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

Novedades en fotodermatosis y fotobiología

Oriol Yélamos Pena

Hospital de la Santa Creu i Sant Pau, Barcelona

@dryelamos

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INDIQUE SI TIENE ALGÚN CONFLICTO DE INTERÉS

NO TENGO CONFLICTOS DE INTERÉS

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FOTOPROTECCIÓN

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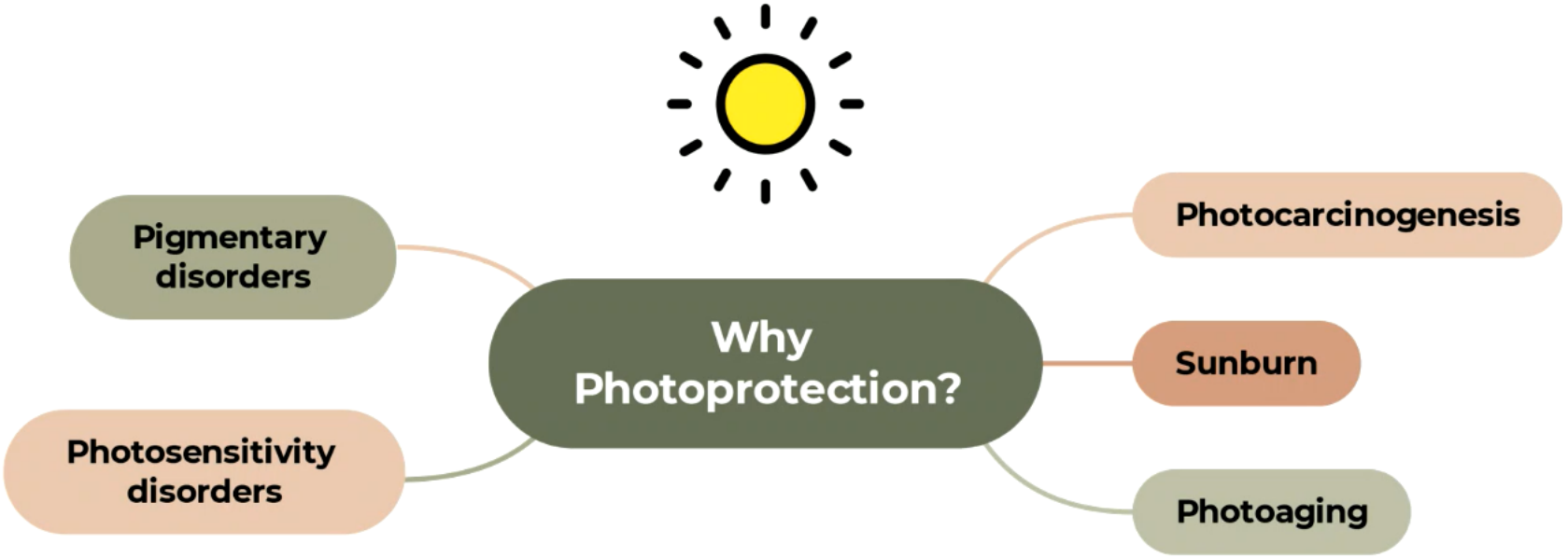
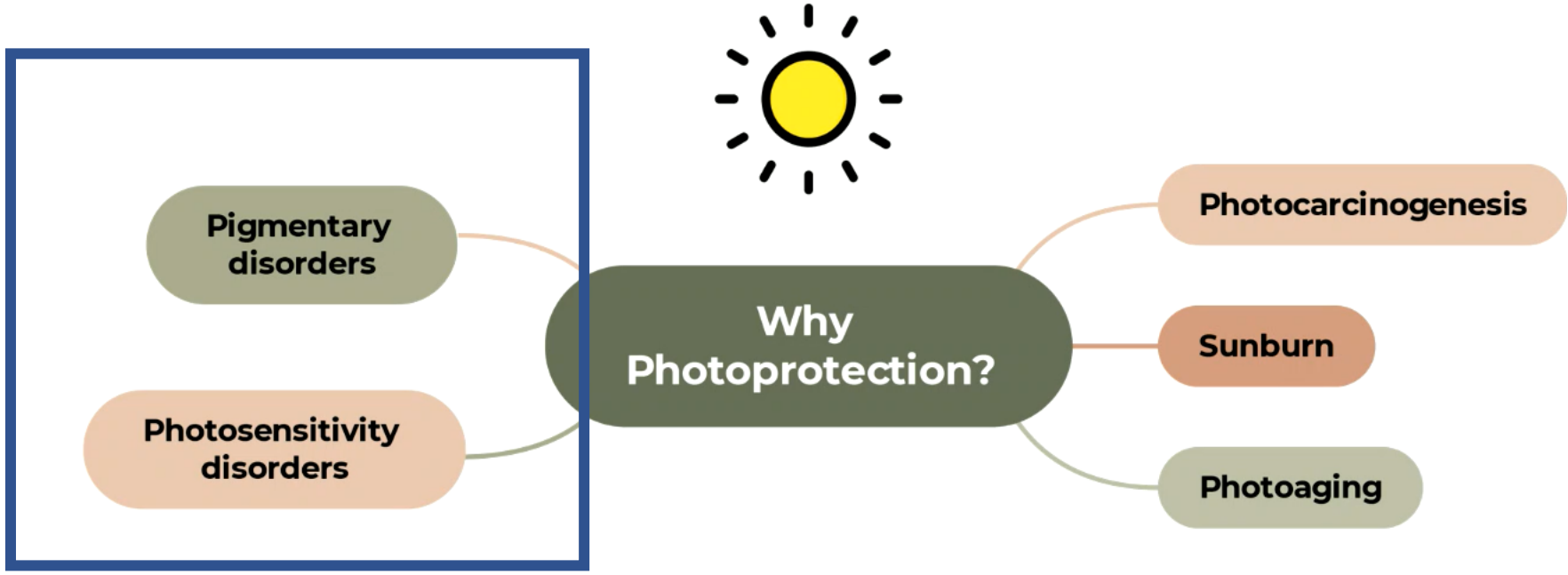
Fotoprotección



Fotoprotección



Fotoprotección

Sunscreens for hyperpigmentation – Is there evidence?

- Dermatologists tend to *recommend sunscreens less often* in darker patients
- *Limited direct clinical evidence* for sunscreen efficacy via RCTs
- Some benefit for *melasma, lentigines, and PIH*
- Current broad spectrum sunscreens do not adequately protect against *UVA I and VIS*

UBC Dermatology

Fotoprotección

- Dr Henry Lim, Dr Salvador González, Dr Harvey Lui, Dr

Photoprotection according to skin phototype and dermatoses

Fitzpatrick phototype	Description	Individual Typology Angle (ITA)	Skin color (ITA classification)	UVB protection (SPF)	UVA protection (UVA-PF)	High energy visible light protection (VL-PF)
I	Always burns, never tans	ITA° >55°	Very light	SPF50+	UVA-PF +++ (>1/3 labelled SPF)	
II	Burns easily, sometimes tans	41° <ITA° <55°	Light			
III	Sometimes burns, always tans	28° <ITA° <41°	Intermediate			
IV	Rarely burns, tans easily	10° <ITA° <28°	Tan			
V	Rarely burns tans easily; moderately pigmented	-30° <ITA° <10°	Brown			
VI	Rarely burns, tans promptly and intensely; highly pigmented	ITA° <-30°	Dark	SPF30+	UVA-PF +++ (> 2/3 labelled SPF)	VL-PF+++

Passerson et al. JEADV 2021

Lighter skin:
high risk of sunburn, DNA damage, and skin cancers
need protection against
UVB

Darker skin:
better natural protection from UVB
more prone to hyperpigmentation induced by
UVA-1 & VL

Fotoprotección

- Pieles oscuras no toleran el sol por un aumento del calor → ropa oscura

Why don't people with darker skin sunbathe?

- **Socioeconomic barriers - $$$**
- **Cultural factors** – *no need to tan*
- **Physiologic factors** – *increased heat sensitivity with higher skin melanin*

Ono et al, Sci Rep 2017

Fotoprotección

Why do people fear sunscreens?

