positive histiocytes and CD123-positive plasmacytoid dendritic cells, while skin biopsy revealed epidermal necrosis with a dermal lymphohistiocytic infiltrate of CD3-positive T cells and CD163-positive histiocytes. Systemic corticosteroid therapy led to rapid clinical resolution without recurrence.

Conclusions

The incidence of KFD in the pediatric population is low. While cervical lymphadenopathy, fever, and leukopenia are the most common clinical findings, cutaneous involvement, although uncommon, represents an important diagnostic clue. Skin manifestations are often nonspecific and may precede lymph node biopsy. In such cases, skin biopsy can provide valuable histopathological findings that support the diagnosis and facilitate earlier recognition of the disease. Given that KFD may mimic several inflammatory and malignant conditions, particularly systemic lupus erythematosus and lymphoma, early clinicopathological correlation is essential to avoid diagnostic delay and unnecessary aggressive treatment.

Abstract N°: ID-384

Topic: Paediatric dermatology

Paediatric dermatological presentations to an outer-metropolitan emergency department: a retrospective audit

Tristen Ng*[1, 2], Darren Low[3], Amelia Tang[1], Mabel Foo[3], Dale Edgar[1], Paul Hill[1]

[1]Armadale Health Service, Mount Nasura, Australia
[2]Royal Perth Hospital, Perth, Australia
[3]Singapore General Hospital, Singapore, Singapore

Introduction
Paediatric skin conditions are predominantly managed in primary care, yet they contribute substantially to emergency department (ED) presentations. Understanding local paediatric diagnostic patterns, acuity, and resource utilisation can inform pathways to divert non-urgent paediatric presentations away from the ED and optimise access to outpatient dermatology clinics or primary care. This study aimed to describe demographics, diagnostic categories, triage acuity, ED length of stay (EDLOS), and disposition of paediatric dermatology presentations to an outer-metropolitan secondary ED.

Materials and Methods
A retrospective cross-sectional audit of paediatric ED presentations over a 12-month period (December 2022–November 2023) was conducted at a secondary outer-metropolitan hospital. Extracted variables included age, sex, diagnostic category, triage category using a standard 5-level triage scale, EDLOS, and disposition. Categorical variables were summarised as frequencies/percentages, and EDLOS as median (interquartile range, IQR). Associations between age group and diagnostic category were assessed using Pearson's chi-square tests with Bonferroni-corrected post-hoc pairwise testing where appropriate. EDLOS was compared across triage and diagnostic categories using Kruskal–Wallis tests and between admitted/discharged groups using Mann–Whitney U tests. Univariable logistic regression was used to assess factors associated with hospital admission.

Results
A total of 540 paediatric dermatology presentations were identified (44.4% female; median age 4.5 years, IQR 1.5–9.3). Most were triaged as low–moderate acuity (categories 3–4) with median EDLOS 2.3 hours (IQR 1.5–3.5). Diagnostic categories were: allergy-related/urticarial dermatitis (34.3%), infective dermatoses (29.3%), eczema/other dermatitis (23.3%), anaphylaxis/angioneurotic oedema (8.5%), and other (4.6%). Disposition was recorded for 534 presentations; 41 (7.6%) required hospital admission.

Admitted patients had higher proportions of anaphylaxis/angioneurotic oedema, eczema/dermatitis, and infective dermatoses compared with those discharged (P<0.001). EDLOS was longer for admitted than discharged patients (5.0 hours [IQR 3.9–6.7] vs 2.1 hours [IQR 1.4–3.2], P<0.001). Presentations categorised as allergy-related/urticarial dermatitis were less likely to be admitted than anaphylaxis/angioneurotic oedema (OR 0.06).

No severe dermatological emergencies (e.g., Stevens–Johnson syndrome) were identified.

Summary of pediatric dermatological presentations and patient demographics at ED of Armadale Health Service

Variable	Total (N = 540)	AAE (N = 46)	AUD (N = 185)	EOD (N = 126)	Infective dermatoses (N = 158)	Not elsewhere classified (N = 25)	P value*
Girls	240 (44.4)	17 (37.0)	92 (49.7)	57 (45.2)	64 (40.5)	10 (40.0)	0.359
Age, y	4.5 (1.5-9.3)	3.0 (2.0-4.0)	2.0 (2.0-3.0)	2.0 (1.0-2.0)	3.0 (2.0-3.0)	3.0 (2.0-4.0)	0.001
Age group							< 0.001
Infants	100 (18.5)	4 (8.7)†	39 (21.1)	42 (33.3)	12 (7.6)	3 (12.0)	
Preschoolers	222 (41.1)	17 (37.0)†	74 (40.0)	57 (45.2)	65 (41.1)	9 (36.0)	
Schoolers	144 (26.7)	13 (28.3)†	52 (28.1)	22 (17.5)	52 (32.9)	5 (20.0)	
Adolescents	74 (13.7)	12 (26.1)†	20 (10.8)	5 (4.0)	29 (18.4)	8 (32.0)	
ED disposition							< 0.001
Hospitalization	41 (7.6)	7 (15.2)	2 (1.1)	14 (11.1)	18 (11.4)	0 (0)	
Transfer to tertiary hospitals	4 (0.7)	0 (0)	0 (0)	0 (0)	4 (2.5)	0 (0)	
Discharge	493 (91.3)	39 (84.8)	183 (98.9)	110 (87.3)	136 (86.1)	25 (100)	
DAMA/self-discharge	2 (0.4)	0 (0)	0 (0)	2 (1.6)	0 (0)	0 (0)	
EDLOS, h	2.3 (1.5-3.5)	3.8 (2.8-4.4)	2.2 (1.4-3.1)	2.3 (1.6-3.5)	2.0 (1.3-3.5)	2.2 (1.2-2.8)	0.001

Values are expressed as numbers (%) or medians (interquartile ranges).

*Overall P values for categorical variables (e.g., sex) were derived using Pearson's chi-square tests, while P values for the continuous variables (i.e., EDLOS) were calculated using the Kruskal-Wallis tests. Post-hoc pairwise comparisons with Bonferroni corrections identified differences in overall diagnoses between infants and preschoolers (corrected $P < 0.001$) and between schoolers and adolescents (corrected $P < 0.001$). For EOD, differences were found between infants and preschoolers (corrected $P < 0.001$) and between schoolers and adolescents (corrected $P < 0.001$). Similarly, infective dermatoses were observed between infants and preschoolers (corrected $P = 0.0054$) and between schoolers and adolescents (corrected $P = 0.0054$). Corrected P values < 0.05 were considered significant.

†The sums of proportions are not equal to 100% due to rounding.

ED: emergency department, AAE: anaphylaxis and angioneurotic edema, AUD: allergy-related and urticarial dermatitis, EOD: eczema and other dermatitis, DAMA: discharge against medical advice, EDLOS: emergency department length of stay.

Conclusions

Most paediatric dermatology presentations were low acuity and discharged after ED assessment. These findings support the development of targeted diversion and decision-support pathways, as well as improved outpatient access for non-urgent dermatological conditions, which may reduce ED burden in outer-metropolitan settings.

Abstract N°: ID-450

Topic: Paediatric dermatology

Widespread Skin Colored Papulonodular Lesions On Scalp and Trunk in an 8 Year Old Male

Tugba Kevser Uzuncakmak[1], Eylül Kasapoğlu*[1], Mahir Anıl Beşiktaş[1], Nuray Can[2], Zekayi Kutlubay[1]

[1]İ.Ü. Cerrahpasa Medical Faculty, Department of Dermatology, Fatih, Türkiye
[2]Edirne Trakya Üniversitesi Tıp Fakültesi Hastanesi, Department of Medical Pathology, Edirne (Merkez), Türkiye

Introduction

Mastocytosis is a rare disease characterized by clonal expansion and infiltration of mast cells in the skin or internal organs. In pediatric patients, the cutaneous form is more common, whereas systemic mastocytosis predominates in adults. Cutaneous mastocytosis has a variable clinical presentation and is classified into solitary mastocytoma, urticaria pigmentosa, and diffuse cutaneous mastocytosis. Lesions may appear as red-brown maculopapules, plaques, or nodules, and symptoms such as pruritus or flushing may be triggered by heat, stress, physical contact, or certain foods.

Materials and Methods

An 8-year-old male patient presented with widespread light brown, skin-colored papulonodular lesions involving the scalp, trunk, arms, and legs (Figure 1,2). Mucosal examination was unremarkable. The patient reported pruritus exacerbated by exercise and hot water baths. His medical history included urticaria episodes triggered by infections and NSAID use. Systemic evaluation revealed long-standing bloating, abdominal pain, headaches, and mood changes. Physical examination demonstrated a positive Darier's sign. Dermoscopic evaluation showed yellow-brown structureless areas and pigment networks (Figure 3). Symptoms had been present since the age of one, and a previous biopsy had been performed at an external center. Histopathological examination revealed an infiltration in the dermis composed of cells with dark chromatin and pale cytoplasm forming layers (Figure 4), the neoplastic cells exhibited diffuse and strong immunoexpression of tryptase and CD25 (Figure 5, 6).

Results

A diagnosis of diffuse cutaneous mastocytosis was established. No hepatosplenomegaly or lymphadenopathy was detected. Laboratory investigations, including complete blood count, renal and liver function tests, were within normal limits, except for an elevated serum tryptase level of 20.7 µg/L (normal <11 µg/L). Further evaluation by the pediatric department, including abdominal ultrasonography and bone marrow biopsy, revealed no evidence of systemic involvement. Initial treatment with oral antihistamines and topical corticosteroids resulted in partial improvement. Due to persistent symptoms, systemic corticosteroids and narrowband UVB therapy were initiated, with omalizumab planned if no significant response is observed after 12 weeks.

Conclusions

Diffuse cutaneous mastocytosis, although rare, should be considered in pediatric patients presenting with widespread papulonodular lesions and systemic symptoms. This case underscores the diagnostic value of integrating clinical findings, dermoscopy, and histopathological confirmation with mast cell markers. Elevated serum tryptase levels and systemic complaints do not necessarily indicate systemic mastocytosis in children. Symptomatic treatment remains the cornerstone of management, while narrowband UVB therapy and omalizumab represent effective options in refractory cases. Early diagnosis and a stepwise treatment approach are crucial to achieve symptom control and avoid

unnecessary invasive procedures, given the generally favorable prognosis and high likelihood of spontaneous regression before puberty.

Abstract N°: ID-454

Topic: Paediatric dermatology

Pediatric dermatology hospitalizations: an 11-year retrospective analysis

Houda Talbi*[1], Nassiba Zerrouki[1, 2], Nada Zizi[1, 2]

[1]Mohammed VI University Hospital, Department of Dermatology, Venereology and Allergology, Oujda, Morocco
[2]Faculty of Medicine and Pharmacy, Mohammed First University, Laboratory of Epidemiology, Clinical Research and Public Health, Oujda, Morocco

Introduction
Pediatric dermatoses may require hospitalization when disease severity, complications, or the need for specialized care exceed the scope of outpatient management. Some of these conditions are acute or potentially life-threatening and often demand multidisciplinary care and close monitoring to prevent systemic complications. Despite their clinical importance, inpatient pediatric dermatology data remain scarce in many regions. This study aimed to describe the epidemiological and clinical profile of pediatric dermatologic conditions requiring hospitalization over an extended period.

Materials and Methods
A retrospective descriptive study was conducted including all children under 16 years of age hospitalized for dermatologic conditions over an 11-year period. Data were extracted from medical records using a standardized collection form including demographic characteristics, reasons for admission, diagnoses, severity factors, treatments, and outcomes. Diagnoses were grouped into major categories for analysis. Quantitative variables were expressed as mean ± standard deviation or median [interquartile range] according to distribution.

Results

A total of 276 pediatric dermatology hospitalizations were recorded, representing 8.8% of all dermatology admissions. These stays concerned 197 children, 21.3% required at least one readmission, accounting for 28.6% of all pediatric stays. The mean age was 8.7 ± 5.8 years (range: 1 month–16 years), with a female predominance (59.9%).

Inflammatory dermatoses were the most frequent category (27%), dominated by psoriasis in its various forms (12.2%). Vascular anomalies represented 21% of admissions, mainly infantile hemangiomas and vascular malformations. Autoimmune diseases accounted for 12.7%, including alopecia areata, vitiligo, lupus, juvenile dermatomyositis, and localized scleroderma. Infectious conditions (10.1%) were led by severe dermo-hypodermitis and viral complications. Genetic and hereditary disorders (15.7%) included neurofibromatosis, xeroderma pigmentosum, congenital ichthyoses, and epidermolysis bullosa. Severe drug reactions, although less frequent (5%), were associated with the longest hospital stays.

The overall median length of hospitalization was 7 days. Drug reactions had the longest median duration (16.5 days), reflecting the severity of these conditions.

Conclusions
This 11-year retrospective analysis provides a comprehensive overview of pediatric dermatologic conditions requiring hospitalization. Inflammatory dermatoses, particularly psoriasis, were the leading cause of admission, highlighting their substantial burden in inpatient pediatric dermatology. Vascular, autoimmune, and genetic disorders also represented a significant proportion, illustrating the diversity and complexity of cases. These findings emphasize the need to

strengthen specialized pediatric dermatology care and optimize inpatient management strategies.

Abstract N°: ID-487

Topic: Paediatric dermatology

Extensive viral warts in a child treated with oral acitretin

Mohamed Karideen Fathima Benazir*[1], Sriyani Samaraweera[1]

[1]Lady Ridgeway Hospital for Children, Colombo, Dermatology, Colombo, Sri Lanka

Introduction
Warts are benign proliferations caused by human papillomavirus. It is a common skin disease in children with a prevalence of up to 10%. It can be treated with cryotherapy, topical imiquimod, immunotherapy, electrocauterization and retinoids.

Materials and Methods
A 12-year-old previously healthy girl presented with extensive viral warts over the face, upper limb and lower limb for one year duration. There were extensive warts causing disfigurement to the face. The possibility of epidermodysplasia verruciformis was considered, but the child was not able to undergo genetic studies to confirm it. The child was initially treated with cryotherapy and topical tretinoin, which caused little improvement. Viral implantation was done, but no results were observed in three months. The child underwent basic investigations and all were normal. Following that, she was started on oral acitretin 0.5mg/kg daily.

Results
After 2 months, significant resolution of the lesions was noted, and complete regression of all warts occurred within 6 months, with residual post-inflammatory pigmentation remaining. The drug was tapered off and stopped in another 2 months. She didn't develop any side effects from the drug. The child didn't develop any new lesions after stopping drugs for the last 8 months.

