



7<sup>TH</sup> EDITION OF INTERNATIONAL CONFERENCE ON

# DERMATOLOGY & COSMETOLOGY

**JUNE 22-24, 2026**  
**BARCELONA, SPAIN**

**Hotel Alimara**  
Carrer de Berruguete, 126,  
Horta-Guinardó, 08035 Barcelona, Spain

7<sup>TH</sup> EDITION OF

International Conference on

**DERMATOLOGY** AND  
**COSMETOLOGY**

HYBRID EVENT

**22-24**  
JUNE 2026

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ABSTRACTS



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# Keynote Speakers



**Arvind Poswal**

Dr A S Clinic Pvt Ltd, India



**Dechelette Corinne**

La Peau Autrement, France



**Elena Giardini**

Private Practice, Italy



**George Sulamanidze**

The Clinic of Plastic Surgery and Aesthetic  
Dermatology, Totalcharm, Georgia



**Nalini Kaul**

Princeton Consumer Research, Canada



**Ravi M Rathod**

KMCRI, India

# Keynote Speakers



**Sergeeva Irina**

Novosibirsk State University, Russian  
Federation



**Sergei A. Grando**

University of California Irvine, United States



**Sergey Suchkov**

N.D. Zelinskii Institute for Organic Chemistry  
of the Russian Academy of Sciences,  
Russian Federation



**Syed Nazim Hussain**

DermaTrico, India

# Welcome Message



## Dechelette Corinne

La Peau Autrement, France

Dear Colleagues, Distinguished Guests, and Friends,

It is a great pleasure to welcome you to the 7th Edition of the International Conference on Dermatology and Cosmetology (IDC 2026), taking place in Barcelona and online in a hybrid format.

Under the inspiring theme “Cutting-Edge Dermatology & Cosmetology: Shaping the Future of Skin Wellness”, this meeting reflects the dynamic evolution of our field, where science, clinical practice, and innovation converge to redefine skin health and aesthetic care.

My presentation, “Art, Skin and Dermatology: Interdisciplinary Perspectives,” aims to explore how dermatology can be enriched through dialogue with the humanities and visual culture. The skin, beyond its biological functions, is also a surface of expression, perception, and representation. In this sense, art offers a unique lens through which we can better understand the complexity of skin—both as an organ and as a symbol.

I look forward to sharing these reflections and engaging in meaningful exchanges with colleagues from diverse backgrounds. This interdisciplinary approach, at the crossroads of medicine, science, and art, is, I believe, essential for shaping the future of dermatology and cosmetology.

I wish you all a stimulating and inspiring conference

# Welcome Message



## Prof. Dr. Sergeeva Irina

Novosibirsk, Russia

Dear 7th Edition of International Conference on Dermatology and Cosmetology visitors, it is an honor and pleasure to write a few welcome notes. Today, several completely different trends are combining in clinical medicine. Firstly, it is a trend towards high technologies, the use of targeted therapy, and the personalization of drug selection. Secondly, it is artificial intelligence, which becomes an assistant not only to the doctor, but also to the patient, and often makes a significant contribution to clinical practice. Thirdly, the issue of working with patients remains extremely important, because only the application of clinical thinking and the assessment of symptoms by a doctor makes it possible to correctly query artificial intelligence and choose the right personalized tactics. Congresses, where doctors share their experiences, discuss clinical cases, certainly remain the most important part of a medical education after graduating the university. I would like to wish that this event would benefit everyone who takes part in it.



# Welcome Message

## **Sergei A. Grando MD, PhD, DSc**

Distinguished Professor, Department of Dermatology,  
University of California Irvine, USA

On behalf of the Scientific Committee,

I take great pleasure in welcoming you to the 7th Edition of International Conference on Dermatology and Cosmetology (IDC 2026-Hybrid Event) in Barcelona, Spain. IDC 2026-Hybrid is a specialized event offering a unique hybrid experience, allowing participants to either attend in person or from the convenience of their homes or workplaces. The theme of this year's congress "Cutting-Edge Dermatology & Cosmetology: Shaping the Future of Skin Wellness" will focus on improving outpatient treatment, improving patient health and experience and expanding data analysis abilities among dermatologists to embrace new challenges and advance the profession. IDC 2025-Hybrid, distinguished by renowned speakers, cutting-edge methodologies, and recent advancements in Dermatology and Cosmetology, stands out as an outstanding conference that seeks to facilitate the interchange and integration of ideas, perspectives, and research approaches across various fields, with a primary focus on the latest advancements and discoveries in skin-related research. I sincerely hope that you take the opportunity to network, learn, share and collaborate with international experts. I wish you an enjoyable and productive meeting. For those who comes to Barcelona, I hope you enjoy your stay in this wonderful city and use pre and post conference times to enjoy the sites. We are enthusiastic about your attendance and participation. Enjoy the conference!

# Welcome Message



## Dr. Sergey Suchkov, MD, PhD

N.D. Zelinskii Institute for Organic Chemistry of the Russian  
Academy of Sciences, Russian Federation

Dear Colleagues, Scientists, Clinicians and Friends,

It gives us a great pleasure to welcome you to the 7th Edition of International Conference on Dermatology, a remarkable Event which brings together a unique and international mix of large and medium researchers, practitioners, biodesigners and bioengineers, companies/industries, leading universities and research institutions making the Conference a perfect platform to share experience, foster collaborations across industry and academia, and evaluate emerging technologies across the globe. The Conference is scheduled to be held in June 22-24, 2026, in Barcelona, a historical place on the crossroad of a rich cultural heritage, modernist art and phenomenal attractiveness.

Over the last few decades, design-driven biomedical research has unraveled a plethora of pathophysiological steps putatively important for the global skin disease knowledge, aiming at the development of truly effective cutaneous therapeutics. The Conference is designed to canvas a variety of contemporary considerations of interest to medical and biopharma world as well as other allied healthcare providers. Whilst featuring a highly interactive and multi-disciplinary Program including initiatives in the latest and innovative transdisciplinary areas of the dermatology of the future, including various interactions of many subspecialties to understand better integrality of medicine, as applicable to Personalized and Precision Healthcare services.

This Global Event will be one of the great platform is to share our thoughts and exchange ideas on how to chart our journey forward to reach new heights, since the strategic goal of the Conference is to promote translational and research and developmental activities in the area of skincare, aesthetic treatments, dermatology, cosmetology, reconstructive and plastic surgery.

This event will bring together the most brilliant minds and provide a platform for sharing the latest advancements, techniques, and innovations in skincare, aesthetic treatments, and reconstructive surgery, offering participants cutting-edge insights into both medical and cosmetic dermatology.

Our mission is to boldly advance higher standards of dermatology care through academic, clinical and educational offerings, resources for providers, students and patients, and much more. So, attending the Conference is an opportunity to get updates on, and a comprehensive understanding of the latest research in dermatology, with the Program covering the complete range of diverse specialties presented by world-renowned experts sharing their latest insights. We hope you gain an insight into novel, cutting-edge translational technologies from brilliant leaders, exuberant researchers, and talented student communities.

Against the picturesque setting of Barcelona, Spain, this innovative Event will explore the exciting theme unlocking the secrets of the unique and global trend entitled Personalized and Precision Dermatology and Plastic Surgery: Trends, Practices, and Innovations and thus extend a heartfelt Welcome on this occasion to see you at the Event!

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# About Magnus Group

# About

Magnus Group, a distinguished scientific event organizer, has been at the forefront of fostering knowledge exchange and collaboration since its inception in 2015. With a steadfast commitment to the ethos of Share, receive, grow, Magnus Group has successfully organized over 200 conferences spanning diverse fields, including Healthcare, Medical, Pharmaceuticals, Chemistry, Nursing, Agriculture, and Plant Sciences.

The core philosophy of Magnus Group revolves around creating dynamic platforms that facilitate the exchange of cutting-edge research, insights, and innovations within the global scientific community. By bringing together experts, scholars, and professionals from various disciplines, Magnus Group cultivates an environment conducive to intellectual discourse, networking, and interdisciplinary collaboration.

Magnus Group's unwavering dedication to organizing impactful scientific events has positioned it as a key player in the global scientific community. By adhering to the motto of Share, receive, grow, Magnus Group continues to contribute significantly to the advancement of knowledge and the development of innovative solutions in various scientific domains.

# About IDC 2026

# About

The **7<sup>th</sup> International Conference on Dermatology and Cosmetology (IDC 2026)** will be held from **June 22–24, 2026** in **Barcelona, Spain**, and **online** in a hybrid format. Centered on the theme “*Cutting-Edge Dermatology & Cosmetology: Shaping the Future of Skin Wellness*,” the conference aims to advance scientific knowledge and clinical practice in dermatology and cosmetic science through global collaboration.

It will bring together dermatologists, cosmetic surgeons, researchers, clinicians, industry experts, and policymakers to share emerging evidence, innovative approaches, and evolving best practices. The program will feature keynote lectures, oral and poster presentations, workshops, and interactive discussions designed to foster knowledge exchange and professional development. IDC 2026 will serve as a multidisciplinary platform to encourage innovation, strengthen research translation into clinical practice, and support the continuous advancement of skin health and aesthetic medicine worldwide.

# About CPD Accreditation

## About

Continuing Professional Development (CPD) credits are valuable for **IDC 2026** attendees as they provide recognition and validation of their ongoing learning and professional development. The number of CPD credits that can be earned is typically based on the number of sessions attended. All the participants have an opportunity to avail 1 CPD credit for each hour of Attendance.

Some benefits of CPD credits include:

**Career advancement:** CPD credits demonstrate a commitment to ongoing learning and professional development, which can enhance one's reputation and increase chances of career advancement.

**Maintenance of professional credentials:** Many professions require a minimum number of CPD credits to maintain their certification or license.

**Increased knowledge:** Attending **IDC 2026** and earning CPD credits can help attendees stay current with the latest developments and advancements in their field.

**Networking opportunities:** This Conference provide opportunities for attendees to network with peers and experts, expanding their professional network and building relationships with potential collaborators.

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JUNE 2026

## KEYNOTE PRESENTATIONS





## Dr. Capt Arvind Poswal

Dr. A S Clinic Pvt Ltd, India

**Biography:** Dr. Arvind Poswal, an inventor, an artist, a perfectionist, a compassionate dermatologist and a teacher, is popular among his patients and peers alike. Dr. Arvind completed his medical studies from the prestigious Armed Forces Medical College, Pune (India). Dr. Arvind did Professional Diploma in Dermatology from Australia. Dr. Arvind's areas of special interest include Body hair to scalp transplant, dermatologic-aesthetic surgeries and anti-ageing/longevity medicine and Peptide- Gene therapies. For this, he also completed the Post Graduate program in Diabetology from Johns

Hopkins University, Baltimore and Masters in Business Administration. Dr. Arvind has been felicitated by heads of states and celebrities alike. Dr. Capt Arvind Poswal widely acclaimed for his contributions to the field of hair transplant. Dr. Arvind is the inventor of the stitchless FUSE/fue technique and Beard hair to scalp transplant. Dr. Arvind Poswa: MBBS (AFMC), Prof. Diploma Dermatology, MHA, PGPD (Johns Hopkins), Dip. Pys, PCTD, PCP, Founder Member, FUE Europe, President, SHTS. Dr. Arvind is also a member of the American Hair Loss Association, IAHRS, IPHA, SHTS, ESHRS, ISHRS, AHRS, FUE Europe, IFSCC.

## Endogenous exosomes vs commercial exosomes: Rethinking regenerative dermatology

Exosomes have rapidly gained prominence in regenerative dermatology, with increasing use in skin rejuvenation, hair restoration, pigmentation disorders, and post-procedure healing. Commercial exosome-based products are widely marketed as advanced biologic therapies; however, significant variability in source material, processing, storage stability, and regulatory classification raises critical questions regarding consistency, safety, and clinical predictability.

This presentation challenges the current trajectory of exosome-based interventions by proposing that treatment outcomes are not limited by the quality of signals alone, but by the biological readiness of the receiving tissue. In many cases, inconsistent clinical results may reflect a mismatch between delivered signals and the underlying cellular environment.

An alternative, physiology-aligned approach is presented: Enhancing endogenous exosome production through optimization of the tissue microenvironment. Key determinants such as cellular senescence, mitochondrial function, inflammatory status, and biological age are explored as primary drivers of regenerative capacity and treatment response.

A clinically applicable framework-Prepare→Trigger→Support-is introduced, focusing on improving cellular conditions, initiating controlled biological activation (e.g., microneedling), and sustaining regenerative signaling. This approach facilitates in-situ, patient-specific exosome generation, potentially offering a more adaptive and reproducible pathway to tissue repair and rejuvenation.

Applications across cosmetic dermatology and hair restoration are discussed, with emphasis on safety, scalability, and alignment with physiological processes. This perspective invites a broader shift in regenerative dermatology—from reliance on externally delivered biologics toward strategies that activate and optimize intrinsic biological systems.

**Keywords:** Exosomes, Regenerative Dermatology, Endogenous Exosomes, Microneedling, Cellular Senescence, Biological Age, Hair Restoration, Skin Rejuvenation, Epigenetics, Tissue Microenvironment.



## Corinne Dechelette Pharm. D, PhD

PEAOrigami Independent Artist, La Peau Autrement Scientific Consulting, Toulouse, France

**Biography:** Dr. Corinne Déchelette studied Pharmacy and Cutaneous Biology in Lyon University, France and is double graduated as Pharm.D in 1996 and as Ph.D in 1997. She joined the research group of Dr. Odile Damour, at the Skin Substitutes Laboratory of the French National Research Center (CNRS) and contributed to the development of artificial skin for major burn patients and cosmetic testing. Then, she worked during 25 years at Pierre FABRE Dermo-Cosmetic group as Scientific Advisor of the chairman, PlatForm Research &

Development/Marketing Director, Dermatology Prospective Director and Medical value Director. She is the main inventor of 5 patents relative to cosmetic actives. In 2018, she created the PEAOrigami educational-artistic concept and became in spite of herself, a plastic artist. She is the author of 6 books dedicated to the skin, one of which won a literary prize, and she created a collection of books called "LA PEAU ANALOGIQUE". In 2021, she founded LA PEAU AUTREMENT, a scientific consulting company dedicated to skin and cosmetics. She is actually vice-president of the International Society of Icono-diagnosis (ISI), secretary of the French Society dedicated to human science on skin (SFSHP) and of the Interdisciplinary and international Society dedicated to the sens of touch (SiiTact).

## Art, skin, and dermatology: Interdisciplinary perspectives

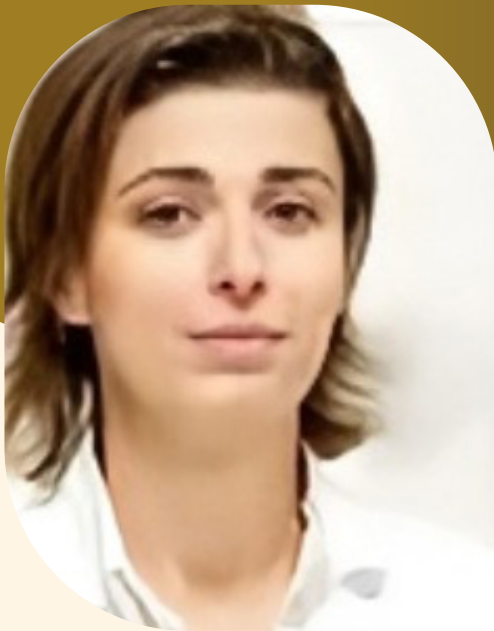
The skin is a uniquely visible organ, located at the intersection of biology, perception, and representation. In dermatology, clinical reasoning relies heavily on visual observation, pattern recognition, and interpretation of surface signs. Similarly, throughout the history of art, the skin has been a privileged subject through which artists have explored identity, normality, pathology, aging, and aesthetic ideals, notably including principles such as the golden ratio in the construction of beauty and harmony.

This lecture proposes an interdisciplinary dialogue between art and dermatology, examining how artistic representations of the skin can contribute to dermatological visual literacy, with the aim of improving visual acuity and enhancing the capacity for ekphrasis among dermatologists—that is, the ability to precisely describe, verbalize, and communicate visual clinical findings.

Through the analysis of selected artworks in parallel with clinical dermatological knowledge, the presentation explores the concepts of realism, idealization, symbolism, and cultural coding of cutaneous features.

Particular attention is devoted to the practice of iconodiagnosis, questioning its relevance, limits, and methodological risks when medical interpretation is applied to artistic images. The distinction between pathological signs, stylistic conventions, and intentional aesthetic distortion is discussed, emphasizing the need for critical visual literacy in both art analysis and clinical dermatology.

By bridging dermatology, art history, and visual sciences, this interdisciplinary perspective aims to refine observational skills, strengthen diagnostic awareness, and encourage a more reflective approach to visual evidence, where scientific rigor and aesthetic interpretation are understood as complementary rather than opposing modes of knowledge.



## Elena Giardini MD

Private Practice Padua, Italy

**Biography:** Dr. Elena Giardini received her degree in Medicine and Surgery from the University of Padua and has worked for surgeries in both Italy and the USA. She is a Board Certified Aesthetic Plastic Surgeon, member of the Italian Society of Plastic, Reconstructive, Regenerative and Aesthetic Surgery (SICPRE), of the international Society of Aesthetic Plastic Surgery (ISAPS), of the the American Society of Laser Medicine and Surgery (ASLMS) and International Member of the American Society of Plastic Surgeons (ASPS). Dr. Elena

Giardini is also a Technical Consultant for the Court of Padua for Plastic Surgery and a speaker at international events. At the ISAPS World Congress in September 2022, Dr. Elena Giardini presented the world's first non-invasive Regenerative Medicine technique for face and neck rejuvenation. Her pioneering technique does not require fillers or botox and is set to revolutionize the world of cosmetic surgery. For the non-surgical rejuvenation technique, she received the ISAPS Olympiad Athens 2023. Dr. Elena Giardini is no stranger to receiving awards and has prestigious accolades such as Global Excellence Awards Lux Life: Cosmetic Surgeons of the Year 2023 and 2024 and Corporate Life Wire Award: Cosmetic Surgeon of the Year 2024 and 2025 under her belt.

## How a combined use of stem cells and laser technologies for face and neck rejuvenation can reduce patients' request for surgical correction

**Background:** The use of regenerative medicine-based approaches for non surgical facial rejuvenation is an emergent trend and many autologous treatments have been proposed with different degrees of invasiveness and results. Recently this author presented the first clinical report of a new concept for face and neck rejuvenation: A combined use of stem cells and two laser technologies, the wavelength 1450nm for micro coagulation and the wavelength 980 for stimulation the production of neo- collagen and elastin.

**Objective:** Objective of this new report was to verify if the results obtained with this technique can modify patients' requests for additional surgical corrections.

**Methods:** We treated 450 patients with mild to high overall cutaneous photodamage and in particular with mild to severe degrees of upper eyelid dermatochalasis and of periorbital rhytides and with mild to severe skin laxity and horizontal skin wrinkles of the neck.

Patients received 4 successive laser treatments and stem cells applications at 3 weeks intervals. Clinical improvement of treatment areas was determined by comparative analysis of photographs at baseline and 1, 6, 12 and 24 months post treatment. At each time a specific skin software allows to evaluate wrinkles density, skin dark and light, spot density etc. Skin elasticity measurements were obtained with a cutometer and general patient satisfaction surveys were also obtained at each follow-up visit. Further specific surveys were carried out at each time to monitor the patients' request for additional surgical correction.

**Results:**

- A greater than 85% clinical improvement in photodamage at different months follow-ups was achieved in nearly 95% patients, confirming previous data.
- Patients also reported a statistically significant reduction of periocular wrinkles (85%) and dermatochalasis (80%), a statistically significant reduction of the horizontal neck wrinkles.
- (90%) and an improvement of the skin laxity (80%) with stable results over time and a very high patient satisfaction rate.
- The percentage of patients considering additional surgical correction dropped from 40% pre treatment to 4 % post treatment.
- No down time and no side effects were reported.

**Conclusions:** This study confirmed the great effectiveness of this new regenerative medicine technique for the rejuvenation of face and the neck with a great patient satisfaction rate and a significant reduction in the patients' request for additional surgical correction.



## George Sulamanidze

Plastic Surgeon at Clinic of Plastic and Aesthetic Surgery and  
Cosmetology Total Charm, Tbilisi, Georgia  
CEO, APTOS LLC, Georgia

**Biography:** Dr. George M. Sulamanidze, MD, PhD is a plastic and reconstructive surgeon and aesthetic dermatologist at TOTALCharm Clinic, Georgia. He earned his MD in Moscow (2002), PhD in Plastic Surgery (2007), and Master's in Dermatology (2015). He is the ISAPS National Secretary for Georgia and member of ASDS, SPRAS, GeoPRAS, and the Royal Society of Medicine (UK). Dr. Sulamanidze has authored over 40 publications, holds 18 patents (8 international), and pioneered several original surgical techniques. He received

Russia's "Plastic Surgeon of the Year" Gold Scalpel Award in 2008.

## The next generation of threads: Lifting, volumization, and biostimulation in one powerful triple action

The evolution of thread lifting technology has reached a pivotal milestone—merging three core dimensions of facial rejuvenation into a single intervention: Mechanical lifting, volume restoration, and true biostimulation. This presentation introduces the latest generation of Aptos threads powered by NAMICA technology, which delivers synchronized triple-action effects for comprehensive facial restoration with minimized invasiveness.

Historically, thread lifting began with non-absorbable polypropylene threads that provided structural support but lacked regenerative capacity. Over the last two decades, Aptos has led the market through progressive technological advancements—from absorbable P(LA/CL) threads offering improved safety and moderate collagen stimulation, to the integration of non-crosslinked Hyaluronic Acid (HA) coatings enhancing hydration and tissue regeneration. The fourth-generation Aptos threads, embedded with NAMICA technology, represent a paradigm shift: A depot system that allows controlled, prolonged release of native HA from a biodegradable shell, achieving both immediate mechanical lift and sustained biochemical stimulation.

Clinical investigations confirm statistically significant improvements in nasolabial fold severity and mid-face ptosis, sustained over six months. Histological sub-studies reveal superior induction of collagen type I and III, increased elastin synthesis, and reduced fibrosis and inflammation, particularly with HA-coated threads. These findings validate that beyond

lifting and anchoring, Aptos threads now offer volumization through dermal thickening and fibroblast activation, and skin quality enhancement via improved microcirculation, persistent hyperemia, and controlled extracellular matrix remodeling.

The result is not merely skin repositioning, but a rejuvenation process that visibly improves elasticity, tone, and contour. The threads work across aging-related concerns including ptosis, atrophy, and skin laxity, especially when applied in appropriately selected anatomical zones. Patients benefit from faster recovery, fewer adverse events, and longer-lasting outcomes—with FACE-Q™ and GAIS scores demonstrating high satisfaction and clinical efficacy.

As aesthetic medicine increasingly demands multifunctional tools that combine effectiveness, safety, and natural results, this next generation of Aptos threads redefines the role of thread lifting. The triple mechanism—lift, fill, and regenerate—not only reshapes protocols but also unlocks new possibilities for aging prevention and correction in non-surgical rejuvenation.



## Nalini Kaul\*, Barrie Drewitt

Princeton Consumer Research Winnipeg, Canada,  
Chelmsford, UK

**Biography:** Dr. Nalini Kaul completed her PhD. from PGIME&R Chandigarh, India. Post-doctoral training was at St Boniface General Hospital Winnipeg Canada and at the University of Southern California, USA. Soon after she took a Senior Scientist position at the University of Dallas, Texas. Following her return to Canada in 2000 she worked as Technical Director on Clinical trials with a reputed CRO, moved on to hold a joint appointment as Sr. Director of Regulatory Affairs and Director of Clinical trials with another company. At present

she is Vice President of Technical services at a well reputed CRO serving North American and the UK. She has published about 40 papers in national and international journals, has several book chapters to her credit presents widely at conferences both nationally and internationally. She provides technical expertise on clinical projects related to cosmetic, dietary supplements, medical devices and over the counter drugs.

## Assessing efficacy and safety of hair growth products in a clinical design using qualitative and quantitative techniques

Hair thinning and alopecia affect a substantial proportion of both men and women and are associated with diminished self-esteem and quality of life. Although pharmacological treatments such as minoxidil and finasteride are approved for androgenetic alopecia, limitations in efficacy, tolerability, and long-term adherence have driven increasing demand for alternative or adjunctive interventions. The rapid expansion of cosmetic and cosmeceutical hair growth products necessitates robust clinical methodologies capable of objectively substantiating efficacy and safety claims.

Our clinical study proposes and evaluates an integrated clinical framework combining qualitative expert assessment with quantitative instrumental measurements to assess hair and scalp outcomes. The primary hypothesis was that a natural topical formulation would significantly improve objective markers of hair density and scalp condition compared with baseline. Secondary endpoints included improvements in hair shaft diameter, scalp hydration, Transepidermal Water Loss (TEWL), and structural hair fibre integrity.

Clinical endpoints were assessed using blinded expert grading and instrumental techniques, including Corneometry and Tewametry (Courage+Khazaka, Germany) for scalp hydration and barrier function, AI-assisted trichoscopic imaging (HairMetrix-VISIOMED D-200EVO, Canfield Scientific, USA) for quantification of hair density and shaft diameter, and scanning

electron microscopy (Thermo Scientific Axia Chemi SEM) for ultrastructural evaluation of fibre morphology. Safety endpoints included monitoring of adverse events and scalp tolerability assessments throughout the study period.

The integrated methodology demonstrated statistically and clinically meaningful improvements in predefined endpoints, supporting the utility of multimodal instrumental assessment in hair growth research. These findings suggest that well-characterised natural formulations, when evaluated using validated clinical technologies, may provide measurable benefits and represent viable complementary approaches within the evolving therapeutic landscape of hair loss management.



## Ravi M Rathod

Department of Dermatology, Al-Ameen medical college,  
Vijayapura, Karnataka, India

**Biography:** Dr. Ravi M Rathod is Professor, Department of Dermatology at, Al-Ameen Medical College, Vijayapura, with over three decades of teaching and clinical experience in dermatology. Ravi previously served as Head of Department at KIMS and former President of IADVL Karnataka Branch. Ravi has contributed extensively to dermatology academics through scientific publications, conference presentations, invited lectures, workshops, and CMEs. Ravi's areas of interest include immune-dermatology,

psoriasis, HIV dermatology, and genodermatosis. Ravi has also authored academic chapters and served as an NMC assessor for numerous institutional inspections.

## Translating genetic and immune insights into psoriasis management

Psoriasis is a chronic inflammatory and proliferative disorder of the skin with autoimmune mechanisms, genetic predisposition, and important systemic associations. Clinically, it is characterized by well-defined erythematous, scaly, indurated plaques predominantly involving the extensor surfaces and scalp. Advances in molecular genetics and immunology over recent decades have considerably improved the understanding of psoriasis pathogenesis and have significantly influenced therapeutic strategies.

Both genetic and environmental factors contribute to the development and expression of psoriasis. The bimodal age distribution of onset suggests two pathogenetically distinct forms of the disease. Type I psoriasis, which accounts for the majority of cases, is hereditary in nature, strongly associated with HLA-C\*06:02, presents early in life, and is usually more severe. Type II psoriasis is generally sporadic, unrelated to HLA status, occurs later in life, and tends to follow a milder course. Familial clustering, autosomal dominant inheritance with reduced penetrance, and higher concordance rates in monozygotic twins compared to dizygotic twins further support the genetic basis of the disease.

Psoriasis is currently regarded as a polygenic and multifactorial disorder in which multiple susceptibility genes interact with environmental triggers to produce disease expression. Genome-wide association studies have identified several susceptibility loci, particularly the PSORS1 locus within the HLA region, along with immune-regulatory genes such as IL23R, TNFAIP3, CARD14, and STAT3. These discoveries have highlighted the central role of the IL-23/Th17 pathway in disease pathogenesis. Cytokines including TNF- $\alpha$ , IL-17, IL-22, and IL-23 contribute to sustained inflammation, keratinocyte proliferation, and systemic immune dysregulation.

Improved understanding of these molecular and immunological mechanisms has resulted in a major therapeutic transition from nonspecific immunosuppression to targeted biologic therapy. Agents directed against TNF- $\alpha$ , IL-17, and IL-23 pathways have demonstrated remarkable efficacy in achieving disease control, prolonged remission, and improved quality of life. Emerging therapies involving Janus kinase inhibitors, small-molecule modulators, tissue-resident memory T-cell targeting, and microbiome-based interventions continue to expand the therapeutic landscape.

The concept of precision dermatology is gaining increasing importance in psoriasis management. Genetic profiling, immune biomarkers, and pharmacogenomics may eventually help predict disease severity, therapeutic response, risk of psoriatic arthritis, and long-term outcomes, thereby facilitating individualized treatment strategies. Continued translational research integrating genetics, immunology, and therapeutics is expected to further refine psoriasis management and improve long-term patient outcomes. Top of Form  
Bottom of Form.



