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*

2025 AEDV Highlights

Acné y rosácea

Lucía Pinto Pulido

Hospital Universitario Príncipe de Asturias

Instituto de Medicina y Dermatología Avanzada (IMDA)

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Sin conflictos de interés

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ROSÁCEA

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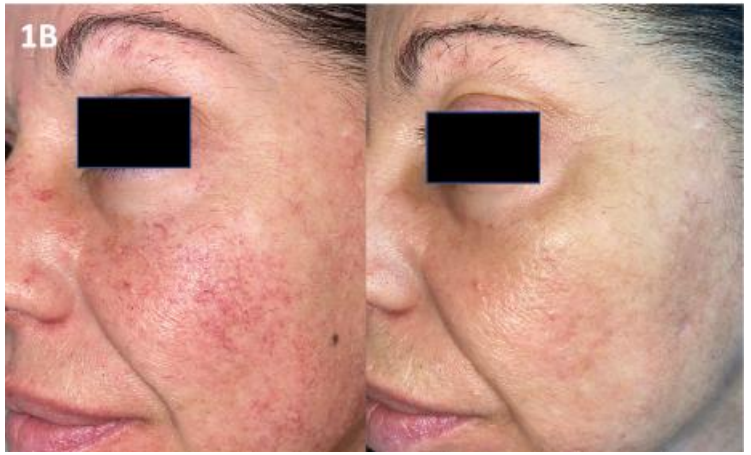
FUENTES DE LUZ

Efectividad y seguridad en rosácea de un nuevo dispositivo láser de 532-nm y 1.064-nm con pulsación secuencial variable y enfriamiento por espray criogénico

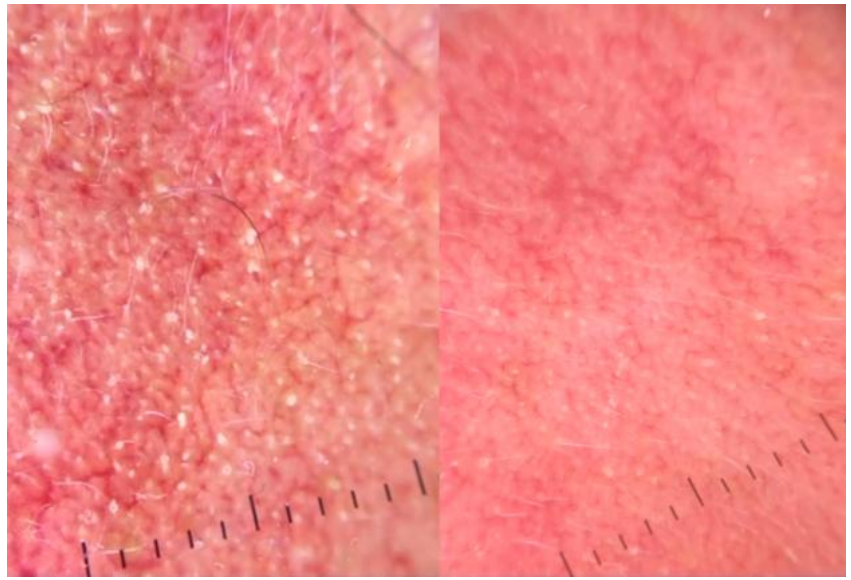
Assessing the Safety and Efficacy of a New 532-nm and 1064-nm Laser Device With Variable Sequencing and Cryogen Spray Cooling for Rosacea Treatment

E. Berna-Rico[a], J.J. Lluch-Galcera[b], B. Pérez-García[a], J. Naharro-Rodríguez[a], C. Azcárraga-Llobet[a], J. Company-Quiroga[a], P. Boixeda[a]

Variable	Basal, mediana (RIC)	Postratamiento[a],	*p*
IGA global	2,3 (2-3)	1 (0,7-1,7)	<0,001
IGA para eritema	2 (1,5-2,3)	0,7 (0,3-1)	<0,001
IGA para telangiectasia	1,7 (1-2)	0,7 (0,7-1)	<0,001
IGA para papulopústulas	1 (1-1,7)	0,5 (0-1)	<0,001



Demodex



Mastocitos

Mast cell stabilization: new mechanism underlying the therapeutic effect of intense pulsed light on rosacea

Original Research Paper | Published: 03 November 2022

Volume 72, pages 75–88, (2023) Cite this article

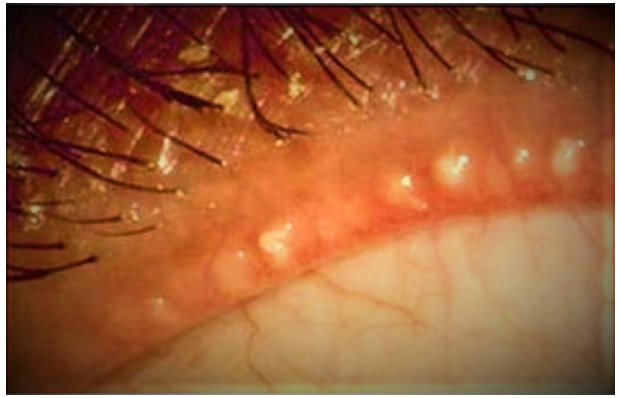
Peiyu Jiang, Yunyi Liu, Jiawen Zhang, Yixuan Liu, Min Li, Meng Tao, Yue Zhang, Zongxiang Tang, Wentao Liu & Yang Xu

Inflamm Res. 2023 Jan;72(1):75-88. doi: 10.1007/s00011-022-01635-6. Epub 2022 Nov 3.

Ojo seco

Intense pulsed light for improving dry eye disease in rosacea

Aria Vazirnia, MD, MAS,[a,b] Heidi Wat, MD,[a,b] Melissa J. Danesh, MD,[c] and R. Rox Anderson, MD[b,c]
Boston, Massachusetts



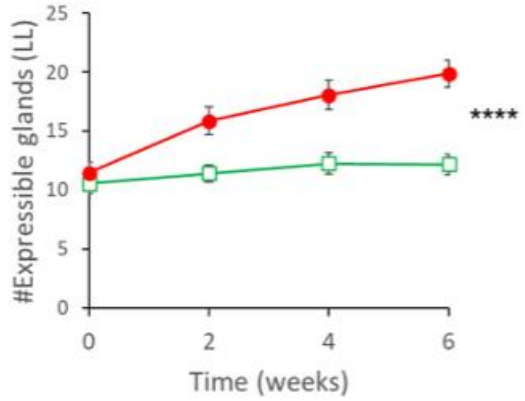
Glándulas de Meibomio

RESEARCH ARTICLE

Intense pulsed light improves signs and symptoms of dry eye disease due to meibomian gland dysfunction: A randomized controlled study

Rolando Toyos[1©*], Neel R. Desai[2©], Melissa Toyos[1©], Steven J. Dell[3©]

1 Department of Ophthalmology, Toyos Clinic, Germantown, Tennessee, United States of America, **2** Eye Institute of West Florida, Largo, Florida, United States of America, **3** Dell Laser Consultants, Austin, Texas, United States of America



TRATAMIENTOS ORALES

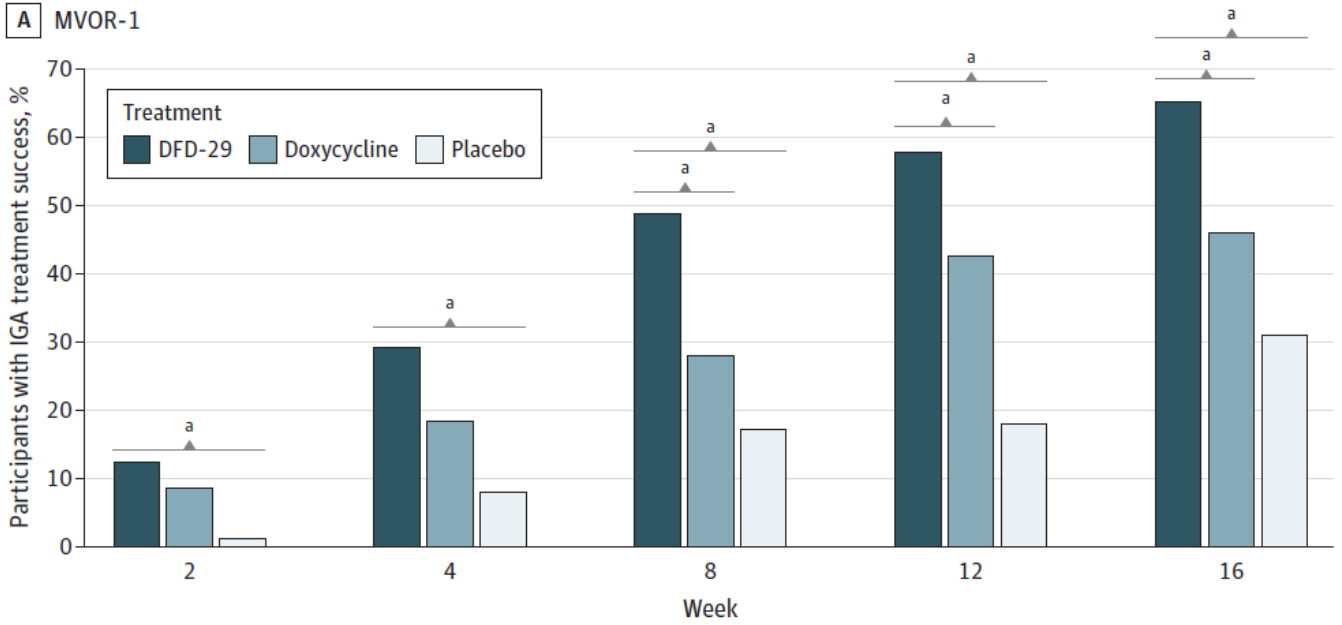
JAMA Dermatology | Original Investigation

Efficacy, Safety, and Tolerability of Oral DFD-29, a Low-Dose Formulation of Minocycline, in Rosacea
Two Phase 3 Randomized Clinical Trials

Neal Bhatia, MD; James Del Rosso, DO; Linda Stein Gold, MD; Edward Lain, MD; Zoe Diana Draelos, MD; Srinivas Sidgiddi, MD; for the MVOR-1 and MVOR-2 Study Investigators

JAMA Dermatol. 2025;161(5):499-507. doi:10.1001/jamadermatol.2024.6542
Published online March 5, 2025.