Conclusions
Extensive viral warts can be treated with oral acitretin. Acitretin works by its anti-proliferative and immunomodulatory effects. Continuing the cryotherapy for extensive warts can cause pain, and sometimes scarring and nail plate damage. Short course of oral acitretin for extensive viral warts is a convenient, effective and safe treatment to regress warts completely with fewer side effects.

Abstract N°: ID-662

Topic: Paediatric dermatology

Gianotti–Crosti Syndrome Secondary to Vaccination: A Case Report

Kawtar Diaa*[1]

[1]IBN SINA hospital university, Rabat, Morocco

Introduction
Gianotti–Crosti syndrome is a benign cutaneous eruption, occurring mainly in children under 9 years of age following a viral infection (Epstein–Barr virus, hepatitis B, etc.) or, less frequently, after vaccination. It is characterized by a symmetric papular eruption with acral predominance. We report the case of a 5-year-old child presenting with post-vaccination Gianotti–Crosti syndrome.

Materials and Methods
A 5-year-old child with no significant past medical history presented with a pruritic skin eruption evolving for three days. Clinical examination revealed monomorphic papulo-vesicular lesions, erythematous or skin-colored, symmetrically distributed, some of which were confluent with an umbilicated appearance. The lesions involved the face, upper and lower limbs, and buttocks, with sparing of the trunk. The eruption showed marked acral predominance, and purpuric erythema of the palms and soles was noted. The child was afebrile and in good general condition.

Laboratory investigations were unremarkable, and viral serologies were negative. Medical history revealed a recent vaccination two weeks prior to the onset of the rash.

Symptomatic treatment with emollients and antihistamines was prescribed, with a favorable outcome and complete resolution of the rash after two weeks, without residual scarring.

Results
Gianotti–Crosti syndrome, also known as papular acrodermatitis of childhood, is a benign inflammatory dermatosis occurring mainly in young children, most commonly between 1 and 6 years of age. It is clinically characterized by a monomorphic, symmetric papular or papulo-vesicular eruption with acral predominance, preferentially affecting the face, extensor surfaces of the upper and lower limbs, and the buttocks, with relative sparing of the trunk.

It is considered an immune-mediated cutaneous reaction to various infectious antigens (Epstein–Barr virus, cytomegalovirus, coxsackievirus, parvovirus B19, respiratory syncytial virus) or vaccine-related antigens, rather than a direct expression of cutaneous infection. Histopathological findings are non specific, typically showing a superficial perivascular lymphocytic inflammatory infiltrate, sometimes associated with mild spongiosis, which limits the utility of skin biopsy in routine practice. Diagnosis is essentially clinical.

The main differential diagnoses include atopic dermatitis, lichen planus, papular urticaria (prurigo strophulus), viral exanthems, scabies, and certain drug eruptions.

The course is spontaneously favorable over a few weeks. Treatment is symptomatic, based on emollients and antihistamines for pruritus, and occasionally topical corticosteroids in cases of marked inflammation.

Conclusions

Gianotti–Crosti syndrome is a benign but often impressive condition. Its recognition helps to avoid unnecessary investigations and allows reassurance of parents regarding its favorable spontaneous outcome.

Abstract N°: ID-689

Topic: Paediatric dermatology

Efficacy and safety of oral sirolimus in vascular malformation: A prospective pilot assessor-blinded interventional study.

Shreya Kempegowda*[1], Gomathy Sethuraman[2]

[1]AIIMS NEW DELHI, New Delhi, India
[2]AIIMS Hospital, DERMATOLOGY, New Delhi, India

Introduction
Vascular malformations can lead to significant cosmetic and functional impairments. Sirolimus, an mTOR inhibitor, has emerged as a potential therapeutic option due to its anti-angiogenic and anti-lymphangiogenic properties.

Materials and Methods
Objectives: Primary objective was to assess the efficacy of oral sirolimus in vascular malformation. Secondary objectives were to assess the time to attain clinical resolution at the end of therapy and adverse reactions related to sirolimus treatment.

Methodology: We conducted a prospective, pilot, assessor-blinded interventional study in a tertiary care centre after IEC and CTRI approval from June 2024 to March 2025. Patients of any age, and any gender with cosmetic and/ or functional impairment with complex microcystic and macrocystic lymphatic malformations, mucocutaneous venous malformations or mixed malformations were recruited. Patients on concurrent use of drug with cytochrome P450 3A4 inducer, human immunodeficiency virus infection, isolated capillary malformation and high flow vascular malformation were excluded. Patients fulfilling the inclusion criteria were assessed clinically and radiologically (contrast MRI). Patients were administered with oral sirolimus 0.8mg/m^2/dose twice daily, for a period of 6 months or until significant resolution of the lesion, whichever was earlier. Patients with significant toxicity which remains unresolved even with dose modification after 3 weeks were retracted from the study.

Results
We included 15 patients, with a mean±SD age was 17±3.5 years, a male: female ratio of 1:2. We included 5(33.34%) cases of lymphatic, 5(33.34%) cases of venous, 2(13.34%) capillary venous malformation, and 3(20%) venolymphatic malformation. Previous therapies received were intralesional radiofrequency ablation (2 cases), and sclerotherapy (1 case). Clinical efficacy was defined as a complete response (no evidence of vascular lesion on cutaneous examination and clinical photographs) was not seen in any patients at 6 months of follow-up, and a partial response (50% reduction in the size of the vascular lesion) was seen in 3 patients (20%). The clinical response was seen in lymphatic, venous, and mixed malformation in decreasing order of frequency. Initial response noted in 40 and 90 days in lymphatic and venous malformation, respectively. Side effects observed in our study were 1(6.67%) case of cellulitis (resolved with antibiotics), 1 case of minor aphthae (self-resolving), and 1(6.67%) case of upper respiratory tract infection.

Conclusions
Lymphatic malformations showed the earliest and most pronounced response, followed by venous and mixed malformations. However, no complete resolution was achieved within the study period with minimal adverse events.

Abstract N°: ID-845

Topic: Paediatric dermatology

When oral iron fails: sustained hair shaft recovery after intravenous iron in paediatric alopecia areata with functional iron deficiency

Xiaozhun Hang*[1, 2], Tania Zappala[1, 2, 3]

[1]Qiderm, Dermatology, South Brisbane, Australia
[2]The University of Queensland Herston, Herston, Australia
[3]Queensland Children's Hospital, Dermatology, South Brisbane, Australia

Introduction

Iron deficiency is frequently overlooked in children with autoimmune alopecia areata, where hair abnormalities are often attributed solely to inflammatory disease activity. Oral iron supplementation may be ineffective in states of functional iron deficiency associated with chronic inflammation due to impaired absorption and iron sequestration. The dermatologic impact of intravenous iron in paediatric alopecia areata remains poorly characterised.

Materials and Methods

We report a longitudinal paediatric case of severe alopecia areata with longstanding hair fragility and reduced density in the context of functional iron deficiency associated with chronic inflammation. Retrospective review of clinical and biochemical data was performed, including ferritin trends over nine years, response to oral supplementation, concurrent systemic therapies, and hair outcomes following intravenous iron administration.

Results

An 11-year-old child first presented to dermatology at age 4 with severe alopecia areata and autoimmune comorbidity, demonstrating persistently low ferritin over seven years despite prolonged oral iron supplementation, without sustained improvement in hair quality or density. A prior intravenous ferric carboxymaltose infusion (350 mg) achieved biochemical repletion but only transient clinical benefit. Subsequent decline in iron stores and ongoing hair fragility prompted repeat intravenous iron therapy three years later.

This resulted in robust ferritin repletion, maintained within the reference range on follow-up before gradual decline (Figure 1). Biochemical correction was temporally associated with clinically observed improvement in hair shaft calibre, tensile strength, and perceived density on macroscopic examination following a prolonged therapeutic plateau, with clinical improvement maintained for approximately six months. Importantly, systemic therapy including tofacitinib and methotrexate had been established prior to iron repletion and had not previously achieved comparable improvement. No escalation of immunomodulatory therapy was required following iron administration, and adjunctive hair treatments were subsequently de-escalated.

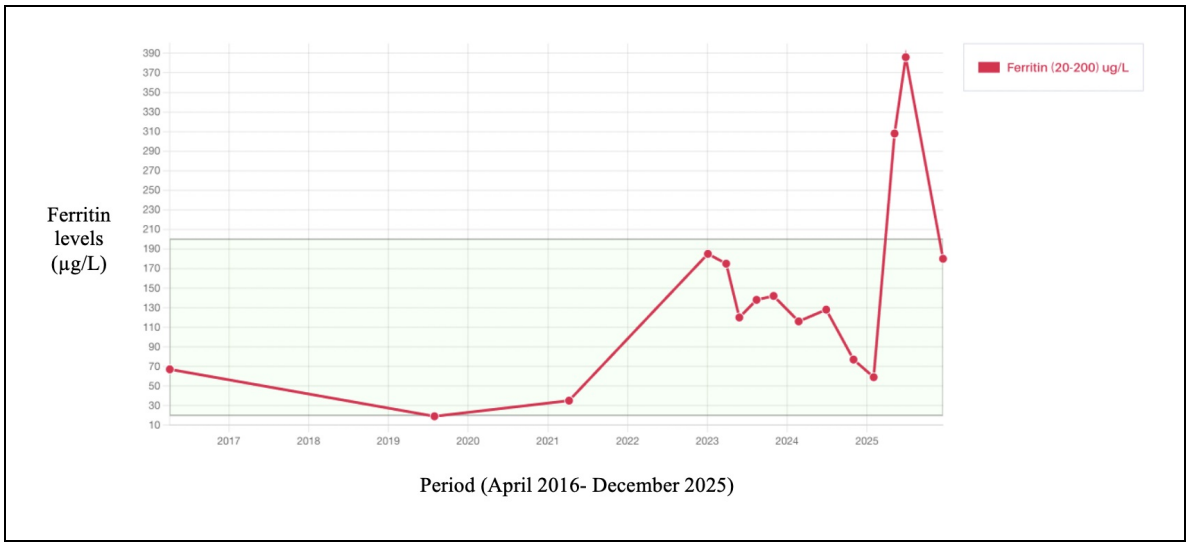


Figure 1. Longitudinal ferritin levels demonstrating persistent iron deficiency despite oral supplementation and sustained biochemical repletion following intravenous iron administration (April 2016- December 2025). Shaded area represents reference range (20-200 µg/L).

Conclusions

This longitudinal case highlights functional iron deficiency as a potentially reversible contributor to hair fragility in paediatric alopecia areata. Intravenous iron achieved sustained biochemical correction and was associated with clinically meaningful hair recovery following failure of oral supplementation and established systemic therapy. These findings support proactive assessment of iron status in refractory paediatric hair disorders and suggest intravenous iron may represent a valuable adjunctive strategy in selected patients with chronic inflammatory disease.

Abstract N°: ID-862

Topic: Paediatric dermatology

A congenital plaque with an unexpected diagnosis

Roisin Rynne*[1], Nicole Fagan[1], Liana Victory[1], Amy Long[1], Fatma Al Hosni[1], Asad Salim[1]

[1]Tallaght University Hospital, Dermatology, Dermatology, Dublin, Ireland

Introduction

Congenital cutaneous lesions are most commonly attributed to vascular or lymphatic malformations. However, rare adnexal tumours may present with overlapping clinical features, particularly when occurring outside classical anatomical locations. This case illustrates a diagnostically challenging congenital lesion in a child, in which histopathological examination identified an uncommon underlying pathology with important management implications.

Materials and Methods

A single case report, with retrospective chart review and key learning points identified.

Results

A six-year-old girl was referred to dermatology with a lesion on her right anterior shoulder which has been present since birth and has remained stable in size. The lesion was intermittently pruritic with occasional serous discharge but was not associated with pain or functional impairment. There was no relevant personal or family history.

Clinical examination revealed a well-circumscribed 2 cm firm, pale pink plaque composed of skin-coloured to translucent papules with a vesicle-like appearance. No other cutaneous lesions were identified.

Based on the congenital onset, vesicular morphology and intermittent discharge, the primary clinical differential diagnosis was lymphangioma circumscriptum, and a skin biopsy was undertaken for diagnostic clarification.

A 4 mm punch biopsy demonstrated cystically dilated glandular structures within the superficial dermis, lined by stratified columnar epithelium with papillary projections. The most superficial cyst communicated with the epidermal surface and contained inspissated debris. These features were diagnostic of syringocystadenoma papilliferum (SCAP).

Conclusions

SCAP is a rare benign adnexal tumour of apocrine differentiation, most frequently arising on the scalp, face or neck. Congenital presentation at non-classical anatomical sites, such as the anterior shoulder, is uncommon. SCAP exhibits a broad phenotypic spectrum, including papillary plaques, solitary nodules and linear papules with plaques more frequently reported on the scalp than the trunk. Skin biopsy is the diagnostic gold standard.

Although SCAP is considered benign, rare cases of malignant transformation have been reported and complete surgical excision suggested. Following multidisciplinary discussion and in view of the patient's age, lesion stability and benign histopathological features a conservative approach with clinical surveillance was adopted.

This case highlights an unusual congenital presentation of SCAP at a non-classical site with an atypical vesicle-like appearance. It underscores the importance of histopathological assessment in the evaluation of congenital cutaneous lesions with atypical morphology and informs management decisions in paediatric patients.

Abstract N°: ID-892

Topic: Paediatric dermatology

Phenotype of a Child with a Chronic Inflammatory Dermatosis

Wojciech Przywara*[1], Jolanta Weglowska[1]

[1]Provincial Specialist Hospital in Wrocław, Dermatology, Wrocław, Poland

Introduction
Abnormal body weight is an increasingly common problem. In the Polish population of school-aged children, 31% of boys and 21% of girls are overweight, while 13% of boys and 8% of girls are affected by obesity.
Inflammatory skin diseases such as psoriasis and atopic dermatitis are associated with chronic stress and inflammation, which further aggravate eating disorders and the consequences related to abnormal body weight.

Materials and Methods
Our clinical observations suggested that overweight and obesity occur more frequently among children with psoriasis compared to those with atopic dermatitis, in whom underweight was suspected to be more common. However, the statistical analysis yielded surprising results.

The study group consisted of school-aged patients with moderate to severe psoriasis (n=55; M=26, F=29) and a comparable group of patients with moderate to severe atopic dermatitis (n=30; M=10, F=20). Data were collected prior to the initiation of systemic treatment. Body weight, height, and BMI measurements were plotted on Polish percentile charts and subjected to statistical analysis.

