

# AEDV 2023 Highlights

Con el patrocinio de:



32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN • 32º EDICIÓN

# BER LIN

11-14 OCTUBRE

Iniciativa científica de:



ACADEMIA ESPAÑOLA  
DE DERMATOLOGÍA  
Y VENEREOLOGÍA

**AEDV2023**  
**Highlights**

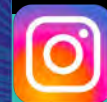
# TRICOLOGÍA Y ONICOLOGÍA

VIRGINIA VELASCO TAMARIZ

HOSPITAL UNIVERSITARIO 12 DE OCTUBRE  
CLÍNICA DOCTOR MORALES RAYA  
MADRID



@VVelascoT



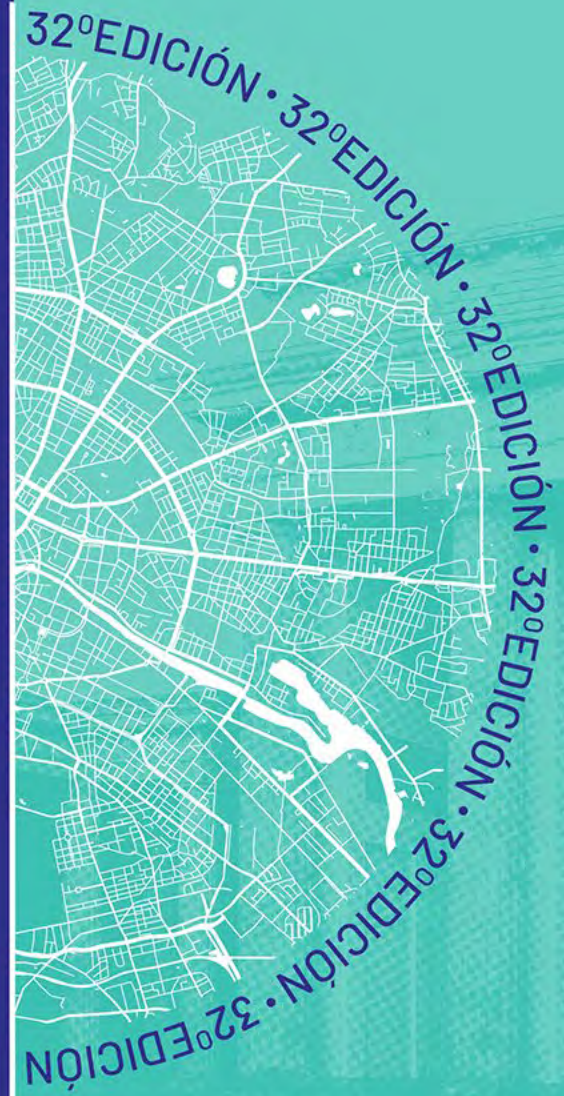
dra.virginiavelasco\_derma

NO TENGO CONFLICTOS DE INTERÉS



**BER  
LIN**

**11-14 OCTUBRE**



The graphic features a dark blue background with a white, wavy, wood-grain-like pattern. A large, semi-circular shape on the right side is filled with a close-up image of human skin. Overlaid on this is a teal rectangular box containing the text 'AEDV 2023 Highlights'.

**AEDV 2023**  
**Highlights**

**TRICOLOGÍA**

**ALOPECIAS NO CICATRICIALES**

**ALOPECIA  
AREATA**

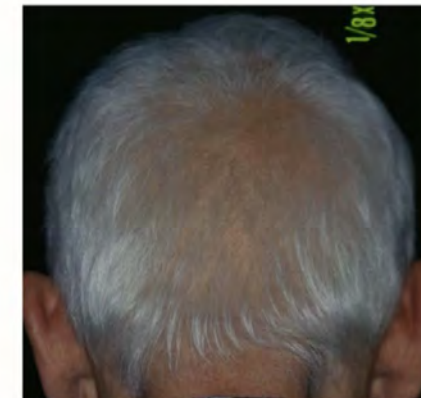
- > 50 años
- Más en **mujeres**
- No placas previas
- 7-18.7% pacientes
- **Diagnóstico complicado: biopsia del centro!**
- Buena respuesta al tratamiento
- Pronóstico mejor que en las AA de comienzo temprano
- AT y AU pueden no seguir esta regla.
- Hay que ser cuidadosos en la elección de los tratamientos

Review > J Am Acad Dermatol. 2023 Oct;89(4):758-763. doi: 10.1016/j.jaad.2018.12.047.  
Epub 2019 Jan 8.

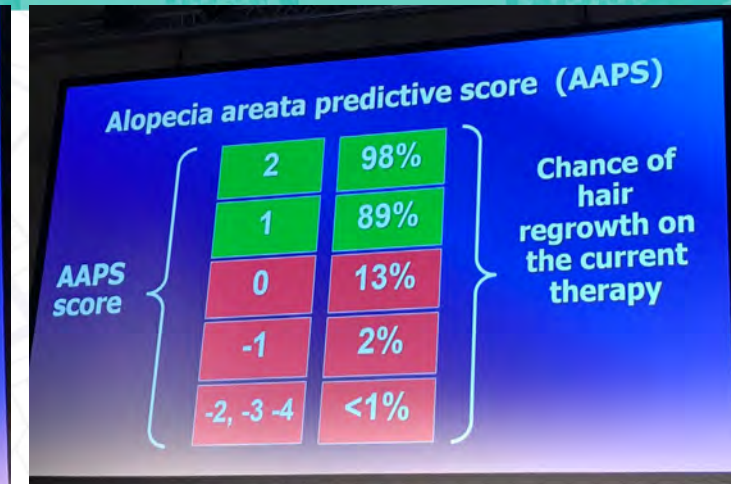
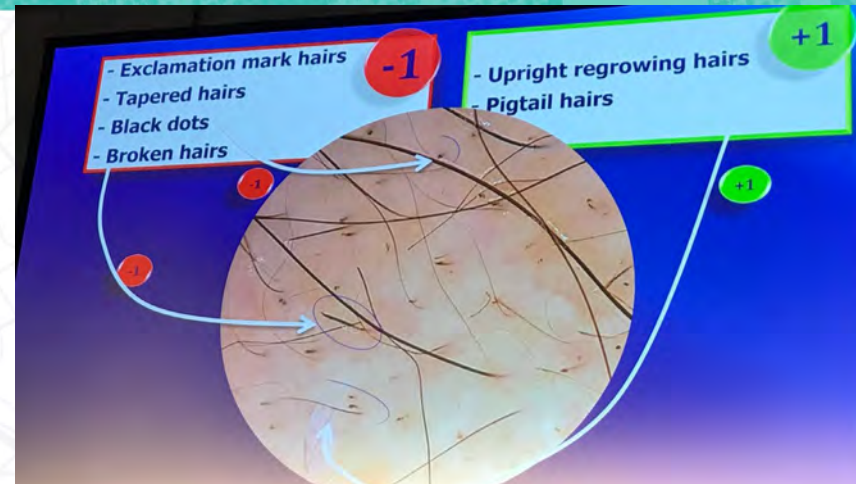
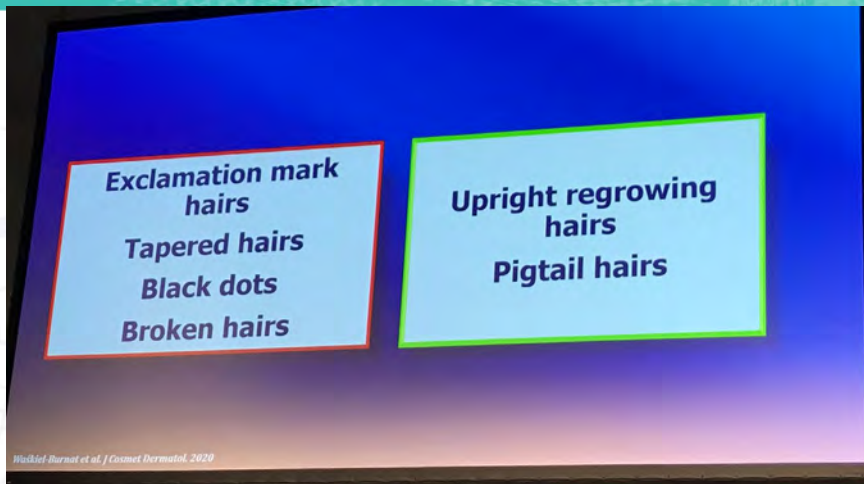
## White hair in alopecia areata: Clinical forms and proposed pathiopathologic mechanisms

Daniel Asz-Sigall<sup>1</sup>, María Fernanda Ortega-Springall<sup>2</sup>, Mariam Smith-Plego<sup>2</sup>, Erika Rodríguez-Lobato<sup>2</sup>, María Abril Martínez-Velasco<sup>3</sup>, Roberto Arenas<sup>4</sup>, Colombina Vincenzi<sup>5</sup>, Antonella Tosti<sup>6</sup>

Affiliations + expand  
PMID: 30630022 DOI: 10.1016/j.jaad.2018.12.047



- Late onset alopecia areata. Prof. Antonella Tosti (Miami, United States)



- **Actividad o reactivación (-1):**

- Pelos en signo de exclamación
- Tapered hairs
- Puntos negros
- Pelos rotos

- **Buen pronóstico (+1):**

- Pelos en recrecimiento
- Pig tail hairs

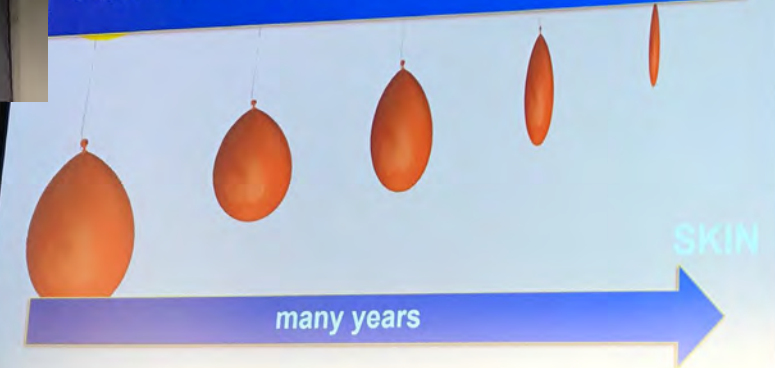
- Managing alopecia areata through trichoscopy Prof. Dr. Lidia Rudnicka (Warsaw, Poland)

# AA-Trichoscopy: ¿Puntos amarillos?

## No dots in alopecia area

- Lack of dots in long-lasting alopecia totalis may result from:
  - Patient's age → pharmacotherapy
  - Length of the hairless period → pharmacotherapy?

