Abstract N°: ID-28

Topic: Topical and systemic therapy

Real-time Experience of Alitretinoin Use in Skin Inflammatory Diseases and Mycosis Fungoides: A Multicenter Retrospective Study

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Introduction
Alitretinoin is a retinoid that binds to both RAR and RXR receptors, exerting anti-inflammatory effects, promoting epidermal differentiation, and suppressing proliferation of cutaneous lymphocytes. Although initially approved for chronic hand eczema, accumulating reports suggest potential benefits in palmoplantar pustulosis, cutaneous lymphomas, and various inflammatory dermatoses. This study aimed to investigate the real-world use of alitretinoin, identify effective therapeutic groups, and assess any associated challenges.

Materials and Methods
A multicenter retrospective review was conducted using patient records from Daegu Catholic University Hospital and two private dermatology clinics between 2016 and 2023. Diagnoses were confirmed clinically and histopathologically by two dermatopathologists and five dermatologists. Treatment response was assessed using the Investigator's Global Assessment (IGA), and adverse events were evaluated using the Adverse Drug Reaction (ADR) Probability Scale. Statistical analyses were performed with SPSS 28 at a 95% confidence level.

Results
Treated conditions included hand eczema, palmoplantar pustulosis, atopic dermatitis, mycosis fungoides, psoriasis vulgaris, pityriasis rubra pilaris, pityriasis lichenoides chronica, and generalized lichen planus. IGA response rates were: mycosis fungoides (100%), generalized lichen planus (100%), hand eczema (84.7%), psoriasis (75%), palmoplantar pustulosis (68.2%), pityriasis rubra pilaris (66.7%), pityriasis lichenoides chronica (50%), and atopic dermatitis (43.8%). Except for hand eczema and palmoplantar pustulosis, sample sizes were small, limiting statistical significance ($p > 0.05$). The overall response rate was 77.3% (109/141). The mean treatment duration across all cases was 17.1 months. The most frequent adverse events were gastrointestinal symptoms, dyslipidemia, headache, and general weakness. Headache was the most common cause of treatment discontinuation ($p < 0.05$), often associated with perceived lack of effectiveness ($p < 0.05$).

Conclusions
Alitretinoin shows proven efficacy in hand eczema and demonstrates promising therapeutic potential in a variety of inflammatory and lymphoproliferative skin disorders, including mycosis fungoides. While generally well tolerated, careful monitoring of headache and dyslipidemia is recommended during long-term therapy.

Abstract N°: ID-69

Topic: Topical and systemic therapy

Topical Estrogens Improve Skin Hydration and Elasticity in Ageing

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Introduction

Topical estrogen formulations have been increasingly explored as a therapeutic strategy to counteract cutaneous ageing, particularly in postmenopausal individuals. This systematic review aims to evaluate the efficacy and safety of topical estrogen creams, including estradiol, estriol, progesterone, and oestrone, for improving signs of skin ageing.

Materials and Methods

Following PRISMA guidelines (PROSPERO CRD420251103187), five databases were searched from inception to March 2025 for articles reporting use of topical estrogen formulations for cutaneous ageing. Health outcomes included skin thickness, level of hydration, laxity, number and depth of wrinkles, skin roughness, pigmentation and histopathological changes. Risk of bias was assessed using the JBI Tool.

Results

Ten studies with 760 participants were included. Mean age was 56.1 years (47–75), with 57.3% postmenopausal (n=435; mean 11.2 years since last menses). Most were Asian (n=256), followed by Hispanic (n=40) and Caucasian (n=54). No premenopausal patients were reported. Prior hormone therapy occurred in 1.9%, and 3.4% had prior oophorectomy with hysterectomy. No participant had breast, cervical, or uterine cancer. Risk of bias was 60% low and 40% moderate. Estradiol was used in 529 participants (69.6%) at a mean concentration of 0.03% (0.01–0.06) and dose of 2 mg/day (0.54 mg–1 g). Most used once-daily dosing (90.3%). Treatment averaged four months (0.5–6). Formulations included gel (18.7%) and propylene glycol (13.2%). Concomitant systemic estrogen occurred in 2.8%. Dermal thickness increased by 176 µm (120–232; n=69). One study (n=22) showed a 13.2 $\mu m^2/\mu m$ density increase. Wrinkle quantity remained stable (1.2–1.5; n=54). Skin ridges decreased from 810 to 720 counts/cm^2 on the forearm and 455 to 440 on the cheek (n=146). Wrinkle depth changed by +0.15 µm (−13.8 to +14.1; n=63). Subjective 24-week changes were fine wrinkles −0.6, roughness −0.5, pigmentation −1.0, laxity 0.0, erythema −0.1 (n=54). Hydration improved by 17.3% (13.0–24.1; n=46). Elasticity improved at eight weeks (n=18). Type III collagen rose from 56.9% to 73.5% (n=43). Pore size improved in 84% (n=38.8). Adverse events included sensitivity 4.4%, seborrhea 1.5%, rash 1.5%, pigmentation 2.9%, breast pain 6.7%, vaginal bleeding 0.7%, and breast volume increase 0.7%. Estriol was used in 48 participants (6.3%) at 1 g daily for six months. Wrinkle depth decreased by −16.3 µm (−12.5 to −20), roughness by −20 µm (n=30), hydration by 13.8% (13.0–15.2). Pore size decreased (n=35), vascularization improved (n=47), and type III collagen increased. Adverse events: pigmentation 4.1% and breast tenderness 25%. Progesterone in 20 participants improved wrinkle count (−2.1), depth (−0.39 µm), nasolabial lines (−0.39), elasticity, and hydration. Oestrone in 38 participants produced no clinical improvement but increased GREB1, COL1A1, FBN1, and MMP-1 expression.

Conclusions

This study was undertaken in response to increasing clinical requests for topical estrogen formulations in real-world settings, highlighting the need to assess their safety and efficacy. The review supports the potential efficacy and safety of estradiol and estriol in improving key signs of skin ageing. However, the overall quality of evidence is limited by small sample sizes, short follow-up durations, and variability in formulations and outcome measures. Future research should explore optimal dosing, application sites, and formulations to guide clinical use in both postmenopausal and broader populations.

Abstract N°: ID-403

Topic: Topical and systemic therapy

Ocular Biometric Changes in Patients Receiving Systemic Isotretinoin: A Prospective Controlled Study

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Introduction
Systemic isotretinoin is widely used for moderate-to-severe acne vulgaris; however, its potential effects on ocular biometry and refractive development—particularly in myopic individuals and adolescents—remain unclear. Although isolated cases of acute retinoid-associated myopia have been reported, prospective data evaluating axial length, keratometry, choroidal structure, and refractive trajectories are limited. This study assessed longitudinal anterior and posterior segment biometric changes in isotretinoin-treated patients using a refractive-status–matched myopic control cohort.

Materials and Methods
This prospective, controlled observational study included patients initiating isotretinoin therapy and age- and spherical-equivalent–matched myopic controls, each evaluated at baseline, month 3, and month 6. Comprehensive ophthalmic examinations included axial length (AL), anterior chamber depth (ACD), mean keratometry (Mean K), spherical equivalent (SE), central corneal thickness (CCT), subfoveal choroidal thickness (SCT), total choroidal area (TCA), luminal area (LA), and choroidal vascularity index (CVI). Enhanced-depth imaging OCT and ImageJ-based binarization were used for choroidal metrics. Generalized estimating equations accounted for inter-eye and intra-subject correlations. A prespecified subgroup analysis was performed in participants aged ≤18 years.

