



Dubai Derma®

Skin Health is our Concern

24th Dubai World Dermatology and
Laser Conference & Exhibition

**Shaping the Future of
Dermatology & Aesthetics**

14 – 16 APRIL 2025

Dubai World Trade Centre

CONFERENCE PROGRAM

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His Highness Sheikh Mohamed bin Zayed Al Nahyan

President of the United Arab Emirates



His Highness Sheikh Mohammed bin Rashid Al Maktoum

Vice President and Prime Minister of the UAE and Ruler of Dubai

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Message from the Conference Chairman

Prof. Ibrahim Galadari

Chairman, Dubai Derma Conference,
Professor of Dermatology

As the Conference Chairman of Dubai Derma, I invite you to the 24th Dubai World Dermatology & Laser Conference & Exhibition held on April 14 - 16, 2025, at the Dubai World Trade Centre (DWTC).

Dubai is a world-renowned centre of business and commerce, a vibrant city in the United Arab Emirates— a country that is a member of the GCC states — and the gateway to the Middle East, North Africa and South Asia market with close proximity to Europe and the Far East. Known for its cosmopolitan spirit and international appeal, the city offers infinite enriching experiences set against a unique fusion of Middle Eastern and Western heritage and culture.

In line with its progressive outlook, Dubai has consistently embraced cutting-edge technologies in dermatology practice, ensuring it meets the community's constantly evolving needs and demands.

Dubai Derma is organized by several scientific bodies, mainly Arab Academy of Dermatology and Aesthetics (AADA), in cooperation with the GCC League of Dermatology and Pan-Arab League. AADA is proud to be an active member in the International League of Dermatology Society (ILDS). Therefore, our scientific program is accredited by all these mentioned scientific bodies.

Dubai Derma brings together eminent speakers from the region and around the globe, covering a broad spectrum of topics shaping the world of dermatology. The Dubai Derma scientific program features a four-day pre-conference course, conference program, workshops, and live demonstrations showcasing novel cosmetic and dermatological procedures.

Dubai Derma offers dermatology professionals from around the world a vibrant platform to stay up to date with the latest advancements, exchange expertise, and build valuable connections.

I look forward to welcoming you to Dubai Derma 2025 for what promises to be an inspiring and enriching experience for all.



Message from the Executive Chairman

H.E. Amb. Dr. Abdulsalam AlMadani

Roving Ambassador of the Parliamentary Assembly of the Mediterranean (PAM) for the GCC Region
Chairman of Dubai Derma

Welcome to the 24th edition of the Dubai World Dermatology and Laser Conference and Exhibition—Dubai Derma 2025. It is both an honor and a privilege to connect with you again as we convene to advance our collective knowledge and expertise in the field of dermatology and skincare.

Dubai Derma has established itself as a leading platform for professionals across the Middle East, North Africa, and the Indian Subcontinent. This year's event marks a significant milestone, expanding to an impressive **30,903 square meters** and featuring over **500** exhibiting companies. We proudly showcase **1,875 internationally** recognized brands specializing in aesthetics, anti-aging, dermo cosmetics, and laser technology.

The comprehensive scientific program brings together distinguished experts from around the world, offering an enriching schedule of **workshops, clinical case discussions, and poster presentations** designed to enhance clinical practice and inspire groundbreaking research. Covering a diverse range of topics, including **medical and pediatric dermatology, therapeutic advancements, surgical procedures, and cosmetic dermatology**, the program is structured to provide the latest insights and developments that will shape the future of patient care.

Beyond scientific discourse, Dubai Derma 2025 fosters a collaborative environment where professionals can engage in specialized courses, such as the **Pre-Conference Course on Dermatology and Dermatopathology** and the **AADA Fellowship Course on Dermatology, Aesthetics & Lasers**, offering in-depth expertise in critical subfields.

A key highlight of the event is the expansive exhibition, showcasing cutting-edge dermatological technologies and solutions from leading global brands across **Korea, France, Italy, Turkey, China**, and other countries. The event also features the **Derma Business Hub** and the **"Match and Meet" Program**, providing strategic networking opportunities that facilitate meaningful collaborations, business development, and industry growth.

At Dubai Derma 2025, we remain committed to advancing the standard of patient care, promoting scientific discovery, and shaping the future of dermatology. None of this would be possible without the unwavering support of our esteemed sponsors, partners, exhibitors, and speakers, whose contributions make this event an extraordinary success.

We look forward to welcoming you to Dubai Derma 2025, where we will continue to drive innovation, share knowledge, and shape the future of dermatology!

Amb. Dr. Abdulsalam AlMadani

**Roving Ambassador of the Parliamentary Assembly of the Mediterranean (PAM) for the GCC Region
Chairman of Dubai Derma**



Speech from the AADA President

Abdul Wahab Al Fouzan MD

Senior Consultant of Dermatology & Venereology

President of Arab Academy of Dermatology and Aesthetics

President of Scientific Council of Dermatology & Venereology in the Arab Board of Medical Specialization

Prof. Ibrahim Galadari

Chairman of the Dubai Derma Conference President of the GCC League of Dermatology, Secretary-General of the Arab Academy of Dermatology & Aesthetics

Your Excellency Amb. Dr. Abdulsalam AlMadani

Roving Ambassador of the Parliamentary Assembly of the Mediterranean (PAM) for the GCC Region, Chairman of Dubai Derma, Chairman of INDEX Conferences & Exhibitions

Ladies and gentlemen,
Distinguished guests,
Dear colleagues,

We gather today for the 24th edition of the Dubai World Dermatology and Laser Conference & Exhibition – Dubai Derma 2025.

Before I proceed with my speech, allow me to express our heartfelt appreciation to the Dubai Health Authority for its support of this conference, its commitment to public health, and its dedication to advancing medical science. Their encouragement of doctors, scientists, and scholars in the health and medical sciences has been instrumental in the rapid advancement of healthcare services.

As you all know, this annual medical conference focuses on dermatology, dermatologic surgery, and laser treatments. It brings together a distinguished group of consultants and specialists from the GCC, Arab countries, the United States, Europe, and Asia.

Ladies and gentlemen,

The presence of four lecture halls within a single conference is a major scientific achievement, providing all doctors—including trainees, specialists, and consultants—with an invaluable opportunity to participate, attend, and benefit from these high-quality lectures.

We must also highlight the importance of the workshops and training courses held prior to the conference, which serve as intensive training programs in various dermatology subspecialties such as dermatopathology, dermatologic surgery, aesthetic dermatology, and laser treatments.

Reviewing the scientific program of the conference, we observe a wealth of research papers and medical studies covering the latest advancements in laser treatments, particularly in dermatologic surgery, psoriasis treatment, acne, autoimmune blistering diseases, aging-related skin concerns, skin cancer, and allergic skin conditions. The conference also addresses pigmentation disorders, hair loss, alopecia, genetic skin diseases, and infectious skin conditions.

As for the training courses, they comprehensively cover specialized topics, including skin allergies, acne, pigmentation disorders, hair loss, genetic skin diseases, dermatopathology, dermatologic surgery, and psoriasis. Undoubtedly, workshops and training courses offer significant scientific and practical benefits for participating doctors.

Dear colleagues,

Despite the ease of sharing medical knowledge and treatment updates through modern electronic means, medical conferences like this remain crucial for direct engagement between doctors, facilitating the exchange of perspectives and discussions on the latest developments in our specialty. This conference holds immense value for all medical professionals, including recent graduates, postgraduate students, specialists, and consultants. The conference also offers training and educational programs that support their academic and professional careers, helping them prepare for board exams and earn Continuing Medical Education (CME) credits.

Ladies and gentlemen,

On behalf of the Arab Academy of Dermatology & Aesthetics, we welcome you to Dubai Derma 2025. The academy actively engages in various scientific activities, including collaborating on organizing Dubai Derma and Sharm Derma, as well as conducting training programs across the Arab world. We take great pride in the academy's recognized status, as it holds four seats in the International League of Dermatological Societies.

In conclusion, I extend my heartfelt congratulations to **Prof. Ibrahim Galadari, Chairman of the Dubai Derma Conference, President of the GCC League of Dermatology, Secretary-General of the Arab Academy of Dermatology & Aesthetics** and the organizing committees for their tremendous efforts in preparing this exceptional scientific program.

I would also like to take this opportunity to congratulate **His Excellency Amb. Dr. Abdulsalam AIMadani, Roving Ambassador of the Parliamentary Assembly of the Mediterranean (PAM) for the GCC Region, Chairman of INDEX Conferences & Exhibitions**, and his dedicated team for their outstanding organization and hard work.

Furthermore, I extend my appreciation to **Prof. Dr. Hassan Galadari, Head of the Scientific Committee of Dubai Derma, Associate Professor at the College of Medicine, UAE University, Secretary-General of the International Society of Dermatology, and President of the Asian Society for Dermatology**, whose efforts have been instrumental in shaping the scientific activities and the success of this conference.

Wishing everyone a fruitful experience and continued success.

Thank you,



Message from the Secretary General

Riad Mashal M.D

Vice President of the Arab Academy of Dermatology and Aesthetics

Dear colleagues and friends,

As the Vice President of AADA, I am honored to welcome you to the 24th edition of Dubai Derma, taking place from April 14-16, 2025, at the Dubai World Trade Centre.

Dubai Derma is the premier event in dermatology, skincare, and laser treatment in the Middle East, North Africa, and the Indian subcontinent. Over the past 24 years, Dubai Derma has continued to serve as a global and exceptional platform, providing the latest scientific information and innovations among leading dermatologists, researchers, and industry professionals from around the world.

The 24th Dubai Derma will be held simultaneously in four conference halls, where we will discuss the latest research shaping the future of dermatology. Topics of discussion will include clinical dermatology, cosmetic dermatology, new therapeutics, advances in dermatology technology, plastic surgery, clinical case presentations, and groundbreaking developments in the use of artificial intelligence in dermatology.

Dubai Derma is the perfect venue for knowledge exchange among dermatologists from the Gulf, Arab countries, and around the world.

I would like to congratulate my dear friends Dr. Ibrahim Galadari, President of the Dubai Derma Conference; Dr. Hassan Galadari, President of the WCD 2031 Dubai Bidding Committee; Dr. Abdulsalam Almadani, Roving Ambassador of the Parliamentary Assembly of the Mediterranean (PAM) for the GCC Region, Chairman of Dubai Derma and Dr. Abdul Wahab Al Fouzan, President of the Arab Academy of Dermatology and Aesthetics, for their great efforts in organizing and creating this unique scientific and social program.

I want to express my gratitude and appreciation to all esteemed officials in the Government of Dubai, led by His Highness Sheikh Mohammed bin Rashid, the visionary and wise leader, for his commitment to advancing and developing healthcare services. His strong dedication to encouraging the organization of international medical conferences, exhibitions, seminars, and workshops in Dubai has positioned the city as a globally advanced scientific hub.

I extend my congratulations to Dr. Ibrahim Galadari and Dr. Hassan Galadari for their decision to nominate Dubai to host the 27th Congress of the WCD of the ILDS in 2031. This will be the first time the WCD is held in the Gulf region, the Middle East, and Africa. We will work together to achieve this historic milestone for Dubai and the Middle East. We hope that all our friends, colleagues, and leaders of dermatology associations and societies around the world will support this well-deserved nomination for Dubai.

We look forward to your active participation, and we are confident that Dubai Derma 2025 will be a great success.

Welcome, and I wish you a very pleasant stay in Dubai—the jewel of the Gulf—and a memorable meeting.

SCIENTIFIC COMMITTEE

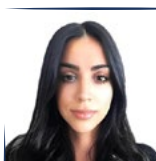


Hassan Galadari, MD
Head of Scientific Committee,
Dubai Derma

MEMBERS



Abdul Wahab Al Fouzan, MD
Kuwait



Alia Galadari MD
United Arab Emirates



Ahmed Al Waily, MD
Oman



Ahmed Al Dhaheer, MD
United Arab Emirates



Ahmed Al Qahtani, MD
United Arab Emirates



Ali Singel, MD
United Arab Emirates



Alia Al Mualla, MD
United Arab Emirates



Amani Abdulla Alfalasi, MD
United Arab Emirates



Ameen Alawadhi, MD
Bahrain

MEMBERS



Andre Mattos, MD
Brazil



Assem Farag, MD
Egypt



Dhaifallah Alghowairi, MD
KSA



Fahad Al Ajmi, MD
KSA



Minal Patwardhan, MD
United Arab Emirates



Mohamed ElBanhawy MD
Egypt



Nawaf Al-Mutairi, MD
Kuwait



Qassim Ahli, MD
United Arab Emirates



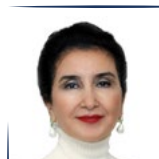
Riad Mashal, MD
Palestine



Salah Al Rubaie, MD
United Arab Emirates



Shaden Abdelhadi, MD
United Arab Emirates



Simin Ahari MD
United Arab Emirates



Yusra Al Ali, MD
United Arab Emirates



Zbigniew Ruszczak, MD
United Arab Emirates

ORGANISING COMMITTEE



His Excellency Amb. Dr. Abdulsalam AlMadani
Roving Ambassador of the Parliamentary Assembly of the
Mediterranean (PAM) for the GCC Region, Chairman of
Dubai Derma



Eng. Anas AlMadani
Vice Chairman & Group CEO
INDEX Holding



Tariq AlMadani
Chief Executive Officer,
INDEX Conferences & Exhibitions and
INDEX Design



Wissam Ezzeddine
Deputy Director
INDEX Conferences & Exhibitions



Dr. Matios Tcholakian
Senior Business Development Manager
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Vaneza Liaguno
Senior Project Manager
INDEX Conferences & Exhibitions



Shahmeer Malik
Event Coordinator
INDEX Conferences & Exhibitions



Varsha Satish
Event Coordinator
INDEX Conferences & Exhibitions

ACCREDITATION

24th Edition of Dubai World Dermatology and Laser Conference Dubai Derma 2025

Has been awarded by the following CME Accreditation



College of Medicine and Health Sciences
United Arab Emirates University

Accreditation Number: **202502-3**

Total CME Credit Hours: **18**

(Based on Attendance)

Dear Participant,

Dubai Derma will continue its endeavor to provide quality Continuing Medical Education programs through hosting high caliber lectures and partnering with prestigious scientific organisation such as College of Medicine and Health Sciences, United Arab Emirates University.

Dubai Derma aims to raise the profile of the conference by providing a new automated delegate registration system, which helps in calculating the credit hours earned during your participation at the conference.

How does the system work?

- ✎ Every time you enter or exit the conference hall, you will be required to scan your badge at the gateway located at the entrance of the conference hall. Failure to scanning your badge will result in non-calculation of the credit hours.
- ✎ The System will automatically calculate the time spent during the session based on your entry and exit

How much time do I need to spend during a session?

- ✎ To earn the credit hours, you will need to attend a minimum of 80% of the conference sessions. 24th Dubai World Dermatology & Laser Conference has been awarded by the following CME Accreditation College of Medicine and Health Sciences United Arab Emirates University

Accreditation Number: **202502-3**

Total CME Credit Hours: **18**

(Based on Attendance)

Accreditation

When can I collect my Certificate of Attendance?

- ✎ Certificate of Attendance will be given on the last day of the event, Visit Dubai Derma website (dubaiderma.com) and click on the download certificate button for collection of the certificate.

When can I collect my Continuing Medical Education certificate?

- ✎ For the Continuing Medical Education Certificate, the system will calculate the total number of credit hours you earned based on your overall attendance at the conference.
- ✎ The Certificate can be viewed and printed anytime starting from 23 April 2025. .

How can I collect my Continuing Education certificate?

- ✎ Visit Dubai Derma website (dubaiderma.com) and click on the Accreditation button for collection of the certificate. This service will be available from 23 April 2025 and step by step instructions can be found on the website.

How much credit hours will I earn?

- ✎ Dubai Derma Conference offers continuing medical education program, the maximum credit hours a participant can earn by attending all the sessions are 18 CME Credit Hours Awarded by College of Medicine and Health Sciences, United Arab Emirates University.

Why an Automated Registration System?

- ✎ The system will give an accurate count of the credits earned without human error.
- ✎ The system will give further credibility to the conference and the Accreditation bodies.
- ✎ The system provides a fair system for recording the right number of credits earned.

Frequently Asked Questions

Q: Do I need to scan my badge every time I enter the conference hall?

A: Yes, you will be required to scan your badge when you enter and exit the hall. This will allow the system to calculate the designated hours.

Q: If I need to attend to a phone call, what do I do?

A: You will need to scan your badge when you exit and scan it again when you enter. If you need to attend to a phone call or any emergencies, please keep an eye on the time as you will need to spend a minimum of 80% of the time you spend at the session.

Q: What do I do in case I need to verify my attendance?

A: Kindly call +971 520 8888 or email us at registration@dubaiderma.com

CME Credit Hours calculated based on attendance

CME Credit Hours can be only obtained through dubaiderma.com from **23 April 2025**

CONFERENCE SPEAKERS



A. Selvam MD
Senior Consultant Dermatologist



Abeer Elkholy MD
Professor of Dermatology



Aditya Suresh Mahajan MD
Consultant Dermatologist



Afsha Hasanfatta MD
Specialist Dermatologist



Ahmad Alsaed MD
Consultant Dermatologist



Ahmed Abdul-Aziz MD
Consultant Dermatologist / Chairman
of Higher Diploma of Dermatology



Ahmed Nagaty MD
Dermatology Specialist



Ahmed El Azab MD
Dermatologist



Ala Kamal Hassan Ahmed MD
Dermatologist



Alena Soha MD
PhD student



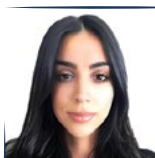
Ali Alamri MD
Consultant



Ali Al Doori MD
Resident



Ali Fadhil Al Saadi MD
Director of Baghdad Dermatology &
Venereology Center



Alia Galadari MD
Consultant Dermatologist



Alia Al Qassimi MD
Aesthetic & Functional
Gynecologist



Alina Fratila MD
Dermatologic Surgeon



Aliya Akhtar MD
Assistant Professor



**Amanda Sanduni
Danthanarayana MD**
Senior Registrar in Dermatology



Amany Nassar MD
Professor of Dermatology &
Consultant



Ameen Alawadhi MD
Assistant Professor

CONFERENCE SPEAKERS



Ameerah Khan MD
Resident Dermatologist



Amel Elsewh MD
Consultant Dermatologist



Amin Sharobime MD
Associate Professor of Dermatology



Amina Iqbal MD
Assistant Professor



Amira Elsayed Bayumi MD
Aesthetic Dermatology Specialist



Aml Khairy MD
Dermatology Specialist



Amro Mohamed Mahmoud MD
Dermatology Specialist



Andrea Paradisi MD
Dermatologist



Andrzej Jaworek MD
Associate Professor



Anifat Balogun MD
Cosmetic Physician Surgeon



Anne Gaelle
Pharmacist



Annunziata Dattola MD
Associate Professor



Anood Al-issa MD
Dermatologist and Venereologist



Arnaud Lambert MD
Physician, Head of Clinic



Asem Aldebei MD
Senior specialist in dermatology at the
Jordanian Royal Medical Services



Ashraf Mohamed Reda MD
Consultant Dermatologist Adjunct
Clinical Associate Professor of
Dermatology



Assem Farag MD
Professor of Dermatology and
Venerology



Ayesha Almemari MD
Consultant Emergency Medicine and
Critical Care



Ayesha Al Shawab MD
Resident



Ayman Al Naeem MD
Head of Dermatology Department

CONFERENCE SPEAKERS



Ayman S. Al Qa'qa' MD
President of Jordanian Society of
Dermatology & Venereology (JSDV)



Azzam AlKhalifah MD
Associate Professor of Dermatology



Babar Rao MD
Professor of Dermatology and
Dermatopathology



Bahareh Arbabi MD
Gynecologist



Bejoy Peethambaram MD
Consultant Dermatologist



Bhumesh Katakam MD
Professor & Honorary
Secretary General - IADVL



Bhuvanashree Nagarajan MD
Consultant Dermatologist



Byong Seung Cho MD
CEO / CTO



Camila Scharf MD
Research Fellow



Camilla Chello MD
Research Fellow



Caterina Longo MD
Full professor and Chair of
Department CHIMOMO



**Chiranjaya Bandara
Ekanayake MD**
Acting Consultant Dermatologist



Chytra Anand MD
Senior Consultant Aesthetic
Dermatologist



Claudia McGloin
Nurse Practitioner



Dalia Halwag MD
Consultant and Lecturer of
Dermatology



Danya Al Awadhi MD
Resident



Daudi R. Mavura MD
Principal



Diah Puspitosari MD
Research team of cosmetic product in vivo
testing at Dermatest Lab & lecturer Assistant Vice
President of International Affairs & Telemedicine



Diana Sarkis MD
Resident Dermatologist



Dimitre Dimitrov MD
Adjunct Clinical Associated Professor
Dermatology, Psychodermatology

CONFERENCE SPEAKERS



Dominique du Crest
Director



Dooha Alhamdi MD
Assistant Professor of Dermatology
Head of Department of Dermatology
Alsader Teaching Hospital



Elena Rossi MD
Specialist in dermatology and
venereology



Elena Campione MD
Associate Professor, Dermatology Unit
of Rome Tor Vergata



Eman Sanad MD
Professor of Dermatology and
Andrology, Faculty of Medicine



Eman Allam MD
Assistant Professor



Emanuele Bartoletti MD
Physician, Surgeon



Enas Attia MD
Consultant Dermatologist



Esraa Elhawary MD
Assistant Professor



Fathia Adam MD
Dermatologist



Flyura Khadeeva MD
Cosmetologist, Dermatologist



Fouz Hassan MD
Professor and Head of the Department
of Dermatology and sexually
transmitted diseases



Gamal Elduweb MD
Professor of Dermatology, Dermatology
Department and Faculty of Medicine



Georges Limbert MD
Professor of Biophysical Engineering |
Private Scientific Consultant



Ghida EL-Banna MD
Resident and Post-Doctorate
Researcher



Giovanni Pellacani MD
Chairman of Dermatology Clinic



Giselle PradoWright MD
Medical Director



H A S J PERERA MD
Consultant Dermatologist



H. Eray Copcu MD
Professor



Haider Al-Sabak MD
Head of Dermatology & Laser
Department / Faculty of Medicine

CONFERENCE SPEAKERS



Hajar Almansoori MD
Medical Intern



Hanny Nilasari MD
President of INSDV



Harb Al-Omari MD
Consultant Dermatology,
Andrology, & STDs



Hassan Galadari MD
Head of Scientific Committee



Henry Tanojo MD
Dermatologist



Hesham Zaher MD
Emeritus Professor



Hoda Moneib MD
Professor of
Dermatology & Consultant



Huda AlQudah MD
Consultant dermatologist



Hussein Abdel Dayem MD
Consultant Dermatologist



Ibrahim Almukahhal MD
Professor of Dermatology & Vice
Secretary General of Pan Arab League
of Dermatologists



Ilaria Proietti MD
Dermatologist



Irada Huseynova MD
Plastic Surgeon



Irina Seraya MD
Head of Scientific Department



Isam Oumeish MD
Consultant Dermatologist,
Venereologist and Laser



Jacek C Szepietowski MD
Professor



Jagdish Sakhiya MD
Consultant Dermatologist



Jaheersha Pakran MD
Consultant Dermatologist



Janani Nandagopal MD
Dermatology GP and Aesthetic
Physician



Jawaher Alnaqbi MD
Consultant Dermatologist &
Venereologist



Jean-Philippe Donati MD
Anti-Ageing and
Cosmetic Physician

CONFERENCE SPEAKERS



Julia Welzel MD

Director of the Department of Dermatology, President of the German Society of Dermatology



Kalsoom Jawaidd MD

Assistant Professor Dermatology



Karim Gabr MD

Director Dermatology at Highrheine Clinic



Kashif Ali MD

Associate Professor



Kayane Mheidly MD

Country Consultant Haematology/BMT



Khalid Siddiq MD

Consultant Dermatologist | Public Health Specialist | Educator



Khalid Ahmed MD

Medical Lecturer



Khalid Gharib MD

Professor of Dermatology and Laser and Egypt Board Member of DMC



Khalifa E. Sharquie MD

Emeritus Professor



Khalil Alhamdi MD

Head of Department of Dermatology Basra Medical College Chair, Training Committee, Arab Board of Dermatology



Kinnor Das MD

Consultant Dermatologist



Krenar Dobroschi MD

Prof. Lecturer, Founder and Owner



Kyuho Yi MD

Director



Laila Alhubaishi MD

Consultant Obstetrics and Gynecology-Urogynecologist.



Latif Abid

Co-Founder & President



Lenah Almarzouk MD

Dermatology Resident



Lilia Correa - Selm MD

Associate Professor of Dermatology / Vice Chair of Dermatology



Loredana Cavalieri MD

Plastic Surgeon



Luca Ambrosio MD

Board Certified Dermatologist, Staff Physician



M. Jafferany MD

Professor

CONFERENCE SPEAKERS



M. Rabia Katta MD
Vice President of the Syrian Arab
Society of Dermatology



Maha Assem Fahmy MD
Dermatology specialist



Mahira Hamdy El Sayed MD
Professor of Dermatology



Mahmood Mohamed Ali MD
Specialist Dermatologist



Mahmoud Abdallah MD
Professor of Dermatology and
Venereology



Mahra AlShehhi MD
Medical Intern



Malcolm Pinto MD
Professor



Mamatha Pappala MD
Professor of Dermatology



Manabu Fujimoto MD
Professor and Chair - Department of
Dermatology



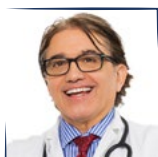
Maria Cristina A. Puyat MD
Medical Director / President



Marina Poltavtseva
Aesthetic Medical Therapist



Marina Queiroz MD
Cosmetic and General Dermatologist



Marius-Anton Ionescu MD
Associate Professor of Dermatology



Marwa Abdallah MD
Professor & Head of the Dermatology,
Venereology & Andrology Department



Marwa Saied MD
Dermatologist



Meelad Habib MD
Dermatologist



Meghna Sharma MD
Consultant & Director



Mehtab Khawajakhail MD
Resident Dermatology



Michael Waul MD
Assistant Professor



Michelle Rodrigues MD
Director, Associate Professor, Senior
Dermatology Consultant

CONFERENCE SPEAKERS



Minal Patwardhan Andrade MD
Dermatologist



Mitaxari M Hugar MD
Lecturer



Mohamad Rashed MD
Dermatology Specialist



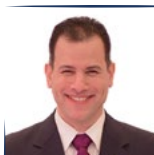
Mohamed Elbanhawey MD
Senior Consultant in Dermatology,
STDs, Andrology and Sexual Medicine



Mohamed Abozeid MD
Associate Professor of Plastic Surgery



Mohamed Elazab MD
Retired Dermatologist



Mohamed El-Khalawany MD
Country Professor of Dermatology &
Dermatopathology



Mohamed Hazem Abdelazeem MD
Professor of Plastic &
Craniomaxillofacial surgery



Mohamed Madbouly MD
Consultant Dermatology



Mohamed Hasan MD
Dermatology Specialist



Mohamed Moustafa Fawzy MD
Assistant Professor of Dermatology



Mohammed Al Abadie MD
Clinical Director & Consultant
Dermatologist



Mohammed Nasser Al-Abdulla MD
Specialist



Monika Kavkova MD
Founder and Scientific Board
Director – Aesthetic Dialogue



**Monira Abd El Fatah El Wasief
Hassan MD**
Consultant



Monisha Madhumita MD
Assistant Professor / Founder



Muhsin A. Al-Dhalimi MD
Director of the Iraqi and Arab Board
Training Center in Najaf - Iraq



Muna Almurrawi MD
Consultant Dermatologist and Vice
President of Emirates Dermatology
Society



Nada Alaaeddine MD
Head of Health Sciences at MUBS



Nadia Yousri MD
OB&GYN Surgeon & Aesthetic
Gynecology & Sexual Medicine
Specialist

CONFERENCE SPEAKERS



Nadia Abdelwadood MD
Consultant of Dermatology and
Venereology



Nawaf Almutairi MD
Professor of Dermatology, Department
of Medicine



Neha Gupta MD
Founder, Director and Dermatologist



Nemat Alsaghir MD
Assistant professor



Nevine Dorgham MD
Associate Professor of Dermatology



Nidal Obaidat MD
Consultant in Dermatology &
dermatopathology



Nino Kobaladze MD
Chief Physician of the aesthetic
medicine clinic «MedClinic»,



Nisha Menon MD
Aesthetic Doctor



Noha Salah Khalil MD
Specialist of Obs & Gyn



Noor Almaani MD
Head of the Dermatology
Department - Jordan University
Hospital



Noura Lebbar MD
Medical Doctor, Cosmetic Surgeon



Pablo Naranjo MD
Head of Department



Palaniappan Vijayasankar MD
Assistant Professor - Department of
Dermatology, Venereology, and Leprosy



Peter Ch'ng Wee Beng MD
Consultant Dermatologist



Priyanka Hemrajani MD
Assistant Professor



Rachita Talwar MD
Specialist Dermatologist



Raghdha Al Maashari MD
Dermatology consultant



Ramanjit Singh MD
Director at DERMCO5 skin clinic &
Senior Consultant



Ramesh Bhat MD
Head of Research and Professor of
Dermatology



Rashmi Singh MD
Associate Professor, Dept of DVL.

CONFERENCE SPEAKERS



Rashmi Shetty MD
Founder and Chief Consultant



Raul Cabrera Moraga MD
Professor and Head of Dermatology
Post-Graduate Program



Raza Hassan MD
Designated SR Dermatology



Reem Fawaz Khbbaza MD
Resident



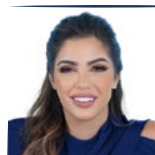
Rehab Aly Hegazy MD
Professor of Dermatology, Faculty of
Medicine, Cairo University



Reyam Al Malki MD
Dermatology Specialist



Riad Maashal MD
Director of Dermatology Department



Rita Aoun
Clinical Dietitian and Wellness
Consultant



Romano Almahfoud MD
Doctor



Roxanna Sadoughifar MD
Professor of Dermatology Department



Roya Zarmehr Zamin MD
International Aesthetic and
Ultrasound Trainer



Ruhi Haqqani MD
Specialist Dermatologist



Rutsnei Junior MD
Specialist Dermatologist



Saelah Batool MD
Associate Professor



Safa Al Saadi MD
Specialist Dermatologist



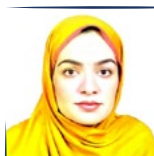
Sahar Ghannam MD
Consultant of Dermatology,
Venereology, Cosmetic Dermatology
and Laser and Associate Professor



Saima Ilyas MD
Assistant Professor



Salah Al Rubaie MD
Consultant Dermatologist



Salma Hameed MD
Dermatology Resident Trainee



Samar Khalil MD
Dermatologist in Dubai & Lebanon

CONFERENCE SPEAKERS



Sami Raza MD
Internal Medicine Resident



Sandra Schuh MD
Attending Physician, Specialist at the
Department of Dermatology



Sara Al Janahi MD
Dermatologist



Sazia Afrin MD
Assistant Professor



Shady Ismail MD
Plastic Surgeon



Shady Mahmoud Ibrahim MD
Professor of Dermatology



Shahid Javaid Akhtar MD
Consultant Dermatologist



Shahriar Ahmed Sekh MD
Senior Resident



Sharmin Jahan MD
Consultant



Sheikha Alketbi MD
Resident



Sherif Hantash MD
Specialist Plastic Surgeon



Shreemathi A MD
Junior Resident



Shubhada Mandar Bichu MD
Senior Specialist Dermatologist



Shweta Singh Bhandari MD
Specialist Dermatologist



Sincengile Ntshingila MD
Junior Researcher



Sindhu Shivaram MD
Specialist Dermatologist



Sonia Tekchandani MD
Consulting Aesthetic Dermatologist



Srikumar Goturu MD
Head of Dermatology Centre



Stefania Guida MD
Assistant Professor



Steven Nistico MD
Professor

CONFERENCE SPEAKERS



Surajit Gorai MD
Professor and Consultant
Dermatologist



Syeda Shahmoona Faisal MD
Associate Professor Consultant
Dermatologist and Aesthetic Physician



T.A Rana MD
Director of Skin Laser Institute



Tahir Jamil Ahmad MD
CEO



Tamara Griffiths MD
Consultant Dermatologist, Honorary
Lecturer and President British
Association of Dermatologists



Thaer Douri MD
Dermatologist



Tharindu Dinupa MD
Lecturer



Theresia Movita MD
Vice secretary of Indonesian
National Society of Dermatology and
Venereology (INSDV)



**Thulasi Dammadina
Weerasinghe MD**
Consultant Dermatologist



Trilokraj Tejasvi MD
Professor



Udaya Kumar Padubidri MD
Consultant Dermatology



Vijay Zawar MD
Consultant Dermatologist



Viral Desai MD
Medical Director and Chief Consultant
Surgeon



Wael Seoudy MD
Senior Consultant Dermatologist,
Professor



Wahiba Suliman MD
Dermatologist in a Private Clinic
Representative of the Syrian
Dermatology Association



Waleed Khalid Alghuyaythat MD
General Physician



Waqas Saad Abdulwahhab MD
Consultant Dermatology &
Venereology

CASE PRESENTATION & COMPETITION FOR JUNIOR DERMATOLOGISTS



Ahmad Berjawi MD
Dermatologist



Falak Waqas MD
Consultant



Heba Abdelsamii MD
Junior Resident



Monal Sadhwani MD
Lecturer



Neha Joseph MD
Senior Resident



Peter Kicko MD
Dermatology Resident



Phyo Zaw Aung MD
Assistant Lecturer

CASE PRESENTATION & COMPETITION FOR RESIDENT DERMATOLOGY



Abhishek Patil MD
2nd year Post graduate Resident



Alreem Alhosani MD
Dermatology Resident



Alya Al-Ali MD
Dermatology Resident



Andi Putri MD
Dermatology and Venereology
Resident



Areeba Rais MD
Dermatology Resident



Daya Babu MD
Junior Resident



Glen Anarna MD
Medical Officer III (Resident)



Hager El-wakil MD
Dermatology Resident



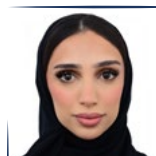
Hana Nemr MD
Dermatology Resident



Hassan Elgawish MD
Junior Resident



Iswariya J MD
Resident Dermatology



Jawaher Alblooshi MD
Resident Doctor



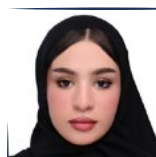
Khalifa Al-Mheiri MD
Dermatology Resident (PGY2)



Khulood Almarzooqi MD
Dermatology Resident



Krisha Lim MD
2nd Year Dermatology Resident



Lenah Almarzouk MD
Dermatology



Mariam Al Afifi
Dermatology Resident



Meera Al Marzooqi
Dermatology Resident



Naifah Almheiri MD
Resident, MD PGY1



Nora Elmenshawry MD
Dermatology Resident

CASE PRESENTATION & COMPETITION FOR RESIDENT DERMATOLOGY



Reem Hasan MD
Resident



Rekha Ravi MD
Junior Resident



Samar Abd Elfattah MD
Dermatology



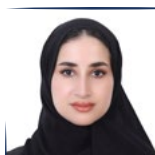
Sara Al Marzooqi
Dermatology Resident



Shaikha Alhaj MD
Dermatology Resident



Shama Naaz MD
Junior Resident



Taif Al Yammahi
Dermatology Resident



Usman Shahid MD
Resident Physician

CASE PRESENTATION

OPEN CATEGORY



**Amanda Sanduni
Danthanarayana MD**

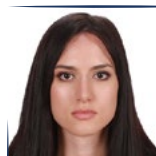
Senior Registrar in Dermatology



Amel Elsewh MD
Consultant Dermatologist



Chiranjaya Bandara Ekanayake MD
Senior Registrar in Dermatology



Dea Hajderlli MD
Dermatology Resident



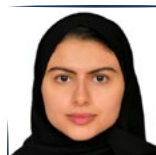
Fauzia Musbah MD
Consultant Dermatologist