## Sergeeva Irina

Institute of Medicine and Medical Technologies, Novosibirsk State University, Novosibirsk, Russia

**Biography:** Professor, Sergeeva MD, PhD studied medicine at the Novosibirsk Medical University and graduated as MD in 1996. Prof. Sergeeva is a certified in dermatology and oncology. She received her PhD in 1999 and Doctor degree in 2008. She has published more than 150 research articles in the SCI journals. Professor Sergeeva has been working in the Novosibirsk state university from 2002. Professor Sergeeva had her own course in Coursera "Trip with skin", she is author of the book "High frequency ultrasound in dermatology".

She is the member international professional organizations

## Lymphoproliferative diseases in the practice of a dermatologist

Lymphoproliferative diseases with skin lesions at the beginning of development can mimic various inflammatory dermatoses. The report will examine cases of lymphomas (T-cell, including angioimmunoblastic, B-cell, NK-cell, histiocytosis from Langerhans cells) that have been observed in patients who have consulted a dermatologist. The options of differential diagnosis, including those with metastases of malignant tumors in the skin, are considered. The report will provide clinical examples of patients from infancy to old age. Thus, a patient from 6 months to 2.5 years old was diagnosed with viral warts, chickenpox, molluscum contagiosum, and pyoderma of the scalp. During a skin biopsy of the lesion at the age of 2.5 years, the first histological diagnosis was "nevus", and only an immunohistochemical study due to inconsistencies in clinical and laboratory data allowed the diagnosis of histiocytosis from Langerhans cells. Another example is an 87-year-old man who was diagnosed with folliculitis of the scalp, and a biopsy revealed leg-type lymphoma, despite its location not on the lower legs. A 57-year-old patient with vulgar pemphigus receiving prednisone reported varicose veins on the lateral surface of the foot, the nodular nature of the skin changes was an indication for a biopsy, which confirmed endemic Kaposi's sarcoma. The issues of the difficulties of histological confirmation, the choice of therapy tactics and patient routing will also be discussed.



## Sergei A. Grando

Department of Dermatology, University of California Irvine,  
Irvine, USA

**Biography:** Sergei A. Grando M.D., Ph.D., D.Sci., is Distinguished Professor of Dermatology at the University of California Irvine. He graduated from Kyiv Medical Institute in 1980, obtained his Ph.D. in 1984 and in 1989, the Doctor of Science in medicine (D.Sci.) degree for studies of pemphigus and pemphigoid. From 1991 to 1996 was at University of Minnesota, from 1996 to 2007 at University of California Davis, and then joined UC Irvine. He is certified by the American Board of Dermatology. He has published 295 papers and obtained

over \$12 million research funding from NIH and other funding agencies in the USA.

## Paraneoplastic Autoimmune Multiorgan Syndrome or PAMS: Paraneoplastic pemphigus revisited

Paraneoplastic Autoimmune Multiorgan Syndrome (PAMS) is characterized by a heterogeneous group of signs and symptoms including severe desquamative stomatitis, a polymorphous cutaneous eruption, humoral immunity against plakin proteins, contribution of cell-mediated autoimmunity and commonly a progressive respiratory failure. Autoantibodies in PAMS target a wide array of antigens including plakins, cadherins, alpha-2-macroglobulin like 1, BP180, plakophilin-3, and several neuromuscular antigens. Originally described as paraneoplastic pemphigus in 1990 due to some of its clinical and immunologic similarities to classic pemphigus (pemphigus vulgaris and pemphigus foliaceus), PAMS is a multiorganopathy with several distinct features from these classic forms of pemphigus. Epidemiologically, PAMS is associated with underlying neoplasia and has a differing HLA-II allele predisposition compared to classic forms of pemphigus. Clinically, lesion morphology is polymorphous, and lesion distribution fundamentally differs from that seen in classic pemphigus. PAMS has a significantly higher mortality rate and a poorer response to treatments typically effective in pemphigus. Histologically, PAMS is characterized by the presence of interface dermatitis, vacuolar changes, and dyskeratotic keratinocytes which are not seen in classic pemphigus. PAMS demonstrates not only intercellular IgG as seen in classic pemphigus, but the presence of linear basement membrane zone deposition. Antibodies against Desmoglein 3 (Dsg3) map to a broader array of epitopes than in pemphigus vulgaris and there is a higher prevalence of complement binding anti-Dsg3 IgG autoantibodies in PAMS. Autoantibodies can in rare cases be absent in the more cell-mediated form of PAMS. Considering these numerable differences, we review the entity of PAMS, and provide similarities and differences to classic forms of pemphigus.



## Sergey Suchkov<sup>1-14\*</sup>, Holland Cheng<sup>15</sup>

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<sup>4</sup>New York Academy of Sciences, USA

<sup>5</sup>EPMA (European Association for Predictive, Preventive and Personalized Medicine), Brussels, EU, Belgium

<sup>6</sup>ISPM (International Society for Personalized Medicine), Tokyo, Japan

<sup>7</sup>PMC (Personalized Medicine Coalition), Washington, DC, USA

<sup>8</sup>AMEE (Association for Medical Education in Europe), Centre for Medical Education, Dundee, Scotland

<sup>9</sup>ACS (American Chemical Society), Washington, DC, USA

<sup>10</sup>AHA (American Heart Association), Dallas, TX, USA

<sup>11</sup>ARVO (The Association in Research in Vision & Ophthalmology), Rockville, MD, USA

<sup>12</sup>ISER (International Society for Eye Research), Anchorage, AK, USA

<sup>13</sup>Secretary General, United Cultural Convention (UCC), Cambridge, UK

<sup>14</sup>The Russian Academy of Natural Sciences, Moscow, Russia

<sup>15</sup>The College of Biological Sciences, UC Davis, CA, USA

**Biography:** Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, graduated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia. From 1989 through 1995, Dr. Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Research Institute in Moscow. From 1995 through 2004—a Chair of the Dept for Clinical Immunology, Moscow Clinical Research Institute (MONIKI). In 1993-1996, Dr Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an international journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK. At present, Dr Sergey Suchkov, MD, PhD, is: Director for Center of Biodesign of N.D. Zelinskii Institute for Organic Chemistry of the Russian Academy of Sciences, Moscow, Russia. Senior Scientific Advisor of China Hong Kong Innovation International Business Association, Hong Kong. R&D Director of InMedStar, Russia. Member of the: Russian Academy of Natural Sciences, Moscow, Russia. New York Academy of Sciences, USA. American Chemical Society (ACS), USA. American Heart Association (AHA), USA. European Association for Medical Education (AMEE), Dundee, UK. EPMA (European Association for Predictive, Preventive and Personalized Medicine), Brussels, EU. ARVO (American Association for Research in Vision and Ophthalmology); ISER (International Society for Eye Research). Personalized Medicine Coalition (PMC), Washington, DC, USA.

## Personalized and precision dermatology through the view of biodesign-inspired translational & data-driven applications: Revolutionary skin treatments for every concern in clinical dermatology integrating skin care experts and consumers

A new systems approach to diseased states and wellness result in a new branch in the healthcare, namely, Personalized and Precision Medicine (PPM). In this sense, PPM demonstrates an integration of Fundamental & Clinical Science, Design-driven Bioengineering & Translational ART, & IT-related support, illustrating application of the unique OMICS tools processed, mined and integrated via IT algorithms. The pace of innovation in Personalized & Precision Dermatology is thus becoming fast including:

- i. Diagnostic Tools and Therapeutic Innovations:** Progression in creating targeted and smart medicines, treatments like gene therapy, immunotherapy and stem cell applications, developing theranostics and advancements in molecular imaging methods.
- ii. Regenerative Medicine and Tissue Engineering:** Creating bioartificial organs and cutaneous tissues for transplantation, using scaffolds and biocompatible skin materials to support cell growth and tissue development.
- iii. Healthcare IT and Systems:** Development of software and IT network systems for patient management, electronic health records (EHRs), and mobile health applications.

In this context, the innovative design and advanced biointerface-related and biodesign-driven engineering have promoted the development of various smart medicines, unique therapeutic protocols and nanocarriers for optimizing diagnostic procedures and drug delivery to monitor, to treat and to manage cutaneous diseases. The latter dictates that skin tissue engineering is considered as an interdisciplinary field of design-driven biotech that comprises applying principles of life sciences and nanobiomaterials to restore, maintain, and enhance tissue function.

For instance, cellular therapy and targeted immunotherapy are key components of skin tissue and immune cell engineering, leveraging the ability of stem cells to differentiate into targeted skin cell types, on one hand and into immune cells, on the other one, respectively. Another example is protein engineering through the view of biodesign, offering significant promise for applications in tissue engineering, regenerative dermatology and plastic surgery.

Currently, there are many kinds of precise biomaterials used in clinical dermatology and their applications are diverse. Meanwhile, with the rise of 3D- and 4D-printing technology, the macroscopically more precise and personalized bio-scaffolding materials with microporous structure (synthetic ones) have made good progress, which is thought to bring new development to biomaterials to be used in dermatology- and cosmetology-related practice. The printing products have been applied to the repair of skin, ear and nasal cartilage, maxillofacial bone, i.e., in the field of plastic surgery, and show good therapeutic effect. As a result, nanocosmetics and plastic nanosurgery can be referred now to as a new category of cosmetic products based on nanocarriers made by micro/nanoemulsions or by nanobiopolymers.

In light of the above-mentioned, advanced therapies including: (i) Nucleic acid therapies (ncRNA), (ii) Targeted immunotherapies; (iii) Suicide gene therapies, and (iv) Gene therapy using tumor suppressor genes, have lately gained immense attention in the field of dermatology, in particular, in cutaneous melanoma treatment.

A well-known inflammatory condition is psoriasis with a background of polygenic inheritance: some genetic markers have been applied in the disease prediction, clinical diagnosis, treatment, and new drug development, which could promote the development of PPM-guided tools to get the disease treated and cured. The American Academy of Dermatology (AAD) and National Psoriasis Foundation (NPF) joint official guidelines on the upgraded treatment of psoriasis with bioagents reference the utility of biomarker use in efficient treatment.

In Atopic Dermatitis (AD), chemokines are becoming the superior biomarker for assessing disease severity. Identifying patients by specific endophenotype of AD may not only help more effectively treat patients with AD, but it may potentially help identify risk for this inflammatory disease in susceptible individuals (persons-at-risk) and help avoid the development of AD in the first place. The latter including biologics and small molecules have created an unprecedented potential for PPM-driven dermatology and opened up the constructive discussion referring to the complex nature of AD.

Eczema poses a significant burden on both healthcare resources and patients' quality of life. Modifying environmental risk factors or exposure plays a substantial role in managing the disease. With the advances in hair research, we are gaining tools to adapt the concept of PPM to the practice of trichiatry.

For Reference: Targeted therapies have revolutionized the treatment of chronic skin diseases, offering new options for patients unresponsive to standard treatments. For instance, therapeutic mAbs and Janus Kinase inhibitors (JAKis), have emerged as essential tools in the treatment of cutaneous diseases. Those therapies modulate the immune system through specific signaling pathways, providing effective alternatives to traditional systemic immunosuppressive agents. In this context, genetic markers of the principally new generations have been proven to be linked with specific skin conditions like psoriasis, eczema, and certain types of skin cancers, allowing dermatologists to accurately pinpoint underlying causes of skin concerns and create personalized treatment plans that target those specific genetic components.

In this context, PPM-guided protocols are used in the treatment of skin cancer as current cutaneous melanoma therapy utilizes biomarkers for more effective diagnosis and treatment. Multi-molecular biomarker panels integrating the information into one predictive model significantly improve diagnostic accuracy and enhance the predictive power in skin carcinomas. There is a need to focus on tumor heterogeneity and homogeneity, whilst providing an understanding of biomarker and target discovery and application for PPM of oral squamous cell carcinoma.

At PPM-guided dermatology, exceptional and precision care is offered for common and complex skin problems, and provide a broad range of services for patients and pre-illness persons-at-risk. Following the above-mentioned, the triple play of Biodesign, Customized Medication and Bioinformatics are becoming vital for Precision Aesthetic and Personalized Dermatology.

Simultaneously, health care IT and Bioinformatics do offer a set of potential solutions to surmount the potential barriers. Technologies such as Artificial Intelligence (AI), blockchain, machine learning, augmented reality (AR), and high-resolution imaging are powerful tools that are pushing the boundaries of what we can offer patients in dermatology. In this context, PPM-guided dermatology can harness full-scale potential of PPM-guided translational ge-nomics and bioinformatics, advancing both the quality and accessibility of patient care. Therefore, cutting-edge technologies, innovative treatment modalities, and a growing emphasis on holistic approaches to skin health are at the forefront of current advancements in integrative dermatology. Staying abreast of these trends and incorporating them into practice will be essential for the profiled experts aiming to provide the highest standard of care.



## Dr. Syed Nazim Hussain

DermaTrico, India

**Biography:** Syed Nazim Hussain is a Dermatologist and Aesthetic Surgeon with extensive experience in clinical dermatology, facial aesthetics, and hair restoration. Syed specialize in advanced aesthetic injectables, facial sculpting, thread lifts, laser treatments, and hair transplantation. Having performed over 4,000 aesthetic injectable procedures, Syed continue to integrate global best practices into his clinical work. Syed professional roles include former Consultant at Max Smart Super Specialty Hospital, New Delhi,

and former Head of Dermatology at Paras Hospital, Gurgaon. Syed currently serve as a National Trainer and Pan-India Consultant for Allergan (USA), APTOS Threads, TESS Lift Korea, Faculty Member at the Asia Pacific Allergan Medical Academy, and Reviewer for the International Journal of Dermatology. Syed lead Derma Trico-Skin, Hair & Laser Clinic, a centre recognized for clinical excellence, ethical practice, and patient trust. Syed, with more than a dozen publications in various journals, his zeal for academics is growing day by day.

## Refining craft: Expert injectables techniques based on cutting-edge anatomy

This oral presentation provides a comprehensive and clinically relevant overview of facial aesthetics with a strong emphasis on safety and precision in injectable procedures. The session will begin with a detailed review of facial anatomy, focusing on key structural layers, fat compartments, retaining ligaments, and their implications in aesthetic treatments. Special attention will be given to the vascular anatomy of the face, highlighting critical arterial pathways and their variations to help practitioners minimize the risk of complications. The concept of “safe zones” and “danger zones” will be thoroughly discussed, enabling clinicians to identify high-risk areas and adopt appropriate injection techniques. Evidence-based strategies to avoid vascular compromise and manage adverse events will also be outlined. The latter part of the presentation will focus on injectable treatments, including dermal fillers and neuromodulators. Indications, product selection, injection depth, technique, and dosing strategies for achieving natural, balanced results will be covered. Practical insights into patient assessment, treatment planning, and combination approaches will be shared to enhance outcomes. Overall, this session aims to bridge anatomical knowledge with clinical application, equipping practitioners with the skills and confidence to perform facial injectables safely and effectively.

7<sup>TH</sup> EDITION OF

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HYBRID EVENT

**22-24**  
JUNE 2026

ORAL  
PRESENTATIONS





## Abdullah Abdullah

Newham University Hospital, United Kingdom

### Comparative effectiveness of biologic therapies for moderate-to-severe plaque psoriasis: A network meta-analysis including bimekizumab

**Background:** Moderate-to-severe plaque psoriasis is a chronic inflammatory skin condition affecting approximately 2-3% of the world's population, characterized by red, scaly plaques causing substantial impairment in quality of life. Multiple biologic agents targeting different inflammatory pathways are available, including Tumor Necrosis Factor-Alpha (TNF- $\alpha$ ), Interleukin-12/23 (IL-12/23), Interleukin-17 (IL-17), and Interleukin-23 (IL-23) inhibitors. While previous network meta-analyses have compared biologics, most were conducted before the approval of bimekizumab, the newest dual IL-17A/F inhibitor, and lack head-to-head comparisons incorporating this agent alongside contemporary biologic therapies.

**Methods:** We conducted a systematic review and frequentist random-effects network meta-analysis of phase III randomized controlled trials comparing biologic treatments for moderate-to-severe plaque psoriasis. Searches were performed in PubMed and ClinicalTrials.gov. The primary outcome was achievement of PASI 90 ( $\geq 90\%$  reduction in Psoriasis Area and Severity Index score) at week 16. Odds Ratios (OR) with 95% Confidence Intervals (CI) and P-scores were calculated for all treatment comparisons using the netmeta package in R.

**Results:** Eleven phase III RCTs (10 datasets, 6,657 patients) were included, comparing bimekizumab, secukinumab, risankizumab, guselkumab, adalimumab, ustekinumab, and placebo. All active treatments demonstrated significant superiority over placebo. The efficacy hierarchy was: Bimekizumab (OR 170.04, 95% CI 104.33-277.14, P-score 0.00), risankizumab (OR 95.40, P-score 0.21), guselkumab (OR 82.25, P-score 0.35), secukinumab (OR 75.01, P-score 0.44), adalimumab (OR 30.07, P-score 0.71), and ustekinumab (OR 26.68, P-score

0.79). Bimekizumab demonstrated statistically significant superiority over all other active comparators. Network heterogeneity was very low ( $I^2=0.0\%$ ), and no significant inconsistency was detected between direct and indirect evidence.

**Conclusions:** Bimekizumab achieves the highest efficacy for PASI 90 response at week 16 among currently available biologic therapies. Risankizumab, guselkumab, and secukinumab form a cluster of highly effective treatments with comparable efficacy, all substantially superior to adalimumab and ustekinumab. These findings support evidence-based treatment selection for moderate-to-severe plaque psoriasis and highlight the clinical advantage of newer biologic agents, particularly dual IL-17A/F inhibition. Treatment choice should integrate efficacy data with considerations of dosing convenience, safety profiles, and individual patient circumstances.

## Biography

Dr. Abdullah Abdullah is an Internal Medicine Trainee at Newham University Hospital, Barts Health NHS Trust, London. Abdullah graduated from the College of Medicine, University of Baghdad in 2015 and holds MRCP Parts 1 and 2. Abdullah has broad clinical experience across internal medicine and dermatology, having trained in both the UK and Iraq. Abdullah research interests span inflammatory and infectious dermatological conditions, with published case reports in pemphigus vulgaris and fungal cellulitis, as well as cross-sectional studies examining tinea infections and pityriasis versicolor. Abdullah has conducted a network meta-analysis comparing biologic therapies for moderate-to-severe plaque psoriasis, evaluating IL-17 and IL-23 inhibitors across Phase III randomised controlled trials-the findings of which are presented at this conference. Abdullah has also conducted quality improvement work evaluating service delivery and equity of access to biologic therapy initiation in inflammatory bowel disease across different healthcare settings.



## Abdullah Abdullah

Newham University Hospital, United Kingdom

### Tinea infections in prison-recurrence

**Background:** Dermatophyte infections carry significant recurrence rates, particularly in closed institutional settings. Prisons represent high-risk environments due to overcrowding, shared personal items, and limited healthcare access. Quantitative data on recurrence rates and predictors specifically within prison populations remain scarce.

**Methods:** A cross-sectional observational study was conducted among 73 male inmates at a Baghdad prison (January–August 2023). Patients with clinically diagnosed tinea infections received standardised antifungal treatment and were followed for three months. Baseline demographic, clinical, behavioural, and environmental data were collected. Univariate logistic regression and chi-square analyses evaluated predictors of recurrence.

**Results:** The three-month recurrence rate was 53.4% (39/73; 95% CI: 41.4–65.0%). Environmental exposures were near-universal: 86.3% had a cellmate with tinea infection, 82.2% shared towels, and 76.7% shared razors. No individual-level factors significantly predicted recurrence, including age (OR 0.99;  $p=0.375$ ), diabetes mellitus (OR 0.63;  $p=0.371$ ), prior tinea history (OR 0.61;  $p=0.296$ ), shower frequency (OR 1.22;  $p=0.501$ ), and baseline disease severity (OR 0.76;  $p=0.507$ ). Notably, diabetic patients showed numerically lower recurrence rates than non-diabetic patients (45.5% vs. 56.9%).

**Conclusions:** Tinea infections demonstrate exceptionally high recurrence rates in prison settings despite standard treatment. The near-universal environmental exposure and absence of individual-level predictors suggest a “saturation of exposure” phenomenon, where facility-level transmission overwhelms individual risk factors. These findings argue for prioritising institutional interventions—including provision of personal hygiene items, environmental disinfection, and concurrent contact treatment—over individual-risk-based approaches in correctional settings.

## Biography

Dr. Abdullah Abdullah is an Internal Medicine Trainee at Newham University Hospital, Barts Health NHS Trust, London. Abdullah graduated from the College of Medicine, University of Baghdad in 2015 and holds MRCP Parts 1 and 2. Abdullah has broad clinical experience across internal medicine and dermatology, having trained in both the UK and Iraq. Abdullah research interests span inflammatory and infectious dermatological conditions, with published case reports in pemphigus vulgaris and fungal cellulitis, as well as cross-sectional studies examining tinea infections and pityriasis versicolor. Abdullah has conducted a network meta-analysis comparing biologic therapies for moderate-to-severe plaque psoriasis, evaluating IL-17 and IL-23 inhibitors across Phase III randomised controlled trials-the findings of which are presented at this conference. Abdullah has also conducted quality improvement work evaluating service delivery and equity of access to biologic therapy initiation in inflammatory bowel disease across different healthcare settings.



## Abiola Z. Odeyinka MD

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### Ascorbic acid: An essential molecule for building collagen and fundamental skin wellness

Ascorbic acid  $C_6H_8O_6$  is an essential vitamin and antioxidant with a molecular weight of 176.12g/mol, it has a 6-carbon lactone ring structure with 2 hydroxyl groups. The ring can donate electrons to neutralize free radicals. When it does this, it becomes dehydroascorbic acid (oxidized form). The body can convert this back to ascorbic acid, recycling it.

Ascorbic acid functions as a nutrient from diet, provides immune support and the essential molecule to synthesize collagen. Ascorbic acid acts as a cofactor for enzymes that build collagen, carnitine, and neurotransmitters. Without enough ascorbic acid, these processes fail. That's why vitamin C deficiency causes scurvy-collagen breaks down.

Ascorbic acid has less acidic pH. When it comes to building collagen, a less acidic (higher) pH does not have a benefit if applying pure L-ascorbic acid topically. In fact, science shows that it does the exact opposite; it prevents vitamin C from entering the skin to do its job. To actually get through the skin barrier and reach the dermal fibroblasts (the cells that manufacture collagen) in the reticular layer, a pure L-ascorbic acid serum must be highly acidic-ideally at a pH below 3.5. Vitamin C derivatives include Magnesium Ascorbyl Phosphate (MAP), Tetrahexyldecyl Ascorbate (THD) and Ascorbyl Glucoside. They are chemically modified to remain stable and uncharged at a higher pH. On skin penetration, the body's enzymes must convert them back into pure ascorbic acid so they can serve as the necessary cofactor for collagen-building enzymes (prolyl hydroxylase and lysyl hydroxylase).

#### Biography

Abiola Z. Odeyinka graduated from Igbinedion university, Nigeria with a doctor of medicine degree. Abiola is devoted to the excellent delivery of healthcare and tries to provides workable

solutions to challenges encountered in the hospital wards. Abiola has published in reputable medical journals and has contributed to medical knowledge. Author of a chapter in the book *Dermatology: Delineating Clinical and Preventive Research-Vol. 2*. June 30, 2026. Abiola regularly attends National Medical Association dermatology conference keeping abreast in medical dermatology, practice management, basic science, Cosmetic, surgery, alopecia and dermatology grand rounds.



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## Upcycled and sustainable cosmetics for atopic dermatitis

Atopic Dermatitis (AD) is a chronic, relapsing inflammatory skin disease characterized by pruritus, xerosis, and impaired skin barrier function, frequently associated with microbial dysbiosis. In AD, *Staphylococcus Aureus* (SA) predominates and forms biofilms that exacerbate inflammation, while *Staphylococcus Epidermidis* (SE), typically protective, may display altered behavior. Restoring microbial balance represents a promising therapeutic strategy. *Humulus lupulus* (hops), a byproduct of the brewing industry, is rich in bioactive compounds such as humulone, lupulone, and xanthohumol, with reported anti-inflammatory and antimicrobial properties. This study aimed to evaluate the safety and efficacy of an upcycled hop extract derived from brewing waste for potential application in AD.

The extract was obtained from beer production trubbs via solid-liquid extraction using 96% ethanol and chemically characterized by HPLC. After solvent evaporation, the extract was dissolved in dimethyl sulfoxide (Extract A), propylene glycol (Extract B), and propylene glycol plus glycerin (Extract C). Microbiological quality was assessed according to the European Pharmacopoeia (Eur. Ph. 2.6.12). Safety was evaluated through cytotoxicity assays (MTT) in Human Keratinocytes (HaCaT) and murine macrophages (RAW 264.7) following 24h exposure. Antioxidant capacity was determined using the DPPH radical scavenging assay. Antimicrobial activity against SA (ATCC 6538) and SE (ATCC 12228) was evaluated by determining

Minimum Inhibitory Concentration (MIC) and Minimum Lethal Concentration (MLC) using broth microdilution, while biofilm inhibition was assessed via crystal violet staining. Statistical analysis was performed using one-way ANOVA with Dunnett's multiple comparisons test.

HPLC analysis revealed humulone, lupulone, and xanthohumol as the major constituents of the hop extract. All formulations met microbiological quality requirements. The MIC for both SA and SE was 0.129% (w/v). The MLC was 0.515% (w/v) for SA and 1.030% (w/v) for SE, indicating a bacteriostatic effect for SE, and a bactericidal effect for SA. The extract significantly inhibited SA biofilm formation at MIC concentration, whereas SE required a five-fold higher concentration, suggesting selective antibiofilm activity ( $p < 0.05$ ). Regarding safety, Extract A exhibited higher cytotoxicity, being biocompatible only at 0.03% (v/v), while Extract B showed improved cell viability, remaining compatible up to 2% (v/v) in HaCaT cells and 0.13% (v/v) in RAW 264.7 cells, and Extract C compatible up to 2% (v/v) in HaCaT cells and 0.50% (v/v) in RAW 264.7 cells. All extracts demonstrated low antioxidant activity ( $AAI < 0.04$ ).

Overall, these results highlight the potential of upcycled hop extracts, particularly propylene glycol-based formulations, as safe and selective agents for modulating skin microbiota and improving skin health in Atopic Dermatitis. Ongoing studies are exploring their wound-healing and anti-inflammatory potential to further support their cosmetic and therapeutic application.

## Biography

Ana Rita Gama holds a Master's degree in Pharmaceutical Sciences (2021) from the Faculty of Health Sciences, University of Beira Interior (UBI), Portugal, and a postgraduate qualification in Dermopharmacy obtained from CESIF, Spain (2024). Ana is currently pursuing a Ph.D. in Pharmaceutical Sciences at UBI. Since 2021, Ana has been engaged in the development of sustainable cosmetic products, with a particular emphasis on the incorporation of Portuguese thermal waters within the scope of the AqvATOPIC and Aquae Vitae projects. Ana currently a fellowship researcher at RISE-Health, her scientific work centers on the formulation of innovative products for Atopic Dermatitis management.

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## Objectively measured physical activity and risk of incident psoriasis: A retrospective cohort study using Fitbit data

**Background:** Psoriasis is a chronic inflammatory skin disease with systemic immune and metabolic implications that impact skin health and overall wellness. Lower physical activity has been linked to worse psoriasis severity and cardiometabolic outcomes, however, limited data exist examining whether objectively measured physical activity patterns precede psoriasis onset.

**Methods:** We conducted a retrospective cohort study using Fitbit data linked to Electronic Health Records (EHRs) from the National Institutes of Health All of Us Research Program. Fitbit devices are consumer-grade, wrist-worn accelerometer-based activity trackers that continuously measure step counts and classify movement intensity into sedentary, light, fairly active, and very active categories based on proprietary algorithms. The analytic cohort included 14,029 participants with sufficient Fitbit data, of whom 186 developed psoriasis. Physical activity was assessed over the two-year period preceding psoriasis diagnosis (cases) or the most recent EHR date (controls). Inclusion required  $\geq 50$  valid wear days ( $\geq 10$  hours/day with 100–45,000 steps),  $\geq 180$  days of device span, and  $\geq 365$  days of EHR data. Physical activity was operationalized as the proportion of daily wear time spent sedentary, lightly active, fairly active, and very active. Descriptive analyses were performed, and group differences were assessed using Fisher's exact tests, Pearson's chi-squared tests, and Wilcoxon rank sum tests, as appropriate.

**Results:** Among the 14,029 participants (mean age  $49.2 \pm 15.4$  years; 72.1% female), participants who developed psoriasis demonstrated a higher mean proportion of daily wear time spent sedentary compared with those without psoriasis (76.11% vs 74.82%,  $p=0.017$ ). In contrast, the proportion of wear time spent lightly active (20.15% vs 21.43%,  $p=0.006$ ) and very active (1.67%

vs 1.88%,  $p=0.018$ ) was lower among those later diagnosed with psoriasis. Fairly active time did not significantly differ between groups (2.06% vs 1.87%,  $p=0.524$ ). Participants who developed psoriasis also had a higher mean BMI (30.68 vs 29.63,  $p=0.023$ ). Mean daily step count was lower among participants who developed psoriasis (7.74 vs 7.93 thousand steps), though this difference was not statistically significant ( $p=0.444$ ).

