AEDV HIGHLIGHTS
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Pediatric Dermatology

Dra. Sara Palencia
**Worldwide prevalence and severity of atopic dermatitis: results from a global epidemiology survey. J. Silverberg**

- Prevalence among 4 age groups (4-10%) (Infants, Children, Adolescents, Adults).
  - Global prevalence higher in adults (10%) than in younger cohorts (4-8%).
- AD prevalence varies widely depending on country among all age groups:
  - Highest rates (7-16%): China (adults), South Korea (children, adolescent), France (infants), and the UK (infants)
  - Lowest rates (2-4%): Israel (all age groups) and Switzerland (infants, adolescents)
- Most AD patients have mild to moderate disease across age groups (51-100%).
Phase 1 study of MOR106, an anti il-17c monoclonal antibody and a potential new therapeutic approach in patients with moderate to severe atopic dermatitis. Prof. Dr. Diamant Thaci

- **MOR106:**
  - Human recombinant IgG1 monoclonal antibody anti IL-17C with high affinity
  - Promising results in AD skin efficacy parameters
    - up to 83 % of patients achieved ≥EASI 50 by week 4 in high dose group
    - fast onset of response
    - response maintained after stopping treatment (> 2 months)
  - Well tolerated with no safety concerns
Memory Buttons, a supportive mobile application and topical treatment induced additive improvements in atopic dermatitis. Joergensen M.

- Non adherence to topical treatment is a particular problem among dermatological patients.
- Digital solution: memory buttons and supportive app may be capable of improving adherence in patients suffering from AD.
The Validated Investigator Global Assessment for Atopic Dermatitis (vIGA-AD): A Clinical Outcome Measure for the Severity of Atopic Dermatitis. E. Simpson

- The vIGA™ scale: validated standardized IGA scale for the assessment of disease severity in AD clinical trials (comparisons between studies):

<table>
<thead>
<tr>
<th>Score</th>
<th>Morphological Description</th>
</tr>
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<tbody>
<tr>
<td>0 – Clear</td>
<td>No inflammatory signs of atopic dermatitis (no erythema, no induration/papulation, no lichenification, no oozing/crusting). Post-inflammatory hyperpigmentation and/or hypopigmentation may be present.</td>
</tr>
<tr>
<td>1 – Almost clear</td>
<td>Barely perceptible erythema, barely perceptible induration/papulation, and/or minimal lichenification. No oozing or crusting.</td>
</tr>
<tr>
<td>2 – Mild</td>
<td>Slight but definite erythema (pink), slight but definite induration/papulation, and/or slight but definite lichenification. No oozing or crusting.</td>
</tr>
<tr>
<td>3 – Moderate</td>
<td>Clearly perceptible erythema (dull red), clearly perceptible induration/papulation, and/or clearly perceptible lichenification. Oozing and crusting may be present.</td>
</tr>
<tr>
<td>4 – Severe</td>
<td>Marked erythema (deep or bright red), marked induration/papulation, and/or marked lichenification. Disease is widespread in extent. Oozing or crusting may be present.</td>
</tr>
</tbody>
</table>

Available to investigator for free (www.eczemacouncil.org)
Consists of a 5-point scale
Training video on how to use the scale
A clinical certification exam was developed to ensure appropriate use of the scale

Unfortunately, there are no international standardized guidelines for medical evaluation of severity or quality of life for childhood psoriasis.

The severity scores are used by analogy with the adult without taking into account pediatric specifics (evolution of BSA according to age, clinical aspect of psoriasis in childhood, clinical types, etc.).

It shows the need for validating severity and quality of life scores and defining cut-off specific to children.
The hypopigmented variant of MF has resemblance with common dermatoses, leading to delay in diagnosis.

MF should be suspected as a DD of hypopigmented patches in childhood, especially when the lesions are:
- not homogeneously hypopigmented
- having erythematous border, or
- slight infiltration is observed.
Experience in the treatment of venous malformations in pediatric patients at Ramon y Cajal Hospital. M Molins Ruiz

- Retrospective study to show experience in the laser treatment of venous malformations in pediatric patients.
- Sequential laser therapy of PDL 595 nm and Nd: YAG 1064 nm is effective and safe.
Both treatments significantly improve neck hyperpigmentation after treatment.

no significant difference between them.
First description of BLUNSH Syndrom (BLUe Nevus of the Scalp with Hereditary transmission).
S Leducq

- New entity.
- Multiple blue nevi of scalp.
- Autosomal dominant inheritance pattern.