AEDV 2023 Highlights

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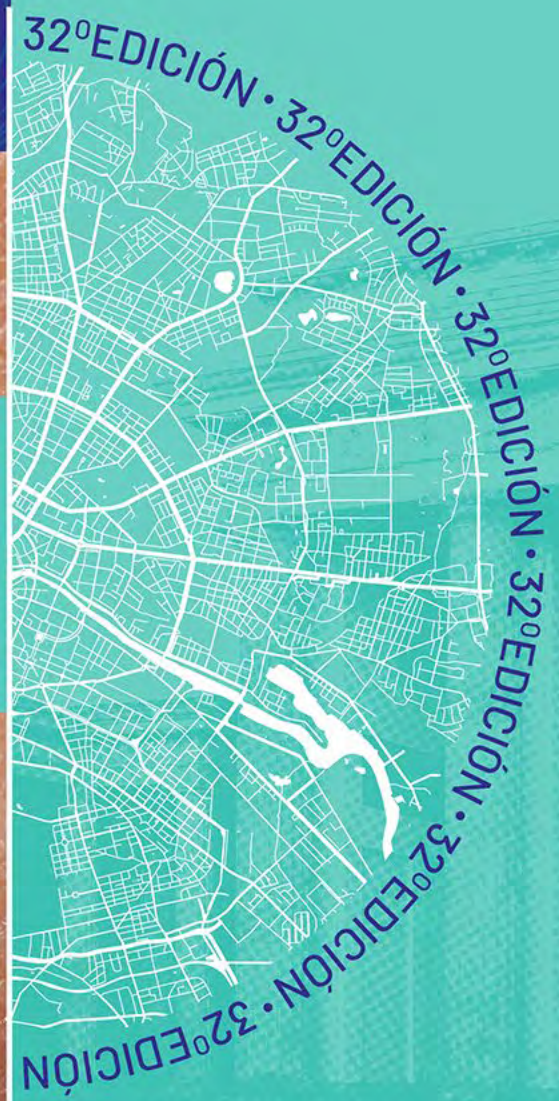

BERLÍN

11-14 OCTUBRE

Iniciativa científica de:

AEDV 1909

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

AEDV2023 Highlights

TRICOLOGÍA Y ONICOLOGÍA

VIRGINIA VELASCO TAMARIZ

HOSPITAL UNIVERSITARIO 12 DE OCTUBRE

CLÍNICA DOCTOR MORALES RAYA

MADRID

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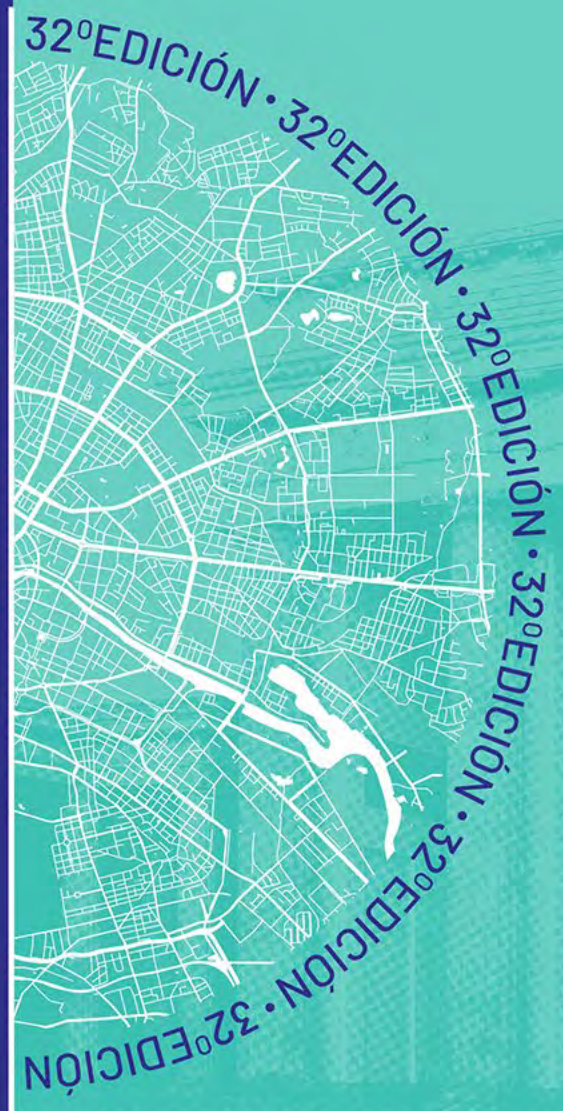
NO TENGO CONFLICTOS DE INTERÉS



BERLIN

11-14 OCTUBRE

AEDV2023 Highlights

TRICOLOGÍA

ALOPECIAS NO CICATRICIALES

ALOPECIA AREATA

AA- Formas de comienzo tardío

- **> 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

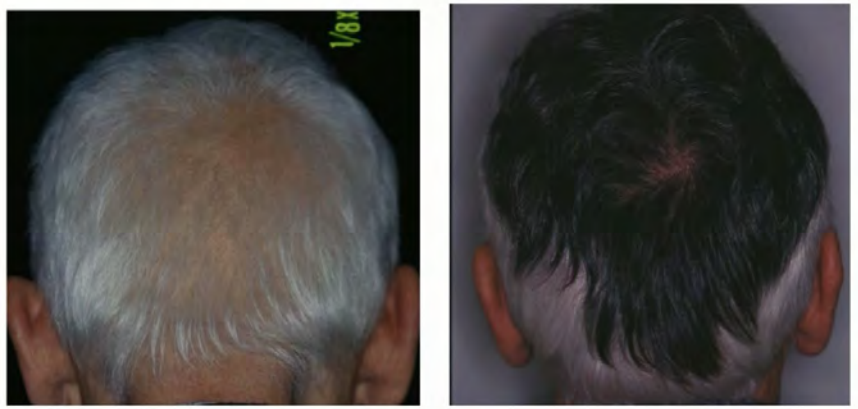
Review > J Am Acad Dermatol. 2023 Oct;89(4):758-763. doi: 10.1016/j.jaad.2018.12.047. Epub 2019 Jan 8.

White hair in alopecia areata: Clinical forms and proposed physiopathologic mechanisms

Daniel Asz-Sigall [1], María Fernanda Ortega-Springall [2], Mariam Smith-Pliego [2], Erika Rodríguez-Lobato [2], María Abril Martínez-Velasco [3], Roberto Arenas [4], Colombina Vincenzi [5], Antonella Tosti [6]

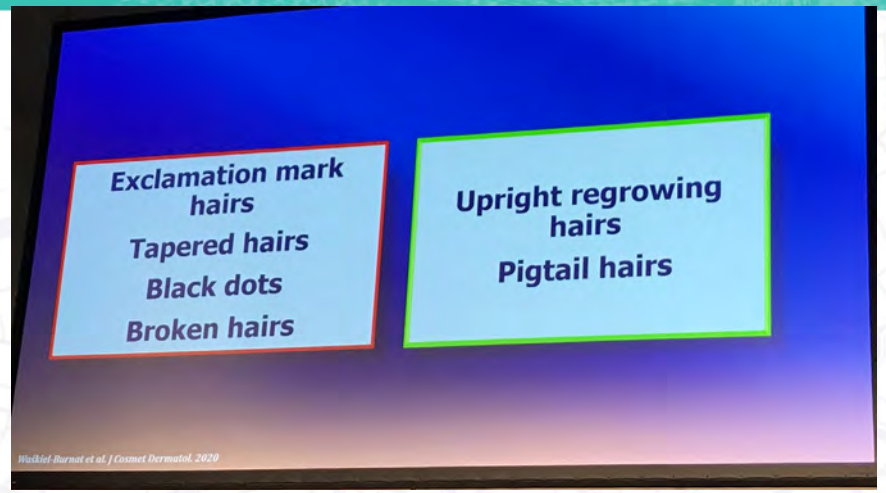
Affiliations + expand

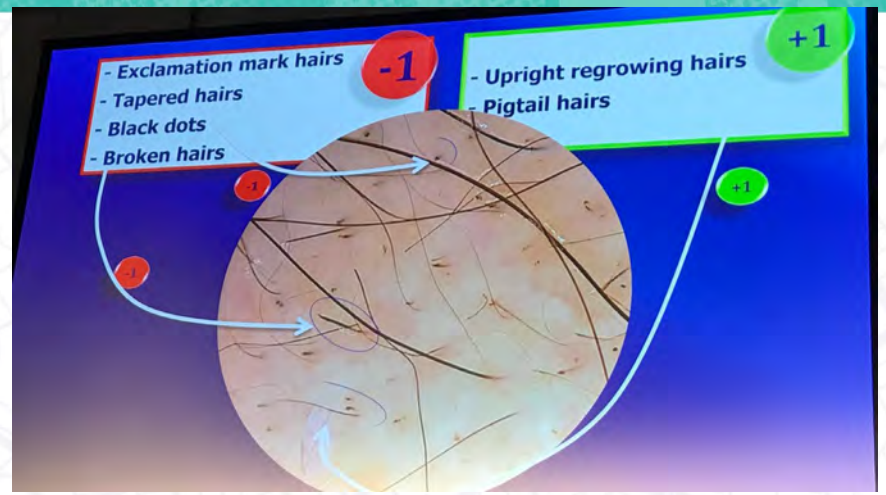
PMID: 30630022 DOI: 10.1016/j.jaad.2018.12.047

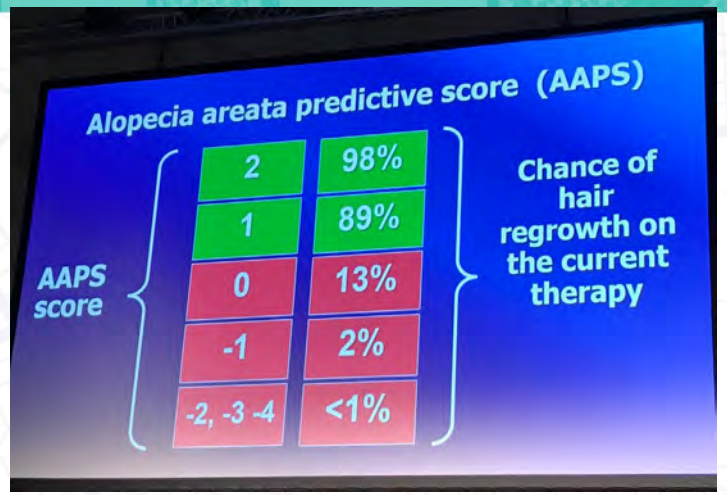


- Late onset alopecia areata. Prof. Antonella Tosti (Miami, United States)