Results
In the psoriasis group, overweight was observed in 15% (n=8) and obesity in 11% (n=6) of patients, corresponding to the national average. Underweight was present in 27% (n=15) of children—over three times higher than in the general population (approximately 6%).
In the atopic dermatitis group, overweight affected 10% (n=3) of patients, while obesity was noted in as many as 30% (n=9). Underweight was present in 10% (n=3) of patients.

Conclusions
Both excessive and insufficient body weight in patients with chronic dermatoses represent a significant clinical concern. Dietary counseling and preventive measures should form an integral part of every medical visit—not only pediatric but also dermatological. Normalization of body weight is associated with better disease control and less frequent exacerbations of the underlying condition. Evaluation of the impact of systemic treatment, including biologic therapy, on restoring normal body weight in this patient group appears particularly relevant. The problem warrants further analysis and in-depth research.

Abstract N°: ID-909

Topic: Paediatric dermatology

Infantile Psoriasis: A Rare and Challenging Diagnosis

Sihame Alaoui*[1], Yassmine Zekraoui[1], Najoua Ammar[1], Syrine Hamada[1], Narjess Errachdy[1], Mariam Meziane[1], Benzekri Laila[1], Nadia Ismaili[1]

[1]University hospital center Ibn Sina, Department of Dermatology and Venereology, Rabat, Morocco

Introduction

Psoriasis is a chronic, multifactorial inflammatory dermatosis affecting approximately 1–3% of the population. In children, it accounts for nearly 5% of dermatology consultations. The age of onset is variable, but only about 2% of cases occur before the age of two years. Diagnosis in infants may be challenging because initial presentations are frequently atypical and may mimic eczema, seborrheic dermatitis, or fungal infections. We report a case of histologically confirmed infantile psoriasis with an unusual clinical presentation.

Materials and Methods

A one-year-old girl with no significant medical history presented with a one-month history of erythematous, well-demarcated, scaly, round plaques predominantly located on the back, abdomen, and face. There was no involvement of the scalp or nails. A skin biopsy was performed to confirm the diagnosis. Histopathological examination revealed acanthosis with overlying orthokeratotic hyperkeratosis and focal parakeratosis. The dermis showed fibrous changes with capillaries demonstrating fibrinoid necrosis and inflammatory infiltrates composed of lymphocytes and neutrophils. These findings were consistent with psoriasis.

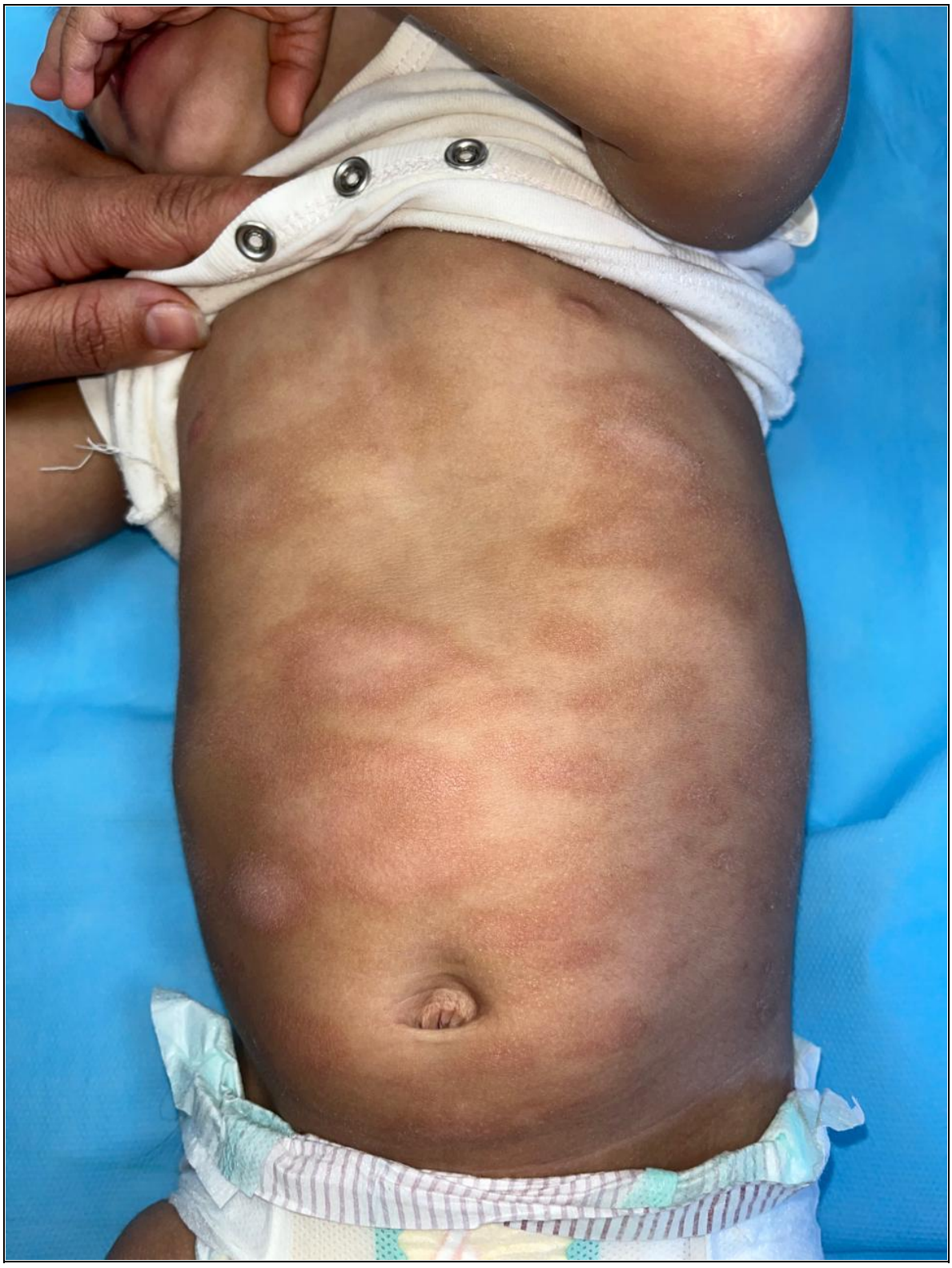


Figure 1: Well-defined, round erythematous-squamous plaques surrounded by a hyperpigmented halo.

Results

Based on clinical and histopathological findings, a diagnosis of infantile psoriasis was established. The patient was treated with emollients and topical corticosteroids, leading to rapid clinical improvement with regression of the lesions.

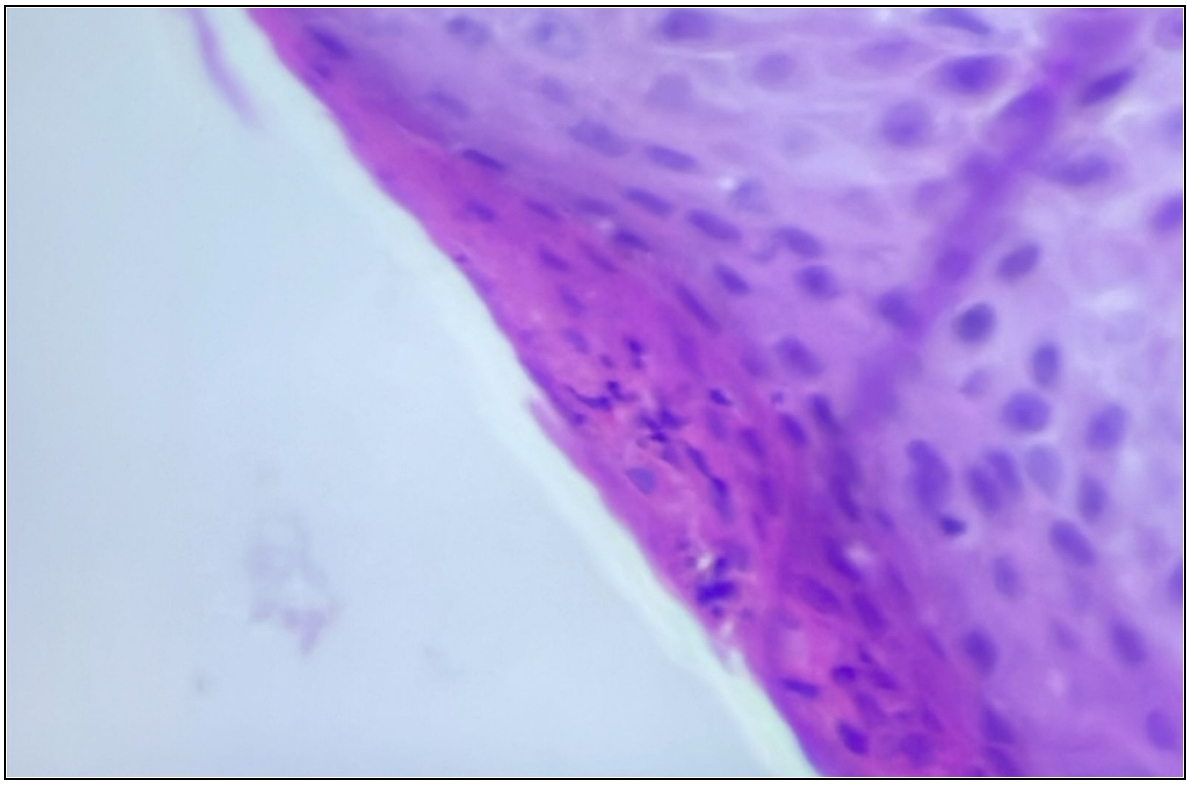


Figure 2: An acanthotic epidermis surmounted by orthokeratotic hyperkeratosis with foci of parakeratosis.

Conclusions

Infantile psoriasis is uncommon but should be considered in persistent erythematous-squamous eruptions resistant to conventional treatments. This case highlights the diagnostic value of histopathology in atypical presentations and emphasizes the importance of early diagnosis to allow prompt and appropriate management.

Abstract N°: ID-978

Topic: Paediatric dermatology

Evaluation of chatbot-generated patient information sheets for the treatment of infantile hemangioma: A comparative study

Mariem El Ayech*[1], Noureddine Litaiem[1], Soumaya Gara[1], Faten Zeglaoui[1]

[1]Charles Nicolle Hospital, Dermatology department, Tunis, Tunisia

Introduction
Artificial intelligence, particularly large language models, is transforming healthcare communication by generating tailored patient education materials. Their performance in pediatric dermatology for infantile hemangioma, the most common benign vascular tumor in infancy requiring beta-blocker therapy, warrants evaluation, particularly in Arabic, a language with limited medical LLM training data.

Materials and Methods
This study assesses ChatGPT-4o from OpenAI, Gemini from Google, and DeepSeek-V3 from DeepSeek in creating comprehensible Arabic patient information leaflets for parents of infants on beta-blockers for hemangioma, evaluating clarity from parents' perspective and medical accuracy from dermatologists' viewpoint.
Ten frequent parental questions on hemangioma treatment were posed to LLMs in new sessions with memory disabled, via a dermatologist-role prompt requesting approximately 200-word Arabic responses. Questions covered definition, beta-blocker benefits and administration, side effects, duration, alerts, contraindications, missed doses, fever precautions, and recurrence. Five parents rated clarity on 10-point scales with cumulative scores out of 100. Five Tunisian MD dermatologists rated accuracy with means out of 100.

Results
Parents awarded DeepSeek-V3 the highest clarity score of 81.25 out of 100, followed by ChatGPT-4o at 78.75 and Gemini at 75.25, with no significant difference. Dermatologists rated ChatGPT-4o highest for accuracy at a mean of 69.4 out of 50, then DeepSeek-V3 at 67.2 and Gemini at 66.6 . Notable hallucinations included ChatGPT-4o incorrectly defining infantile hemangioma as a cancerous lesion in response to the first question, potentially causing unwarranted parental anxiety.

Conclusions
All three LLMs generated generally clear and moderately accurate Arabic patient education content on infantile hemangioma beta-blocker therapy, demonstrating comparable overall performance across models despite minor differences in clarity and length. DeepSeek-V3 particularly excelled in parental-rated clarity, while ChatGPT-4o led in clinician-rated accuracy. However, moderate scores and documented factual errors highlight inherent LLM limitations, such as probabilistic generation leading to confident hallucinations, exacerbated by Arabic's underrepresented training data. These findings suggest LLMs can support dermatologists in creating accessible materials to improve therapeutic adherence and outcomes in resource-limited settings like Tunisia.

Abstract N°: ID-983

Topic: Paediatric dermatology

KAPOSI SARCOMA WITH EXTENSIVE LYMPH NODE INVOLVEMENT IN A CHILD WITH ATAXIA–TELANGIECTASIA: A CASE REPORT

Fatma Zehra Diken*[1], Tugba Kevser Uzuncakmak[1]

[1]Istanbul University-Cerrahpasa, Cerrahpasa Faculty Of Medicine, Dermatology and Venereology, Istanbul, Türkiye

Introduction

Kaposi sarcoma (KS) is a low-grade, angioproliferative tumor caused by Kaposi sarcoma–associated herpesvirus (KSHV/HHV-8) infection. KS predominantly affects mucocutaneous sites but can involve any organ, and recognized forms include classic, endemic, iatrogenic, and AIDS-associated KS. Ataxia-telangiectasia (A-T) is a rare autosomal recessive neurodegenerative disorder caused by mutations in the *ATM* gene, characterized by early-onset cerebellar ataxia and oculocutaneous telangiectasias. Patients with A-T are immunodeficient and predisposed to malignancies, making KS a rare but clinically important complication in this population. Lymph node–predominant and disseminated involvement is an uncommon presentation of KS, particularly in non-HIV–related immunodeficiency. Here, we present a rare case of KS arising in the thigh of a 13-year-old girl with A-T and accompanied by extensive lymph node involvement, emphasizing the importance of differentiating it from benign vascular lesions.

Materials and Methods

A 13-year-old girl had neurological deficits since infancy, including poor head control and inability to sit independently, and later developed a progressive ataxic gait. During early childhood, she experienced recurrent respiratory tract infections requiring frequent hospitalizations. Immunological evaluation revealed hypogammaglobulinemia, and genetic testing confirmed the diagnosis of A-T. She has been receiving regular intravenous immunoglobulin (IVIG) replacement therapy and long-term prophylactic antibiotics for recurrent sinopulmonary infections. At 13 years of age, a violaceous papular lesion present for approximately 5–6 months was observed on the anterolateral aspect of the right thigh (Figure 1), accompanied by ipsilateral palpable inguinal lymphadenopathy.

