

Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLÓGIA



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ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
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Con el patrocinio de:



AEDV 35^a
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HIGHLIGHTS

Viena

30sep - 3oct
2026

AEDV 35ª edición

HIGHLIGHTS

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30sep - 3oct
2026

MIRIAM FERNÁNDEZ PARRADO

Hospital Universitario de León y del Bierzo

Grupo Pedro Jaén (Madrid)

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Una iniciativa de:



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TRICOLOGIA Y PATOLOGÍA UNGUEAL

Una iniciativa de:



Con el patrocinio de:



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PATOLOGÍA UNGUEAL

MIRIAM FERNÁNDEZ PARRADO

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INDIQUE SI TIENE ALGÚN CONFLICTO DE INTERÉS

**NO TENGO CONFLICTOS
DE INTERÉS**

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Con el patrocinio de:





Chequear 20 uñas

ONICOLOGÍA

TUMORES UNGUEALES

- MELANOMA SUBUNGUEAL
- CARCINOMA EPIDERMÓIDE
- MATRICOMA ONCOCÍTICO

ALTERACIONES UNGUEALES CON GLP-1

ONICOMISOS

PARONQUIA

PROCEDIMIENTOS Y CIRUGÍA

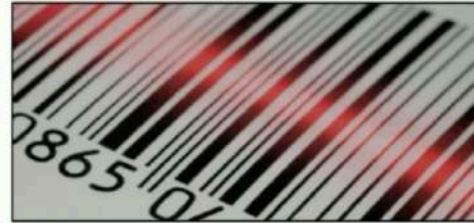
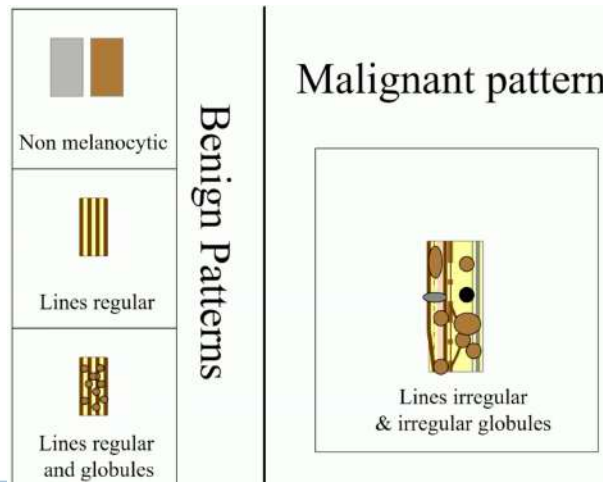
TUMORES UNGUEALES

Evaluation of the Knowledge of Primary Care Physicians About Important Nail Diseases Before and After a Short Online Training

Pauline Greco^{1,2}, Félix Pham^{1,2}, Gérard Duru³, Xavier Lainé², Stéphane Dalle^{1,2,3},
Luc Thomas^{1,2,3}

Solo 25 minutos de enseñanza pueden mejorar su habilidad diagnostica

En dermatoscopia mirar lámina ungueal y borde libre

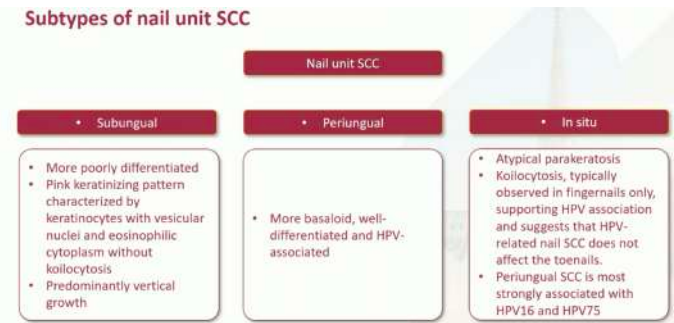


Clinical algorithm

- Acquired during childhood
- Polydactylic
- Stable
- Another (good) explanation for pigmentation (drug, ethnic, etc...)
- No periungual involvement
- Onset during adulthood
- Monodactylic
- Changes over time
- Peri-ungual involvement (Hutchinson's sign)
- Polychromia
- Triangular shaped (adult)
- Change of the plate

El tumor maligno subungueal más frecuente

 Incidencia



1. Rules for clinical suspicion: **onycholysis**
- ✓ Patient age: young adult (benign); adult-elderly (malignant)
 - ✓ Number of nails involved: 1 digit
 - ✓ Systemic diseases – immunosuppression
- Onycholysis
 - Subungual hyperkeratosis
 - Nail discoloration
 - Nail plate deformity
 - Partial or total loss of the nail plate
 - Periungual soft-tissue abnormalities

Tumours	Features to look for										
	Nail plate				Onycholysis	Distal margin		Hyperkeratosis/nodule		Nail bed erosion	Specific changes
	Surface ("dry")		Colour			Fissuring	Subungual mass	PNF/LNF	Under the nail plate		
	Fissuring	Groove	Red	White							
Bowen's disease			L M		X			X			Verrucous appearance Adjacent melanonychia
Squamous cell carcinoma			X		X	X			X	X	Vascular polymorphism

Is a rare and benign acanthoma of the nail unit that presents with localized thickening of the nail plate and melanonychia

Lesion presents clinically as a localized thickening of the nail plate often with an associated longitudinal melanonychia that might simulate a foreign body

Desirable diagnostic criteria include whorls of epithelium differentiating into onychocytes, papillomatous projections of the epithelium, or an expanded keratogenous zone



CAMBIOS EN UÑAS POR GLP-1

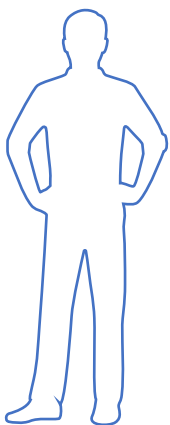
Bianca Maria Piraccini

Association between GLP-1 receptor agonists and nail disorders: results from a multinational case-control study

Research question

Is GLP-1 RA use associated with nail changes?