AA-Tricoscopia



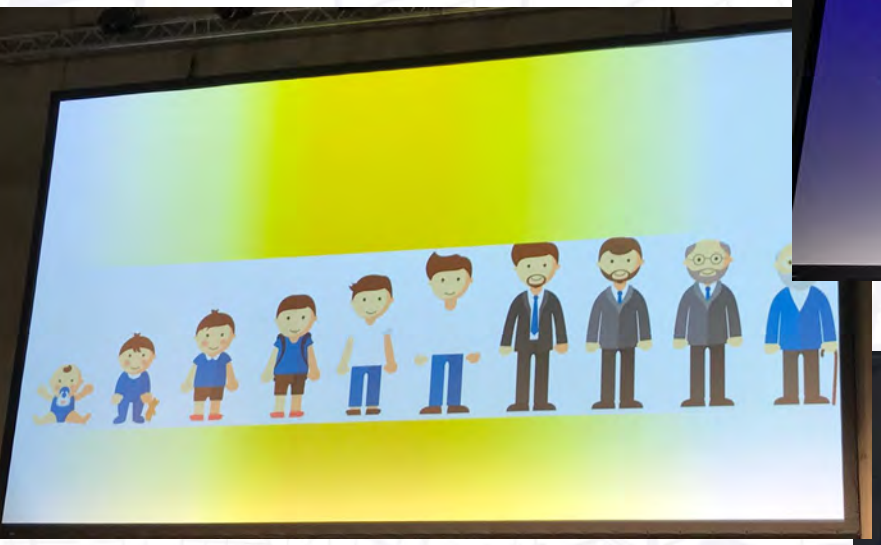


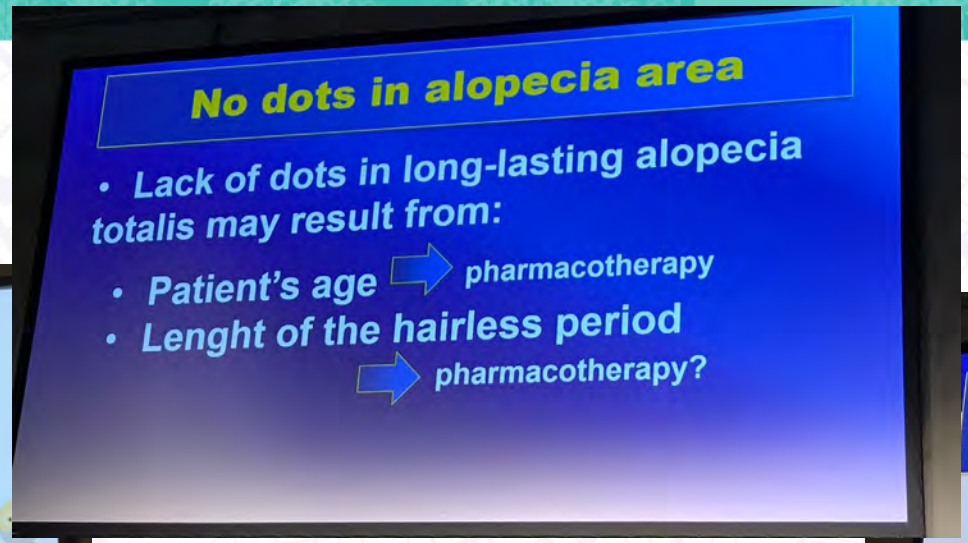


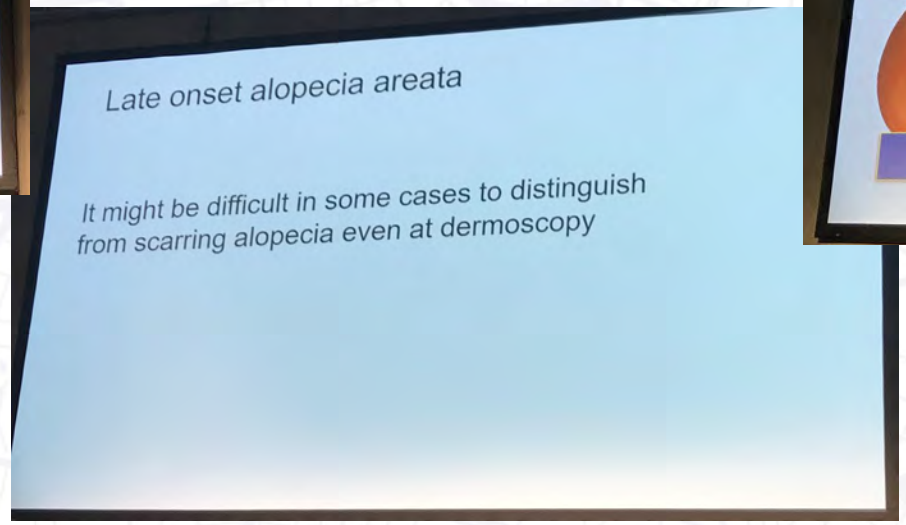
- **Actividad o reactivación (-1):**
  - **Pelos en signo de exclamación**
  - **Tapered hairs**
  - **Puntos negros**
  - **Pelos rotos**
- **Buen pronóstico (+1):**
  - **Pelos en recrecimiento**
  - **Pig tail hairs**

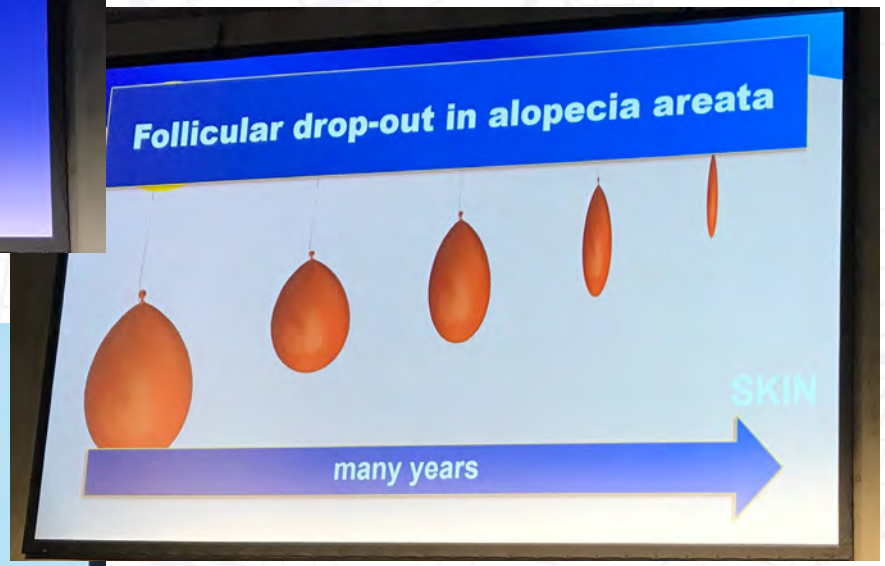
- Managing alopecia areata through trichoscopy Prof. Dr. Lidia Rudnicka (Warsaw, Poland)

AA-Tricoscopia: ¿Puntos amarillos?