- Aversion to *"chemicals"*
- Contact *allergy*
- *Vitamin D* inhibition
- *Hormone disruption* by benzophenone
- *Nanoparticle* absorption
- *Benzene* contamination
- Safety in *children*
- *Environmental* effects

PRECIO

UBC Dermatology

Fotoprotección

- Novedad mundial: la OMS declara los fotoprotectores una “medicina essencial”

2025 AEDV Highlights

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Brilla el futuro de *la dermatologia*,
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FOTODERMATOSIS

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Fotodermatosis

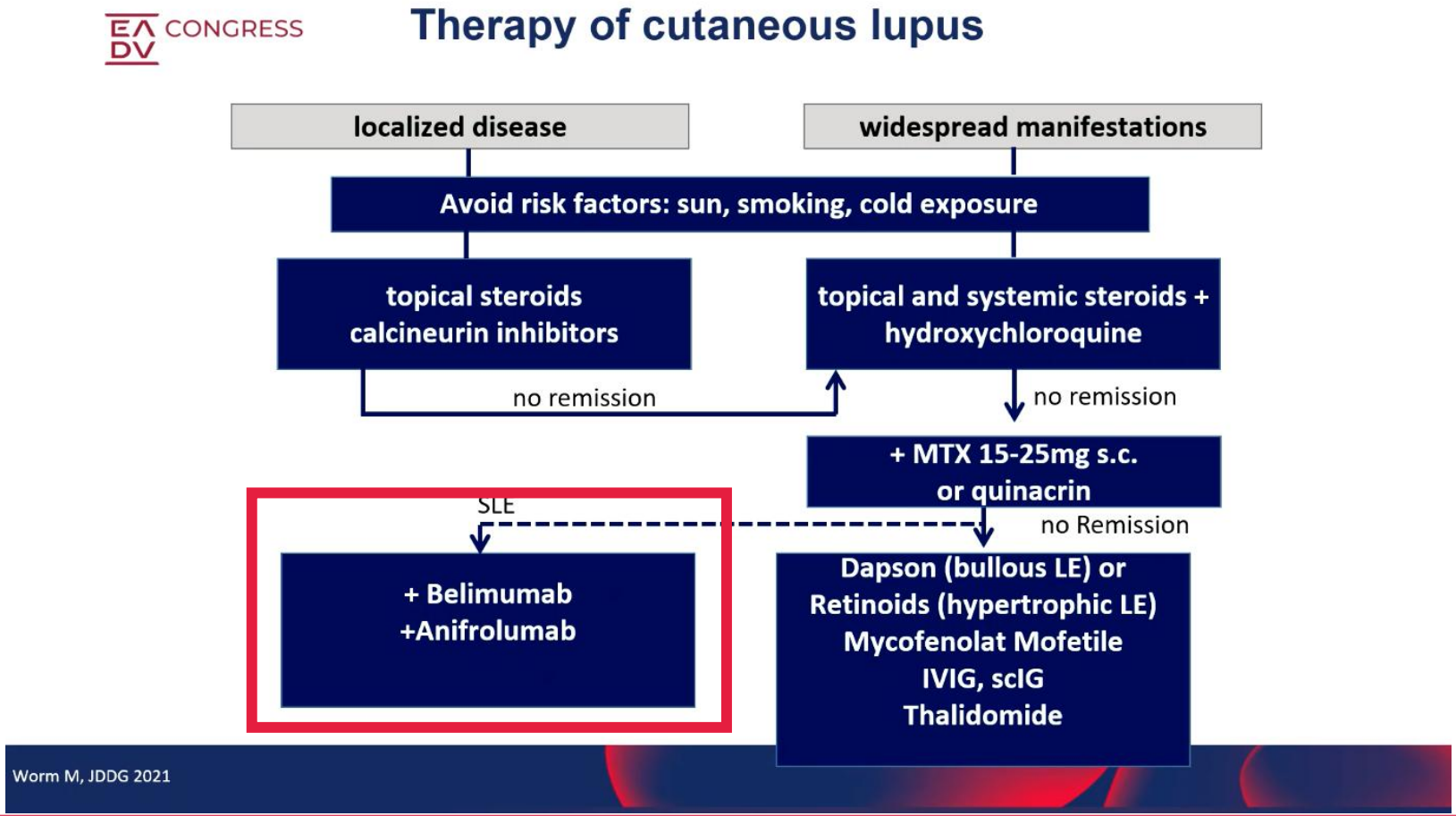
- <u>Hypomelanosis session 19.9.2025 - Dr Picardo</u>

- Hipomelanosis guttata:
  - La hipomelanosis se produce por senescencia del fibroblasto
  - Si el fibroblasto entra en senescencia, hace que el melanocito también lo haga
  - Explica por qué funciona el láser CO2 para la hipomelanosis guttata

- Melanogésis y consumo de energía
  - Muchas dermatosis cursan con hipomelanosis secundaria
  - Melanogénesis consume mucha energía → si inflamación, se “apaga” melanocito para gastar menos
  - Cuando resuelta la inflamación, se vuelve a encender el melanocito → repigmentación

Fotodermatosis

- Lupus eritematoso
  - Varios nuevos fármacos aprovados para lupus sistémico pero no para lupus cutáneo

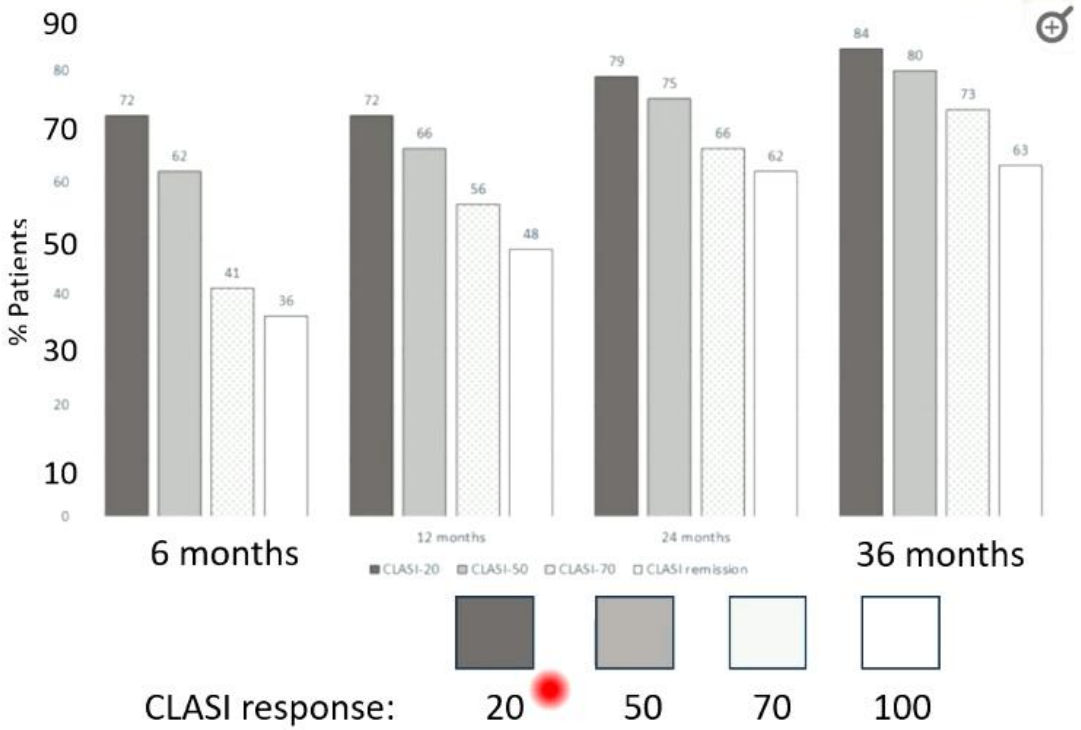


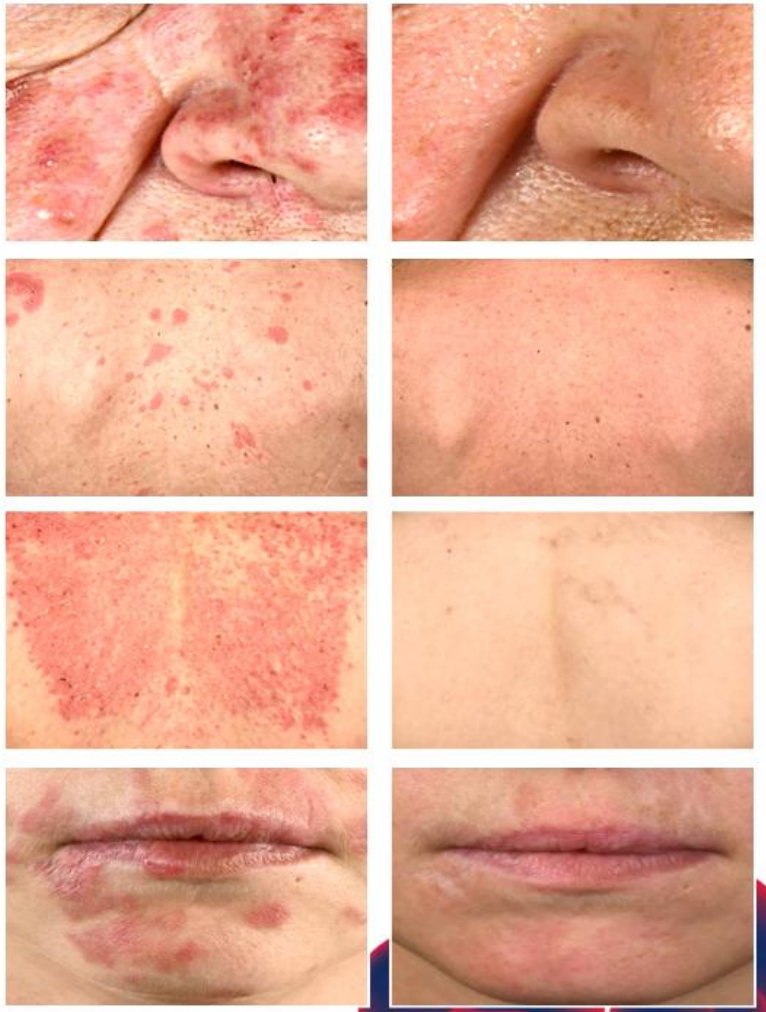
Fotodermatosis

EADV CONGRESS

Belimumab and anifrolumab in CLE

BeRLiSS-JS: 466 SLE pat, Italy, 6-36 months





Zen M et al. J Pers Med 2023

Günther C et al., Front Immunol 2023
Furie RA et al. Lancet Rheumatol., Morand EF et al. N Engl J Med. 2020.

