

Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA



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DE DERMATOLOGÍA
Y VENEREOLOGÍA

Con el patrocinio de:



AEDV 35^a
edición

HIGHLIGHTS

Viena

30sep - 3oct
2026

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30sep - 3oct
2026

Acné y rosácea

Ana Reymundo Jiménez-Laiglesia

Esthea Medica, AB derma y Corium Dermatology

@dra.anareymundo

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**NO TENGO CONFLICTOS
DE INTERÉS**

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En el acné y en la rosácea hay disbiosis cutánea, influencia hormonal y del exposoma y hay que hacer un tratamiento integral.

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Acné

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Same core pathways — different weighting in adulthood

UPSTREAM MODIFIERS

Host susceptibility
genetic disposition • age • sex
sebaceous-gland sensitivity

Hormonal-metabolic input
Systemic androgens • peripheral androgen
metabolism (pilosebaceous unit) •
Insulin/IGF-1 • mTORC1 signalling

Exposome
diet • stress • cosmetics • occlusion •
environment

CORE FOLLICULAR PATHWAYS

1 Increased & altered sebum
Pro-inflammatory lipid mediators

2 Follicular hyperkeratinization
→ microcomedones

Adult acne
More strongly influenced by
hormonal-metabolic and
exposomal factors →
persistent recurrent course

**3 C.Acne dysbiosis not overgrowth
alone, shift towards IA1 strain; Biofilm
formation**

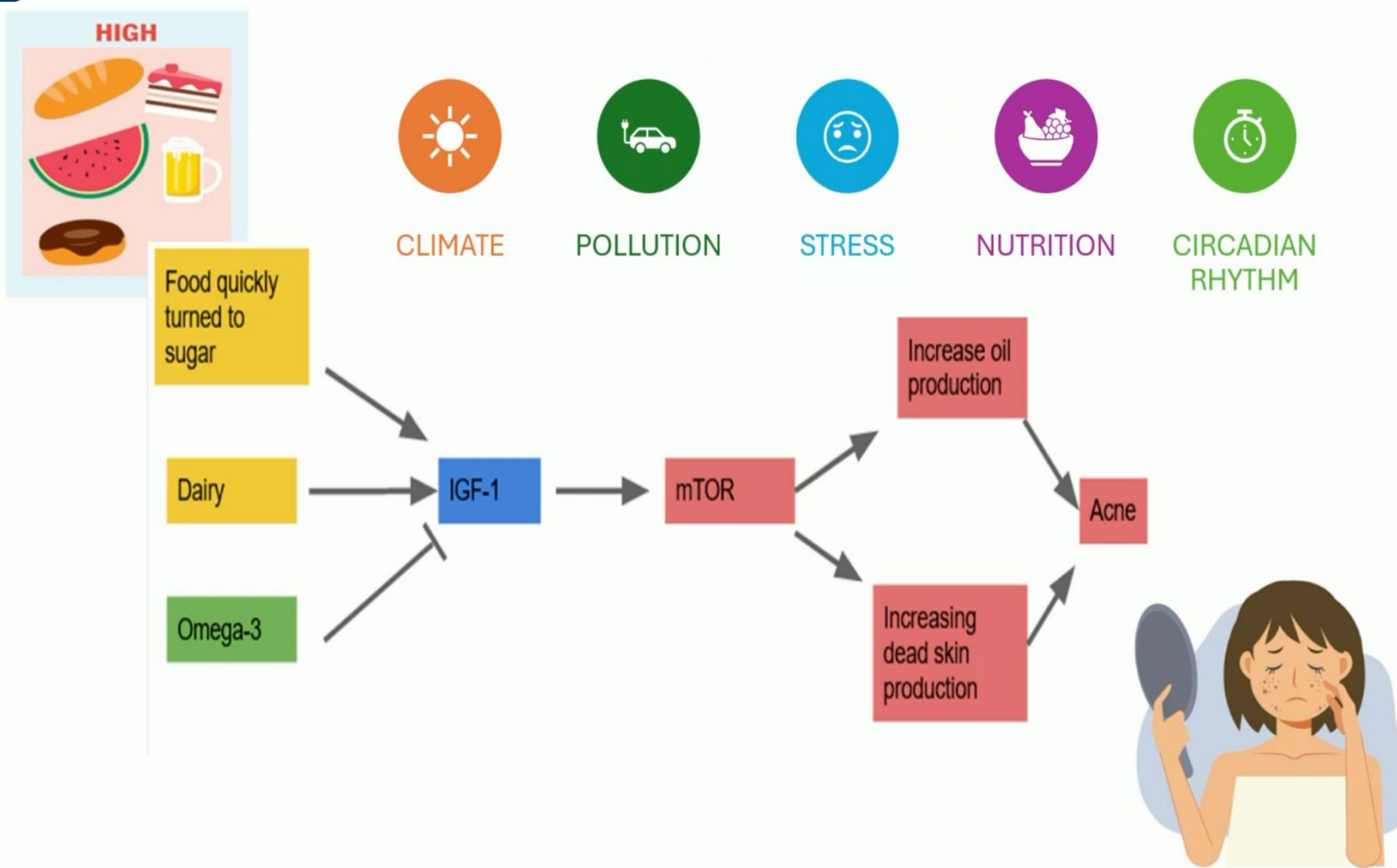
4 Immune inflammation
Early innate/adaptive activation →
visible lesions

Microcomedones
Subclinical acne-prone
field

Comedonal lesions
open and closed
comedones

**Inflammatory
lesions**
papules • pustules •
nodules

Acne sequelae
scarring • PIH/PIE



*Important to talk about healthy
lifestyle and
positive mental attitude*

*... in addition to medical treatments
if needed*

Remember coexistence

Not every facial papule must belong to one disease
Acne + rosacea / seborrhoic dermatitis / another facial dermatosis



Patient 42Y

- Telangiectasia / persistent centrofacial erythema
- History of Acne
- Painful papules/pustules lower face