Results

Dermoscopy showed predominantly structureless pink-to-violaceous areas with shiny white lines (Figure 2), suggestive of a vascular tumor. Histopathological examination of the biopsy was consistent with Kaposi sarcoma, and immunohistochemistry demonstrated HHV-8 positivity in tumor cells and CD34 expression, with scattered CD68-positive histiocytes, background CD3-positive T lymphocytes, sparse CD20- and CD30-positive cells, and a Ki-67 index of approximately 10%.

PET/CT revealed multiple FDG-avid supra- and infradiaphragmatic lymphadenopathies, consistent with disseminated disease. Excisional biopsy of the right inguinal lymph node confirmed Kaposi sarcoma with histomorphological and immunohistochemical features similar to the cutaneous lesion, including nuclear HHV-8 positivity and endothelial marker expression. Based on these findings, Kaposi sarcoma with extensive lymph node involvement was diagnosed, and multidisciplinary systemic treatment was planned.

Conclusions

A-T is a primary immunodeficiency associated with impaired immune surveillance and an increased risk of malignancies, including lymphoid and vascular tumors. In this setting, KS is a rare pediatric complication, and lymph node–predominant or disseminated involvement is particularly uncommon, especially outside HIV infection. Because

cutaneous manifestations of KS in children with A-T may be subtle and mimic benign vascular lesions, histopathological examination with HHV-8 immunohistochemistry is essential for a definitive diagnosis.

Our patient presented with a violaceous papular lesion on the right thigh, and histopathology confirmed KS. PET/CT demonstrated disseminated supra- and infradiaphragmatic lymph node involvement. Despite a low Ki-67 index, the extensive nodal disease was considered to be related to the underlying A-T–associated immunodeficiency rather than aggressive tumor biology. Systemic chemotherapy was planned according to tumor burden and immune status, highlighting the importance of early recognition of KS in children with A-T and careful distinction from benign vascular lesions.

Abstract N°: ID-997

Topic: Paediatric dermatology

Influence of Social Media on the Management of Skin Disorders in Children in Morocco

Souha Denna*[1], Ouisal Hormi[1], Nour Haddar[1], Imam Khadija[1], Imane Baghida[1], Zerrouki Nassiba[1], Nada Zizi[1]

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

Introduction
Social media have become a major source of information in pediatric dermatology; however, they also represent an important vector of misinformation that may negatively influence parental behaviors. This study aimed to assess the impact of social media on beliefs, attitudes, and healthcare-seeking behavior among Moroccan parents of children with skin disorders, based on a sample of 173 participants.

Materials and Methods
This was a cross-sectional, descriptive, and analytical study conducted using an anonymous digital questionnaire distributed through various social media platforms. No identifiable personal data were collected, ensuring participant anonymity and compliance with ethical principles.

Results

The study included 173 parents, comprising 100 women (57.9%) and 73 men (42.1%), with a predominance of the 25–35-year age group (82 participants, 47.4%). Most participants (127; 73.7%) had a higher education level, and all resided in urban areas.

Regarding children, the most represented age group was 2–5 years (36.8%), followed by 6–10 years (31.6%), under 2 years (26.3%), and 11–15 years (5.3%). The most frequently reported skin conditions were allergic skin diseases/urticaria (47.4%) and atopic dermatitis/eczema (31.6%). Warts and acne each affected 9 children (5.3%).

Social media use was universal (100%). The most frequently consulted platforms were YouTube (68.4%), WhatsApp (63.2%), Instagram (63.2%), Facebook (52.6%), TikTok (31.6%), Snapchat (10.5%), and ChatGPT (5.3%). Daily exposure time ranged between 1 and 3 hours for the majority of parents (63.2%).

Searching for dermatological information was common: 26.3% did so frequently, 57.9% occasionally, 10.5% rarely, and 5.3% never. Exposure to medical content was reported as frequent by 42.1%, occasional by 26.3%, rare by 21.1%, and absent by 10.5%.

Regarding beliefs, 57.9% of parents considered natural remedies to be safer than medications, while online content–induced corticophobia was observed in 68.4%. Trust in online advice varied: 26.3% totally agreed with its reliability, 31.6% somewhat agreed, 36.8% somewhat disagreed, and 5.3% strongly disagreed. Testimonials from other parents were considered more credible than medical advice by 10.5% of participants, sometimes by 52.6%, and never by 36.8%.

In terms of behavior, 47.4% of parents had already applied a remedy seen online, and 61% reported increased anxiety related to dermatological content. Before consulting a physician, 52.6% waited for spontaneous improvement, 47.4% consulted a pharmacy, 36.8% tried an online remedy, and 26.3% sought advice from social media groups. Furthermore, 47.4% had delayed a medical consultation due to online content, 42.1% had refused a prescribed treatment, and 47.4% had modified a treatment after watching a video. In cases of contradiction between medical advice and online information, 73.7% trusted their physician, while 21.1% relied more on other parents and 5.3% remained undecided.

Conclusions

Social media strongly influence the perception and management of pediatric dermatological diseases in Morocco, facilitating both access to information and the spread of misinformation. Despite this, trust in physicians remains a key protective factor, underscoring the importance of clear medical communication and an active presence of dermatologists on social media to improve treatment adherence and patient care.

Abstract N°: ID-1001

Topic: Paediatric dermatology

A Rare Sclerotic Condition in an Infant: A Case Report

Iness Komat*[1], Zineb Diouri[1], Nohaila Hanine[1], Soumaya Chiheb[1, 2], Fatima-Zahra Agharbi[1]

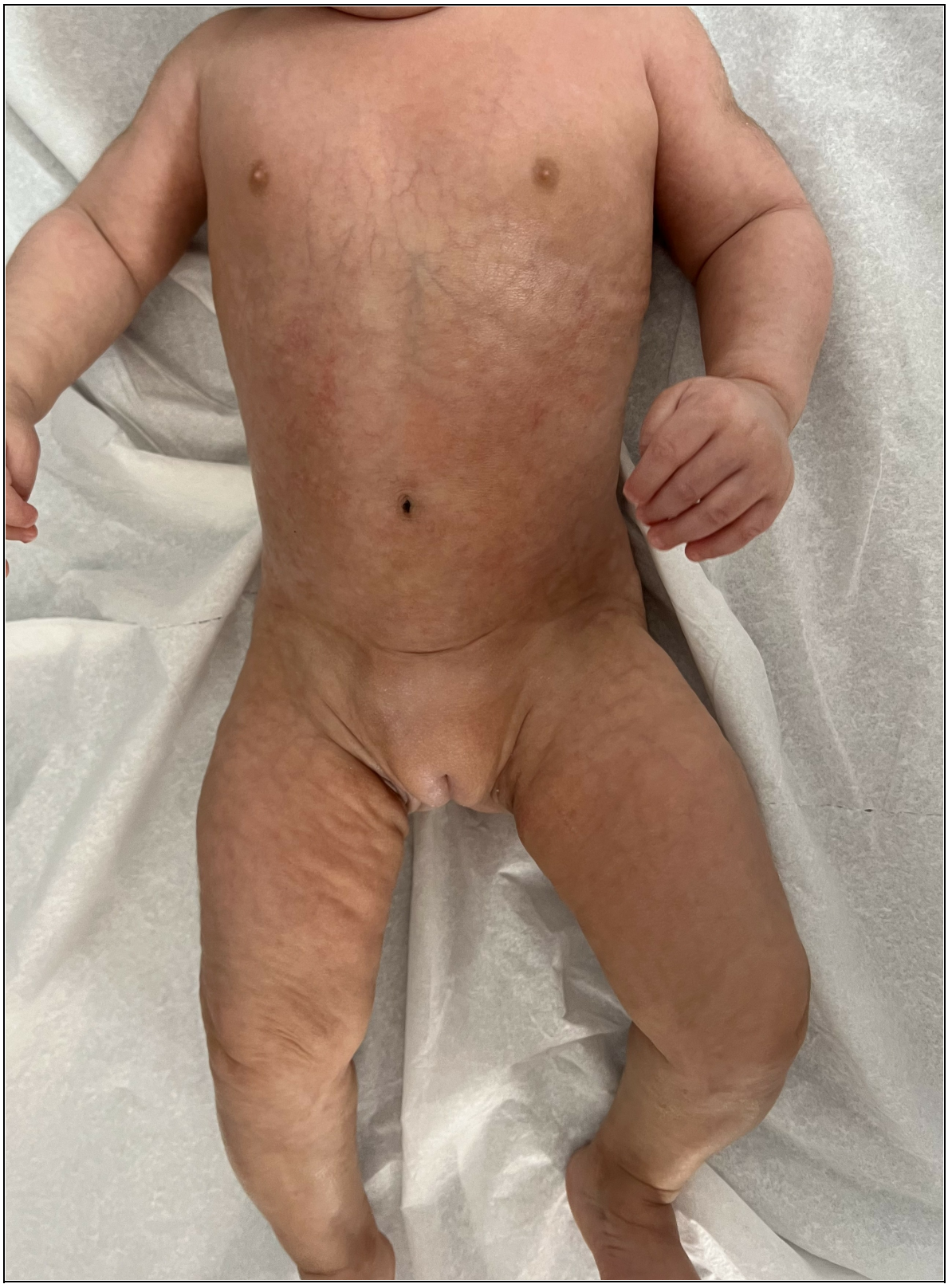
[1]Cheikh Khalifa Hospital, Casablanca, Morocco
[2]Ibn Rochd University Hospital, Casablanca, Morocco

Introduction

The sclerotic state in newborns is a rare entity, most often represented by the localized form: cytosteatonecrosis. The generalized form, which is much rarer, encompasses two entities: sclerema neonatorum, which occurs in premature infants in critical condition, and scleredema, observed in full-term newborns in good general condition and usually following a benign course.
We report here a rare case of neonatal scleredema with a favorable outcome.

Materials and Methods

We describe a one-month-old female infant, born at term, with intrauterine growth restriction and an Apgar score of 10.
At birth, the patient presented with cutaneous induration beginning in the hypogastric region, progressively extending to the rest of the body. There were no digestive or respiratory symptoms.
Dermatological examination revealed a sclerotic state with slight erythema, firm to palpation, diffusely involving the trunk, back, upper and lower limbs, while sparing the hands, feet, and face.
The infant was otherwise in good general condition, with no fever or altered consciousness. Cardiopulmonary, neurological, and abdominal examinations were normal.
An infectious workup (CBC, procalcitonin, CRP, urinalysis, and chest X-ray) was performed and was negative.
Other laboratory results showed a moderate inflammatory response (ESR 58 mm), thrombocytosis (729,000 G/L), and normal serum calcium (105.2 mg/L).
Autoimmune testing for scleroderma-related antibodies was negative.
The diagnosis of scleredema was made based on the negative immunological findings and the highly evocative clinical picture: onset in the hypogastric region, sparing of the hands and feet, absence of systemic manifestation, preserved general condition, and favorable spontaneous course.
A skin biopsy was not performed due to the young age of the patient, the typical clinical presentation, and the favorable evolution.
Therapeutic abstention was chosen, and the course was marked by progressive regression of the sclerosis, beginning at week 5 of evolution



Results

Neonatal scleredema is a rare condition affecting premature or full-term neonates, often in good general condition, usually within the first weeks of life. It is characterized by progressive skin thickening beginning in the hypogastric region and sometimes extending to the limbs or becoming generalized, classically sparing the hands, feet, and face. The skin appears indurated, smooth, and occasionally waxy. The clinical course is generally benign, with spontaneous regression within a few months. When performed, skin biopsy reveals an inflammatory infiltrate associated with edema of the dermis and subcutaneous tissue, while the epidermis remains intact. Histologically, there is solidification of the subcutaneous adipose tissue, with a lymphocytic inflammatory infiltrate and epidermal and adnexal atrophy.

(1)
The main differential diagnosis is sclerema neonatorum, a severe disorder associated with prematurity, sepsis, congenital heart disease, or metabolic disturbances. It presents with diffuse, cold, waxy induration of the skin and carries a poor prognosis, especially in premature infants. (2, 3)
Neonatal scleredema must also be distinguished from adult scleredema (Buschke disease), characterized by skin thickening beginning at the neck with sparing of extremities (4), and from juvenile systemic sclerosis, an exceptional pediatric condition not reported in neonates.(5)

Conclusions

We report a rare case of neonatal scleredema in a neonate in good general condition with spontaneous favorable outcome. Diagnosis relies mainly on clinical findings and follow-up, while complementary investigations and skin biopsy should be reserved for atypical cases or diagnostic uncertainty.

Abstract N°: ID-1014

Topic: Paediatric dermatology

BRAF Inhibition in congenital melanocytic naevi and neurocutaneous melanosis

Brent Doolan*[1], Vijay Ramaswamy[1], Tara McKeown[1], Anirban Das[1], Rebecca Levy[1]

[1]Hospital for Sick Children, Division of Dermatology, Toronto, Canada

Introduction

Congenital melanocytic naevi (CMN) are mosaic melanocytic proliferations that may be associated with neurocutaneous melanosis (NCM), a condition characterised by melanocytic infiltration of the central nervous system and risk of progressive neurological impairment. Most CMN are driven by post-zygotic NRAS variants, and effective medical therapy for symptomatic NCM is lacking. Activating BRAF V600 variants are rare in CMN but represent a potentially actionable molecular target. We report sustained clinical and radiologic improvement in a child with extensive CMN and progressive NCM treated with BRAF inhibition.

Materials and Methods

A child with two giant CMN, more than 100 satellite naevi, and MRI findings consistent with NCM was followed with serial dermatologic and neurologic assessment and spinal MRI. After several years of radiologic stability, the patient developed progressive gait disturbance with foot drop and upper motor neuron signs. Repeat MRI demonstrated progression of melanocytic involvement of the distal spinal cord and conus medullaris without radiologic features of malignant transformation. Targeted sequencing of a cutaneous lesion identified a BRAF V600E variant. In the setting of neurologic progression and absence of surgical options, oral BRAF inhibitor therapy was initiated following multidisciplinary review. Clinical response, cutaneous changes, adverse effects, and serial MRI findings were assessed over 24 months.

Results

Treatment was well tolerated, with only mild cutaneous hyperkeratosis. Marked cutaneous improvement was observed, including flattening and lightening of previously thickened and nodular CMN and complete resolution of several acral lesions. No concerning new lesions developed. Follow-up MRI after 24 months demonstrated reduction in the degree of spinal cord thickening and stabilisation of nodular enhancement at the conus medullaris. Clinically, the patient experienced substantial functional recovery, regaining independent ambulation and returning to normal physical activities.

Conclusions

This case demonstrates sustained neurologic and cutaneous improvement with BRAF inhibition in BRAF V600E–mutant CMN complicated by NCM. These findings suggest that molecular characterisation of CMN in children with neurologic involvement may identify a subset of patients who could benefit from targeted therapy, potentially altering the natural history of a condition historically managed with surveillance alone.

