2025 AEDV Highlights

Diagnóstico por imagen en Dermatología y Dermatoscopia

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Academia Española de Dermatología y Venereología

Fundación AEDV Piel Sana

Patrocina: UCB

2025 AEDV Highlights

34ª edición
17-20 sep
PARÍS

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

NO TENGO CONFLICTOS DE INTERÉS

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

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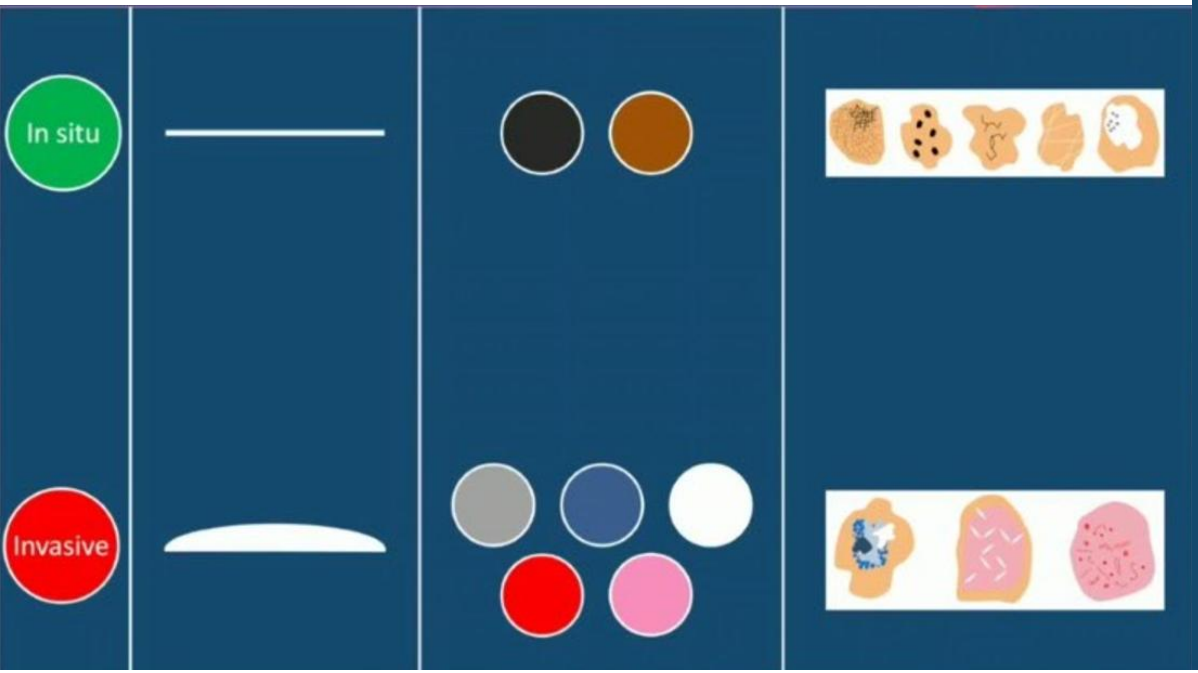
Patrocina: ucb

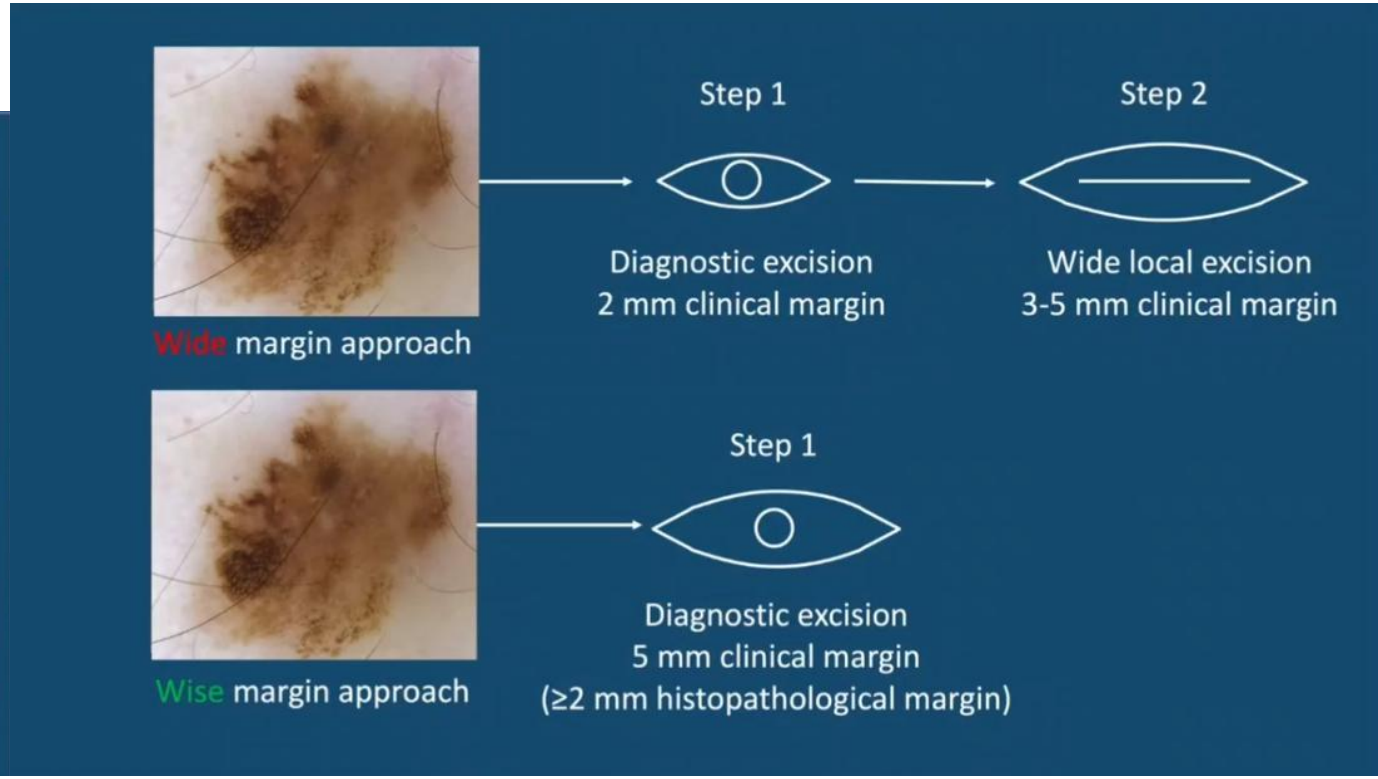
Índice resumen

- **Dermatoscopia**
  - Polarizada y no polarizada
  - Fluorescence UV
  - Sub-UV (405 nm)
  - High magnification (x400)
- **Microscopía Confocal** (in vivo y exvivo)
- **Confocal – OCT**

G. Argenziano – Melanoma and prognosis

- **Dermatoscopia y Breslow**





- **Modelos predictivos de metástasis de melanoma basados en dermatoscopia**
  - Regresión extensa (FP), velo azul blanquecino y ulceración (FR) ES en melanoma precoz

K. Korecka – BCC and SCC

EADV CONGRESS **What's new?**

RESEARCH LETTER · Volume 91, Issue 6, P1236-1239, December 2024

Dermatoscopic predictors of histopathologically aggressive basal cell carcinoma and their positive impact of subtype prediction by human readers

Elisa Camela, MD [a] · Paula Ilut Anca, MD [b] · Athanassios Kyrgidis, MD [c] · Konstantinos Lallas, MD [d] · Massimiliano Scalvenzi, MD [a] · Chryssoula Papageorgiou, MD [e] · Sofia-Magdalini Manoli, MD [f] · Theodosia Gkentsidi, MD [f] · Polychronia Eftychidou, MD [f] · Florentina Silvia Delli, MD [g] · Vlassios Eleftheriadis, MD [f] · Stella Sakellaropoulou, MD [f] · Ilias Papadimitriou, MD [f] · Iulia Maria Badiu, MD [h] · Ana Cutoiu, MD [i] · Katarzyna Korecka, MD [j] · Efstratios Vakirlis, MD [f] · Elena Sotiriou, MD [f] · Zoe Apalla, MD [e] · Aimilios Lallas, MD [f] Show less

Affiliations & Notes · Article Info

- Features of aggressive BCC: shiny white structures (45.5%), arborising telangiectasias (64.3%), and ulceration (55.4%).
- Aggressive BCC was more likely in the presence of white-porcelain areas (OR = 9.55), keratin masses (OR = 3.31), and in the absence of brown structures (OR = 1.70)
- Age, sex, and tumor location were not significantly associated with aggressive BCC
- White color is a strong predictor of aggressive subtypes. This is true for, both, scar-like white and white corresponding to keratin. We also found that aggressive tumors were more frequently ulcerated as compared to nonaggressive ones.