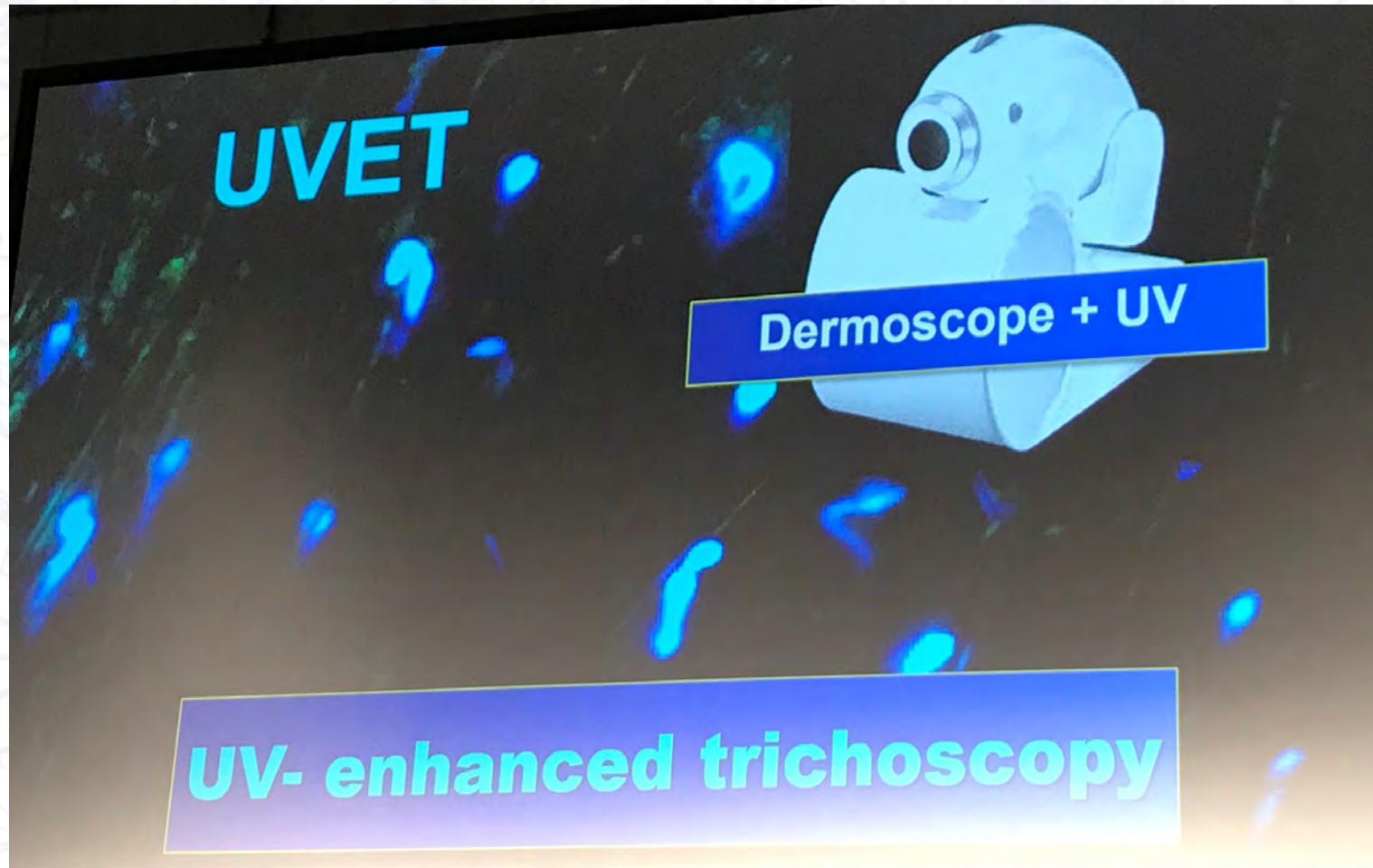
## Follicular drop-out in alopecia areata



## Late onset alopecia areata

It might be difficult in some cases to distinguish from scarring alopecia even at dermoscopy

- Managing alopecia areata through trichoscopy Prof. Dr. Lidia Rudnicka (Warsaw, Poland)



- Managing alopecia areata through trichoscopy Prof. Dr. Lidia Rudnicka (Warsaw, Poland)



# AA- Comorbilidades

EA  
DV CONGRESS

AA: comorbidities

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Screening

Influence  
on therapy

EA  
DV CONGRESS

AA: other diseases

## • Known associations:

- Atopy spectrum
  - Atopic dermatitis
  - Asthma
  - Allergic rhinitis
- Psychiatric disorders
  - Anxiety
  - Alexithymia
  - Obsessive compulsive disorder
- Zinc deficiency
- Vitamin D deficiency

Inicio temprano: DA

Inicio tardío: tiroiditis autoinmune

- AA comorbidities Dr. PhD Jovan Lalosevic (Belgrade, Serbia)

EA  
DV CONGRESS

AA: comorbidities

## Screening

- IgE – Atopic diseases
- Antinuclear antibodies – Lupus erythematosus
- antiTPO and antiTg antibodies
- RF – rheumatoid arthritis
- Serum vitamin D
- Serum Zinc
- HDL cholesterol, triglyceride and fasting blood sugar – metabolic syndrome

Las **formas más severas** se asocian a:

- Alteraciones tiroideas
- Síndrome metabólico

# AA- Comorbilidades

P1626

## Efficacy of Baricitinib in Adult Patients With Severe Alopecia Areata and Comorbid Immune Disorders

Sergio Vaño-Galván,<sup>1</sup> Kim Papp,<sup>2</sup> Tiffany Mayo,<sup>3</sup> Taisuke Ito,<sup>4</sup> Susan Ball,<sup>5</sup> Na Lu,<sup>6</sup> Lauren George,<sup>5</sup> Chiara Chiasserini,<sup>5</sup> Marianne Senna<sup>7</sup>

<sup>1</sup>Hospital Universitario Ramón y Cajal e Instituto Ramón y Cajal de Investigación Sanitaria (IRYCIS), Universidad de Alcalá, Madrid, Spain; <sup>2</sup>Probit Medical Research, Waterloo, Canada and The University of Toronto, Toronto, Canada; <sup>3</sup>University of Alabama at Birmingham, Birmingham, USA; <sup>4</sup>Hanama University School of Medicine, Hamamatsu, Japan; <sup>5</sup>Eli Lilly and Company, Indianapolis, USA; <sup>6</sup>Precision Statistics Consulting, Woodbury, USA; <sup>7</sup>Laney Hospital and Medical Center, Boston, USA

Sponsored by Eli Lilly and Company, under license from Incyte Corporation

### OBJECTIVE

- To report the prevalence of comorbid atopic dermatitis and autoimmune and thyroid diseases from the BRAVE-AA1 and BRAVE-AA2 trials and whether these conditions impact response to therapy in patients receiving baricitinib vs. placebo

### CONCLUSIONS

- Adult patients with severe AA in the BRAVE-AA clinical program reported having comorbid autoimmune or thyroid disorders or atopic dermatitis
- ~12% of patients reported having ≥1 of these conditions
- Patients with comorbid atopic dermatitis tended to have more severe baseline disease
- SALT ≤20 response rates were numerically higher in patients receiving baricitinib with atopic dermatitis, autoimmune disorders, or thyroid disorders vs. those without
- Compared to placebo, baricitinib was effective for achieving a clinically meaningful response in scalp hair regrowth (SALT ≤20) regardless of comorbid atopic dermatitis, autoimmune disorders, or thyroid disorders

### LIMITATION

- The BRAVE-AA trials did not collect data to assess the impact of baricitinib on treating comorbid conditions that occurred in the study population



### BACKGROUND

- AA is a common autoimmune condition characterized by non-scarring hair loss<sup>1</sup>
- Baricitinib, an oral selective JAK1/JAK2 inhibitor, is approved for the treatment of adults with severe AA
- Efficacy was demonstrated in 2 double-blind, randomized, placebo-controlled trials: the Phase 2/3 BRAVE-AA1 trial (NCT03570749) and the Phase 3 BRAVE-AA2 trial (NCT03899259)<sup>2</sup>
- Treatment outcomes with baricitinib have been shown to be independent of atopic background,<sup>3</sup> but atopic dermatitis has not been examined as a specific comorbidity
- Besides atopic dermatitis, patients with AA often have comorbid autoimmune and/or thyroid disease<sup>4</sup>

### METHODS

- #### Statistical Analyses
- Data were pooled from BRAVE-AA1 and BRAVE-AA2
  - Data were collected on baseline medical history and response to a pre-specified query for 14 of the most common comorbid diseases<sup>5</sup>
  - The proportion of patients receiving baricitinib vs. placebo was compared separately for those with and without a comorbid condition
  - The primary endpoint was SALT ≤20 (clinically meaningful response) at Week 36
  - NRI was used for missing data
  - The difference in magnitude of response between patients with and without comorbidity was not measured
  - Logistic regression analysis was applied to test the statistical significance of the comorbid subgroup and treatment interaction, with treatment, subgroup, and treatment-by-subgroup interaction and study, geographic region, duration of current episode at baseline (4-8 years vs. >4 years), and baseline total SALT score as factors
  - The p-value cut-off for the interaction term was 0.1, where p<0.10 indicated that the interaction term was significant
  - Primary censoring rule (NRI) was applied to data collected after permanent study drug discontinuation or data collected at remote visits due to the COVID-19 pandemic

#### Comorbid Subgroups

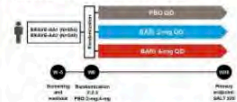
- Patients were classified into 3 subgroups:
  - Comorbid atopic dermatitis: Atopic dermatitis
  - Comorbid autoimmune disease: Rheumatoid arthritis, Crohn's disease, ulcerative colitis, autoimmune thyroiditis, systemic lupus erythematosus, vitiligo, psoriasis, chronic urticaria, chronic spontaneous urticaria, microscopic colitis, fibromyalgia, spondylitis, psoriatic arthritis, psoriatic arthropathy, ankylosing spondylitis, pericarditis, and thrombocytopenia
  - Comorbid thyroid disease: Hypothyroidism, autoimmune thyroiditis, hyperthyroidism, Basedow's disease, and chronic thyroiditis
- Patients who reported autoimmune thyroiditis were included in both the comorbid autoimmune and comorbid thyroid disease subgroups

#### Disclosures

S. Vaño-Galván has been an advisor for Eli Lilly and Company and Pfizer. K. Papp has served as a speaker and/or advisor for AbbVie, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eisai, Genentech, GSK, Janssen, Kowa, Kyorin, MSD, Novartis, Pfizer, and Roche. T. Mayo has received grant and/or research support (and is the University of Alabama at Birmingham) from AstraZeneca, Bristol Myers Squibb, Celgene, Eisai, Genentech, GSK, Janssen, Kowa, Kyorin, MSD, Novartis, Pfizer, and Roche. C. Chiasserini has received grant and/or research support (and is the University of Alabama at Birmingham) from AstraZeneca, Bristol Myers Squibb, Celgene, Eisai, Genentech, GSK, Janssen, Kowa, Kyorin, MSD, Novartis, Pfizer, and Roche. M. Senna has received grant and/or research support (and is the University of Alabama at Birmingham) from AstraZeneca, Bristol Myers Squibb, Celgene, Eisai, Genentech, GSK, Janssen, Kowa, Kyorin, MSD, Novartis, Pfizer, and Roche.