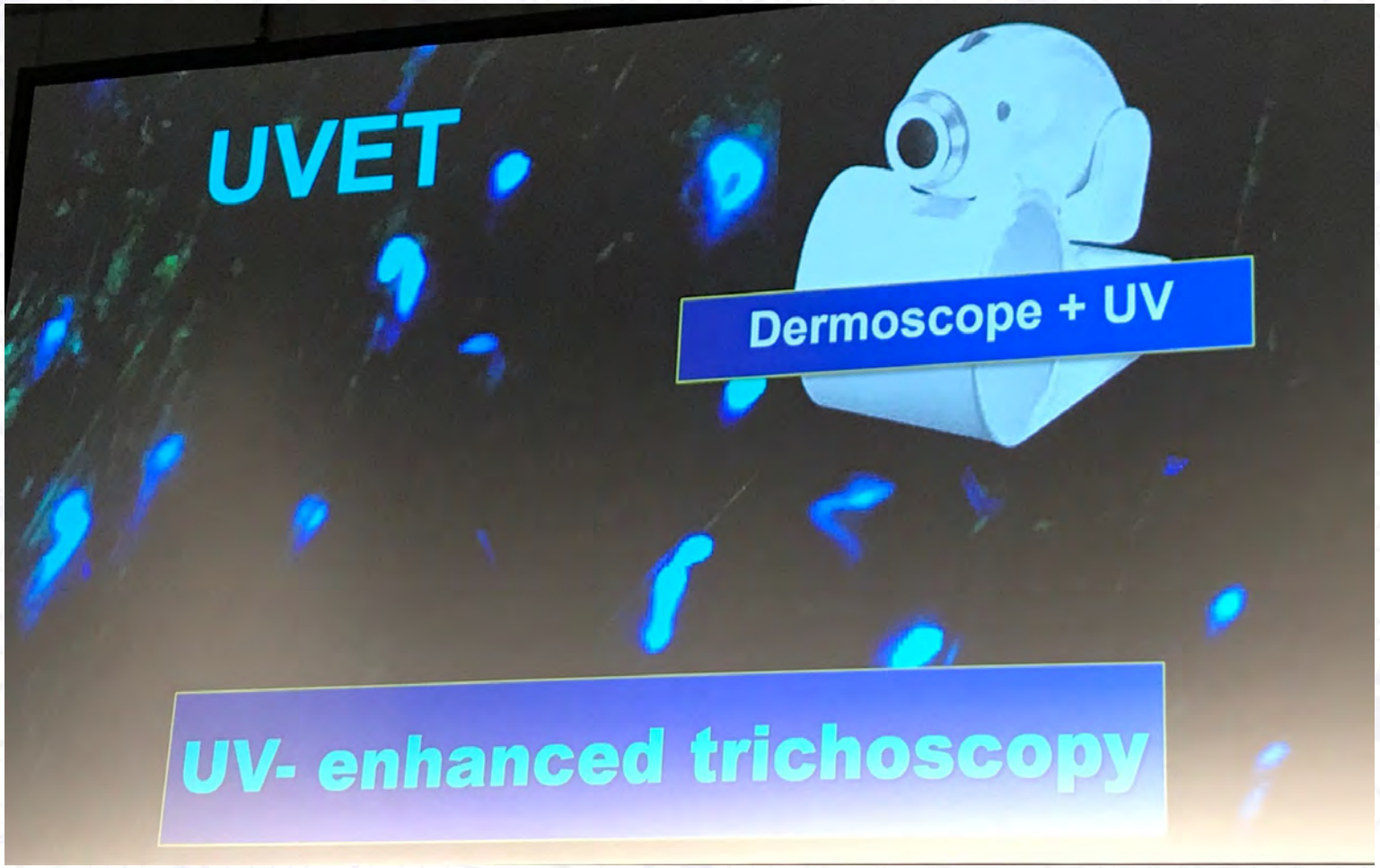






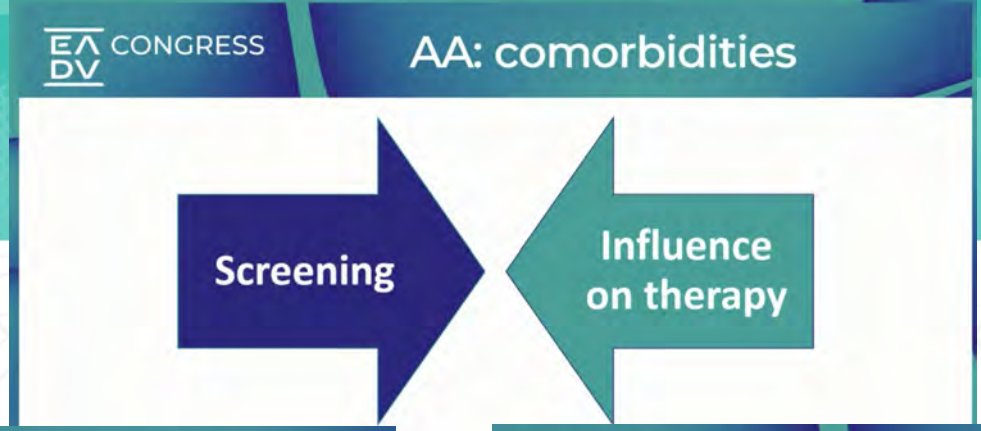
- Managing alopecia areata through trichoscopy Prof. Dr. Lidia Rudnicka (Warsaw, Poland)

AA-Tricoscopia: dispositivos UV



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

AA- Comorbilidades



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EADV 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

EADV 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 comorbidities Dr. PhD Jovan Lalosevic (Belgrade, Serbia)

AA- Comorbilidades

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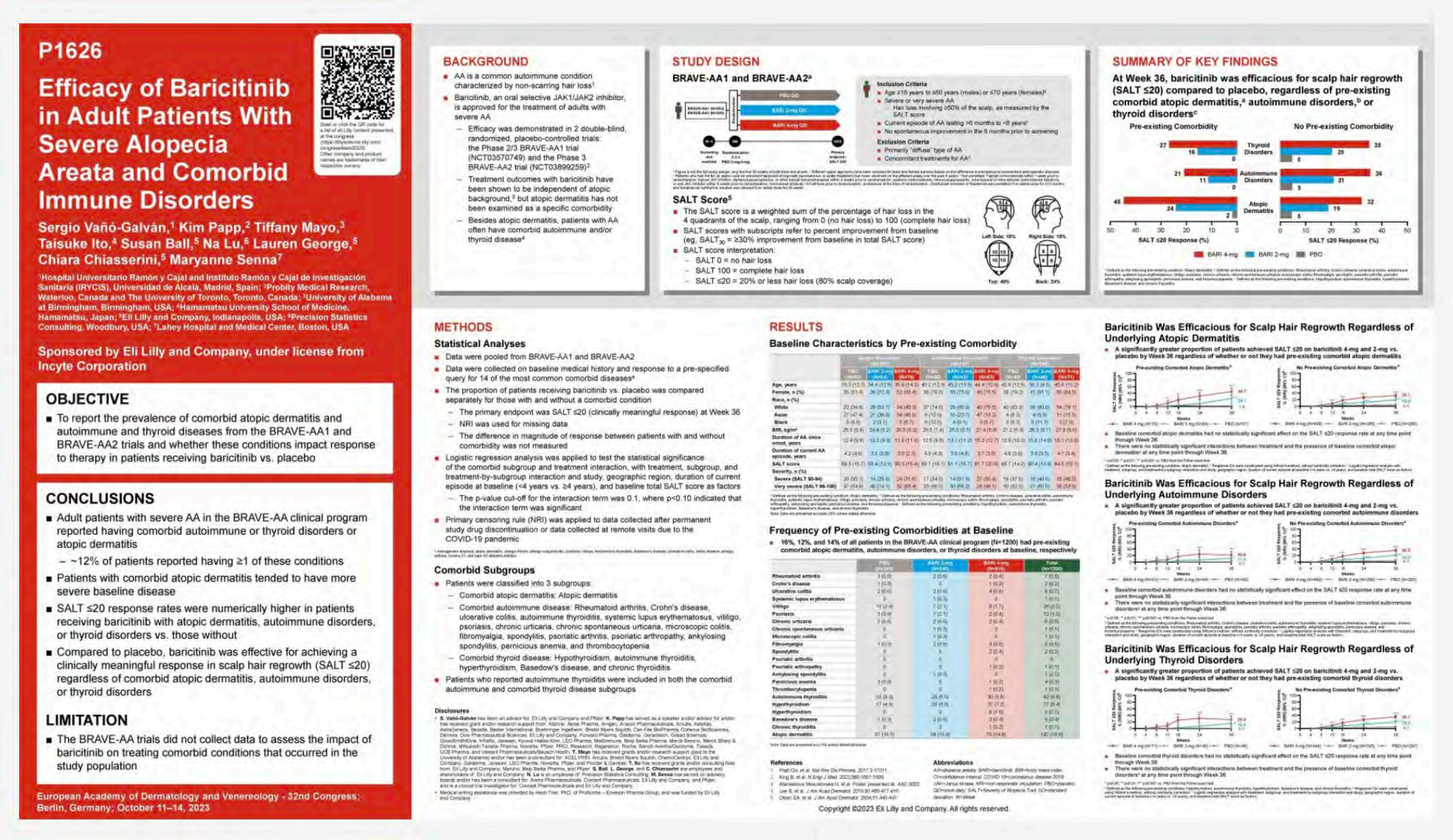
P1626

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

Sergio Vañó-Galván,[1] Kim Papp,[2] Tiffany Mayo,[3] Taisuke Ito,[4] Susan Ball,[5] Na Lu,[6] Lauren George,[5] Chiara Chiasserini,[5] Maryanne Senna[7]

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

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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

European Academy of Dermatology and Venereology - 32nd Congress; Berlin, Germany; October 11–14, 2023

BACKGROUND

- AA is a common autoimmune condition characterized by non-scarring hair loss[1]
- 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)[2]
  - Treatment outcomes with baricitinib have been shown to be independent of atopic background,[3] 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[4]

STUDY DESIGN

BRAVE-AA1 and BRAVE-AA2[a]

SALT Score[5]

- 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, $SALT_{30}$ = ≥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)

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,[a] autoimmune disorders,[b] or thyroid disorders[c]

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 conditions[a]
- 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 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, pernicious anemia, 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

RESULTS

Baseline Characteristics by Pre-existing Comorbidity

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

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

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

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

- 12% pacientes presentaban 1 ó más comorbilidades (enfermedades AI, DA, o enfermedad tiroidea)
- DA: mayor gravedad AA
- La respuesta SALT 20 se alcanza independientemente de la comorbilidad
- NO se analiza el impacto del tratamiento en las comorbilidades.

AA- Tratamiento: inhibidores de JAK

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

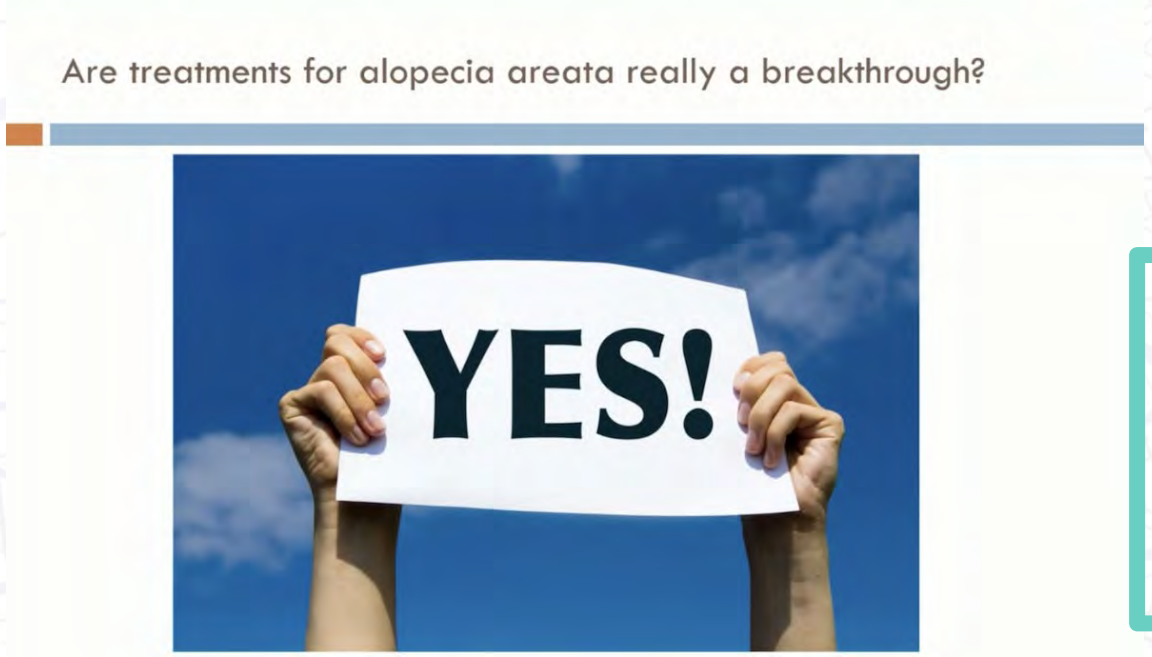
Fase III

Criterios inclusión:

- > 50% extensión (SALT)
  - Ritlecitinib > 12 años
- Baricitinib y deuruxolitinib > 18 años

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

AA- Tratamiento: inhibidores de JAK



Factores que influencian la respuesta al tratamiento con iJAK

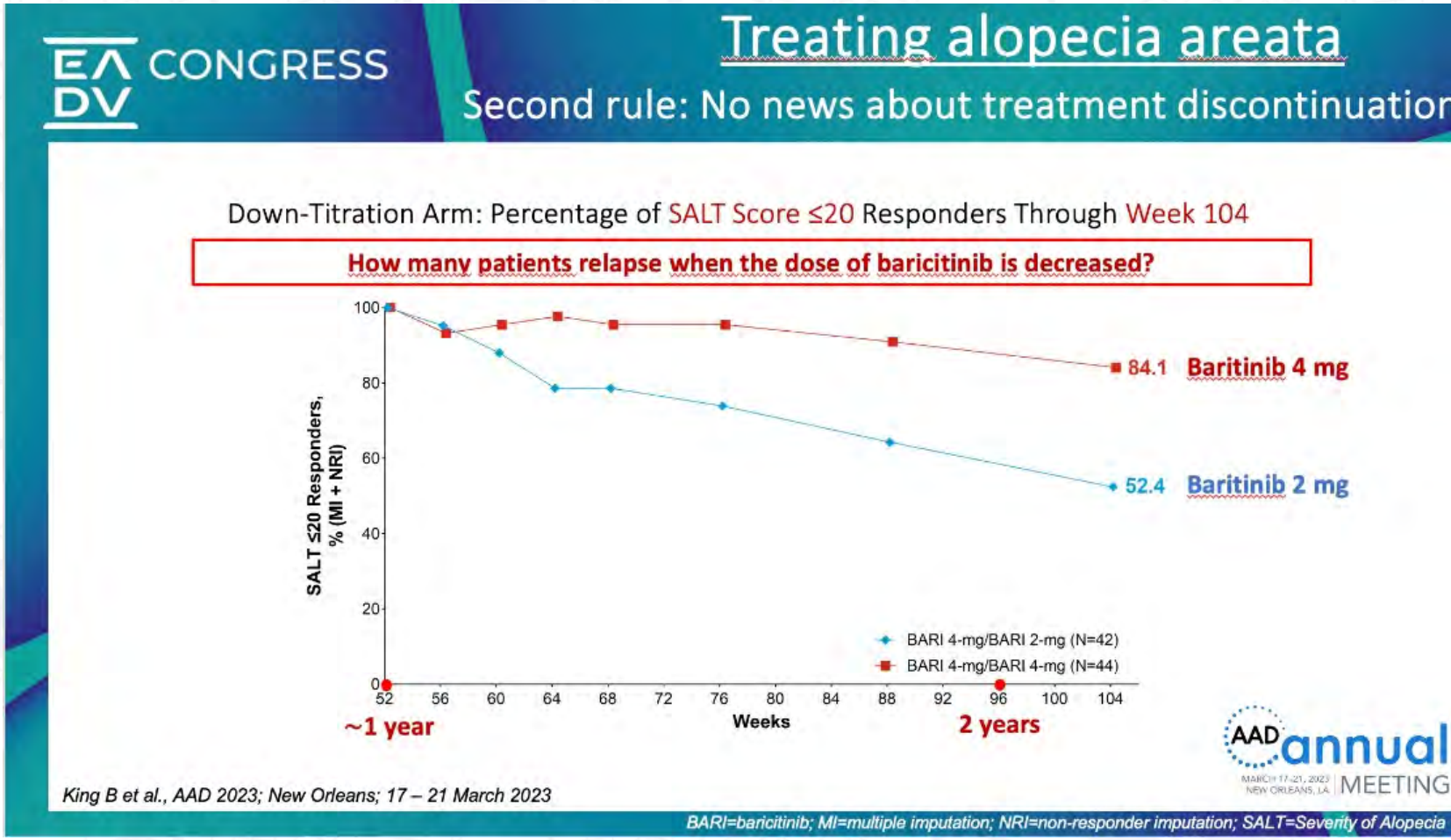
1- Dosis
2- Gravedad al inicio
3- Duración del episodio
4- Uso concomitante de minoxidil oral

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

AA- Tratamiento: inhibidores de JAK

DOSIS DE TRATAMIENTO

- Mantener dosis de tratamiento

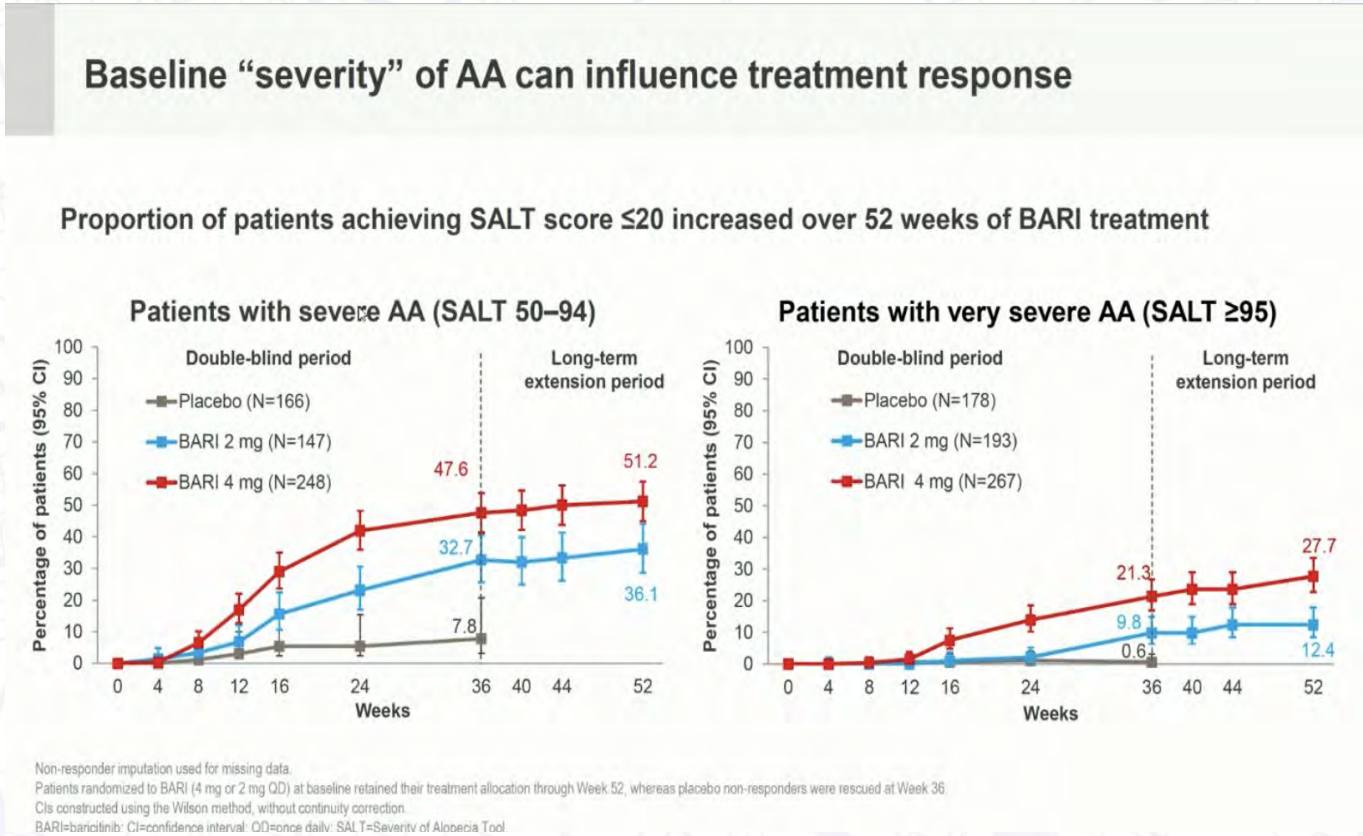


Understanding the complexities of Alopecia Areata. From clinical assessment to the changing therapeutic landscape. Dr David Saceda Corralo (Madrid)