Ketki Modi MD
Consultant Dermatologist &
Cosmetologist at Wilson Skin Care



Kritika Pandey MD
Consultant Dermatologist



Mae Barakeh MD
Medical Inter



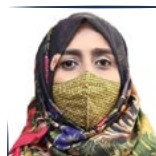
Mohamed Mohsen MD
Dermatologist



Monika Chouhan MD
Senior Resident



Munaza Kulsum MD
Consultant Dermatologist and
Assistant Professor



Shawana Sharif MD
Assistant Professor



Tejansu Dalal MD
Consultant Dermatologist and
Aesthetician



Thaer Douri MD
Dermatologist



Vivek Dey MD
Professor and Head



Zareen Suleri MD
Assistant Professor department of
dermatology



CONFERENCE PROGRAM

MONDAY | 14 April 2025

DAY ONE

CONFERENCE HALLS

1 | 2 | 3 | 4

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

09:00 - 09:30 **Opening Ceremony will take place in Conference Hall 3**

SESSION 1

Chairperson: Hesham Zaher MD, Babar Rao MD, Fatima Albreiki MD

- 09:30 - 09:45 **Are Large Language Models Helpful for Management of Our Patients?**
Julia Welzel MD | Director of the Department of Dermatology, President of the German Society of Dermatology
- 09:45 - 10:15 **Recent Advances in Understanding Dermatomyositis**
Manabu Fujimoto MD | Professor and Chair - Department of Dermatology
- 10:15 - 11:00 **Empowering Dermatologists with Artificial Intelligence in an Interactive Session**
Lilia Correa - Selm MD | Associate Professor of Dermatology / Vice Chair of Dermatology
Trilokraj Tejasvi MD | Professor
Babar Rao MD | Professor of Dermatology and Dermatopathology

SESSION 2

Chairperson: Hazem Seif Elnasr MD, Nawaf Almutairi MD, Mohsen Saleh BinRisheed MD

- 11:00 - 11:30 **Steroid Modified Dermatophytoses**
Ramesh Bhat MD | Head of Research and Professor of Dermatology
- 11:30 - 12:00 **Tinea Incognito**
Andrzej Jaworek MD | Associate Professor
- 12:00 - 12:30 **Cutaneous Leishmaniasis in the Gulf Region**
Nawaf Almutairi MD | Professor of Dermatology, Department of Medicine
- 12:30 - 13:00 **Clinical Cases of Histiocytosis**
Nadia Abdelwadood MD | Consultant of Dermatology and Venerology

13:00 - 14:00 **Q & A / Lunch**

SESSION 3

Chairperson: Abdulwahab Al Fouzan MD, Kayane Mheidly MD, Hassan Al Abdulla MD

- 14:00 - 14:30 **Cutaneous T Cell Lymphomas in the UAE**
Kayane Mheidly MD | Consultant Haematology/BMT

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

- 14:30 - 14:45 **Palmoplantar Pustulosis: A Special Entity or a Subtype of Pustular Psoriasis**
Abeer Elkholy MD | Professor of Dermatology
- 14:45 - 15:05 **Optimizing Wound Healing: Local Strategies & the TIMER Framework**
Mohamed Hazem Abdelazeem MD | Professor of Plastic & Craniomaxillofacial surgery
- 15:05 - 15:20 **All What You Don't Know About Leprosy**
Mohamed Elazzab MD | Retired Dermatologist
- 15:20 - 15:35 **PCR vs Slit Skin Smear in Diagnosis of Suspected Cases of Leprosy**
Marwa Saied MD | Dermatologist
- 15:35 - 15:50 **Clinical Application of PCR in Early Diagnosis of Neural Leprosy Cases and Their Contact**
Mohamad Rashed MD | Dermatology Specialist
- 15:50 - 16:05 **Leprosy: Clinical Cases**
Ahmed El Azab MD | Dermatologist

SESSION 4

Chairperson: Dimitre Dimitrov MD, Mohamed El-Khalawany MD

- 16:05 - 16:20 **Beyond Itch: Understanding the Psychiatric Dimensions of Atopic Dermatitis**
Anood Al-issa MD | Dermatologist and Venereologist
- 16:20 - 16:35 **Habit Reversal Therapy - Basic Concepts**
M. Jafferany MD | Professor
- 16:35 - 16:50 **Basic Psychopharmacology for Dermatologists**
Dimitre Dimitrov MD | Dermatologist, Psychoderma SKMC
Assoc. Professor CMHS, KU, Abu Dhabi; Faculty Psy Derma Diploma ESDaP
- 16:50 - 17:05 **Self-Inflicted Lesions in Dermatology**
Jacek C Szepietowski MD | Professor
- 17:05 - 17:20 **Body Dysmorphic Disorder in Dermatology: The Looming Cosmetic Psychological Epidemic**
Mohamed Hassan MD | Dermatology Specialist

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

17:20 - 17:35 **An Insight into Resistant Hyperpigmentation in Skin of Color and Evolving Strategies to Achieve Clinically Meaningful Outcomes: A More Than 10 Years Perspective!**

Neha Gupta MD | Founder, Director and Dermatologist

17:35 - 17:50 **Neutrophilic Dermatoses: More Understanding of a Significant Spectrum**

Mohamed El-Khalawany MD | Professor of Dermatology & Dermatopathology

17:50 - 18:05 **Oral Isotretinoin in The Treatment of Melasma; A Randomized Controlled Clinical Trial**

Amany Nassar MD | Professor

18:05 - 19:00 **CINE FIKR - Psychodermatology Edutainment
For the First Time in the UAE**

Mohamed Hassan Abdelkarim MD | Dermatology Specialist

Dimitrie Dimitrov MD | Dermatologist, Psychoderma SKMC

Assoc. Professor CMHS, KU, Abu Dhabi; Faculty Psy Derma Diploma ESDaP

Alia Galadari MD | Consultant Dermatologist

Join us for a thought-provoking evening where storytelling meets skin science.

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

09:00 - 09:30 **Opening Ceremony will take place in Conference Hall 3**

SESSION 1

Chairperson: Mohammed Al Abadie MD, Hussein Abdel Dayem MD, Makaram Al Waiz MD

- 09:30 - 09:50 **As Needed Biologic Treatment for Psoriasis**
Hussein Abdel Dayem MD | Consultant Dermatologist
- 09:50 - 10:10 **Update on the Pathogenesis and Treatment of Alopecia Areata**
Salah Al Rubaie MD | Consultant Dermatologist
- 10:10 - 10:30 **Advances in the Management of Androgenic Hair Loss**
Mohammed Al Abadie MD | Clinical Director & Consultant Dermatologist
- 10:30 - 10:50 **Antifungal-Resistant Dermatophytes: Current Challenges & Practical Considerations**
Ashraf Mohamed Reda MD | Consultant Dermatologist Adjunct Clinical Associate Professor of Dermatology
- 10:50 - 11:20 **Share with Me Your Experience with 40 Clinical Cases**
Khalifa E. Sharquie MD | Emeritus Professor

SESSION 2

Chairperson: Khalil Alhamdi MD, Dooha Alhamdi MD

- 11:20 - 11:50 **Interesting Clinical Cases, The Tales of Challenging Cases in Diagnosis and Treatment**
Khalil Alhamdi MD | Head of Department of Dermatology Basra Medical College Chair, Training Committee, Arab Board of Dermatology
- 11:50 - 12:20 **Dual Therapy with Minocyclin and Itracanzole; A New Treatment Modality for the Treatment of Recurrent Dermatophytosis**
Dooha Alhamdi MD | Assistant Professor of Dermatology Head of Department of Dermatology Alsader Teaching Hospital
- 12:20 - 12:50 **Apremilast in Dermatology**
Mohamed Elbanhawy MD | Senior Consultant in Dermatology, STDs, Andrology and Sexual Medicine

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

12:50 - 13:05 **The Strong Impact of JAK Inhibitors in the Effective Treatment of Dermatological Diseases Challenging to Treat Previously**
 Raul Cabrera Moraga MD | Professor and Head of Dermatology Post-Graduate Program

13:05 - 14:00 **Q & A / Lunch Break**

SESSION 3

Chairperson: Dalia Halwag MD, Ayham Alnukary MD

14:00 - 14:30 **Laser & Biological Treatment of Vitiligo, Beyond Excimer**
 Dalia Halwag MD | Consultant and Lecturer of Dermatology

14:30 - 14:45 **Clinical and Microbiome Correlations in Acne Patients**
 Marius-Anton Ionescu MD | Associate Professor of Dermatology

14:45 - 15:00 **Enhancing the Treatment of Vitiligo: A Promising Predictive Model for Narrowband UVB Response and New Therapies**
 Raul Cabrera Moraga MD | Professor and Head of Dermatology Post-Graduate Program

15:00 - 15:15 **Same Gene but Variable Clinical Severity in Xeroderma Pigmentosum**
 Daudi R. Mavura MD | Principal

15:15 - 15:30 **New Perspectives in Dermatology Research**
 Tamara Griffiths MD | Consultant Dermatologist, Honorary Lecturer and President British Association of Dermatologists

15:30 - 15:45 **Efficacy of Oral Acyclovir in Patients Presenting with Oral Lichen Planus with Positive IgG Anti-Herpes Simplex Antibodies**
 Aliya Akhtar MD | Assistant Professor

15:45 - 16:00 **Q & A / Break**

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

SESSION 4

Chairperson: Fouz Hassan MD, Majd Makhlouf MD

- | | |
|---------------|--|
| 16:00 - 16:15 | Evaluating the Efficacy and Safety of Combined Microneedling Therapy Versus Topical Minoxidil in Androgenetic Alopecia: A Systematic Review and Meta-Analysis of Randomised Controlled Trials
Khalid Ahmed MD Medical Lecturer |
| 16:15 - 16:30 | Flushing in Acne Rosacea: A Clinical Update on Therapeutic Options
Sami Raza MD Internal Medicine Resident |
| 16:30 - 16:45 | Overcoming Treatment Challenges in Cutaneous Leishmaniasis_A Case of Successful Amphotericin Therapy
Chiranjaya Bandara Ekanayake MD Acting Consultant Dermatologist |
| 16:45 - 17:00 | mRNA Expression of Inflammatory and Skin Barrier Dysfunction Markers in Chronic Plaque Psoriasis: A Case-Control Study
Malcolm Pinto MD Professor |
| 17:00 - 17:15 | Virtual Patient Pathways for Monitoring Chronic Skin Diseases
Julia Welzel MD Director of the Department of Dermatology, President of the German Society of Dermatology |
| 17:15 - 17:30 | Bsy Drug: A Novel, Potent, & Selective SRD5A Inhibitor of Hair Loss Treatment
Sincengile Ntshingila MD Junior Researcher |
| 17:30 - 17:45 | Intralesional Acyclovir Versus Intralesional Hepatitis B Vaccine in the Treatment of Resistant Plantar Warts
Khalid Gharib MD Professor of Dermatology and Laser and Egypt Board Member of DMC |
| 17:45 - 18:00 | Comparative Efficacy of High-dose Short-term versus Low-dose Long-term Itraconazole Therapy for Superficial Dermatophyte Infections in Bangladesh
Sazia Afrin MD Assistant Professor |
| 18:00 - 18:15 | Clinical Cases from Syria
Fouz Hassan MD Professor and Head of the Department of Dermatology and sexually transmitted diseases |

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

- | | |
|---------------|--|
| 18:15 - 18:30 | To Compare the Efficacy of Intralesional Injections of Platelet-Rich Plasma Therapy with Local Injections of Triamcinolone Acetonide in Managing Alopecia Areata Patients
Saima Ilyas MD Assistant Professor |
| 18:30 - 18:45 | Intralesional Antigen Immunotherapy in Cutaneous Warts: Is it an Effective Tool?
Mohamed Moustafa Fawzy MD Assistant Professor of Dermatology |
| 18:45 - 18:55 | Comparative Effectiveness of Oral Spironolactone & Oral Retinoids in the Treatment of Adult Acne
Monisha Madhumita MD Assistant Professor / Founder |

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 3

COSMETIC & SURGICAL DERMATOLOGY

09:00 - 09:30 **Opening Ceremony**

SESSION 1

Chairperson: Meera Aladawi MD, Elena Rossi MD, Mohamed Ben Gazil MD

- 09:30 - 09:45 **Evolution of Fractional Photothermolysis**
Peter Ch'ng Wee Beng MD | Consultant Dermatologist
- 09:45 - 10:00 **Diversity in Skin Aging: Cosmeceutical Options**
Tamara Griffiths MD | Consultant Dermatologist, Honorary Lecturer and President
British Association of Dermatologists
- 10:00 - 10:30 **Basic Nail Surgery**
Elena Rossi MD | Specialist in dermatology and venereology

10:30 - 11:00 **Q & A / Break**

SESSION 2

Chairperson: Wael Seoudy MD, Mariam Al Suwaidi MD

- 11:00 - 11:15 **Cosmetic Dermatology: Risks and Regulations**
Tamara Griffiths MD | Consultant Dermatologist, Honorary Lecturer and President
British Association of Dermatologists
- 11:15 - 11:30 **Laser Failures: Lessons Learnt**
Peter Ch'ng Wee Beng MD | Consultant Dermatologist
- 11:30 - 12:00 **Peri-Orbital Augmentation**
Wael Seoudy MD | Senior Consultant Dermatologist, Professor
- 12:00 - 12:15 **Polynucleotide Treatment: The New Path to Skin Rejuvenation**
Eman Sanad MD | Professor of Dermatology and Andrology, Faculty of Medicine
- 12:15 - 12:30 **The Art of Facial Harmony: Achieving Midface Balance Through a Combination Approach**
Maria Cristina A. Puyat MD | Medical Director / President
- 12:30 - 12:45 **Synergy of Treatments - Biostimulation, Toxins, Fillers, and Threads in Aesthetic Medicine**
Monika Kavkova MD | Founder and Scientific Board Director - Aesthetic Dialogue

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 3

COSMETIC & SURGICAL DERMATOLOGY

12:45 - 13:00 **Dermatology Upside Down - Imagine if !**
Dominique du Crest | Director

13:00 - 14:00 **Q & A / Lunch Break**

SESSION 3

Chairperson: Khalil Al Alarrayed MD, Simin Ahari MD, Shady Mahmoud MD

14:00 - 14:30 **Regenerative Aesthetics in Gynecology**
Alia AlQassimi MD | Aesthetic & Functional Gynecologist

14:30 - 14:45 **Combined Techniques to Improve Skin Quality & Volumization of the Neck, Decollete, & Chest in a Patient with Connective Tissue Dysplasia**
Flyura Khadeeva MD | Cosmetologist, Dermatologist

14:45 - 15:00 **Full Face Rejuvenation with Platelet Rich Plasma: New Protocols & Guidelines**
Noura Lebbar MD | Medical Doctor, Cosmetic Surgeon

15:00 - 15:15 **Searching for the Ideal Exosome in Aesthetic and Cosmetic Dermatological Applications**
H. Eray Copcu MD | Professor

15:15 - 15:30 **Lasers & EBD in the Treatment of Acne & Post-Acne**
Shady Mahmoud MD | Professor of Dermatology

15:30 - 15:45 **The Use of Fat Grafting in Restoring Facial Deformities After Facial Filler Complications : My Personal Experience**
Loredana Cavalieri MD | Plastic Surgeon

15:45 - 16:00 **Q & A / Break**

SESSION 4

Chairperson: Mohamed Adib Batal MD, Ahmed Al Qahtani MD, Nadia Yousri MD

16:00 - 16:15 **Laser Treatment of Alopecia Areata; When, How & Why**
Esraa Elhawary MD | Assistant Professor

16:15 - 16:30 **Waves of Change - Rejuvenation with Radiofrequency**
Meghna Sharma MD | Consultant & Director

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 3

COSMETIC & SURGICAL DERMATOLOGY

- | | |
|---------------|---|
| 16:30 - 16:45 | Advancements in Exosome Therapy for Hair Restoration: A New Frontier in Hair Regrowth
Roxanna Sadoughifar MD Professor of Dermatology Department |
| 16:45 - 17:00 | Elasticum Maxlift: An Innovative & Rapid Technique for Facial Rejuvenation
Irada Huseynova MD Plastic Surgeon |
| 17:00 - 17:15 | A Novel Non-Invasive Treatment for Buttock Augmentation Combining Ultrasound, Radiotherapy, and Filler Injections
Pablo Naranjo MD Head of Department |
| 17:15 - 17:30 | Non-Surgical Labia Majora Augmentation Procedure by Hyaluronic Acid
Nadia Yousri MD OB&GY Surgeon & Aesthetic Gynecology & Sexual Medicine Specialist |
| 17:30 - 17:45 | Standardizing Measurement in Internal Radiofrequency Skin Tightening: A Call to Action for Physicians
Giselle PradoWright MD Medical Director |

17:45 - 18:00 Q & A

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

09:00 - 09:30 **Opening Ceremony will take place in Conference Hall 3**

SESSION 1 - Emirates Dermatology Society

Chairperson: Shubhada Mandar Bichu MD , Rachita Talwar MD

09:30 - 09:40 **A Case Series of Rare Non-Venereal Genital Dermatoses - A Clinical and Histopathological Analysis**

Ruhi Haqqani MD | Specialist Dermatologist

09:40 - 09:50 **Dermatophytosis Challenge - Novel Solution In Our Region : My Personal Experience**

Rachita Talwar MD | Specialist Dermatologist

09:50 - 10:00 **Ultrasound Devices in Aesthetic Clinic; A Hassle or Necessity?**

Safa Al Saadi MD | Specialist Dermatologist

10:00 - 10:10 **Optimizing Biologic Therapy : Tailoring Treatments For Psoriasis Patients**

Shubhada Mandar Bichu MD | Senior Specialist Dermatologist

10:10 - 10:20 **Q & A**

SESSION 2 - Face Aesthetics Dermatology Society

Chairperson: Tania Yadav MD, Kaushal Kumar Verma MD

10:20 - 10:35 **Combination Therapy of JAK Inhibitors and Excimer Lasers for Alopecia Areata**

Ramanjit Singh MD | Director at DERM COS skin clinic & Senior Consultant

10:35 - 10:50 **Botulinum Toxin - Physiology & Rheology with Advanced Indications**

T.A Rana MD | Director of Skin Laser Institute

10:50 - 11:05 **Exosomes or PRP as Regenerative Therapy in Hairloss**

Viral Desai MD | Medical Director and Chief Consultant Surgeon

11:05 - 11:15 **Q & A**

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 3 - Srilankan College of Dermatology and Aesthetics

Chairperson: Surmaya Keragala MD, Thulasi Weerasinghe MD

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|---------------|---|
| 11:15 - 11:35 | Pediatric Dermatology Pearls from Sri Lanka
Thulasi Dammadinna Weerasinghe MD Consultant Dermatologist |
| 11:35 - 11:55 | Non-Tuberculous Mycobacterial Infection
H A S J PERERA MD Consultant Dermatologist |
| 11:55 - 12:15 | The Storm of "Whitening Mania" in Srilanka and the Battle Against it in SLCDA
Chiranjaya Bandara Ekanayake MD Acting Consultant Dermatologist |
| 12:15 - 12:35 | Wound Care - Pearls from Sri Lanka
Tharindu Dinupa MD Lecturer |
| 12:35 - 12:55 | Novel Therapeutic Strategies of the Management of Melasma
Amanda Sanduni Danthanarayana MD Senior Registrar in Dermatology |

12:55 - 13:00 Q & A

13:00 - 14:00 Lunch Break

SESSION 4 - Indian Association of Dermatologists, Venereologists & Leprologists

Chairperson: Bhumesh Kumar Katakam MD, K E Mukadam MD

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|---------------|--|
| 14:00 - 14:12 | Vaccines in Dermatology
Bhumesh Katakam MD Professor & Honorary Secretary General - IADVL |
| 14:12 - 14:24 | Role of JAK inhibitors in Pigmentary Disorders
Rashmi Singh MD Associate Professor, Dept of DVL. |
| 14:24 - 14:36 | Vulvar Inflammatory Disorders - Practice Essential
Mamatha Pappala MD Professor of Dermatology |
| 14:36 - 14:48 | Exosomes - Are They Solo Flyers in Trichology Basket
Sonia Tekchandani MD Consulting Aesthetic Dermatologist |
| 14:48 - 15:00 | Future Perspectives: Developing Safer Hair Dyes to Mitigate Dermatologic Risks
Palaniappan Vijayasankar MD Assistant Professor - Department of Dermatology, Venereology, and Leprosy |

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

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|---------------|---|
| 15:00 - 15:12 | A Comparative Study of Fractional CO2 vs Erbium 1550 in Acne Scars among Asian Skin Types
Surajit Gorai MD Professor and Consultant Dermatologist |
| 15:12 - 15:24 | Newer Drugs and Their Drug Rashes
Vijay Zawar MD Consultant Dermatologist |
| 15:24 - 15:36 | Management of Complicated Vascular Lesions in Skin Of Color
A. Selvam MD Senior Consultant Dermatologist |
| 15:36 - 15:48 | Environmental Factors and Sebopsoriasis Flare Ups: A Retrospective Cross Sectional Study
Kinnor Das MD Consultant Dermatologist |
| 15:48 - 16:00 | Evaluating the Impact of Herbal Products Over Facial Skin: An Observational Cross-Sectional Study and Analysis of it's Bioactive Compounds
Shahriar Ahmed Sekh MD Senior Resident |
| 16:00 - 16:05 | The Forgotten Practice - A Series of Interesting Clinical Cases
Aditya Suresh Mahajan MD Consultant Dermatologist |
| 16:05 - 16:10 | Progressive Skin Induration and Musculoskeletal Deformities in a Child: A Case of Stiff Skin Syndrome
Mitaxari M Hugar MD Lecturer |

16:10 - 16:20 Q & A

SESSION 5 - Pan Arab League of Dermatologists

Chairperson: Ibrahim Galadari MD, Assem Farag MD, Mohamed Ben Gazil MD

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|---------------|---|
| 16:20 - 16:35 | What's New in the Treatment of Chronic Inflammatory Skin Diseases
Riad Maashal MD Director of Dermatology Department |
| 16:35 - 16:50 | Onychomycosis: Diagnosis and Treatment Update.
Gamal Elduweb MD Professor of Dermatology, Dermatology Department and Faculty of Medicine |
| 16:50 - 17:05 | The Value of Dermoscopy in the Diagnosis and Differential Diagnosis of Common Facial Hyperpigmentation
Khalil Alhamdi MD Head of Department of Dermatology Basra Medical College Chair, Training Committee, Arab Board of Dermatology |

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

17:05 - 17:20	Jak Inhibitors Clinical Applications Assem Farag MD Professor of Dermatology & Venerology
17:20 - 17:35	Harnessing AI for Dermatology in Skin of Color: A Research Initiative. Khalid Siddig MD Consultant Dermatologist Public Health Specialist Educator
17:35 - 17:50	Heterogeneity of Atopic Dermatitis. Ibrahim Almukahal MD Professor of Dermatology & Vice Secretary General of Pan Arab League of Dermatologists
17:50 - 18:05	Pseudo Angioedema Mohamed Elbanhawy MD Senior Consultant in Dermatology, STDs, Andrology and Sexual Medicine
18:05 - 18:20	Geriatric Psoriasis, How It Differs? A Retrospective Cohort Analysis. Hesham Zaher MD Emeritus Professor
18:20 - 18:30	Q & A



CONFERENCE PROGRAM

TUESDAY | 15 April 2025

DAY TWO

CONFERENCE HALLS

1 | 2 | 3 | 4

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

SESSION 5 - Atopic Dermatitis

Chairperson: Udaya Kumar Padubidri MD, Dimitre Dimitrov MD

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|---------------|--|
| 08:30 - 08:45 | The Barrier Abnormalities of AD and the Potential for Prevention Strategies
Udaya Kumar Padubidri MD Consultant Dermatology |
| 08:45 - 09:00 | Atopic March: Critical Evidence and Clinical Relevance
Maha Assem Fahmy MD Dermatology specialist |
| 09:00 - 09:15 | Unveiling the Burden: Mental Disorders in Atopic Dermatitis
Dimitre Dimitrov MD Dermatologist, Psychoderma SKMC
Assoc. Professor CMHS, KU, Abu Dhabi; Faculty Psy Derma Diploma ESDaP |
| 09:15 - 09:30 | Moving from Conventional Therapy to Advanced Therapy in Atopic Dermatitis: A Paradigm Shift
Bejoy Peethambaran MD Consultant Dermatologist |
| 09:30 - 09:45 | Pediatric Atopic Dermatitis: Children are More Than Little Adults
Rachita Talwar MD Specialist Dermatologist |
| 09:45 - 10:00 | What's in the Pipeline? (Upcoming Treatments for Atopic Dermatitis)
Sara Al Janahi MD Dermatologist |
| 10:00 - 10:15 | Atopic Dermatitis UAE Consensus
Ayman Alnaeem MD Head of Dermatology Department |
| 10:15 - 10:30 | Allergens Involved in Atopic Dermatitis
Mohammed Al-Abdulla MD Specialist |
| 10:30 - 10:45 | Relationship Between Atopic Dermatitis and Cutaneous T-cell Lymphoma
Sara Al Janahi MD Dermatologist |

10:45 - 11:00 Q & A / Break

SESSION 6 - Psoriasis

Chairperson: Muna Almurawi MD, Enas Attia MD

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|---------------|---|
| 11:00 - 11:15 | Advances in Psoriasis from Pathogenesis to Treatment
Raghda Al Maashari MD Dermatology consultant |
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DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

11:15 - 11:30	Dysbiosis and Barrier Dysfunction in Psoriasis and Therapeutic Implications Enas Attia MD Consultant Dermatologist
11:30 - 11:45	Psoriasis Comorbidities and Impact on Management Mahira Elsayed MD Professor of Dermatology
11:45 - 12:00	Navigating Pediatric Psoriasis; Current and Future Perspectives Muna Almurrawi MD Consultant Dermatologist and Vice President of Emirates Dermatology Society
12:00 - 12:15	Disease Modification in Psoriasis: What's New in 2025? Mohamed Madbouly MD Consultant Dermatology
12:15 - 12:30	Difficult to Treat Areas in Psoriasis and Therapeutic Challenges Srikumar Goturu MD Head of Dermatology Centre
12:30 - 12:45	Paradoxical Psoriasis Enas Attia MD Consultant Dermatologist
12:45 - 13:00	Q & A
13:00 - 14:00	Lunch Break

SESSION 7 - Vitiligo

Chairperson: Waqas Saad Abdulwahhab MD, Ahmad Alsaeed MD

14:00 - 14:20	Medical Treatment Algorithms for Vitiligo Ahmad Alsaeed MD Consultant Dermatologist
14:20 - 14:40	Color of Confidence: Understanding the Psychological Impact of Vitiligo Sara Al Janahi MD Dermatologist
14:40 - 15:00	Panel Discussion

SESSION 8 - Lichen Planus

Chairperson: Ameen Alawadhi MD, Jawaher Alnaqbi MD

15:00 - 15:15	Lichen Planopilaris and FFA (Treatment Algorithms) Hoda Moneib MD Professor of Dermatology and Consultant
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DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

15:15 - 15:30 **Drug Induced Lichen Planus: Classic Causes and New Culprits**
Mahmood Mohamed Ali MD | Specialist Dermatologist

15:30 - 15:45 **Dermoscopic and Histologic Features of Lichen Planus**
Ameen Alawadhi MD | Assistant Professor

15:45 - 16:00 **Diagnosis and Management of Nail-Lichen Planus**
Azzam AlKhalifah MD | Associate Professor of Dermatology

SESSION 9 - From Pain to Itch

Chairperson: Ameen Alawadhi MD, Jawaher Alnaqbi MD

16:00 - 16:15 **Burden of Hidradenitis Suppurativa**
Jacek C Szepietowski MD | Professor

16:15 - 16:30 **Management of Hidradenitis Suppurativa**
Jawaher Alnaqbi MD | Consultant Dermatologist & Venereologist

16:30 - 16:45 **Holistic Approach of Management of Chronic Spontaneous Urticaria**
Waqas Saad Abdulwahhab MD | Consultant Dermatology & Venereology, Associate Professor

16:45 - 17:00 **Paraneoplastic Itch**
Jacek C Szepietowski MD | Professor

SESSION 10 - Alopecia Areata

Chairperson: Waqas Saad Abdulwahhab MD, Ahmad Alsaeed MD

17:00 - 17:15 **Alopecia Areata Treatments: What's There and What's in the Pipeline?**
Ahmad Alsaeed MD | Consultant Dermatologist

17:15 - 17:30 **Alopecia Areata of the Nail Unit**
Azzam AlKhalifah MD | Associate Professor of Dermatology

17:30 - 17:50 **Journal Updates in Autoimmune Diseases**
Ameen Alawadhi MD | Assistant Professor

17:50 - 18:00 **Panel Discussion**

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

SESSION 5 - Case Presentation Junior Dermatologists

Chairperson: Mohamed Elbanhawy MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

09:10 - 09:20	Heterologous Type I Collagen Microparticles for Striae Distensae Peter Kicko MD Dermatology Resident
09:20 - 09:30	Procapil's Role in Revolutionizing Androgenetic Alopecia Treatment Falak Waqas MD Consultant
09:30 - 09:40	Interdigital Xanthomas – A Pathognomonic Feature of Homozygous Familial Hypercholesterolemia Neha Joseph MD Senior Resident
09:40 - 09:50	A Peculiar Presentation Of a Great Imitator Heba Abdelsamii MD Junior Resident
09:50 - 10:00	Erythrodermic Psoriasis: When Life-Threatening Complications Arise: A Case Report Ahmad Berjawi MD Dermatologist
10:00 - 10:10	A Rare Case of Elephantiasic Pretibial Myxedema with Secondary Cutis Verticis Gyrate Phyo Zaw Aung MD Assistant Lecturer
10:10 - 10:20	Multisystem Langerhans Cell Histiocytosis Presenting with Extensive Skin Involvement Monal Sadhwani MD Lecturer

SESSION 6 - Case Presentation Residents Competition - Part 1

Chairperson: Mohamed Elbanhawy MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

10:20 - 10:30	H Syndrome Hager El-wakil MD Dermatology Resident
10:30 - 10:40	A Rare Combination: Insights from a Unique Patient Alreem Alhosani MD Dermatology Resident
10:40 - 10:50	Evaluation of Direct Immunofluorescence of Hair Follicle in Pemphigus Patients Rekha Ravi MD Junior Resident
10:50 - 11:00	Fabry Disease: A Treatable Life-Threatening Condition

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

Nora Elmenshawy MD | Dermatology Resident

11:00 - 11:10

A Rare Presentation of Cladosporium Cladosporioides Infection Superimposed Pustular Psoriasis

Andi Putri MD | Dermatology and Venereology Resident

11:10 - 11:20

Beneath the Surface: Unmasking Systemic Patterns in Persistent Lip Swelling

Abhishek Patil MD | 2nd year Post graduate Resident

11:20 - 11:30

Use of Short-course, High-dose Clofazimine for Type 1 Lepra Reaction in a HIV-positive Patient with Leprosy

Glen Anarna MD | Medical Officer III (Resident)

11:30 - 11:40

Q & A

11:40 - 11:50

Detection of Dermatophytes in Sub-clinically Involved Nails by Polymerase Chain Reaction in Patients with Skin Dermatophytosis

Daya Babu MD | Junior Resident

11:50 - 12:00

Challenging Diagnosis: Dyskeratosis Congenita with Gastrointestinal and Respiratory Manifestations

Hana Nemr MD | Dermatology Resident

12:00 - 12:10

Atypical Spindle Cell Melanoma

Areeba Rais MD | Dermatology Resident

12:10 - 12:20

IFAP Syndrome

Samar Abd Elfattah MD | Dermatology Resident

12:20 - 12:30

KID Syndrome

Hassan Elgawish MD | Junior Resident

12:30 - 13:00

Q & A

13:00 - 14:10

Lunch Break

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

SESSION 7 - Case Presentation Residents Competition - Part 2

Chairperson: Mohamed Elbanhawy MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

14:10 - 14:20	Diagnostic Dilemma of Dual Autoimmune Disorders! A Case Report Iswariya J MD Resident Dermatology
14:20 - 14:30	Herpes Zoster Ophthalmicus Post-Botox Injection: A Case Report Lenah Almarzouk MD Dermatology Resident
14:30 - 14:40	When in Doubt, Investigate! Taif Alyammahi MD Dermatology Resident
14:40 - 14:50	Bending the Rules Meera Al Marzooqi MD Dermatology Resident
14:50 - 15:00	A Bump in the Road: When Skin Tells a Different Story Jawaher Alblooshi MD Resident Doctor (PGY 1)
15:00 - 15:10	Returned Traveler with a New Onset Dermatoses Naifah Almheiri MD Resident, MD PGY1
15:10 - 15:20	A Look Beyond the Dermis Alya Al-Ali MD Dermatology Resident
15:20 - 15:30	Blisters, Mystery, and Misdiagnosis: A Genetic Revelation Khulood Almarzooqi MD Dermatology Resident
15:30 - 15:40	The Triad Beneath The Scales Sara Al Marzooqi MD Dermatology Resident
15:40 - 15:50	Matching Dresses...and Rashes! Mariam Alafeefi MD Dermatology Resident
15:50 - 16:00	Q & A / Break

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

SESSION 8 - Case Presentation Residents Competition - Part 3

Chairperson: Mohamed Elbanhawey MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

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|---------------|---|
| 16:00 - 16:10 | The Mimicker
Khalifa Al-Mheiri MD Dermatology Resident (PGY2) |
| 16:10 - 16:20 | Vulvar Signet Ring Cell Carcinoma in the Context of Hidradenitis Suppurativa: A Case Report and Literature Review
Shaikha Alhaj MD Dermatology Resident |
| 16:20 - 16:30 | Sorafenib-Induced Trichodysplasia Spinulosa versus Spiny Follicular Hyperkeratosis: A Case Report
Reem Hasan MD Resident |
| 16:30 - 16:40 | Development of Generalised Bullous Pemphigoid in a Young Man After Exposure to Haemodialysis Membrane: A Case Report
Shama Naaz MD Junior Resident |
| 16:40 - 16:50 | A Case of Mycosis Fungoides Bullosa Responsive to Phototherapy
Krisha Lim MD 2 nd Year Dermatology Resident |
| 16:50 - 17:00 | Vampires of the Current Era - Cutaneous Porphyria: A Case Series
Usman Shahid MD Resident Physician |

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 3

COSMETIC & SURGICAL DERMATOLOGY

SESSION 5 - SideMast Association

Chairperson: Giovanni Pellacani MD, Steven Paul Nistico MD, Ketty Peris MD

08:30 - 08:45	Combined Laser / Exosome Protocols in the Treatment of Aging Skin Related Disorders Steven Nistico MD Professor
08:45 - 09:00	Co2 Laser Drug Delivery for Melasma and Hyperpigmentation: A Case Control Study Annunziata Dattola MD Associate Professor
09:00 - 09:15	Red Lesions on the Face: Dermoscopic Clues Caterina Longo MD Full professor and Chair of Department CHIMOMO
09:15 - 09:30	Infective Diseases: Accurate and Rapid Diagnosis with Dermoscopy Camila Scharf MD Research Fellow
09:30 - 09:45	Virtual Biospy of Inflammatory Skin Diseases with New Advanced Techniques Camilla Chello MD Research Fellow
09:45 - 10:00	News in Injectables: The Italian Perspective Stefania Guida MD Assistant Professor
10:00 - 10:15	Complication in Aesthetic Medicine and Surgery Elena Rossi MD Specialist in dermatology and venereology
10:15 - 10:30	Exosomes: To Be or Not To Be? Ilaria Proietti MD Dermatologist
10:30 - 10:45	Recent Advances in Treatment of Non Melanoma Skin Cancers Elena Campione MD Associate Professor, Dermatology Unit of Rome Tor Vergata
10:45 - 11:00	Tips and Tricks for Mohs' Surgery in Non Melanoma Skin Cancers Andrea Paradisi MD Dermatologist
11:00 - 11:15	The Role of Reflectance Confocal Microscopy in Clinical Practice: Analyzing Site-Specific Morphological Patterns in Melanocytic Lesions Luca Ambrosio MD Board Certified Dermatologist, Staff Physician