Abstract N°: ID-1027

Topic: Paediatric dermatology

Prevalence and Risk Factors of Contact Dermatitis in Children

Ouissal Hormi*[1], Nassiba Zerrouki[1], Nada Zizi[1]

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

Introduction

Contact dermatitis is a common inflammatory skin disorder in children, resulting from cutaneous reactions to environmental or domestic allergens. Although less studied than atopic dermatitis, it represents a significant cause of skin morbidity, negatively affecting sleep, leisure activities, schooling, and overall quality of life. Understanding its prevalence and associated risk factors is essential to guide targeted prevention and management strategies in at-risk children.

Materials and Methods

A retro-prospective study was conducted over three years, including 46 children consulting for contact dermatitis in the emergency department or dermatology outpatient clinic.

Results

Among the 46 children included in the study, the prevalence of contact dermatitis among pediatric consultations was 9.6%. The mean age was 6.8 ± 2 years, with a nearly balanced gender distribution (52% girls, 48% boys). The majority of children (63%) resided in urban areas, while 37% were from rural areas.

Lesions predominantly affected exposed areas such as the hands (41%), face (33%), and neck (26%), reflecting common points of contact with allergens. Moderate to severe impact on quality of life was reported in 41% of cases, primarily affecting sleep (29%), leisure activities (23%), and school performance (18%).

Analysis of potential risk factors revealed that early exposure to fragranced soaps and cosmetic products was strongly associated with contact dermatitis (OR 2.9; 95% CI 1.7–4.8), suggesting that routine use of these products in young children may increase sensitization risk. Wearing metallic jewelry was another significant risk factor (OR 2.3; 95% CI 1.4–3.9), highlighting the role of direct skin contact with potential allergens. Additionally, a family history of atopy was linked to an increased risk (OR 1.9; 95% CI 1.2–3.1), consistent with a genetic predisposition to allergic skin disorders.

No significant associations were found between the occurrence of contact dermatitis and the child's gender, age, or place of residence, indicating that environmental exposures and familial predisposition are more relevant determinants than demographic factors.

These findings underscore that contact dermatitis in children is multifactorial, with modifiable environmental exposures playing a key role. Early identification of risk factors can guide preventive measures, including parental education and avoidance of common allergens, potentially reducing morbidity and improving quality of life in affected children.

Conclusions

Contact dermatitis affects nearly 10% of children and is influenced by specific environmental and familial exposures. Prevention strategies, parental education, and limiting exposure to contact allergens are crucial. Further longitudinal studies are needed to better understand the natural history of sensitization in children and to inform targeted preventive strategies.

Abstract N°: ID-1028

Topic: Paediatric dermatology

Epidemiological and Clinical Profile of Pediatric Seborrheic Dermatitis: Experience from Mohammed VI University Hospital, Oujda

Souha Denna*[1], Nour Haddar[1], Ouissal Hormi[1], Zerrouki Nassiba[1], Nada Zizi[1]

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

Introduction

Seborrheic dermatitis is a benign, chronic, and recurrent inflammatory dermatosis that primarily affects seborrheic areas. It is common in infants and may persist or recur during childhood. Its pathogenesis involves an interaction between sebaceous hyperactivity, *Malassezia* proliferation, and individual hormonal, genetic, and immunological susceptibility.

The aim of this study was to describe the epidemiological profile and clinical characteristics of pediatric seborrheic dermatitis cases observed at Mohammed VI University Hospital in Oujda over a 12-month period.

Materials and Methods

This was a retrospective descriptive study conducted in the Dermatology Department and the Pediatric Emergency Unit of Mohammed VI University Hospital in Oujda between September 2024 and August 2025. Epidemiological and clinical data were collected from the medical records of children seen in outpatient consultation or emergency settings for clinically confirmed seborrheic dermatitis.

Statistical analysis was performed using Excel 2021, following a descriptive approach.

Results

A total of 38 children were identified during the study period. The mean age was 4.2 ± 3.6 years, with ages ranging from 1 month to 13 years. Infants under 1 year of age accounted for 22 cases (58%), children aged 1–5 years for 10 cases (26%), and those older than 5 years for 6 cases (16%).

A male predominance was observed, with 24 boys (63%). A family history of atopy or seborrheic dermatitis was reported in 12 children (32%).

The scalp was the most frequently affected site, observed in 34 cases (89%), followed by the retroauricular areas in 16 cases (42%), eyebrows in 12 cases (32%), nasolabial folds in 9 cases (24%), and the diaper area in 6 cases (16%), the latter occurring almost exclusively in infants. Multisite involvement was present in 15 children (39%).

Morphologically, greasy yellowish scales predominated in 23 cases (61%), whereas 15 patients (39%) presented with diffuse erythematous and scaly plaques.

Pruritus, generally mild, was reported in 17 children (45%). An atopic background was identified in 7 patients (18%), and localized bacterial superinfection (impetiginization) was observed in 4 cases (11%), mainly in the retroauricular region.

The median duration of disease evolution prior to consultation was approximately three weeks, ranging from 5 days to 2 months.

Conclusions

Pediatric seborrheic dermatitis is a common, benign skin condition with a favorable spontaneous course. In our experience at Mohammed VI University Hospital in Oujda, it predominantly affects male infants, with preferential involvement of the scalp, sometimes diffuse presentations, and mild pruritus.

A thorough understanding of its epidemiological and clinical profile, supported by the literature, allows for rapid and accurate diagnosis and helps avoid unnecessary investigations or treatments.

Abstract N°: ID-1105

Topic: Paediatric dermatology

PROGNOSIS OF CUTANEOUS MASTOCYTOSIS IN CHILDHOOD: A LONG-TERM FOLLOW-UP STUDY

Magdalini Louka*[1], Alexia Eleftheria Palioura[1], Artemis Doulgeraki[2], Kalliopi Stefanaki[3], Athanasios Michos[1], Evangelia Charmandari[1], Manthoula Valari[1]

[1]First Department of Pediatrics, Medical School, National and Kapodistrian University of Athens, "Aghia Sophia" Children's Hospital, Athens, Greece, Athens, Greece
[2]Department of Bone and Mineral Metabolism, Institute of Child Health, Athens, Greece, Athens, Greece
[3]Department of Pathology, "Aghia Sophia" Children's Hospital, Athens, Greece, Athens, Greece

Introduction

Mastocytosis is a rare clonal disorder characterized by excessive proliferation and accumulation of mast cells in various tissues and organs. The disease may be confined to the skin, referred to as cutaneous mastocytosis, or may involve additional organs, in which case it is classified as systemic mastocytosis. In childhood, cutaneous mastocytosis represents the most common form of mastocytosis, with most affected children developing skin manifestations within the first year of life and spontaneous regression frequently occurring before adolescence. However, data on long-term outcomes and prognostic factors remain limited.

Materials and Methods

In this single-center study, children under 15 years of age with cutaneous mastocytosis, diagnosed and followed at a tertiary pediatric dermatology outpatient clinic between 2004 and 2009, were included. Clinical data, laboratory findings, triggering factors, comorbidities, disease course, and quality of life were retrospectively collected from medical records and a structured parental questionnaire. All patients were followed for a minimum of 15 years.

Results

A total of 35 patients were included, with a male-to-female ratio of 2:1. Disease onset occurred within the first year of life in 82.8% (29/35) of patients. Maculopapular cutaneous mastocytosis was the most frequent subtype (60%, 21/35), followed by solitary mastocytoma (34.2%, 12/35) and diffuse cutaneous mastocytosis (5.7% 2/35). The most common cutaneous manifestations were flushing (37.1%, 13/35) and pruritus (25.7%, 9/35), while systemic manifestations were uncommon and mainly included abdominal (17.1%, 6/35) and bone pain (17.1%, 6/35). Anaphylaxis was reported in one patient with diffuse cutaneous mastocytosis. After 15 years of follow-up, complete remission of skin lesions was observed in 47.7% (10/21) of patients with maculopapular cutaneous mastocytosis and in 66.6% (8/12) of patients with solitary mastocytoma, whereas all patients with diffuse cutaneous mastocytosis reported persistence of skin lesions (100%, 2/2). Among patients with persistent disease, 88.2% (15/17) reported marked clinical improvement. Serum tryptase levels correlated positively with lesion burden (Spearman's $\rho = 0.539$, $P = 0.001$). Higher lesion burden and raised lesion morphology, including nodules and bullae, were associated with persistent disease ($P < 0.05$). Allergies were reported in 25.7% (9/35) of patients. No patient developed systemic mastocytosis during follow-up. Cutaneous mastocytosis did not significantly affect patients' daily activities at home or school.

Conclusions

Cutaneous mastocytosis in childhood follows a benign course with a favorable long-term prognosis. Maculopapular cutaneous mastocytosis and solitary mastocytoma are associated with higher rates of improvement or remission, whereas diffuse cutaneous mastocytosis tends to persist. Identification of prognostic factors, including higher lesion number, raised lesion morphology, and elevated serum tryptase levels, may help identify children at risk for persistent disease and guide follow-up strategies. Overall, no progression to systemic mastocytosis was observed in our study, and the impact on daily activities was minimal.

Abstract N°: ID-1216

Topic: Paediatric dermatology

Erysipelas in an infant: a case report

Meryem El Moustaoui*[1], Syrine Hamada[1], Hajar EL Hassani Taib[1], Narjess Errachedy[1], Najoua Ammar[1], Mariame Meziane[1], Laila Benzekri[1], Nadia Ismaili[1]

[1]Ibn Sina university hospital, RABAT, Morocco

Introduction

Erysipelas is an acute dermohypodermitis typically caused by Group A Streptococcus (GAS). While it predominantly affects adults over 40 years old, it is rare in children, and even more so in infants. This

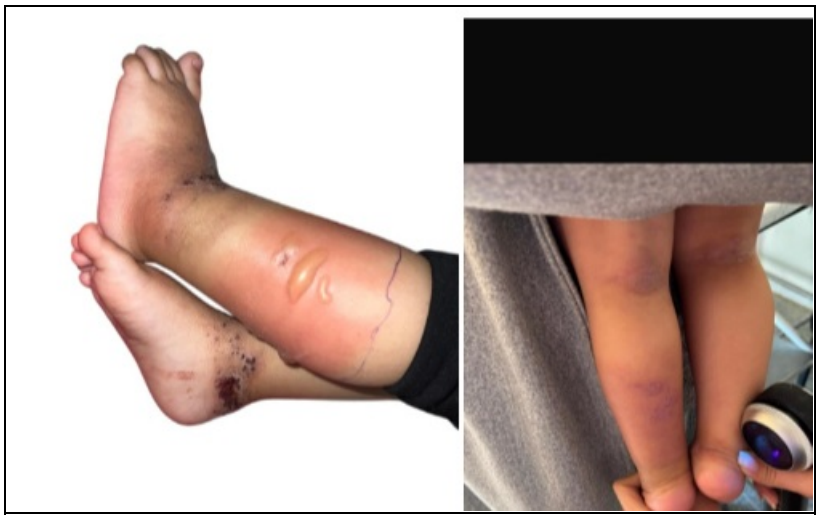
article reports a case of erysipelas in a 16-month-old female infant, with the entry point being impetigo, and emphasizes the importance of early recognition in pediatric cases.

Materials and Methods

A 16-month-old female infant with a history of poorly managed atopic dermatitis since the age of 4 months presented with pruritic vesicular lesions on the lower limbs and scalp. Five days later, she developed a painful, red swollen left leg. On clinical examination, the infant was febrile, alert, and hemodynamically stable. Dermatological examination revealed erythematous, edematous, and warm plaques on the left leg, with bullae and hemorrhagic crusts on the ankles. The laboratory results showed leukocytosis, neutrophilia, and elevated CRP. Ultrasound confirmed diffuse soft tissue infiltration. The diagnosis of bullous erysipelas secondary to impetiginized atopic dermatitis was made, and the infant was treated with amoxicillin- clavulanic acid.

Results

Bacterial dermohypodermitis, although rare in infants, can be caused by Group A Streptococcus and Methicillin-resistant Staphylococcus aureus (MRSA). In infants, the pathogens vary with age, with Group B Streptococcus being more common in neonates and Pneumococcus in young infants. The case highlights the importance of early identification of erysipelas in children, especially those with underlying conditions such as atopic dermatitis, which can predispose them to secondary bacterial infections. Early treatment with appropriate antibiotics is essential to prevent progression to more severe complications, such as sepsis. The clinical diagnosis of erysipelas is based on a red, hot, and painful plaque, often located on the limbs, with potential lymphadenopathy and lymphangitis.



Erysielas before and after treatment

Conclusions

Erysipelas in infants, though rare, requires prompt diagnosis and treatment to avoid severe complications.

The clinical features of erysipelas are typically diagnostic, and antibiotic therapy should be initiated empirically, covering Group A Streptococcus and Methicillin-resistant Staphylococcus aureus. This case

demonstrates the importance of timely intervention in young infants with a history of atopic dermatitis to prevent serious outcomes.

Abstract N°: ID-1265

Topic: Paediatric dermatology

Pityriasis rubra pilaris concomitant with a relapse of primary nephrotic syndrome: a rare association in the literature

Romaissaa Boufetama*[1], Meriem Chaouki[1], Kawtar Diaa[1], Narjess Er-Rachdy[1], Najoua Ammar[1], Syrine Hamada[1], Mariame Meziane[1], Laila Benzekri[1], Nadia Ismaili[1]

[1]Mohammed V University / Ibn Sina University Hospital (CHU Ibn Sina), Department of Dermatology, Dermatology, Rabat, Morocco

Introduction

Pityriasis rubra pilaris (PRP) is a rare inflammatory dermatosis with a variable clinical course, and its etiology remains poorly understood. Although PRP may coexist with certain autoimmune or infectious diseases, its association with renal involvement remains exceptional. A few isolated reports have described coexistence with glomerulopathies, suggesting shared immunological susceptibility rather than a clearly established causal relationship.

In this context, the occurrence of PRP in an adolescent followed for several years for primary nephrotic syndrome represents an unusual situation, raising interest in exploring this rare association and discussing its possible underlying mechanisms.

Materials and Methods

N/A

Results

A 16-year-old adolescent had been followed since 2015 for primary nephrotic syndrome of unknown etiology despite repeated nephrological investigations. The disease course was characterized by corticosteroid dependence requiring prolonged treatment with prednisone (0.3–0.2 mg/kg/day), with systematic relapses during tapering attempts. Overall, the patient required twelve hospitalizations for nephrotic relapses during follow-up.