Results
Thirty-seven isotretinoin-treated patients (74 eyes) and 42 myopic controls completed follow-up. In the isotretinoin group, AL, ACD, keratometry, and SE showed no significant longitudinal change (all $p>0.20$). Transient alterations were observed at month 3 in CCT ($p=0.005$), CVI ($p=0.045$), and TCA ($p=0.047$), but these changes were not sustained at month 6. SCT demonstrated a nonsignificant trend toward reduction ($p=0.060$).In myopic participants, longitudinal trajectories of AL, ACD, Mean K, and SE did not differ from controls (all group×time $p>0.05$), indicating no isotretinoin-associated acceleration of myopic progression.In adolescents aged ≤18 years, isotretinoin-treated patients exhibited biometric and refractive stability comparable to age-matched myopic controls, with no evidence of increased axial elongation.

Conclusions
Systemic isotretinoin did not induce clinically meaningful changes in ocular biometry or refractive status over six months and did not accelerate myopic progression, even in adolescents. Transient anterior and choroidal alterations were observed but were not persistent and did not translate into functional refractive impact. These findings support the ocular structural safety of isotretinoin in routine clinical practice.

Abstract N°: ID-429

Topic: Topical and systemic therapy

The effect of the postbiotic complex in the composition of "anti-age" external agents on the indicators of the epidermal barrier of the facial skin.

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Introduction

External changes associated with aging are particularly noticeable on facial skin, making it one of the main indicators of age-related changes. These changes not only worsen appearance but also indicate deeper disruptions in the structure and function of the epidermis. Under the influence of endogenous (hormonal, genetic) and exogenous (ultraviolet radiation, environmental factors, stress, lifestyle) factors, over time, skin hydration, elasticity, and oiliness decrease, pigmentation and erythema develop, and moisture loss and pH increase, which also negatively impacts the skin's microbiome. Therefore, the development of new topical products that restore epidermal barrier properties and prevent early age-related changes in the skin is a pressing issue. The aim of this study was to evaluate the effectiveness of products containing a peptide complex of seaweed and the postbiotic Glucosaminyl-muramyl dipeptide acid (GMDP-A) as part of anti-aging topical therapy.

Materials and Methods

50 women (aged from 35 to 60 years, average age 41.7 years) who provided voluntary informed consent were included in the study. They applied the serum and cream containing the peptide-GMDP-A complex twice daily for one month. On days 1, 7, 14, and 28 patients underwent instrumental assessment of epidermal barrier parameters (hydration, sebum level, erythema, pigmentation, and elasticity) using the Multi Skin Test Center 750 diagnostic system (Germany). On day 28, satisfaction with the topical treatments was assessed using the TTSI-10 questionnaire.

Results

Before starting the cosmetic complex, the average skin moisture level in group was 39.4 CU, sebum level was 37.4 CU, erythema and pigmentation intensity 26.2 and 12.6 CU, respectively, and elasticity - 36.8 CU. The moisture index changed by 13.2% from the first to the second visit, 27.7% from the first to the third, and 41.4% by the end of the observation period. At the first visit, patients had an average sebum production level of 37.4 CU. The change in this index during the observation period was not significant, amounting to 9.4%. While applying the study products, participants experienced a significant decrease in erythema by 33.2%, as well as a lesser decrease in pigmentation intensity (by 4.8%). The most significant changes were recorded in skin elasticity, which increased by 38.1% from the first to the fourth visit. Satisfaction with the use of the topical products, according to the TTSI-10 index, was 18.4 points (min – 15; max – 20 in group) out of 20, indicating a high patient rating for this therapeutic cosmetic product.

Conclusions

The combination of peptide and GMDP-A complexes in the serum and cream had a positive effect on epidermal barrier parameters, particularly on skin hydration and elasticity. In the study, patients noted an improvement in skin appearance, decreased erythema and pigmentation, which was reflected in improved quality of life and epidermal barrier parameters. Therefore, preventing age-related changes is extremely important and is possible with the use of topical home care products.

Abstract N°: ID-482

Topic: Topical and systemic therapy

Topical corticosteroid phobia among the general population: a cross-sectional study using the TOPICOP scale

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Introduction
Topical corticosteroids are among the most frequently prescribed treatments for inflammatory and pruritic dermatological conditions. When used appropriately, they demonstrate a favorable safety and efficacy profile. However, increasing concern regarding their potential adverse effects has led to the emergence of topical corticosteroid phobia, which may negatively impact treatment adherence and clinical outcomes. Understanding the magnitude and determinants of this phenomenon in the general population is essential to improve patient education and therapeutic compliance.

Materials and Methods
A cross-sectional observational study was conducted included 160 randomly selected adult participants from the general population. Data were collected using a self-administered online questionnaire distributed through social media platforms over a three-month period. The questionnaire assessed demographic characteristics, previous use of topical corticosteroids, and beliefs, fears, and behaviors related to their use. Topical corticosteroid phobia was evaluated using the validated TOPICOP scale. Statistical analysis was performed using standard statistical software, with a significance level set at $p \leq 0.05$.

Results
A total of 160 participants were included in the analysis, with a predominance of female respondents. More than half of participants reported prior use of topical corticosteroids. The median global TOPICOP score indicated a moderate to high level of corticosteroid phobia. A statistically significant association was identified between educational level and the degree of corticosteroid phobia. A substantial proportion of participants expressed fear of using topical corticosteroids despite limited knowledge of their adverse effects. Additionally, most respondents reported a need for reassurance when prescribed these medications, and many admitted to prematurely discontinuing treatment.

Conclusions
Topical corticosteroid phobia is common within the general population and appears to be largely driven by misconceptions and insufficient knowledge. This fear may lead to poor adherence and suboptimal treatment outcomes. Targeted educational strategies and clear communication by healthcare professionals are crucial to address misconceptions, reassure patients, and promote the safe and effective use of topical corticosteroids.

Abstract N°: ID-564

Topic: Topical and systemic therapy

Evaluating the Clinical Efficacy of a Multifunctional Regenerating Cream in Pediatric Skin Conditions: A Multicenter Observational Study

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Introduction

Pediatric skin differs significantly from adult skin, with variations in thickness, hydration, and permeability that impact the presentation and management of dermatological conditions.

Materials and Methods

This observational study aimed to evaluate the safety and efficacy of a multifunctional regenerating cream in 282 pediatric patients presenting with various skin conditions, including but not limited to dermatitis, eczematous lesions, diaper rash, and abrasions. Participants were stratified into age groups and monitored over a 14-day period through physician assessments and caregiver-reported outcomes. Key symptoms - erythema, scaling, fissures, dyspigmentation, and edema -were evaluated using the Wilcoxon signed-rank test.

Results

Significant clinical improvement was observed in 77.8% of participants, with marked reductions in erythema (55% resolution), fissures (76% healed), and edema (82.6% resolved). Product tolerability and satisfaction were high among both physicians and caregivers, with 92.1% rating the cream's effectiveness as good or excellent.

Conclusions

These findings support the multifunctional regenerating cream as an effective, well-tolerated option for managing diverse pediatric dermatologic conditions requiring skin regeneration and barrier protection.

Abstract N°: ID-650

Topic: Topical and systemic therapy

Successful treatment of recurrent condylomas with topical tirbanibulin

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Introduction
Multiple condylomas represent a therapeutic challenge due to their tendency to persist and recur early after conventional treatments, especially in immunocompromised patients. In addition to impaired antiviral immunity, viral oncoproteins induce cell cycle dysregulation and activation of intracellular kinases, such as those belonging to the Src family (SFKs), which have been implicated in HPV-driven proliferative mechanisms. In these cases, inhibition of these proliferative pathways represents a useful therapeutic target. Tirbanibulin is a topical antiproliferative agent that inhibits microtubule polymerisation and Src-mediated signalling and has therefore been proposed as a potential option in the treatment of recurrent CA.