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 3

COSMETIC & SURGICAL DERMATOLOGY

SESSION 6

Chairperson: Yusra Al Ali MD, Gamal Elduweb MD, Ali Alamri MD

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|---------------|---|
| 11:15 - 11:30 | Exosomes in Dermatology & Aesthetics: What's New?
Ali Alamri MD Consultant |
| 11:30 - 11:45 | Role of PRP and Exosomes in Regenerative Aesthetic Gynecology
Noha Salah Khalil MD Specialist of Obs & Gyn |
| 11:45 - 12:00 | Unveiling the Therapeutic Potential: A Histological & Clinical Examination of Human Umbilical Cord Stem Cell Secretome Promoting Skin Rejuvenation
Nada Alaaeddine MD Head of Health Sciences at MUBS |
| 12:00 - 12:15 | The Efficacy & Safety of ASC-Exosomes (ASCE) in Androgenic Alopecia Based on the Translational Study Including Preclinical & Clinical
Byong Seung Cho CEO / CTO |
| 12:15 - 12:30 | PRP: Unraveling Global Differences in Application, Regulation, & Efficacy
Claudia McGloin Nurse Practitioner |
| 12:30 - 12:45 | Regenerative Aesthetics: Using PLLA/PDLLA in Post-Acne Scars Rejuvenation
Kashif Ali MD Associate Professor |
| 12:45 - 13:00 | Regenerative Aesthetics & Biorevitalization – Are Bio-Cues Enough?
Anifat Balogun MD Cosmetic Physician Surgeon |

13:00 - 14:00 Q & A / Lunch Break

SESSION 7 - International Society of Dermatologic and Aesthetic Surgery (ISDS)

Chairperson: Maria Cristina A. Puyat MD, Elena Rossi MD, Ali Singel MD

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|---------------|--|
| 14:00 - 14:20 | Management of Complications of Filler Injections: My Experience
Maria Cristina A. Puyat MD Medical Director / President |
| 14:20 - 14:35 | Botulinum Toxin Non Responders
Elena Rossi MD Specialist in dermatology and venereology |
| 14:35 - 14:50 | The Most Effective Intense Pulse Light Therapy for Medical and Aesthetic Indications
Alina Fratila MD Dermatologic Surgeon |

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 3

COSMETIC & SURGICAL DERMATOLOGY

- 14:50 - 15:05 **Let's Talk About Muscle Stimulation**
Sahar Ghannam MD | Consultant of Dermatology, Venereology, Cosmetic Dermatology and Laser and Associate Professor
- 15:05 - 15:20 **Integrating Neuromodulators, EBD, Biostimulators in My Practice for Anti-Ageing / Age Cancellation**
Rashmi Shetty MD | Founder and Chief Consultant
- 15:20 - 15:35 **Beyond Traditional Anti-Ageing: Role of Polynucleotides and Exosomes**
Chytra Anand MD | Senior Consultant Aesthetic Dermatologist

15:35 - 15:45 **Q & A**

15:45 - 16:00 **Break**

SESSION 8

Chairperson: Alia Al Mualla MD, Badreya Alshehhi MD, Roya Zarmehrzamin MD

- 16:00 - 16:30 **Combating Hyperpigmentation with a Magical Molecule**
Marwa Abdallah MD | Professor & Head of the Dermatology, Venereology & Andrology Department
- 16:30 - 16:45 **Botulinum Toxin in Men: Tips & Tricks**
Emanuele Bartoletti MD | Physician, Surgeon
- 16:45 - 17:00 **Association of Perioral Phenol-Croton Peel Technique with Hyaluronic Acid Filler in Lip Rejuvenation**
Marina Queiroz MD | Cosmetic and General Dermatologist
- 17:00 - 17:15 **Nose Filler: 3 Different Techniques – Outcome & Safety**
Aml Khairy MD | Dermatology Specialist
- 17:15 - 17:30 **How Retrograde Flow (Back Flow) of Dermal Filler Injection Can Cause the Migration of Product – An Ultrasound Assessment**
Roya Zarmehr Zamin MD | International Aesthetic and Ultrasound Trainer
- 17:30 - 17:45 **Upper Eyelid: A-Frame Deformity Correction with Fillers**
Nino Kobaladze MD | Chief Physician of the aesthetic medicine clinic «MedClinic»
- 17:45 - 18:00 **Guidelines for Botulinum Neurotoxin Injection for Facial Contouring**
Kyuho Yi MD | Director

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 6 - Sharm Derma

Chairperson: Assem Farag MD, Marwa Abdallah MD

08:30 - 08:42	JAK Inhibitors in Alopecia Areata and More Assem Farag MD Professor of Dermatology & Venerology
08:42 - 08:54	HPVs New Epidemic Assem Farag MD Professor of Dermatology & Venerology
08:54 - 09:06	Challenges in Diagnosis and Treatment of Psoriasis in Skin Of Color Mahira El Sayed MD Professor of Dermatology
09:06 - 09:18	New Emerging Therapies for Chronic Urticaria Mahmoud Abdallah MD Professor of Dermatology and Venereology
09:18 - 09:30	Social Media Hypes; Truth or Fake! Rehab Aly Hegazy MD Professor of Dermatology, Faculty of Medicine, Cairo University
09:30 - 09:42	Hair Loss in Skin Of Color: Pitfalls and Tips Indignosis Hoda Moneib MD Professor of Dermatology and Consultant
09:42 - 09:54	Combined Treatment of Scar: Power of 2 Shady Mahmoud MD Professor of Dermatology
09:54 - 10:06	Lip Fillers : Trends vs Safety Nevine Dorgham MD Associate Professor of Dermatology
10:06 - 10:18	Deep Pyriform Space: A New and Safe Way to Deal Nasolabial Fold Amin Sharobime MD Associate Professor of Dermatology
10:18 - 10:30	Drug-Induced Vitiligo Marwa Abdallah MD Professor & Head of the Dermatology, Venereology & Andrology Department

10:30 - 10:45 Q & A

10:45 - 11:00 Break

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 7 - International Congress of Dermatology

Chairperson: Giovanni Pellacani MD, Annunziata Dattola MD

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|---------------|---|
| 11:00 - 11:20 | Biostimulation
Hassan Galadari MD Head of Scientific Committee |
| 11:20 - 11:40 | New Imaging Technologies in Dermatology
Giovanni Pellacani MD Chairman of Dermatology Clinic |
| 11:40 - 12:00 | Uncommon Clinical Presentations of Malignant Melanoma: Clinical and Histological Features with a Focus on Dermoscopic Findings
Raul Cabrera Moraga MD Professor and Head of Dermatology Post-Graduate Program |
| 12:00 - 12:20 | Portraits and Pathology - Icono-Diagnosis in Historical Art Portraits
Alia Galadari MD Consultant Dermatologist |
| 12:20 - 12:40 | Systemic Lupus, Lupus Pernio, "Covid-Toes": What's The Red Wire?
Marius-Anton Ionescu MD Associate Professor of Dermatology |
| 12:40 - 13:00 | Pustular Psoriasis from Diagnosis to Treatment
Annunziata Dattola MD Associate Professor |

13:00 - 14:00 Q & A / Lunch Break

SESSION 8 - Pakistan Association of Dermatologists

Chairperson: Sheeraz Ahmed Dawach MD, Javed Ahmed Memon MD, Muhammad Shahid MD

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|---------------|---|
| 14:00 - 14:15 | Efficacy of Oral Tofacitinib in Alopecia Areata, Alopecia Totalis and Alopecia Universalis
Syeda Shahmoona Faisal MD Associate Professor Consultant Dermatologist and Aesthetic Physician |
| 14:15 - 14:30 | Periorbital Rejuvenation
Tahir Jamil Ahmad MD Assistant Professor |
| 14:30 - 14:45 | Comparison of Efficacy of Combination of Acitretin and Narrow Band Ultraviolet B versus Narrow Band Ultraviolet B Alone in the Treatment of Chronic Plaque Psoriasis
Saelah Batool MD Associate Professor |

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

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|---------------|---|
| 14:45 - 15:00 | Split-Face Comparative Study: Topical Spironolactone vs. Topical Clindamycin for Acne
Ameerah Khan MD Resident Dermatologist |
| 15:00 - 15:15 | Efficacy and Safety of Methotrexate
Salma Hameed MD Dermatology Resident Trainee |
| 15:15 - 15:30 | To Compare Efficacy of Biofillers and Hyaluronic Acid fillers in Treatment of Post Acne Scars
Mehtab Khawajakhail MD Resident Dermatology |

15:30 - 15:45 Q & A

15:40 - 16:00 Break

SESSION 9 - Syrian Arab Society of Dermatology Chairperson: Samir Almahfoud MD, Fouz Hassan MD, Abdullah Omar MD

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|---------------|---|
| 16:00 - 16:10 | Acantholysis Mechanisms in Pemphigus Vulgaris “The Whole Journey With Interesting Stations
Nemat Alsaghir MD Assistant professor |
| 16:10 - 16:20 | Fractional Co2 Laser in Cutaneous Leishmaniasis
Romano Almahfoud MD Doctor |
| 16:20 - 16:30 | Cases in Leishmaniasis
M. Rabia Katta MD Vice President of the Syrian Arab Society of Dermatology
Diana Sarkis MD Resident Dermatologist |
| 16:30 - 16:40 | Onychomycosis: A Focus on New Tropical Treatment
Wahiba Suliman MD Dermatologist in a Private Clinic Representative of the Syrian Dermatology Association |
| 16:40 - 16:50 | Special Clinical Cases
Reem Fawaz Khbbaza MD Resident
Fouz Hassan MD Professor and Head of the Department of Dermatology and sexually transmitted diseases |
| 16:50 - 17:00 | Koebner Phenomenon in Henoch Schonlein: 3 Case Reports
Thaer Douri MD Dermatologist |

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 10 - International Cosmetic Congress & Exhibition (ICCE League)

Chairperson: Wael Seoudy MD, Mohamed Abozeid MD, Shady Ismail MD

17:00 - 17:20

Neck Rejuvenation

Mohamed Abozeid MD | Associate Professor of Plastic Surgery

17:20 - 17:40

Medical Rhinoplasty

Wael Seoudy MD | Senior Consultant Dermatologist, Professor

17:40 - 18:00

Male Masculinization

Shady Ismail MD | Plastic Surgeon



CONFERENCE PROGRAM

WEDNESDAY | 16 April 2025

DAY THREE

CONFERENCE HALLS

1 | 2 | 3 | 4

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

SESSION 11

Chairperson: Khalid Gharib MD, Mohamed Elazaab MD, Salah Al Rubaie MD

- 08:30 - 08:45 **Skin Biostructure: What New News?**
Khalid Gharib MD | Professor of Dermatology and Laser and Egypt Board Member of DMC
- 08:45 - 09:00 **Integration of Noninvasive Imaging into Routine Diagnostics, Part 1: Devices**
Julia Welzel MD | Director of the Department of Dermatology, President of the German Society of Dermatology
- 09:00 - 09:15 **Integration of Noninvasive Imaging into Routine Diagnostics, Part 2: Clinical Application**
Sandra Schuh MD | Attending Physician, Specialist at the Department of Dermatology
- 09:15 - 09:30 **African Histoplasmosis**
Daudi R. Mavura MD | Principal
- 09:30 - 10:00 **Clinical Variety of Nasal Lesions**
Monira El Wasief MD | Consultant
- 10:00 - 10:15 **Psoriasis Scores of Difficult-to-Treat Areas: Proposal of an Algorithm**
Marius-Anton Ionescu MD | Associate Professor of Dermatology
- 10:15 - 10:45 **Complex Roles of B Lymphocytes in Skin Diseases**
Manabu Fujimoto MD | Professor and Chair - Department of Dermatology
- 10:45 - 11:00 **The Burden of Skin & Subcutaneous Diseases in North Africa & the Middle East (NAME) from 1990 to 2021**
Ghida EL-Banna MD | Resident and Post-Doctorate Researcher

SESSION 12

Chairperson: Jaheersha Pakran MD, Ibrahim Almukahhal MD

- 11:00 - 11:15 **Paraneoplastic Dermatoses: A New Unexpected Update**
Mohamed El-Khalawany MD | Professor of Dermatology & Dermatopathology
- 11:15 - 11:30 **The Skin-Mouth Connection**
Eman Allam MD | Assistant Professor

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

- 11:30 - 11:45 **Topical Minoxidil Reported Hair Discoloration: A Cross-Sectional Study**
Lenah Almarzouk MD | Dermatology Resident
- 11:45 - 12:00 **Exploring the Interplay Between Diet, Visceral Fat, Muscle Activity and Androgen Activity in Acne Pathology**
Janani Nandagopal DD | Dermatology GP and Aesthetic Physician
- 12:00 - 12:15 **Stress-Related Hair Loss Among the General Population in Al Majma'ah, Saudi Arabia: A Cross-Sectional Study**
Waleed Khalid Alghuyaythat MD | General Physician
- 12:15 - 12:30 **Cutaneous Manifestations of Obesity in Libyan Patients**
Amel Elsewh MD | Consultant Dermatologist
- 12:30 - 12:45 **Going Viral: A Compendium of Current & Emerging Viral Infections in the MiddleEast**
Jaheersha Pakran MD | Consultant Dermatologist
- 12:45 - 13:00 **AI in Dermatology: The Last 10 Years & The Next 10 Years**
Latif Abid | Co-Founder & President

13:00 - 14:00 Lunch Break

SESSION 13

Chairperson: Isam Oumeish MD, Amani Abdulla Alfalasi MD

- 14:00 - 14:15 **Immunogenetic Association of HLA Class II Gene Polymorphisms, Expression Levels of ORAI1 and STIM1 Genes and Levels of Cytokines in Blood in HIV-1-Positive Patients with HIV-Related Dermatoses in Latvia**
Alena Soha MD | PhD student
- 14:15 - 14:30 **The Role of Biophysics-Based Computational Modelling in Dermatological & Cosmetic Science**
Georges Limbert MD | Professor of Biophysical Engineering | Private Scientific Consultant
- 14:30 - 14:45 **Skin Tones Dilemma - Treating Hyperpigmentation in Skin of Colour**
Chytra Anand MD | Senior Consultant Aesthetic Dermatologist
- 14:45 - 15:00 **Gut Microbiome, Brain & Cutaneous Axis**
Harb Al-Omari MD | Consultant Dermatology, Andrology, & STDs

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

- 15:00 - 15:15 **Acne Vulgaris: The 'Gut-Brain-Skin Axis' Viewed from a New Horizon**
Bhuvanashree Nagarajan MD | Consultant Dermatologist
- 15:15 - 15:30 **Challenges in Diagnosing Adult-Onset Atopic Dermatitis**
Isam Oumeish MD | Consultant Dermatologist, Venereologist and Laser
- 15:30 - 15:45 **Hand Eczema: Unmasking the Diagnostic Challenge and Advancing Strategies for Effective Management and Treatment**
Ali Al Doori MD | Resident
- 15:45 - 16:00 **Efficacy of The Combination of Excimer Light and Microneedling either with Pentoxifylline or with 5-fluorouracil in Treatment of Vitiligo**
Amany Nassar MD | Professor

SESSION 14 - Skin of Color (SoC) Society

Chairperson: Michelle Rodrigues MD, Alia Galadari MD

- 16:00 - 16:20 **Hyperpigmentary Disorders and Photoprotection - What's New and What You Need to Know!**
Michelle Rodrigues MD | Director, Associate Professor, Senior Dermatology Consultant
- 16:20 - 16:40 **Lasers and Energy Based Devices in Darker Skin Types: Evidence-Based Strategies & Clinical Pearls**
Alia Galadari MD | Consultant Dermatologist
- 16:40 - 17:00 **Pearls & Updates on Hyperpigmentation**
Babar Rao MD | Professor of Dermatology and Dermatopathology
- 17:00 - 17:20 **Optimizing Phototherapy for Vitiligo in Darker Skin Types**
Michelle Rodrigues MD | Director, Associate Professor, Senior Dermatology Consultant
- 17:20 - 17:40 **Addressing Bias and Inequities in Dermatology: Strategies for Change**
Michael Waul MD | Assistant Professor
- 17:40 - 18:00 **Panel Discussion**

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

SESSION 9 - Case Presentation Open Category - Part 1

Chairperson: Mohamed Elbanhawey MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

09:10 - 09:20	Pigmentation Demarcation Lines on Lower Extremities During 24 Weeks of Pregnancy: A Case Report Kritika Pandey MD Consultant Dermatologist
09:20 - 09:30	The Uncommon Presentation of Extragenital Lichen Sclerosus in the Context of Unilateral Eosinophilic Fasciitis Monika Chouhan MD Senior Resident
09:30 - 09:40	Clinico-Epidemiological and Dermoscopic Study of Topical Steroid Induced Facial Dermatitis in Melasma Munaza Kulsum MD Consultant Dermatologist and Assistant Professor
09:40 - 09:50	Successful Treatment of Extensive Verrucous Epidermal Nevus by a Combination of Acitretin and 30% Urea Cream Mohamed Mohsen MD Dermatologist
09:50 - 10:00	A Rare Case of Unilateral Nevoid Telangiectasia in a Saudi Pediatric Patient Mae Barakeh MD Medical Intern
10:00 - 10:10	Tranexamic Acid: The Breakthrough in Melasma Treatment Shawana Sharif MD Assistant Professor
10:10 - 10:20	Nanofat Multichoice Stem Cells Fauzia Musbah MD Consultant Dermatologist
10:20 - 10:30	Crusted Scabies Presenting as an Erythroderma Tejansu Dalal MD Consultant Dermatologist and Aesthetician
10:30 - 10:40	Atrichia with Papular Lesions in 2 Siblings Thaer Douri MD Dermatologist
10:40 - 11:20	Q & A / Break

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

SESSION 10 - Case Presentation Open Category - Part 2

Chairperson: Mohamed Elbanhawey MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

11:20 - 11:30	Chemotherapeutic Drugs - Induced Generalized Hyperpigmentation of Skin and Nails: A Case Report Amel Elsewh MD Consultant Dermatologist
11:30 - 11:40	A Rare, Fatal Case of Pancreatitis, Panniculitis and Polyarthritits (PPP) Syndrome Amanda Sanduni Danthanarayana MD Senior Registrar in Dermatology
11:40 - 11:50	Congenital Triangular Alopecia not so Rare: Experience of 25 Cases Vivek Dey MD Professor and Head
11:50 - 12:00	Carboxytherapy - Updated Non-invasive Method in Dermatology Ketki Modi MD Consultant Dermatologist & Cosmetologist at Wilson Skin Care Clinic
12:00 - 12:10	Waardenburg Syndrome; A Case Series Zareen Suleri MD Assistant Professor department of dermatology
12:10 - 12:20	Epidemiological Trends in Skin Cancer: A Comparative Dermoscopy Study of 1000 Patients from 2009-2010 and 2022-2024 Dea Hajderlli MD Dermatology Resident
12:20 - 12:30	Chronic Ulcer Mystery_ A Diagnostic Challenge Unveiling Triphasic Trophic Syndrome Chiranjaya Bandara Ekanayake MD Acting Consultant in Dermatology
12:30 - 13:00	Q & A
13:00 - 14:00	Lunch Break

DAY **THREE** WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 2

UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

SESSION 11 - Jury Meetings & Award Ceremonies

Chairperson: Mohamed Elbanhawy MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

14:20 - 15:20	International Clinical Poster Presentation and Competition - Poster Viewing Session Meet the Authors & Discuss with the Jurors
15:20 - 16:00	Jury Meeting - Digital Poster Award Discussion
16:00 - 16:30	Jury Meeting - Clinical Case Presentation Award Discussion
16:30 - 16:40	Administrative Break
16:40 - 17:00	Award Ceremony and Closing Remarks

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 3

COSMETIC & SURGICAL DERMATOLOGY

SESSION 9

Chairperson: Sameer Al Ali MD, Jagdish Sakhiya MD, Sohad Alkhatib MD

08:30 - 08:45	Efficacy of Q-Switched Nd YAG Laser in the Treatment of Melasma Shreemathi A MD Junior Resident
08:45 - 09:00	A Prospective, Comparative Study to Evaluate the Safety and Efficacy of 4% Hydroquinone Versus Q Switched Nd: YAG Laser In Acne Induced Post-Inflammatory Hyperpigmentation (PIH) in Indian skin Amina Iqbal MD Assistant Professor
09:00 - 09:15	Nodular Portwine Stain Successfully Treated with Combination Lasers & DermatoSurgeries Jagdish Sakhiya MD Consultant Dermatologist
09:15 - 09:30	Advances in Dermatological Lasers: Optimizing Scar Management with Vascular, Pigmentary, Ablative, and Non-Ablative Lasers Jean-Philippe Donati MD Anti-Ageing and Cosmetic Physician
09:30 - 09:45	Key to Effective & Safe Treatment in Laser: Assess for Appropriate Clinical Endpoints Sharmin Jahan MD Consultant
09:45 - 10:00	Research of Melasma Treatment Effectiveness by Combined Administration of Autologous Plasma, Dermal Optical Thermolysis, & Radiofrequency Exposure Irina Seraya MD Head of Scientific Department
10:00 - 10:15	Medicolegal Essentials for a Safe and Successful Cosmetic Dermatology Practice Ayesha Almemari MD Consultant Emergency Medicine and Critical Care
10:15 - 10:30	Pelvic Floor Disorders and Associated Skin Issues Laila Alhubaishi MD Consultant Obstetrics and Gynecology-Urogynecologist
10:30 - 10:45	Skin Boosters: What's the Boost? Peter Ch'ng Wee Beng MD Consultant Dermatologist
10:45 - 11:00	Q & A / Break

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 3

COSMETIC & SURGICAL DERMATOLOGY

SESSION 10

Chairperson: Marius Anton Ionescu MD, Abdulla Omar MD

- | | |
|---------------|---|
| 11:00 - 11:15 | Dual Modality Approach to Acne Scars in Skin of Color: A Case Series
Priyanka Hemrajani MD Assistant Professor |
| 11:15 - 11:45 | Growth Factors' Modulation in Recent Scars
Marius-Anton Ionescu MD Associate Professor of Dermatology |
| 11:45 - 12:00 | Scar Mapping & Scars Checkpoints: An Updated Review of Different Approaches
Ahmed Nagaty MD Dermatology Specialist |
| 12:00 - 12:15 | Scar Revision of 105 Cases
Krenar Dobroshi MD Prof. Lecturer, Founder and Owner |
| 12:15 - 12:30 | Advances in Collagen Score Improvement in Deep Dermis & Reticular Cutis: New Data
Anne Gaelle Pharmacist |
| 12:30 - 12:45 | The Future of Injectable Aesthetics: Improving Safety & Outcomes with Sonographic Guidance
Karim Gabr MD Director Dermatology at Highrhein Clinic |

12:45 - 13:00 Q & A

13:00 - 14:00 Lunch Break

SESSION 11

Chairperson: Seema Singh MD, Fatima Al Shamsi MD, Mohamed Bazza MD

- | | |
|---------------|--|
| 14:00 - 14:15 | Science of Facial Beauty
Raza Hassan MD Designated SR Dermatology |
| 14:15 - 14:30 | Anatomy of Aging Face
Shahid Javaid Akhtar MD Consultant Dermatologist |
| 14:30 - 14:45 | Lip & Chin Beautification
Kalsoom Jawaid MD Assistant Professor Dermatology |
| 14:45 - 15:00 | Penile Fillers 2025 - Literature Updates & Analytical Review of Current Practices
Rutsnei Junior MD Specialist Dermatologist |

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 3

COSMETIC & SURGICAL DERMATOLOGY

- 15:00 - 15:15 **Non-Surgical Face Tightening Using HiFES Technology**
Shweta Singh Bhandari MD | Specialist Dermatologist
- 15:15 - 15:30 **Evolution in Microneedling RF**
Minal Patwardhan Andrade MD | Dermatologist
- 15:30 - 15:45 **Minimally Invasive Thread Lift**
Sindhu Shivaram MD | Specialist Dermatologist
- 15:45 - 16:00 **Stretch Marks and Tightening, Minimally Invasive Techniques**
Afsha Hasanfatta MD | Specialist Dermatologist

16:00 - 16:15 Q & A

SESSION 12

Chairperson: Fatima AlMadani MD, Hala AlJaber MD, Samar Khalil MD

- 16:15 - 16:30 **Laser Hair Reduction – A Promising Solution for Hidradenitis Suppurativa**
Nisha Menon MD | Aesthetic Doctor
- 16:30 - 16:45 **Management of Challenging Cases of Botched Illegal Body Filler Injections**
Sherif Hantash MD | Specialist Plastic Surgeon
- 16:45 - 17:00 **The Effect of DBD Plasma Therapy on Wound Healing After Labiaplasty**
Bahareh Arbabi MD | Gynecologist
- 17:00 - 17:15 **Uncommon Complications of Common Cosmetic Procedures**
Samar Khalil MD | Dermatologist in Dubai & Lebanon
- 17:15 - 17:30 **Enhancing Post-Procedure Recovery & Preventing Complications Through Nutrition and Lifestyle**
Rita Aoun | Clinical Dietitian and Wellness Consultant

17:30 - 17:45 Q & A

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 11 - Rafidain Forum for Dermatology and Aesthetics Chairperson: Khalifa Sharquie MD, Ali Fadhil Al-Saadi MD, Muhsin Al-Dhalimi MD

- 08:30 - 08:40 **Superficial Dermatophyte Skin Infections, A New Great Imitator**
Muhsin A. Al-Dhalimi MD | Director of the Iraqi and Arab Board Training Center in Najaf - Iraq
- 08:40 - 08:50 **Dermabrasion of Different Types of Scars Using Ablative CO2 Laser Versus Heat Dermabrasion Using Diathermy Needle**
Khalifa E. Sharquie MD | Emeritus Professor
- 08:50 - 09:00 **Evaluation of the Success of Pulsed Dye Laser 595nm in the Treatment of Rosacea**
Ali Fadhil Al Saadi MD | Director of Baghdad Dermatology & Venereology Center
- 09:00 - 09:10 **Identifying the Main Factors Affecting the Therapeutic Response to Recalcitrant Dermatophytosis; A Cross-Sectional Observational Study**
Haider Al-Sabak MD | Head of Dermatology & Laser Department / Faculty of Medicine
- 09:10 - 09:20 **IL-19, A Newer Player and a Promising Therapeutic Target in Severe Acne Vulgaris**
Ahmed Abdul-Aziz MD | Consultant Dermatologist / Chairman of Higher Diploma of Dermatology

09:20 - 09:30 **Q & A**

SESSION 12 - Jordanian Society of Dermatology & Venereology Chairperson: Ayman Al Qa'qaa', Nidal Obaidat MD

- 09:30 - 09:45 **Early Intervention to Prevent the Atopic March**
Nidal Obaidat MD | Consultant in Dermatology & dermatopathology
- 09:45 - 10:00 **The Incidence of Melanoma and Non-Melanoma Skin Cancers in Jordan**
Noor Almaani MD | Head of the Dermatology Department - Jordan University Hospital
- 10:00 - 10:15 **Challenging Antifungal Resistant Dermatophytosis**
Ayman S. Al Qa'qaa' MD | President of Jordanian Society of Dermatology & Venereology (JSDV)
- 10:15 - 10:30 **The Role of Therapeutic Wounding in Treatment of Vitiligo**
Huda ALQudah MD | Consultant dermatologist

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

10:30 - 10:45

The Role of JAK Inhibitors in Alopecia: Insights From Our Real-Life Experience

Asem Aldebei MD | Senior specialist in dermatology at the Jordanian Royal Medical Services

10:45 - 11:00

Q & A / Break

SESSION 13 - IMCAS Session: Controversies

Chairperson: Marius-Anton Ionescu MD, Dominique Du Crest

11:00 - 11:05

Introduction to the IMCAS Session

Dominique du Crest | Director

11:05 - 11:20

Unveiling the Science: What's The Rationale Behind Choosing Exosome or Skin Booster Treatments?

Arnaud Lambert MD | Physician, Head of Clinic

11:20 - 11:35

My Best Product to Stimulate or Rejuvenate – Biostimulators VS Hybrid Fillers

Roya Zarmehr Zamin MD | International Aesthetic and Ultrasound Trainer

11:35 - 11:50

Autologous Facial Rejuvenation

Maria Cristina A. Puyat MD | Medical Director / President

11:50 - 12:05

Epigenetic for Cosmetics

Hassan Galadari MD | Head of Scientific Committee

12:05 - 12:20

Scope of Regenerative Medicine for Hair Restoration

Viral Desai MD | Medical Director and Chief Consultant Surgeon

12:20 - 12:35

Advanced Applications of Botulinum Toxin

Meelad Habib MD | Dermatologist

12:35 - 12:50

Microbiome and Pollution: Clinical and Metagenomic Analysis

Marius-Anton Ionescu MD | Associate Professor of Dermatology

12:50 - 13:00

Q & A

13:00 - 14:00

Lunch Break

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 14 - Future of Dermatology (Session Dedicated for Students, Interns & Residents)
Chairperson: Alia Galadari MD

- 14:00 - 14:10

Shaping Careers and Meeting Regional Needs: Dermatology Subspecialties
Mahra Alshehhi MD | Medical Intern
- 14:10 - 14:20

Using Social Media to Combat Misinformation in Dermatology
Hajar Almansoor MD | Medical Intern
- 14:20 - 14:30

Augmented Learning: Harnessing Simulation and AI in Dermatology Residency
Ayesha Al Shawab MD | Resident
Sheikha Alketbi MD | Resident
- 14:30 - 14:40

Being a Dermatology Chief Resident
Danya Alawadhi MD | Resident
- 14:40 - 14:50

The Future of Anti-Aging: Regenerative Medicine and Skin Biohacking
Marina Poltavtseva | Aesthetic Medical Therapist

14:50 - 15:00 Q & A

SESSION 15 - Sudanese Association of Dermatologists
Chairperson: Khalid Siddig MD, Amin Elmubarak MD

- 15:00 - 15:10

Social Media and the Emergence of Fake Beauty Clinics. The Question of Accountability
Khalid Siddig MD | Consultant Dermatologist | Public Health Specialist | Educator
- 15:10 - 15:20

Precision Dermatology: AI's Transformative Impact on Personalized Skin Care
Amro Mohamed Mahmoud MD | Dermatology Specialist
- 15:20 - 15:30

Evaluating the Impact of Artificial Intelligence on Dermatology Training Among Sudanese Registrars
Alaa Ahmed MD | Dermatologist
- 15:30 - 15:40

Exploring Safer Therapies for Dark Skin Vitiligo Patients: A Focus on Red and Infrared Light Sources
Fathia Adam MD | Dermatologist

15:40 - 16:00 Q & A / Break

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 16 - Indonesian Society of Dermatology and Venereology

Chairperson: Hanny Nilasari MD, Theresia Movita MD

16:00 - 16:10

Indonesian Natural Ingredients for Skincare Innovations

Diah Puspitosari MD | Research team of cosmetic product in vivo testing at Dermatest Lab and lecturer Assistant Vice President of International Affairs and Telemedicine

16:10 - 16:20

Pico Second 755-nm Alexandrite Laser for Skin Rejuvenation and Pigmentation in Indonesian Skin

Theresia Movita MD | Vice secretary of Indonesian National Society of Dermatology and Venereology (INSDV)

16:20 - 16:30

Beauty from Southeast Asia: A Multimodal Approach to Facial Rejuvenation in the Indonesian Population

Henry Tanojo MD | Dermatologist

16:30 - 16:40

The Oldest STI: The Great Imitator, On the Rise, Treatable Disease

Hanny Nilasari MD | President of INSDV

16:40 - 16:50

Q & A

SESSION 17 - Oman Dermatology Society

Chairperson: Ahmed Al Waily MD

16:50 - 17:00

Telemedicine and Alopecia Areata: Bridging Gaps in Diagnosis and Treatment

Amira Elsayed MD | Resident Dermatologist

17:00 - 17:10

Psychological Impact on Skin Diseases

Reyam Al Malki MD | Dermatology Specialist

17:10 - 17:20

Q & A



ABSTRACTS

MONDAY | 14 April 2025

DAY ONE

CONFERENCE HALLS

1 | 2 | 3 | 4

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

SESSION 1

Chairperson: Hesham Zaher MD, Babar Rao MD, Fatima Albreiki MD

09:30 – 09:45

Are Large Models Helpful for the Management of Our Patients?

Julia Welzel MD | Director of the Department of Dermatology, President of the German Society of Dermatology

People with skin changes often first ask the Internet what diagnosis they might have and what they should do before consulting a dermatologist. LLMs such as ChatGPT make this search even easier because images can be uploaded. Unlike medical apps that have gone through an approval process for specific indications, these digital tools are not subject to medical regulation or evaluation. Misdiagnoses can have significant consequences and endanger patients.

We used ChatGPT4.0 to evaluate the diagnostic accuracy of 10 characteristic and common skin diseases in different constellations. Clinical information on duration and symptoms or just a typical image of the skin changes or a histology or combinations of these information were entered. ChatGPT was most often correct in its diagnosis when combining medical history and clinical picture. Hallucinations occurred particularly in histological images. This means that the disease described did not fit the picture at all and no uncertainty was indicated. At its current stage of development, ChatGPT4.0 is not suitable for making diagnoses of skin diseases without medical supervision and interpretation.

09:45 – 10:15

Recent Advances in Understanding Dermatomyositis

Manabu Fujimoto MD | Professor and Chair – Department of Dermatology

Dermatomyositis is a heterogeneous inflammatory disease affecting both muscle and skin, with significant associations with malignancy and interstitial lung disease. Recent advancements in myositis-specific autoantibodies (MSAs) have revolutionized the classification of dermatomyositis, allowing for more precise diagnosis and treatment strategies. This lecture will explore the pathogenic role of autoimmune responses against myositis-specific autoantigens, highlighting their clinical implications and potential mechanisms. By reshaping our understanding of dermal myositis from an autoantibody perspective, we aim to improve patient outcomes through more targeted therapeutic approaches.

Dermatomyositis exhibits significant clinical and pathological heterogeneity, with myositis-specific autoantibodies (MSAs) serving as crucial biomarkers for disease subsets. This lecture will discuss the latest advancements in MSA research, including their role in disease pathogenesis and clinical manifestations. We will also examine experimental models demonstrating how autoantibody-mediated immune responses contribute to dermatomyositis development. By understanding these mechanisms, we can refine disease classification and tailor therapeutic strategies for better patient care. Emerging insights into the interplay between immune responses and dermatomyositis will be presented, with implications for future research and clinical practice.

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

10:15 - 11:00

Empowering Dermatologists with Artificial Intelligence in an Interactive Session

Babar Rao MD | Professor of Dermatology and Dermatopathology

Trilokraj Tejasvi MD | Professor

Lilia Correa – Selm MD | Associate Professor of Dermatology / Vice Chair of Dermatology

Artificial intelligence is being utilized in almost every field of health. It can make your work easy and keep you up-to-date, however, is it practical in each scenario or not is still controversial. We will discuss where in dermatology it fits best.