In 2018, the clinical course was complicated by the occurrence of seizures, suggesting possible neurological involvement related to the underlying renal disease.

At the beginning of 2025, during a new nephrotic relapse, the patient developed erythematosquamous lesions involving the trunk and limbs. A skin biopsy performed at that time confirmed pityriasis rubra pilaris, raising the question of a rare association between this inflammatory dermatosis and long-standing primary nephrotic syndrome.

The patient is currently under regular nephrological and dermatological follow-up.

Conclusions

Pityriasis rubra pilaris (PRP) is a rare inflammatory dermatosis whose pathophysiology remains incompletely understood. Immune dysregulation involving Th17 pathways and, in certain juvenile forms, abnormalities of the *CARD14* gene have been suggested, which may explain its association with various autoimmune conditions.

The association between PRP and renal involvement remains exceptional and is limited to a few isolated reports describing glomerulopathies, mainly membranous nephropathy or mesangial glomerulonephritis. These findings suggest a shared immunological susceptibility rather than a clearly established causal relationship.

In our observation, long-standing primary nephrotic syndrome, characterized by multiple relapses, evolved concomitantly with the onset of PRP during a nephrotic flare. This temporal association supports the hypothesis of a simultaneous immunological phenomenon rather than the coincidental occurrence of two rare conditions.

Although causality cannot be confirmed, the rarity of this association justifies reporting this case and highlights the need for increased vigilance in patients presenting rare inflammatory dermatoses in the context of chronic nephrological disease. Additional observations may contribute to a better understanding of potential interactions between cutaneous and glomerular involvement.

Abstract N°: ID-1287

Topic: Paediatric dermatology

A case of multiple post-burn pyogenic granuloma with a review of the literature.

Hind Mansouri*[1], Mohamed Houbayeli[1], Bendaoud Layla[1], Mariem Aboudourib[1], Amal Said[1], Ouafa Hocar[1]

[1]Mohammed VI University Hospital, Dermatology and Venereology, Marrakech, Morocco

Introduction

Pyogenic granuloma is a benign vascular proliferative lesion that commonly occurs following minor trauma, infection, or hormonal changes. Post-burn pyogenic granuloma is an uncommon entity, and the occurrence of **multiple lesions developing rapidly after a burn is particularly rare**, especially in pediatric patients. We report an unusual case of **multiple post-burn pyogenic granulomas** in an 11-year-old girl, highlighting the clinical presentation and diagnostic challenges.

Materials and Methods

We report a clinical case of an 11-year-old girl evaluated in the dermatology department. Data were collected through detailed clinical examination, medical history, and histopathological analysis of skin lesions. The diagnosis was confirmed by histological examination. A review of the literature was conducted to contextualize this rare presentation.

Results

An 11-year-old girl presented with multiple rapidly appearing vascular lesions one week after a facial burn, involving the **left jaw, right jaw, upper lip, and ear**. Clinically, the lesions were **erythematous, friable, exophytic nodules**, bleeding easily on contact.

Histopathological examination confirmed the diagnosis of **pyogenic granuloma**, showing a lobular proliferation of capillaries within an edematous stroma.

The patient was treated with oral corticosteroid therapy with prednisolone at a dose of 1 mg/kg/day, along with appropriate antibiotic therapy for 8 days, with good clinical improvement. Subsequently, he was treated with oral propranolol at a dose of 2 mg/kg/day. A progressive regression of the lesions was observed, with a marked reduction in size and bleeding, and no recurrence during follow-up.

Conclusions

Multiple post-burn pyogenic granulomas are an uncommon complication of burns in children. Early diagnosis and appropriate management are essential to avoid unnecessary invasive procedures. This case highlights the effectiveness of **medical treatment as a non-surgical therapeutic option** and underscores the importance of considering pyogenic granuloma in the differential diagnosis of post-burn vascular lesions.

Abstract N°: ID-1377

Topic: Paediatric dermatology

A Quasi-Experimental Cohort Study Assessing the Impact of School-Based Interventions on Sun-Safe Practices Among Elementary Students

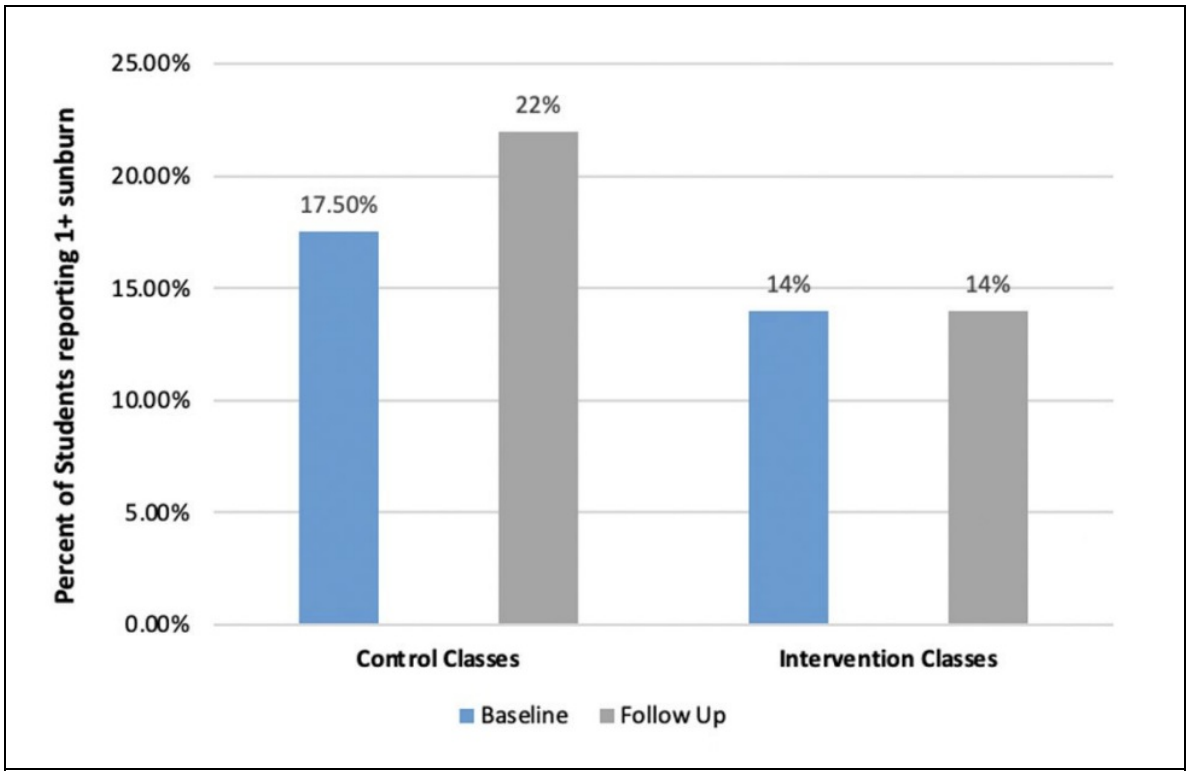
Garrison J.B. Dyck[1], Aakankshya Kharel*[1], Samuel A. J. Lowe[2], Andy Lee[3], Pamela Mathura[1], Marlene Dytoc[1]

[1]University of Alberta, Edmonton, Canada
[2]McGill University, Montreal,, Canada
[3]University of Toronto, Toronto, Canada

Introduction
Childhood ultraviolet radiation exposure is a primary risk factor for preventable skin cancers, yet school-based programming remains inconsistently implemented. A paradox exists in which well-established public health resources are not effectively reaching students. This study evaluates the effectiveness of three low-barrier interventions: student education, sunscreen accessibility, and parental outreach in improving sun-safety behaviors among grade 6 students, addressing the urgent need for scalable, evidence-based prevention strategies.

Materials and Methods
One hundred and eleven students from six classrooms across three schools were recruited. Classes were assigned to intervention or control groups. Interventions included a 30-minute sun-safety presentation, providing sunscreen samples in class, and letters to parents encouraging to coach children on sun safety item use. Validated questionnaires assessed demographics and behaviors at baseline and follow-up at two months post intervention.

Results
At follow-up (June), all students demonstrated 47% higher odds (OR = 1.47, 95% CI =1.01-2.14) of spending time outside on weekends. However, intervention classes showed positive descriptive trends, including increased sun-safety item availability at school. Sunburn frequency stabilized in intervention classes but increased among controls. Significant gender differences emerged: female students had lower baseline sun-safety scores (OR = 0.50, 95% CI =0.27-0.90) but demonstrated a positive post-intervention trend (OR = 1.05). Conversely, male students in the intervention group showed a decrease in composite behaviour scores (OR = 0.37, 95% CI = 0.15-0.96), but demonstrated favourable descriptive sunburn outcomes relative to controls.



Conclusions

These interventions improved specific sun-safety behaviors and stabilized sunburn frequency. Findings highlight the importance of gender-specific strategies in school-based programming. Given their low-cost and high feasibility, these core interventions provide an accessible starting point for school boards to cultivate a sustainable sun-safety culture and reduce long-term skin cancer risk. Future longitudinal research with higher sample sizes is required to assess the permanence of these behavioral changes.

EA SYMPOSIUM DV 2026
ATHENS 7 - 9 MAY

Abstract N°: ID-1429

Topic: Paediatric dermatology

Generalized pustular psoriasis as a manifestation of autoinflammatory disease

Eliana Gisel Astronave*[1], María Gaggino[1], Gabriela Pichichero[2], María Virginia Andrich[2], Andrés Guidi[3]

[1]Hospital Privado Universitario de Córdoba, Dermatology, Córdoba, Argentina
[2]Sanatorio Allende, Dermatology, Córdoba, Argentina
[3]Sanatorio Allende, Pathology, Córdoba, Argentina

Introduction

Generalized pustular psoriasis (GPP) is a rare and severe inflammatory skin disease increasingly recognized as an autoinflammatory keratinization disease. It is characterized by sterile neutrophilic inflammation of the epidermis and is frequently associated with systemic symptoms. Recent genetic studies have identified mutations in IL36RN, CARD14, and AP1S3 genes as key contributors to disease pathogenesis through dysregulation of IL-36–mediated innate immune responses, particularly in early-onset cases, highlighting the importance of genetic evaluation in severe or atypical presentations.

Materials and Methods

We describe a three-month-old female infant who was initially evaluated in the Dermatology Department for erythematous circinate plaques with small sterile pustules involving the trunk and extremities. The patient was a full-term newborn with no relevant perinatal history. At initial presentation, laboratory tests, bacteriological studies, and a skin biopsy were performed. One week later, the patient developed a lower respiratory tract infection requiring admission to the intensive care unit and treatment with systemic corticosteroids. After discharge, the cutaneous disease evolved to generalized erythroderma with diffuse pustules and systemic involvement, leading to readmission. Further laboratory investigations, immunological studies, microbiological cultures, histopathological analysis, and molecular genetic testing were subsequently carried out.

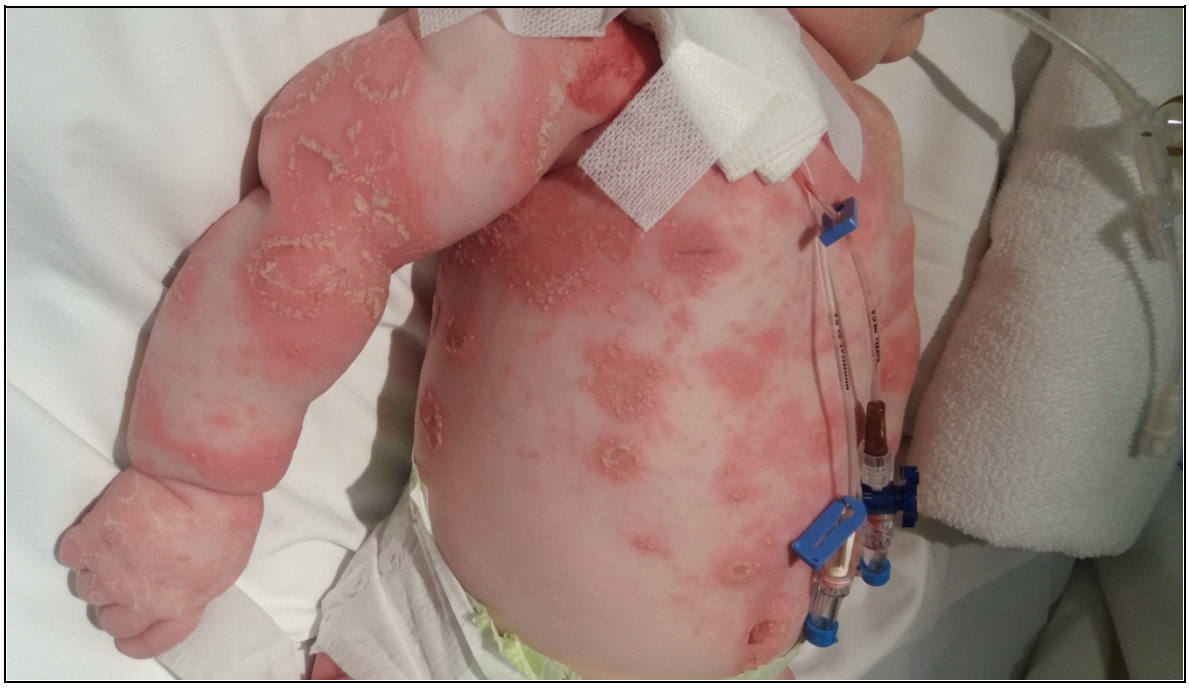


Fig. 1 - Annular erythematous plaques with peripheral pustules on the patient's trunk and extremities

Results

Histopathological examination revealed spongiform pustules of Kogoj and a superficial dermal infiltrate composed of neutrophils and lymphocytes, consistent with pustular psoriasis. Laboratory and microbiological studies were unremarkable. Molecular analysis identified a mutation in the AP1S3 gene, confirming the diagnosis of monogenic GPP. Treatment with systemic corticosteroids combined with acitretin led to progressive clinical improvement and complete resolution of cutaneous and systemic manifestations.