K. Korecka – BCC and SCC

EADV CONGRESS

What's new?

JAAD Online: Clinical pearl

'Plumage sign' helps clinician easily identify pigmented squamous cell carcinoma in situ

Erin Hurd, MSN, FNP-C, DCNP

Key words: dermatoscope; dermoscopy; feathers; general dermatology; pigment
Bowen disease; pigmented squamous cell carcinoma in situ; plumage sign.

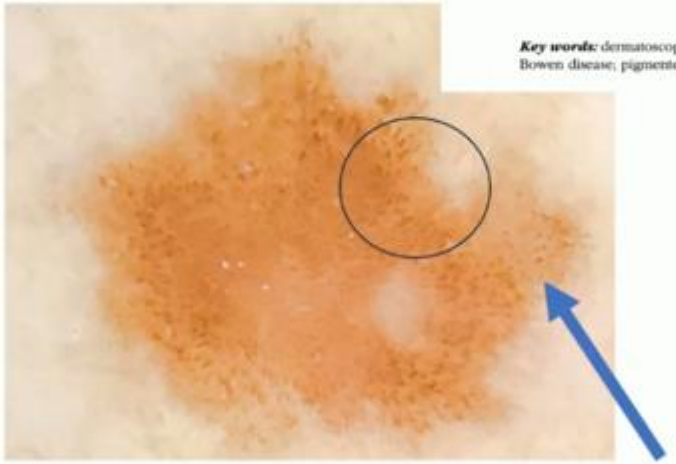
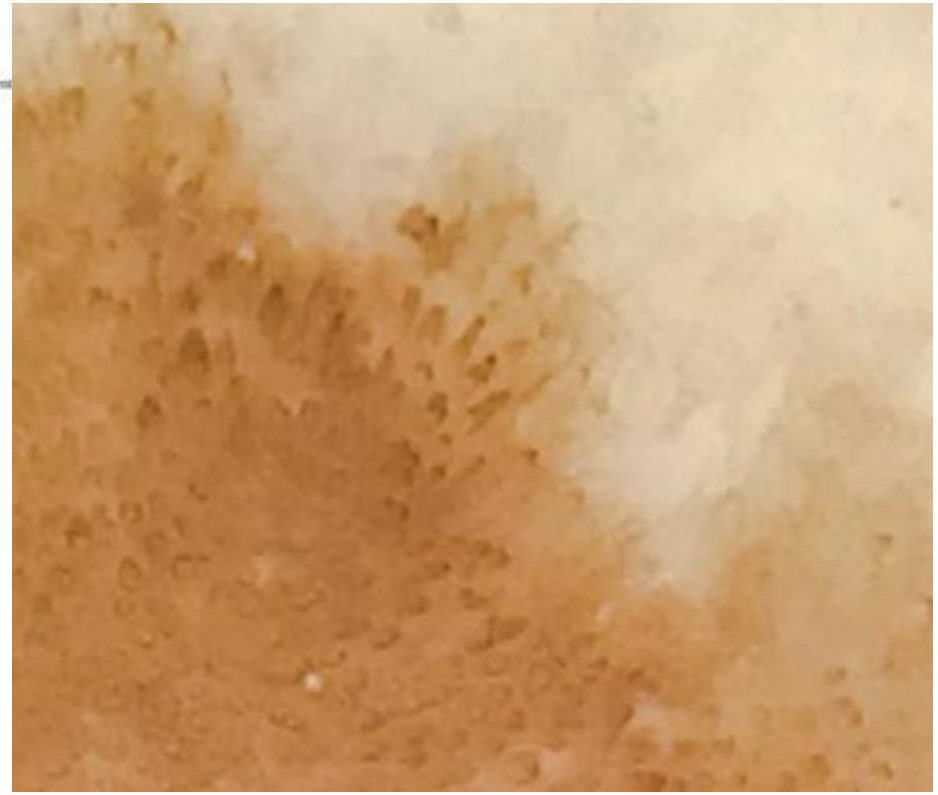


Fig 1. "Pigmented Bowen's disease and 'Plumage Sign' on a 65/M Rt pretibial region."



K. Korecka – BCC and SCC

JAAD Case Rep. 2024 Jul 8;51:54–55. doi: 10.1016/j.jdcr.2024.06.031

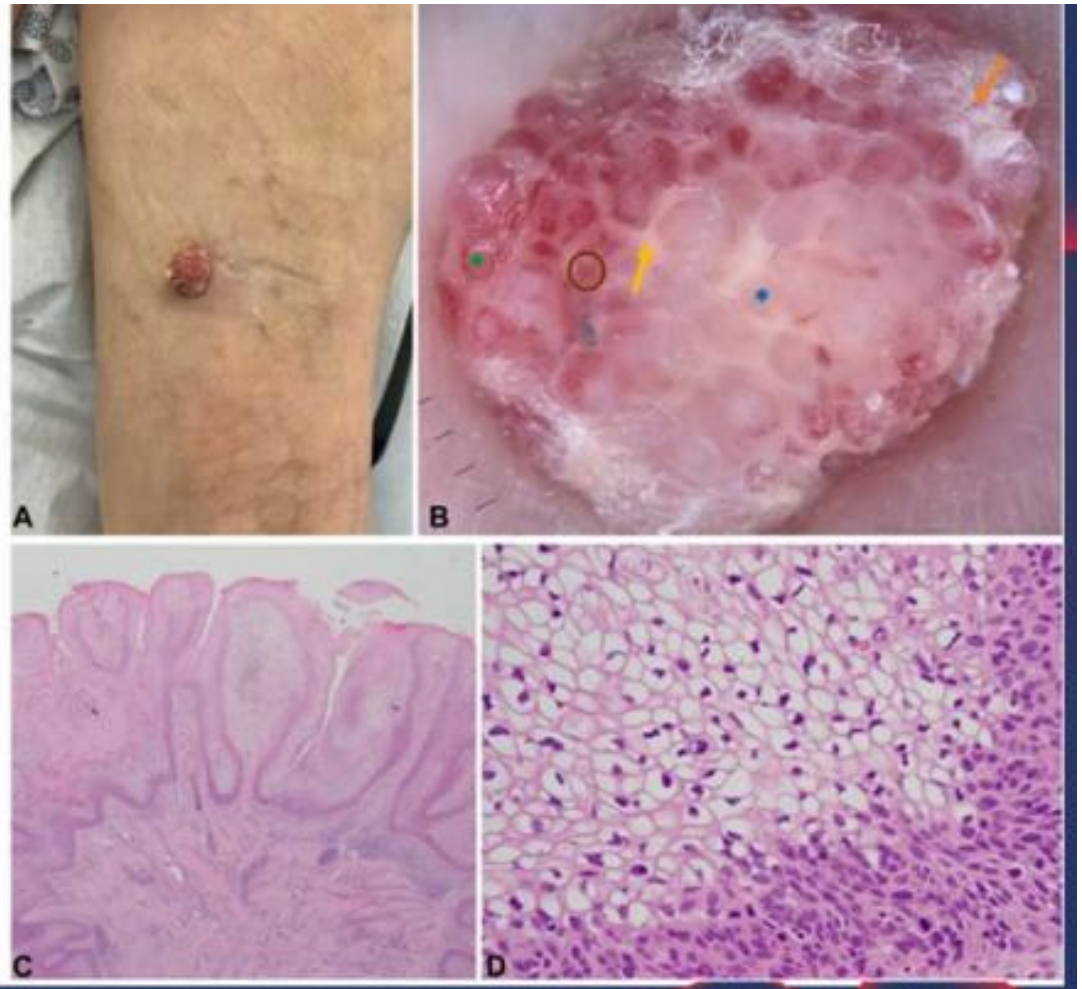
Dermoscopic features of papillated Bowen's disease