**Conclusions:** In this large EHR-linked wearable cohort, individuals who developed psoriasis exhibited a more sedentary activity profile in the two years preceding diagnosis, characterized by greater sedentary time and reduced very active time. These findings suggest that lower-intensity activity patterns may precede psoriasis onset and highlight the potential role of consumer digital health technologies in identifying modifiable behavioral risk patterns in inflammatory skin disease. Further studies are needed to clarify causality and underlying mechanisms linking activity patterns and psoriasis risk and to adjust for possible confounding variables.

## Biography

Andrew Craver is a medical student at Yale School of Medicine pursuing a career in academic dermatology. His research focuses on inflammatory skin disease, health disparities, and the psychosocial and cardiovascular comorbidities of dermatologic conditions, using large national datasets including the All of Us Research Program and Veterans Health Administration.



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## Efficacy of deuruxolitinib in patients with severe alopecia areata by baseline eyebrow involvement: Pooled post hoc analysis of the THRIVE-AA1 and THRIVE-AA2 Phase 3 trials

**Introduction:** Alopecia Areata (AA) is an autoimmune disorder characterized by nonscarring scalp hair loss, with or without involvement of other hair-bearing areas of the body. Eyebrow involvement has been reported in AA with varying prevalence; patients with AA have indicated that eyebrow involvement is as important as scalp hair loss. The Janus kinase 1/2 inhibitor deuruxolitinib is approved for the treatment of adults with severe AA. This pooled post hoc analysis examined the efficacy of deuruxolitinib in patients with or without baseline eyebrow involvement in THRIVE-AA1 (NCT04518995) and THRIVE-AA2 (NCT04797650).

**Methods:** Adults 18 to 65 years of age with a diagnosis of AA and  $\geq 50\%$  scalp hair loss received deuruxolitinib 8mg twice daily (BID) or placebo for 24 weeks. Eyebrow involvement was determined by the rater's "yes" or "no" response to the question, "Is there eyebrow involvement?" Scalp hair loss was assessed in patients with and without baseline eyebrow involvement using Severity of Alopecia Tool (SALT) scores at Week 24. Proportions of patients achieving SALT scores  $\leq 20$  or  $\leq 10$  at Week 24 were compared between treatment groups by baseline eyebrow involvement.

**Results:** For patients receiving deuruxolitinib 8mg BID (n=600) and placebo (n=267), the mean age was 38.6 and 39.0 years, respectively; 35.8% and 34.8% were male; and 73.8% and 74.2% were White. In the pooled population, a comparable percentage of patients receiving deuruxolitinib

8mg BID (431/600 [71.8%]) and placebo (197/267 [73.8%]) had baseline eyebrow involvement. At Week 24, among patients with baseline eyebrow involvement, a significantly higher percentage of patients receiving deuruxolitinib 8mg BID achieved a SALT score  $\leq 20$  vs placebo (26.9% [109/405] vs 0% [0/184];  $P < 0.0001$ ). Similarly, among patients without baseline eyebrow involvement, a significantly higher percentage of patients receiving deuruxolitinib 8mg BID achieved a SALT score  $\leq 20$  vs placebo (45.6% [47/103] vs 4.2% [2/48];  $P < 0.0001$ ). Further, among patients with baseline eyebrow involvement, 18.8% (76/405) of patients receiving deuruxolitinib 8mg achieved a SALT score  $\leq 10$  at Week 24, compared with 0% (0/184) of patients receiving placebo ( $P < 0.0001$ ). Among those without baseline eyebrow involvement, 36.9% (38/103) of patients receiving deuruxolitinib 8mg achieved a SALT score  $\leq 10$  at Week 24, compared with 0% (0/48) of patients receiving placebo ( $P < 0.0001$ ). There was no significant difference in the percentage of patients receiving deuruxolitinib 8mg BID with vs without eyebrow involvement at baseline who achieved a SALT score  $\leq 20$  ( $P = 0.4084$ ) or  $\leq 10$  ( $P = 0.1680$ ) at Week 24.

**Conclusion:** In patients with and without baseline eyebrow involvement, a significantly greater proportion of patients receiving deuruxolitinib 8 mg BID achieved SALT scores  $\leq 20$  and  $\leq 10$  at Week 24, compared with patients who received placebo, indicating that baseline eyebrow involvement does not affect the efficacy of deuruxolitinib.

**Sponsorship:** The study and medical writing were sponsored by Sun Pharma.

## Biography

Arash Mostaghimi, MD, MPA, MPH, is an Associate Professor of Dermatology and Vice Chair of Clinical Trials and Innovation at Brigham & Women's Hospital, where he directs the Dermatology Inpatient Service and co-directs the Complex Medical Dermatology Fellowship. Board-certified in Dermatology, Internal Medicine, and Clinical Informatics, his research focuses on improving care delivery, reducing disparities, and optimizing resource utilization in dermatology. He is a leading researcher in alopecia areata, having developed multiple outcome measures used in clinical trials and contributing to translational research on novel therapeutics for hair loss. He is an award-winning educator and advises pharmaceutical and technology companies on drug development, clinical trials, and AI.



## Artizana Dushi<sup>1\*</sup>, Dance Vasileva<sup>2</sup>, Sotirija Duvlis<sup>2</sup>

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### Total serum IgE levels in dermatomycoses: Association with inflammatory morphotypes and rural exposure

**Introduction:** Superficial dermatophytosis may be encountered in a broad spectrum of clinical manifestations, varying from mild epidermal scaling to deeper suppurative inflammatory plaques as seen in Tinea Barbae. This study aimed to evaluate the disease severity as well as the fungal pathogen patterns within a symptomatic patient group using Total Serum Immunoglobulin E (IgE) as an immunological biomarker.

**Methods:** To achieve the aim of this study a cross-sectional analysis was conducted on n=64 symptomatic patients with mycologically confirmed active dermatomycoses. Through the usage of chemiluminescent immunoassay the quantification of baseline total serum IgE(IU/ml) was achieved. For the identification of the fungus, Sabouraud Dextrose Agar culture analysis was taken into account together with KOH microscopy. Furthermore, IgE levels were correlated against the clinical morphotypes i.e severe inflammatory as opposed to superficial non-inflammatory, and the geographic background i.e urban vs rural.

**Results:** The entire sample presented with marked elevations in total serum IgE, with a baseline mean of  $172.4 \pm 36.8$  IU/mL. Individuals within the cohort who presented with deep inflammatory morphotypes such as Tinea Barbae, and highly inflammatory Tinea Corporis, displayed a statistically elevated IgE levels compared to the individuals with non-inflammatory superficial phenotypes with the following results  $298.6 \pm 49.2$  IU/mL versus  $112.4 \pm 18.5$  IU/mL,  $p < 0.001$ . These high IgE expressions demonstrate a strong association with zoophilic strains, specifically *Microsporum canis* and *Trichophyton mentagrophytes*. The afore mentioned were considerably more prevalent among the patients from rural areas as opposed to urban residents, as presented in the following; 71.4% versus 16.7%;  $\chi^2 = 19.53$ ,  $p < 0.001$ .

**Conclusion:** Total serum IgE serves as a useful immunological biomarker when evaluating the dermatomycoses severity. The statistical analysis suggests a distinctive immunopathogenic pattern as a result of the marked association involving the elevated IgE concentrations, the rural exposure as well as the zoophilic dermatophyte strains. This clinical profile may be used as a prognostic indicator and objective diagnostic, aiding clinicians in initiating aggressive and timely systemic medical therapies prior to the irreversible tissue damage or the permanent scarring.

## Biography

Dr. Artizana Dushi MD is a Dermatovenerologist based in Prishtina, Kosovo, currently serving as Head of Men's Ward (Ward C) at the University Clinical Center of Kosovo (QKUK) and Executive Director of Derma Line Medical Center. Dr. Dushi completed her Doctor of Medicine degree and specialization in Dermatovenerology at the Faculty of Medicine, University of Prishtina, and is currently a PhD Candidate in Medical Sciences at Goce Delchev University, North Macedonia. She served as Lecturer at the Faculty of Medicine, AAB College, and is an active Board Member of the Kosovo Association of Dermatovenerologists (SHDVK). With more than a decade of engagement in international dermatology education and collaboration, Dr. Dushi has regularly participated in European Academy of Dermatology and Venereology (EADV) and has been invited as a speaker at regional dermatology congresses in the Balkans.



**Arya Babul<sup>1\*</sup>; Devina Mehta<sup>2</sup> MD, FAAD; Yssra Soliman<sup>2</sup> MD, FAAD; Momina Hussain<sup>3</sup> PhD; Najib Babul<sup>4</sup> PharmD, MBA**

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## Relative efficacy of approved and investigational biologic monotherapies in atopic dermatitis

Atopic Dermatitis (AD) is a chronic inflammatory skin disease marked by pruritus, eczematous lesions, and sleep disturbance, affecting adolescents and adults worldwide. Persistent itch disrupts sleep, contributes to psychological distress, impairs quality of life, and imposes substantial socioeconomic burden on patients and caregivers. Although topical therapies are effective for mild to moderate disease, many individuals with moderate-to-severe AD have inadequate control or recurrent flares and require systemic treatment. Before the advent of dupilumab, which targets T helper 2 (Th2) pathways, management of refractory AD relied on high-potency topical corticosteroids, systemic corticosteroids, and conventional immunosuppressants, approaches supported by limited evidence and constrained by unfavorable long-term safety profiles. Type 2 immune dysregulation driven primarily by IL-4, IL-13, and IL-31 is central to AD pathogenesis, contributing to skin-barrier dysfunction, inflammation, and pruritus.

Biologic therapies targeting maladaptive type 2 inflammation have transformed the management of moderate-to-severe AD; however, comparative evidence integrating both approved and next-generation investigational agents remains limited. This Bayesian network meta-analysis provides the first unified evaluation of all biologic monoclonal antibodies approved for AD monotherapy alongside emerging immunotherapies across key efficacy outcomes. A PRISMA-2020-compliant systematic review was conducted to identify phase 2 or phase 3 randomized, double-blind, placebo-controlled trials (RCTs) reporting week-16 outcomes (week-24 for rocatinlimab). A Bayesian random-effects network meta-analysis estimated Relative Risks (RRs) for EASI-75, EASI-90, IGA-AD 0/1, and  $\geq 4$ -point improvement in itch Numeric Rating Scale, with treatment hierarchy assessed using SUCRA and P-scores. Seventeen randomized controlled trials including 6,366 patients were analyzed.

Across the evidence base of 17 RCTs, dupilumab (300mg q2w), which blocks IL 4 and IL 13 signaling via IL 4R $\alpha$ , remained the most consistently effective therapy, demonstrating predictable improvements in disease activity, skin clearance, and symptoms. It demonstrated the most consistent and precise efficacy across all endpoints, achieving RRs of 4.80 for EASI-75, 4.68 for EASI-90, 4.23 for IGA-AD 0/1, and 4.03 for clinically meaningful itch reduction. Rocatinlimab 300mg q2w, an anti OX40 antibody targeting activated CD4<sup>+</sup> and CD8<sup>+</sup> T cells, produced the strongest deep response signals, with the highest absolute EASI 90, IGA 0/1, and itch response rates. However, its wide BNMA credible intervals indicate uncertainty driven by small sample sizes and early phase data. Rademikibart, temtokibart, and APG777 demonstrated favorable efficacy profiles, whereas telazorlimab showed variable or minimal benefit.

Overall, dupilumab remains the most reliable and effective biologic monotherapy for moderate-to-severe AD, while rocatinlimab and other emerging agents warrant further validation in larger phase-3 trials. This comprehensive BNMA provides the first unified comparison of all approved biologics alongside next generation investigational immunotherapies for moderate to severe AD. Together, these findings offer a comprehensive comparative framework to guide clinical decision making and therapeutic sequencing for biologic monotherapy in AD, while underscoring the need for future head to head trials, longer term safety evaluations, and mechanistic studies to define the optimal placement of next generation immunotherapies within the evolving treatment landscape.

## Biography

Arya Babul is the Founder, President, and CEO of the Society for Awareness of Neglected Diseases (SAND), a nonprofit organization dedicated to raising global awareness of Neglected Tropical Diseases (NTDs) among students aspiring to enter healthcare professions. SAND focuses on three particularly burdensome NTDs: Trachoma, Onchocerciasis (River Blindness), and Lymphatic Filariasis (Elephantiasis). Arya is also a student of Biomedical Sciences at the West Career and Technical Academy in Las Vegas, USA. He serves as lead author on more than a dozen peer-reviewed abstracts and manuscripts spanning anesthesiology, critical care, pain medicine, obstetrics, and dermatology.



## Dr. Brenda Ngo<sup>1\*</sup> MD; Dr. Sandeep Kumar<sup>2</sup> MBBS, FACD

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### A case of Pityriasis Rubra Pilaris (PRP) precipitated by bimekizumab

Pityriasis Rubra Pilaris (PRP) is a rare chronic inflammatory papulosquamous disorder characterized by orange-red scaly plaques, follicular papules, islands of sparing, and waxy keratoderma. While its etiology remains unclear, triggers such as ultraviolet radiation, tyrosine kinase inhibitors, and vaccinations have been reported. We present, to our knowledge, the first reported case of PRP precipitated by bimekizumab.

A 71-year-old Caucasian man with a history of psoriasis presented with a widespread red scaly rash beginning on the head and extending to the trunk, arms, and legs, causing severe pain and impaired mobility. The eruption occurred approximately six weeks after his first dose of bimekizumab. Examination revealed confluent erythematous scaly plaques with islands of sparing and waxy keratoderma with palmar/plantar fissuring. He was admitted for wet wrap therapy, intravenous antibiotics, and hydration. Punch biopsies demonstrated alternating hyperkeratosis and parakeratosis in a subtle checkerboard pattern, follicular plugging, focal acantholysis, and mild superficial perivascular lymphocytic infiltrate, consistent with PRP. On discharge, he was commenced on acitretin 25 mg twice daily, resulting in significant improvement. At six-month follow-up, he remained well.

This case highlights the potential for bimekizumab to precipitate PRP, expanding the spectrum of drug-induced triggers. Clinicians should be aware of this possibility, particularly in patients receiving biologic therapies. Early recognition and systemic therapy, such as acitretin, can lead to favorable outcomes. Further research is warranted to elucidate the immunopathological mechanisms linking IL-17 inhibition and PRP.

## Biography

Dr. Brenda Ngo obtained her Doctor of Medicine at Bond University, Australia in 2021. She is currently a Dermatology Principal House Officer at Mater Brisbane Hospital and will commence RACGP training in 2026. She has a strong interest in Dermatology, with a focus on preventative care and population skin health. She is currently completing a Master of Public Health with Griffith University and is interested in integrating public health principles into dermatological practice.



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## **When rashes misbehave: The butler didn't do it**

Photosensitive drug eruptions are common adverse reactions to medications such as amiodarone, typically affecting sun-exposed areas. However, atypical presentations or overlapping conditions can complicate diagnosis and management. We present a case illustrating dual pathology in a patient with a facial eruption following initiation of amiodarone.

A 70-year-old woman developed an erythematous facial eruption five days after starting amiodarone for atrial fibrillation. Amiodarone was ceased, and she received a short course of oral prednisolone and topical wet wraps with Sorbelene. Despite this, her rash worsened, spreading to relatively shaded areas of the face. On review, it was discovered she had been using Sorbelene Body Wash under wet compresses instead of the Sorbelene moisturiser, triggering irritant contact dermatitis superimposed on a photoallergic drug eruption. Management included cessation of all topical products, treatment with topical corticosteroid ointment, and short-course antibiotics for secondary infection. Marked improvement was observed within days, with complete resolution by two months.

This case highlights the importance of considering multiple overlapping pathologies when rashes do not respond as expected. It also underscores the value of patient education on correct product use and careful re-evaluation of diagnosis and treatment in atypical or refractory eruptions. Clinicians should maintain a high index of suspicion for dual pathology in complex dermatologic presentations.

## Biography

Dr. Brenda Ngo obtained her Doctor of Medicine at Bond University, Australia in 2021. She is currently a Dermatology Principal House Officer at Mater Brisbane Hospital and will commence RACGP training in 2026. She has a strong interest in Dermatology, with a focus on preventative care and population skin health. She is currently completing a Master of Public Health with Griffith University and is interested in integrating public health principles into dermatological practice.



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## Efficacy of deuruxolitinib in patients with severe alopecia areata by baseline alopecia areata episode duration: Pooled analysis of the THRIVE-AA1 and THRIVE-AA2 Phase 3 trials

**Introduction:** Alopecia Areata (AA) is a common cause of nonscarring hair loss, and the duration of AA is inversely correlated with hair regrowth. Deuruxolitinib is approved in the US for adults with severe AA. This pooled post hoc analysis examined scalp hair regrowth with deuruxolitinib by baseline duration of AA episode in the Phase 3 trials THRIVE-AA1 (NCT04518995) and THRIVE-AA2 (NCT04797650).

**Methods:** Patients 18 to 65 years of age with AA and  $\geq 50\%$  scalp hair loss received deuruxolitinib 8mg twice daily (BID) or placebo for up to 24 weeks. Scalp hair loss was assessed in patients using Severity of Alopecia Tool (SALT). The percentage of patients achieving SALT scores  $\leq 20$  or  $\leq 10$  at Week 24 was assessed in the pooled population by baseline duration of AA episode  $< 4$  and  $\geq 4$  years.

**Results:** Patients receiving deuruxolitinib 8mg BID (n=600) or placebo (n=267) had a mean baseline duration of AA episode of 3.7 and 3.9 years, respectively. The percentage of patients achieving SALT scores  $\leq 20$  and  $\leq 10$  at Week 24 was significantly higher with deuruxolitinib 8mg BID vs placebo regardless of baseline AA duration ( $P < 0.0001$  for all). The percentage of patients with a baseline duration of AA episode  $< 4$  years achieving SALT scores  $\leq 20$  and  $\leq 10$  with deuruxolitinib 8mg BID was significantly greater than those with a baseline AA duration  $\geq 4$  years ( $P = 0.0024$  and  $P = 0.0236$ , respectively) at Week 24.

**Conclusion:** A significantly higher proportion of patients receiving deuruxolitinib achieved clinically meaningful scalp hair regrowth by Week 24 vs placebo-treated patients regardless of the baseline duration of their AA episode. Further, a significantly higher proportion of patients with a shorter vs longer baseline AA duration achieved  $\geq 80\%$  and  $\geq 90\%$  scalp hair regrowth by Week 24 with deuruxolitinib.

**Sponsorship:** The study and medical writing were sponsored by Sun Pharma.

## **Biography**

Brett King specializes in cutaneous immune mediated inflammatory diseases and hair loss disorders. He pioneered the use of Janus kinase (JAK) inhibitors in dermatology, and his work has revealed the broad utility of JAK inhibitors for the treatment of alopecia areata, vitiligo, atopic dermatitis as well as other conditions. He was the Principal Investigator in the clinical trials leading to approval of Olumiant, Litfulo and Leqselvi for treatment of alopecia areata. He has advanced the use of oral minoxidil for treatment of alopecia areata and androgenetic alopecia.

Dr. King was named an American Academy of Dermatology (AAD) “Patient Care Hero” for his work treating patients with alopecia areata.



Camille Ysabel V. Bautista\* MD;  
Elisa Rae L. Coo MD, FPDS; Lillian  
Lopez-Villafuerte MD, FPDS

Department of Dermatology, Jose R. Reyes Memorial Medical  
Center, Sta. Cruz, Manila, Philippines

## Demographic and clinical profile of allergic contact dermatitis patients who tested positive with metal allergy from a tertiary hospital: A 12 year retrospective study

**Background:** Allergic Contact Dermatitis (ACD), specifically to metals, remains a prevalent skin disease globally. Metal exposure continues to be a common cause of chronic and recurrent dermatitis in both occupational and non-occupational settings. This study aimed to determine the demographic and clinical profiles of patients with metal-induced ACD and to identify the most common metal allergens in a tertiary hospital setting.

**Methods:** A retrospective cross-sectional analysis was conducted among 421 patients who tested positive for metal allergy between 2012 and 2024. Patient records were reviewed for demographic characteristics, clinical presentation, anatomical distribution of lesions, reported allergen exposures, and patch test results. Data were analyzed descriptively to identify patterns of metal sensitization and exposure relevance.

**Results:** Nickel was the most prevalent metal allergen identified, followed by cobalt, chromium, and gold. Female patients and younger individuals were more frequently sensitized to nickel, which was often associated with non-occupational exposures such as jewelry and personal accessories. In contrast, cobalt and chromium allergies were more common among male patients, aligning with occupational exposures including cement, construction materials, and industrial products. Cutaneous lesions predominantly affected the hands, feet, and arms. More than half of the participants reported relevant exposure in relation to their positive metal allergen, supporting the clinical relevance of patch testing findings.

**Conclusion:** This study confirms the predominance of nickel allergy among patients with metal-induced ACD and highlights recognizable patterns in demographic characteristics, clinical presentation, and exposure history. These findings may assist clinicians in the diagnosis and management of patients with suspected metal allergy. Patch testing remains a valuable diagnostic tool, particularly in patients with chronic, atypical, or overlapping dermatoses.

### **Biography**

Dr. Camille Ysabel V. Bautista is a third-year Dermatology resident at Jose R. Reyes Memorial Medical Center, Philippines. Camille currently leads the Contact Dermatitis section and is a member of the Dermatologic Surgery section. Camille clinical and research interests include allergic contact dermatitis and advanced dermatologic procedures. Camille has been recognized for academic and research excellence, including Best in Research Paper (2<sup>nd</sup> Place) and Best in Thesis Poster (2<sup>nd</sup> Place). Camille work aims to improve patient outcomes through evidence-based dermatologic practice.



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## Clinical study combining confocal microscopy and bioinformatics demonstrates the ability of a regenerative miniprotein to reverse markers of epidermal senescence

**Introduction:** Introduction: Epidermal aging is characterized by a progressive decline in keratinocyte and cell density, structural disorganization, and the accumulation of senescent cells. Advanced imaging technologies have identified quantifiable biomarkers associated with this process, including intercellular spacing and alterations in cellular morphology. The present study aimed to validate imaging based biomarkers through bioinformatics as robust and sensitive tools for assessing the efficacy of a regenerative miniprotein designed to target cellular senescence.

**Methods:** We conducted a 56-day, randomized, placebo-controlled 'split-face' clinical trial involving more than 50 women aged from 40 to 60 years. In vivo confocal microscopy, was used to capture high-resolution images of facial skin, focusing on the Stratum Granulosum (SG) and the Stratum Spinosum (SS). Several metrics were measured, including the density and count of normal and senescent cells, cell circularity, as well as the thickness of the intercellular space. Statistical analyses were performed using Linear Mixed Model (LMM) to assess correlations between age related changes and treatment effects.

**Results:** A significant correlation was observed between aging and increased intercellular spacing, as alongside a reduction in the density of normal keratinocytes within the SG layer. Total cell circularity emerged as a reliable biomarker of epidermal aging. Treatment with the miniprotein resulted in statistically significant improvements in all parameters. As early as D14, reduction in the density and count of senescent cells were observed accompanied by improvement of cellular circularity, by day 56, intercellular gaps in the SG layer were significantly reduced. Within the SS layer, the miniprotein induced a significant and sustained reduction in both the density and number of senescent cells from D14 to D56.

Discussion/Conclusions: The study demonstrates that quantitative metrics derived from in vivo confocal microscopy provide robust biomarkers for evaluating epidermal aging and treatment response. The tested miniprotein showed significant modulation of cellular and structural markers associated with epidermal senescence, suggesting senolytic and/or senomorphic activity. In addition, the miniprotein improved epidermal cohesion as shown by the reduction of intercellular space. These findings support the relevance of this miniprotein in anti-aging dermatological strategies and validate advanced imaging combined with bioinformatics as a powerful platform for assessing skin regenerative treatments.

## Biography

Dr. Hanane Chajra holds a PhD in Biotechnology from the University Claude Bernard Lyon, France. Chajra has more than 15 years of industrial experience in medical devices and tissue engineering for pharmaceutical applications at Symatase. Dr. Chajra joined the cosmetic industry in 2013 where she worked for well-known raw material suppliers specialized in the development of innovative active ingredients (Induchem, Givaudan and Clariant). Since 2023, Dr. Hanane Chajra is Head of clinical development and scientific communication at Activen, a Swiss company specialized in the discovery and development of miniproteins for cosmetic and dermatological applications. Chajra has published more than 30 research articles in scientific journals and 2 book chapter



## Chenyu Wang<sup>1\*</sup>, Laura M Frazier<sup>2</sup>

<sup>1</sup>Cupron Performance Additives, Inc., USA

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### Controlled copper ion delivery via a nanofiber platform: A novel approach for skin applications

The majority of products on the market contain water. While there are some solid bars or oil-based serums, water-based emulsions (creams, lotions, etc.) still reign supreme. However, developing products based on dry nanofibers opens up the possibilities for both what you can exclude (preservatives) as well as what you can include (actives that readily degrade in water). By adding powdered actives in between sheets of nanofibers, the stability can be vastly improved.

Cupron derma CL is cuprous oxide powder that releases cuprous ions at a slow rate when moistened. Cupron dermal CL is known to modulate multiple biological pathways relevant to skin physiology, including collagen synthesis, Extracellular Matrix (ECM) stabilization, and angiogenesis. Controlled delivery of copper is critical, as these effects are concentration-dependent and require sustained, low-level ion availability. Cupron Derma systems have been developed to enable gradual copper ion under skin-relevant conditions.

Formulation with Cupron derma CL has been challenging due to the premature copper ion release and oxidation in aqueous phase. To address formulation limitations, a dry delivery platform based on nanofiber matrices has been developed. In this system, Cupron derma CL is incorporated as a solid-phase active between nanofiber layers. The absence of water minimizes premature copper ion release and reduces degradation pathways associated with liquid state reactions. Upon exposure to skin moisture, the nanofiber matrix enables controlled hydration and localized release of copper ions.

In this presentation, previously established data on cuprous oxide-mediated skin responses will be reviewed, including stimulation of pro-collagen I and elastin production in human skin

explants, enhanced keratinocyte proliferation and migration, and modulation of inflammatory markers following UV radiation and thermal injury. These results demonstrate that low micromolar to nanomolar concentrations of copper ions can induce measurable biological responses associated with skin repair and rejuvenation.

Experimental data will be discussed for copper-containing nanodrop systems, including a release kinetic of copper ions under skin-relevant conditions and biological responses in skin tissue models. These results indicate that the nanofiber-based system can maintain controlled copper ion delivery while preserving biological activity.

Overall, this work demonstrates that combining cuprous oxide-based actives with a dry nanofiber delivery platform provides a viable strategy for controlled copper ion release and may offer a pathway to improved performance in topical skin applications.

## **Biography**

Dr. Chenyu Wang is the Vice President of Product Development and Regulatory Affairs at Cupron Performance Additives. Dr. Wang works focuses on translating copper-based bioactive technologies into commercially viable solutions that deliver skin-related benefits, odormitigation, and antimicrobial performance. Prior to joining Cupron, Dr. Wang accumulated over 10 years of experience in both industry and academia, developing antimicrobial surfaces for medical devices to reduce the risk of device-associated infections. Dr. Wang received his Ph.D. in Chemical Engineering from Virginia Commonwealth University, with a focus on polymer engineering and surface science.



## Chris Alphonse

Diana Princess of Wales Hospital, United Kingdom

### Comparing lebrikizumab with other systemic immunomodulators for moderate to severe Atopic Dermatitis: An updated systematic review

**Background:** Atopic Dermatitis (AD) is a long-term inflammatory skin disease that requires prolonged management with systemic therapy. Treatment with lebrikizumab results in apoptosis of effector T Helper 2 (TH2) cells that produce Interleukin-13 (IL-13).

**Aim:** The study aims to conduct a systematic literature review on the comparative efficacy of lebrikizumab monotherapy versus other approved biologics and the short-term efficacy of Janus kinase (JAK) inhibitors in moderate-to-severe AD in adults and adolescents.

**Methods:** A systematic database search was conducted to identify randomized, double-blind, placebo-controlled phase 2 and phase 3 trials of lebrikizumab, dupilumab, tralokinumab, abrocitinib, baricitinib, and upadacitinib used as monotherapy, from database inception through December 2025. Efficacy measurements comprised Eczema Area and Severity Index (EASI) responses, Investigator Global Assessment (IGA) 0/1, and pruritus Numeric Rating Scale (NRS) improvements. Two independent reviewers screened studies, and inter-reviewer agreement was assessed using Cohen's Kappa statistic. The cochrane risk of bias tool and the GRADE system assessed the quality of the evidence, with data extraction performed by independent reviewers.

**Results:** A total of 28 studies with 10,847 patients were evaluated (22 from the previous review and six new studies). The level of agreement among reviewers for study selection was substantial, with a kappa statistic of 0.89. Dosing intervals are reported as every 2 Weeks (Q2W). According to 22 trials of Network Meta-Analysis (NMA), lebrikizumab 250mg every two weeks was as effective as dupilumab 300mg every two weeks for IGA 0/1. There was an

equal improvement in EASI and itch score at weeks 12-16. Lebrikizumab was more efficacious than tralokinumab and baricitinib on outcomes. A total of 2,316 patients were included in six new studies designed to confirm these results in Real-World Evidence (RWE) settings 2024-2025, with EASI-75 and IGA 0/1 response rates of 65-78% and 58-72%, respectively. Data on a two-year extension demonstrated sustained efficacy and acceptable safety. The risk of bias generally resulted in moderate-quality evidence.