AA- Tratamiento: inhibidores de JAK

GRAVEDAD

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

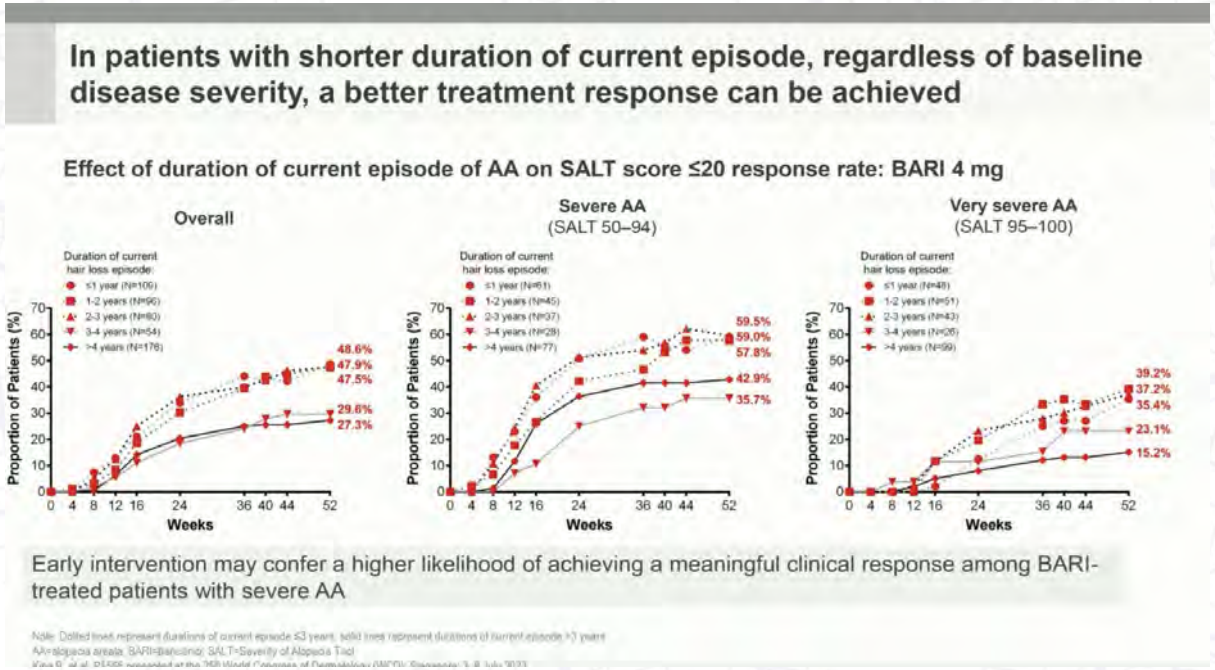


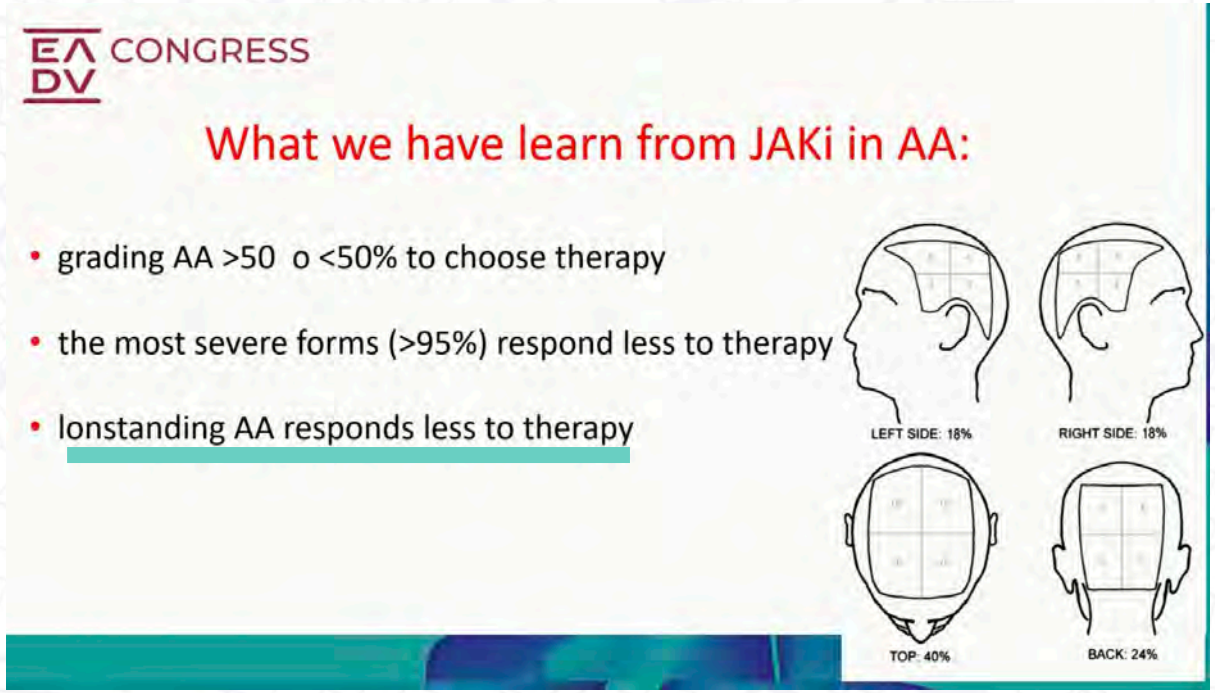
- JAK inhibitors in alopecia areata Prof. Bianca Maria Piraccini (Bologna, Italy)

AA- Tratamiento: inhibidores de JAK

DURACIÓN DEL EPISODIO

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





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AA- Tratamiento: inhibidores de JAK

USO CONCOMITANTE DE MINOXIDIL ORAL

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)

AA- Tratamiento: inhibidores de JAK

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

Adv Ther. 2023;40(4):1867-1883

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)** [a]

BASELINE CHARACTERISTICS	
Sex, n	
Male	58
Female	126
Age at baricitinib initiation, years	39 (19–67)[b]
Duration of disease, years	10
Age at first AA diagnosis, years	28 (2-65)
Comorbidities, n (%)	
Thyroid pathology	33 (17,9)
Atopic dermatitis	9 (0,04)
Other	51 (27)

BASELINE SEVERITY	
Type of AA, n	
Patches	21
Totalis	33
Universalis	130
AA-Skindex16, median	56
Eyelashes [ClinRO≥2[d]]	130 (70)
Eyebrows [ClinRO≥2[d]]	130 (70)
Median SALT pre-baricitinib (%)	94

PREVIOUS TREATMENTS (MOST COMMON)	
Topical corticosteroids	76
Systemic steroids	112
Ciclosporin A	38
Methotrexate	21

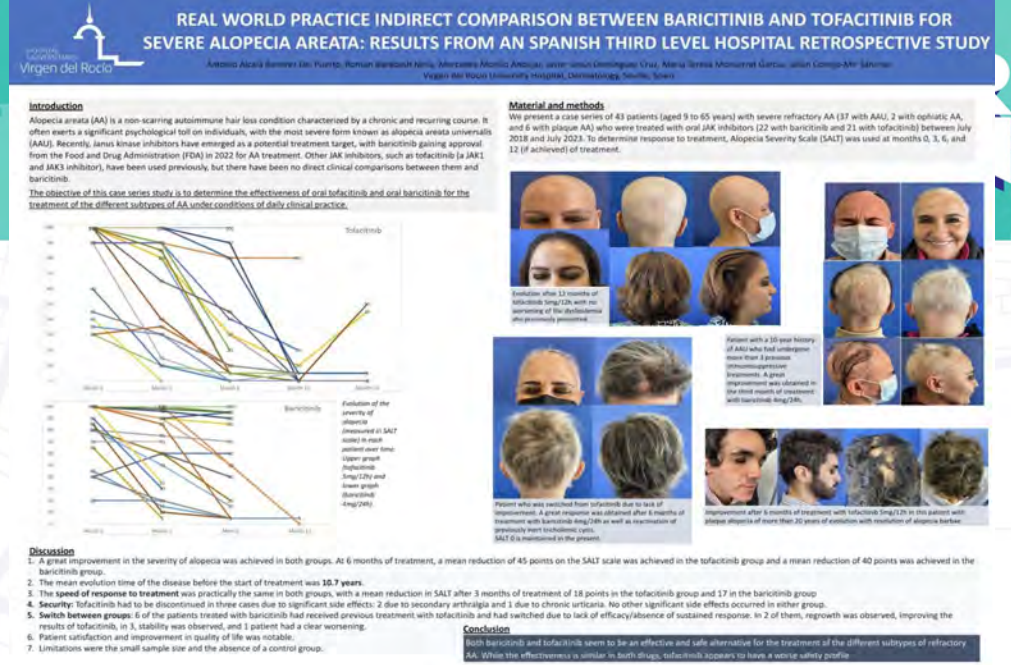
100% of patients exposed to ≥1 previous treatment

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

[a]At the time of the analysis. [b]Mean (minimum-maximum). [c]Total score for beard=100. [d]Significant gaps or no notable eyebrows/eyelash
AA=alopecia areata; AASI=Alopecia Areata 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

Scalp hair regrowth through Week 24

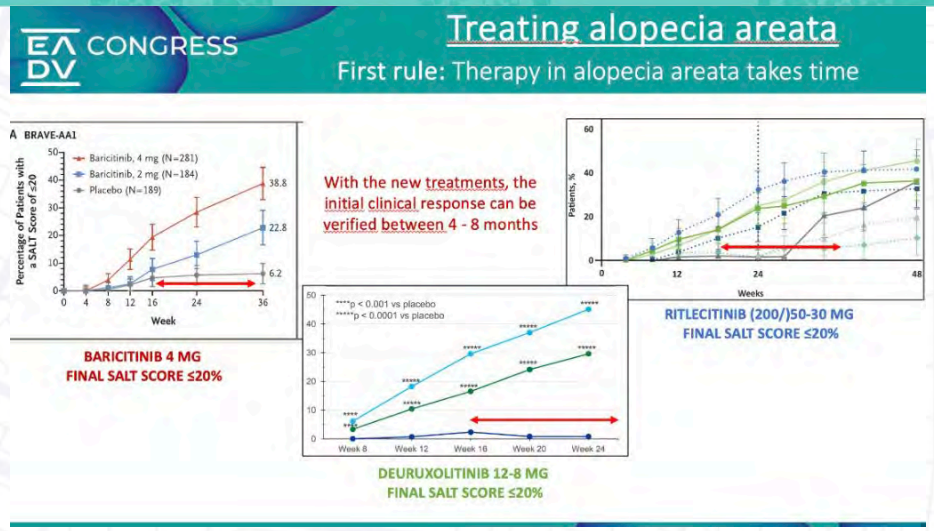


AA- Tratamiento: inhibidores de JAK

- **¿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



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AA- Tratamiento: inhibidores de JAK

