ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

FUNDACIÓN AEDV PIEL SANA

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

Patrocina: UCB

2025

AEDV Highlights

34ª edición

17-20 sep

PARÍS

Brilla el futuro de *la dermatologia*,
donde nace *la luz*

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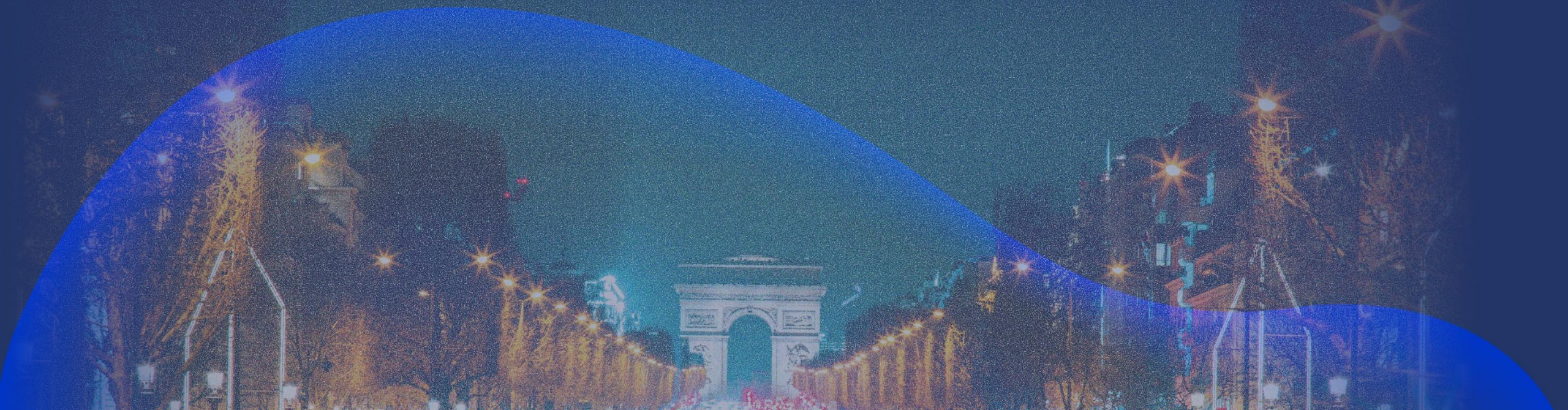

2025 AEDV Highlights

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Brilla el futuro de *la dermatologia*,
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Dermatología pediátrica

Aniza Giacaman

Hospital Universitario Son Espases

Palma de Mallorca

@anizagiacaman

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SÍ TENGO CONFLICTOS DE INTERÉS

Pfizer, Sanofi, Almirall, UCB, Lilly, Abbvie, Galderma

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Nuevos avances en genodermatosis

Dr. N. Rajan

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- Trastornos de la diferenciación epidérmica:

- **Cambio de nomenclatura**
- Diagnóstico **genético** exacto
- Posibles dianas terapéuticas

British Journal of Dermatology

Syndromic epidermal differentiation disorders: a new classification toward pathogenesis-based therapy

Palmoplantar epidermal differentiation disorders: a new classification toward pathogenesis-based therapy

Nonsyndromic epidermal differentiation disorders: a new classification toward pathogenesis-based therapy

Non- syndromic "n"EDD
Generalised skin involvement

Syndromic "s"EDD
Eg: Skin + Heart

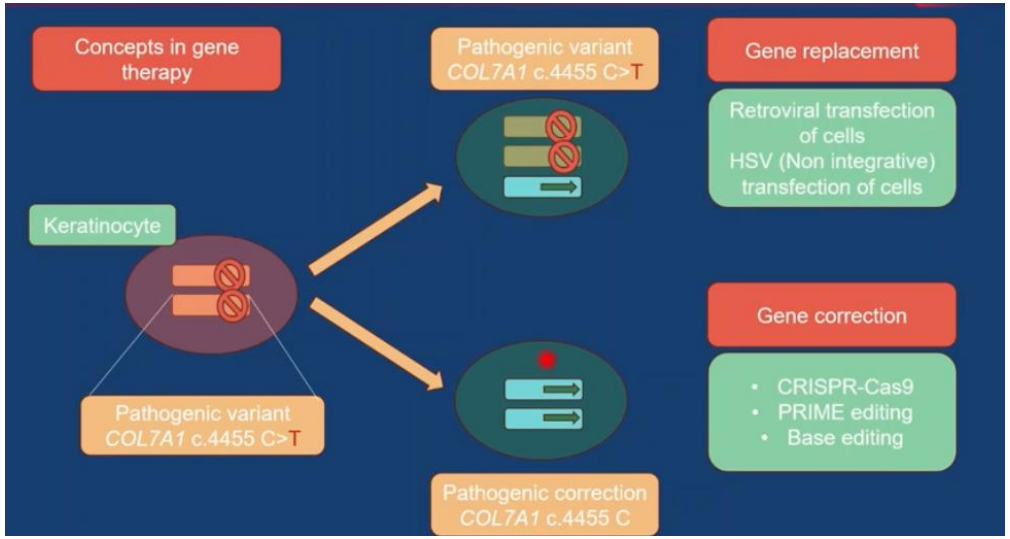
PalmoplIntar "p"EDD
Mainly palms and soles

Previous classification	New classification
Lamellar Ichthyosis	*TGM1*-nEDD
Netherton's Syndrome	*SPINK5*-sEDD
Punctate palmoplantar keratoderma	*AAGAB*-pEDD
Hailey-Hailey Disease	*ATP2C1*-nEDD
Annular epidermolytic ichthyosis	*KRT10*-nEDD-annular
Ichthyosis hystrix	*KRT10*-nEDD-spiny

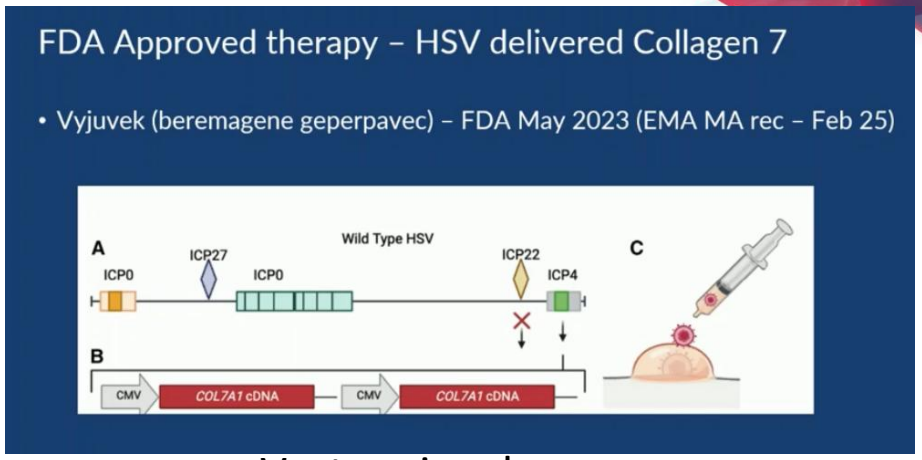
Nuevos avances en genodermatosis

Dr. N. Rajan

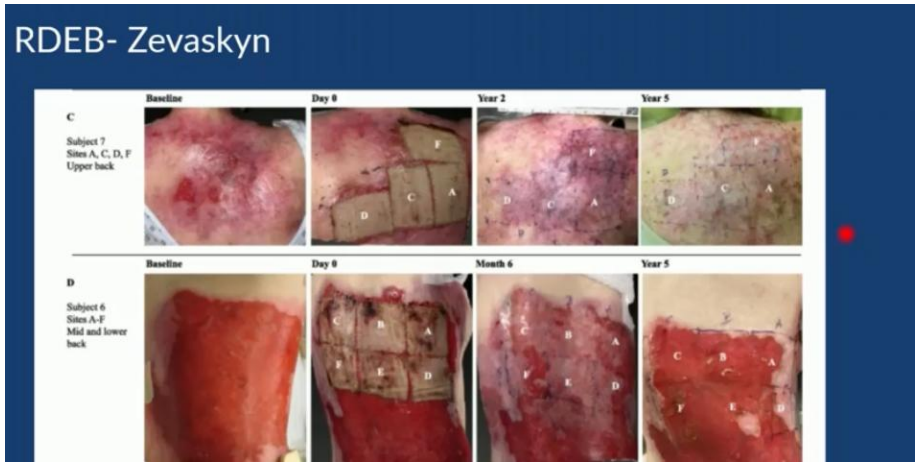
- **Nuevas alternativas terapéuticas: terapia génica**
- **EPIDERMOLISIS AMPOLLOSA**



- **Eficaz en curar heridas y reducir el dolor**
- Aún faltan estudios para determinar eficacia y seguridad a largo plazo
- Recessive dystrophic epidermolysis bullosa (RDEB)