Artificial intelligence has revealed its transformative potential across many industries. According to a report by Accenture, the adoption of AI in the healthcare industry is expected to generate up to \$150 billion in savings by 2026. Nonetheless, concerns about patient data and safety make the healthcare industry remain cautious about adopting AI into clinical practice. The objective of this course is to explore the practical applications of artificial intelligence in clinical dermatology. Throughout the lectures, we will discuss the advantages and limitations of AI in practice while addressing crucial concerns, including patient data and privacy. An interactive demonstration will showcase how AI chatboxes and mobile applications can be used in dermatology. Additionally, the audience will engage in a case-based discussion with our expert panel, exploring how AI can improve clinic efficiency and patient outcomes in real-life scenarios. This lecture aims to empower dermatologists to use AI innovatively in their own practice.

SESSION 2

Chairperson: Hazem Seif Alnasr MD, Nawaf Almutairi MD, Mohsen Saleh BinRisheed MD

11:00 - 11:30

Steroid Modified Dermatophytoses

Ramesh Bhat MD | Head of Research and Professor of Dermatology

Dermatophytoses is a rapidly spreading all over the world with drug resistant fungal species. Application of antifungal creams containing potent steroids have resulted in varying clinical presentations. We describe various atypical manifestations of dermatophytoses due to application of corticosteroids. We also have introduced Dermatophytoses severity score to assess severity in steroid modified dermatophytoses. The increased infection with *T. Mentagrophytes* type VIII is increasing all over.

11:30 - 12:00

Tinea Incognito

Andrzej Jaworek MD | Associate Professor

Tinea incognito (TI; also known as steroid-modified tinea) is the name given to a fungal skin infection when the clinical appearance has been altered by inappropriate treatment, usually a topical steroid cream. The border of the skin lesion is usually blurred and it appears to have florid growth.

The usage of topical steroids by specialists in many branches of medicine is still increased in many countries all over the world. The typical clinical presentation of skin tinea infection is modified by using topical immunosuppressant's (mainly steroids). A few of our most interesting cases of TI will be presented.

DAY ONE MONDAY

14th APRIL 2025

CONFERENCE HALL 1

DERMATOLOGY SCIENCES & RESEARCH

12:00 - 12:30**Cutaneous Leishmaniasis in the Gulf Region****Nawaf Almutairi MD** | Professor of Dermatology, Department of Medicine

The leishmaniasis are now endemic in 88 countries on five continents—Africa, Asia, Europe, North America and South America—with a total of 350 million people at risk. Seventy two are developing countries and 13 are among the least developed. It is estimated that worldwide 12 million people are affected by leishmaniasis; this figure includes cases with overt disease and those with no apparent symptoms. Of the 1.5-2 million new cases of leishmaniasis estimated to occur annually, only 600 000 are officially declared.

Of the 500 000 new cases of visceral leishmaniasis which occur annually, 90% are in five countries: Bangladesh, Brazil, India, Nepal and Sudan. The number of annual deaths is about 80.000 worldwide. Ninety percent of all cases of mucocutaneous leishmaniasis occur in Bolivia, Brazil and Peru. Ninety percent of all cases of cutaneous leishmaniasis occur in Afghanistan, Brazil, Iran, Peru, Saudi Arabia and Syria, with 1-1.5 million new cases reported annually worldwide. The geographical distribution of leishmaniasis is limited by the distribution of the sandfly, its susceptibility to cold climates and its and its tendency to take blood from humans or animals. However, with rapid globalization and easy means of transport available today, there has been huge increase in the transcontinental travel among the world population. Hence, the cases are now being increasingly reported from areas or countries, in which the disease was non-existent in the past. Thus, there is a need to make the medical community aware of this disease across the world, so as to detect and treat the cases at the earliest. I would discuss the current situation of this infection in Middle East as well as give an update on the recent advances in the pathogenesis, diagnosis and treatment of this condition.

12:30 - 13:00**Clinical Cases of Histiocytosis****Nadia Abdelwadood MD** | Consultant of Dermatology & Venerology

Histiocytosis is a group of disorders or syndromes that involve an abnormal increase in the number of specialized white blood cells called histiocytes. Recently, histiocytosis classified into L-group, C-group, M-group, R-group, and H-group. It May affect all body systems and need full examination and investigation like skin and bone marrow biopsy.

13:00 - 14:00**Q & A / Lunch Break****SESSION 3****Chairperson: Abdulwahab Al Fouzan MD, Kayane Mheidly MD****14:00 - 14:30****Cutaneous T-Cell Lymphomas in the UAE****Kayane Mheidly MD** | Consultant Haematology/BMT

Cutaneous T-cell lymphomas (CTCLs) represent a heterogeneous group of rare extranodal non-Hodgkin lymphomas, with the most common subtypes being mycosis fungoides (MF) and Sézary syndrome. CTCL is characterized by the localization of neoplastic T-lymphocytes to the skin without evidence of extracutaneous disease at the time of diagnosis. The clinical presentation of CTCL is highly variable, often

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including visible skin changes such as patches, plaques, tumors and/or erythroderma.

In addition to the medical history and physical exam, the initial workup for patients with suspected CTCL includes multiple tests that assist in the differential diagnosis of CTCL, identifying its subtype, as well as disease staging, including biopsy of the affected skin, molecular analysis to detect clonal T-cell receptor (TCR) gene rearrangements, assessment of peripheral blood involvement, among others.

The multidisciplinary approach is necessary for the comprehensive management of CTCL, to reduce the important delay of the diagnosis in this disease and improve the patient prognosis.

14:30 – 14:45

Palmoplantar Pustulosis: A Special Entity or a Subtype of Pustular Psoriasis

Abeer Elkholy MD | Professor of Dermatology

Palmoplantar pustulosis (PPP) is a chronic, recurrent, inflammatory skin disease. Sterile pustules on an erythematous scaling skin on the palms and soles, with hyperkeratotic plaques and fissures. PPP is not associated with the PSORS1 locus as in psoriasis vulgaris (PV), but with mutations in the CARD14 [family member of the caspase 14 recruiting domain], APIS3, and ATG16 L1 genes.

There is debate if PPP a variant of pustular psoriasis, or it is a different entity. A mutation in the IL36RN gene (frequently involved in generalized pustular psoriasis and acrodermatitis continua of Hallopeau) is only found in 2% of PPP. PPP has a female predominance; the mean age of patients is 40–58 years. There is a strong association with smoking. May be also related to thyroid disease, gluten sensitivity, and type 2 diabetes. The acrosyringium is the primary site of vesicle/pustule formation and inflammation & an abnormality in sweating may contribute to the formation of vesicles and pustules in PPP. It can be precipitated by drugs especially TNF inhibitors.

14:45 – 15:05

Optimizing Wound Healing: Local Strategies & the TIMER Framework

Mohamed Hazem Abdelazeem MD | Professor of Plastic & Craniomaxillofacial Surgery

In the current clinical practice, there's a growing focus on achieving the optimal aesthetic outcome. To ensure a more efficacious wound healing and scar management, it is crucial to adopt validated and supported scientific approaches that combine both surgical & non-surgical techniques. By emphasizing tailored management plans and advanced evidence-based methods, we can address the challenges associated with wound care to deliver functional and cosmetic results.

Optimizing wound healing and scar management to reach the best functional and cosmetic outcomes remains a challenging process.

This session focuses on specific wound management strategies that leverage the "TIMERS" framework to maximize wound healing potential.

A core element is the incorporation of the bioactive hyaluronic acid (200kDa formulation) into each component of the TIMER framework, and demonstrating its role in tissue debridement, controlling and preventing infection and enhancing remodeling and tissue repair.

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The session will explore practical applications to improve wound care practices in diverse clinical settings, ultimately ensuring improved, faster, and more efficient healing outcomes.

15:05 – 15:20

All What You Don't Know About Leprosy

Mohamed Elazzab MD | Retired Dermatologist

Leprosy is a Chronic granulomatous infection, primarily of skin and nerves, caused by *Mycobacterium leprae* (AFB). □ □ prolonged close contact is required for transmission □ Inhaled AFB from nasal discharge of LL is source of infection. Infection by direct skin contact occurs rarely if at all. After inhalation, AFB pass through blood to peripheral and cutaneous nerves, where infection and host reaction commence. □ Congenital transmission: rare □ The incubation period: □ tuberculoid leprosy: 2-5 years □ lepromatous leprosy: 8-12y up to 20y Effects of exposure to *M. leprae*: □ Subclinical infection: (90%), in pt.e' perfect CMI & is detected by ■ +ve lepromin test ■ +ve lymphocyte transformation test to AFB. ■ +ve Ab.(IgM PGL) □ Clinical leprosy: ■ 10% of those exposed to AFB develop signs of indeterminate leprosy (IL) ■ 50% of IL change to other types of leprosy □ If individual has ■ good immunity, organisms are contained and TT occurs. ■ moderate immunity, a seesaw battle occurs and results in borderline types of leprosy. poor immunity, LL occurs. In this lecture we will review multiple cases of: 1.. indeterminate leprosy typical and atypical cases. 2.. tuberculoid leprosy typical and atypical cases. 3.. lepromatous leprosy typical and atypical cases. 4.. borderline leprosy (BT, BB, BL)

15:20 – 15:35

PCR vs Slit Skin Smear in Diagnosis of Suspected Cases of Leprosy

Marwa Saied MD | Dermatologist

Leprosy is a chronic infectious disease where delay in diagnosis or treatment can lead to deformities, disabilities and social stigma for the rest of patient's life. Definite diagnosis of leprosy has long been performed based on clinical picture, histopathology and/or the presence of acid-fast bacilli (AFB) from tissue smears or tissue sections stained by ziehl-neelsen. Despite the ability of visualization of *M. leprae* with ziehl-neelsen stain in tissue sections or skin slit smears, definite diagnosis of leprosy using these traditional methods is sometimes difficult in cases where AFB are generally rare as in patients with indeterminate type, those at the tuberculoid end of the leprosy spectrum, in patients with pure neural leprosy (PNL) with no specific skin lesions. In the last few decades, new molecular biology methods, as real-time PCR amplification, have been developed as reliable and sensitive diagnostic tools for the detection of pathogens for many infectious diseases including leprosy. Several investigators have used PCR to amplify various genomic sequences of *M. leprae* in order to improve detection of low numbers of bacteria. In this lecture, we discuss the usefulness of PCR analysis for detection of *M. leprae* in the serum, as less invasive technique, in comparison to skin slit smear for the diagnosis of leprosy. PCR test in diagnosis of leprosy is more sensitive than SSS, and can detect many false negative cases, so when available, it is better to depend on PCR in diagnosis of suspected early cases of leprosy.

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15:35 - 15:50

Clinical Application of PCR in Early Diagnosis of Neural Leprosy Cases and Their Contact

Mohamad Rashed MD | Dermatologist Specialist

Background: Pure neural leprosy Cases (PNL) are difficult in their diagnosis and usually loss the early management opportunity.

Objective: to evaluate Real time PCR and High resolution ultrasonography of peripheral nerves as diagnostic tools in PNL.

Methodology: Application of high resolution ultrasonography and PCR for suspected cases of PNL

15:50 - 16:05

Leprosy: Clinical Cases

Ahmed El Azab MD | Dermatologist

Leprosy, caused by Mycobacterium leprae, is a chronic infectious disease that primarily affects the skin, peripheral nerves, upper respiratory tract, and eyes.

Clinical cases of leprosy can present with a variety of manifestations, ranging from asymptomatic to severely disfiguring. The two main clinical forms of leprosy are tuberculoid and lepromatous leprosy, each with distinct immunological profiles and clinical features.

This abstract reviews three clinical cases of leprosy, highlighting diagnostic challenges, therapeutic approaches, and the importance of early intervention to reduce the long-term impact of the disease.

SESSION 4

Chairperson: Dimitre Dimitrov MD, Mohamed El-Khalawany MD

16:05 - 16:20

Beyond Itch: Understanding the Psychiatric Dimensions of Atopic Dermatitis

Anood Al-issa MD | Dermatologist and Venereologist

Atopic dermatitis (AD) is a prevalent chronic inflammatory skin disorder affecting up to 20% of individuals, characterized by elevated immunoglobulin E (IgE) levels, an impaired skin barrier, and immune dysregulation. The condition is commonly managed through a combination of moisturizing agents, topical anti-inflammatory treatments, phototherapy, and systemic therapies for more severe cases. However, recent studies suggest that AD extends beyond dermatological symptoms, potentially influencing and being influenced by various psychiatric dimensions. A notable aspect of AD is its association with other allergic and autoimmune conditions, which has led researchers to explore the potential links between AD and psychiatric disorders. There is emerging evidence suggesting an increased risk of attention deficit/hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) in individuals with AD. Despite these findings, the relationship between AD and obsessive-compulsive disorder (OCD) remains less well-established. OCD is characterized by intrusive, distressing thoughts and repetitive behaviors, which can significantly impair quality of life. In this study, we present a case of a 30-year-old female patient who exhibited severe pruritus

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despite two years of ongoing topical steroid therapy. The patient's medical history was unremarkable, with no recent changes that could explain the worsening of her symptoms. Clinical examination revealed scratch marks on the back, but no primary lesions. A biopsy indicated dermal eosinophilia, and blood tests showed eosinophilia and markedly elevated IgE levels (7280 IU/mL), while allergy tests returned negative results. Initial treatments with montelukast, antihistamines, and desensitization strategies did not result in significant improvement. Further investigation led to the diagnosis of OCD, with a particular focus on how high IgE levels were linked to COVID-19-related obsessions and excessive use of sanitizers. The patient's OCD symptoms were exacerbated by the elevated IgE levels, which were possibly influenced by the psychological stress associated with the COVID-19 pandemic and the frequent use of sanitizers. Treatment was adjusted to include systemic antidepressants and behavioral programs, leading to substantial improvement in the patient's condition. This case underscores the complex interplay between dermatological conditions and psychiatric disorders, highlighting the necessity for a comprehensive approach to diagnosis and treatment. The findings suggest that psychiatric conditions such as OCD may contribute to or exacerbate the severity of AD symptoms. Therefore, it is crucial for clinicians to recognize the potential psychiatric dimensions of AD and incorporate mental health evaluations into the management of patients with severe or refractory dermatitis. This study emphasizes the importance of addressing both dermatological and psychological factors in patients with AD. A holistic approach to treatment that considers the psychological impact of chronic skin conditions is essential for improving overall patient outcomes. Future research should further investigate the mechanisms linking AD with psychiatric disorders, refine treatment strategies, and enhance clinician awareness of these interconnected aspects to optimize patient care.

16:20 - 16:35

Habit Reversal Therapy - Basic Concepts

M. Jafferay MD | Professor

Habit Reversal Therapy is a structured, evidence-based approach that can help individuals reduce or eliminate unwanted habits or behaviors, such as nail-biting, hair-pulling, skin picking, or tics.

HRT involves several key components:

Awareness Training: The first step is to help the person become more aware of their habits and when they occur. This may involve tracking the behavior, identifying triggers, or recognizing the sensations associated with the habit.

Competing Response: The individual is taught to perform a different, incompatible behavior when they feel the urge to engage in the unwanted habit. This "competing response" should be something that is physically incompatible with the habit, like clenching your fist when you feel the urge to pull hair.

Relaxation Training: To reduce anxiety and stress, relaxation techniques such as deep breathing or progressive muscle relaxation are taught. These can help to manage the emotional triggers that contribute to the behavior.

Generalization and Maintenance: Once the new habit is established, the therapist helps the person apply the new behavior in different settings and situations. Ongoing support and practice are important to prevent relapse.

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16:35 - 16:50

Basic Psychopharmacology for Dermatologists

Dimitre Dimitrov MD | Dermatologist, Psychoderma SKMC Assoc. Professor CMHS, KU, Abu Dhabi; Faculty Psy Derma Diploma ESDaP

In dermatological practice, a substantial number of patients present with conditions that may benefit from concurrent psychiatric treatment. Most of the patients are reluctant to accept referrals to mental health specialists. This reluctance necessitates that dermatologists become familiar with psychotropic medications to provide comprehensive care. Psychotropic drugs are not typically within the dermatologists' prescribing repertoire. Despite existing beliefs that only mental health specialists should prescribe these medications, general practitioners and family medicine colleagues frequently do so. This raises the question of why dermatologists should not also prescribe them, especially when it could alleviate psychological burdens and facilitate eventual referrals.

The integration of psychotropics into dermatological practice is increasingly recognized as essential for managing psychodermatologic disorders. Despite the reluctance of patients to seek psychiatric evaluation, dermatologists can play a pivotal role in addressing the psychological aspects of skin conditions. The benefits of dermatologists prescribing psychotropic medications are undoubted, especially if one considers the substantial number of patients who may require such interventions but refuse psychiatric referrals. By prescribing these medications, dermatologists can mitigate psychological distress, ease the transition to mental health services when necessary and enhance patient care.

16:50 - 17:05

Self-Inflicted Lesions in Dermatology

Jacek C Szepietowski MD | Professor

Self-inflicted lesions in dermatology are not rare conditions in daily clinical practice. The current classification of self-inflicted skin lesions was proposed by the European Society for Dermatology and Psychiatry (ESDaP). It included both hidden and non-hidden behaviours. Within hidden or denied underlying behaviours one can distinguish malingering in dermatology and factitious disorders in dermatology. On the other site within non-hidden behaviours there are lesions related to both compulsive spectrum and impulsive spectrum. Additionally, body modifying behaviours, like tattoos or piercing are located there. The holistic approach to patients with self-inflicted skin lesions is required.

17:05 - 17:20

Body Dysmorphic Disorder in Dermatology: The Looming Cosmetic Psychological Epidemic

Mohamed Hassan MD | Dermatology Specialist

Dermatologists routinely see patients with inflammatory skin conditions and aesthetic concerns that involve substantial psychological comorbidity

(Body dysmorphic disorder) is a common and distressing psychiatric condition that disproportionately impacts dermatology patients, including chronic skin conditions such as acne and atopic dermatitis.

A majority of BDD patients seek cosmetic treatment

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Dissatisfied patients with BDD who receive surgical and dermatologic cosmetic treatments frequently threaten the provider legally or physically, despite an objectively acceptable cosmetic outcome

Though screening questionnaires we can assist dermatologists in recognizing BDD

17:20 - 17:35

An Insight into Resistant Hyperpigmentation in Skin of Color and Evolving Strategies to Achieve Clinically Meaningful Outcomes: A More Than 10 Years Perspective!

Neha Gupta MD | Founder, Director and Dermatologist

Hyperpigmentation disorders are distressing conditions affecting all skin types but more common in people with Skin of colour (SOC). These are largely benign and influenced by numerous endogenous and exogenous factors impacting melanocyte activity and melanin production. Current treatment modalities for hyperpigmentation, since decades, fall into broad categories, including photoprotection, topical and systemic therapies, chemical peels, and laser and light-based therapies, but do not consider the biological differences in SOC, leading to resistance, recurrence and adverse effects. SOC patients >18years of age, with different hyperpigmentary conditions, present for more than 1year and resistant to conventional treatments, were counselled and treated (after excluding active infections and keloidal tendencies) with different combinations of advanced procedures and followed up at 12weeks, 24weeks, 1year and finally at 2years, when the final assessment was done by Global macroscopic photographs, Physicians visual assessment and Survey-based questionnaire at the end of 2years. The treatment outcomes showed the effectiveness of advanced and novel therapies to provide satisfactory and sustained results in resistant hyperpigmentation in SOC. Combination therapy incorporating advanced minimally invasive procedural modalities maintained results for a longer time than monotherapy for these common, yet challenging skin conditions in SOC. Making use of advanced minimally invasive procedural modalities like lasers, mesotherapy, plasma therapy and even exosomes, holds promise to produce long-lasting aesthetic results, improving patient's self-confidence, mental health and thus quality of life.

17:35 - 17:50

Neutrophilic Dermatoses: More Understanding of a Significant Spectrum

Mohamed El-Khalawany MD | Professor of Dermatology & Dermatopathology

Neutrophilic dermatoses are a group of skin diseases that are characterized clinically by pustular eruption and histologically by dense neutrophilic infiltrate. The spectrum of this group is usually underestimated and not fully understood.

The role of neutrophils in dermatological diseases and discuss the spectrum of diseases characterized by neutrophilic infiltrate and differentiate between primary and secondary neutrophilic reaction. Moreover, the level of infiltrate and the diseases related with each level will be also discussed. This lecture will aim to rise the practical approach of the dermatologists and increase their knowledge about such underestimated spectrum of dermatoses.

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Oral Isotretinoin in The Treatment of Melasma; A Randomized Controlled Clinical Trial

Amany Nassar MD | Professor

Melasma is a highly prevalent hyperpigmentation problem that affects a large percentage of the global population. It is most commonly seen in women and those with Fitzpatrick Skin Types III–VI. This hyperpigmentation condition has a complicated and multi-factorial pathophysiology. Melasma is classified as either epidermal or dermal, depending on the pattern of its pigmentation. Diagnosis of melasma is typically by clinical examination. Melasma Area and Severity Index (MASI) and modified MASI (mMASI) continue to be the most reliable melasma scoring methods. Melasma is difficult to treat because recurrences are common, and most patients do not have full lesion clearance

Current treatment of melasma includes the use of a combination of photoprotectants, skin lighteners (both oral and topical), and resurfacing techniques. In vitro studies have shown that retinoids may have a proapoptotic effect on melanocytes and isotretinoin was incriminated in vitiligo induction in few case reports. There are a few isolated reports of isotretinoin either topical or systemic being effective in the treatment of pigmentary lesions such as lichen planus pigmentosus (LPP)..

18:05 - 19:00

CINE FIKR - Psychodermatology Edutainment For the First Time in the UAE

Mohamed Hassan Abdelkarim MD | Dermatology Specialist

Dimitre Dimitrov MD | Faculty Psychodermatology Diploma Course ESDaP

Alia Galadari MD | Consultant Dermatologist

An innovative fusion of art and science, this session bridges the world of cinema and dermatology, exploring the psychological impact of living with visible skin conditions.

Through the lens of modern film, we'll delve into the emotional, social, and psychological repercussions experienced by individuals with dermatological differences—highlighting the critical role of psychodermatology in holistic patient care.

Join us for a thought-provoking evening where storytelling meets skin science.

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UPDATES IN DERMATOLOGY THERAPIES / NEW DRUGS & CLINICAL CASE PRESENTATIONS

SESSION 1

Chairperson: Mohammed Al Abadie MD, Hussein Abdel Dayem MD, Makaram Al Waiz MD**09:30 – 09:50**

As Needed Biologic Treatment For Psoriasis

Hussein Abdel Dayem MD | Consultant Dermatologist

- Biologic therapies have revolutionized psoriasis management and have led to increasing numbers of patients with clear or nearly clear skin (i.e. disease control). The current paradigm of care involves individuals continuing biologics indefinitely despite ongoing disease control. Continuous use of biologic therapy contributes to an increased risk of infections, drug adverse events, injection burden and cost
- 'As needed' biologic therapy, in which an individual takes their biologic at the first sign of psoriasis recurrence (rather than continuously at fixed dose intervals), may help to address these problems. This personalized patient-led approach has the potential to maintain disease control at a reduced dosing frequency, minimizing the treatment burden for each patient.
- However, there is wide variability in the clinical implementation of these practices. There are also concerns regarding acceptability, uncertainty about long-term safety, cost-effectiveness, predictors for successful tapering and the optimal strategy for dose minimization of the newest generation of biologics.

09:50 – 10:10

Update on the Pathogenesis and Treatment of Alopecia Areata

Salah Al Rubaie MD | Consultant Dermatologist

Alopecia Areata is a chronic autoimmune disease resulting in hairfall.

Alopecia Areata is due to complex mechanism involved in the genetic, environmental factors and impaired immunological response, due to impaired of immune privilege hair follicle.

The available treatment includes topical and intralesional corticosteroids, immunosuppressive, Finasterides, Dutasteride, Minoxidil topical and oral, PRP, Stem cell injection, and Exosome injections with variations in efficacy and risk of adverse effects.

The recent advances in understanding of the pathophysiology and development of new medications has improved the treatment of hair loss conditions.

Recently the JAK kinase (JAK) signaling pathway had led to the development of several topical and oral JAK Inhibitors in the management of Alopecia Areata.

10:10 – 10:30

Advances in the Management of Androgenic Hair Loss

Mohammed Al Abadie MD | Clinical Director & Consultant Dermatologist

Androgenic Alopecia (AA) is the most common cause of progressive hair loss in men and women. It affects up to 50% of men by age 50 and is mainly a result of a combination of genetic and hormonal factors.

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Conventional treatments for men, including topical minoxidil and oral Finasteride, have demonstrated effectiveness in slowing hair loss but are associated with side effects, such as scalp irritation and sexual dysfunction. Emerging evidence showed that oral dutasteride has superior hair regrowth to finasteride, with similar side effects. Oral Minoxidil has also demonstrated efficacy in promoting hair growth. Biotin showed some improvement in some patients. Topical treatments including Finasteride sprays, Clascoterone, and Cetirizine offer alternative options with fewer systemic effects. Furthermore, the insertion of absorbable thread such as Polydioxanone and poly-L-lactic acid (PLLA) has shown hair regrowth mainly in female pattern hair loss; others include micro-needling and low-level laser therapy (LLLT) and Botulinum Toxins. Most recently, significant improvements came with Platelets-rich plasma (PRP), Exosome, and Stem Cell Therapy. Other recent Novel therapies showing some promise include KX-826, a topical androgen receptor antagonist, and monoclonal antibodies like HM-115. Further research is still needed to confirm the efficacy and safety of the study. Beyond all the above Hair transplant is still complementary and a milestone in the management of hair loss.

10:30 – 10:50

Antifungal – Resistant Dermatophytes, Current Challenges & Practical Considerations

Ashraf Mohamed Reda MD | Consultant Dermatologist & Adjunct Clinical Associate Professor of Dermatology

Antifungal-resistant dermatophytes are emerging as a global epidemic. *T. indotineae* is a new species which has been identified as the cause of such an epidemic. The atypical clinical presentation represents a diagnostic challenge. Confirmation of *T. indotineae* in routine fungal culture is not possible. In this presentation, various therapeutic strategies to overcome such resistant dermatophytes will be discussed.

10:50 – 11:20

Share Me Your Experience: 40 Clinical Cases

Khalifa Sharquie MD | Emeritus Professor

Background: In busy clinic, dermatologist see diverse cases, in most of them, clinical diagnosis could be established and treatment might be given with or without further follow up.

Objective: The objective of share me your experience is to present numerous cases where clinical diagnoses could be determined and therapy given which might not need specific investigations and follow up.

Patients and Results: Around forty unusual clinical cases will be presented that consist diverse cases of dermatology including patients that need surgery or cosmetology where rapid diagnosis and management are essentially needed. Interactive discussion is part of this presentation.

Conclusion: The dermatologist should be clever enough to deal with most clinical cases without further investigations and follow-up

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SESSION 2

Chairperson: Khalil Alhamdi MD, Dooha Alhamdi MD

11:20 - 11:50

Interesting Clinical Cases, The Tales of Challenging Cases in Diagnosis and Treatment

Khalil Alhamdi MD | Head of Dermatology

In daily clinical practice one may come across many problematic cases that present with a typical modes creating difficulties in their diagnosis and treatment, here we will present problematic clinical cases to share experiences with experts.

11:50 - 12:20

Dual Therapy with Minocyclin and Itracanzole; A New Treatment Modality for the Treatment of Recurrent Dermatophytosis

Dooha Alhamdi MD | Assistant Professor of Dermatology, Head of Department of Dermatology

Background: Dermatophytosis is one of superficial fungal skin infection that is limited to fully keratinized layer of the skin, hair and nails. It tends to affect about 20- 25% of general population. In the last few years, a remarkable number of dermatophytosis with wide range of clinical presentations, running mostly an inflammatory chronic course and recalcitrant to well-known courses of systemic and topical antifungal treatments for which, many treatment options were tried to overcome this problem. Minocycline is well-known antibiotic that has been used in many dermatological diseases. Recently, it had been successfully used for the treatment of deep fungal infections and recalcitrant cases of candidiasis so that, this study was designed to assess the efficacy of adding minocycline along with itraconazole in the treatment of recurrent widespread dermatophytosis.

Patients and methods: A prospective clinical therapeutic trial that was conducted at two private clinics where, 86 patients with recurrent widespread dermatophytosis (involving more than 20% of body surface area) were enrolled in the study. All the involved patients were treated with itraconazole 100 mg per day along with minocycline 80 mg per day for two to six weeks then the patients was strictly followed up each two weeks until complete cure was obtained then they followed up monthly for 3 successive months then they were asked to return back if there is any recurrence.

Results: The study showed that, the cure rate was 100% within 2-6 weeks of treatment, thirty-one (36%) of treated patients were cured after two weeks, at fourth week, 35 (40.7%) patients revealed complete recovery, while the remaining 20 (23.3%) patients showed complete cure after 6 weeks of treatment. Recurrence rate was 3.5%.

Conclusions: minocycline was effective, safe promising adjunctive treatment along with itraconazole in eradication of recurrent widespread dermatophytosis.

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12:20 - 12:50

Apremilast in Dermatology

Mohamed Elbanhawy MD | Senior Consultant in Dermatology, STDs, Andrology and Sexual Medicine

Apremilast is an orally administered small molecule that inhibits the phosphodiesterase 4 enzyme. It is FDA approved for the treatment of psoriasis, psoriatic arthritis, and oral ulcers of Behcet disease. It is used off label to treat varied dermatological diseases where systemic corticosteroids or immunosuppressive agents were not effective.

12:50 - 13:05

The Strong Impact of JAK Inhibitors in the Effective Treatment of Dermatological Diseases Challenging to Treat Previously

Raul Cabrera Moraga MD | Professor and Head of Dermatology Post-Graduate Program

JAK inhibitors have revolutionized the treatment of numerous inflammatory diseases in dermatology. Their introduction is comparable only to what corticosteroids were a few years ago. Nowadays, many diseases that were refractory to the usual treatments because of their advanced stage (alopecia universalis) or because of their intense inflammatory activity (erythrodermic psoriasis) or great subjective discomfort for the patients (atopic dermatitis) are being treated with JAK inhibitors.

The Janus kinases (JAK) are a family of intracellular Tyrosine kinases that regulate the inflammatory response because their association with signaling process of many cytokines. JAK inhibitors (JAKinh) are orally active drugs developed to target various cytokines and growth factors involved in the pathogenesis of immune-mediated diseases.

In recent years JAK inhibitors have come to play a very important role in multiple inflammatory diseases in Dermatology.

13:05 - 14:00

Q & A / Lunch Break

SESSION 3

Chairperson: Dalia Halwag MD, Ayham Alnukary MD

14:00 - 14:30

Laser & Biological Treatment of Vitiligo, Beyond Excimer

Dalia Halwag MD | Consultant and Lecturer of Dermatology

The first thing that comes to mind, when one hears laser for vitiligo treatment, is Excimer laser. However, many other laser devices can be used for treating vitiligo.

Ablative fractional and non-fractional lasers (CO2 or Er-YAG) can be used for recipient site preparation for cell suspension transplant in Vitiligo Surgery. Ablative fractional lasers can be combined with NB-UVB phototherapy or sun light exposure to induce repigmentation. Fractional lasers can be used for trans-epidermal drug delivery, they are combined with medical treatment modalities including topical steroids, topical calcineurin inhibitors, 5-fluorouracil, topical vitamin D analogues and Platelet-rich plasma. QS-lasers

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can be used for depigmentation of residual normally-pigmented skin in cases of extensive vitiligo. We discuss the differences and similarities between excimer laser and the cheaper, more widely used Excimer lamp.

14:30 – 14:45

Clinical and Microbiome Correlations in Acne Patients

Marius-Anton Ionescu MD | Associate Professor of Dermatology

The imbalance of skin microbiota can induce or aggravate inflammation in acne (1)(2). *C. acnes* RT4 and RT5 ribotypes express more biofilm and are associated with inflammatory acne lesions (1)(3). *C. acnes* RT6 is a non-acne ribotype, beneficial for the skin.

Objectives to compare the correlation between clinical features and microbiome in acne patients.

Materials and methods were included adult acne patients, the emulsion Em (Umbeliferae extract stimulating antimicrobial peptide hBD2, was applied BID for 2 M. Were evaluated acne outcome and microbiota analysis by metagenomic analysis of 16S rDNA.

Results In a series of 32 acne patients, at M2 acne lesions decreased by 63% ($p < 0.001$), skin microbiome had an increased density of *C. acnes* RT6 and decreased density of *C. acnes* RT1 to RT5, vs baseline.

Conclusions the emulsion Em improved acne lesions and microbiome at M2 compared to baseline.

14:45 – 15:00

Enhancing the Treatment of Vitiligo: A Promising Predictive Model for Narrowband UVB Response and New Therapies

Raul Cabrera Moraga MD | Professor and Head of Dermatology Post-Graduate Program

The treatment of vitiligo is based primarily on stabilizing the progression of vitiligo, then obtaining repigmentation and finally its maintenance. The various treatment modalities are due to the nature of its origin which can be genetic (familial), secondary to events produced in the nervous system (psychiatric and others), medication (anti-PD1, activation of the immune system (primary or secondary to autoimmune diseases) or by local metabolic alterations that affect melanin synthesis (free radicals, growth factors, etc.).

Numerous recent clinical and laboratory findings have allowed us to learn more about the immunological nature of vitiligo. In the clinical field, UVB-Narrowband phototherapy was known, but recent advances in speed response have allowed us to discover that patients have different response rates. This has allowed us to build a predictive model in which slow responders have recently been found and included in treatment.

Research has led to a better understanding of the autoimmune pathophysiology of vitiligo. The role of various chemokines (CXCL10) and the activation of various cells of innate immunity have allowed the development of new treatments that include small molecules, such as JAK inhibitors. These inhibitors are being used in conjunction with phototherapy, decreasing treatment times and improving their effectiveness.

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15:00 - 15:15

Same Gene But Variable Clinical Severity in Xeroderma Pigmentosum

Daudi Mavura MD | Principal

Xeroderma Pigmentosum is a rare Autosomal Recessive genodermatosis which results in the nucleotide excision repair gene mutation. The disease is associated with skin, ocular and neurological manifestations.

The incidences in Tanzania are higher due to consanguineal marriages with unknown genetic landscape.

There are 8 Xeroderma pigmentosum sub types have been reported worldwide.

The commonest in Africa is type C (XPC).

These patients require early case detection, use of sun protective measures, to prevent tumors development and treatment of any tumor and provision of palliative care.

XP is associated with stigma that affects this patient's health seeking behavior.

Autosomal recessive genodermatosis not so uncommon in Tanzania.

Patients present with a wide range of variable clinical findings and disease severity despite one subtype (XP C) being reported as the type in Tanzania.

15:15 - 15:30

New Perspectives in Dermatology Research

Tamara Griffiths MD | Consultant Dermatologist, Honorary Lecturer, and President of the British Association of Dermatologists

Dermatology is an academic specialty with strong emphasis on the translation of basic science to enhance knowledge of disease pathogenesis, with subsequent elucidation of new treatment options. In fact, we are in the golden age of therapeutics with an unprecedented number of new management strategies for inflammatory dermatological disease and cutaneous cancer. This lecture will expand concepts of research beyond the traditional models, ultimately to impact and improve skin health in our patients and populations.

15:30 - 15:45

Efficacy of Oral Acyclovir in Patients Presenting with Oral Lichen Planus with Positive IgG Anti-Herpes Simplex Antibodies

Aliya Akhtar MD | Assistant Professor

OBJECTIVES: To observe the efficacy of oral acyclovir in patients presenting with oral LP (OLP) having positive IgG Herpes simplex antibodies.

METHODS: All the patients who presented in the OPD with oral LP, irrespective of the duration of illness, were advised to get Anti HSV antibodies done. Those who had positive antibodies were included in the study. These patients were started with oral acyclovir 400 mg three times a day. Patients were called for follow up after 3 months and 6 months. Their symptoms were reviewed against visual analogue scale ranging from 1 to 10 for oral burning, pain and comfort in eating at baseline and at follow up. Their lesions were also examined and photographs taken.