Fotodermatosis

- Nuevos fármacos para LES (no ensayos en formas cutáneas):

EA DV CONGRESS

Novel BAFFR mAb: lanalumab for SLE

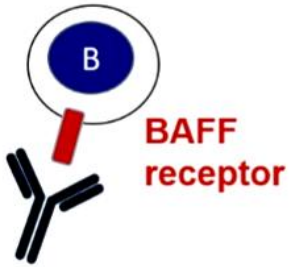
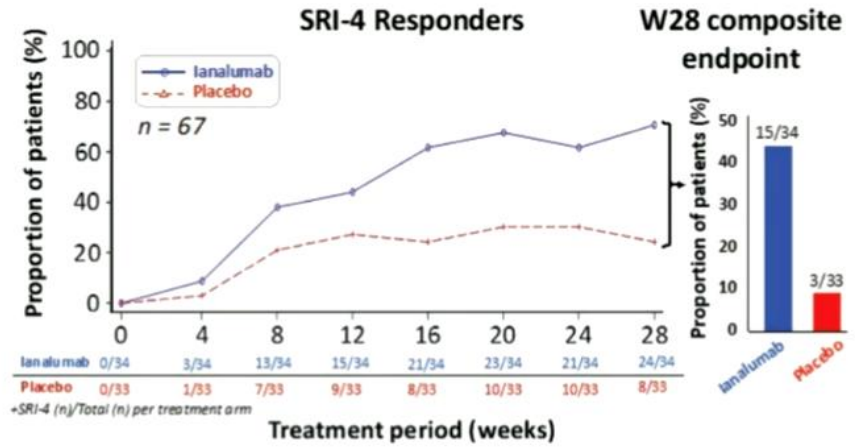


Figure: Proportion of patients with SRI-4 and achieving Week 28 composite endpoint



Recombinant TACI-Ig fusion protein: telitacicept for SLE

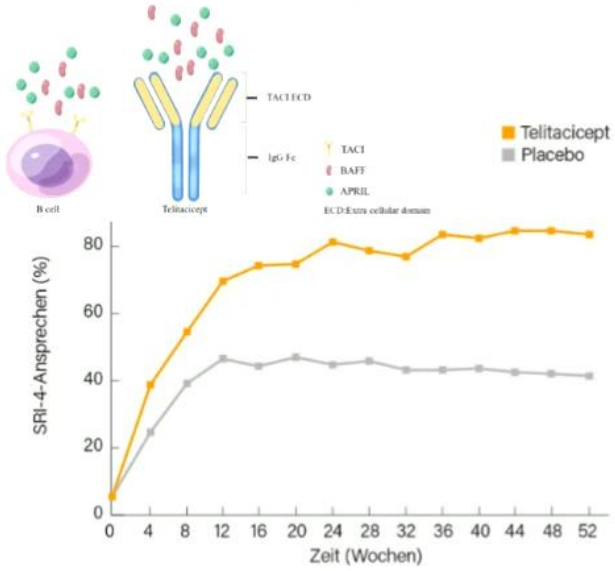


Abb.: Phase-III-Studie: SRI-4-Ansprechen auf Telitacicept und Placebo bis Woche 52

Povetacicept: dual BAFF/APRIL inhibitor

Shen NIS et al. Arthritis Rheumatol. 2023, Rinaldi et al. Front Immunol 2025, *ACR Convergence 2022; Late breaking-Abstract (Poster) L07,* Cai J et al. Front Immunol 2025

Fotodermatosis

- Nuevos fármacos en investigación para lupus cutáneo:
  - Deucracitinib, a Tyk2 inhibitor seems promising with skin lesions, with improvement in 50% in some series, and there's actually a phase III trial undergoing for CLE.
  - cGAD inhibitors: good news for patients with rare forms of lupus such as familial chilblain lupus in which there is an alteration on the cGAS-STING pathway.
  - TLR7/8 inhibitors: Enpatoran, MHV370
  - IRAK4 inhibitors
  - BDCA2 inhibitors: Litifilimab which inhibits the release of type I IFN in plasmacytic dendritic cells, showing good results in CLE
  - CD19-CAR-T
  - BCMA-CD3 bispecific antibiody: teclistimab attacks T cells and plasmacytoid cells
  - Bruton kinase (BTK) inhibitors: orelabrutinib
  - Combination of BTK and JAK inhibitors
  - JAK inhibitors: upadacitinib seems promising too
  - CD40-L: dapirolizumab inhibits T cells but no effects on the skin in a phase 3 trial
  - Gluconolactone cream: it restores the Treg function, very promising

Fotodermatosis

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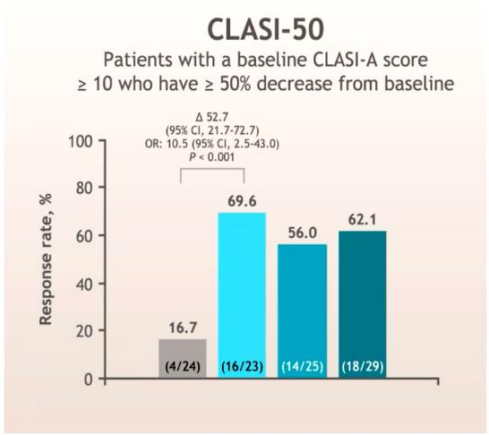
Lupus erythematosus

Chairs: Branka Marinovic, Miloš Nikolić

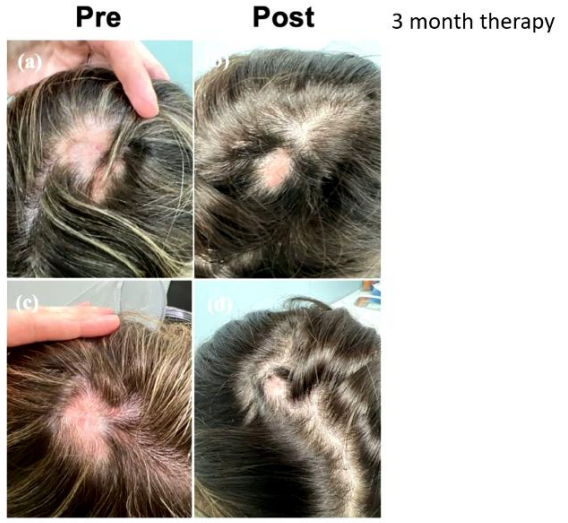
Deucravacitinib in SLE

Tyk2 Inhibitor: inhibition of IFNAR, IL-12, IL-23



currently: phase III clinical trial in CLE

Morand E et al., Arthritis Rheumatism 2022
PAISLEY_Video_Abstract_v05 (brightcove.net)



Aw K et al., SAGE Open Med Case Rep 2025

Claudia Günther

Novel and emerging cellular and systemic treatments

EA CONGRESS DV PARIS 2025

5 / 6

1:00:20

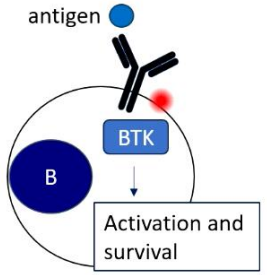
Fotodermatosis

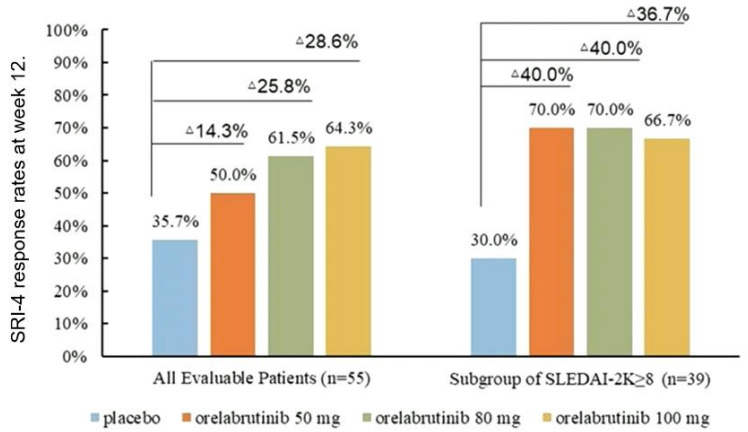
Lupus erythematosus

Chairs: Branka Marinovic, Miloš Nikolić

Inhibition of Bruton Tyrosin Kinase (BTK) in SLE

ORELABRUTINIB, AN IRREVERSIBLE INHIBITOR OF BRUTON'S TYROSINE KINASE (BTK)
phase Ib/IIa, randomized, double-blind, placebo-controlled, dose-finding study