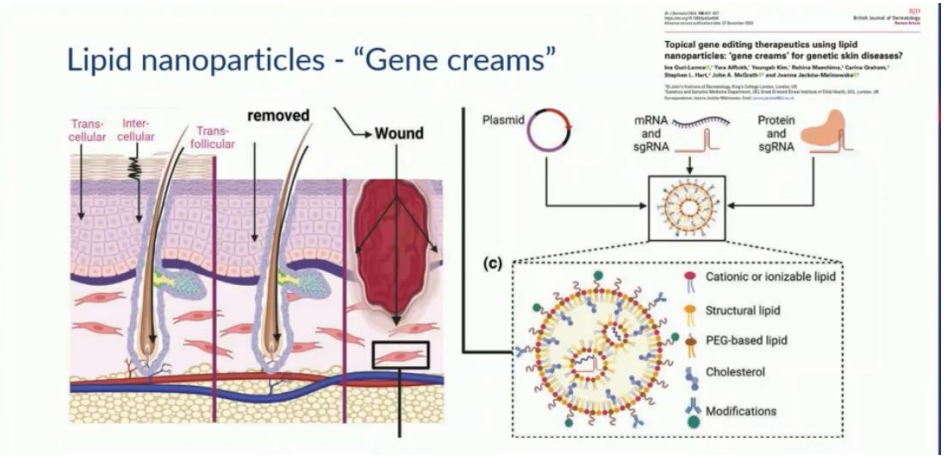
Vector virus herpes



Primera terapia génica celular autóloga

Nuevos avances en genodermatosis

Dr. N. Rajan



Nuevas enfermedades en mosaico

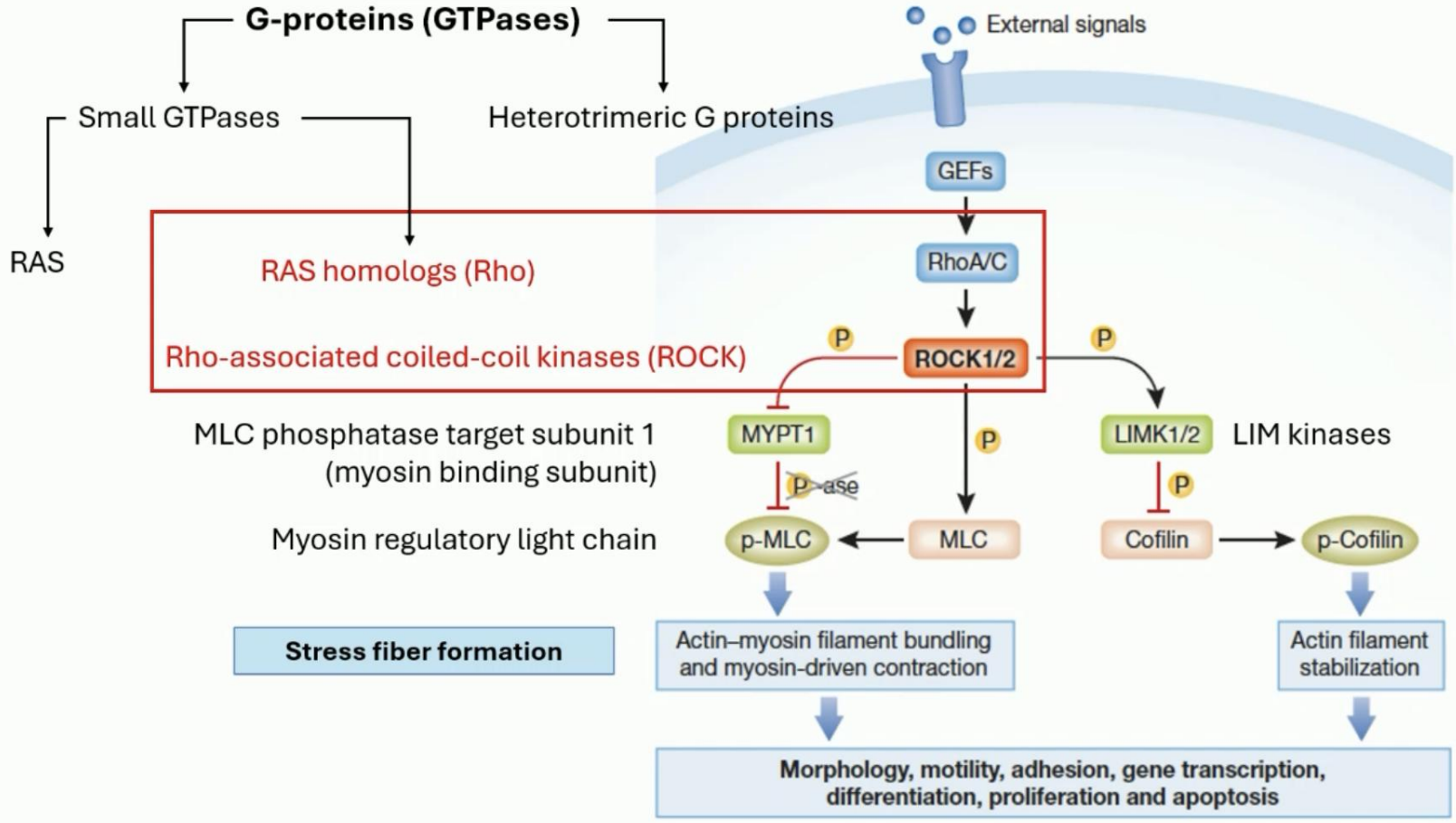
Dr. P. Vabres

NHS Rare Disease Collaborative Network

MAGEC

New Mosaic Syndro
The ROCK 'n' RhoA-pat

Prof. Pierre
Centre Hospitalier Universitaire, Dijon,
St Thomas' Hospital, Lon



Nuevas enfermedades en mosaico

Dr. P. Vabres

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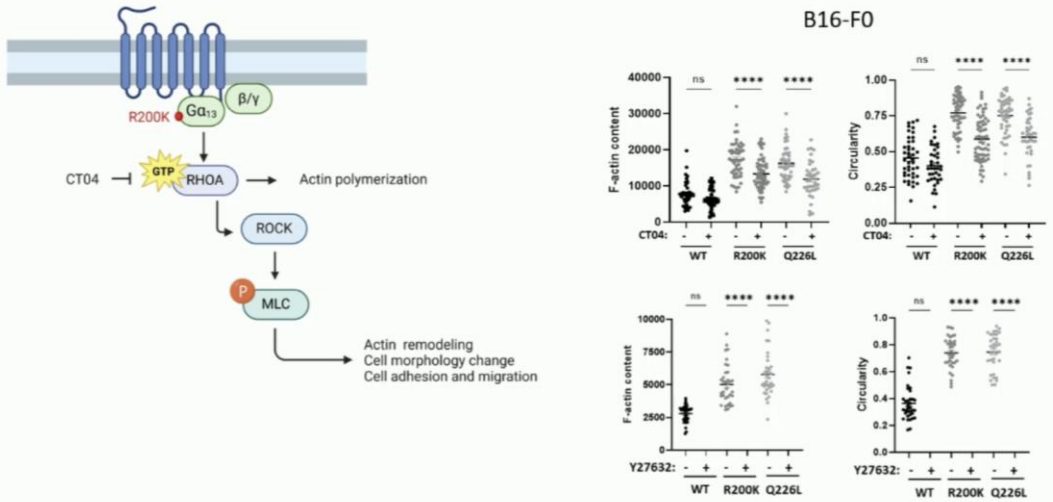
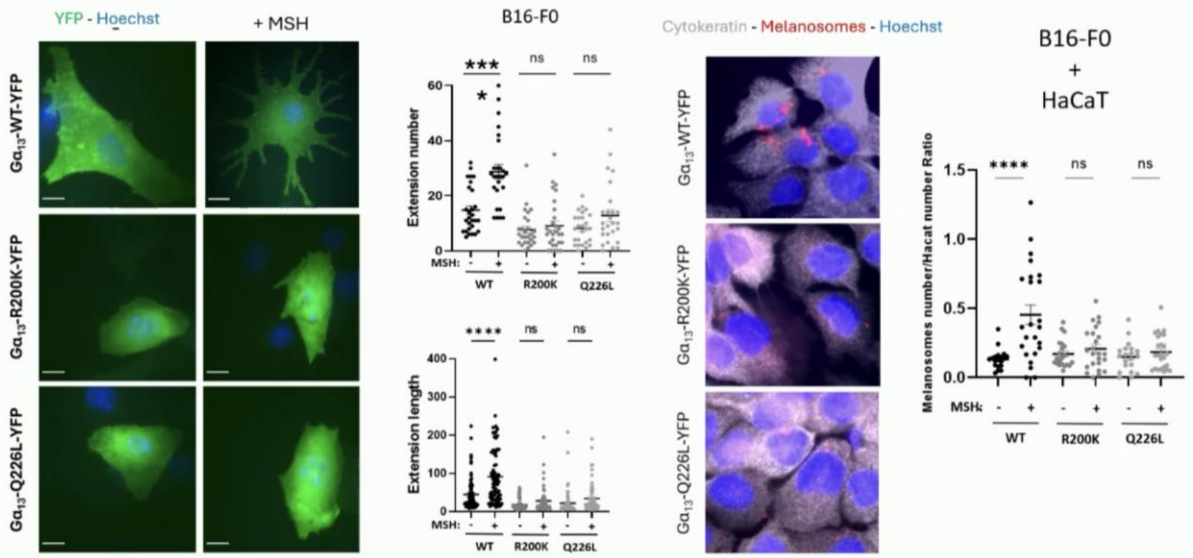
4 pacientes con mosaicismos pigmentarios extensos

Gα13 R200K hyperactivates the RHOA/ROCK signalling pathway



Gα13 R200K inhibits melanocytic dendrite development and melanosome transfer

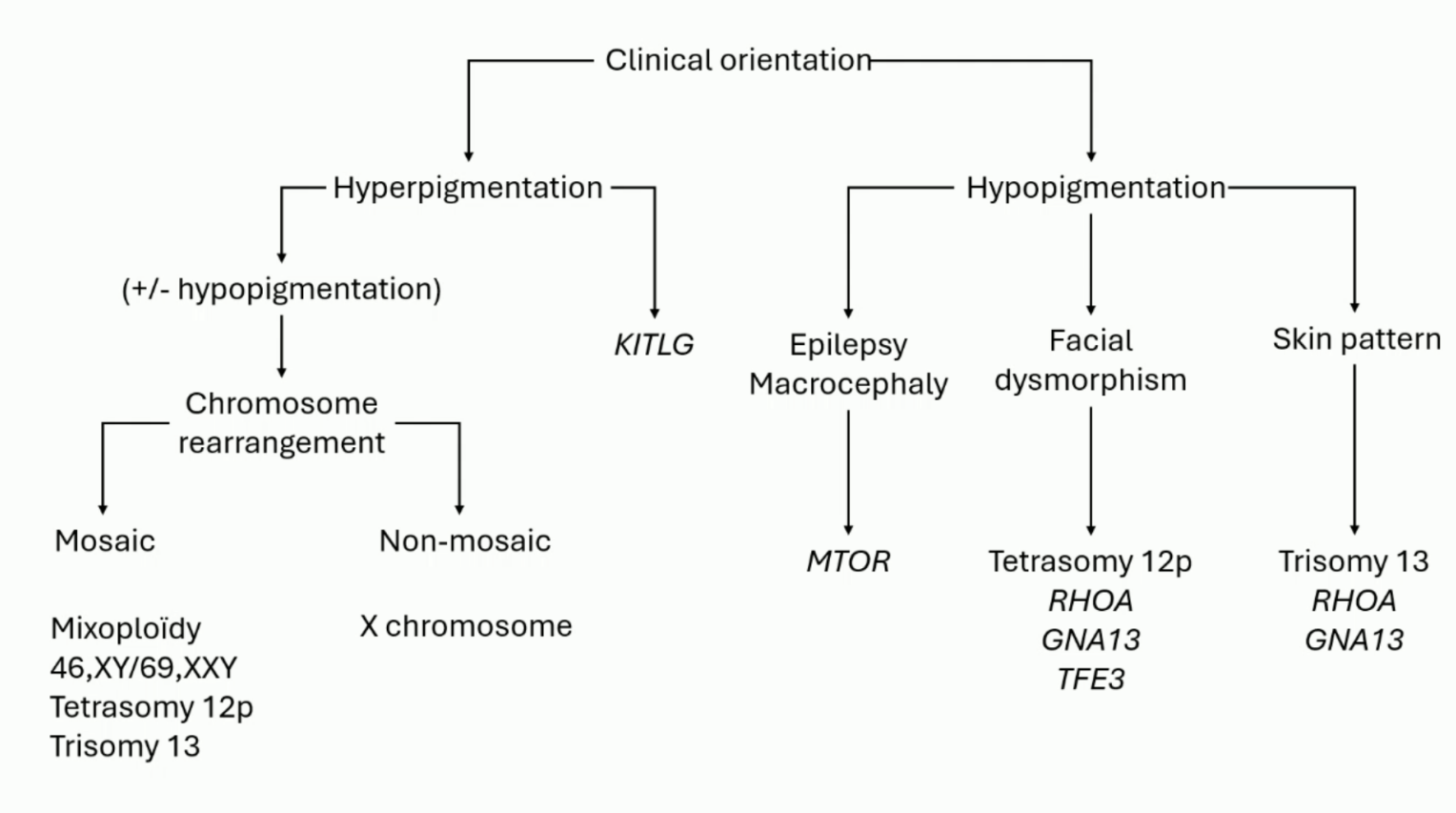


El Masri R, Iannuzzo A, Kuentz P, Tacine R, Vincent M, Barbarot S, Morice-Picard F, Boralevi F, Oillarburu N, Mazereeuw-Hautier J, Duffourd Y, Faivre L, Sorlin A, Vabres P, Delon J. A postzygotic GNA13 variant upregulates the RHOA/ROCK pathway and alters melanocyte function in a mosaic skin hypopigmentation syndrome. Nat Commun. 2025 Feb 18;16(1):1751. doi: 10.1038/s41467-025-56995-4. PMID: 39966435; PMCID: PMC11836271.

Nuevas enfermedades en mosaico

Dr. P. Vabres

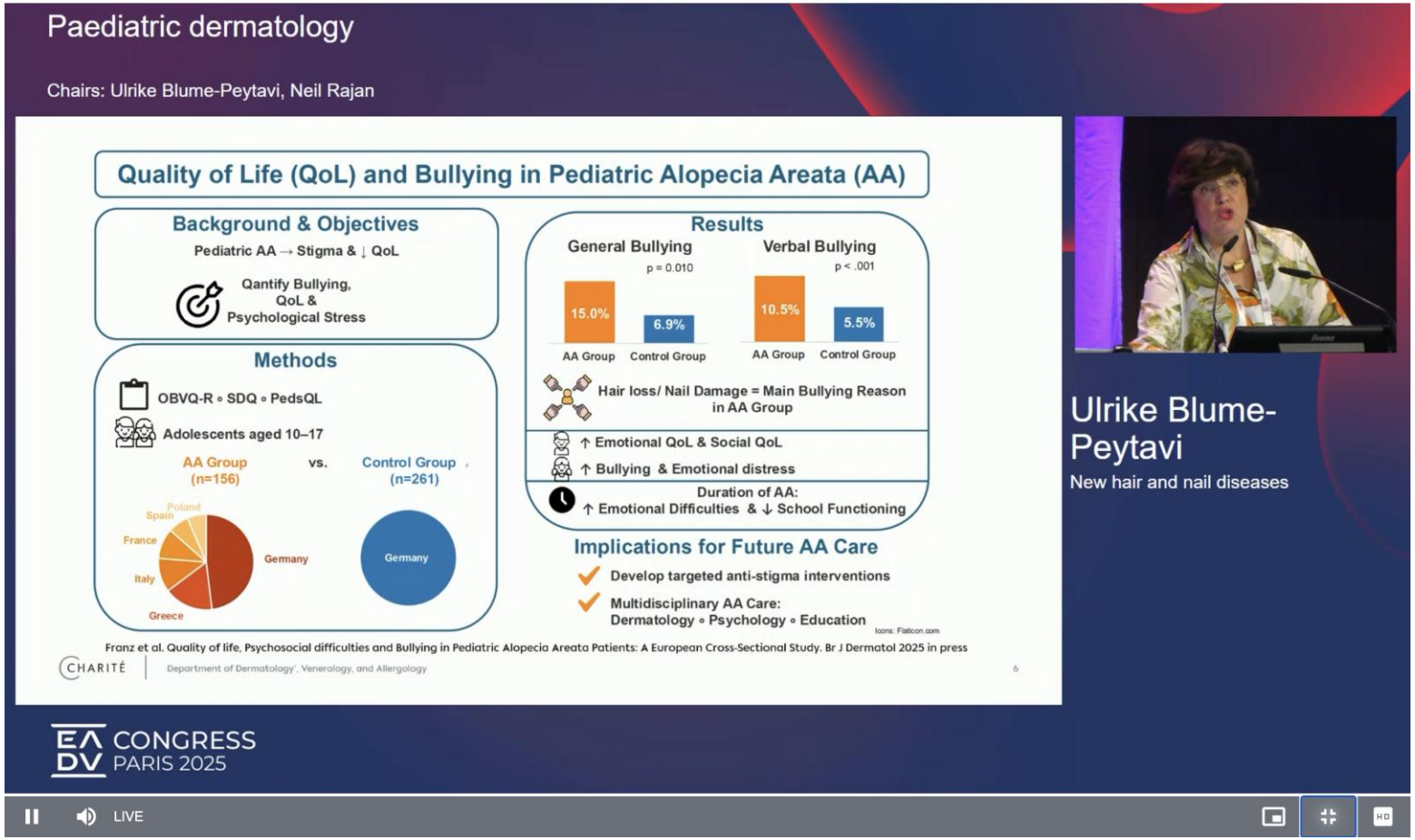
- **Orientación clínica en pacientes con mosaicismos pigmentarios extensos**