Jonathan Stevens [a,*], Claudia Schroder [b], Magdalena Delgado [c]

Author information · Article notes · Copyright and License information

PMCID: PMC11347039 PMID: 39188331

- An uncommon variant of Bowen's disease was recently (2017) reported – showing a verrucous appearance with a clear cell change
- The authors call it "milky red honeycomb": whitish septa separating whitish lacunae in the center, red lacunae on the periphery with some glomerular vessels inside, and small continuous whitish structureless areas on the periphery.



K. Korecka – BCC and SCC

- **Don't chase arborizing vessels alone** (especially on the face) as these can be normal vessels → risk of over-excision.

Ref: Mun, J.H.et al. ; Pitfalls of Using Dermoscopy in Defining Surgical Margins of Basal Cell Carcinoma.

- **Stretching dermoscopy**: is a technique that combines manual skin stretching with polarized dermoscopy to improve the visualization of BCC margins, especially on sun-damaged skin.
  The tumoral vessels become more distinguishable from superficial telangiectasias, leading to better margin delineation.

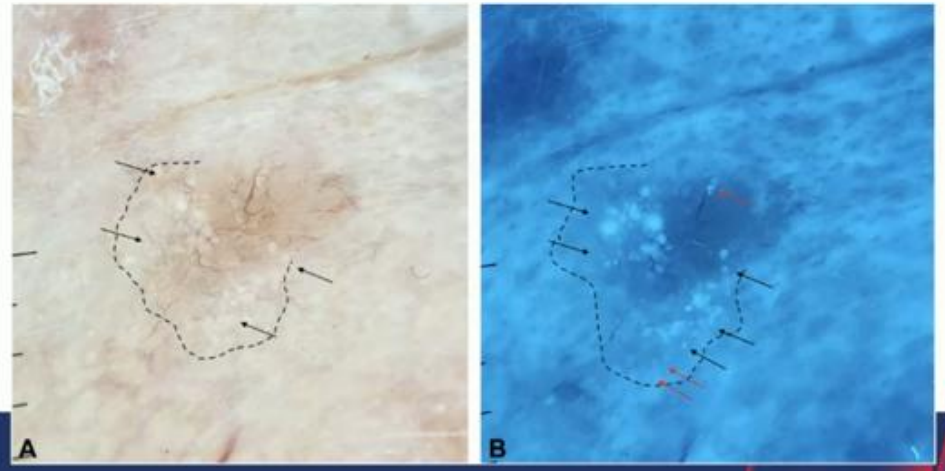
Ref: Cerci, et al.. "Stretching Dermoscopy" to Delineate the Margins of Basal Cell Carcinoma on Photodamaged Telangiectatic Skin

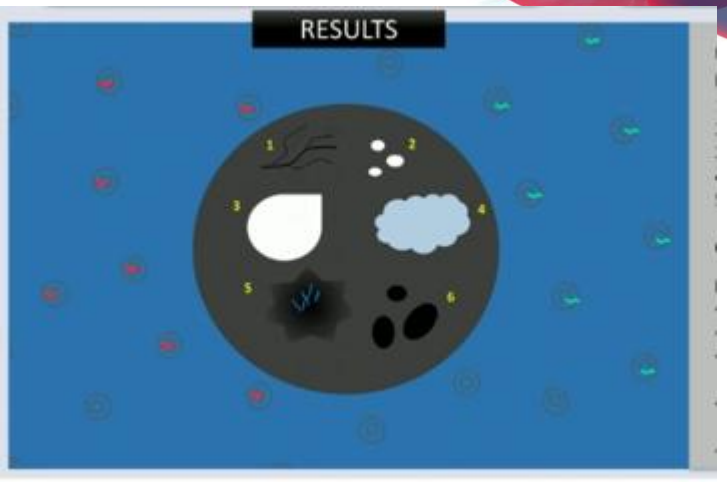
UVF dermoscopy

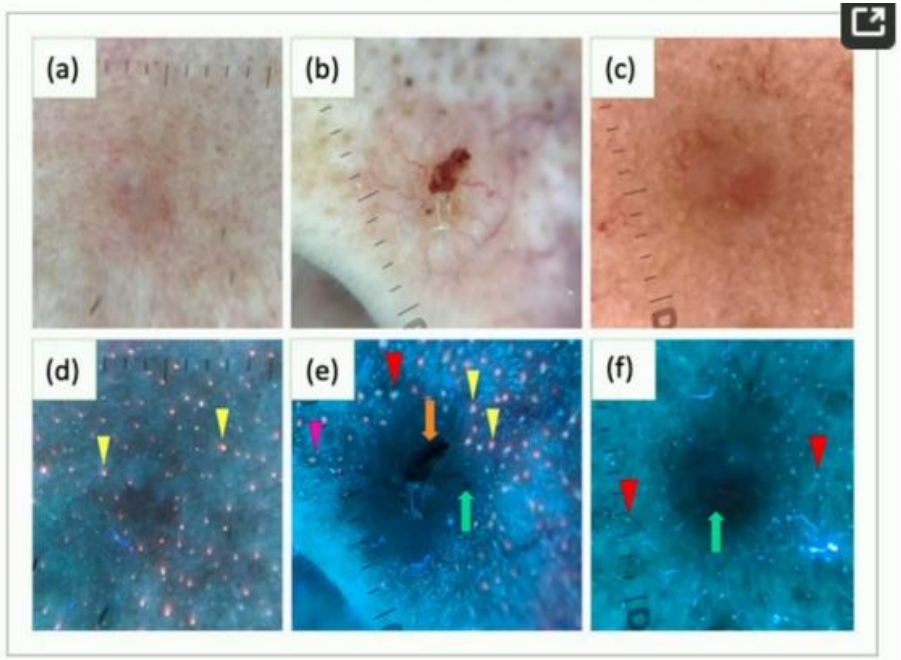
RESEARCH LETTER · Volume 91, Issue 6, P1250-1252, December 2024

The role of ultraviolet-induced fluorescence dermatoscopy for the detection of multiple aggregated yellow-white globules in basal cell carcinoma

Cristian Navarrete-Dechent, MD [a,b] · Pawel Pietkiewicz, MD, PhD [c] · Gisel Astronave, MD [d] · Nadeem G. Marghoob, MD [e] · Stephen W. Dusza, DrPH [f] · Josefina Lorenzoni, MD [a] · Manuela Boleira, MD [g] · Michael Cristopher, MD [h] · Rosario Aguero, MD [a] · Sergio Bustos, MD [a] · Natalia Jaimes, MD [i,j] · Maria Kurpis, MD [k] · Leonel Hidalgo, MD [a] · Alvaro Abarzua-Araya, MD [a,b] · Pablo Zoroquiain, MD, PhD [l] · Pablo Uribe, MD, PhD [a,b] · Consuelo Cárdenas, MD [a,b] · Katherine Droppelmann, MD, MSc [a,b] · Ashfaq A. Marghoob, MD [f] Show less