**Conclusions:** An updated review of 28 studies shows that lebrikizumab is at least as efficacious as dupilumab and more efficacious than tralokinumab in moderate-to-severe atopic dermatitis. There is real-world and long-term data to support its first-line use with moderate to high certainty, but complete, 736 trials, head-to-head trials, and biomarker research remain needed.

### Biography

Chris Alphonse is an Internal Medicine Trainee based in the United Kingdom. She is currently pursuing a Postgraduate Diploma in Clinical Dermatology at the University of South Wales, with a focus on evidence-based dermatological care. With a background in general medicine, she is actively engaged in both clinical practice and academic work, and aims to pursue specialist training in Dermatology.



Denise Steiner, Aline Barbosa,  
Vivian Silva, Bianca Parreiras,  
Patricia Franca, Elizabeth Drullis,  
Annete Marum, Larissa Freire\*,  
Rennyson Amaral

University of Mogi das Cruzes, Brazil

## Evaluation of the correlation between lipedema and melasma

This lecture aims to describe the molecular and cellular bases that interconnect these conditions, with emphasis on the role of RAGE receptors, the production of Reactive Oxygen Species (ROS), and the remodeling of the Extracellular Matrix (ECM). Innovative therapeutic approaches aimed at modulating these mechanisms are also discussed. Understanding this pathophysiological interconnection may support integrated management strategies, providing more effective clinical outcomes.

### Biography

Dr. Larissa Ethel Soriano Freire (CRM-SP 163664, RQE 86255) graduated from the Faculty of Medicine of Botucatu (FMB-UNESP) and completed her Medical Residency in Dermatology at the University of Mogi das Cruzes (UMC). She further enhanced her expertise through an Extension Program in Trichology at UMC. Dr. Freire serves as a Preceptor of the Melasma Clinic within the Dermatology Residency Program at UMC and is the Director of the Lipedema Center of Vale in São José dos Campos, São Paulo. She is also a full member of the Brazilian Society of Dermatology (SBD), the Brazilian Society of Dermatologic Surgery (SBCD), and the Ibero-Latin American College of Dermatology (CILAD).



**Diane Madfes**

Madfes Aesthetic Medical Center, United States

## The magic window timing for perimenopausal women

The menopausal transition is characterized by a steep decline in estrogen, resulting in profound structural changes within the skin. Estrogen deficiency leads to reduced fibroblast activity, diminished extracellular matrix production, and accelerated degradation of dermal collagen—up to 30% within the first five years post-menopause. This hormonal shift contributes to decreased skin elasticity, increased dryness, thinning, and wrinkling. A wide body of dermatologic and clinical literature consistently highlights the central role of estrogen in maintaining dermal integrity through stimulation of Type I collagen synthesis and inhibition of matrix metalloproteinases.

Review articles from EMJ and MDPI demonstrate that Estrogen Replacement Therapy (HRT) can partially reverse menopausal skin deterioration by increasing procollagen I, enhancing dermal thickness, and improving hydration. Additionally, systematic reviews of collagen-related interventions identify age-associated Type I collagen loss as a primary driver of visible skin aging, with clinical trials showing that oral collagen supplementation improves skin elasticity, moisture, and roughness.

More advanced therapeutic strategies target collagen regeneration through energy-based devices. Microneedling with Radiofrequency (MRF) provides synergistic stimulation by combining mechanical injury with controlled thermal trauma. Temperatures of 60–70°C induce collagen denaturation, immediate tightening, and a potent heat-shock response, while fibroblasts receive amplified signals from growth factors and heat-shock proteins. This dual-trigger approach produces denser, more uniform neocollagenesis with minimal epidermal downtime. Such treatments are particularly beneficial for perimenopausal women, as they bypass reduced estrogen signaling by activating fibroblasts through localized trauma pathways.

Complementary data from aesthetic medicine reinforce the importance of collagen stimulation. Studies of injectables such as Poly-L-Lactic Acid (PLLA) and semi-permanent fillers demonstrate significant improvements in skin structure through sustained biostimulation. Meanwhile, emerging trials combining oral collagen peptides with neocollagenesis-inducing procedures reveal superior outcomes compared with monotherapy.

Overall, evidence across clinical, biochemical, and aesthetic disciplines supports a multi-modal approach to mitigating menopause-related skin aging. Interventions that either replace estrogenic signaling (HRT) or bypass it through mechanical or thermal stimulation (microneedling, RF, HIFU, PLLA, CaHA) are effective strategies to counteract the sharp decline in collagen production during the “perimenopausal window.” Early, targeted treatment during this phase offers the greatest potential to preserve dermal architecture and slow the progressive structural decline that follows menopause.

## Biography

Dr. Diane C. Madfes is a board-certified dermatologist specializing in dermatologic surgery. After studying biochemistry at Brandeis University, she earned her medical degree from Albert Einstein College of Medicine in 1992. She completed her internship at Yale-New Haven Hospital and her dermatology residency at Albert Einstein. Currently, Dr. Madfes is a practitioner in NYC and an attending physician at Mt. Sinai Hospital. She also serves as a consultant for L’Oreal and created the over-the-counter product BurnCream MD. Her clinical focuses include menopausal skin health, preventive aging modalities, and wound healing, utilizing state-of-the-art medical technology.



**Dunia Battolla**

Hapiderm Clinic, Switzerland

## Off-label uses of hyaluronidase in aesthetic medicine: Current evidence, safety and efficacy

**Background:** Hyaluronidase, a glycosidase enzyme known for its ability to degrade Hyaluronic Acid (HA), has become increasingly central in aesthetic medicine, not only for managing filler-related complications but also for a growing range of off-label indications.

**Objective:** This review aims to examine the main off-label uses of hyaluronidase in aesthetic medicine, summarize current evidence from the literature, and evaluate its clinical applications, effectiveness, and safety profile.

**Methods:** A comprehensive analysis of in vitro and in vivo studies, clinical reports, and expert guidelines was conducted. Particular attention was given to dose-response data, enzymatic specificity across HA fillers, and case-based applications in managing vascular occlusion, nodules, asymmetries, and aesthetic corrections.

**Results:** Findings reveal significant variability in the sensitivity of HA fillers to hyaluronidase depending on cross-linking, molecular structure, and filler type. Off-label use is most common in dissolving HA-related complications, especially in cases of vascular compromise, where early administration (<4h) markedly reduces tissue necrosis risk. Animal and human studies confirm a dose- and time-dependent enzymatic effect. Emerging applications include hematoma resorption, fibrosis prevention, and adjuvant roles in drug diffusion. Despite its benefits, allergic reactions—especially in patients sensitized to hymenoptera venom—require pre-use testing in elective settings.

**Conclusion:** Hyaluronidase is a powerful and versatile tool in aesthetic practice. While its use remains off-label in many contexts, growing evidence supports its safety and efficacy. Knowledge of filler composition, enzymatic dynamics, and patient risk factors is essential for safe and effective application.

## Biography

Dr. Dunia Battolla MD, FMH studied Medicine and Surgery in Italy and is a board-certified specialist in Internal Medicine in Switzerland, practicing in Geneva and Lausanne. She completed extensive academic training in aesthetic medicine with a Second-Level Master's Degree from the University of Camerino, two First-Level Master's Degrees from ICAMP and ECAMPUS University, and a Master's Degree in Aesthetic and Functional Gynecology. Her clinical and research interests include injectable aesthetic medicine, regenerative treatments, polynucleotides, and the off-label use of hyaluronidase. She has presented at international conferences and published scientific articles in the Journal of Aesthetic and Regenerative Medicine and the British Journal of Hematology. She is deeply committed to academic development and teaching and serves as lecturer and tutor at ICAMP (Milan).



## Gabriela Katz

Chesterfield Royal Hospital, United Kingdom

### Predictors of abstract-to-publication conversion at the 2023 British Association of Dermatologists(BAD) annual meeting: A retrospective bibliometric analysis

**Background:** Conferences allow early research dissemination, yet many abstracts never reach full publication. Abstract-to-publication conversion rates are often used as a marker of research quality and conference impact.

**Objectives:** To determine the proportion of abstracts presented at the 2023 British Association of Dermatologists (BAD) annual meeting subsequently published and to identify factors associated with publication.

**Methods:** This retrospective bibliometric study included all research abstracts presented at the 2023 meeting, identified from British Journal of Dermatology, Volume 188, Supplement 4 (June 2023). Corresponding publications were identified through searches of PubMed, Scopus, and Google Scholar. Data collected included study design, research topic, presentation format, author characteristics, and geographic origin. Factors associated with publication success were assessed using Poisson regression to estimate Relative Risks (RR) and 95% Confidence Intervals (CI).

**Results:** Of 133 abstracts, 63(47.4%) were subsequently published, including 13(9.8%) prior to conference presentation. Median time to publication was 6.8 months, with 65.1% published within 12 months. Analytical study designs (adjusted RR 1.72, 95% CI 1.02-2.90) and cutaneous oncology topics (adjusted RR 1.51, 95% CI 1.02-2.24) were independently associated with increased publication success.

**Conclusions:** Approximately half of abstracts presented at the 2023 BAD Annual Meeting progressed to peer-reviewed publication, most within one year of presentation. Analytical study design and research focus on cutaneous oncology were independently associated with higher publication likelihood. These findings highlight factors associated with successful dissemination of dermatology research.

## **Biography**

Gabriela Katz is currently a Foundation Year 1 doctor at Chesterfield Royal Hospital. Originally from Brazil, Gabriela completed her medical education in the United Kingdom at the University of Lancashire. Gabriela has a strong interest in dermatology, particularly inflammatory skin conditions, and is passionate about improving patient care through evidence-based practice. Gabriela is keen to further develop her clinical and academic involvement within dermatology.



## George Sulamanidze

Plastic Surgeon at Clinic of Plastic and Aesthetic Surgery and Cosmetology Total Charm, Tbilisi, Georgia

### Lift or not to lift? Do threads hinder future surgery?

The rising popularity of absorbable thread lifts, particularly those composed of Poly(L-lactide-co- $\epsilon$ -Caprolactone) [P(LA/CL)], has transformed the aesthetic landscape by offering minimally invasive facial rejuvenation with collagen-stimulating benefits and minimal downtime. As patient demand for early intervention increases, thread lifts are increasingly used in younger demographics and as a bridge or complement to future surgical procedures.

However, as thread lifts become part of routine aesthetic protocols, a growing question arises in surgical circles: Do threads hinder future surgical facelifts? Concerns include the formation of fibrotic capsules, unpredictable tissue planes, difficulties in dissection, and compromised vascularization-issues that could potentially complicate rhytidectomy techniques or outcomes.

This presentation will explore the current state of evidence and expert opinion on the surgical implications of prior thread lifting. Drawing upon data from a Delphi consensus survey conducted among leading plastic surgeons and dermatologic surgeons worldwide, we will present levels of agreement on key questions including: Optimal waiting periods before surgery post-threads, whether threads complicate SMAS or deep-plane approaches, and surgical techniques that may mitigate potential risks.

Aptos, with over two decades of thread lifting innovation and real-world data, has collaborated in initiating this investigation to address surgeon concerns with transparency and scientific rigor. Early findings suggest that absorbable threads, when placed correctly and with appropriate patient selection, do not preclude future facelifts and may, in some cases, enhance tissue quality and surgical planning through neocollagenesis and controlled tissue repositioning.

As aesthetic medicine continues to evolve toward a continuum of care-from non-invasive to surgical-this presentation aims to guide clinicians in integrating thread lifts into long-term aesthetic planning while preserving surgical freedom and optimizing patient outcomes.

## **Biography**

Dr. George M. Sulamanidze MD, PhD is a plastic and reconstructive surgeon and aesthetic dermatologist at total Charm Clinic, Georgia. He earned his MD in Moscow (2002), PhD in Plastic Surgery (2007), and Master's in Dermatology (2015). He is the ISAPS National Secretary for Georgia and member of ASDS, SPRAS, GeoPRAS, and the Royal Society of Medicine (UK). Dr. Sulamanidze has authored over 40 publications, holds 18 patents (8 international), and pioneered several original surgical techniques. He received Russia's "Plastic Surgeon of the Year" Gold Scalpel Award in 2008.



## George Sulamanidze

Plastic Surgeon at Clinic of Plastic and Aesthetic Surgery and  
Cosmetology Total Charm, Tbilisi, Georgia

### The role of threads in facial rejuvenation: Is a skin lift possible without threads or surgery?

**Introduction:** Facial aging manifests through bone resorption, fat atrophy, skin laxity, and gravitational descent of soft tissues. While multiple non-invasive treatments claim lifting effects, only thread lifting and surgery directly reposition ptotic tissues. This review assesses whether non-thread, non-surgical treatments can provide a measurable lifting effect.

**Objective:** To compare the lifting effects of botulinum toxin, fillers, energy-based devices, biostimulators, threads, and surgical facelifts based on existing clinical evidence.

**Methods:** A literature review was conducted, evaluating studies measuring objective lifting outcomes in millimeters (mm) across various treatments. Data were extracted from clinical trials assessing botulinum toxin, Radiofrequency (RF), High-Intensity Focused Electrical Stimulation (HIFES), dermal fillers, biostimulators, thread lifts, and surgical facelifts.

**Results:** Threads and surgical facelifts were the only treatments providing true lifting by physically repositioning tissues. Non-thread, non-surgical methods primarily created volume or skin tightening effects rather than true suspension of ptotic tissue.

**Conclusion:** Non-invasive treatments such as botulinum toxin, fillers, and energy-based devices offer temporary enhancements but do not achieve significant lifting. Threads provide an intermediate option between injectables and surgery, offering a measurable lifting effect with collagen stimulation. Facelift surgery remains the gold standard for long-term and significant lifting. These findings highlight the importance of managing patient expectations regarding lifting outcomes in aesthetic medicine.

## Biography

Dr. George M. Sulamanidze MD, PhD is a plastic and reconstructive surgeon and aesthetic dermatologist at Total Charm Clinic, Georgia. He earned his MD in Moscow (2002), PhD in Plastic Surgery (2007), and Master's in Dermatology (2015). He is the ISAPS National Secretary for Georgia and member of ASDS, SPRAS, GeoPRAS, and the Royal Society of Medicine (UK). Dr. Sulamanidze has authored over 40 publications, holds 18 patents (8 international), and pioneered several original surgical techniques. He received Russia's "Plastic Surgeon of the Year" Gold Scalpel Award in 2008.



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## Infectious fungi skin diseases

**Purpose of Review:** Fungi infection is mostly caused by a fungus and is normally found on the skin or nail it can also be found on the mouth. Fungal skin infection may appear in a form of rashes, which appears in reddish, scaly and itchy in nature. These fungal rashes are usually found in the genital area, between the toes and under the breast. Fungal normally survive naturally in the human body, and can be found in the soil, water and air fungal skin infections can happen anywhere on your body. Some of the most common are athletes' foot, yeast infections, ringworm and jock itch. Understanding fungi infection is crucial for proper diagnosis treatment, causes and prevention of these infections. Diagnosis often involves combination of the following parameters; Physical examination, Laboratory testing involve skin scrapping and nail cleaning may be examined and sent to the laboratory for culturing under the microscope and Medical history. This presentation aim at highlighting on recent findings about soft tissue infections, causes, risk factors and therapeutic options for preventing and curing of fungal infections skin diseases.

**Recent Findings:** Recently, the occurrence of fungal infections is very rampant on a global scale. This fungi infection occurs in two parts either primary or secondary skin infections and not only on systematic infections. Fungal pathogens which include *Aspergillus fumigatus*, *Candida* spp. and *Dermatophytes*. Antifungal resistance has become a major issue and covers several fungal. Multidisciplinary. Usage of newly targeted, immunomodulatory therapies may predispose patients to have fungal infections through mimicking an immunosuppressed status caused by genetic factors or the disease itself. Nonimmunosupressed patients, although less frequently than those with immunosuppression may also be vulnerable. As technology evolves, a new technology known as Anti-Fungal Lasers are also used in treating fungal infectious diseases.

**Summary:** Systematic mycosis which is associated with skin and tissues should be discuss with Physicians. Antifungal resistance can affect the success of the treatment. The use of anti-fungal creams and soaps, antifungal susceptibility test and anti -fungal lasers should be used when disseminating fungal infections.

## **Biography**

Miss Hephzibah Konadu Agyeman is a Chief Technologist in Ghana Atomic Energy Commission, she is currently a PhD student in the University of Ghana, she holds a Master degree (MSc) in Environment Science. She also obtained her Bachelor of Technology degree in Science Laboratory Technology (B. TECH), a Higher National Diploma (HND Science Laboratory and a (Diploma) Certificate in Science Laboratory Technician. (SLT). She has certificate in Ms Dos and Windows. She has peer reviewed 25 manuscripts and received 25 peer reviewed certificates. Her publication Articles reach 8,172 reads on 4Th February, 2026 at ResearchGate.



## Holy Ametati<sup>1,2,3\*</sup>, Sari Satya<sup>1,2</sup>, Nurul Nisa Ulfa<sup>1,2</sup>, Alexander Lim<sup>1,2</sup>, Jutadi<sup>3</sup>

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### Clinical experience with topical secretome gel for wound healing of erosive skin lesions: A case series

**Background:** Erosions and ulcers are common end-points of several inflammatory dermatoses, including pemphigus vulgaris, Behçet's disease, and vesiculobullous allergic contact dermatitis. Beyond pain and functional limitation, these lesions represent a barrier failure state in which persistent inflammation, mechanical irritation, and secondary infection risk can delay re-epithelialization and worsen post-inflammatory sequelae. Wound healing in inflammatory skin disease requires coordinated control of inflammation, restoration of epithelial integrity, and tissue remodeling. Topical secretome gel is a cell-free preparation enriched with paracrine bioactive mediators (e.g., growth factors, cytokines/chemokines, and extracellular vesicles) derived from conditioned culture products. By design, secretome-based topical therapy aims to support wound repair through immunomodulation, enhancement of keratinocyte migration and proliferation, promotion of angiogenesis, and optimization of granulation and remodeling, offering a practical adjunct to standard disease-directed treatment.

**Observation:** The secretome used in this series was derived from umbilical cord–mesenchymal stromal cells processed in a GMP-compliant laboratory with donor screening and quality control, expanded in adherent culture, and subjected to standard safety and identity testing prior to use. Conditioned medium was collected following 24-hour hypoxic conditioning, concentrated using tangential flow filtration, and formulated aseptically into a medical gel using a polymer-based vehicle with humectants to support stability, moist wound environment, and sustained topical delivery. Patient A had pemphigus vulgaris with flaccid blisters over the trunk and thighs that progressed to painful erosions with crusting and subsequently evolved into hyperpigmented patches consistent with re-epithelialization. Patient B had suspected

Behçet's disease with recurrent painful genital ulceration and mucocutaneous erosions, with follow-up demonstrating gradual drying of lesions, absence of new lesions, and sustained improvement of genital and oral involvement. Patient C developed vesiculobullous allergic contact dermatitis following glove exposure, progressing from erythema to vesiculation and crusted hand erosions, with reduced pruritus and progressive drying on short-interval follow-up. In all cases, topical secretome gel was used as an adjunctive wound-care strategy to support closure of erosions and symptomatic relief across distinct inflammatory wound phenotypes.

## **Biography**

Dr. Holy Ametati Sp.D.V.E., Subsp. D.T., FINS DV, FAADV earned her medical degree from Universitas Diponegoro in 1999 and completed her Dermatology, Venereology & Esthetic specialization in 2008. She is affiliated with Dr. Kariadi General Hospital; Faculty of Medicine, Diponegoro University and Stem Cell and Cancer Research (SCCR) Laboratory in Semarang. Her academic interests include Regenerative Medicine, Alopecia Therapy and Dermatologic infections, with numerous scientific publications in these fields. She has also participated in international programs in Spain, Turkey, the United States, including a notable case report on alopecia universalis in pediatric systemic lupus erythematosus, in Italy.



## Holy Ametati<sup>1,2,3\*</sup>, Muji Rahayu<sup>2</sup>, Muslimin<sup>1,3</sup>, Alexander Lim<sup>1,3</sup>

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### Autologous platelet-rich plasma as a therapeutic option for male pattern Androgenetic Alopecia (APA): A case series

**Background:** Male pattern Androgenetic Alopecia (AGA) is a common, progressive hair disorder characterized by androgen- and genetics-driven follicular miniaturization and shortened anagen duration. Although topical minoxidil and oral 5 $\alpha$ -reductase inhibitors remain first-line therapies, treatment response is heterogeneous and long-term adherence is often limited by side-effect concerns and patient preference. Autologous Platelet-Rich Plasma (PRP) has emerged as a regenerative option in hair disorders. Platelet-Rich Plasma (PRP) is a platelet concentrate rich in growth factors and cytokines that may enhance perifollicular angiogenesis, modulate inflammation, stimulate dermal papilla activity, and promote transition into the anagen phase. This case series evaluates the clinical response of male Androgenetic Alopecia (AGA) patients following a standardized short-course Platelet-Rich Plasma (PRP) protocol.

**Observation:** This case series included 6 male patients diagnosed with male pattern androgenetic alopecia involving the frontal and/or vertex scalp, classified clinically using the Hamilton–Norwood scale. None of the patients had received recent procedural treatment for hair loss prior to enrollment. All patients underwent a standardized PRP protocol consisting of three intradermal scalp injections administered at 1-month intervals (baseline/Day 0, Day 30, and Day 60). Each session involved uniform PRP delivery across the affected scalp regions using the same preparation and injection technique. Clinical outcomes were assessed at month 3 (Day 90), corresponding to 90 days after the initial injection and 30 days after completion of the third Platelet-Rich Plasma (PRP) session. During the early treatment phase (day 30), most patients reported a subjective reduction in daily hair shedding, particularly

during hair washing and combing, suggesting an early stabilization of the hair cycle. By day 60, following the second PRP session, patients demonstrated more evident clinical changes. At final evaluation (day 90), corresponding to 30 days after completion of the third PRP session, all patients exhibited clinically observable improvement in hair density and scalp coverage. These included gradual increases in hair shaft thickness, improved hair anchoring, and early signs of increased hair density in previously thinned vertex and mid-scalp regions. Clinical improvement of male pattern androgenetic alopecia assessed using the Hamilton-Norwood scale was observed, with scores improving from a range of grade 3 vertex to grade 6 on day 0 to a range of grade 3 to grade 5 by day 90. The treatment was well tolerated, with only mild, transient injection-site discomfort reported and no significant adverse events observed.

## **Biography**

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## Variable expression of ABCB5 in skin mycosis fungoides

Mycosis Fungoides (MF) is a primary cutaneous T-cell lymphoma of the non-Hodgkin type, is classified as the most common skin lymphoma. This lymphoma represents a major therapeutic challenge due to the high prevalence of the multidrug resistance (MDR) phenotype, establishing it as a significant global health concern.

Among the molecular mechanisms underlying chemoresistance, the overexpression of ATP-Binding Cassette (ABC) efflux pumps, such as ABCB5, is particularly prominent. The ABCB5 transporter exerts a dual role in oncogenesis: It functions as a potent drug efflux pump—thereby promoting chemoresistance—and serves as a marker for Tumor-Initiating Cells (TICs).

The lack of predictive markers and limited understanding of fundamental molecular pathways highlight an urgent need for the identification of innovative therapeutic targets and prognostic indicators, particularly those related to drug resistance.

We aimed to investigate the expression of the ABCB5 pump in tissue samples from patients with MF using immunohistochemistry and observed considerable variability among lesions. This finding is consistent with the established intertumoral heterogeneity of mycosis fungoides, which is characterized by neoplastic T cells that accumulate diverse mutations and form distinct subclones within different skin microenvironments.

To this end, we analyzed gene amplification using specific oligonucleotides and evaluated ABCB5 protein expression by Immunohistochemistry (IHC).

In this study, 22 cases of MF were evaluated from clinical and histopathological perspectives by a dermatopathology expert. The expression of the ABCB5 resistance pump, a key factor in multiple cancer types and malignancy-associated features, was also analyzed. Our results revealed variable expression levels among MF cases, indicating that approximately 20% of patients exhibited high ABCB5 expression in tumor lymphocytes infiltrating skin lesions

## **Biography**

MD. Ilse Yazmin Uriarte Sánchez, a graduate of the Universidad Anahuac Mexico, is currently pursuing a Master's degree in Health Sciences at the National Polytechnic Institute (IPN), within the Graduate Studies and Research Section of the Escuela Superior de Medicina (ESM). Yazmin research team's focus is the study of Mycosis Fungoides and the chemoresistance associated with ATP-binding cassette (ABC) efflux pumps, particularly ABCB5.



## Jannatul Sharmin Joarder

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### Antifungal resistance in dermatophytes: A growing concern

Dermatophytes are a group of keratinophilic fungi responsible for superficial infections of the skin, hair and nails collectively known as dermatophytosis. In recent years, there has been a notable rise in antifungal resistance among dermatophyte species, posing a significant public health challenge globally. Traditionally, infections caused by dermatophytes are effectively managed using topical and systemic antifungal agents, particularly azoles and allylamines. However, emerging resistance—specially to terbinafine has been increasingly documented among Trichophyton species, including Trichophyton indotineae, which is linked to widespread treatment failures in certain regions.

Contributing factors include irrational use of antifungal medications, poor patient compliance, over the counter availability of topical steroid antifungal combinations, and lack of susceptibility testing in routine clinical practice. This paper explores the current understanding of the mechanisms behind antifungal resistance in dermatophytes such as gene mutations in squalene epoxidase, biofilm formation and efflux pump over expression. Furthermore, the article discusses clinical and diagnostic challenges, gaps in laboratory antifungal susceptibility testing, and the need for standardized protocols to guide effective treatment. With the global burden of dermatophytosis on the rise, specially in tropical and subtropical regions, there is an urgent need for robust surveillance systems, antifungal stewardship and the development of novel therapeutic agents to effectively combat this emerging threat.

**Keywords:** Dermatophytes, Antifungal Resistance, Terbinafin, Trichophyton Ndotinea, Squalene Epoxidase Mutation, Biofilm, Antifungal Stewardship.

## Biography

Dr. Jannatul Sharmin Joarder is an Assistant Professor in the Department of Dermatology and Venereology at Dhaka Medical College. She completed her MBBS in 2009 followed by a Diploma in Dermatology and later earned a Fellowship in Laser from Italy in 2025, strengthening her expertise in clinical dermatology and advanced aesthetic procedures. Alongside her academic responsibilities, Dr. Joarder is actively involved in patient care through her personal chamber, where she provides comprehensive dermatological and laser based treatments. She has contributed to the medical field through many publications, reflecting her commitment to research, education and the advancement of dermatological practice.



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## **A national retrospective cohort study reporting the epidemiology of Vascular Soft Tissue Sarcomas (VSTS) in England 2013-2020**

Vascular Soft Tissue Sarcomas (VSTS), while rare, are a diverse group of sarcomas which carry a poor prognosis with limited management options. The most common subtype is angiosarcoma but also includes lymphangiosarcomas, malignant haemangioendotheliomas and malignant glomus tumours. Kaposi's Sarcoma was not included in this dataset. Epidemiological data on incidence and survival rates are scarce.

National data on VSTS and cutaneous subtypes were extracted from the 'Get Data Out' National Disease Registration service programme for England, 2013-20. Confidence intervals were measured by using the exact poisson method. Crude Incidence Rates (CIR) are reported per 100,000 Person-Years (PY). Incidence Rate Ratios (IRR) assess the impact of the pandemic on incidence rates between 2020 and 2019 and are reported with poisson confidence intervals and a chi-squared statistic.

From 2013-2020, 1587 new cases of VSTS were diagnosed, with a mean of 198 cases per year and a CIR of 0.33 PY (95% CI 0.29-0.39) in 2013 which increased to 0.37 PY (95% CI 0.32-0.43) in 2020. Of these, 174 were reported as cutaneous origin (not including subcutaneous), with a mean of 22 per year and a CIR 0.04 PY (95% CI 0.03-0.07) in 2013 which increased to 0.06 PY (95% CI 0.04-0.08) in 2020. The incidence rate ratio for VSTS for 2020 vs 2019 was 1.12 (95% CI 0.80-1.19) with a P-value of 0.80. The IRR for cutaneous vascular sarcoma not significant due to small counts. The 5-year net survival reported for 2014-2016 for VSTS was 35.7% (95% CI 31.3-40.1) and was not reported for cutaneous vascular sarcomas due to small counts.

Limitations of this data include lack of more detailed data on subtype and site of VSTS, patient demographics and stage. The 2.4% reduction in incidence rates between 2020 and 2019 is non-significant and a smaller reduction than that seen by many other cancers during the pandemic on the background of healthcare service disruption, which may reflect the aggressive nature of VSTS. The 5-year net survival rate is similar to stage IV melanoma and worse than most other skin cancers. Analysis of these data is key in highlighting this rare group of cancers, to better understand the effectiveness of current treatments and in identifying the direction of further research.