Figure 2. Proportion of Participants With Investigator's Global Assessment (IGA) Treatment Success in MVOR-1 and MVOR-2



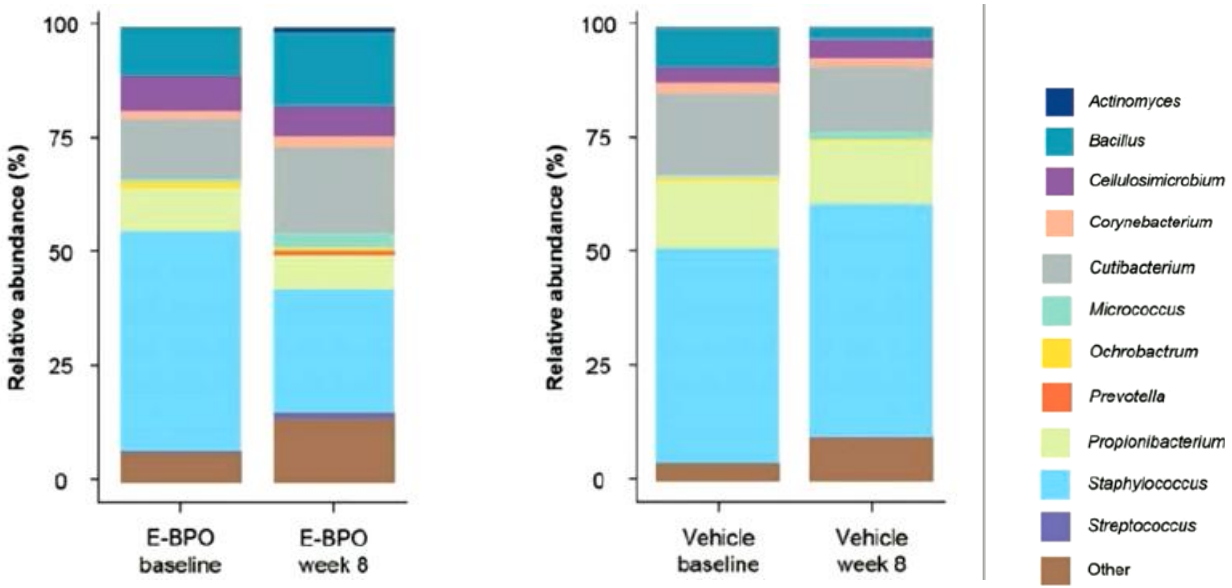
AE	MVOR-1 (n = 323)			MVOR-2 (n = 330)		
	DFD-29 (n = 122)	Doxycycline (n = 121)	Placebo (n = 80)	DFD-29 (n = 123)	Doxycycline (n = 125)	Placebo (n = 82)
≥1 Treatment-emergent AE	32 (26.4)	25 (21.6)	27 (35.5)	51 (41.8)	40 (33.1)	30 (36.6)
Any treatment-related treatment-emergent AE	6 (5.0)	7 (6.0)	8 (10.5)	8 (6.6)	9 (7.4)	3 (3.7)
Any serious AE	0	0	0	2 (1.6)	0	1 (1.2)
AEs leading to treatment discontinuation	0	2 (1.7)	1 (1.3)	2 (1.6)	0	2 (2.4)

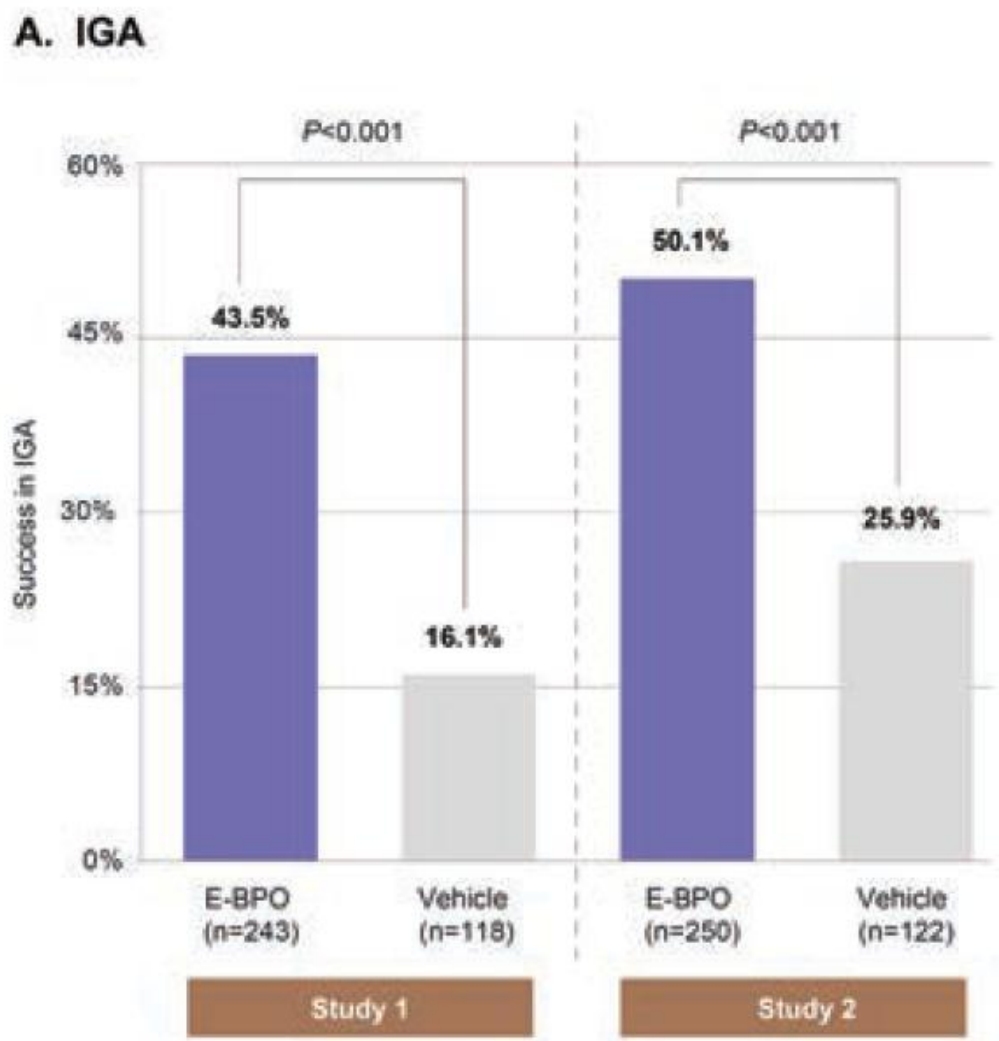
TRATAMIENTOS TÓPICOS

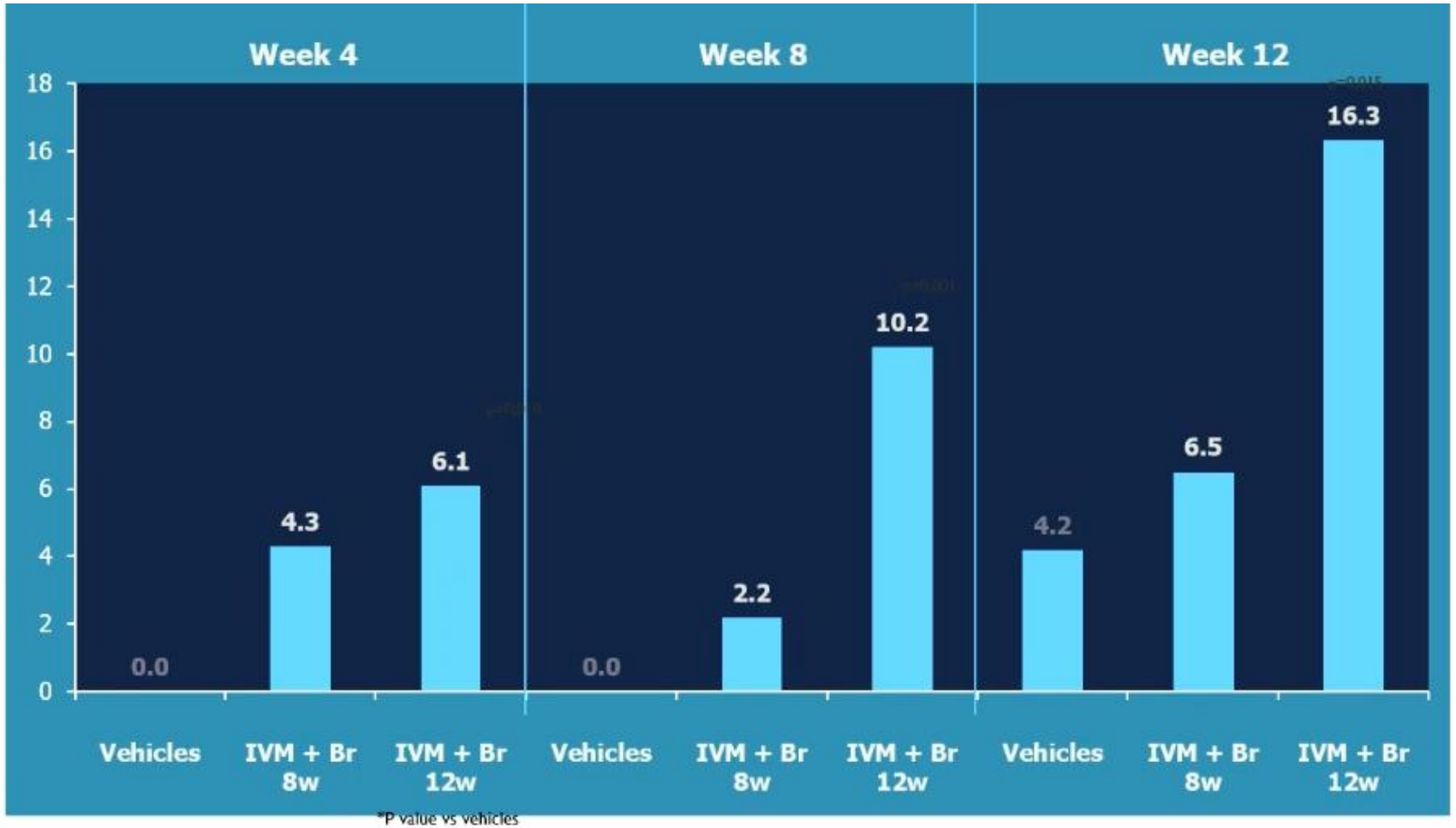
J Clin Aesthet Dermatol. 2023 Aug;16(8):34-40.

Efficacy and Safety of Microencapsulated Benzoyl Peroxide Cream, 5%, in Rosacea: Results From Two Phase III, Randomized, Vehicle-Controlled Trials

Neal D Bhatia [1], Wm Philip Werschler [2], Hilary Baldwin [3], Jeffrey Sugarman [4], Lawrence J Green [5], Ofra Levy-Hacham [6], Ori Nov [6], Vered Ram [6], Linda Stein Gold [7]