UVF dermoscopy

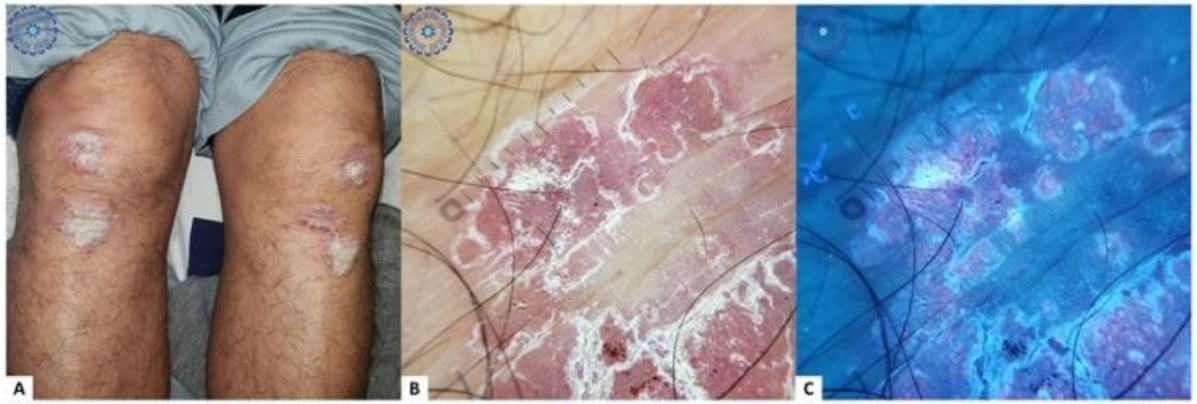


Figure 1: Clinical image (A), polarized dermoscopy (B), and UV mode imaging (C) of plaque psoriasis. Polarized dermoscopy shows homogeneous dotted vessels accompanied by whitish scales, whereas UV imaging highlights a pink-red fluorescence of the plaque.

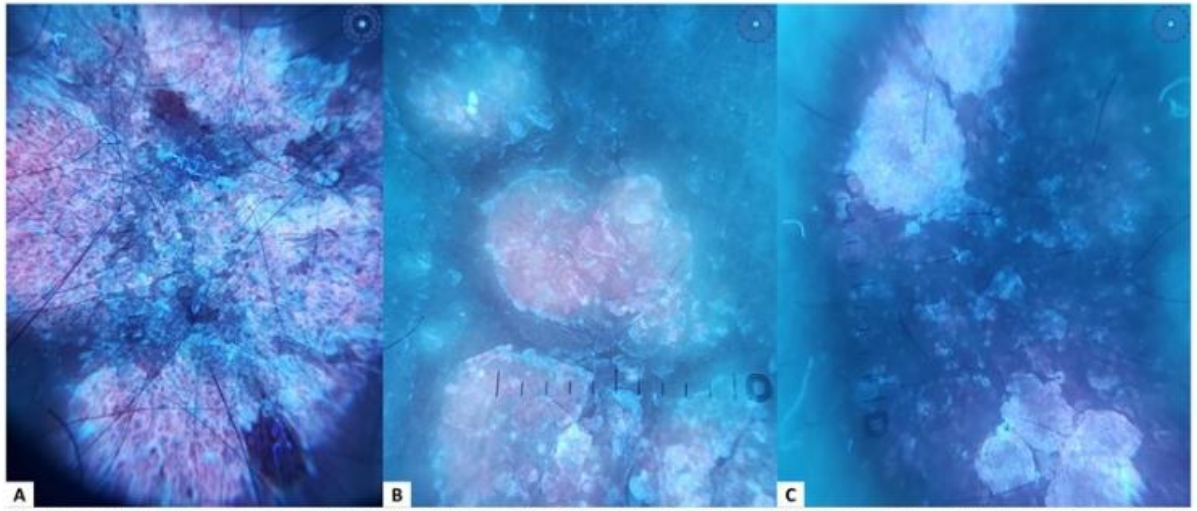


Figure 2: Proposed grading of pink-red fluorescence intensity on UV dermoscopy in psoriasis: high (A), moderate (B), and low (C).

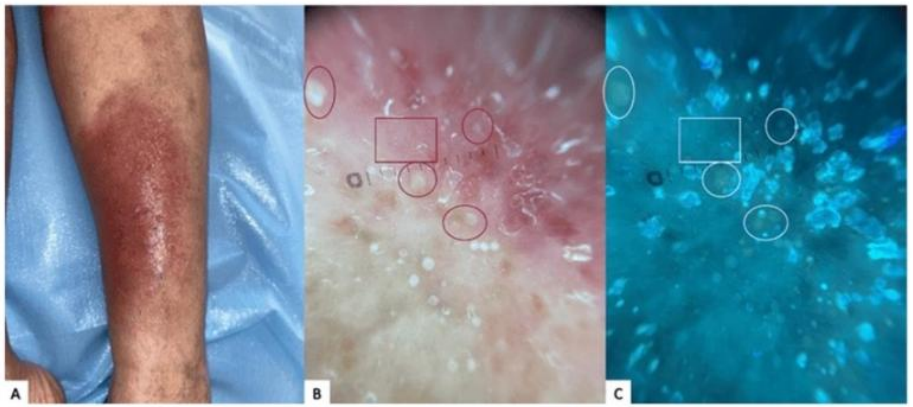


Figure 1: (A) Clinical presentation, (B) polarized dermoscopy, and (C) UV dermoscopy of pustular psoriasis. The polarized dermoscopic image shows dotted vessels (red squares) and milky-white pustules (red circles). Under UV mode, vessels appear as dark dots (white squares), and pustules exhibit greenish fluorescence (white circles).

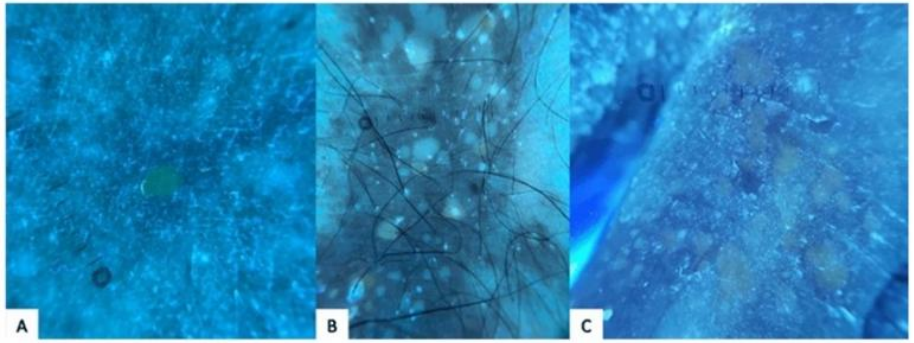


Figure 2: Proposed grading of green fluorescence intensity on UV dermoscopy in pustular psoriasis: high (A), moderate (B), and low (C).