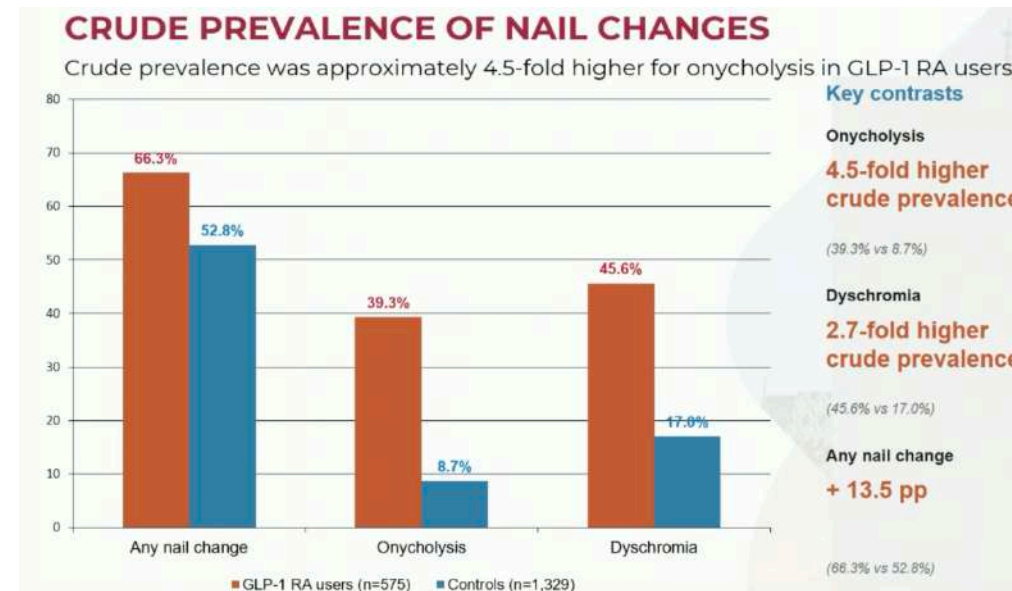
And if so — how much of that association reflects the drug itself, rather than confounding by comorbidities, dermatoses and nutritional deficiencies?



576 pacientes
con GLP-1

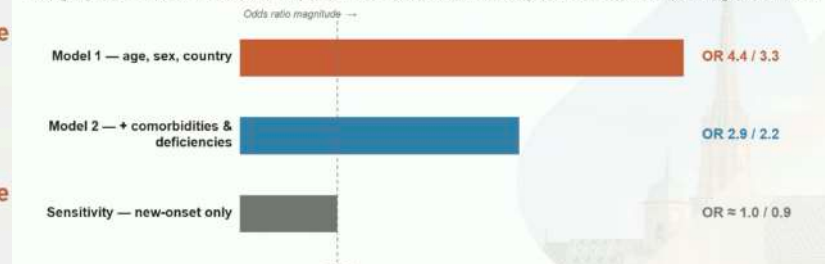


1329 con DM2/
Obesidad sin GLP-1



SENSITIVITY ANALYSIS

Roughly half of GLP-1 RA users reported nail problems already present before starting treatment



No se puede atribuir directamente a los GLP-1

No se debe a la pérdida de peso

Vigilancia para ver si son cambios persistentes o transitorios

ONICOMICOSIS

Dermatofitos 60% (los + frec)

F.RIESGO: I.VENOSA (x5)

50% distrofias ungueales

TRICHOPHYTON INDOTINEAE: SPECIES MATTER

Emerging dermatophyte → global spread¹

Terb resistance (>70% reported) → often with SQLE mut (F397L / L393F)

¹Ferreira CB, Lisboa C. A systematic review (...) Trichophyton indotineae in Europe: Time to act? J Eur Acad Dermatol Venereol. 2025

²Leeyaphan C, et al. Therapeutic Outcomes in Patients With Trichophyton indotineae: A Systematic Review and Meta-Analysis (...). Mycoses. 2025

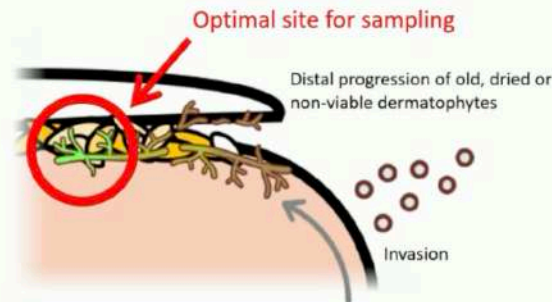
³Blanchard G, et al. Reliable (...) identification of terbinafine resistance in dermatophytic nail and skin infections. J Eur Acad Dermatol Venereol. 2023

SAMPLE WHERE THE FUNGUS IS ACTIVE

Dermoscopy guide sampling² → downsize when useful



Pre- and post-curettage and sampling.