Nuevas enfermedades del cabello y las uñas

Dra. U. Blume-Peytavi

AEDV Highlights 2025 — 34ª edición 17-20 sep PARÍS

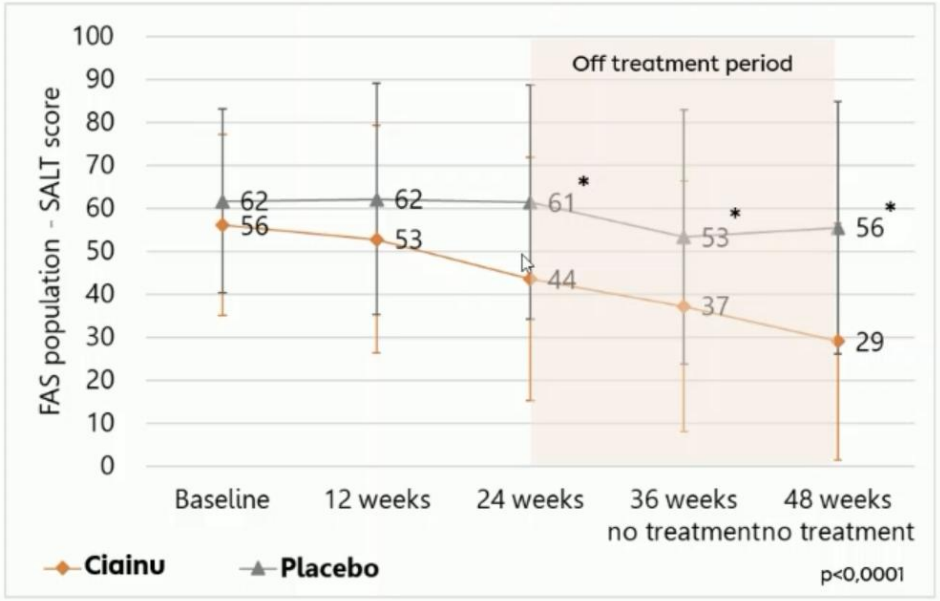


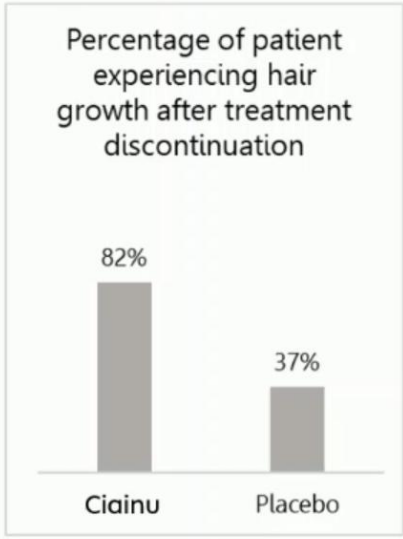
Nuevas enfermedades del cabello y las uñas

Dra. U. Blume-Peytavi

Ciainu (Coacillium) in moderate to severe alopecia areata in children and adolescents

- Ciainu is a prescription botanical drug, contains 4 plants' extracts, all 4 plants classified as GRAS (Generally Regarded As Safe): Allium cepa, Citrus limon, Theobroma cacao, Paullinia cupana
- Phase 3 clinical study in children ≥ 2 years – 17 years, use over 24 weeks (V3), then treatment discontinued, follow up for 24 weeks off-treatment (V5, or week-48), SALT score evaluated



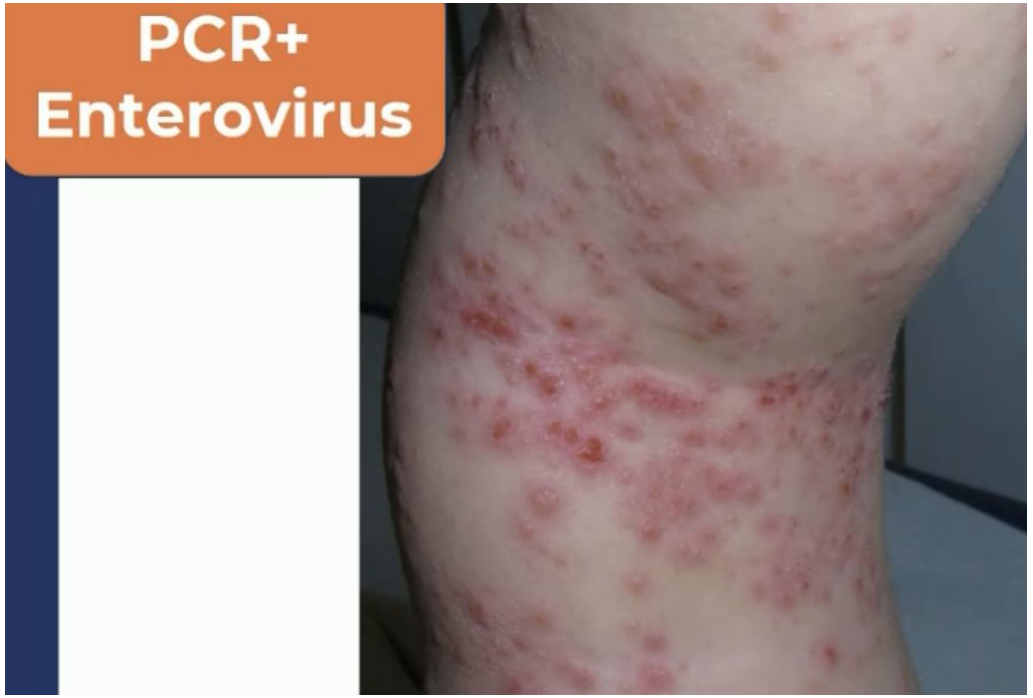


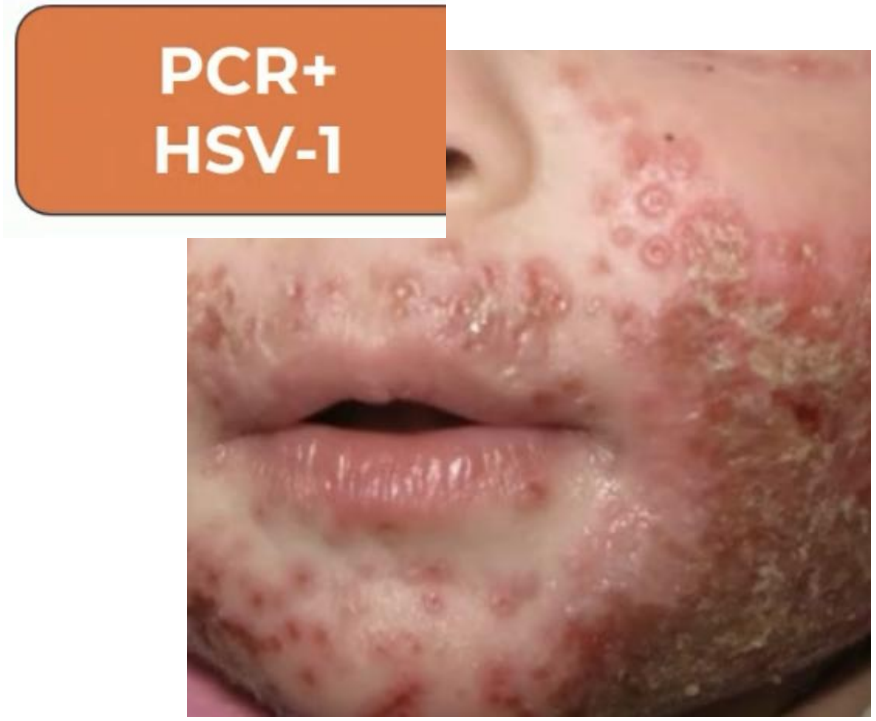
Tópico

Blume-Peytavi U et al. Efficacy and safety of Cinainu in pediatric alopecia areata: an international, double-blind, randomized, placebo-controlled, phase 2/3 trial. Br J Dermatol. 2025 Jul 16:ljaf279.

Pruebas complementarias para casos complejos

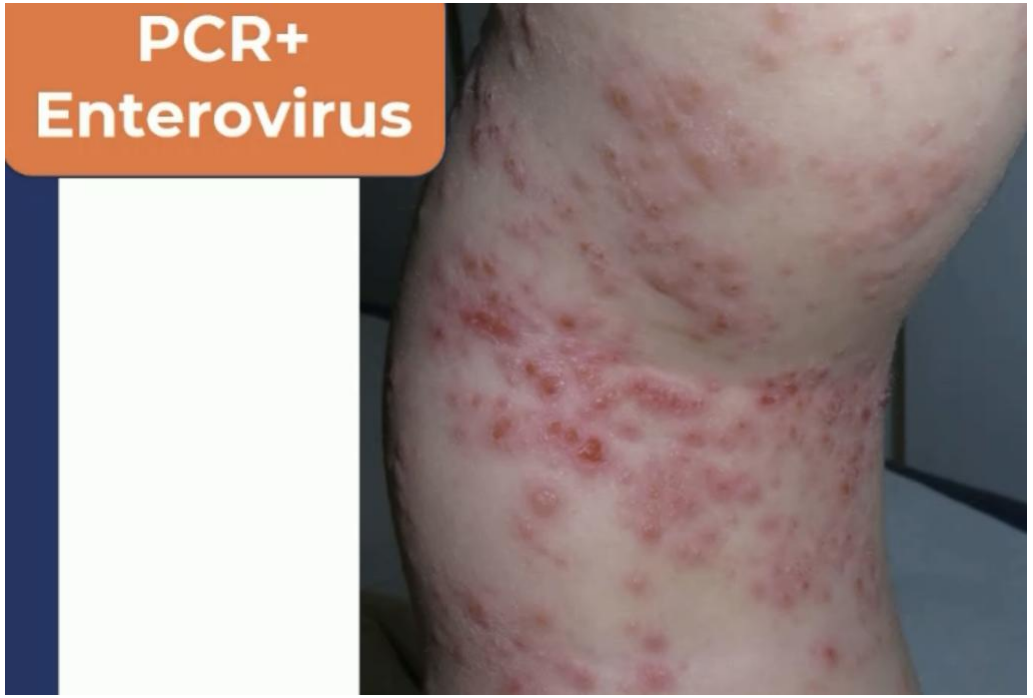
Dra. M. Campos



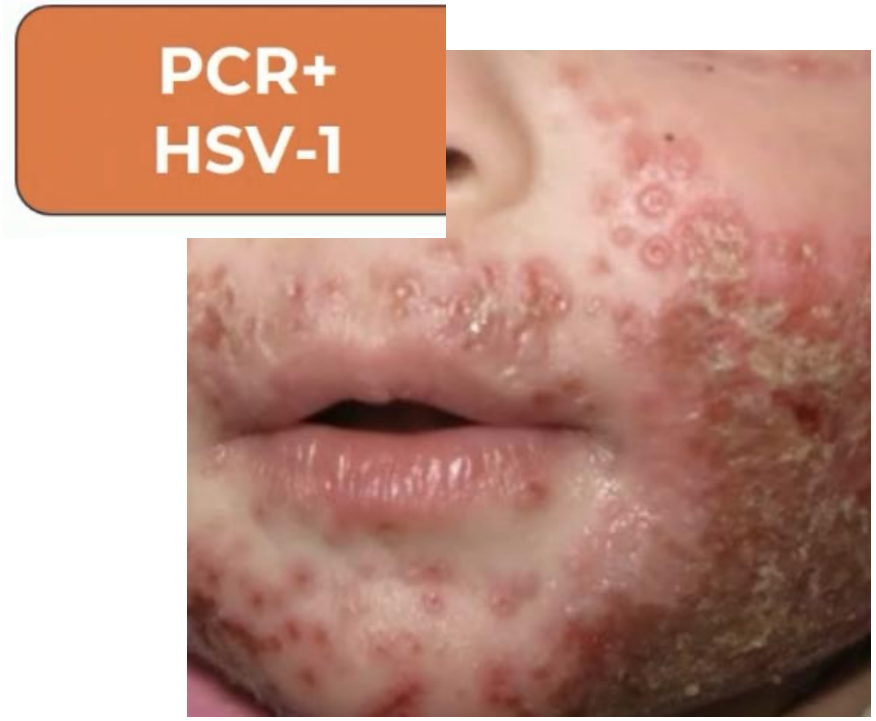


Pruebas complementarias para casos complejos

Dra. M. Campos



Eccema coxsackium



Eccema herpéticum

Pruebas complementarias para casos complejos

Dra. M. Campos

Inhibidores de Jak en niños

Dr. A. Wollenberg

AEDV Highlights 2023 — 34ª edición 17-20 sep PARÍS

- **Inhibidores de Jak**

- **Eficacia**
- **Seguridad: perfil diferente a los adultos**

Rapid and sustained improvements in itch and quality of life with upadacitinib plus topical corticosteroids in adults and adolescents with atopic dermatitis: 52-week outcomes from the phase 3 AD Up study

Nina Magnolo, Michael C. Cameron, Mona Shahriari, Bob Geng, Brian M. Calimlim, Henrique Teixeira, Xiaofei Hu, Yang Yang, Yingyi Liu, Shiyu Zhang, Cristina Sancho Sanchez, Katherine Altman & Richard G. Langley

Longer-term safety and efficacy of baricitinib for atopic dermatitis in pediatric patients 2 to <18 years old: a randomized clinical trial of extended treatment to 3.6 years

Andreas Wollenberg, Masanori Ikeda, Chia-Yu Chu, Lawrence F. Eichenfield, Marieke M. B. Seyger, Apurva Prakash, Robinette Angle, Danting Zhu, Marco Pontes & Amy S. Paller

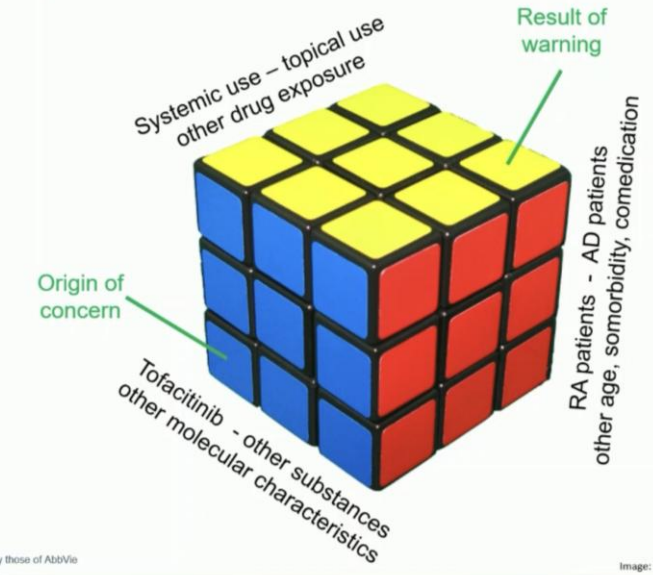
SCORAD75

Safety and Lab Monitoring of JAKi

The FDA issued a drug safety communication, which requires warnings about an increased risk of serious heart-related events, cancer, blood clots, and death for JAKi.

The EMA is currently reviewing all data on JAKi.

Both followed submission of safety data for an oral, pan-JAK-Inhibitor, licensed for rheumatoid arthritis, obtained in RA patients.



se note that the opinions and views presented herein are those of the speaker(s) and not necessarily those of AbbVie
Black Box warning – does not apply to EMA licensed medicines

Image: de.wiki

- Age-stroke-smoke adult risk factors less relevant
- Long-term safety trials confirm safety in children
- Long-term efficacy trials reassuring
- Long-term treatment possible, but less common

Inhibidores de Jak en niños

Dr. A. Wollenberg

Drug-Drug interaction profiles differ between JAK inhibitors

	Abrocitinib[1,a]	Baricitinib[2]	Upadacitinib[3]
Metabolization via CYP450 enzymes	~53% by CYP2C19 ~30% by CYP2C9 ~11% by CYP3A4 ~6% by CYP2B6	<10% by CYP3A4 Metabolization by CyP450-3A4 but <10%	Mainly via CYP3A4 **Interacciones: similar a ciclosporina**
Relevance for CYP450 drug interactions	Yes CYP2C19 and CYP2C9 inhibitors or inducers can affect abrocitinib exposure	No	**Yes** CYP3A4 inducers or inhibitors can affect upadacitinib exposure
Dosing considerations for CYP450 drug interactions	• Dose-reduction by half to 100 mg or 50 mg when co-administered with dual strong inhibitors of CYP2C19 and moderate inhibitors of CYP2C9, or strong inhibitors of CYP2C19 alone (e.g. Fluvoxamine) • Not recommended with moderate or strong inducers of CYP2C19/CYP2C9 enzymes (e.g. Rifampicin)		• Used with caution (15 mg once daily) when co-administered with strong CYP3A4 inhibitors (e.g. Ketokonazole) and monitored for changes in disease activity if co-administered with strong CYP3A4 inducers (e.g. Rifampicin) • 30 mg once daily dose is not recommended for patients receiving chronic treatment with strong CYP3A4 inhibitors (e.g. Posaconazole) • Grapefruit should be avoided
Examples of diseases, in which listed **CYP450 inducers/inhibitors might be used**	• Depression[4,5] • Obsessive compulsive disorder[4,5] • Fungal infections[6] • Tuberculosis[7] • Prostate cancer[8,9] • HIV[10] • Epilepsy[11]		• Bacterial infections[12] • Fungal infections[13-16] • Tuberculosis[7] • Epilepsy[11]

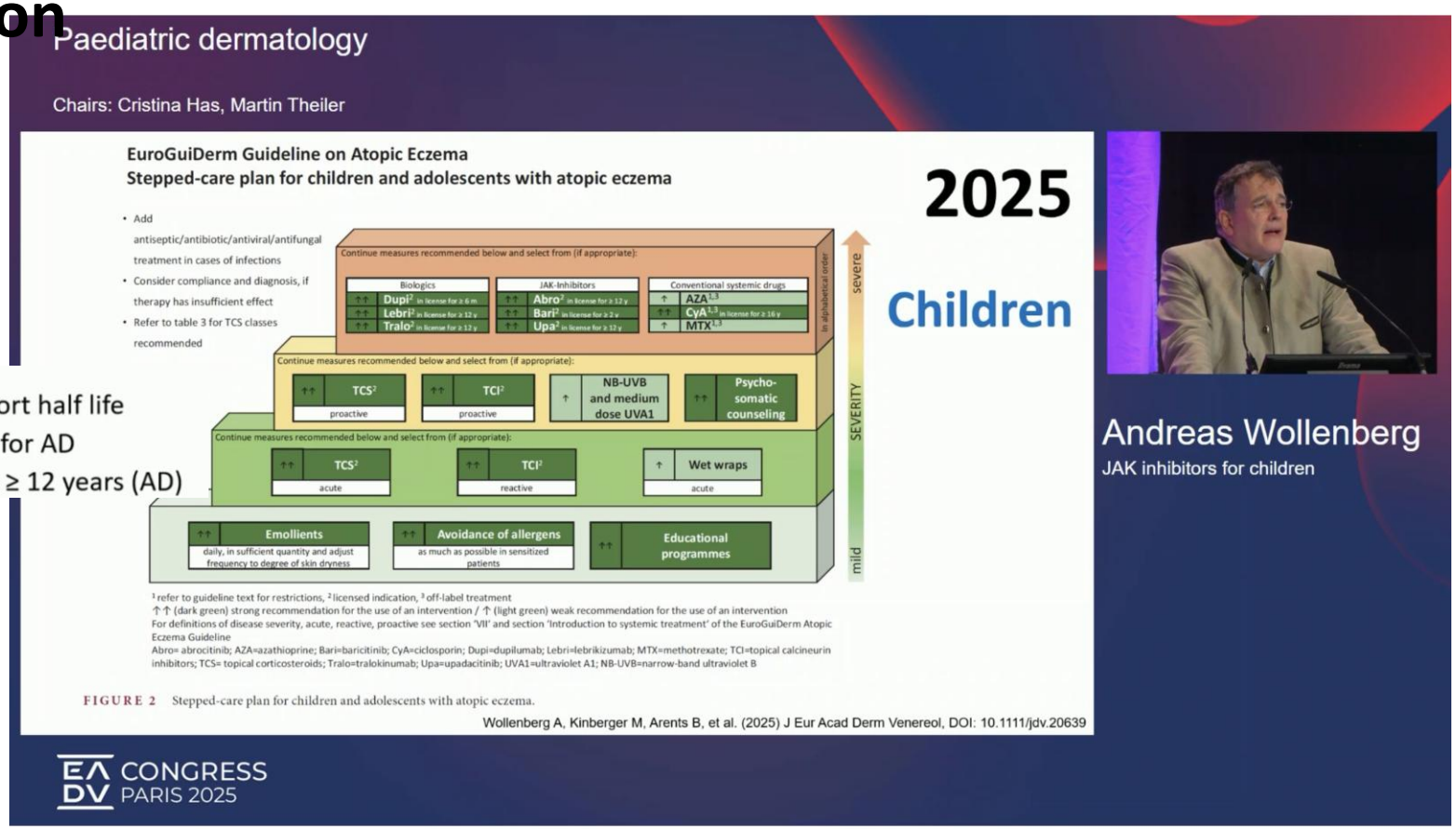
CYP=cytochrome P450; HIV=human immunodeficiency virus; JAK=Janus kinase.

1. Cibinqo (abrocitinib). Summary of product characteristics. Pfizer. 2023 2. Olumiant (baricitinib). Summary of product characteristics. Eli Lilly. 2023 3. Rinvoq (upadacitinib). Summary of product characteristics. Abbvie. 2023. 4-16. Summary of product characteristics for

Inhibidores de Jak en niños

Dr. A. Wollenberg

- **Actualización en DA**



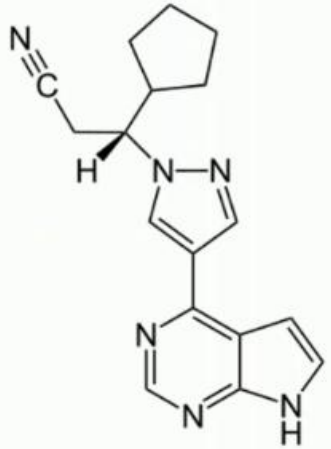
- Powerful substance class with a short half life
- Bari licensed for children ≥ 2 years for AD
- Upa, Abro licensed for adolescents ≥ 12 years (AD)

Inhibidores de Jak en niños

Dr. A. Wollenberg

Topical JAKi for Treatment of Eczema*

- Low molecular weight allows topical use, selectivity is not needed
- Ruxolitinib (JAK1/2) – licensed in US for AD**
- Delgocitinib (pan-JAK) – licensed in Japan for AD



- ATI1777 (JAK1/3)
- ARQ252 (JAK1)
- PF06700841 (Tyk2/JAK1)
- CEE321 (pan-JAK)

- **Topical JAKi creams will come to market also in the EU**
- **Hand eczema, psoriasis, vitiligo, alopecia areata are promising indications**

*Not approved by European Medicines Agency (EMA)

**Licensed for systemic treatment of myelofibrosis or polycythemia vera since 2011

https://www.clinicaltrialsarena.com/wp-content/uploads/sites/22/2021/06/Figure-1.jpg

Inhibidores de Jak en niños

Dr. A. Wollenberg

- **ALOPECIA AREATA**

Efficacy and safety of ritlecitinib in adolescents with alopecia areata: Results from the ALLEGRO phase 2b/3 randomized, double-blind, placebo-controlled trial

Maria Hordinsky [1], Adelaide A Hebert [2], Melinda Gooderham [3], Ohsang Kwon [4], Nikolay Murashkin [5], Hong Fang [6], Kazutoshi Harada [7], Ernest Law [8], Dalia Wajsbrot [9], Liza Takiya [10], Samuel H Zwillich [9], Robert Wolk [9], Helen Tran [8]

- Headache, acne, and nasopharyngitis most common adverse events
- No deaths, major adverse cardiovascular events, malignancies, pulmonary embolisms, opportunistic infections, or herpes zoster infections

Background/objectives: This subgroup analysis of the ALLEGRO phase 2b/3 trial (NCT03732807) evaluated the efficacy and safety of ritlecitinib, an oral, selective dual JAK3/TEC family kinase inhibitor, for the treatment of alopecia areata (AA) in patients aged 12-17 years.

Methods: In ALLEGRO-2b/3, patients aged ≥12 years with AA and ≥50% scalp hair loss received once-daily ritlecitinib 50 or 30 mg (±4-week 200-mg loading dose) or 10 mg or placebo for 24 weeks. In a subsequent 24-week extension period, ritlecitinib groups continued their doses, and patients initially assigned to placebo switched to 200/50 or 50 mg daily. Clinician- and patient-reported hair regrowth outcomes and safety were assessed.

Results: In total, 105 adolescents were randomized. At Week 24, 17%-28% of adolescents achieved a Severity of Alopecia Tool (SALT) score ≤20 (≤20% scalp without hair) in the ritlecitinib 30 mg and higher treatment groups versus 0% for placebo. At Week 48, 25%-50% of patients had a SALT score ≤20 across ritlecitinib treatment groups (30 mg and higher). Adolescents reporting that their AA "moderately" or "greatly" improved were 45%-61% in the ritlecitinib groups (30 mg and higher) (vs. 10%-22% for placebo) at Week 24 and 44%-80% at Week 48. The most common adverse events in adolescents were headache, acne, and nasopharyngitis. No deaths, major adverse cardiovascular events, malignancies, pulmonary embolisms, opportunistic infections, or herpes zoster infections were reported.

Conclusion: Ritlecitinib treatment demonstrated clinician-reported efficacy, patient-reported improvement, and an acceptable safety profile through Week 48 in adolescents with AA with ≥50% scalp hair loss.