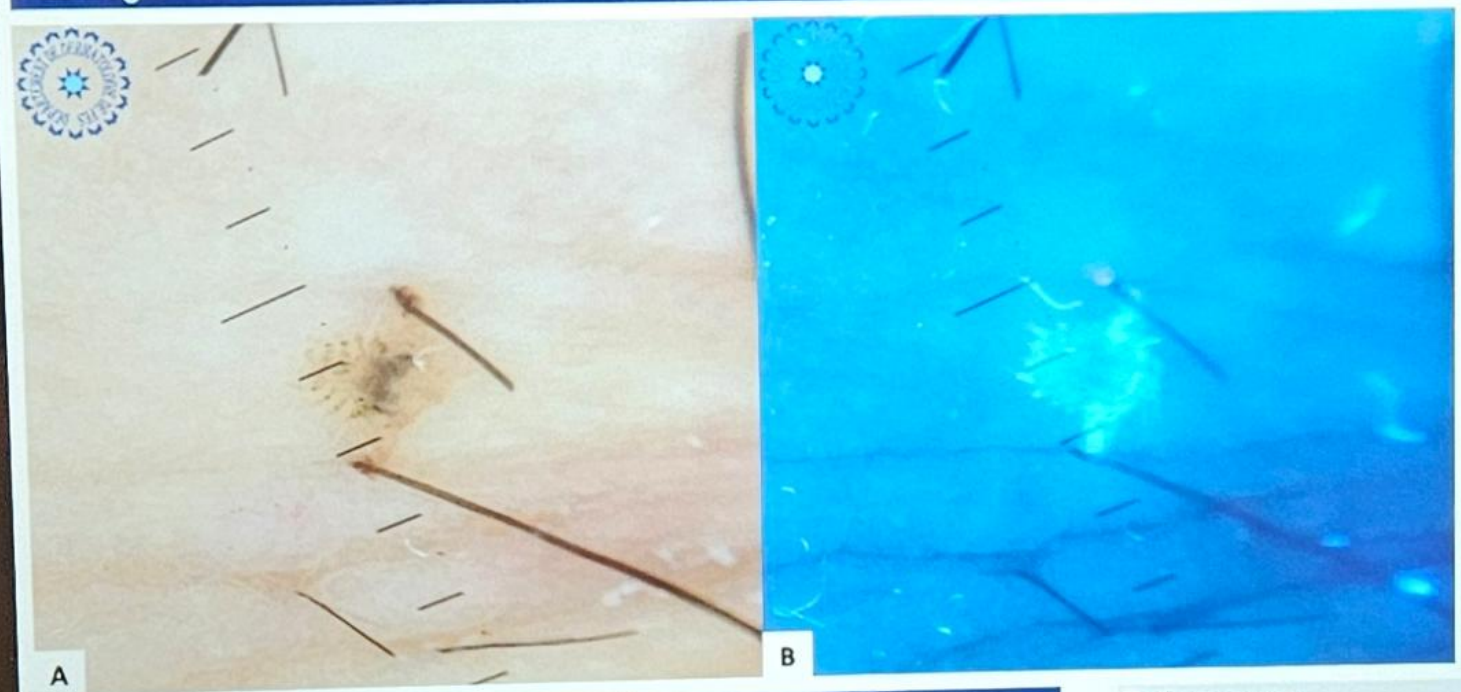
Conclusion:
This is the first study to systematically evaluate green fluorescence under UV dermoscopy in PP. The high specificity (93.3%) and sensitivity (86.7%)

UVF dermoscopy

visualization of the affected area and to explore the origin of this persistent pruritus.

Results:

Dermoscopy revealed both nits and multiple PP parasites, which exhibited a characteristic scorpion-like appearance. Notably, UV-induced fluorescence dermoscopy highlighted a novel feature, with bright blue fluorescence emitted by the entire body of PP, which we have termed the "glowing crab louse sign". The diagnosis of pubic lice was confirmed, and the patient was successfully treated with a dimeticone-based product. A full sexually transmitted infection screen was negative.



References:

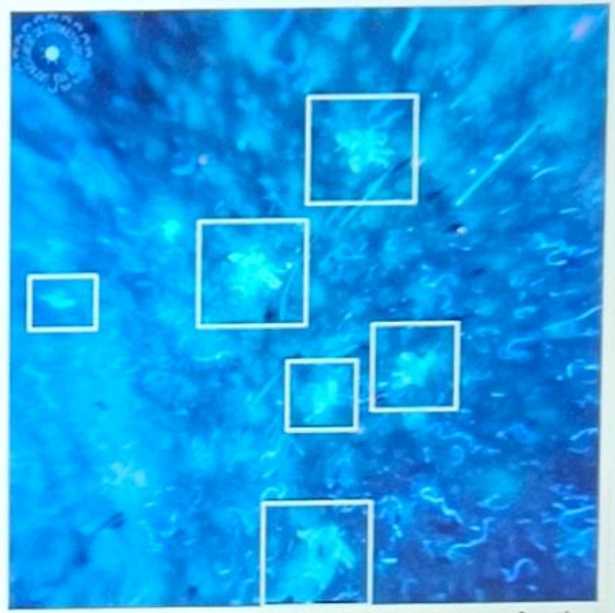
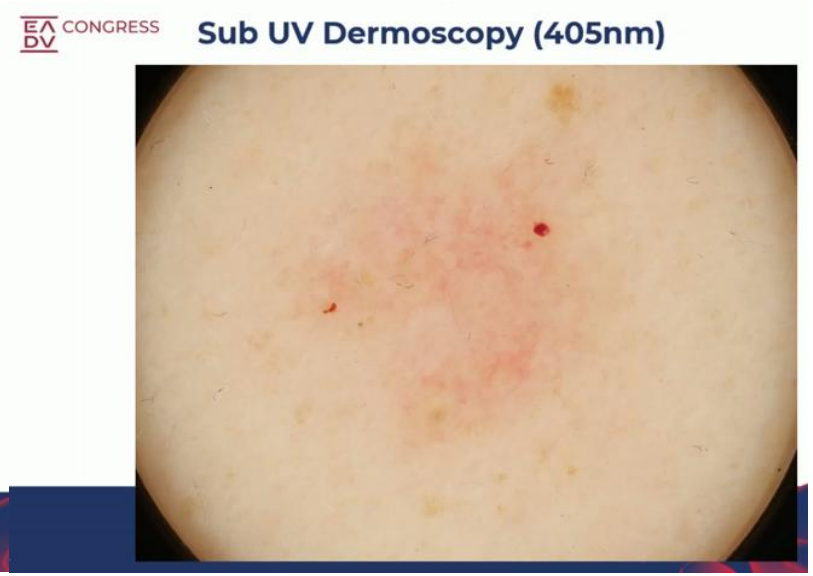
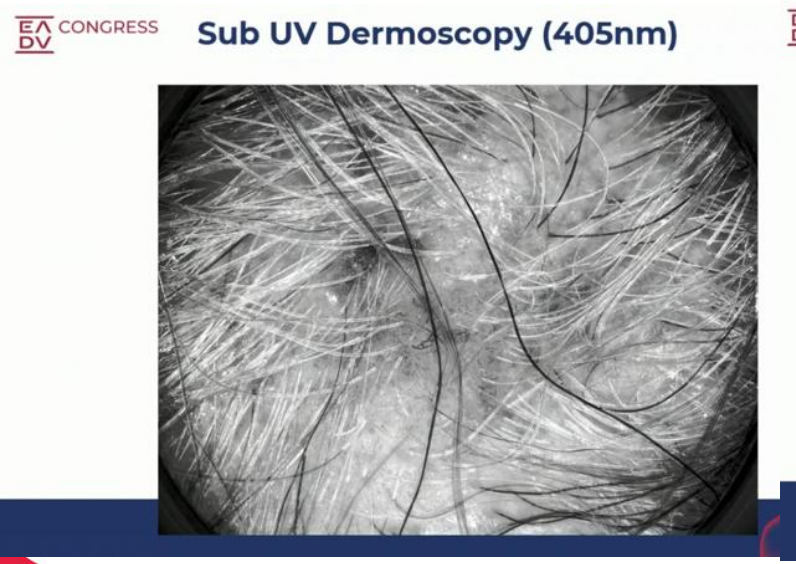