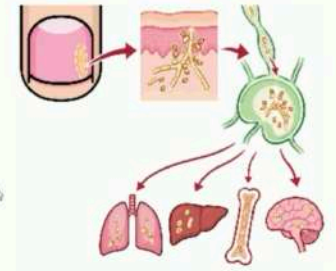
¹Watanabe S, et al. Molecular Diagnostic Techniques for Onychomycosis: Validity and Potential Application. Am J Clin Dermatol. 2017

²Guo B, Bai Y, Qin N, Li Y, Rong R, Luo L, Zhang Y, Wang R. Dermoscopy-guided sampling (...). Front Med (Lausanne). 2026

DEEP/DISSEMINATED DERMATOPHYTOSIS

RARE – THINK HOST SUSCEPTIBILITY¹⁻²

Superficial dermatophytosis/OM
↓
Dermal & subcut invasion
↓
Lymphatic ± hematogenous spread
↓
Lymph nodes ± systemic dissemination



Think:
Immunosuppression
Transplantation CARD9
deficiency

¹Gupta AK, et al. Deep and disseminated dermatophytosis (...). J Eur Acad Dermatol Venereol. 2025

²Sternier F, et al. Deep dermatophytosis and inherited CARD9 deficiency. N Engl J Med. 2013

Formas difíciles de tratar



≥ 2mm hyperkeratosis
ample onycholysis



lateral form



dermatophytoma
dense fungal aggregates
embedded in biofilm



NDMs

¹Nasereddin SM, et al. Understanding Global Access to Topical Onychomycosis Therapy: A Systematic Review and Meta-Analysis. Mycoses. 2024

²Gupta AK, et al. A comprehensive review of nondermatophyte mould onychomycosis (...). J Eur Acad Dermatol Venereol. 2024

SISTÉMICO

TRATAMIENTO

TÓPICO

ESTABLISHED¹ Terb · Itra · Fluc*

Regimens: Continuous · pulse · extended

SELECTED REFRACTORY CASES² Voriconazole · Posaconazole

NEWER AZOLES²

Fosravuconazole[†] – 82% mycological | 59% complete cure³

Oteseconazole² – promising trial data

[†] Phase III, Japan; not routinely available in Europe

¹Gupta AK, et al. Relative impact of traditional vs. newer oral antifungals (...): a network meta-analysis study. Br J Dermatol. 2023

²Gupta AK, et al. Safety and efficacy of new generation azole antifungals (...). Expert Rev Anti Infect Ther. 2024

³Watanabe S, et al. Efficacy and safety of fosravuconazole (...) multicenter, double-blind, randomized phase III study. J Dermatol. 2018

Topical treatment

Mycological cure[†]

Complete cure[†]

Head-to-Head — European Phase III¹

Terbinafine 10% sol. (MOB-015)

84%

1.8%

Ciclopirox 8% HPCH lacq.

42%

1.6%

Separate Phase III programme²

Efinaconazole 10% sol.

53.4–55.2%

15.2–17.8%

PREVENTION: A TASK FOR A PATIENT LEAFLET

KEEP FEET DRY Alternate breathable footwear · meticulous drying

REDUCE RESERVOIRS Treat tinea pedis · sanitize shoes/socks(?)¹⁻³

Shoes/textiles ≥ 60°C if feasible · biocidal spray/detergent³ · air/dry

REDUCE RE-EXPOSURE Footwear in communal wet areas

HIGH-RISK / RECURRENT PATIENTS Topical prophylaxis 1×/week⁴

¹Gupta AK, et al. The Role of Shoe and Sock Sanitization(...). J Am Podiatr Med Assoc. 2019

²Gupta AK, et al. The March Against Onychomycosis: A Systematic Review of the Sanitization Methods (...). J Am Podiatr Med Assoc. 2022

³Skastrup KN, et al. Disinfection trials with terbinafine-susceptible and terbinafine-resistant dermatophytes. Mycoses. 2022

⁴Shemer A, et al. Topical antifungal treatment prevents recurrence of toenail onychomycosis following cure. Dermatol Ther. 2017



Andre Lencastre

ONYCHOMYCOSES: MY REAL-WORLD ALGORITHM

FIRST UNDERLYING, PRE-EXISTING NAIL DYSTROPHY? (**TRAUMA**)

TYPICAL OM + SELECTED PT ± **TINEA PEDIS**? → TREAT (guidelines are not real world)

Likely dermatophyte → terb preferred

DIFFICULT-TO-TREAT → PATHOGEN ID!

dermatophyte → terb | yeast → azole | NDM → Richert approach

UNCERTAIN DIAGNOSIS → CONFIRM FUNGUS!

TREAT: downsize if useful + pathogen-appropriate drug

PARONIQUIA

Nail toxicities associated with cancer therapies: Insights and recommendations from the EADV task force dermatology for cancer patients

Matilde Iorizzo¹ | Francesca Pampaloni^{2,3} | Zoe Apalla⁴ | Yannik Elshot^{5,6} |
Francesca Bruni^{2,3} | Stephano Cedirian^{2,3} | Federico Quadrelli^{2,3} |
Luca Rapparini^{2,3} | Azael Freitas-Martinez⁷ | Annemie Galimont-Collen⁸ |
Vincent Sibaud^{9,10} | Bianca Maria Piraccini¹¹ | Michela Starace^{2,3}

Epidermal growth factor receptor-targeted agents and paronychia: A US Food and Drug Administration Adverse Event Reporting System-based real-world pharmacovigilance analysis