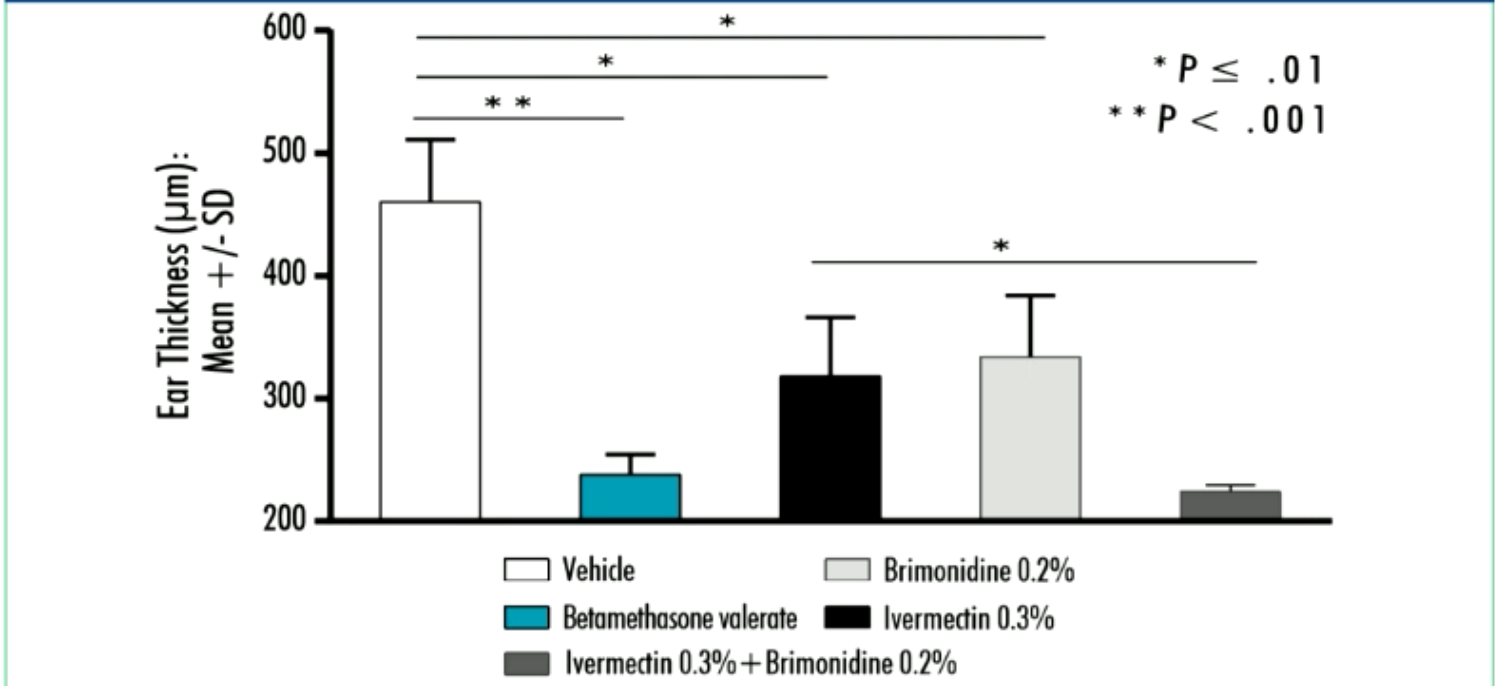


Rate of subjects who reached **100% of reduction in IVM + Br 12 Weeks was significantly superior to vehicles as early as Week 4** while only numerically greater compared with IVM + Br 8 Weeks

Gold LS, Papp K, Lynde C, Lain E, Gooderham M, Johnson S, Kerrouche N. Treatment of Rosacea With Concomitant Use of Topical Ivermectin 1% Cream and Brimonidine 0.33% Gel: A Randomized, Vehicle-controlled Study. J Drugs Dermatol. 2017 Sep 1;16(9):909-916.

Efecto sinérgico

Figure 1. Ear Edema Measured 6 Hours Post-treatment



Ear edema was induced in the right ear of female mice by topical application of TPA 0.01%, followed by treatment with: Topical vehicle, IVM (0.1% to 1%), BR (0.2%), IVM+BR, An anti-inflammatory control (betamethasone valerate 0.01%)

Poster 7642: AAD, San Diego 2018:THE ANTI-INFLAMMATORY PROPERTIES OF IVERMECTIN AND BRIMONIDINE IN THE TREATMENT OF PAPULOPUSTULAR ROSACEA

REVIEW | Open Access

Treatment of ocular rosacea: a systematic review

Shani Avraham, Sophie Khaslavsky, Nadia Kashetsky, Samantha Y. Starkey, Kirill Zaslavsky, Joseph M. Lam, Ilya Mukovozov

J Dtsch Dermatol Ges. 2024 Feb;22(2):167-174. doi: 10.1111/ddg.15290. Epub 2024 Jan 20.

Efficacy of Topical Ivermectin for the Treatment of Cutaneous and Ocular Rosacea

B Sobolewska [1], Deshka Doycheva [1], Christoph M Deuter [1], Martin Schaller [2], Manfred Zierhut [1]

Ocul Immunol Inflamm. 2021 Aug 18;29(6):1137-1141. doi: 10.1080/09273948.2020.1727531.

- N=10
- After 16 weeks, blepharitis (*P* = .004), and conjunctival redness (*P* = .008) had strongly improved, and grade 1 was seen in all patients until the end of follow-up.
- Fluorescein staining of the cornea (*P* = .001) and TBUT (*P* = .016) showed significant improvement until the last follow-up visit.

Erenumab- anti- CGRP mAB

- Association of migraine and rosacea
- Elevated CGRP levels
- Anti-calcitonin gene-related peptide receptor mAb (migraines)
- Nonrandomized clinical trial (n=30) moderate to severe erythema and/or flushing
- Outcomes: # of days of erythema, flushing weeks 9-12 (vs 4 week run-in)
- Dosing: 140mg q4 weeks for 12 weeks
- Mean days of flushing: -6.9 days (95%CI, -10.4 to -3.4)
- Mean days of severe erythema: -8.1 days (95%CI, - 12.5 to -3.7)

Reference: Weinholtz NK et al. JAMA Dermatology. 2024;160(6):612-620

Erenumab- anti- CGRP mAB (NCT04419259)

2025 AEDV Highlights

ACNÉ

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Patrocina: ucb

Guidelines of care for the management of acne vulgaris

Rachel V. Reynolds, MD (Co-Chair),[a] Howa Yeung, MD, MSc,[b] Carol E. Cheng, MD,[c] Fran Cook-Bolden, MD,[d] Seemal R. Desai, MD,[e,f] Kelly M. Druby, BSN,[g] Esther E. Freeman, MD, PhD,[h] Jonette E. Keri, MD, PhD,[i,j] Linda F. Stein Gold, MD,[k] Jerry K. L. Tan, MD,[l,m] Megha M. Tollefson, MD,[n] Jonathan S. Weiss, MD,[b,o] Peggy A. Wu, MD, MPH,[p] Andrea L. Zaenglein, MD,[q] Jung Min Han, PharmD, MS,[r] and John S. Barbieri, MD, MBA (Co-Chair)[s]

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

Management of Acne Vulgaris

Adults, adolescents, and preadolescents (≥ 9 years) with acne vulgaris

Baseline Evaluation

SEVERITY ASSESSMENT:

- Acne objective severity should be assessed consistently, using the Physician Global Assessment (PGA) or other scales
- Assess satisfaction with appearance, extent of scar / dark marks, treatment satisfaction, long-term acne control, and impact on quality of life.

Routine microbiological and endocrine testing are not indicated

Mild

TOPICAL TREATMENTS

Multimodal therapy combining multiple mechanisms of action is recommended

Topical retinoids

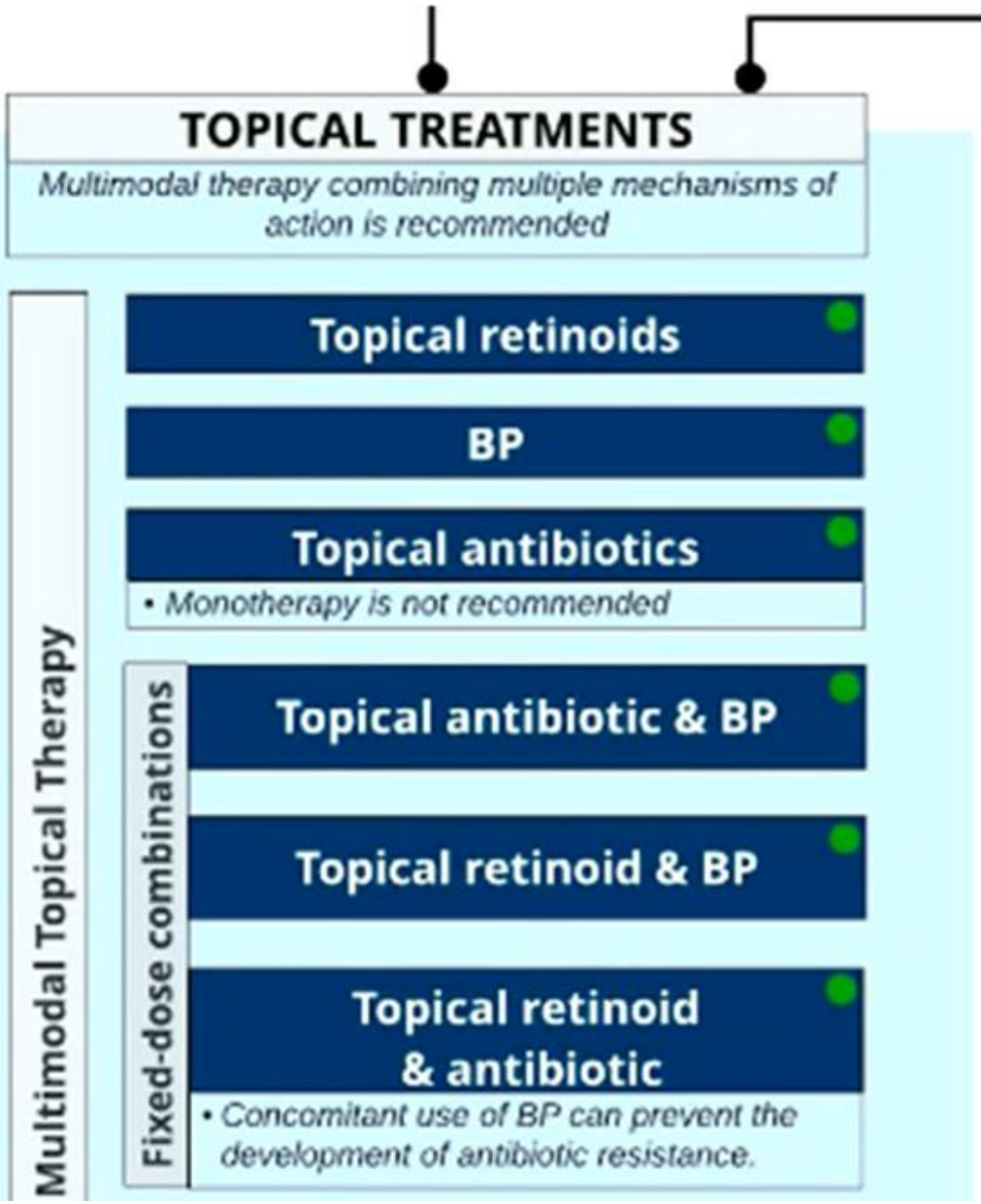
Moderate to severe

SYSTEMIC ANTIBIOTICS

Limit systemic antibiotic use when possible to reduce the development of antibiotic resistance and other antibiotic-associated complications.