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RESULTS: Total 40 patients were enrolled in the study. 65% of the patients were female and 35% were male. 65% of patients had their positive anti-HSV antibodies ranging from 47.5 to 200 U/ml. The other 35 % of patients had positive anti-HSV antibodies ranging between 2.62 to 45 U/ml. 32(80%) patients got marked improvement, 6(15%) patients got moderate improvement while 2(5%) patients were lost to follow up.

CONCLUSION: There is a definite association of oral LP with herpes simplex, as suggested by the detection of anti HSV antibodies in majority of the patients with oral LP. On the basis of evidence of herpes infection in these patients, they were put on antiviral therapy and there was marked clinical improvement. However, as the herpes viruses stay in the body for life, it has yet to be seen as to how long should the patients continue with the antiviral therapy to get remission, whether there will be a relapse on stopping the treatment, or whether the IgG levels drop after treatment for 6 months. I have myself worked previously on this topic with very encouraging results. More studies with larger sample size and from different parts of the world should be conducted to provide an evidence based approach.

15:45 – 16:00

Q & A / Break

SESSION 4

Chairperson: Fouz Hassan MD, Majd Makhlof MD

16:00 – 16:15

Evaluating the Efficacy and Safety of Combined Microneedling Therapy Versus Topical Minoxidil in Androgenetic Alopecia: A Systematic Review and Meta-Analysis of Randomised Controlled Trials

Khalid Ahmed MD | Medical Lecturer

Androgenetic alopecia (AGA) is a common form of hair loss that affects both men and women, typically beginning after puberty, with its incidence increasing with age .AGA is marked by the progressive miniaturization of hair follicles, leading to the transformation of terminal hair into vellus hair, resulting in pattern hair loss .It has been proven that AGA can significantly impact patients' quality of life, frequently contributing to conditions like depression, anxiety, diminished self-esteem, and social withdrawal .The primary goal of AGA treatment is to inhibit follicular miniaturization and stabilize hair loss [4].While Minoxidil and Finasteride remain the only two US Food and Drug Administration FDA-approved medications for treating hair loss, additional non-surgical therapies like dutasteride, spironolactone, platelet-rich plasma (PRP), low-level laser therapy (LLLT), and microneedling (MN) have also been employed. Microneedling (MN) is a minimally invasive technique that uses fine needles to create micro-injuries in the skin, stimulating neovascularization and the release of growth factors. This procedure increases the expression of Wnt proteins, particularly Wnt3a and Wnt10b, which are essential for regulating the hair cycle and stimulating the dermal papilla to promote hair growth . MN can also enhance the delivery of cell fragments, peptides, cosmeceuticals, or medications to targeted areas . Its mechanism for treating hair loss involves increasing the absorption of topical drugs by creating microchannels, stimulating the dermal papilla and hair follicle stem cells, and improving blood supply to hair follicles to encourage hair growth . Several randomized controlled trials have examined the efficacy of combining microneedling therapy with minoxidil monotherapy. These studies vary in microneedling depth, duration, and technique. The objective of this study is to present comprehensive evidence on the effectiveness and safety of combined microneedling therapy compared to minoxidil monotherapy, with a focus on the influence of microneedling variables such as depth, duration, and technique on the efficacy of the combined therapy.

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Objectives: This study evaluates the efficacy and safety of combined microneedling therapy versus minoxidil monotherapy in AGA, while examining the impact of microneedling characteristics on treatment outcomes.

Methods: We conducted a systematic review and meta-analysis (PROSPERO: CRD42024594487) of randomised controlled trials (RCTs) comparing combined microneedling therapy versus minoxidil alone for AGA, following PRISMA guidelines. Searches across six databases were performed up to September 8, 2024. Results: We identified 15 RCTs involving 741 AGA patients, with 10 RCTs included in a meta-analysis for hair count efficacy. Combined microneedling and minoxidil therapy significantly improved hair count compared to minoxidil alone (SMD 1.32, 95% CI 0.73–1.92, $p < 0.0001$), with high heterogeneity ($I^2 = 88\%$, $p < 0.01$). Subgroup analyses indicated no significant effect of microneedling depth (≤ 1 mm vs. >1 mm), duration (≤ 12 weeks vs. >12 weeks), or technique (electrodynamic vs. rolling) on hair count outcomes. Additionally, six RCTs showed significant hair diameter improvement with combined therapy (SMD 0.34, 95% CI 0.11–0.58, $p = 0.0042$), with no heterogeneity ($I^2 = 0\%$). Investigator assessment scores and patient satisfaction also improved. Adverse events were more frequent with combined therapy (133 vs. 81 events) and were generally mild and self-limiting.

Conclusions: Combined microneedling and minoxidil therapy effectively enhances hair count and diameter in AGA patients with mild adverse events. Our study is the first to demonstrate significant hair diameter improvements and show that microneedling depth, duration, and technique variations do not significantly affect efficacy, supporting microneedling as a promising adjunctive AGA treatment.

16:15 – 16:30

Flushing in Acne Rosacea: A Clinical Update on Therapeutic Options

Sami Raza MD | Internal Medicine Resident

A broad body of evidence supports the use of botulinum toxin (BTX) in treating flushing. When used in combination with broadband light (BBL) [1], BTX achieves a statistically significant ($p < 0.05$) improvement in hydration, a reduction in erythema index, and a decrease in the global flushing score compared to the control arm (BBL and intradermal saline in place of BTX). In a study combining BTX with pulsed dye laser [2] involving 20 patients with moderate-to-severe acne, there was a notable improvement in flushing, erythema, telangiectasia, and burning symptoms, with high patient satisfaction. When BTX is used alone [3], there is a significant decrease in mean flushing scores from baseline over the follow-up periods: mean flushing scores on the cheeks were 47.81 ± 8.68 at baseline, 18.75 ± 3.86 at 1 month, 20.19 ± 4.26 at 3 months, and 26.50 ± 7.93 at 6 months after treatment with a BTX dose ranging from 4–60U injected at 1 cm intervals across the cheeks ($p = 0.00$). The increase in flushing scores between 1 and 6 months might reflect the waning effect of the dose, and the significant difference in efficacy ($p = 0.011$) between 3 and 6 months suggests a decline in BTX's effectiveness over time. There is also strong evidence supporting beta-blockers for treating flushing and erythema [4] in patients with rosacea who have previously failed other therapies or received a new diagnosis. Carvedilol, initiated at a dose of 6.25 mg (once or twice daily), was adjusted based on effectiveness or reduced if symptoms improved by 60% compared to baseline. If improvement reached 80% or more, carvedilol and previous medications were either stopped or reduced. Clinician's Erythema Assessment (CEA) and Patient Self-Assessment (PSA) scores at follow-up showed mean changes of -1.6 and -1.8, respectively. Carvedilol has also shown its effect over at least 6 months [5] at a dose of 12.5 mg twice daily, in combination with doxycycline or cetirizine and topical metrogel or

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ivermectin, in 5 patients with severe flushing episodes. The CEA score decreased from 3.4 before therapy to 0.4 during therapy, and the PSA score reduced from 3.8 to 0.8. Non-oral treatments, such as intense pulsed light laser [6], have shown promise in treating flushing in 102 patients with mild to severe acne rosacea. The laser protocol consisted of 2.5-5 ms double, triple, or quadruple pulses with a 20-30 ms delay. Fluences ranged from 10-30 J/cm² with a 530 nm filter or 10-20 J/cm² with a 420 nm filter for patients with acneiform breakouts and telangiectasia. The spot size was 10 mm by 40 mm, and treatments were administered at 1-to-3-week intervals. Pre- and post-procedure treatments included retinols and salicylic acid. 78% of patients experienced improvements in flushing and skin texture, with no reported adverse effects. Injectable therapies also play a role in reducing flushing, as demonstrated by glycyrrhizin [7] in an RCT. The control group received topical metronidazole and clindamycin liniment twice daily, while the experimental group additionally received weekly mesotherapy-compound glycyrrhizin injections for eight weeks. The experimental group showed greater efficacy in treating flushing, with scores on a scale from 0 (no flushing) to 3 (severe erythema) significantly reduced ($p=0.018$) compared to the control arm over the 8-week period. New therapies, such as a topical treatment (P-3075) containing hydroxypropyl chitosan and 5% potassium azeloyl diglycinate, have also shown potential for treating flushing. A double-blind RCT [8] with 42 patients randomized to the control or experimental arm revealed a statistically significant ($p=0.011$) decrease in flushing by day 14, based on the chi-squared and Fisher exact tests. However, data for other time intervals or follow-up periods were not reported. Our review highlights the potential of various therapies to treat flushing in rosacea. There is robust evidence supporting the use of botulinum toxin and beta-blockers, while laser treatments show promise despite the limited range of devices studied. Novel therapies such as P-3075 offer therapeutic potential, but further research is warranted.

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16:30 - 16:45

Overcoming Treatment Challenges in Cutaneous Leishmaniasis - A Case of Successful Amphotericin Therapy

Chiranjaya Ekanayake MD | Acting Consultant Dermatologist

Cutaneous leishmaniasis is a parasitic skin infection caused by protozoa of the *Leishmania* species, commonly transmitted through the bite of infected sandflies. It manifests as nodular or ulcerative lesions on exposed skin areas, with diagnosis primarily confirmed through slit skin smears and PCR. Treatment challenges often arise due to limited drug availability and access to specialized care. Here, we present a case of a 21-year-old male with a nodular lesion on the left tragus diagnosed as cutaneous leishmaniasis. The patient posed significant treatment difficulties due to the unavailability of the first-line medication, sodium stibogluconate, and the inability to administer it intralesionally at the site of infection.

A 21-year-old male presented with a month-long history of a nodular lesion on his left ear tragus, which was confirmed as cutaneous leishmaniasis through slit skin smear, histopathology, and PCR. The treatment was complicated by two major challenges: the inability to administer intralesional sodium stibogluconate, the first-line therapy, and its unavailability in the country for intramuscular use. As an alternative, the patient was initially treated with oral itraconazole, topical metronidazole, and weekly cryotherapy without success. Ultimately, intravenous amphotericin was administered, resulting in almost complete remission of the lesion. This case highlights the complexities of treating cutaneous leishmaniasis when standard therapies are inaccessible.

16:45 - 17:00

mRNA Expression of Inflammatory and Skin Barrier Dysfunction Markers in Chronic Plaque Psoriasis: A Case-Control Study

Malcolm Pinto MD | Professor

Psoriasis is a chronic inflammatory disease of the immune system that primarily affects the skin, nails, and joints. It is a T cell-mediated disease, and one of the main pathophysiological factors is increased Th1 and Th17 cytokines. Interleukins regulate the production and distribution of Tight Junction (TJ) proteins as well as TJ function in keratinocytes. Research on the expression of cytokines & TJ proteins will enable better disease understanding and would facilitate new advancements in therapy.

Materials and methods: We recruited 25 psoriasis patients and 25 controls. From psoriasis patients, we obtained two 4mm punch biopsies each of lesional and nonlesional skin. Normal skin specimens were obtained from 4 mm punch biopsy in healthy patients, without a diagnosis of psoriasis. The mRNA was extracted by the Trizol method, followed by cDNA synthesis and RT-PCR for the cytokines IL-1 β , IL17A, IL-23, IFN- γ , and TJ proteins Claudin 1, 3, 7, and JAM-A, comparing non-lesional and control samples.

Results: Pooled psoriasis lesional skin samples exhibited upregulation of interleukins IL-1 β , IL-17A, IL-23, and IFN- γ . With respect to tight TJ proteins, downregulation of Claudin 1, 3, and 7 and upregulation of JAM-A when compared to non-lesional skin in both patients and controls were noted. Relative expression levels of all these cytokines in healthy controls and non-lesional skin of psoriasis were comparably similar, and the difference was insignificant. None of the cytokines or TJ proteins showed a significant correlation with the Psoriasis Area Severity Index (PASI), indicating that their expression levels do not correspond to the disease severity.

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Discussion: In our study, we focused mainly on the inflammatory cytokines IL-1 β , IL-17A, IL-23, and IFN- γ , and their role in the disease's pathogenesis. IL-1 β was found to have significantly elevated in lesional skin compared to non-lesional and healthy controls ($P < 0.001$). This increase is consistent with its role in psoriasis, where it promotes keratinocyte activation and plaque formation. Studies by Balato et al. and Tamilselvi et al. support these findings, linking IL-1 β to disease progression. IL-17A showed a marked increase in lesional skin (mean expression: 22.45 ± 1.444 , $P < 0.001$) versus non-lesional and healthy skin. IL-17A's role in psoriasis involves initiating and maintaining inflammation, with recent studies highlighting its association with mast cells and neutrophils. This is consistent with Tollenaere MAX et al.'s findings of altered IL-17A expression in lesional skin. IL-23 levels were also significantly higher in lesional skin (mean expression: 32.72 ± 1.071 , $P < 0.001$) compared to non-lesional and healthy skin. IL-23 supports Th17 cell survival, driving the inflammatory response in psoriasis. This is in line with Divyapriya D et al.'s results showing increased IL-23 levels and its impact on the disease. IFN- γ was upregulated in lesional skin (mean value: 36.05 ± 0.8016 , $P < 0.001$) but showed no significant difference between healthy and non-lesional skin. IFN- γ 's involvement includes promoting T-cell migration and activating antigen-presenting cells. Studies by Kutwin M et al. and others confirm elevated IFN- γ levels in psoriatic skin. Regarding TJ proteins, our study found a significant downregulation of claudin-1, claudin-3, and claudin-7 in lesional skin, with JAM-A showing upregulation (mean value: 38.62 ± 0.6692 , $P < 0.001$). This suggests disrupted barrier function and increased inflammation. JAM-A's role in cell adhesion and immune cell migration may contribute to psoriasis pathology and its upregulation in psoriasis is attributed to its broader epidermal distribution and multifunctional roles. Our study did not find a significant correlation between IL-1 β , IL-17A, IL-23, IFN- γ , or TJ proteins and PASI scores. Limitations: It is possible that the results do not accurately represent the general population since the research was done in a tertiary care hospital. We have evaluated only four cytokines and four TJ proteins involved in psoriasis. Evaluating more markers could help in a better understanding of disease pathogenesis.

Conclusion: There is an immunological derangement in psoriasis, associated with the upregulation of pro-inflammatory cytokines and barrier dysfunction due to the downregulation of TJ proteins. Targeting interleukins can potentially restore TJ protein expression, and address hyperproliferation of the epidermis and barrier dysfunction in psoriasis. However, additional studies are necessary to investigate the role of cytokines and TJ expression to bridge knowledge gaps in psoriasis pathogenesis.

17:00 - 17:15

Virtual Patient Pathways for Monitoring Chronic Skin Diseases

Julia Welzel MD | Director of the Department of Dermatology, President of the German Society of Dermatology

The treatment and monitoring of chronic skin diseases such as psoriasis, acne inversa, atopic eczema and wounds have so far been carried out predominantly in analogue form. Virtual patient pathways can complement doctor visits in the sense of hybrid patient care.

Patients with chronic skin diseases often need medical supervision over a long period of time. For this purpose, doctor visits take place at arbitrarily set times, which do not always correlate with the patient's needs. This interval medicine has the disadvantage that resources are planned for unnecessary visits, while urgent appointments have to be inserted in between if the condition worsens. Digital continuous monitoring enables virtual automated care and support, which only requires medical intervention if specified limits are exceeded. In addition, care data can be collected with patient reported outcome measures (PROM), which can provide valuable additional information about the course of the skin disease under therapy in the home environment.

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17:15 – 17:30

Bsy Drug: A Novel, Potent, & Selective SRD5A Inhibitor of Hair Loss Treatment

Sincengile Ntshingila MD | Junior Researcher

Androgenetic Alopecia (AGA) is a prevalent condition with significant psychosocial impact. Current treatments often offer limited efficacy and may induce adverse effects. This study aimed to identify novel inhibitors of the 5 α -reductase type 2 (SRD5A2) enzyme, a key player in AGA pathogenesis. Using structure-based drug design (SBDD), we discovered compound Bsy as a promising candidate. In vitro evaluation demonstrated its potent inhibition of SRD5A2 activity without significant cytotoxicity. Bsy exhibited a unique binding mode to SRD5A2, suggesting potential for enhanced selectivity and potency compared to existing inhibitors. Additionally, Bsy possesses favorable pharmaceutical properties for oral administration, including high solubility, stability in hepatocytes, and low plasma protein binding. In-silico predictions also suggested a relatively safe profile. These findings suggest that Bsy may represent a promising therapeutic candidate for AGA. Given the unmet need for effective treatments and the limitations of current options, our research aims to contribute to the development of novel approaches for managing this prevalent condition.

Androgenetic Alopecia (AGA) is a prevalent condition with significant psychosocial impact. Current treatments often offer limited efficacy and may induce adverse effects. This study aimed to identify novel inhibitors of the 5 α -reductase type 2 (SRD5A2) enzyme, a key player in AGA pathogenesis. Using structure-based drug design (SBDD), we discovered compound Bsy as a promising candidate. Bsy is patented in the UK and PCT region. In vitro evaluation demonstrated its potent inhibition of SRD5A2 activity without significant cytotoxicity. Bsy exhibited a unique binding mode to SRD5A2, suggesting potential for enhanced selectivity and potency compared to existing inhibitors. Bsy demonstrated superior inhibitory activity against SRD5A2 compared to established drugs like finasteride and dutasteride, in both cancerous and normal cell lines. Interestingly, Bsy displayed cell-type specific effects, downregulating SRD5A2 in cancer cells but upregulating it in normal cells. The underlying mechanism is currently under investigation. Additionally, Bsy possesses favorable pharmaceutical properties for oral administration, including high solubility, stability in hepatocytes, and low plasma protein binding. Overall, this study highlights Bsy as a promising candidate for AGA treatment. Bsy's superior inhibitory activity, favorable pharmacokinetics, and potential improved safety profile warrant further development efforts to explore its full therapeutic potential.

17:30 – 17:45

Intralesional Acyclovir Versus Intralesional Hepatitis B Vaccine in the Treatment of Resistant Plantar Warts

Khalid Gharib MD | Professor of Dermatology and Laser and Egypt Board Member of DMC

Treating plantar warts is still a challenging problem with a long list of diverse treatment options that none of them seems to be definitive. To evaluate the effectiveness of intralesional acyclovir versus intralesional Hepatitis-B vaccine (HBV) in treatment of multiple resistant plantar warts. Forty-eight patients with resistant plantar warts completed the study with no dropouts. They were randomized into 3 groups; group (A) receiving intralesional HBV, group (B) receiving intralesional acyclovir and group (C) receiving intralesional saline as a control group over 5 biweekly sessions or until wart clearance. Clinical outcome was assessed through sequential digital lesion photographing upon each visit. Treatment related adverse reactions were recorded. 43.8%, 37.5% & 18.7% of Groups A, B & C respectively showed a complete response. Pain was

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obvious in 100% and 56.3% of cases receiving intralesional acyclovir and HBV respectively. Up to the 6 month follow up period, none of the complete responders in all groups returned with a recurrence. Both acyclovir and HBV showed comparable efficacy and seem to be promising options for treating plantar warts being safe, affordable, and theoretically safe in immunocompromised cases

17:45 - 18:00

Comparative Efficacy of High-dose Short-term versus Low-dose Long-term Itraconazole Therapy for Superficial Dermatophyte Infections in Bangladesh

Sazia Afrin MD | Assistant Professor

Superficial dermatophyte infections are among the most prevalent fungal infections globally, particularly in tropical and subtropical climates like Bangladesh, where warm and humid conditions favor fungal growth. These infections, caused by dermatophytes, not only affect skin, hair, and nails but can also significantly impair the quality of life due to symptoms such as itching, irritation, and disfigurement. Effective management of these infections is critical, especially given their recurrent and chronic nature in many patients. Itraconazole, an oral antifungal agent, is widely recognized for its broad-spectrum efficacy against dermatophytes. However, determining the optimal dosing regimen remains a challenge, as treatment outcomes can vary based on factors such as infection severity, patient compliance, and prior antifungal use. Existing regimens for itraconazole range from high-dose, short-term therapy to low-dose, long-term therapy, each with potential benefits and limitations. While high-dose regimens may offer quicker resolution of symptoms, they may also carry a higher risk of side effects. Conversely, low-dose regimens might reduce the risk of adverse effects but may be less effective in severe cases or in individuals with chronic infections. This study aims to compare the efficacy of these two itraconazole regimens in treating superficial dermatophyte infections. Conducted at Bangladesh Medical College Hospital in Dhaka, Bangladesh, the research evaluates clinical outcomes such as symptom resolution, infection severity, patient satisfaction, and overall treatment efficacy. By analyzing these parameters, the study seeks to provide evidence-based recommendations for optimizing itraconazole therapy in dermatophytosis management, thereby enhancing patient care and minimizing recurrence.

This study was conducted at the Bangladesh Medical College Hospital in Dhaka, Bangladesh, over a period of 10 months to address this clinical question. A total of 41 participants with superficial dermatophyte infections were enrolled and randomized into two groups. Group A, consisting of 18 participants, received a high-dose, short-term itraconazole regimen of 200 mg once daily for six weeks. Group B, comprising 23 participants, was treated with a low-dose, long-term regimen of 100 mg once daily for 12 weeks. The study aimed to compare the efficacy of these two regimens by evaluating clinical outcomes such as symptom duration, severity of infection, patient satisfaction, and overall treatment efficacy. The results revealed significant differences in treatment outcomes between the two groups. Participants in Group A, who received high-dose, short-term therapy, demonstrated better overall outcomes. Specifically, 88.89% of participants in this group reported moderate infections, and 61.11% expressed satisfaction with their treatment. The shorter duration and higher intensity of the itraconazole dose appeared to result in more effective management of moderate to severe infections. On the other hand, Group B, treated with the low-dose, long-term regimen, predominantly included participants with milder infections, with 73.91% reporting mild symptoms. However, despite managing mild cases, only 39.13% of participants in this group were satisfied with their treatment, suggesting that the prolonged duration of therapy may have impacted compliance or perceived efficacy.

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The study also highlighted differences in infection characteristics between the two groups. Participants in Group A exhibited a higher incidence of skin fold involvement (100%), indicating more severe and extensive infections. Additionally, they reported longer symptom durations, likely reflecting the chronic nature of their infections. Prior use of itraconazole was also more common in Group A, with 50% of participants having a history of antifungal therapy. This finding underscores the challenge of managing recurrent or refractory infections, which often require more aggressive treatment approaches. The implications of these findings are significant for the management of dermatophytosis. High-dose, short-term therapy with itraconazole appears to be more effective for moderate to severe infections, offering better patient satisfaction and faster resolution of symptoms. This regimen may be particularly beneficial for individuals with chronic or recurrent infections, as it addresses the higher severity of symptoms and the need for prompt therapeutic outcomes. In contrast, low-dose, long-term therapy may be more suitable for milder infections, although the study's findings suggest that patient satisfaction with this approach may be lower. The study emphasizes the importance of tailoring itraconazole regimens to individual patient needs. Factors such as infection severity, history of antifungal use, and patient preferences should be carefully considered when designing treatment plans. Personalized approaches that align with the clinical characteristics of the infection and the patient's lifestyle are likely to yield better therapeutic outcomes and enhance compliance. Moreover, the findings highlight the need for further research to optimize itraconazole therapy in dermatophytosis. Studies with larger sample sizes, diverse patient populations, and extended follow-up periods could provide more comprehensive insights into the long-term effectiveness and safety of different dosing regimens. Investigating the impact of adjunctive therapies, such as topical antifungals or lifestyle modifications, may also contribute to improved management strategies for these infections. In conclusion, this study provides valuable evidence supporting the use of high-dose, short-term itraconazole therapy for moderate to severe dermatophyte infections. The superior outcomes observed with this regimen underscore its potential as a preferred treatment option in cases requiring rapid and effective resolution. However, the choice of therapy should remain patient-centered, taking into account the severity of the infection, prior treatment history, and individual preferences. By adopting tailored approaches and building on the insights from this research, clinicians can improve the management of superficial dermatophyte infections and enhance the quality of life for affected individuals.

18:00 - 18:15

Clinical Cases from Syria

Fouz Hassan MD | Professor and Head of Department of Dermatology and Sexually Transmitted Diseases

Since the opening of the department of Dermatology in Tishreen University Hospital, we have been recording distinct cases in dermatology, many of which we have published and presented in different conferences

We will present some clinical cases from the Department of Dermatology. Tishreen Universities Hospital. Latakia. Syria

- 1- Angiolymphoid hyperplasia with eosinophilia
- 2- Scurvy in a healthy man
- 3- and some special cases of cutaneous leishmaniasis from Syria
- 4- others

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18:15 - 18:30

To Compare the Efficacy of Intralesional Injections of Platelet-Rich Plasma Therapy with Local Injections of Triamcinolone Acetonide in Managing Alopecia Areata Patients

Saima Ilyas MD | Assistant Professor

Abstract Objective: To compare the efficacy of intralesional injections of platelet-rich plasma therapy with local injections of Triamcinolone acetonide in managing alopecia areata patients **Methods:** This study was conducted at Department of Dermatology-II, Mayo Hospital, Lahore from July 10, 2022 to January 10, 2023. 108 patients, 54 in each Group-A & B fulfilling the selection criteria were enrolled. Group A received intralesional injections of PRP. Group B received intralesional injections of triamcinolone acetonide (10 mg/ml). The two modalities of treatment were given at 0, 4 and 8 weeks and response was assessed after 1 month of completion of treatment The treatment response was assessed using the Severity of Alopecia Tool (SALT) score, after 12 weeks of therapy. The hair regrowth more than 50% from baseline was considered as efficacious. Both groups were compared for efficacy using Chi-square test taking p-value ≤ 0.05 as significant.

Results: Of these 108 study cases, 41 (38.0 %) were male patients while 67 (62.0 %) were female patients. Mean age of our study cases was 31.28 ± 11.55 years. Mean disease duration was 11.31 ± 7.34 months and 70 (64.8 %) had duration of illness more than 6 months. Efficacy was noted in 45 (41.7%), in group A efficacy was noted in 29 (64%) versus 16 (36%) in group B ($P = 0.011$).

Conclusion: The present study revealed that platelet rich plasma injections are effective and safe in patients with alopecia areata compared to Triamcinolone acetonide. Efficacy was higher among patients treated with intra-lesional injections of platelet rich plasma in comparison with Triamcinolone acetonide but not significant as p value ($P = 0.011$). **Key words** Alopecia Areata, Efficacy, Triamcinolone acetonide, Platelet rich Plasma

18:30 - 18:45

Intralesional Antigen Immunotherapy in Cutaneous Warts: Is it an Effective Tool?

Mohamed Moustafa Fawzy MD | Assistant Professor of Dermatology

Cutaneous warts or verrucae are benign epidermal proliferations. Warts are contagious and very common viral skin disease caused by Human Papilloma Virus (HPV). Up to date, more than 200 subtypes of HPV have been characterized. Warts represent a major infective and cosmetic concerns to the patient. Many modalities of treatment were discussed with different success and recurrence rates. Intralesional antigen immunotherapy represent a good treatment option for certain types of cutaneous warts with lower recurrence rates. We have a reasonable personal experience in this field with multiple international publications in using this treatment modality in different types of cutaneous warts. We will introduce a concise therapeutic summary for this treatment modality.

Treatment options for warts, including periungual type, are divided into destructive therapies and immunomodulators, they are mainly directed to eliminate the signs and symptoms. No single treatment option is entirely effective in all types of warts. Destructive therapies include 5-fluorouracil, salicylic acid, bleomycin, retinoids, formaldehyde, cantharadin, electrocautery, cryocautery and lasres. Immunotherapy delineated as a type of therapy that use substance to modulate the immune system and is considered in

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patients with recurrent, extensive and recalcitrant warts. Also, it is indicated in warts located in difficult sites such as face and periungual areas. Immunomodulatory agents may be systemic as zinc, cimetidine, echinacea and HPV vaccines or topical as imiquimode or intralesional as Measles Mumps Rubella (MMR), Purified Protein Derivatives (PPD), vitamin D3 and Candida antigen. Herein, we evaluate the efficacy of intralesional immunotherapy by three antigens (MMR, PPD and Candida) in the treatment of different types of cutaneous warts.

18:45 - 18:55

Comparative Effectiveness of Oral Spironolactone & Oral Retinoids in the Treatment of Adult Acne

Monisha Madhumita MD | Assistant Professor / Founder

Adult acne is a prevalent dermatological condition that can persist beyond the teenage years, impacting quality of life. Oral retinoids have long been the cornerstone of severe acne treatment, while spironolactone is traditionally used for its antiandrogenic effects in women. This study aims to compare the efficacy of these treatments in a mixed-gender adult population.

Objective: To evaluate the efficacy of oral spironolactone compared to oral retinoids in the management of adult acne. **Methods:** This prospective, randomized controlled trial enrolled 200 adults diagnosed with moderate to severe acne. Participants were randomly assigned to receive either oral spironolactone (100 mg daily) or an oral retinoid (isotretinoin, 0.5 mg/kg daily) for six months. Efficacy was assessed bimonthly using the Global Acne Grading System (GAGS), with secondary outcomes including patient-reported satisfaction and side effect profiles.

Results: Both treatment groups demonstrated significant improvement in GAGS scores from baseline to the end of treatment ($p < 0.001$). No significant difference was observed between the spironolactone and retinoid groups in the degree of improvement ($p = 0.86$). Side effect profiles were more favorable in the spironolactone group, with fewer reports of severe dryness and erythema. Patient satisfaction was similarly high in both groups.

Conclusions: Oral spironolactone is as effective as oral retinoids in the treatment of adult acne, with potentially better tolerability. These findings support the use of spironolactone as a viable alternative to retinoids, especially for patients concerned about the side effects of retinoids.

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COSMETIC & SURGICAL DERMATOLOGY

SESSION 1

Chairperson: Meera Aladawi MD, Elena Rossi MD, Mohamed Ben Gazil MD**09:30 – 09:45**

Evolution of Fractional Photothermolysis

Peter Ch'ng Wee Beng MD | Consultant Dermatologist

This presentation focuses on lasers using Fractional Photothermolysis (FP) technology to rejuvenate and enhance the youthfulness of our skin. FP creates Microscopic Treatment Zones (MTZ) while sparing the surrounding skin, facilitating faster re-epithelization of the treated area. I will discuss about the historical background and advancements in Ablative Fractional Laser (AFL), Non Ablative Fractional Laser (NAFL) and Hybrid lasers. Additionally, it will discuss strategies for optimizing outcomes for patients undergoing skin rejuvenation treatments.

09:45 – 10:00

Diversity in Skin Aging: Cosmeceutical Options

Tamara Griffiths MD | Consultant Dermatologist, Honorary Lecturer, and President of the British Association of Dermatologists

Skin ageing occurs as a consequence of environmental and lifestyle factors, superimposed on intrinsic and genetic characteristics. This lecture will explore variability in chronologic ageing, highlight extrinsic factors and risks, showcasing their diverse impact depending on skin type. Topical options to address changes in various skin types will also be discussed

10:00 – 10:30

Basic Nail Surgery

Elena Rossi MD | Specialist in Dermatology

The nail unit, the structures which define and produce the nail plate, consists of the proximal nail fold, matrix, nail bed, and hyponychium.

Surgical procedures of the nail unit affect appearance and function. The goal of such procedures is to diagnose and treat disorders with minimal impact. This requires intimate knowledge of the anatomy of the area. The nail is produced primarily by the matrix. Proximal matrix produces dorsal nail plate, distal matrix produces ventral nail plate. Although the nail bed contributes a few cells to the undersurface of the nail plate, under physiologic conditions little substance is contributed to the nail plate by the nail bed. However, the few cells and the longitudinal, tongue-in-groove-like arrangement of dermal papillae and epidermal rete in the nail bed contribute to the attachment of the nail plate to the nail bed. Within the nail unit, the matrix is at greatest risk for harm; permanent damage to the matrix results in nail plate dystrophy. Failure to free the nail plate from the underlying matrix at the proximal points when avulsing the nail plate results in tearing the matrix and unnecessary trauma; attention must be paid to the “horns” of the matrix. Instruments and technique for basic nail surgery such as biopsies and excisions will be explained.

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10:30 – 11:00

Q & A / Break

SESSION 2

Chairperson: Wael Seoudy MD, Mariam Al Suwaidi MD

11:00 – 11:15

Cosmetic Dermatology: Risks & Regulations

Tamara Griffiths MD | Consultant Dermatologist, Honorary Lecturer, and President of the British Association of Dermatologists

This lecture will highlight the consequences of deregulation of the non-surgical cosmetic practice in the UK, and underscore the critical role of dermatologists, working collaboratively across a disparate sector, to create legislative change underpinned by training, transparency and patient safety.

11:15 – 11:30

Laser Failures: Lessons Learnt

Peter Ch'ng Wee Beng MD | Consultant Dermatologist

We will discuss about the patient, doctor and device factors that can cause laser procedures to fail. We will then talk about a few common complications of laser procedures, ways to prevent and treat them.

11:30 – 12:00

Peri-Orbital Augmentation

Wael Seoudy MD | Senior Consultant Dermatologist, Professor

The lecture titled "Peri-Orbital Augmentation" delves into the intricate anatomy and aesthetic considerations of the peri-orbital area, which encompasses multiple regions, including the eyebrow, tear trough, and temporal area. As the demand for facial rejuvenation continues to rise, understanding the complexities of these interconnected areas is essential for successful augmentation.

This session will explore various techniques using dermal fillers to enhance the peri-orbital region, addressing common concerns such as hollowness, volume loss, and asymmetry. Participants will learn the key anatomical landmarks and the impact of aging on the peri-orbital structure, as well as the appropriate selection of fillers and injection techniques for each specific area.

The lecture will provide practical insights into achieving harmonious results through tailored approaches, considering individual patient needs and desired outcomes. Additionally, we will discuss safety protocols, potential complications, and strategies for managing them effectively.

By the end of this lecture, attendees will have a comprehensive understanding of peri-orbital augmentation techniques, empowering them to enhance their skills and deliver natural, rejuvenated results for their patients.

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12:00 - 12:15

Polynucleotide Treatment: The New Path to Skin Rejuvenation

Eman Sanad MD | Professor of Dermatology and Andrology

Aging gracefully has become the new target of preventive medicine, and aesthetic dermatology. One of the most exciting developments in recent years is the use of polynucleotide injections for skin rejuvenation. This innovative treatment offers a natural and effective solution for revitalizing the skin, providing a range of benefits that go beyond traditional skincare routines.

Polynucleotides are chains of DNA/RNA building blocks derived from salmon sperm, that stimulate the natural production of collagen and elastin at a cellular level, improving skin elasticity and reducing signs of aging. Polynucleotides have had an extraordinary impact on the field of medicine, from diagnostics to therapeutics to aesthetics.

By introducing, removing, or altering genetic material within a person's cells, it is possible to treat a wide range of genetic disorders, cancers, and viral infections.

12:15 - 12:30

The Art of Facial Harmony: Achieving Midface Balance Through a Combination Approach

Maria Cristina A. Puyat MD | Medical Director / President

In this lecture, we will explore the complex relationship between aesthetics and anatomy that defines facial harmony, with a particular emphasis on the midface. We will examine how a comprehensive approach—using non-surgical techniques and fillers along with patient-centered strategies—can achieve optimal balance and enhance individual beauty. By understanding the principles of proportion and the nuances of facial structure, we can create personalized treatments that combine artistry and science, ultimately promoting confidence and holistic well-being in our patients.

The facial midline is an essential aspect of facial aesthetics, as it serves as the anchor for facial symmetry. Achieving balance in the midface area requires a tailored approach that considers each patient's unique facial anatomy and concerns. In this lecture, we will explore the art of facial harmony and highlight the latest techniques and technologies for achieving midface balance. We will examine how a combination of approaches, including non-surgical interventions such as fillers, can produce the most natural, balanced, and beautiful results for our patients. The lecture will provide an overview of the principles and tools utilized by doctors in the field of facial aesthetics to achieve facial harmony through midface balance.