Materials and Methods
We present the case of a 63-year-old male with multiple myeloma undergoing intensified treatment with lenalidomide, bortezomib, and dexamethasone in the context of autologous haematopoietic stem cell transplantation. The patient presented with recurrent condylomatous lesions located in the pubic region, with long-standing disease and multiple recurrences despite previous standard treatments, including repeated cryotherapy and topical imiquimod. We performed cryotherapy followed three days later by 1% topical tirbanibulin, applied once daily for five consecutive days.

Results
At clinical follow-up two months after treatment completion, complete clinical resolution of all lesions was observed. The treatment was generally well tolerated. Mild irritative dermatitis developed around days 7–8 after treatment initiation, was self-limiting, and resolved spontaneously. No recurrence was observed at follow-up.

Conclusions
Topical tirbanibulin allowed complete and rapid resolution of multiple condylomas, with good tolerability and mild, transient local adverse effects. Given its antiproliferative effect and its action independent of the immune system, it represents a promising therapeutic option for recalcitrant condylomas, especially in immunocompromised patients, in whom the efficacy of conventional treatments may be limited.

Abstract N°: ID-794

Topic: Topical and systemic therapy

Psoriasis vulgaris: experience in the treatment

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Introduction

Psoriasis is one of the most common chronic, non-communicable, immune-mediated skin diseases, affecting over 125 million people worldwide. The means and dosage forms of topical therapy depend usually on the clinical course pathological process. In recent years, both in the world and in Ukraine, narrowband UVB phototherapy of psoriasis, because of its efficiency, safety and availability has become a technique of choice in the treatment of psoriasis patients with different clinical course. NB UVB therapy method is self-contained and can be used as monotherapy, but combination of emollient, in our view, adds treat certain advantages. The aim of our study was to examine and evaluate the effectiveness of this method phototherapy combination of emollient in the treatment of psoriasis.

Materials and Methods

The observation's been 36 patients with psoriasis vulgaris (14 women and 22 men). Progressive stage of the disease was diagnosed in 21 patients, stationary stage in 15. The age of patients ranged from 22 to 61 years. The disease duration ranged from 8 months to 26 years. Comparison group consisted of 24 patients with psoriasis vulgaris comparable by age, sex and stage. Procedures were 3 times per week. The initial dose was 0.1-0.25 J/cm^2 depending on the skin phototype. Each dose of this procedure increased to 0.05-0.1 J/cm^2. As a skin care patients of the main group of 1 to 3 times a day after the procedure, and in days without procedures used emollient that incorporates vaseline, glycerine complex and vitamin E. Patients comparison group treated with NB UVB as a monotherapy. For the purpose of verification of the severity of psoriasis and the effectiveness prescribed therapy was determined by PASI and DLQI before and after treatment.

Results

The analysis of the clinical efficacy of treatment of patients with psoriasis the main group (comparison group) allowed to witness the achievement of "clinical remission" in 22 (14) people, "significant improvement" - 9 (7), "improvement" in 5 (3). Patients main group: PASI decreased to 8,9±1,6 (to treatment was 21,8±2,9); comparison group: 15,7±2,4 (to treatment was 22,1±2,7). Patients main group: DLQI decreased to 5,9±0,4 (to treatment was 18,4±2,2; comparison group: 10,8±2,0 points (to treatment was - 19,1±1,6 points).

Conclusions

High efficiency, good tolerability and no severe side effects can recommend narrowband UVB phototherapy as one of the most effective, safe and accessible treatment of psoriasis vulgaris with different clinical course. A combination of qualitative emollient can significantly improve treatment, reduce the time of treatment, improve skin condition in between exacerbations, reduce the severity of these exacerbations, and that is very important to continue remission.

Abstract N°: ID-797

Topic: Topical and systemic therapy

SEBORRHEIC DERMATITIS: ADDITIONAL EXTERNAL METHODS OF TREATMENT

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Introduction

Today, the use of platelet-rich plasma is increasing in clinical practice in various fields of medicine. The plasma therapy is used by dermatologists, dentists, gynecologists, traumatologists and many other specialists in daily practice.

Platelet-rich plasma is actively used in dermatology after its clinical effectiveness has been established. The plasma therapy method alone, as well as in combination with other methods of treatment, has shown advantages in certain skin diseases: androgenetic alopecia, alopecia areata, chronic vitiligo, melasma, inflammatory nail disorders, psoriasis, acne, post-acne and seborrheic dermatitis.

Platelet-rich plasma can suppress cytokine release and limit inflammation by interacting with macrophages, improving tissue healing and regeneration, promoting the formation of new capillaries and accelerating epithelialization.

Plasma platelets also play an important role in the host's defense mechanism at the wound site by producing signaling proteins that attract macrophages. Blood plasma also has antimicrobial activity against Escherichia coli, Staphilococcus aureus, Candida albicans and Cryptococcus neoformans.

Currently, there is a large number of patients seeking medical help with seborrheic dermatitis. However, the complexity of the pathogenesis of seborrheic dermatitis and its sensitivity to medications require from the dermatologist a differential approach in choosing the local therapy.

Objective. Evaluation of the effectiveness of additional external methods of treatment for patients with seborrheic dermatitis.

Materials and Methods

To evaluate the effectiveness of the injection of platelet-rich plasma in patients with seborrheic dermatitis, 21 patients with this pathology were examined and treated (15 patients - main group, 7 - control group). The control group included patients treated using conventional methods. All examined patients had at least two episodes of exacerbation of the disease during a year. The severity of clinical manifestations in patients of both groups did not differ significantly before the start of therapy. The patients of the main group had their plasma injected intradermal around the lesions. The plasma injections were made up of several cycles up to four times with an interval of 7 days. The patients received conventional treatment if needed.

Results

During the therapy, clinical improvement was observed in all patients of the main group, and as a result, the absence of symptoms of the disease. During a year, in 11 patients of the main group, relapses were not observed, in contrast to the control group.

Conclusions

The use of platelet-rich plasma in the treatment of seborrheic dermatitis gives a pronounced therapeutic effect. Therefore, this method of treatment can be considered as an effective adjuvant therapy, which further helps to reduce the intensity of exacerbations of seborrheic dermatitis.

Abstract N°: ID-799

Topic: Topical and systemic therapy

TREATMENT OF HAIR LOSS IN PATIENTS EXPOSED TO SOME TECHNOLOGICAL SUBSTANCES

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Introduction

The trace element imbalance is reflected in the condition and appearance of hair, which in its composition have the following essential elements: nitrogen, sulfur, phosphorus, zinc, sodium, calcium, magnesium and copper. The attention of many researchers is drawn to the hypothesis of the influence of exogenous and endogenous factors on the functional state of the hair, especially essential and toxic trace elements that cause dryness and thinning.

Objective. To study the changes in the hair structure and trace its macro- and microelement composition in people who have been in contact with technological substances for a long time in order to improve their therapy.

Materials and Methods

We examined 27 patients who had been in contact with harmful substances (lead, leaded gasoline, phosphoric acid) for a long time and complained of increased hair loss, and 15 people made up the control group. A comprehensive examination of the hair of patients included the usual longitudinal light-optical microscopy. A macro- and microscopic examination of hair was carried out on the MBI-3 microscope with AU-12 binocular attachment (magnification 600). A spectrographic study to determine the trace element composition of hair was performed using the quantitative and qualitative emission spectrum analysis, which was carried out on CTE-1 and ISP-51 spectrographs.