Use concomitant BP and other topical treatment

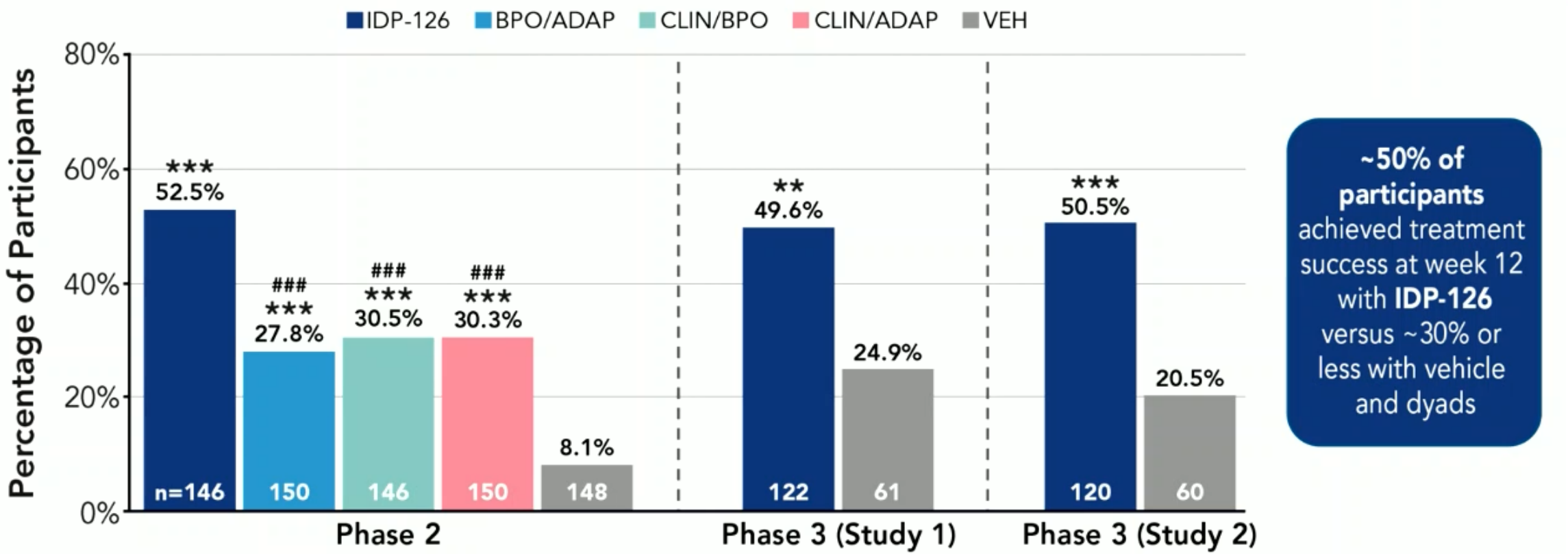
TOPICAL TREATMENTS



No.	Recommendation	Strength
Topical agents		
1.1	When managing acne with topical medications, we recommend multimodal therapy combining multiple mechanisms of action.	
1.2	For patients with acne, we recommend benzoyl peroxide.	Strong
1.3	For patients with acne, we recommend topical retinoids.	Strong
1.4	For patients with acne, we recommend topical antibiotics Remark: Topical antibiotic monotherapy is not recommended.	Strong

Multimodal **combined therapy**

- **BENZOYL PEROXIDE**
- **RETINOIDS**
- **TOPICAL ANTIBIOTICS**



~50% of participants achieved treatment success at week 12 with **IDP-126** versus ~30% or less with vehicle and dyads

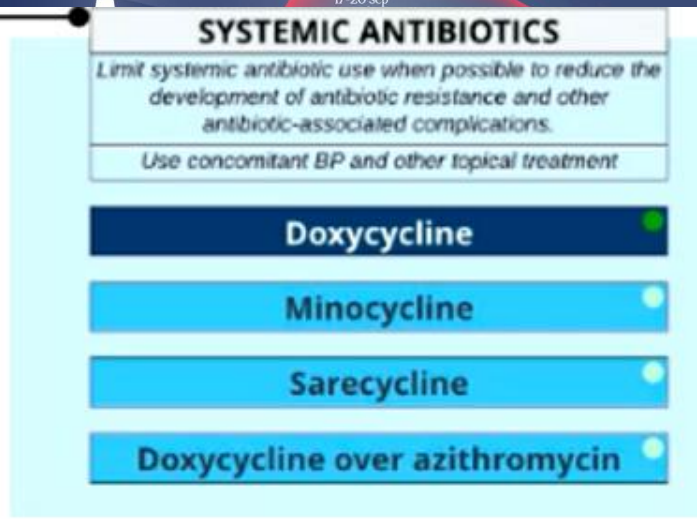
old et al, "Efficacy and Safety of a Fixed-Dose Clindamycin Phosphate 1.2%, Benzoyl Peroxide 3.1%, and Adapalene 0.15% Gel for Moderate-to-Severe Acne: ized Phase 2 and Phase 3 Studies of the First Triple-Combination Drug," Presented at American Academy of Dermatology 2022 • March 25-29, 2022

Topical agents				
1.1	When managing acne with topical medications, we recommend multimodal therapy combining multiple mechanisms of action.	Good practice statement		
1.2	For patients with acne, we recommend benzoyl peroxide.	Strong	Moderate	63-70
1.3	For patients with acne, we recommend topical retinoids.	Strong	Moderate	59,60,62-64,71-83
1.4	For patients with acne, we recommend topical antibiotics Remark: Topical antibiotic monotherapy is not recommended.	Strong	Moderate	66,68,69,71,79,84-92
1.5	For patients with acne, we conditionally recommend clascoterone.	Conditional*	High	93,94
1.6	For patients with acne, we conditionally recommend salicylic acid.	Conditional	Low	95
1.7	For patients with acne, we conditionally recommend azelaic acid.	Conditional	Moderate	96-98
1.8	For patients with acne, we recommend fixed dose combination topical antibiotic with benzoyl peroxide	Strong	Moderate	66,68,69,99-106
1.9	For patients with acne, we recommend fixed dose combination topical retinoid with topical antibiotic. Remark: Concomitant use of benzoyl peroxide is recommended to prevent the development of antibiotic resistance.	Strong	Moderate	71,79,99,107,108
1.10	For patients with acne, we recommend fixed dose combination topical retinoid with benzoyl peroxide.	Strong	Moderate	63,64,99,109-113

SYSTEMIC ANTIBIOTICS

Oral tetracycline-class antibiotics: Doxycycline, Minocycline, and Sarecycline.

Doxycycline has demonstrated more efficacy.

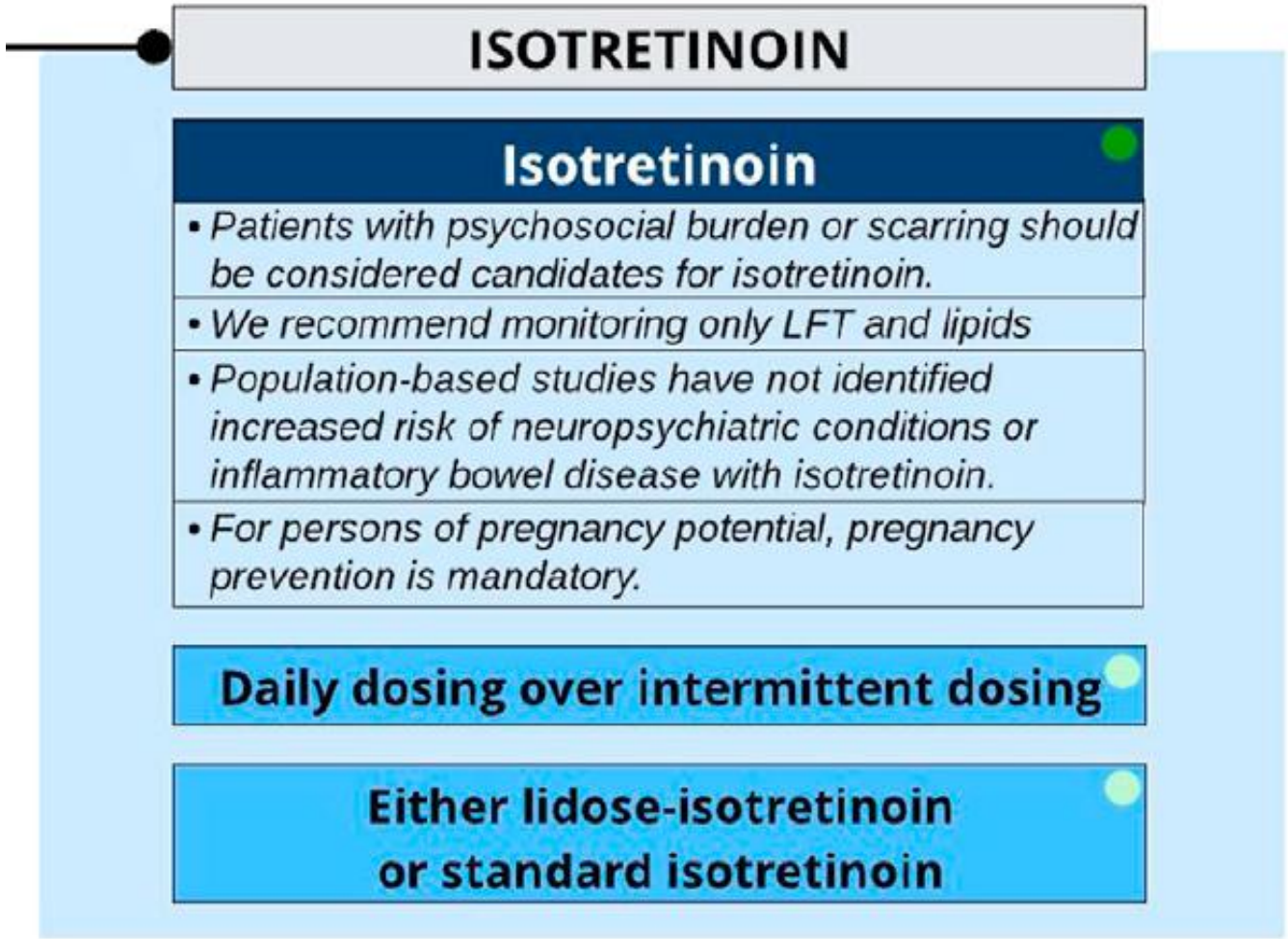


2.1 **For patients with acne, we recommend doxycycline.** **Strong**

Limiting the use of systemic antibiotics when possible to reduce the development of **antibiotic resistance.**

Oral antibiotics should not be used as monotherapy. Limit its use to the shortest duration possible - **no more than 3 months.**

Isotretinoína



Laboratory monitoring:

- liver function tests (AST/ALT)
- fasting lipid panel (TG)
- pregnancy test (monthly)

→ At baseline, at peak dose, (± every 3 months?)