12:30 - 12:45

Synergy of Treatments – Biostimulation, Toxins, Fillers, and Threads in Aesthetic Medicine

Monika Kovkova MD | Founder & Scientific Board Director – Aesthetic Dialogue

How I use synergy of mini invasive treatments in a 4 STEP STRATEGY:

1. Biostimulation
2. Toxins – not only for the upper face – how to use muscular balance concept – platysma - smas - orbic. oculi - superficial temporal fascia one functional unit- all in muscular balance

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3. Fillers – full face injection algorithm based on functional anatomy and biodynamics of specific parts of the face, line of ligaments – lifting vs volumizing

4. Lifting threads – contouring of the face.

12:45 – 13:00

Dermatology Upside Down – Imagine if!

Dominique du Crest | Director

Highlight the pivotal moment: unmet needs in access to dermatology care and skin related misinformation.

Set the stage for the transformative potential of digital technologies in dermatology.

Data is the fuel of the digital economy. How Web 2.0 powerhouses (GAFAM & BATX) & Beauty tech platforms have the potential to disrupt the skin business (dermatology, aesthetics, and skincare).

These unmet needs highlight the urgency for innovation and digital transformation.

This session explores the role of data and digital technologies, including AI and generative AI, in addressing these issues and envisioning a new paradigm in dermatological care.

It also examines the associated challenges, such as data privacy and the development of diverse, inclusive datasets, ensuring equity and ethics in digital dermatology advancements.

13:00 – 14:00

Q & A / Lunch Break

SESSION 3

Chairperson: Khalil Al Alarrayed MD, Simin Ahari MD, Shady Mahmoud MD

14:00 – 14:30

Alia Al Qassimi MD | Aesthetic & Functional Gynecologist

Regenerative aesthetics in gynecology represents an exciting frontier, combining cutting-edge techniques to enhance both functional and aesthetic outcomes in women's health. By leveraging advances in regenerative medicine, including platelet-rich plasma (PRP), stem cell therapies, and tissue engineering, we are transforming approaches to vaginal rejuvenation, pelvic floor support, and sexual wellness. I will be sharing insights into the latest innovations and their impact on patient care, highlighting the integration of aesthetic principles into gynecological practice.

Regenerative aesthetics in gynecology is an emerging field that combines advanced regenerative techniques to improve both functional and aesthetic outcomes in women's health. Utilizing therapies such as platelet-rich plasma (PRP), stem cells, and tissue engineering, these innovative approaches address vaginal rejuvenation, pelvic floor support, and sexual wellness. As the demand for non-invasive and patient-centered treatments grows, integrating aesthetic principles into gynecology offers new opportunities for enhancing quality of life. This presentation will explore the latest advancements, clinical applications, and future directions in regenerative aesthetics, emphasizing evidence-based practices and patient satisfaction.

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Combined Techniques to Improve Skin Quality & Volumization of the Neck, Decollete, & Chest in a Patient with Connective Tissue Dysplasia

Flyura Khadeeva MD | Cosmetologist, Dermatologist

Age-related features in a patient with connective tissue dysplasia, during menopause, are the cause of changes in skin homeostasis and the general condition of the patient may be estrogen deficiency. Changes include loss of collagen and elastin, impaired fibroblast function and microcirculation, increased activity of matrix metalloproteinases. All this leads to cellular and extracellular degradation, which is clinically manifested in the form of dry skin, the formation of wrinkles, cell atrophy, impaired wound healing and barrier function, decreased antioxidant capacity (protection from reactive oxygen species and oxidative stress), decreased attractiveness and psychological health.

To get the most positive result, a combination of procedures in cosmetology is necessary. 1. First of all, improving the quality of the skin and preparing it for direct (injection) and indirect (hardware) collagen stimulation. This is a course of mesotherapy procedures with drugs containing amino acids, hyaluronic acid, peptides... 2. Hardware techniques, radio frequency method, 2 procedures. 3. Collagen stimulation with preparations based on polylactic acid, 4 procedures with an interval of one and a half to two months. 4. Volumization of missing volumes in the decollete and sternum area. To smooth out the boundaries between previously placed breast implants and the sternum area. The transformation process took more than 2 years. Photo Before/After/during the process are provided.

14:45 - 15:00

Full Face Rejuvenation with Platelet Rich Plasma: New Protocols & Guidelines

Noura Lebbar MD | Medical Doctor, Cosmetic Surgeon

The future of aesthetic medicine is regenerative medicine using a conservative approach. Actually we have many millennial patients' requests to restore the jawline area, to correct the tear trough deformity. As the demanding patients are becoming younger, we need to use a conservative approach rather than filling with an important quantity of fillers leading to the classical pillow faces and heavy jawline because of the filler migration following the gravity. Tear trough correction with HA fillers is a challenging procedure because of the high probability of short and long term complications. The aim of the study is to show the efficiency of a new autologous natural approach using platelet rich plasma clot for a full face rejuvenation and contouring.

I use the platelet rich plasma tubes with a separating gel as a medical device containing an antithrombine allowing the formation of a clot. I mix the prp with the fibrin clot with a ratio 9/1 then i use a 27 G needle and inject deeply on the periosteum in the mandibular angle. I use the same technique injecting deeply perpendicularly with a needle on the upper zygomatic area achieving a middle face lifting; and then i use a 22 g cannula 70mm and inject along the mandibular line to reshape it.. I always also inject the chin and improve its projection using 1ml of prp-clot with a 27G needle perpendicularly & deeply on the periosteum. Then I correct the tear trough deformity using a premixed prp medical device tube with 40 mg of non cross linked Hyaluronic Acid .in Some cases, I use also the premixed prp tube with HA for lips rejuvenation. The total prp volume used for the full face contouring is 10 ml.I always end my session by injecting also the neck superficially in the dermis. My approach to obtain the v shape and restore the face conturing is a very conservative , will allow me to stimulate the fibroblasts with a new collagen and elastin fibers synthesis, and

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in the meantime to restore the volume using the prp clot. I repeat the session after 1 month for 2 times for a total of 3 sessions.

15:00 – 15:15

Searching for the Ideal Exosome in Aesthetic and Cosmetic Dermatological Applications

H. Eray Copcu MD | Professor

Introduction: Exosomes are complex nanovesicles that are continuously released by cells into the extracellular environment. With a diameter of about 40-120 nm, they contain various biomolecules that interact dynamically with the extracellular matrix (ECM). They can be detached in all body fluids, and they express characteristics of the cell from which they were released, functioning as paracrine molecules. Exosomes have very different sources and all exosomes are different from each other. Even exosomes obtained from the same cell have different effects and compositions under different conditions.

Materials / method: In this study, all exosomes available on the market were evaluated and compared in terms of aesthetics and cosmetic dermatology. While evaluating the existing exosomes, their source, contents, particle number, protein amount, storage conditions, application methods, other information about the application, precautions after application and clinical results were evaluated.

Results: The best source for regenerative applications is mesenchymal stem cells. However, after long culture periods and multiple passages, the ability of mesenchymal stem cells to proliferate and differentiate into various lines decreases. The prolongation of the culture process also causes changes in the genetic structure of the cells. Accordingly, the amount of mesenchymal stem cells that can be obtained from humans is currently limited. In order to overcome these problems, iMSC-derived exosomes obtained from iPSC should be preferred.

Conclusion: iMSC-derived exosomes are the best alternative in terms of aesthetic and cosmetic dermatology. Because exosomes obtained from iMSC are obtained primarily from pluripotent-derived iPSCs compared to those obtained from MSCs, have better immunomodulatory effects, create more and improved paracrine effects, are homogeneous, have stable quality, have a high benefit/cost ratio, offer more controlled application, more clinical effects and regeneration opportunities. iMSC-derived exosomes also allow for safer application if they reflect high effects.

15:15 – 15:30

Laser & EBD in the Treatment of Acne & Post-Acne

Shady Mahmoud MD | Professor of Dermatology

Objective: This presentation discussed and analyzed the various minimally invasive approaches to the treatment of acne scarring, innovative modalities, and different protocols for early intervention to minimize scarring formation.

Introduction: Acne is a common disease affecting a high percentage of the younger population. Without appropriate and effective primary prevention of scarring, post-acne scars occur in about 80-95% of all patients. Acne scarring is the result of an alteration of the healing process, and it can have deep psychosocial implications for patients. Scars can involve textural change in the superficial and deep dermis, and it can also

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be associated with erythema or pigmentation.

Materials / method: The presentation explored and analyzed different recent studies regarding new treatment, combination, and early intervention to minimize scarring based on many publications and consensus

Results: The efficacy of various treatment modalities were highlighted with a focus on choosing the correct modalities for acne, post acne erythema and post acne scar types.

Conclusion: Good assessment is very important to select the proper and specific treatment for each type of post acne scar. Combination treatment has shown better efficacy compared to single modalities.

15:30 - 15:45

The Use of Fat Grafting in Restoring Facial Deformities After Facial Filler Complications : My Personal Experience

Loredana Cavalieri MD | Plastic Surgeon

The use of non-biodegradable fillers such as silicone, polyacrylamide hydrogel, and polymethylmethacrylate (PMMA) caused a range of complications ranging from localized bruising, erythema, edema, migration, allergic response, the formation of small bumps underneath the skin, to more serious sequelae, such as permanent visual loss and nerve paralysis. Surgical excision is the definitive approach for removing permanent fillers, although it carries the risk of post-removal irregularities. Fat grafting has emerged as a viable alternative.

The use of facial fillers has greatly expanded over the past several years. Along with increased use comes a rise in documented complications. Potential complications related to dermal fillers depend on the type of the fillers and the site of their application. Non-biodegradable fillers such as silicone, polyacrylamide hydrogel, and polymethylmethacrylate (PMMA) have been introduced, promising long-lasting results. However, reports on permanent filler have highlighted a range of complications ranging from localized bruising, erythema, edema, migration, allergic response, the formation of small bumps underneath the skin, to more serious sequelae, such as permanent visual loss and nerve paralysis. The negative effects of non-resorbable facial fillers can emerge even years after the procedure, leading to significant discomfort and dissatisfaction for patients. As a result, the literature is increasingly focusing on potential treatments for these issues, which include systemic antibiotics, corticosteroid injections, surgical drainage, and excision. Surgical excision is the definitive approach for removing permanent fillers, although it carries the risk of post-removal irregularities. Fat grafting has emerged as a viable alternative, allowing for correction of volume deficits and asymmetries. By using the patient's own tissue, fat grafting minimizes the risk of adverse reactions and rejection. It provides targeted volume enhancement, restores facial symmetry and proportion, and promotes tissue healing and regeneration through the presence of stem cells. After permanent filler removal, or laser treatment, further filler injections are generally not recommended. In these cases, fat grafting offers several advantages, including reduced risk and focused enhancement. Facial fat grafting effectively restores facial volume and symmetry, with stem cells contributing to tissue regeneration for long-term skin health. It allows, in some cases, to treat these patients again with absorbable fillers.

15:45 - 16:00

Q & A / Break

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SESSION 4

Chairperson: Mohamed Adib Batal MD, Ahmed Al Qahtani MD, Nadia Yousri MD

16:00 – 16:15

Laser Treatment of Alopecia Areata; When, How & Why

Esraa Elhawary MD | Assistant Professor

Alopecia areata (AA) is a form of non-scarring alopecia that occurs as a result of a T cell-mediated autoimmune reaction against hair follicles. It may affect any hair-bearing region of the body in the form of one or multiple round or oval well-circumscribed patches, may have a mild peachy hue, occasionally with “exclamation point” hairs around their margin. Exclamation point hairs are broken short hairs with a broader distal segment as compared to the proximal end. The involved skin is usually smooth and almost always devoid of hair.

Alopecia areata is commonly treated with topical, intra-lesional and/or systemic corticosteroids, topical minoxidil 5%, as well as topical irritants, such as anthralin and diphencyprone, sensitizing agents, methotrexate, immunotherapy (diphenylcyclopropenone, squaric acid dibutylester) and psoralen plus ultraviolet light A rays (PUVA) in addition to Janus Kinase inhibitors that have shown promising results especially in moderate to severe AA. The introduction of lasers in AA treatment has gained popularity in recent years. Various lasers have been used as Excimer laser and Fractional CO₂ lasers, either alone or in combination with other modalities. Lasers in treatment of AA are thought to produce induction T cell apoptosis, arresting hair follicles in the telogen stage promoting the anagen stage, and denovo neogenesis of hair follicles from non-hair follicle stem cells. Anagen inductions also could be related to Wnt/ β -catenin signaling pathways reported after fractional laser in a murine model study. Meanwhile, laser induction of thermal effect on the papillary dermis stimulates hair regrowth. Furthermore, generating microthermal treatment zones by fractional lasers can provide channels for a uniform and controlled trans-epidermal drug delivery (TED) for traditional topical medications.

16:15 – 16:30

Waves of Change - Rejuvenation with Radiofrequency

Meghna Sharma MD | Consultant & Director

Introduction & Objectives: To record the subjective experiences of patients who have undergone combined treatment with bipolar and monopolar radiofrequency sessions

Materials & Methods: 45 patients were enrolled in a study where they received combined treatments with monopolar and multipolar radiofrequency devices. A total of 6 sessions were given at 2 weekly intervals. Photographs were taken at the start of the treatment and after the last session. 39 patients completed a 12 question questionnaire after 3 months of treatment

Results: 85% patients expressed satisfaction with the combined monopolar and multipolar radiofrequency sessions. They noted significant improvement in midface(61%) , lower face(17%) , forehead(43%) and undereye(12%) area. 79% patients noted improvement in fine lines and wrinkles while 55% noted improvement in skin laxity. Skin texture enhancement was appreciated by 38% patients and 41% were satisfied with improved skin tone. Most patients felt that the treatment was pleasant with very mild discomfort at few points. No major side effects were reported and only mild erythema lasting few hours was seen by some patients.

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Conclusion: The results of this study suggest that combination approach with monopolar and bipolar radiofrequency is a potentially good option for patients seeking non invasive skin rejuvenation . It is well tolerated by most skin types and has modest results. The distinctive focus on patient feedback provides valuable insights thus helping clinicians in meeting expectations and achieving optimal results. Improvement in facial laxity and fine lines and wrinkles was significantly acknowledged by all patients. Additional benefits noted by some of the patients were enhanced skin tone and texture. Limitations of our study were shorter post treatment observation period. More research with long term follow up is required for comprehensive assessment.

16:30 – 16:45

Advancements in Exosome Therapy for Hair Restoration: A New Frontier in Hair Regrowth

Roxanna Sadoughifar MD | Professor of the Dermatology Department

Exosome therapy is an innovative approach in regenerative dermatology that leverages the natural cellular communication capabilities of exosomes to stimulate hair follicle regeneration. Recent studies have indicated that exosomes, especially those derived from MSCs, can positively impact hair growth by delivering high concentrations of growth factors directly to target cells. These growth factors include VEGF, IGF-1, and FGF, which are crucial for enhancing cell proliferation, angiogenesis, and dermal tissue repair, all of which are vital for sustaining active, healthy hair follicles. The process of extracting and purifying exosomes has seen considerable advancements, with isolation techniques becoming more refined to ensure purity, potency, and specificity. Methods such as ultracentrifugation, filtration, and affinity capture are being used to isolate exosomes while minimizing contamination with unwanted proteins or cellular debris. Furthermore, bioengineering advancements now allow for customization of exosome cargo, enhancing their efficacy in specific conditions like androgenetic alopecia. This precision medicine approach—using targeted growth factors, anti-inflammatory molecules, and specific microRNAs—tailors exosome formulations to the unique requirements of each patient, potentially improving outcomes. Several pre-clinical and clinical studies have demonstrated exosome therapy's efficacy in increasing hair density, accelerating follicle transition to the anagen phase, and extending the duration of this growth phase. Recent clinical data shows a significant increase in both hair thickness and density in patients treated with exosome injections, with minimal adverse effects reported. Notably, MSC-derived exosomes appear to mitigate the inflammation often associated with scalp conditions that lead to follicular miniaturization and progressive hair thinning. Challenges remain, however, as clinical application of exosome therapy for hair restoration is not yet standardized. Determining the optimal dosage, frequency of administration, and long-term effects are crucial for translating these promising results into everyday clinical practice. Additionally, regulatory frameworks for exosome-based therapies are still evolving, as the complexity of exosome composition and their bioactivity demands rigorous safety assessments. As research progresses, these insights will help establish standardized protocols, regulatory guidelines, and quality controls necessary for widespread clinical adoption.

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16:45 - 17:00

Elasticum Maxlift: An Innovative & Rapid Technique for Facial Rejuvenation

Irada Huseynova MD | Plastic Surgeon

The Elasticum MaxLift technique represents a significant advancement in the field of facial rejuvenation, offering a rapid and minimally invasive alternative to traditional facelift procedures. This innovative method utilizes elastic threads to provide immediate lifting and tightening effects, significantly reducing recovery time and associated risks. The present study aims to evaluate the efficacy, safety, and patient satisfaction of the Elasticum MaxLift technique through a comprehensive analysis of clinical outcomes. Patients undergoing the Elasticum MaxLift procedure were assessed pre- and post-operatively to measure improvements in facial aesthetics, skin elasticity, and overall satisfaction. Data was collected through standardized photographic documentation and patient self-reports. Results indicate that the Elasticum MaxLift technique consistently delivers significant improvements in facial contour and skin tightness, with a high degree of patient satisfaction. Additionally, the procedure's minimally invasive nature allows for a swift recovery, typically enabling patients to resume normal activities within a few days. Complications associated with the Elasticum MaxLift were minimal and transient, predominantly involving minor bruising and swelling. The study underscores the potential of the Elasticum MaxLift as a preferred option for individuals seeking effective facial rejuvenation with minimal downtime and reduced procedural risks. This paper contributes to the growing body of literature supporting innovative, patient-friendly approaches in cosmetic surgery and highlights the Elasticum MaxLift as a promising technique for enhancing facial aesthetics.

17:00 - 17:15

A Novel Non-Invasive Treatment for Buttock Augmentation Combining Ultrasound, Radiotherapy, and Filler Injections

Pablo Naranjo MD | Head of Department

Introduction: Non-invasive body contouring has gained popularity as a safer alternative to surgical procedures, such as liposuction and buttock implants, which carry significant risks and require extended recovery. Combining ultrasound, radiofrequency (RF), and filler injections offers a novel approach to improve buttock shape, elasticity, and patient satisfaction.

Objectives: This study assesses the effectiveness of this novel combination treatment on fat layer thickness, subcutaneous elasticity, and patient satisfaction using quantitative tools like echography and elastography.

Methods: Ten female patients aged 30–60 with excess adipose tissue and skin laxity in the buttocks participated in this open-label trial. Poly-L-lactic acid (PLLA) and Hyaluronic acid (HA) fillers were injected, followed by three ultrasound and RF sessions. Outcomes were measured three months post-treatment, assessing fat layer thickness, elasticity, and patient satisfaction.

Results: The treatment reduced fat layer thickness by 54% ($p < 0.001$) and improved elasticity by 55–67.5% ($p < 0.001$). Patient satisfaction averaged 3.9 on a 5-point Likert scale. No adverse events were reported.

Conclusion: This combined approach demonstrated significant improvements in buttock contour and patient satisfaction, with no complications. Although further studies with larger cohorts are needed, these findings suggest a safe, efficient, non-invasive alternative to surgical buttock augmentation.

Keywords: Buttock augmentation, non-invasive, ultrasound, radiofrequency, dermal

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17:15 – 17:30

Non-Surgical Labia Majora Augmentation Procedure by Hyaluronic Acid

Nadia Yousri MD | OB&GY Surgeon & Aesthetic Gynecology & Sexual Medicine Specialist

Women pass through life events like Childbirth, menopause & aging process etc that leave their toll on the Intimate Area leading to various dysfunctional problems and changes in the appearance that negatively reflected on the woman's confidence & her family life.

Reviewing the use of HA dermal filler-as a NON surgical procedure- in rejuvenating the Feminine Area, with clinical cases' presentation (photos before and after) indication techniques Who should be performing it Probable complications (photos).

17:30 – 17:45

Standardizing Measurement in Internal Radiofrequency Skin Tightening: A Call to Action for Physicians

Giselle PradoWright MD | Medical Director

The Importance of Standardized Measurement Standardized measurement protocols are crucial for achieving consistent and predictable treatment outcomes. Variability in energy delivery can lead to uneven results, patient dissatisfaction, and potential complications. By using the energy counters on devices like Renuvion and BodyTite, surgeons can precisely monitor and control the amount of energy delivered during each procedure, ensuring uniform application and more reliable results. Once treatment parameters are optimized, physicians can maximize the efficacy of RF skin tightening procedures. By consistently tracking the energy delivered, surgeons can refine their techniques, determine the optimal energy levels for different treatment areas, and adjust protocols based on patient response. This data-driven approach can lead to improved patient outcomes and a higher standard of care. Monitoring energy delivery is critical for patient safety. Excessive energy exposure can cause burns, scarring, and other adverse effects. Standardized measurement practices help mitigate these risks by ensuring that energy levels remain within safe limits. This not only protects patients but also enhances the reputation of the practice and the broader field of cosmetic dermatology. Utilizing Energy Counters on Renuvion and BodyTite Devices Renuvion combines RF energy with helium plasma to deliver precise thermal effects to subdermal tissues. The device's energy counter tracks the cumulative energy delivered during a procedure, providing real-time feedback to the physician. BodyTite uses directional RF energy to heat subcutaneous tissues, with an internal cannula and external electrode to control temperature and energy delivery. The device's energy counter allows surgeons to monitor the total energy applied, ensuring consistent treatment across different sessions and patients. Implementing Standardized Measurement Protocols Professional organizations and industry leaders should collaborate to develop comprehensive guidelines for standardized measurement in RF skin tightening procedures. These guidelines should outline best practices for using energy counters, including recommended energy levels for different treatment areas and patient profiles. Training programs should be established to educate physicians on the importance of standardized measurement and how to effectively use energy counters on devices like Renuvion and BodyTite. Continuing medical education (CME) courses, workshops, and webinars can help disseminate this knowledge and encourage widespread adoption. Users should be encouraged to document and report the energy levels used in each procedure. This data can be collected and analyzed to further refine treatment protocols and contribute to a growing body of evidence

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on the efficacy and safety of RF skin tightening. Standardized reporting forms and electronic medical record (EMR) integration can facilitate this process. The field of surgical and cosmetic dermatology should embrace a culture of continuous improvement, using data from standardized measurements to drive innovation and enhance patient care. Regular reviews of treatment outcomes, patient feedback, and emerging research can help identify areas for improvement and ensure that practices remain at the forefront of technological advancements.

17:45 – 18:00

Q & A

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SESSION 1 - Emirates Dermatology Society Chairperson: Shubhada Bichu MD , Rachita Talwar MD

09:30 - 09:40

A Case Series of Rare Non-Venereal Genital Dermatoses - A Clinical and Histopathological Analysis Ruhi Haqqani MD | Specialist Dermatologist

Introduction: Non-venereal genital dermatoses may resemble sexually transmitted diseases, posing diagnostic dilemma for clinicians. Misdiagnosis of these conditions can lead to improper treatment without significant improvement and prolonged suffering.

Histopathology differentiates these conditions from sexually transmitted diseases and helps in appropriate treatment.

Here I present three rare cases of non-venereal neoplastic genital dermatoses.

CASE 1

A 69-year-old male presented with hard growth on shaft of penis for 4 months.

On examination-pedunculated fleshy, firm swelling, measuring 2x2cm on distal shaft of penis.

HPE suggestive of dermatofibrosarcoma protuberans and surgical excision was performed.

CASE 2

A 55-year-old female presented with itchy lesions over perianal area and genitalia for 6 months On examination-multiple, coalescent hyperkeratotic papules measuring 1-4 mm in perianal area and inner thighs.

Histopathology suggestive of Papular acantholytic dyskeratosis with good response to topical mometasone & fusidic acid followed by tacrolimus and oral doxycycline.

CASE 3

A 45-year-old female presented with large erosion on right labia majora with burning sensation.

On examination ill-defined hyperpigmented plaque with central ulceration of over right labia majora and minora.

Histopathology suggestive of Extra mammary Paget's disease - vulva. Referred to oncosurgeon.

09:40 - 09:50

Dermatophytosis Challenge - Novel Solution In Our Region : My Personal Experience Rachita Talwar MD | Specialist Dermatologist

Introduction: Dermatophytosis is a prevalent superficial infection caused by filamentous fungi, primarily affecting the skin and/or its appendages. There has been a global rise in cases of dermatophytosis and, in particular, recalcitrant and recurrent cases on tinea of the glabrous skin. This phenomenon, particularly prevalent in India, has been linked to the concerning rise of antifungal resistance. Trichophyton (T.) indotineae is a newly identified dermatophyte species that has been found in a near-epidemic form on the Indian subcontinent. There is evidence of its spread from the Indian subcontinent to a number of countries worldwide. T. indotineae causes inflammatory and itchy, often widespread, dermatophytosis affecting the groins, gluteal region, trunk, and face. Patients of all ages and genders are affected. T. indotineae has become a problematic dermatophyte due to its predominantly in vitro genetic resistance to terbinafine

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owing to point mutations of the squalene epoxidase gene. The most efficacious drug currently available for this terbinafine-resistant dermatophytoses, based on sound evidence, are luliconazole and itraconazole. Combination therapy stood out as the need of the hour in the current menace of dermatophytosis with timely monitoring of laboratory tests for adverse events due to the use of systemic antifungals for a longer duration.

Summary: In the following presentation, I aim to discuss the prevalence and unmet need of dermatophytosis, and to identify and describe the evolution of *T. indotineae*, the underlying causative agent for recalcitrant and resistant dermatophytosis. I would also be describing the epidemiology, clinical features and transmission of *T. indotineae* and explain the basic principles in the treatment options for *T. indotineae*, elucidating their effectiveness in managing this challenging mycotic infection. Luliconazole, a novel topical antifungal imidazole with broad spectrum and potent antifungal activity would be thoroughly discussed, elucidating the various MIC and clinical studies done in treating dermatophytosis. I would be ending the presentation by sharing some challenging dermatophytosis cases from my clinic.

Conclusions: When managing *T. indotineae* infections, it is necessary to optimize therapy to mitigate resistances and relapse. Combining in vitro antifungal susceptibility testing with mutational analysis could be a promising strategy in refining treatment selection.

09:50 – 10:00

Ultrasound Devices in Aesthetic Clinic; A Hassle or Necessity?

Safa Al Saadi MD | Specialist Dermatologist

Long-term complications of injectables in the aesthetic market are a rising issue that affects patients' satisfaction and quality of life. The ubiquitous use of injectables and the variability in the type of injectable in this market are likely contributing to this emerging problem. Real-time ultrasound can allow medical practitioners to prevent such complications by improving the accuracy of medical procedures. Ultrasound devices can also monitor and treat complications thus improving long-term outcomes. In this presentation, I will discuss the different uses of ultrasound in cosmetics.

Ultrasound devices provide higher-resolution imaging with real-time detailed anatomical information and blood flow detection. These devices are easily accessible due to worldwide availability and easy portability. These qualities allow Ultrasound devices to be used in aesthetic clinics in multiple applications:-

1. Ultrasound-guided injection in real-time with higher safety (safe mapping)
2. Precise injection of botox and thread application
3. Diagnosing Filler and nonfiller complications
4. Monitoring and Following up procedures
5. Guided therapeutic interventions such as Hyaluronidase injection The presentation will be supplied with clinical and ultrasound images from my clinic

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10:00 – 10:10

Optimizing Biologic Therapy: Tailoring Treatments For Psoriasis Patients

Shubhada Bichu MD | Senior Specialist Dermatologist

Introduction:

- The advent of biologic agents within the past two decades has dramatically improved the treatment of psoriasis and psoriatic arthritis.
- Given that there now exists 13 FDA approved biologic options available for psoriasis, with more in the pipeline, the therapeutic armamentarium has been greatly enhanced.
- The choice of RX is determined by the disease characteristics and the patient characteristics including comorbidities and the availability

As is true in medicine in general, the treatment of psoriasis with biologic agents is both an art and a science

Summary:

Psoriasis and comorbid conditions require specialized treatment protocols with respect to the safety and efficacy of biologics to achieve treatment goals.

Clinical trials have led to newly approved biologics for the treatment of moderate-to-severe psoriasis, providing unique treatment options for patients with psoriasis and comorbid conditions; initial biologic treatment choice varies with disease severity, clinical presentation, and patient preferences.

Ultimately, individualized recommendations that consider patient preferences, disease severity, comorbid conditions, and additional risk factors should be offered to patients and updated as new trial data emerge

10:10 – 10:20

Q & A

SESSION 2 - Face Aesthetics Dermatology Society

Chairperson: Tania Yadav MD, Kaushal Kumar Verma MD

10:20 – 10:35

Combination Therapy of JAK Inhibitors and Excimer Lasers for Alopecia Areata

Ramanjith Singh MD | Director at DERM COS Skin Clinic & Senior Consultant

Alopecia areata (AA) is a chronic, self-limiting, immune-mediated form of nonscarring alopecia that is multifactorial and results in localized patches. However, the regrowth may take several months or years leading to the development of psychoemotional trauma in those that are affected. Although several therapies for AA have been developed and tested, there is no specific treatment that has been approved. Recently, the use of janus kinase (JAK) inhibitors for treatment of AA has emerged. Also with the development of new technologies, more and more lasers or lamps have been used to treat alopecia, opening new visions in the line of treatment.

Alopecia areata (AA) is a common skin disease with non-scarring alopecia. Although several therapies for AA have been developed and tested, there is no specific treatment that has been approved, leading to the availability of many off-label conventional treatment options, with very limited responses. More recently, with the advancement of pre-clinical and genetic studies, a greater understanding of the pathomechanisms involved in the development of AA has been uncovered. This has resulted in the introduction of targeted therapies that use small molecules to block specific pathways involved in AA pathophysiology. As such, the use of janus kinase (JAK) inhibitors for the treatment of AA has emerged. JAK inhibitors block the T-cell

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mediated inflammatory response thought to be the driving factor behind AA pathogenesis, by inhibiting the janus kinase (JAK) signal transducer and activator of transcription (STAT) signaling pathway, leading to a reversal of hair loss in AA patients. With the development of new technologies, more and more lasers or lamps have been used to treat alopecia, such as ultraviolet, Excimer laser/lamp, lowlevel laser, erbium-glass laser, thulium laser, and carbon dioxide laser. Individual researchers have been considering 308-nm Excimer lamp to be used for treating Alopecia Areata using high-dose monochromatic UV radiation which can trigger apoptosis and induce immunological suppression and could give promising results when used in combination with other treatment modalities.

10:35 – 10:50

Botulinum Toxin - Physiology & Rheology with Advanced Indications

T. A. Rana MD | Director of Skin Laser Institute

Botulinum toxin is a neurotoxin derived from clostridium botulinum. It has 7 distinct subtypes of botulinum toxin (A-G) only A and B are clinically relevant. Botulinum toxin type A is the most potent and longest lasting of all subtypes.

The presentation covers Botulinum Toxin (BoNT) types, focusing on BoNTA, the most potent subtype. Key topics include dose equivalence, reconstitution, storage, and mechanism of action, where BoNTA blocks acetylcholine to prevent muscle contraction temporarily. The diffusion of BoNT limits adverse effects to nearby muscles, while immunogenicity considerations are highlighted to reduce treatment failure risks. Factors influencing longevity include dosage, muscle type, supplements, and treatment frequency. Advanced indications extend to various cosmetic and therapeutic uses, such as hyperhidrosis and Raynaud's phenomenon, underscoring BoNTA's versatility in clinical applications.

10:50 – 11:05

Exosomes or PRP as Regenerative Therapy in Hairloss

Viral Desai MD | Medical Director and Chief Consultant Surgeon

1. Composition:

PRP:

- PRP (Platelet-Rich Plasma) is derived from the patient's own blood. It is concentrated plasma that contains platelets, growth factors, and cytokines. The platelets are the primary component responsible for stimulating tissue repair and regeneration.
- PRP is essentially a platelet-rich solution, where the platelets release growth factors like PDGF (Platelet-Derived Growth Factor), VEGF (Vascular Endothelial Growth Factor), and TGF-beta (Transforming Growth Factor-beta) that help repair hair follicles and promote hair growth.

Exosomes:

- Exosomes are small vesicles (30-180 nm in size) secreted by cells, including stem cells and platelets. They contain a variety of bioactive molecules, including proteins, lipids, RNA (microRNA, mRNA), and other signaling molecules.

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2. Mechanism of Action:

PRP:

- PRP promotes hair growth by releasing growth factors that stimulate cell proliferation, angiogenesis (formation of new blood vessels), and the activation of hair follicles, particularly during the anagen phase (the growth phase of the hair cycle).
- The platelet-derived growth factors in PRP encourage the regeneration of hair follicles and improve blood flow to the scalp, which is critical for hair nourishment.

Exosomes:

- Exosomes have a more complex mechanism due to their ability to deliver a wide range of bioactive molecules, including microRNAs and proteins that can directly influence gene expression in hair follicle cells.
- Exosomes modulate cellular behavior, reduce inflammation, and can potentially rejuvenate dormant hair follicles, which may be especially useful for conditions like androgenetic alopecia (pattern baldness).

3. Efficacy:

PRP:

- PRP has been clinically proven to stimulate hair growth, particularly in patients with androgenetic alopecia (male and female pattern baldness) and telogen effluvium (temporary hair shedding). It improves hair density, thickness, and overall regrowth.
- Typically, multiple sessions (3–6) spaced 4–6 weeks apart are required, with results visible within 3–6 months after the first session. Results may last up to 1–2 years with maintenance treatments.

Exosomes:

- Exosomes show promising potential for hair growth, particularly in rejuvenating dormant follicles. Research suggests that exosomes may offer quicker and more robust results compared to PRP due to their ability to deliver a wider variety of regenerative molecules and affect a broader range of biological pathways.
- Some early studies suggest that fewer treatments may be needed, with results visible within 3–4 months. Exosome therapy might also result in faster hair regrowth and more noticeable improvements in hair density compared to PRP.

4. Frequency and Duration of Treatment:

PRP:

- PRP treatments generally require 3–6 sessions spaced 4–6 weeks apart. After the initial treatment series, maintenance sessions are typically required every 6–12 months to sustain results.
- Full results are typically visible after 3–6 months, with further improvements continuing for up to 1 year.

Exosomes:

- Exosome treatments often require fewer sessions, with some patients seeing results after just one or two treatments. The number of sessions depends on the severity of hair loss.
- Early results can be observed within 3–4 months, and the effects might be quicker and more pronounced than with PRP.

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5. Side Effects:

PRP:

- PRP is generally safe because it uses the patient's own blood, reducing the risk of allergic reactions or infections. Common side effects include mild pain, redness, or swelling at the injection site.

Exosomes:

- Exosome therapy is also considered safe, with minimal risk of adverse effects, as they are derived from human cells. However, as exosome therapy is still relatively new, long-term safety data is still being evaluated.

6. Availability and Regulation:

PRP:

- PRP is widely available and well-established in clinical practice. It is generally FDA-approved for hair regrowth, though it is considered a medical procedure rather than a drug.

Exosomes:

- Exosome therapy is still emerging and is being explored in clinical studies and trials. It has not yet received FDA approval specifically for hair regrowth, so it may be considered experimental in some regions or clinics.

Both therapies have their merits, with PRP being more established and exosomes showing exciting potential for faster and more potent hair regrowth. The choice between the two may depend on factors such as the severity of hair loss, treatment goals, budget, and access to cutting-edge treatments.