Results

With the help of light microscopy, in 23 (85.11%) patients, the changes in the hair roots were found, which looked like a hook or a rounded spear with remnants of the sheaths, and in 4 (14.81%) patients - atrophic ones, without sheaths. The ridges and grooves and the absence of a tile pattern in the structure of the stem were observed in 13 (48.14%) patients. Analyzing the quantitative indicators, we established the difference between the trace element composition of the hair of patients and the control group: a statistically significant increase ($p<0.05$) was found: aluminum (6.55±1.27 μg/g), silicon (9.15±0.81 μg/g), titanium (8.48±0.90 μg/g), iron (4.95±0.83 μg/g), copper (1.21±0.21 μg/g), barium (4.57±1.52 μg/g), lanthanum (4.62±1.10 μg/g).

In order to detoxify the body, the therapy for patients included the use of silicon dioxide, 1 stick 2 times a day, up to 10 days. All patients received subcutaneous injections with betamethasone 0.2 ml/cm2, maximum 1 ml per week within 4-6 cycles. The antioxidant and vitamin complexes containing vitamins (A, B1, B2, B5, B9), minerals (iron, calcium, magnesium, potassium, zinc) and shampoo with minoxidil were recommended.

We gained a noticeable effect of using the recommended comprehensive treatment starting from the third month of therapy. The improvement in the aesthetic condition of the patients' hair was also confirmed by the microscopic examination: the hair roots were of normal shape with sheaths, and there were no ridges or grooves in the structure of the stem, a tile pattern was observed along the entire length of the hair. In 22 (81.48%) patients, a complete restoration of the structural composition of the hair was observed after three months of therapy. The quantitative indicators of trace elements after treatment statistically significantly ($p<0.05$) differed from those before treatment (aluminum (1.39±0.33 μg/g), silicon (2.92±1.33 μg/g), titanium (3.11±1.26 μg/g), iron (0.77±0.17 μg/g), copper (0.21±0.044 μg/g),

barium (1.14±0.24 µg/g), lanthanum (0.36±0.20 µg/g), and approached ($p>0.05$) to the indicators of the control group.

Conclusions

The clinical and microscopic results of the treatment of patients with increased hair loss, who were in contact with technological substances, proved the feasibility of using a combination therapy, as indicated by morphological and structural changes in the hair.

Abstract N°: ID-823

Topic: Topical and systemic therapy

Analysis of the effectiveness, adherence and safety of topical ruxolitinib in patients with vitiligo at a tertiary hospital

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Introduction
Ruxolitinib cream is a drug recently approved and funded in Spain for the treatment of non-segmental vitiligo. The pivotal studies that supported its approval showed that 30.7% of patients achieved an F-VASI75 response. However, evidence on its efficacy and safety in routine clinical practice remains limited.

Materials and Methods
This was a retrospective observational study that included patients with vitiligo treated with topical ruxolitinib in a tertiary hospital. Demographic and clinical variables, vitiligo characteristics, affected body surface area, clinical response, adverse effects, and data related to adherence, including treatment discontinuation and reasons for discontinuation, were collected.

Results
Twenty-eight patients were included, with a mean age of 40.1 years; 64% were women. All patients had non-segmental vitiligo and 21% had facial involvement only. The mean initial BSA was 8.5%. Adherence to treatment was variable, with discontinuations mainly related to mild adverse effects, perceived limited efficacy, or c Adverse effects were predominantly mild and local, with no serious adverse events reported.

Conclusions
In this real-world clinical practice cohort, topical ruxolitinib showed a favourable safety profile and signs of efficacy in patients with non-segmental vitiligo. Treatment adherence emerged as a key factor that may influence real-world effectiveness, highlighting the importance of its systematic evaluation and close monitoring in routine clinical practice.

Abstract N°: ID-850

Topic: Topical and systemic therapy

Combination of Minoxidil and Herbal Extract Significantly Decreases SRD5A2 and Pro-inflammatory Cytokines in HaCaT Cells

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Introduction

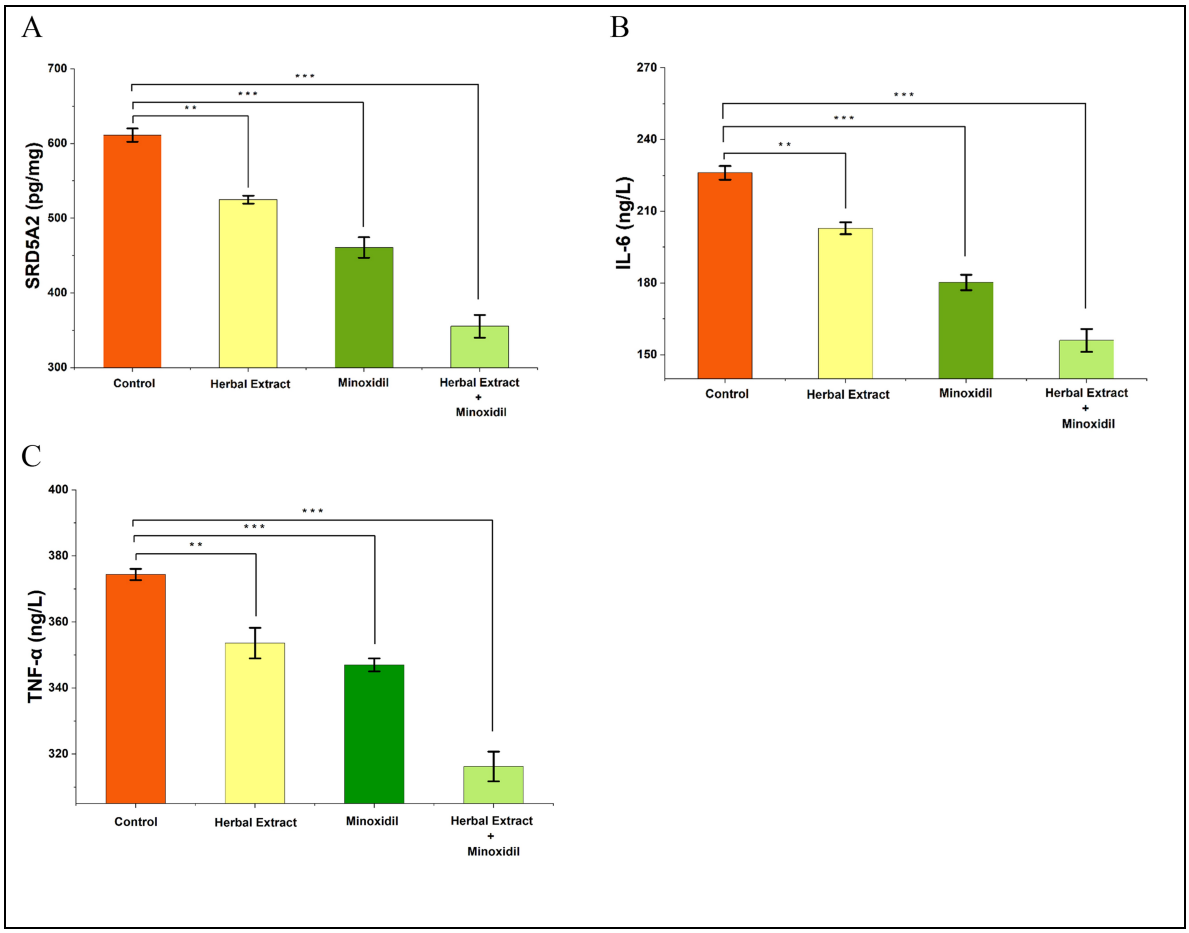
Androgenetic alopecia (AGA) is one of the most common forms of hair loss, affecting both men and women. It is driven largely by androgens. Testosterone is converted to dihydrotestosterone (DHT) by the enzyme 5α-reductase, which adversely affects the hair growth cycle. Another prevalent form is telogen effluvium (TE), which can be associated with various chronic illnesses. Treatment options for hair loss remain limited. The primary pharmaceutical agents include topical minoxidil, oral finasteride, and dutasteride. Minoxidil stands out as one of the most effective treatments. Botanical extracts are rich in pharmacologically active flavonoids. The beneficial effects of herbal extracts are likely mediated by flavonoids such as apigenin, chlorogenic acid, catechins, quercetin, and kaempferol. The aim of this study was to evaluate the effects of minoxidil, herbal extract, and their combination on the levels of SRD5A2 and pro-inflammatory cytokines (IL-1β, IL-6, and TNF-α) in HaCaT cells.