Anastrozole	4.0%	2.7%	4.5%	3.4%	5.0%	1.6%
Capecitabine	4.3%	1.2%	5.3%	1.3%	2.2%	2.1%
Paclitaxel	3.6%	5.3%	3.8%	4.3%	4.0%	3.7%
Cetuximab	0.5%	0.8%	0.7%	0.8%	0.8%	0.4%
Mabimab	3.8%	3.9%	3.9%	2.8%	5.0%	1.8%
Osimertinib	1.1%	1.0%	0.9%	0.9%	1.2%	0.3%
Dacomitinib	9.4%	9.0%	10.4%	8.9%	10.3%	3.3%
Alectinib	8.3%	6.7%	7.1%	5.2%	5.4%	6.3%
Erlotinib	0.9%	0.8%	0.7%	0.3%	0.7%	0.4%
Gefitinib	1.1%	1.3%	1.3%	0.7%	1.2%	0.9%
	AD	AD	Finger	Toe	Non-nail	Severe

Using a novel scoring system for paronychia related to oncologic treatments (SPOT) for assessing paronychia severity and its correlation with pain index and quality of life

P.-H. Ho,¹ L.-C. Lin,² X. Yang,³ Y.-T. Cho,³ C.-Y. Chu^{1,*}

¹Department of Dermatology, National Taiwan University Hospital and National Taiwan University College of Medicine, Taipei, Taiwan

²Department of Dermatology, National Cheng Kung University Hospital, Tainan, Taiwan

³Department of Pharmacology, Koo Foundation Sun Yat-Sen Cancer Center, Taipei, Taiwan

*Correspondence: C.-Y. Chu. E-mail: chayu@ntu.edu.tw

Scoring Paronychia Oncologic Treatment

R: redness D: discharge
E: erythema G: granulation tissue

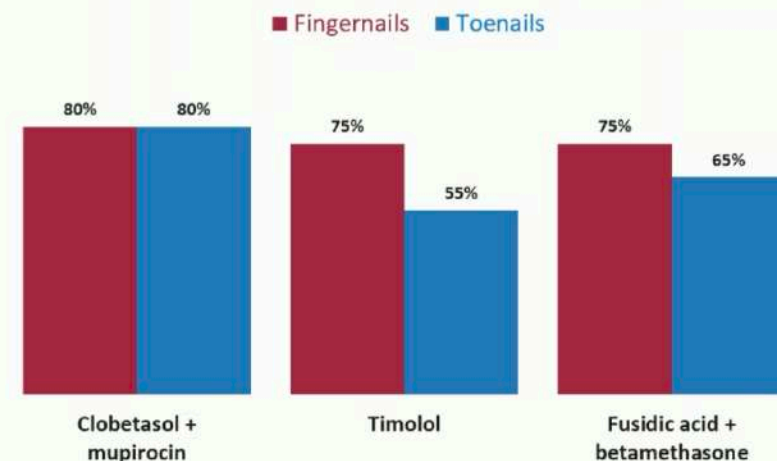
Sun S, Mao H, Yu Y, Ning J, Pan Y, Jia H. J Am Acad Dermatol. 2026 Jul;95(1):257-260

General measures

- Wear comfortable, wide-fitting shoes
- Cut nails correctly and regularly, avoiding aggressive manicures/pedicures
- Podiatric treatments
- Wear cotton gloves under rubber gloves during household activities or manual works
- Careful hand hygiene
- Hand and foot baths with antiseptics (e.g. sodium hypochlorite)

Rapparini L, Martelli G, Cedirian S, Pampaloni F, Bruni F, Quadrelli F, Ardizzoni A, Rojas FL, Sperandi F, Piraccini BM, La Placa M, Starace M. Management of periungual pyogenic granulomas due to EGFR inhibitors in real world. J Eur Acad Dermatol Venereol. 2026 Jun 17

RESPONSE RATE BY TREATMENT



MOST AFFECTED DIGIT

60% Great toe

35% Thumb

Tetracyclines: not associated with a significant response

TOENAILS

respond less and are more refractory to treatment than fingernails

> J Eur Acad Dermatol Venereol. 2019 Sep;33(9):e320-e322. doi: 10.1111/jdv.15603.

Epub 2019 May 15.

Topical steroids for the treatment of retronychia

A Lencastre¹, M Iorizzo², M Caucanas³, N Cunha¹, M G Trakatelli⁴, I Zarea⁵, M Henry⁶,
R Daniel⁷, S Gregoriou⁸, E Haneke⁹, C Prevezas¹⁰, P Salphale¹¹, B M Piraccini¹²,
M Starace¹², A Tosti¹³, B Richert¹⁴

- **56 cases** (69% females, GTN 91%)
- **Complete response** more common in **grade I** (early, without granulation tissue)
- Correlation with longer treatments (around 10 weeks)
- **No difference with occlusion or not**



CHRONIC PARONYCHIA: management

- Strict observance of **hand protection**
- **Topical steroids** 2/d for 4 months

Lavar manos máx 4
veces/día



Improvement or resolution in up to 91 % of cases

Galili E, Shemer A, Magal L, Lyakhovitsky A, Kassem R, Kaplan B. Efficacy of Topical Steroidal Treatment and Hand-Care Modification in Chronic Paronychia: A Retrospective Study. Dermatol Pract Concept. 2026 1;16(2):6123.

LA APLICACIÓN LOCAL DE CORTICOIDES ES ÚTIL
EN RETRONIQUIAS Y PARONIQUIA CRÓNICA

ORIGINAL ARTICLE

Intralesional steroid treatment for the intermediate stage of retronychia: A pilot study

Aurora Alessandrini, Andrea Sechi, Yuri Merli, Francesca Bruni, Bianca Maria Piraccini ✉, Michela Starace

- 28 patients
- TAC 10 mg/mL in the PNF
- Monthly
- **100% healing after 3 months**

« LIGHT to MODERATE » : light paronychia, no onycholysis no granulation tissue

PROCEDIMIENTOS Y CIRUGÍA DEL APARATO UNGUEAL

INFILTRACIONES

¿CUÁNDO?