11:05 – 11:15

Q & A

SESSION 3 - Srilankan College of Dermatology and Aesthetic

Chairperson: Surmaya Keragala MD, Thulasi Weerasinghe MD

11:15 - 11:35

Pediatric Dermatology Pearls from Srilanka

Thulasi Weeransinghe MD | Consultant Dermatologist

Pediatric dermatology encompasses a broad range of skin conditions that uniquely affect children and often require specialized approaches to diagnosis and management. In Sri Lanka, dermatologic conditions in children are influenced by a combination of tropical climate, socio-economic factors, and limited access to specialized care in some areas. Common issues range from infectious skin diseases, such as bacterial and fungal infections, to inflammatory conditions like atopic dermatitis along with rare genetic disorders. Understanding the prevalence, presentation, and management challenges of pediatric dermatology in Sri Lanka is essential for improving outcomes and providing equitable healthcare access.

This presentation provides key insights ("pearls") from pediatric dermatology cases in Sri Lanka, highlighting practical approaches for managing common skin conditions in a tropical, resource-limited setting. It emphasizes strategies for treating prevalent issues such as eczema, infectious dermatoses, and inflammatory skin disorders, shaped by environmental and socioeconomic factors unique to the region. The presentation also underscores the importance of culturally sensitive patient education and community engagement in promoting effective dermatologic care. These insights aim to aid clinicians in optimizing pediatric dermatology outcomes in similar settings, fostering a comprehensive, adaptive approach to skin health in children.

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11:35 - 11:55

Non-Tuberculous Mycobacterial Infection

H A S J Perera MD | Consultant Dermatologist

Non-tuberculous mycobacteria (NTM) are increasingly recognized as causes of skin and soft-tissue infections. Hospital outbreaks related to contaminated water and associated with surgical and cosmetic procedures have been described. Infections are also associated with immunosuppression. NTM infections have a wide spectrum of clinical manifestations, though *Mycobacterium marinum* and *Mycobacterium ulcerans* manifest characteristic lesions - swimming pool granuloma and Buruli ulcer, respectively.

NTM infection should be suspected when skin infections (especially those following trauma or invasive procedures or in a patient with immunosuppression) do not respond to antibiotics. Familiarization with the spectrum of clinical manifestations caused by NTM infection is helpful for clinicians. High clinical suspicion is needed for early diagnosis. Diagnosis is confirmed by the polymerase chain reaction test, which is the gold standard. NTM shows variable susceptibility to antimicrobials, and no clear treatment guidelines are available.

11:55 - 12:15

The Storm of “Whitening Mania” in Sri Lanka and the Battle Against it in SLCDA

Chiranjaya Ekanayake MD | Acting Consultant Dermatologist

Sri Lanka, situated close to the equator, is home to a predominantly darker-skinned population (types IV to VI). In recent years, a growing trend for fairer skin, especially among women, has been fueled by societal standards and social media influence. This “whitening mania” has driven demand for fairness products, leading to the proliferation of substandard and harmful cosmetics. The Sri Lanka College of Dermatologists (SLCDA) recognizes the urgent need to address these unsafe practices. Through advocacy, awareness programs, and collaboration with government bodies, SLCDA is actively working to challenge and change these dangerous unethical beauty ideals.

This presentation examines Sri Lanka’s intense demand for skin whitening and the adverse health effects associated with it. In response to this trend, the Sri Lanka College of Dermatologists (SLCDA) has launched campaigns, such as “Sudu kalu api okkoma dekulaku” (“We are beautiful in all skin tones”), aimed at promoting skin positivity. SLCDA’s initiatives include public awareness, advocacy for a comprehensive Cosmetic Act, and a revised dermatology curriculum to emphasize aesthetic medicine etc. These collective efforts aim to combat the harmful impact of the whitening craze.

12:15 - 12:35

Wound Care – Pearls from Sri Lanka

Tharindu Dinupa MD | Lecturer

Wound care in Sri Lanka presents both unique challenges and opportunities, shaped by the country’s healthcare infrastructure, socio-economic factors, and cultural practices. Sri Lanka has a well-established healthcare system, yet resource constraints, limited access to advanced medical technologies in rural areas, and disparities in health literacy among the population affect the quality and consistency of wound

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management. Common types of wounds treated in Sri Lanka include chronic wounds such as diabetic ulcers, pressure ulcers, neuropathic ulcers, vasculitic ulcers and venous leg ulcers, as well as traumatic wounds.

Management of chronic wounds is very challenging in a country like ours because of the cost of newly developed

Wound care techniques including newer dressings. However, these obstacles can be overcome by the enthusiasm of the wound care physician. Being a country with a long and heavy culture we do have many methods of wound care which can be used without much economic burden to the patient as well as country. In my presentation I would like to focus on those methods to share the knowledge to improve the quality of life of patients with chronic wounds.

12:35 - 12:55

Novel Therapeutic Strategies of the Management of Melasma

Amanda Dathanarayana MD | Senior Registrar in Dermatology

Melasma is a common chronic acquired disorder of hypermelanosis that affects photo-exposed areas such as face and neck. It is characterized by brown to gray patches with an irregular outline. It is more common in females with Fitzpatrick skin type IV-VI. The exact pathogenesis of melasma is poorly understood. Possible triggering factors are genetic predisposition, chronic sun exposure, pregnancy, oral contraceptive pills, autoimmune thyroid diseases and phototoxic agents. There are several clinical patterns of melasma. They include centrofacial, malar, mandibular and mixed patterns. Melasma is a clinical diagnosis. It carries a significant psychological impact. Management of melasma is therapeutically challenging.

Novel treatment modalities are classified into topical, oral and procedural. Topical agents include thiamidol, cysteamine, metformin and resveratrol. Oral agents include Polypodium leucotomos, pycnogenol and glutathione. Tranexamic acid can be used as topical, intradermal and oral forms. Procedural modalities include; platelet rich plasma, micro-needling, chemical peeling, laser therapy, intense pulsed light and radiofrequency. Chemical peeling and laser therapy are reserved for refractory melasma. Alpha or beta-hydroxy acid peels, combination peels and combinations with topical agents can be used for enhanced efficacy. Newer laser treatment modalities include; picosecond technology, combinations of different lasers and combination of laser with medications or micro-needling.

12:55 - 13:00

Q & A

13:00 - 14:00

Lunch Break

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SESSION 4 - Indian Association of Dermatologists, Venereologists & Leprologists

Chairperson: Bhumesh Kumar Katakam MD, K. E Mukadam MD

14:00 - 14:12

Vaccines in Dermatology

Bhumesh Katakam MD | Professor & Honorary Secretary General IADVL

Obtaining a patient's immunization history early is essential, especially for those who may need immunosuppressive therapy in the future. Knowing a patient's vaccination status helps in planning and administering appropriate vaccines.

Key Vaccines in Dermatology

Vaccines serve various purposes in dermatology, including:

1. Treating Warts: The MMR (measles, mumps, rubella) and BCG (bacille Calmette-Guerin) vaccines are used intralesionally for wart treatment.
2. Varicella Zoster/Herpes Zoster Vaccines: Prevent shingles and its complications specifically PHN.
3. HPV Vaccines: Three human papillomavirus vaccines are available to prevent HPV-related skin conditions like warts, Cervical cancers.
4. Leprosy Vaccine: Used in the management and prevention of leprosy.

Vaccination in Immunosuppressed Patients

Patients undergoing immunosuppressive treatment may still receive certain vaccines, including both live and inactivated forms. Common vaccines for immunocompromised patients include the MMR and varicella zoster vaccines, which are administered with careful consideration of the patient's immune status.

14:12 - 14:24

Role of JAK inhibitors in Pigmentary Disorders

Rashmi Singh MD | Associate Professor, Dept of DVL

JAK inhibitors are novel drugs, recently being widely used to treat many dermatological conditions eg, psoriasis, alopecia areata etc. Now, it has paved its way into pigmentary dermatology thereby helping us to treat lichen planus pigmentosus and vitiligo, one among them being tofacitinib. Which inhibits JAK 1 and 3. Through this presentation let's delve deep into this discussion and gain more knowledge regarding its importance in dermatology.

Dermatology is one specialty after rheumatology where tofacitinib is used to treat a variety of skin conditions one among them being pigmentary skin diseases and irony of this fact is that it is helpful in treating both a depigmented condition e.g. Vitiligo and a hyperpigmentary disorder e.g. lichen planus pigmentosus. Both are autoimmune skin conditions requiring an immunosuppressive agent to reduce the ongoing inflammation. Keeping this in view, I am willing to share my experiences with JAK inhibitors.

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14:24 - 14:36

Vulvar Inflammatory Disorders - Practice Essential

Mamatha Pappala MD | Professor of Dermatology

Vulvar dermatoses are skin conditions affecting the vulva, causing symptoms like itching, burning, and discomfort. Despite their impact, these conditions are often underreported and neglected, making vulvar diseases an overlooked aspect of women's health. Vulvar inflammatory disorders (VID) are non-infectious, inflammation-based conditions that are challenging to diagnose due to their location and the complexity of vulvar anatomy. They include conditions like lichen sclerosus, lichen simplex chronicus, and vulvar psoriasis. Early recognition and awareness are crucial for effective treatment and preventing complications, such as malignancies like squamous cell carcinoma. Timely diagnosis and management, including the use of topical steroids, are key to improving patient outcomes.

Vulvar inflammatory disorders (VID) are non-infectious conditions affecting the vulva, classified by histological patterns: lichenoid (lichen planus, lichen sclerosus), spongiotic (atopic dermatitis), vesiculobullous (pemphigus vulgaris), and more. Common VIDs include lichen sclerosus, lichen simplex chronicus, vulvar psoriasis, and lichen planus. Lichen sclerosus causes white patches and atrophy, requiring regular follow-ups to prevent malignancy. Diagnosis is challenging and involves clinical examination, dermoscopy, and biopsy. Treatment typically includes topical steroids. Early recognition and awareness of vulvar health are crucial for symptomatic relief and preventing complications like malignancy.

14:36 - 14:48

Exosomes - Are They Solo Flyers in Trichology Basket

Sonia Tekchandani MD | Consulting Aesthetic Dermatologist

Evaluated the efficacy of umbilical cord derived exosomes in 50 male patients with AGA, not responding satisfactorily after 9 months of therapy with both Minoxidil (5% location twice-a-day) and oral Finasteride. The procedure was repeated once a month for 3 – 6 months. Results were evaluated by before & after and post-procedure questionnaire & trichoscope images

14:48 - 15:00

Future Perspectives: Developing Safer Hair Dyes to Mitigate

Palaniappan Vijayasankar MD | Assistant Professor, Department of Dermatology, Venereology, and Leprosy

As consumer demand for hair dye continues to grow, so does the need for products that minimize dermatologic risks. Traditional hair dyes often contain chemicals that can lead to adverse skin reactions, such as allergic contact dermatitis and irritant responses, affecting millions worldwide. In this talk, we will explore both the challenges and promising advancements in developing safer hair dyes. By examining new bio-based and synthetic innovations, regulatory shifts, and the potential for personalized formulations, we aim to envision a future where hair dye is not only effective but also dermatologically safe.

This talk explores the future of hair dye innovation aimed at reducing dermatologic risks, addressing the urgent need for safer alternatives. By examining the adverse skin effects of conventional dyes, such as allergic contact dermatitis and irritant reactions, I am going to highlight the limitations of current formulations

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and the necessity for change. The session delves into novel bio-based and synthetic ingredients, alongside evolving regulatory standards that prioritize consumer safety. It will conclude with future research directions, including hypoallergenic and personalized dye solutions, that hold promise for dermatologically safe products, paving the way for a new standard in hair dye safety and efficacy.

15:00 - 15:12

A Comparative Study of Fractional CO2 vs Erbium 1550 in Acne Scars among Asian Skin Types

Surajit Gorai MD | Professor and Consultant Dermatologist

Objective: To compare the efficacy and safety of Fractional CO2 and Erbium 1550 laser treatments in reducing acne scars among individuals with Asian skin types.

Methods: A retrospective analysis of acne scar patients undergone erbium or co2 laser in Asian participants with varying degrees of acne scarring. Scar improvement was evaluated using standardized grading scales with global photographs, and adverse events and patient satisfaction were assessed with necessary questionnaires. 3-4sessions per patients in total duration of 6months were performed and evaluated after. Evaluation was done by an unrelated dermatologist.

Results: in last two years 33 patients treated with erbium and 41 with co2. Both Fractional CO2 and Erbium 1550 laser treatments showed significant improvements in acne scar reduction among Asian participants. Fractional CO2 treatment exhibited a higher degree of improvement compared to Erbium 1550 treatment for deep scars but for mild to moderate acne scars both were comparable without any significant difference. Downtime in Co2laser was more than erbium. Patient satisfaction rates were better with non ablative erbium laser.

Conclusion: Fractional CO2 and Erbium 1550 lasers are effective and safe options for reducing acne scars in Asian individuals. Fractional CO2 treatment may offer slight advantages in deep scar but patients satisfaction is more with erbium laser. Downtime post procedure was less with erbium and the results for mild to moderate scar is comparable in both the procedure.

15:12 - 15:24

Newer Drugs and Their Drug Rashes

Vijay Zawar MD | Consultant Dermatologist

A Dermatologists often meets with rashes due to drugs which may not be too old and established. The rash presentation may not very usual.

The author wish to present such multiple instances wherein the drugs are new eg Dapagliflozin, gliptins, Tamsulosin, multiple biologic agents and recently developed oncotherapy drugs. The author tries to compile several reported and unreported rashes.

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15:24 - 15:36

Management of Complicated Vascular Lesions in Skin of Color

A. Selvam MD | Senior Consultant Dermatologist

Pediatric vascular lesions are frequently left untreated, despite the availability of effective laser treatments. Conditions such as port-wine stains (PWS), infantile hemangiomas, arteriovenous (AV) malformations, and keratoangiomas respond well to pulse dye laser (PDL) and long-pulse Nd:YAG laser therapies. Early intervention, particularly in infancy, prevents complications like disfigurement, scarring, and psychosocial distress. PDL (595nm) targets superficial lesions like PWS, while LP Nd:YAG (1064nm) is effective for deeper hemangiomas. Most treatments are day-care procedures with minimal side effects. Understanding the importance of early laser therapy ensures better outcomes, reducing long-term morbidity in affected children.

Management of Pediatric Vascular Lesions - Role of pulse dye and Long pulse Nd-Yag lasers

Pediatric vascular lesions, including port-wine stains and infantile hemangiomas, can be effectively treated with pulse dye laser (PDL) and long-pulse Nd:YAG laser. Early treatment, especially in neonates and infants, minimizes complications such as ulceration, bleeding, and psychosocial distress. PDL is ideal for superficial vascular lesions, while Nd:YAG is preferred for larger, deep-seated hemangiomas. Most procedures are day-care treatments with minimal complications. PWS requires multiple sessions, whereas hemangiomas need fewer treatments. Early intervention significantly improves cosmetic and functional outcomes, making laser therapy a crucial tool in pediatric vascular lesion management.

15:36 - 15:48

Environmental Factors and Sebopsoriasis Flare Ups: A Retrospective Cross Sectional Study

Kinnor Das MD | Consultant Dermatologist

Sebopsoriasis, a chronic dermatological condition having overlapping features of both seborrheic dermatitis and psoriasis. It is a relatively grey zone in clinical diagnosis. Sebopsoriasis symptoms are influenced by intrinsic and extrinsic factors. The role of environmental factors like weather extremes and air quality remains underexplored. This study retrospectively investigates the correlation between environmental variables and sebopsoriasis symptoms.

This retrospective study analyzed data from 57 sebopsoriasis cases over a period of 12 months to assess the environmental triggers. My result showed that the disease flared during extremes of weather (both hot and cold) and remained quiescent in moderate temperatures and in those who work in air conditioned environments. Flare-ups also increased with deteriorating air quality. These findings emphasize the role of environmental stressors in sebopsoriasis progression.

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15:48 - 16:00

Evaluating the Impact of Herbal Products Over Facial Skin: An Observational Cross-Sectional Study and Analysis of it's Bioactive Compounds

Shahriar Ahmed MD | Senior Resident

Topical Steroid Damaged/Dependent Face (TSDF) is characterized by a plethora of symptoms caused by the abuse of topical corticosteroids of any potency on the face over a certain period. Many patients disclosed the application of many herbal products like neem/haldi/aloe vera in the form of cream, facewash, soap or raw material over the face and presented to us with TSDF-like features. The study was conducted to explore the effects of herbal products on the face and the analysis of bioactive compounds of the herbal plants.

After obtaining proper consent, we have undertaken an institution-based observational cross-sectional study. The targeted sample size was 88; considering a 95% confidence limit, 5% margin of error, and 6.07% population proportion, after defining proper exclusion and exclusion criteria. Among the patients, 28.4% used Aloe vera, 21.6% used Haldi and 50% used Neem-based products over the face. We have found Acneform eruption 71.6%, Facial erythema 51.1%, Dryness 64.8%, Burning sensation 65.9%, Hypersensitivity to other products 72.7%, Itching 69.3% and Photosensitivity 55.7% occurring in patients who have been using these products over face for a variable period. We analysed the available data regarding the bioactive compounds present in these herbal plants and found different types of plant Steroids, Terpenoids, Anthraquinones, Flavonoids, Tannins, Glycosides and Saponins are available within it.

The application of herbal-based products over the face could lead to TSDF-like features. Without knowing the Phytochemical analysis of any plant, using it blatantly over the facial skin could be disastrous.

16:00 - 16:05

The Forgotten Practice- A Series of Interesting Clinical Cases

Aditya Suresh Mahajan MD | Consultant Dermatologist

In the era of cosmetic and laser dermatology we have forgotten our base of clinical dermatology. But there are still interesting presentations of various clinical disease seen in dermatology opd. I present a collection of such rare cases.

We summarise a series of rare cases and rare presentation of common cases in day to day practice. Histopathology, dermoscopy is also discussed.

16:05 - 16:10

Progressive Skin Induration and Musculoskeletal Deformities in a Child: A Case of Stiff Skin Syndrome

Mitaxari M Hugar MD | Lecturer

Stiff Skin Syndrome (SSS) is an extremely rare, non-inflammatory, and non-autoimmune disorder characterized by progressive skin thickening and stiffness, leading to joint contractures and restricted movement. The condition often begins in childhood, typically before the age of 10, and primarily affects the skin of the trunk, limbs, and face. Patients may experience progressive skin induration, which results in functional impairments, including difficulty with mobility and discomfort. SSS is not associated with

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systemic involvement, and laboratory tests usually show no abnormalities, differentiating it from other connective tissue diseases such as systemic sclerosis. Diagnosis is confirmed through skin biopsy, which reveals increased dermal fibrosis and thickened collagen bundles. The treatment mainly focuses on supportive care, including physical therapy to manage joint contractures and preserve mobility, as there is no known cure. The disease progression is variable, and long-term follow-up is essential to monitor functional outcomes.

A 12-year-old girl with progressive skin stiffness, joint contractures, and functional impairment was diagnosed with Scleroderma-like Skin Syndrome (SSS). The condition, beginning at age 4, involved symmetric skin induration on the thighs, buttocks, upper arms, and knees, causing limited mobility and discomfort. Skin biopsy confirmed thickened collagen bundles and dermal fibrosis. Laboratory investigations were unremarkable. Management focused on physical therapy to preserve joint function. This rare case highlights the importance of early diagnosis and symptomatic management of SSS, a condition not associated with systemic involvement or autoimmunity.

16:10 - 16:20

Q & A

SESSION 5 - Pan Arab League of Dermatologists

Chairperson: Ibrahim Galadari MD, Assem Farag MD, Mohamed Ben Gazil MD

16:20 - 16:35

What's New in the Treatment of Chronic Inflammatory Skin Diseases

Riad Mashal MD | Director of Dermatology Department

Dermatology is currently experiencing a transformative period, with groundbreaking innovations shaping the treatment landscape for chronic inflammatory skin conditions such as psoriasis, alopecia areata, vitiligo, atopic dermatitis, and others. Staying updated on these developments is critical as we prepare to embrace the future of dermatologic care. This lecture will comprehensively review all FDA-approved therapies introduced between 2022 and 2025, focusing on their mechanisms of action, clinical efficacy, safety profiles, and their potential impact on the management of common inflammatory skin diseases.

16:35 - 16:50

Onychomycosis: Diagnosis and Treatment Update

Gamal Elduweb MD | Professor of Dermatology, Dermatology Department & Faculty of Medicine

Onychomycosis (OM) refers to a fungal infection that affects the toenails or the fingernails. It may involve any component of the nail unit, including the nail matrix, nail bed, or nail plate. Although OM is not life-threatening, it can cause pain, discomfort, and disfigurement and may produce serious physical and occupational limitations. Psychosocial and emotional effects resulting from onychomycosis are widespread and may have a significant impact on quality of life.

Direct microscopy of a 20% potassium hydroxide (KOH) preparation in dimethyl sulfoxide (DMSO) can screen for fungi. Fungal culture can identify the species of organism and guide therapy.

Medications for onychomycosis can be administered topically or orally. A combination of topical and systemic treatment increases the cure rate. Adjunctive surgical measures may also be used.

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In this presentation we will highlight the recent advances and updates in the diagnosis and management of onychomycosis

16:50 – 17:05

The Value of Dermoscopy in the Diagnosis and Differential Diagnosis of Common Facial Hyperpigmentation

Khalil Alhamdi MD | Head of Dermatology

Facial hyperpigmentation' is a common. Dermatological cosmetic problem in daily clinical practice with severe psychological impact particularly in females who are concerning about their appearance. Many skin diseases many present with facial hyperpigmentation.such as Melasma, lichen planus actinicus, ochronosis and postinflammatory hyperpigmentation .where the diagnosis and differential diagnosis may be difficult requirerequiring to be considered by skin.biopsy which possible scar formation or the patient may refuse to do it so the study was performed to find out if biopsy can be replaced by dermoscopic examination and how much it is of help in.solving this problem.

17:05 – 17:20

JAK Inhibitors Clinical Applications

Assem Farag MD | Professor of Dermatology & Venerology

Our decision of whether or not to treat a patient with systemic treatment will depend on the SALT score which measures the severity of Alopecia areata.

Janus Kinases: Kinases which are responsible for transmitting the inflammatory inflammation to the cell (JAK 1, JAK 2, JAK 3, TYK 2). Depending on which Janus kinases we block, we may have a somewhat different effect on the cell & on the body and a somewhat different possible adverse effect.

JAK inhibitors generations: JAK inhibitors I generation: inhibiting 2 or more JAKs. JAK inhibitors II generation: more selective & can decrease the activity of one of the JAKs.

Possible increased risk of adverse effects: We should be cautious when initiating therapy with Tofacitinib (JAK1 & JAK3), Baricitinib (JAK1 & JAK2), Upadacitinib (JAK1).

Three JAK inhibitors close to approval for AA: Brepocitinib, Baricitinib, Ritlecitinib

Off-label JAK inhibitors with potential efficacy in AA (not planned for requesting approval): Tofacitinib, Ruxolitinib.

We must do careful examination before treatment to exclude risk factors.

Very long maintenance treatment after regrowth.

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17:20 - 17:35

Harnessing AI for Dermatology in Skin of Color: A Research Initiative.

Khalid Siddig MD | Consultant Dermatologist

The ongoing conflict in Sudan has severely disrupted dermatology services, leading to an increased reliance on teledermatology. Patients now seek medical advice through mobile phone images, a shift that highlights the need for innovative diagnostic tools. This study investigates the role of AI-assisted mobile photo analysis in dermatology, particularly for patients with skin of color. By addressing challenges such as low image quality and limited expertise in mobile dermatology, the research aims to enhance diagnostic accuracy, sensitivity, and equity in care through AI integration.

Sudan's war has disrupted dermatology services, pushing patients to teledermatology using mobile phone images. However, poor photo quality and limited diagnostic expertise hinder accuracy. This study evaluates the effectiveness of AI in assisting dermatologists with mobile skin image analysis, focusing on skin of color. Using a prospective design, AI-generated diagnoses are compared with those from dermatologists, analyzing accuracy, sensitivity, and specificity. Early results are promising but reveal challenges requiring advanced training datasets and machine learning techniques. This research underscores the potential of AI to improve equity and outcomes in dermatological care.

17:35 - 17:50

Heterogeneity of Atopic Dermatitis

Ibrahim Almukahhal MD | Professor of Dermatology

Atopic dermatitis (AD) is a common relapsing inflammatory skin disorder with skin barrier dysfunction and an increased risk for infection. AD negatively impacts several quality of life, patients reported itch as their most burdensome symptom. AD is heterogeneous disease and can manifest as acute versus chronic, extrinsic IgE-mediated or intrinsic atopyform with negative IgE and prick test. Level of Th cells expression may vary between age, duration, and ethnicities in heterogeneous presentation. Different skin phenotypes have different immune polarisation. So African patients tend to have more follicular prominence, lichenoid lesions, profund xerosis and less flexural involvement. In Asian patients tend to have psoriasiforme lesions, lichen simplex chronicus and prurigo nodulars. There are a number of approved treatment, including targeted systemic therapy as Dupilumab and Jak inhibitors. 24 Libyan patients with severe and moderate AD aged between 16-42 years were treated with Baricitinib Jak1/2 inhibitor as 4mg oral dose daily. No emergent adverse events noted and Baricitinib was well tolerated. our patients experience a clinically meaningful improvement in itch and skin lesions.

17:50 - 18:05

Pseudo Angioedema

Mohamed Elbanhawy MD | Senior Consultant in Dermatology, STDs, Andrology and Sexual Medicine

A variety of dermatologic conditions can cause swelling that resembles angioedema, some with a potentially fatal outcome if misdiagnosed. Knowledge of pseudoangioedema is fundamental in the emergency setting when handling an atypical angioedema case.

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18:05 - 18:20

Geriatric Psoriasis, How It Differs? A Retrospective Cohort Analysis

Hesham Zaher MD | Emeritus Professor

Psoriasis is a chronic inflammatory skin disease that affects individuals of all ages.

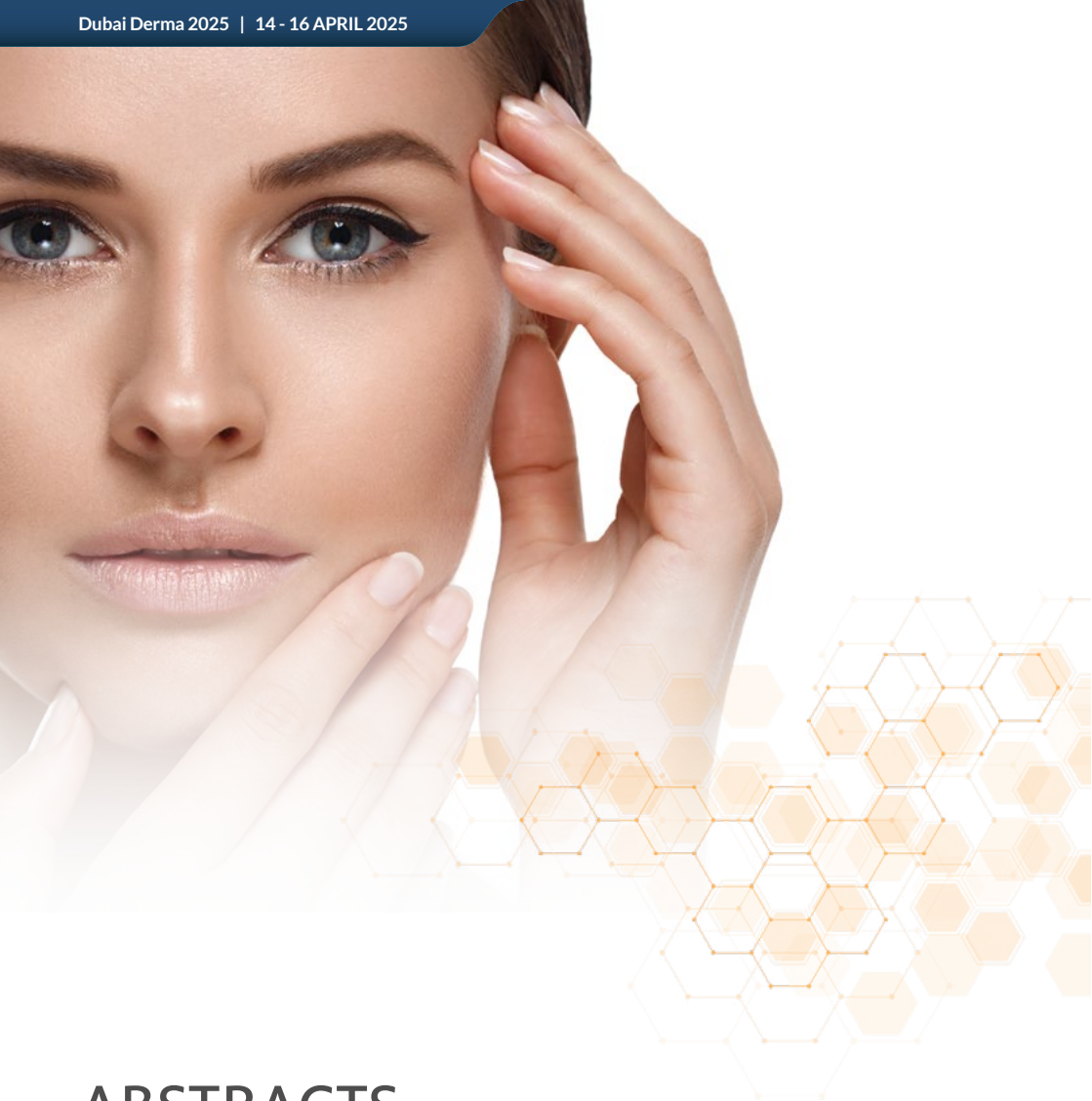
However, there is a scarcity of studies specifically examining psoriasis in the geriatric population (individuals aged 65 and older). This lack of research hinders our understanding of the unique challenges and considerations associated with managing psoriasis in this age group.

Despite the growing number of older adults worldwide, there remains a significant gap in our knowledge regarding the epidemiology and clinical manifestations of psoriasis in this population. This highlights the need for further investigation into the distinct characteristics and management strategies for geriatric psoriasis.

Geriatric psoriasis presents with distinct demographic and clinical features compared to adult psoriasis. A comprehensive approach to patient management is crucial, considering the multimorbidity burden, age-related physiological changes, and individual patient needs to optimize treatment outcomes and improve quality of life.

18:20 - 18:30

Q & A



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DERMATOLOGY SCIENCES & RESEARCH

SESSION 5 - Atopic Dermatitis

Chairperson: Udaya Kumar Padubidri MD, Abdulhadi Jfri MD

08:30 – 08:45

The Barrier Abnormalities of AD and the Potential for Prevention Strategies

Udaya Kumar Padubidri MD | Consultant Dermatology

Atopic dermatitis (AD) is the most common chronic skin inflammatory disease, with a profound impact on patients' quality of life. AD varies considerably in clinical course, age of onset and degree to which it is accompanied by allergic and non-allergic comorbidities. Skin barrier impairment in both lesional and non lesional skin is now recognized as a critical and often early feature of AD.

This presentation provides an overview of key barrier defects in AD. Skin barrier abnormalities have been suggested to play an essential role in initiation of early atopic dermatitis (AD). Antigen penetration through a compromised barrier likely leads to increased innate immune responses, antigen-presenting cell stimulation, and priming of overt cutaneous disease. In a TH2-promoting environment, T-cell/B-cell interactions occurring in regional lymph nodes lead to excessive IgE switch. Concurrent redistribution of memory T cells into the circulation not only leads to exacerbation of AD through T-cell skin infiltration but also spreads beyond the skin to initiate the atopic march, which includes food allergy, asthma, and allergic rhinitis. Possible primary interventions to prevent AD are focusing on improving skin barrier integrity, including supplementing barrier function with moisturizers. As for secondary prophylaxis in children with established AD, this can be stratified into prevention of disease exacerbations by using proactive approaches (with either topical corticosteroids or topical calcineurin inhibitors) in mild AD cases or the prevention of other atopic disorders that will probably mandate systemic immunosuppression in severe AD cases.

08:45 – 09:00

Atopic March: Critical Evidence and Clinical Relevance

Maha Assem Fahmy MD | Dermatology Specialist

The atopic march is a well-known concept that describes the natural progression of allergic diseases in individuals, particularly during childhood. It refers to the sequential development of different allergic conditions in a predictable pattern within the same person. This concept framework is rooted in insights driven by epidemiological studies. Typically, the atopic march begins with atopic dermatitis (AD) in infancy, followed by the development of allergic asthma and allergic rhinitis as the individual grows older.

The mechanism of the atopic march is a combination of skin barrier dysfunction and induction of T2 pathways in susceptible individual, with microbiome and viral triggers playing an additional role.

The mechanism of atopic march offers potential opportunities for biologic therapeutics to modify the pathway. The initial T2 pathway of the atopic march begins with the production of IL-33 and TSLP from epithelial cells followed by secretion of IL-4 and IL-13 from TH2 cells and downstream stimulation of B cells to produce specific IgE. The binding of IgE to mast cells and basophils results in the release of proinflammatory mediators.

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09:00 – 09:15

Unveiling the Burden: Mental Disorders in Atopic Dermatitis

Dimitre Dimitrov MD | Dermatologist, Psychoderma SKMC Assoc. Professor CMHS, KU, Abu Dhabi; Faculty Psy Derma Diploma ESDaP

Atopic dermatitis is the most common inflammatory skin disease, affecting a substantial proportion of the population. Research has identified numerous systemic comorbidities, with a growing body of evidence supporting an association with various mental disorders. Depression and anxiety are the most commonly studied, but other conditions, including suicidality, have also been identified.

Proper management of mental disorders among atopic dermatitis patients, requires, as a first step, adequate information and awareness among HCPs. Collaboration with mental health colleagues is crucial and cannot be overemphasized. A multidisciplinary team may be needed to address the most complicated cases effectively. Research has elucidated significant associations between atopic dermatitis (AD) and various psychological disorders. Mental health issues among individuals with AD remain underdiagnosed and undertreated. This study aims to present findings on the correlation between AD and mental health disorders, incorporating results from both international and local UAE studies. Addressing severe cases may necessitate a multidisciplinary team approach. Collaboration with mental health professionals is of paramount importance to ensure comprehensive care and effective management of these complex cases.

09:15 – 09:30

Moving from Conventional Therapy to Advanced Therapy in Atopic Dermatitis: A Paradigm Shift

Bejoy Peethambaran MD | Consultant Dermatologist

Atopic Dermatitis is a common chronic inflammatory skin disorder with a multifactorial etiology and complex pathophysiology of which Type 2 inflammation is predominant. There have been various treatments for atopic dermatitis in the past with limited benefits and relying heavily on topical therapy, Phototherapy and systemic therapy. There has been a change in treatment protocols in the past few years with the advent of Biologics and small molecules with better outcomes in the management of Atopic Dermatitis.

Therapeutic options in the management of Atopic Dermatitis have been limited in the earlier years to the use of topical therapy, Phototherapy and conventional systemic therapy. Conventional systemic therapy has been advocated but is associated with the hazards of immunosuppression and poor safety profile.

Current therapies hold promise in the management of Atopic Dermatitis with targeted therapy, a better response and a more favourable safety profile. Currently we have three Biologics approved for Atopic Dermatitis and three Janus Kinase (JAK) inhibitors approved for Atopic Dermatitis which increases the treatment options for childhood, adolescent and adult atopic dermatitis and these form the mainstay of current treatment guidelines.