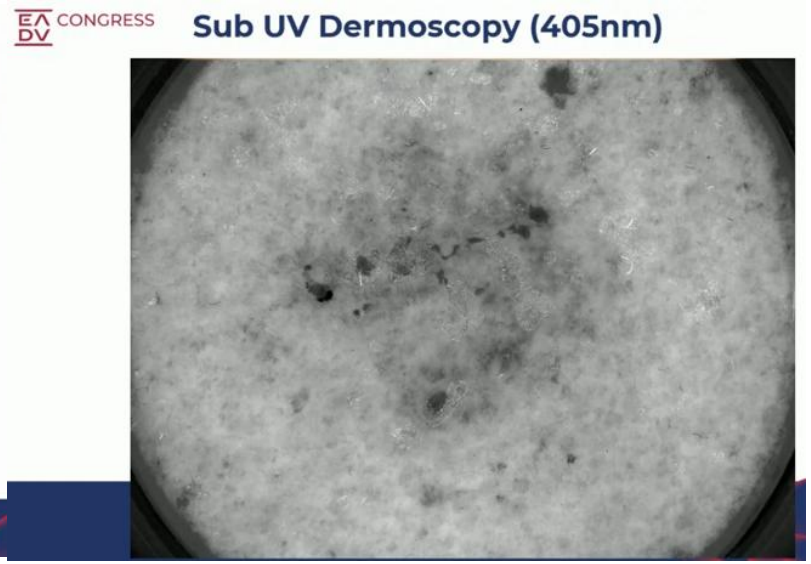
Figure 2: Blue fluorescence of the entire body of multiple *Pthirus pubis* under UV dermoscopy, demonstrating the "glowing crab louse sign" (white squares).

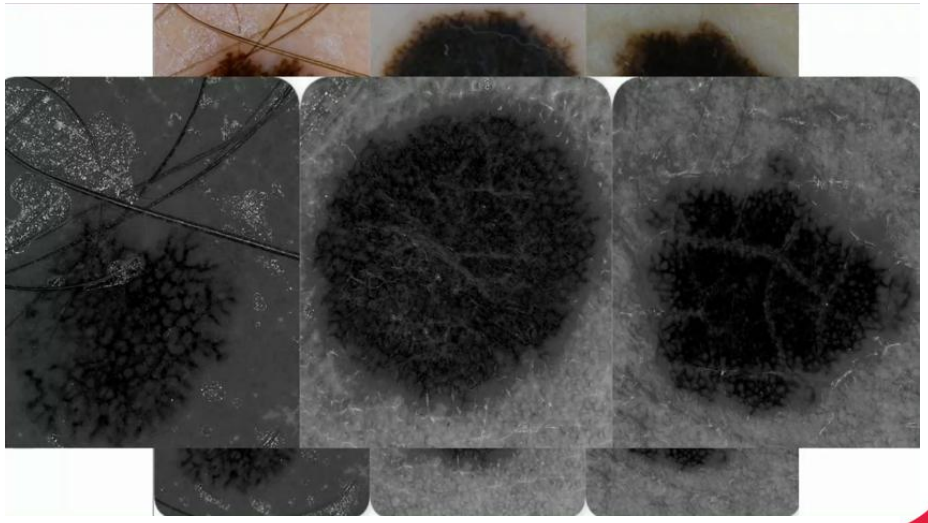
Figure 3: Dermoscopic images showing the scorpion-like appearance of *Pthirus pubis* (A), and the "glowing crab louse sign" under UV mode (B).

Sub UV dermoscopy (405 nm)









High magnification dermoscopy (x400)

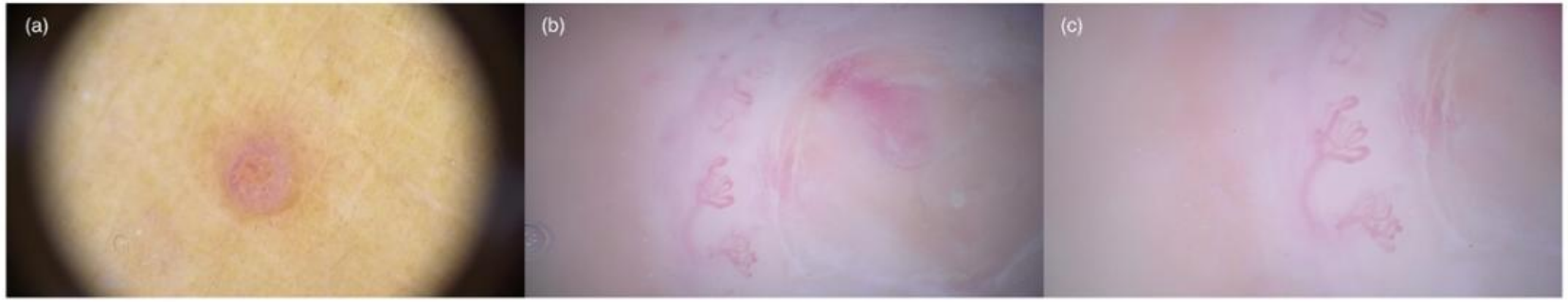
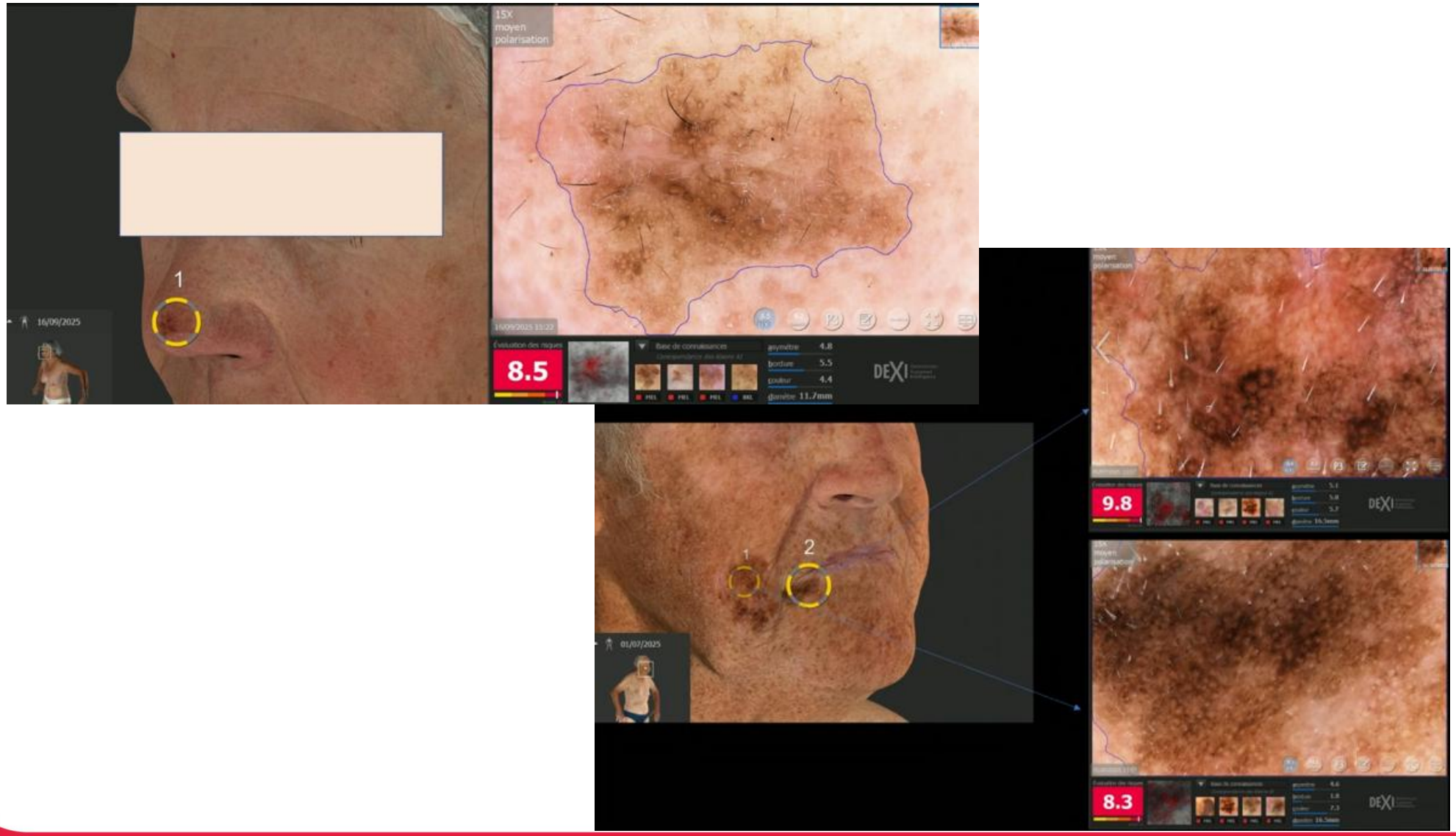