¿DÓNDE?

¿CON QUÉ?

INFILTRACIONES

¿CUÁNDO?

PATOLOGÍAS

- ▶ PSORIASIS
- ▶ LIQUEN PLANO
- ▶ PARONQUIA CRÓNICA/RETRONQUIA
- ▶ PSEUDOQUISTE MIXOIDE
- ▶ VERRUGAS

CONDICIONES

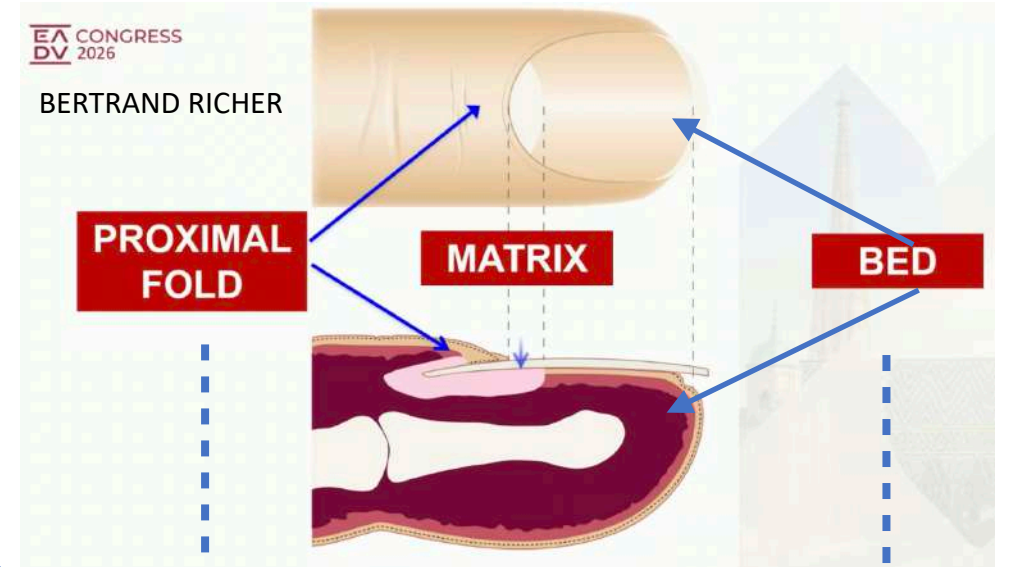
- ▶ < 3 DEDOS
- ▶ POLIDACTALIA A PESAR DE TRATAMIENTO SISTÉMICO
- ▶ POLIDACTILIA Y CONTRAINDICACION DE TRATAMIENTO SISTÉMICO

INFILTRACIONES

¿DÓNDE?

DEPENDE

DONDE ESTÉ LA INFLAMACIÓN



DOLOR



VIBRACIÓN
CRIOANESTESIA
ANESTESIA TÓPICA

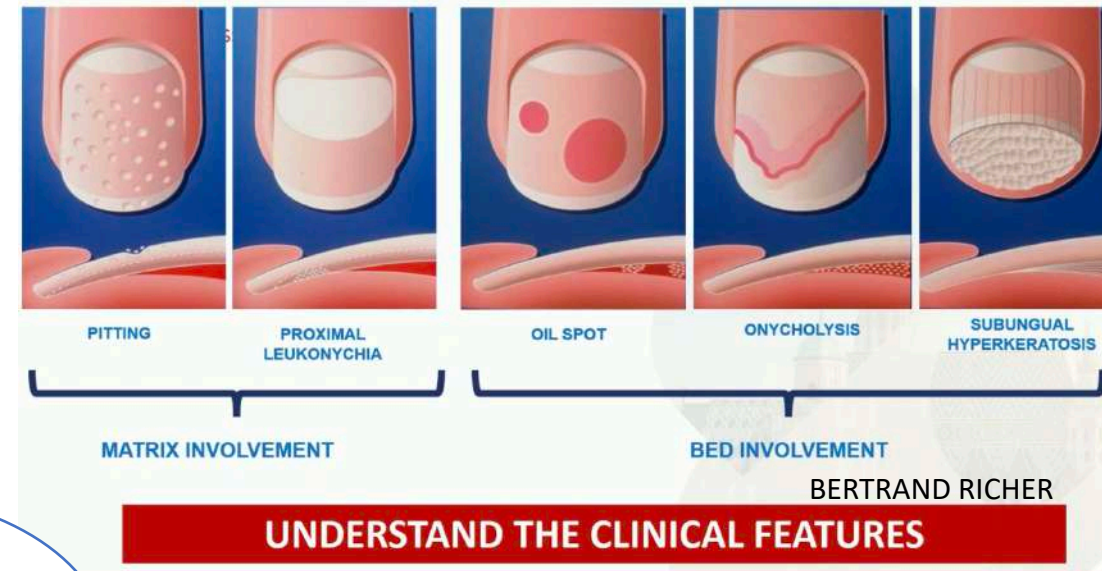
SIEMPRE
INFILTRACIÓN
ANESTÉSICA

INFILTRACIONES

¿DÓNDE?

DEPENDE

DONDE ESTÉ LA INFLAMACIÓN



Optimizing intralesional triamcinolone acetonide treatment for isolated nail psoriasis: a pilot, intra-subject randomized controlled trial

Jose W Ricardo ¹, Yuqing Qiu ², Shari R Lipner ³

> Clin Exp Dermatol. 2022 Jun;47(6):1165-1168. doi: 10.1111/ced.15110. Epub 2022 Feb 18.

A pilot study of intralesional methotrexate injections versus triamcinolone acetonide in patients affected by nail matrix psoriasis

Michela Starace ¹, Aurora Alessandrini ¹, Matilde Iorizzo ², Ambra D'Altobrando ³, Tiziano Ferrari ¹, Francesca Bruni ¹, Bianca Maria Piraccini ¹

¿CON QUÉ?

Intralesional vitamin D3 versus Candida antigen immunotherapy in the treatment of multiple recalcitrant plantar warts: A comparative case-control study

Ghada Fathy ¹, Manal A Sharara ¹, Ayman H Khafagy ¹

Intralesional steroid injections for inflammatory nail dystrophies in the pediatric population

Matilde Iorizzo ¹, Nilton Gioia Di Chiacchio ^{2 3}, Nilton Di Chiacchio ², Chander Grover ⁴, Shari R Lipner ⁵, Bertrand Richert ⁶, Bianca Maria Piraccini ⁷, Michela Starace ⁷, Antonella Tosti ⁸

INFILTRACIONES

¿CUÁNDO?

¿DÓNDE?

¿CON QUÉ?

Importante!

¿CÓMO?

VIDEOS DISPONIBLES EN LA PRESENTACION DR.RICHER

INFILTRACIONES

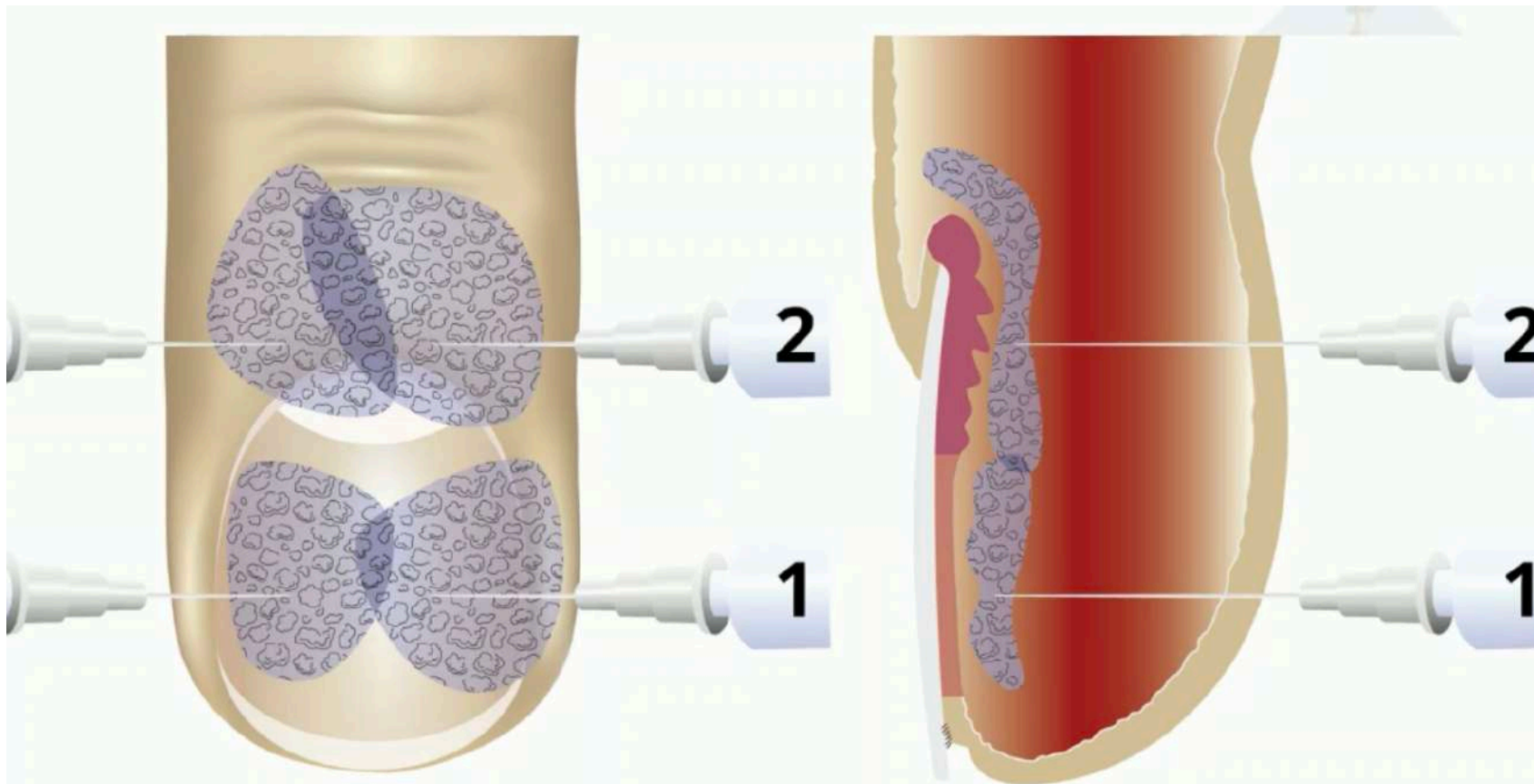
¿CÓMO?



BERTRAND RICHER

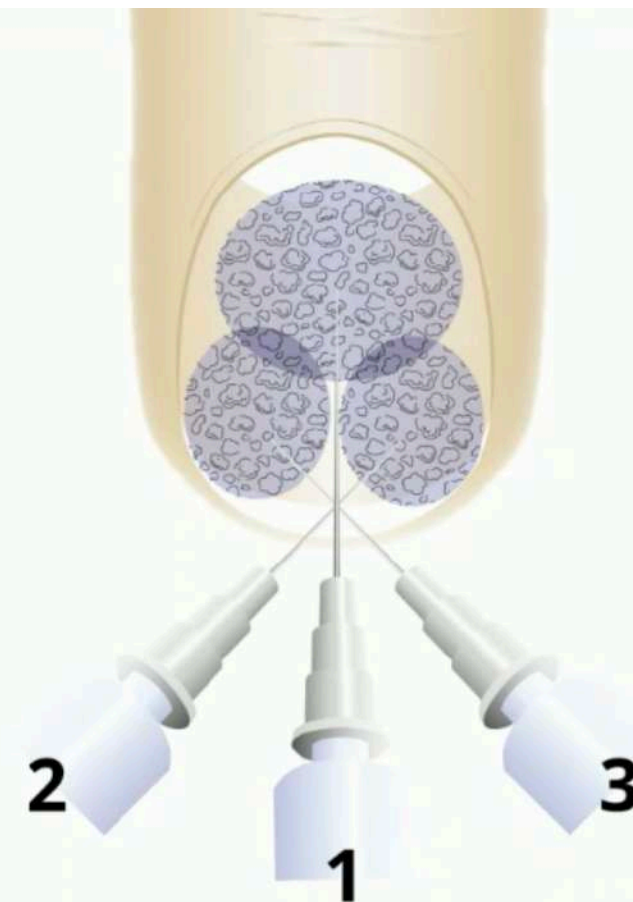


INTRA-MATRICIAL INJECTION



BERTRAND RICHER

DE BERKER



RICHERT

PERIUNGUAL WARTS & BLEOMYCINE

BERTRAND RICHER



Concentration : **3 U/mL**
0,1 – 0,3 mL / injection
2,6 sessions (1 per month)

100 % SUCCESS
ZERO SIDE EFFECT

Singal A, Grover C. Efficacy and Safety of Intralesional Bleomycin in the Management of Ungual Warts. Skin Appendage Disord. 2020 Nov;6(6):346-350. doi: 10.1159/000510989. Epub 2020 Oct 14.

Nail surgery

ONYCHOCRYPTOSIS

Nail matrix phenolization

Howard-Dubois

Super U



PERO

Phenol 88%

Antimicrobial – low rates infection

Anesthetic effect – little pain post-op

INACTIVATED BY BLOOD !!!

Review > Dermatol Surg. 2026 Jun 1;52(6):537-542. doi: 10.1097/DSS.0000000000004949.

Epub 2025 Nov 21.

Pediatric Ingrown Toenails: A Practical Treatment Algorithm

Adriana Matter^{1 2}, Nilton Di Chiacchio³, Nilton Gioia Di Chiacchio^{3 4}, Eckart Haneke^{5 6 7}, Severin Läuchli⁸, Bertrand Richert⁹, Matilde Iorizzo¹⁰

TABLE 1. Treatment Algorithm

Procedural setting (0–10 years old): better to be always in a hospital setting

Procedural setting (>10 years old): hospital setting or outpatient clinic according to the assessment of the attending physician and preferences of the parents and the patient

Anesthesia (0–10 years old): sedation and local anesthesia or general anesthesia to be decided with the anesthesiologist according to the patient's clinical conditions and supposed compliance

Anesthesia (>10 years old): local anesthesia (digital block), preceded by methods to reduce the pain of the puncture (see text)

Surgical Procedure (0–10 years old):

- **Stage I** - surgery only if conservative methods failed

• **Stage II/III** - narrowing of the nail plate with chemical matricectomy should be avoided to prevent future dystrophies or a too narrow nail plate. Better to reduce the hypertrophy of the periungual tissues with a sharp curette. Techniques as Vandenbos⁴⁷ (hypertrophic lateral nail folds excised), Super U⁴⁸ (hypertrophic lateral and distal nail folds excised), or Dubois⁴⁹ (hypertrophic distal nail folds excised) techniques should be required in more severe cases