### STUDY DESIGN

#### BRAVE-AA1 and BRAVE-AA2



**Inclusion Criteria**

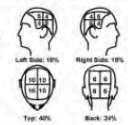
- Age ≥18 years to ≤60 years (males) or ≤70 years (females)<sup>6</sup>
- Severe or very severe AA
- Hair loss involving ≥50% of the scalp, as measured by the SALT score
- Current episode of AA lasting ≥6 months to ≤8 years<sup>6</sup>
- No spontaneous improvement in the SALT score prior to screening

**Exclusion Criteria**

- Previously "spiked" type of AA
- Concomitant treatments for AA<sup>6</sup>

#### SALT Score<sup>6</sup>

- The SALT score is a weighted sum of the percentage of hair loss in the 4 quadrants of the scalp, ranging from 0 (no hair loss) to 100 (complete hair loss)
- SALT scores with subscripts refer to percent improvement from baseline (eg. SALT<sub>25</sub> = ≥30% improvement from baseline in total SALT score)
- SALT score interpretation:
  - SALT 0 = no hair loss
  - SALT 100 = complete hair loss
  - SALT ≤20 = 20% or less hair loss (80% scalp coverage)



### RESULTS

#### Baseline Characteristics by Pre-existing Comorbidity

Characteristic	Placebo (n=120)		BARI 4mg (n=120)		BARI 2mg (n=120)		PBO (n=120)	
	n	%	n	%	n	%	n	%
Age, years	53 (11.3)	34.1 (28.1)	51 (42.4)	43.0 (35.8)	45 (37.5)	38 (31.7)	50 (41.7)	41.9 (34.9)
Female, n (%)	30 (14.6)	26 (20.8)	32 (26.7)	28 (23.3)	25 (20.8)	21 (17.5)	31 (25.8)	27 (22.5)
Race, n (%)	22 (10.4)	20 (16.3)	17 (14.2)	14 (11.7)	12 (10.0)	10 (8.3)	13 (10.8)	11 (9.2)
White	22 (10.4)	20 (16.3)	17 (14.2)	14 (11.7)	12 (10.0)	10 (8.3)	13 (10.8)	11 (9.2)
Asian	27 (12.9)	27 (22.5)	21 (17.5)	19 (15.8)	16 (13.3)	13 (10.8)	18 (15.0)	16 (13.3)
Black	1 (0.5)	2 (1.7)	1 (0.8)	1 (0.8)	1 (0.8)	1 (0.8)	1 (0.8)	1 (0.8)
HIS, a/b/c/d	20 (9.5)	20 (16.3)	15 (12.5)	14 (11.7)	12 (10.0)	10 (8.3)	13 (10.8)	11 (9.2)
Duration of AA, mean, years	12 (4.9)	13 (10.4)	11 (9.2)	11 (9.2)	10 (8.3)	9 (7.5)	11 (9.2)	10 (8.3)
Duration of current AA, median, weeks	42 (46)	33 (28)	33 (28)	33 (28)	33 (28)	33 (28)	33 (28)	33 (28)
SALT score	83 (15.7)	82 (15.6)	83 (15.7)	83 (15.7)	83 (15.7)	83 (15.7)	83 (15.7)	83 (15.7)
Baseline, n (%)								
Severe (SALT ≤20)	20 (16.7)	14 (25.0)	24 (41.7)	17 (29.2)	27 (45.0)	19 (31.7)	14 (25.0)	14 (25.0)
Very severe (SALT ≤10)	32 (26.7)	24 (41.7)	32 (26.7)	24 (41.7)	24 (41.7)	24 (41.7)	24 (41.7)	24 (41.7)

#### Frequency of Pre-existing Comorbidities at Baseline

- 16%, 12%, and 14% of all patients in the BRAVE-AA clinical program (N=1200) had pre-existing comorbid atopic dermatitis, autoimmune disorders, or thyroid disorders at baseline, respectively

Comorbidity	PBO (n=120)	BARI 4mg (n=120)	BARI 2mg (n=120)	PBO (n=120)
Rheumatoid arthritis	3 (2.5)	2 (1.7)	2 (1.7)	2 (1.7)
Crohn's disease	1 (0.8)	0	1 (0.8)	1 (0.8)
Ulcerative colitis	2 (1.7)	2 (1.7)	4 (3.3)	4 (3.3)
Systemic lupus erythematosus	0	1 (0.8)	0	1 (0.8)
Vitiligo	0	1 (0.8)	1 (0.8)	1 (0.8)
Psoriasis	3 (2.5)	2 (1.7)	2 (1.7)	2 (1.7)
Chronic urticaria	3 (2.5)	2 (1.7)	3 (2.5)	3 (2.5)
Chronic spontaneous urticaria	0	1 (0.8)	0	1 (0.8)
Microscopic colitis	1 (0.8)	0	0	1 (0.8)
Fibromyalgia	1 (0.8)	0	0	1 (0.8)
Spondylitis	0	1 (0.8)	0	1 (0.8)
Psoriatic arthritis	0	1 (0.8)	0	1 (0.8)
Psoriatic arthropathy	0	1 (0.8)	0	1 (0.8)
Ankylosing spondylitis	0	1 (0.8)	0	1 (0.8)
Pericarditis	1 (0.8)	0	0	1 (0.8)
Thrombocytopenia	0	1 (0.8)	0	1 (0.8)
Subacute thyroiditis	3 (2.5)	2 (1.7)	3 (2.5)	3 (2.5)
Hypothyroidism	17 (14.2)	16 (13.3)	17 (14.2)	17 (14.2)
Hyperthyroidism	1 (0.8)	0	0	1 (0.8)
Basedow's disease	1 (0.8)	0	0	1 (0.8)
Chronic thyroiditis	0	1 (0.8)	0	1 (0.8)
Atopic dermatitis	27 (22.5)	24 (20.0)	24 (20.0)	24 (20.0)

#### References

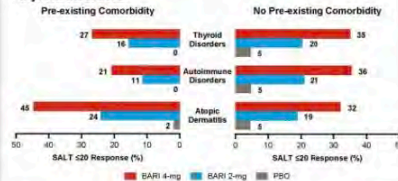
1. Vaño-Galván S, et al. *J Am Acad Dermatol*. 2017;77:1071.
2. Kim P, et al. *N Engl J Med*. 2022;386:1807-1818.
3. Ito T, et al. *J Am Acad Dermatol*. 2022;86:1807-1818.
4. Lee H, et al. *J Am Acad Dermatol*. 2018;78:460-474.
5. Green EA, et al. *J Am Acad Dermatol*. 2004;51:461-467.

#### Abbreviations

- AA: Alopecia areata
- RA: Rheumatoid arthritis
- CD: Crohn's disease
- UC: Ulcerative colitis
- SLE: Systemic lupus erythematosus
- V: Vitiligo
- P: Psoriasis
- CU: Chronic urticaria
- CSU: Chronic spontaneous urticaria
- MC: Microscopic colitis
- F: Fibromyalgia
- S: Spondylitis
- PA: Psoriatic arthritis
- PA: Psoriatic arthropathy
- AS: Ankylosing spondylitis
- P: Pericarditis
- T: Thrombocytopenia
- ST: Subacute thyroiditis
- H: Hypothyroidism
- HT: Hyperthyroidism
- BD: Basedow's disease
- CT: Chronic thyroiditis
- AD: Atopic dermatitis

### SUMMARY OF KEY FINDINGS

At Week 36, baricitinib was efficacious for scalp hair regrowth (SALT ≤20) compared to placebo, regardless of pre-existing comorbid atopic dermatitis,<sup>7</sup> autoimmune disorders,<sup>8</sup> or thyroid disorders<sup>9</sup>



### Baricitinib Was Efficacious for Scalp Hair Regrowth Regardless of Underlying Atopic Dermatitis

- A significantly greater proportion of patients achieved SALT ≤20 on baricitinib 4 mg and 2 mg vs. placebo by Week 36 regardless of whether they had pre-existing comorbid atopic dermatitis
- Baseline comorbid atopic dermatitis had no statistically significant effect on the SALT ≤20 response rate at any time point through Week 36
- There were no statistically significant interactions between treatment and the presence of baseline comorbid atopic dermatitis at any time point through Week 36

### Baricitinib Was Efficacious for Scalp Hair Regrowth Regardless of Underlying Autoimmune Disorders

- A significantly greater proportion of patients achieved SALT ≤20 on baricitinib 4 mg and 2 mg vs. placebo by Week 36 regardless of whether or not they had pre-existing comorbid autoimmune disorders
- Baseline comorbid autoimmune disorders had no statistically significant effect on the SALT ≤20 response rate at any time point through Week 36
- There were no statistically significant interactions between treatment and the presence of baseline comorbid autoimmune disorders at any time point through Week 36

### Baricitinib Was Efficacious for Scalp Hair Regrowth Regardless of Underlying Thyroid Disorders

- A significantly greater proportion of patients achieved SALT ≤20 on baricitinib 4 mg and 2 mg vs. placebo by Week 36 regardless of whether or not they had pre-existing comorbid thyroid disorders
- Baseline comorbid thyroid disorders had no statistically significant effect on the SALT ≤20 response rate at any time point through Week 36
- There were no statistically significant interactions between treatment and the presence of baseline comorbid thyroid disorders at any time point through Week 36

1. Baricitinib (JAK 1/2): aprobado FDA/EMA
2. Ritlecitinib (JAK 3): aprobado FDA/EMA
3. Deuruxolitinib (CTP-543) (JAK 1/2): aprobación esperada en 2024

## Fase III

### Criterios inclusión:

- > 50% extensión (SALT)
  - Ritlecitinib > 12 años
  - Baricitinib y deuruxolitinib > 18 años
- 
- JAK inhibitors in alopecia areata. Prof. Bianca Maria Piraccini (Bologna, Italy)

Are treatments for alopecia areata really a breakthrough?