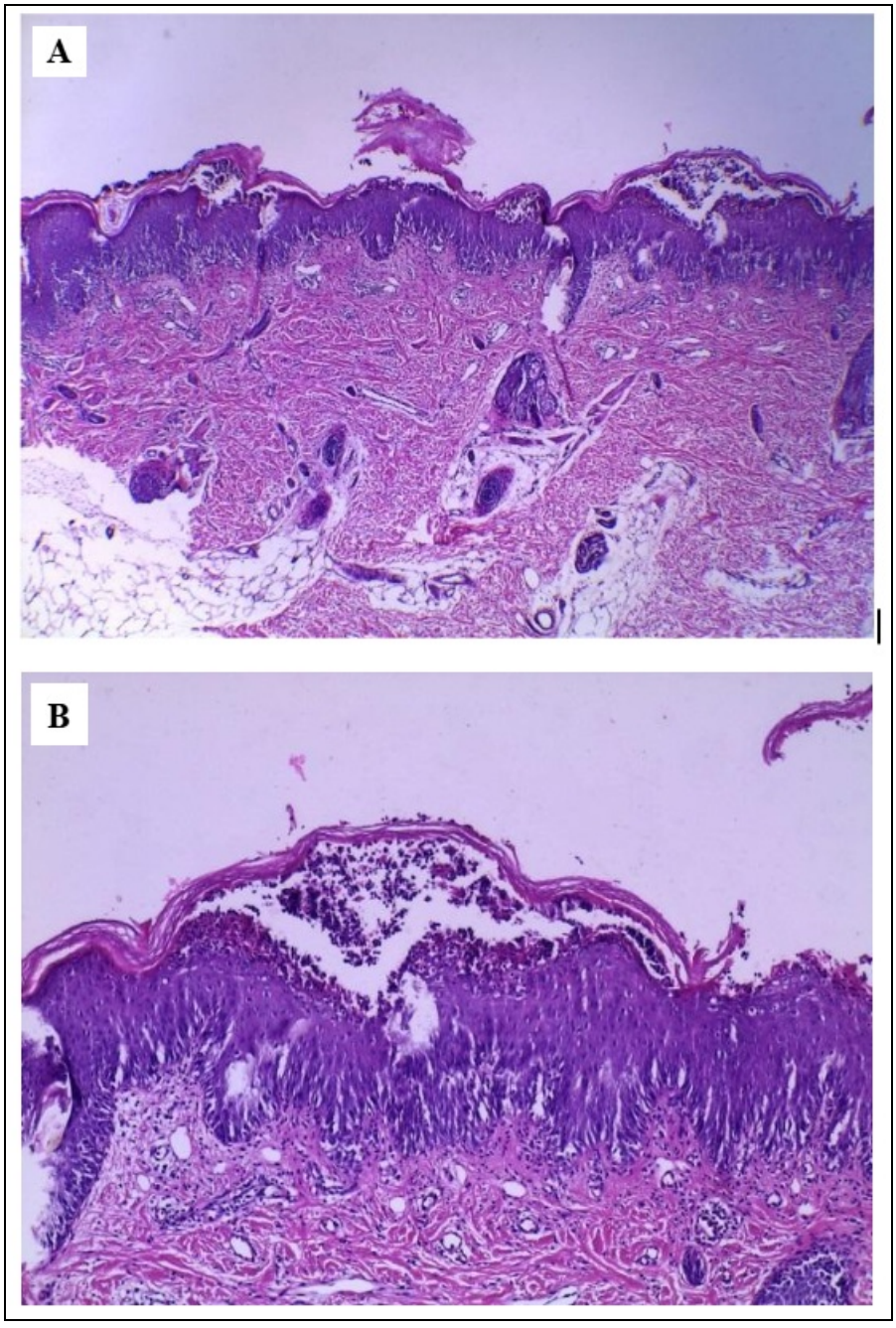


FIG. 2 A -Epidermis with hyperkeratosis and regular acanthosis. Accumulation of intraepidermal neutrophils (Spongiform pustule of Kogoj) Hematoxylin-Eosin ×40. B- Spongiform pustule of Kogoj in the stratum spinosum and inflammatory infiltrate in the superficial dermis consisting of lymphocytes and numerous neutrophils (x100 H-E)

Conclusions

This case reinforces the classification of GPP as an autoinflammatory keratinization disease and underscores the role of AP1S3 mutations in early-onset pustular psoriasis. Genetic testing is crucial in severe pediatric presentations to establish diagnosis and guide management. A better understanding of IL-36–mediated inflammatory pathways may enable the development of targeted therapies for GPP in the future.

Abstract N°: ID-1473

Topic: Paediatric dermatology

Pediatric Toxic Erythema of Chemotherapy Following IGEV: A Recurrent Acral–Flexural Eruption

Lina Mouline*[1], Najoua Ammar[1], Meriem Chaouki[1], Fatima Zahra Hammoud[1], Syrine Hamada[1], Mariame Meziane[1], Laila Benzekri[1], Nadia Ismaili[1]

[1]Ibn Sina University Hospital, Dermatology and Venerology, Rabat, Morocco

Introduction

Toxic erythema of chemotherapy (TEC) encompasses non-infectious cutaneous reactions characterized by painful erythema, edema, dysesthesia, bullae, and desquamation, typically affecting acral, periocular, and flexural regions. Although classically linked to antimetabolites and certain alkylating agents, Gemcitabine has also been associated with TEC-like acral and intertriginous eruptions. We report a pediatric case of recurrent TEC occurring during IGEV chemotherapy for Hodgkin lymphoma.

Materials and Methods

N/A

Results

An 11-year-old child treated with an Ifosfamide–Gemcitabine–Vinorelbine–Prednisone (IGEV) regimen developed reproducible cutaneous symptoms after each chemotherapy cycle. Forty-eight hours after the first cycle and 24 hours after the second, the patient presented with palmoplantar dysesthesias followed by sharply demarcated erythema of the palms, soles, knees, elbows, and periocular areas. Rapid acral edema and tense bullae appeared, with superficial desquamation occurring by day 2–3. No mucosal involvement, fever, or systemic symptoms were noted. Laboratory tests, including liver and kidney function, remained normal.

The chronology of recurrence, acral–flexural distribution, periocular involvement, bullous evolution, and rapid desquamation strongly suggested a toxic erythema of chemotherapy. Among the IGEV components, gemcitabine was considered the most likely causative agent based on the reproducibility of the eruption and its known association with TEC, whereas ifosfamide and vinorelbine were excluded owing to the absence of supportive evidence for similar cutaneous toxicity.

Chemotherapy was continued without dose adjustment. Supportive care included cooling measures, emollients, short-course topical corticosteroids, vitamin D supplementation. The eruption resolved completely between cycles, allowing uninterrupted oncologic management.

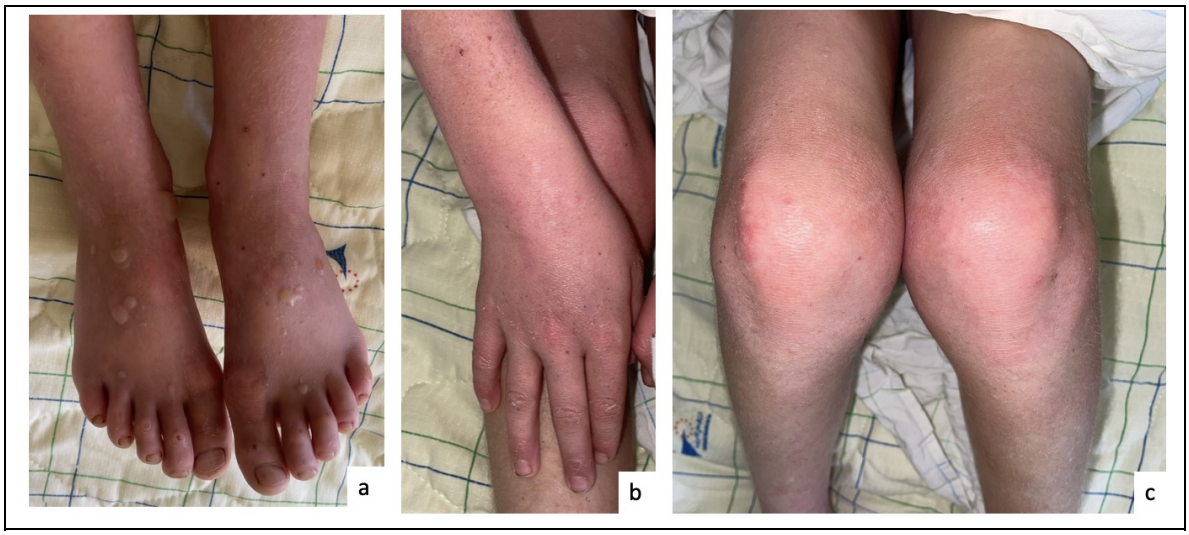


Fig.A: Erythema and edema with tense bullae on the feet. Fig. B: Erythema with superficial desquamation on the palm. Fig. C: Erythema and erosions on the knees.

Conclusions

This case illustrates a recurrent toxic erythema of chemotherapy in a pediatric patient receiving IGEV, most likely triggered by Gemcitabine. The characteristic acral and flexural distribution, periocular erythema, bullous evolution, and predictable desquamation are key diagnostic clues. Early recognition is essential to avoid misdiagnosis as cellulitis, infection, or allergic eruption and to prevent unnecessary antimicrobial therapy. Supportive care is usually sufficient, and chemotherapy can often be continued safely. Awareness of gemcitabine-associated TEC in children is important, as the presentation may be alarming yet self-limited, enabling optimal oncologic treatment without interruption

Abstract N°: ID-1488

Topic: Paediatric dermatology

Pediatric Dermatoses: Solving the Clinical Enigma—A Clinicopathological Case Series

Kirti Jangid*[1], Swagata Tambe[1]

[1]SETH VC GANDHI AND MA VORA MUNICIPAL GENERAL HOSPITAL, Mumbai, India

Introduction

Pediatric dermatoses often present with atypical morphology and overlapping clinical features, making diagnosis challenging even for experienced clinicians. This case series highlights the diverse spectrum of pediatric dermatoses encountered in clinical practice and underscores the importance of clinical suspicion, appropriate investigations, and timely intervention in improving patient outcomes.

Materials and Methods

A retrospective review was conducted of pediatric patients presenting to our department with unusual or diagnostically challenging dermatoses over a defined period. Dermatological examination findings, provisional and differential diagnoses, laboratory investigations, imaging studies, histopathological findings, treatment modalities, and outcomes were analysed. Definitive diagnoses were established using a combination of clinical evaluation, laboratory testing, imaging, and skin biopsy when indicated. Patients were managed according to standard protocols, and follow-up findings were documented to assess response to therapy and disease progression.

Results

Case 1:

A 2.5-year-old girl born of a consanguineous marriage presented with pruritic, dark-colored skin lesions since 8 months of age, associated with poor weight gain and growth parameters below −3 SD. The lesions were chronic and recurrent, with significant pruritus. Differential diagnoses included severe atopic dermatitis and hyper-IgE syndrome. Skin biopsy revealed spongiosis with an eosinophilic infiltrate. Clinical scoring and laboratory correlation supported the diagnosis of hyper-IgE syndrome. The patient was treated with cyclosporine, antihistamines, topical corticosteroids, and emollients, resulting in clinical improvement.

Case 2:

A 2-day-old female neonate presented with a congenital cleft lip. Maternal history and laboratory findings raised suspicion of congenital syphilis. This case emphasised the importance of antenatal screening, parental serological testing, and assessment of adequacy of maternal treatment. It also highlighted the need to evaluate congenital infections in neonates presenting with structural anomalies to enable early diagnosis and treatment.

Case 3:

A 3-day-old female neonate presented with vesicular lesions distributed along Blaschko's lines since birth. There was a history of recurrent first-trimester abortions in the mother and similar lesions in female relatives. Differential diagnoses included incontinentia pigmenti, neonatal infections, and inflammatory epidermal nevi. The characteristic distribution and family history supported a diagnosis of incontinentia pigmenti. Early diagnosis allowed appropriate counselling and planning of follow-up for possible systemic involvement.

Case 4:

A 14-day-old neonate presented with nodular lesions over the trunk and upper limb. Ultrasound revealed hyperechoic subcutaneous lesions consistent with subcutaneous fat necrosis of the newborn. The infant was managed conservatively with monitoring of serum calcium levels. The lesions resolved gradually, and the infant remained stable on follow-up.

Case 5:
A 20-day-old neonate admitted to the neonatal intensive care unit presented with fever, eyelid oedema, purulent discharge, and erythematous peeling lesions over the trunk and extremities. Differential diagnoses included bullous impetigo, staphylococcal scalded skin syndrome, and neonatal conjunctivitis. The patient was treated with intravenous antibiotics and showed marked clinical improvement within five days.

Conclusions

Pediatric dermatoses may present with diverse and misleading clinical features, often requiring clinicopathological correlation for diagnosis. Early recognition and timely management are essential to prevent complications and ensure favourable outcomes. This case series emphasises the importance of a systematic clinical approach, awareness of rare presentations, and multidisciplinary care in managing complex pediatric dermatological conditions.

Abstract N°: ID-1495

Topic: Paediatric dermatology

Cervicofacial Infantile Hemangiomas: Epidemiological, Clinical, and therapeutic Characteristics in 20 Patients

Ghofrane Ouarech*[1], Soumaya Gara[1], Noureddine Litaiem[1], Meriem Jones[1], Faten Zeglaoui[1]

[1]Hôpital Charles Nicolle, dermatology, Tunis, Tunisia

Introduction

Infantile hemangiomas **(IH)** are the most common benign vascular tumors in childhood. Cervicofacial involvement is the most frequent localisation and may cause functional or aesthetic impairment. This study describes the epidemiological and clinical aspects of facial IH in a series of 20 patients and the therapeutic outcomes.

Materials and Methods

A retrospective observational study including childrens diagnosed with facial IH was conducted between 2024–2025. Data included demographics, characteristics of the lesions (location, type, size, ulceration, pattern of involvement), treatment modalities, and outcomes.

Results

The study included 20 patients with a female predominance (13 females and 7 males. Two patients had multifocal IH, and one had a segmental lesion affecting S1 and S3. Lesions were mainly located on the cheeks (5 cases), nose (4 cases), scalp (4 cases), forehead (2 cases), and peri-orbital region (2 cases). Histological type was mixed in 13 cases, superficial in 5, and deep in 2. Ulceration occurred in 2 patients with lesions >4 cm. Nineteen patients received beta-blockers (propranolol or atenolol). Partial regression (50–70%) was observed in most patients at 6–12 months. Adverse events were mild (sleep disturbances, digestive symptoms).

Conclusions

Cervicofacial IH predominantly affect females and are diagnosed within the first 6 months. Focal mixed-type lesions are most common. Segmental hemangiomas, though less frequent, require careful monitoring due to higher complication risk. Beta-blockers are effective and safe, supporting early recognition and management of facial IH.