- Patrones clínicos para evaluar respuesta

EADV CONGRESS

Therapeutic Efficacy in Different Hair Loss Profiles

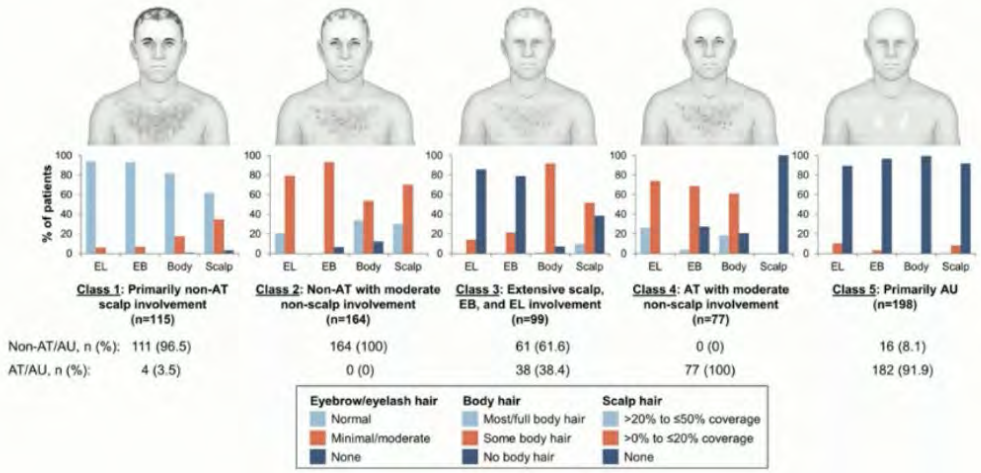


Fig. 1 Hair loss profiles identified from latent class analysis. AT, alopecia areata; AU, alopecia universalis; EB, eyebrow; EL, eyelash

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)

AA- Tratamiento: Dupilumab

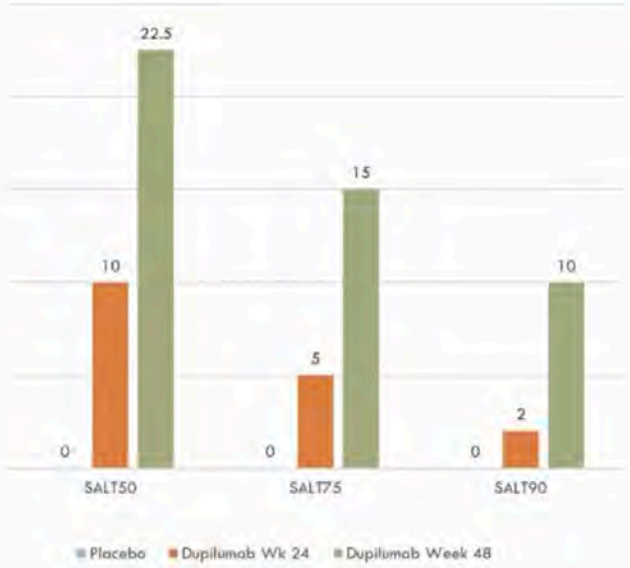
- Opción de tratamiento si **DA concomitante +/- Ig E > 200**

Dupilumab versus Placebo SALT changes at Week 24 and Week 48

- 60 patients; SALT ≥ 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

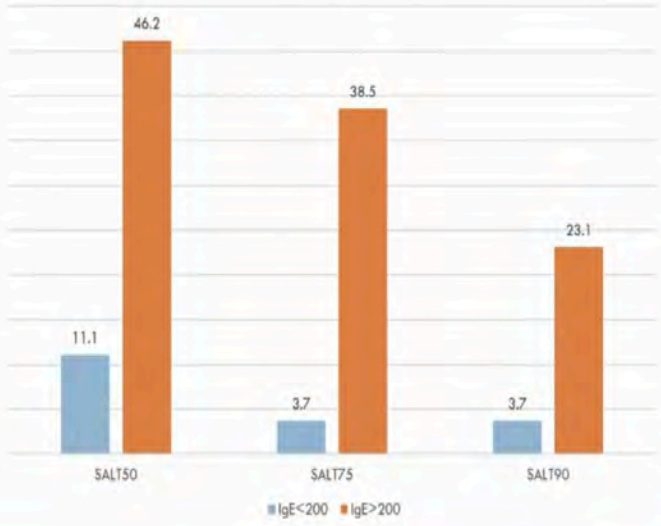

ORIGINAL ARTICLE

Phase 2a randomized clinical trial of dupilumab (anti-IL-4Rα) for alopecia areata patients



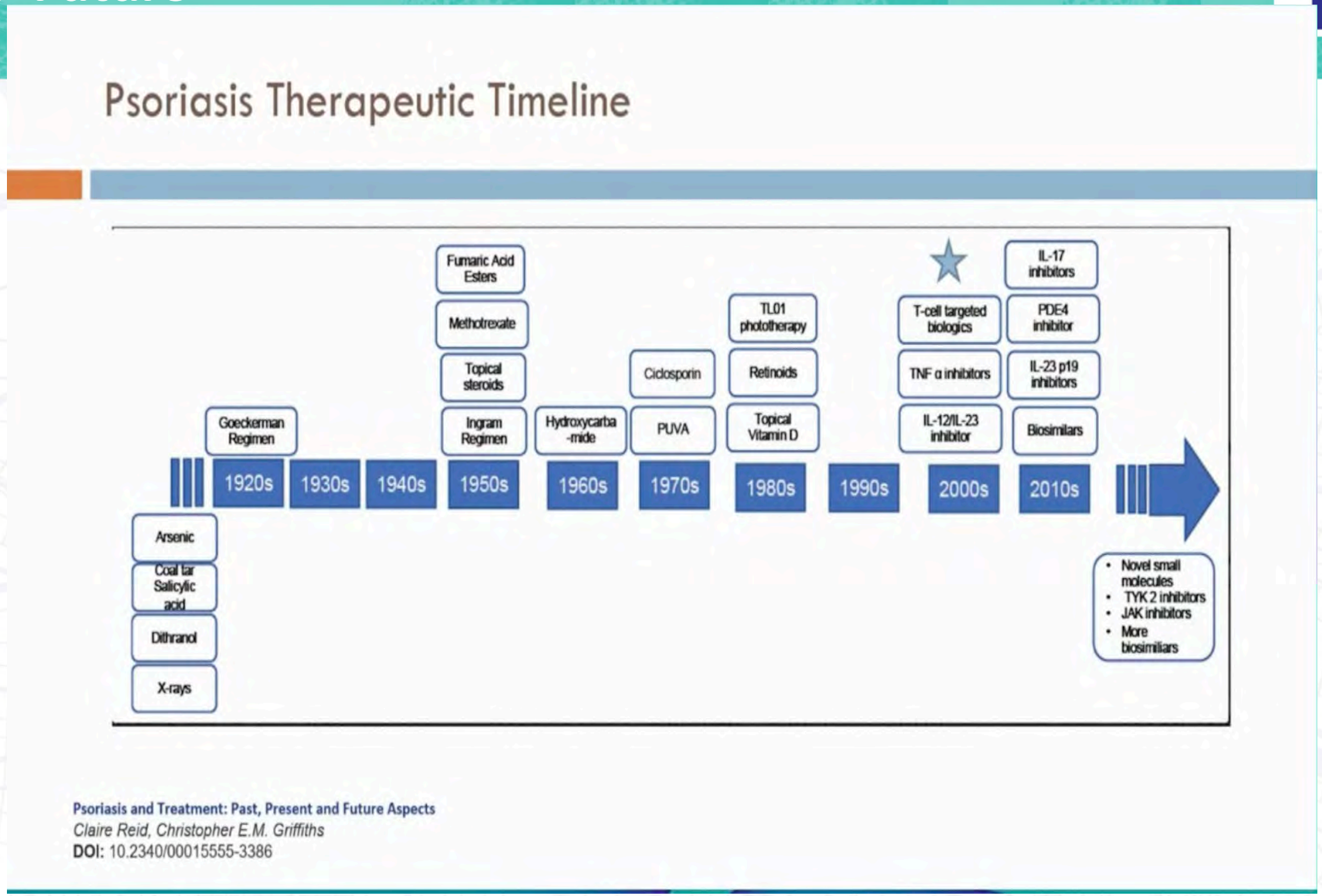
Dupilumab Response Rates Based on Baseline IgE levels

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)

AA- Futuro



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AA- Futuro

Small-molecule Inhibitors Are Emerging Additions to the Treatment Armamentarium in AA[1]

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

- 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)

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

- 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)

AGA- Efectividad de los tratamientos

- **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 [1 2], Mesbah Talukder [1], Greg Williams [3]

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

AGA- ¿Síndrome post finasteride?

- 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

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 [1], Frans M J Debruyne [2], Yakov Reisman [3]

Affiliations + expand

PMID: 37697052 DOI: 10.1038/s41443-023-00759-5

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

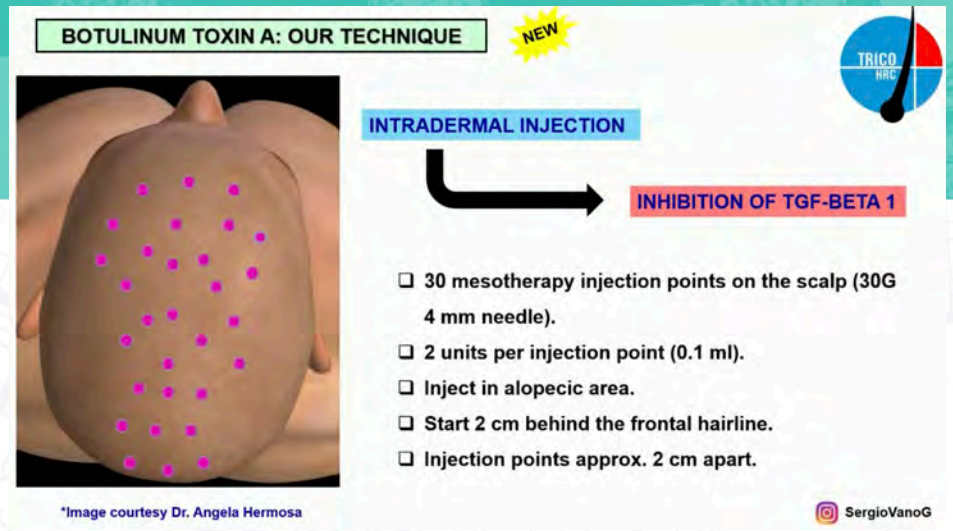
AGA- Novedades en el tratamiento

- **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

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

AGA- Novedades en el tratamiento



- **TOXINA BOTULÍNICA**

- 2 mecanismos:

1.- Inyección intradérmica (mesoterapia): disminuye la secreción de TGF-β

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)

AGA- Novedades en el tratamiento

- 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

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

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TRICOLOGÍA

PRURITO EN CUERO CABELLUDO

Prurito 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

Tips and tricks for scalp itch Dr. Petra Dikrama (Utrecht, Netherlands)

AEDV2023 Highlights

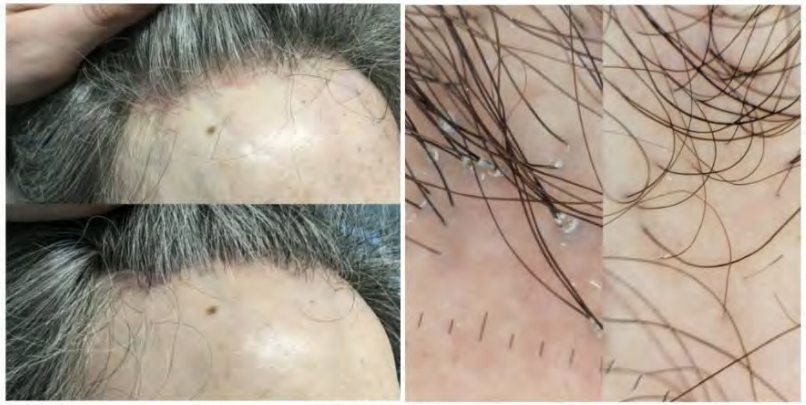
TRICOLOGÍA

ALOPECIAS CICATRICIALES

AFF- Manejo

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

Frontal Fibrosing Alopecia – Potential Therapeutic Approach



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 an

Frontal Fibrosing Alopecia – Supportive Measures

Surgery

- Hair transplantation or hair lowering surgery
- optimally after ≥ 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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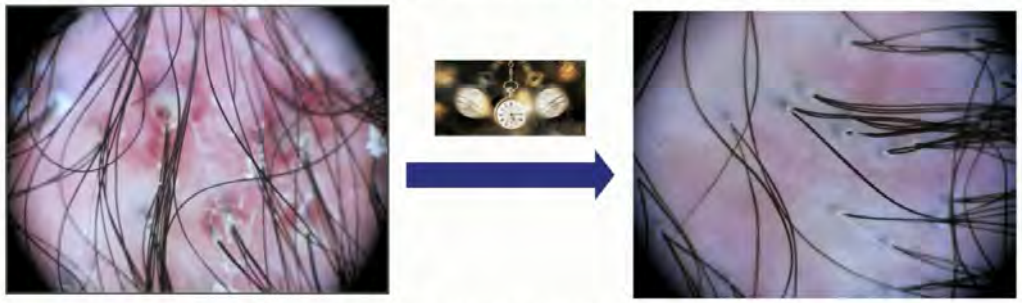
Management of frontal fibrosing alopecia Prof. Dr. Ulrike Blume-Peytavi (Berlin, Germany)

Foliculitis decalvante

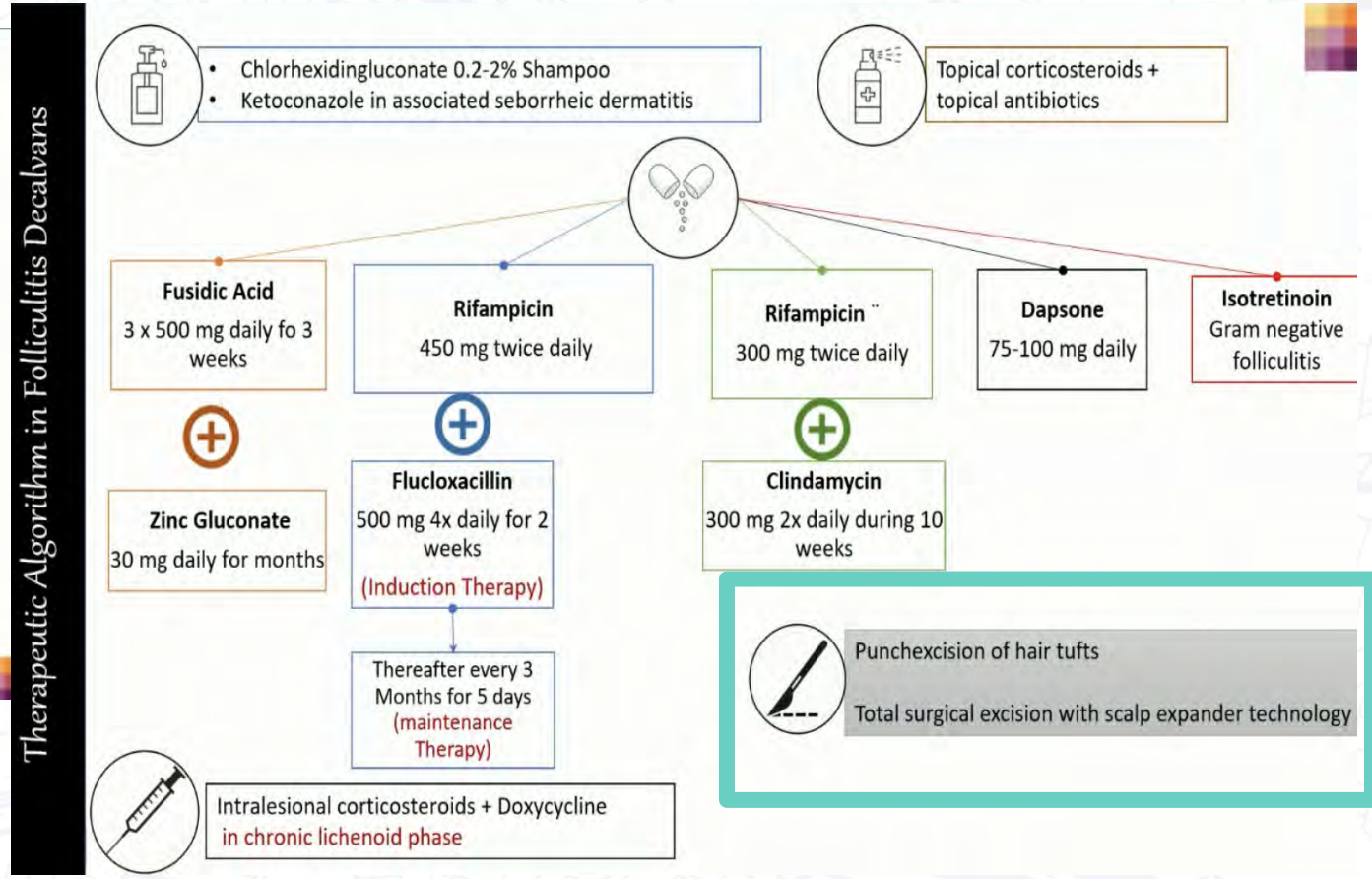
Comment: Folliculitis Decalvans Lichen Planopilaris Phenotypic Spectrum

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



Diagnostic and therapeutic algorithm in folliculitis decalvans Prof. Ralph Trüeb (Zürich-Wallisellen, Switzerland)

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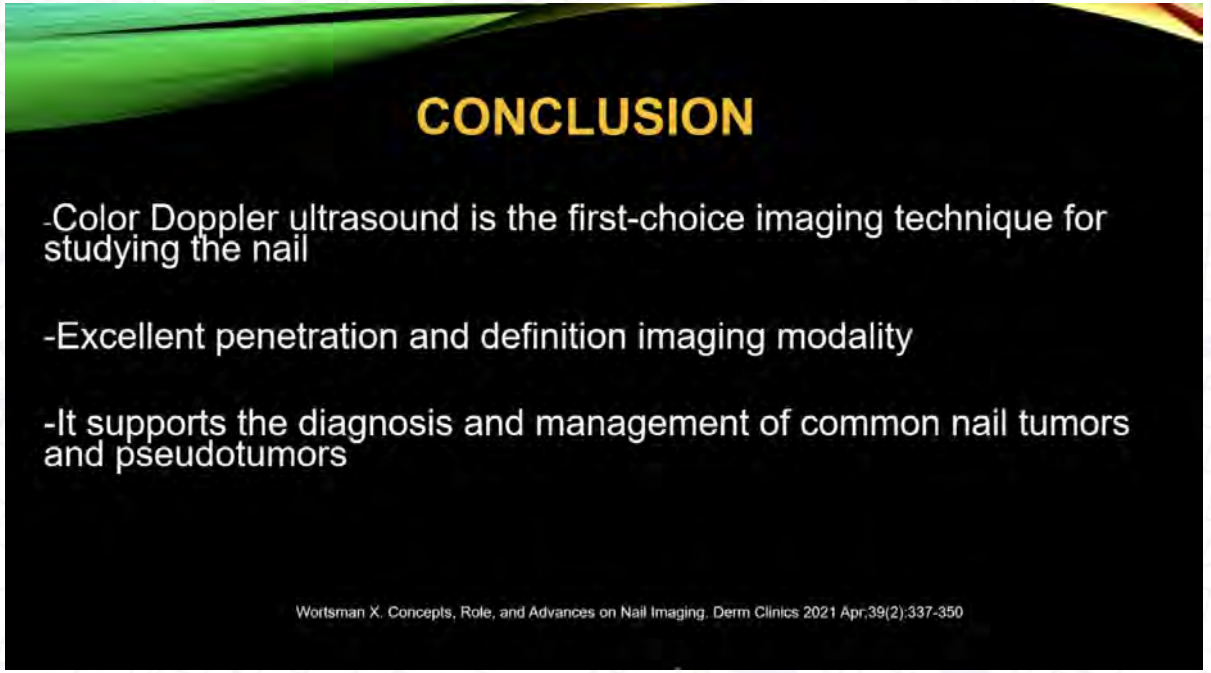
ONICOLOGÍA