Add Dermoscopy

- Polygonal vessels
- Follicular plugs
- Tiny pustules

Probióticos tópicos en la mejora del acné inflamatorio

PROBIOTIC DERMOCOSMETIC CARE FOR ACNE-PRONE SKIN:

INTERIM RESULTS FROM A GLOBAL REAL-WORLD STUDY

Anne-Christin Worthmann¹, Barbara Schuster¹, Francisco Javier Luna¹, Sudarat Sukhumdhanakul¹, Paloma García¹, Katrin Klensang¹, Tanja Bussmann¹, Nathalie Gemayel¹

- Uso en monoterapia durante 8 semanas de probiótico tópico con *C. acnes* CA-31 y CA-81
- N 700 pacientes de 26 países
- Reducción del acné 65% de los casos en monoterapia
- Buena tolerancia



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**EA
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JOURNAL OF
THE EUROPEAN ACADEMY OF
DERMATOLOGY &
VENEREOLGY



Volume 33, Issue 9
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Pages 1768-1774

About ▾ Browse Issues ▾ Articles ▾ For Authors ▾ Journal Information ▾

ORIGINAL ARTICLE | Published: 23 August 2019

The evolution of healthy skin to acne lesions: a longitudinal, *in vivo* evaluation with reflectance confocal microscopy and optical coherence tomography

Manfredini M, Bettoli V, Sacripanti G, et al. J Eur Acad Dermatol Venereol. 2019;33(9):1768-1774.

“Similarly to the ‘cancerization field’ ...
acne is characterized by an ‘**acneization field**’.”

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**Skin Research
and Technology**

OFFICIAL JOURNAL OF THE INTERNATIONAL SOCIETY
FOR SKIN IMAGING



Volume 32, Issue 6
June 2026
e70371

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ORIGINAL ARTICLE | [Open Access](#) | First published: 15 June 2026

In Vivo Microscopic Features of Acne vulgaris Revealed via LC-OCT

Traini DO, Palmisano G, Di Stefani A, Bocchino E, Guerriero C, Suppa M, Peris K.

Skin Res Technol. 2026;32(6):e70371. doi: 10.1111/srt.70371

“Indeed, our findings confirm hyperkeratinization as the earliest event in acne pathogenesis, supporting the hypothesis of an ‘**acneization field**’, that is, the presence of abnormal follicles, even before clinical lesions occur, in apparently healthy skin of acne patients.”

- Clinically normal-appearing acne-prone skin **may already contain abnormal follicles and early microcomedones before visible lesions develop**
- **The Concept: Acneization Field**
- Treat not only visible lesions but acne-prone skin
- Maintenance therapy targets the subclinical acne-prone field

Tratar la piel antes de que
aparezcan las lesiones
inflamatorias y **siempre dejar
terapia de mantenimiento**

Adult female acne- when does endocrine evaluation matter?

Normal Serum Androgens
Peripheral androgen activity

1 | No additional endocrine clues

Regular cycles
No hirsutism / FPHL→ No routine endocrine panel based on acne alone
→ Start acne treatment

Systemic androgen excess ovarian/adrenal

2 | Hyperandrogenic / ovulatory clues

Hirsutism • FPHL
Irregular cycles • infertility • PCOS?→ **Androgen panel:** Total testosterone
SHBG + free T / calculated FAI
± DHEAS / androstenedione**Pearl:**

- Stop combined oral contraception 3 Month before testing
- Ask about hair removal

3 | Red flags

Rapid onset or progression,
Virilization,
Markedly elevated androgens

→ Urgent referral

Si sospecha de Sd. Ovárico metabólico poliendocrino (antiguo SOP)

Rápida aparición con **virilización** asociada u otros síntomas sugestivos de elevación de andrógenos asociados.

Isotretinoin in adults

WHEN?

- Severe forms
- Consider earlier when:
scarring • treatment
resistance • repeated relapse
- high psychosocial burden

HOW? — EuroGuiDerm

Severe PP / moderate nodular:
0.3–0.5 mg/kg/day

Severe nodular / conglobate:
≥0.5 mg/kg/day
Refractory disease:
up to 1 mg/kg/day
Treat ≥6 months; aim for
clearance of inflammatory lesions
for 1–2 months.

CUMULATIVE DOSE: still debated

EuroGuiDerm:
No evidence-based cumulative target
can currently be recommended.

2025 cohort, n=19,907:
22.5% relapse requiring systemic
treatment
8.2% isotretinoin retreatment
Higher cumulative exposure → lower
relapse/retreatment risk

In my practice: I individualize the daily dose, treat to sustained clearance + 2 month, and use cumulative dose as one factor—not the endpoint

No hay evidencia de que sea necesario dosis objetiva en acné adulto

En general mantenerlo hasta llevar 2 meses sin lesiones inflamatorias

Hormonal therapy does not require abnormal serum androgens

Spironolactone:

- EuroGuiDerm 2025/2026 added for the first time (off-label for females)
- AAD 2024 - conditional recommendations
- 50 mg/day → 100 mg/day after ~4 weeks if tolerated
- Expect gradual improvement over months
- Routine potassium monitoring not required in otherwise healthy women <45, barring individual risk factors
- Avoid during pregnancy; counsel appropriately if pregnancy is possible

Spironolactone for Adult Female Acne (SAFA) trial (BMJ 2023, n = 410)

50 mg/day → 100 mg/day

12-week vs 24-week

82% vs 63% improvement at 24 weeks

Supports spironolactone as an effective alternative to oral antibiotics in adult women

No hay necesidad de
monitorización del potasio

SALVO:

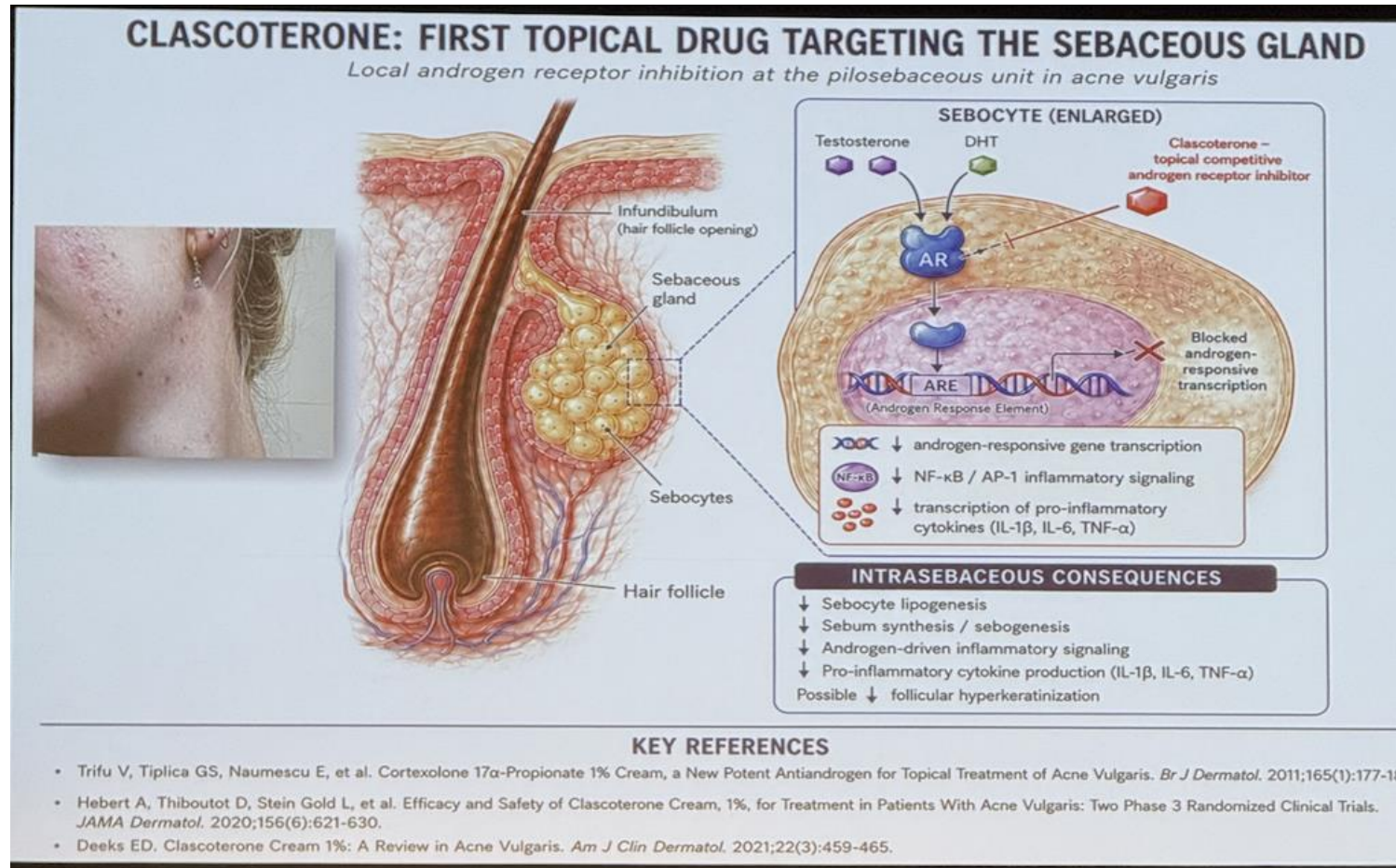
>45 AÑOS

HTA

Diabetes

Enfermedad renal crónica

Medicaciones que afecten a la
función renal, adrenal: **AINE,**
IECA, digoxina

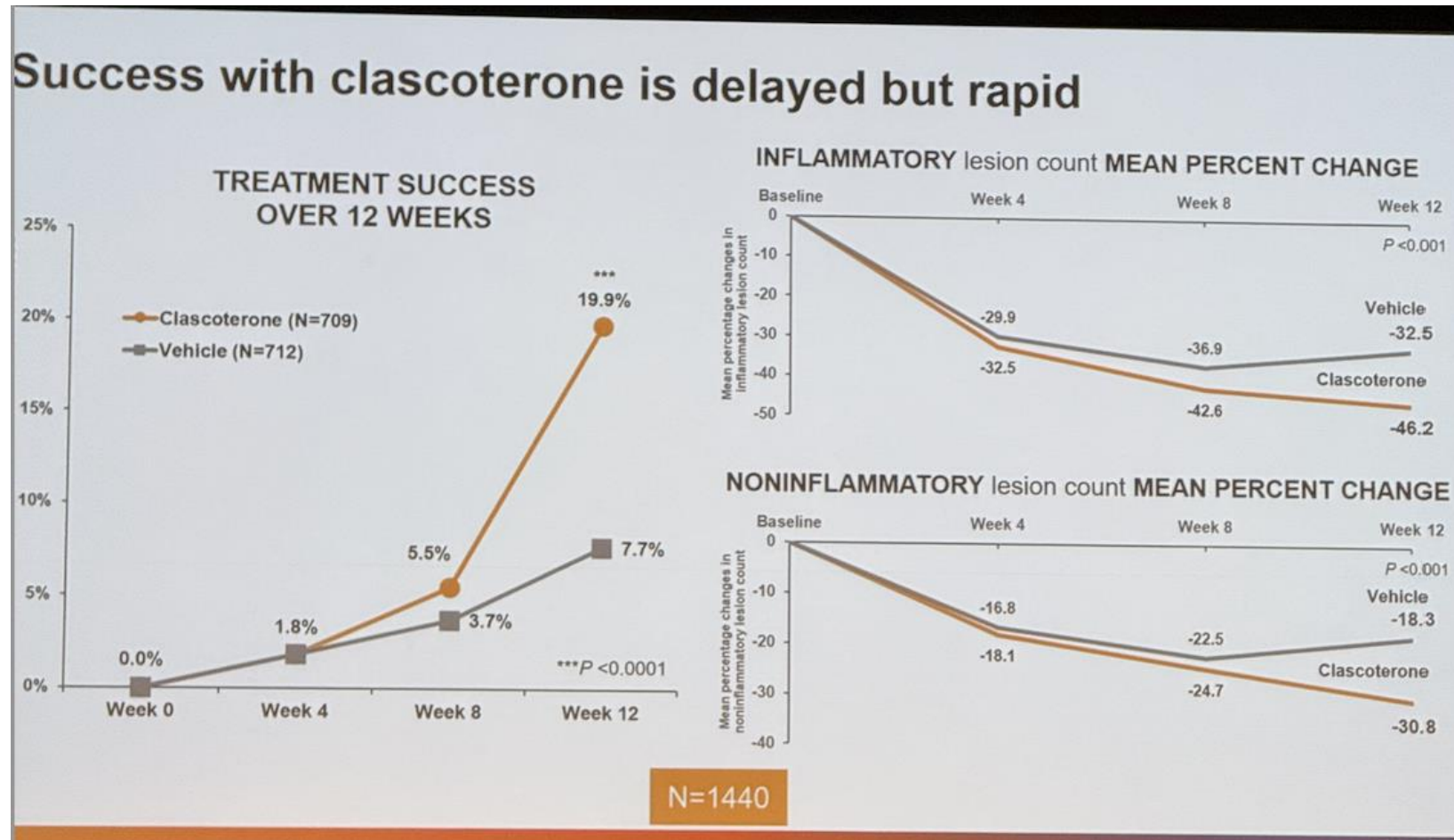


Baja la producción de sebo y la inflamación asociada al acné.

Vida media corta: Usar dos veces al día

Perfil seguridad muy bueno: No tiene efectos sistémicos antiandrogénicos.

Puede usarse en hombres para controlar de manera local el componente hormonal del acné



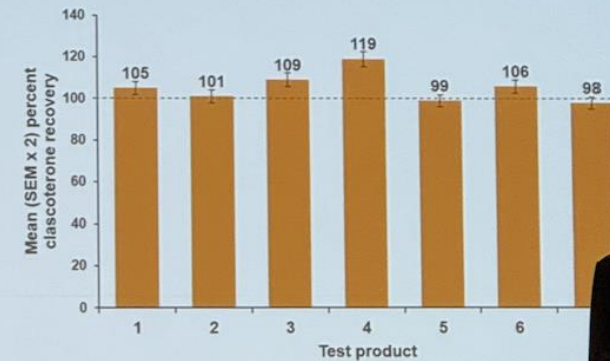
Hasta las 8
semanas no se
empieza a ver el
efecto

In vitro stability with other acne products

Incubated 8 hours at 37°C

- Tretinoin 0.025% Cream
- Adapalene 0.3% Gel
- Dapsone 7.5% Gel
- Azelaic acid 15% Gel
- Benzoyl peroxide 5%/Clinda 1% Gel
- Benzoyl peroxide 2.5%/Adapalene 0.1% Gel
- Encapsulated benzoyl peroxide 5%

Percentage of clascoterone recovered after combination with other acne medications



1. Clascoterone + tretinoin cream 0.025%
2. Clascoterone + adapalene gel 0.3%
3. Clascoterone + dapsone gel 7.5%
4. Clascoterone + azelaic acid 15%
5. Clascoterone + BP 5%/clindamycin 1%
6. Clascoterone + BP 2.5%/adapalene 0.1%
7. Clascoterone + encapsulated BP 5%

SEM, standard error of the mean.

Se puede **combinar**
con los **principales**
activos cosméticos

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Dispositivos basados en la energía y acné

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Randomized Controlled Trial > Lasers Surg Med. 2026 Apr;58(4):321-330.

doi: 10.1002/lsm.70120. Epub 2026 Mar 4.

Efficacy of Low-Dose Oral Isotretinoin Combined With Fractional Microneedle Radiofrequency Versus Low-Dose Oral Isotretinoin Monotherapy in the Treatment of Moderate-To-Severe Acne Vulgaris: A Randomized Controlled Comparative Study

Wareeporn Disphanurat¹, Pornpirun Leeyangyuen¹, Benjaporn Srisantithum¹

Posible mejora del acné activo en combinación con radiofrecuencia con microagujas