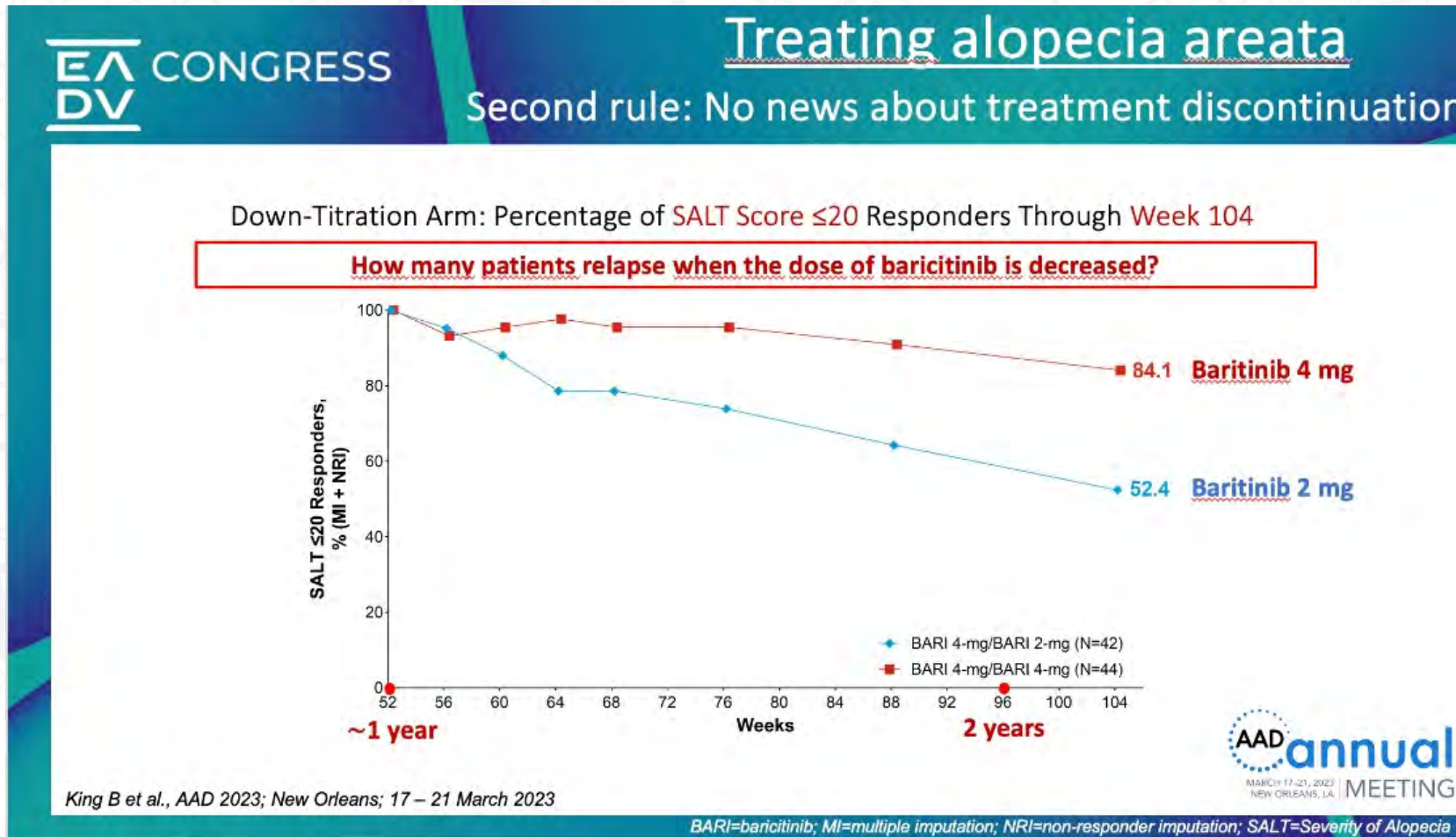
Factores que influncian la respuesta al tratamiento con iJAK

- 1- Dosis
- 2- Gravedad al inicio
- 3- Duración del episodio
- 4- Uso concomitante de minoxidil oral

- Are new treatments for AA a real breakthrough? Dr. Maryanne M. Senna (Winchester, United States)

## DOSIS DE TRATAMIENTO

- Mantener dosis de tratamiento



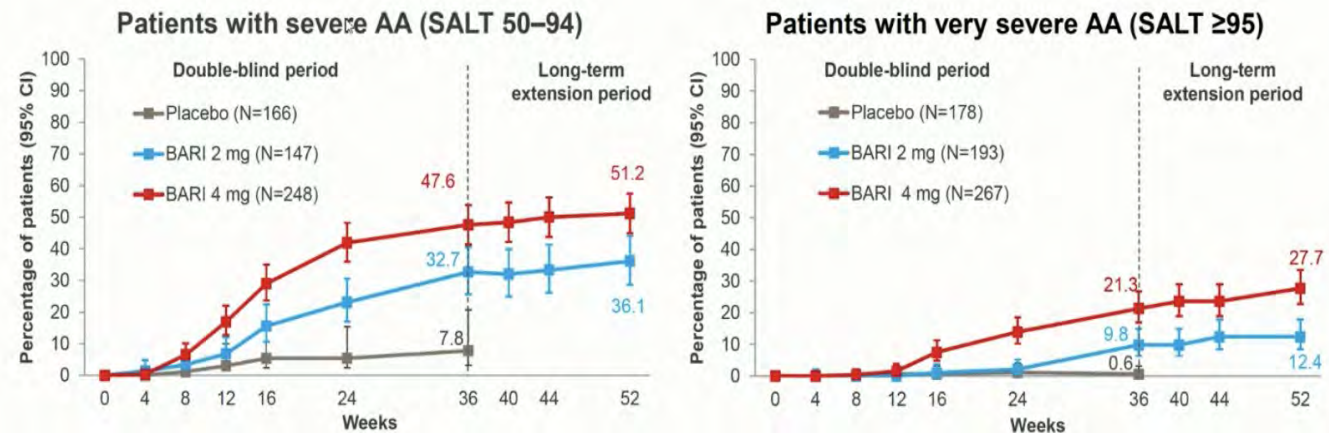
Understanding the complexities of Alopecia Areata. From clinical assessment to the changing therapeutic landscape. Dr David Saceda Corralo (Madrid)

## GRAVEDAD

- La gravedad (SALT) al inicio puede influenciar la respuesta al tratamiento

### Baseline “severity” of AA can influence treatment response

Proportion of patients achieving SALT score  $\leq 20$  increased over 52 weeks of BARI treatment



Non-responder imputation used for missing data.  
Patients randomized to BARI (4 mg or 2 mg QD) at baseline retained their treatment allocation through Week 52, whereas placebo non-responders were rescued at Week 36.  
CIs constructed using the Wilson method, without continuity correction.  
BARI=baricitinib; CI=confidence interval; QD=once daily; SALT=Severity of Alopecia Tool

- JAK inhibitors in alopecia areata Prof. Bianca Maria Piraccini (Bologna, Italy)

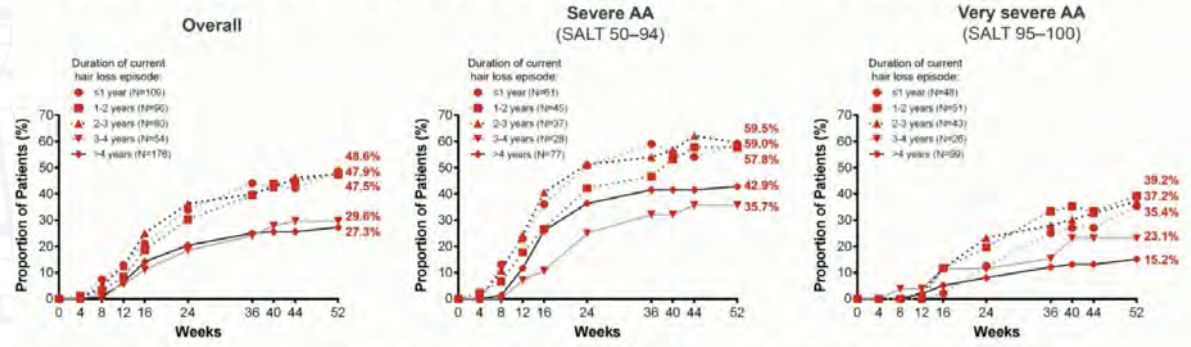
# AA- Tratamiento: inhibidores de JAK

## DURACIÓN DEL EPISODIO

- Un menor tiempo de evolución supone mejor respuesta al tratamiento.

In patients with shorter duration of current episode, regardless of baseline disease severity, a better treatment response can be achieved

Effect of duration of current episode of AA on SALT score  $\leq 20$  response rate: BARI 4 mg



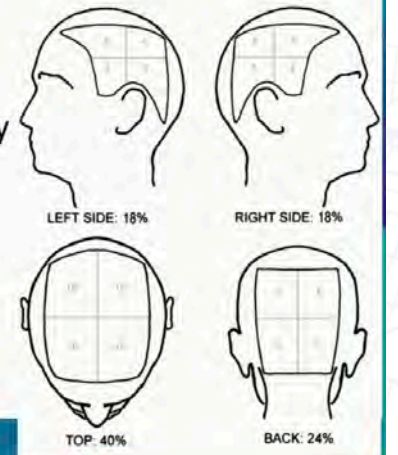
Early intervention may confer a higher likelihood of achieving a meaningful clinical response among BARI-treated patients with severe AA

Note: Dotted lines represent durations of current episode  $\leq 3$  years, solid lines represent durations of current episode  $> 3$  years. AA=alopecia areata; BARI=bardizolone; SALT=Severity of Alopecia Tool. Data © 2023 presented at the 16th World Congress of Dermatology (WCD) September 1-8, July 2023



## What we have learn from JAKi in AA:

- grading AA  $> 50$  o  $< 50\%$  to choose therapy
- the most severe forms ( $> 95\%$ ) respond less to therapy
- lonstanding AA responds less to therapy



- JAK inhibitors in alopecia areata Prof. Bianca Maria Piraccini (Bologna, Italy)

## USO CONCOMITANTE DE MINOXIDIL ORAL

### Minoxidil Adjuvant Therapy

May enhance response to systemic JAK inhibitors



6 mo after starting ruxolitinib 25 mg BID, SALT score = 100% with no improvement from baseline



9 mo after ruxolitinib + adjuvant oral minoxidil, SALT score = 23%

Wambier. Surg Cosmet Dermatol. 2020;12:74. Figure 2 is used in its original form under the terms and conditions of the Creative Commons Attribution 4.0 International license (CC BY 4.0: <https://creativecommons.org/licenses/by/4.0/>).

Slide courtesy of Dr. Britt Craiglow

- Are new treatments for AA a real breakthrough? Dr. Maryanne M. Senna (Winchester, United States)



## EFECTOS ADVERSOS

### Frecuentes

- Infecciones respiratorias de vías altas
- Cefalea
- Nasofaringitis
- Nauseas
- Acné

- Infecciones graves
- MACES
- Enfermedad tromboembólica
- Cáncer

Incidence Rates of Adverse Events related to Boxed Warnings in Baricitinib treated AA patients with and without Specified Risk Factors

	No Risk Factors (N=644)	≥1 Risk Factor (N=659)
Major Adverse Cardiovascular Event (MACE)	0 (0)	0.1 (1)
Malignancies (excluding NMSC)	0 (0)	0.31 (3)
Venous thromboembolism (DVT/PE)	0 (0)	0.1 (1)
Serious infections	0.6 (6)	1.05 (10)
All-cause mortality	0 (0)	0 (0)

### Factores de riesgo específicos:

- Enfermedad CV
- DM
- Edad > 65 años
- HTA
- Tabaquismo
- HDL < 40 mg/dl
- IMC > 30
- Problemas de movilidad

# AA- Tratamiento: inhibidores de JAK

## EXPERIENCIA EN VIDA REAL

### Multicentric Real world experience in Italy

- 184 patients started treatment with **baricitinib 4 mg in monotherapy across 23 centers**
- Duration of follow-up on baricitinib: **24 weeks (min 4-max 24)** <sup>a</sup>

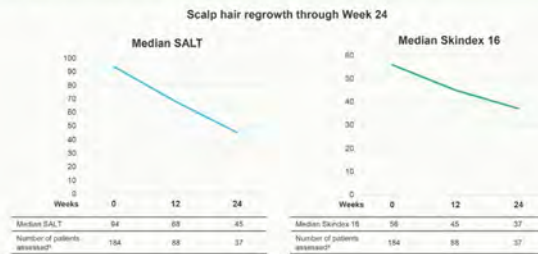
BASELINE CHARACTERISTICS		BASELINE SEVERITY		PREVIOUS TREATMENTS (MOST COMMON)	
Sex, n		Type of AA, n		Topical corticosteroids	76
Male	58	Patches	21	Systemic steroids	112
Female	126	Totalis	33	Ciclosporin A	38
		Universalis	130	Methotrexate	21
Age at baricitinib initiation, years	39 (19-67) <sup>b</sup>	AA-Skindex16, median	56		
Duration of disease, years	10	Eyelashes [ClinRO≥2 <sup>d</sup> ]	130 (70)		
Age at first AA diagnosis, years	28 (2-65)	Eyebrows [ClinRO≥2 <sup>d</sup> ]	130 (70)		
Comorbidities, n (%)		Median SALT pre-baricitinib (%)	94		
Thyroid pathology	33 (17,9)				
Atopic dermatitis	9 (0,04)				
Other	51 (27)				

100% of patients exposed to ≥1 previous treatment

70% of patients (130/184) have AA universalis

<sup>a</sup>At the time of the analysis. <sup>b</sup>Mean (minimum-maximum). <sup>c</sup>Total score for beard=100. <sup>d</sup>Significant gaps or no notable eyebrows/eyelashes. AA=alopecia areata; AASI=Alopecia Areta Severity Index; ClinRO=Clinician-reported Outcome; SALT=Severity of Alopecia Tool. Clinical experience of Prof. B.M Piraccini

### Hair regrowth over 24 weeks with baricitinib treatment



<sup>a</sup>Significant improvement in patient satisfaction was observed between baseline and 24 weeks. <sup>b</sup>Mean (minimum-maximum). <sup>c</sup>Total score for beard=100. <sup>d</sup>Significant gaps or no notable eyebrows/eyelashes. AA=alopecia areata; AASI=Alopecia Areta Severity Index; ClinRO=Clinician-reported Outcome; SALT=Severity of Alopecia Tool. Clinical experience of Prof. B.M Piraccini

**Introduction**  
Alopecia areata (AA) is a non-scarring autoimmune hair loss condition characterized by a chronic and recurring course. It often exerts a significant psychological toll on individuals, with the most severe form known as alopecia areata universalis (AAU). Recently, Janus kinase inhibitors have emerged as a potential treatment target, with baricitinib gaining approval from the Food and Drug Administration (FDA) in 2022 for AA treatment. Other JAK inhibitors, such as tofacitinib (a JAK1 and JAK3 inhibitor), have been used previously, but there have been no direct clinical comparisons between them and baricitinib.

**The objective of this case series study is to determine the effectiveness of oral baricitinib and oral tofacitinib for the treatment of the different subtypes of AA under conditions of daily clinical practice.**

**Material and methods**  
We present a case series of 43 patients (aged 9 to 65 years) with severe refractory AA (37 with AAU, 2 with ophiasic AA, and 4 with patchy AA) who were treated with oral JAK inhibitors (22 with baricitinib and 21 with tofacitinib) between July 2022 and July 2023. To determine response to treatment, Alopecia Severity Scale (SALT) was used at months 0, 3, 6, and 12 if achieved of treatment.

**Results**  
A great improvement in the severity of alopecia was achieved in both groups. At 6 months of treatment, a mean reduction of 45 points on the SALT scale was achieved in the tofacitinib group and a mean reduction of 40 points was achieved in the baricitinib group.

**Conclusion**  
Both baricitinib and tofacitinib seem to be an effective and safe alternative for the treatment of the different subtypes of refractory AA. While the effectiveness is similar in both drugs, tofacitinib appears to have a worse safety profile.

- A great improvement in the severity of alopecia was achieved in both groups. At 6 months of treatment, a mean reduction of 45 points on the SALT scale was achieved in the tofacitinib group and a mean reduction of 40 points was achieved in the baricitinib group.
- The mean evolution time of the disease before the start of treatment was 10.7 years.
- The speed of response to treatment was practically the same in both groups, with a mean reduction in SALT after 3 months of treatment of 18 points in the tofacitinib group and 17 in the baricitinib group.
- Secondarily, tofacitinib had to be discontinued in three cases due to significant side effects: 2 due to secondary arthritis and 1 due to chronic urticaria. No other significant side effects occurred in either group.
- Switch between groups: 6 of the patients treated with baricitinib had received previous treatment with tofacitinib and had switched due to lack of efficacy/absence of sustained response. In 2 of them, regrowth was observed, improving the results of tofacitinib, in 3, stability was observed, and 1 patient had a clear worsening.
- Patient satisfaction and improvement in quality of life was notable.
- Limitations were the small sample size and the absence of a control group.

### Real-world Effectiveness and Safety of Baricitinib in Patients with Severe Alopecia Areata

Sang-Min Choi, M.D., Sang-Myung Park, M.D., Soon-Hyo Kwon, M.D., Ph.D., Bark-Lynn Lew, M.D., Ph.D.  
Department of Dermatology, Kyung Hee University hospital at Gang-dong, Kyung Hee University School of Medicine, Seoul, Korea.

**INTRODUCTION & OBJECTIVE**  
Baricitinib is a Janus kinase (JAK) 1 & 3 inhibitor. It has demonstrated effectiveness in restoring hair loss in AA in several pivotal clinical trials. It is approved in the United States and South Korea for the treatment of severe AA in adults.

**OBJECTIVE**  
To investigate the effectiveness and safety of baricitinib in patients diagnosed with severe AA in a real-world clinical setting.

**METHODS**  
Patients enrolled:  
- Retrospective analysis from January 2019 to October 2023.  
- Included all patients diagnosed with AA with SALT ≥50 at the time of baricitinib drug introduction.  
- Minimum treatment period of 6 months, with or without topical corticosteroids.

**ASSESSMENT**  
- Demographic data: history of AA based on electronic medical records.  
- Efficacy: evaluated using SALT scores, ClinRO measurement for eyebrow and eyelash hair loss.  
- Any treatment-related adverse events were recorded.

**RESULTS**  
1. Patients demographics (Table 1)  
- Of 130 patients, total of 87 patients were included in the analysis (67.3%).  
- Mean baricitinib treatment duration was 9.5 ± 6.63 months.  
- Mean baseline SALT score was 95.74 ± 13.48.

**2. Efficacy of baricitinib**  
- At week 24, SALT score < 20 was achieved in 33.09% of the patients.  
- SALT score < 10, at week 24 was achieved in 88.15% and 98.87% respectively.  
- The mean % change in SALT score from baseline was 44.93% ± 42.83.

**3. Safety of baricitinib**  
- Overall, the adverse events were mild to moderate, and no patients discontinued the treatment.  
- The most common adverse event was acne, followed by herpes simplex of mouth and pharyngolaryngeal pain.

**DISCUSSION**  
The efficacy results were comparable to the pivotal clinical trials. At 24 weeks, the proportion of patients achieving SALT < 20 was slightly lower than the phase 3 trials (33.09 vs 38.3 and 36.5%). This is mainly due to the more severe forms of AA at baseline, with greater baseline SALT scores and longer disease duration. Hair regrowth was observed as early as 1 month after treatment, and considering late responders, efficacy should be evaluated at a minimum of 1 year after treatment. Continuous treatment with baricitinib resulted in gradual improvement in the SALT score over the long period. Usage of concomitant topical corticosteroids may further boost the treatment efficacy.

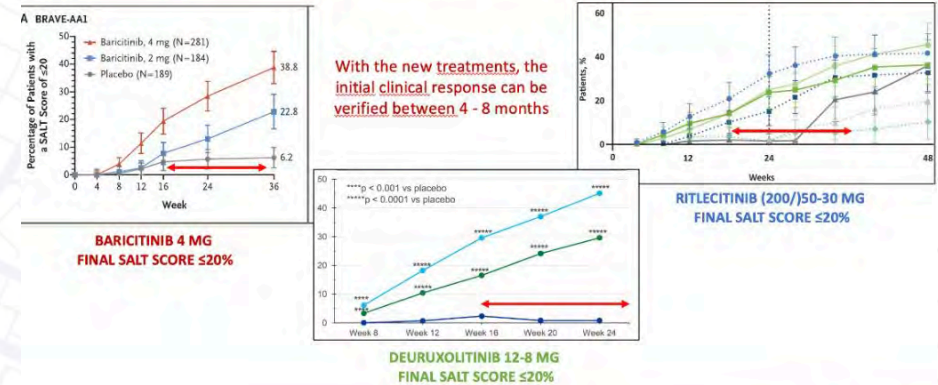
**REFERENCES**

# AA- Tratamiento: inhibidores de JAK

- ¿Cuál elegir?
- Según la edad y disponibilidad- Eficacia y seguridad son similares

- ¿Cuándo evaluar la eficacia?
- 9-12 meses

- ¿Cómo definimos la eficacia?
- Repoblación cosméticamente aceptable (SALT 10-20)/Satisfacción del paciente



When is the overall effectiveness of the treatment evaluated?

- anthralin: 6-8 months
- Topical corticosteroids: 4-5 months
- Topical immunotherapy: 12-15 months
- JAKs: 9 months

• in case of incomplete regrowth

- anthralin: 1 1/2 years
- Topical corticosteroids: 8 months
- Topical immunotherapy: 12-15 months
- JAKs: switch?

after 12 months of topical immunotherapy

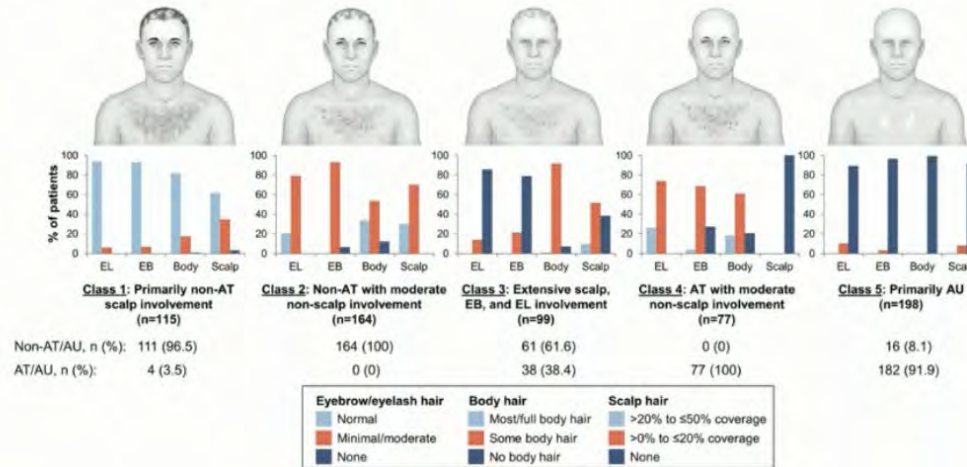
- JAK inhibitors in alopecia areata Prof. Bianca Maria Piraccini (Bologna, Italy)
- Understanding the complexities of Alopecia Areata. From clinical assessment to the changing therapeutic landscape. Dr David Saceda Corralo (Madrid)

# AA- Tratamiento: inhibidores de JAK

- Patrones clínicos para evaluar respuesta



## Therapeutic Efficacy in Different Hair Loss Profiles



**Fig. 1** Hair loss profiles identified from latent class analysis. AT, alopecia areata; AU, alopecia universalis; EB, eyebrow; EL, eyelash

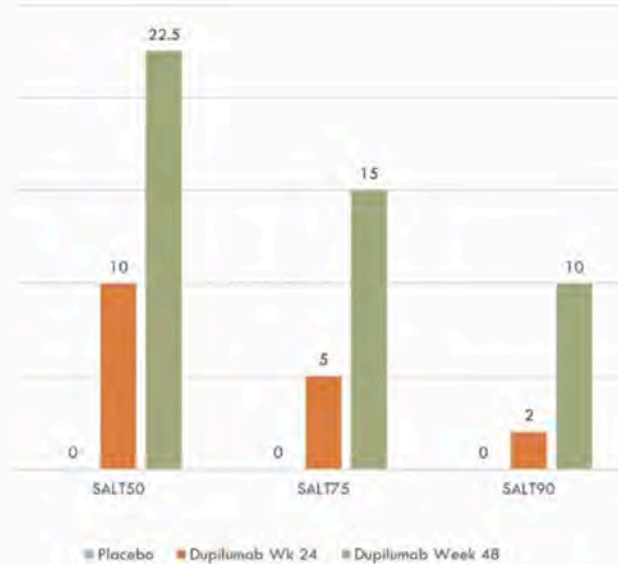
Thaçi D et al. Hair Loss Profiles and Ritlecitinib Efficacy in Patients with Alopecia Areata: Post Hoc Analysis of the ALLEGRO Phase 2b/3 Study. *Dermatol Ther (Heidelb)*. 2023 Sep 14. Epub ahead of print.

- Clinical spectrum and severity of AA Prof. Dr. Kamran Ghoreschi (Berlin, Germany)

- Opción de tratamiento si **DA concomitante +/- Ig E > 200**

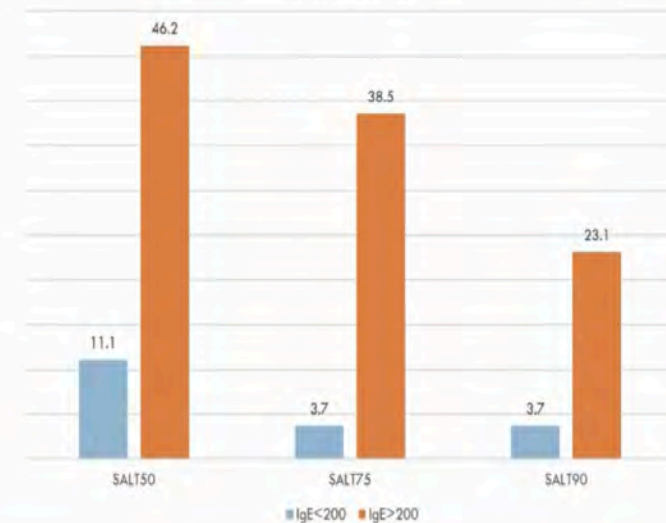
## Dupilumab versus Placebo SALT changes at Week 24 and Week 48

- 60 patients; SALT  $\geq 30$
- Randomized placebo or weekly dupilumab 300 mg SC
- Mean SALT score at baseline: 73
- Mean duration of current episode 3.7 years
- 36.7% of patients had AT/AU



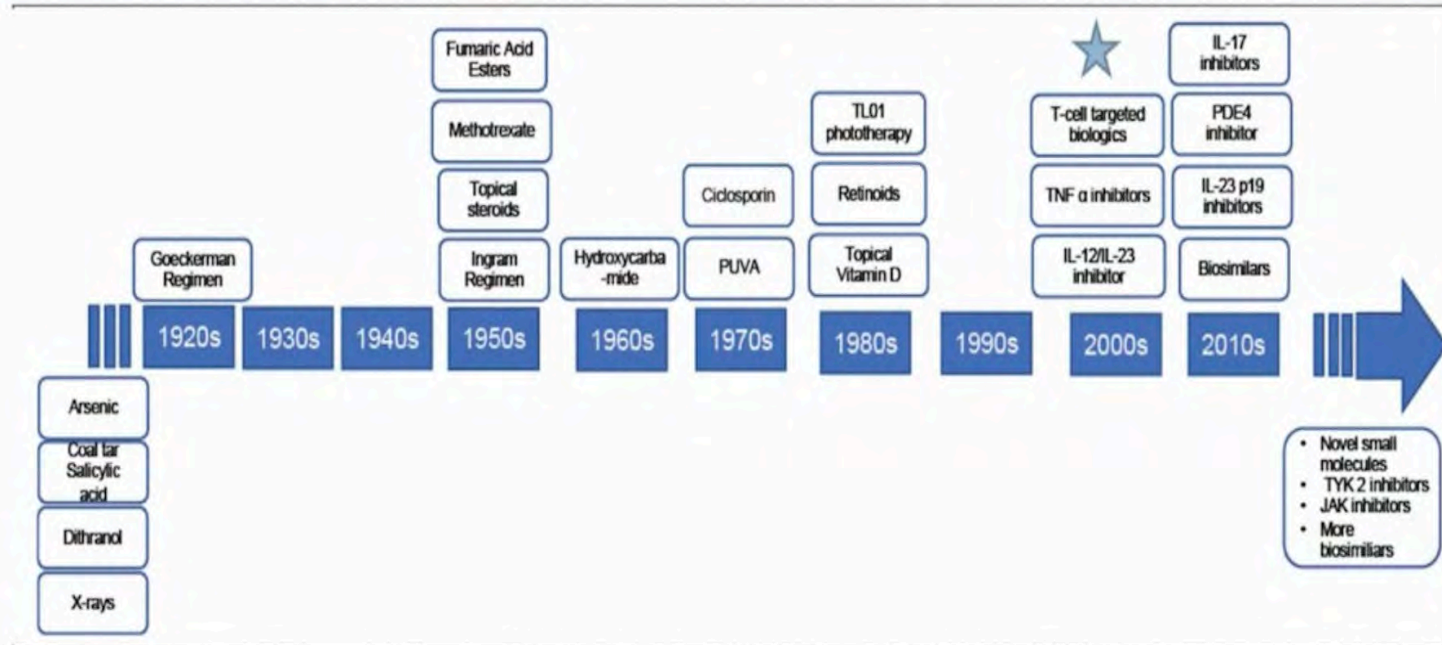
## Dupilumab Response Rates Based on Baseline IgE levels

Baseline IgE levels were able to predict dupilumab response with 83% accuracy



- Are new treatments for AA a real breakthrough? Dr. Maryanne M. Senna (Winchester, United States)

## Psoriasis Therapeutic Timeline



Psoriasis and Treatment: Past, Present and Future Aspects  
 Claire Reid, Christopher E.M. Griffiths  
 DOI: 10.2340/00015555-3386

- Are new treatments for AA a real breakthrough? Dr. Maryanne M. Senna (Winchester, United States)

## Small-molecule Inhibitors Are Emerging Additions to the Treatment Armamentarium in AA<sup>1</sup>

Approved or Investigational Treatment	MoA	Phase I	Phase II	Phase III	Market
Jaktinib <sup>2-5</sup>	Broad JAKi	[Progress bar]			
ARQ-255 <sup>6</sup>	JAK1i	[Progress bar]			
SHR0302 <sup>7,8</sup>	JAK1i	[Progress bar]			
Baricitinib <sup>9-12</sup>	JAK1/2i	[Progress bar]			EMA/FDA/PMDA approved
KL130008 <sup>13,14</sup>	JAK1/2i	[Progress bar]			
Ritlecitinib <sup>15-19</sup>	JAK3/TECi <sup>a</sup>	[Progress bar]			EMA/FDA/PMDA approved
Deuruxolotinib <sup>20-22</sup>	JAK1/2i	[Progress bar]			
Deucravacitinib <sup>23-26</sup>	TYK2	[Progress bar]			
Etrasimod <sup>27,28</sup>	S1PR modulator	[Progress bar]			

- JAK inhibitors in alopecia areata Prof. Bianca Maria Piraccini (Bologna, Italy)

Daxdilimab

ClinicalTrials.gov ID NCT05368103

Ac monoclonal que se une a una proteína en la superficie de las células dendríticas plasmocitoides.

EQ101

ClinicalTrials.gov ID: NCT05589610

Inhibidor específico de IL-2, IL-9 y IL-15.

IMG-007

ClinicalTrials.gov ID: NCT06060977

Anticuerpo monoclonal (IV) que se une a OX40

- Are new treatments for AA a real breakthrough? Dr. Maryanne M. Senna (Winchester, United States)

The graphic features a dark blue background with a white, wavy, wood-grain-like pattern. A large, semi-circular shape on the right side is filled with a close-up image of human skin. Overlaid on this is a teal rectangular box containing the text 'AEDV 2023 Highlights'.

**AEDV 2023**  
**Highlights**

**TRICOLOGÍA**

**ALOPECIAS NO CICATRICIALES**

**ALOPECIA  
ANDROGENÉTICA**



# AGA- Minoxidil oral

- Las 5 C de minoxidil oral

## Oral Minoxidil for AGA

### 5 C's of oral minoxidil.

1. **Convenient** to swallow minoxidil
2. Enhanced **cosmesis**
3. **Cost-savings** relative to the topical product
4. **Co-therapy** such as application of commercial keratin fibers to visually enhance fullness was simpler
5. 78% of patients continued oral therapy at last follow-up, thus demonstrating good **compliance**.

Dermatologic Therapy. 2018

AEDV2023  
Highlights BERLIN

- Estudio comparativo minoxidil 1 mg vs minoxidil 5% solución.

## Minoxidil 1 mg oral versus minoxidil 5% topical solution for the treatment of female-pattern hair loss: A randomized clinical trial

Paulo Müller Ramos MD, MSc, Rodney D. Sinclair MBBS, MD, FACD, Michal Kasprzak y Hélio Amante Miot MD, PhD  
Journal of the American Academy of Dermatology, 2020-01-01, Volumen 82, Número 1, Páginas 252-253, Copyright © 2019 American Academy of Dermatology, Inc.

We performed a 24-week, randomized, open comparative study of 1 mg oral minoxidil versus topical minoxidil 5% solution for the treatment of FPHL at a dermatology clinic (Universidade Estadual Paulista - UNESP, Botucatu, São Paulo, Brazil).

- Low dose oral minoxidil for Androgenetic Alopecia Prof. Ramon Grimalt (Terrassa, Spain)

- **Ranking de efectividad:**

- Dutasteride 0.5 mg/día (t1/2 5 semanas)
- Finasteride 5 mg/día (t1/2 4.5 horas)
- Minoxidil 5 mg/día (t1/2 4 horas)
- Finasteride 1 mg/día
- Minoxidil 0.25 mg/día

Review

> [J Dermatolog Treat.](#) 2022 Nov;33(7):2946-2962.

doi: 10.1080/09546634.2022.2109567. Epub 2022 Aug 15.

## Comparison of oral minoxidil, finasteride, and dutasteride for treating androgenetic alopecia

[Aditya K Gupta](#)<sup>1 2</sup>, [Mesbah Talukder](#)<sup>1</sup>, [Greg Williams](#)<sup>3</sup>

- Low dose oral minoxidil for Androgenetic Alopecia Prof. Ramon Grimalt (Terrassa, Spain)

- Posibles mecanismos:
  - 5 ARIs pueden atravesar la barrera hematoencefálica y bloquear neuroesteroides en el cerebro ¿?
- Notifican más problemas aquellos pacientes informados previamente
- Más información en internet que en literatura médica
- Low dose oral minoxidil for Androgenetic Alopecia Prof. Ramon Grimalt (Terrassa, Spain)

Review > [Int J Impot Res](#). 2023 Sep 11. doi: 10.1038/s41443-023-00759-5.

Online ahead of print.

## The post-finasteride syndrome: possible etiological mechanisms and symptoms

[Herman H J Leliefeld](#)<sup>1</sup>, [Frans M J Debruyne](#)<sup>2</sup>, [Yakov Reisman](#)<sup>3</sup>

Affiliations + expand

PMID: 37697052 DOI: [10.1038/s41443-023-00759-5](#)

- **BICALUTAMIDA:**
- **ORAL:**
- Interesante en FAGA premenopáusica con seborrea

- **MESOTERAPIA (formulada 0.5%)**
  - Útil en mujeres y hombres
    - En asociación
    - Mejora la seborrea
  - Es preciso reducir tiempos

# AGA- Novedades en el tratamiento

- **TOXINA BOTULÍNICA**

- 2 mecanismos:

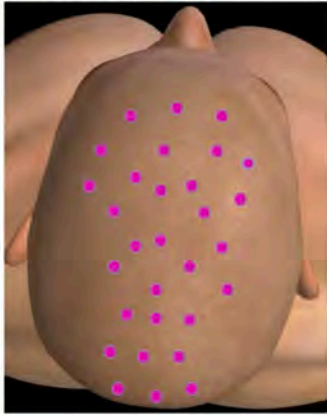
- 1.- Inyección intradérmica (mesoterapia): disminuye la secreción de TGF- $\beta$
- 2.- Inyección intramuscular: relajación, aumento de la vascularización , incrementa lavado DHT

### Propuesta de técnica:

- 100 UI toxina botulínica A diluidas en 5 ml SSF (20 UI por ml)
- Inyección intradérmica de 60 UI (3 ml) + inyección intramuscular 40 UI (2 ml)
- 0.1 ml por punto de inyección (2 UI)

Emerging therapies for androgenetic alopecia Dr. Sergio Vaño-Galván (Madrid, Spain)

**BOTULINUM TOXIN A: OUR TECHNIQUE** NEW



**INTRADERMAL INJECTION** → **INHIBITION OF TGF-BETA 1**

- 30 mesotherapy injection points on the scalp (30G 4 mm needle).
- 2 units per injection point (0.1 ml).
- Inject in alopecic area.
- Start 2 cm behind the frontal hairline.
- Injection points approx. 2 cm apart.

\*Image courtesy Dr. Angela Hermosa

SergioVanoG

- GT20029 y Pirilutamida (antiandrógenos tópicos)
- SAMiRNA- Self-assembled micelle inhibitory RNA: disminuye el Rx androgénos en las células de la papila dérmica
- **EXOSOMAS** (vesículas extracelulares que se inyectan): FDA warning
- HMI-115: anticuerpo monoclonal que inhibe el receptor de prolactina

The graphic features the text 'AEDV 2023 Highlights' in a bold, sans-serif font. 'AEDV 2023' is in dark blue, and 'Highlights' is in white. The text is set against a teal rectangular background. This background is overlaid on a larger teal shape that partially overlaps a circular inset showing a close-up of human skin texture. The entire graphic is set against a dark blue background with a white wood-grain pattern.

**AEDV 2023**  
**Highlights**

**TRICOLOGÍA**

**PRURITO EN CUERO CABELLUDO**

## 7 Step plan for scalp itch

### 1. Anamnesis

Localised / generalised / family members with scalp itch?

Duration

Triggers: Allergy? (hairproducts)

Hairwashing habits

Dermatologic anamnesis (skin symptoms/ diseases/ alopecia/ atopy)

Medical history (renal/ diabetic/ liver/ thyroid/ neurologic/ psychogenic)

Medication

NRS / disease burden

### 2. Dermatologic physical examination of the scalp + hair

### 3. Trichoscopy

Scalp skin

Signs of infection /inflammation/ infestation

Alopecia

Scalp itch with or without dermatological symptoms

### 4. Differential diagnosis

### 5. Additional research

- Lab
- Histopathology (2 x 4 mm biopsy: horizontal/ vertical)
- Woodslamp
- Microbiology
- Microscopy
- Other

### 6. Diagnosis

### 7. Therapy and/ or referral to other specialist

## SCALLP ITCH

Seborrhoic dermatitis

Contact dermatitis

Anxiety

Lichen planopilaris

Lice

Psoriasis

Scalp Itch: A Systematic review, Tosti et al. Skin Appendage Disord. 2018



The graphic features a dark blue background with a white, wavy, wood-grain-like pattern. A large, semi-circular shape on the right side is filled with a close-up image of human skin. Overlaid on this is a teal rectangular box containing the text 'AEDV 2023' in a dark blue, sans-serif font, and 'Highlights' in a white, bold, sans-serif font below it.

**AEDV 2023**  
**Highlights**

**TRICOLOGÍA**

**ALOPECIAS CICATRICIALES**

## Frontal Fibrosing Alopecia – Potential Therapeutic Approach

### AFF- Manejo

- ¿Uso de anti-JAK?
- Trasplante capilar
- Medidas cosméticas
  - ¿Uso de fotoprotectores?
- Apoyo psicológico



Janus kinase inhibition: Topical ruxolitinib 1.5% BID

Dunn et al. Janus kinase inhibition for the treatment of refractory frontal fibrosing alopecia: A case series and review of the literature. JAAD 2023 Aug 11:40:47-52

CHARITÉ | Department of Dermatology, Venerology and Allergology

## Frontal Fibrosing Alopecia – Supportive Measures

### Surgery

- Hair transplantation or hair lowering surgery
- optimally after  $\geq 24$  months of inactivity, but not when disease is active
- may reactivate disease, counsel patients accordingly

### Cosmetic camouflage and Counseling

- Longtime liner / microblading eyebrows
- Hair fibres / stray hair / concealer spray
- No complete avoidance of sunscreens
- Patch testing if suspicion for contact dermatitis

### Psychologic counselling

- Important for coping with FFA and to improve life quality and support

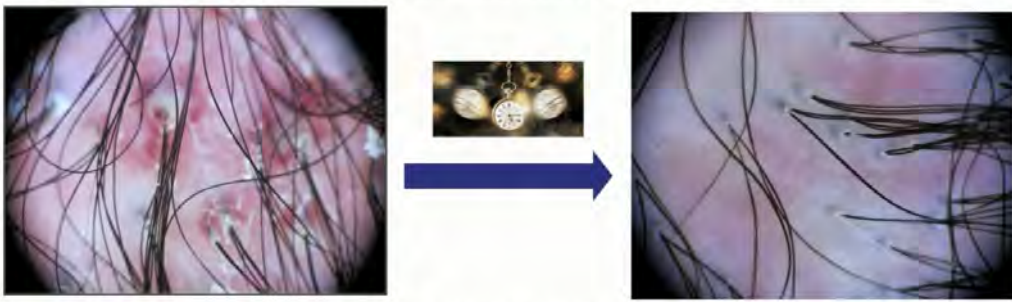


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# Folliculitis decalvante

**Comment: Folliculitis Decalvans Lichen Planopilaris Phenotypic Spectrum**

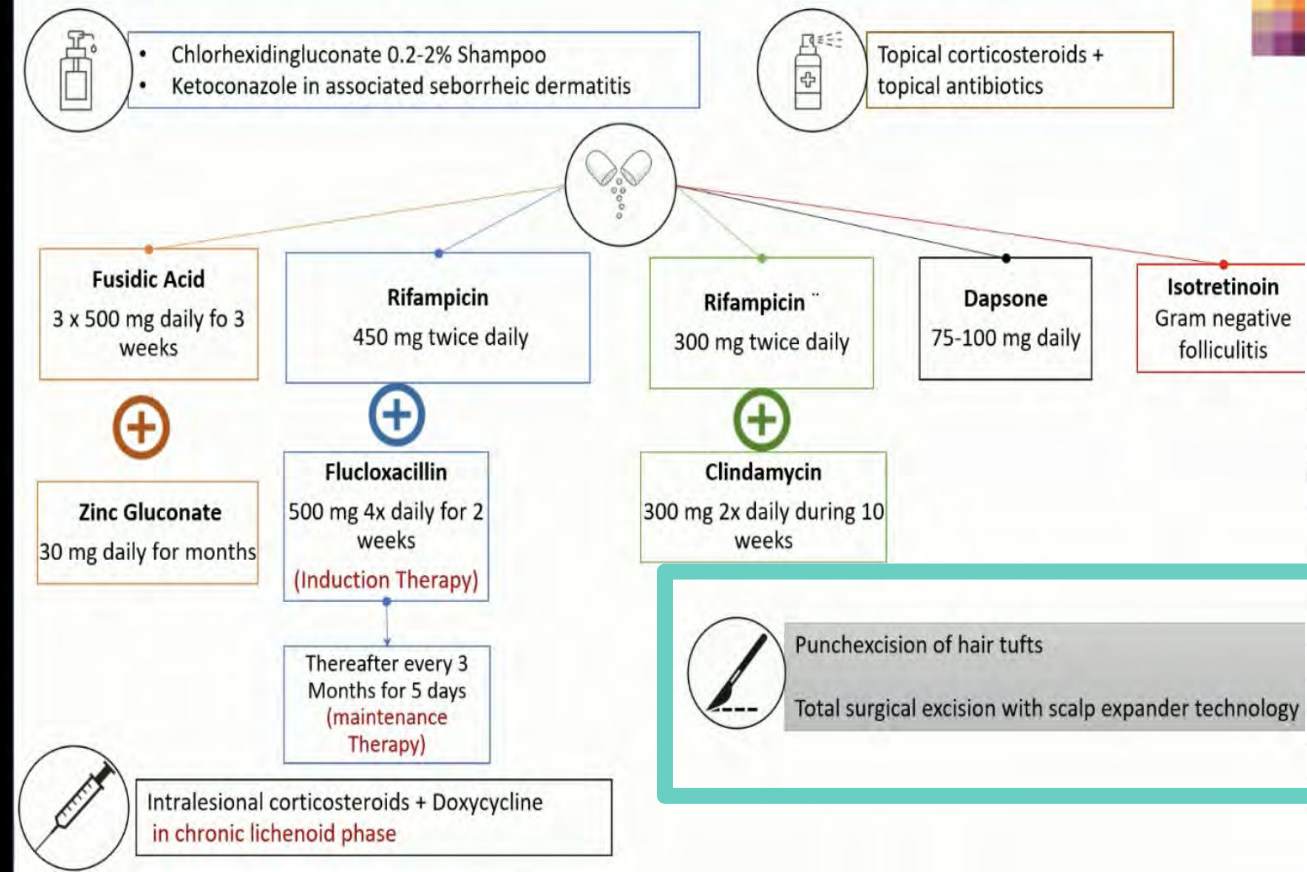
**Folliculitis decalvans** has the tendency to develop features of **lichen planopilaris** with time. Through the recurrent destruction of hair follicles of primary infectious origin, follicular antigens are exposed that ultimately give rise to an autoimmune reaction targeting the hair follicle stem cell niche.