Abstract N°: ID-1510

Topic: Paediatric dermatology

Pediatric Cutaneous Mastocytosis: A Single-Center Case Series

Hajar El Hassani Taib*[1], Narjess Er- Rachdy[1], Laila Benzekri[1], Nadia Ismaili[1]

[1]CHU Ibn Sina, Dermatology and Venereology Department, Rabat, Morocco

Introduction

Cutaneous mastocytosis is a rare disorder characterized by the accumulation of clonal mast cells in the skin, predominantly affecting children. Pediatric forms are usually benign and self-limiting, with spontaneous regression commonly occurring before or during adolescence. Clinical presentations are heterogeneous and include maculopapular cutaneous mastocytosis, solitary mastocytoma, and diffuse cutaneous mastocytosis. Diagnosis is mainly clinical and supported by histopathology and immunohistochemistry, particularly CD117 staining. Although the course is generally favorable, certain clinical features may suggest a higher mast cell burden or a risk of systemic involvement.

In this context, we present a descriptive study of 21 pediatric cases of cutaneous mastocytosis observed over a period of two and a half years, highlighting the clinical variants, diagnostic features, and outcomes, and comparing our findings with the existing literature.

Materials and Methods

We conducted a retrospective and prospective, descriptive, unicentric study over a period of two and a half years, including pediatric patients under 18 years of age with confirmed cutaneous mastocytosis. Diagnosis was based on clinical findings, histopathology, and immunohistochemistry. All patients presented characteristic skin lesions, with systematic assessment of Darier's sign. Skin biopsies revealed dense dermal mast-cell infiltrates with CD117 (KIT) positivity. Serum tryptase levels were measured to assess mast-cell burden, and additional investigations were performed in atypical cases to exclude systemic involvement. Clinical, histological, and laboratory data were obtained from medical records and prospectively collected during patient follow-up.

Results

Over a period of two and a half years, we conducted a descriptive study involving 21 pediatric patients with cutaneous mastocytosis. The cohort included 13 girls and 8 boys, aged from 6 months to 18 years. The mean age at disease onset was 2 years. Clinically, various forms of cutaneous mastocytosis were observed. Five cases of diffuse cutaneous mastocytosis (DCM) were identified, including two bullous forms characterized by spontaneous or inducible blistering.

The majority of patients (16 cases) presented with maculopapular cutaneous mastocytosis (MPCM), the most common clinical form in children. Notably, two MPCM cases exhibited a distinctive "leopard skin" appearance. Darier's sign was positive in all patients, supporting the diagnosis of a mast cell–related dermatosis.

None of the patients showed clinical signs suggestive of systemic mastocytosis. However, some reported symptom exacerbation following the ingestion of certain foods, suggesting a potential role of exogenous triggers. In all cases, the diagnosis was confirmed by histopathological examination of skin biopsies, demonstrating dense dermal mast-cell infiltrates with diffuse CD117 (KIT) positivity.

Serum tryptase levels were elevated in the majority of patients, reinforcing the mast-cell origin of the disease. Additional investigations to assess systemic involvement, including hematological, biochemical, and imaging studies, revealed no

abnormalities, confirming the exclusively cutaneous nature of the disease in our series.

Conclusions

This study highlights the clinical variability of pediatric cutaneous mastocytosis and confirms the predominance of maculopapular cutaneous mastocytosis in early childhood. The presence of atypical forms, such as bullous lesions or “leopard skin” patterns, underscores the need for careful clinical evaluation. Histopathological examination with CD117 staining and serum tryptase measurement remain essential diagnostic tools, although systemic involvement is rare in children.

Abstract N°: ID-1517

Topic: Paediatric dermatology

Cheilitis and Perianal Infiltrated Plaques Revealing Crohn's Disease in an 8-Year-Old Child

Mohamed Houbayeli*[1], Layla Bendaoud[1], Maryem Aboudourib[1], Said Amal[1], Ouafa Hocar[1]

[1]Mohammed VI University hospital of Marrakech, Bioscience and health laboratory, Dermatology-Venerology, MARRAKECH, Morocco

Introduction

Crohn's disease is a chronic inflammatory bowel disease that may present with extra-intestinal manifestations, particularly involving the skin and mucosa. In pediatric patients, cutaneous signs may precede gastrointestinal symptoms, leading to diagnostic delay. Orofacial and perianal lesions are among the most characteristic dermatological manifestations and should raise suspicion of underlying inflammatory bowel disease.

Materials and Methods

An 8-year-old child with no significant medical history presented with chronic painful cheilitis evolving over several months, associated with infiltrated erythematous plaques of the perianal region. The lesions were persistent, progressive, and poorly responsive to topical treatments.

Clinical examination revealed fissured, edematous cheilitis with crusting, as well as well-defined infiltrated erythematous plaques involving the perianal area, with mild desquamation and fissuring. No signs of acute infection were observed. The child reported intermittent abdominal pain, chronic diarrhea, and weight stagnation.

Given the association of orofacial and perianal involvement, a systemic inflammatory disease was suspected. Skin biopsy from a perianal lesion demonstrated non-caseating granulomatous inflammation of the dermis, consistent with cutaneous Crohn's disease. Laboratory investigations showed elevated inflammatory markers. Subsequent gastroenterological evaluation, including endoscopy with intestinal biopsies, confirmed the diagnosis of Crohn's disease.

Results

Cutaneous manifestations occur in up to 40% of pediatric patients with Crohn's disease and may precede digestive symptoms in a significant proportion of cases. Perianal involvement, including infiltrated plaques, fissures, and skin tags, is particularly suggestive and may represent either contiguous cutaneous disease or metastatic Crohn's disease.

Orofacial granulomatosis, presenting as cheilitis or lip edema, is a well-recognized but often underdiagnosed manifestation in children. These lesions may mimic eczema, contact dermatitis, or infectious conditions, leading to delayed diagnosis. Histological identification of non-caseating granulomas is a key diagnostic feature and should prompt gastrointestinal investigations.

Early recognition of these dermatological signs allows timely diagnosis and initiation of systemic therapy, which is crucial to prevent complications and ensure normal growth and development in pediatric patients.

Conclusions

This case emphasizes the importance of persistent cheilitis and perianal infiltrated plaques as early dermatological manifestations of Crohn's disease in children. Dermatologists play a pivotal role in the early detection of inflammatory bowel disease, particularly when cutaneous signs precede gastrointestinal involvement. Multidisciplinary management is essential for optimal patient outcomes.

EADV SYMPOSIUM 2026
ATHENS 7 - 9 MAY

Abstract N°: ID-1546

Topic: Paediatric dermatology

Generalized acanthosis nigricans in childhood

Amadeu José Rodrigues Queiróz*[1]

[1]Faculty of Medicine of São José do Rio Preto, São José do Rio Preto, Brazil

Introduction
Acanthosis nigricans is a very frequent finding, especially in adults, classically correlating with obesity, diabetes, insulin resistance, and neoplasms. In childhood, the presence of acanthosis nigricans may be associated with syndromes such as Crouzon, Saddan, Costello; and lipodystrophies. And rarely, a benign form.

Materials and Methods
Case report.

Results
The parents of a 4-year-old male patient noticed that at age 2, the patient presented with rougher skin, especially in the folds of the skin.
On physical examination, velvety plaques were present throughout the skin, more evident in the axilla, cervical region, perioral region, and inguinal region (Figure 1). There is no involvement of mucous membranes or alterations in hair appendages. The patient growth and development are appropriate for his age. There is no history of weight loss, alterations in the cephalic region, or motor or sensory losses. No medication is used.
Fasting serum insulin, glucose levels, fasting lipid profile, and endoscopy were normal.
Incisional biopsy of a skin lesion shows epidermis with irregular acanthosis, papillomatosis, and hyperkeratosis (Figure 2), reinforcing the clinical hypothesis of acanthosis nigricans.
Due to the hypothesis of autosomal disorders related to the fibroblast growth factor receptor, exome sequencing and a gene-targeted panel were performed, but both were negative.

Conclusions
Acanthosis nigricans is an important cutaneous marker of insulin resistance that is more commonly diagnosed in obese children and adolescents worldwide. Malignancy or syndromic acanthosis nigricans needs to be considered. Generalized benign forms are extremely rare, as described in this case. Dermatologists may play an important role in facilitating the proper workup and treatment of children with acanthosis nigricans.

Abstract N°: ID-1554

Topic: Paediatric dermatology

Extensive Filiform Warts Treated with Oral Acitretin

Houda Zouaki*[1], Fatima Zahra Elfatoiki[1], Bouchra Baghad[1], Soumia Chiheb[1]

[1]CHU ibn Rochd, dermatology, Casablanca, Morocco

Introduction

Warts are benign, noncancerous skin growths caused by human papillomavirus (HPV) infection. They can appear on various parts of the body and are more commonly seen in children and adolescents, although individuals of any age may be affected. While the immune system often clears the infection spontaneously, patients with compromised immunity may experience extensive and persistent lesions. We report the case of a child with extensive filiform warts associated with an underlying primary immunodeficiency.

Results

A 13-year-old male presented with multiple filiform warts on the face and both hands that had persisted for over a year. The patient had a history of congenital immune deficiency managed with a bone marrow transplant at 18 months of age and was also under treatment for epilepsy.

Clinical examination revealed multiple flesh-colored and hyperkeratotic papules and plaques with a rough, verrucous surface, distributed symmetrically on both palmar and dorsal aspects of the hands. The face showed numerous skin-colored to pink verrucous papules, some of which had coalesced into larger, cauliflower-like plaques, predominantly in the perioral region. The remainder of the clinical examination was normal.

Initial treatment with homeopathic topical preparations produced only mild improvement. Subsequently, the patient was started on oral acitretin, which led to a marked clinical response.

Conclusions

Oral acitretin represents a promising alternative in the management of extensive filiform warts, especially in patients with underlying immunodeficiencies. It is a well-tolerated, effective option for those unsuitable for or unwilling to undergo conventional treatment methods.

Abstract N°: ID-1583

Topic: Paediatric dermatology

Alopecia in the pediatric patients: classification and management

Raluca-Gabriela Miulescu*[1], Adriana Diaconeasa[2], Anca E Chiriac[3], Oana-Andreia Coman[4], Daniela Motoran[5], Anca Chiriac[3]

[1]Saint Constantin Hospital, Dermatology, Brasov, Romania
[2]Grigore Alexandrescu Childrens Hospital, Dermatology, Bucharest, Romania
[3]Nicolina Medical Center, Dermatology, Iasi, Romania
[4]Carol Davila University of Medicine and Pharmacy, Pharmacology, Bucharest, Romania
[5]CMI Daniela Motoran, Primary Care, Brasov, Romania

Introduction
In the case of the pediatric patient, alopecia has a genetic or acquired etiology, is benign and self-limited. Alopecia can also become cicatricial, by destroying the hair follicle and replacing it with fibrous tissue. The classification of alopecia includes: pathologies of the hair shaft and abnormal hair growth; alopecia areata; infections (tinea capitis, kerion celsi); trichotillomania; inflammatory diseases (psoriasis; seborrheic dermatitis); cicatricial alopecia (decalvantic folliculitis).

Materials and Methods
We will present 4 clinical cases (2-11 years) from our current practice: Netherton genetic syndrome; alopecia areata; alopecia universalis; infectious mycotic causes (tinea capitis, kerion celsi), respectively bacterial; trichotillomania; 3 adolescents: psoriasis, seborrheic dermatitis; folliculitis decalvanta.

Results
For a blitz diagnosis, trichoscopy associated with ultraviolet fluorescence can guide the diagnosis: differentiating between seborrheic dermatitis and psoriasis; but also cicatricial versus non-cicatricial alopecia, in order to choose the biopsy site. Regarding treatment, in the case of alopecia areata, local therapy with dermatocorticoids and minoxidil brings benefits; also, studies show spontaneous hair growth in 6-12 months, in 50% of patients; currently, biological therapies, JAK-inhibitor, tofacitinib, prove to be extremely effective.

Conclusions
Alopecia is a relatively common cause of presentation in the family doctor's office. Some forms of alopecia respond to immediate therapeutic interventions, while others resolve over time. A certain subtype of cicatricial alopecia remains permanent, without effective therapies. That is why interdisciplinary collaboration between the family doctor, pediatrician, dermatologist, laboratory physician and psychologist is extremely important.

Abstract N°: ID-1621

Topic: Paediatric dermatology

Case Report: Dowling–Degos-like Flexural Hyperpigmentation in a 2-year-old Saudi Girl

Mona Alshehri*[1]

[1]King Saud bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia

Introduction

Dowling–Degos disease (DDD) is a rare autosomal dominant reticulate pigmentary disorder characterized by progressive hyperpigmentation predominantly affecting flexural areas. It is most commonly associated with loss-of-function variants in KRT5, which disrupt keratin 5 interaction with the chaperone protein HSC70 and impair melanosome trafficking. DDD typically manifests in adulthood, and presentation in early childhood is exceptionally uncommon. This report describes a DDD-like pigmentary disorder with onset in infancy in a 2-year-old girl.

Materials and Methods

A 2-year-old Saudi female presented with progressive, asymptomatic hyperpigmentation involving the axillae, anogenital region, face, and additional flexural areas since the first year of life. Detailed clinical evaluation and laboratory investigations were performed to exclude endocrine and metabolic causes of hyperpigmentation. A skin punch biopsy was obtained for histopathologic assessment using hematoxylin–eosin staining and SOX10 immunohistochemistry. Whole-exome sequencing was conducted to evaluate for pathogenic variants associated with reticulate pigmentary disorders. The patient was treated with topical tacrolimus 0.1% ointment applied twice daily and monitored clinically during follow-up.

Results

Cutaneous examination revealed multiple well-defined, irregular, velvety hyperpigmented plaques involving flexural and facial regions, with sparing of the mucosa, scalp, and nails. Histopathologic analysis demonstrated epidermal acanthosis with elongated, branching rete ridges, prominent basal hypermelanosis, and increased melanocyte density with focal melanocytic nesting at the tips of the rete ridges, without acantholysis or cytologic atypia. Scattered dermal melanophages were observed. These findings supported a diagnosis of DDD-like pigmentation and excluded acanthosis nigricans. Whole-exome sequencing did not identify pathogenic variants in known DDD-associated genes. Topical tacrolimus was well tolerated; however, gradual progression with development of new lesions was noted during follow-up.

Conclusions

This case documents an exceptionally early presentation of DDD-like pigmentary disease in a child younger than 3 years. It highlights the importance of careful clinicopathologic correlation in pediatric reticulate hyperpigmentation, particularly when molecular testing is non-contributory. Early-onset DDD-like disease may reflect genetic heterogeneity or currently unidentified pathogenic mechanisms. Further studies are needed to clarify genotype–phenotype correlations and to establish more effective, targeted therapeutic approaches to improve long-term outcomes and quality of life.