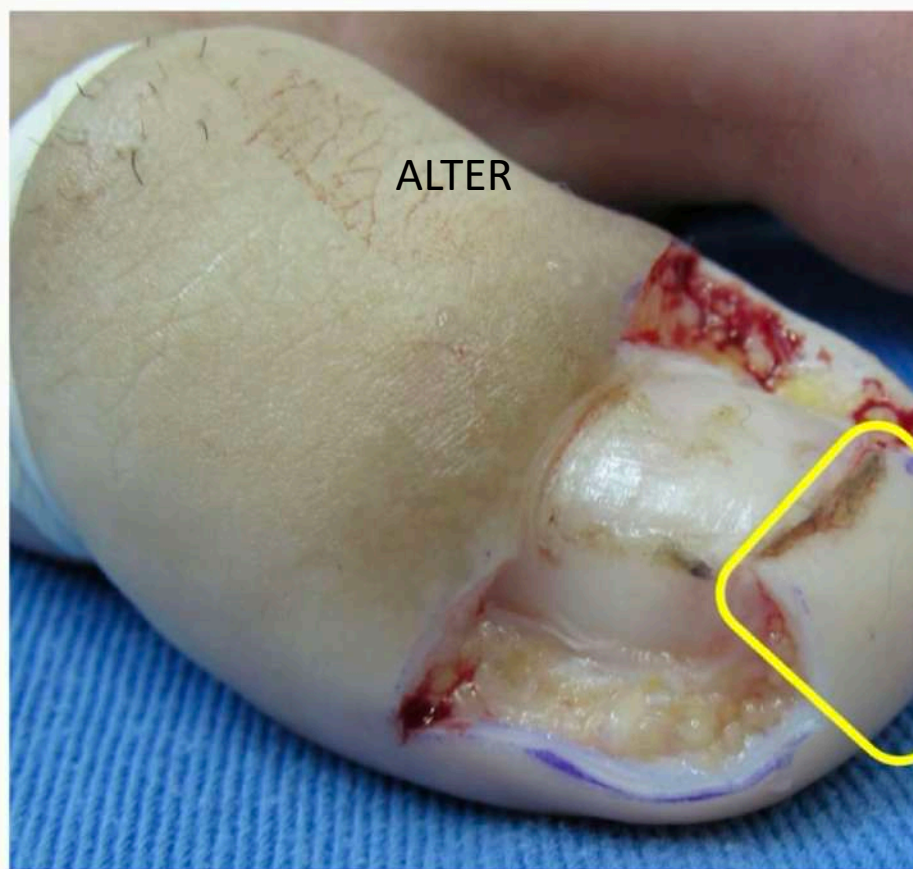
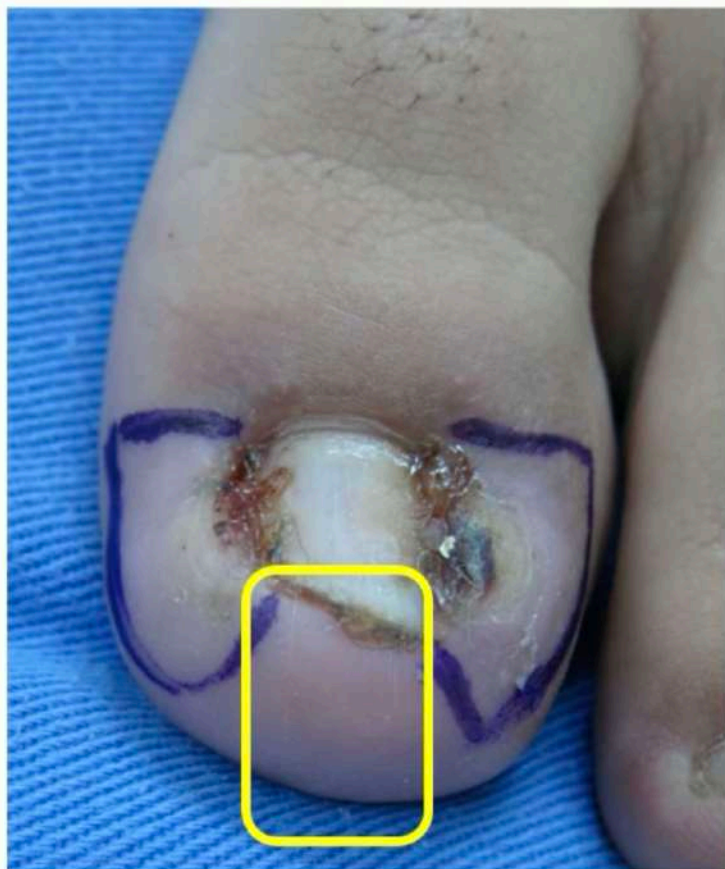
Surgical Procedure (>10 years old):

- **Stage I** - surgery only if conservative methods failed
- **Stage II** - chemical matricectomy (phenol, trichloroacetic acid, NaOH) plus curettage of granulation tissue, if present
- **Stage III** - chemical matricectomy (phenol, trichloroacetic acid, NaOH) plus surgical removal of hypertrophic tissue using a sharp curette. Vandenbos (Figure 2), Dubois (Figure 3), or Super U* (Figure 4) techniques may be required in more severe cases
- **Isolated distal ingrowing** - Dubois technique only

* Super U typically reserved for very severe and hypertrophic tissues.

ALTERNATIVAS

“Vandenbos’ ”



“SUPER U”



Phenol 88%

Antimicrobial – low rates infection

Anesthetic effect – little pain post-op

INACTIVATED BY BLOOD !!!

PERO No siempre disponible

ALTERNATIVAS

NaOH 10%

TCA 90%

Láser CO2

Resultados similares

Pero

- ▶ Más dolor
- ▶ Más riesgo de infección

Terzi E, Guvenc U, Türsen B, Kaya Tİ, Erdem T, Türsen Ü.
The effectiveness of matrix cauterization with trichloroacetic acid in the treatment of ingrown toenails.
Indian Dermatol Online J. 2015 Jan-Feb;6(1):4-8.

Ozawa T, Nose K, Harada T, Muraoka M, Ishii M.
Partial matricectomy with a CO2 laser for ingrown toenail after nail matrix staining.
Dermatol Surg. 2005 Mar;31(3):302-5.

Grover C, Khurana A, Bhattacharya SN, Sharma A.
Controlled trial comparing the efficacy of 88% phenol versus 10% sodium hydroxide for chemical matricectomy in the management of ingrown toenail.
Indian J Dermatol Venereol Leprol. 2015 Sep-Oct;81(5):472-7.

1.

No toda uña fea es onicomycis: dedicar 20 minutos a enseñar en atención primaria puede adelantar el diagnóstico de un melanoma subungueal

2.

Los GLP-1 adelgazan, producen caída de pelo, ¿también alteraciones ungueales?

3.

Si la afectación ungueal es limitada, no olvides que una infiltración local puede ser eficaz

4.

La terbinafina sigue siendo eficaz en onicomicosis

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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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Viena

30sep - 3oct
2026

GRACIAS