End-stage (chronic lichenoid phase) of folliculitis decalvans

Folliculitis decalvans lichen planopilaris phenotypic spectrum

Therapeutic Algorithm in Folliculitis Decalvans



The graphic features a dark blue background with a white, wavy, wood-grain-like pattern. A large, semi-circular shape with a brown, textured, leather-like appearance is positioned on the right side. Overlaid on this is a teal rectangular box containing the text 'AEDV 2023 Highlights'.

**AEDV 2023**  
**Highlights**

**ONICOLOGÍA**

La ecografía es la técnica de elección para el estudio del aparato ungueal

- 1.- Tumor glómico
- 2.- Onicomatricoma
- 3.- Onicopapiloma
- 4.- Fibromas
- 5.- Granuloma
- 6.- CEC
- 7.- Melanoma
- 8.- Quiste mixoide
- 9.- Mucocele
- 10- Exostosis subungueal

- Benign Nail Neoplasms Prof. Dr. Ximena Wortsman (Santiago, Chile)

## CONCLUSION

- Color Doppler ultrasound is the first-choice imaging technique for studying the nail
- Excellent penetration and definition imaging modality
- It supports the diagnosis and management of common nail tumors and pseudotumors

# Tumores malignos: melanoma

- Lesiones monodactilares sin otros signos de patología ungueal o historia de enfermedad cutánea en adultos: alto grado de sospecha

- Diagnóstico: histología
- In situ = excisión en bloque

- Nuevas terapias dirigidas

- Seguimiento de por vida.

- Malignant Nail Neoplasms Assoc. Prof. Myrto-Georgia Trakatelli (Thessaloniki, Greece)
- Clinical and histopathologic features of the Hutchinson sign Prof. Dr. Iris Zalaudek

**NEVER PUNCH A HUTCHINSON SIGN**



Accepted 23 June 2022 | Revised 23 January 2022 | Accepted 2 February 2022  
DOI: 10.1111/ajd.14892

**REVIEW** **WILEY**

**Clinicohistopathologic challenges and traps in the diagnosis of nail unit melanoma**

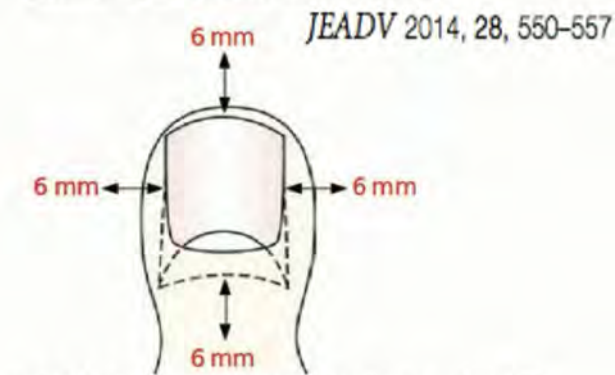
Angela J. Jiang MD<sup>1</sup> | James J. Abbott MD<sup>2</sup> | H. William Higgins MD, MBE<sup>3</sup> |  
Rosalee Elenitsas MD<sup>4</sup> | Adam I. Rubin MD<sup>5</sup>

**Abstract**  
Melanoma of the nail apparatus is challenging to diagnose for both dermatologists and dermatopathologists. Misdiagnosis or delayed diagnosis of nail unit melanoma can have fatal consequences and legal ramifications. This review educates dermatopathologists on challenges and traps they should be aware of to avoid misdiagnosis of nail unit melanoma. We present illustrative difficult cases that introduce several themes regarding challenges in the diagnosis of nail unit melanoma, specimens with subtle histopathologic findings, challenges in immunohistochemical interpretation, and how clinical knowledge and surgical procedural knowledge are necessary to make the diagnosis. Dermatopathologists will be aware of when and how to support nail unit melanoma in unusual circumstances.

**KEYWORDS**  
dermatopathology, melanocytic activation, nail apparatus melanoma, nail unit melanoma



**MELANOMA in situ:**



**Management of in situ melanoma of the nail apparatus with functional surgery: report of 11 cases and review of the literature**

F. Neczyporenko,<sup>1</sup> J. Andr ,<sup>1</sup> K. Torosian,<sup>1</sup> A. Theunis,<sup>1,2</sup> B. Richert<sup>1\*</sup>

# Inyecciones de CE en distrofias ungueales en población pediátrica



Accepted: 26 February 2023

Pediatric Dermatology WILEY

## Intralesional steroid injections for inflammatory nail dystrophies in the pediatric population

Matilde Iorizzo MD, PhD<sup>1</sup> | Nilton Gioia Di Chiacchio MD, PhD<sup>2,3</sup> |  
 Nilton Di Chiacchio MD, PhD<sup>2</sup> | Chander Grover MD<sup>4</sup> |  
 Shari R. Lipner MD, PhD<sup>5</sup> | Bertrand Richert MD, PhD<sup>6</sup> |  
 Bianca Maria Piraccini MD, PhD<sup>7</sup> | Michela Starace MD, PhD<sup>7</sup> | Antonella Tosti MD<sup>8</sup>

- 3/30 patients < 12 years old
- **Beware of dose-related local adverse events**
- Periungual skin of children thinner than adults
- *Max dose 0.2 ml per nail in <15yo ???*
- Local anesthetic injections are one of the most anxiety-inducing stimuli in the pediatric patients
- Use should be discouraged

Age range, years (mean)	
PSORIASIS (PSO) NAIL LICHEN PLANUS (NLP)	
N° affected and treated nails	
DRUG USED Triamcinolone acetonide 2.5mg/ml Triamcinolone acetonide 5mg/ml	
Total dose per nail (mean)	
Total dose per session (mean)	
N° OF SESSIONS 1 every 4 weeks 1 every 6 weeks 1 every 8 weeks	
ADVERSE EVENTS Systemic Pain mild Pain severe Proximal nail fold atrophy Proximal nail fold hypopigmentation Hematoma& Beau's lines	
TREATMENT EFFICACY Resolution Improvement * Worsening	19 (9PSO/10NLP) 9 (6PSO/3NLP) 2 (1PSO/1NLP)

\*PSO: from a baseline NAPSI<10 to NAPSI 1-2; NLP: from moderate to mild disease

## How to reduce pain from procedure

- The analgesic effect of vibration/pressure can be explained by the gate control theory of pain
- Pain is transmitted from the peripheral to the central nervous system through the fast A-delta fibers carrying acute pain, and the unmyelinated slower C fibers carrying chronic pain signals
- When nerves receive non-painful signals such as vibration/pressure, the fast A-alpha and beta fibers activate inhibitor neurons acting on C and A-delta to close the gate on pain signals
- The brain perceives the vibratory/pressure sensation before the sensation of pain, thus blocking ("gating") the sensation of pain



Melzack R, Wall PD. Pain mechanisms: a new theory. *Science* 1965;150:971-9.  
 Duplisea MJ, Flores K. Using an electric toothbrush for vibration anesthesia during painful procedures. *Pediatr Dermatol* 2019;36:414-15.  
 Secil A, et al. Efficacy of vibration on venipuncture pain scores in a pediatric emergency department. *Pediatr Emerg Care* 2014;30:686-88.

- Paediatric nail disorders Dr. Matilde Iorizzo (Bellinzona, Switzerland)

- 1.- Tener acetona en la consulta
- 2.- Anamnesis completa y exploración física completa
- 3.- Mirar todas las uñas
- 4.- Usar dermatoscopia de contacto
- 5.- Usar gel de inmersión
- 6.- Mirar siempre el borde libre: parte inferior – matriz distal (nevus)  
diferentes niveles- diferentes niveles de la matriz (melanoma)
- 7.- Tomar BUENAS fotos
- 8.- Seguimiento digital
- 9.- Considerar teledermatología
- 10– Utilizar la dermatoscopia en el quirófano


- Tips and tricks for onychoscopy Prof. Luc Thomas (Pierre Bénite, France)



## ONICOLISIS

Dato más importante para DxD entre enfermedades inflamatorias y onicomicosis

Part of the nail Unit	Aspects to look at	Psoriasis	Lichen planus	Trachyonychia
Nail plate	Surface (dry dermoscopy)	x	x	x



## ONICOMICOSIS

- Signo de la **AURORA BOREAL**
- Aspecto “en RUINAS” del margen distal

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DV

### Nail plate color

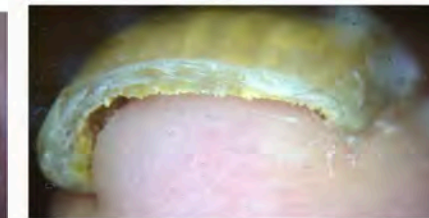
- Matte yellow-white-orange color often in strikes or round formations
- “Aurora borealis” pattern



EA CONGRESS  
DV

### Onychoscopy of distal subungual onychomycosis Distal margin

- Ruin-like appearance of subungual scales
- Yellow-white orange accumulations



Iorio M, Starace M, di Altobrando A, Alessandrini A, Veneziano L, Piraccini BM. The value of dermoscopy of the nail plate free edge and hyponychium. J Eur Acad Dermatol Venereol. 2021 Jul 13.

- Managing nail disorders through onychoscopy MD Francesca Pampaloni (Bologna, Italy)

La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2023.



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