Materials and Methods

The herbal extract consisted of *Urtica dioica* root, *Urtica urens* leaf, *Equisetum arvense* leaf, *Achillea millefolium* aerial parts, *Matricaria chamomilla* flowers, and *Ceratonia siliqua* fruit. The dried plants were finely cut, and 40 g of the plant mixture was extracted with 500 mL of distilled water for 3 hours at 100 °C using a Soxhlet extraction system. The resulting extract was filtered through filter paper into a sterile bottle. A 100 mM minoxidil (ICROM, Italy; European Pharmacopoeia Quality Standard) stock solution was prepared in 50% propylene glycol, 30% ethanol, and 20% PBS. A stock solution of the herbal extract was prepared by dissolving the herbal extract powder in PBS at a concentration of 10 mg/mL. HaCaT cell viability and non-toxic concentrations were determined via the XTT assay. The cells were treated with 6.25 µM minoxidil, 5 µg/mL herbal extract, and their combination for 24 h to assess SRD5A2, IL-1β, IL-6, and TNF-α protein levels. After the incubation period, cell culture supernatants and cell lysates were collected and analyzed by enzyme-linked immunosorbent assay (ELISA). Protein concentrations were measured using the bicinchoninic acid (BCA) assay. Experiments were performed in triplicate, and the data were statistically analyzed.

Results

The total flavonoid content in the herbal extract was calculated to be approximately 928 ppm. It contained the major flavonoids apigenin, quercetin, and kaempferol. In particular, apigenin (~45%) was the most abundant flavonoid in the mixture. SRD5A2 encodes 5α-reductase type II, an enzyme responsible for converting testosterone into dihydrotestosterone (DHT), a key androgen implicated in the miniaturization of hair follicles characteristic of androgenetic alopecia (AGA). Interestingly, the current study demonstrates that the herbal extract–minoxidil combination exerts a further suppressive effect on SRD5A2, suggesting a potential mechanism by which these compounds may mitigate AGA progression (Fig. 1A). Both minoxidil and herbal extract treatments significantly decreased the levels of IL-6 (Fig. 1B) and TNF-α (Fig. 1C). The combination further decreased inflammatory cytokine levels ($p < 0.0001$). The anti-inflammatory effect of the minoxidil–herbal extract combination in HaCaT cells was unexpectedly high, likely due to their synergistic effect. This can be further investigated in hair loss types depending on inflammation.



Conclusions

In HaCaT cells, minoxidil suppressed inflammatory cytokines and the testosterone-converting enzyme SRD5A2; the herbal extract showed parallel behavior but with a less significant effect. However, when combined, an extraordinary effect was observed. The combination of minoxidil and herbal extract suppressed inflammatory cytokines and the testosterone-converting enzyme SRD5A2. In the future, topical minoxidil treatments can be combined with flavonoid-rich herbal extracts for better effectiveness.

Abstract N°: ID-1038

Topic: Topical and systemic therapy

New opportunities in the treatment of patients with onychomycosis

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Introduction

The last decades regarding diseases of fungal etiology are characterized by a tendency towards changes in the understanding of the etiology and clinical picture of such lesions, and accordingly, the development of new treatment methods is necessary. The goal of our work was to optimize medical care for patients with onychomycosis through the use of therapeutic agents that improve the structure of the nail plates.

Materials and Methods

The study involved 147 patients with various forms of onychomycosis of the hands and feet aged 23 to 79 years. Patients in the main group were offered to use a systemic antifungal drug with a drug that contains biotin and improves the structure and speed of nail plate growth. Patients in the control group used only a systemic antifungal drug. Examination of patients was performed with microscopic examination of pathological material (pieces of nail fragments), cultural study, PCR, epiluminescence surface microscopy of affected nail plates, dermatoscopy, determination of nail plate damage index.

Results

At the beginning of treatment, the most common clinical manifestations of onychomycosis were as follows: hyperkeratotic changes were observed in 44 patients (47.3%) of the main group and in 30 patients (55.6%) of the control group; onycholysis in the form of partial or complete detachment of the nail plates from the nail bed was observed in 26 patients (28.0%) with combined therapy and in 38 patients (70.4%) of the control group; destruction of the nail plates to their complete absence was observed in 4 patients of the main group and in 3 patients of the control group; color change was observed in almost all patients of both groups - 96.8% of the main group and in 96.3% of the control group; Surface deformation is also a characteristic sign of onychomycosis and at the beginning of treatment it was observed in a weak degree of severity in 41 patients (44.1%), in a moderate degree - in 26 (27.9%), in a significant degree - in 19 patients (20.4%). As for the patients of the control group, the largest number of them had moderate surface deformation in 25 patients (46.3%), then 14 patients (25.9%) with significant changes in the form of transverse and longitudinal striations, there were no surface changes at all in 11 patients. Such a symptom as a change in the free edge was completely absent in 10 patients (18.5%) of the control group and in 24 patients (25.8%) of the main group. The highest percentage of changes among the main group – 29.0% was observed in patients with moderate degree of delamination in 27 patients, absence – in 19 patients (20.0%), and insignificant in the form of slight partial delamination in 23 patients (24.7%). As a result of the treatment, it was found that the growth rate of nail plates in patients receiving complex therapy was 1.4 times (0.77±0.02 cm) higher than in patients in the control group, whose average growth rate was 0.53±0.03 cm.

Conclusions

A comprehensive method of treating patients with onychomycosis involving both antifungal agents and agents that

improve the structure of the nail plates and accelerate their regrowth provides mycological elimination and a positive clinical outcome in patients: achieving mycological remission at 10-12 weeks in 89.1% of patients with comprehensive treatment, which is 19.5% more than in patients with traditional treatment. The developed method ensures the restoration of the normal structure of the nail plate in 96.8% of patients (respectively, in 81.5% of patients using traditional treatment).

Abstract N°: ID-1040

Topic: Topical and systemic therapy

Assessment of the impact of phototherapy on the organism of patients with psoriasis

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Introduction

Taking into consideration the latest data on psoriasis problems, namely: a number of uncertain links of etiopathogenesis, possible consistency of disorders of immune system, thyroid and skin microbial landscape as well as failure to achieve long-term and controlled remission demonstrate the relevance and feasibility of further research of dermatosis, which will contribute to improving quality of life for patients by using appropriate methods of therapeutic correction.

The aim of our research was to study of skin microbial landscape and immune-endocrine parameters as well as improvement of treatment efficiency in patients with different clinical course of psoriasis by using narrowband UVB phototherapy.

Materials and Methods

We examined 46 patients with psoriasis (27 men and 19 women) aged 21-64. The comparison group consisted of 34 psoriasis patients comparable by age, sex and clinical course. Cytokine levels IL-4, IL-8, IL-10, TNFα, thyroid peroxidase (TPO) and thyroglobulin (Tg) autoantibodies and microbial flora of skin were determined in patients with psoriasis.

Results

The study finds that conventional therapy does not have sufficient corrective impact on immune-endocrine disorders and the use of narrow-band light therapy has shown that it has a focused corrective impact on cytokine production and modulating effect on the level of TPO and Tg autoantibodies and the state of skin automicroflora of lesions in patients suffering from psoriasis.

