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ABSTRACT BOOK

36th Nordic Congress of Dermatology and Venereology

Helsinki, Finland

May 6–9, 2025

Official Journal of
- European Society for Dermatology and Psychiatry

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- The International Forum for the Study of Itch

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6–9 May, 2025

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NCDV 2025 PROGRAMME
Venue: Scandic Marina Congress Centre

TUESDAY, 6 MAY 2025				
	Exhibition Build-up Day			
	Board meetings of the National Nordic Societies			
15.00-17.00	**Pre-registration at the venue**			
17.00-21.30	**Scientific Evening Event sponsored by Johnson & Johnson:** History and Future of Dermatology – Psoriasis as an example			

WEDNESDAY, 7 MAY 2025				
	Main Auditorium: Europea		**Parallel session room: Fennia II**	
08.00	**Registration opens**			
	Annual General Assemblies of the National Nordic Societies			
08.00-10.00 **08.30-09.30**	**SSDV General Assembly** 8.00-10.00 in Europea	**NFDV General Assembly** 8.30-9.30 in Baltica	**SILY General Assembly** 8.30-9.30 in Fennia II	
10.00-10.55	**Special Session: Acta Dermato-Venereologica Symposium**			
	Acta DV still going strong after more than 100-years	Olle Larkö (Sweden)		
	Social media and artificial intelligence in scientific publishing	Sam Polesie (Sweden)		
	Acta Dermato-venereologica – highlights and plans for the future	Olle Larkö (Sweden)		
	Discussion			
11.00-12.00	**Industry symposium A - Sponsored by Galderma Nordic:** The Unbearable Itch; Unveiling the Complexities of Prurigo Nodularis			
12.00-13.30	***Lunch / Posters / Exhibition***			
12.15-13.15	**Lunch Industry Symposium B - Sponsored by Almirall:** Managing Atopic Dermatitis: New Treatments & Clinical Insights - an interactive session on clinical cases			
13.30-14.00	**Opening Ceremony**			
14.00-15.30	**Keynote lectures**	**Chairs:** Veli-Matti Kähäri (Finland) Kaisa Tasanen-Määttä (Finland)		
	FinnGen, a large scale biobank project to facilitate genetic discoveries	Aarno Palotie (Finland)		
	How large-scale electronic health record databases can help improve clinical care for inflammatory diseases	Sinéad Langan (United Kingdom)		
	Insights into pruritic skin inflammation	Bernhard Homey (Germany)		
15.30-16.00	***Coffee/Posters/Exhibition***			
16.00-17.30	**Session 1:** **Psoriasis - where are we now?**	**Chairs:** Charlotta Enerbäck (Sweden) Lone Skov (Denmark)	**Session 2:** **Skin cancer - what's new?**	**Chairs:** Veli-Matti Kähäri (Finland) Ada Girnita (Sweden)
	Epidemiology and big data	Lone Skov (Denmark)	In melanoma	John Paoli (Sweden)
	Lessons learned from the Stockholm psoriasis cohort	Axel Svedbom (Sweden)	In basal cell carcinoma	Katarina Zak Stangeland (Norway)
	A multi-omics approach to precision medicine in dermatology: The HUNT Study	Mari Løset (Norway)	In Squamous cell carcinoma	Veli-Matti Kähäri (Finland)
	The association between serum 25-hydroxyvitamin D levels and psoriasis in a large population-based cohort	Kjersti Danielsen (Norway)	In unsual tumors	Ada Girnita (Sweden)
	The systemic inflammation in psoriasis	Charlotta Enerbäck (Sweden)	In cutaneous lymphoma	Maria Lönnrot (Finland)
18.30-20.00	**Helsinki City Welcome Reception at City Hall**			

THURSDAY, 8 MAY 2025				
	Main Auditorium: Europea		**Parallel session room: Fennia II**	
08.00	**Registration opens**			
08.30-10.00	**Session 3: Atopic dermatitis and itch**	**Chairs:** Laura Huilaja (Finland) Mette Deleuran (Denmark)	**Session 4: Nordic Research**	**Chairs:** Teea Salmi (Finland) Liv Eidsmo (Sweden)
	Pathological mechanisms in atopic itch	Jesper Elberling (Denmark)	Bridging Basic Research and Clinics: Innovations in Treating Infection and Inflammation	Artur Schmidtchen (Sweden)
	Psychological impact of atopic dermatitis	Mette Deleuran (Denmark)	Combining clinical work and research - what is essential?	Liv Eidsmo (Sweden)
	Atopic Dermatitis in melanin rich skin	Maria Bradley (Sweden)	NDA's Scientific Exchange of Younger Dermatological Researchers	Ditte Georgina Zhang (Denmark)
	Update on topical treatments of atopic dermatitis	Alexander Salava (Finland)	**NDA Grant recipients:**	
	Prurigo Nodulars	Laura Huilaja (Finland)	Comorbidities and effects of gluten-free dietary treatment in dermatitis herpetiformis	Noora Nilsson (Finland)
			Psoriasis: disease variation and self-reported triggers	Albert Duvetorp (Sweden)
			Ectodermal dysplasia in Denmark: population-based studies of prevalence and prognosis	Laura Krogh Herlin (Denmark)
			Risk factors and treatment for Penile intraepithelial neoplasia	Sinja Kristiansen (Sweden)
10.00-10.30	***Coffee/Posters/Exhibition***			
10.30-12.00	**Session 5: Autoimmune diseases**	**Chairs:** Rikke Bech (Denmark) Kaisa Tasanen-Määttä (Finland)	**Session 6: Skin infections, infestations and venereology**	**Chairs:** Usha Hartgill (Norway) Eija Hiltunen-Back (Finland)
	Update pemphigoid	Kaisa Tasanen-Määttä (Finland)	Scabies	Pontus Johnsson (Sweden)
	Update pemphigus	Ralf Ludwig (Germany)	The challenges of fungal skin infections/challenging fungal skin infections	Olav Sundnes (Norway)
	Serology in the diagnosis of autoimmune bullous diseases	Nina van Beek (Germany)	Syphilis	Eija-Hiltunen Back (Finland)
	Update of Dermatitis herpetiformis	Kaisa Hervonen (Finland)	Atypical presentations of STIs, case studies	Usha Hartgill (Norway)
	Immunological wounds	Rikke Bech (Denmark)	HPV and cancer	Arne Wikström (Sweden)
12.00-13.30	***Lunch / Posters / Exhibition***			
12.15-13.15	**Lunch Industry symposium C - Sponsored by Sanofi Oy:** Cornucopia of Real World Evidence in AD&PN in Nordics – Clinicians toolbox to uncover what do we know of long term treatment in AD & PN from real life registries			
13.30-15.00	**Session 7: Skin and genes**	**Chairs:** Sirkku Peltonen (Finland) Philip Curman (Sweden)	**Session 8: Skin ulceration and Hidradenitis suppurativa**	**Chairs:** Øystein Grimstad (Norway) Kirsi Isoherranen (Finland)
	Epidermolysis bullosa	Leena Bruckner-Tuderman (Germany)	How I treat my HS-patients in Hurley stage I and II	Øystein Grimstad (Norway)
	Neurofibromatosis	Sirkku Peltonen (Finland)	How I treat my HS-patients in Hurley stage III	Louise W. Schøsler (Denmark)
	Darier disease	Philip Curman (Sweden)	Why it is so important to have a proper diagnosis in LU's?	Kirsi Isoherranen (Finland)
	Hereditary palmoplantar keratoderma	Eveliina Brandt (Finland)	The principles of local treatment in LU's	Sebastian Probst (Switzerland)
	Porokeratosis	Rahime Inci (Sweden)		
15.00-15.30	***Coffee/Posters/Exhibition***			

15.30-16.30	**Industry symposium D - Sponsored by L'Oréal Dermatological Beauty:** Nordic European Cutaneous Oncodermatology Management (NECOM) project tools to prevent and treat cancer therapy-related cutaneous adverse events	**Poster "Walk" Session** *(presentation of selected posters)*	**Chairs:** Pilvi Riihilä (Finland) Magdalena Claeson (Sweden)
		PW1: Treatment with methotrexate is associated with a decreased risk for mortality of patients with bullous pemphigoid	Päivi Leisti (Finland)
		PW2: How does herring roe oil affect immune cells and cytokine network in psoriasis?	Aleksandra Petrovic (Norway)
		PW3: The role of dermal fibroblasts in the upregulation of IκBζ and associated inflammatory mediators in psoriatic inflammation	Lejla Svraka (Denmark)
		PW4: Inflammatory skin disease – the importance of vitamin D, vitamin D-binding protein, and UV light	Andrea Elmelid (Sweden)
		PW5: Efficacy and safety of lebrikizumab is maintained up to 3 years in patients with moderate-to-severe atopic dermatitis: ADVocate1 and ADVocate2 to ADjoin long-term extension trial	Farnam Barati Sedeh (Denmark)
		PW6: Saisonal variation of the burden of atopic dermatitis in finnish primary care - a database study on effects of weather and air quality	Alexander Salava (Finland)
		PW7: 10 years of mohs micrographic surgery in Denmark: results from a nationwide cohort	Katrine Karmisholt (Denmark)
		PW8: Sun exposure, basal cell carcinoma and serum vitamin D levels in individuals with gorlin syndrome: a nationwide register-based study	Karianne Haga (Norway)
		PW9: Changes in ultraviolet B-induced DNA damage and erythema after systemic photoprotection with nicotinamide and polypodium leucotomas in healthy volunteers	Aheen Faisal (Denmark)
19.00	**Congress dinner Hilton Helsinki Kalastajatorppa**		

FRIDAY, 9 MAY 2025				
			Meeting Room 1	
			08.00-09.00 NDA Board Report Meeting	
	Main Auditorium: Europea		**Parallel session room: Fennia II**	
09.00-10.30	**Session 9: Allergy & Urticaria**	**Chairs:** Jesper Elberling (Denmark) Jose Alfonso, (Norway)	**Session 10: Novel approaches for diagnostics of skin diseases**	**Chairs:** Thomas Schopf (Norway) Noora Neittaanmäki (Finland)
	New trends in contact allergy	Jeanne Duus Johansen (Denmark)	Ex vivo confocal microscopy for bed-side histopathological diagnosis	Noora Neittaanmäki (Finland)
	Atopic Eczema and allergy	Charlotte Mørtz (Denmark)	Line-field confocal optical coherence tomography: pros and cons	Merete Haedersdal (Denmark)
	Exploring Urticaria - A Dive into the Diversity of Causes and Diagnoses	Jesper Elberling (Denmark)	Artificial intelligence in dermatology: where are we now?	Sam Polesie (Sweden)
	Challenges in the diagnosis and prevention of occupational contact dermatitis	Jose Hernán Alfonso (Norway)	Post-pandemic telemedicine	Thomas Schopf (Norway)
	Contact allergy to steroids, what's new	Mihaly Matura (Sweden)		
10.30-11.00	***Coffee/Posters/Exhibition***			
11.00-12.30	**Session 11: Pediatric Dermatology**	**Chairs:** Katariina Hannula-Jouppi (Finland) Mikael Alsterholm (Sweden)	**Session 12: Free Communications Session**	**Chairs:** Baldur Baldursson (Iceland) Claus Johansen (Denmark)
	Neonatal erythroderma -Red babies are red flags	Katariina Hannula-Jouppi (Finland)	O1: Stage II and III melanoma: survival outcomes and patient characteristics in a nationwide population-based study from Sweden	Michelle Marjanovic (Sweden)
	Overview and management of vascular and lymphatic malformations in children	Hanna Hyvönen (Finland)	O2: Dermal IGA deposition targeted against transglutaminase 3 in dermatitis herpetiformis risk groups	Elli Turjanmaa (Finland)
	Treatment of onychomycosis in children	Ditte Marie Saunte (Denmark)	O3: Expression of C5AR1 in cutanenous squamous cell carcinoma is associated with invasion, metastasis and prognosis	Lauri Heiskanen (Finland)
	Skin barrier and the management of atopic comorbidities in children with atopic dermatitis – creating peace of mind and skin in patients and parents	Eva Rehbinder (Norway)	O4: Predicting melanoma in the adult Swedish population using machine learning on registry data	Martin Gillstedt (Sweden)
	Update on the use of biologics and JAK-inhibitors in pediatric dermatology	Johanna Mandelin (Finland)	O5: Prevalence of psoriasis in patients with metabolic dysfunction-associated steatotic liver disease (MASLD) - a cross-sectional study	Kristoffer Egeskov (Denmark)
			O6: Early neutrophil activation in psoriatic skin at relapse following dead sea climatotherapy	Thomas Emmanuel (Denmark)
			O7: Spatial profiling of CD8+ t cells and lymphoma cells in mf patient skin	Julia Nenonen (Sweden)
			O8: Subclinical cardiac organ damage in patients with moderate to severe psoriasis	Kåre Tveit (Norway)
12.30-13.00	**Closing Session**			
13.00-14.00	***Farewell sandwiches***			

ABSTRACT BOOK OVERVIEW

No./ order	Oral/Poster Session/ Poster	Title	Category Final	Presenter First Name	Presenter Last Name	Pre-senter Country
O1	Oral Presentation	Stage II and III Melanoma: Survival Outcomes and Patient Characteristics in a Nationwide Population-Based Study From Sweden	Epidemiological research	Michelle	Marjanovic	Sweden
O2	Oral Presentation	Dermal IGA Deposition Targeted Against Transglutaminase 3 in Dermatitis Herpetiformis Risk Groups	Clinical research	Elli	Turjanmaa	Finland
O3	Oral Presentation	Expression of C5AR1 in Cutanenous Squamous Cell Carcinoma is Associated with Invasion, Metastasis and Prognosis	Basic & translational research	Lauri	Heiskanen	Finland
O4	Oral Presentation	Predicting Melanoma in the Adult Swedish Population Using Machine Learning on Registry Data	Epidemiological research	Martin	Gillstedt	Sweden
O5	Oral Presentation	Prevalence of Psoriasis in Patients with Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) - a Cross-sectional Study	Clinical research	Kristoffer	Egeskov	Denmark
O6	Oral Presentation	Early Neutrophil Activation in Psoriatic Skin at Relapse Following Dead Sea Climatotherapy	Basic & translational research	Thomas	Emmanuel	Denmark
O7	Oral Presentation	Spatial Profiling of CD8+ T Cells and Lymphoma Cells in MF Patient Skin	Basic & translational research	Julia	Nenonen	Sweden
O8	Oral Presentation	Subclinical Cardiac Organ Damage in Patients with Moderate to Severe Psoriasis	Clinical research	Kåre	Tveit	Norway
PW1	Poster Walk Session	Treatment with Methotrexate is Associated with a Decreased Risk for Mortality of Patients with Bullous Pemphigoid	Epidemiological research	Päivi	Leisti	Finland
PW2	Poster Walk Session	How Does Herring Roe Oil Affect Immune Cells and Cytokine Network in Psoriasis?	Basic & translational research	Aleksandra	Petrovic	Norway
PW3	Poster Walk Session	The Role of Dermal Fibroblasts in the Upregulation of LKBZ and Associated Inflammatory Mediators in Psoriatic Inflammation	Basic & translational research	Lejla	Svraka	Denmark
PW4	Poster Walk Session	Inflammatory Skin Disease – the Importance of Vitamin D, Vitamin D-Binding Protein, and UV Light	Clinical research	Andrea	Elmelid	Sweden
PW5	Poster Walk Session	Efficacy and Safety of Lebrikizumab is Maintained up to 3 Years in Patients with Moderate-To-Severe Atopic Dermatitis: Advocate1 and Advocate2 to Adjoin Long-term Extension Trial	Clinical research	Farnam Barati	Sedeh	Denmark
PW6	Poster Walk Session	Saisonal Variation of the Burden of Atopic Dermatitis in Finnish Primary Care - a Database Study on Effects of Weather and Air Quality	Epidemiological research	Alexander	Salava	Finland
PW7	Poster Walk Session	10 Years of Mohs Micrographic Surgery in Denmark: Results From a Nationwide Cohort	Epidemiological research	Katrine	Karmisholt	Denmark
PW8	Poster Walk Session	Sun Exposure, Basal Cell Carcinoma and Serum Vitamin D Levels in Individuals with Gorlin Syndrome: a Nationwide Register-Based Study	Epidemiological research	Kariannne	Haga	Norway
PW9	Poster Walk Session	Changes in Ultraviolet B Induced DNA Damage and Erythema After Systemic Photoprotection with Nicotinamide and Polypodium Leucotomas in Healthy Volunteers	Clinical research	Aheen	Faisal	Denmark
P10	Poster	Applicability of Novel Laser Scanning Microscopy Techniques in Demonstrating Characteristic Features of Porokeratosis	Basic & translational research	Rahime	Inci	Sweden
P11	Poster	Majocchi Folliculitis in Sweden: an Uncommon Presentation of Deep Fungal Infection in a Palliative Care Setting	Basic & translational research	Ansam	Al-Bayatti	Sweden
P12	Poster	Tomorrow's Physicians Perceptions of How Physicians Should be Led and Their Interest in Pursuing Leadership Positions	Basic & translational research	Sari	Huikko-Tarvainen	Finland
P13	Poster	Dermatological Aspects of Gender Affirming Medical Treatment in Transgender and Gender Diverse People: a Systematic Review	Basic & translational research	Kamilla	Kamaruddin	United Kingdom
P14	Poster	Topical Delivery of Rna Oligonucleotides By Ionic Liquids for Treatment of Psoriasis	Basic & translational research	Karina	Le	Denmark
P15	Poster	Skin Aging and Betaine: Insights From in Vitro Study with Human Dermal Fibroblasts	Basic & translational research	Laura	Huuskonen	Finland
P16	Poster	Childhood Linear Iga Dermatosis Successfully Treated with the Combination of Dapsone and Sulfasalazine	Basic & translational research	Ashley	Kim	Norway
P17	Poster	Split-Thickness Skin Grafts Obtained From the Scalp for the Reconstruction of the Ear	Clinical research	Luis	Gimeno Mateos	Sweden
P18	Poster	Safety, Local Tolerability, Systemic Exposure and Efficacy of 1 % Glycopyrronium Bromide (GPB) Cream on Adolescents with Severe Primary Axillary Hyperhidrosis - an Open-Label, Uncontrolled Multicenter Study	Clinical research	Clarissa	Masur	Germany
P19	Poster	Protocol for a Randomised Controlled Trial of the Digital App "Mindmyskin" to Improve Symptom Burden on Patients with Dermatological Conditions	Clinical research	Ellie	Choi	Singapore

P20	Poster	Women's Battle for Diagnosis, Support and Treatment of Lipoedema: Qualitative Findings of Daily Life Experiences and Navigation of the Healthcare Systems	Clinical research	Johan	Dahlberg	Sweden
P21	Poster	Lebrikizumab Improves Atopic Dermatitis and Quality of Life on Patients with Moderate-To-Severe Atopic Dermatitis Previously Treated with Dupilumab: Results From the Adapt Study	Clinical research	Elisabeth	Hjardem Taudorf	Denmark
P22	Poster	Localized Scleroderma and Related Comorbidities: a Single Center Cohort Study	Clinical research	Niina	Hieta	Finland
P23	Poster	Acute Lipodermatosclerosis: Recognizing an Uncommon Presentation of a Common Condition	Clinical research	Hannah	Berman	United States of America
P24	Poster	When are Single Reader Evaluations Insufficient on Tele-dermoscopic Assessments? Analyses of a Retrospective Cohort Study	Clinical research	Carolina	Nätterdahl	Sweden
P25	Poster	Porphyria Cutanea Tarda and Hepatitis C Infection	Clinical research	Anne	Stockmann	Denmark
P26	Poster	Emerging Dermatological Manifestations of Illicit Drug Use	Clinical research	E-Shaun	Peh	Singapore
P27	Poster	Clinical Risk Factors for Cutaneous Squamous Cell Carcinoma on Patients with Actinic Keratosis Or Cutaneous Squamous Cell Carcinoma on Situ: a Retrospective Double-Cohort Study	Clinical research	Salla	Lehto	Finland
P28	Poster	Patient-Reported Healthcare Utilisation for Topical Steroid Withdrawal on Atopic Dermatitis	Clinical research	Mikael	Alsterholm	Sweden
P29	Poster	Steven Johnson Syndrome/Toxic Epidermal Necrolysis Overlap Sans Mucositis: an Atypical Presentation Not to Be Missed	Clinical research	Brian Keng Yong	Chia	Singapore
P30	Poster	Margin-Delineation with Reflectance Confocal Microscopy at the Bedside on Melanoma Patients Undergoing Re-Excision After Incomplete Surgery- a Retrospective Cohort Study	Clinical research	Terese	von Knorring	Denmark
P31	Poster	Metastatic Melanoma Revealed By Multicentric Reticulohistiocytosis	Clinical research	Nina	Syyli	Finland
P32	Poster	Diagnosing and Treating Mycosis Fungoides on Pediatrics: What are the Guidelines?	Clinical research	Amra	Osmancevic	Sweden
P33	Poster	Atopic Dermatitis on Denmark: Management on General Practice and Referral Pathways Tertiary Care.	Clinical research	Anne Sofie	Frølunde	Denmark
P34	Poster	Real World Performance of an Artificial Intelligence as a Medical Device on Urgent Suspected Skin Cancer Pathways	Clinical research	Dilraj	Kalsi	United Kingdom
P35	Poster	Detection of Dermatophytes on Culture-Negative and Contaminated Nail Samples Using Molecular Diagnostics	Clinical research	Petri	Muranen	Finland
P36	Poster	Apremilast Or Tofacitinib? Unveiling the Better Choice for Palmoplantar Psoriasis	Clinical research	Febin	Ashraf	India
P37	Poster	Dietary Patterns on Patients with Hidradenitis Suppurativa (HS)	Clinical research	Charlotte	Näslund Koch	Denmark
P38	Poster	Bleomycin or Vitamin D3? the Quest for the Superior Treatment of Palmoplantar Warts	Clinical research	Jyoti	Singh	India
P39	Poster	Extracorporeal Photopheresis with 5-Aminolevulinic Acid on Cutaneous Lymphoma: a First-In-Human Phase I/II Study	Clinical research	Eidi	Christensen	Norway
P40	Poster	Plantar Basal Cell Carcinoma	Clinical research	Jacob	Fortes-Goldman	Norway
P41	Poster	Autologous Patch Healing vs Secondary Intention Healing After Mohs Micrographic Surgery - a Randomized Controlled Trial	Clinical research	Marie Kirstine	Hjorth	Denmark
P42	Poster	Mean Absolute EASI and Pruritus Achieved by Lebrikizumab Over 16 Weeks on Patients with Moderate-To-Severe Atopic Dermatitis	Clinical research	Christian	Vestergaard	Denmark
P43	Poster	Effects of 12-Week Probiotic Supplementation on Skin Wrinkles and Dryness: a Randomized, Triple-Blinded, Placebo-Controlled Clinical Trial	Clinical research	Laura	Huuskonen	Finland
P44	Poster	Lebrikizumab Improves Atopic Dermatitis on Adult and Adolescent Patients with Skin of Color:16-Week Results From the Admirable Study	Clinical research	Karin	Carlander	Denmark
P45	Poster	Simulated Daylight vs. Conventional Photodynamic Therapy for Clinical Superficial Basal Cell Carcinoma: a Randomized Controlled Trial	Clinical research	Alexandra	Sjöholm	Sweden
P46	Poster	Absolute Response of Lebrikizumab at Week 52 on Patients with Moderate-To-Severe Atopic Dermatitis Who Did Not Achieve Protocol-Defined Response After Initial 16 Weeks of Treatment	Clinical research	Karin	Carlander	Denmark
P47	Poster	Post-Hoc Analyses Support Efficacy of Lebrikizumab on Patients with Moderate-To-Severe Uncontrolled Eosinophilic Asthma and Prior Exacerbations	Clinical research	Antonio	Sarno	Denmark

P48	Poster	Novel Oscillating Abrasive Skin Preparation Device for Removal of Hyperkeratotic Lesions	Clinical research	Teresa	Czuryszkiewicz	Finland
P49	Poster	Inaffective Dupilumab, Secukinumab and Ustekinumab Response on Netherton Syndrome	Clinical research	Veera	Sillanpää	Finland
P50	Poster	A Clinical Case Report: an Atypical Fungal Wound due to Malignancy and Massive Swelling of Lower Limbs	Clinical research	Nikole	Rautiainen	Finland
P51	Poster	Severe Recessive Dystrophic Epidermolysis Bullosa Treated with B-VEC and Gentamicin	Clinical research	Øystein	Sandanger	Norway
P52	Poster	Combining Narrowband UVB Phototherapy with Calcipotriol and Betamethasone Dipropionate Foam Modulates Dendritic Cell Activity on Psoriasis Skin	Clinical research	Anna Skarnvad	Andersen	Denmark
P53	Poster	Drug Survival of Berotralstat on Hereditary Angioedema Patients on Norway	Clinical research	Olav Rogde	Gramstad	Norway
P54	Poster	Occupational Exposure to Arsenic and Merkel Cell Carcinoma: a Systematic Literature Review	Clinical research	Jose Hernan	Alfonso	Norway
P55	Poster	Mohs Surgery at Oslo University Hospital: Tumor Characteristics and Recurrence Rates on the Period 2013-2022	Clinical research	Elisabeth	Schrumpf	Norway
P56	Poster	Incomplete Excision Rate for Lentigo Maligna and Associated Risk Factors	Clinical research	Maja	Modin	Sweden
P57	Poster	Contact Allergy on Hand Dermatitis	Clinical research	Silvestrs	Rubins	Latvia
P58	Poster	Diagnostic Delay on Cutaneous T-cell Lymphomas	Clinical research	Sarah	Søltoft Rasmussen	Denmark
P59	Poster	Solar Urticaria: Photodiagnostic Features and Treatment Effect on 15 Patients	Clinical research	Kristine	Bø	Norway
P60	Poster	Effects of Narrowband UVB Therapy in Psoriasis: a Swedish Cohort Study	Clinical research	Amanda	Rödöö	Sweden
P61	Poster	Dermoscopic Analysis of Collision Tumors: Basal Cell Carcinoma Co-Occuring with Dermatofibroma	Clinical research	Amal	Makansi	Sweden
P62	Poster	Predictive Factors on Skin Cancer Development on Actinic Keratosis Patients: Insights From a Retrospective Chart Review	Clinical research	Ghassan	Guorgis	Sweden
P63	Poster	Hereditary Angioedema: Do Patients Have a Specific ”Digital Fingerprint” on Danish Registries?	Epidemiological research	Jakob Lillemoen	Drivenes	Norway
P64	Poster	Impaired Well-Being and Quality of Life of Norwegian and Swedish Psoriasis Patients: Results From a Cross-Sectional Survey	Epidemiological research	Birgitta	Claréus	Sweden
P65	Poster	The Association Between Hand Eczema and Susceptibility to Infections on a Prospective Cohort Study From Finland	Epidemiological research	Marjut	Koskelo	Finland
P66	Poster	Exploring Interaction Between Genetically Predicted Body Mass Index and Serum 25-Hydroxyvitamin D Levels on the Odds for Psoriasis on UK Biobank and the Hunt Study: a Factorial Mendelian Randomosation Study	Epidemiological research	Marita	Jenssen	Norway
P67	Poster	Epidemiology of Mastocytosis - a Population-Based Study (Sweden)	Epidemiological research	Anna	Bergström	Sweden
P68	Poster	Societal Impact of 18 Years with the Swedish National Registry for Psoriasis (PsoReg)	Epidemiological research	Amra	Osmancevic	Sweden
P69	Poster	Ultrasound-Guided Hyaluronidase Injection for Skin Necrosis After Hyaluronic Acid Fillers: a Systemic Review and Pilot Meta-Analysis	Epidemiological research	Taige	Cao	Singapore
P70	Poster	Trends on Psoriasis Medication Prescriptions on Latvia (2018-2023)	Epidemiological research	Vanda	Bondare-Ansberga	Latvia
P71	Poster	Quantifying the Increased Risk of Atopic Disorders on Patients with Ectodermal Dysplasias: a Nationwide Registry-Based Study	Epidemiological research	Laura Krogh	Herlin	Denmark
P72	Poster	Demographic Profile, Clinical Features and Treatment of Patients Diagnosed with Leprosy Relapse From a Tertiary Government Hospital on Metro Manila: a 10-Year Retrospective Study	Epidemiological research	Marie Everild Bernadine	Nazal	Philippines
P73	Poster	Informational Needs and Concerns on Treatment of Skin Diseases and Skincare Among Pregnant Women	Epidemiological research	Frederikke	Seeberg	Denmark
P74	Poster	Morbidity From Reported STD on Latvia	Epidemiological research	Silvestrs	Rubins	Latvia
P75	Poster	Regional Variation on Incidence of Atopic Dermatitis on Denmark	Epidemiological research	Christian	Vestergaard	Denmark

ORAL PRESENTATIONS

O1

STAGE II AND III MELANOMA: SURVIVAL OUTCOMES AND PATIENT CHARACTERISTICS IN A NATIONWIDE POPULATION-BASED STUDY FROM SWEDEN

Michelle Marjanovic[1], Rasmus Mikiver[2], Kari Nielsen[3], Karolin Isaksson[4], Magdalena Claeson[1]

[1]Institute of Clinical Sciences, Sahlgrenska Academy, University of Gothenburg, Department of Dermatology and Venereology, Gothenburg, Sweden; [2]Regional Cancer Center Southeast Sweden, Department of Clinical and Experimental Medicine, Linköping, Sweden; [3]Lund University Cancer Center, Department of Clinical Sciences, Lund, Sweden; [4]Lund University, Department of Clinical Sciences, Lund, Sweden

Purpose: Prognostic stratification is vital for guiding treatment and follow-up in cutaneous melanoma patients. Observations from other countries suggest stage IIB/IIC melanomas have worse survival than stage IIIA, yet Swedish patients with stage IIB/IIC receive less monitoring than IIIA and lack access to modern systemic treatments. This study evaluates melanoma-specific survival (MSS) and characteristics of Swedish patients with stage II–III disease.
Methods: Data were obtained from MMBaSe, a database that links the Swedish Melanoma Register with several other nationwide population-based registries, e.g., the National Patient Register and the Cause of Death Register. We included all Swedish adults diagnosed with stage II-III melanoma between January 1, 2001 and December 31, 2018. Clinicopathological characteristics, as well as 10- year MSS rates and their corresponding 95% confidence intervals (CIs) were analysed across substages.
Results: Among 5,845 patients with stage II-III melanoma, the 10-year MSS rates were: IIA, 86% (95% CI: 83-89%); IIB, 73% (95% CI: 69-78%); IIC, 61% (95% CI: 55-68%); IIIA, 78% (95% CI: 72-85%); IIIB, 56% (95% CI: 50-62%); IIIC, 43% (95% CI: 39-46%); and IIID, 19% (95% CI: 10-36%). Stage IIIA patients were younger, had fewer comorbidities (e.g., hypertension and type 2 diabetes) and had higher socioeconomic status (SES) than IIB/IIC patients.
Conclusions: Stage IIIA melanoma patients have better prognosis than stage IIC and similar to stage IIB, with differences in age, comorbidities and SES. The survival differences suggest that the staging system and Swedish clinical guidelines for follow-up and treatment may need improvement to better reflect prognosis.

O2

DERMAL IGA DEPOSITION TARGETED AGAINST TRANSGLUTAMINASE 3 IN DERMATITIS HERPETIFORMIS RISK GROUPS

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Purpose: Dermal granular IgA deposition targeted against transglutaminase (TG) 3 is a characteristic feature of Dermatitis herpetiformis (DH), a skin manifestation of celiac disease (CeD). Dermal IgA deposition has been reported in some CeD subjects without DH, but conflicting results about co-localization of dermal IgA with TG3 beyond DH exist. This study aimed to investigate dermal IgA deposition outside DH and its co-localization with TG3.
Methods: CeD patients, first-degree relatives of DH/CeD patients and controls underwent clinical investigations and serum TG3 antibody measurements. Skin biopsies were studied for dermal IgA with widefield and confocal microscopy (CFM) using two anti-IgA antibodies from different manufacturers. Further, IgA-TG3 co-localization was studied with CFM.
Results: Dermal IgA deposition with widefield microscopy was detected in one CeD patient and in one relative, but neither had skin symptoms nor serum TG3 antibodies. In CFM, IgA deposition was initially not detected in either patient. Upon serial re-staining, the results between the anti-IgA antibodies were ambiguous, with the other stain producing results that could be interpreted as IgA. Co-localization of IgA and TG3 was not found. All remaining non-DH subjects were negative in dermal IgA analysis, but serum TG3 antibodies were positive in one relative. All DH controls presented dermal IgA-TG3 co-localization and 56 % were serum TG3 antibody positive.
Conclusions: This study showed that dermal IgA deposition outside DH is rare. In obscure cases serial sections and staining with investigation of co-localization of IgA with TG3 is suggested and could be useful in exclusion of DH.

O3

EXPRESSION OF C5AR1 IN CUTANENOUS SQUAMOUS CELL CARCINOMA IS ASSOCIATED WITH INVASION, METASTASIS AND PROGNOSIS

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Purpose: Cutaneous squamous cell carcinoma (cSCC) is the most common metastatic skin cancer, and metastatic disease is associated with poor prognosis. Here, the role of complement C5a receptor, C5aR1, was examined in the progression and metastasis of cSCC.
Methods: C5aR1 expression was analyzed in a spheroid co-culture model of cSCC cells and fibroblasts. Recombinant C5a was applied to assess its effect on cSCC cell invasion. Staining for C5aR1 was performed on human cSCC xenografts in vivo. Multiplex immunofluorescence and chromogenic immunohistochemistry were used to evaluate C5aR1 expression in metastatic and non-metastatic cSCCs, cSCC metastases, premalignant lesions and normal skin. The results were compared to clinical parameters.
Results: C5aR1 expression was increased in cSCC cells in the presence of fibroblasts, and recombinant C5a enhanced cSCC cell invasion. Staining for C5aR1 was detected on the surface of tumor cells at the invasive edge of human cSCC xenografts *in vivo*. Staining of metastatic and non-metastatic cSCCs, metastases, premalignant lesions and normal skin for C5aR1 revealed increased expression of C5aR1 on tumor cells and in fibroblasts in invasive cSCC compared to cSCC in situ, actinic keratoses and normal skin. Increased expression of C5aR1 was associated with the risk for metastasis and poor disease-specific survival of cSCC patients.
Conclusions: These findings provide evidence for the role of C5a in cSCC cell invasion and identify C5aR1 as a novel biomarker for the risk for cSCC metastasis and poor prognosis. The results also suggest C5aR1 as a novel therapeutic target for locally advanced and metastatic cSCC.

O4

PREDICTING MELANOMA IN THE ADULT SWEDISH POPULATION USING MACHINE LEARNING ON REGISTRY DATA

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Purpose: Cutaneous melanoma (CM) incidence has risen significantly over the last 60 years, increasing healthcare costs. Leveraging data from national health and population registries in countries with universal healthcare offers opportunities for computational phenotyping to predict disease risks, including CM. This study aimed to train machine learning (ML) models on Swedish registry data to predict risk for CM occurrence within a five-year period.

Methods: This study analyzed non-image registry data from Sweden's adult population between July 2005 and December 2019. Predictors from July 2005 to December 2014 were used to assess CM occurrence between January 2015 and December 2019. Individuals that had migration events during the predictor period were excluded. Variables included demographic data, ICD(-O)-10 codes, ATC codes, and cancer registry data. The dataset included 5,993,047 individuals, split into training, validation, and test sets. ML models – logistic regression, gradient boosting, multilayer perceptron (MLP), and random forests – were trained and evaluated, with hyperparameters optimized using validation performance.

Results: Gradient boosting achieved the highest AUC of 0.735 (95% CI, 0.725-0.746), significantly better than MLP, logistic regression and random forests with AUCs of 0.727, 0.726 and 0.720, respectively ($p < 0.0001$). Gradient boosting trained on demographic data alone yielded an AUC of 0.681, significantly less than 0.735 ($p < 0.0001$).

Conclusions: Models trained on demographic data, ICD(-O)-10 codes and ATC codes performed substantially better than models merely trained on demographic data. Improved model interpretability could provide greater insights into influential predictors. Incorporating time-dependent data and advanced ML architectures, such as recurrent neural networks, could potentially enhance performance.

O5

PREVALENCE OF PSORIASIS IN PATIENTS WITH METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) - A CROSS-SECTIONAL STUDY

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Background: Psoriasis is a chronic inflammatory skin disease associated with metabolic dysfunction-associated steatotic liver disease (MASLD). Data on the prevalence of psoriasis in patients with MASLD is lacking.

Purpose: To assess the prevalence and severity of psoriasis in patients with MASLD and evaluate the association between psoriasis, methotrexate (MTX), metabolic- and genetic risk factors in patients with advanced fibrosis.

Methods: This cross-sectional study included 870 MASLD patients from the Copenhagen Cohort of MASLD (CoCo-MASLD), who received a questionnaire regarding psoriasis, psoriatic arthritis, and related treatments. Advanced fibrosis was evaluated using transient elastography (TE) and Fibrosis-4 (FIB-4) index. Subgroup-examinations included genotyping for genetic risk variants (PNPLA3, TM6SF2, HSD17B13) and liver biopsies.

Results: Of 510 respondents (58.6%), 13.1% reported to have psoriasis. Based on topical or systemic treatment, Psoriasis severity was categorised as mild in 22% and moderate-to-severe in 78%. The prevalence of advanced fibrosis, assessed by transient elastography, FIB-4 and, in a subgroup, liver biopsies, was similar in patients with and without psoriasis. Obesity (odds ratio 3.40), type 2 diabetes (2.00), cardiovascular disease (2.58) and GRS (1.60) were significantly associated with advanced fibrosis, while this was not found for psoriasis, previous or present MTX treatment.

Conclusion: Psoriasis is more common in patients with MASLD compared to data from the general population. Metabolic risk factors are crucial in preventing and treating both MASLD and psoriasis. The use of MTX in patients with psoriasis is not of significant importance for advanced liver fibrosis.

O6

EARLY NEUTROPHIL ACTIVATION IN PSORIATIC SKIN AT RELAPSE FOLLOWING DEAD SEA CLIMATOTHERAPY

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Purpose: Psoriasis is a chronic inflammatory skin disorder that can have physical and emotional impacts on patients. Dead Sea climatotherapy, a treatment involving sun exposure, mineral-rich water, and mud therapy in Israel, is used for selected patients with psoriasis. Though effective in the short term, the treatment often results in relapse of psoriasis after approximately three months.

Methods: Skin punch biopsies were collected from eight patients with psoriasis before, after, and at relapse after treatment. Biopsies were subjected to quantitative immunohistochemistry, RNA sequencing and reverse transcription quantitative real-time PCR.

Results: The therapy effectively reduced inflammation in the short term, with psoriasis related genes upregulated at relapse. The analysis of differential expression revealed several genes that were upregulated in relapsed psoriasis skin compared to baseline lesional skin, including OSM, CXCL8, TREM1, CXCL1, CSF3R, BCL2A1, and CXCL2. These findings were validated through reverse transcription quantitative real-time PCR analysis. Pathway enrichment analysis showed a significant increase in neutrophil-associated pathways in the relapse skin compared to baseline lesional skin. Immunohistochemical staining for neutrophil markers such as CD11b, CD15, CD66b, CD207, MPO, and NE further supported these results, indicating increased infiltration and activation of neutrophils during relapse.

Conclusions: Dead Sea climatotherapy shows short-term efficacy in managing psoriasis, but relapse is associated with neutrophil activation. Targeting neutrophils early in the disease course may help prevent chronicity of psoriasis.

O7

SPATIAL PROFILING OF CD8+ T CELLS AND LYMPHOMA CELLS IN MF PATIENT SKIN

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Purpose: In mycosis fungoides (MF), skin-infiltrating benign CD8+ T cells are decreased in advanced stages, and some patients have an altered expression of granzyme B and co-inhibitory receptors, indicating impaired CD8+ T cell function. The exact role of CD8+ T cells in MF is however not known. We aimed to determine the requirements for CD8+ T cells to infiltrate lymphoma by investigating the protein expression of lymphoma cells and CD8+ T cells in regions that were CD8+ T cell-rich vs. poor and at the center vs. the periphery of infiltrates.
Methods: We performed 77-plex GeoMx DSP spatial proteomics on formalin fixed skin biopsies from ten MF patients. Regions of interest (ROIs), including areas of illumination (AOIs) enriched with CD8+CD3+ T cells or CD4+CD3+ T cells including tumor cells, were selected.
Results: We found increased phosphorylation of p38 MAPK in the CD8+ AOIs of the CD8+ T cell-poor vs CD8+ T cell-rich infiltrates, indicating potentially increased activation of CD8+ T cells in regions with fewer CD8+ T cells. The expression of CD25 was increased in the CD8+ AOIs of periphery vs center of the infiltrates indicating potentially more active CD8+ T cells at the periphery. Both CD8+ AOIs and CD4+ AOIs overexpressed CD163 at the periphery compared to center of the infiltrates, indicating higher numbers of M2 macrophages at the periphery.
Conclusions: We found that the protein expression of CD8+ T cells and lymphoma cells in MF skin differed depending on localization and thereby found novel potential therapeutic targets in MF.

O8

SUBCLINICAL CARDIAC ORGAN DAMAGE IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS

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Purpose: We examined the extent of subclinical cardiac organ damage (OD) in 53 psoriasis patients on successful infliximab treatment and 99 matched controls without psoriasis.
Method: Cardiac OD was assessed by echocardiography as the presence of increased left ventricular (LV) relative wall thickness (RWT), LV hypertrophy or dilated left atrium. Psoriasis severity was graded using the psoriasis area and severity index (PASI). When the psoriasis patients started treatment with Infliximab, the Mean PASI was 16.8 and when the study was carried out the Mean PASI was 0.8
Results: The prevalence of hypertension was 66% in psoriasis vs. 61% in controls ($p = 0.54$) and cardiac OD seen in 51 and 73%, respectively ($p = 0.007$). Psoriasis was associated with a lower prevalence of cardiac OD (odds ratio (OR) 0.32, 95% confidence interval (CI) 0.13–0.77, $p = 0.01$) independent of age, sex, smoking, body mass index, and hypertension. Among psoriasis patients, hypertension was associated with increased risk of subclinical cardiac OD (OR 6.88, 95% CI 1.32–35.98, $p = 0.02$) independent of age, sex, and body mass index. PASI at treatment initiation was associated with a higher RWT at follow-up, independent of sex, age, and hypertension (β 0.36, $p = 0.006$) while no association with current PASI was found.
Conclusion: Cardiac OD was significantly less prevalent in psoriasis patients on infliximab treatment than controls which may be attributable to low levels of inflammation in the psoriasis patients.

POSTER WALK PRESENTATIONS

PW1

TREATMENT WITH METHOTREXATE IS ASSOCIATED WITH A DECREASED RISK FOR MORTALITY OF PATIENTS WITH BULLOUS PEMPHIGOID

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Background: Bullous pemphigoid (BP) is the most common autoimmune blistering disease causing increasing mortality in the elderly population suffering from it. Some prognostic factors for death have been identified, but data is contradictory and based on small studies.
Purpose: The purpose of this study was to evaluate prognostic factors for mortality in BP in a large real-life cohort.
Method: This retrospective study included 901 patients with confirmed BP diagnosis and was based on electronic health record data collected from the Oulu and Helsinki University Hospitals in Finland. We evaluated the effect of certain neurologic comorbidities and type 2 diabetes, malignancies, level of circulating BP180 NC16A antibodies and medication used to treat BP on the mortality in BP.
Results: BP patients treated with methotrexate had a significantly reduced risk of death (Hazard ratio 0.52 (0.34-0.79, $p = 0.002$) in a multivariable Cox proportional hazards regression analysis after adjusting to possible confounding factors. A Kaplan-Meier estimate of 5-year survival showed that patients treated with methotrexate had a better prognosis compared to those treated with other drugs or drug combinations without methotrexate. Furthermore, advanced age at diagnosis, concomitant diabetes mellitus type 2, dementia, and mean value of circulating BP180 antibodies ≥60 U/ml in enzyme-linked immunosorbent assay were predictors for a poor outcome.
Conclusion: Our main finding is that treatment with methotrexate was associated with significantly reduced mortality of BP patients. Our results support the use of methotrexate for the treatment in BP, but this result needs to be interpreted with caution due to the retrospective setting of this study.

PW2

HOW DOES HERRING ROE OIL AFFECT IMMUNE CELLS AND CYTOKINE NETWORK IN PSORIASIS?

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Purpose: Psoriasis is a common chronic immune-mediated skin disease. Many patients suffer from mild to moderate disease and for most of them, topical treatment will be sufficient to control symptoms, but at the cost of several side effects. ω-3 poly-unsaturated fatty acids (PUFA) as dietary supplements have shown beneficial effects in clinical trials with mild-to-moderate psoriasis. It is still not fully elucidated how PUFA affects inflammation in psoriasis.
Methods: The aim of the study was to explore the impact of herring roe oil (HRO) on circulating immune cell activity and plasma cytokine levels in non-severe plaque psoriasis. The inter-relation of plasma concentrations of 22 cytokines measured by Luminex technology and severity of the disease was investigated in 58 patients, while activity of circulatory immune cell was analyzed by multicolor flow cytometry in 18 patients before and during HRO supplementation.
Results: Exploring the activity state of immune cells, we found a significant decrease of CD38 expression on CD4+ and CD8+ T cells, CD56bright NK cells and CD14++CD16- monocytes. Furthermore, we studied plasma levels of cytokines in patients and found decreased levels of CCL2 over time and conversely increased level of IFN-γR1 at the end of the study period.
Conclusions: The observed shift from naïve to effector CD4+ T cells and decreases of CD38 as a marker of cell activation supports the beneficial effect of HRO supplementation. Positive clinical outcome of PUFAs in patients with psoriasis was possibly related to the decreased levels of CCL2 and increased levels of IFN-γ over time.

PW3

THE ROLE OF DERMAL FIBROBLASTS IN THE UPREGULATION OF IKBZ AND ASSOCIATED INFLAMMATORY MEDIATORS IN PSORIATIC INFLAMMATION

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Purpose: IκBζ, a transcriptional coactivator encoded by NFKBIZ, plays a pivotal role in psoriatic inflammation and has primarily been studied in keratinocytes. However, dermal fibroblasts—key players in skin homeostasis—are increasingly recognized for their role in psoriasis pathogenesis. This study investigates how psoriatic cytokines induce IκBζ in human dermal fibroblasts and explores the signaling pathways involved.
Methods: Primary human dermal fibroblasts were stimulated with recombinant IL-17A, IL-17F, and TNFα, alone or in combination. NFKBIZ mRNA expression was quantified via qPCR, while IκBζ protein levels were assessed by Western blotting. Pathway involvement was evaluated using selective inhibitors of NF-κB, p38 MAPK, ERK1/2, and JNK1/2. The functional role of IκBζ was examined through siRNA-mediated knockdown of NFKBIZ, followed by cytokine stimulation and qPCR analysis of target genes.
Results: Cytokine stimulation synergistically induced NFKBIZ mRNA expression in human dermal fibroblasts, with IL-17A and TNFα co-stimulation leading to a 143-fold increase, significantly exceeding individual effects. This induction was predominantly mediated by NF-κB signaling, with contributions from ERK1/2 and JNK1/2 pathways. siRNA knockdown of NFKBIZ significantly reduced the expression of the inflammatory chemokines CCL20, CXCL8, and CCL2, demonstrating that IκBζ directly regulates their transcription.
Conclusions: This study demonstrates that human dermal fibroblasts robustly upregulate IκBζ in response to psoriatic cytokines. The strong induction of NFKBIZ, and its direct control over CCL20, CXCL8, and CCL2 mRNA expression, highlights the active role of fibroblasts in shaping cutaneous inflammation. Targeting IκBζ could offer therapeutic potential, given its involvement across multiple cell types in epidermal and dermal layers of the skin.

PW4

INFLAMMATORY SKIN DISEASE – THE IMPORTANCE OF VITAMIN D, VITAMIN D-BINDING PROTEIN, AND UV LIGHT

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Purpose: Atopic dermatitis (AD) and psoriasis are the most common inflammatory skin diseases (ISD) worldwide. Ultraviolet B (UVB) light effectively treats both conditions. This light-related skin healing is believed to be linked to the vitamin D production in the skin. This research aimed to enhance the understanding of vitamin D and UVB light in ISD, facilitating personalized treatment for specific patient groups.
Methods: In this prospective observational study, we investigated the effects of narrow band-UVB (NB-UVB) phototherapy on various aspects of vitamin D metabolism including its major carrier protein, vitamin D-binding protein (DBP), in thirty adults with AD or psoriasis. Blood samples, and measures of disease severity were collected before and after NB-UVB phototherapy.
Results: Total and free 25-hydroxy vitamin D (25(OH)D) increased substantially, and patients improved after NB-UVB phototherapy. The percentage of free 25(OH)D increased, while DBP levels decreased in psoriasis patients, with no clear trend in AD patients. Patients with vitamin D deficiency or insufficiency before treatment had a greater improvement in visual analogue scale (VAS) scores than those with sufficient levels. Body mass index (BMI) did not influence the increase in 25(OH)D after NB-UVB therapy.
Conclusions: NB-UVB phototherapy increased bioavailable vitamin D levels which may be specific to skin-produced vitamin D. Vitamin D levels influenced treatment response, emphasizing its role in alleviating skin inflammation. Assessing vitamin D status could guide personalized phototherapy decisions. Our findings reveal complex relationships between vitamin D, DBP, inflammation, and body composition in AD and psoriasis patients, warranting further research.

PW5

EFFICACY AND SAFETY OF LEBRIKIZUMAB IS MAINTAINED UP TO 3 YEARS IN PATIENTS WITH MODERATE-TO-SEVERE ATOPIC DERMATITIS: ADVOCATE1 AND ADVOCATE2 TO ADJOIN LONG-TERM EXTENSION TRIAL

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Purpose: Patients with moderate-to-severe atopic dermatitis (AD) suffer flares/itch and require a long-term treatment to achieve disease-control. Lebrikizumab (LEB) is a monoclonal antibody that binds with high-affinity to IL-13 blocking its downstream effects. We report the efficacy/safety from ADjoin long-term extension (LTE) study (NCT04392154) up-to-152 weeks(w) of continuous LEB-treatment.
Methods: In ADvocate1&2, adults/adolescents (12-<18 years, ≥40kg) were randomized 2:1 (LEB 250mg every 2w, LEBQ2W) monotherapy:placebo [PBO]). After w16, LEBQ2W patients who met response-criteria (EASI75 or IGA0/1 with ≥2-point improvement) were randomized 2:2:1 (LEBQ2W:LEB Q4W:PBO [LEB-withdrawal]). Patients who completed-w52 were enrolled in ADjoin-LTE. Response rates are reported as observed. Efficacy was assessed through w100 (ADjoin)(IGA0/1 and EASI75). Safety is reported up-to-data cutoff(24-April-2024).
Results: 291 patients (ADvocate1&2) achieved EASI75 or IGA0/1 at w16, were rerandomized, and entered in the maintenance-period until w52. Of these, 82 (LEBQ2W) and 99 (LEBQ4W) entered ADjoin. Among patients with IGA0/1 at w16 (LEBQ2W/LEBQ4W), 81.5%/83.3% maintained IGA0/1 at w52 (ADjoin w0) and 82.9%/84.0% at w152. Of patients who achieved EASI75 at w16 (ADvocate1&2) (LEBQ2W/LEBQ4W), 96.3%/93.7% maintained EASI75 at w52 and 90.5%/94.1% at w152. Of patients who achieved EASI75 at w16 (LEBQ2W/LEBQ4W), 80.0%/81.1% achieved EASI90 at w52 and 79.4%/86.8% at w152. During ADjoin, 126/181 patients who received LEB reported AEs, mostly mild(n = 53) or moderate(n = 64) in severity. Six patients reported SAEs. No deaths occurred, and 5 patients had AEs that led to treatment-discontinuation.
Conclusions: Most patients maintained clear/almost clear-skin over 3 years of continuous LEB-treatment in both LEBQ2W and LEBQ4W. The LEB safety profile was consistent with previous LEB studies.

PW6

SAISONAL VARIATION OF THE BURDEN OF ATOPIC DERMATITIS IN FINNISH PRIMARY CARE - A DATABASE STUDY ON EFFECTS OF WEATHER AND AIR QUALITY

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Purpose: The burden of atopic dermatitis (AD) has been increasing in Finland during recent decades and varies seasonally. Our aim was to investigate the effect of season and weather factors on patient numbers of primary care.
Methods: We analyzed data bank information of the Finnish Institute for Health and Welfare for frequency of AD patients in the primary care of Helsinki during 2018–2023. In addition, we compared the seasonal burden with weather data from the Finnish Meteorological Institute.
Results: Patient numbers varied significantly during the year (p = 0,028). There was a recurrent seasonal variation with most AD diagnoses in February, March and November and the least in July and August. A significant reciprocal association was observed between AD patients and outside temperature (p = 0,004) and UV Index (p = 0,008). Air quality showed a direct proportionality (p = 0,013) with a higher burden in months of low air quality. There was no significant association regarding rain (p = 0,103) or relative air humidity (p = 0,392).
Conclusions: The burden of AD in primary care shows a significant seasonal variation. There are specific weather parameters which follow similar patterns and likely comprise important extrinsic pathogenetic factors. It is reasonable to address the changing burden of AD with seasonally directed medical measures, education and resources.

PW7

10 YEARS OF MOHS MICROGRAPHIC SURGERY IN DENMARK: RESULTS FROM A NATIONWIDE COHORT

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Purpose: Basal cell carcinoma is the most common skin malignancy and constitutes a burden for patients and society. Mohs micrographic surgery is a recommended treatment for high-risk basal cell carcinoma, but long-term outcomes of Mohs micrographic surgery in Denmark are unknown. This study aimed to estimate the 5-year recurrence rate of basal cell carcinoma following Mohs micrographic surgery, and to investigate patient and procedure characteristics since the introduction of the procedure in Denmark.
Methods: The Danish Registry for Mohs Surgery was established and all Mohs micrographic surgery cases nationwide from January 2012 to December 2022 were included. Patient data from retrospective chart reviews were used to describe the cohort and estimate the 5-year recurrence rate of basal cell carcinoma following Mohs surgery.
Results: A total of 1,774 patients were included in the cohort, and 2,203 high-risk basal cell carcinomas were treated using Mohs micrographic surgery techniques. The overall 5-year recurrence of basal cell carcinoma following Mohs micrographic surgery was 3.8% (95% CI 2.8–5.0), 3.1% (95% CI 2.1–4.7) for primary basal cell carcinomas, and 5.3% (95% CI 3.6–7.8) for recurrent basal cell carcinomas. The primary basal cell carcinomas showed a tendency towards lower recurrence rates and better surgical outcomes than recurrent basal cell carcinomas, although not significantly.
Conclusions: The recurrence rate estimates correspond to international levels, supporting Mohs micrographic surgery as a treatment option for high-risk basal cell carcinomas in Danish dermatological practice. The newly established patient registry serves as a cohort for future research in this field.

PW8

SUN EXPOSURE, BASAL CELL CARCINOMA AND SERUM VITAMIN D LEVELS IN INDIVIDUALS WITH GORLIN SYNDROME: A NATIONWIDE REGISTER-BASED STUDY

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Purpose: Gorlin syndrome, also known as basal cell naevus syndrome, is a rare, autosomal dominant genetic disorder characterized by early onset and multiple basal cell carcinomas (BCC), as well as odontogenic keratocysts, palmoplantar pits, and a spectrum of congenital anomalies. Sun exposure is a well-known risk factor for BCC development in the general population. We aimed to investigate possible associations between self-reported sun exposure, number of BCCs and serum vitamin D levels among individuals with Gorlin syndrome in Norway.
Methods: All individuals with confirmed Gorlin syndrome registered in the Dermareg registry at the Department of Dermatology, Oslo University Hospital, Norway, from august 2021 to mars 2024 were included. We performed statistical analyses, including Wilcoxon signed-rank test and median regression.
Results: Among 103 individuals with Gorlin syndrome (mean age 35 years, range 1-78 years), we observed a positive association between accumulated sun exposure and the total number of BCCs ($p = 0.004$). Following diagnosis of Gorlin syndrome, there was a reduction in sun exposure ($p < 0.001$) in comparison to prior to diagnosis. Among the 31 individuals who were analysed for serum vitamin D levels at register inclusion, nine had insufficient levels (25-49 nmol/l), while five had deficient (< 25 nmol/l) vitamin D levels.
Conclusions: The significant positive association between accumulated sun exposure and total number of BCCs supports sun exposure as an important risk factor for BCC development in individuals with Gorlin syndrome. This highlights the importance of diagnosing Gorlin syndrome early in order to provide advice on sun protection and vitamin D supplements.

PW9

CHANGES IN ULTRAVIOLET B INDUCED DNA DAMAGE AND ERYTHEMA AFTER SYSTEMIC PHOTOPROTECTION WITH NICOTINAMIDE AND POLYPODIUM LEUCOTOMAS IN HEALTHY VOLUNTEERS

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Purpose: The most prevalent malignancy worldwide is skin cancer and is primarily caused by ultraviolet radiation (UVR), which damages lipids, proteins, and DNA, leading to erythema, and premature skin aging. The rising incidence of keratinocyte carcinomas emphasizes the need for improved photoprotective measures. This study evaluates the photoprotective effects of nicotinamide (NAM) and polypodium leucotomas (PL).
Methods: This intraindividual controlled trial included 50 healthy, skin phototype I-III, participants, divided into two groups receiving either NAM (2000 mg daily) or PL (480 mg daily) for 30 days. The photoprotective effects of these substances were assessed using a narrowband UVB light source. The minimal erythema dose (MED) was determined, along with cyclobutane pyrimidine dimers (CPDs) in urine and in nuclear DNA of skin biopsies before and after treatment.
Results: The NAM group showed no significant change in MED after treatment ($p = 0.533$). Conversely, the PL group exhibited a significant increase in MED ($p = 0.00018$). There was no significant difference in CPDs observed between pre- and post-treatment in urine samples and skin biopsies.
Conclusions: Skin redness was reduced after treatment with PL following UVB exposure but did not protect against DNA damage. NAM had no effect on inflammation of the skin after UVB exposure and did not protect against DNA damage. These findings suggest that while PL decreases redness upon UVB exposure, it does not prevent DNA damage. Our findings should be investigated in further studies with a light source with better resemblance to the solar UVR spectrum.

POSTERS

P10

APPLICABILITY OF NOVEL LASER SCANNING MICROSCOPY TECHNIQUES IN DEMONSTRATING CHARACTERISTIC FEATURES OF POROKERATOSIS

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Purpose: This study aims to conduct a comparison between traditional histological techniques and advanced laser microscopy methods for diagnosing porokeratosis. Specifically, it seeks to evaluate and contrast the diagnostic findings obtained through dermoscopy and conventional histopathology with those produced by reflectance confocal microscopy (RCM) and multiphoton microscopy (MPM).
Methods: Seven patients with various clinical types of porokeratosis underwent clinical evaluation, dermoscopic examination, and in vivo imaging with RCM. Subsequently, punch biopsies were performed and analyzed using ex vivo MPM. Data obtained from RCM and MPM were then compared with conventional histopathological findings to assess the diagnostic value and accuracy of these advanced imaging modalities relative to traditional histological analysis.
Results: The cornoid lamella, a hallmark histopathological feature of porokeratosis, was successfully identified using both RCM and MPM. This defining structure was consistently observed across all examined subtypes of porokeratosis. Notably, MPM demonstrated a superior capability compared to RCM in visualizing individual parakeratotic cells, highlighting its enhanced potential for detailed morphological assessment in porokeratosis diagnostics.
Conclusions: Although laser microscopy techniques require time and experience, they show significant potential as non-invasive diagnostic tools for porokeratosis, potentially reducing the need for invasive biopsy procedures.

P11

MAJOCCHI FOLLICULITIS IN SWEDEN: AN UNCOMMON PRESENTATION OF DEEP FUNGAL INFECTION IN A PALLIATIVE CARE SETTING

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Introduction: Deep fungal infections, such as Majocchi folliculitis, are rarely observed in developed countries, especially in the Nordic region. However, they may arise in immunocompromised patients, including those in palliative care.
Case Presentation: We present a 80-year-old male with metastatic cancer receiving palliative care. He developed many large nodules on his left legs during a prolonged hospital stay since 2 years. Biopsy and pathology revealed an unexpected deep fungal infection, confirmed by positive fungal culture. Additionally, bacterial culture identified a concurrent bacterial infection, complicating the clinical picture.
Conclusion: This case highlights the importance of recognizing treatable fungal and bacterial infections in palliative care patients, even in developed countries. Early identification and treatment may significantly improve quality of life, even in terminal stage. Both pathological images plus clinical images of the skin lesions can be showed.

P12

TOMORROW'S PHYSICIANS PERCEPTIONS OF HOW PHYSICIANS SHOULD BE LED AND THEIR INTEREST IN PURSUING LEADERSHIP POSITIONS

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Purpose: This qualitative study explored the perceptions of future physicians – medical students – regarding how physicians should be led and their interest in pursuing leadership roles. This topic has not previously been studied in Finland.
Methods: In 2020, an online questionnaire was distributed to final-year medical students ($n = 162$, response rate 110/68%). The study also assessed students' interest in assuming leadership roles as physicians in the future. The research questions were: (1) How should physicians be led? (2) How would you describe a good physician leader? (3) Would you be interested in working as a physician leader in the future? An inductive content analysis with thematization was employed as the research method.
Results: Successful leadership in the medical profession requires both leadership and management skills. Physicians should be viewed as individuals and led by a trustworthy, approachable, innovative, and visionary leader who is also involved in patient work. A good physician leader demonstrates strong social, communication, and problem-solving skills, as well as common sense and emotional intelligence. Additionally, a good leader ensures that physicians are provided with the necessary resources and working conditions to focus on their medical duties.
Conclusions: The study revealed three novel findings: (1) A good physician leader embodies the qualities of a good physician; (2) physicians' workloads should be tailored to taking into account their diversity and competence; and (3) medical students' interest in leadership roles is higher than previously reported in the literature.

P13

DERMATOLOGICAL ASPECTS OF GENDER AFFIRMING MEDICAL TREATMENT IN TRANSGENDER AND GENDER DIVERSE PEOPLE: A SYSTEMATIC REVIEW

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Purpose: Transgender and gender diverse (TGD) individuals encounter unique dermatological conditions due to the effects of gender affirming medical treatment (GAMT). These issues are often underdiagnosed and may be managed better to improve life quality and mental health. There is limited guidance for healthcare professionals (HCPs), including dermatologists, on recognizing and treating these conditions. The aim was to conduct a systematic review summarizing and critically evaluating literature on dermatological changes in TGD individuals post-GAMT and to create recommendations for HCPs.
Methods: Studies were identified through Google Scholar, PubMed databases, as well as through Google Scholar search alerts.

We considered all studies published until February 2024. PICO questions were formulated, and PRISMA guidelines were adhered to. Two reviewers independently extracted data, assessed risk of bias, and evaluated the strength of evidence.
Results: Twenty-two studies were included, with most published in the last five years. Before 2019, the literature was primarily based on case reports and expert opinions.
Conclusions: GAMT can lead to specific dermatological issues such as acne, androgenic alopecia, xerosis, pruritus, persistent hirsutism, atopic dermatitis, and melasma. Additionally, TGD individuals undergoing gender affirming surgery face a higher risk of hypertrophic scars and keloids. Dermatologists and other HCPs can play a significant role in improving dermatological care for TGD patients. The review provides tailored guidance and recommendations for preventive measures and patient-specific treatment strategies.

P14
TOPICAL DELIVERY OF RNA OLIGONUCLEOTIDES BY IONIC LIQUIDS FOR TREATMENT OF PSORIASIS

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Purpose: This study investigates the potential of an ionic liquid (IL) formulation as a non-invasive platform for the topical delivery of RNA therapeutics, with applications in treating various skin conditions, including psoriasis.
Methods: Gel electrophoresis and high-performance liquid chromatography (HPLC) were employed to evaluate the stability of RNA following incubation with the IL. Flow cytometry was utilized to assess the in vitro delivery of RNA facilitated by IL. Confocal imaging of human skin biopsies treated with RNA/IL formulations was performed to evaluate ex-vivo delivery.
Results: Using a single IL formulation, we evaluate its ability to deliver diverse RNA constructs, such as single-stranded and double-stranded small oligonucleotides, Holliday junctions, and RNA aptamers into the skin. Stability assays confirm that RNA molecules remain intact after one week of incubation with the IL, demonstrating compatibility and preservation of functionality. In vitro delivery studies using HaCaT keratinocyte cells show effective RNA uptake, as verified by flow cytometry. Additionally, confocal imaging of human skin explants treated with RNA aptamer/IL formulations reveals enhanced transdermal delivery and distribution, emphasizing the IL's ability to bypass the skin barrier.
Conclusions: The IL technology demonstrates significant potential as a versatile platform for non-invasive topical RNA delivery. Its ability to ensure RNA stability, efficient delivery, and compatibility with human skin highlights its promise for the development of RNA-based therapies targeting skin conditions such as psoriasis, offering a pathway to innovative dermatological treatments.

P15
SKIN AGING AND BETAINE: INSIGHTS FROM IN VITRO STUDY WITH HUMAN DERMAL FIBROBLASTS

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Purpose: Betaine, trimethylglycine, is well known osmolyte supporting skin hydration and strengthening the skin barrier by topical application. Here, the physiologically relevant concentration of betaine was studied in vitro to investigate its skin aging advantages. Also, benefits of combining betaine with metabolites of a probiotic were explored.
Methods: Betaine was applied alone or together with metabolites of Bifidobacterium animalis subsp. lactis Bl-04 (Bl-04) on primary human dermal fibroblasts (HDFs) with or without an inflammatory challenge by tumor necrosis factor α (TNF-α). TNF-α, by inhibiting collagen synthesis, promoting matrix metalloproteinases (MMPs), and upregulating proinflammatory cytokines, modelled the effects driving skin aging. The anti-aging potential was evaluated by measuring HDF proliferation, MMP-1/type I pro-collagen production ratio, gene expression of decorin, and the formation of inflammatory mediators.
Results: The benefits of betaine on HDFs mainly emerged under the challenge. Betaine encouraged the cell proliferation, balanced MMP-1/type I pro-collagen ratio, and decreased production of interleukin (IL)-8, and vascular endothelial growth factor (VEGF), vascular permeability inducer. By combining betaine and Bl-04 metabolites, the anti-inflammatory effects were enhanced by decreases in IL-6, IL-8, TNF-α, and VEGF amounts. The combination also upregulated decorin gene expression fivefold.
Conclusions: Dietary supplement equivalent dose of betaine could support aging skin through promoting skin cell proliferation, balancing collagen homeostasis, inhibiting formation of inflammatory mediators and inducer of vascular permeability. Combining betaine with a probiotic, such as Bl-04, could provide additional benefits on the assembly of extracellular matrix through the effects of decorin.

P16
CHILDHOOD LINEAR IGA DERMATOSIS SUCCESSFULLY TREATED WITH THE COMBINATION OF DAPSONE AND SULFASALAZINE

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Linear IgA dermatosis (LAD) is a rare subepidermal autoimmune blistering skin disorder characterized by the linear deposition of IgA along the basal membrane. It affects primarily young children and adults, and is the most common bullous disease in the pediatric population. Dapsone represents the mainstay of treatment, to which the majority of patients show excellent initial responses with long-term remission. In recalcitrant cases sulfonamides (sulfapyridine, sulfasalazine, sulfamethoxypyridazine) are considered alternative treatment options, either as monotherapy or in conjunction with dapsone. Most published cases of sulfonamides in childhood LAD report use of sulfapyridine or sulfamethoxypyridazine, with no published reports on sulfasalazine use in young children.
We present a case of a 1-year old child with confirmed LAD who did not respond adequately to dapsone alone. Sulfapyridine is not available in Norway, while sulfasalazine is accessible and considered a safe option for other autoimmune disorders. The combination of dapsone and sulfasalazine resulted in rapid, complete remission.

P17
SPLIT-THICKNESS SKIN GRAFTS OBTAINED FROM THE SCALP FOR THE RECONSTRUCTION OF THE EAR

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Purpose: Evaluation of the viability and outcome of the use of split-thickness skin grafts (STSG) obtained from the scalp in ear reconstruction.
Methods: We present three cases of basal cell carcinoma on the ear reconstructed with STSG. Due to its proximity, the scalp is chosen as the donor site and thin skin stripes are harvested using a shave biopsy blade1. The grafts are then placed directly on the surgical defect without any sutures, extending them so no wrinkles form and adapting them to the defect to cover mostly the totality of it. The area is then covered with a paraffin dressing and light pressure is applied. The donor area is also covered with paraffin dressing and is leaved for secondary healing, no electrocauterization is used in order to prevent any scarring.

Results: All patients achieved a good cosmetic outcome with no major complications.
Conclusions: The ear can be a challenging structure to reconstruct during skin surgery due to its anatomical peculiarities and the need for a good cosmetic and functional result. STSG are one of the many methods available for the surgical reconstruction but not that much used by dermatosurgeons. Using a biopsy blade instead of a dermatome simplifies the procedure for smaller defects. The concavities of the ear are a good receptor site for these grafts. The scalp is one of the non-well known donor areas for the harvesting of STSG however this area gives many advantages such as easy access, rapid wound healing and minimal scarring.
References: 1DermaBlade®

P18

SAFETY, LOCAL TOLERABILITY, SYSTEMIC EXPOSURE AND EFFICACY OF 1 % GLYCOPYRRONIUM BROMIDE (GPB) CREAM IN ADOLESCENTS WITH SEVERE PRIMARY AXILLARY HYPERHIDROSIS - AN OPEN-LABEL, UNCONTROLLED MULTICENTER STUDY

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Purpose: To examine safety, local tolerability, systemic exposure and efficacy of 1 % Glycopyrronium bromide (GPB) cream in adolescents with severe primary axillary hyperhidrosis (PAHH).
Methods: This open-label, uncontrolled, multicenter study enrolled 42 subjects aged 12 to 17 with severe PAHH. The cream was applied daily until Day 29, followed by a flexible dosing scheme (application at least twice/week up to once daily, as needed) until Day 57. The primary endpoints included the frequency of adverse drug reactions (ADRs), local tolerability and – in a subgroup of 22 patients – plasma concentrations of GPB at Baseline, Day 8, and Day 15 to evaluate safety-relevant systemic exposure. For efficacy, sweat production (gravimetry) was assessed at Baseline, Day 29, and Day 57.
Results: 1% GPB cream was well tolerated, with no local skin reactions and few ADRs.
Significant reductions in logarithmic sweat production were observed from Baseline (absolute values: 296.4 ± 374.0 mg) to Day 29 (71.1 ± 90.2 mg) and Day 57 (65.5 ± 107.8 mg) ($p = 0.0004$ and $p < 0.0001$, respectively). Improvements in Children Dermatology Life Quality Index and patient-rated hyperhidrosis severity score were also significant ($p < 0.0001$). Plasma levels of GPB were similar to those in adults, with mean values of 21.5 pg/ml at Day 8 and 28.5 pg/ml at Day 15.
Conclusions: Concordant to previous findings in adults, the 1% GPB cream demonstrated excellent safety, local tolerability, and efficacy in adolescents. Therefore, the cream is a safe and effective treatment for adolescents and adults with severe PAHH.

P19

PROTOCOL FOR A RANDOMISED CONTROLLED TRIAL OF THE DIGITAL APP "MINDMYSKIN" TO IMPROVE SYMPTOM BURDEN IN PATIENTS WITH DERMATOLOGICAL CONDITIONS

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Purpose: Chronic inflammatory skin diseases, despite low mortality, significantly impair quality of life. Existing psychotherapeutics such as Mindfulness training and Cognitive Behavioural Therapy are widely used and effective in the treatment of mental health illness. However, there is limited evidence on the application of such interventions in dermatology and most mental health apps lack robust clinical evaluation. We report the design of a randomised controlled trial to evaluate the efficacy and implementation of a mobile app containing dermatology-specified psychotherapeutic strategies in reducing QoL burden.
Methods: English speaking patients aged 16 years and older with psoriasis, eczema or chronic urticaria will be recruited and randomised into the intervention arm (psychotherapeutic application) or active control group (Healthy365 app, general wellness application managed by the Singapore Health Promotion Board).
Results: The primary outcome is the change in Dermatology Life Quality Index (DLQI) score from baseline to week 8. Secondary outcomes include physician assessed disease severity at week 8 and 16, difference in other patient reported measures at week 8, 16 and 32, physician, self-reported treatment adherence and initiation/escalation in systemic medications. We will also explore key measures such as engagement, satisfaction, and willingness to pay. Statistical analysis will be carried out on an intention-to-treat basis and missing data analysed using last observation carried forward.
Conclusions: The use of a digital electronic platform to deliver psychotherapeutic paves the way for a more accessible and sustainable approach to addressing the psychosocial dimensions of dermatological conditions and ultimately improving the overall well-being of patients.

P20

WOMEN'S BATTLE FOR DIAGNOSIS, SUPPORT AND TREATMENT OF LIPOEDEMA: QUALITATIVE FINDINGS OF DAILY LIFE EXPERIENCES AND NAVIGATION OF THE HEALTHCARE SYSTEMS

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Purpose: To explore and analyse the experiences of women diagnosed with lipoedema, focusing on everyday life and when seeking healthcare and treatment.
Methods: Twelve women, all with a physician-verified diagnosis of lipoedema, were interviewed regarding their experiences of living with lipoedema and experiences related to seeking healthcare and treatment. The transcribed texts were analysed through inductive qualitative content analysis. Two separate analyses were conducted, and we included both studies in this abstract; however, the findings related to healthcare are preliminary.
Results: Two metaphorical themes emerged: An uncertain uphill battle against a divergent body and societal ignorance and Pushing the barricaded doors to treatment and care while fighting to illuminate the shadows of lipoedema. These themes reflect the participant's experiences of facing adversity, handling the challenges posed by lipoedema, and their fight for recognition and effective treatment. The first theme also highlights the participants' feelings of being trapped in their bodies by a chronic condition and feeling excluded from society. The other findings cover the participants' experiences of injustice and prejudice when seeking healthcare and their struggles to find effective treatment.
Conclusions: The limitations imposed by lipoedema deeply impact women's daily lives and ability to work, contributing to social exclusion. Limited public treatment options compel women with lipoedema to seek expensive private care, causing financial strain. The condition's low awareness among the healthcare community may lead to a lack of trust in healthcare providers. Efforts should prioritise preventive work to reduce health deterioration and increase education for healthcare professionals regarding lipoedema.

P21
LEBRIKIZUMAB IMPROVES ATOPIC DERMATITIS AND QUALITY OF LIFE IN PATIENTS WITH MODERATE-TO-SEVERE ATOPIC DERMATITIS PREVIOUSLY TREATED WITH DUPILUMAB: RESULTS FROM THE ADAPT STUDY

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Purpose: To evaluate the efficacy and safety of lebrikizumab (LEB) in patients with moderate-to-severe atopic dermatitis (AD) previously treated with dupilumab (DUPI) (ADapt, NCT05369403).

Methods: ADapt is an open-label, Phase 3b, 24-week(W) study. Patients must have discontinued DUPI due to inadequate response (non-response, partial response, or loss of response), intolerance or an adverse event (AE), or other reasons. ≥4W after discontinuing DUPI, patients received a 500-mg LEB loading dose at Baseline and at W2 followed by 250mg every 2W through W16 (Q2W). At W16, responders (IGA 0/1 with ≥2-point improvement (IGA0/1) or EASI75 [primary endpoint]) received LEB 250mg Q4W; other patients continued with 250mg Q2W. Q2W and Q4W pooled-data were analyzed as-observed and non-responder/multiple imputation (NRI/MI).

Results: 86 patients were enrolled (56% discontinued DUPI due to inadequate-response, 16% due to intolerance/AEs to DUPI, and 28% other reasons). For all patients, the proportion of patients (W16 and W24) achieving: 1) EASI75: 57.4% and 60.0%, as-observed; 50.7% and 52.8% NRI/MI; 2) IGA0/1: 38.7% and 38.2%, as-observed; 35.6% and 36.8%, NRI/MI; 3) Face-IGA 0: 42% and 49%, as-observed; 4) Pruritus NRS ≥4-point improvement 53.2% and 61.5% as-observed; 48.8% and 47.9% NRI/MI; and 5) DLQI ≥4-point improvement 83.0% and 83.0% as-observed. The safety profile was consistent with other LEB Phase 3 trials. Four patients who discontinued DUPI due to conjunctivitis did not report conjunctivitis with LEB. 3.5% of patients reported treatment-emergent conjunctivitis.

Conclusions: In DUPI-experienced patients, treatment of moderate-to-severe AD with LEB resulted in meaningful improvements in skin clearance, itch, and quality of life.

P22
LOCALIZED SCLERODERMA AND RELATED COMORBIDITIES: A SINGLE CENTER COHORT STUDY

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Purpose: The aim of our study was to assess the clinical features, comorbidities and treatments of localized scleroderma in Southwest Finland.

Methods: Patients with diagnostic code of localized scleroderma (ICD-10 code L94) during the period from January 1, 2005, to November 30, 2020, were identified from the hospital discharge register of Turku University Hospital. Using the European Dermatology Forum classification criteria, the diagnoses were divided into five main types and their subtypes. The basic demographical data of the patients, comorbidities and data on treatments and their efficacy were collected.

Results: Altogether 155 subjects with diagnosis of morphea were included in the study, 125 (80.6%) were female and 30 (19.4%) were male. Limited plaque type morphea was the most common type ($n = 71$, 45.8% of all patients) followed by generalized type ($n = 57$, 36.8%). Fifty-eight concomitant autoimmune diseases were found in 45 patients (29.0%), 43 (95.6%) of whom were female. The most common autoimmune diseases were thyroid diseases ($n = 23$, 14.8%). Systemic sclerosis occurring simultaneously was rare ($n = 3$, 1.9%). The most common malignancy was breast cancer ($n = 11$, 7.1%). The most commonly used systemic treatment was methotrexate ($n = 25$, 16.1%) which was beneficial for 64% of treated patients. Phototherapy was used for 63 patients (40.6%) and it was beneficial for 49 of them (77.8%).

Conclusions: Patients with morphea in our center required quite often systemic immunomodulatory treatment or phototherapy. The proportion of generalized subtype and risk for concomitant autoimmune diseases, especially thyroid autoimmune diseases, were relatively high. There were no signs of increased risk of malignancy.

P23
ACUTE LIPODERMATOSCLEROSIS: RECOGNIZING AN UNCOMMON PRESENTATION OF A COMMON CONDITION

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Purpose: While chronic lipodermatosclerosis (LDS) is easily recognized, acute LDS is often misdiagnosed because it presents with severe pain rather than cutaneous changes from longstanding venous insufficiency. Prompt intervention can prevent progression to irreversible, chronic LDS; however, treatment is challenging because pain is a barrier to firstline compression therapy. Here we use a case to illustrate the challenges of recognizing and treating acute LDS.

Methods: Case presentation and literature review.

Results: A 43-year-old, obese female smoker presented with a unilateral, tender lower extremity plaque. Punch biopsy revealed adipocyte necrosis, consistent with acute LDS. Within months, the plaque enlarged and developed foci of atrophie blanche. Patient was started on topical and intralesional corticosteroids, compression stockings, and smoking cessation education, with plans to incorporate fibrinolytic therapy.

Conclusions: Acute LDS is an underrecognized precursor to chronic LDS. Risk factors for both include venous insufficiency, obesity, hypertension, female sex. Unlike chronic LDS, acute LDS presents with pain and fewer skin changes, leading to misdiagnosis as cellulitis, erythema nodosum, or inflammatory morphea. Histologically, acute LDS is nonspecific, adding to the diagnostic challenge of this condition. It shows erythrocyte extravasation, inflammation, ischemic fat necrosis, and lacks the classic lipomembranous change of chronic LDS. Prompt intervention can prevent progression to chronic LDS. Despite pain, compression stockings are firstline, reducing pain and preventing ulceration. Pain medica-

tion, topical/intralesional steroids, or topical capsaicin can help patients tolerate compression. Steroid-derived fibrinolytics (stanozolol or danazol) are beneficial. This, combined with the female propensity for the condition, suggest a hormonal basis for LDS.

P24
WHEN ARE SINGLE READER EVALUATIONS INSUFFICIENT IN TELEDERMOSCOPIC ASSESSMENTS? ANALYSES OF A RETROSPECTIVE COHORT STUDY

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Purpose: Teledermoscopy (TDS) emerges as an efficient tool for diagnosing skin lesions. In Sweden, double reading is the standard of care, but risk factors for misdiagnosis or mismanagement using single reader evaluations (SRE) are not well-studied. This study aimed to assess the accuracy of SRE compared to the gold standard in TDS.
Methods: This retrospective cohort study involved 1997 TDS referrals sent from general practitioners to dermatologists in Stockholm, Sweden, selected based on dermoscopic diagnoses. All referrals underwent double reader evaluations (DRE). Each case was reassessed by a single external assessor, blinded to the DRE result. Based on predefined rules, a gold standard for the most correct diagnosis was established. Diagnostic accuracy and risk factors for misdiagnosis were evaluated.
Results: Primary diagnosis by SRE agreed with the gold standard on benign-malignant classification in 84% of cases. Discordance was linked to lower diagnostic confidence and more frequent recommendations for further intervention. SRE achieved a benign-malignant sensitivity and specificity of 84% (95% confidence interval: 81-87% and 82-86%, respectively). The risk of overdiagnosis increased 96 times when assessors reported being "very unconfident". Out of a total of 311 melanomas, melanoma in situ, lentigo maligna and severely dysplastic nevi, 62 were not recognized in the SRE primary diagnosis. However, 50 of these misdiagnosed lesions were still recommended for accurate management.
Conclusions: The confidence level of TDS assessors heavily influences diagnostic accuracy. Therefore, when diagnostic confidence is perceived as moderate or low, additional interventions should be considered.

P25
PORPHYRIA CUTANEA TARDA AND HEPATITIS C INFECTION

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Purpose: resolution of Porphyria cutanea tarda (PCT) following treatment with direct-acting anti-virals for hepatitis C infection.
Methods: Case series. We describe two cases, respectively an 82-year-old woman and a 60-year-old woman both with PCT caused by a chronic hepatitis C infection.
Results: Both patients were treated for their PCT with venesection and Hydroxychloroquine. The 82-year old woman had a continuing need for treatment for many years, while the 60-year old woman only received venesection and Hydroxychloroquine for a shorter period. Due to chronic hepatitis C, both patients underwent treatment with the direct-acting anti-viral drug Glecaprevir/Pibrentasvir. Subsequently, both patients were cured of their hepatitis C, and their PCT was brought into complete and long-term remission with total loss of urinary porphyrins without the need for their previously necessary treatment. The 82-year-old woman had developed severe osteoporosis with several vertebral fractures. Years of avoiding sunlight may have contributed to this.
Conclusions: Both cases illustrate the importance of eradicating chronic hepatitis C infection resulting in long term remission of PCT. This is only described in very few studies previously. The cases emphasize the importance of screening for hepatitis C infection as a cause of PCT. Correct and timely treatment of PCT, with minimization of urinary porphyrins, is important to avoid unnecessarily restrictive sun behavior, thereby ensuring the patients' optimal quality of life and minimizing the risk of developing osteoporosis.

P26
EMERGING DERMATOLOGICAL MANIFESTATIONS OF ILLICIT DRUG USE

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Purpose: Illicit drug use is an increasingly recognized cause of adverse dermatological and systemic manifestations. Synthetic cannabinoids and synthetic cathinones are now the largest categories of new psychoactive substances, while the resurgence of older drugs like krokodil and xylazine has introduced unique dermatological challenges. These substances are associated with severe tissue damage, high morbidity and mortality, complicating clinical diagnosis and management. This review consolidates the dermatological and systemic effects of these drugs, emphasizing their distinctive clinical features, diagnostic complexities, and differential diagnoses to aid healthcare providers.
Methods: A review of case reports and series was conducted to identify the dermatological and systemic manifestations of these substances. The analysis focused on common presentations, complications, and diagnostic challenges, with an emphasis on drug-specific patterns.
Results: Key dermatological findings include painful necrotic ulcers, pruritus, acne, contact dermatitis, blisters, retiform purpura, Steven-Johnson Syndrome/Toxic Epidermal Necrolysis overlap, and Raynaud's phenomenon. Complications such as secondary infections, osteomyelitis, soft tissue abscesses, and gangrene often progress to severe outcomes, including auto-amputation. Systemic manifestations include immune thrombocytopenia, neuropsychiatric effects, rhabdomyolysis, multi-organ failure, and death. Diagnostic differentials include vasculitis, pyoderma gangrenosum, dermatitis artefacta, necrotizing fasciitis, and acute limb ischemia. Drug-specific patterns, such as xylazine-induced necrotic ulcers and krokodil-related tissue damage, were particularly notable.
Conclusions: Illicit drug use represents a significant and often underrecognized etiology of complex dermatological and systemic disorders. Early recognition of these presentations is essential for accurate diagnosis and timely interventions. Greater awareness among healthcare providers, along with a multidisciplinary approach, is vital to improving outcomes.

P27
CLINICAL RISK FACTORS FOR CUTANEOUS SQUAMOUS CELL CARCINOMA IN PATIENTS WITH ACTINIC KERATOSIS OR CUTANEOUS SQUAMOUS CELL CARCINOMA IN SITU: A RETROSPECTIVE DOUBLE-COHORT STUDY

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Actinic keratosis and cutaneous squamous cell carcinoma in situ are precancerous forms of cutaneous squamous cell carcinoma. In this single-centre retrospective study, patients with histopathologically confirmed actinic keratosis ($n = 121$) or cutaneous squamous cell carcinoma in situ ($n = 99$) as their initial keratinocyte-derived lesion were compared and evaluated with regard to development of cutaneous squamous cell carcinoma during a 5-year observation period. Patients with severely dysplastic actinic keratosis or cutaneous squamous cell carcinoma in situ as their initial lesion developed cutaneous squamous cell carcinoma more rapidly than patients with actinic keratosis with mild or moderate dysplasia. With either actinic keratosis or cutaneous squamous cell carcinoma in situ as an initial lesion, advanced age, male sex, comorbidity with basal cell carcinoma, and immunosuppressive medication were associated with elevated risk of cutaneous squamous cell carcinoma development. Regarding solely patient with actinic keratosis as their initial lesion male sex, advanced age, immunosuppressive medication, location of the initial lesion, and degree of dysplasia were associated with the risk of cutaneous squamous cell carcinoma. Among patients with cutaneous squamous cell carcinoma in situ as their initial lesion, only aspirin usage was associated with increased risk of cutaneous squamous cell carcinoma. This study indicates that, among the vast and increasing population of patients with cutaneous squamous cell carcinoma precursors, male patients with immunosuppressive medication who develop basal cell carcinoma should be regarded as at heightened risk of cutaneous squamous cell carcinoma development and warrant closer surveillance.

P28

PATIENT-REPORTED HEALTHCARE UTILISATION FOR TOPICAL STEROID WITHDRAWAL IN ATOPIC DERMATITIS

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Topical steroid withdrawal (TSW) describes an adverse reaction to topical glucocorticoids (TGCs). TSW is highly engaging on social media and causes concern among patients. Due to low-quality evidence, TSW is not a recognised diagnosis. Regardless, investigating TSW could increase awareness among healthcare providers (HPs) and aid management.

Purpose: To investigate healthcare utilisation, information sources, attitudes towards HPs, and the desired help among patients with atopic dermatitis (AD) experiencing symptoms which they attribute to TSW.

Methods: Observational cross-sectional study using a questionnaire for adults (≥18 years), reporting AD and TSW, posted in a Swedish TSW-themed Facebook group during four weeks in 2023.

Results: Out of 82 participants, 83% and 74% reported ongoing symptoms of TSW and AD, respectively. Fewer contacts with HPs, including complementary and alternative medicine, were reported for symptoms attributed to TSW than for AD. For ongoing TSW, a dermatologist was the most common contact (22%), but 68% reported no healthcare contact despite severe symptoms. Information sources were Facebook (96%), websites (93%), and Instagram (56%).

Seeking medical help was avoided due to fear that HPs would deny TSW, lack knowledge of TSW, or be unable to treat. Support and validation of impairments due to TSW (56%) and symptom relief (32%) were the most prevalent requests to HPs. Investigation of causes for the symptoms was demanded by 9.9%.

Conclusions: Awareness of healthcare utilisation, information sources, and attitudes towards HPs can improve the management of symptoms attributed to TSW and the design and distribution of evidence-based information about TGCs.

P29

STEVEN JOHNSON SYNDROME/TOXIC EPIDERMAL NECROLYSIS OVERLAP SANS MUCOSITIS: AN ATYPICAL PRESENTATION NOT TO BE MISSED

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Introduction: Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) represent a spectrum of severe cutaneous adverse drug reactions characterized by painful skin and mucosal sloughing. This report highlights a rare case of SJS/TEN overlap without mucosal involvement, triggered by meropenem.

Case presentation: A 61-year-old female with a history of prolonged intensive care for nosocomial pneumonia presented with a progressive rash. She had been treated with multiple antibiotics and antifungals. An initial diagnosis by another dermatologist suggested desquamation from a piperacillin-tazobactam-related exanthem. However, upon re-evaluation, the rash was found to involve dusky, necrolytic skin over the back and limbs, sparing the face and anterior trunk. Nikolsky sign was positive. Body surface area involvement was estimated at 27%. There was no mucosal involvement of the eyes, mouth, or genitals. A revised diagnosis of SJS/TEN overlap secondary to meropenem use was made. Histopathology and direct immunofluorescence confirmed SJS/TEN overlap. Supportive care and wound management led to marked skin improvement, but the patient ultimately succumbed to her underlying lung infection.

Discussion: Mucositis, present in 90% of SJS/TEN cases, is a hallmark feature. The absence of mucosal involvement and the atypical rash distribution in this patient posed diagnostic challenges. This case underscores the need for a high index of suspicion, especially in atypical presentations. Biopsy and vigilant clinical monitoring are essential tools in equivocal cases to ensure accurate diagnosis and appropriate management.

Conclusion: Rare cases of SJS/TEN may present without mucosal involvement. Awareness of such variations can aid early recognition and improve patient outcomes.

P30

MARGIN-DELINEATION WITH REFLECTANCE CONFOCAL MICROSCOPY AT THE BEDSIDE IN MELANOMA PATIENTS UNDERGOING RE-EXCISION AFTER INCOMPLETE SURGERY- A RETROSPECTIVE COHORT STUDY

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Purpose: Cutaneous melanoma, particularly lentigo maligna melanoma of the face, is difficult to delineate with the naked eye, often resulting in multiple re-excisions due to residual melanoma cells in surgical margins. Reflectance Confocal Microscopy (RCM) shows promise in identifying melanoma margins at the bedside. This study evaluates whether RCM reduces the need for additional surgeries in melanoma patients undergoing re-excision after incomplete surgery.

Methods: A retrospective analysis was conducted on clinical, imaging, and histopathology data from 22 melanoma patients who underwent bedside confocal microscopy. The patients were referred to a dermatology department from plastic surgery units in Copenhagen, Denmark. The dataset included clinical photographs, dermoscopy images, 10–40 RCM images per melanoma, and histopathology results.
To assess if RCM reduced additional surgeries, we evaluated:
Whether plastic surgeons achieved complete removal of residual melanoma after RCM-guided margin delineation.
Whether patients avoided new surgeries based on findings from RCM scans.
A commercial RCM VivaScope system with integrated dermoscopy was used.
Results: All images were of good quality, and all pathology reports were successfully retrieved. The study is still ongoing, but preliminary data indicate that RCM reduced the need for further surgical procedures in 64% of patients.
Conclusions: Preliminary findings suggest RCM is a valuable tool for improving melanoma diagnostics and margin delineation in Scandinavia, aligning with studies in Italy. Final conclusions will be presented at the congress.

P31
METASTATIC MELANOMA REVEALED BY MULTICENTRIC RETICULOHISTIOCYTOSIS

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Purpose: Multicentric reticulohistiocytosis (MRH) is a rare non-Langerhans cell histiocytosis (LCH) that affects skin and joints. MRH has been associated with malignancies in up to 30% of the patients. We report a case that led to the discovery of metastatic melanoma.
Methods: A 70-year-old man had a 5-month history of seronegative polyarthritis of the shoulders, elbows, wrists, fingers and knees. He displayed dark-red hard papules and nodules on the fingers, elbows, knees and periungual papules with a "coral bead" appearance. He had a large lymph node on the right axilla. Biopsy showed an infiltration of the dermis by large round CD68 and CD163+ cells. Other histiocytosis markers were negative. Findings indicated non-LCH and MRH. The biopsy of the lymph node confirmed a BRAF negative metastatic melanoma without out primary melanoma.
Results: MRH is rare (300 cases worldwide). It is more common in women, and usually start at around 50 years of age. Patients may have polyarthritis or cutaneous papules of the extremities or both. "Coral bead" periungual papules are a pathognomonic. MRH can be associated with solid cancer or lymphoma. MRH has been very rarely associated with melanoma. We found only 6 cases of which two cases might have been reported twice in different articles. Management of metastatic melanoma is difficult as the use of immune check point inhibitors that can lead to exacerbate MRH.
Conclusions: This case describes a very rare case of typical MRH that led to the discovery of a metastatic melanoma.

P32
DIAGNOSING AND TREATING MYCOSIS FUNGOIDES IN PEDIATRICS: WHAT ARE THE GUIDELINES?

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Purpose: To present the proposal for the first and the latest guidelines regarding diagnostic approaches, staging recommendations, and treatment choices in pediatric patients with mycosis fungoides (MF). There is a lack of guidelines on pediatric MF, and these recommendations have been developed on behalf of the three international societies ISCL, EORTC, and USCLC.
Methods: These guidelines, proposed by the expert group, are based on literature research and expert consensus methods. The literature regarding MF in the pediatric population is scarce, and the existing data comprises retrospective studies, case reports, and case series studies. A modified Delphi process was conducted using questionnaires covering topics such as the definition, characteristics, staging, and treatment modalities for pediatric MF.
Results: Most children suffering from MF have an indolent disease, classified as stadium I- IIA. Hypopigmented and folliculotropic MF are the most common clinical types in the pediatric population. The aggressive type of MF is seldom seen in children. Diagnostic tools include clinical presentation, histopathology with immunophenotyping, and molecular biology. Ultrasound diagnosis is recommended when screening for lymph node involvement in the indolent phase of the disease, as palpable lymph nodes are common in children due to the increased incidence of infectious diseases. Therapeutic recommendations are adjusted to the stage of the disease.
Conclusions: The upcoming guidelines, which are expected to be published in 2025, are an important tool to guide dermatologists when facing pediatric MF. These guidelines reassure dermatologists that most pediatric patients with MF have an indolent disease and a good prognosis.

P33
ATOPIC DERMATITIS IN DENMARK: MANAGEMENT IN GENERAL PRACTICE AND REFERRAL PATHWAYS TERTIARY CARE

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Purpose: To investigate the management of skin diseases, particularly atopic dermatitis (AD), in general practice and referral patterns to tertiary care in Denmark.
Methods: A survey was sent to 298 general practitioners (GPs) in Northern Denmark, exploring their experiences with dermatological conditions, including AD. Furthermore, a review of 112 medical records of AD patients referred to the Department of Dermatology, Aarhus University Hospital (2019–2021) examined referral reasons and treatments. Descriptive statistical analyses were performed, and Fisher's exact test was used for comparison where appropriate.
Results: Survey Study: Of 94 responding GPs (31.5%), 64% reported that 5-10% of consultations involved dermatology, with seborrheic keratoses, AD, and acne being the most common. Forty-nine percent of GPs reported seeing children with AD 1-3 times per week. Consultations for AD were perceived as complex, and re-consultations were more frequent than for other chronic diseases.
Referral Study: Most referrals came from practicing dermatologists (PDs) (45.5%) and GPs (24.1%). GPs referred most often for acute flare-ups needing treatment (40.7%), while PDs referred for insufficient disease control (64.7%), $p < 0.0018$. Topical corticosteroids were the most common pre-referral treatment, with PDs using topical calcineurin inhibitors more frequently ($p = 0.0018$).
Conclusions: AD consultations are common in general practice, often perceived as complex, with a higher re-consultation rate. GPs face challenges in managing acute flare-ups, reflected in differences in referral patterns between GPs and private dermatologists. Enhanced dermatological education in GP residency programs could help address these challenges.

P34

REAL WORLD PERFORMANCE OF AN ARTIFICIAL INTELLIGENCE AS A MEDICAL DEVICE IN URGENT SUSPECTED SKIN CANCER PATHWAYS

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Purpose: Evaluate the real-world clinical performance of an Artificial Intelligence as a Medical Device (AIaMD) for assessing suspicious skin lesions across 15 National Health Service sites in England.

Methods: A prospective, multi-centre clinical performance review of a UKCA Class IIa AIaMD was performed. Eligible patients had suspicious skin lesions assessed by the AIaMD between December 2023 and September 2024. Ground truths were histologically confirmed for cancerous/pre-cancerous lesions and by histology or consultant teledermatology for benign lesions.

Results: AIaMD pathway referrals achieved a 25–129% higher conversion rate of referrals to skin cancer diagnoses compared to primary care referrals. Among 22,536 lesions assessed, 15,251 (67.7%) confirmed outcomes: 230 melanoma, 323 squamous cell carcinoma, 571 basal cell carcinoma and 367 pre-cancerous lesions confirmed histologically. Sensitivity (95% CI) for melanoma, keratinocyte cancers and pre-cancerous lesions was 98.7% (96.2-99.6), 98.7% (97.7-99.2) and 95.1% (92.4-96.9), respectively. Negative predictive value for excluding all cancers was 99.8% (99.6-99.9) and 99.95% (99.9-100) for melanoma. AIaMD correctly identified 73.5% (72.7-74.4) of benign lesions, potentially avoiding 24% (21.5-26.6) benign lesion biopsies.

Conclusions: Real-world post-market surveillance data demonstrates high sensitivity of AIaMD for cancerous, pre-cancerous, and benign lesions. AIaMD autonomously identifies and discharges benign lesions, enhancing service capacity for patients requiring specialist intervention. Data completeness, currently 67.7%, is expected to improve over time.

The AIaMD is DERM, CE Class III and UKCA Class IIa, manufactured by Skin Analytics.

P35

DETECTION OF DERMATOPHYTES IN CULTURE-NEGATIVE AND CONTAMINATED NAIL SAMPLES USING MOLECULAR DIAGNOSTICS

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Purpose: Onychomycosis, a fungal nail infection affecting about 4% of the general population, is primarily caused by dermatophytes, though non-dermatophyte molds (NDMs) and yeasts can be involved. The diagnostic gold standard combines direct microscopy and fungal culture. While microscopy is a rapid and specific method for detecting fungal elements, culture allows for species identification but lacks sensitivity and is time-consuming. This study evaluates the applicability of molecular mycology techniques, specifically PCR/sequencing and DNA microarray analysis, as diagnostic tools to complement fungal culture.

Methods: In this retrospective study, 817 microscopy-positive nail samples from patients with suspected onychomycosis, for which conventional culture was negative for dermatophytes or failed to yield conclusive results, were analyzed using molecular mycology, i.e. PCR/sequencing (D2 LSU rDNA) and DNA microarray analysis (EUROArray Dermatomycosis).

Results: Among the 262 samples with NDM/yeast-positive cultures, a dermatophyte was detected in 18 (6.9%) and 146 (55.7%) of the samples using PCR/sequencing and DNA microarray, respectively. Species identification by culture was confirmed by PCR/sequencing in 94 (35.9%) samples and by DNA microarray in 74 (26.3%) samples. Among the 555 nail samples that had produced contaminated or negative cultures, PCR/sequencing identified a fungal pathogen in 230 (41%) samples, including 97 dermatophytes, while the DNA microarray detected fungi in 411 (74.1%) samples, inclusive of 341 dermatophytes.

Conclusion: Molecular mycology methods, particularly the EUROArray Dermatomycosis, improve the detection of onychomycosis pathogens in nail samples compared to fungal culture. Incorporating molecular techniques into routine practice provides increased sensitivity and reduces the time required for diagnosis and treatment.

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APREMILAST OR TOFACITINIB? UNVEILING THE BETTER CHOICE FOR PALMOPLANTAR PSORIASIS

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Purpose: Palmoplantar psoriasis (PPP) is a distinct and challenging form of psoriasis that significantly impairs health-related quality of life (HRQoL). This retrospective analysis was conducted to compare the efficacy and safety of oral Tofacitinib and Apremilast in the treatment of PPP.

Methods: This retrospective study included 50 adult patients (≥18 years) with clinically diagnosed PPP. Patients were divided into two groups: 25 received Tofacitinib (5 mg BD) and 25 received Apremilast (30 mg BD) for four weeks. Baseline and post-treatment severity were assessed using the modified Palmoplantar Psoriasis Area and Severity Index (mPPPASI). Data on demographic characteristics, comorbidities, and prior treatments were analyzed, and outcomes were compared using within-group and between-group statistical analyses including Unpaired T-test and Chi-square test.

Results: The mean baseline mPPPASI scores were comparable between the Tofacitinib (42.75 ± 5.42) and Apremilast (45.18 ± 6.62) groups ($p = 0.162$). Post-treatment, Tofacitinib demonstrated a significantly greater reduction in mPPPASI scores (17.97 ± 3.84) compared to Apremilast (38.30 ± 6.17, $p < 0.001$). Both treatments showed significant within-group improvements ($p < 0.001$), but Tofacitinib achieved superior efficacy. Tofacitinib-treated patients also exhibited rapid improvements in scaling and erythema, with a favorable safety profile. Apremilast, while less effective, provided meaningful improvement in milder cases, with minimal adverse effects.

Conclusions: Tofacitinib demonstrated superior efficacy and a rapid onset of action, making it an optimal choice for severe or refractory PPP cases. Apremilast, with its favourable safety profile remains a viable option for milder disease or patients with contraindications to Tofacitinib.

P37

DIETARY PATTERNS IN PATIENTS WITH HIDRADENITIS SUPPURATIVA (HS)

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Purpose: Hidradenitis suppurativa (HS) is a chronic immune-mediated inflammatory skin disease associated with obesity and metabolic syndrome. The role of diet on HS is unknown. The aim of this study was to describe dietary habits in patients with HS and to examine the association between an unhealthy diet and disease severity.
Methods: We included patients with HS from the out-patient clinic at the Department of Dermatology and Allergy, Copenhagen University Hospital - Herlev and Gentofte and Bispebjerg Hospital. The patients were enrolled from September 2023 to November 2024. Dietary information was assessed using a food frequency questionnaire (FFQ). The participants were grouped into three groups: low, intermediate, and high adherence to general dietary guidelines by the Danish Health Authorities. Severity of HS was assessed using the International Hidradenitis Suppurativa Severity Score System (IHS4) and the Hurley Staging System.
Results: Out of 131 patients enrolled in this study, 99 had mild-to-moderate disease (IHS4<11) while 25 had severe disease (IHS4≥11). The most frequently reported diets were either "healthy and varied diet" or "no specific diet". Patients with IHS4<11 reported similar frequency of intake of cake/biscuits/sweets, fast food, fish, vegetables and wholegrain as patients with IHS4≥11. Foods that exacerbated or alleviated the patients' skin condition was reported by 16.5% of the participants. A greater adherence to the national dietary guidelines was associated with a lower HS severity ($p = 0.005$).
Conclusions: A healthy diet seems to be associated with lower disease burden in patients with HS.

P38
BLEOMYCIN OR VITAMIN D3? THE QUEST FOR THE SUPERIOR TREATMENT OF PALMOPLANTAR WARTS

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Purpose: Palmoplantar warts, caused by the Human Papilloma Virus (HPV), are a common dermatological condition that often resists standard treatments. This study aims to evaluate and compare the efficacy and safety of intralesional bleomycin and intralesional Vitamin D3 in treating the palmoplantar warts.
Methods: A prospective, randomized interventional study was conducted on 110 patients with multiple (>2) palmoplantar warts. Participants were randomly assigned to Group A (intralesional bleomycin) or Group B (intralesional Vitamin D3) and received fortnightly treatments for up to four sessions. Treatment outcomes were assessed using photographic evidence and the Physicians Global Assessment Scale (PGAS). Statistical analysis was performed using Chi-square and Fischer Exact tests.
Results: Of the 103 patients who completed the study, 68% were male, with a predominant age group of 16–30 years. The mean duration of warts was 7.17 months. At 2 weeks post-treatment, 36% of patients in Group A and 20% in Group B showed less than 25% improvement. By 8 weeks, complete clearance was observed in 75% of patients in Group A and 82% in Group B ($p = 0.9$). Adverse effects were similar in both groups, with pain being the most reported side effect (27%, $p = 0.37$).
Conclusions: Both intralesional bleomycin and Vitamin D3 are effective treatment modalities for palmoplantar warts. While bleomycin showed a strong therapeutic response, it was associated with higher rates of adverse effects. Vitamin D3, on the other hand, proved to be a safe, cost-effective alternative, making it a promising option for routine clinical use.

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EXTRACORPOREAL PHOTOPHERESIS WITH 5-AMINOLEVULINIC ACID IN CUTANEOUS LYMPHOMA: A FIRST-IN-HUMAN PHASE I/II STUDY

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Purpose: Extracorporeal photopheresis (ECP) utilizes photoactivatable 8-methoxypsoralen (8-MOP) and UVA light to induce apoptosis of T-cells and thereby modulate immune responses. The use of 5-aminolevulinic acid (ALA), for more selective and effective targeting of activated T-cells may improve treatment efficacy. This phase I/II study aimed to evaluate the safety and tolerability of a modified ECP protocol using 5-aminolevulinic acid (ALA) instead of 8-MOP treating cutaneous T-cell lymphoma (CTCL).
Methods: Patients with CTCL who responded inadequately to 8-MOP-ECP were considered for inclusion. A standard ECP system was modified to use ALA. Participants underwent up to 20 ALA-ECP treatments with regular follow-ups. Safety and tolerability were assessed through clinical evaluations, laboratory monitoring, and patient-reported outcomes. Various organ assessments were conducted throughout the study.
Results: The study included 20 treatments in one patient. No significant persistent changes in vital signs or laboratory parameters were observed. A total of six conceivable adverse events and two adverse events, all of grade 1 or grade 2 severity, were reported. Skin involvement improved by 53%, and pruritus decreased by 50%.
Conclusions: ALA-ECP was well-tolerated and demonstrated a favorable safety profile, with all adverse events being mild to moderate in severity. Notable improvements in skin involvement and pruritus were observed, suggesting therapeutic potential. Further studies are warranted to confirm these findings.

P40
PLANTAR BASAL CELL CARCINOMA

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Purpose: To present a rare case of basal cell carcinoma (BCC) occurring on the sole of the foot of a 77-year-old woman. BCC is the most common form of skin cancer and typically arises on sun-exposed areas such as the head, face, and neck. Cases of BCC on glabrous skin, such as the palms of the hands or soles of the feet, are exceedingly uncommon. This report highlights an unusual presentation of BCC in a location not typically associated with this type of malignancy.
Methods: The patient presented with a 3-month history of a lightly ulcerated, hyperkeratinised lesion on the sole of the left foot. A clinical examination revealed a lesion that appeared suspicious for malignancy. A biopsy was performed, and pathological findings were suggestive of a superficial and micronodular basal cell carcinoma. Given the atypical location and clinical appearance, the lesion was excised for definitive diagnosis and treatment.
Results: Surgical excision of the lesion was performed at the dermatology clinic. Histopathological analysis confirmed the diagnosis of nodular BCC. The patient had no identifiable predisposing conditions, such as Gorlin syndrome, prior trauma to the area, or other known risk factors.

Conclusions: Plantar basal cell carcinoma represents an exceedingly rare manifestation of this common skin cancer. This case underscores the importance of heightened awareness of basal cell carcinomas in atypical locations.

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AUTOLOGOUS PATCH HEALING VS SECONDARY INTENTION HEALING AFTER MOHS MICROGRAPHIC SURGERY - A RANDOMIZED CONTROLLED TRIAL

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Purpose: Secondary intention healing is a viable healing option after facial tumour removal by Mohs Micrographic Surgery (MMS). However, it may cause prolonged healing with risk of infection and problematic scarring. An autologous patch containing growth factors made by the patient's own blood may improve wound healing. The purpose of this study was to evaluate the effect of applying an autologous patch to the wound after MMS.
Methods: A randomized controlled trial was carried out comparing wound healing with an autologous patch vs. secondary intention healing. Patients underwent MMS on day 0 and follow-up for clinical evaluation of the wound were performed on day 12(D12), day 19(D19) and after 6 months. Transepidermal-water-loss (TEWL) was measured on D12 and D19. Reflectance-Confocal-Microscopy (RCM) was carried out in four patients as a proof-of-concept. At six months follow-up scars were evaluated on Patient and Observer Scar Assessment Scale (POSAS) on-site by blinded physician. Primary outcome was fully epithelialized wounds on D19.
Results: Twenty-two patients were included. There was no significant difference in epithelialization at D19. Wound size reduction was overall higher in the patch group ($p = 0.459$) as was reduction in TEWL ($p = 0.072$). RCM confirmed integration of the patch into epidermis. No adverse events were reported with use of the autologous patch. According to POSAS we found subtle scarring in both groups.
Conclusion: Wound healing with an autologous patch is equivalent to secondary intention healing but may prompt benefits by creating a moist wound healing environment. Patch healing appears safe with a high patient satisfaction.

P42

MEAN ABSOLUTE EASI AND PRURITUS ACHIEVED BY LEBRIKIZUMAB OVER 16 WEEKS IN PATIENTS WITH MODERATE-TO-SEVERE ATOPIC DERMATITIS

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Purpose: Lebrikizumab (LEB) is a monoclonal antibody that binds with high-affinity to interleukin-13, blocking its downstream effects. Efficacy based on absolute values is clinically relevant as they report remaining disease. Here, we present EASI and pruritus-NRS least square mean scores in the overall population treated with LEB 250mg Q2W monotherapy vs placebo at baseline and W16 (ADvocate1 [ADv1, NCT04146363 trials (pooled-data).
Methods: Adults (≥18 years) and adolescents (12-<18 years,≥40 kg) were randomized 2:1 to LEB monotherapy ($N = 564$): placebo (PBO; $N = 287$) for 16W. LEB was given as a 500mg loading dose at baseline and W2, followed by 250mg LEB Q2W. Eligible patients had moderate-to-severe AD (EASI≥16, IGA≥3, body surface area ≥10% AD involvement). Efficacy analyses were conducted in the modified intention-to-treat population, using a mixed model of repeated measures based on observed cases up to intercurrent events.
Results: In the ADv1&2 population, LEB Q2W showed significant improvement from baseline to W16 in least square mean scores of EASI (29.3 to 7.8) vs PBO (30.0 to 18.4) ($p < 0.001$ at W16) and pruritus-NRS (7.2 to 3.5) vs PBO (7.2 to 5.7) ($p < 0.001$ at W16), respectively.
Conclusions: LEB Q2W significantly improved EASI and pruritus vs placebo and decreased disease severity as measured by EASI from severe to moderate and pruritus from moderate to mild at W16.

P43

EFFECTS OF 12-WEEK PROBIOTIC SUPPLEMENTATION ON SKIN WRINKLES AND DRYNESS: A RANDOMIZED, TRIPLE-BLINDED, PLACEBO-CONTROLLED CLINICAL TRIAL

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Purpose: There is growing interest on consuming probiotics also for skin health benefits. Here, the effects of probiotic supplementation on skin parameters were explored from winter towards spring among females with facial wrinkles and dry skin.
Methods: A randomized, placebo-controlled, triple-blinded study was conducted with 159 healthy Korean females, who were administered 2.27 × 109 colony forming units (CFUs) of Bifidobacterium animalis subsp. lactis B420 (B420) ($N = 79$) or placebo ($N = 80$) for 12 weeks. Facial wrinkles (with 3-dimensional imaging), skin hydration, transepidermal water loss (TEWL), elasticity, and gloss were assessed at baseline and after every 4 weeks of the intervention. Questionnaire-based subjective evaluations of product efficacy and usability were also analyzed.
Results: Of the nine measured facial skin wrinkle parameters, only total wrinkle area showed a significant difference between the groups, decreasing slightly less in B420 group as compared to the placebo group at 12 weeks. Skin hydration at the back of the hand increased less with B420 than with placebo at week 4, but the difference was no longer observed at later timepoints. Skin hydration at cheek and forearm, TEWL, elasticity, and gloss were similar between groups during the trial, as were the subjective evaluation scores.
Conclusions: In this trial, B420 did not outperform placebo with regard to skin benefits. A correlation analysis of participants' skin parameters and environmental conditions and lifestyle factors is proposed to be added to future research plans to provide additional information on the factors that may influence skin changes.

P44

LEBRIKIZUMAB IMPROVES ATOPIC DERMATITIS IN ADULT AND ADOLESCENT PATIENTS WITH SKIN OF COLOR:16-WEEK RESULTS FROM THE ADMIRABLE STUDY

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Purpose: Lebrikizumab is a monoclonal antibody that binds with high-affinity to interleukin (IL)-13, thereby blocking the downstream effects of IL 13 with high potency. ADmirable (NCT05372419) is an ongoing, open-label, Phase 3b clinical trial of lebrikizumab of moderate-to-severe atopic dermatitis(AD) and skin of color (SoC). These are the first-primary results of any Phase 3 in patients with AD and SoC (historically underrepresented-patient-population).

Methods: At baseline and Week(W)2, patients received 500mg lebrikizumab loading doses followed by 250mg every 2W through W16. Patients receiving rescue therapy were discontinued. Key eligibility criteria included: ≥12 years, Fitzpatrick Phototype IV-VI, and moderate-to-severe AD. This study includes PDCA-Derm™(pigment measure). Endpoints are summarized as observed (primary-analysis) and non-responder imputation/multiple imputation (NRI/MI).

Results: At baseline($N = 90$), patients had a mean(SD) age of 40.7(19.6) years, AD duration of 19.7(16.1) years, EASI 26.4(12.2), and Pruritus NRS of 7.0(2.2). 43% were female and 16% adolescent. Most patients had IGA 3(69%) and were mostly Black/African American(78%). Patients had Fitzpatrick-Phototypes IV(43%), V(24%), and VI(32%). At W16, 69.2%(54/78) patients achieved EASI75 (NRI/MI, 66.9%), 44.9%(35/78) achieved EASI90 (NRI/MI, 42.5%), 44.9%(35/78) achieved IGA0/1 with ≥2-point improvement (NRI/MI, 44.1%), and 58.1%(36/62) reported ≥4-point Pruritus NRS improvement (NRI/MI, 55.4%). Approximately 50% patients reported itch improvement within 6W. Hypopigmentation and hyperpigmentation improved in 33.3%(4/12) and 63.0%(29/46) patients, respectively (as-observed). Most TEAEs were mild-to-moderate in severity. No TEAEs lead to discontinuation. No treatment-related conjunctivitis and SAEs were reported.

Conclusion: Lebrikizumab improved signs/symptoms of disease, including post-inflammatory pigment discoloration, in patients with AD and SoC and demonstrated a favorable safety profile.

P45

SIMULATED DAYLIGHT VS. CONVENTIONAL PHOTODYNAMIC THERAPY FOR CLINICAL SUPERFICIAL BASAL CELL CARCINOMA: A RANDOMIZED CONTROLLED TRIAL

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Purpose: Simulated daylight photodynamic therapy (SDL-PDT) has been proposed as a less painful alternative to conventional photodynamic therapy (C-PDT). This study aimed to assess whether the treatment effect of SDL-PDT is non-inferior to that of C-PDT in managing superficial basal cell carcinoma (sBCC).

Methods: This single-center, non-inferiority, randomized controlled trial included adult patients with clinically diagnosed sBCCs located on anatomical sites suitable for PDT. Lesions were randomized to receive two sessions of either SDL- or C-PDT, using aminolevulinic acid as the photosensitizer. Pain during illumination was assessed with a numeric rating scale (NRS, 0–10). Treatment outcomes were evaluated at 3 months to assess early treatment failure and at 1 year for recurrence and overall clearance rates.

Results: A total of 78 participants with 193 sBCC were treated. Most lesions (47.2%) were located on the trunk, with 64.2% diagnosed dermoscopically only. After 1 year, clearance rates were 62.4% for SDL-PDT and 91.8% for C-PDT ($p < 0.001$), disproving the non-inferiority hypothesis. Pain was significantly lower with SDL-PDT (mean NRS 0.1, both sessions) compared to C-PDT (mean NRS 3.5 and 3.7; $p < 0.001$). Immediately after treatment, 87.5% of patients indicated a preference for SDL-PDT for future treatments.

Conclusions: While SDL-PDT is associated with significantly less pain, its lower overall clearance rate compared to C-PDT limits its suitability as a primary treatment for sBCC. Further research may explore SDL-PDT's role in cases where pain management is prioritized over efficacy.

P46

ABSOLUTE RESPONSE OF LEBRIKIZUMAB AT WEEK 52 IN PATIENTS WITH MODERATE-TO-SEVERE ATOPIC DERMATITIS WHO DID NOT ACHIEVE PROTOCOL-DEFINED RESPONSE AFTER INITIAL 16 WEEKS OF TREATMENT

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Purpose: Lebrikizumab (LEB) is a monoclonal antibody that binds with high-affinity to interleukin(IL)-13, blocking the downstream effects. Efficacy based on absolute values is considered clinically relevant as they show response and remaining disease regardless of baseline severity. We present week(W)52 absolute response of LEB in patients who did not-achieve protocol-defined response criteria after 16W-treatment (ADvocate1 [NCT04146363]&ADvocate2 [NCT04178967]) trials (pooled-data).

Methods: ADvocate1&ADvocate2 were two randomized, placebo-controlled, monotherapy Phase-3 trials assessing LEB efficacy/safety in adult/adolescents (12-<18 years,≥40 kg) with moderate-to-severe atopic dermatitis (AD). Non-responders at W16 were patients who did not-achieve EASI75 or IGA 0/1 with ≥2-point improvement or received rescue medication. LEB non-responders at W16 were assigned to the escape-arm and continued with LEB 250mg every 2W(Q2W) through W52. Low- and mid-potency topical corticosteroids were permitted. % patients who did not-respond to LEB at W16 but had continuous improvement from W16 through W52, achieving EASI≤7 (mild-disease), Pruritus NRS≤4 (mild-severity), DLQI≤5 (QoL minimal-effect), and

POEM≤7 (mild-patient reported symptoms) are reported. Data is presented as observed-cases.
Results: Among patients who did not-achieve protocol-defined response criteria at W16 ($N = 215$) and continued with LEB 250mg Q2W through W52, 72.8% achieved EASI≤7, 81.6% Pruritus NRS≤4, 64.1% DLQI≤5 and 38.5% POEM≤7 at W52.
Conclusions: Despite not-meeting the W16 per-protocol response-definition, a high percentage of LEB initial partial-responders reported meaningful improvements in different AD dimensions (skin/itch/QoL) at W16 and continued to improve through W52. Continuing long-term LEB therapy beyond 16W can lead to high-levels of response through W52, even in cases where short-term treatment benefit is not optimal.

P47
POST-HOC ANALYSES SUPPORT EFFICACY OF LEBRIKIZUMAB IN PATIENTS WITH MODERATE-TO-SEVERE UNCONTROLLED EOSINOPHILIC ASTHMA AND PRIOR EXACERBATIONS

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Purpose: Lebrikizumab, a high-affinity monoclonal antibody selectively targeting interleukin-13, has demonstrated efficacy/safety in moderate-to-severe atopic dermatitis at higher-doses than in asthma. Clinical trials of lebrikizumab in moderate-to-severe uncontrolled asthma (UA) have not demonstrated consistent exacerbation reductions, possibly due to suboptimal-patient selection and premature understanding of asthma phenotypes. We describe post-hoc analyses in adults with uncontrolled eosinophilic asthma and a history ≥1 asthma-exacerbation in the last 12-months from 2 phase 3 lebrikizumab clinical trials (LAVOLTA I&II).
Methods: Patients were randomized to lebrikizumab (37.5mg or 125mg) or placebo (all $N = 716$) every 4 weeks(W). Adjusted exacerbation rate (AER) at W52 (rate-reduction), and placebo-corrected mean change in prebronchodilator FEV1 at W24 and W52 were assessed in patients with elevated fractional exhaled nitric oxide (FeNO [≥50 mean parts-per-billion]; 37.5mg[$n = 105$], 125mg[$n = 107$], placebo[$n = 109$]) and in those with elevated FeNO and/or elevated blood-eosinophils (≥300 cells/μL; 37.5mg[$n = 60$], 125mg[$n = 66$], placebo[$n = 62$]) at baseline.
Results: Lebrikizumab significantly reduced the AER versus placebo at W52 in the elevated FeNO (37.5mg, 47.5%; 125mg, 45.5%) and elevated FeNO and blood-eosinophils (37.5mg, 52.3%; 125mg, 52.9%) subgroups. Significant FEV1 improvement was observed in patients with elevated FeNO at W24 (37.5mg, 205.4mL; 125mg, 240.9mL) and W52 (37.5mg, 189.8mL; 125mg, 212.0mL). In patients with elevated FeNO and blood-eosinophils, FEV1 significantly improved at W24 (37.5mg, 274.8mL; 125mg, 234.1mL) and for the lower-dose at W52 (37.5mg, 209.5mL), while a numeric increase was observed for the higher-dose (125mg, 139.2mL).
Conclusions: Lebrikizumab could be beneficial in patients with UA with type-2 inflammation (elevated FeNO and/or elevated blood-eosinophils) and a history of exacerbations.

P48
NOVEL OSCILLATING ABRASIVE SKIN PREPARATION DEVICE FOR REMOVAL OF HYPERKERATOTIC LESIONS

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Purpose: Preparation of hyperkeratotic skin in patients with actinic keratosis (AK) is recommended prior to photodynamic therapy (PDT) treatment to enhance photosensitizer absorption. This single-center, prospective, randomized, split-site trial evaluated performance, safety and comfort of a novel cordless handheld oscillating abrasive device for skin preparation of AK patients. Curettage and manual abrasive pad were chosen as comparators.
Methods: Prior to methyl aminolaevulinate artificial daylight PDT (MAL-ADL-PDT) treatment, AK lesions were prepared with oscillating abrasive device for all patients ($n = 22$), and either curettage ($n = 11$) or manual abrasive pad ($n = 11$). The ease and comfort of skin preparation, as well as operation time per prepared area, were evaluated. Safety was assessed by irritation and skin damage. On Day 14 patients received a second PDT session, and skin preparation was repeated if needed. Numerical rate scale (NRS) was used for pain assessment during skin preparation and PDT. Number and Olsen grade of AK lesions were calculated on Day 0, Day 14 and at 4 months, for AK clearance determination.
Results: Skin preparation with the oscillating abrasive device caused less irritation and skin damage compared to curettage, and was faster than manual microdermabrasion. Patients reported low mean pain scores during the AK treatment procedure (NRS < 2). A complete AK clearance at 4 months was seen in all treated skin areas after the two-session MAL-ADL-PDT treatment.
Conclusions: The novel abrasive skin preparation device was demonstrated safe and easy to use, and at least as efficient as comparators in removal of hyperkeratotic skin prior to MAL-ADL-PDT.

P49
INAFFECTIVE DUPILUMAB, SECUKINUMAB AND USTEKINUMAB RESPONSE IN NETHERTON SYNDROME

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Purpose: To evaluate treatment effect of dupilumab, secukinumab and ustekinumab on pediatric NS patients, and to review previously published data on biological treatments on NS patients.
Methods: This was an observational study on four SE-NS patients (aged 7-16 years), treated with dupilumab, secukinumab and ustekinumab, conducted between 2020-2022 at the Helsinki University Hospital. Treatment response was assessed using Netherton Area Severity Index (NASA), Transepidermal water loss (TEWL), Children's Dermatology Life Quality Index (CDLQI), Pruritus Numeric Rating Scale (NSR) and Ichtyosis Area and Severity Index (IASI).
In addition, previous reports on the use of biological treatments in NS were reviewed obtained through a systematic PubMed search.
Results: The duration of treatments ranged from 4 to 13 months. During dupilumab treatment skin erythema and scaling decreased in one patient (NASA -58 %, IASI-total -44 %), which could not

be observed in other patients. No improvement was observed on any measures during ustekinumab or secukinumab treatments. Literature search with 33 reports showed biological treatments to be well tolerated for NS. Patients with ILC were all responders to dupilumab, comparing to NS-SE patients with 82 % of responders. For ustekinumab the percentiles were 50 % versus 0 % and for secukinumab 88 % versus 75 %.
Conclusions: On pediatric NS patients dupilumab, secukinumab and ustekinumab were well tolerated, but not effective in the scaly erythrodermic form of NS. Overall, NS patients with ILC may benefit more from biological treatments than NS patients with SE.

P50
A CLINICAL CASE REPORT: AN ATYPICAL FUNGAL WOUND DUE TO MALIGNANCY AND MASSIVE SWELLING OF LOWER LIMBS

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Purpose: The purpose of this study is to describe how malignancies might explain not only atypical findings caused by decreased immune response, but also refractory findings such as swelling caused by physical occlusions.
Methods: This is a descriptive clinical case report of a patient treated in the Helsinki University Hospital in 2024.
Results: A 91-year-old patient had an atypical subcutaneous nodule in their thigh. The nodule ulcerated, the wound did not respond to typical treatment methods and slowly expanded. At the same time the patient had continuously increasing swelling in lower limbs and non-specific increase in blood inflammatory marker levels. Histologic findings of the wound were necrosis and mycelium of fungi. A finding of the fungal culture was a rare Alternaria alternata fungus. A computed tomography scan showed a large malignant metastasizing tumor in the liver causing occlusion to the vena portae.
Conclusions: Withing an aging population it is important to keep in mind the possibility of malignancies resulting in rare and refractory findings such as infectious wounds and swelling.

P51
SEVERE RECESSIVE DYSTROPHIC EPIDERMOLYSIS BULLOSA TREATED WITH B-VEC AND GENTAMICIN

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Dystrophic epidermolysis bullosa (DEB) is caused by mutations in the COL7A1 gene, resulting in fragile skin that readily develops blisters and erosive wounds, even with minimal friction. Until recently, no corrective treatments have been available. However, on May 19th 2023, the FDA approved beremagene geperpavec (B-VEC), a topical gene therapy, in the USA, for dystrophic EB. Additionally, aminoglycosides may induce protein expression in DEB-patients caused by premature stop codon mutations, thus assisting wound healing. We present a 15-year-old boy with severe recessive DEB caused by premature stop codon mutations. Before May 2024, his disease was progressively accelerating with subsequent need of intensive palliative care at home. In early June 2024, he began topical gene therapy with B-VEC through an early access program. Due to frequent superinfections and septicemias demanding multiple exhausting hospitalizations, he received home-treatment from mid-June 2024 with daily gentamicin infusions for Pseudomonas and dalbavancin infusions every three weeks for Staphylococci and Streptococci. The antibiotics were given prophylactically primarily to prevent serious infections and improve his quality of life, without monitoring kidney function or gentamicin levels. The antibiotic treatment was well tolerated. By September 2024, his condition showed improvement with increased wound healing and pain reduction, prompting the continuation of treatment. By January 2025, he demonstrated further recovery and was no longer classified as palliative, with even untreated wounds beginning to heal. This is the first report of a patient receiving concomitant therapy with B-VEC and long-term gentamicin. Gentamicin may work synergistically with B-VEC through nonsense suppression therapy.

P52
COMBINING NARROWBAND UVB PHOTOTHERAPY WITH CALCIPOTRIOL AND BETAMETHASONE DIPROPIONATE FOAM MODULATES DENDRITIC CELL ACTIVITY IN PSORIASIS SKIN

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Purpose: To evaluate the efficacy of combining narrowband ultraviolet B (NB-UVB) phototherapy with calcipotriol and betamethasone dipropionate (Cal/BD) foam versus placebo in modulating biomarkers and inflammatory cells in psoriasis skin, building on initial clinical results from the study demonstrating superior efficacy with Cal/BD.
Methods: This phase 4, open-label study utilized a split-body design in which 12 patients with plaque psoriasis had two plaques designated for Cal/BD foam and placebo application, respectively. Patients received concomitant NB-UVB during the initial 8 weeks of the 18-week study. Skin biopsies from each plaque were collected at weeks 0, 8, 13, and 18 and analyzed using RNA sequencing and quantitative immunohistochemistry.
Results: Analyses of differentially expressed genes showed downregulation of genes related to dendritic cells (DCs) and antigen presentation (CD1A, CD1B, CD1C, CD1E, ITGAX, HLA-DQB2, CLEC10A, TNF, CCL13) in plaques treated with Cal/BD foam compared with placebo. Gene set variation analysis (GSVA) demonstrated reduced DC pathway activity in Cal/BD foam-treated plaques compared with placebo, including antigen processing and presentation ($p = 0.0399$, week 18) and cytokine production ($p = 0.0414$, week 18), which was further corroborated by gene set enrichment analysis (GSEA). In agreement, xCell analysis revealed significant reductions of enrichment scores for DCs including different subtypes. Immunohistochemical analysis confirmed significantly fewer CD1a+, CD11c+, and langerin+ cells (dendritic markers) in Cal/BD foam-treated plaques compared with placebo at week 18.
Conclusions: These findings suggest that the superior clinical efficacy of combining NB-UVB with Cal/BD foam may reflect dendritic cell modulation in psoriasis plaques.

P53
DRUG SURVIVAL OF BEROTRALSTAT IN HEREDITARY ANGIOEDEMA PATIENTS IN NORWAY

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Purpose: Hereditary angioedema (HAE) is caused by C1 inhibitor (C1Inh) deficiency, leading to uncontrolled kallikrein activity and excessive bradykinin production, resulting in recurrent angioedema. In Norway, treatment has primarily been based on C1Inh concentrate for both attacks and prophylaxis, and icatibant for

attacks. Berotralstat, the first oral kallikrein inhibitor approved for HAE prophylaxis, was introduced to Norwegian patients December 2021 and gradually adopted, with most patients treated remotely at Oslo University Hospital. The study investigates the drug survival of berotralstat in Norwegian HAE patients.
Methods: Patients were identified through the Dept. of Dermatology's patient registry (Dermareg). Inclusion required explicit consent and at least six months since the initial prescription. Data on berotralstat prescription and pharmacy collection were extracted from the electronic patient journal. Twenty-five patients met the criteria.
Results: After six months, 18 of 25 patients (72%) continued using berotralstat. Total C1Inh concentrate collection decreased by 43%, from 490,000 units in the six months preceding berotralstat initiation to 262,000 units in the six months after. The number of icatibant doses collected was 191 in the six months preceding berotralstat initiation and 184 in the six months after. There were substantial individual variations in the collection of both C1Inh and icatibant.
Conclusions: Berotralstat shows a high drug survival rate in Norwegian HAE patients and is associated with a reduction in C1Inh concentrate use on a population level. However, the continued need for C1Inh concentrate and icatibant in some patients highlights the need for additional prophylactic treatment options for HAE in Norway.

P54

OCCUPATIONAL EXPOSURE TO ARSENIC AND MERKEL CELL CARCINOMA: A SYSTEMATIC LITERATURE REVIEW

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Merkel Cell Carcinoma (MCC) is a rare, aggressive skin tumour known for its high recurrence rate and distant metastases. Arsenic (As) is classified as a Group 1 carcinogen by the International Agency for Research on Cancer, with established associations to keratinocyte cancers. While immunosuppression and UV exposure are recognized risk factors for MCC, the potential link between occupational arsenic exposure and MCC remains underexplored.
Purpose: To assess the evidence for an association between occupational arsenic exposure and MCC risk.
Methods: A systematic literature search was conducted for observational studies in English, reviewing databases including EMBASE, Ovid Medline, Web of Science, and Toxline, covering the period from 1946 to January 1, 2025. Extracted data included study demographics, design, risk factors, and survival outcomes. Covidence software was used to conduct the systematic review.
Results: Of 689 studies imported, 108 duplicates were removed. After screening, only 13 full-text studies were eligible for assessment. Occupational arsenic exposure is predominant in industries such as smelting, mining, and glass production. Additionally, environmental arsenic contamination affects millions in regions like India, Taiwan, and Bangladesh. Only one case report and one case-series suggested a potential link between occupational arsenic exposure and MCC. Larger observational studies lack information on occupation and adjustments for occupational exposures. Generally, workers in high-risk industries are not taking adequate protective measures.
Conclusions: This review indicates a low level of evidence linking occupational arsenic exposure to MCC. Future epidemiological studies should include a more comprehensive assessment of occupational exposures.

P55

MOHS SURGERY AT OSLO UNIVERSITY HOSPITAL: TUMOR CHARACTERISTICS AND RECURRENCE RATES IN THE PERIOD 2013- 2022

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Purpose: Mohs surgery for basal cell carcinoma (BCC) is established at Oslo University Hospital (OUH) since 2010 as the only hospital performing Mohs surgery in Norway. We aimed to investigate tumor characteristics and recurrence rate among patients treated with Mohs surgery at OUH in the 10-year period 2013-2022.
Methods: We included all individuals treated with Mohs surgery from January 2013 to December 2022 registered in the consent-based Dermareg register at the Department of Dermatology, OUH. We analysed tumor characteristics in regards to histopathological subtype, size, localization, and whether the tumor was primary or recurrent. We further investigated the recurrence rate after Mohs surgery in this period.
Results: A total of 1017 tumors treated with Mohs surgery were included, and 98 % were histopathologically high-risk subtypes of BCCs (infiltrative, micronodular, morpheaform, basosquamous). 77% of tumors were primary BCCs and 23 % recurrent. In regards to anatomical localization of tumor 45 % were localized to the nose, 23 % in the temple and forehead region and 32 % other sites. The median tumor size was 11 mm (3-41 mm). The recurrence rate after Mohs surgery was 1%.
Conclusions: In the period 2013-2022 the tumors treated with Mohs surgery at OUH were almost exclusively histopathologically high-risk subtypes of BCCs and the nose was the most common anatomical site. The recurrence rate after Mohs surgery was only 1 %, which adds to support an increased use of this surgical method for treatment of high-risk facial BCCs.

P56

INCOMPLETE EXCISION RATE FOR LENTIGO MALIGNA AND ASSOCIATED RISK FACTORS

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Standard treatment for lentigo maligna (LM) is conventional excision, yet insights into the frequency of and risk factors for incomplete excisions remain limited. The primary objectives were to assess the incomplete excision rate (IER) in primary LM and to explore potential risk factors for incomplete excisions. A retrospective analysis was conducted encompassing consecutive histopathologically confirmed LMs from 2014-2020. Descriptive statistics were used for LM characteristics and IER, while uni- and multivariate analyses were used for calculating risk factors. The study included 395 LMs with an IER of 16.7% ($n = 66$). Risk factors for higher IERs included: head and neck lesions ($p = 0.0014$), clinical excision margins <5 mm ($p = 0.040$), and utilization of preoperative partial biopsies ($p = 0.023$). Plastic surgeons had higher IERs than dermatologists ($p = 0.036$). Lesion diameter ($p = 0.20$) and surgeon experience ($p = 0.20$) showed no

associations with incomplete excisions, yet LMs with a diameter ≥20 mm exhibited higher IERs (23.2%) compared to those <10 mm (12.9%). LM should be excised with at least 5-mm clinical margins, especially in the head and neck area. LMs ≥20 mm may be more surgically challenging. Higher IERs associated with the use of preoperative biopsies and/or plastic surgeons may reflect challenging anatomical locations, larger lesion diameter, and/or ill-defined tumor borders. This knowledge may reduce incomplete excision rates for lentigo maligna, leading to less undue suffering for patients, less risk of functional and cosmetic impairment and lower expenses.

P57

CONTACT ALLERGY IN HAND DERMATITIS

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Purpose: To establish the prevalence of contact allergens in patients with hand dermatitis.
Methods: 52 patients were included in the study, 44 females (84.6 %) and 8 males (15.4 %), 18-75 years old. Ethics permission was obtained prior to the study. Patch testing with 42 standard haptens from European Comprehensive Baseline Series (Chemotechnique Diagnostics, Sweden) was used. Reading of the results was performed after 48, 72 and 96 hours.
Results: Altogether 64 positive reactions were found to 18 different haptens. The most prevalent contact allergen was nickel (II) sulfate hexahydrate – 28.8 % ($n = 15$), followed by cobalt (II) chloride hexahydrate, fragrance mix I, hydroperoxides of linalool 1.0%, each 9.6% ($n = 5$). Then potassium dichromate and 2-hydroxyethyl methacrylate, each 7.7 % ($n = 4$), followed by methyldibromo glutaronitrile and textile dye mix, each 5.8 % ($n = 3$). And then, less commonly, PPD (p-phenylenediamine), thiuram mix, Peru balsam, sodium metabisulfite, hydroperoxides of linalool 0.5%, each 3.8 % ($n = 2$). Eight haptens were the less prevalent: neomycin sulfate, colophonium, IPPD (n-isopropyl-n-phenyl-4-phenylenediamine), methylisothiazolinone with methylchlorisothiazolinone, fragrance mix II, hydroperoxides of limonene 0.3%, hydroperoxides of limonene 0.2%, benzoisothiazolinone, 1.9 % ($n = 1$) each.
Conclusions: Patients with hand dermatitis have a high prevalence of contact allergy. In our study nickel (II) sulfate hexahydrate was the most common contact allergen, followed by cobalt (II) chloride hexahydrate, fragrance mix I and hydroperoxide of linalool 1.0%, potassium dichromate and methyldibromo glutaronitrile. Altogether eighteen different haptens were found to be allergic. The average amount of positive haptens per patients was 1.2.

P58

DIAGNOSTIC DELAY IN CUTANEOUS T-CELL LYMPHOMAS

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Purpose: Primary cutaneous T-cell lymphomas (CTCLs) are a heterogenic group of rare skin diseases and categorized as non-Hodgkin lymphomas. While disease-specific survival rates are favorable, patients often experience a poor quality of life. Early diagnosis and intervention are crucial for managing symptoms and improving patient outcomes. However, as the clinical presentation of early-stage disease often resembles that of the common skin diseases eczema or psoriasis, diagnosing CTCL can be challenging. A prior study estimates the mean diagnostic delays in the most common subtype Mycosis Fungoides to 4.27 years. This delay contributes to increased morbidity and reduced quality of life for patients, even affecting mortality in aggressive subtypes like mb. Sézary. This study aims to evaluate diagnostic delays in all CTCL subtypes.
Methods: A retrospective registry-based observational study using patient records from two centers in Denmark, Aarhus University Hospital and Bispebjerg Hospital. We will include data from electronic health records (EHR) and biopsy reports of approximately 400 patients with any subtype of CTCL.
Results: Primary outcome is mean diagnostic delay calculated as the time from first symptom to confirmed CTCL diagnosis. Secondary outcome will be number of biopsies needed for confirmed diagnosis. Both outcomes will be stratified in regard to CTCL subtypes.
Conclusions: This study will provide valuable insights into the diagnostic delays in all CTCL subtypes and test the reproducibility of previous findings on Mycosis Fungoides. The results may guide improvements in diagnostic protocols and ultimately lead to better patient outcomes.

P59

SOLAR URTICARIA: PHOTODIAGNOSTIC FEATURES AND TREATMENT EFFECT IN 15 PATIENTS

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Purpose: Solar urticaria is a rare photodermatosis which may significantly impact quality of life (1). Our goal was to report photodiagnostic features and treatment outcomes in solar urticaria patients at a dermatology outpatient clinic.
Methods: A retrospective quality control study including all patients registered with solar urticaria (ICD-10-CM code L56.3) between 2022 and 2024. Data on age at onset, seasonal variation of symptoms, results from phototesting, and treatment outcomes were obtained from patient files.
Results: Fifteen patients with solar urticaria were included, excluding three patients with symptoms and history inconsistent with the diagnosis. Mean age at onset was 37,5 year (range 12-68 years) with 11 of the patients being female. All patients reported symptoms during the summer, and six of them also experienced symptoms during winter seasons. Among 14 patients who underwent phototesting, 10 had a positive test to UVA-exposure, with one patient also reacting to UVB-exposure. Fourteen patients reported beneficial effect of antihistamines, while nine patients had positive outcomes of omalizumab. Two patients had tried UVA rush hardening, both with favorable results. Impaired quality of life due to their solar urticaria was often reported, although DLQI measurements were not performed.
Conclusions: Diagnostic features and treatment outcomes of solar urticaria were consistent with those reported in other studies (1,2).
Literature:
Imamura S et al. Front Med (Lausanne) 2024;11:1328765.
Casanova-Esquembre A et al. Actas Dermosifiliogr 2024;115:931-2.

P60

EFFECTS OF NARROWBAND UVB THERAPY IN PSORIASIS: A SWEDISH COHORT STUDY

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Background: Psoriasis is a common inflammatory skin disease worldwide, with Narrowband UVB (NBUVB) being a fundamental and well-established treatment. However, the immediate and long-term effects of NBUVB remain insufficiently studied, and the available data is inconsistent. The aim of this study was to

investigate the effects of NBUVB in psoriasis patients in routine dermatological care.
Methods: This retrospective clinical cohort study included adult patients (> 18 years) with psoriasis (vulgaris, guttate or unspecified) registered in Region Dalarna's BILD system, initiating NBUVB at Hudkliniken Dalarna (July 30-Dec 31, 2020). Primary endpoints were Psoriasis Area and Severity Index (PASI) changes from start to end of NBUVB treatment, and relapse, defined as the time until subjective relapse, with or without requiring new treatment.
Results: Among the 53 patients included in the study, PASI scores were recorded before and after treatment for 17 patients. Following treatment, 94%, 71%, 53%, and 35% of patients achieved PASI50, PASI75, PASI90, and PASI100, respectively. At the end of treatment, 70% of patients (37/53) had residual psoriasis. The follow-up period varied (23–32 months) based on UVB treatment completion. Follow-up at 3,6,9 and 12 months showed psoriasis relapse in 31%, 47%, 64% and 83 % of patients, respectively (14–699 days). Additionally, 66 % of the patients initiated new treatment (systemic treatment, NBUVB) during the observation period.
Conclusions: This is the first study analyzing the immediate and long-term effects of NBUVB in a Swedish population, demonstrating good therapeutic response but high relapse rates within 9-12 months.

P61
DERMOSCOPIC ANALYSIS OF COLLISION TUMORS: BASAL CELL CARCINOMA CO-OCCURING WITH DERMATOFIBROMA

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Dermatofibromas (DFs) represent prevalent benign fibrohistiocytic tumors, typically manifesting as solitary lesions. In the majority of cases, the clinical presentation, dermoscopic and histopathological features of DFs adhere to a characteristic profile. However, DFs may exhibit atypical clinical presentations and, more commonly, histologic attributes, posing challenges in differential diagnosis. Both DFs and basal cell carcinomas (BCCs) are frequently encountered cutaneous lesions, each characterized by distinct clinical and dermoscopic features. The co-occurrence of these entities within the same lesion is infrequent.
DFs have been documented to form collision tumors in conjunction with a spectrum of benign and malignant lesions, encompassing not only BCC but also balloon cell nevus, squamous cell carcinoma (SCC), and melanoma. Alterations in the epidermis overlaying a DF range from simple hyperplasia to the proliferation of basaloid cells. Genuine coexistence of a BCC superimposed on a DF is an uncommon phenomenon. Accurate diagnosis, leading to the complete excision of the lesion, is contingent upon the recognition of dermoscopic criteria, precluding misinterpretation as a benign lesion. We present two cases of collision tumors comprising DF and BCC. This study underscores the paramount importance of dermoscopy and adherence to dermoscopic criteria in the assessment of collision lesions and the diagnostic process related to cutaneous malignancies

P62
PREDICTIVE FACTORS IN SKIN CANCER DEVELOPMENT IN ACTINIC KERATOSIS PATIENTS: INSIGHTS FROM A RETROSPECTIVE CHART REVIEW

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Background: Actinic keratosis (AK) is a common skin lesion that serves as an important clinical marker for increased skin cancer risk. Although age and male gender are known risk factors, the identification of additional predictive clinical variables remains unclear.
Purpose: To investigate whether characteristics beyond age and gender, such as lesions count, size, localization, or treatment type could be associated with the risk of developing skin cancer in patients diagnosed with AK.
Material and methods: A retrospective chart review was conducted on 377 patients of the original 2357 patients diagnosed with AK between 2000 and 2004. Of the patients chosen for chart review, 195 were selected randomly from the 810 patients who had developed skin cancer within a 10-year follow-up period, while 182 came from the 1547 patients who had not developed skin cancer. Information on age, gender, localization, size, and treatment was collected and compared between the group that had developed skin cancer and the group that had not, in order to determine whether there was any association which identified an increased risk of developing skin cancer.
Results: Increasing age and male gender were associated with a higher risk of developing skin cancer (ORs 1.02 [95% CI 1.00–1.04] and 1.72 [95% CI 1.10–2.66], respectively). However, no significant associations were found for lesion characteristics or treatment modalities. The data suggest that current clinical documentation offers limited utility in identifying which AK lesions may progress to malignancy.
Conclusion: AK remains a strong marker for increased risk of both melanoma and keratinocyte cancers. Yet, no additional predictive factors could be established through chart review beyond age and sex. These findings emphasize the difficulty in clinically distinguishing high-risk lesions and underscore the importance of targeting all AK patients with preventive sun protection.

P63
HEREDITARY ANGIOEDEMA: DO PATIENTS HAVE A SPECIFIC "DIGITAL FINGERPRINT" IN DANISH REGISTRIES?

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Purpose: Hereditary angioedema (HAE) is a potentially life-threatening genetic disorder characterized by recurrent episodes of angioedema. From the onset of symptoms until diagnosis, patients often have several contacts with the healthcare system. It was hypothesized that a "digital fingerprint" of undiagnosed HAE patients could be identified in Danish registries, and that this could be used to track these patients in the future.
Methods: This retrospective register-based study used the Danish National Patient Register, the National Health Insurance Service Register, and the Danish Population Register to compare patients with HAE with a control group of patients with Quincke's edema or bee/wasp allergy, as they could have phenotypic similarities.
Results: Quincke's edema ($n = 204$) was the most common diagnosis code in the hospital sector among HAE patients before a specific diagnosis of HAE was established. HAE patients had been seen at the hospital on average once every other year before the diagnosis was established, and on average once during the year before the diagnosis was established. Many patients ($n = 119$) contacted a practicing dermatologist during the year before the diagnosis was established.
Conclusions: HAE patients had several hospital contacts due to swelling attacks during the years before their diagnosis was

established, and half of them consulted a dermatologist. It was not possible to identify a specific "digital fingerprint" in Danish registries regarding specific procedures or diagnoses distinguishing them from the control group. It is therefore recommended that hospitalized patients with angioedema of unknown cause be screened for HAE.
The study: PMID: 38347716

P64

IMPAIRED WELL-BEING AND QUALITY OF LIFE OF NORWEGIAN AND SWEDISH PSORIASIS PATIENTS: RESULTS FROM A CROSS-SECTIONAL SURVEY

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Purpose: To evaluate health-related quality of life (HRQoL) and well-being among Norwegian and Swedish patients with psoriasis, and assess their perceptions of disease management and treatment satisfaction.
Methods: 6-month cross-sectional online survey was conducted among Norwegian ($n = 1008$) and Swedish ($n = 113$) patients with psoriasis. HRQoL was evaluated using the dermatology life quality index (DLQI), and well-being was measured using the World Health Organization-5 Well-being Index (WHO-5). Patient perceptions of psoriasis management and treatment satisfaction were also assessed.
Results: Individuals suffering from psoriasis showed severely impaired well-being with a mean WHO-5 score of 51.4. WHO-5 and DLQI scores showed moderate correlation but revealed different impacts: well-being was most affected by skin manifestations, psychosocial components, and treatment satisfaction, while HRQoL was more strongly influenced by itch. Both WHO-5 and DLQI scores were poorest in patients experiencing anxiety and depression, worsened with increasing symptom frequency and itch severity, and improved with higher treatment satisfaction.
Conclusions: Psoriasis significantly impacts overall patient well-being, with itch emerging as a critical factor affecting quality of life. The findings highlight different aspects of disease burden captured by WHO-5 and DLQI, suggesting the value of using both measures in clinical assessment. Further research is needed to explore itch management and its psychological impacts to improve outcomes for patients with psoriasis.

P65

THE ASSOCIATION BETWEEN HAND ECZEMA AND SUSCEPTIBILITY TO INFECTIONS IN A PROSPECTIVE COHORT STUDY FROM FINLAND

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Hand eczema (HE) with fissures, erosions, and vesicles can act as a portal for microbes. Staphylococcus aureus colonizes the hands of over half of individuals with HE, correlating with disease severity. However, data on the overall infection risk among HE subjects remains limited.
Purpose: We aimed to examine the association between HE and susceptibility to infections in the general population.
Methods: This prospective cohort study included 6,502 study subjects from the Northern Finland Birth Cohort 1966 (NFBC1966) who responded to a health questionnaire addressing HE and their history of infections. Susceptibility to infections was assessed using six infection-related questions combined into a single variable.
Results: HE was reported by 858 (13.2%) of the study subjects. Increased susceptibility to infections was reported by 542 (8.3%) study subjects, with significantly higher prevalence among those with HE ($n = 116$, 13.5%) compared to those without HE ($n = 426$, 7.5%; odds ratio [OR 1.92, 95% confidence interval [CI]: 1.53–2.38). After adjusting for potential confounding factors such as atopic diseases, the association remained statistically significant (adjusted OR 1.33, 95% CI: 1.02-1.74).
Conclusion: Self-reported HE is associated with increased susceptibility to infections. Further studies are needed to confirm this relationship and clarify underlying mechanisms. Effective HE treatment may reduce the infection risk in affected patients.

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EXPLORING INTERACTION BETWEEN GENETICALLY PREDICTED BODY MASS INDEX AND SERUM 25-HYDROXYVITAMIN D LEVELS ON THE ODDS FOR PSORIASIS IN UK BIOBANK AND THE HUNT STUDY: A FACTORIAL MENDELIAN RANDOMOSATION STUDY

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Purpose: Mendelian randomisation (MR) studies show that higher body mass index (BMI) and lower 25-hydroxyvitamin D (25[OH]D) increase psoriasis risk. In this study we aimed to explore the combined effect of these factors using factorial MR.
Methods: Using cross-sectional data from UK Biobank (UKB, $n = 398\,404$) and the Trøndelag Health Study (HUNT, $n = 86\,648$), we calculated polygenic risk scores for BMI and 25(OH)D to estimate odds ratios for psoriasis using 2x2 and continuous factorial MR. We quantified additive interaction by relative excess risk due to interaction (RERI)-estimates. We also performed traditional observational analyses in UKB.
Results: There were 12 207 (3.1%) participants with psoriasis in UKB and 7794 (9.0%) in HUNT. In 2x2 factorial MR, we found no evidence of relative excess risk for psoriasis due to interaction between genetically predicted higher BMI and lower 25(OH)D, neither in UKB (RERI -0.01, 95% confidence interval (CI) -0.08, 0.07) nor in HUNT (RERI -0.04, 95% CI -0.14, 0.06). The same was observed in the continuous factorial MR and observational analyses.
Conclusions: This study did not find evidence of interaction between genetically predicted BMI and 25(OH)D on the risk of psoriasis. That is, the combined effect did not exceed the additive effect of the two factors. Given minor differences in measured BMI and 25(OH)D between the factorial groups, small effects may have been undetected.

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EPIDEMIOLOGY OF MASTOCYTOSIS - A POPULATION-BASED STUDY (SWEDEN)

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Purpose: Mastocytosis is a disease characterized by accumulation of aberrant mast cells and mediator-related symptoms and is divided into systemic mastocytosis and cutaneous mastocytosis. Because of scarcity of data and underreporting, the epidemiology of mastocytosis remains incompletely understood. The purpose was to estimate the incidence, prevalence and overall survival (OS) in adult mastocytosis patients and to compare the comorbidity burden between mastocytosis patients and the background population.
Methods: We conducted a matched cohort study. Individuals (≥ 20 years of age) diagnosed with mastocytosis between 2001 and 2018 were identified in National Patient Register and/or the Swedish Cancer Register. For each case five randomly selected mastocytosis-free comparators matched on age, sex, and county of residence were chosen from the Population Register. The Kaplan-Meier method was used to assess OS. Based on information in the Patient Register, concomitant disease at baseline was assessed by use of the Charlson Comorbidity Index.
Results: We identified 2,040 adults with a mastocytosis diagnosis yielding an annual incidence of 1.56 per 100,000 (95% CI 1.29-1.87) and a prevalence of 23.9 per 100,000 (95% CI 22.8-25.0). Compared to comparators, the comorbidity burden was higher, and the OS lower, in individuals with mastocytosis.
Conclusions: We found a higher incidence and prevalence of mastocytosis compared to assessments in other settings and confirmed that the prognosis generally is favorable. Our results also highlight the need of improved reporting and subclassification of mastocytosis, and a better understanding of factors underlying a high comorbidity burden, including cancer, in patients with mastocytosis.

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SOCIETAL IMPACT OF 18 YEARS WITH THE SWEDISH NATIONAL REGISTRY FOR PSORIASIS (PSOREG)

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Purpose: To present our experience with the national registry for psoriasis in Sweden (PsoReg). Additionally, to open new discussions regarding similarities and differences in the treatments of psoriasis with systemic therapies in the Nordic countries.
Methods: We analyzed trends of psoriasis treatment according to annual PsoReg reports and the societal impact achieved through PsoReg.
Results: Continuously more patients with psoriasis treated with systemic therapies are achieving the treatment goals (PASI <3 and DLQI ≤5) defined by the expert group of the Swedish Society for Dermatology and Venereology (SSDV). The number of patients receiving biologics therapies has significantly increased. There is still a male predominance among patients registered in PsoReg, indicating that despite balanced prevalence men have more often a more severe disease requiring systemic therapy. Body Mass Index (BMI) is consistently higher in PsoReg compared to the general population and has been increasing. The registration rate in PsoReg, was estimated to 65%.
Conclusions: PsoReg is an important tool to record and analyze national data describing the still unmet need of psoriasis patients. PsoReg was used by all relevant shareholders including SSDV, patient organisations, public agencies (The National Board of Health and Welfare) and payers (Swedish Association of Local Authorities and Regions) to improve equality and treatment efficiency. Comparison and collaboration with other national registries in Nordic countries might contribute to the improvement of treatment monitoring and care for patients with psoriasis in the Nordic countries.
These data would be presented by both authors: AO & MSE

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ULTRASOUND-GUIDED HYALURONIDASE INJECTION FOR SKIN NECROSIS AFTER HYALURONIC ACID FILLERS: A SYSTEMIC REVIEW AND PILOT META-ANALYSIS

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Purpose: Hyaluronidase remains the mainstay treatment for skin necrosis due to vascular occlusion after hyaluronic acid (HA) dermal fillers. Resolution of skin necrosis following hyaluronidase injection is estimated to be around 77.8%. Current practices are varied, with contemporary methods involving flooding 1500 international units of hyaluronidase into the suspect area of vascular occlusion. Contemporary methods of image-guided hyaluronidase have shown improved outcomes with lower doses of hyaluronidase however no reviews have been conducted.
Methods: We conducted a systematic review and pilot meta-analysis, searching four international databases from inception until September 2024 for clinical studies reporting on two or more patients receiving ultrasound-guided hyaluronidase injection for skin necrosis after hyaluronic acid fillers. Random-effects (DerSimonian and Laird) meta-analyses were conducted. The primary outcome was the pooled proportion of complete scar resolution. We rated intra-study risk of bias using the Joanna Briggs Institute checklists and assessed the certainty of evidence using the GRADE approach.
Results: We included 4 studies totaling 55 patients. The pooled proportion of complete scar resolution after ultrasound-guided hyaluronidase injection is probably 94.6% (95%-CI: 80.6% to 98.7%, 4 studies, 55 patients, p egger = 0.06, moderate certainty). In our analysis, there was no difference between ultrasound-guided injection of hyaluronidase intra-arterially and into HA deposits ($p = 0.36$).
Conclusions: Ultrasound-guided hyaluronidase injection may be considered as a first-line intervention considering the significant increase in the proportion of patients with better outcomes compared to non-image guided intervention. More studies and higher-powered analyses are required to further confirm our findings.

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TRENDS IN PSORIASIS MEDICATION PRESCRIPTIONS IN LATVIA (2018-2023)

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Purpose: In Latvia, there is currently no established registry for psoriasis patients, and publicly available data is limited in detail. As a result, only general trends in therapy changes can be analyzed, as the available data lacks sufficient granularity.
Methods: Publicly available data from the National Health Service (NVD) was analyzed to evaluate trends in prescribing state-reimbursed medications for psoriasis patients (ICD code L40) in Latvia from 2019 to 2023.
Results: The number of unique patients treated with reimbursed medicines for psoriasis has been steadily increasing over the

years. In 2018, 10609 patients received such treatment, followed by 11165 in 2019, 11513 in 2020, 12001 in 2021, 12766 in 2022, and 13861 in 2023. From 2018 to 2023, the number of treated patients grew by approximately 30.6% (from 10,609 to 13,861). The growth rates of topical reimbursed medication prescriptions for unique patients, starting from 2018, showed a 4.78% increase in 2019, a 1.77% decrease in 2020, a 3.89% increase in 2021, a 0.71% increase in 2022, and a notable 11.41% increase in 2023. The growth rates of reimbursed methotrexate prescriptions for unique patients, starting from 2018, showed a 37.34% increase in 2019, a 35.64% increase in 2020, a 12.18% increase in 2021, a 9.05% increase in 2022, and a 32.47% increase in 2023.
Conclusions: While the use of biologics continues to rise, there is also a noticeable increase in the use of conventional systemic medications, particularly methotrexate. A more detailed analysis is required to better understand the evolving treatment paradigms.

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QUANTIFYING THE INCREASED RISK OF ATOPIC DISORDERS IN PATIENTS WITH ECTODERMAL DYSPLASIAS: A NATIONWIDE REGISTRY-BASED STUDY

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Purpose: Ectodermal dysplasias (EDs) are a group of rare genodermatoses that have been associated with an increased risk of atopic disorders in surveys and small series. However, population-based studies on the prognosis of patients with ED are lacking. The study aimed to investigate the risk of atopic disorders in a large nationwide cohort of ED patients.
Methods: We included a validated nationwide population-based cohort of Danish patients with ED ($n = 396$) and comparators matched by age, sex, and municipality ($n = 3960$). We conducted both case-control and cohort analyses to estimate the risk of hospital-diagnosed atopic disorders before and after ED diagnosis. Secondary analyses utilized dispensed prescriptions as a proxy for atopic diseases treated outside the hospital setting.
Results: ED was associated with an increased risk of hospital-diagnosed atopic disorders both before (odds ratio (OR) 2.32, 95% CI 1.62–3.31) and after (hazard ratio (HR) 3.21, 95% CI 2.38–4.34) ED diagnosis. The association was particularly strong for atopic dermatitis (OR 4.68, 95% CI 2.39-9.14; HR 11.33, 95% CI 6.57-19.56). In subgroup analyses, patients with hypohidrotic ED had a particularly high risk of atopic disorders (HR 5.96, 95% CI 3.80-9.34), especially atopic dermatitis (HR 26.74, 95% CI 11.90-60.07). This increased risk for atopic disorders in hypohidrotic ED was further confirmed in secondary analyses using prescription data.
Conclusions: Patients with hypohidrotic ED have an increased risk of atopic disorders, including atopic dermatitis, asthma, and allergic rhinitis. These results emphasize the importance of optimising care to limit atopic morbidity and improve well-being in this population.

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DEMOGRAPHIC PROFILE, CLINICAL FEATURES AND TREATMENT OF PATIENTS DIAGNOSED WITH LEPROSY RELAPSE FROM A TERTIARY GOVERNMENT HOSPITAL IN METRO MANILA: A 10-YEAR RETROSPECTIVE STUDY

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Purpose: This study aimed to profile patients diagnosed with leprosy relapse at a tertiary government hospital in Metro Manila from 2014 to 2023, identifying contributing factors and epidemiologic trends.
Methods: A retrospective review of patient charts was conducted at the Hansen's Disease Clinic of a tertiary hospital in Metro Manila. Data collected included demographics, clinical features, bacterial index (BI), and treatment history. Patients included completed multidrug therapy (MDT) for 6–12 months and were subsequently diagnosed with leprosy relapse via clinical and laboratory evidence.
Results: Among 765 leprosy patients, 36 (4.71%) experienced relapse. Most were male (83.33%) with a mean age of 43.22 years. The average time to relapse was 18 years. Multibacillary leprosy (91.67%), particularly in lepromatous and borderline lepromatous types, predominated. Comorbidities included hypertension (19.44%) and diabetes mellitus (11.11%). Geographically, 58.33% resided in the National Capital Region, with Manila accounting for 22.22% of cases. Most patients (58.33%) were employed in labor-intensive roles. Common symptoms included hypoesthesia (55.56%) and erythematous plaques (47.22%). Higher BI at initial diagnosis correlated with increased relapse risk.
Conclusions: Leprosy relapse remains a challenge despite MDT's efficacy. Variability in relapse intervals highlights the need for extended monitoring and patient education on early relapse signs. Treatment adherence and proper duration are critical to preventing relapse. Strengthened surveillance and research into relapse mechanisms are essential for improving prevention, detection, and management. A multi-faceted approach, including enhanced care, drug development, and epidemiological studies, is vital to control relapses and advance disease elimination.

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INFORMATIONAL NEEDS AND CONCERNS ON TREATMENT OF SKIN DISEASES AND SKINCARE AMONG PREGNANT WOMEN

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Purpose: To investigate informational needs and treatment approaches regarding skincare and skin diseases among pregnant women, focusing on providing evidence-based guidance for managing skin health during pregnancy.
Methods: An anonymized, questionnaire-based cross-sectional study was conducted from the Department of Obstetrics, Aarhus University Hospital (AUH). The questionnaire collected data on demographics, pregnancy history, skin diseases, dermatological treatments, skincare, concerns about pregnancy, and information received from healthcare professionals regarding skincare and treatment. Descriptive statistical analyses were performed, and Fisher's exact test was conducted for comparisons.
Results: Of the participants, 36% had active skin disease one year prior to pregnancy. The most common conditions were acne (22.4%), hand eczema (22.4%), and atopic dermatitis (23.9%). Regarding treatment continuation during pregnancy, 37.3% continued, while 62.7% stopped. In cases with continued treatment, 61.1% consulted a doctor, whereas only 15.6% of those who stopped had done so. Self-decision was associated with a higher likelihood of stopping treatment (OR = 7.4, $p = 0.004$). We found that 86.6% of the respondents had not received recommendations to use sunscreen during pregnancy. Only 3.2% were advised by healthcare professionals, while 12.4% received recommendations from friends or social media.

Conclusions: The decision to continue or discontinue treatment during pregnancy was strongly influenced by whether the decision was made independently or after consultation with a physician. Limited recommendations regarding sunscreen use emphasize the gap in skincare advice during pregnancy. These results underscore the need for evidence-based information for healthcare providers and pregnant women to support treatment decisions and optimal skincare during pregnancy.

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MORBIDITY FROM REPORTED STD IN LATVIA

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Purpose: To study and characterize the incidence of reported sexually transmitted diseases (STD) in Latvia: syphilis, gonorrhoea, urogenital chlamydiosis and HIV/AIDS from 2018 till 2023.
Methods: Data from the state agency for disease control (SPKC in Latvian) was used and studied from 2018-2023 for syphilis, gonorrhoea, chlamydia and from 2018 till 2021 for HIV/AIDS. The incidence per 100 000 was analysed.
Results: Syphilis incidence from 2018-2023 was 7.1, 4.0, 3.1, 2.8, 2.5, 3.2 correspondingly. The average syphilis incidence from 2018-2023 was 3.78 per 100 000. One case of congenital syphilis was registered in 2018 – incidence 5.2 per all live births. The incidence of gonorrhoea from 2018-2023 was 8.8, 6.7, 3.5, 4.8, 8.8, 8.0 correspondingly. The average incidence of gonorrhoea in this period was 6.76 per 100 000. The incidence of chlamydia from 2018-2023 was 67.5, 65.1, 43.4, 61.8, 59.4, 64.0 correspondingly. The average incidence of chlamydia was 60.2 in this period. HIV incidence per 100 000 from 2018-2023 was 16.9, 15.4, 13.5, 11.2, 12.2, 10.0 correspondingly. The average incidence of HIV was 13.2 in this 6-year period from 2018 till 2023.
Conclusions: Urogenital chlamydiosis was the most common STD in Latvia from 2018 till 2023, followed by HIV and gonorrhoea.

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REGIONAL VARIATION IN INCIDENCE OF ATOPIC DERMATITIS IN DENMARK

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Purpose: Atopic Dermatitis (AD) is a chronic inflammatory skin condition that often reduces life quality. To guide healthcare providers and policymakers in optimising AD management and ensuring equitable care delivery across Denmark, we investigated potential regional variations in incidence and treatment of AD.
Methods: A machine-learning algorithm, which can differentiate AD from other skin diseases using proxies other than the ICD10 codes, which are only used in hospital based registries, was used to identify population-based AD-cases. Data was from on the Danish national health care registers (from 1994-2020) and administrative registers (from 2008-2022) from Denmark's five hospital regions: the Capital Region (CR), the Central Denmark Region (CDR), the North Denmark Region (NDR), Region Zealand (RZ), and the Region of Southern Denmark (RSD).
Results: 537,001 individuals with AD were identified. Mean age for diagnosis were 19 years, 52% were females and 41% were diagnosed as adults. Age, sex, income or education did not influence prevalence. Regional incidence varied modestly but consistently. Compared to national incidence, age-adjusted average incidences (2008-2022) were CDR: +6%, RSD +2%, CR: 0%, RZ: -2%, and NDR: -5%.
Conclusions: in AD is considered a childhood disease, but a substantial fraction in our study were diagnosed as adults. Although the detected regional difference in annual AD incidences were modest, their persistency leads to considerable accumulated differences. To reduce unwarranted regional variation in diagnosis and treatment, it is essential to minimize diagnostic uncertainty and provide clearer guidance on treatment of AD.