## **Biography**

Dr. Joseph Robson is a passionate clinician in his second year of foundation training at Southend University Hospital in the UK. Aiming for a career in Dermatology, he has presented a poster at a national Dermatology conference and is engaged in skin cancer epidemiology projects, liaising with leading Oncology experts. Recognised for his teaching efforts, he received the 2024/25 Foundation Year Award for Training and Teaching at his local trust. Actively involved in quality improvement, he collaborates across disciplines to drive change locally. Using novel data on Vascular Soft Tissue Sarcoma during COVID-19, he values sharing his insights internationally.



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## Addressing the field, not just the lesion: A translational study of skin quality and actinic keratoses improvement

Actinic Keratoses (AKs) are visible markers of chronic Ultraviolet (UV) induced photodamage and accelerated cutaneous aging. Standard treatments are effective but constrained by side effects, adherence challenges, and recurrence. Consequently, interest is growing in preventive strategies, including adaptogenic cosmeceuticals, to enhance cellular repair and skin resilience against UV damage.

A topical adaptogenic cosmeceutical with GMA7 technology was evaluated using mechanistic, clinical, and real-world data. In vitro assays assessed UV-induced oxidative stress, inflammation, extracellular matrix integrity, hypoxia signaling, and cellular senescence. In vivo antioxidant capacity was measured by PAOT analysis. Thirteen patients with recurrent AKs applied the formulation twice daily for  $\geq 12$  weeks, with/without adjunctive 1% simvastatin, and were assessed by AKASI. A separate cohort evaluated longitudinal AK burden, and multi-centre questionnaires assessed tolerability.

The formulation demonstrated activity across pathways implicated in cutaneous aging, including reduced UV-induced inflammation, restoration of extracellular matrix and hypoxia-related markers, and senescence attenuation. All patients in the prospective cohort improved, with mean AKASI reduction of 2.10 ( $p < 0.0001$ ) and no treatment-related adverse events. AK counts also showed consistent reductions across visits, with high reported ( $\geq 83\%$ ) global satisfaction, convenience, perceived effectiveness, and minimal side effects.

The formulation engaged multiple targets related to aging skin. The reductions in AK burden, combined with visible improvement in surrounding photodamaged tissue, support this cosmeceutical as a promising adjunct for aesthetic and anti-aging practice. Its effects align with prevention-focused care, field-directed rejuvenation strategies, and long-term optimization of skin health for patients seeking high-quality regenerative outcomes.

### **Biography**

Kashika has completed her B.Sc. and Master's in Biomedical Sciences at the University of Guelph, Ontario. Kashika is a third-year medical student at the University of British Columbia with a strong interest in dermatology, preventive medicine, and patient-centered care, integrating research, clinical excellence, and advocacy across diverse clinical settings nationwide.



**Kayla Sampson**

Georgetown University School of Medicine, USA

## **“Mirror mirror on the skin”-A low-cost community strategy to reduce melanoma disparities in Washington, D.C**

Melanoma remains a preventable yet deadly cancer whose outcomes are disproportionately worse among African Americans, particularly in Washington, D.C., where late-stage diagnoses and higher mortality are concentrated in underserved Wards 7 and 8. Despite lower overall incidence, African Americans are 20% less likely to survive five years post-diagnosis due to delayed detection, limited dermatologic access, and low public awareness of melanoma risk in darker skin tones. Traditional prevention efforts, such as sunscreen campaigns, often exclude imagery and education relevant to communities of color, perpetuating misconceptions that darker skin is immune to skin cancer.

This project introduces “Mirror Mirror on the Skin,” a culturally responsive, low-cost intervention promoting self-examinations using handheld mirrors. Acral lentiginous melanoma, the subtype most common in African American populations, often develops on non-sun-exposed areas such as the palms, soles, and nail beds, which can be best visualized with mirrors. By encouraging individuals to regularly inspect these areas, the intervention empowers early detection and fosters health literacy at the community level. Mirrors, priced at roughly \$4 per unit, are easily distributable at schools, churches, health fairs, and community centers, especially when paired with education on the ABCDE warning signs of melanoma. Ultimately, “Mirror Mirror on the Skin” demonstrates that a simple mirror can serve as a powerful tool for self-advocacy, early detection, and health equity—turning reflection into prevention for D.C.’s underserved populations.

## Biography

Kayla Sampson MS, CCRP is a certified clinical research professional through the Society of Clinical Research (SOCRA) and public health advocate focused on reducing health disparities through community-engaged research and education. Kayla is currently a student at Georgetown University School of Medicine through the GEMS Program. She has worked for a commercial IRB and as a regulatory coordinator, where she managed multi-site studies and ensured compliance with regulatory standards. Kayla earned her master's degrees in Interdisciplinary Health Sciences and Clinical Research and Organization Management from Drexel University College of Medicine.



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## Melanoma clinical trials across the globe: A cross-sectional analysis of site distribution and disease burden

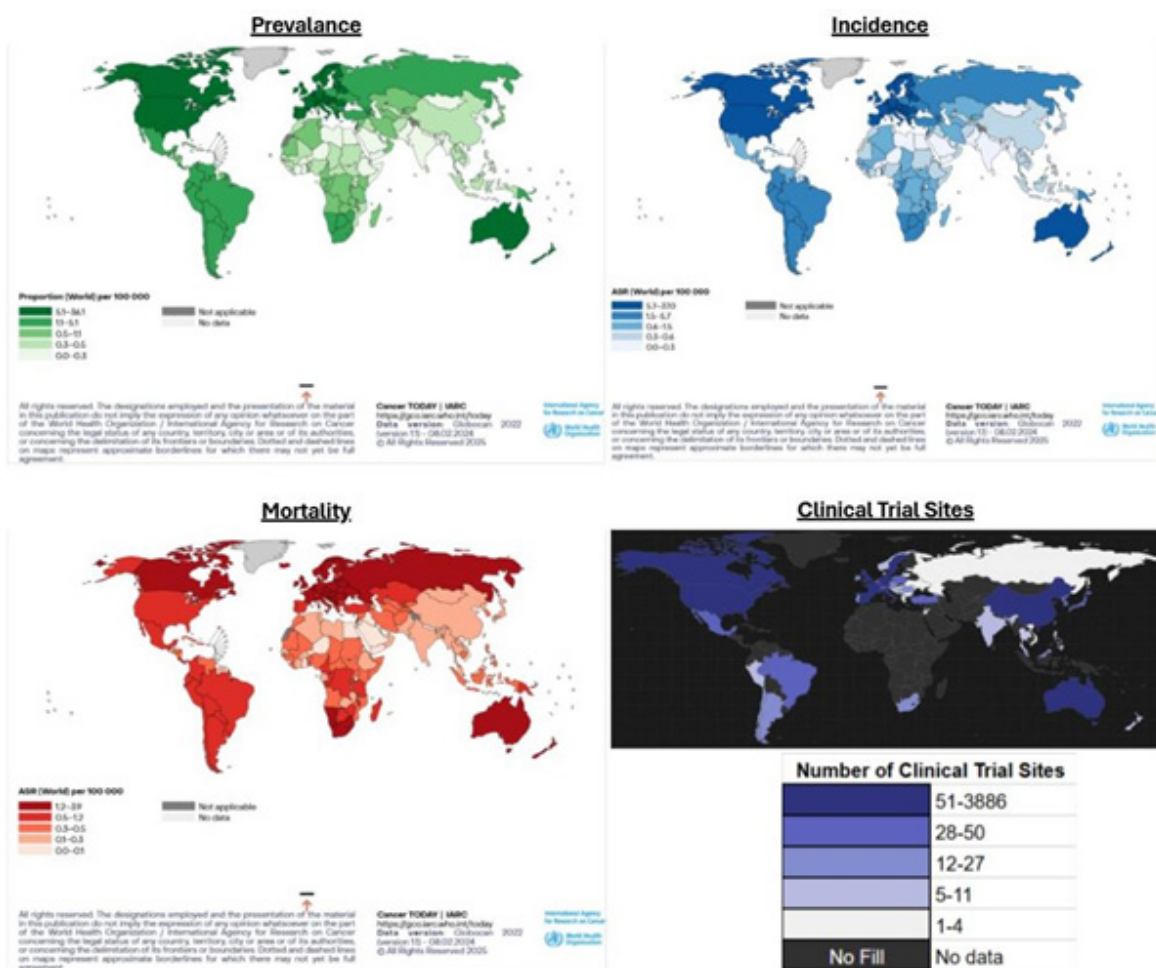
Melanoma remains one of the most aggressive forms of skin cancer worldwide. Participation in clinical trials is critical for the advancement of new treatments. However, equitable access to therapies depends on the geographic distribution of clinical trial sites. Disparities in trial availability can limit participation for patients living in countries with high melanoma incidence but few research opportunities. According to the World Health Organization (WHO), Australia has the highest rate of melanoma incidence and prevalence, while New Zealand has the highest rate of melanoma mortality. These patterns raise questions about whether the availability of clinical trials aligns with the global burden of disease. The purpose of this presentation is to evaluate the global distribution of melanoma clinical trials and compare its geographic patterns with global melanoma incidence, prevalence, and mortality.

On August 11, 2025 we searched ClinicalTrials.gov for interventional melanoma clinical trials that were looking for participants. Trial site locations were manually extracted from each trial and categorized by country. We selected ClinicalTrials.gov instead of the WHO's International Clinical Trials Registry Platform (ICTRP) because ICTRP does not provide information on the number of trial sites per country, instead ICTRP lists only the countries where trials are registered. Using ClinicalTrials.gov, we were able to compile the total number of sites per country. We generated a heatmap to visually compare site distribution with WHO-reported melanoma incidence, prevalence, and mortality.

A total of 6368 sites from 474 trials were identified across 58 countries. On a per million population basis, the USA had 11 sites, compared with 7 in Australia and 1 in New Zealand. Approximately 61% of sites were concentrated in the United States of America (USA), while only 3% of sites were located in Australia, and <1% of sites were located in New Zealand, despite their disproportionately high melanoma burden. A chi-square goodness-of-fit test confirmed

a statistically significant mismatch between melanoma incidence and trial site distribution ( $p < 0.001$ ), prevalence and trial site distribution ( $p < 0.001$ ), and mortality and trial site distribution ( $p < 0.001$ ).

To address the mismatch between disease burden and research opportunities, there is a need to expand melanoma clinical trials in high-incidence, high-mortality countries to ensure that patients in the areas most affected by this disease have equitable access to interventional therapies. However, ClinicalTrials.gov is a USA-based registry and international trials are not always listed, thus the dataset may underrepresent studies conducted outside the USA. Nevertheless, the registry remains one of the most widely used global platforms for trial registration, and our findings reflect important trends in international trial distribution. Moreover, when national incidence and mortality rates are disproportionately high, as in Australia and New Zealand, the ethical responsibility to ensure transparency and global visibility of clinical research becomes even greater. While other countries are not mandated to list studies on ClinicalTrials.gov, doing so could facilitate scientific cross-border collaboration, ensure that research aligns with disease burden, and help reduce global inequities in access to investigational therapies. Expanding trial availability and improving global registration practices are critical steps toward promoting equity in care.



## Biography

Lina Petrossian is a medical student at the California University of Science and Medicine-School of Medicine. She earned her Bachelor of Science in Physiological Science from the University of California Los Angeles in 2021.



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## Malignant transformation of nevus sebaceous to Basal Cell Carcinoma in a 61-year old Filipino male: A case report

Nevus sebaceous (nevus sebaceus of Jadassohn, organoid nevus), is a benign dermatologic condition involving the pilosebaceous unit. It presents between birth and adolescence as hairless, yellow, waxy and verrucous plaques following a blaschkoid pattern and is most frequently seen on the head and neck. Secondary tumors have been reported in about 25% of affected individuals with syringocystadenoma papilliferum and trichoblastoma as the most common benign neoplasms. Studies indicate that the development of malignant neoplasm is very rare. The risk of Basal Cell Carcinoma (BCC) developing on a nevus sebaceous, is estimated at only 0.8%.

This case report presents the case of a 61-year old Filipino man with a flesh to yellowish plaque located in the scalp, present from birth, on which a progressively enlarging and non-healing ulceration developed. Cutaneous examination showed a solitary, well-demarcated, round, 3cm x 3cm, erythematous nodule with purulent non-foul smelling, yellow discharge, areas of ulceration and bleeding on the left parietal area of scalp. An incision biopsy was done revealing basaloid cells positive for BER-EP4 and negative for CK20 as well as CD10 confirming BCC, nodular and superficial types as well as NS. Mohs micrographic surgery repaired with multiple rhomboid flap was performed. The patient demonstrated good postoperative wound healing and remained without complications after a follow-up period of 6 months. There are no signs of recurrence after a year of monitoring.

The objective of this report is to recognize early features that could suggest malignant growth in a nevus sebaceous. It is essential to know the usual morphologic changes of nevus sebaceus across time so that unusual changes can raise suspicion for secondary tumors and possibly malignancy. This report highlights that while BCC is rare, it is still important to consider in the differential diagnoses as a secondary tumor in nevus sebaceous.

## Biography

Dr. Louise Joy N. Tamayo-Yu RPh, MD is a dermatology resident at Jose R. Reyes Memorial Medical Center, the National Specialty Center for Dermatology. Louise earned her Doctor of Medicine degree from the University of the East Ramon Magsaysay Memorial Medical Center, Inc., and holds a Bachelor of Science in Pharmacy from the University of the Philippines Manila. Dr. Louise has a strong interest in research and academic medicine, with a published study in the UERMMMCI Health Sciences Journal and presentations at local and international conferences, including the FIP World Congress of Pharmacy and Pharmaceutical Sciences in Glasgow, Scotland.



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## Efficacy of deuruxolitinib in patients with severe alopecia areata by baseline eyelash involvement: Pooled post hoc analysis of the THRIVE-AA1 and THRIVE-AA2 Phase 3 trials

**Introduction:** Alopecia Areata (AA), an autoimmune disorder characterized by nonscarring scalp hair loss, may affect other areas of the body. Eyelash involvement has been reported in patients with AA and eyelash hair loss has been associated with reduced quality of life. The Janus kinase 1/2 inhibitor deuruxolitinib is indicated for the treatment of adults with severe AA. This pooled post hoc analysis examined the efficacy of deuruxolitinib in patients with AA with or without baseline eyelash involvement in THRIVE-AA1 (NCT04518995) and THRIVE-AA2 (NCT04797650).

**Methods:** In the two trials, patients 18 to 65 years of age with a diagnosis of AA and  $\geq 50\%$  scalp hair loss received deuruxolitinib 8mg twice daily (BID) or placebo for 24 weeks. Eyelash involvement was determined by the rater's "yes" or "no" response to the question, "Is there eyelash involvement?" Scalp hair loss was assessed in patients with and without baseline eyelash involvement using Severity of Alopecia Tool (SALT) scores at Week 24. Proportions of patients achieving SALT scores  $\leq 20$  or  $\leq 10$  at Week 24 were compared between treatment groups.

**Results:** Patients in the pooled population (deuruxolitinib 8mg BID [n=600]; placebo [n=267]) had a mean age of approximately 39 years, approximately one-third were male, and approximately 74% were White. In the pooled population, 421/600 (70.2%) and 182/267 (68.2%) patients receiving deuruxolitinib 8mg BID or placebo, respectively, had baseline eyelash involvement. At Week 24, among patients with baseline eyelash involvement, a significantly

higher percentage of patients receiving deuruxolitinib 8mg BID achieved a SALT score  $\leq 20$  vs placebo (26.9% [105/391] vs 0% [0/170];  $P < 0.0001$ ). Similarly, among patients without baseline eyelash involvement, a significantly higher percentage of patients receiving deuruxolitinib 8mg BID achieved a SALT score  $\leq 20$  vs placebo (39.3% [57/145] vs 2.8% [2/72];  $P < 0.0001$ ). Additionally, among patients with baseline eyelash involvement, a significantly greater percentage of patients receiving deuruxolitinib 8mg vs placebo achieved a SALT score  $\leq 10$  at Week 24 (18.7% [73/391] vs 0% [0/170];  $P < 0.0001$ ). Among those without baseline eyelash involvement, 30.3% (44/145) vs 0% (0/72) of patients receiving deuruxolitinib 8 mg or placebo achieved a SALT score  $\leq 10$  at Week 24 ( $P < 0.0001$ ). There was no significant difference in the percentage of patients receiving deuruxolitinib 8 mg BID with vs without eyelash involvement at baseline who achieved a SALT score  $\leq 20$  ( $P = 0.7965$ ) or  $\leq 10$  ( $P = 0.4423$ ) at Week 24.

**Conclusion:** Significantly greater proportions of patients receiving deuruxolitinib 8mg BID achieved SALT scores of  $\leq 20$  and  $\leq 10$  at Week 24 versus placebo-treated patients, regardless of baseline eyelash involvement, indicating that this baseline characteristic does not affect the efficacy of deuruxolitinib.

**Sponsorship:** The study and medical writing were sponsored by Sun Pharma.

## Biography

Maryanne Makredes Senna, MD, is a board-certified dermatologist at Lahey Hospital and Medical Center and Assistant Professor of Dermatology at Harvard Medical School. Dr. Senna founded and directs the Lahey Hair Loss Center of Excellence and serves as principal investigator of the research unit. Prior to this role, she founded the MGH Hair Loss Clinic and clinical trials unit, which she ran for nearly 10 years. She holds a number of pharmaceutical, device and foundation appointments, and is on the board of directors of the Scarring Alopecia Foundation, American Hair Research Society, and on the Medical Advisory Task Force for the National Alopecia Areata Foundation



## Assoc. Prof. Mateja Starbek Zorko MD, PhD

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### Vitiligo: Not just an aesthetic disorder

Vitiligo is a chronic, acquired pigmentary disorder of the skin characterized by the loss of melanocytes and consequent development of well-demarcated depigmented patches. It is a relatively common condition, affecting approximately 0.5-2% of the world-wide population, irrespective of sex or ethnicity. The etiology is multifactorial and remains incompletely understood; autoimmune mechanisms with selective destruction of the melanocytes, plays a central role. Genetic predisposition, oxidative stress, and environmental triggers further contribute to disease onset and progression. Clinically, vitiligo presents as white macules and patches, most often localized on the face, hands, feet, and other sites of the body. The disorder is frequently associated with comorbid autoimmune diseases, such as autoimmune thyroiditis, type 1 diabetes mellitus, and alopecia areata. Diagnosis is primarily clinical, sometimes the exclusion of other causes of hypopigmentation can be a problem. Therapeutic strategies aim to stabilize disease activity and achieve repigmentation. Common approaches include topical anti-inflammatory agents as corticosteroids and/or calcineurin inhibitors, and phototherapy with narrowband UVB. In selected cases, surgical methods with melanocyte transplantation may be considered. Recently, local Janus Kinase (JAK) inhibitors have emerged as promising targeted therapies, offering new opportunities for effective disease control. Although vitiligo is not a direct threat to physical health, its cosmetic impact and psychosocial burden significantly affect quality of life. Consequently, a multidisciplinary approach with both dermatological treatment and psychological support is essential for comprehensive patient care.

## Biography

Assist. Prof. Mateja Starbek Zorko M.D., PhD. graduated medicine in 2000 at the Medical faculty, University of Ljubljana. In 2006, she obtained a master's degree, in 2010 specialisation in Dermatovenereology and in 2018 PhD in the field of Biomedicine. She is Head of Children's department in Dermatovenereology Clinic of University Medical Centre Ljubljana and an assistant profesor at Medical faculty, University of Ljubljana. She is one of the leading dermatologist in the field of paediatric dermatology, atopic eczema and psoriasis in Slovenia. She is one of the lecturers of the School of Paediatric Dermatology and School about biologic drugs, actively participates and contributes on national and international meetings and is a member of EADV, ESPD and the Association of Slovenian Dermatovenereologists (ZSD).



## Mavlyanova Shakhnoza Zakirovna

Republican Specialized Scientific and Practical Medical Center of Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan, Uzbekistan

### New opportunities in the treatment of ulcerative skin lesions

In dermatological practice, treating ulcerative lesions of the skin is particularly relevant. In order to search for new therapeutic possibilities, the Republican Specialized Scientific and Practical Medical Center of Dermatovenereology and Cosmetology has developed a new domestic drug "Glaucocide," which belongs to the latest generation of antiseptic agents, containing a modern antiseptic and a surfactant-activated gluconite. The drug was applied to the lesions by spraying 2-3 times a day for 10 to 30 days.

**Purpose of the Study:** To assess the anti-inflammatory and wound-healing effectiveness of the drug "Glaucocide" in patients with erosive-ulcerative skin lesions.

**Research Material and Methods:** 49 patients with ulcerative lesions of the skin aged 16 to 57 years who received inpatient treatment at the RSNPMUDVIK of the Ministry of Health of the Republic of Uzbekistan were under observation. Of these, 28 were men and 21 were women. By nosological form, 28 patients with Trophic Ulcers (TU) and 21 patients with chronic ulcerative pyoderma were identified. All patients underwent clinical, microbiological, and statistical studies. To assess the monitoring of clinical manifestations, the "Individual Map for Assessing the Effectiveness of Drug Use" was used, indicating demographic data, previous treatment methods, and their effectiveness/ineffectiveness; clinical manifestations were also recorded in the dynamics of the process depending on the duration of therapy. Indicators of the wound process (symptoms and complaints) in points using a Visual-Analog Scale (VAS), proposed by Zilberberg N. V., Kohan M. M., Kasheeva Ya. V. (2024), where points were calculated from 0 to 10 points. ("0"-absence of the symptom, and "10"-its maximum severity). Statistical processing of data using descriptive statistics methods.

To assess the monitoring of clinical manifestations, the "Individual Map for Assessing the Effectiveness of Drug Use" was used, indicating demographic data, previous treatment methods, and their effectiveness/ineffectiveness; clinical manifestations were also recorded in the dynamics of the process depending on the duration of therapy. Indicators of the wound process (symptoms and complaints) in points using a Visual-Analog Scale (VAS), proposed by Zilberberg N. V., Kohan M. M., Kasheeva Ya. V. (2024), where points were calculated from 0 to 10 points. ("0"-absence of the symptom, and "10"-its maximum severity). Statistical processing of data using descriptive statistics methods.

**Research Results:** Clinical studies of patients showed that the use of "glaucocide" powder contributed to the accelerated resolution of ulcerative foci, noticeable absorption of the skin-pathological process on the 2nd day of treatment, disappearance of pain, cessation of purulent discharge, pronounced granulation and epithelialization, which averaged  $7.1 \pm 0.2$  and  $7.3 \pm 0.14$  points, respectively. The regression of the ulcerative process was 2.3 times higher compared to the indicators of the control individuals and constituted 70.3% of the pre-treatment level. Microbiological studies have shown the negation of the pathogenic flora of staphylococcus spp. In the foci of ulcerative lesions of the skin.

**Conclusion:** Glaucocide powder is convenient to use, has good tolerance, has no side effects, which can be recommended in the complex therapy of erosive-ulcerative skin lesions, contributing to increased therapeutic effectiveness.

## Biography

Shakhnoza Zakirovna Mavlyanova is a Doctor of Medical Sciences, Professor, and Head of the Dermatoses Research Laboratory at the Scientific and Medical Center for Dermatovenereology and Cosmetology, Ministry of Health of the Republic of Uzbekistan. She has been working in this field for over 30 years. In 2004, She defended her doctoral dissertation. Shakhnoza studied allergic skin diseases, pemphigus, and vitiligo, and has developed new diagnostic and treatment methods. Under her supervision, fundamental, applied, and innovative grants have been implemented. Four DSc and seven PhD dissertations have been defended under her supervision. She developed the domestic dermatological line "Fatiderm" for practical dermatology. She holds 10 patents for inventions in the field of diagnostics of fungal and skin diseases, a utility model, software diagnostics of the severity of atopic dermatitis for adults and children, physiotherapy procedures, determining the severity of the pathomorphological picture of the skin-pathological process in patients with atopic dermatitis.



## Meekha Cizly James

Amala Institute of Medical Science, India

### Amala model of psychodermatology clinic: An experience

**Background:** Psychodermatology recognizes the intimate link between the skin and mind, addressing psychological contributors to dermatologic disease. To integrate this holistic perspective into routine care, we established a psychodermatology clinic at our tertiary centre. This report summarizes the initial eight-month experience and highlights its clinical impact.

**Methods:** All patients presenting with dermatological conditions influenced by psychological factors were co-evaluated by a dermatologist and a full-time in-house psychologist. Detailed clinical and psychometric assessments were followed by individualized non-pharmacologic therapies-Exposure and Response Therapy (ERT), Cognitive Behavioural Therapy (CBT), Behaviour Modification (BM), Mental Relaxation (MR), Habit Reversal Therapy (HRT), and Psychoeducation (PE). Patients requiring pharmacologic or psychiatric intervention were referred appropriately.

**Results:** A total of 80 patients (mean age  $35.9 \pm 16.1$  years, range 9-74 years; 71.2% female) were seen.

The majority (70%) were in the 21-60 year age group. Twenty-six dermatological conditions were managed, the most frequent being pruritus (27.5%), psoriasis (11.2%), and atopic dermatitis (8.8%). Interventions were predominantly multimodal, averaging 2.1 therapy components per patient. Psychoeducation formed the core of management (87.5%), followed by HRT (41.2%), BM (35%), MR (25%), CBT (10%), and ERT (6%). The collaborative model facilitated improved coping, reduced symptom-related distress, and better adherence.

**Conclusion:** Our psychodermatology clinic demonstrates the feasibility and value of integrating psychological therapies into dermatologic care. Even in its infancy, this multidisciplinary model underscores the necessity of holistic, patient-centred management for psychocutaneous disorders and advocates replication in other tertiary setting.

## **Biography**

Dr. Meekha Cizly James is a Consultant Dermatologist at Amala Institute of Medical Sciences, Kerala, India, with training in clinical and academic dermatology. Dr. Meekha's areas of expertise include psychodermatology, psoriasis, and aesthetic dermatology, with a focus on integrating emerging subspecialties into routine clinical practice. Dr. Meekha has received multiple awards at national and state dermatology conferences, including recognition for her postgraduate thesis on subclinical enthesitis in psoriasis. Dr. Meekha has multiple clinical research projects ongoing, reflecting her strong commitment to academic dermatology. Dr. Meekha has presented at national and regional scientific forums and is actively engaged in advancing dermatological research, education, and patient-centered care.



## Dr. Nubayra Tasneem

Consultant Dermatologist, United Hospital, Dhaka,  
Bangladesh

### Topical Steroid Damaged Face (TSDF): A growing public health concern in South Asia - A clinical perspective from Bangladesh

**Introduction:** Topical Steroid Damaged Face (TSDF) has emerged as a significant dermatological and psychosocial public health challenge in South Asia, driven by unregulated steroid access, fairness-cream culture, and social media misinformation. Awareness among patients and non-dermatology healthcare workers remains limited.

**Aim:** To present clinical characteristics, triggers, and treatment response patterns of TSDF patients in an urban dermatology practice in Bangladesh.

**Methods:** A prospective 12-month observation of 150 clinically confirmed TSDF cases was conducted. Data included demographics, steroid usage source, symptoms, psychosocial impact, and response to standardized management with steroid withdrawal, immunomodulators, barrier repair, and supportive therapies.

**Results:** Most patients were females aged 18-35 years (87%). OTC steroid purchase (71%), salon/social media recommendation (48%), and fairness cream marketing (36%) were key contributors. Common findings included erythema, acneniform eruption, telangiectasia, and burning. 63% reported emotional distress. Clinical improvement noted between 8-12 weeks, though persistent sensitivity remained in chronic cases.

**Conclusion:** TSDF is rapidly rising in South Asia, requiring urgent educational, regulatory, and dermatology-led community initiatives. Early detection and proper withdrawal treatment significantly improve outcomes.

**Keywords:** TSDF, Topical Steroids, Misuse, South Asia, Bangladesh, Dermatology, Oral Presentation.

## **Biography**

Dr. Nubayra Tasneem is a Consultant Dermatologist specializing in clinical, aesthetic, and procedural dermatology. She completed her MBBS followed by postgraduate training in Dermatology and Venereology at Shaheed Suhrawardy Medical College and Hospital, Dhaka. Dr. Tasneem holds DDV and MCPS (BCPS) qualifications, reflecting her strong academic and clinical foundation in dermatology. Dr. Tasneem has undertaken advanced international fellowships in Aesthetic Dermatology (India and Germany), Cutaneous and Laser Surgery (Thailand), and Aesthetic Dermatology (Turkey), gaining extensive exposure to modern aesthetic and laser-based dermatologic procedures. Dr. Tasneem also holds an MSc in Sexology and Psychosexual Counselling (India), allowing her to integrate a holistic approach in managing dermatological and psychosexual health concerns. Dr. Tasneem clinical expertise includes aesthetic dermatology, laser surgery, injectables such as botulinum toxin and dermal fillers, non-surgical facial rejuvenation, hair disorders, and regenerative treatments including PRP. Dr. Tasneem is actively engaged in evidence-based dermatology and continuous professional development. Dr. Tasneem is a regular participant and speaker at national and international dermatology conferences and is associated with multiple professional dermatological organizations. Dr. Tasneem currently serves as Consultant Dermatologist at Continental Hospital PLC, Dhaka, Bangladesh.