Figure 1. Dermoscopy of eccrine poroma at 20x (a), 300x (b) and 400x (c) magnification.

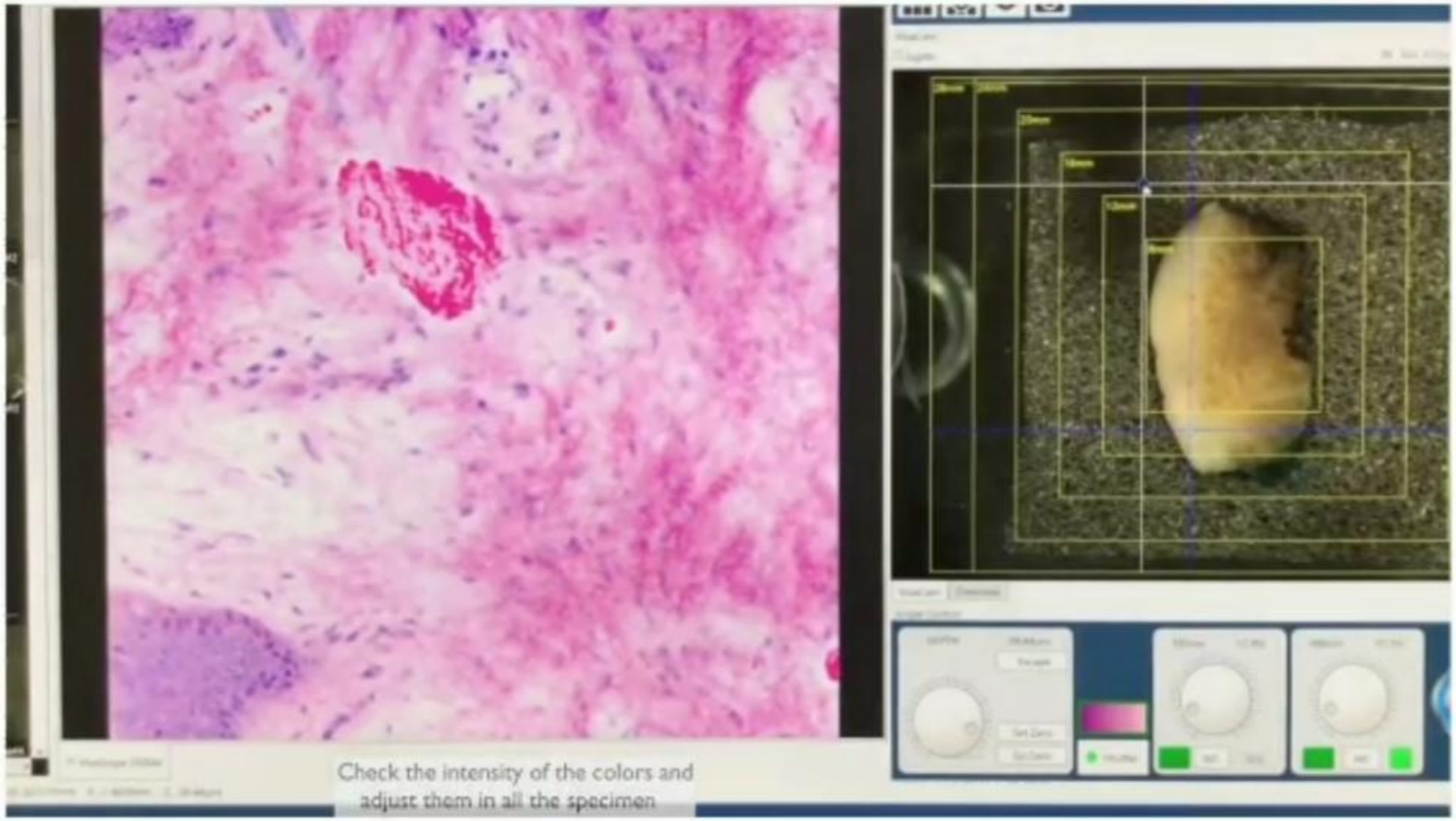
Discussion: Dermoscopy enhances the recognition of EP, where a polymorphous vascular pattern is typically observed. Among these, branched vessels with rounded terminal endings (branched vessels with looped/coiled terminal endings having a rounded silhouette) are regarded as a diagnostic clue. Yet, similar vascular features have also been reported in basal cell carcinoma (BCC), the most frequent differential diagnosis. In EP, however, vessels usually appear less prominent and less extensively branched than in BCC. These subtle vascular structures may escape detection with conventional dermoscopy.

Conclusion: The peculiar vascular morphology in EP may be hardly visible with conventional dermoscopy. HMD may be useful to better identify branched vessels with rounded endings in EP, improving the diagnostic accuracy compared to low magnification dermoscopy.

IA en dermatoscopia



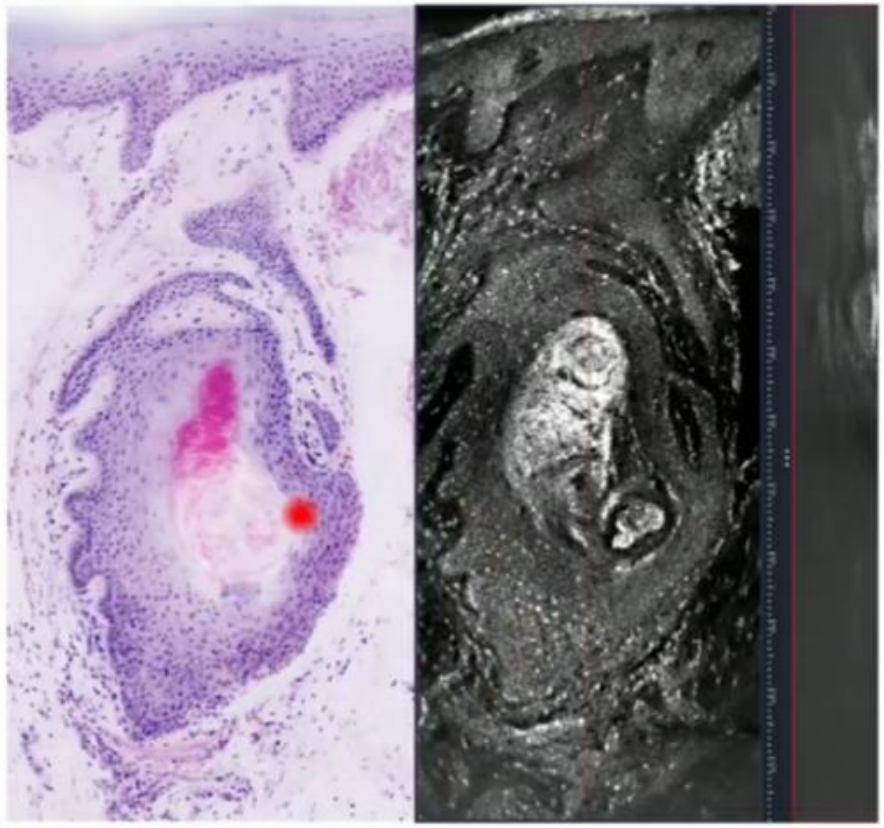
J. Perez-Anker – Confocal ex vivo



Pérez-Anker J, Puig S, Malvehy J. A fast and effective option for tissue flattening: Optimizing time and efficacy in ex vivo confocal microscopy. J Am Acad Dermatol. 2020 May;82(5):e157-e158.