Tumores benignos

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

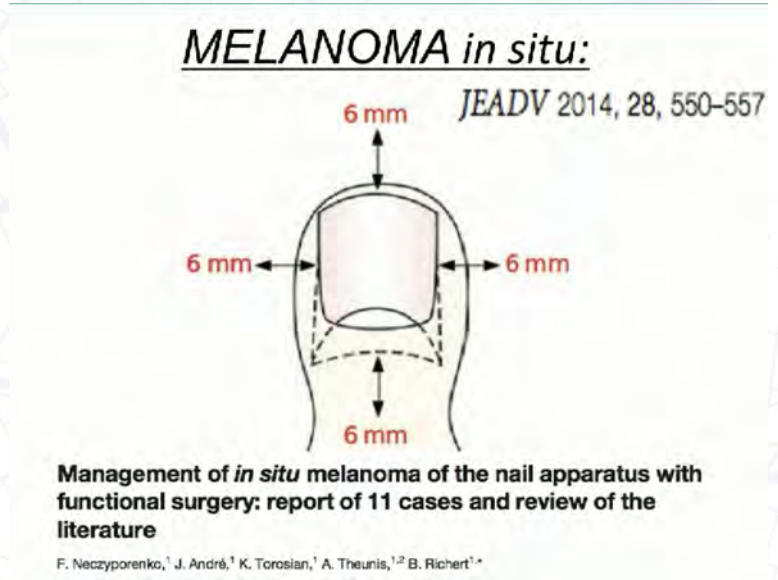
1.- Tumor glómico
2.- Onicomatricoma
3.- Onicopapiloma
4.- Fibromas
5.- Granuloma
6.- CEC
7.- Melanoma
8.- Quiste mixoide
9.- Mucocele
10- Exostosis subungueal



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

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

Inyecciones de CE en distrofias ungueales en población pediátrica

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NEW

Accepted: 26 February 2023

Pediatric Dermatology WILEY

Intralesional steroid injections for inflammatory nail dystrophies in the pediatric population

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

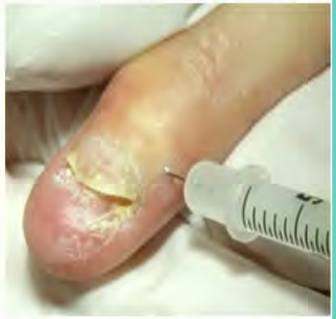
- 3/30 patients < 12 years old
- **Beware of dose-related local adverse events**
- Periungual skin of children thinner than adults
- *Max dose 0.2 ml per nail in <15yo ???*
- Local anesthetic injections are one of the most anxiety-inducing stimuli in the pediatric patients
- Use should be discouraged

Age range, years (mean)	
PSORIASIS (PSO) **NAIL LICHEN PLANUS (NLP)**	
N° affected and treated nails	
DRUG USED **Triamcinolone acetonide 2.5mg/m** **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 hypopigmentat** **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)

Onicoscopia

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

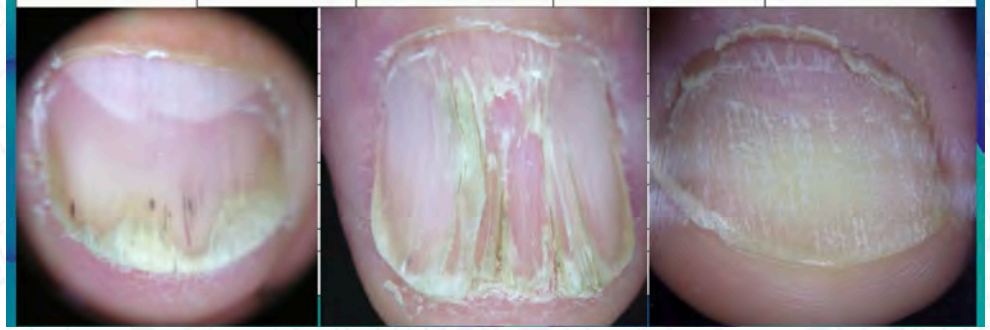
- Tips and tricks for onychoscopy Prof. Luc Thomas (Pierre bénite, France)

Onicoscopia

ONICOLISIS

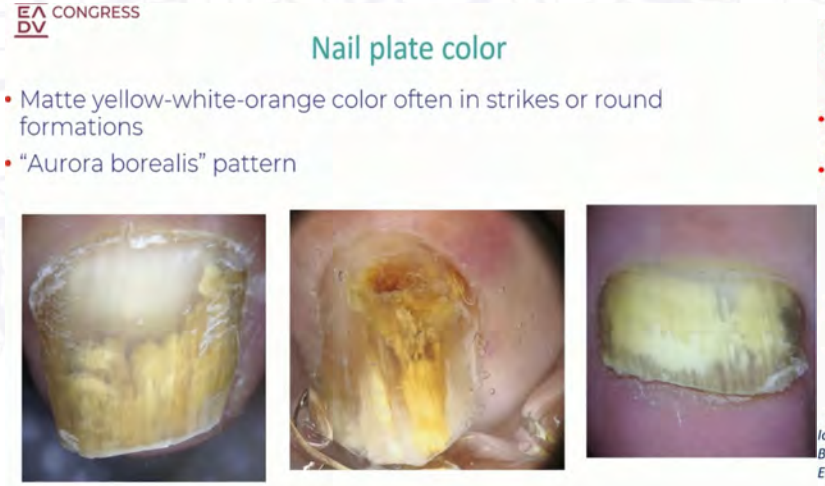
Dato más importante para DxD entre enfermedades inflamatorias y onicomicosis

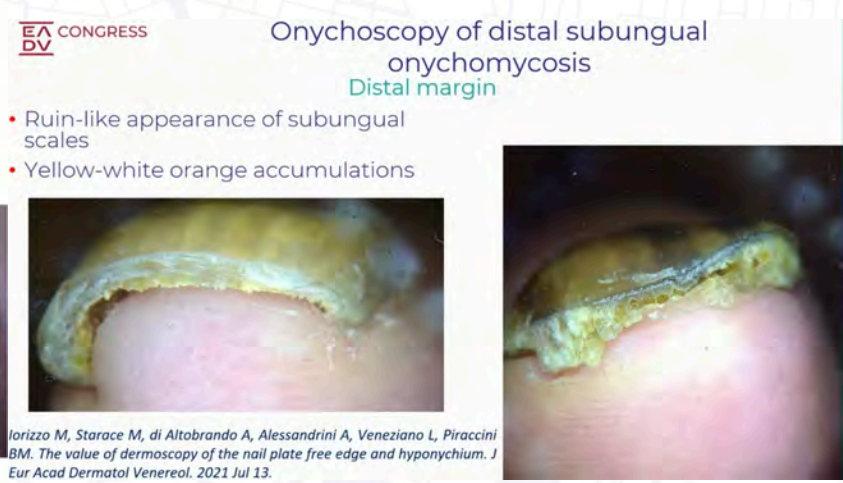
Part of the nail Unit	Aspects to look at	Psoriasis	Lichen planus	Trachyonychia
Nail plate	Surface (dry dermoscopy)	x	x	x



ONICOMICOSIS

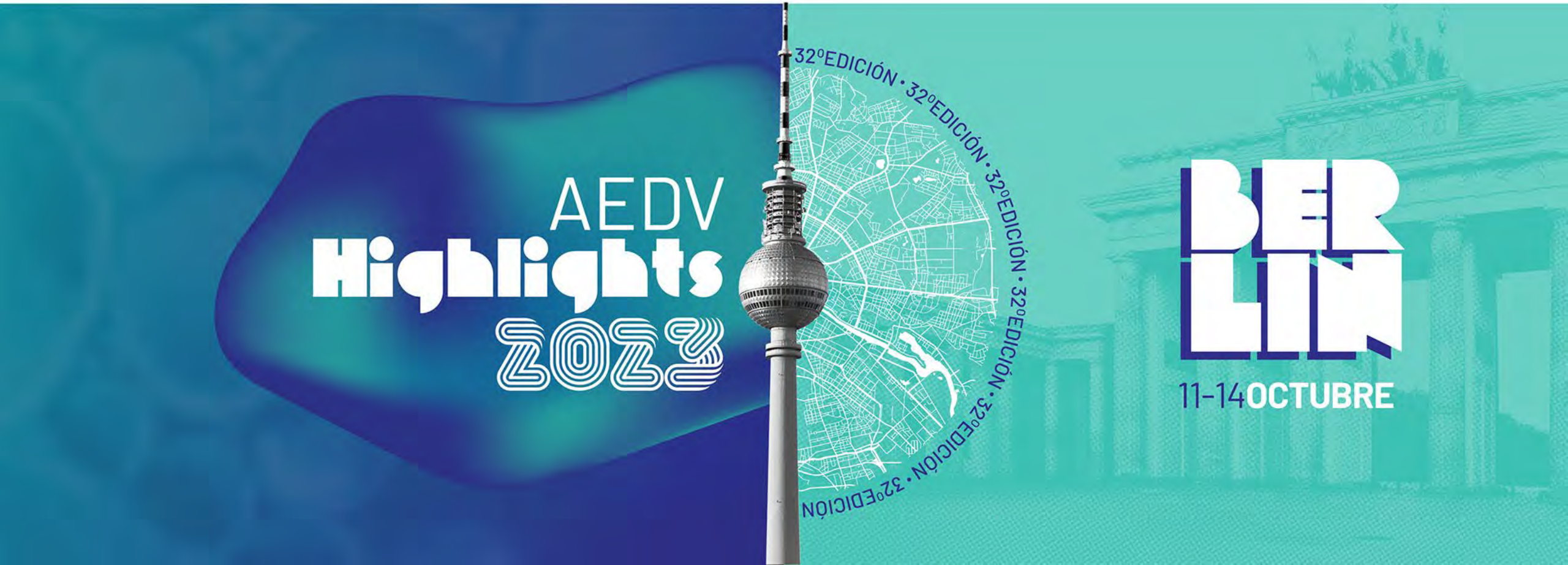
- Signo de la **AURORA BOREAL**
- Aspecto "**en RUINAS**" del margen distal





- 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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BERLÍN

11-14 OCTUBRE

Con el patrocinio de:

ucb

Iniciativa científica de:

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ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA