

IACD 2022 ABSTRACTS

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Scientific Committee

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Dillon Mintoff

Liam Mercieca

Sue Aquilina

SESSION M1

Ernest Azzopardi Soft tissue infection: the great pretender¹

Point of Care Diagnostics for Soft tissue Infection

Ernest A Azzopardi et al

Department of Surgery and Interventional Sciences University College London

Background: Lack of an accurate diagnostic test for bacterial infection is a fundamental challenge to current medical practice. Here we demonstrate that the wound-to-serum difference in amylase activity (Delta-A) accurately distinguishes invasive bacterial infection in human soft tissues from non-specific tissue inflammation with or without bacterial contamination.

Method: We used a prospective-specimen collection, retrospective-blinded-evaluation (PRoBE) design to compare bacterially infected wounds, with wounds exhibiting post-surgical inflammation ±contamination (n=38).

Result: Delta-A in the experimental cohort (527±116 IU/L), was significantly higher than the control cohort (154±70.0 IU, mean±SD; p=0.0134). Delta-A reported: clinical sensitivity=95.2%, specificity=88.2%, PPV=90.9%; NPV=93.8% and accuracy=92.1%.

AUROC plotting for Delta-A (0.935, p<0.001) was significantly higher than clinical microbiology (0.664, p=0.08); WCC (0.657, p=0.092) CRP (0.574, p=0.507) and clinical judgement (0.559, p=0.558). Clinical management resulted in correctly administered/withheld antibiotics in 54.55% of cases, versus 93.75% had Delta-A been considered (z-score -3.596, p=0.0003).

Discussion: Delta-A is an accurate diagnostic test for invasive bacterial wound infection.

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SESSION M1

Hector Cáceres Laser peeling vs chemical peelings

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SESSION M1

Christian Diehl Rosacea: Not Curse of the Celts, but of many more

1. Introduction

From what I can remember from my medical studies, a long time ago, when our Professors were naming rosacea as “acne-rosacea”, there was always a mention to its nickname: the “Curse of the Celts”.

2. Objectives

To perform a systematic review of the prevalence of rosacea in dark skins compared with fair skins.

3. Materials & methods

The Pubmed/Medline and Embase databases were searched for articles about prevalence of rosacea according to phototype.

4. Results

Rosacea has been reported less frequently among individuals with skin of colour than in those with white skin, but rosacea is not a rare disease in this population. We review the epidemiology of rosacea in skin of colour and highlight variations in the clinical presentation of rosacea across the diverse spectrum of patient populations affected, with an aim of promoting increased awareness of rosacea in these patients.

5. Conclusion

In fact, rosacea might be underreported and underdiagnosed in populations with skin of colour because of the difficulty of discerning erythema and telangiectasia in dark skin.

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SESSION M1

Uwe Wollina

Dresden, Germany

Cutaneous Problems of COVID-19 Vaccination

Since the beginning of COVID-19 pandemic cutaneous signs of this infection have increasingly be reported. After implementation of SARS-CoV-2 vaccination with various types of vaccines it turned out, that vaccination can also induce cutaneous symptoms and affect preexisting disorders. While the most common cutaneous reactions are local injection site reactions including delayed large local reactions, pernio-like lesions, morbilliform rashes, pityriasis rosea, vasculitis, and erythema multiforme have observed. These cutaneous side effects are often temporary and mild to moderate. Treatment can shorten the symptomatology. Dermatologists and other health care providers should understand these adverse reactions to vaccination to guide and address patients' concerns

SESSION D1

Branka	Marinovic	Autoimmune skin disease of the face	D1
Umit	Tursen	Connective Tissue Disorders and Cosmetic Procedure	
Klaus	Fritz	Acne inversa: can Laser treatment be helpful?	
Umit	Tursen	Paradoxes in Aesthetic Dermatology	

SESSION SL1

Leonardo	Marini	Aesthetic and Cosmetic Procedures: what can we count on today and what's cooking	
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Session M2

Torello Lotti

Regenerative medicine a paradigm for biological immortality

Rome, Italy.

Regenerative medicine therapies, underpinned by the core principles of rejuvenation, regeneration and replacement, are shifting the paradigm in healthcare from symptomatic treatment in the 20th century to curative treatment in the 21st century. By addressing the reasons behind the rapid expansion of regenerative medicine research and presenting an overview of current clinical trials, we explore the potential of regenerative medicine to reshape modern healthcare.

The current dilemmas for modern day healthcare, such as an aging population and the increasing prevalence of chronic diseases, require solutions that limit organ dysfunction and tissue degeneration and which potentially offer replacement. This was first addressed through transplantation, a field that advanced rapidly in the 1950s through a combination of surgical innovations and fundamental scientific breakthroughs in immunosuppression. In contrast to the allogenic replacement of transplantation, regenerative medicine seeks to apply stem cell research with developmental biology principles to regenerate cells, tissues and organs de novo.

Session M2

Anthony Benedetto

The magic of BoNT-A

Anthony V. Benedetto, Philadelphia, PA

Just like magic, BoNT-A never ceases to amaze physicians and patients by the way it works and what it can do when it is injected on- and off-label. On-label injections of BoNT-A are indicated mostly in the upper face. On-label injections of oNT-A can make wrinkles disappear and make one look less tired or sad and more rested and happier, restoring one's confidence and self-esteem. Off-label intradermal injections of BoNT-A have shown to reduce the redness of rosacea, improve skin texture and minimize scarring after excisional surgeries. Other off-label uses of BoNT-A injections can improve facial asymmetries and rejuvenate the lower face. Off-label intramuscular injections of BoNT-A in the female pectoral area have been shown to elevate pendulous breasts. On and off-label intradermal injections of BoNT-A have been shown to reduce the sweating of hyperhidrosis in different body locations. By relaxing the hyperkinetic activity of the mentalis, depressor anguli oris and orbicularis oris in the lower face that either have caused excessive wrinkling at rest or distortion and asymmetry during

animation, off label intramuscular injections of BoNT-A in these muscles of the lower face have complemented other on-label facial rejuvenation techniques in the upper face. Also, the platysma interdigitates with muscles of the lower face and by treating the lower facial muscles of the perioral area along with the platysma of the neck as one cosmetic unit, a lifting of the lower face, a tightening of the cervical facial angle and reduction of platysmal bands and horizontal lines of the neck will result in a magical 'liquid face lift'.

Session M2

George Kroumpouzou

Hyaluronidase: Tips and Pitfalls

George Kroumpouzou, Massachusetts USA

Hyaluronidase (HYAL) injection has substantially contributed to the safety of hyaluronic acid (HA) fillers. The ease and efficacy of HYAL in reversing overcorrection, misplacement, or pressure effect from HA gels are partly behind the popularity of HA fillers. HYAL is used in cases of vascular occlusion to prevent tissue necrosis, treating blindness from periocular emboli, reversing the Tyndall effect, treating overcorrection or misplacement of filler (lumps, nodules) and allergic/immunogenic reactions to HA. This presentation provides tips relevant to dosing and injection techniques. The recommended use and dosage of HYAL depend on the clinical context, original quantity, and other qualities of HA gel, including concentration, particle size, and cross-linking. This presentation provides tips relevant to dosing and injection techniques. Furthermore, it details HYAL use in treating vascular occlusion/necrosis, non-inflamed nodule/overcorrection, and inflammatory nodule due to infection (active biofilm) or granulomatous reaction. The pitfalls of the HYAL procedure are discussed. Lastly, this presentation highlights that high-frequency ultrasound guidance provides real-time imaging of HYAL injections, thus increasing their efficacy.

Session M2

Peter Muscat

Abstract: Psyche and Skin: The Psychiatrist's view

The relationship between the skin, the nervous system and the psyche is intimate. The ectoderm is the common embryogenic origin of both. Many patients with skin diseases have associated psychological factors and vice versa. This talk will focus on the psychological importance of the skin with graphic representations to illustrate the state of mind that many people have.

Dr Peter Muscat

Consultant Psychiatrist

SESSION D2

Nikolai Tsankov Tuberculosis and psoriasis. Is there an etiological link between the two ?? D2

Session D2

Uwe Wollina

Global case fatality rate of coronavirus disease 2019

DRAWING ROOM

Global Case Fatality Rate of COVID-19

Uwe Wollina Dresden, Germany

Global COVID-19's case fatality rate (CFR) has been investigated by performing meta-analyses by continents and income, and by comparing the result with pooled estimates. We used multiple worldwide data sources on COVID-19 for every country reporting COVID-19 cases. On the basis of data, we performed random and fixed meta-analyses for CFR of COVID-19 by continents and income according to each individual calendar date. CFR was estimated based on the different geographical regions and levels of income using three models: pooled estimates, fixed- and random-model. In Asia, CFR initially remained approximately between 2.0% and 3.0%. In Europe, initially, the CFR peaked at 10.0%. In high-

income countries, pooled estimates and fixed-model showed gradually increasing trends with a final pooled estimates and random-model reached about 8.0% and 4.0%, respectively. In middle-income, the pooled estimates and fixed-model have gradually increased reaching up to 4.5%, while in low-income countries, CFRs remained similar between 1.5% and 3.0%. Our study emphasizes that COVID-19 CFR is not a fixed or static value. Rather, it is a dynamic process that changes with time, population, socioeconomic factors, and the mitigatory efforts of individual countries. CFR shows a declining trend since May 2020.

Session D2

Torello Lotti COVID 19 and the skin -our experience

COVID 19 and the skin - our experience

Torello Lotti, Rome, Italy.

We report the results of a binational, multicenter, prospective study to assess cutaneous involvement during the course of coronavirus disease 2019 (COVID-19). Between January 1 and March 15, 2020, we investigated the epidemiologic and clinical features of cutaneous manifestations in adult patients with COVID-19. The data were collected prospectively by experienced dermatologists in Wuhan, Hubei province, China, and Lecco, Lombardia region, Italy. Institutional Review Boards approved the study.

Four participating hospitals (3 in China, 1 in Italy) enrolled patients diagnosed with COVID-19, according to World Health Organization interim guidance.¹ Whenever possible, all new cutaneous findings and pre-existing dermatologic diagnoses were recorded at admission to assess the possible influence of hospital-based treatment and external factors. History and physical examinations were used to categorize all dermatologic conditions as pre-existing vs newly arising.

SESSION D2

Yuli Kurniawati Mesenchymal stem cells treatment for acne scars and keloids

Mesenchymal Stem Cells for Acne Scars and Keloid Treatment

Yuli Kurniawati South Sumatera, Indonesia

Acne scars and keloid result from an altered wound healing response to cutaneous inflammation, with inflammatory cell infiltrates and fibrotic process. The main types of acne scars are atrophic and hypertrophic scars due to net loss or gain of collagen. Management of acne scars and keloid continues to challenge clinicians, and tailored combination approach using multiple modalities offer the best chance of significant improvement. Mesenchymal stem cells (MSCs) are non-hematopoietic multipotent stem cells that reside in and have been isolated from various sites of adult, perinatal and fetal tissues. Multipotency of mesenchymal stem cells have high proliferative potential and are capable of self-renewal, thus an attractive option for treatment of patients with acne scars and keloid. Mesenchymal stem cells pose a trophic effect such as vascular endothelial growth factor (VEGF), fibroblast growth factor (FGF), epidermal growth factor (EGF), and others, and growth factors promote cell regeneration and tissue repair. Further study with longer follow-up periods is needed to investigate the role and effectiveness of MSCs for acne scars and keloid treatment.