J. Perez-Anker – Confocal ex vivo

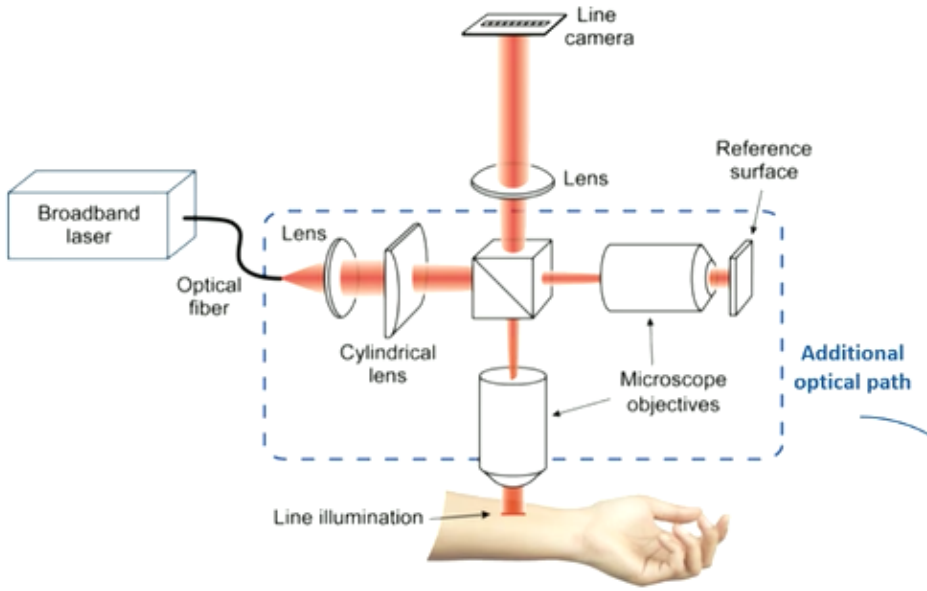
3D ex vivo imaging with LC-OCT



M. Suppa – LC-OCT

Line-Field Confocal Optical Coherence Tomography (LC-OCT)

combines the principles of **OCT** and **RCM** with **line illumination and detection**



- **High resolution** (1.3 µm x 1.1 µm)
- **High penetration** (500 µm)

Patent 2013 (Prof Arnaud Dubois)

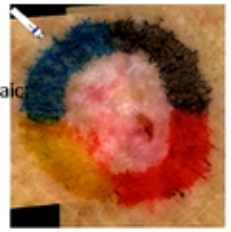
2016 – LIVE VERTICAL
- Resolution: 1.3 µm x 1.1 µm
- Image size: 1.2 mm x 0.5 mm
- Speed: 8 frames/s

2018 – LIVE HORIZONTAL
- Resolution: 1.3 µm x 1.3 µm
- Image size: 1.2 mm x 0.5 mm
- Speed: 8-15 frames/s

3D MODE
- Resolution: 1.3 µm x 1.3 µm x 1.1 µm
- Image size: 1.2 mm x 0.5 mm x 0.5 mm
- Speed: 8-15 seconds

2020 – Integrated dermoscopy
- Image of the surface of the skin
- Resolution: 4 µm x 4 µm
- Image size: 2,5 mm x 2,5 mm
- Live with vertical/horizontal/3D mode

2024 – Colocalized dermoscopy
- Image of the surface of the skin
- Resolution: 4 µm x 4 µm
- Image size: 0.9 cm x 1.4 cm (with mosaic unlimited)
- Before the LC-OCT examination



Mariano Suppa

LC-OCT

M. Suppa – LC-OCT

LC-OCT integrated & colocalized dermoscopy

Mariano Suppa

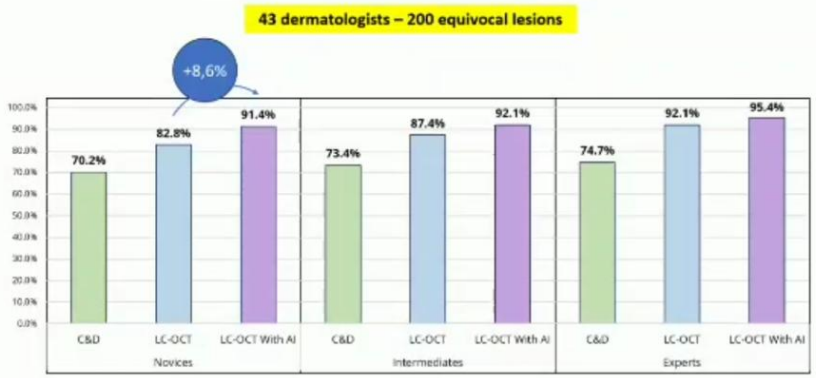
LC-OCT

M. Suppa – LC-OCT

LC-OCT for BCC: AI-assisted diagnosis

LC-OCT Monitoring of AK with AI (Protrusion)

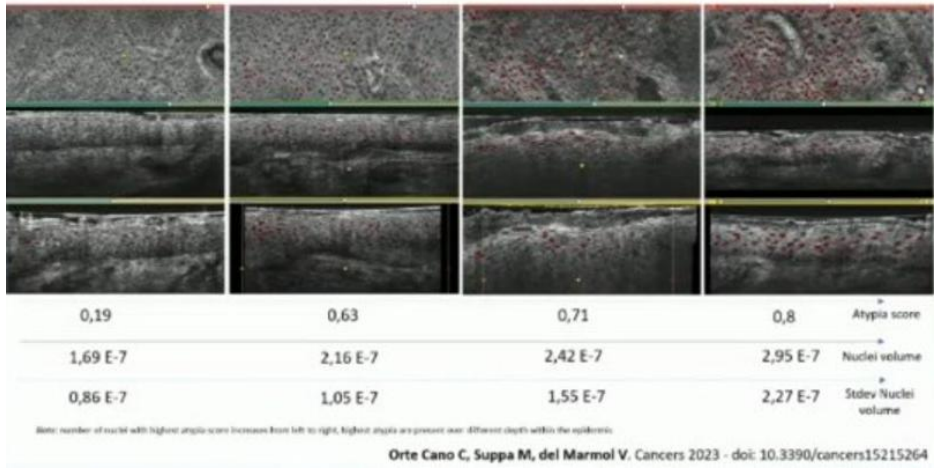
LC-OCT for BCC: AI-assisted diagnosis



Evolution of accuracy (%) by experience level

Fishmann *et al.* Manuscript accepted

Cells with atypia score >0,9 (highest atypia)



Orte Cano C, Suppa M, del Marmol V. Cancers 2023 - doi: 10.3390/cancers15215264

M. Suppa – LC-OCT

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