Holy Ametati<sup>1,2,3</sup>, Muji Rahayu<sup>2</sup>,  
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## Deciphering clinical response patterns to platelet-rich plasma therapy in Female Pattern Hair Loss (FPHL): A case series

**Background:** Female Pattern Hair Loss (FPHL) is a chronic, progressive alopecia characterized by diffuse thinning over the mid-frontal scalp and crown with relative preservation of the frontal hairline. Although standard therapies such as topical minoxidil are widely used, clinical benefit may be limited by delayed onset, adherence challenges, and variable effectiveness. Platelet-Rich Plasma (PRP) has emerged as a regenerative option in hair disorders. Platelet-Rich Plasma (PRP) is a platelet concentrate rich in growth factors and cytokines that may enhance perifollicular angiogenesis, modulate inflammatory signaling, support dermal papilla function, and promote transition into the anagen phase. This case series evaluates clinical response patterns to Platelet-Rich Plasma (PRP) in women with Female Pattern Hair Loss (FPHL) following a standardized short-course protocol.

**Observation:** This case series included 10 female patients with clinically diagnosed Female Pattern Hair Loss (FPHL) involving the central scalp and/or vertex, graded at baseline using the Ludwig classification system. None of the patients had received recent procedural treatment for hair loss prior to enrollment. All patients underwent a standardized Platelet-Rich Plasma (PRP) protocol consisting of three intradermal scalp injections administered at 1-month intervals (baseline/Day 0, Day 30, and Day 60). Each session involved uniform Platelet-Rich Plasma (PRP) delivery across affected scalp regions using the same preparation and injection technique. Clinical outcomes were assessed at month 3 (Day 90), corresponding to 90 days after the initial injection and 30 days after completion of the third Platelet-Rich Plasma (PRP) session. At follow-up, patients demonstrated heterogeneous response trajectories. Several patients with moderate baseline severity (Ludwig grade II) showed visible improvement in crown coverage and hair density, whereas those with milder disease (Ludwig grade I) predominantly

exhibited stabilization with reduced shedding and subtle cosmetic improvement. Patients with more advanced thinning (Ludwig grade III) demonstrated partial responses, characterized by improved hair texture and reduced scalp visibility without complete grade reversal. Notably, some patients initially classified as Ludwig grade II demonstrated clinical improvement to Ludwig grade I, while a subset of patients presenting with Ludwig grade III improved to Ludwig grade II at follow-up. Treatment was well tolerated, with no significant adverse events reported.

## **Biography**

Nurul Nisa Ulfa obtained her medical degree from the Faculty of Medicine, Universitas Diponegoro in 2016 and still pursuing Dermatovenereology and Aesthetic residents in the same university. Her academic interests include dermatovenereology, infectious diseases, allergy immunology, and social community. She also has authored and presented several scientific works, particularly in dermatovenereology, one of them are “Case Report about 23 Year Old Female with Cold Urticaria” (2023) and “The Role of Leprosy Reaction in Disability Progression: A Scoping Review” (2025).



**Philipp Cramer**

Universität Witten, Germany

## Optimising outpatient dermatologic surgery: Evidence-based strategies for safety and scalability

**Introduction:** Outpatient dermatologic surgery has evolved from minor interventions to complex procedures, driven by technical advancements and healthcare system shifts. This transition demands rigorous protocols to ensure safety and efficiency, particularly in high-risk patients. Our research addresses bleeding risk, infection control, and surgical technique adaptation to optimise ambulatory care.

**Materials and Methods:** We conducted a multi-method research portfolio comprising:

- A meta-analysis of >9,000 dermatologic surgeries comparing inpatient vs. outpatient bleeding rates.
- A prospective trial of bilateral tumour excisions using modified haemostatic protocols.
- Retrospective analysis of infection incidence across 3,240 outpatient procedures. Standardised interventions included bipolar coagulation, multilayer intradermal suturing, and structured follow-up schedules.

**Results:** Meta-analysis revealed a pooled postoperative bleeding rate of 0.3% in outpatient cases vs. 2.5% inpatient. Anticoagulated patients had a 2.6-fold increased bleeding risk, yet most events were mild. In the prospective trial (n=50), modified protocols reduced bleeding from 12% to 0% compared to historical controls. Infection rates remained low: 0% in biopsies, 1.36% in simple excisions, and 1.5% in two-stage reconstructions. No systemic infections or hospitalisations occurred.

**Conclusion:** Outpatient dermatologic surgery is safe and scalable when structured protocols are applied. Key measures include continuing anticoagulants, using bipolar coagulation, multilayer suturing, and enforcing asepsis training. These strategies enable treatment of

complex cases outside hospital settings without compromising outcomes, supporting cost-effective and patient-centred care.

## **Biography**

Dr. Philipp Cramer MD was born on April 20, 1994, in Recklinghausen, Germany, Dr. Philipp Cramer is a board-certified dermatologist with a specialization in dermatosurgery. He completed his medical education in Hungary and Germany, earning his medical degree in 2018. Dr. Cramer began his clinical career at the University Hospital Bochum (St. Josef-Hospital) and later advanced his expertise at the dermatology practice Dres. Cramer & Dr. Krosta, where he has been a partner since February 2024. With international academic experience and a strong commitment to patient-centered care, Dr. Cramer provides comprehensive dermatological services at the highest level. In August 2025, he embarked on an academic career by starting his habilitation at Witten/Herdecke University. His research focuses on: "Opportunities and Limitations of Ambulatory Dermatosurgery", aiming to explore the potential and boundaries of modern surgical techniques in outpatient settings and contribute to the advancement of dermatologic surgery.



Princess Marie F. Paredes\* MD;  
Andrea Marie Bernales-Mendoza  
MD. FPDS; Lillian Lopez-Villafuerte  
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Jose R. Reyes Memorial Medical Center, Manila, Philippines

## **Keratoacanthoma-like cutaneous metastasis in a 40-year-old Asian female with invasive ductal breast carcinoma: A case report**

Cutaneous metastasis occurs in approximately 5% of patients with internal malignancies and is generally associated with advanced disease and poor prognosis. Although breast carcinoma is the most common source of cutaneous metastases in women, presentation with a keratoacanthoma-like morphology is exceptionally rare. To date, fewer than 20 cases of keratoacanthoma-like cutaneous metastases have been reported in the literature. The majority originated from primary lung malignancies, with only a single previously reported case arising from breast carcinoma.

We report a case of a 40-year-old Filipino woman with a known history of invasive ductal breast carcinoma who developed a rapidly enlarging solitary erythematous nodule with a central keratin-filled crater on the anterior chest wall. The lesion arose at the site of a previously documented cutaneous metastasis and clinically mimicked a keratoacanthoma.

Histopathologic evaluation revealed atypical acantholytic cells with marked nuclear pleomorphism and increased mitotic activity, initially suggesting invasive squamous cell carcinoma. However, further immunohistochemical analysis showed CK7 positivity, CK20 negativity, and p63 negativity, supporting the diagnosis of keratoacanthoma-like cutaneous metastasis rather than a primary cutaneous malignancy. Subsequent imaging confirmed systemic disease progression with cerebral metastases.

This case represents one of the very few reported instances of keratoacanthoma-like cutaneous metastasis originating from breast carcinoma since the report by Cotton et al.

in 1985, which described a solitary lesion on the upper lip two years after breast cancer diagnosis. Our findings highlight the extreme rarity of this presentation and emphasize the importance of maintaining a high index of suspicion for metastatic disease in patients with known malignancy who present with keratoacanthoma-like lesions. Careful clinicopathologic correlation and targeted immunohistochemistry are essential for accurate diagnosis and appropriate oncologic management.

## **Biography**

Princess Marie F. Paredes, MD is a third-year dermatology resident at Jose R. Reyes Memorial Medical Center, the National Specialty Center for dermatology in the Philippines. She serves as Chief Resident for Outpatient Dermatology Services and is the Core Team Head of the Contact Dermatitis, Infectious Diseases, and Pediatric Dermatology teams. With strong leadership in clinical service and education, her interests include dermatologic oncology, dermoscopy, and clinicopathologic correlation. She is actively engaged in academic research and advancing excellence among aspiring dermatologists.



## Renni Yuniati<sup>1\*</sup>, Holy Ametati<sup>2</sup>, Nurul Nisa Ulfa<sup>1</sup>

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### Latest innovations in leprosy diagnosis and therapy: Towards accelerating global elimination

**Background:** Leprosy (Hansen's Disease) remains a significant global health challenge, classified as a Neglected Tropical Disease (NTD) with over 170,000 new cases reported in 2024. Although Multidrug Therapy (MDT) has drastically reduced the disease burden, challenges in early diagnosis, reaction management, and transmission prevention still hinder elimination efforts. This research aims to present a comprehensive review of the latest breakthroughs in leprosy diagnostics and therapeutic modalities that have the potential to transform the disease management paradigm.

**Methodology:** This review synthesizes data from peer-reviewed research publications, clinical trials, and global health organization reports from the 2024-2026 period. The primary focus is on innovative diagnostic technologies and new therapeutic agents that have shown significant potential in clinical trials.

**Results:** In diagnostics, significant progress has been made through the development of Artificial Intelligence (AI)-based tools such as the AI4Leprosy initiative, which uses skin lesion image analysis for rapid and accurate screening. This technology, coupled with advanced molecular tests like multiplex PCR assays and anti-PGL-I antibody detection, promises to dramatically increase diagnostic sensitivity and specificity, even in resource-limited settings. On the therapeutic front, a proof-of-concept study published in the *New England Journal of Medicine* demonstrated that Bedaquiline monotherapy for 8 weeks successfully achieved *M. leprae* clearance in multibacillary leprosy patients within 4 weeks. Furthermore, new agents like Dovramilast show potential as a breakthrough treatment for type 2 leprosy reactions, while new prevention strategies such as PEP++ (Post-Exposure Prophylaxis) are being explored to break the chain of transmission.

**Conclusion:** The landscape of leprosy management is undergoing a transformation driven by innovations in AI-based diagnostic technology and the development of more effective, shorter-duration therapeutic agents. These advancements offer new hope for accelerating the global elimination of leprosy, reducing disability rates, and addressing the associated stigma. This presentation will elaborate on these key findings and discuss their implications for clinical dermatology practice worldwide.

**Keyword:** Leprosy, Hansen's Disease, AI Diagnosis, Bedaquiline, Global Elimination.

### **Biography**

Dr. Renni Yuniati Sp.D.V.E., Subsp.D.T., FINS DV, FAADV, MH is a dermatologist and venereologist affiliated with Dr. Kariadi General Hospital, Semarang, and the Faculty of Medicine, Universitas Diponegoro. She obtained her medical degree from Universitas Sebelas Maret in 1997 and completed her specialization in Dermatology and Venereology at Universitas Diponegoro in 2008. Her academic interests include morbus hansen and dermatologic infections. She also has published several publications internationally, one of them is difference of tumor necrosis factor alpha levels in multibacillary leprosy between reversal reaction and non-reversal reaction patients in Pakistan Journal of Medical and Health Sciences.



Sabrina Ali<sup>1\*</sup> BS; Taylor Marquez<sup>1</sup> BS; James Slaven<sup>2</sup> MS; Syril Que<sup>3</sup> MD, MPH

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## Assessing skin cancer knowledge, attitudes, and practices in an underserved population at a student-run free clinic

**Background:** Skin cancer is one of the most common malignancies worldwide with a rising incidence rate. Early detection and preventative practices are essential to reduce morbidity and mortality. Underserved populations in particular face additional challenges to dermatologic care, which may contribute to reduced skin cancer awareness and preventative practices. Limited research has explored the knowledge, attitudes, and practices regarding skin cancer among patients at a Student-Run Free Clinic (SRFC). This study aimed to assess the knowledge, attitude, and practices regarding skin cancer at a SRFC.

**Methods:** An anonymous 31-question validated survey was distributed on paper to individuals ages 18+ attending a SRFC. The survey collected data on demographics, knowledge, attitudes, and practices regarding sun exposure and skin cancer. Descriptive statistics were used to analyse trends in overall dermatologic knowledge and sun exposure practices, and to determine if there were significant differences in outcome scores across demographic characteristics. Analyses were performed using Student's t-tests and with Analysis of Variance (ANOVA) tests. Tukey's post-hoc adjustment was used when looking at pairwise comparisons for significant ANOVA results.

**Results:** Among 56 participants, participants were more likely to be older (54.6% were 51+ years), male (53.6%), either Black (35.7%) or Hispanic (32.1%), and were generally more highly educated (52.7% with tertiary education). Sunscreen use was low, with 41.1% reporting sunscreen use, and only 17.9% reapplying sunscreen. Only 5% of participants reported that they have had their skin annually examined by a dermatologist. Fitzpatrick I-IV skin type group had significantly higher knowledge scores than the Fitzpatrick V-VI skin type group (5.4 vs. 4.3;  $p=0.0175$ ). Additionally, Black participants had significantly lower preventative practice scores than Hispanic participants (1.7 vs. 3.5; adjusted  $p=0.0187$ ).

**Conclusion:** Participants demonstrated variable knowledge and prevention practices, with gaps in sunscreen use and recognition of skin cancer warning signs. By identifying disparities in underserved populations, these findings highlight areas for targeted educational interventions and improving access to dermatologic care. Future work aimed at addressing such gaps in the knowledge, attitudes, and practices regarding skin cancer risk factors, screening, and prevention may serve to reduce skin cancer burden in vulnerable populations.

## **Biography**

Sabrina Ali is a fourth-year medical student at Indiana University School of Medicine. During her clinical education, Sabrina developed a passion for dermatology and health equity by co-leading a student-run free skin clinic. Sabrina is strongly committed to community outreach and expanding dermatologic care for diverse patient populations. Sabrina endeavours to pursue a career that combines clinical medicine, patient education, and compassionate care to advance equitable dermatologic outcomes. In her spare time, she enjoys baking, traveling, bouldering, and yoga.



## Salma Bennis\* BS, Julia Armstrong BS, Jessica Smock BS, Marc Kesselman DO

Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine, USA

### The clinical and system-level benefits of Teledermatology (TD) in geriatric nursing home populations: A scoping review

**Background:** Teledermatology (TD) is the remote delivery of dermatology services including diagnosis and management. TD has grown drastically as a result of the COVID-19 pandemic and has since become an integral means of providing dermatologic care, especially to geriatric populations. Specifically, nursing home residents who often face physical and cognitive limitations, multimorbidity and an increased risk of complications can benefit from remote visits. TD can provide earlier diagnoses, timely management and improved access to care and Quality of Life (QoL). Overall, this review will provide a comprehensive analysis of the benefits of TD in the diagnosis and management of dermatologic conditions in the elderly nursing home populations.

**Objectives:** The purpose of this scoping review was twofold: To identify the most common dermatologic diagnoses in the nursing home population and to evaluate the benefits of TD in addressing these concerns.

**Methods:** A scoping review was conducted to identify the most prevalent dermatologic diagnoses amongst nursing home facilities and to synthesize the benefits of TD in diagnosing and managing these conditions. A comprehensive search was conducted by three independent researchers using multiple databases, including Ovid MEDLINE, EMBASE, and Web of Science. For top dermatology diagnoses in elderly nursing home patients, a total of 118 articles were identified. After screening, 23 articles were selected for full-text review, with four articles meeting the inclusion criteria for this review. Regarding the benefits of TD, a total of 639 articles were discovered. After screening, 57 articles satisfied the eligibility criteria, and 21 relevant articles were included for analysis.

**Results:** Across the diagnosis-related studies, the five most frequent diagnoses included xerosis cutis (78-99%), tinea unguium (59-62%), seborrheic keratosis (31-56%), lentigo (35-90%), and eczema (17-37%). Across the TD-benefit studies, cost-effectiveness, accessibility, accuracy, patient satisfaction, and clinical outcomes were found to be consistently reported.

**Conclusions:** Our findings revealed that TD enhanced diagnostic accuracy, accessibility, and continued care among elderly patients. Rapid diagnoses allow for faster relief, decreased in-person referrals, and improved overall clinical outcomes. In nursing home settings, TD offers a cost-effective approach to managing dermatological conditions without the added burden of travel and allows for in-person follow-up only when needed. In terms of access to care, more efficient triage may reduce wait times for patients. In addition, clinical outcomes, including disease activity, have been reported to be equivalent among the two modalities. These findings align with current literature highlighting the growing utility of TD among geriatric patients while emphasizing the specific benefits for nursing home patients. As telehealth regulations evolve, it is essential to highlight the wide range of benefits TD provides. Recognizing these advantages will help sustain and expand its use, ultimately improving access to high-quality dermatologic care for nursing home residents and other vulnerable populations.

## Biography

Salma Bennis is a third-year medical student at Nova Southeastern University College of Osteopathic Medicine, where she is pursuing her passion for dermatology. Throughout medical school, Salma has pioneered several community service initiatives that reflect her passion for skin health education and research. She serves on the founding executive board for a student-run organization dedicated to improving skin health education in underserved communities. Furthermore, she's contributed efforts to the Melanoma Research Foundation and free skin cancer screenings at local venues. Salma also served as President of the Student Osteopathic Association for Research, where she mentored students on various research endeavours.



## Salma Bennis<sup>1\*</sup> BS, Valerie Foy<sup>2</sup> DO

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### **Dermatitis Herpetiformis (DH): Recent trends in incidence and management**

Dermatitis Herpetiformis (DH), the cutaneous manifestation of Celiac Disease (CD), is a pruritic gluten-dependent bullous disorder. In recent years, there has been a notable decline in DH incidence rates despite rising CD diagnoses. During this time, the Gluten-Free Diet (GFD) has been met with increasing popularity and the market share of gluten-free foods has substantially grown. This simultaneous decrease in gluten consumption emphasizes the potential influence this may have had on DH incidence, prompting this review. This review synthesizes recent epidemiologic shifts, molecular insights and therapeutic advances for DH.

An extensive review of the literature revealed a decrease in incidence rates and an increase in the mean age at DH diagnosis. In Northern Europe, DH incidence has fallen 40- 60%, with Finland dropping from 5.2 to 2.1 per 100,000 per year and Sweden from 3.1 to 1.4 per 100,000 per year, yet the diagnostic age has risen to 54 years. This can be attributed to several factors. For one, decreased gluten consumption in both susceptible and healthy populations can explain for the downward trends in DH incidence. Overall, population gluten intake has decreased 52%, and Gluten-Free Diet (GFD) adherence in DH exceeds 95% (increased). Additionally, recent diagnostic improvements have led to earlier recognition of underlying CD and, hence, a smaller pool of patients with neglected subclinical CD that can potentially progress to DH.

Dapsone remains the first-line pharmacologic therapy, but JAK inhibitors and dupilumab now achieve remission in refractory cases, with IL-36/IL-17 blockade being tested. To date, only a few isolated case reports and limited clinical research exists detailing these targeted therapies. Monoclonal antibodies like rituximab has been proven to be effective in treating DH, with recent instances citing success with dupilumab. Additionally, three isolated cases published within the past five years have reported the efficacy of JAK inhibitors, including tofacitinib, baricitinib

and, most recently, novel use of upadacitinib for DH. Research exploring the cytokines involved in DH pathogenesis revealed overexpression of IL-7, IL-31 and IL-36, laying the groundwork for new potential therapies. Biologics targeting these agents serve as a promising candidate for DH treatment.

It's evident that there has been a decline in DH incidence amongst recent decades, all while diagnostics have advanced and the GFD has experienced a surge in popularity. It can be postulated that this increased awareness of underlying CD and a lower lifetime gluten load has contributed to these trends. Focusing on this key epidemiological data, this emphasizes the treatable and preventable nature of this skin condition. This underscores the need for attentive, routine monitoring in those with gluten sensitivities and early implementation of the GFD. Regular follow ups and diligent screening efforts are key to maintaining this decline in DH incidence. DH has been found to coexist with several autoimmune comorbidities, stressing the necessity of screening for DH in those with preexisting auto-immunities. This review concludes with follow-up guidelines and screening recommendations for those at risk of developing DH or an eventual complication.

## **Biography**

Salma Bennis is a third-year medical student at Nova Southeastern University College of Osteopathic Medicine, where she is pursuing her passion for dermatology. Throughout medical school, Salma has pioneered several community service initiatives that reflect her passion for skin health education and research. She serves on the founding executive board for a student-run organization dedicated to improving skin health education in underserved communities. Furthermore, she's contributed efforts to the Melanoma Research Foundation and free skin cancer screenings at local venues. Salma also served as President of the Student Osteopathic Association for Research, where she mentored students on various research endeavours.



## Selene Solorza-Calderón

Universidad Autónoma de Baja California, México

### 1D fractal signatures computer-aided diagnosis methodologies for skin lesion classification

Today, there is an increasing number of skin diseases, so early detection of skin diseases is one of the top priorities worldwide. Ultraviolet radiation and tanning beds are the main risk factors. Early detection of skin lesions is currently a priority task worldwide. It has been measured that the range of precision in specialized dermatological clinics is between 64% to 80%. Therefore, computer-aided diagnosis applications are highly beneficial for dermatologists and their assistants, enabling more objective and accurate diagnoses. However, there are significant challenges to developing such applications, including skin lesions with irregular borders, low contrast between healthy skin and the lesion, unbalanced databases, and images of different sizes. Grossly, a computer-aided diagnosis model consists of a database, image processing (including segmentation, enhancement, and noise removal), feature extraction, and classification. I will discuss a computer-aided diagnosis model constructed from 1D fractal signatures and techniques for handling unbalanced databases. Fractal signatures are based on the mathematical theory of fractals, so lesions are assumed to have amorphous shapes. In this methodology, the lesioned region is not segmented, as is typically done in most work on the same topic. Hence, information on healthy skin is used, as well as information on lesioned skin. The goal is to reduce the time and errors associated with the segmentation process, which is often incorrect due to the amorphous shape of the lesions. Additionally, an assembly of classification spaces was employed to address the database imbalance effectively.

## Biography

Dra. Selene Solorza-Calderón received her Bachelor's degree in Applied Math in 1997 from Universidad Autónoma de Baja California, Mexico; her MSc degree in 1999 and her Ph.D. degree in 2005, both in Earth Sciences from Centro de Investigación Científica y de Educación Superior de Ensenada. Since 2003, she has been a researcher in the Math Area at the Faculty of Sciences, UABC. Her research interests include image processing, pattern recognition in digital images, and wave propagation in poroelastic media. Dra. Solorza-Calderón is a member of the Mexican National Research System (SNII), Mexican Mathematical Society and Mexican Academy of Science.



## Sergey Suchkov<sup>1-14\*</sup>, Aleksandr Gabibov<sup>15</sup>, Noel Rose<sup>16</sup>, Holland Cheng<sup>17</sup>

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<sup>9</sup>ACS (American Chemical Society), Washington, DC, USA

<sup>10</sup>AHA (American Heart Association), Dallas, TX, USA

<sup>11</sup>ARVO (The Association in Research in Vision & Ophthalmology), Rockville, MD, USA

<sup>12</sup>ISER (International Society for Eye Research), Anchorage, AK, USA

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## Personalized and precision medicine as a unique avenue to have the healthcare model renewed to secure the national biosafety: Advanced skincare solutions in individualized cosmetology, reconstructive plastic surgery and the modern beauty

This strategy of Personalized and Precision Medicine (PPM) as an upgraded model of healthcare would give a real opportunity to secure preventive, prophylactic, therapeutic and rehabilitative measures whose personalization could have a significantly positive influence on demographics. The evolution of PPM-guided biodesign in dermatology signifies a transformative shift towards individualized treatments, driven by the integration of biomarkers, which serve beyond diagnostics, offering insights into disease staging, prognosis, and therapeutic monitoring.

Regarded as innovators and early adopters, aesthetic dermatologists, cosmetologists and plastic surgeons stand at the forefront of novel medical advancements, incorporating new technologies into their practice with ease. For instance, skin nanobiosensors are already used in the cosmetics industry, or moisture sensors to measure their skin hydration. For instance, developed by the L'Oréal, Perso smart skincare system is capable of providing individualized skincare solutions via a four-step process taking into account the specificities of the user's skin, local weather conditions, and the user's product preferences. Amorepacific presented a 3D face mask printing system coupled with the 3D printing system developer Lincsolution, that uses a smartphone app to instantly measure individual users' facial dimensions and print a personalized hydrogel mask that caters to individual facial features and skin conditions. P&G Ventures, the startup studio within Procter & Gamble, returned to CES 2020 to showcase the development of Opte Precision Skincare System. This personalized handheld inkjet printer can instantly make the appearance of skin's hyperpigmentation disappear and fade spots over time.

The market for skin sensors technologies will reach \$275 million by 2030! In tandem with digitization comes the demand for personalization. Skin sensors would play a crucial role soon both in helping the consumer quantify changes that are imperceptible to the naked eye, but also with the possibility of sending valuable big data back into profiled research and targeted development for the next generation of products. Being cosmetologists, you must be prepared for the integration of patient and system factors.

The integration of AI technology and the capture of Big Data techniques should foster the next great leaps in cosmetic medicine and plastic surgery as segments of the Art Medicine, allowing you to capture the detailed minutiae of PPM. In the future, precise monitoring of patient imaging photographs may allow surgeons to monitor post-operative progress with real-time updates and save patients an in-person visit. Meanwhile, although such technologies are not yet available in plastic surgery, there is significant potential for AI-assisted plastic and reconstructive surgery in the near future to come.

The progress in active components and ingredients has boosted the derma-pharmaceutical and cosmetic fields by allowing formulations to display enhanced skin permeation capabilities. Of special interest is the introduction and incorporation of biodesign-inspired nanotechnology-based approaches into cosmetics for evincing novel formulations that confers aesthetic as well as therapeutic benefits. Nanocosmetics acts via numerous delivery mechanisms, which involves nanocarrier systems, polymeric or metallic nanoparticles, nanocapsules, dendrimers, nanosponges, etc. Each of those, have particular characteristic properties, which facilitates increased drug loading, enhanced absorption, better cosmetic efficacy, and many more.

Nanocrystal technology offers consumers cutting-edge and effective products and exhibits enormous development potential in the beauty business as a new delivery method to address the issue of low solubility and low permeability of sensitive chemicals. Including nanocrystalline loaded gel and emulsion, demonstrating the beauty efficacy five aspects: Anti-inflammation and acne, anti-bacterial, lightening and freckle removal, anti-aging as well as UV protection.

Cosmetology require doctors to make treatment decisions based on patient self-reporting, which poses challenges including patient recall or recognition of exacerbating factors, leading to a trial-and-error approach to management and additional consultations. A lack of particular medical guidelines is the predominant barrier for the adoption. Implementation of PPM. So, just keep you on the way to feel and to understand that the Grand Change and Challenge to secure our health and wellness are rooted not in Medicine, and not even in Science! Just imagine WHERE? In the upgraded Hi-Tech Culture! Only Creative Minds would be able to Re-Imagine Healthcare, to Transform Procedures and Prescriptions, and to Augment Physician Capabilities. This approach (PPM) mentioned should be based on postulates which will change the incarnate culture and social mentality!

While challenges persist, the future holds promise with the integration of IT algorithms and nanotechnology for real-time monitoring. With biomarkers at the forefront, dermatological and cosmetological care is poised for further optimization, ultimately enhancing therapeutic efficacy and improving patients' quality of life. Overall, PPM-driven dermatology and cosmetology has the potential to provide a more comprehensive understanding of skin conditions at the individual level and improve patient outcomes.

## Biography

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, graduated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia. From 1989 through 1995, Dr Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Research Institute in Moscow. From 1995 through 2004 - a Chair of the Dept for Clinical Immunology, Moscow Clinical Research Institute (MONIKI). In 1993-1996, Dr Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an international journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK. At present, Dr Sergey Suchkov, MD, PhD, is: Director for Center of Biodesign of N.D. Zelinskii Institute for Organic Chemistry of the Russian Academy of Sciences, Moscow, Russia. Senior Scientific Advisor of China Hong Kong Innovation International Business Association, Hong Kong. R&D Director of InMedStar, Russia. Member of the: Russian Academy of Natural Sciences, Moscow, Russia. New York Academy of Sciences, USA. American Chemical Society (ACS), USA. American Heart Association (AHA), USA. European Association for Medical Education (AMEE), Dundee, UK. EPMA (European Association for Predictive, Preventive and Personalized Medicine), Brussels, EU. ARVO (American Association for Research in Vision and Ophthalmology); ISER (International Society for Eye Research). Personalized Medicine Coalition (PMC), Washington, DC, USA.



**Shreya K Gowda**

AIIMS, Delhi, India

## A retrospective study to demonstrate the beneficial role of radio frequency ablation in Hailey-Hailey disease in a tertiary care centre from North India

**Background:** Hailey-Hailey disease is a rare autosomal dominant acantholytic disorder with recurrent flexural vesicles and erosions. Radiofrequency ablation offers benefit through selective epidermal destruction and dermal fibrosis, enhancing epidermal stability. This study evaluates the efficacy and safety of RFA as a therapeutic modality for refractory HHD.

**Objective:** To evaluate the clinical efficacy, relapse rates, and adverse effects of radiofrequency ablation in patients with Hailey-Hailey disease.

**Materials and Methods:** This retrospective study included 10 patients with clinically and histopathologically confirmed HHD treated with RFA between August 2020 and August 2025 at a tertiary care centre in North India. Procedures were performed using a KLS Martin radiofrequency unit in coagulation mode (depth 8-10mm, power 10-20). Therapeutic response was categorized as complete (>90%), good (50-90%), moderate (10-50%), or poor (<10%) improvement. Relapse and adverse events were recorded during follow-up (1-5 years).

**Results:** The mean age of patients was  $46.4 \pm 4.2$  years with male predominance (M:F=4:1). Complete response was achieved in 8 (80%) patients, good and moderate response in one (10%) each. Relapse occurred in 2(20%) patients within 6-9 months. Pain was the most common side effect (90%), followed by hypopigmentation (100%) and ulceration (10%). Mean patient satisfaction score was  $87 \pm 7\%$ .

**Conclusion:** Radiofrequency ablation is a safe, effective, and economical therapeutic option for refractory Hailey–Hailey disease, providing durable remission and high patient satisfaction with minimal adverse effects.

## Biography

Dr. Shreya K holds MBBS (HIMS), MD DVL (AIIMS Bhopal), and DNB qualifications and is currently a senior resident at AIIMS New Delhi. Dr. Shreya field of interest includes pediatric dermatology, dermatopathology, clinical dermatology, and procedural dermatology. Dr. Shreya has presented 15 oral papers (4 international, 11 national) and 31 posters (8 international, 23 national), and has delivered 2 lectures. Dr. Shreya has received 6 international travel grant scholarships and is a SIG member of dermoscopy (IADVL society) for 2026–27. Dr. Shreya serves as an Assistant Editor and reviewer in the IJDVL journal. Dr. Shreya has won many national and international quiz and oral paper presentations (16). Dr. Shreya publications include 80 PubMed-indexed works [9 original (4 Indian, 5 international); 2 systematic reviews (international)] and 20 non-PubMed publications. Dr. Shreya has also contributed 23 chapters.



## Shrutimita Pokhariyal

Symbio (Global Contract Research Organization),  
headquartered at 21 Perry Street, Port Jefferson, Long Island,  
New York, USA

### Unravelling complex dermatology: Challenging diagnoses and the power of visuals

Accurate diagnosis and clinical vigilance are vital in complex dermatology. Generalized pruritus (itching) without visible skin lesions is often dismissed as benign but can signal hidden malignancies. Studies show patients with chronic pruritus have up to six times higher odds of undiagnosed cancer. A misdiagnosis—such as mistaking shingles for bullous pemphigoid—underscores the need to revisit initial assumptions when symptoms evolve unexpectedly.

Neutrophilic dermatoses like Sweet's syndrome and pyoderma gangrenosum also pose diagnostic challenges. Severe variants, such as necrotizing neutrophilic dermatosis, mimic life-threatening infections like necrotizing fasciitis but require immunosuppressive treatment, not surgery. Conversely, infections like sporotrichosis can mimic autoimmune skin disease, and if misdiagnosed, immunosuppressive therapy can worsen outcomes. One review found nearly 17% of pyoderma gangrenosum cases were infections, emphasizing the importance of biopsy and cultures.

Visual diagnosis, a core pillar in dermatology, is vulnerable to misinterpretation—especially when image references lack diversity. Conditions often appear differently across skin tones. The 2022 mpox outbreak illustrated how sharing diverse lesion images significantly improved diagnostic accuracy. AI tools trained on inclusive datasets can support clinicians by flagging atypical presentations. In one study, an AI model reached >80% sensitivity and 90% specificity in identifying mpox lesions.

Biostatistics and predictive analytics are rapidly transforming dermatologic care. Machine learning models are being developed to predict severe drug reactions, supporting early intervention. Statistical modeling also aids in advancing targeted therapies, such as KIT D816V inhibitors for adult cutaneous mastocytosis.

Together, thorough clinical evaluation, diverse imagery, robust biostatistics, and AI integration represent the future of dermatologic precision. These approaches enhance diagnostic accuracy, reduce misdiagnosis, and enable more personalized treatment strategies—ultimately improving outcomes for patients with complex skin disorders.

## **Biography**

Shrutimita Pokhariyal is a Principal Statistician at Symbio, a global CRO, with over 14 years of expertise in clinical research and biostatistics. She holds a Master's in Biostatistics from the University of Baroda and is known for her leadership in data-driven strategy, trial design, and predictive modelling. Shrutimita mentors aspiring biostatisticians and promotes diversity and women in STEM. She has represented Symbio at elite events like PHUSE EU Connect 2024 and 2025, IDC 2025 (as moderator and speaker), and delivers impactful webinars and trainings.



Dr. Shukry Abdi\*,

Dr. Andreea Cifrea

Dermatology Department, West Middlesex University  
Hospital London, United Kingdom

## Successful lebrikizumab therapy following tralokinumab in moderate Atopic Dermatitis (AD) with limited systemic treatment options: Implications for sequential IL-13 inhibition

**Background:** Atopic Dermatitis (AD) is a chronic inflammatory skin disease predominantly driven by type 2 inflammation pathways, with Interleukin-13 (IL-13) playing a central role. Although targeted biologic therapies have expanded treatment options for moderate-to-severe AD, evidence guiding intra-class switching between IL-13 inhibitors remains limited.

**Case Presentation:** We report a 29-year-old man with lifelong AD. He was a social smoker and had a history of heavy alcohol consumption, hepatic steatosis, with a BMI >25kg/m<sup>2</sup>. He had lifelong AD presenting with excoriated, lichenified eczema predominantly affecting the upper body.

Baseline disease severity was moderate, with Eczema Area and Severity Index (EASI) score of 9, Patient-Oriented Eczema Measure (POEM) score of 16, and Dermatology Life Quality Index (DLQI) score 8. Previous treatments included phototherapy, Upadacitinib, methotrexate, ciclosporin, which were discontinued due to contraindications or suboptimal response. JAK inhibitors were contraindicated due to hepatic steatosis and the patient was initiated on tralokinumab. However, only mild and gradual improvements were observed before a significant flare occurred, with no meaningful overall improvement in disease severity.

Following MDT, the decision was made to switch from tralokinumab to lebrikizumab without washout period. At four-month post-switch, he demonstrated marked clinical improvement, with EASI 0, POEM 5, DLQI 7, and pruritus NRS score 3, with only minimal residual eczema involving the face, left antecubital fossa, and right wrist. At six-month follow-up, overall disease control remained substantially improved despite a mild flare (EASI 1.4, DLQI 5, POEM 9).

**Discussion:** IL-13 is a central driver of inflammation, barrier dysfunction, and pruritus in AD. Despite targeting the same cytokine, lebrikizumab and tralokinumab differ in their mechanisms of receptor interaction, which may contribute to variation in clinical responses. The improvement in pruritus observed in this patient reflects the central role of IL-13 in neuroimmune pathways involved in itch.

**Conclusion:** Sequential IL-13 inhibition may represent a viable therapeutic strategy in selected patients with AD, particularly when systemic treatment options are limited. Further research is needed to determine whether clinical or molecular factors may help predict response to individual IL-13 inhibitors and guide more personalised treatment strategy in AD.

## Biography

Shukry Abdi is a resident doctor in the London, United Kingdom, with a strong interest in dermatology, namely chronic inflammatory skin conditions and biologic therapy. In her spare time, she enjoys swimming, baking, teaching, and travelling.



Sonam Mistry<sup>1\*</sup>, BS; Ross  
Johnson<sup>2</sup>, MD; Timothy Wong<sup>3</sup>, DO

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<sup>3</sup>Rowan-Virtua School of Osteopathic Medicine, Department of Psychiatry, Mt Laurel, NJ, United States

## Interspecialty wound care: Case report of how psychiatry, dermatology, and plastic surgery managed a life-threatening forehead wound caused by delusional infestation and trigeminal trophic syndrome

**Background/Significance:** Delusional Infestation (DI) is a somatic-type delusional disorder with dermatologic and psychological components, characterized by a fixed belief that one is infested by living or nonliving pathogens despite evidence to the contrary. Trigeminal Trophic Syndrome (TTS) is a rare cutaneous dysaesthesia that leads to self-induced ulcerations caused by repetitive skin-picking behavior in the trigeminal nerve distribution. Our case highlights the interplay between DI and TTS and how it can lead to severe clinical sequelae.

**Case:** A 60-year-old female with a history of depression and anxiety presented to our hospital with suicidal ideation and a self-inflicted 4.5cm x 1.5cm central forehead wound with exposed brain tissue and underlying infection. This severe head wound developed over nine months by use of topical salicylic acid, tweezers, and scissors to remove “sebaceous plugs,” a “dripping rhinophymatous tumor,” and “layers of bacteria” located on the nose and forehead. Dermatology diagnosed TTS based on location of the wound and history of Chiari Malformation surgery but felt that the behaviors were driven primarily by the patient’s delusions. They started carbamazepine as treatment, which is thought to reduce aberrant nerve ending paresthesias. Psychiatry was consulted and started treatment with olanzapine, and later memantine, which reduced picking behavior and urges, but not insight into the condition. The patient ultimately underwent successful flap reconstructive surgery with plastic surgery prior to discharge to a skilled nursing facility.

**Discussion:** Patients with TTS typically present with crescent-shaped ulcerations in the nasal ala and forehead ulcerations. In unique cases, the dysesthesia may manifest as formication, or the sensation of insects crawling on or in the skin, which can precipitate the development of DI. The incidence of DI is rare alone, and the incidence of DI co-occurring with TTS is even more rare. A literature review revealed only one case report describing two patients with co-occurrence. TTS is typically caused by nerve injury from surgical procedures, herpes zoster, trauma, brainstem infarcts, or tumors. Our patient's corrective Chiari Malformation surgery in 2013 is presumed to have led to TTS. Case reports support the efficacy of antipsychotics, N-acetylcysteine, gabapentin, carbamazepine, and physical barriers in treating the concomitant conditions, but currently, there is no formal guideline for treatment. It is only through a multidisciplinary treatment model that patients with both conditions can reach maximal improvement.

**Conclusion/Implications:** This case highlights a rare co-occurrence of DI and TTS and underlines the importance of collaboration between psychiatry and dermatology in the management of these complex clinical phenomena.

### **Biography**

Sonam Mistry is a third-year medical student at Rowan-Virtua School of Osteopathic Medicine and currently serves as a dermatology clinical trials research fellow at Central Connecticut Dermatology. Her research interests include wound healing, skin of color, health equity, and surgical outcomes. Beyond her academic and clinical interests, Sonam is a trained Kathak (Indian classical) and Bollywood dancer. She also enjoys staying active through exercise, solving puzzles, and trying new recipes in the kitchen.



## Dr. Syed Nazim Hussain

Dermatrico-Skin, Hair and Laser Clinic, New Delhi, India

### A simplified Tick<sup>®</sup> technique for safe and effective tear trough correction using hyaluronic acid fillers

**Background:** The anatomy of the tear trough region is complex and its aesthetic correction using dermal fillers is frequently associated with complications. There is a need for a simplified, safe, and reproducible injection technique.

**Materials and Methods:** A total of 150 patients with varying grades of tear trough deformity were treated using a simplified Tick<sup>®</sup> technique. Each patient received three bolus injections placed at anatomically defined regions of the tear trough. All injections were administered in the deep supraperiosteal plane beneath the orbicularis oculi muscle.

**Results:** The Tick<sup>®</sup> technique demonstrated significant improvement in Global Aesthetic Improvement scores with minimal complications. No Tyndall effect or nodules were observed. Approximately 90% of patients showed very high satisfaction.

**Conclusion:** The Tick<sup>®</sup> technique offers a safe, effective, and user-friendly approach for tear trough correction with high patient satisfaction.

#### Biography

Syed Nazim Hussain is a Dermatologist and Aesthetic Surgeon with extensive experience in clinical dermatology, facial aesthetics, and hair restoration. He specializes in advanced aesthetic injectables, facial sculpting, thread lifts, laser treatments, and hair transplantation. Having performed over 4,000 aesthetic injectable procedures, he continues to integrate global best practices into his clinical work. His professional roles include former Consultant at Max Smart Super Specialty Hospital, New Delhi, and former Head of Dermatology at Paras Hospital,

Gurgaon. He currently serve as a National Trainer and Pan-India Consultant for Allergan (USA), APTOS Threads, TESS Lift Korea, Faculty Member at the Asia Pacific Allergan Medical Academy, and Reviewer for the International Journal of Dermatology. Syed leads Derma Trico–Skin, Hair & Laser Clinic, a centre recognized for clinical excellence, ethical practice, and patient trust. With more than a dozen publications in various journals his zeal for academics is growing day by day.



## Tanisha Singh

Gifted Gabber, United States

### The influence of a skin disease on the psychological health of a patient

There are many types of skin diseases, ranging from eczema to psoriasis, to acne, all of which are known to greatly impact mental health. The goal of this study is to show the effect of skin disorders on mental health by reviewing primary source articles found on a variety of reputable websites such as the National Library of Medicine and BMC Medicine. The methodology involved using a systematic search of multiple peer reviewed sources, using key terms such as “skin disease”, “psychological impact”, “mental health”, and “eczema”. It was revealed that skin disorder patients are very vulnerable to depressive conditions and social isolation, which are feelings exacerbated by societal beauty standards and social media influences. Specifically, the visibility of these conditions can increase the chance of feeling self-consciousness and/or shame, which can create a vicious cycle of emotional distress and the worsening of physical symptoms due to the reciprocal relationship between mental health and skin conditions. Our results showed that skin diseases have to be treated as physical and psychological problems. Strategies for dealing with a skin condition include having an integrated treatment plan that addresses one's psychological health as well as the physical. A patient may be involved in therapy, or may focus on acquiring a reliable support system. Patients should maintain a healthy lifestyle with proper diet, exercise, and rest, to ease symptoms, reduce stress, and improve quality of life.

#### Biography

Tanisha Singh is a Seattle, Washington. Her personal experience with eczema led me to explore how skin diseases affect emotional well-being and daily life. By presenting her abstract, she hope to bring more attention to the psychological impact of chronic skin conditions, and encourage a more holistic approach to patient care—one that acknowledges both mental and physical health needs.



## Tayla Mirfin

Stellenbosch Nanofiber Company, South Africa

### Exploration of nanofiber product development

The skincare industry has seen a lot of innovation over the years when it comes to the ingredients that are used, but not so when it comes to delivery vehicles. For the most part, creams, lotions and serums constitute the vast majority of the product formats on the market. However, there are some solid formats that have become more prevalent of late, one of which is nanofibers. Changing to a new format is not something many brands are willing to do, unless there is a compelling reason to do so. This talk will look at the benefits of using nanofibers in skincare. Beyond the novelty factor, what makes nanofibers truly different? What products would benefit from this new format? While nanofibers can be developed for just about any application, that doesn't mean they should be. The best use cases will be discussed in order to provide insight into how and why a brand might decide to choose nanofibers for their next product development.

#### Biography

Tayla Mirfin is the Lead Cosmetic Scientist at The Stellenbosch Nanofiber Company in Cape Town, South Africa, where Tayla specializes in the development of innovative waterless nanofiber skincare and cosmetic technologies. With a background in Western Herbal Medicine and a Master's degree in Biomedical Nanoscience, Tayla has spent the past five years working within the nanofiber industry, developing both cosmetic and medical nanofiber-based products. Tayla has been instrumental in the development of the Nanodrop/Nanopillow platform—a polymeric nanofiber delivery system engineered to encapsulate and protect sensitive skincare actives from degradation caused by water and light exposure, while also addressing solubility limitations and removing the need for conventional preservatives and stabilizers. When she's not immersed in formulation science, Tayla enjoys creative pursuits and firmly believes that innovation, much like skincare formulation, often requires patience, curiosity, and a willingness to embrace a little trial and error.



## Dr. Yasser Mohammed Hassanain Elsayed

Scientist, Independent Researcher, Critical Care Physician, and Cardiologist Critical Care Medicine, Egyptian Ministry of Health, Egypt

### Café au lait spot is a marker for pheochromocytoma in hypertensive crisis with a wide-differential diagnosis; A case report

**Rationale:** Hypertensive crisis is a serious cardiovascular problem. Refractory and resistant severe hypertension is sometimes needed for an urgent clinical diagnostic assessment for the cause. Hypertensive crisis due to pheochromocytoma is a rare problem but has an association with both café au lait spots, axillary freckling, and neurofibromatosis. The correlation between hypertensive crisis, café au lait spots, neurofibromatosis, and the presence of pheochromocytoma is highly significant. Café au lait spots by themselves are not harmful lesions. The presence of café au lait spots may be helping in the arrival to cause of the hypertensive crisis.

**Patient Concerns:** A middle-aged male patient presented to the emergency room with hypertensive crisis due to suspected pheochromocytoma.

**Diagnosis:** Hypertensive crisis due to suspected pheochromocytoma.

**Interventions:** Electrocardiography and intravenous nitroglycerin infusion.

**Outcomes:** Dramatic clinical improvement and blood pressure control within 15 minutes of the labetalol oral tablet had happened.

**Lessons:** Café au lait Spot is a marker for pheochromocytoma in hypertensive crisis but with a wide-differential diagnosis. Labetalol may be chosen in hypertensive crisis due to pheochromocytoma.

**Keywords:** Café Au Lait, A Marker for Pheochromocytoma, Hypertensive Crisis, Neurofibromatosis.

## Biography

Dr. Yasser Mohammed Hassanain Elsayed is a scientist, critical care physician, cardiologist, and independent researcher at Egyptian Ministry of Health. Publicized articles; (153). Innovations and patents (22); (3) "Yasser's sign", (6) "Yasser's phenomenon", (1) "Yasser's modification", (1) "Yasser's maneuver", (1) "Yasser's method", (1) "Yasser's test", (4) "Yasser's syndrome", (1) "Yasser's fibrillation", (1) "Yasser's Procedure", (1) Yasser's ECG palpitations wave, (1) Factitious Yasser's Infarction, and (1) "Yasser's Criterion". International Speaker with presentation (Conferences); (34). Accepted abstracts in Conferences with no presentation (28). Reviewer; (309) articles for (102) Journals. Honorable editor; (275) Journals. International Conferences OCM; (13). Instructor; (12) official and (118) non-official. COVID-19 publicized articles; (50). Prizes nomination; Breakthrough Prize, Einstein Prize, Abdul Hameed Showman Award for Arab Researchers, and ESICM Awards. Excellence certificates (more than 176). The most famous articles are; 1. Wavy triple an electrocardiographic sign (Yasser's sign). 2. Wavy double an Electrocardiographic sign (Yasser's sign). 3. Graded phenomenon (Yasser's phenomenon). 4. Connected aircraft squadron electrocardiographic sign (Yasser's sign). 5. Electrocardiographic Passing phenomenon (Flying phenomenon or Yasser's phenomenon). 6. Movable weaning off an electrocardiographic phenomenon (Yasser's phenomenon of hypocalcemia). 7. Yasser's COVID-19 discrepancy phenomenon. 8. Yasser's maneuver in the psychogenic coma. 9. Yasser's modification or oxygen test. 10. Three and one method (Yasser's method). 11. Yasser's stressor test (Fear and calm test). 12. Triphasic Yasser's stressor syndrome (Fear, calm, and fear syndrome). 13. Right to left angina Yasser's syndrome (Swinging Yasser's central heart syndrome) or Dancing Yasser's heart syndrome. 14. Sinusoidal atrial fibrillation (Yasser's fibrillation). 15. Yasser's triple discoloration sign. 16. Yasser's procedure. 17. Yasser's Wenckebach reversal phenomenon. 18. Yasser's cup of coffee stress syndrome (Single cup of coffee stress syndrome). 19. Yasser's ECG palpitations wave. 20. Bilobed apical floating heart Yasser's syndrome. 21. Factitious Yasser's Infarction. 22. Yasser's Criterion of Inferior ST-Segment Discrepancy Deviations in AF.

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POSTER  
PRESENTATIONS





## Amber Kumar<sup>1\*</sup>, Erica Kumar<sup>1</sup>, Danny Lee<sup>2</sup>

<sup>1</sup>Arizona College of Osteopathic Medicine, United States

<sup>2</sup>University of California San Francisco St. Mary's Hospital,  
United States

### Isotretinoin-induced skin dryness and the therapeutic role of omega-3 fatty acids

The management of severe, recalcitrant nodulocystic acne has been revolutionized by the clinical deployment of isotretinoin, a first-generation systemic retinoid that remains the most potent therapeutic intervention. Despite its unparalleled capacity to induce long-term remission by targeting all major pathogenic factors of acne vulgaris, including sebaceous gland hyperactivity, follicular hyperkeratinization, microbial colonization by *Cutibacterium acnes*, and local inflammatory responses, isotretinoin is characterized by a predictable and often debilitating profile of adverse effects. Its potent sebum-suppressive mechanism simultaneously disrupts the epidermal barrier, resulting in dose-dependent xerosis, cheilitis, nasal dryness, and ocular dryness that compromise treatment adherence. This can significantly impair patient quality of life and treatment adherence. Omega-3 Polyunsaturated Fatty Acids (PUFAs), principally Eicosapentaenoic Acid (EPA) and Docosahexaenoic Acid (DHA), have emerged as a promising adjunctive intervention, given their anti-inflammatory, immunomodulatory, and skin-barrier-enhancing properties. This review synthesizes evidence from randomized controlled trials, observational studies, and systematic reviews published predominantly between 2015 and 2026. The available data consistently indicate that concurrent oral omega-3 supplementation (1g/day) significantly reduces the frequency and severity of isotretinoin-induced mucocutaneous side effects, including skin dryness, lip dryness, nasal dryness, and conjunctivitis. Proposed mechanisms include modulation of Peroxisome Proliferator-Activated Receptors (PPARs), suppression of pro-inflammatory cytokine pathways via Nuclear Factor-kappa B (NF- $\kappa$ B) inhibition, production of Specialized Pro-Resolving Mediators (SPMs), and reduction of Trans-Epidermal Water Loss (TEWL). Despite encouraging findings, the evidence base is limited by small sample sizes, heterogeneous dosing, and short follow-up durations. This review calls for larger, well-powered randomized trials and more nuanced mechanistic studies to establish standardized supplementation protocols.

## Biography

Amber Kumar MA is a second-year medical student at the Arizona College of Medicine and is devoted to fostering an inclusive and collaborative environment in healthcare. With an interest in Dermatology, Amber applies her background in research to explore the pathophysiology of skin disease and the nuances of dermatologic treatment. Amber is particularly passionate about ensuring that dermatologic care is equitable, which will improve patient outcomes and advance the field of medicine in an important way. Amber aspires to a career where she can combine her skills and research to provide compassionate and life-changing care to diverse communities.



**Andrea Mayaly Chub\***, Dra. Dary  
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## **Chromoblastomycosis with transformation to invasive squamous cell carcinoma: Oncological complication of a neglected mycosis**

A 71-year-old male patient, a farmer, originally from and residing in Petén, presented with a history of a nodular lesion on his left upper extremity, extending into the mid-arm region, which had begun 31 years prior. The patient was unable to describe how the lesion began or triggered it. He had previously consulted at a tertiary care hospital, where a biopsy was performed and antifungal treatment with fluconazole was initiated, without clinical improvement. Due to the lack of therapeutic response, the patient discontinued treatment and did not continue medical follow-up.

The patient reported progressive growth of the lesion, associated with ulceration, pain, foul odor, and functional limitation of the affected limb, prompting him to seek medical attention. Physical examination revealed a chronic dermatosis localized to the left upper extremity, characterized by multiple erythematous nodules forming verrucous plaques with intense scaling, and an ulcerated exophytic lesion measuring 14×11cm involving more than 180° of the forearm, which presents with fetid, yellowish-green bloody and purulent discharge. The lesions are indurated, with irregular, well-defined borders, on xerotic skin with photodamage. Extensive soft tissue edema extending to the mid-third of the arm is associated with limited extension of the limb and restricted wrist mobility. The ipsilateral axilla is negative.

Skin biopsies were taken for histopathological study. Histological sections of the left upper limb show the formation of keratin pearls and areas of ulceration. Underlying this is a solid neoplasm composed of medium-sized cells with abundant cytoplasm and intercellular bridges; vesicular nuclei, some with prominent nucleoli and others hyperchromatic and pleomorphic. Extensive areas of necrosis and granulation tissue are evident, with perineural and lymphovascular invasion.

Sections of nodular cutaneous lesions show loss of epidermal continuity with a surface covered by granulation tissue. The epidermis shows hyperkeratosis and parakeratosis. Multiple granulomas with multinucleated giant cells phagocytizing fumagoid cells (Medlar bodies) are identified in the dermis, findings consistent with chromoblastomycosis.



Figure 1. A and B. Chronic dermatosis located on the left upper limb, characterized by multiple erythematous nodules that form verrucous plaques with intense scaling; and an exophytic neoformation, which presents fetid yellow-green bloody and purulent secretion, the consistency of which is indurated, with irregular, well-defined borders, on xerotic skin and with photodamage

The microbiological study reported abundant pure culture of *Candida parapsilosis*. The radiograph of the left upper extremity showed extensive swelling and thickening of the soft tissues of the forearm, consistent with an advanced inflammatory process, without identifying lytic or blastic bone lesions.

Based on the histological results, treatment by oncological surgery was evaluated, and radical surgery was chosen due to soft tissue involvement, functional impairment, and neurological deficits. Limb preservation was not possible, and external beam radiotherapy would offer little benefit due to the tumor's size.

Due to extensive limb involvement and associated tissue destruction, a transhumeral amputation was performed. Multiple ulcerated nodular lesions, confluent into scaly plaques and erosions, with a peripheral grayish halo, were identified throughout the skin surrounding the neoplasm. Dissection revealed a tumor with a depth of invasion of 3.5cm, involving the subcutaneous tissue and reaching the fascia of the extensor muscles of the fingers.

## Biography

Andrea Mayaly Chub Cal, a sixth-year medical student in Guatemala. She has distinguished herself academically by receiving an honorable mention at the VI Congress and VIII Symposium of Dermatology Residents at the San Juan de Dios General Hospital in Guatemala in 2025. She has participated in the publication of an article in the Journal of Physicians and Surgeons of Guatemala and as a poster reviewer at the II Symposium of Rafael Landívar University in 2026. My interests focus on dermatology, medical research, and raising awareness about neglected diseases that affect vulnerable populations in her country



## Sophie Vann-Guillon, Anneleen Lavigne\*, Laura Nucibella, Lina Poulain

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### **Biohacking body skin longevity in sedentary women through combined biochemical and mechanotransductive stimulation**

Modern sedentary lifestyles and chronic stress negatively impact skin structure, leading to cellulite, impaired microcirculation, reduced tissue turnover, and altered mechanosensory responsiveness. These effects accelerate visible signs of aging such as volume retention, contour loss, and dermal rigidity. To counteract these processes, we implemented a dual action protocol combining topical biochemical stimulation with manual mechanical cues capable of activating mechanotransduction pathways. This cosmetic biohacking strategy mimics movement-related signaling, in order to restore skin function and support long-term tissue remodeling.

A clinical study was conducted on 20 sedentary women aged 35–60 years, reporting lifestyle-related stress, who received six professional treatment sessions over three weeks. Each session combined (1) A multi-active topical formula with synergistic effects on lipolysis, microcirculation, extracellular matrix remodeling, and white adipocyte transdifferentiation; and (2) A specific deep-tissue massage protocol using friction, compression, and drainage techniques to elicit mechanotransductive and neurocutaneous responses. Efficacy was assessed by circumference measurements, ultrasound profilometry, photographic analysis, and structured self-assessment questionnaires.

Mean circumference reductions ranged from -1.7 to -3.2cm (calves to hips). Ultrasound imaging revealed a progressive increase in dermal echogenicity, reflecting extracellular matrix densification. A significant improvement was detected from session 4 onwards (+20.1%,  $p=0.01$ ), confirming early structural remodeling. These objective results occurred without significant

weight loss, indicating a localized, tissue-specific effect. Photographic analysis confirmed visible changes, while self-assessments revealed that 90-100% of participants experienced firmer skin, a more refined silhouette, enhanced leg lightness, and deep post session relaxation.

This low-tech, non-invasive strategy illustrates how synchronized biochemical and mechanical stimulation can help restore skin function and structural responsiveness in sedentary, stress-affected lifestyles. By reactivating movement-related signaling and engaging the skin-brain axis, the protocol contributes not only to visible tissue remodeling but also to emotional well-being, offering a holistic, sustainable approach to long-term body skin longevity.

## **Biography**

Anneleen Lavigne is an industrial pharmacist with over 12 years of experience in the cosmetics industry, working with prestigious international brands. She serves as a Senior Cosmetic & Actives Project Manager in the Swiss cosmetic brand Valmont, focusing on the innovation of active ingredients and the development of high-performance cosmetic products. Anneleen also contributes to articles and scientific publications, reflecting a biological and technical background.



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## Short-term improvement and clinical success in patients with onychomycosis treated with topical ciclopirox 8%: Preliminary results of the EVOCA study

Onychomycosis is the most common nail disorder, and its topical treatment poses a therapeutic challenge due to the limited penetration of the drug through the nail plate. The EVOCA study evaluates the efficacy, safety, and impact on quality of life of a water-soluble nail lacquer containing 8% ciclopirox, formulated to enhance the penetration and concentration of the active ingredient in the nail.