Original Article

Yonsei Med J 2023 Dec;64(12):721-729
https://doi.org/10.3348/yymj.2023.0234

Yonsei Medical Journal
YMJ

pISSN: 0513-5796 • eISSN: 1976-2437

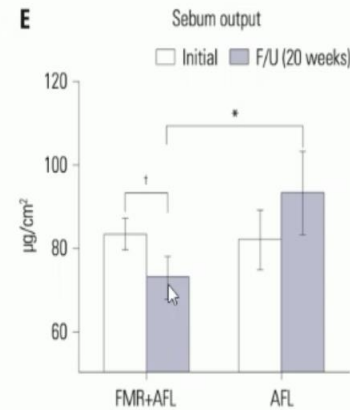
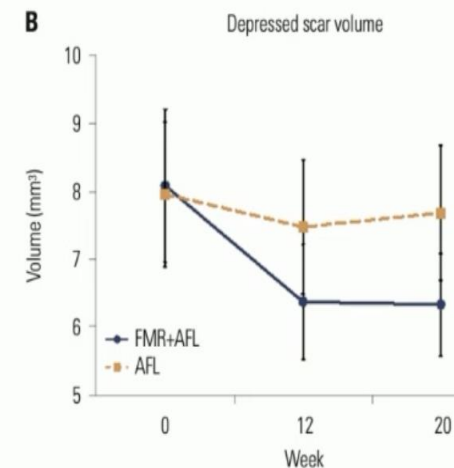
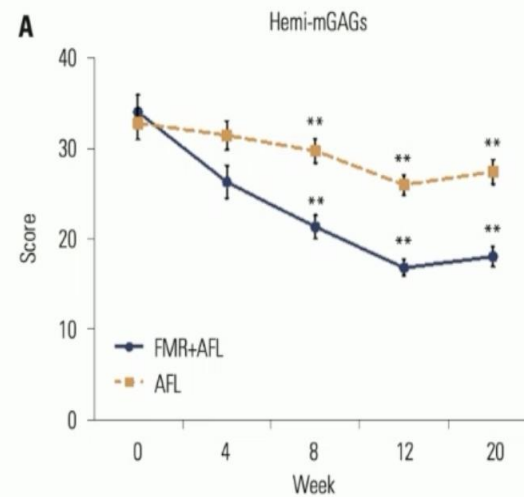
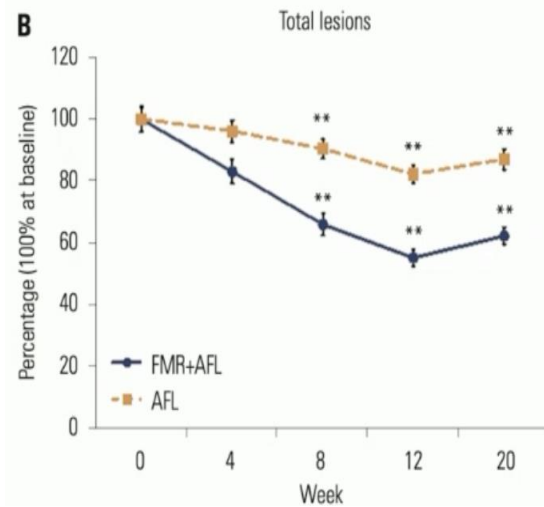
Combination of Fractional Microneedling Radiofrequency and Ablative Fractional Laser versus Ablative Fractional Laser Alone for Acne and Acne Scars

Jemin Kim^{1,2*}, Sang Gyu Lee^{2*}, Sooyeon Choi¹, Joohee Lee¹, Young In Lee^{2,3}, Jihee Kim^{1,2}, and Ju Hee Lee^{2,3}

¹Department of Dermatology, Yonsei Severance Hospital, Yonjin;

²Scar Laser and Plastic Surgery Center, Yonsei Cancer Hospital, Yonsei University College of Medicine, Seoul;

³Department of Dermatology, Severance Hospital, Cutaneous Biology Research Institute, Yonsei University College of Medicine, Seoul, Korea.



- 25 Participants
- Split face randomised study
- Co2 laser (eCo2, Lutronic)
- RF MN (non-insulated, Sylfirm)
 - 3 trt, 4 weeks apart
- CO2: 100 mJ/MTZ; 15%
- RFMN: 1,6-2 mm, 50-100 ms, Intensity 4 to 6, 1 passe 20% overlap

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Cicatrices de acné

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Review > Clin Dermatol. 2026 Jan-Feb;44(1):192-196. doi: 10.1016/j.clindermatol.2025.10.011.

Epub 2025 Oct 29.

ASAP revisited: The Brazilian sequential algorithm for treating keloids and hypertrophic scars

Gisele Viana de Oliveira¹, Leandra D'Orsi Metsavaht², George Kroumpouzou³

Affiliations + expand

PMID: 41173162 DOI: [10.1016/j.clindermatol.2025.10.011](https://doi.org/10.1016/j.clindermatol.2025.10.011)

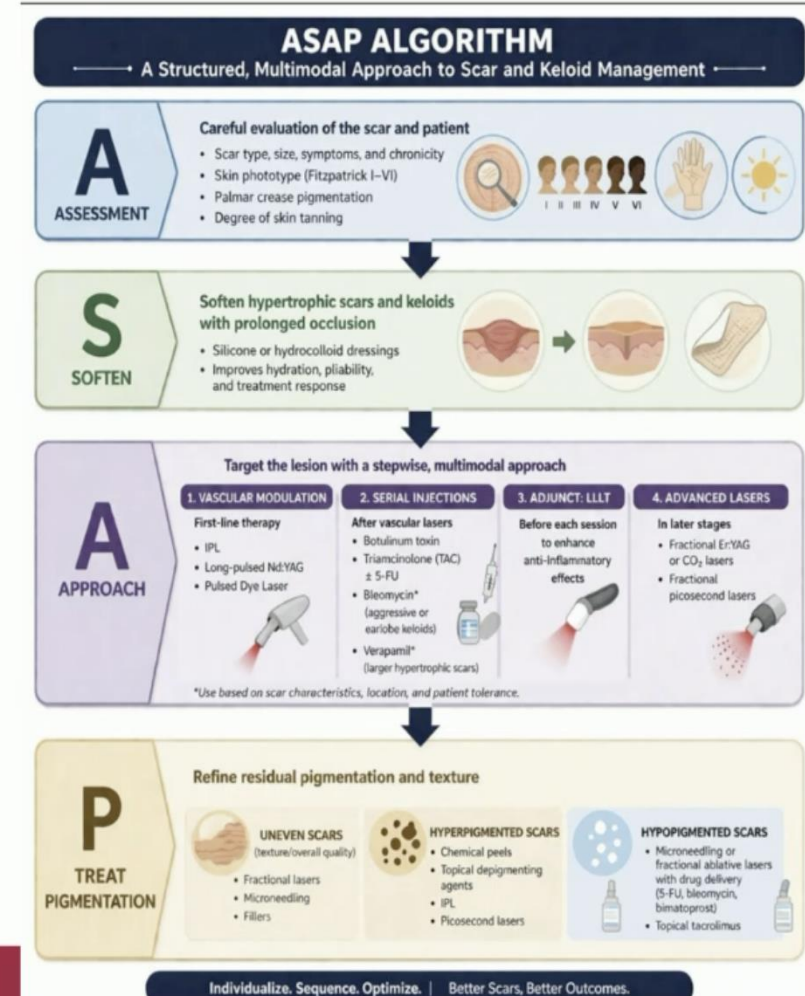
Assessment

Soften: Aplicación de apósitos hidrocoloides para hacer la cicatriz más blanda

Approach: Láser más inyectables

P (treat) Pigmentation

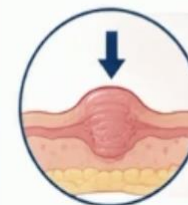
ASAP Algorithm- PROLONGED OCCLUSION



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SURGERY**

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ISSN: 1076-0512/01/\$15.00/0 • Dermatol Surg 2001;27:721-726

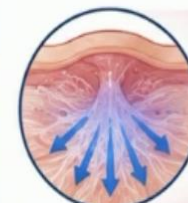




DECREASES
KELOID/SCAR
HEIGHT



ALLOWS FOR
EASIER
INJECTIONS



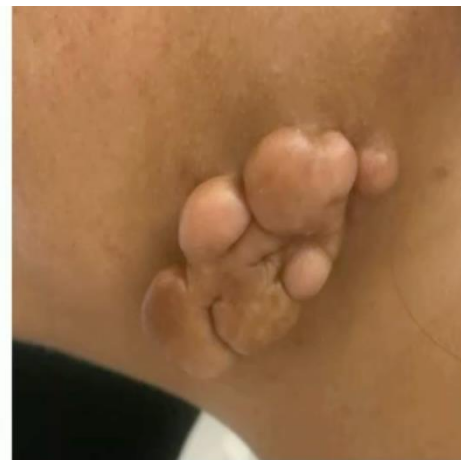
ALLOWS FOR
EASIER DRUG
DIFFUSION
THROUGHOUT TISSUE

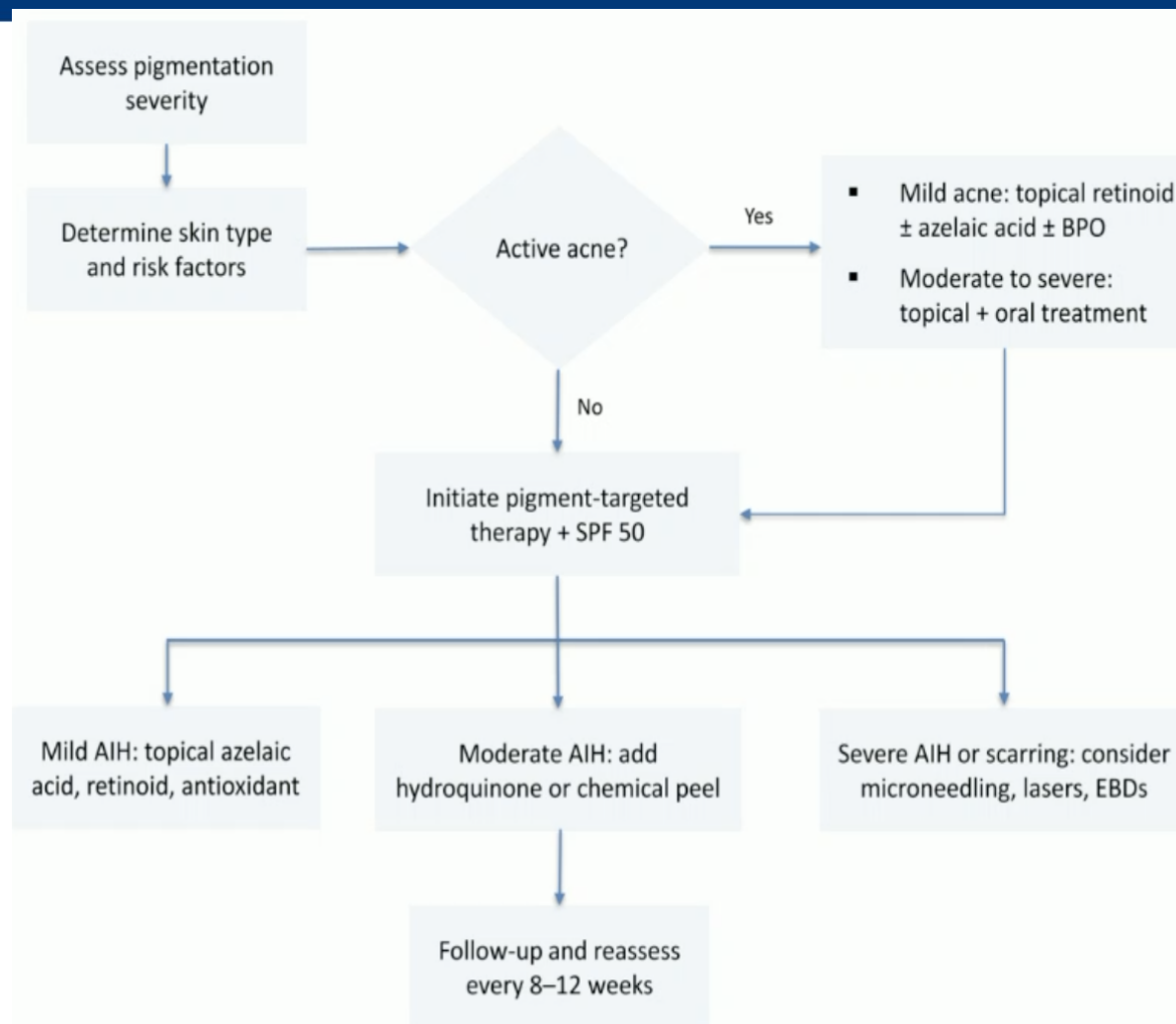


DECREASES
INJECTION PAIN



DEMANDS
LOWER DOSES





Treatment Algorithm

Cosmética + FOTOPROTECCIÓN + DESPIGMENTANTES ORALES +/- procedimientos

Protection from Sun Exposure

Broad-spectrum SPF 30+ daily, year-round.
Tinted sunscreens with iron oxide for FST III-VI.
Blocks UV



Inhibition

HQ 4%, az
licorice, vi

Inhibition

Niacinami
N-acetyl g

Removal

Chemical
Microdermabrasion, topical exfoliants.

Destruction of Melanin Granules

Lasers: QS Nd:YAG, 1927nm fractional, IPL.
Conservative parameters essential in FST III-VI.



La hiperpigmentación es un proceso complejo en el que influye la luz visible, la activación de los melanocitos y la alteración de la matriz extracelular → **Tratamientos combinados**

- La **fotoprotección con color y óxido de hierro es fundamental** para proteger al paciente de la **luz visible** que influye en la pigmentación.
- Han aparecido nuevos tópicos como la cisteamina, el thiamidol o el melasyl que ofrecen buenos resultados a largo plazo con más seguridad que la hidroquinona.
- La fórmula de Klingman sigue siendo primera línea de tratamiento.
- El **tratamiento combinado es fundamental**
- A la hora de usar láseres utilizar parámetros conservadores, especialmente en fototipos altos.

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Rosácea

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Rosacea triggers – role of the exposome

Exposomal factors affecting rosacea

Intrinsic Triggers

genetics immune dysregulation
microbiome change hormones
skin type psychological burden



Genetics



Microbio
Skin dem
SIBO
H. pylori



M
sy

Intrinsic

Dietary patterns – Healthy Plant Diet

UK Biobank
198,557 adults ·
1,075 cases

+10 points
hPDI
↓ 16% risk

+10 points
PDI
↓ 9% risk

+10 points
uPDI
↑ 12% risk

Quality matters in plant-based eating

Favorable
whole grains, fruits,
vegetables, legumes,
nuts



Lower rosacea risk



! Not all plant-based eating is automatically beneficial.
Quality matters.



Higher meat intake: higher risk
Legumes and nuts: lower risk

Less favorable
sugary drinks, desserts,
refined grains,
ultra-processed foods



Higher rosacea risk



Extrinsic



ght



Media
Disinformation



Skincare habits



SDOH

Extrinsic Triggers

UV radiation, heat
visible/blue light
air pollution
climate
occupational exposure
diet
alcohol smoking
skin-care practices
SDOH
Digital misinformation

Microbiome in rosacea

Demodex density and host response can amplify inflammation

Skin and gut communities differ in several cohorts

60-patient randomized study: specific probiotics after doxycycline improved PGA and resistance-gene signals

No se recomienda hacer dietas de eliminación de alimentos o paneles de microbiota de manera rutinaria, solo cuando hay síntomas digestivos

Valorar rifamixina 400 mg/8 horas 10 días si SIBO asociado ya que hay estudios que han demostrado mejorar la rosácea

Hormonal and metabolic factors can modify the phenotype

Skin stress-hormone axis

- UVB and **stress** can increase local steroidogenesis and CRH signalling.
- CRH may amplify cytokines and vasodilation.
- Chronic topical **steroids** can produce a **rosacea-like dermatitis**.

Female hormonal window

- **Lower oestrogen** may **worsen vascular** reactivity, especially in **perimenopause**.
- **Progestin-only IUDs** have been linked with more flares in some studies.
- Usually a discussion point—not a reason for contraception discontinuation.

Metabolic inflammation

- **Obesity, weight gain and insulin resistance** are associated with rosacea in several studies.
- Higher **glucose, lipids and blood pressure** have also been reported.
- **Evidence is mixed**; manage **cardiometabolic** risk by ordinary criteria.

Clinical use: ask selectively about steroid exposure, perimenopause/contraception, and metabolic risk—then treat the phenotype in front of you.

Los **niveles de estrógenos bajos** (especialmente en la menopausia) o el **uso de anticonceptivos únicamente de progestágenos** puede empeorarla.

La **resistencia a la insulina** también.

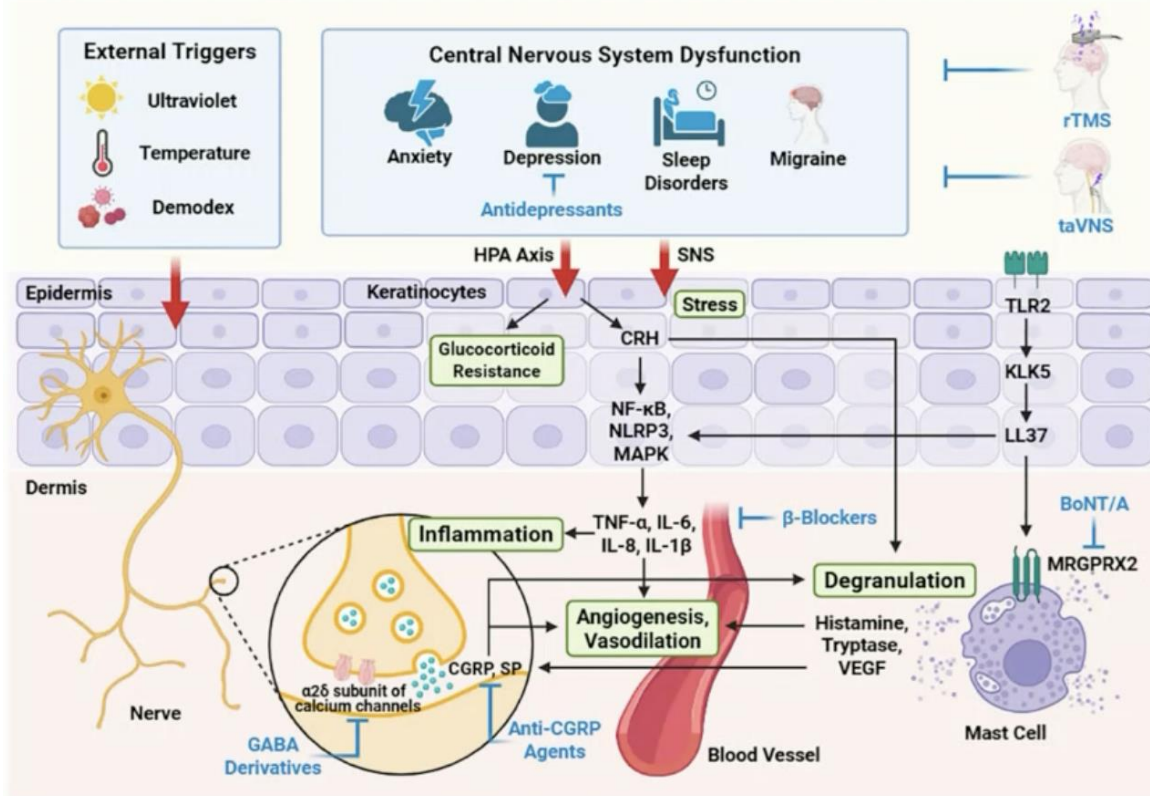
- La **vitamina B3, B6 y B12** pueden empeorar la rosácea por efecto vasodilatador
- El uso de demasiados cosméticos o inadecuados también (alteración de la función barrera de la piel)

COSMETICOREXIA as FACILITATOR



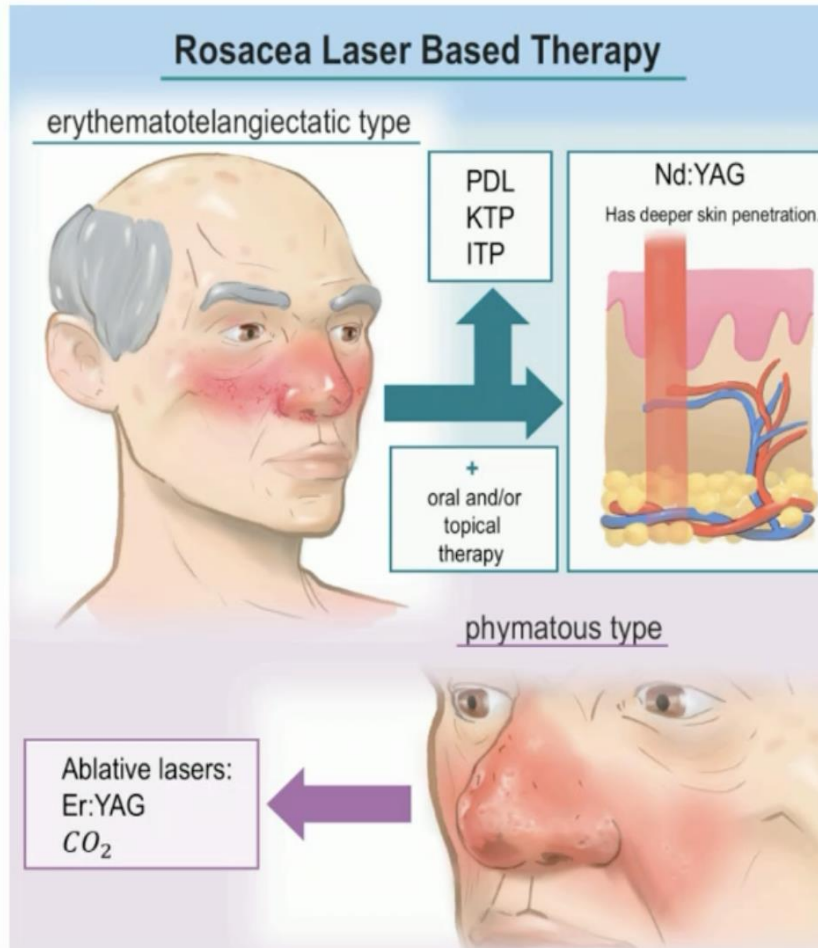
- Cosmeticorexia is an unhealthy, anxiety-driven obsession with achieving "flawless" skin that leads to the excessive, compulsive, or age-inappropriate use of cosmetic products and procedures
- Excessive skin routines (aka Korean one) with 9-10 passages contribute to increase the risk
- Substandard cosmetics bought on certain websites increase the risk of rosacea

ANTI-FLUSHING STRATEGIES

Yang X, et al. *Front Immunol* 2026

Paroxetina y la toxina botulínica parecen tener evidencia en mejorar el flushing

Se está investigando si ciertos anticuerpos monoclonales utilizados para la migraña mejoran la rosácea



Elección para tratar componente vascular y disminuir recurrencias (no diferencias significativas entre dispositivos) → Falta evidencia científica

Láseres ablativos son elección a la hora de tratar el rinofima, especialmente el **CO₂** → Control de hemostasia y mejora cicatrización

Current clinical research

25 Randomized controlled trials RCTs were included for qualitative analysis. Most studies exhibited unclear or high risk of bias, with a slight publication bias observed. Radiofrequency microneedling was more effective than pulsed dye laser (PDL) in terms of patient satisfaction (MD -1.32; 95 % CI -1.89 to -0.76) and erythema (MD -1.44; 95 % CI -1.96 to -0.91).

The **combination of oxymetazoline and PDL** appeared superior for **telangiectasia** (MD -0.58; 95 % CI -1.03 to -0.14).

AEs and discontinuation rates were comparable across treatments

Nguyen L, Sorbe C, Seeber N, Schneider SW, Herberger K. Laser and energy-based devices for treating rosacea – a systematic review and network meta-analysis. JDDG:Journal der Deutschen Dermatologischen Gesellschaft.2026;24:24–33. <https://doi.org/10.1111/ddg.15961>

Empieza a haber evidencia de que puede ser una herramienta útil para bajar inflamación y eritema

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Conclusiones

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- En el acné y en la rosácea hay **disbiosis cutánea, influencia hormonal y del exposoma** y hay que hacer un **tratamiento integral** con modificación de hábitos y estilo de vida. Nuevos tratamientos como los **probióticos tópicos** y la **clascosterona** parecen ser de utilidad.
- La **clascosterona** debe aplicarse **dos veces al día, tarda 8 semanas en actuar** y es **segura** sin haberse reportado efecto antiandrógeno sistémico.
- La **oclusión con apósitos de hidrocoloide** parece una estrategia útil como paso previo al tratamiento con fármacos intralesionales y dispositivos basados en la energía.
- La **radiofrecuencia con microagujas** empieza a tener evidencia mejorar acné, eritema en la rosácea y cicatrices.

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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 2026.

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GRACIAS