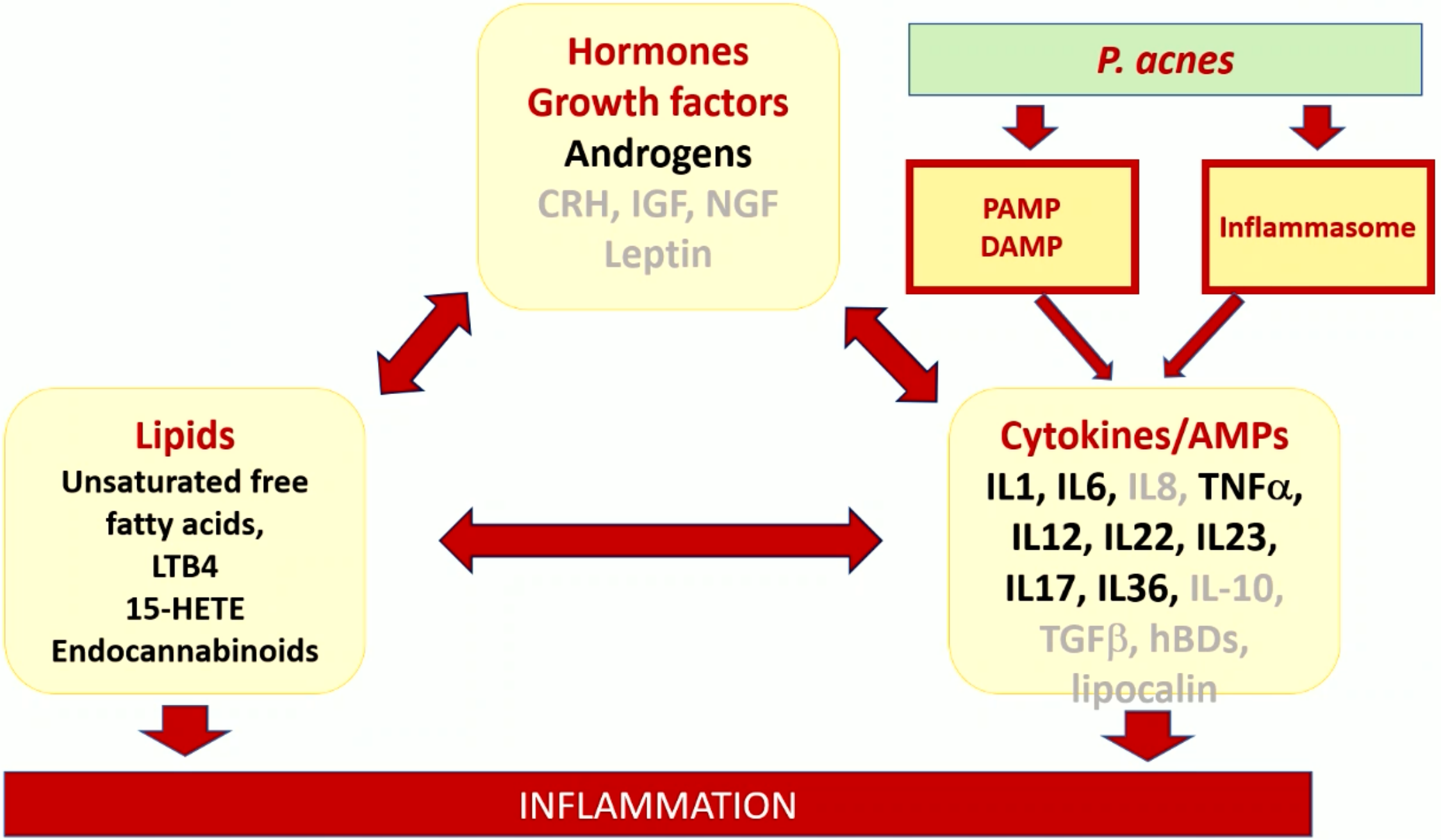
Lee et al. JAMA Dermatol 2015 ; Barbieri et al. J Am Acad Dermatol 2020 ; Xia et al. JAMA Dermatol 2022

- **No significant association between isotretinoin use and Inflammatory Bowel Disease (ulcerative colitis and Crohn's disease)** (Bernstein et al. Am J Gastroenterol 2009; Etminan et al. JAMA Dermatol. 2013; Rashtak et al. JAMA Dermatol 2014; Racine et al. Am J Gastroenterol. 2014; Wright et al. J Am Acad Dermatol. 2021)

- **No significant association between isotretinoin use and neuropsychiatric disorders (depression, anxiety, irritability, …)** (Jick et al. Arch Dermatol. 2000; Siu et al. JAMA 2016; Droitcourt et al. Int J Epidemiol 2019; Ugonabo et al. J Am Acad Dermatol. 2021; Chen et al. J Affect Disord 2022)

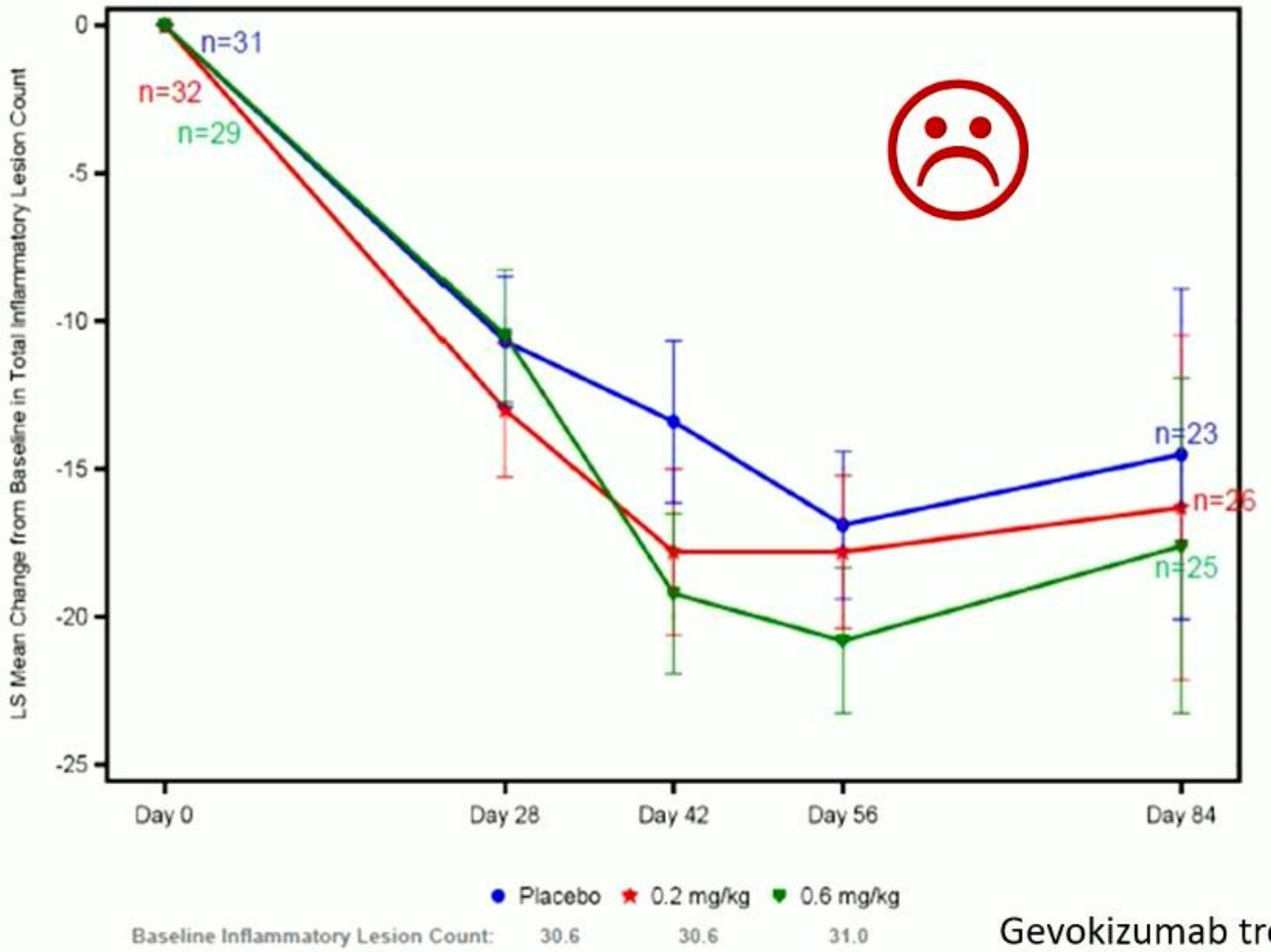
- **No significant association between isotretinoin use and sexual male dysfunction** (Thang et al. Int J Dermatol 2024; Neubauer et al. J Am Acad Dermatol. 2025)

Targeting inflammatory cytokines



Targeting IL-1β

Placebo-controlled study: IL-1β blockade did not decrease inflammatory lesions in moderate to severe acne

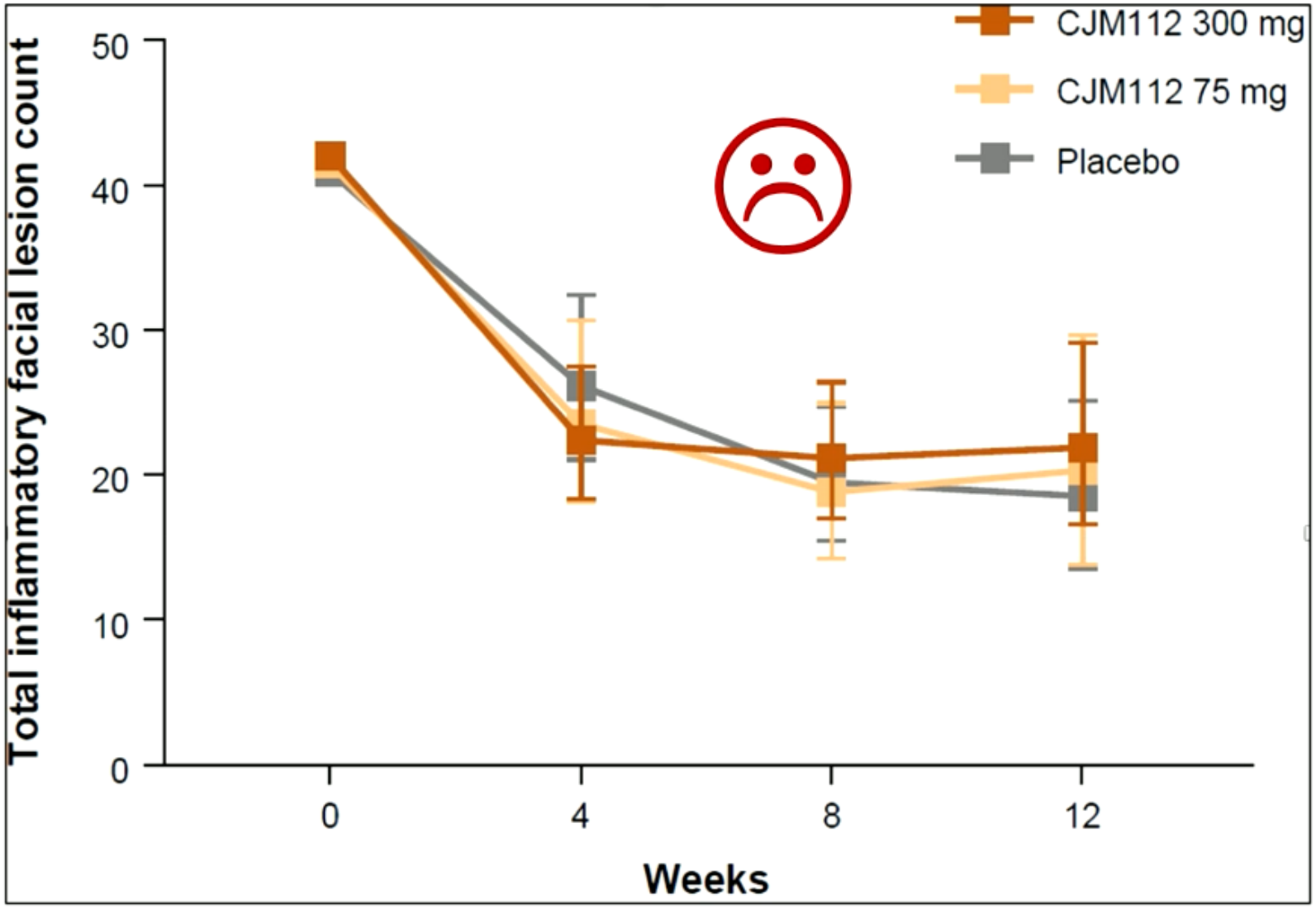


Gevokizumab treatment

ClinicalTrialsGov ID, NCT01498874. 2014. https:// Clini caltr ials. gov/ study/ NCT01, 498874.

Targeting IL-17A

Placebo-controlled study: IL-17A blockade did not decrease inflammatory lesions in moderate to severe acne



Thiboutot et al, J Dermatol Treatment 2023

Blocking inflammatory cytokines by antibodies

Moderate to severe acne

IL1β, IL17 and IL36R inhibitors
No efficacy in clinical trials

Acne and acne syndromes

TNF, IL12/23, IL23, IL17 inhibitors
Efficacy in case reports

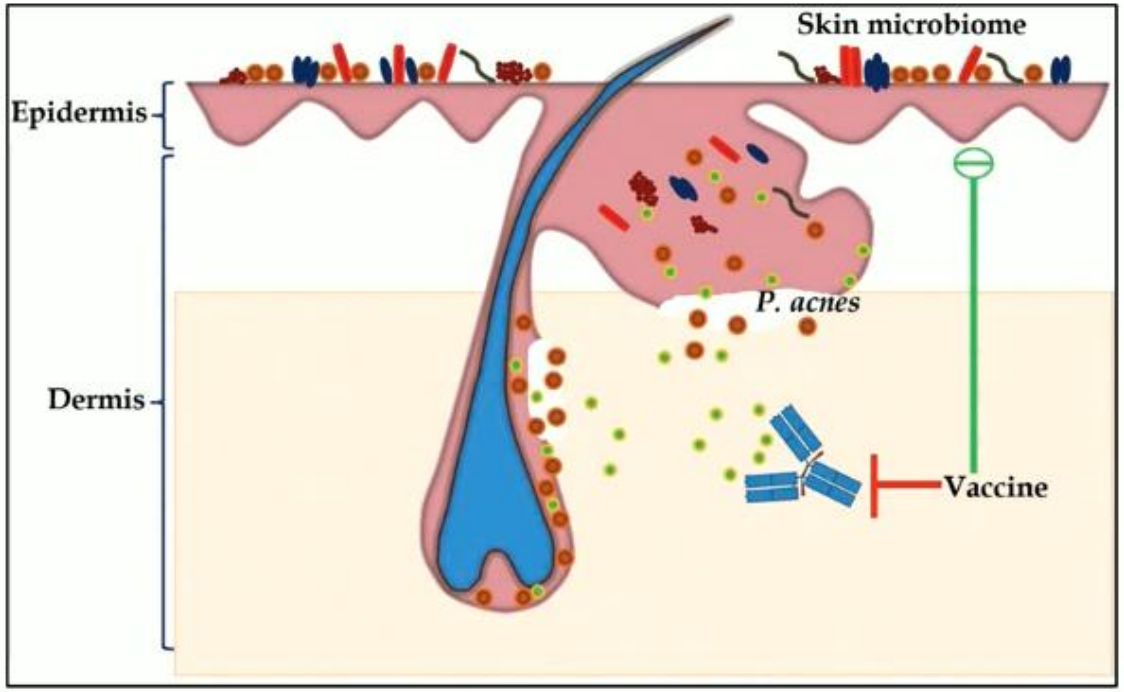
Is that really „acne" that we find in „Acne syndromes" ?

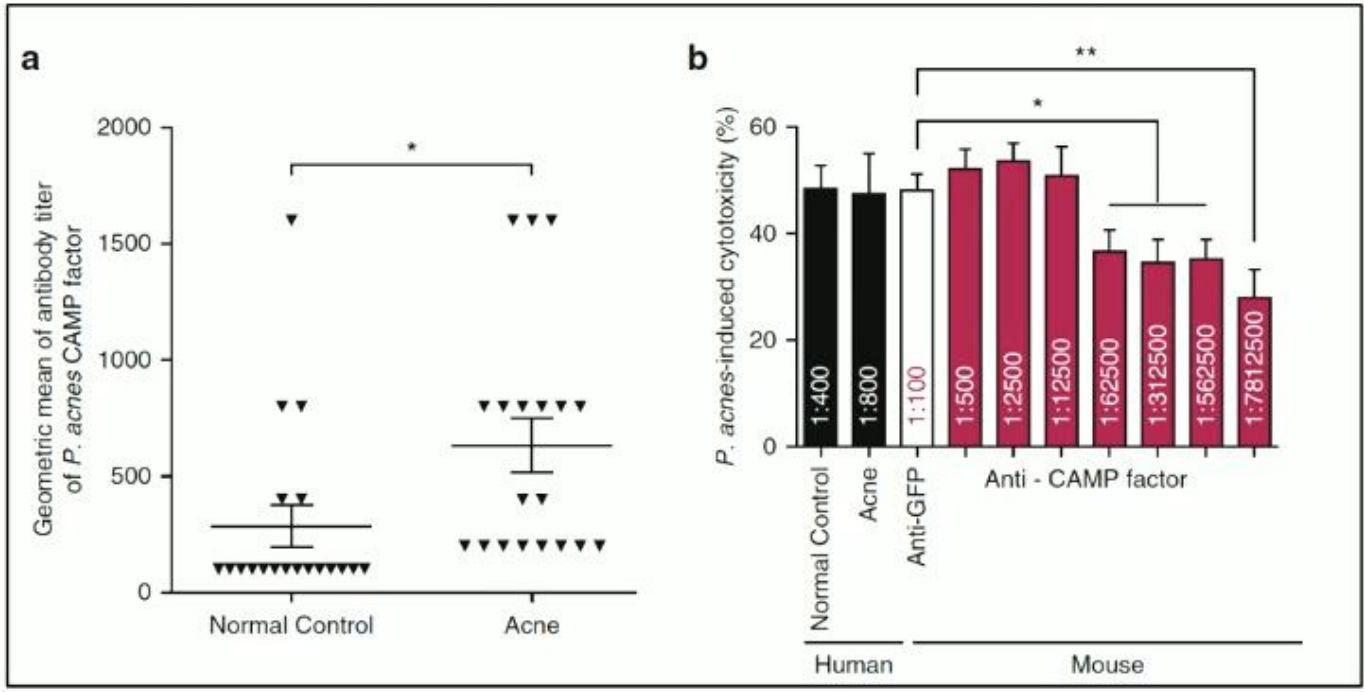
Is that really „acne" that does not respond to ABs and ISO?

Facial localization of HS?

The Anti-Inflammatory Activities of *Propionibacterium acnes* CAMP Factor-Targeted Acne Vaccines

Yanhan Wang[1], Tissa R. Hata[1], Yun Larry Tong[1], Ming-Shan Kao[2], Christos C. Zouboulis[3], Richard L. Gallo[1] and Chun-Ming Huang[1,2,4]





CAMP: Christie-Atkins-Munch-Petersen

Keshari et al, Expert Rev Vaccines 2019

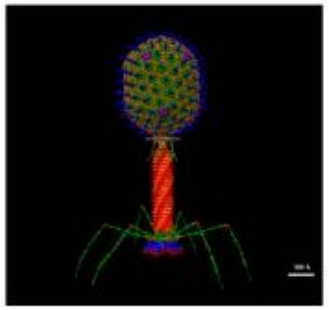
nature communications

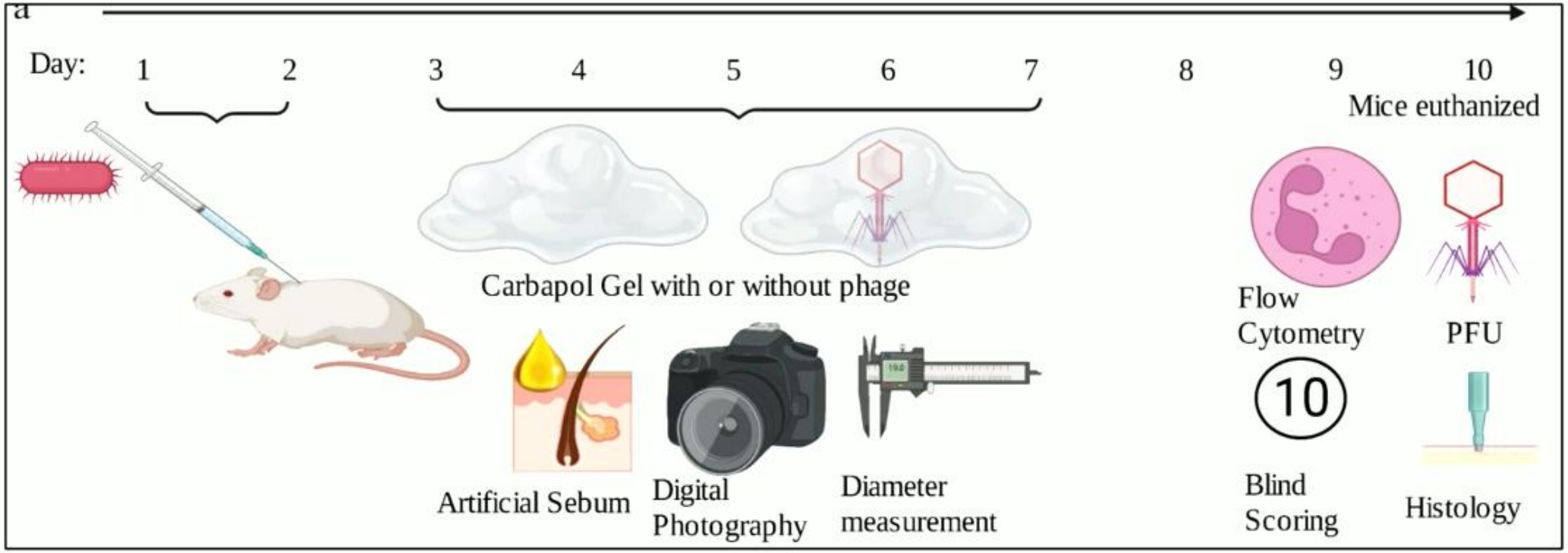
Article

https://doi.org/10.1038/s41467-023-36694-8

Topical phage therapy in a mouse model of *Cutibacterium acnes*-induced acne-like lesions

Phage therapy to kill *C. acnes*





Rimon et al, Nat Commun 2023

Hiperpigmentación postinflamatoria

Management of post-acne hyperpigmentation

Prof. Dr. Jose Luis Lopez-Estebaranz (Madrid, Spain)

32 participants
Randomized study
4 months tx

VARIABLES	CYSTEAMINE				HYDROQUINONE 4%/ASCORBIC ACID 3%				P-VALUE[b]
	BEFORE	AFTER	P-VALUE[a]	DELTA*	BEFORE	AFTER	P-VALUE[a]	DELTA*	
ITT RESULTS	MEAN±SD	MEAN±SD		MEAN±SD	MEAN±SD	MEAN±SD		MEAN±SD	
PAHPI score	11.39 ± 3.01	8.97 ± 3.32	0.049	2.41 ± 4.51	9.50 ± 2.64	6.59 ± 2.64	0.004	2.90 ± 3.76	0.732
Melanin index	123.04 ± 58.69	77.09 ± 22.55	0.005	45.94 ± 56.05	103 ± 66.70	57.19 ± 30.33	0.015	46.80 ± 73.29	0.970
DLQI	7.56 ± 6.63	3.94 ± 3.97	0.013	3.61 ± 5.16	3.94 ± 4.88	1.95 ± 2.35	0.058	1.98 ± 4.15	0.316
Per-protocol results									
PAHPI score	11.54 ± 2.87	8.92 ± 2.56	0.014	2.62 ± 3.28	9.33 ± 2.84	7.13 ± 2.06	0.033	2.20 ± 3.61	0.754
Melanin index	117.78 ± 55.62	72.36 ± 21.18	0.012	45.41 ± 55.74	106.71 ± 71.52	55.37 ± 27.79	0.019	51.34 ± 75.10	0.817
DLQI	8.07 ± 6.86	3.71 ± 3.73	0.007	4.36 ± 5.04	4.00 ± 5.19	1.94 ± 2.48	0.082	2.06 ± 4.41	0.195

Cysteamine cream is an efective treatment of post-acne PIH, with similar efficacy to the accepted treatment of PIH (hydroquinone 4%+ascorbic acid 3% cream).

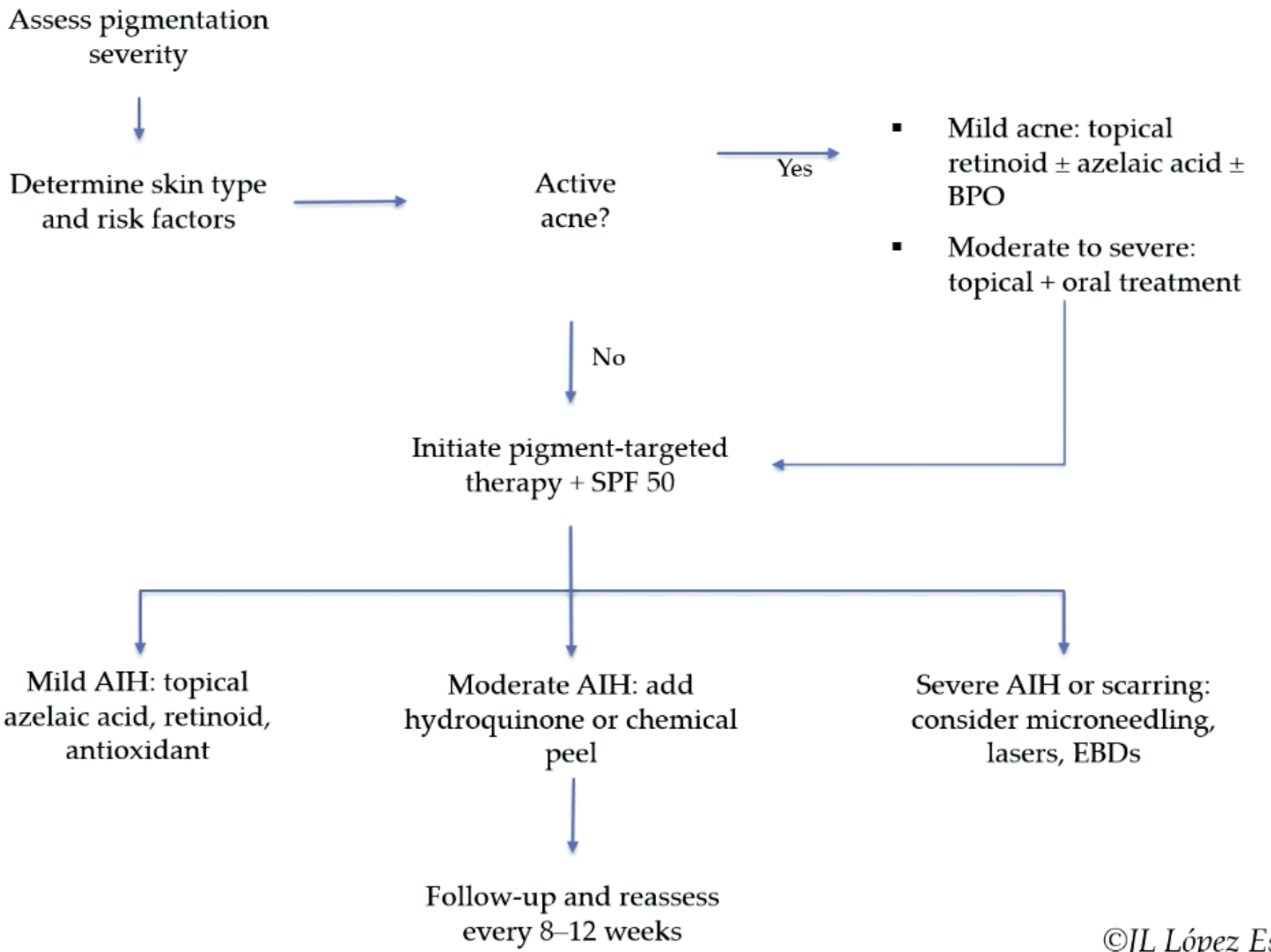
Ahmadi K, et al. Assessing the Effectiveness of Stabilized Cysteamine 5% Cream Compared to Hydroquinone 4%/Ascorbic Acid 3% Combination Cream in Treating Acne-induced Post-inflammatory Hyperpigmentation: A Randomized, Controlled Study. J Clin Aesthet Dermatol. 2024 Apr;17(4):37-41.

PIH: treatment outcomes

Treatment modality	Response		Poor to none, % (*n*)	Worsening, % (*n*)	Patients with incomplete treatment course, *n*	Adverse events	Follow-up, months; recurrence, % (*n*)
	Complete, % (*n*); mean time or treatment number to response (range)	Partial, % (*n*); mean time or treatment number to response (range)					
Topicals	5.4% (*n* = 20/369); 9.6 weeks (4–12)	72.4% (*n* = 267/369); 13.7 weeks (4–40)	22.2% (*n* = 82/369)	0.0% (*n* = 0/369)	Total (*n* = 13) • Lost to follow-up (*n* = 9) • Eczema exacerbations (*n* = 2) • Severe retinoid reaction (*n* = 1) • Moderate periorbital oedema (*n* = 1)	Total patients (*n* = 10) • Moderate–severe retinoid reactions (*n* = 5) • Unspecified events (*n* = 4 patients) • Moderate periorbital oedema (*n* = 1)	3–6; 10% (*n* = 7/64)
Lasers and energy-based devices	18.1% (*n* = 56/309); 4.9 rxs (1–12)	61.2% (*n* = 189/309); 4.9 rxs (1–12)	18.1% (*n* = 56/309)	2.6% (*n* = 8/309)	Total (*n* = 4) • Lost to follow-up (*n* = 4)	None (*n* = 0)	3–12; 0.0% (*n* = 0/42)
Combination therapies	2.4% (*n* = 4/166); 3.3 rxs (NR), 8 weeks (NR)	84.9% (*n* = 141/166); 4.3 rxs (1–11), 12.6 weeks (5–32)	12.7% (*n* = 21/166)	0.0% (*n* = 0/166)	Total (*n* = 1) • Lost to follow-up (*n* = 1)	None (*n* = 0)	3–6; 12.5% (*n* = 4/32)
Lasers and energy-based devices AND topicals	3.6% (*n* = 4/110); 3.3 rxs (NR), 8 weeks (NR)	84.5% (*n* = 93/110); 3.7 rxs (1–11), 11.3 weeks (5–32)	11.8% (*n* = 13/110)	0.0% (*n* = 0/110)	Total (*n* = 1) • Lost to follow-up (*n* = 1)	None (*n* = 0)	6; 0.0% (*n* = 0/17)
Peels and topicals	0% (*n* = 0/56); 7.5 rxs (3–10)	85.7% (*n* = 48/56); 7.5 rxs (3–10), 12.4 weeks (10–16)	14.3% (*n* = 8/56)	0.0% (*n* = 0/56)	None (*n* = 0)	None (*n* = 0)	3; 26.7% (*n* = 4/15)
Peels	0.0% (*n* = 0/15)	33.3% (*n* = 5/15); NR	66.7% (*n* = 10/15)	0.0% (*n* = 0/15)	Total (*n* = 1) • Lost to follow-up (*n* = 1)	None (*n* = 0)	3; 46.7%[a] (*n* = 7/15)

J Eur Acad Dermatol Venereol. 2024;38:470–479

Algorithm: Management of Acne Induced Hiperpigmentation



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dairy products, high glycemic load nutrients=>acne?
Scientific evidences? =>~~AAD 2024 recommendation~~
But... many patients are convinced : what is true?
Should we recommend a diet to our acne patients?

YES

Prof. Brigitte Reno
Nantes
France

NO

Dr Clio Dessinioti
Athens
Greece

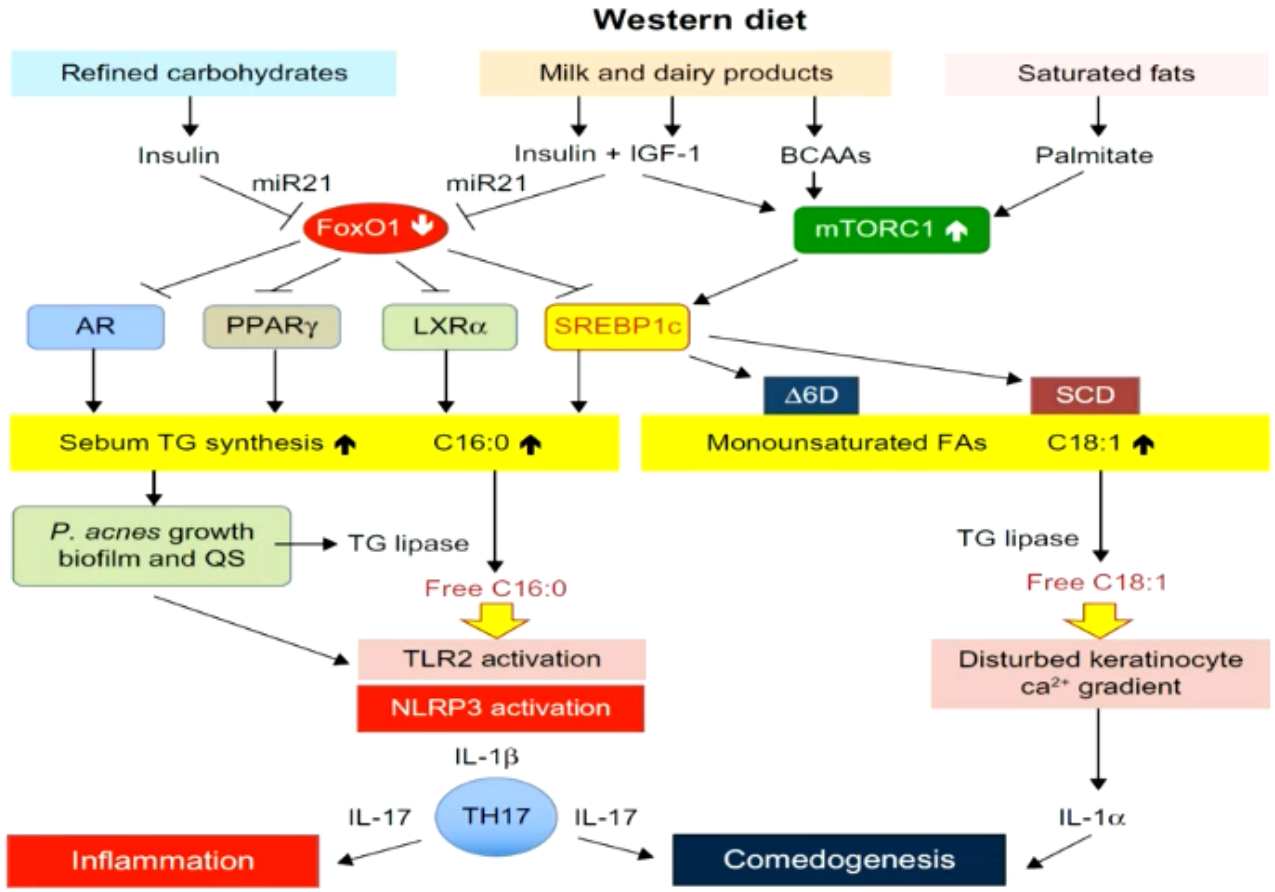


Figure 1 Acne vulgaris: a Western diet-induced sebofollicular inflammasomopathy.
Abbreviations: IGF-1, insulin-like growth factor 1; BCAAs, branched-chain amino acids; miR21, microRNA-21; FoxO1, forkhead box class O1; mTORC1, mechanistic target of rapamycin complex 1; AR, androgen receptor; PPARγ, peroxisome proliferator-activated receptor-γ; LXRα, liver X receptor-α; SREBP1c, sterol response element binding protein 1c; Δ6D, Δ6-desaturase; SCD, stearoyl-CoA desaturase; TG, triglyceride; *P. acnes*, *Propionibacterium acnes*; QS, quorum sensing; C16:0, palmitic acid; C18:1, oleic acid; TLR2, toll-like receptor 2; NLRP3, Nod-like receptor family, pyrin domain containing 3 inflammasome; IL-1β, interleukin-1β; Th17, Th17 T-cell; IL-17, interleukin-17, IL-1α, interleukin-1α.

Western diet provides abundant branched-chain amino acids (BCAAs), glutamine, and palmitic acid.

Insulin and IGF-1 suppress the activity of the metabolic transcription factor forkhead box O1 (FoxO1).

Insulin, IGF-1, BCAAs, glutamine, and palmitate activate the nutrient-sensitive kinase mechanistic target of rapamycin complex 1 (mTORC1), the key regulator of anabolism and lipogenesis

NutriNet-Sante study is the largest cross-sectional study to date that interrogated adult acne and dietary behaviors through extensive serial questionnaires

Conclusions

- ✓ Consuming an energy-rich diet with **high consumption of fatty and sugary products, milk and sugary drinks** was significantly associated with acne
- ✓ Additionally, independent associations among patients is observed with acne and consumption of **saturated fatty acids and carbohydrates**
- ✓ A meta-analysis of **14 observational studies** confirmed the correlation between acne and milk and demonstrated a stronger association with **acne for low-fat milk and skimmed milk compared to whole milk**

Penso L, Touvier M, Deschasaux M, et al. Association between adult acne and dietary behaviors: findings from the NutriNet-Santé prospective cohort study. JAMA Dermatol. 2020;156:854-862.

Interventional studies on diet for acne

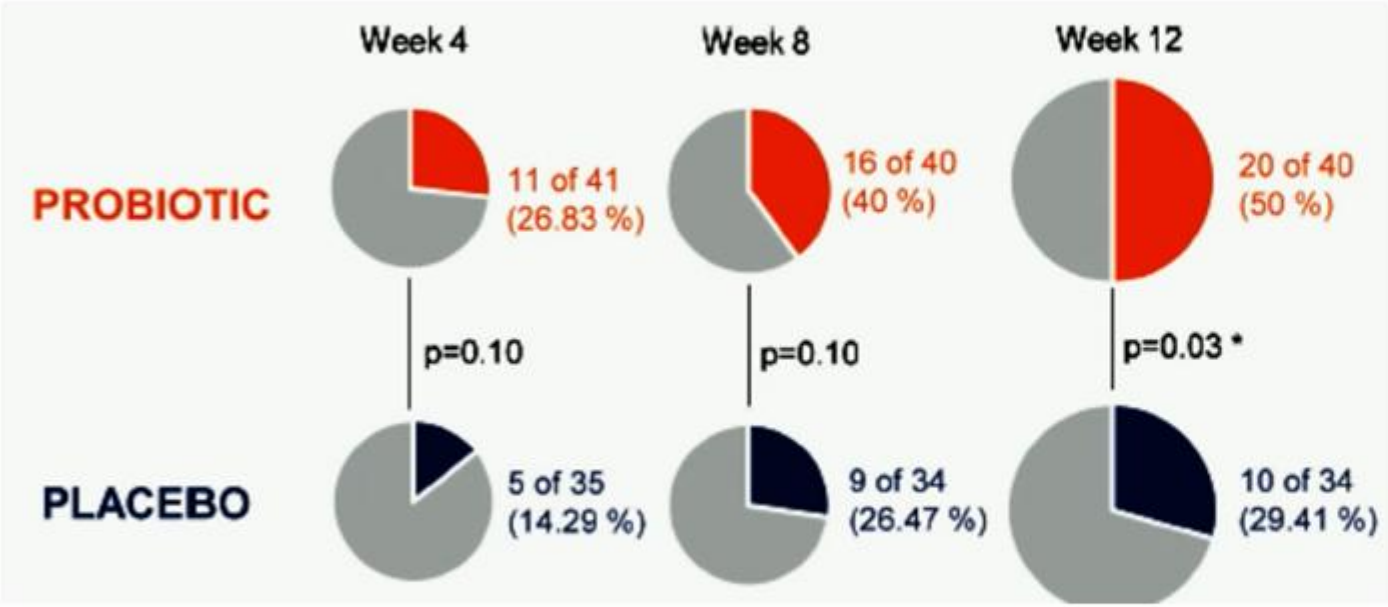
Int J Dermatol 2021

Reference/ Year	Study design	Population with/ without acne (M/F)	Mean age (Yrs)	Duration (Wks)	Acne assessment	Results
Reynolds *et al.*[4] 2010	Randomized, single-blind controlled	43/0 (M43)	16.6	8	Clinical evaluation (total ILC and ASG by photography); Laboratory evaluation (GI, testosterone, SHBG, DHEAS, FAI, insulin, HOMA-IR, IGFBP-1/3)	No association of high GI diet or laboratory findings with facial acne severity
Kwon *et al.*[5] 2012	Randomized, single-blind, controlled	32/0 (M24/F8)	23.5	10	Clinical evaluation (TLC and ASG by photography); Laboratory evaluation (histopathology by immunohistochemical analysis for IL8, TGFβ1, SREBP-1)	Protective effect of low GL diet (barley, wholegrain, breads, fruit, beans, vegetables and fish) on acne severity; reduction of size of sebaceous glands, inflammation, and IL8 and SREBP-1 expression on skin biopsy samples in low GL diet group
Burris *et al.*[6] 2018	Randomized, controlled	66/0 (M12/F54)	22	2	Clinical evaluation (TLC and ASG by photography); Laboratory evaluation (glycemic index, insulin, IGF-1, IGFBP-3)	Protective effect of low GI/GL diet in reducing IGF-1 concentration on acne severity
Caperton *et al.*[7] 2014	Randomized, double-blind, placebo-controlled	14/0 (M14)	26.5	1	Clinical evaluation (TLC, ASG and IGA by photography)	Negative effect of cocoa-filled capsules intake on acne severity
Delost *et al.*[8] 2016	Randomized, single-blind,	54/0 (M20/F34)	21.4	4	Clinical evaluation (TLC by photography)	Negative effect of chocolate consumption on acne severity

					colonization by swabbing)	proliferation
Jung *et al.*[12] 2014	Randomized, double-blind, controlled	45/0 (M36/F9)	23.7	10	Clinical evaluation (TLC and ASG by photography); Patient evaluations of ASG by VAS; Laboratory evaluation (histopathology by H&E and immunohistochemical analysis for IL8 and TGFβ1)	Protective effect of EPA and DHA (ω-3 fatty acids) and γ-linoleic acid (ω-6 fatty acid) on acne severity; significant reduction of inflammation and immunohistochemical staining intensity for IL8 on treatment groups
Mohebbipour *et al.*[13] 2015	Randomized, controlled	50/0 (M14/F36)	22.5	1	Clinical evaluation (ASI and GAGS)	Negative effect of linoleic acid from sunflower seeds on acne severity
Khayef *et al.*[14] 2012	Open label, uncontrolled	16/0 (M16)	29	12	Clinical evaluation (TLC and ASG by photography); Instrumental evaluation (skin redness by colorimeter)	No significant protective effect of ω-3 fatty acids on acne severity or skin redness

Int J Dermatol 2021

- Fabbrocini et al. using a different strain of *Lactobacillus rhamnosus*, observed a reduction in *IGF-1* gene expression and an **increase in *FoxO1* gene expression** in acne areas



Evolution of the acne severity scale (AGSS)

A Randomized Clinical Trial to Evaluate the Efficacy of an Oral Probiotic in Acne Vulgaris

Acta Derm Venereol 2024; 104: adv33206.

- Ciclo natural lesiones de acné

VIDEO 1 Daily fluctuation of inflammatory follicular acne lesions over four days. The video sequence was developed by cinematographic application of four individual photographs (one photograph per each day) after topographical light photographic detection of acne lesions captured in identical anatomic areas of an acne patient. To view this video in the full-text HTML version of the article, please visit https://onlinelibrary.wiley.com/doi/10.1111/jdv.20061

- Pérdida de peso

Trastornos conducta alimentaria

J Eur Acad Dermatol Venereol. 2025;39:e29–e31.

NOT ALL FOODS BUT

HIGH CONSUMPTION OF *SUGAR, MILK, LIPIDS*

For Sugar: ***more risk with*** *rapidly assimilated sugars*

For Milk: ***less risk for*** *lowest intake of low-fat milk and skim milk*

For lipids: ***more risk for:***

- *High MUFAs/total fatty acids*
- *High triglycerides/total lipids (in large high-density lipoprotein)*
- *High ω-6/ω-3 fatty acids*

NOT ALL ACNE PATIENTS BUT

- ✓ *With insulin resistance*
- ✓ *Patients using Whey proteins for sport*
- ✓ *Patients with insulin resistance*
- ✓ *Low adiponectin*
- ✓ *With BMI ≥ 25 or obesity >30*
- ✓ *Patients with Gut dysbiosis*

NOW TAKEN IN COUNT IN THE INTERNATIONAL RECOMMANDATIONS

~~Diet~~ *Healthy nutrition* for overall well-being

Inteligencia artificial

Artificial Intelligence in the Assessment and Grading of Acne Vulgaris: A Systematic Review

by Daniele Omar Traini [1,2], Gerardo Palmisano [1,2,*], Cristina Guerriero [1,2] and Ketty Peris [1,2]

- 29 Studies
- All studies were retrospective
- 44.8% relied solely on internal datasets
- 55.2% used publicly available datasets: ACNE04, AcneSCU
- 24.1% (7/29) only ACNE04
- 3.4% (1/29) only AcneSCU
- 20% (5/29) ACNE04 + internal data
- 3.4% (1/29) ACNE04 + AcneSCU + internal data

- Data **imbalance**
- **Limited dataset diversity –** vast majority of patients was Chinese
- **Some models** have demonstrated **high accuracy** (in controlled environments) but, **integrating** these tools into existing **clinical workflows** remains **challenging - lack of transparency (58% no image resolution)**
- **Reliability of algorithms:** to date **none** of them demonstrated **generability, reproducibility, standardization** and **external clinical validation, necessary for integration** into routine dermatological practice
- **No studies** have been published regarding **real-life settings**
- **Prospective studies**, with real-world testing are needed **to validate the effectiveness** of these AI systems in routine dermatological care

(Traini D.O. et al. 2025)

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

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ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

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2025 AEDV Highlights

34ª edición
17-20 sep
PARÍS

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

Muchas gracias

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.