SESSION M3

Nikolai Tsankov Art and Gender
Jeanette Jakus Cosmetics and Gender
Marcia Ramos e Silva Gender - tropical and other skin diseases?
Héctor W Caceres Systemic Diseases and Gender

SESSION M3

Maria Tsoukas

Endocrine System and Gender

Endocrine System and Gender

Maria M. Tsoukas, MD, PhD
J. Orville Stone Professor and Chair
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Chicago, IL 60612
No conflict of Interest

Abstract

Gender- and sex- related differences represent a new frontier towards patient-tailored medicine needs.

Sex hormones define differences between males and females; the different endocrine environment promoted by estrogens, progesterone, testosterone, and their precursors might influence both human physiology and pathophysiology. The term Gender refers to behaviors, roles, expectations, and activities carried out by the individual in society.

Interactions between sex and gender characteristics are supposed to affect molecular and cellular processes and clinical characteristics as well as health and disease outcomes and endocrine pathophysiology addresses those differences.

Endocrine conditions like thyroid disease, diabetes mellitus, osteoporosis, GH/IGF I axis diseases, obesity, and sarcopenia clearly present gender differences. Energy metabolism is also gender-specific, being greatly influenced by estrogen, both at rest and during exercise. These hormones affect also autoimmune endocrine diseases, with women having higher prevalence comparing to men. Sex and gender differences can affect responses to various therapies and parameters like drug dose response, efficacy, and appearance of adverse events need to be monitored.

In addition to the typical sex related differences, drug peripheral distribution and transformation pathways can be affected, especially hepatic and renal, which may be responsible for their reduced or increased efficacy as well as of the appearance of adverse reactions. Socioeconomic and cultural contexts may represent additional confounding factors being able to influence the epidemiological characteristics of diseases, the approach, and the response to specific therapeutic treatments. Transgender youths studies demonstrate that endocrine intervention along surgical therapies are improving quality of life and decrease depression scores, especially in the male-to-female groups. Gender affirming hormonal therapy may lead to adverse reactions like cardiovascular effects and pulmonary embolism in transgender males and cardiovascular events and meningiomas in transgender females.

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SESSION D3

Muriel Lambert

Dyspigmentation and Gender

Tamara Griffiths

More than skin deep

D3

Leyla Asfour Demystifying hair problems and products
Rachel Watson Pathomechanisms of skin ageing in diverse populations
Emma Craythorne Practical solutions to common cosmetic dermatology problems

SESSION

Paula Karam Melasma vs post-inflammatory pigmentation

Melasma versus post-inflammatory hyperpigmentation :
Melasma should be completely differentiated from PIH In melasma the main incriminated factor is hormonal. In PIH it is sensitizers, inflammation, drugs... They both have in common a predilection to the face and aggravation by sun exposure. Genetic background could be implicated in both. Differentiating between the two conditions is important for treatment and long-term outcome. Melasma will clear while PIH tends to recur.
In this lecture i will discuss the pathogenesis, pathology, and treatment of each of those conditions.

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Liam Mercieca Male & Female pattern baldness

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SESSION D3

Michael Camilleri Facial manifestations of cutaneous inflammatory disorders

Facial Manifestations of Autoimmune Mucocutaneous Blistering Disorders

Michael Camilleri, Rochester Minnesota

Autoimmune mucocutaneous blistering disorders (AMBD) may affect the head and neck region with particular site-specific complications and prognostic implications.

Intraepithelial AMBD commonly involve the head and neck region with variably disease severity. Scalp involvement is most common in pemphigus foliaceus, but also is commonly seen in pemphigus vulgaris, and usually is associated with more severe disease activity. Scalp involvement is rarely associated with alopecia, which usually non-scarring and very rarely results in scarring alopecia in some cases of pemphigus vulgaris. Pemphigus erythematosus is a variant of superficial pemphigus that predominantly affects sun-exposed areas of the face and scalp. Mild cases of pemphigus foliaceus and pemphigus erythematosus may initially be misdiagnosed as seborrheic dermatitis.

Subepidermal AMBD also may affect the head and neck. The subtype defined by face and scalp involvement with mild oral involvement is Brunsting-Perry pemphigoid. This results in atrophic scars and milia with scarring alopecia. Similar predominant head and neck involvement may be seen in mucous membrane pemphigoid which also is characterized in addition with involvement of multiple mucosal sites. Bullous pemphigoid may affect the head and neck in two clinical scenarios – as a localized involvement of head and neck following trauma or radiation or as part of a more generalized involvement in a severe form of bullous pemphigoid characterized by younger age of onset (< 50 years of age), high BP180 antibodies and negative BP230 antibodies, and common facial involvement. Bullous systemic lupus erythematosus is characterized by blisters in photo-exposed areas including the face, with blisters on the vermillion of the lips being a specific finding. Linear IgA bullous dermatosis commonly affects the face especially in the childhood variants, with disease limited to the face being commonly described. Epidermolysis bullosa acquisita may involve the head and neck region with a Brunsting-Perry pemphigoid like presentation.

SESSION M4

Anthony Benedetto

M4

Cutaneous Tumors and Gender – Clinical Approaches

Anthony V. Benedetto Philadelphia, USA

There are certain types of cutaneous disorders and neoplasia that occur in women more commonly than in men. They can be either benign or malignant. The reasons for this predilection usually are not known. However, age, anatomical site and genetic predisposition may be determining factors. Some of the more common lesions found in women frequently appear in the anogenital region. The pre-malignant and malignant neoplasia that commonly occur in the anogenital area in females include: lichen sclerosis (et atrophicus) leading to Bowen's disease, squamous carcinoma in situ and, when left untreated, invasive squamous carcinoma. Chronic and recurrent condylomata accuminata can lead to vulvar intraepithelial neoplasia, squamous cell carcinoma in situ and invasive squamous cell carcinoma. Mammary and extramammary Paget's disease, verrucous carcinoma, dermatofibroma protuberans and malignant melanoma can all be very aggressive and life threatening; therefore, the diagnosis and appropriate and expeditious treatment of such lesions is crucial.

SESSION M4

Clark W. Lambert Cutaneous Tumors and Gender – Histopathologic Approach

ABSTRACT:

PLACE: MINSTRELS HALL changed to Drawing Room hall

EVENT: GENDER SYMPOSIUM

DATE: Thursday, November 3, 2022

TIME OF SYMPOSIUM: 1400 (4:00 PM)

PRESENTER: W. CLARK LAMBERT

CUTANEOUS NEOPLASMS OF WOMEN - HISTOPATHOLOGICAL APPROACH:

PITFALLS AND PERILS FOR THE COSMETIC DERMATOLOGIST

W. Clark Lambert, MD, PhD, FRCP Edin, Rutgers University, Newark, NJ, USA

There are a number of issues regarding neoplasms and similar processes in women of importance to the cosmetic dermatologist. These include mechanisms of causation by sunlight, mammary and extramammary Paget Disease, the definition of adenosis of the breast and nipple, endometriosis, and hidradenoma papilliferum. Hidradenoma papilliferum is misrepresented in many textbooks and, when traumatized, may closely mimic cancer of the vulva. A separate issue is neoplasms and neoplasm-like lesions that may arise in pregnancy and or in transgender women. The latter two issues will be discussed [here](#)

SESSION M4

Uwe Wollina Lipedema: A Curse for Women

Lipedema – A Curse for Women

Uwe Wollina Dresden, Germany

Lipedema is a chronic debilitating disease affecting the subcutaneous adipose tissue of the extremities in females during or after puberty. The disease is characterized by bilateral swelling of legs and/or arms, bruising, and pain. In contrast to lymphedema, the most distal parts remain unaffected. In contrast to obesity, patients with lipedema have a lower risk of diabetes mellitus. The pathogenesis is not well understood. However, hormonal factors seem to play a vital role, as it is an exclusively female disorder. The leading symptom is pain of various qualities. Since pain is associated with depression and impaired quality of life, reduction of pain is the major therapeutic approach. Pain in lipedema is attributed to allodynia, exaggerated sympathetic signaling, and estrogens. Although the mechanism of pain in lipedema is uncertain, effective treatment of lipedema should provide a satisfactory pain reduction. The recent advantages in understanding and treating lipedema are reviewed.

SESSION M4

SESSION M4

George Kroumpouzos Specific Dermatoses of Pregnancy

Specific Dermatoses of Pregnancy

George Kroumpouzos, Massachusetts, Boston

Specific dermatoses of pregnancy have been traditionally classified into pemphigoid gestations, polymorphic eruption (PEP), prurigo (PP), and pruritic folliculitis of pregnancy (PFP). A reclassification (Ambros-Rudolph et al, *JAAD* 2006) introduced the concept of atopic eruption of pregnancy (AEP), an umbrella entity that includes atopic dermatitis (can worsen or present for the first time in pregnancy) as well as specific dermatoses that can be associated with atopy such as PP and PFP. Nevertheless, the largest prospective study to date did not confirm an association of PP with atopy (Roger et al. *Arch Dermatol* 1994). An Indian study found a history of atopy in only 11% of PP patients (Chander et al. *J Dermatol Case Rep* 2011). Elevated serum IgE levels, an indicator of atopy in the study that established AEP, have also been reported in PP patients with negative history of atopy and PEP patients. It needs to be investigated whether stimuli such as itch/scratch during gestation may affect IgE levels. Kroumpouzos’ group published a series of 20 PP patients (Ravelli FN et al. *Int J Womens Dermatol* 2020) without atopic background, and the results of this study are included in this presentation. The authors suggest that the PP group is likely heterogeneous, with multiple etiopathogenetic pathways involved. Finally, the etiopathogenesis of PFP remains unclear, and most published cases have not been related to atopy.

SESSION M4

Vesna Petronic-Rosic Dermatological disorders in transgender patients

Dermatologic Disorders in Transgender Patients

Transgender persons face a multitude of dermatologic conditions related to the cutaneous effects of gender-affirming hormone therapy and procedures; many are often underdiagnosed and underrecognized. For transmasculine persons, common conditions include acne vulgaris and male pattern hair loss. For transfeminine persons, hirsutism, pseudofolliculitis barbae, and melasma are most common. Gender affirming surgery may result in keloids and other surgery-related complications. Specific aspects of skin health in transgender persons should be addressed when providing multidisciplinary gender-affirming care.

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SESSION D4

Michael Boffa Skin & Psyche - a Dermatologist's view D4

The psyche and the skin – A dermatologist’s perspective

Michael J Boffa Msida, Malta

Psychological factors are important in many skin diseases. These include those that are primarily psychiatric but which often present to a dermatologist (e.g. delusional infestation and body dysmorphic disorder), factitious skin disease (e.g. dermatitis artefacta), dermatoses caused or aggravated by harmful habits and compulsions (e.g. nodular prurigo and trichotillomania), and dermatoses in which there may be emotional precipitating or perpetuating factors (e.g. alopecia areata and psoriasis). Having a skin condition can undoubtedly have a major negative impact on patients’ emotional wellbeing. Management of psycho-cutaneous disease is often difficult. Aims should include improving function, reducing physical distress, diagnosing and treating associated depression and anxiety, managing social isolation and improving the patient’s self-esteem. Many patients resist referral to a psychiatrist due to perceived stigma and/or lack of insight but may be more amenable to accept help from a

psychologist. This presentation will give a brief overview of the main psycho-cutaneous conditions seen in clinical practice, include practical clues to making a correct diagnosis and provide some tips on management.

SESSION M4

Ernest Azzopardi Laser treatment of Non Melanoma Skin Cancer

Laser treatment of Non-Melanoma Skin Cancer

Ernest A Azzopardi et al 1, 2, 3

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, M Clementoni5
, M Murison4

Laser treatment of non-melanoma skin cancer was introduced into current British Guidelines update.

We provide an update of our work since that period and the outlook to the future.

Basal cell carcinoma (BCC) is the commonest cancer. Recommended margins of excisional surgery are associated with a high clearance rate, at the expense of significant functional and aesthetic morbidity, especially within the T-zone or for extensive lesions. Our published data combining ultra-pulsed 10,600nm laser combined with VPL (variably pulsed light) activated m-amino laevulanatic acid to be a cost-effective high success rate option in patients with biopsy proven BCC, even in extensive lesions covering up to 1% of total body surface area, and up to 3.8mm (1.38 ± 0.695cm, mean± standard deviation) in biopsy-proven depth.

At the five-year follow-up mark, 93.6% of treated areas remained free of recurrence. Nodular basal cell carcinoma was the most common subtype (41.5%). A mean tumour depth greater than 2± 0.872mm was significantly associated with recurrence (Mann–Whitney, p=0.0487). For a service delivered through the NHS at 2015 prices, we report a 43% saving, equating to a saving of £235 per basal cell carcinoma or a national annualised saving of £70 million by 2025 for the NHS.

Conclusion Our published results suggest that CO2-assisted photodynamic therapy is non-inferior to excision but may offer better functional and cosmetic preservation at a fraction of the direct like for like cost of operative surgery. Despite very high set up cost, a steep learning curve, and a long training time further research is warranted.

Valeska Padovese Diseases in pigmented ethnic skin & imported dermatoses

M & W Lambert Update on monkeypox epidemic

MONKEYPOX UPDATE

W. Clark Lambert, MD, PhD, FRCP Edin, Muriel W. Lambert, PhD

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Monkeypox is a rare viral disease that usually occurs in West and Central Africa, and is primarily transmitted to humans from animals. It spread to the United States of America in 2003. It is still uncommon in the US and elsewhere but outbreaks are currently occurring, especially in gay communities 1-3 , causing it to be declared a health emergency in some areas.

Monkeypox is similar to smallpox, a disease that was eradicated in 1980. Although monkeypox is milder than smallpox, it can be fatal. The World Health Organization reports that monkeypox outbreaks have caused fatalities in between 1% and 10% of those infected, with most deaths occurring in younger age groups. The name is derived from the fact that it was first discovered in laboratory monkeys in 1958.

Transmission of monkeypox mainly occurs when a person comes into close contact with infected animals (typically rodents) through hunting and consumption of bush meat. Human-to-human transmission, while possible, is limited. A person is infectious only during the period when he has symptoms, particularly a skin eruption. Transmission typically occurs from close contact with the respiratory tract secretions or skin lesions of an infected person, or objects recently contaminated by an infected person's fluids or lesion materials.

Those infected with monkeypox experience: Pyrexia (Fever), headache, lymphadenopathy, back pain, muscle ache and lethargy. The incubation period is usually from 6 to 16 days but can range from 5 to 21 days.

The infection itself can be divided into two periods: ☐ The invasion period (Between 0-5 days) This period is characterized by pyrexia (fever), headache, lymphadenopathy, back pain, muscle ache and lack of energy.

☐ The skin eruption period (Within 1-3 days after onset of fever) In this period, a rash appears, often beginning on the face or point of contact and then spreading elsewhere on the body. The face and palms of the hands and soles of the feet are most affected. The eruption tends to evolve from lesions with a flat base, which is sometimes inflamed (Figure 1) to small fluid-filled blisters, pustules, followed by crusts occurs in approximately 10 days.

Some patients develop severe widespread lymphadenopathy before the appearance of the rash, which is a distinctive feature of monkeypox compared to other similar diseases.

The disease is usually self-limiting, with most patients recovering within two to three weeks. In some cases, however, the virus can cause serious complications including pneumonia, sepsis, encephalitis and eye infection with ensuing loss of vision.

Presently, monkeypox can only be diagnosed with certainty in specialized laboratories with a number of different tests, according to the World Health Organization (WHO). However, the typical fluid-filled lesions have a characteristic morphology histopathologically, resembling herpesvirus infections but lacking the typical nuclear changes, since those cells tend to be obliterated by the virus (Figures 2A,2B).

There are no specific treatments or vaccines available for monkeypox infection. Reports have said that the smallpox vaccine was proven to be 85 per cent effective in preventing monkeypox. However, universal smallpox vaccination has been discontinued since the disease was eradicated globally in 1980, although it is continued in some military recruits, since smallpox still exists in some military arsenals.

Those reported to have monkeypox should be quarantined and isolated.

Jonathan Jakus Rashes in pregnancy-an OB/GYN experience

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SESSION M4

Sue Aquilina New treatments for alopecia areata

New Treatments for Alopecia Areata

Susan Aquilina, Msida, Malta

JAK inhibitors are revolutionising our treatment approach for severe alopecia areata, where

chances of spontaneous recovery are very low. Baricitinib is the first JAK inhibitor and also the first systemic treatment to receive FDA approval for alopecia areata. Positive data has also been reported for two other JAK inhibitors, deурuxolitinib and ritlecitinib. This presentation will focus on recent data for all three JAK inhibitors, with an emphasis on expected efficacy and side-effects.

SESSION M4

Dillon Mintoff Quality of life in hidradenitis suppurativa

Quality of Life in Hidradenitis Suppurativa

Dillon Mintoff, Msida, Malta

Hidradenitis Suppurativa is a chronic condition of the pilosebaceous unit manifesting as painful nodules, abscesses and tunnels predominantly affecting intertriginous skin. Because of the anatomical locations of these lesions, the discharge of foul smelling lesional contents, associated pain and infection as well as limited therapeutic options the condition causes considerable negative impact on the patient's quality of life. In this presentation, we will focus on how to improve a patient's quality of life.

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Michael Muscat A new health sciences platform DIGIMED

SESSION M5

Matthew Borg

Tissue conserving surgery using ADMs

M5

The use of ADMs for tissue conserving surgery

Borg M et al. Msida, Malta

For many years, the reconstructive ladder has been used as the basis for planning reconstructive procedures in plastic surgery. Acellular dermal matrices (ADM) have been one of the latest additions to the reconstructive ladder. They bridge the gap between the surgical complexity and reconstructive outcome of skin grafts and flaps. We present four cases. The use of ADM in the first case has allowed the preservation of a thumb following melanoma surgery, a condition usually requiring amputation of the affected digit. In the second and third cases, the ADM was used to reconstruct a massive forehead and scalp defect following excision of large non melanoma skin cancers, surgery which would otherwise require large transposition flaps or a free flap. The last case describes the use of the ADM to reconstruct a breast envelope post necrotizing fasciitis.

Although ADMs are expensive, these cases highlight the management and recovery of such patients, the decrease in co-morbidities and the overall decrease in costs by avoiding larger multi-stage surgical procedures.

SESSION M5

Christian Diehl

Make new with an old drug: tranexamic acid in dermatology

Make new with an old drug: tranexamic acid in dermatology

1. Introduction

Tranexamic acid (TA) was discovered in 1962 and widely used to treat or prevent excessive blood loss from major trauma, postpartum bleeding, surgery, tooth removal, nosebleeds, and heavy menstruation.

2. Objectives

To perform a systematic review of the use of tranexamic acid in dermatological conditions.

3. Materials & methods

The Pubmed/Medline and Embase databases were searched for articles about various indications of tranexamic acid in dermatology.

4. Results

First, Tranexamic acid was used in systematic (oral) way for the management of melasma, but also rosacea. Due to its rare, but severe side effects, investigators intended to use topical forms of tranexamic acid in order to avoid the occurrence of these side effects.

5. Conclusion

TA appears to be a safe and efficient new treatment in melasma and rosacea. More researches should be conducted in these indications, but also in other dermatological diseases.

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SESSION M5

Anna Maria Fenech Magrin

Restoring Youth to the upper midface by blending the lid-cheek junction.

Facial aging is a multi factorial process involving bones, ligaments, fascia, fat and skin. The soft tissues of the face tend to descend with age. The aim of most treatments involving the face is to relocate these soft tissues toward their original position, which is usually to a more cranial and lateral direction.

Although every patient has individual needs, blending the lid-cheek junction is of particular importance to achieve a youthful appearance. The peri-orbital area is a very tricky and unforgiving area to treat. A proper understanding of the anatomy of the lower eyelid and the lid-cheek junction as a unit, is of great importance to enable effective and safe treatment and at the same time, patient satisfaction.

The structures which are continuous from the eyelid to the cheek, influence each other during aging. Therefore, when fat redistribution occurs with aging, the smooth transition from the lower eyelid to the cheek changes and the appearance of the lid-cheek junction becomes accentuated. The layered arrangement of the structures in this area is slightly different than in other areas of the face. A detailed description and understanding of the anatomy in this area will be given. This includes the position of the ligaments, especially the orbicularis retaining ligament, the zygomatic-cutaneous ligament and the tear trough ligaments and how these influence the lid-cheek junction.

An injection algorithm will also be discussed. This involves restoring the position of the ligaments involved. An explanation of which areas and layers should be injected, including the depth of injection, will be given. This will give a better understanding of how to blend the lid-cheek junction and avoid complications.

SESSION M5

Clark Lambert **Occult squamous cell carcinoma in a lichenoid lesion**

SOME CASES OF "LICHENOID DERMATITIS" ARE ACTUALLY OCCULT SQUAMOUS CELL CARCINOMAS WITH A LICHENOID REACTION.

WE POSIT THAT THIS OCCURS OFTEN ENOUGH TO WARRANT ROUTINELY STAINING SLIDES FROM LICHENOID DERMATITIS CASES FOR OCCULT SQUAMOUS CELL CARCINOMA.

Vera Tesic Pathophysiology of Skin Biofilms in cosmetic procedures

Hector Cáceres 308 excimer laser 5

SESSION D5

Ernest Azzopardi **Laser treatment of scarring**

Laser treatment of Scarring

Ernest A Azzopardi et al 1, 2, 3

1. Department of Surgery and Interventional Sciences University College London,
2. Faculty of Medicine and Surgery University of Malta
3. The British Association of Aesthetic Plastic Surgery UK

Scarring comprises a significant disease burden on individuals and healthcare systems. High energy devices represent a relatively novel series of tools for their management. We discuss our experience, pitfalls and challenges in the conduct of this super-specialism across three countries, for hypertrophic scarring and atrophic scarring, in over 10,000 cases.

Brunilda Bardhi Management of acne scarring

welshSESSION D5

Marie Tsoukas **Photodynamic therapy**

Photodynamic Therapy

Maria M. Tsoukas, MD, PhD
J. Orville Stone Professor and Chair
Department of Dermatology
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Chicago, IL 60612

No conflict of Interest

Abstract

Photodynamic therapy (PDT) is a useful modality for field cancerization in elderly and high risk immunosuppressed patients. PDT achieves eradication of actinic keratosis and superficial non-melanoma skin cancers, however, several serial treatments are required to achieve lesion clearance and recurrence control. Studies demonstrate the significantly enhanced effect in PDT by utilizing sequential application of various field therapies rather than applying PDT as monotherapy. Conventional and daylight PDT protocols for AKs, acne and photorejuvenation are currently practiced broadly.

According to the field cancerization (FC) concept, there is pathologic atypia in normally appearing adjacent tissue to cancerous or precancerous lesions. In cellular level there is a mutant clone that creates a field of cells predisposed to tumor growth. FC remains critical in high risk CSCC patients. Several therapeutic modalities have been applied topically for the treatment of actinic keratosis as well as superficial non-melanoma skin cancers. PDT assures selective targeting of premalignant and superficial non-melanoma skin cancers, as well as photo-chemoprevention. Several studies indicate that serial PDT sessions need to be applied to achieve lesion eradication and recurrence control and the cyclic application of PDT has showed reduction in SCCs in patients at high risk. Combination of field modalities and sequential application with PDT, may potentiate PDT effects. This entails sequential PDT with topical application of any of the following: 5-FU cream, calcipotriol, chemical peels or fractional laser photo-thermolysis. Appropriate patient education, candidate selection, adverse reactions, limiting factors, multi-disciplinary approaches when indicated, and optimization of therapies are factors to monitor during PDT and combination field therapies in FC. Combination protocols may facilitate a potent, efficient and cost effective mode of PDT application, achieving superficial non-melanoma tumor eradication, with better recurrence control and excellent cosmetic outcomes.

Edward L. Keyes Award

Sydney Proffer SL3

Irena Pejic SL3

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SL4

Franco Rongioletti New and emerging entities in Dermatology and Dermatopathology

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SESSION M6

Francis Carbonaro Cosmetic dermatology & ophthalmology

Author:

Prof Francis Carbonaro

Title:

Cosmetic Dermatology and Ophthalmology

Abstract:

This is an invited presentation on cosmetic dermatology & ophthalmology. The author discusses the history of oculoplastics as a sub specialty, the various pathologies and their methods of surgical

correction and recent advances in this field.

SESSION M6

Esperanza Welsh Peri orbital problems from fillers

The Filler Industry has increased 300% in the last years. The periocular side effects are varied. The most common one is edema followed by nodules, migration, xanthelasma like lesions and. The most dreaded complication is blindness. We will review these complications and their corresponding treatments. (This is for the Periocular complication lecture)

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Ayse Serap Karadag Rosacea and demodicosis treatment

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SL65

Tamara Griffiths The science of skin ageing- pure and applied

SESSION D6

Anthony Benedetto Vaginal rejuvenation

D6

Vaginal Rejuvenation

Anthony V. Benedetto Philadelphia, USA

ABSTRACT:

Women's health issues have recently become a popular topic in the media and now are more openly addressed between patients and healthcare professionals. Issues of stress urinary incontinence, vaginal laxity, vaginal dryness, pain with intercourse, and sexual dysfunction have all been highlighted both in the popular visual media and in print. As a response to this overwhelming awareness, vaginal rejuvenation has become a 'hot topic' not only in the media, but also in the doctor's office. Treatments with laser and light-based devices to manage such issues are on the rise, increasing at a rate of 26% annually and estimated to triple in 5 years. North America is expected to be the largest market for vaginal laser rejuvenation which is predicted to expand by 30% per year through 2023. Approximately, 45-75% of postmenopausal women will develop the vulvovaginal symptoms of Genitourinary Syndrome of Menopause (GSM), which includes thinning, drying and irritation of the vagina because of the loss of estrogen. Currently, the CO2 laser's combined ablation and thermal effect on the vaginal mucosa is delivered quickly (between 5 to 10 minutes) and painlessly and results in improved vaginal lubrication, increased sexual sensation, decreased dyspareunia, increased pelvic floor support, decreased stress urinary incontinence and decreased frequent urinary tract infections.

SESSION D6

Irma Bernadette Sitohang Adjuvants in acne treatment

Considerations of Various Adjuvant Modalities in Acne Treatment in Indonesia

Irma Bernadette S. Sitohang Jakarta, Indonesia.

Acne vulgaris (AV), or acne is one of the most common chronic diseases and affects 85% individuals in the world, with a wide range of potential harms and associated costs. The former include symptomatic discomfort, scarring, emotional and psychosocial distress, occupational consequences and potential psychiatric disturbances including depression and suicide. The most common systemic agent for treating moderate to severe acne is oral antibiotics. However, the increasing antibiotic resistance has raised the importance of the appropriate usage of antibiotics. Recommendations on acne treatment by expert committee had advised to limit the use of oral antibiotics to 3 months if there is no response. Limitation of the use of oral antibiotic also had been recommended by recent guidelines.

Indonesian Cosmetic Dermatology Study Group (ICDSG) initiated the Indonesian Acne Expert Meeting (IAEM) to recommend an acne therapy guideline. Based on the meeting, the ICDSG recommended the classification of acne vulgaris severity based on the Lehmann criteria of mild acne vulgaris, moderate, and severe. AV management is divided into first-line and second-line therapy. Combination therapy will improve patients' adherence to acne therapy. The experts developed these guidelines to provide comprehensive advice on individualized acne treatment and to provide a reference guide for all doctors who treat acne patients in Indonesia.

Treatment guideline of acne in Indonesia has made alternative approaches to limit antibiotics use with adjuvant treatment, such as steroid intralesional injection, comedone extraction, chemical peeling, dermocosmetics application, energy-based devices. These alternatives need to be considered carefully as an important opportunity to improve antibiotic and stewardship outcomes in acne patients. This presentation is based on own experience in treating acne patients in Indonesia.

SESSION

Héctor W Cáceres **Pulse dye laser, new indications**

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SESSION M7/M8

Jennifer Parish Complications of Chemical Peels M7/M8

COMPLICATIONS OF CHEMICAL PEELS

Jennifer Parish, Philadelphia USA

Chemical peels are effective cosmetic procedures for the experienced dermatologist. Patients may view chemical peels as quick and simple; nevertheless, these procedures can potentially result in complications. Therefore, it is crucial to understand the different chemical peels and to recognize possible adverse events.

Prior to any chemical peel, a physician should perform a thorough medical history and physical exam. The initial consultation will enable the physician to determine if the patient is a good candidate. It is also important to discuss realistic expectations. A well-prepared patient improves the final results and decreases complications.

The complications for chemical peels can be divided into immediate and delayed. Immediate complications occur minutes to hours after the procedure. These are usually mild and do not require treatments. However, immediate ocular complications are not mild and are emergencies. The physician must be aware of this risk and act quickly to prevent permanent damage to the eye. Delayed complications occur days to weeks after the procedure. It is crucial to recognize potential adverse events such as infections, pigmentary changes and persistent erythema. Early recognition and treatment can prevent long term problems. Chemical peels are a wonderful tool for the dermatologists to improve the appearance of their patients. Even the most experienced dermatologists have had complications from a chemical peel. The difference between a disaster and a fabulous result is a physician who can recognize and treat the complications of a chemical peel.

Session M7

George Krumpouzos Peri oral complications of fillers

PERIORAL COMPLICATIONS OF FILLERS

George Kroumpouzos, Boston, USA

Filler injections in the lips and perioral area have been associated with various complications. Such complications are classified according to severity (mild, moderate, severe) or by the time of onset: immediate (within 24 hours after injection), early (24 hours to 4 weeks post-procedure), and late (delayed; >4 weeks after injection). While most complications are mild and manageable, vascular compromise, infections, and the development of delayed-onset nodules may cause substantial morbidity in addition to causing suboptimal aesthetic outcomes. Such complications often require more invasive treatment modalities. This presentation details the prevention of such adverse events, discusses safe filler injection principles and provides recommendations for the lips. Also, the management of such complications is discussed. Lastly, the presentation highlights the use of ultrasound guidance in complication prevention (vascular mapping, filler identification, location, and extent), assessment (identification of intra-vascular embolus or external vascular compression by the filler implant), and management (real-time imaging of hyaluronidase or other drug injection in the affected area). Aesthetic practitioners should be familiar with the injection anatomy and prevention and management of filler complications in the perioral area.

SESSION M7

Anthony Benedetto

How to avoid complications from filler injections

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Yuli Kurniawati When skin lightening goes wrong

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SESSION M8

Esperanza Welsh Scar treatment

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Scars are a common dermatologic consultation at our offices and dermatologists are the experts on the skin. We will review different tools used in the arsenal that we have for the treatment of scars including: Lasers both pulsed dye and fractional erbium and CO2. The use of fillers, Chemical peels such as TCA Cross, subscisions, prp, and last but not least the use of cryotherapy.

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SESSION M8

Paula Karam Hyaluronidase-Review and complications

Hyaluronidase
Hyaluronidase has been used for more than 70 years in medicine. In this lecture I will discuss its origin, its properties, use in dermal filler complications including vascular occlusions, and dosages. and its side effects.

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SESSION M8

Uwe Wollina Complications of cosmetic procedures – a great imitator

Klaus Fritz Melasma treatment with pulsed RF Microneedling [in absentia](#)

Mark Diacono CADCAM - planning a smile... D7

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SESSION D7

W. Clark Lambert Sildenafil and melanoma

**HOW SIDENOPHIL (VIAGRA®, SCIALIS®) MAY CAUSE MELANOMA, AND WHAT
WHAT WE CAN DO ABOUT IT**

W. Clark Lambert, MD, PhD, FRCP Edin, Rutgers University, Newark, NJ, USA

A number of studies (4) of sildenafil and melanoma have found a possibly causative relationship whereas three studies (3) have failed to find this. When found, this correlation has been found to be very statistically significant but also very small.

There are a series of clinical as well as histopathological criteria for making a diagnosis of melanoma currently in use. Similarly, there are a number of characteristics of melanomas, once diagnosed, to determine their prognosis and survival probability. We conducted a review of 50 consecutive cases of melanoma diagnosed and treated at University Hospital, Newark, NJ, to test whether any of a much longer list of characteristics correlated with survival. We found that 4 of these cases showed a striking novel finding: markedly dilated dermal vessels in close proximity to the lesional tissue, sometimes even surrounding it. For two of these cases pharmacy records were available, both showing frequent use of sildenafil. Since sildenafil functions by dilating cutaneous blood vessels, a likely causative mechanism is inferred.

If one wishes to use sildenafil, there may be a small increase in melanoma risk, but since sildenafil is only active in skin, periodic head to toe examinations by a dermatologist should obviate this.

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Valeska Padovese Skin and STI problems in refugees

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Jean Claude Scicluna Cannabinoids and the skin

Cannabinoids and the skin

A deep dive into cannabinoids and the Endocannabinoid system as it applies to the skin, and a run-through of the evidence and select clinical cases.

D8

Uwe Wollina

A historical view on the hospital Dresden-Friedrichstadt D8

Can Municipal Hospitals Contribute to Medical and Scientific Progress? The Hospital Dresden-Friedrichstadt in the 18th and Early 20th Century

Uwe Wollina Dresden, Germany

The Dresden-Friedrichstadt hospital originated from Marcolini's summer palace. It was founded in 1845 and opened in 1849, the Department of Dermatology was founded in 1874. It is a place where history and art of European importance mixes with technical and medical innovations. We reflect on outstanding physicians of the 19th century, the surgeon Eduard Zeis, who coined the medical term "plastic surgery", and Maximilian Nitze, inventor of the first "modern" cystoscope and the father of urology. We will also discuss the contributions to pathology, occupational medicine and dermatology.

SESSION D8

Joseph Pace

From a far smaller hospital: Syphilis without sex Ohhh!!

SESSION D8

Dane Munro

The most beautiful floor in the world

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