SRI= Systemic Lupus Erythematosus Responder Index 4

Li et al. Ann Rheum Dis 2022;81:210
Ahn et al., Front. Immunol., 2021

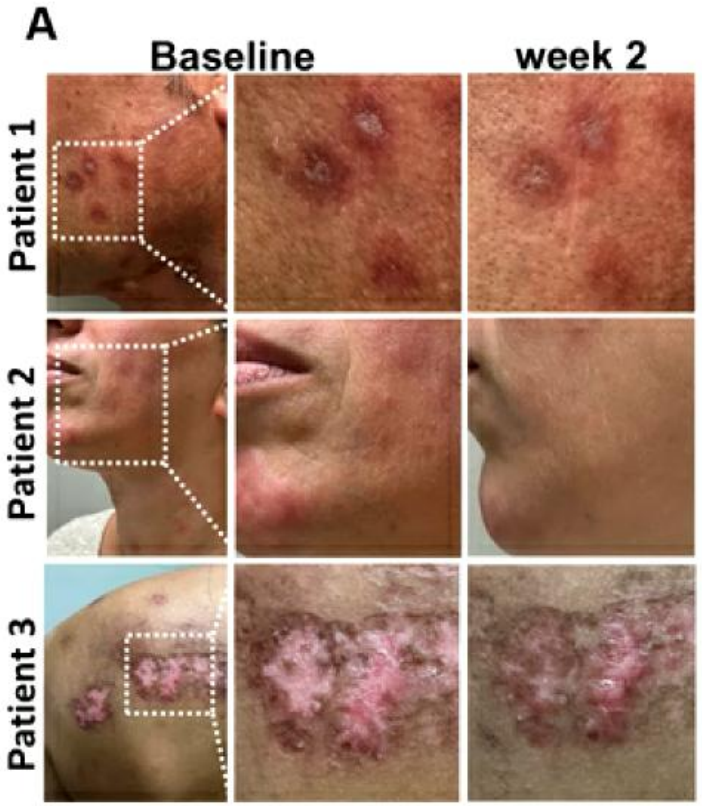
Claudia Günther

Novel and emerging cellular and systemic treatments

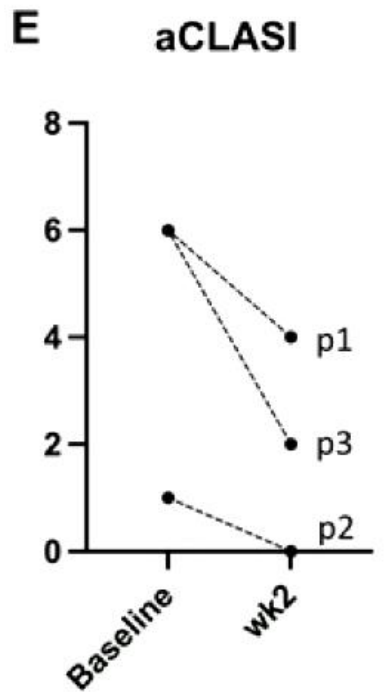
Fotodermatosis

Restoration of Treg function improves CLE lesions

gluconolactone → ⇧ Treg
gluconolactone → ⇩ Th17



2 weeks 10% gluconolactone creme once daily



Adapted CLASI for erythema, non significant

Li W et al. , Science Transl Med 2025

Fotodermatosis

Lupus erythematosus

Chairs: Branka Marinovic, Miloš Nikolić

EADV CONGRESS

Summary

- Possibilities to treat LE are limited! For CLE no licenced drugs except steroids
- Novel concept are approaching and many clinical trials are ongoing

Cellular targets:

pDC	litifilimab
B	Belimumab CLE CD19CAR, BCMA CAR, Teclistimab, Orelabrutinib (BTK)
T	CD40L, dapirolizumab Gluconolactone (Treg)

Selection, no complete list

EADV CONGRESS PARIS 2025

Claudia Günther

Novel and emerging cellular and systemic treatments

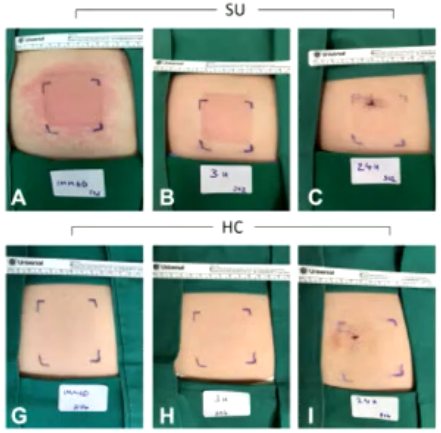
5 / 6

1:09:48

Fotodermatosis

EADV CONGRESS

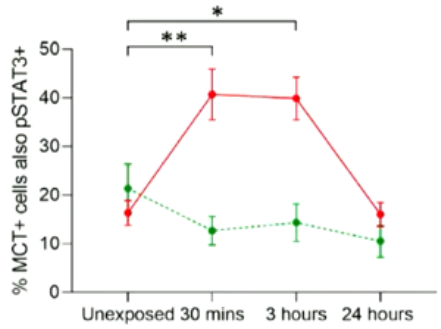
Cutaneous cellular and molecular events in the evolution of solar urticaria (SU) compared with healthy controls (HC).



Before – 30min – 3 hours – 24 hours after solar-simulated UV

> Mast cell density (SU + HC)
> STAT3 expression in mast cells after 30min and 3 hours (SU)

> Eosinophil counts (SU)
> Dermal neutrophil counts (SU)



Solar urticaria is characterized by rapid STAT 3 activation in mast cells and involvement of multiple chemotactic and innate inflammatory pathways, with FcεRI engagement indicated as an early event.

Rutter KJ, Peake M, Hawkshaw NJ et al. J Allergy Clin Immunol.2024 Mai;153(5):1369-1380

Fotodermatosis

EADV CONGRESS

Step 1: Sun protection

Avoid intense sunlight

Protective clothing & hats (UPF >30)

Broad-spectrum sunscreens (UVB, UVA, visible light)

Step 2: Antihistamines +/- Leukotriene receptor antagonist

non-sedating 2nd generation H1-antihistamines

bilastine, cetirizine, desloratadine, fexofenadine, levocetirizine,

Dose: up to four times the standard dose

Combination with LRAs: > CR

Fotodermatosis

EADV CONGRESS

Step 3: Phototherapy

Action-Spectrum Hardening

Uses causative wavelength to induce tolerance

Inhibitory-Spectrum Therapy

Uses a non-urticarial wavelength

NB-UVB → SU induced by UVA1 or visible light

UVA-1 → SU induced by UVB or UVA2

Case reports and larger cohorts show efficacy

long-term maintenance with sun exposure 2-3x/week

Mechanism of tolerance: impairment or internalization of the mast cell IgE receptor

Fotodermatosis

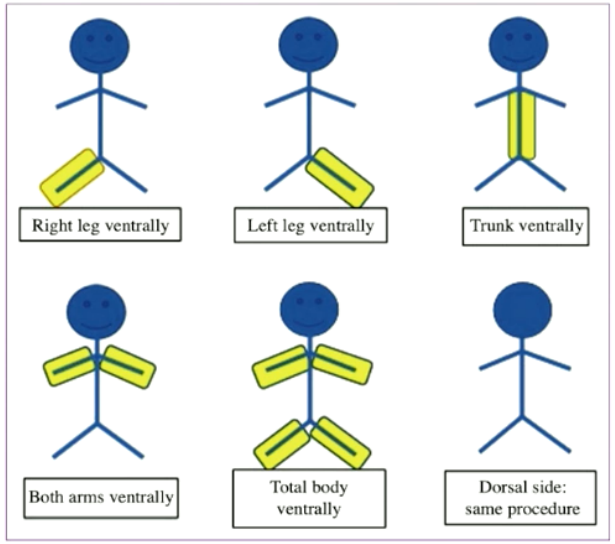
Beissert S, Ständer H, Schwarz T. UVA rush hardening for the treatment of solar urticaria. *J Am Acad Dermatol.* 2000;42:1030–1032

UVA rush Hardening with UVA, start 50% MUD
quadrant exposure at hourly intervals over 3 days
Duration of effect: 2–3 days

Percy Lehmann, Thomas Schwarz. Dtsch Arztebl Int 2011; 108(9): 135–41

PUVA beforehand, possibly UVA rust Hardening
Duration of effect 2–3 weeks

UVA-1 Hardening therapy



Adapted Beissert protocol
in 20 patients with UVA action spectrum

UVA/UVA-1 hardening:
intervalls shortend to 15 min
+ daily UVB-311nm in 16 patients

Duration of inpatient rush hardening: 2–18 days

Maintenance: UVB 311 daily 1st week → 2-3×/week

Results: 17/20 patients adequately protected

JDDG 2020 Nov;18(11):1261-1269

EADV CONGRESS

Step 4: Omalizumab (off-label)

Recombinant humanised anti-IgE antibody
- lowers free IgE
- downregulates FcεRI on mast cells and basophils
- reduces mediator release after sun

Treatment: 300 - 600mg/every 4 weeks; s.c. injection

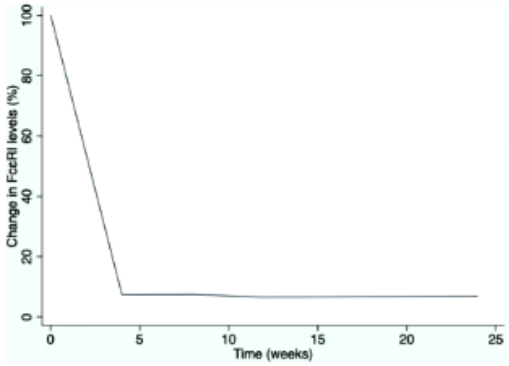


Fig. 2. Percentage reduction in high-affinity immunoglobulin E (IgE) receptor (FcεRI) baseline levels in patients after omalizumab initiation at weeks 0, 4, 8, 12 and 24.

Snast I. et al. (n = 48): **79% improvement, 50% symptom-free[1]**

Pesque D. et al. (n = 13): **all improvement, 1 patient was syptome-free[2]**

in 8 patients the extension of intervals (6-8 weeks) was possible

1 Snast I. et al. J Allergy Clin Immunol Pract. 2018;6(4):1198-1204.e3. 2 *Pesqué et al.,* Acta Derm Venereol 2024; 104: adv25576 (+ Figure)

Fotodermatosis

Photodermatology

Chairs: Harvey Lui, Mariateresa Rossi

EADV CONGRESS

Cases reports for SU treatment

- Antimalaria drugs
- Betacaroten
- Polypodium leukotomos
- Systemic glucocorticosteroids
- Azathioprine
- MTX
- Interferon
- **Cyclosporin (n = 11, PR 18%)**
- Ligelizumab (n=1, CR)
- **intravenous immunglobulins (n=16, R 66,7- 71%)**
- **Plasmapheresis (n=8, R 62,5%),** Extracorporeal photopheresis (n=1, R)
- Afamelanotide (α-MSH, n=5)

Angelika Hofer

Solar urticaria

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Fotodermatosis

EADV CONGRESS

Dupilumab

Monoclonal antibody, approved for severe atopic dermatitis

inhibits the signaling of the IL4 and IL13 pathways

Directed against Il-4Rα on mast cells

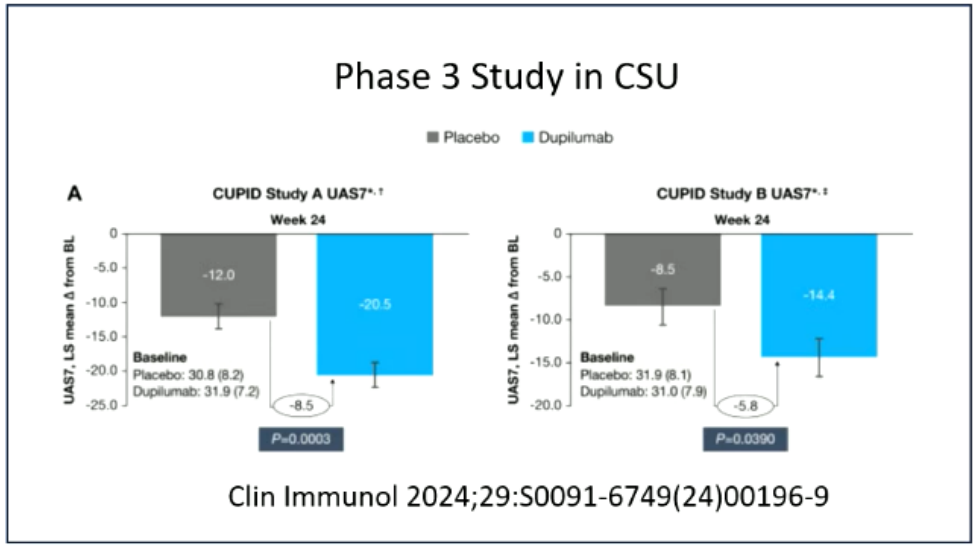
< Typ 2 Immunreaktion

< IgE-production

Systemic dermographism (phase 2 completed)

Cold urticaria (phase 2 completed)

Cholinergic urticaria (phase 2 completed)



Clin Immunol 2024;29:S0091-6749(24)00196-9

Fotodermatosis

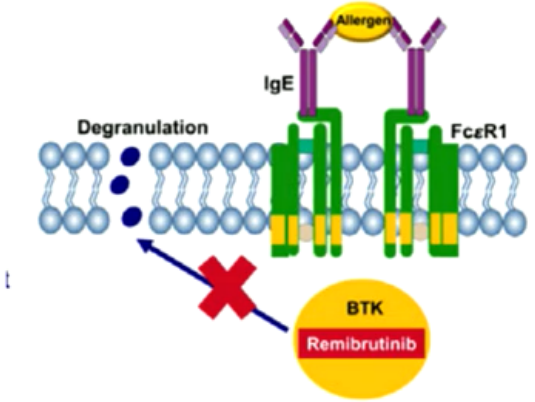
EA DV CONGRESS

Remibrutinib

Bruton Tyrosin Kinase (BTK) inhibitor (Small molecule), 25 mg twice daily p.o.
blocks BTK-mediated degranulation of mast cells and basophils downstream of FcεRI

Phase 3 study (REMIX-1, REMIX-2) Remibrutinib vs placebo:
well-controlled chronic spontaneous urticaria (week 2 and 12)
Week 2: REMIX-1 (33.7% vs. 3.3%); **REMIX-2** (30.0% vs. 5.9%)
Week 12: REMIX-1 (49.8% vs. 24.8%); **REMIX-2** (46.8% vs. 19.6%)

Complete absence of itch and wheals at week 12
REMIX-1 (31.1% vs. 10.5%); **REMIX-2** (27.9% vs. 6.5%)



BTK is essential for signalling through the FcεR1 receptor in mast cells and basophils

N Engl J Med 2025;392:984-994, Fig. ANAPHYLAXIS, DRUG ALLERGY, URTICARIA, AND ANGIOEDEMA 2022;150(6):1498-1506.

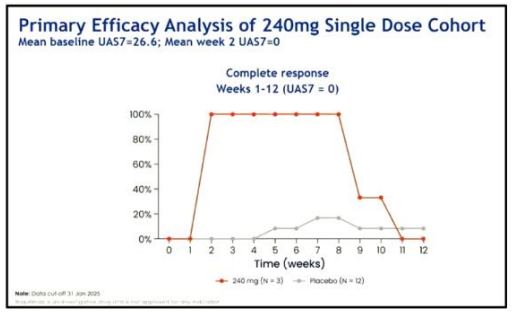
Fotodermatosis

EA DV CONGRESS

Briquilimab (anti-KIT mAbs)

➔ Block stem cell factor binding
➔ Inhibits KIT signaling
➔ induces mast cell apoptosis

➔ Durable reduction of skin mast cells after a single dose



S040 Late breaking research: AAD 2025

EA DV CONGRESS

Barzolvolimab (anti-KIT mAbs)

Open-label trial
Cold urticaria n=10
symptomatic dermographism n=10

one i.v. dose of barzolvolimab (3 mg/kg)
with a 12-week follow-up

CR: 10/10 cold urticaria, 9/10 symptomatic dermographism

Side effects: mild hematologic abnormalities, haircolor changes, taste alterations, headaches, and infections.

Allergy. 2023;78:1269–1279.

Allergy EUROPEAN JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY

ORIGINAL ARTICLE Open Access

Anti-KIT antibody, barzolvolimab, reduces skin mast cells and disease activity in chronic inducible urticaria

Dorothea Terhorst-Molawi, Tomasz Hawro, Eva Grekowitz, Lea Kiefer, Kunal Merchant, Diego Alvarado, Lawrence J. Thomas, Thomas Hawthorne, Elizabeth Crowley, Margo Heath-Chiozzi, Martin Metz, Marcus Maurer ... See fewer authors

First published: 16 November 2022 | https://doi.org/10.1111/all.15585 | Citations: 86

JAKi therapy in CSU

frontiers | Frontiers in Immunology

Case report: Exploration of abrocitinib in the treatment of refractory chronic spontaneous urticaria: a case series

Na Du # [1], Dan Wang # [2], Jingyi Yang [1], Yiwen Zhang [1], Xinyan Lyu [1], Wei Min [1], Sicheng Zhao [3]

Front Immunol. 2024:14:15:1466058

SHORT REPORT

Dermatologic Therapy WILEY

Efficacy of oral tofacitinib in refractory chronic spontaneous urticaria and urticarial vasculitis

Parvin Mansouri [1] | Nikoo Mozafari [2,3] | Reza Chalangari [4] | Katalin Martits-Chalangari [4]

Dermatologic Therapy. 2022;35:e15932

Chairs: Harvey Lui, Mariateresa Rossi

EADV CONGRESS

Guy's and St Thomas' NHS
NHS Foundation Trust

CHRONIC ACTINIC DERMATITIS DEFINITION

Immunologically-mediated photodermatosis

Eczematous eruption predominantly affecting photoexposed sites

Objective evidence of broadband UVR photosensitivity

Absence of a phototoxic medication

Hiva Fassihi
Chronic actinic dermatitis

Chairs: Harvey Lui, Mariateresa Rossi

EADV CONGRESS

CHRONIC ACTINIC DERMATITIS IS CHANGING

<u>BUT a lot has changed:</u>

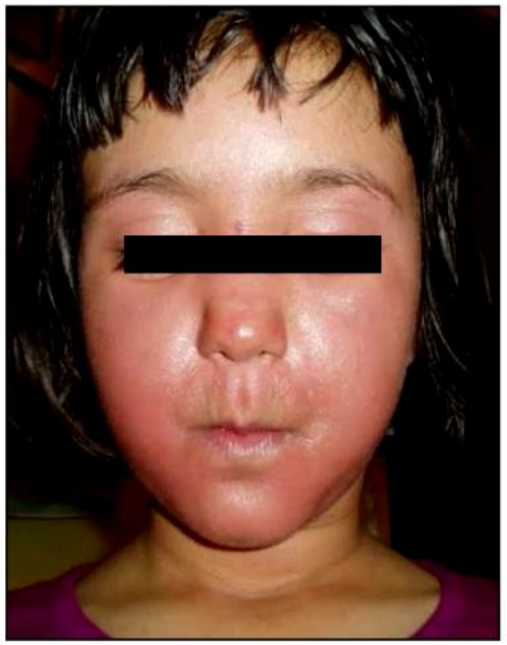
Mean age has fallen since 1990s from 65 to ~42 yrs

M=F

Skin phototypes I-IV : V-VI 2:1

Skin types I-IV more commonly elderly men

Patients below 30 years are often atopic, female, have type V-VI skin, and have acute flares



Hiva Fassihi

Chronic actinic dermatitis

Chairs: Harvey Lui, Mariateresa Rossi

EA DV CONGRESS

CHRONIC ACTINIC DERMATITIS: PUVA TREATMENT

16 severe CAD patients

PUVA 2x per week for 10 weeks

Improved: 10

No change: 3

Flared: 3

PUVA effective in >60% of cases

PUVA was more effective in younger, predominantly male patients, with skin type IV–VI, mostly sensitive to only UVB on phototesting

Research letter

Chronic actinic dermatitis: successful treatment with psoralen–ultraviolet A photochemotherapy

DOI: 10.1111/bjd.15969

Dear Editor, Chronic actinic dermatitis (CAD) is a debilitating photodermatosis. First-line therapy consists of strict photoprotection and topical corticosteroids. Second-line therapy uses systemic immunosuppression. However, an alternative is needed for patients with severe CAD who cannot use systemic immunosuppressants.[1,2] Case reports and small case series suggest that psoralen–ultraviolet A (PUVA) photochemotherapy may be effective.[3–6]

S N Chee, et al. Chronic actinic dermatitis: successful treatment with psoralen-ultraviolet A photochemotherapy . Br J Dermatol 2018 Mar;178(3):e189-e190.

Hiva Fassihi

Chronic actinic dermatitis

Chairs: Harvey Lui, Mariateresa Rossi

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CHRONIC ACTINIC DERMATITIS: MANAGEMENT

Allergen/photoallergen avoidance

Topicals

- Emollients, steroids, tacrolimus, pimecrolimus

Desensitisation

- PUVA photochemotherapy (+/- oral steroids), low dose & increment regimen

Systemic agents

- Oral prednisolone for acute exacerbations
- Steroid sparing agents: methotrexate, azathioprine, ciclosporin, and mycophenolate mofetil

Hiva Fassihi

Chronic actinic dermatitis

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EADV CONGRESS

DUPILUMAB IN CHRONIC ACTINIC DERMATITIS

There is weak, conflicting evidence on the use of Dupilumab for CAD in the literature

28/30 cases in the literature reported a partial to complete reduction in disease severity

However, only 14 cases were treated with Dupilumab as monotherapy

Case reports are not supported by pre and post Dupilumab phototesting

Complicated by the well-recognized exacerbated head and neck dermatitis from Dupilumab therapy

Holmes et al. Dupilumab for chronic actinic dermatitis: A case series and review of the literature. Australas J Dermatol. 2024 May;65(3):287-291

Hiva Fassihi

Chronic actinic dermatitis

Chairs: Harvey Lui, Mariateresa Rossi

EADV CONGRESS

JAK INHIBITORS IN CHRONIC ACTINIC DERMATITIS

10 cases in the literature with CAD

All 10 patients had a beneficial response to JAK inhibition

Five patients achieved a complete response

Further four patients experienced near complete resolution

Author	Age	Sex	Prev systemic agents	Concurrent systemic agents	JAK inhibitor (dose)	Treatment duration (months)	Beneficial response	Complete response
Pappa et al. [3]	75	M	OCS, CSA	Nil	Upadacitinib (15 mg OD)	8	Yes	Yes
Majid and Akhtar [4]								
1	65	M	MTX, AZA, HCQ, CSA, APR	Nil	Tofacitinib (5 mg BD)	6	Yes	Yes
2	55	M	MTX, AZA	Nil	Tofacitinib (5 mg BD)	12	Yes	Yes
3	58	M	OCS	Nil	Tofacitinib (5 mg BD)	12	Yes	Yes
Dev et al. [5]	50	M	OCS, MTX, AZA, ACI, HCQ	Nil	Tofacitinib (5 mg BD)	6	Yes	No*
Wang et al. [6]	46	M	OCS, HCQ	Nil	Tofacitinib (NR)	NR	Yes	NR
Zhong et al. [7]	58	M	Nil	Nil	Tofacitnib (5 mg BD)	6	Yes	No*
Vesely et al. [8]	60	M	OCS, HCQ, MTX, AZA, MMF, CSA, OMA, ACI, BEX, ECP	Nil	Tofacitinib (5 mg BD)	12	Yes	No*
Agud-Dios et al. [9]	53	F	OCS, CSA, HCQ, AZA	CSA, HCQ, AZA	Baricitinib (4 mg BD)	6	Yes	No*
Maguire et al. [10]	69	M	OCS, MMF, MTX, ACI, ALI	Nil	Baricitinib (2 mg BD)	16	Yes	Yes
Jin and Qiao [11]	70	M	HCQ	Nil	Abrocitinib (100 mg OD)	NR	Yes	No

Abbreviations: ACI, acitretin; ALI, aliretinoin; APR, apremilast; AZA, azathioprine; BEX, bexarotene; BD, twice daily; CSA, cyclosporine; ECP, extracorporeal photophoresis; F, female; HCQ, hydroxychloroquine; M, male; MTX, methotrexate; MMF, mycophenolate mofetil; OMA, omalizumab; mg, milligram; OD, once daily; NR, not reported; OCS, oral corticosteroids.
*Near complete response.

Holmes et al. Upadacitinib for Chronic Actinic Dermatitis: A Case Report and Literature Review of JAK Inhibitor Use for Recalcitrant Disease. Australas J Dermatol. 2025 May;66(3):169-171.

Hiva Fassihi

Chronic actinic dermatitis

Chairs: Harvey Lui, Mariateresa Rossi

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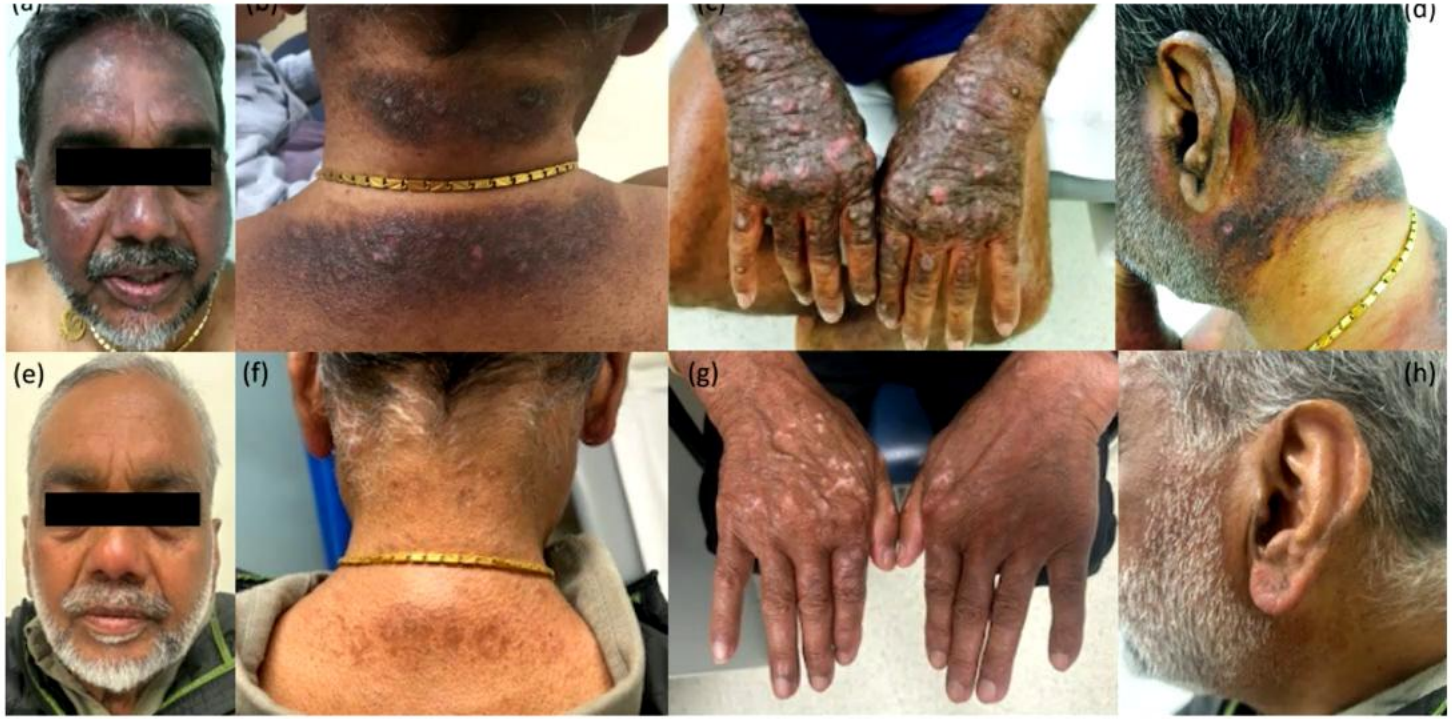
JAK INHIBITORS IN CHRONIC ACTINIC DERMATITIS



Hiva Fassihi

Chronic actinic dermatitis

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Brilla el futuro de *la dermatologia*,
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FOTOTERAPIA

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

FUNDACIÓN AEDV PIEL SANA

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

Patrocina: ucb

Fototerapia

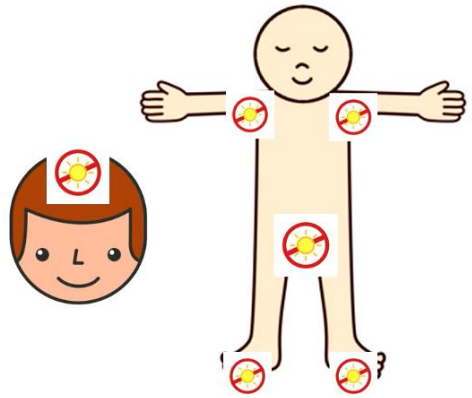
Photodermatology

Chairs: Harvey Lui, Mariateresa Rossi

EADV CONGRESS

Limits of “conventional” Whole Body Phototherapy

- Ineffective in challenging «sanctuary» body areas:
  - Axillae, groin, genitalia
  - Soles
  - Hair-covered regions



Mariateresa Rossi

Phototherapy in challenging areas

EADV CONGRESS PARIS 2025

EADV CONGRESS

Targeted UV phototherapy

- Indicated for skin diseases with limited skin involvement and/or «sanctuary» body areas
- Advantages upon topical drug treatments: non-messy, highly effective, convenient
- Evidence
- Practical considerations: supererythemogenic doses of energy can be delivered selectively to the lesions enhancing efficacy and achieving faster response, less carcinogenic activity

Fototerapia

Photodermatology

Chairs: Harvey Lui, Mariateresa Rossi

EADV CONGRESS

Targeted phototherapies

Principle: Light from an high output source is delivered to a small skin area via an optical fiber

- BROAD-BAND UVB LIGHT SOURCES
  - Microphototherapy (Bioskin®)
  - B-Clear®
  - Theralight ®
  - MultiClear® (Curelight)
  - CUP-STRAHLER®

- NARROW-BAND UVB LIGHT SOURCES
  - 308 nm Excimer Laser
  - 308 nm Monochromatic Excimer Light (M.E.L.)

EADV CONGRESS PARIS 2025

Mariateresa Rossi

Phototherapy in challenging areas

Fototerapia

SKIN PATHOLOGY	THERAPEUTIC EFFECT
PSORIASIS	Effective in difficult to treat psoriasis subtypes Treatment option in refractory to systemic treatment psoriasis. Can achieve full remission in >50% of patients.
VITILIGO	Useful in depigmentation of <10% total body surface area.
ALOPECIA AREATA	Achieves cosmetically acceptable hair regrowth (>50% of regrowth). Resistant AA.
MYCOSIS FUNGOIDES	Useful in early stages (IA, IIA). Complete clinical response in 76.3% of cases.
ATOPIC DERMATITIS	In atopic dermatitis involving <20% total body surface area.
GRANULOMA ANNULARE	Complete remission has been seen in combination with topical/systemic CS
NODULAR PRURIGO	Complete remission in resistant cases
MORFEA	Useful to decrease lesion size.

INDICATIONS

Hartmann Schatloff D et a, Anais Brasileiros de Dermatologia 2024

Fototerapia

Received: 25 July 2023 | Accepted: 25 February 2024
DOI: 10.1111/1346-8138.17191

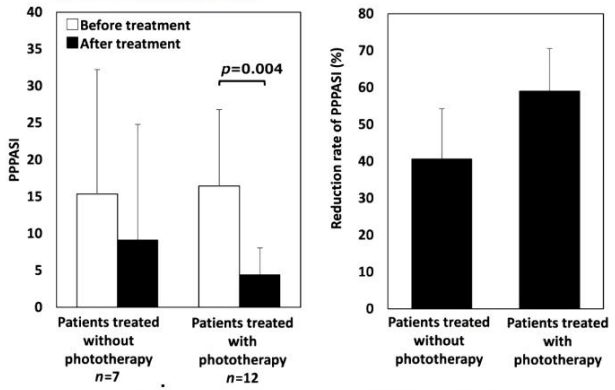
ORIGINAL ARTICLE

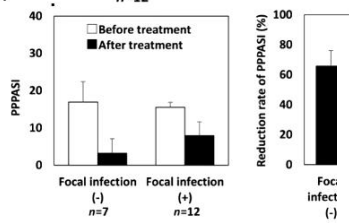
308-nm excimer light is effective for palmoplantar pustulosis regardless of the presence or absence of focal infection: Single-center real-world experience of treatment for palmoplantar pustulosis

Yoshiko Niimura | Masahiro Kamata | Takeko Ishikawa | Mayumi Nagata | Makoto Ito | Ayu Watanabe | Shota Egawa | Hideaki Uchida | Azusa Hiura | Saki Fukaya | Kotaro Hayashi | Atsuko Fukuyasu | Takamitsu Tanaka | Yayoi Tada

	Mean ± SD or number (%)
Female:male ratio	16:3
Age at onset (years)	48.8 ± 15.4
Duration of disease (years)	5.5 ± 5.9
Smoking	14/19 (73%) (never smoked, 5; quit smoking, 9; smoking, 5)
Pack-year	23.7 ± 17.6
Focal infection	13/19 (68%)
Dental infection	10/19 (52%)
Tonsilitis	6/19 (31%)
Sinusitis	2/19 (11%)
Allergy to metal	4/19 (21%)
Osteoarthritis	9/19 (47%) (8 women and 1 man)
PPPASI at the first visit	16.1 ± 13.1

Abbreviation: PPP, palmoplantar pustulosis; PPPASI, palmoplantar pustulosis area severity index, SD, standard deviation.





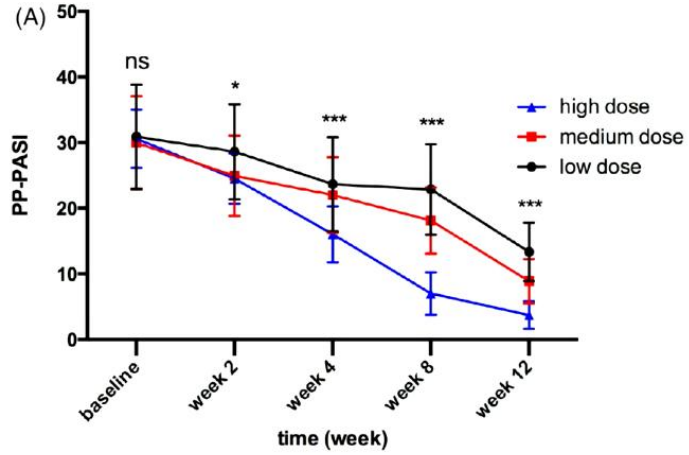
Received: 18 March 2021 | Accepted: 27 July 2021
DOI: 10.1111/dth.15079

ORIGINAL ARTICLE

A randomized prospective study of different dose regimens using the 308-nm excimer laser in the treatment of palmoplantar pustulosis

Chen Peng[1,2] | Yifan Hu[1,2] | Wenjuan Chen[1,2] | Yangfeng Ding[1,2] | Xingzi Li[1,2] | Ning Yu[1,2] | Jiajing Lu[1,2] | Yuling Shi[1,2]

Excimer dose-escalation regimens			
	Low dose regimen	Medium dose regimen	High dose regimen
Starting dose	200% of MED	400% of MED	600% of MED
Increment	20% increments with each treatment		
If adverse effects	Reduce to 10% increments		
Frequency of treatment	Three times weekly		



Adverse effects of erythema, blistering and erosions were more com-mon with the higher dose regimen

Fototerapia

- Luz excimer no funciona en psoriasis ungueal (mejor PDL)

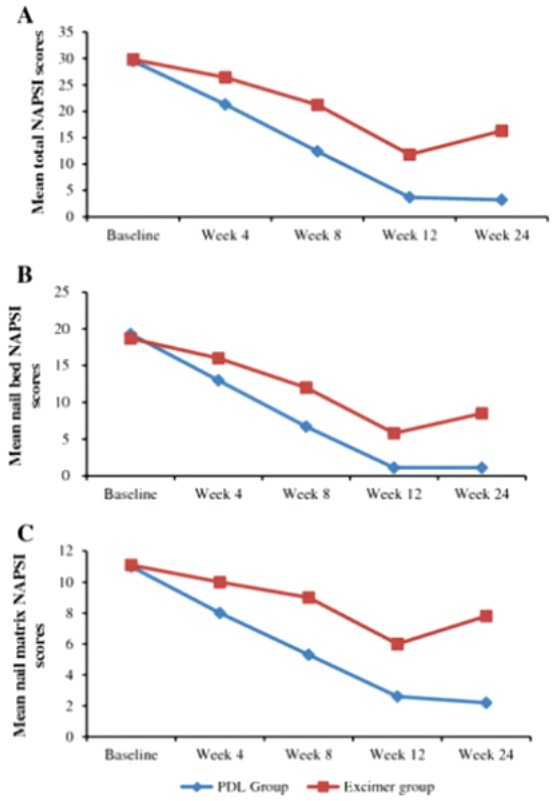
Al-Mutairi et al. Dermatol Ther (Heidelb) (2014) 4:197–205

EA DV CONGRESS

Single Blinded Left-to-Right Comparison Study of Excimer Laser Versus Pulsed Dye Laser for the Treatment of Nail Psoriasis

Week	PDL-treated nails		Excimer-treated nails	
	Mean NAPSI value	SD	Mean NAPSI value	SD
0 (baseline)	29.5	18.5	29.8	17.9
4	21.3	13.7	26.4	23.7
8	12.4	21.4	21.2	38.5
12	3.7	17.3	11.8	22.6
24	3.2	18.6	16.3	10.3

PDL pulsed dye laser, *SD* standard deviation



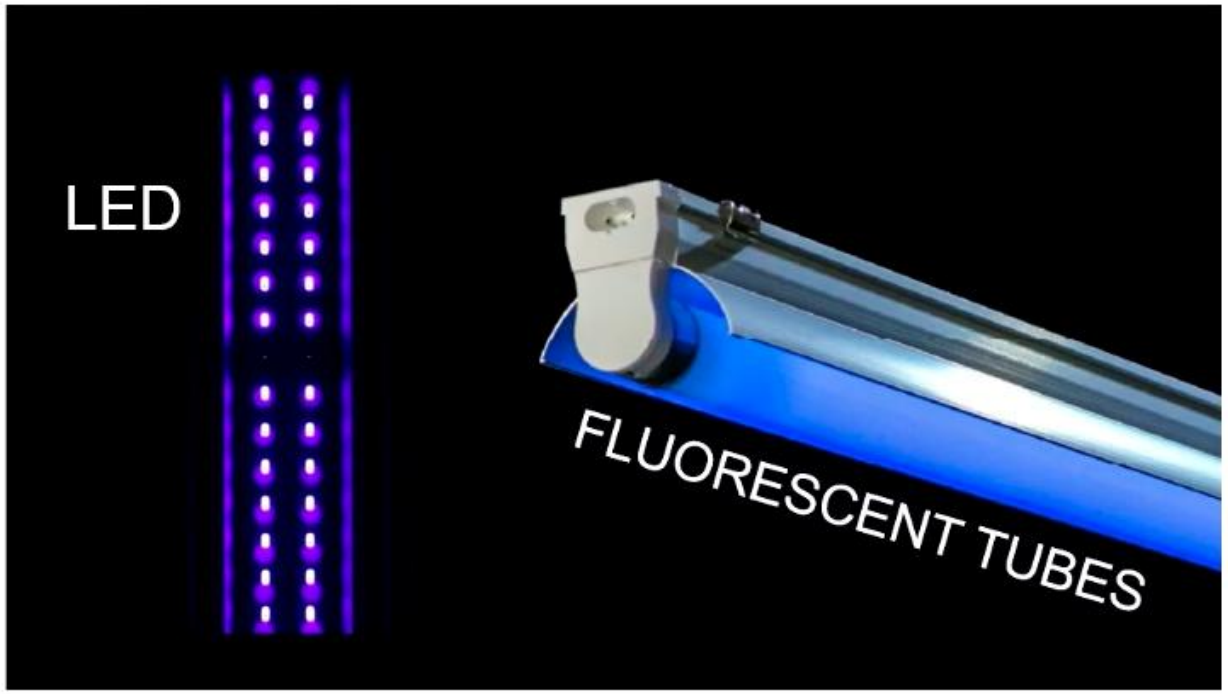
Although the excimer laser appears to be, on average, more efficacious than PDL for plaque psoriasis treatment, the contrary seems to be correct for nail psoriasis treatment.

Fototerapia

EADV CONGRESS

New UV LED technology

- ✓ **extremely long lifespan**
- ✓ **extremely energy efficient**
- ✓ Very **low maintenance costs** and hassle
- ✓ can be much smaller than other lights
- ✓ faster switching (no warm-up or cool-down period)
- ✓ Adaptable to individual body shape



- ✓ **contain toxic mercury**
- ✓ **short time to decay of fluorescent lamp**
- ✓ **Uneven field of irradiation**

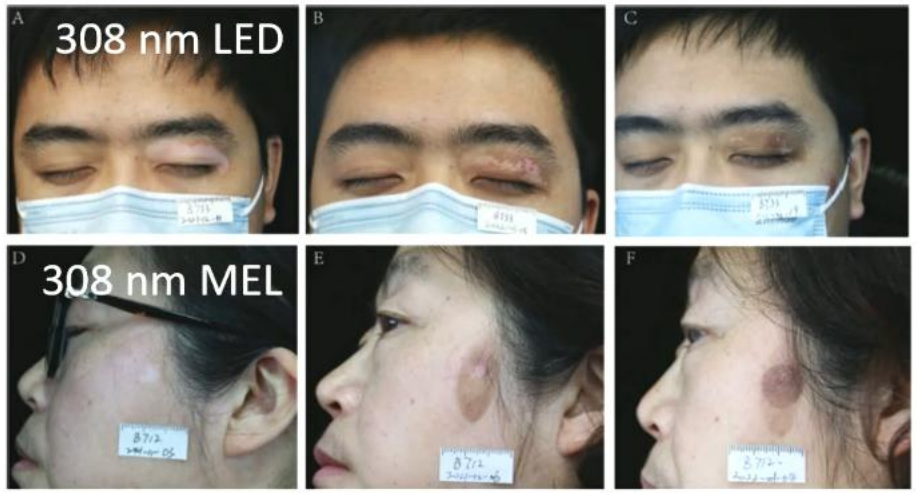
Fototerapia

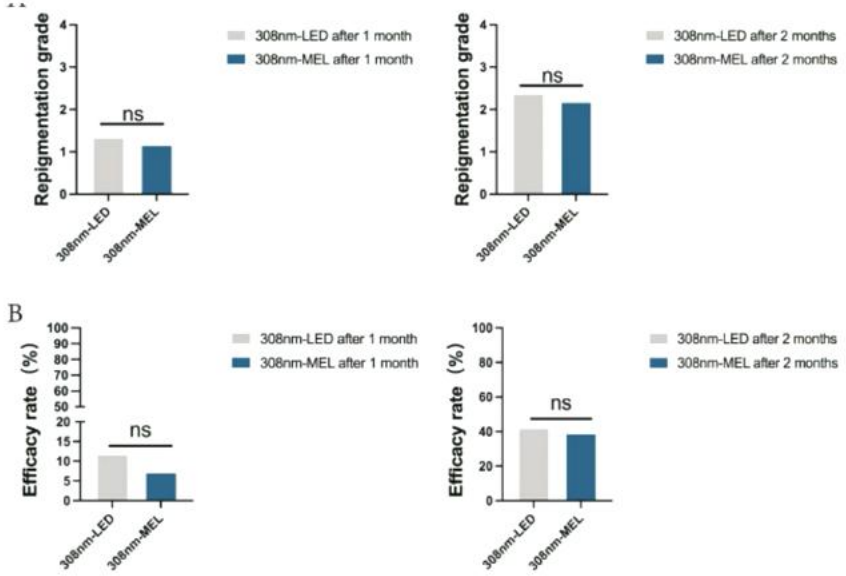
Archives of Dermatological Research (2025) 317:210
https://doi.org/10.1007/s00403-024-03721-7

ORIGINAL PAPER

A randomized prospective study to compare the efficacy of 308-nm light-emitting diode and 308-nm excimer lamp in the treatment of facial vitiligo

Yu Hu[2] · Zhuohong Xu[1] · Lihao Liu[1] · Mei Ju[2] · Chao Luan[2] · Hongying Chen[2] · Lihao Chen[2] · Xiaoxi Dai[1] · Liangliang Zhang[1] · Dan Huang[2] · Jiaan Zhang[2] · Kun Chen[2]





76 VITILIGO PATCHES WITH LED, 69 WITH MEL

Fototerapia

- Mejor la combinación de excimer con upadacitinib que upa solo

EADV CONGRESS

Archives of Dermatological Research (2025) 317:252
https://doi.org/10.1007/s00403-024-03717-3

ORIGINAL PAPER

Check for updates

Short-term efficacy and safety of upadacitinib combined with 308 excimer light versus upadacitinib alone and 308 excimer light alone in patients with progressing facial vitiligo

Progressing facial vitiligo
20 WEEKS

THERAPY	PATIENTS	VASI 100	>VASI 50	<VASI 50	VASI 0
UPA+MEL 308 NM	10	2 (20%)	7 (70%)	1 (10%)	0
MEL 308 NM	30	6 (20%)	9 (30%)	11 (36.7%)	4 (13.3%)
UPA	10	0	4 (40%)	6 (60%)	0

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Brilla el futuro de *la dermatologia*,
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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.

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