Conclusions

Using NBUVB (311 nm) therapy in patients with psoriasis allows improving efficiency of treatment and limiting clinical signs in the form of achieving remission and significant improvement in patients' health without any negative dynamic changes.

Abstract N°: ID-1043

Topic: Topical and systemic therapy

Online Misuse of Topical Corticosteroids: Results from an Internet-Based Questionnaire of 200 Users

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Introduction

Topical corticosteroids (TCS) are a cornerstone of dermatological therapy due to their potent anti-inflammatory and immunosuppressive properties. When used appropriately, they are safe and effective; however, misuse remains common worldwide. The increasing availability of medical information through social media and online platforms has contributed to unsupervised self-medication and inappropriate use of TCS, particularly for cosmetic purposes and facial dermatoses. Such practices may lead to significant cutaneous adverse effects, especially when high-potency corticosteroids are used for prolonged periods or applied to sensitive anatomical areas.

Materials and Methods

A descriptive cross-sectional study was conducted using a structured, self-administered online questionnaire. The questionnaire was disseminated through social media platforms and online networks and targeted individuals reporting personal use of topical corticosteroids. A total of 200 complete responses were included in the analysis.

Results

Among the 200 respondents, 128 (64%) reported using topical corticosteroids without medical prescription or dermatological supervision. Prolonged use exceeding three months was reported by 124 participants (62%), including 46 (23%) who described continuous use for more than six months. High- or very high-potency corticosteroids were used by 82 respondents (41%), frequently for non-medical or inappropriate indications such as cosmetic use, acne, or nonspecific facial dermatoses.

The face was the most commonly reported site of application (48%), followed by intertriginous areas (22%) and the trunk (18%). Notably, 71% of facial applications involved moderate- to high-potency corticosteroids. Adverse cutaneous effects were reported by 138 respondents (69%), including skin atrophy (34%), rebound or worsening dermatitis (29%), steroid-induced acne or rosacea-like dermatitis (22%), pigmentary disorders (18%), and telangiectasia (15%). Multiple adverse effects were reported by 27% of respondents.

Social media platforms and non-medical online influencers were identified as the primary source of recommendation in 56% of cases, followed by friends or family members (21%), pharmacists without prescription (15%), and physicians (8%). Respondents relying on online sources more frequently reported prolonged use and adverse effects.

Conclusions

This internet-based questionnaire highlights a high prevalence of topical corticosteroid misuse, largely driven by self-

medication and online misinformation. Prolonged use of high-potency corticosteroids, particularly on the face, is associated with a significant burden of preventable adverse effects. These findings emphasize the need for improved patient education, responsible digital health communication, and stricter regulation of topical corticosteroid access.

Abstract N°: ID-1086

Topic: Topical and systemic therapy

Cyclophosphamide therapy in refractory Nekam's disease

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Introduction

Nekam's disease, also known as keratosis lichenoides chronica (KLC), is a rare mucocutaneous disorder characterized by violaceous, hyperkeratotic papules arranged in a linear and reticulate pattern, typically involving the extremities and trunk. The disease is often therapeutically challenging due to frequent resistance to conventional treatments, and no standardized therapy has been established to induce sustained remission. We present a case of extensive KLC, refractory to multiple treatments, that improved dramatically with cyclophosphamide therapy.

Results

Case presentation:

A 35-year-old man presented with a one-year history of asymptomatic papular eruption initially involving the trunk and subsequently spreading to the extremities, buttocks, face, and genitalia. Clinical examination revealed violaceous, hyperkeratotic papules in a linear-reticular pattern on the upper limbs, associated with oral aphthous ulcers, bilateral conjunctival hyperemia, genital ulceration, and rosacea-like facial lesions. Systemic evaluation and laboratory investigations were unremarkable. Initial biopsies suggested folliculitis, pityriasis lichenoides, and lichenoid dermatitis. One year later, a new histopathological examination confirmed the diagnosis of KLC, demonstrating parakeratosis, epidermal acanthosis, vacuolar alteration of the basal layer, numerous necrotic keratinocytes, and a dense superficial dermal infiltrate composed of lymphocytes and plasma cells.

The patient failed multiple therapies, including topical corticosteroids, keratolytics, phototherapy, systemic corticosteroids, methotrexate, and acitretin. Given persistent disease activity, cyclophosphamide was initiated with three monthly intravenous pulses followed by an alternate-day oral regimen for five months. This treatment led to significant improvement, with complete resolution of lesions Notably, with a follow-up of one year, no recurrence was observed.

Conclusions

This case highlights the potential efficacy of cyclophosphamide in the management of severe, refractory KLC. Given the lack of established therapies for this rare disorder, cyclophosphamide may represent a promising alternative for refractory cases.

Abstract N°: ID-1156

Topic: Topical and systemic therapy

Parental topical corticosteroid phobia and its consequences in children in Morocco

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Introduction

Topical corticosteroids are the cornerstone of treatment for many pediatric dermatoses, with well-established efficacy and safety when used according to recommendations. However, topical corticosteroid phobia remains common among parents, fueled by misconceptions, alarmist information, and a lack of therapeutic education. This fear may lead to poor adherence or treatment discontinuation, with negative consequences on disease progression and the child's quality of life. International studies report parental corticosteroid phobia in 30–80% of cases. This study aims to assess the prevalence of topical corticosteroid phobia among Moroccan parents, identify its contributing factors, and analyze its impact on the health of children with chronic dermatoses, based on a sample of 230 parents.

Materials and Methods

This is a cross-sectional, descriptive study conducted using an anonymous online questionnaire distributed through social media groups intended for parents and families. No identifiable personal data were collected. Ethical principles of respect, anonymity, and confidentiality were strictly observed.

Results

The study involving 230 parents highlights several major trends regarding topical corticosteroid phobia and its impact on the management of pediatric dermatoses. The affected children were mainly aged 11–15 years or over 15 years (64% combined), while children under 2 years represented 12%, those aged 2–5 years 8%, and those aged 6–10 years 16%. The majority were male (60%). Parents were predominantly over 36 years of age (80%), mostly mothers (80%), with a university or postgraduate level of education in 68% of cases.

From a dermatological perspective, all children had received a physician-established diagnosis. The most frequent conditions were psoriasis (52%), atopic dermatitis (28%), and contact eczema (12%). In addition, 96% of children had previously been prescribed topical corticosteroids.

Regarding knowledge and beliefs, 68% of parents acknowledged the effectiveness of topical corticosteroids. More than 60% feared permanent skin thinning, 36% were concerned about dependence, 80% feared an impact on growth, and approximately 60% believed that these treatments should be avoided whenever possible.

These concerns significantly influenced therapeutic behavior: 48% of parents reported being indifferent to the prescription, while 28% felt anxious and 4% very anxious. Furthermore, 64% reduced the prescribed dose, 68% applied the treatment less frequently than recommended, 24% discontinued it prematurely, and 16% sometimes refused to purchase it. The sources of these fears were multiple, including potential side effects (44%), social media (56%), family and social surroundings (56%), and to a lesser extent insufficient medical explanations (16%).

The consequences for children were notable: 24% experienced disease worsening, and complications were reported, such as severe pruritus (55%), insomnia (33%), and hospitalization (11%). These difficulties also affected quality of life (52%), school performance (40%), sleep (24%), concentration (8%), and more rarely family life (4%). Moreover, 56% of

children had already required emergency consultation for a flare, and 20% needed a stronger treatment.

Finally, 12% of parents considered the explanations they received to be insufficient, and 96% expressed a desire for more information on the correct use of topical corticosteroids.

Conclusions

Parental topical corticosteroid phobia is frequent in Morocco and represents a major barrier to optimal management of pediatric dermatoses. Misconceptions, media influence, and inadequate medical explanations contribute to poor adherence, with significant clinical repercussions, including lesion worsening, complications, impaired quality of life, and increased use of emergency care.

Improved physician–parent communication, therapeutic education programs, and an active medical presence on digital platforms appear essential to combat misinformation and optimize treatment outcomes in children.

Abstract N°: ID-1163

Topic: Topical and systemic therapy

Semaglutide and its associated side effects. What dermatological conditions canGLP-1 receptor agonists be used to treat? - a systematic review.

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Introduction

Glucagon-like peptide-1 (GLP-1) receptor agonists are currently used as first-line therapies in the treatment of type 2 diabetes mellitus and obesity. Through activation of the GLP-1 receptor, they delay gastric emptying, suppress glucagon secretion, and stimulate insulin release, thereby improving glucose homeostasis. However, an increasing body of evidence indicates that GLP-1 receptor agonists also play a significant role in immunoregulatory pathways, exert anti-inflammatory effects, and influence the pathogenesis of various skin diseases, creating new therapeutic opportunities in dermatology. At the same time, cases of diverse unintended cutaneous reactions have been reported during therapy with GLP-1 analogues, including semaglutide. The aim of this study was to evaluate the profile of semaglutide-associated cutaneous adverse effects and to analyze the available scientific literature regarding the use of GLP-1 receptor agonists in the treatment of selected dermatological conditions.

Materials and Methods

A systematic literature review was conducted in accordance with the PRISMA guidelines. The PubMed, Embase, and Scopus databases were searched from their inception until December 2025 using combinations of the following keywords: “semaglutide”, “GLP-1 receptor agonist”, “skin”, “dermatology”, “cutaneous”. The literature search was conducted using both MeSH (Medical Subject Headings) and EMTREE terms. Eligible studies included publications addressing adult patients treated with GLP-1 analogues, with specific consideration of dermatological conditions. Studies involving individuals under 18 years of age or adult patients not treated with GLP-1 analogues were excluded.

Results

Analysis of semaglutide-associated adverse effects demonstrated that the most frequently reported cutaneous manifestations included contact dermatitis, urticaria, erythema, alopecia, and injection-site edema. Alopecia was observed more frequently in patients receiving oral semaglutide. The majority of these adverse effects showed significant improvement following dose reduction or complete discontinuation of the drug. Based on the analyzed data, the therapeutic relevance of GLP-1 receptor agonists in dermatology primarily pertains to psoriasis, hidradenitis suppurativa, and Hailey–Hailey disease. Additionally, an improvement in skin conditions associated with obesity and type 2 diabetes mellitus was observed during GLP-1–based therapy.

Conclusions

Semaglutide, as well as other GLP-1 receptor agonists discussed in this review, exhibit a relatively favorable dermatological safety profile. Cutaneous adverse effects are uncommon and predominantly involve reactions of the skin and subcutaneous tissue, such as rash, pruritus, and urticaria. The efficacy of GLP-1 receptor agonists has been demonstrated in various dermatological conditions, including psoriasis, hidradenitis suppurativa, and acanthosis nigricans; however, further studies are required to establish optimal indications, safety profiles, and underlying mechanisms of action of GLP-1 receptor agonists in dermatological practice.

Abstract N°: ID-1165

Topic: Topical and systemic therapy

Topical JAK inhibitors in Alopecia Areata and Vitiligo: A review of current status andfuture directions

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Introduction
Alopecia areata (AA) and Vitiligo are chronic autoimmune disorders characterized by non-scarring hair loss and patchy skin depigmentation. Despite their differing clinical manifestations, both conditions share a common pathogenesis driven by the dysregulation of the Janus Kinase (JAK)-signal transducer and activator of transcription (STAT) pathway, involving cytotoxic T lymphocytes and interferon-gamma (IFN-γ) signaling. While systemic JAK inhibitors have demonstrated efficacy, they are associated with potential systemic adverse events. Topical JAK inhibitors have emerged as a potential therapeutic alternative, aiming to maximize local efficacy while minimizing systemic absorption. This review aims to evaluate the current status, efficacy, and safety of topical JAK inhibitors in AA and Vitiligo.

Materials and Methods
A comprehensive literature review was performed using PubMed, Embase, and Cochrane Library databases. The search focused on randomized clinical trials, open-label studies, and relevant pilot studies concerning topical JAK inhibitors, including ruxolitinib, tofacitinib, and delgocitinib in AA and Vitiligo published through early 2026. Efficacy was evaluated based on repigmentation rates (F-VASI/T-VASI), hair regrowth (SALT score), safety profiles, and vehicle formulation challenges. The review was conducted in accordance with the PRISMA guidelines.

Results
In Vitiligo, topical ruxolitinib 1.5% cream has shown robust efficacy, establishing itself as the first FDA and EMA-approved medication for repigmentation, with a favorable safety profile. Data indicates significant improvement in facial vitiligo compared to acral areas. In contrast, the efficacy of topical JAK inhibitors in AA appears more variable. While some studies on topical tofacitinib and ruxolitinib demonstrate hair regrowth, results are often inferior to oral administration, likely due to limited follicular penetration and the depth of the inflammatory infiltrate. However, newer formulations and delivery systems (e.g., liposomal or nanoparticle carriers) show potential in overcoming the skin barrier more effectively. While some positive outcomes have been reported, challenges related to the depth of follicular penetration remain evident. Notably, recent findings from a phase 2a vehicle-controlled study of delgocitinib indicate that achieving efficacy superior to vehicle can be difficult with current topical formulations in moderate-to-severe AA. Safety data across reviewed studies generally indicate that topical JAK inhibitors are well-tolerated, with a low incidence of

systemic adverse events compared to oral administration

Conclusions

Topical JAK inhibitors represent a paradigm shift in the treatment of Vitiligo, offering a highly effective and safe option for patients. For Alopecia Areata, while promising, the current topical formulations face challenges related to drug delivery and depth of penetration. Future directions should focus on optimizing vehicle technology to enhance follicular bioavailability and exploring combination therapies. Topical JAK inhibitors remain a crucial area of development for personalized, safe long-term management of these dermatoses.

Abstract N°: ID-1271

Topic: Topical and systemic therapy

Efficacy and Safety of Topical Methenamine for Primary Focal Hyperhidrosis: A Systematic Review