Hordinsky M, Hebert A, Gooderham M, et al. (2023) Pediatr Dermatol 40: 1003-100

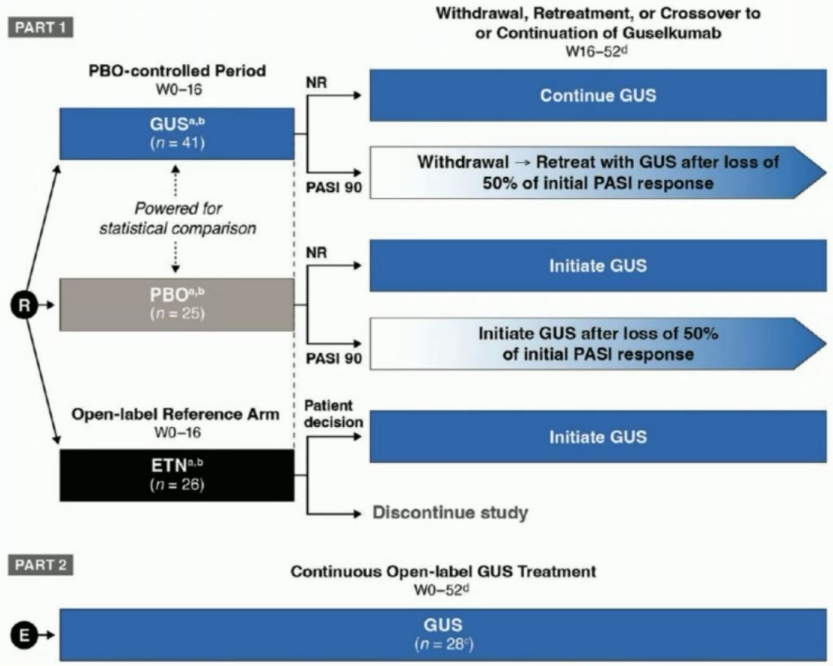
Terapias biológicas en niños

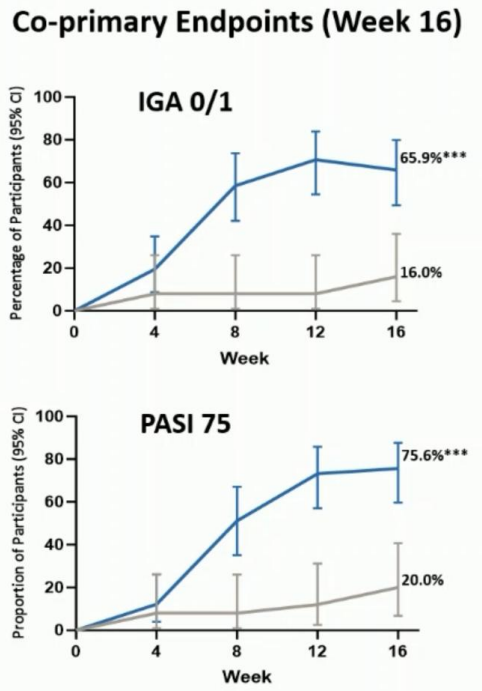
Dra. A. Paller

- **PSORIASIS**

Coming Next: Guselkumab (filed Dec 2024)

- 1st biologic for children targeting p19 IL-23
- Phase 3 trial 6-<18 yo results just published



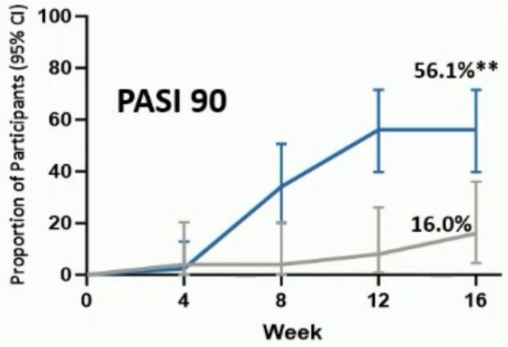


Prajapati…Paller. BJD 2025;192:618

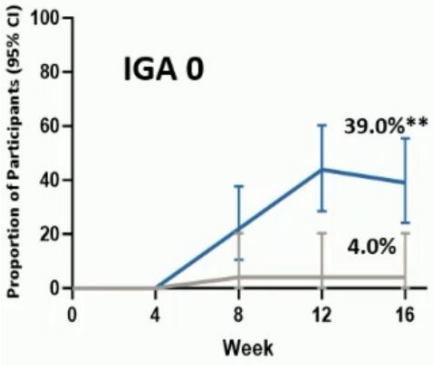
Terapias biológicas en niños

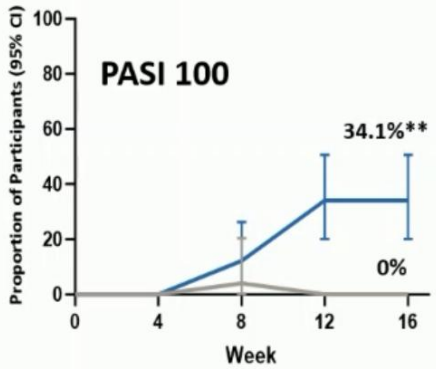
Dra. A. Paller

US FDA Co-primary Endpoint (Week 16)



Major Secondary Endpoints (Week 16)

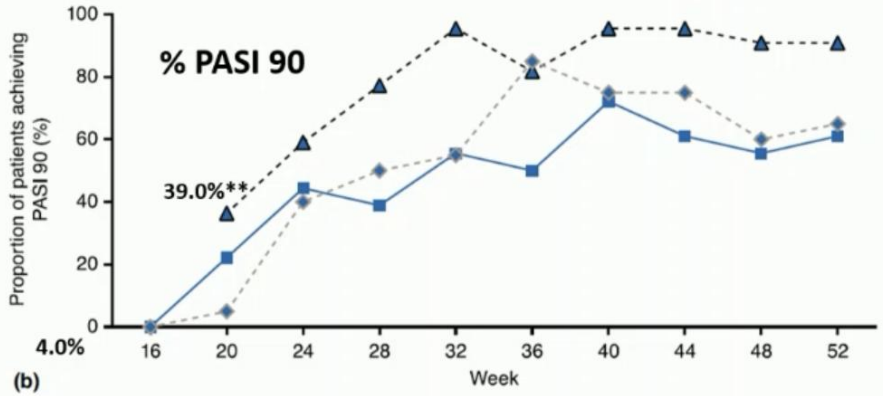


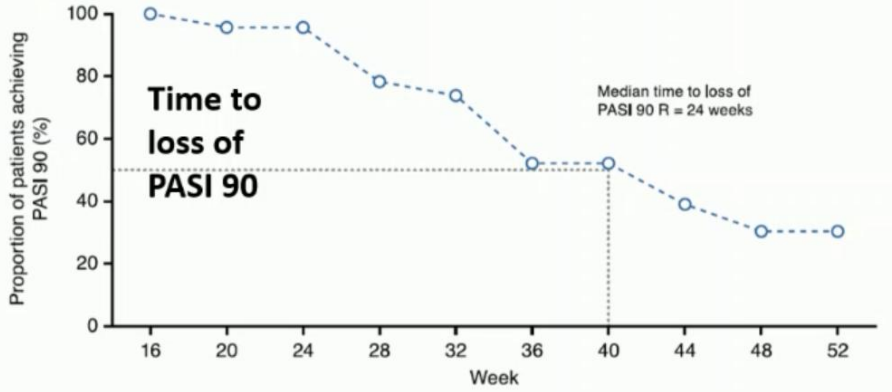


*p<0.05, **p<0.01, ***p<0.001 vs PBO

GUS (N=41) PBO (N=25)

- 86% of enrollees continued through Wk52





Continued GUS (PASI 90 NR) (n = 18)[a]
PBO → GUS (PASI 90 NR) (n = 20)[b]
ETN → GUS (n = 22)[c]
Withdrawn from GUS (PASI 90 R) (n = 23)[d]

Prajapati…Paller. BJD 2025;192:618

Terapias biológicas en niños

Dra. A. Paller

Paediatric dermatology

Chairs: Cristina Has, Martin Theiler

What biologics are emerging?

All are in Phase 3 clinical trials in pediatric patients with moderate-to-severe psoriasis

Agent	Target	Phase	NCT number	Age
Tildrakizumab	IL-23	3	NCT03997786	6-17 years
Risankizumab	IL-23	3	NCT04435600	6-17 years
Certolizumab	TNF-alpha	3	NCT04123795	6-17 years
Bimekizumab	IL-17A/F	2	NCT04718896	12-17 years
Brodalumab	IL-17RA	3	NCT04305327	6-17 years
		3	NCT03240809	6-18 years

Amy Paller

Biologic therapy in children

EADV CONGRESS PARIS 2025

Terapias biológicas en niños

Dra. A. Paller

- **ATOPIA**

Currently Available Biologics for Pediatric AD

What you should know

IL4R inhibitor — **Dupilumab**

- In US, adults (2017) and adolescents (2019)
- Available for children ≥6 years old (May 2020)
- For as young as 6 months (June 2022)

Efficacy/effectiveness and safety data available now for >8 years in adults and >3 years for >6 months old (commercial availability)

IL-13 inhibitors

Tralokinumab – FDA-approved for ≥ 12 years old

Lebrikizumab – FDA-approved for ≥12 years old

IL-31R inhibitor — **Nemolizumab**

- IL-31 is "itch specific cytokine"
- FDA-approved for ≥12 years old

Terapias biológicas en niños

Dra. A. Paller

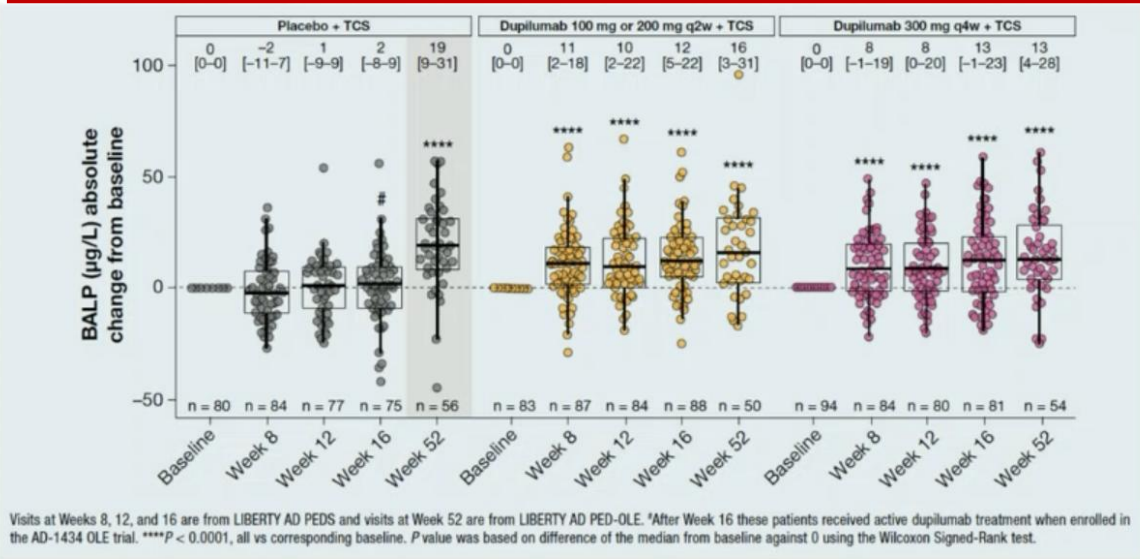
Growth in children with AD and bone health: New data

- 1329 children <12 yo with mod-sev AD uncontrolled on topicals enrolled in PEDISTAD 10-yr observational study: Higher mean wt/BMI but lower height

  Paller et al. Presented at AAD, 2024

- Phase 3 parent and open-label extension: 6-11 years old

Increases in mean bone alkaline phosphatase and other bone biomarkers Wks 0-52



Visits at Weeks 8, 12, and 16 are from LIBERTY AD PEDS and visits at Week 52 are from LIBERTY AD PED-OLE. [a]After Week 16 these patients received active dupilumab treatment when enrolled in the AD-1434 OLE trial. ****$P < 0.0001$, all vs corresponding baseline. P value was based on difference of the median from baseline against 0 using the Wilcoxon Signed-Rank test.

Irvine et al. Presented at Br Assoc Derm, 2023

- In those <30th percentile in height, having at least ≥5 percentile increase was achieved by 52 wks on dupilumab in 51% and by 16 wks in 31% on dupilumab vs 15.5% on placebo Irvine et al. AAD, 2025

Reduced inflammation, better sleep, less use of topical/oral steroids on therapy

Terapias biológicas en niños

Dra. A. Paller

- Now that a biologic is approved for children as young as 6 months….

Given the strong safety profile, will we lower the threshold for use?

Algorithm for what is optimal management in an infant: How long? How potent?

Will early, aggressive treatment change disease course?

Will early, aggressive treatment change the atopic march?

Long-term study of large numbers of children starting very early….

- Real-world BioDay study with 84 children on dupilumab for 52 wks
  - Among 59.5% with asthma, FeNO levels decreased and FEV1 scores increased (p<0.001)
  - Among 85.7% with allergic rhinitis, aeroallergen-specific IgE levels decreased 61-89%
  - Among 42.9% with food allergies, sIgE levels of common food allergens decreased 71-83%

Van der Rijst et al. Pedi Allergy Immunol 2024;35:e14178 and Clin Transl Allergy 2024;13:e12381

Will there be an unexpected impact on the developing immune system?

Live vaccine administration? (12-18 mos and 4-6 yrs for MMR, varicella)

Safety and immune responses short-term vs. long-term safety

Siegfried et al. Pedi Derm 2024;41:204; Hughes et al. Pedi Derm 2025;42:284; Bruess et al. Pedi Derm Sep 2 2025 (online)

Terapias biológicas en niños

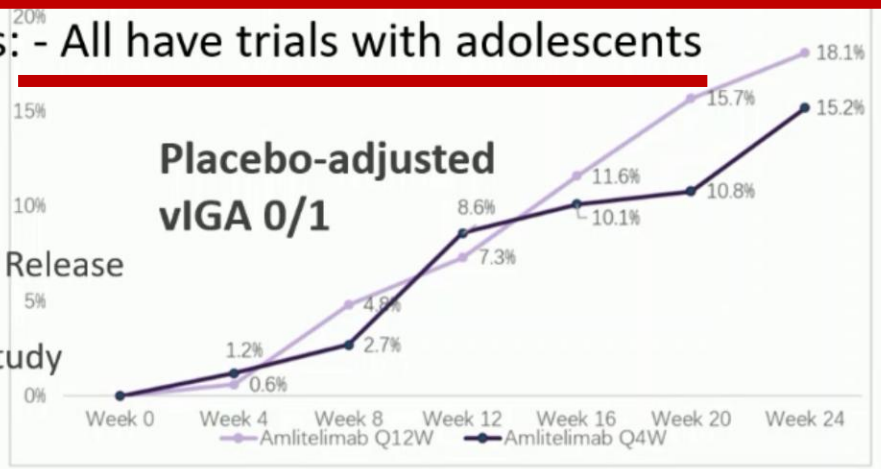
Dra. A. Paller

Emerging Biologics for AD

What you should know

OX40/OX40L inhibitor

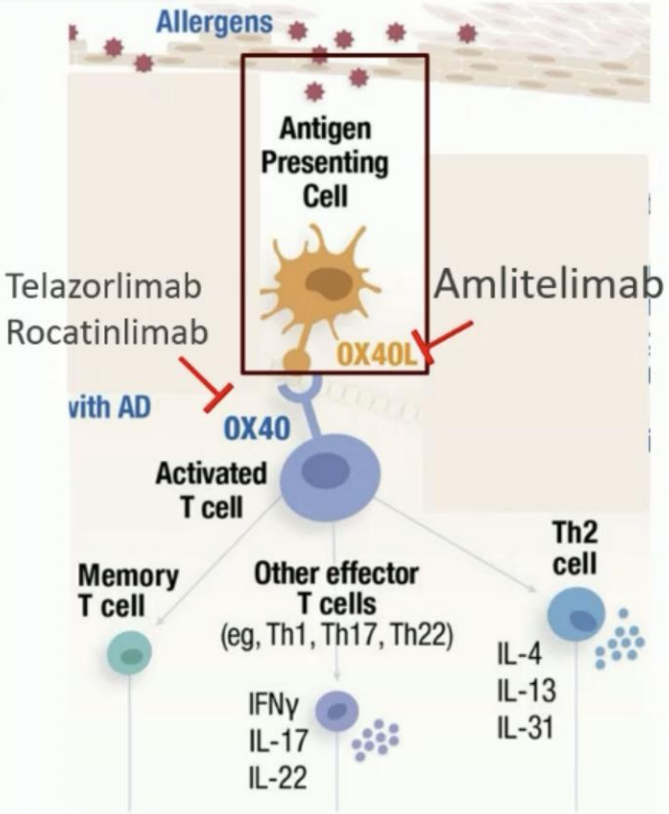
- OX40/OXL inhibitors: impacts antigen-presenting cell to T cells, incl. memory T cells, Th2 cells
- Longer off medication due to impact on memory T cells?
- 3 subtypes: - All have trials with adolescents



Amlitelimab Press Release
Sept 5, 2025
COAST1 Phase 3 study

Key endpoints *Proportion of patients*	Non-responder imputation*			Treatment policy**		
	Q4W	Q12W	Placebo	Q4W	Q12W	Placebo
vIGA-AD 0/1	21.1% p-value (p) <0.01	22.5% p <0.01	9.2%	26.5% p <0.001	29.1% p <0.001	10.5%
EASI-75	35.9% p <0.001	39.1% p <0.001	19.1%	46.0% p <0.001	50.3% p <0.001	27.6%

** Non-responder imputation: includes patients with rescue/prohibited medication use prior to Week 24 and missing data.*



Terapias biológicas en niños

Dra. A. Paller

AEDV Highlights 2025 — 34ª edición 17-20 sep PARÍS

HIDRADENITIS SUPURATIVA

Biologics for Hidradenitis Suppurativa

What you should know — Low threshold for use after oral antibiotic, given irreversible tissue damage and impact on QoL of moderate-to-severe HS

Adalimumab

- Only FDA-approved biologic for HS; ≥12 years old
- Real-world use: in 65 adolescents, 77% achieved HiSCR* by 4 months and 71% required escalation from 40 qow to 80 qow/40 qw
  Drug survival - 5.6 yrs (mean f/u 168 person/yrs)
  Safety - good – most often respiratory track infections

Grau-Perez et al. Dermatology 2025, online

Anecdotal off-label use

- Infliximab (infusion; 5-10 mg/kg/nodules by 4 months)
- Secukinumab (IL17A) – for adults; go to QOW if inadequate response
- Bimekizumab (IL-17A/F) – adult dose from trials of 320 mg q4w; now in Phase 2 trial for adolescents (risks: candidiasis (>10%), headache, diarrhea)
- Ustekinumab (IL-12/23) – may have to escalate to q8w or even q4w dosing

In open-label adolescent Ph3 trial — **Sonelokimab (nanobody) – targets IL-17A/IL-17F**

*HS Clinical Response of 50% in reduced abscesses

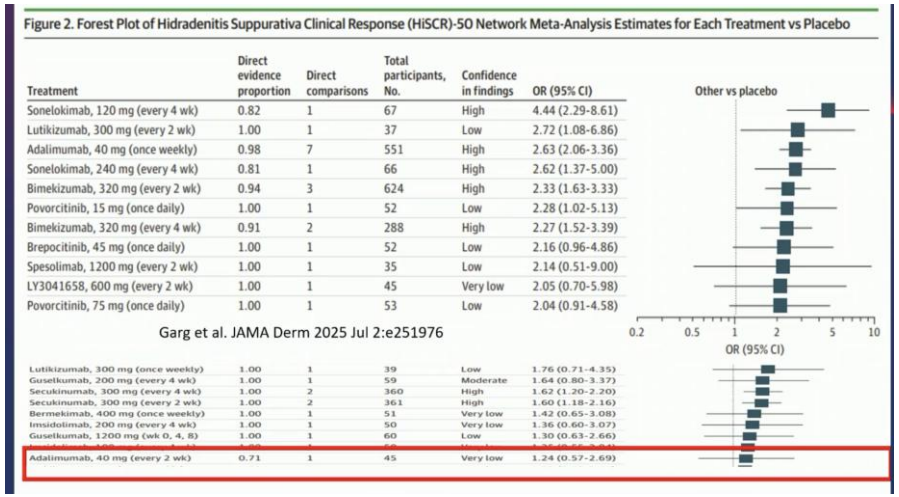


Figure 2. Forest Plot of Hidradenitis Suppurativa Clinical Response (HiSCR)-50 Network Meta-Analysis Estimates for Each Treatment vs Placebo

Treatment	Direct evidence proportion	Direct comparisons	Total participants, No.	Confidence in findings	OR (95% CI)
Sonelokimab, 120 mg (every 4 wk)	0.82	1	67	High	4.44 (2.29-8.61)
Lutikizumab, 300 mg (every 2 wk)	1.00	1	37	Low	2.72 (1.08-6.86)
Adalimumab, 40 mg (once weekly)	0.98	7	551	High	2.63 (2.06-3.36)
Sonelokimab, 240 mg (every 4 wk)	0.81	1	66	High	2.62 (1.37-5.00)
Bimekizumab, 320 mg (every 2 wk)	0.94	3	624	High	2.33 (1.63-3.33)
Povorcitinib, 15 mg (once daily)	1.00	1	52	Low	2.28 (1.02-5.13)
Bimekizumab, 320 mg (every 4 wk)	0.91	2	288	High	2.27 (1.52-3.39)
Brepocitinib, 45 mg (once daily)	1.00	1	52	Low	2.16 (0.96-4.86)
Spesolimab, 1200 mg (every 2 wk)	1.00	1	35	Low	2.14 (0.51-9.00)
LY3041658, 600 mg (every 2 wk)	1.00	1	45	Very low	2.05 (0.70-5.98)
Povorcitinib, 75 mg (once daily)	1.00	1	53	Low	2.04 (0.91-4.58)
Lutikizumab, 300 mg (once weekly)	1.00	1	39	Low	1.76 (0.71-4.35)
Guselkumab, 200 mg (every 4 wk)	1.00	1	59	Moderate	1.64 (0.80-3.37)
Secukinumab, 300 mg (every 4 wk)	1.00	2	360	High	1.62 (1.20-2.20)
Secukinumab, 300 mg (every 2 wk)	1.00	2	361	High	1.60 (1.18-2.16)
Bermekimab, 400 mg (once weekly)	1.00	1	51	Very low	1.42 (0.65-3.08)
Imsidolimab, 200 mg (every 4 wk)	1.00	1	50	Very low	1.36 (0.60-3.07)
Guselkumab, 1200 mg (wk 0, 4, 8)	1.00	1	60	Low	1.30 (0.63-2.66)
Adalimumab, 40 mg (every 2 wk)	0.71	1	45	Very low	1.24 (0.57-2.69)

Other vs placebo

0.2 0.5 1 2 5 10

OR (95% CI)

Garg et al. JAMA Derm 2025 Jul 2:e251976

Terapias biológicas en niños

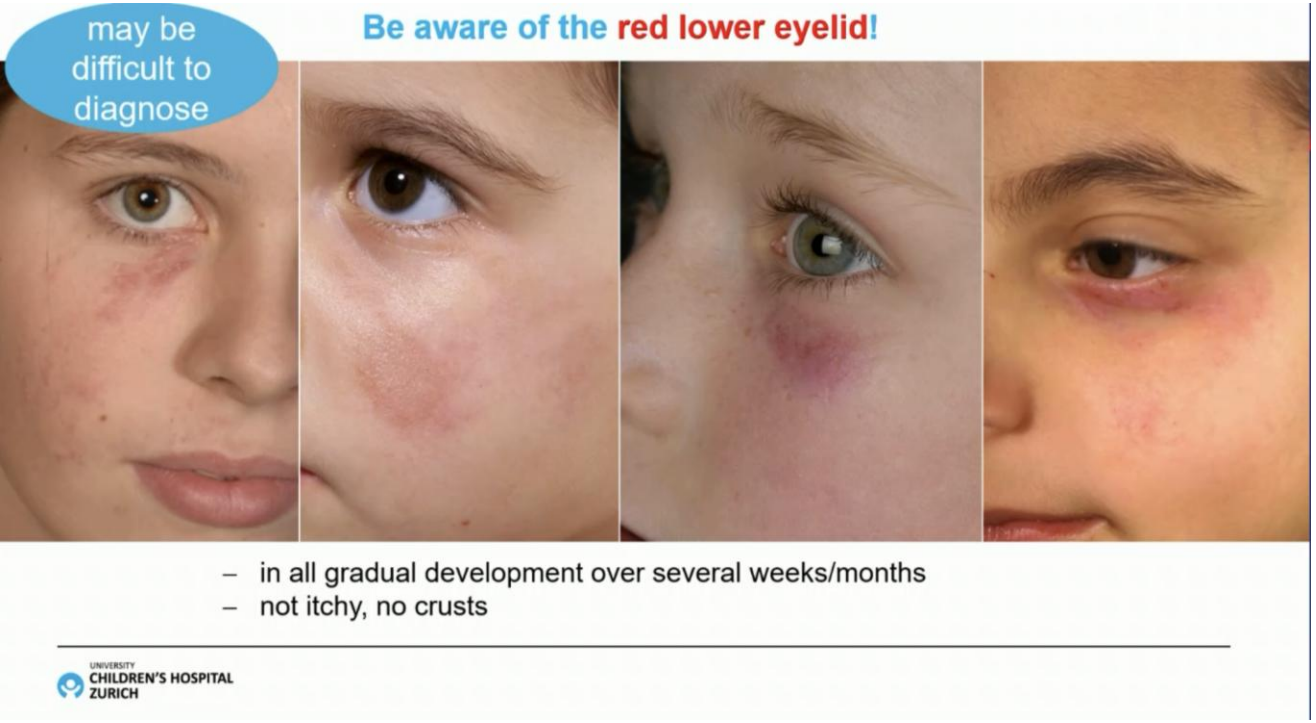
Dra. A. Paller

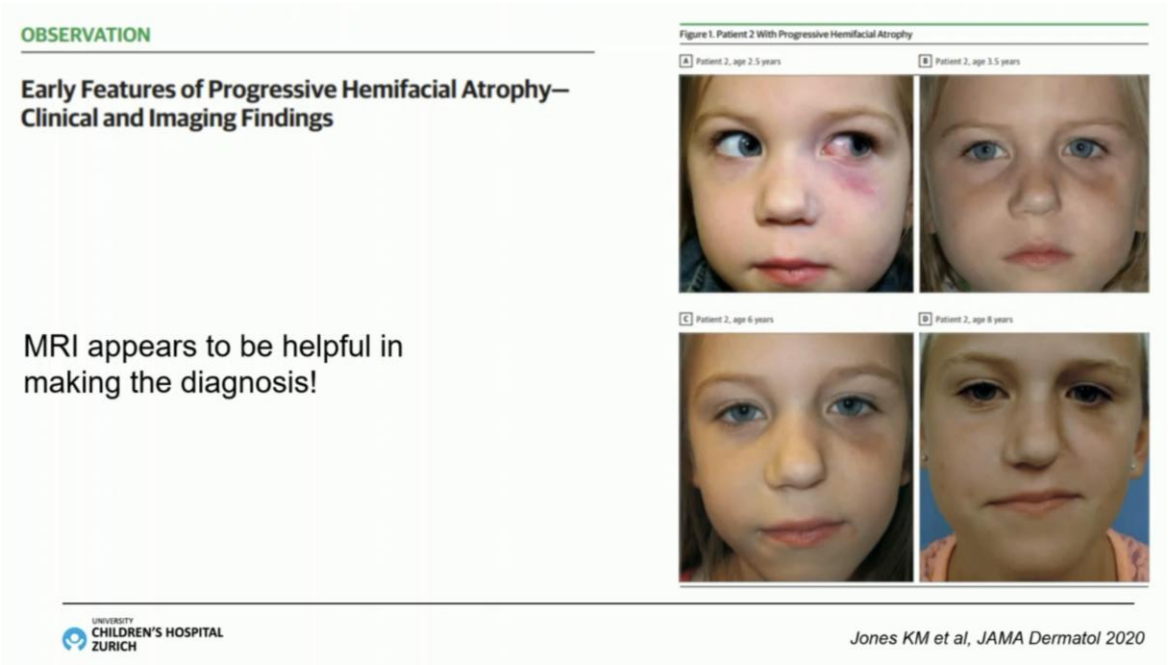
- **Consideraciones de biológicos en niños**
  - **Tener en cuenta:**
  - **Eficacia**
  - **Frecuencia en la administración→ Mejorar tolerancia**
  - **El inicio precoz del tratamiento → ¿reduciría el riesgo de enfermedad crónica?, ¿menos comorbilidades y secuelas?**
    - **DA: marcha atópica, neuropsiquiátrico**
    - **PSO: cardiovascular**
    - **HS: daño irreversible en tejidos**

Enfermedades difíciles de tratar

Dr. M. Theiler

- **Morfea**

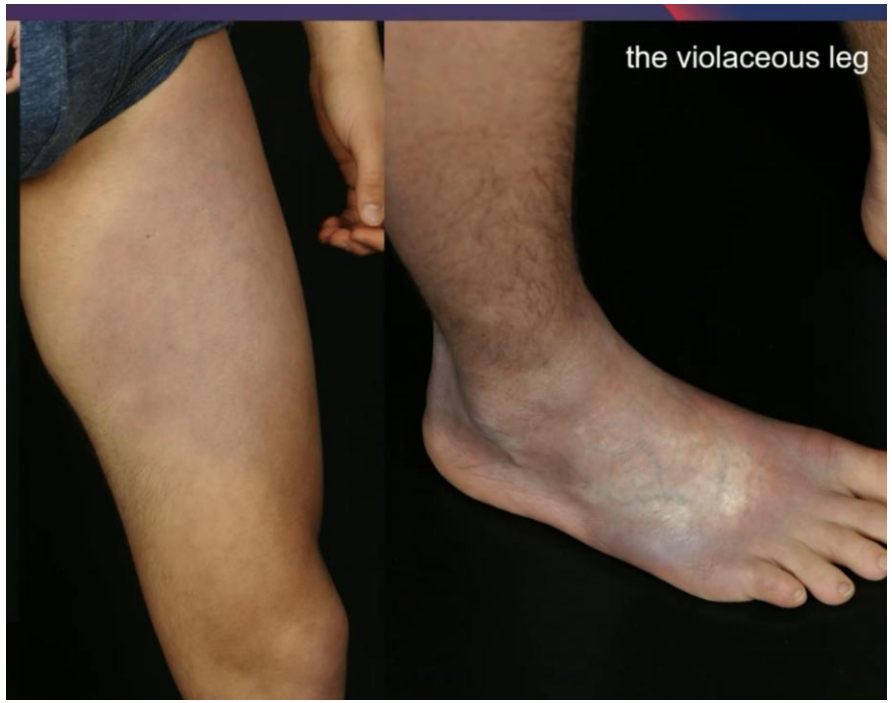


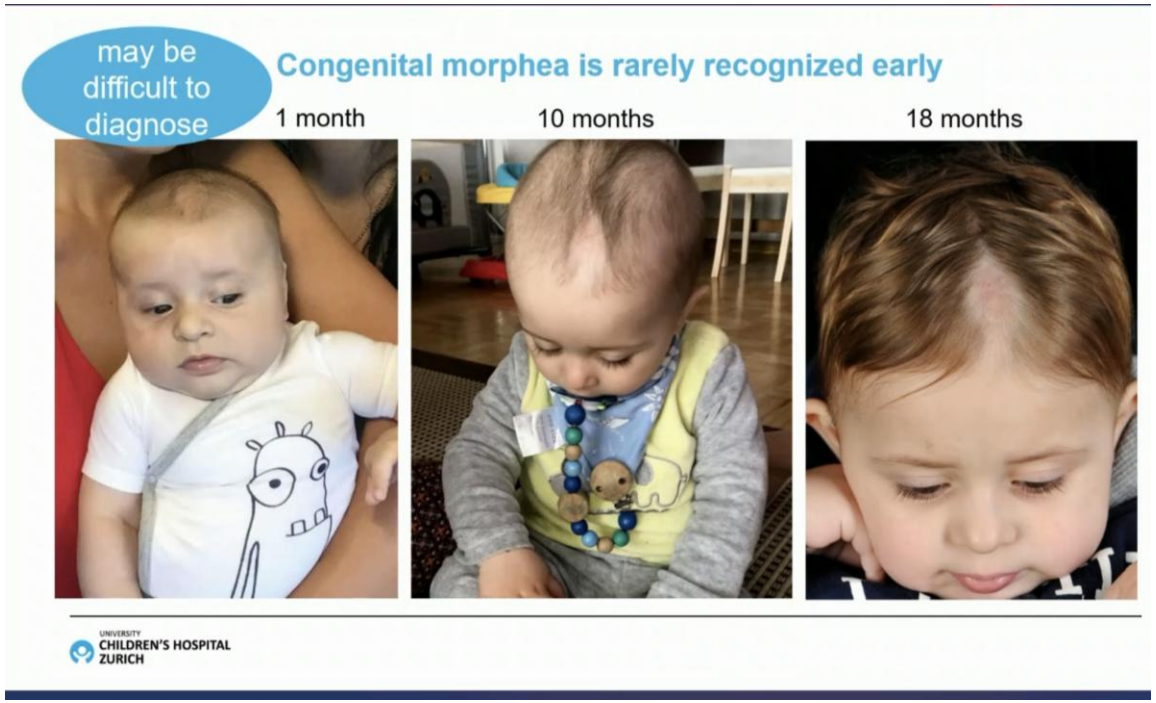


Enfermedades difíciles de tratar

Dr. M. Theiler

- **Morfea**





Retraso diagnóstico de casi 3 años
Secuela: neurológica y musculoesqueléticas

Enfermedades difíciles de tratar

Dr. M. Theiler

extracutaneous problems

Autoimmunity Reviews 24 (2025) 103812

Contents lists available at ScienceDirect

Autoimmunity Reviews

journal homepage: www.elsevier.com/locate/autrev

The burden of extracutaneous manifestations in juvenile localized scleroderma: A literature review

Ilaria Liguoro [a], Gabriele Simonini [b,c], Giorgia Martini [a,d,*]

[a] Pediatric Division, University Hospital S Maria della Misericordia, Udine, Italy
[b] Rheumatology Unit, ERN ReCONNET center, Meyer Children's Hospital IRCCS, Italy
[c] Neurofarba Department, University of Florence, Italy
[d] Department of Medicine, University of Udine, Udine, Italy

15 papers, including 3604 children

overall 26.5%

musculoskeletal 24%
- arthralgia/myalgia
- joint limitations/contractures
- arthritis
- muscle/limb atrophy

neurological 10.3%
- headache
- imaging abnormalities
- seizures
- peripheral neuropathy
- EEG alterations

odontostomatological 7.6%
- hemifacial atrophy
- tongue atrophy
- dental problems
- microstomia/gingival involvement

ocular 5%

gastrointestinal 3.9%

vascular 4%

autoimmune diseases 3.7%

respiratory involvement 1%

renal and cardiac involvement 0.4%

2025

Enfermedades difíciles de tratar

Dr. M. Theiler

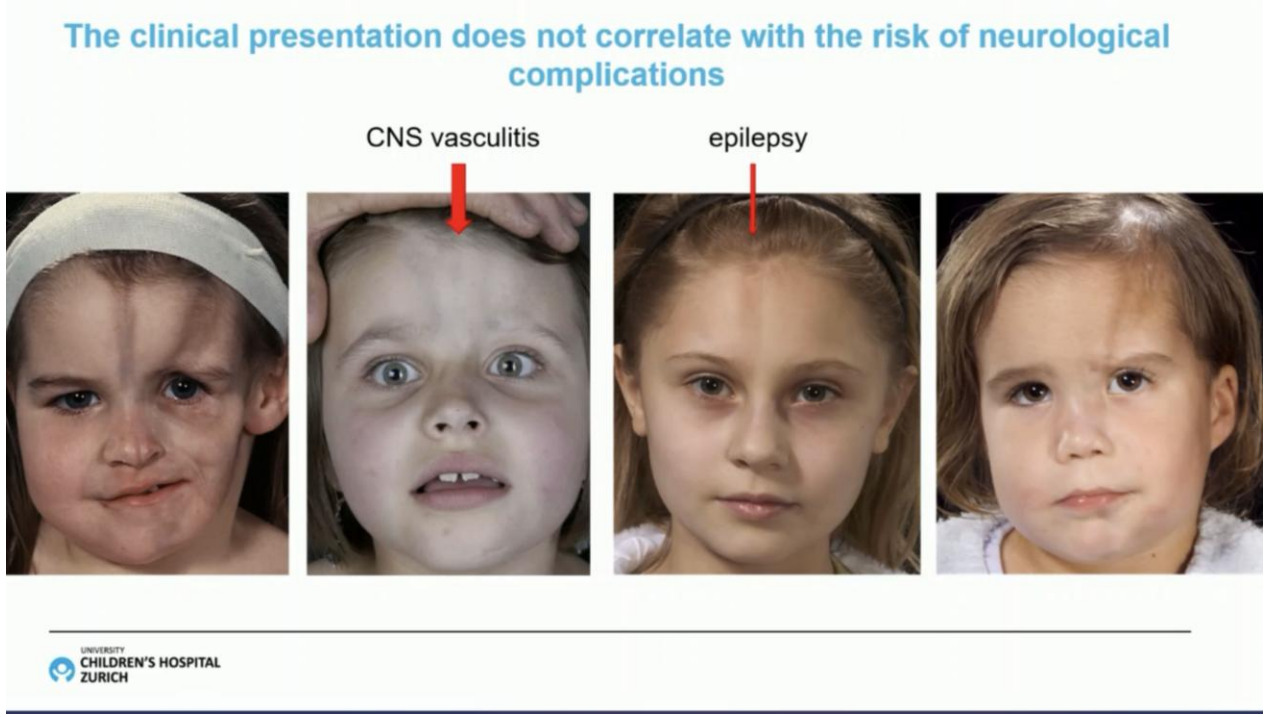


Table 1 Recommended baseline investigations for morphoea in children.[11]

Laboratory investigations
Full blood count
Kidney and liver function tests
CRP
ESR (usually only for extensive/deep disease)
ANA
Imaging
MRI of the brain with contrast if the lesion affects the face or head
MRI with contrast of affected limb for extensive/deep disease
Review by other specialties
Ophthalmology review if the lesion affects the face or head
Dental assessment including temporomandibular joint if the lesion affects the face
Paediatric rheumatology review for extensive/deep disease

TAL

Weibel L, Clin Exp Dermatol 2021

RNM

Enfermedades difíciles de tratar

Dr. M. Theiler

- **Morfea refractaria a tratamiento**

response to treatment ↓

Abatacept

26 pediatric patients
response rate > 80%
dose 10mg/kg d0, d14, d28, then q4w

can be added to corticosteroids, MTX, MMF or used as monotherapy

RHEUMATOLOGY
Rheumatology 2021;60:3817–3825
doi:10.1093/rheumatology/keaa873
Advance Access publication 28 December 2020

Original article

Preliminary evidence on abatacept safety and efficacy in refractory juvenile localized scleroderma

Suzanne C. Li [1], Kathryn S. Torok[2], Sarah S. Ishaq[3], Mary Buckley[4], Barbara Edelheit[5], Kaleo C. Ede[6], Christopher Liu[3] and C. Egla Rabinovich[4]

Seminars in Arthritis and Rheumatism 50 (2020) 645–656
Contents lists available at ScienceDirect
Seminars in Arthritis and Rheumatism
journal homepage: www.elsevier.com/locate/semarthrit

Abatacept in the treatment of localized scleroderma: A pediatric case series and systematic literature review

Ioannis Kalampokis[a,*], Belina Y. Yi[b], Aimee C. Smidt[b,c]
[a] Department of Pediatrics (Division of Pediatric Rheumatology), University of New Mexico, 1127 University Blvd NE, MSC10, Albuquerque, NM 87131-0001, USA
[b] Department of Pediatrics, University of New Mexico, 1127 University Blvd NE, MSC10, Albuquerque, NM 87131-0001, USA
[c] Department of Dermatology, University of New Mexico, 1127 University Blvd NE, MSC10, Albuquerque, NM 87131-0001, USA

response to treatment ↓

Tocilizumab (anti-IL6)

26 patients (76.9% pediatric)
response rate > 80%

also positive results for panscleroticmorphea and eosinophilic fasciitis

Tocilizumab as a potential therapeutic option for children with severe, refractory juvenile localized scleroderma

Rheumatology key message

- Tocilizumab may have a role in the management of refractory juvenile localized scleroderma.