The primary objective is to assess the clinical course of onychomycosis in patients treated for up to 48 weeks. Secondary objectives include evaluating clinical success and improvement according to the investigator's assessment, changes in quality of life using the DLQI index, mycological cure determined by PCR, patient-reported perception, time to achieve clinical success, and the safety profile of the treatment.

EVOCA is a phase IV, multicenter, open-label, single-arm clinical study conducted at 9 centers in Spain. Adult patients with mild to moderate distal onychomycosis (10–40% nail involvement), confirmed by PCR, were included. Clinical improvement was defined as a  $\geq 20\%$  reduction in the affected area, and clinical success as  $< 10\%$  involvement of the total nail area. Statistical analysis was performed using descriptive statistics for quantitative and qualitative variables. Comparisons were made using parametric or non-parametric tests, with a significance level of 0.05 and 95% confidence intervals, using SAS software version 9.4.

Of the 87 patients receiving treatment, 45 were included in the interim analysis and 37 completed week 12. The mean affected nail area, according to the investigator's assessment, decreased

from 20.8% at baseline to 16.8% at week 12. Clinical success was achieved in 13.5% of patients, and 37.5% showed clinical improvement. DLQI scores demonstrated a significant reduction ( $p=0.042$ ), indicating improved quality of life. One adverse event (2.2%) was reported, which was mild.

Interim results from the EVOCA study show that, in the short term, the water-soluble nail lacquer with 8% ciclopirox is associated with clinical improvement and success, with a favorable safety profile after 12 weeks of treatment, as well as a positive impact on patients' quality of life and product evaluation. These findings support continuation of the study to confirm results after 48 weeks of treatment.

## **Biography**

Aymée Robainas Barcia is a PhD in Biological Sciences with over 20 years of experience in scientific research and more than a decade in the pharmaceutical industry. Aymée specializes in medical affairs, scientific training, and medical consulting, having held key roles in different dermocosmetic and pharmaceutical companies. Author of numerous scientific publications, she has contributed to the advancement and dissemination of biomedical knowledge globally.



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## Early improvement and reduction of hair loss and tolerability of an anti-hair loss cosmetic lotion: Preliminary results from a prospective observational study

Hair weakening, reduced density, and increased hair shedding are common concerns in the adult population. In the absence of scalp pathology, topical cosmetic products are widely used to improve hair appearance and quality.

To preliminarily evaluate consumer-perceived efficacy, satisfaction, adherence, and tolerability after 28 days of use of an innovative cosmetic lotion containing turmeric-derived exosomes and plant-based active ingredients.

Prospective, single-arm observational study including adults aged 18–65 years presenting hair weakening and/or increased non-pathological hair shedding. Participants applied 15–20 sprays of the cosmetic lotion daily to the scalp for 28 days. Consumer perception was assessed using structured self-administered questionnaires based on 5-point Likert scales evaluating overall improvement, hair strength, visual density, volume, shine, perceived hair loss, satisfaction, tolerability, and ease of use. Scalp tolerability was assessed through dermatological visual inspection.

Thirty-five participants were included (mean age: 43.3 years; 75% female). At baseline, most reported weak hair, low density and volume, and increased shedding. After 28 days: 60% reported overall improvement, 51% improved strength, 60% increased volume, 51% enhanced shine, and 71% reported reduced perceived hair loss.

Overall satisfaction reached 66%. Adherence was high, with 100% daily use and 94% reporting easy integration into daily routines. Tolerability was favorable: 86% reported no scalp symptoms

and 94% described application as comfortable. No serious adverse events were observed.

Daily use of this anti-hair loss cosmetic lotion was associated with early perceived improvements in hair quality and reduced shedding, with excellent tolerability. High satisfaction and adherence support its suitability for continued cosmetic use.

## **Biography**

Aymée Robainas Barcia is a PhD in Biological Sciences with over 20 years of experience in scientific research and more than a decade in the pharmaceutical industry. Aymée specializes in medical affairs, scientific training, and medical consulting, having held key roles in different dermocosmetic and pharmaceutical companies. Author of numerous scientific publications, she has contributed to the advancement and dissemination of biomedical knowledge globally.



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## **A case of cutaneous metastases in a 57-year-old female with cervical adenocarcinoma**

Cervical cancer remains one of the leading gynecologic malignancies, ranking as the fourth most common cancer among women worldwide. In the Philippines, it is the second most frequent cancer among women overall and among those aged 15–44 years. Approximately 2.9% of women in the general population are estimated to have cervical HPV-16/18 infections at any given time, and 58.6% of invasive cervical cancers are linked to high-risk HPV types 16 or 18. Cutaneous metastases occur in 0.7–0.9% of cancer patients and result from the spread of a distant primary tumor to the skin. These lesions may present as the initial sign of metastatic disease or indicate cancer recurrence long after treatment of the primary tumor. In women, breast cancer is the most common primary tumor to metastasize to the skin, followed by colon cancer and melanoma. For cervical cancer, common distant metastatic sites include the lung, liver, bone, and brain. Cutaneous metastases from cervical cancer are extremely rare, with a reported incidence of 0.1–2%, and are generally associated with poor prognosis and frequent local or regional recurrence.

We present a case of a 57-year-old Filipino female with cervical adenocarcinoma who presented with cutaneous metastases, an uncommon clinical presentation for this malignancy. The patient developed pruritic, painful erythematous papules on the back, abdomen, extremities, and face, three weeks after her last brachytherapy session for stage 1B2 cervical adenocarcinoma. She also experienced intermittent fever (T<sub>max</sub> 39°C), non-productive cough, body weakness, and unintentional weight loss. Prior management included chemotherapy with cisplatin for six cycles, pelvic external beam radiotherapy, brachytherapy, and surgical management of a right ovarian growth.

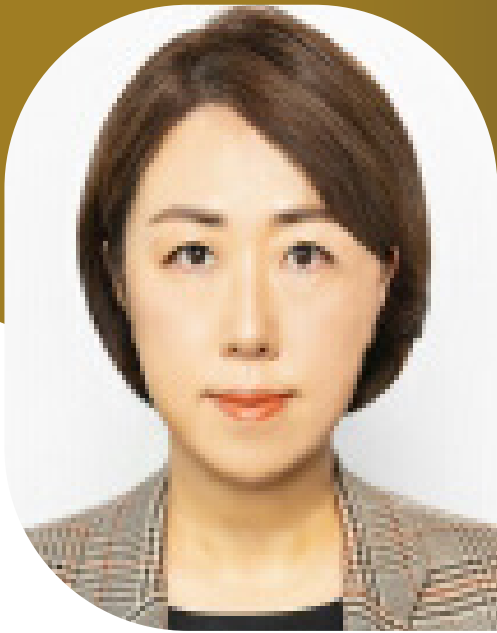
Dermatologic examination revealed multiple well-defined, round erythematous nodules, some with minimal scaling and areas of erosion. A 4 mm punch biopsy showed atypical cells with hyperchromatic pleomorphic nuclei in the mid to lower dermis, lymphohistiocytic infiltrates, atypical mitoses, perivascular clustering, and “Indian filing.” Immunohistochemistry was positive for CK7, P16, and CEA, and negative for P63 and CK20, confirming cutaneous metastasis originating from the cervix.

This case highlights the rarity of cutaneous metastases in cervical adenocarcinoma and the importance of recognizing their variable clinical presentations, including nodules, plaques, and inflammatory lesions. Early detection and accurate diagnosis are critical for timely multidisciplinary management and prognostic evaluation. Reporting such cases contributes to the limited literature on this uncommon manifestation and provides valuable insights for dermatologists and oncologists managing similar patients.

**Keywords:** Cutaneous Metastasis, Cervical Cancer, Cervical Adenocarcinoma, Dermatology, Metastatic Skin Lesions.

### **Biography**

Dr. Camille Ysabel V. Bautista is a third-year Dermatology resident at Jose R. Reyes Memorial Medical Center, Philippines. She currently leads the Contact Dermatitis section and is a member of the Dermatologic Surgery section. Her clinical and research interests focus on allergic contact dermatitis and advanced dermatologic procedures. Dr. Bautista has been recognized for academic and research excellence, including Best in Research Paper (2nd Place) and Best in Thesis Poster (2nd Place). She recently reported a rare case of cutaneous metastases from cervical adenocarcinoma, reflecting her commitment to advancing evidence-based dermatologic practice.



**Jin Eun Choi**

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## **AI-based skin pigmentation training simulator system for standardized PMU education**

The rapid growth of the semi-Permanent Makeup (PMU) industry has increased the demand for standardized education and safety-oriented practical training systems. However, existing PMU education still relies heavily on instructor experience and repetitive manual practice, resulting in inconsistent educational quality and procedural competency. This study proposes an AI-based skin pigmentation training simulator system designed to support standardized PMU education through digital simulation and integrated practical training.

The proposed system consists of a training operation server, smart simulation modules, AI-assisted feedback functions, and digital educational management components. The system enables trainees to learn skin pigmentation procedures through step-by-step theoretical and practical training while receiving real-time feedback related to procedural stability, pigmentation patterns, and safety-oriented practice environments. In addition, the proposed platform aims to improve educational reproducibility and training efficiency by integrating digital learning records and simulation-based evaluation systems.

This research focuses on the educational architecture and conceptual framework of a standardized PMU training ecosystem rather than clinical validation. The study is based on patented technologies and a government-supported startup project in South Korea. The proposed platform may contribute to the future development of digital beauty education, AI-assisted procedural training, and standardized competency-based PMU education systems in the global beauty and aesthetic industry.

## Biography

Jineun Choi is a professor in the Department of Beauty Design at Sungkyul University, South Korea. Her research focuses on AI-based beauty education systems, semi-permanent makeup simulation technology, digital beauty platforms, and skin pigmentation treatment training systems. Jineun has registered and applied for multiple patents related to AI-assisted PMU recommendation systems and educational simulators. Jineun is currently conducting government-supported startup and research projects integrating beauty education, artificial intelligence, and digital simulation technologies.



## Kiley Hassevoort

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### A delayed diagnosis of crusted scabies: A case report

Scabies is caused by the agent *Sarcoptes scabiei*, a mite that burrows and tunnels in the stratum corneum. While classical scabies is characterized by intense itching, crusted scabies may have minimal itch and presents with firm, adherent, hyperkeratotic plaques commonly located on extensor surfaces, the palms and soles, and the scalp. The diagnosis of scabies is based on clinical findings and patient history. There is no gold standard for diagnosing scabies. A diagnosis can be supported by a positive microscopic examination of a skin scraping revealing a mite, egg, or scybala. A negative microscopic finding does not exclude scabies and may delay the diagnosis or result in a misdiagnosis. Dermoscopy can also be used as a diagnostic tool to identify a skin burrow, characterized by a “delta sign”. Lastly, a histology report from a skin biopsy is another diagnostic tool, but it is only useful if the mite is present in the section examined. A differential diagnosis for crusted scabies includes contact dermatitis, folliculitis, atopic dermatitis, psoriasis, and tinea corporis. We present a case of a man in his early seventies who had a delayed diagnosis of scabies due to initial histology reports favoring chronic spongiotic mixed with actinic dermatitis. This contributed to the development of crusted scabies, as well as the unnecessary use of many topical and systemic therapies in the patient. This case demonstrates the importance of establishing a diagnostic standard for scabies to prevent misdiagnosis and guide appropriate, timely therapy.

#### Biography

Kiley Hassevoort is a 3rd-year medical student at A.T. Still University Kirksville College of Osteopathic Medicine. She is currently interested in pursuing a career in dermatology. Outside of school, she enjoys doing jigsaw puzzles, reading/listening to audiobooks, cooking/baking, and hiking when the weather permits.



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## Efficacy of deuruxolitinib in patients with severe alopecia areata by baseline nail involvement: Pooled post hoc analysis of the THRIVE-AA1 and THRIVE-AA2 Phase 3 trials

**Introduction:** Alopecia Areata (AA) is an inflammatory autoimmune disorder resulting in nonscarring hair loss of the scalp or other areas of the body. Some patients with AA present with nail changes, including pitting and trachyonychia. Nail involvement occurs more frequently in patients with severe forms of AA. Deuruxolitinib, a Janus kinase 1/2 inhibitor is approved for adults with severe AA. This pooled post hoc analysis evaluated the efficacy of deuruxolitinib in patients with AA with or without nail involvement at baseline in the THRIVE-AA1 (NCT04518995) and THRIVE-AA2 (NCT04797650) Phase 3 trials.

**Methods:** Adults aged 18 to 65 years with a diagnosis of AA and  $\geq 50\%$  scalp hair loss were treated with deuruxolitinib 8mg twice daily (BID) or placebo for 24 weeks. Nail involvement was determined by the rater's "yes" or "no" response to the question, "Is there nail involvement?" Scalp hair loss was assessed by Severity of Alopecia Tool (SALT) scores at Week 24. Efficacy was based on patients who achieved a SALT score  $\leq 20$  or  $\leq 10$  at Week 24.

**Results:** Among the patients receiving deuruxolitinib 8mg BID (n=600) and placebo (n=267), the mean age was approximately 39 years and approximately 64% were female and 74% were White. At baseline, 233/600 (38.8%) patients receiving deuruxolitinib 8mg BID and 103/600 (38.6%) patients treated with placebo had nail involvement. Of the patients with baseline nail

involvement, 64/217 (29.5%) patients receiving deuruxolitinib 8mg BID and 0/95 patients treated with placebo achieved a SALT score  $\leq 20$  at Week 24 ( $P < 0.0001$  vs placebo). For patients without baseline nail involvement, 104/330 (31.5%) and 2/151 (1.3%) patients treated with deuruxolitinib 8mg BID and placebo, respectively, achieved a SALT score  $\leq 20$  at Week 24 ( $P < 0.0001$  vs placebo). Additionally, among patients with baseline nail involvement, 45/217 (20.7%) patients receiving deuruxolitinib 8mg BID and 0/95 patients treated with placebo achieved a SALT score  $\leq 10$  at Week 24 ( $P < 0.0001$  vs placebo). For those without baseline nail involvement, 76/330 (23.0%) and 0/151 patients treated with deuruxolitinib 8mg BID and placebo, respectively, achieved a SALT score  $\leq 10$  at Week 24 ( $P < 0.0001$  vs placebo). There was no significant difference in the percentage of patients receiving deuruxolitinib 8mg BID with vs without nail involvement at baseline who achieved a SALT score  $\leq 20$  ( $P = 0.9224$ ) or  $\leq 10$  ( $P = 0.9004$ ) at Week 24.

**Conclusion:** Similar proportions of patients with and without baseline nail involvement achieved a SALT score  $\leq 20$  or  $\leq 10$  at Week 24 with deuruxolitinib, demonstrating that baseline nail involvement does not impact the efficacy of deuruxolitinib.

**Sponsorship:** The study and medical writing were sponsored by Sun Pharma.

## Biography

Kizito Kyeremateng, BSc, PharmD, is a Director of Medical Affairs in Dermatology with extensive experience in pharmaceutical medical affairs. He leads medical strategy at Sun Pharma, advancing evidence-based approaches to acne, alopecia areata, and other skin diseases. His research includes peer-reviewed publications on acne, clascoterone, alopecia areata, and deuruxolitinib, contributing to the understanding of disease pathophysiology and treatment. Dr. Kyeremateng earned his PharmD from Idaho State University and remains actively engaged in clinical research, scientific publications, and medical communications.



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## Maintenance of hair regrowth following dose reduction or discontinuation of deuruxolitinib in patients with severe alopecia areata: A Phase 2 randomized study

**Introduction:** Deuruxolitinib, a Janus kinase 1/2 inhibitor is approved in the US for adults with severe alopecia areata. This Phase 2 study (NCT04784533) assessed the effect of deuruxolitinib dose reduction or discontinuation on scalp hair regrowth in patients with severe alopecia areata.

**Methods:** In Part A, Period 1 (PAP1), patients aged 18 to 65 years with AA and  $\geq 50\%$  scalp hair loss were randomized to deuruxolitinib 8mg (DRX8) or 12mg (DRX12) twice daily for 24 weeks. The results for the DRX8 group are presented herein. In Part A, Period 2 (PAP2), patients achieving a response (Severity of Alopecia Tool [SALT] score  $\leq 20$  in PAP1) were rerandomized to a lower deuruxolitinib dose or placebo (DRX8-deuruxolitinib 4mg [DRX4], or DRX8-placebo) for up to 24 weeks or Loss of Maintenance (LOM; defined as SALT score  $>20$ ). Patients with LOM entered Part B and received their original deuruxolitinib dose from PAP1 for 24 weeks. Scalp hair loss was assessed by SALT at baseline and every 4 weeks. Safety included Treatment-Emergent Adverse Events (TEAEs).

**Results:** In PAP1, response was achieved by 36/163 (22.1%) patients receiving DRX8 at Week 24. By the end of PAP2, LOM criteria were met by 5/18 (27.8%; DRX8-DRX4) patients in the dose-reduction group, and 15/18 (83.3%; DRX8-placebo) patients in the treatment-discontinuation

group. Patients discontinuing treatment met LOM criteria faster compared with those who underwent dose reduction. In Part B, patients who underwent deuruxolitinib retreatment after dose reduction (n=5) experienced faster scalp hair regrowth vs those who discontinued treatment (n=13). Most TEAEs were mild or moderate in severity.

**Conclusion:** Following hair regrowth with deuruxolitinib, dose reduction or discontinuation resulted in loss of treatment response. Scalp hair regrowth was restored in most patients retreated with deuruxolitinib.

**Sponsorship:** The study and medical writing were sponsored by Sun Pharma.

### **Biography**

Kizito Kyeremateng, BSc, PharmD, is a Director of Medical Affairs in Dermatology with extensive experience in pharmaceutical medical affairs. He leads medical strategy at Sun Pharma, advancing evidence-based approaches to acne, alopecia areata, and other skin diseases. His research includes peer-reviewed publications on acne, clascoterone, alopecia areata, and deuruxolitinib, contributing to the understanding of disease pathophysiology and treatment. Dr. Kyeremateng earned his PharmD from Idaho State University and remains actively engaged in clinical research, scientific publications, and medical communications.



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<sup>7</sup>The American University of Barbados, St. Michael, Barbados, USA

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## **An analysis of Alopecia Areata Incognita (AAI) following mRNA COVID-19 vaccination in perimenopausal women**

Alopecia Areata Incognita (AAI), a rare and often underrecognized variant of alopecia areata, presents as diffuse, acute-onset telogen hair shedding without the classic well-demarcated patches of hair loss. The pathogenesis of AAI is thought to involve autoimmune targeting of anagen hair follicles, leading to premature follicular regression and abrupt Telogen Effluvium (TE). Case reports and observational data have identified a temporal association between mRNA COVID-19 vaccination and the onset of alopecia areata spectrum disorders, including AAI, particularly in perimenopausal women. Immunologic shifts during the perimenopausal transition, including estrogen fluctuations, declining immune regulation, and increased predisposition to autoimmunity, may amplify susceptibility to vaccine-triggered autoreactivity. Clinical presentation typically involves rapid, diffuse hair thinning over the scalp with preservation of follicular openings, often mistaken for TE or female pattern hair loss. Dermoscopic examination may reveal exclamation point hairs, yellow dots, and short regrowing hairs, while scalp biopsy can confirm peribulbar lymphocytic infiltrates consistent with alopecia areata. In cases temporally linked to vaccination, the immunologic trigger is hypothesized to involve vaccine-induced activation of type I interferon pathways, molecular mimicry, or dysregulation of regulatory T-cell function in genetically predisposed individuals. Treatment approaches mirror those used in conventional alopecia areata and include high-potency topical corticosteroids, intralesional corticosteroid injections, and systemic immunomodulators in severe cases. In the context of vaccine-associated onset, careful

counseling is highly recommended to address patient concerns and clarify the rarity of this adverse event. Recognition of AAI in perimenopausal women following mRNA COVID-19 vaccination requires heightened clinical awareness to ensure accurate diagnosis, timely intervention, and avoidance of misclassification as androgenetic alopecia or nonspecific TE. Dermatologists should maintain a high index of suspicion for autoimmune hair loss variants in the post-vaccination setting and apply dermoscopic, histologic, and clinical tools to guide management and patient education.

## **Biography**

Lynn Fadel is a third-year medical student at California Health Sciences University. Her research interests involve upcoming technologies, advocacy, and daily functionality in dermatology. She hopes to apply for the 2026-2027 match to dermatology residency.



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## Comparative antioxidant activity of nail lacquers

**Background:** Oxidative stress contributes to nail fragility, discoloration, and structural damage. Cosmetic nail formulations with antioxidant ingredients may help reduce this damage, although their efficacy depends on both composition and formulation design.

This study compares the *in vitro* antioxidant activity of three cosmetic nail lacquers. Formulation A contains a patented dextrin-based vehicle with cyclodextrin-soluble poly(pseudo) rotaxanes, plus biotin, silicon, Methylsulfonylmethane (MSM), bamboo extract, and salicylic acid. Formulations B (hyaluronic acid, silicon, and Pistacia lentiscus) and C (MSM and horsetail extract) are commercially available nail lacquers included for comparison.

**Methods:** Antioxidant activity was evaluated by DPPH radical inhibition. Three nail lacquer formulations (A, B, and C) were serially diluted in methanol and incubated with DPPH (200 μM) for 30 minutes at room temperature in the dark. Absorbance was measured at 517 nm using a microplate reader, and DPPH inhibition was calculated relative to the initial absorbance. Each dilution was prepared in duplicate and measured in triplicate (Figure 1).

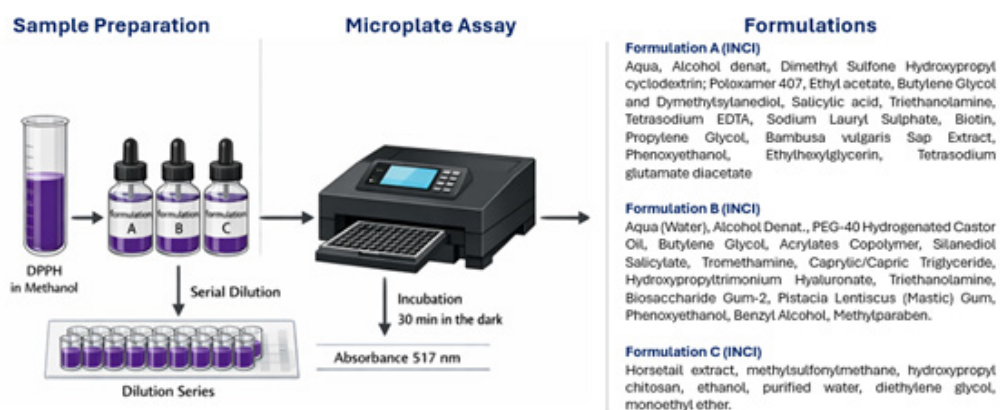


Figure 1. Overview of sample preparation, microplate assay workflow, and tested formulations (INCI).

Results: Formulation A demonstrated a concentration-dependent antioxidant effect, presenting the strongest DPPH radical scavenging ability among all tested samples. In contrast, Formulation B showed minimal antioxidant activity, which aligns with its low levels of compounds known for antioxidant properties. Formulation C showed no significant antioxidant activity under the assay conditions; its signal was below the detection limit (0.05mmol/L), so results are not shown in the figure.

Formulation A contains bamboo extract, a source abundant in polyphenols, along with biotin, MSM at a 10% level, and salicylic acid. These ingredients each contribute their own antioxidant benefits (see Figure 2).

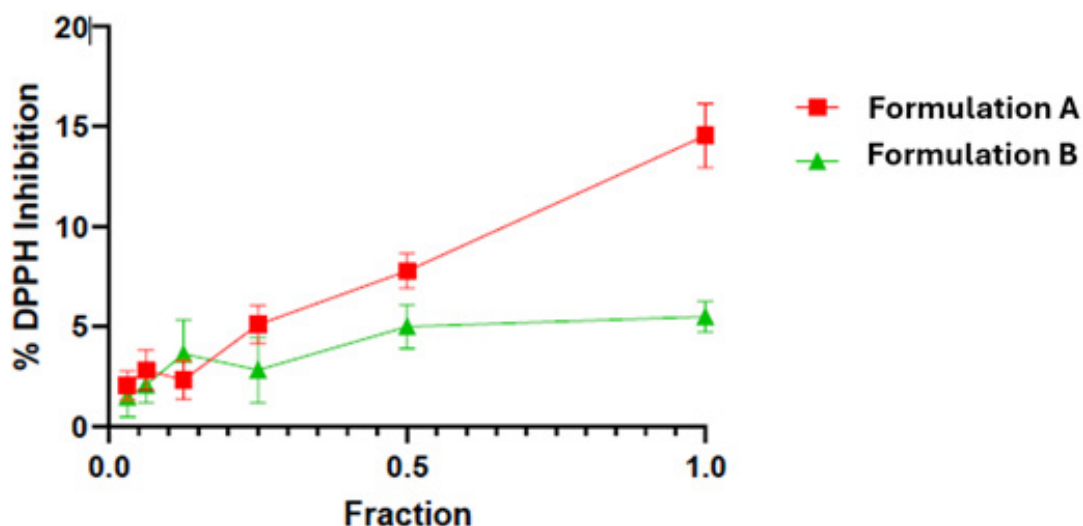


Figure 2: DPPH Inhibition Results for Tested Formulations (A, B)

**Conclusions:** Formulation A, containing the patented dextrines vehicle, showed better antioxidant performance in laboratory tests than the other nail lacquer formulations assessed. The increased free radical scavenging efficacy is attributed to optimized availability of active ingredients, leading to enhanced protection against oxidative stress. Since oxidative damage contributes to nail fragility, structural deterioration, and age-related changes, effective antioxidant delivery may support the preservation of nail integrity, mechanical strength, and aesthetic appearance over time. These findings underscore the importance of advanced antioxidant formulation strategies as a supportive measure for maintaining nail health, particularly in aging, nail alterations, or environmentally stressed nails.

## Biography

María Lajarín graduated in Pharmacy in 2012 and later completed her Ph.D. in Biochemistry, Molecular Biology and Biomedicine in 2023 at the Autonomous University of Barcelona. María's doctoral research focused on antimicrobial discovery and mechanisms of action, strengthening her expertise in microbiology, molecular pathways and therapeutic innovation. María has accumulated ten years of experience in the pharmaceutical and cosmetic industries, contributing to R&D projects across multiple categories. Throughout her career, María has collaborated with diverse institutions and multidisciplinary teams, supporting scientific development, product evaluation and innovation strategies within the health and dermocosmetic sectors.



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## Comparative study of effectiveness with Narrowband UVB (NB-UVB) vs NB-UVB with topical tacrolimus ointment (0.1%) in the treatment of vitiligo among the armed forces personnel attending Combined Military Hospital Dhaka

**Background:** Vitiligo is a multifactorial depigmenting disorder caused by melanocyte loss. This study evaluates the comparative effectiveness of NB-UVB alone versus NB-UVB combined with 0.1% topical tacrolimus in vitiligo patients.

**Aim of the Study:** The aim of the study was to compare the efficacy of Narrowband UVB (NB-UVB) alone versus NB-UVB combined with 0.1% topical tacrolimus ointment in treating vitiligo

**Methods:** This randomized controlled study at the Department of Dermatology and Venereology, CMH Dhaka (Feb-Aug 2021) included 70 patients with stable vitiligo over 14 years, randomized to Group A (0.1% tacrolimus+NB-UVB) or Group B (placebo+NB-UVB).

Repigmentation was assessed monthly over three months using a visual analog scale, categorized as excellent (>75%), good (50-75%), moderate (25-49%), or poor (<25%). Data were analyzed with SPSS v23.0 (t-tests, chi-square;  $p < 0.05$ ).

**Results:** Among 140 patients (70 per group), most were aged 21-30 years (A 38.6%, B 40.0%) and male (A 61.4%, B 67.1%). Disease duration <5 years occurred in 65.7% (A) and 61.4% (B), and non-segmental vitiligo in 90.0% (A) and 87.1% (B). Baseline depigmentation 1-10% was seen in 78.6% (A) and 82.9% (B). At 3 months, excellent response was higher in A (54.3%) than B (31.4%), with overall efficacy 54.3% vs 31.4% ( $p < 0.05$ ).

**Conclusion:** Treatment with a combination of NB-UVB and topical Tacrolimus ointment (0.1%) is more effective than treatment with NB-UVB alone in vitiligo.

**Keywords:** Comparative, NB-UVB, Tacrolimus.

## Biography

Dr. Sinthia Alam is an Asst. Professor, a dermatologist and aesthetic physician with a focus on both clinical and aesthetic dermatology. Dr. Sinthia completed her MBBS (Bachelor of Medicine, Bachelor of Surgery), followed by a Diploma in Dermatology & Venereology (DDV), where she gained specialized training in skin, hair, nail, and sexually transmitted diseases. To further enhance her expertise in aesthetic practice, Dr. Sinthia obtained a Diploma in Aesthetic Medicine from the American Academy of Aesthetic Medicine (AAAM, USA). Dr. Sinthia is currently serving as an Assistant Professor of Dermatology at United Medical College & Hospital and working as a Consultant Dermatologist at Continental Hospital, where she provides comprehensive dermatological care, including advanced non-invasive aesthetic procedures.

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