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Introduction

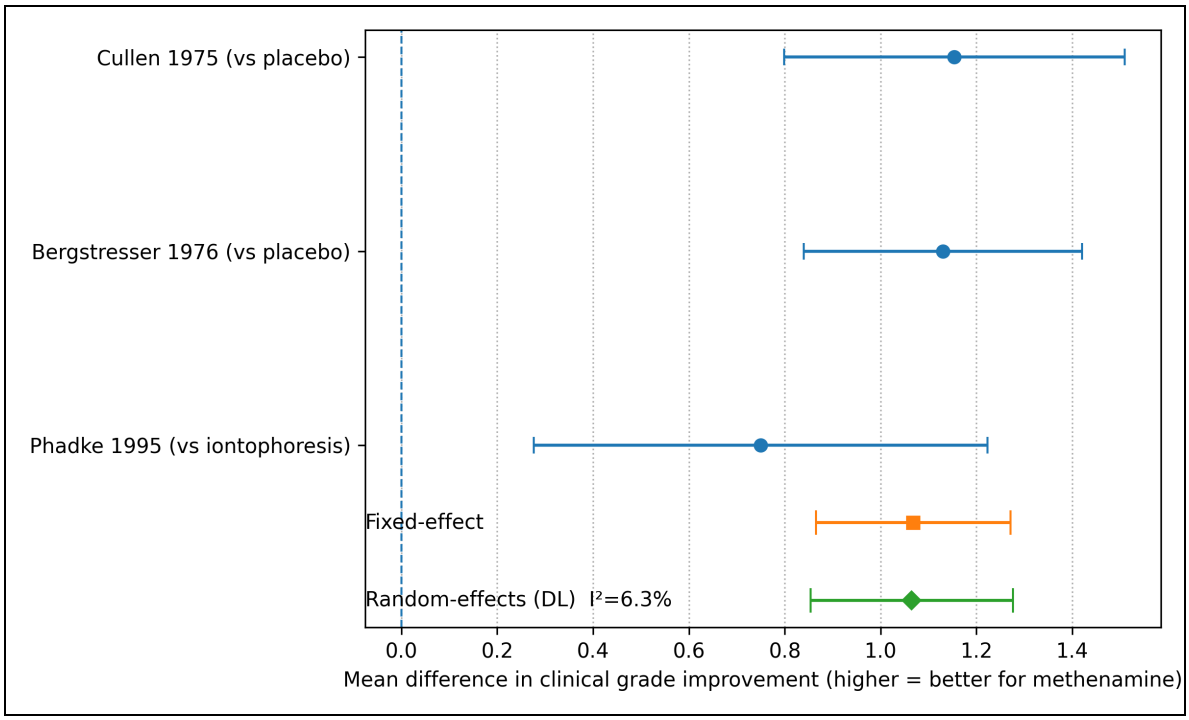
Primary palmoplantar hyperhidrosis is a common and debilitating condition with significant psychosocial impact. First-line topical therapies including aluminium chloride-based antiperspirants are frequently limited by inadequate efficacy and side effects such as local skin irritation. Systemic anticholinergic therapies are constrained by dose-limiting adverse effects such as dry mouth, blurred vision, urinary retention, and cognitive impairment. Consequently, there remains an unmet need for effective, well-tolerated topical treatments for palmar hyperhrosis. Topical methenamine is an older therapy with potential highly efficacious antihidrotic properties, but its efficacy has not been analysed using contemporary systematic review and meta-analytic methods. To our knowledge, this is the first systematic review and meta-analysis evaluating the efficacy and safety of topical methenamine in primary focal hyperhidrosis.

Materials and Methods

A systematic search of PubMed and Embase was conducted from inception to February 2026 to identify clinical studies evaluating topical methenamine for primary focal hyperhidrosis. Randomised controlled trials and controlled clinical studies reporting clinical severity outcomes were included. Two reviewers independently screened studies, extracted data, and assessed risk of bias. The primary quantitative outcome was the mean difference in clinical grade improvement between methenamine and control at four weeks. A random-effects meta-analysis was performed. Secondary outcomes included within-group change in sweating severity. Safety profile and adverse effects were synthesised narratively where quantitative pooling was not feasible.

Results

Three controlled studies involving 195 treated sites or participants met inclusion criteria. All studies employed ordinal clinical grading scales to assess sweating severity, typically ranging from grade 4 (severe hyperhidrosis) to grade 1 (minimal or no visible sweating/dry skin). In the primary controlled meta-analysis, topical methenamine demonstrated greater improvement in clinical sweating grade compared with control at approximately four weeks (pooled mean difference ≈ 1.05 grades; 95% CI 0.86–1.27; random-effects model), with low-to-moderate heterogeneity. In the active-comparator trial, methenamine produced a greater reduction in sweating severity than tap-water iontophoresis at four weeks (mean grade reduction 2.20 vs 1.45, respectively). Secondary within-group analyses demonstrated clinically meaningful reductions in sweating severity following methenamine treatment, with mean grade reductions ranging from 1.46 to 2.20 grades across studies at approximately four weeks. Topical methenamine was generally well tolerated; reported adverse effects were mild and localised, with no cases of clinically significant contact sensitisation. In comparative data, methenamine exhibited a more favourable local tolerability profile than glutaraldehyde.



Forest Plot showing Mean Difference in Clinical Sweating Grade Improvement

Conclusions

Topical methenamine is associated with statistically significant and clinically meaningful improvement in palmoplantar hyperhidrosis. In the context of limited efficacy and tolerability of current first-line and systemic therapies, topical methenamine represents a potentially valuable alternative option with a long history of clinical use and a well-established safety profile. However, the evidence base is limited by small, older trials with comparable but non-standardised clinical severity grading system outcome measures, underscoring the need for methodologically robust randomised controlled trials to better inform hyperhidrosis treatment pathways.

Abstract N°: ID-1446

Topic: Topical and systemic therapy

Current and emerging treatment strategies in Lichen Planopilaris- Recent clinical evidence

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Introduction

Lichen planopilaris (LPP) is the most common primary cicatricial alopecia, predominantly affecting middle-aged women, and often leads to permanent, patchy hair loss with perifollicular erythema and hyperkeratosis. The disease is immune-mediated, likely driven by T-cell targeting of hair follicles, and commonly presents with pruritus, burning or scalp tenderness. Current first-line therapies include high-potency topical corticosteroids and systemic agents such as hydroxychloroquine, yet many patients remain refractory or intolerant. Recent studies have investigated novel pharmacologic approaches and procedural therapies aiming to reduce inflammation, halt progression, and preserve hair.

Materials and Methods

A systematic literature search was conducted in PubMed for studies published between 2021 and 2025 using the terms “lichen planopilaris” AND “treatment” in titles or abstracts. Eligible studies were limited to English-language human studies and included randomized controlled trials, systematic reviews, meta-analyses, and case series reporting extractable efficacy or safety outcomes in LPP. Of 282 records initially identified, 39 studies were screened in full text and 18 met inclusion criteria for qualitative synthesis.

Results

Across the included studies, the majority of participants were women, consistently representing approximately 70–90% of study populations, reflecting the well-established female predominance of LPP in clinical practice. The analyzed studies evaluated a broad spectrum of systemic, topical and procedural therapies. Among systemic treatments, a triple-arm randomized controlled trial demonstrated that adjunctive N-acetylcysteine and pentoxifylline added to topical clobetasol significantly reduced the Lichen Planopilaris Activity Index (LPPAI), with N-acetylcysteine showing the greatest benefit and excellent tolerability. A meta-analysis of six studies comprising 94 patients reported a pooled response rate of 69% with mycophenolate mofetil, predominantly partial responses and mild adverse events in 16.9% of cases. Oral pioglitazone showed LPPAI reductions comparable to clobetasol in a randomized clinical trial and was well tolerated. Janus kinase inhibitors, particularly tofacitinib (as monotherapy or adjunctive therapy), assessed in a randomized placebo-controlled trial and multiple case series, achieved LPPAI improvements ranging from 30% to 94% with minimal transient adverse effects. Interleukin inhibitors demonstrated variable efficacy: ixekizumab, brodalumab, tildrakizumab, and ustekinumab produced partial or complete responses in small series, whereas secukinumab showed limited benefit.Topical therapies, including high-potency corticosteroids, isotretinoin and low-dose oral minoxidil also yielded favorable outcomes. Oral isotretinoin provided greater aesthetic improvement than topical formulations in facial LPP, while low-dose oral minoxidil increased hair shaft thickness in 20 patients and stabilized disease in 27, with manageable side effects. Procedural interventions also showed promise: platelet-rich plasma significantly reduced LPPAI compared with clobetasol in a randomized trial. Light-based therapies improved inflammatory signs and symptoms in small cohorts and autologous adipose tissue injections led to improvements in hair density and disease activity after a single session.

Conclusions

Current evidence supports multiple systemic, topical and procedural treatment options for lichen planopilaris, most of which provide partial disease control with acceptable safety profiles. The marked predominance of female participants across studies further supports the higher prevalence of LPP in women. These findings underscore the need for individualized, multimodal therapeutic strategies in LPP management, while highlighting the necessity for larger, high-quality randomized trials to define optimal treatment algorithms and long-term outcomes.