Tocilizumab for the Treatment of Refractory Morphea: A Systematic Review

DOI: 10.1177/12034754241291045

Dea Metko, BSc[1], Shanti Mehta, BSc[2], Ryan Geng, MSc[2], Asfandyar Mufti, MD[3,4], and Jensen Yeung, MD[3,4,5]

2025

UNIVERSITY CHILDREN'S HOSPITAL ZURICH

Lythgoe H et al, Rheumatology 2018
Metko et al, J Cutan Med Surg 2025

Enfermedades difíciles de tratar

Dr. M. Theiler

- **Morfea refractaria a tratamiento**

response to treatment ↓

JAK-Inhibitors

handful of cases

adults >> children

tofacitinib mainly used (baricitinib, ruxolitinib)

Successful Treatment of Paediatric Morphea with Tofacitinib

Jun-Chi TANG[1,2], Wen-Yue ZHENG[2], Guang-Ming HAN[2], Shuang-fei LIU[1,2] and Bin YANG[1,2*]
[1]Department of Dermatology, Guangdong College of Clinical Dermatology, Anhui Medical University and [2]Department of Dermatology and Rheumatology, Dermatology Hospital of Southern Medical University, Guangzhou, China. *E-mail: yangbin1@smu.edu.cn
Accepted Mar 15, 2023; Published Apr 21, 2023
Acta Derm Venereol 2023; 103: adv4805. DOI: 10.2340/actadv.v103.4805

Use of the oral Janus kinase inhibitor tofacitinib in the treatment of morphea: A retrospective study

REVIEW ARTICLE

DERMATOLOGIC THERAPY WILEY

Janus kinase inhibitors for treatment of morphea and systemic sclerosis: A literature review

Scott McGaugh[1] | Penelope Kallis[1] | Anna De Benedetto[2] | Renee M. Thomas[3]

UNIVERSITY CHILDREN'S HOSPITAL ZURICH

Tang et al, Acta Derm Venereol 2023
Ansari MS et al, JAAD 2025
McGaugh S et al, Dermatol Ther 2022

CLINICAL LETTER

Localized Morphea in a Pediatric Patient Successfully Treated With Topical Ruxolitinib

Grace Rabinowitz | Nicholas Gulati | Saakshi Khattri | Justine Fenner

Kimberly and Eric J. Waldman Department of Dermatology, Icahn School of Medicine at Mount S

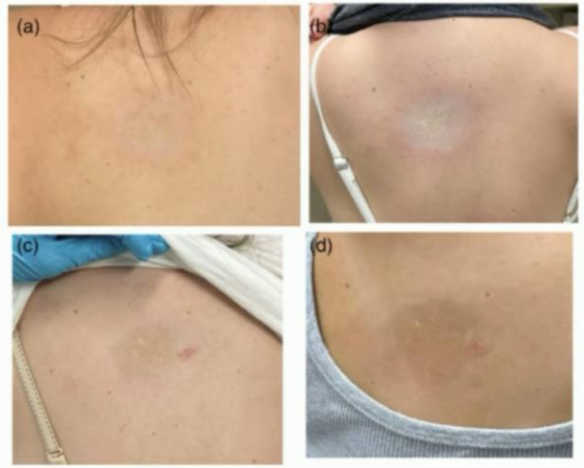


FIGURE 1 | (a) Hypopigmented plaque with mild shiny white wrinkling and a border of erythema on the upper back at presentation (MAM:1
(b) Worsening after 4 weeks of clobetasol ointment treatment (MAM:14). (c) Improvement after 4 months of ruxolitinib cream (MAM:1). (d) Residu
hyperpigmentation with improvement in skin texture after a total of 11 months of ruxolitinib cream treatment (MAM:0).

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Pediatr Dermatol 202

Enfermedades difíciles de tratar

Dr. M. Theiler

- **Morfea: biomarcador de gravedad, ¿predecir recurrencias?**

disease monitoring

Br J Dermatol 2025; **00**:1–8
https://doi.org/10.1093/bjd/ljaf267
Advance access publication date: 15 July 2025

BJD
British Journal of Dermatology
Translational Research

Validation of CXCL9 as a biomarker of morphoea disease state and severity through longitudinal analysis

Henry W Chen[1], **Grant Barber**[1], **Jennifer Foster**[1], **Christina K Zigler**[2], **Jack C O'Brien**[1] and **Heidi T Jacobe**[1]

[1]University of Texas Southwestern Medical Center, Department of Dermatology, Dallas, TX, USA
[2]Duke University School of Medicine, Department of Population Health Sciences, Durham, NC, USA
Correspondence: Heidi T. Jacobe. Email: heidi.jacobe@utsouthwestern.edu
H.W.C. and G.B. are co-first authors of this manuscript.

BJD

prospective longitudinal cohort study

133 patients with morphea (20 children)

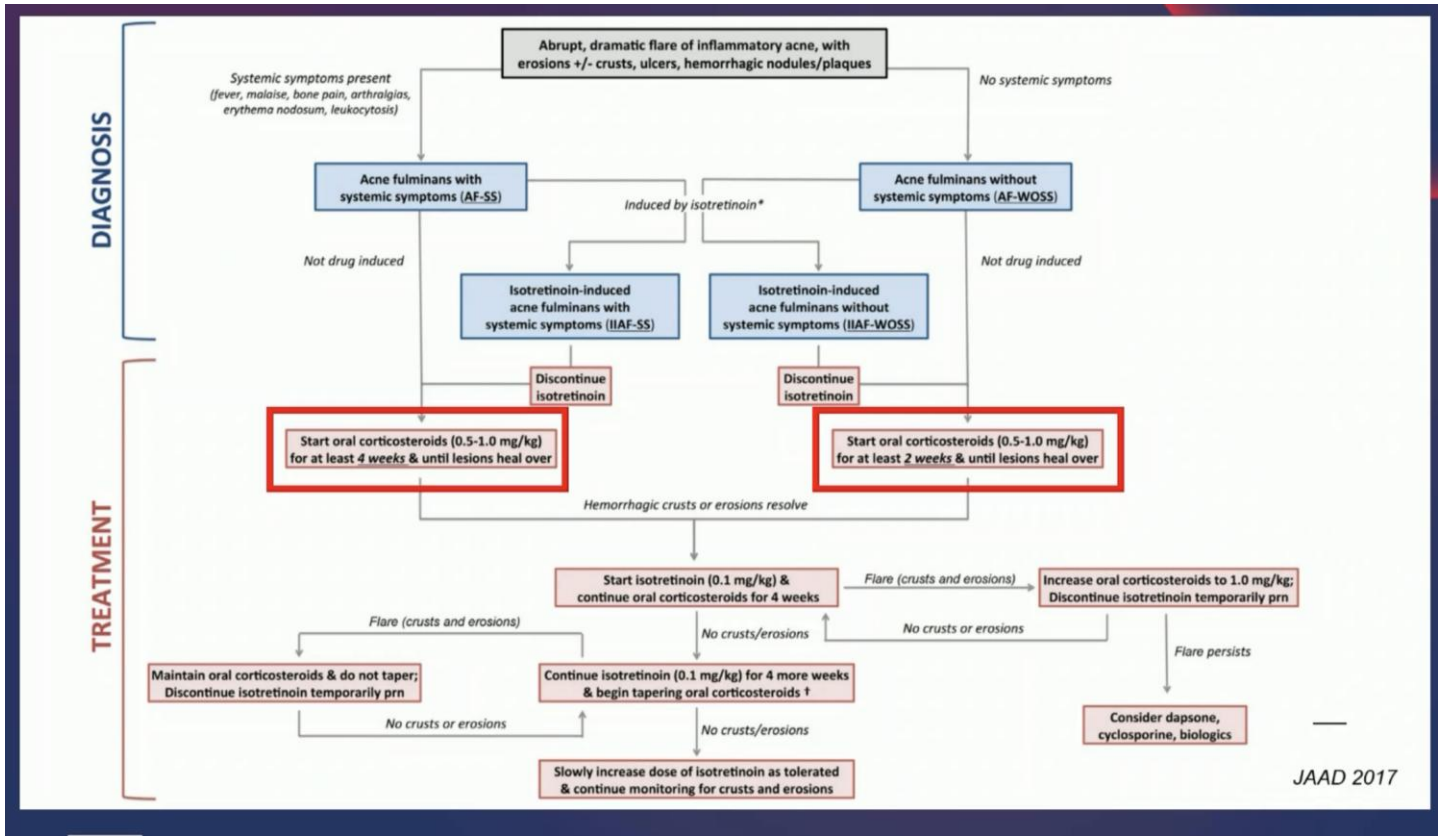
CXCL9 correlates with disease activity
- generalized > linear disease
- adults > children

Increase in CXCL9 may herald recurrences

Enfermedades difíciles de tratar

Dr. M. Theiler

- **Acné fulminans**



Steroid sparing agents in Acne fulminans

–TNF-alpha inhibitors
–Dapsone
–Ciclosporine A
–Colchicine
–Anakinra
–Ustekinumab

no steroid side effects
longer treatment durations possible

MINIREVIEW 2024 DDG

Tumor necrosis factor-α inhibitor treatment of acne fulminans – a clinical and literature review

Elisabeth Hjardem Taudorf | Mikkel Bak Jensen | Dorra Bouazzi | Carsten Sand | Simon Francis Thomsen | Gregor Borut Ernst Jemec | Ditte Marie Lindhardt Saunte

LETTER TO THE EDITOR 2024 JEADV

Efficacy of tumor necrosis factor-alpha inhibitors in the treatment of isotretinoin-induced acne fulminans

Giavedoni P et al, J Am Acad Dermatol 2014, e38-9
Nasseh J et al, J Eur Acad Dermatol Venereol 2024
Taudorf EH et al, J Dtsch Dermatol Ges. 2024
Gier H et al, Cureus. 2023
Lahrougui A et al, Cureus 2025

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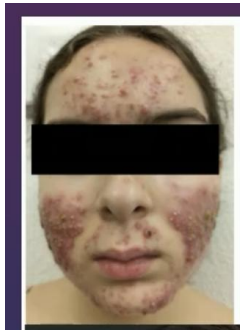


Isotretinoin slowly re-introduc
Ciclosporin low-dose maintai

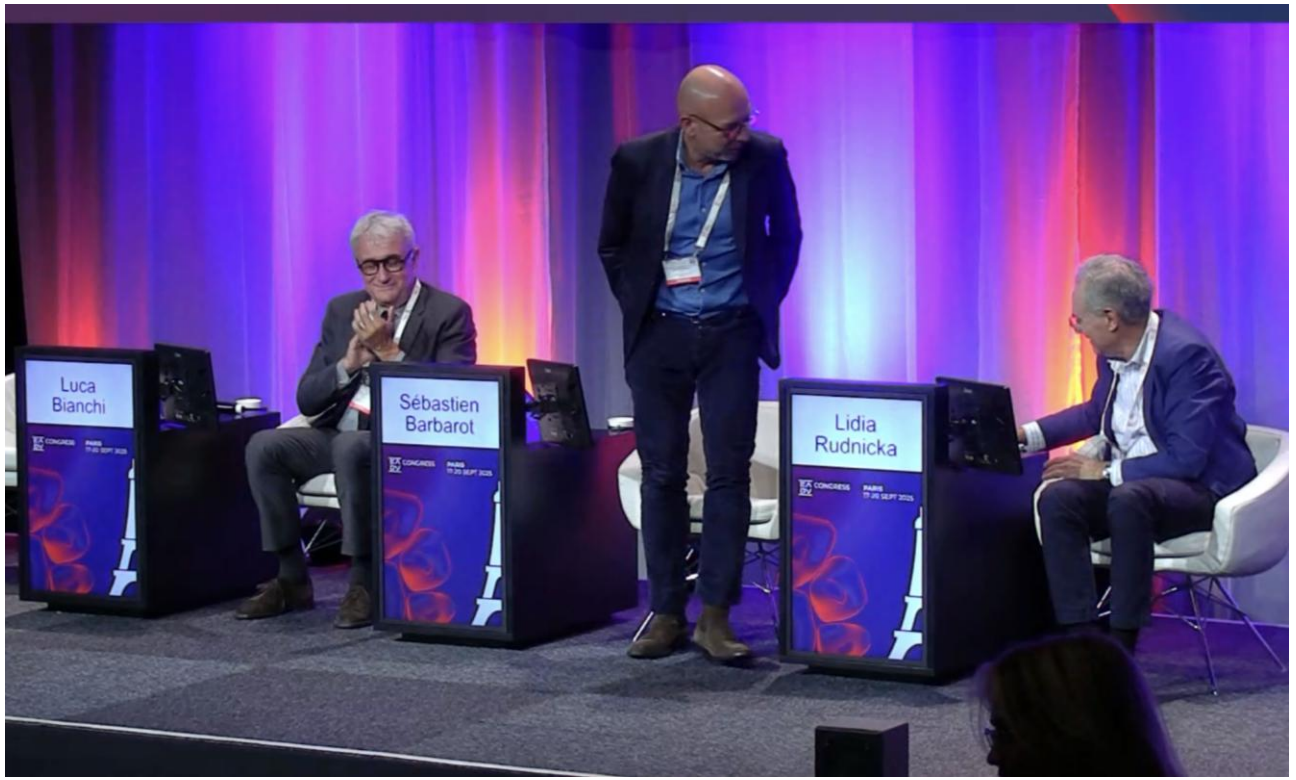
2x pulsed dye laser

Moluscos y verrugas: ¿tratar o no?

Dr. L. Bianchi– Dr. S. Barbarot- Dr. Torrelo.

- **CONTROVERSIA**

- **Individualizar**



ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

FUNDACIÓN AEDV PIEL SANA

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

Patrocina: ucb

2025 AEDV Highlights

34ª edición
17-20 sep
PARÍS

Brilla el futuro de *la dermatologia*,
donde nace *la luz*

La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2025.

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA 1909

FUNDACIÓN AEDV PIEL SANA

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

Patrocina: ucb

2025 AEDV Highlights

34ª edición
17-20 sep
PARÍS

Brilla el futuro de *la dermatología*,
donde nace *la luz*

GRACIAS