09:30 – 09:45

Pediatric Atopic Dermatitis: Children are More Than Little Adults

Rachita Talwar MD | Specialist Dermatologist

Atopic dermatitis (AD) is a chronic type 2 inflammatory skin disease. Eighty-five to ninety percent of patients

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first develop symptoms before 5 years of age, which can often continue through adulthood. Symptoms include intense, persistent itch and skin lesions that cover much of the body, resulting in skin dryness, cracking, pain, redness or darkening, and crusting and oozing. In the U.S., more than 75,000 children aged 5 years and younger have uncontrolled moderate-to-severe disease and are most in need of new treatment options. Dupilumab is a fully human monoclonal antibody that inhibits the signaling of the interleukin-4 (IL-4) and interleukin-13 (IL-13) pathways and is not an immunosuppressant, and has been widely used to treat AD patients. The US Food and Drug Administration (FDA) has recently approved Dupilumab in June, 2022 for the treatment of uncontrolled severe Atopic Dermatitis in children aged 6 months -5 years. It is the first and only biologic approved to treat this age group.

Objectives: We present a case series of four AD patients aged 8 months, 2, 3 and 4 years, treated with Dupilumab. The outcomes showed the good control of AD and less topical /systemic steroids and/or immunosuppressive agents use during the Dupilumab treatment period, accompanied by significant relief of AD signs and symptoms in terms of EASI score, body surface area and quality of life.

Clinical case: Four infants aged 8 months, 2, 3 and 4 years presented to my clinic with Atopic Dermatitis with severe and persistent itching and skin lesions affecting their sleep and quality of life, uncontrolled with topical steroids, topical calcineurin inhibitors and antihistamines. They were started on Dupilumab and as early as week 4 i.e. after the first Dupilumab dose, a clinically significant improvement was seen in EASI score (which reduced from 22 to 10), body surface area of involvement (which was reduced from 30 % to 10 %) and the Pediatric Quality of Life Index, PedsQL.

Conclusion: In this case series, Dupilumab as monotherapy and with concomitant topical corticosteroids resulted in rapid and sustained improvements in AD signs and symptoms (including pruritus and the effect on sleep), causing clinically meaningful improvement in health-related quality of life in pediatric patients aged 8 months, 2, 3 and 4 years with severe Atopic dermatitis that was inadequately controlled with topical medications. Dupilumab had an acceptable short term safety profile too in this group too but long term evaluation of its safety profile has to be warranted.

09:45 – 10:00

What's in the Pipeline? (Upcoming Treatments for Atopic Dermatitis)

Sara Al Janahi MD | Dermatologist

Atopic dermatitis (AD) is a common skin condition, with an estimated prevalence of 40% in the UAE. AD often begins in infancy and follows a chronic pattern of flare-ups and remissions. The etiology of AD is multifactorial, involving genetic, immune, environmental, and microbiological factors that contribute to skin barrier defects and inflammation. AD treatment consists of moisturizers, topical anti-inflammatory agents mainly corticosteroids and calcineurin inhibitors, phototherapy, and immunosuppressants. New treatment options have led to updated global management guidelines. In the UAE, recommendations have been tailored to address local challenges and treatment accessibility, aiming to optimize AD management.

It is crucial for dermatologists to familiarize themselves with new management options to provide personalized care for their patients, improving both their disease and quality of life.

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10:00 – 10:15

Atopic Dermatitis UAE Consensus

Ayman Alnaeem MD | Head of Dermatology Department

Atopic dermatitis often begins in infancy and follows a chronic course of exacerbations and remissions. The etiology is complex and involves numerous factors that contribute to skin barrier defect and inflammation. In the Middle East, the burden of atopic dermatitis is understudied.

Epidemiological data specific to the Gulf region are scarce but reveal a prevalence of up to about 40% in the United Arab Emirates. Regionspecific factors, such as the climate and the frequency of consanguineous marriages, may affect atopic dermatitis incidence, prevalence, and evolution over time. A panel of experts predominantly from the United Arab Emirates analyzed the evidence from published guidelines, and considered expert guidance and local treatment practices to develop clear recommendations for the management of atopic dermatitis in the United Arab Emirates.

10:15 – 10:30

Allergens Involved in Atopic Dermatitis

Mohammed Al – Abdulla MD | Specialist

Introduction:

Atopic Dermatitis (AD) is a complex, chronic inflammatory skin condition that affects millions of individuals worldwide. Characterized by a compromised skin barrier and dysregulated immune responses, AD presents significant challenges for both patients and healthcare providers. While the pathogenesis of AD is multifactorial, one of the key contributors to its exacerbation is the interaction between the skin and various environmental and contact allergens. These allergens, ranging from food and airborne particles to substances in skincare products, can trigger inflammatory responses, leading to flareups and worsening symptoms.

Summary:

- Atopic Dermatitis is a multifactorial condition driven by genetic, immune, and environmental factors.
- Allergens—both contact and inhalant—play a significant role in triggering flare-ups and exacerbating symptoms.
- Intrinsic and extrinsic forms of AD may represent a spectrum, not entirely separate conditions.
- Practical management strategies focus on barrier repair, allergen avoidance, and anti-inflammatory treatments to reduce symptoms and improve quality of life.

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10:30 - 10:45

Relationship Between Atopic Dermatitis and Cutaneous T-cell Lymphoma

Sara Al Jahani MD | Dermatologist

Atopic dermatitis is a Th2 inflammatory skin disease. There have been reported cases of CTCL developing in AD patients, and the number of these cases has been increasing over the past few years with the introduction of biological therapies, namely dupilumab, for moderate to severe cases.

There have been reported cases of CTCL emerging in patients with atopic dermatitis. The relationship between AD and CTCL is controversial in the literature. As some may think, the chronic inflammation of the skin in AD patients predisposes them to develop CTCL, while if the medications that they get exposed to, such as cyclosporine or biologics, namely dupilumab, may lead to CTCL development in high-risk individuals. Our presentation reviews the relationship between AD and CTCL from all perspectives.

10:45 - 11:00

Q & A / Break

SESSION 6 - Psoriasis

Chairperson: Muna Almurrawi MD, Enas Attia MD

11:00 – 11:15

Advances in Psoriasis from Pathogenesis to Treatment

Raghda Al Maashari MD | Dermatology Consultant

Psoriasis is a chronic multifactorial inflammatory disease that affects between 2% and 3% of people worldwide.

In the past 15 years, breakthroughs in the understanding of the pathogenesis of psoriasis have been translated into targeted and highly effective therapies providing fundamental insights into the pathogenesis of chronic inflammatory diseases with a dominant IL-23/Th17 axis. With an improved knowledge of the pathophysiology of psoriasis, numerous therapeutic treatments, including biologics, small molecules, and JAK inhibitors, have been developed. Efficient treatment options for individuals with psoriasis can be achieved by an extensive understanding of pathogenesis, therapeutic agents, and novel drug delivery strategies.

11:15 - 11:30

Dysbiosis and Barrier Dysfunction in Psoriasis and Therapeutic Implications

Enas Attia MD | Consultant Dermatologist

Skin microbiome participates in physical, chemical, microbial and both innate and adaptive immunological ways in performing skin barrier functions. These interrelationships are the product of a well-controlled and delicately balanced microbiome. However, continuous exposure to various extrinsic and intrinsic factors affects this balanced system, which can lead to pathophysiological problems, inducing inflammatory skin conditions such as psoriasis.

In this presentation, the skin microbiome is explained with highlights on the latest insights into the role of the microbiome in forming and strengthening the barrier function of the skin. Furthermore, the effects of microbiome dysbiosis on skin barrier function and its role in psoriasis are illuminated, together with therapeutic implications.

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11:30 - 11:45

Psoriasis Comorbidities and Impact on Management

Mahira Elsayed MD | Professor of Dermatology

Psoriasis is a chronic inflammatory skin condition associated with systemic involvement and a significant burden on patients' quality of life. Psoriasis is linked to numerous comorbidities, including cardiovascular diseases, metabolic syndrome, psoriatic arthritis, inflammatory bowel disease, and psychiatric disorders such as depression and anxiety. These comorbid conditions share common inflammatory pathways, particularly the dysregulation of the immune system, and contribute to increased morbidity and mortality in affected individuals.

Effective management of psoriasis requires a holistic approach that incorporates the screening and management of these comorbidities. This includes risk stratification, lifestyle modifications, and the judicious use of systemic therapies, including biologics, which may address both skin symptoms and systemic inflammation. The presence of comorbidities often influences therapeutic choices, necessitating collaboration among dermatologists, rheumatologists, cardiologists, and other specialists to optimize patient outcomes.

11:45 - 12:00

Navigating Pediatric Psoriasis; Current and Future Perspectives

Muna Almurrawi MD | Consultant Dermatologist & Vice President of Emirates Dermatology Society

Pediatric psoriasis presents unique clinical and therapeutic challenges due to its chronic nature, early onset, and profound impact on quality of life during critical stages of growth and development. This presentation aims to provide a comprehensive overview of the latest advancements in pediatric psoriasis management, encompassing diagnostic innovations, targeted treatments, and personalized care approaches. Key topics include the genetic and immunological underpinnings of pediatric psoriasis, the psychosocial burden on patients and families, and emerging biologic and non-biologic therapies. Additionally, the role of multidisciplinary care, treatment adherence, and safety considerations in long-term management will be explored. Future perspectives will highlight ongoing clinical trials, precision medicine approaches, and advancements in digital health tools for remote monitoring and patient engagement. By fostering collaboration among dermatologists, pediatricians, researchers, and patient advocates, this conference seeks to shape an evidence-based, patient-centered roadmap for optimizing care and outcomes in pediatric psoriasis.

12:00 - 12:15

Disease Modification in Psoriasis: What's New in 2025?

Mohamed Madbouly MD | Consultant Dermatologist

Plaque psoriasis (PP) affects an estimated 29.5 million adults globally and carries a significant disease burden through associated comorbidities. Typically, treatment approaches follow the severity of the condition, with biologic agents usually reserved for use in patients with moderate-to-severe disease who have shown inadequate response to topical and phototherapy options.

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With the rise of targeted biologic therapies, questions have arisen as to whether PP can be controlled, modified or even brought into remission.

The aim of this talk is answer the questions about the recent updates about disease modification (DM) that could be applied within a clinical setting in patients with psoriasis.

12:15 – 12:30

Difficult to Treat Areas in Psoriasis and Therapeutic Challenges

Srikumar Goturu MD | Head of Dermatology Centre

Psoriasis is the most researched disease in dermatology with an explosion of knowledge in transitional biology. the knowledge from the lab has reached the patient rapidly with a explosion of new biologics and medications which are transformed the lives of sufferers with psoriatic disease. in this era we still have some hard to treat issues which need to be addressed.

My presentation will cover the current understanding of treat to target emphasizing hard to treat issues in psoriasis. it will highlight which issues are hard to treat, how to recognize them and the best approaches to address them.

12:30 – 12:45

Paradoxical Psoriasis

Enas Attia MD | Consultant Dermatologist

Targeted biologic agents have dramatically changed therapeutic landscape for immune-mediated inflammatory diseases. Nevertheless a variety of adverse reactions associated with these agents have been observed, including so-called paradoxical reactions (PRs). Paradoxical Psoriasis (PP) is one of the most common PRs. It involves the de novo development or worsening of psoriatic disease during treatment with a targeted biologic agents.

As biologic agents will be used far more in future, it is essential to better understand mechanisms underlying PRs they can produce. The analysis of PP due to different biologic agents revealed that they appear to be related to biological activity of agents. It could represent native autoimmune disease such as pustular psoriasis unrelated to original disease. Further research is needed to elucidate detailed molecular & genetic bases of such reactions & identify any predisposing factors. Such information would help to guide future treatment strategies for preventing PRs by stratifying individuals according to risk & ultimately move practice toward personalized medicine.

12:45 – 13:00

Q & A

13:00 – 14:00

Lunch Break

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SESSION 7 - Vitiligo

Chairperson: Waqas Saad Abdulwahhab MD, Ahmad Alsaeed MD

14:00 - 14:20

Medical Treatment for Vitiligo

Ahmad Alsaeed MD | Consultant Dermatologist

Vitiligo is a chronic autoimmune that causes depigmented patches, has estimated prevalence of 0.5 – 2% of the population worldwide. This talk summarizes the current knowledge on vitiligo and overview of the treatments. To highlight the current understanding of vitiligo as clinical presentations, immunopathogenesis and currently available medical treatments.

14:20 - 14:40

Color of Confidence: Understanding the Psychological Impact of Vitiligo

Sara Al Janahi MD | Dermatologist

Vitiligo, a chronic autoimmune skin disorder characterized by the loss of pigmentation, presents more than a visible change in appearance—it carries a profound psychological burden. As a condition often accompanied by social stigma, vitiligo can significantly impact a patient's mental health, self-esteem, and quality of life. I plan to explore the psychological effects of vitiligo across different age groups and cultural contexts, including increased rates of anxiety, depression, social withdrawal, and body image dissatisfaction. Special attention is given to the emotional challenges faced by adolescents and individuals in highly appearance-focused societies. We also examine the role of physician-patient communication and social support.

14:40 - 15:00

Panel Discussion

SESSION 8 - Lichen Planus

Chairperson: Ameen Alawadhi MD, Jawaher Alnaqbi MD

15:00 – 15:15

Lichen Planopilaris and FFA (Treatment Algorithms)

Hoda Moneib MD | Professor of Dermatology and Consultant

Frontal fibrosing alopecia (FFA) is a distinctive form of primary lymphocytic scarring alopecia characterized by fronto-temporal hair recession and eyebrow hair loss and it represents a growing challenge with increasing prevalence globally. Although the exact cause remains unclear, genetic predisposition, environmental factors and inflammatory pathways contribute to its pathogenesis and diagnosis through trichoscopy and/or histopathology remains essential for prompt treatment.

FFA treatment lacks standardization, including topical, systemic and physical therapies, while hair transplantation remains a temporary solution. Early intervention is crucial to prevent further hair loss and multimodal approaches are often needed, with topical options like corticosteroids, calcineurin

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inhibitors, minoxidil and Janus kinase (JAK) inhibitors, systemic approaches including hydroxychloroquine, tetracyclines and 5 α -reductase inhibitors, adjunctive benefits with Platelet

Rich Plasma (PRP) and physical therapies such as Low level laser therapies ,excimer laser and LED photobiomodulation. are recommended for treatment of FFA but lacking standardized guidelines .

In this session ,we will present data from recent studies on the clinical efficacy of these treatments as well as the value of the new combination therapies to assess whether there may be a synergistic relationship between the multiple modalities.

15:15 – 15:30

Drug-Induced Lichen Planus: Classic Causes and New Culprits

Mahmood Mohamed Ali MD | Specialist Dermatologist

Drug-induced lichen planus (DILP) is a dermatological condition triggered by various medications. While classic causes such as antimalarials and NSAIDs have long been recognized, recent studies have identified new culprits contributing to this disorder. This talk aims to provide an overview of both traditional and emerging drug triggers, discuss clinical presentations and diagnostic challenges, explore underlying mechanisms, and review management strategies for effectively treating patients with DILP.

Drug-induced lichen planus (DILP) is a rare inflammatory condition characterized by pruritic, polygonal, flat-topped papules. Classic causes include antihypertensives like ACE inhibitors and beta-blockers, NSAIDs, antimalarials, and gold salts. Recent studies have identified new culprits, such as biologics, checkpoint inhibitors, and novel antiviral therapies. The pathogenesis of DILP remains unclear but is thought to involve immune-mediated mechanisms. Diagnosis is clinical, supported by histopathology, and requires a high index of suspicion, especially with new medications. Management involves discontinuation of the offending drug and symptomatic treatment, including topical corticosteroids and antihistamines. Further research is needed to understand emerging drug associations.

15:30 – 15:45

Dermoscopic and Histologic Features of Lichen Planus

Ameen Alawadhi MD | Consultant Dermatologist

- Histologic features of the different forms of lichen planus
- Dermoscopic features of lichen planus
- Histologic features of the different variants of lichen planus
- Histologic features of the other lichenoid disorders

15:45 – 16:00

Diagnosis and Management of Nail-Lichen Planus

Azzam AlKhalifah MD | Associate Professor of Dermatology

Nail lichen planus is a chronic inflammatory condition affecting the nail unit, often leading to significant morbidity and aesthetic concerns. It frequently presents with nail thinning, ridging, and onychodystrophy,

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which, if left untreated, may cause permanent damage. This session aims to highlight the diagnostic challenges and therapeutic approaches to managing this condition, emphasizing recent advances and evidence-based practices.

This presentation will explore the clinical features, diagnostic strategies, and management options for nail lichen planus. Key topics include differentiating nail lichen planus from other nail disorders, the role of dermoscopy and histopathology, and contemporary treatment modalities, including topical and systemic therapies. Special focus will be given to patient-centric care and long-term outcomes.

SESSION 9 - From Pain to Itch

Chairperson: Ameen Alawadhi MD, Jawaher Alnaqbi MD

16:00 - 16:15

Burden of Hidradenitis Suppurativa

Jacek Szepietowski MD | Professor

Hidradenitis suppurativa (HS) is a chronic inflammatory disorder of the hair follicle characterized by recurrent nodules, abscesses and pus-discharging sinus tracts in flexural regions. The pathogenesis is multifactorial and besides genetics, hormonal and lifestyle factors also microbial components seem to be involved. Endogenous genetic predisposition, changes in hormone levels as well as external agents, such as mechanical stimulation and smoking contribute to occlusion of the hair follicle, which is considered as the initiating event in HS.

HS has a vast psychosocial burden. Chronic and recurrent skin lesions as well as subjective symptoms, including both pain and itch significantly contribute to the burden of this disease. Patients with HS have significantly decreased their quality of life and elevated level of stigmatisation. Moreover, they are at risk for the development of secondary psychiatric disturbances, as depression and anxiety. There is a direct relationship between psychosocial burden and disease severity. One can also consider that partners of HS patients suffer heavily, including all the aspects of life, such as social interactions and sexual life. Understanding the complex of HS is of importance in the holistic approach to this group of subjects.

16:15 - 16:30

Management of Hidradenitis Suppurativa

Jawaher Alnaqbi MD | Consultant Dermatologist & Venereologist

Hidradenitis suppurativa (HS), also called acne inversa, is a chronic inflammatory skin condition that affects apocrine

Gland-bearing skin in the axillae, groin, and under the breasts. It is characterised by persistent or recurrent boil like nodules and abscesses that culminate in a purulent discharge, sinuses, and scarring.

It is a challenging skin condition which to be detected in its early stage.

Hidradenitis suppurativa (HS), also called acne inversa, is a chronic inflammatory skin condition. It is a challenging skin condition which to be detected in its early stage. There are different options of treatments according to the severity of the disease.

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16:30 - 16:45

Holistic Approach of Management of Chronic Spontaneous Urticaria

Waqas Saad Abdulwahhab MD | Consultant Dermatologist & Venereologist, Associate Professor

Urticaria is a systemic disease characterized by the sudden appearance of itchy hives (wheals) and/or angioedema. A hive consists of three typical features:

1. A central swelling of variable size, usually surrounded by a reflex erythema
2. Associated itching (pruritus), or sometimes a burning sensation
3. Usually resolves within a few hours and always by 24 hours

Angioedema is typically characterized by:

1. Sudden, pronounced swelling of the lower dermis and subcutis
2. Sometimes pain rather than itching
3. Frequent involvement below mucous membranes
4. Up to 72 hours for resolution

CSU (also known as chronic idiopathic urticaria): Spontaneous appearance of wheals, angioedema, or both for >6 weeks

- Includes patients with known (eg, autoreactivity, which is the presence of mast cell-activating autoantibodies) and unknown causes of urticaria. The prevalence of CSU in the general population ranges from 0.5 to 1%. CSU adversely affects quality of life (QoL). Mast cell activating signals in urticaria are ill-defined and likely to be heterogeneous and diverse. Cross-linking of IgE bound to Fc RI receptors triggers degranulation and release of inflammatory mediators.

16:45 - 17:00

Paraneoplastic Itch

Jacek Szepietowski MD | Professor

Itch is defined as an unpleasant sensation leading to scratching. It is a common phenomenon in dermatology, but itch is present in numerous systemic diseases, like chronic kidney disease, hepatic and hematological disturbances as well in neurological and psychiatric conditions. The pathogenesis of itch is complex and include several factors.

Paraneoplastic itch is an important problem in daily clinical practice. There is no clear definition of paraneoplastic itch. It is usually defined as the sensation of itch as a systemic (not local) reaction to the presence of a tumor or a hematological malignancy neither induced by the local presence of cancer cells nor by tumor therapy. Most commonly it disappears with remission of the tumor and can return with its relapse. Paraneoplastic itch may occur as a single symptom or with different clinical and pathophysiological signs. Several treatments options exist, including thalidomide, gabapentinoids, dupilumab and antidepressants. Paraneoplastic itch is a challenge for both patients and clinicians.

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SESSION 10 - Alopecia Areata

Chairperson: Waqas Saad Abdulwahhab MD, Ahmad Alsaeed MD

17:00 – 17:15

Alopecia Areata Treatments: What's There and What's in the Pipeline?

Ahmad Alsaeed MD | Consultant Dermatologist

The presentation will focus mainly on Alopecia Areata types, molecular mechanisms. FDA Approved treatments and lastly the medication in the pipeline for Alopecia Areata.

17:15 – 17:30

Alopecia Areata of the Nail Unit

Azzam AlKhalifah MD | Associate Professor of Dermatology

Alopecia areata is a common autoimmune condition that primarily affects hair follicles but often involves the nails, presenting as nail pitting, ridging, and onychodystrophy. These nail changes may serve as early indicators of disease severity and progression. This session will explore the relationship between alopecia areata and nail manifestations, emphasizing diagnostic and therapeutic strategies for comprehensive patient management.

This presentation will discuss the clinical and pathological correlations between alopecia areata and nail involvement. Topics include identifying nail changes as predictors of disease activity, diagnostic tools such as dermoscopy, and integrated management approaches. A focus will be placed on the importance of recognizing nail findings in tailoring treatment strategies and improving patient outcomes.

17:30 - 17:50

Journal Updates in Autoimmune Diseases

Ameen Alawadhi MD | Consultant Dermatologist

The talk will highlight several autoimmune diseases, with a focus on how they are diagnosed, how they are treated, updates in management and updates in prognosis and associations of these diseases.

17:50 - 18:00

Panel Discussion

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SESSION 5 - Case Presentation Junior Dermatologists

Chairperson: Mohamed Elbanhawey MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

09:10 - 09:20

Heterologous Type I Collagen Microparticles for Striae Distensae

Peter Kicko MD | Dermatology Resident

Striae distensae, or stretch marks, are common dermatological lesions resulting from dermal stretching, often related to rapid physical changes or hormonal fluctuations. The mechanisms behind striae formation involve alterations in the dermal extracellular matrix, particularly collagen and elastin, and changes in fibroblast activity driven by hormones like corticosteroids and pregnancy-related factors. These processes lead to structural weakening of the dermal tissue, resulting in the characteristic scar-like appearance of stretch marks. Histopathologically, stretch marks demonstrate epidermal thinning, loss of skin appendages, and reorganization of collagen fibers. In the early stages, inflammation and oedema are evident, but with time, the tissue becomes more atrophic, resembling mature scars. We report the case of a 17-year-old male patient who developed striae distensae on his back following a growth spurt during puberty. This case represents the therapeutic application of a medical device containing heterologous type I collagen, extracted from equine tendons, which is specifically designed for injection into the mid to deep dermis. The collagen product used has been shown to promote biorevitalization by supporting the regeneration of dermal connective tissue and encouraging physiological collagen production. The protocol involved three intralesional injections of 1 cc collagen suspension (10 ml, 200 mg) at four-week intervals. After the first session, the patient reported noticeable improvement in the appearance of the stretch marks. Subsequent treatments continued to show positive results, with no side effects. Four weeks after the third treatment session, a punch biopsy was performed on both treated and untreated areas of the striae for histopathological evaluation. The untreated striae showed epidermal integrity with slight inflammation and disorganized collagen fibers. In contrast, the treated area demonstrated a more normal collagen fiber arrangement, increased fibroblast activity, and a less pronounced spacing between collagen fibers. Additionally, the histopathological findings from the treated area included an increase in fibroblast numbers and more organized collagen fiber distribution, corresponding to the clinical improvement observed. The patient's clinical outcomes were consistent with histopathological findings, and the treatment was deemed highly successful. The patient's satisfaction further emphasized the effectiveness of this collagen-based therapy for the treatment of striae distensae. This case highlights the potential for intralesional collagen injections to significantly improve both the clinical appearance and underlying histopathological features of stretch marks. In conclusion, the use of heterologous type I collagen represents a promising therapeutic approach for the management of striae distensae, particularly in cases where structural dermal support is compromised.

09:20 - 09:30

Procapil's Role in Revolutionizing Androgenetic Alopecia Treatment

Falak Waqas MD | Consultant

Procapil's Role in Revolutionizing Androgenetic Alopecia Treatment Introduction to Androgenetic Alopecia Androgenetic alopecia (AGA), commonly known as male or female pattern baldness, is a widespread

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condition that affects millions globally. It is characterized by progressive hair loss, typically beginning with thinning at the temples or crown of the head in men and diffuse thinning across the scalp in women. The condition is primarily driven by genetic factors and hormonal influences, particularly the effects of dihydrotestosterone (DHT), a potent androgen derived from testosterone. Epidemiological studies indicate that approximately 50% of men and up to 80% of women will experience some degree of AGA by the age of 70. The psychosocial impact of hair loss can be significant, often leading to decreased self-esteem, anxiety, and even depression. Consequently, there is a pressing need for effective, safe, and accessible treatment options for individuals affected by this condition. Current Treatment Modalities Historically, the management of AGA has included a few primary options: 1. Minoxidil: This topical treatment, available in both over-the-counter and prescription forms, has been shown to stimulate hair growth and improve hair density. However, its effectiveness varies among individuals, and some may experience side effects such as scalp irritation. 2. Finasteride: An oral medication that inhibits 5-alpha-reductase, the enzyme responsible for converting testosterone to DHT. While finasteride has been effective in reducing hair loss and promoting regrowth, it can cause side effects, including sexual dysfunction and mood changes. Despite the availability of these treatments, there remains a significant proportion of patients who do not achieve satisfactory results or experience undesirable side effects, leading to a search for alternative therapeutic agents that offer better safety profiles and efficacy. Introduction to Procapil Procapil is a novel topical agent that has emerged as a promising alternative for treating AGA. It is a patented combination of a modified peptide, apigenin, and oleanolic acid. Each component plays a crucial role in addressing the multifaceted challenges of hair loss: - Modified Peptide: This component acts directly on the hair follicle to inhibit DHT's adverse effects, promoting healthier hair growth. - Apigenin: A flavonoid known for its anti-inflammatory and antioxidant properties, apigenin enhances blood circulation to the scalp, ensuring that hair follicles receive the necessary nutrients for optimal function. - Oleanolic Acid: This compound further reinforces Procapil's action by protecting hair follicles from DHT damage and supporting overall scalp health. Mechanisms of Action Procapil operates through several mechanisms that collectively contribute to its effectiveness in combating AGA: 1. Inhibition of DHT: Procapil directly inhibits the activity of 5-alpha-reductase, thereby reducing the levels of DHT in the scalp. By preventing DHT from binding to androgen receptors in hair follicles, it protects against follicular miniaturization, a hallmark of AGA. 2. Collagen Synthesis: The application of Procapil promotes collagen synthesis in the dermal papilla, the structure that plays a pivotal role in hair growth. Increased collagen levels help maintain the structural integrity of hair follicles, allowing them to function optimally. 3. Enhanced Blood Flow: The presence of apigenin significantly increases blood circulation to the scalp, ensuring that hair follicles receive adequate oxygen and nutrients. This is crucial for stimulating hair growth and improving the overall health of the scalp. 4. Anti-Inflammatory Effects: Procapil exhibits anti-inflammatory properties, reducing local inflammation that can exacerbate hair loss. By modulating the inflammatory response in the scalp, Procapil creates a more favorable environment for hair regrowth. Clinical Case Presentation In a clinical case study involving a 32-year-old male patient diagnosed with moderate androgenetic alopecia, Procapil was introduced as a treatment option after the patient had previously tried minoxidil without satisfactory results. The patient received a topical formulation containing Procapil, applied twice daily for six months. Throughout the treatment period, the patient exhibited remarkable improvements in hair density and thickness, assessed through trichoscopy and patient-reported outcomes. The Global Photographic Assessment (GPA) indicated a significant increase in hair count and a reduction in visible scalp, while the patient reported enhanced satisfaction with his hair's appearance and overall quality of life. These findings underscore Procapil's potential as a safe and effective treatment for AGA. Clinical Outcomes The clinical results after six months of Procapil treatment in the patient were noteworthy: - Increased Hair Count: A

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50% increase in hair count was documented, indicating significant regrowth in areas previously affected by thinning. - Improved Hair Density: The patient experienced a notable decrease in visible scalp, suggesting enhanced hair density. - Positive Patient Satisfaction: The patient reported a high level of satisfaction with the treatment outcomes, reflecting improved confidence and self-esteem. - Safety Profile: Throughout the treatment, no significant adverse effects were noted, further supporting Procapil's safety and tolerability. Conclusion Procapil presents a revolutionary approach to managing androgenetic alopecia, demonstrating significant efficacy in promoting hair density and improving patient satisfaction. Its unique multi-target mechanism of action addresses the hormonal, structural, and inflammatory aspects of hair loss, making it a comprehensive treatment option for AGA. Given its favorable safety profile and positive clinical outcomes, Procapil may serve as a first-line treatment for patients seeking effective solutions for hair restoration. Future Directions As research continues to explore the mechanisms and efficacy of Procapil, larger clinical trials and long-term studies are necessary to establish its place within the broader treatment landscape for AGA. Further investigations into combination therapies that incorporate Procapil with other agents could yield even more effective treatment protocols. Research References 1. Wilkins, E. M., & Marshall, L. A. (2016). "The Role of DHT in Androgenetic Alopecia." *Dermatologic Therapy*, 29(1), 18-25. 2. Trueb, R. M. (2009). "Androgenetic alopecia: An update." *Dermatology*, 218(3), 266-272. 3. Kauffman, J., & Sasso, M. (2018). "The effectiveness of Procapil in the treatment of hair loss: A review." *Journal of Cosmetic Dermatology*, 17(2), 231-235. 4. Neri, I., et al. (2020). Clinical efficacy of a new topical formulation containing Procapil for treating androgenetic alopecia: A randomized, double-blind, placebo-controlled study. *International Journal of Trichology*, 12(4), 176-183.

09:30 - 09:40

Interdigital Xanthomas – A Pathognomonic Feature of Homozygous Familial Hypercholesterolemia

Neha Mariam Joseph MD | Senior Resident

Homozygous familial hypercholesterolemia (HoFH) is an autosomal co-dominant disease occurring due to mutations in both alleles of the low-density lipoprotein receptor (LDLR) gene. Proprotein convertase subtilisin/kexin type 9, apolipoprotein B (APOB), and autosomal recessive hypercholesterolemia adaptor protein, are associated genes which may lead to a similar phenotype. HoFH patients may develop severe cardiovascular disease due to severe LDLR defects, resulting in excess production of Apo B-containing atherogenic lipoproteins. The condition presents in the first decade of life with cutaneous and tendon xanthomas, high LDL cholesterol levels and valvular stenosis. Interdigital xanthomas are pathognomonic for HoFH.

Case Report - A 20-year-old woman presented to dermatology department with history of multiple yellowish raised skin lesions over the face, upper limb, lower limb, buttocks since the age of 8. Physical examination revealed xanthelasma, tendinous xanthoma, tuberous xanthoma and plane xanthomas. The patients additionally had interdigital xanthoma. Serum LDL levels and ApoB levels were found to be elevated. Family history helped in the diagnosis of homozygous familial hypercholesterolemia. Discussion HoFH is a rare disease, occurring in 1:1,000,000 individuals. HoFH, unlike other forms of hypercholesterolemia results in accelerated atherosclerosis at a very young age, which leads to premature mortality. We present these cases for its rarity, high incidence of mortality and the presence of pathognomonic interdigital xanthomas as a pointer for diagnosis. Keywords: Homozygous familial hypercholesterolemia, Interdigital xanthomas, Xanthomas

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09:40 - 09:50

A Peculiar Presentation of a Great Imitator

Heba Abdelsamii MD | Junior Resident

Herein, we present a case of Intertriginous Mycosis Fungoides, Tumor d'emblee / de novo presentation mimicking xanthoma disseminatum. Intertriginous Mycosis fungoides (MF) is a very rare variant of MF, with very few reported cases in the literature, and characterized by having lesions limited only to the intertriginous areas. Clinically, it has been reported to manifest as indurated violaceous patches, slowly growing erythematous plaques or rapidly progressing tumors, even without antecedent patch or plaque stage (tumor d'emblee). It can closely mimic several benign dermatoses such as tenia corporis, inverse psoriasis, eczema and xanthoma disseminatum, making the diagnosis quite challenging. Intertriginous MF tumor phenotype is reported to be associated, in some cases, with follicular helper T cell immunophenotype as a potential cause. Our case is a 66- years old male presenting with a 3-month history of multiple, itchy, non-painful, symmetrically distributed nodules and thick plaques involving only the intertriginous and flexural areas (axilla, groin, neck, cubital and popliteal fossa), having a yellowish hue, with insidious onset and progressive course and no history of any preceding skin lesions, chronic systemic diseases or drug intake. Clinically, the lesions closely resembled xanthoma disseminatum, which was our 1ry differential diagnosis. However, the Histopathological examination of the skin biopsies taken from the nodules and plaques revealed dense and diffuse infiltration of the upper dermis by atypical lymphocytes with large cell transformation with extension into the deep reticular dermis, Papillary dermal fibrosis and areas of marked epidermotropism; which is consistent with Mycosis fungoides tumor stage. Immunohistochemical analysis showed positive staining for CD3, CD4, CD8 and positive markers of follicular helper T cells (CD10 and BCL6); while CD 30 was negative. Since our patient presented with tumor stage MF from the start and with large cell transformation, other aggressive variants of cutaneous T cell lymphoma had to be ruled out, before reaching our final diagnosis of Intertriginous MF, tumor d'emblee/ de novo presentation. A large scale work up was made to establish his staging, which was consistent with stage II B. Our patient was started on methotrexate 25mg /week and significant regression in the tumors was observed within 1 month of starting the treatment.

09:50 - 10:00

Erythrodermic Psoriasis: When Life-Threatening Complications Arise: A Case Report

Ahmad Berjawi MD | Dermatologist

We present the case of a 49 years old with multiple comorbidities who developed erythrodermic psoriasis (EP) that was complicated with disseminated HSV-1 infection and multiple episodes of bacteremia. He received Infliximab to control his EP, followed by Ixekizumab and high doses of topical steroids. The patient afterwards developed ulcerated and vesicular lesions consistent with disseminated HSV-1 for which high doses of intravenous acyclovir was initiated, immunosuppressive treatment was withheld and slowly re-introduced and the patient was able to overcome all those complications and return to his usual activities.

A 49-year-old male patient presenting to the Intensive Care Unit (ICU) hemodynamically unstable with increasing chills, worsening skin erythema, scaling, and generalized body edema. His medical history is relevant for severe plaque Psoriasis since 2012, having failed multiple regimens of therapy, including topical steroids, methotrexate, secukinumab, and cyclosporine. Taltz (ixekizumab) was also used to control his

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disease, nevertheless, it was discontinued one year prior to his presentation due to local unavailability. The patient has also been suffering from liver cirrhosis due to non-alcoholic fatty liver disease (NAFLD) complicated by portal hypertension and esophageal varices that required band ligation, currently on propranolol. He also has been diagnosed with bipolar disorder, currently stable on paroxetine, mirtazapine and chlorpromazine. The patient's history goes back to two weeks prior to presentation, when he first presented to the dermatology clinic with severe itching and erythema involving his upper extremities. Thus, he started taking unprescribed oral prednisone which was immediately discontinued and switched to topical steroids and moisturizers. Despite that, his symptoms progressed over the next three days and the erythema increased to involve more than seventy-five percent of his body surface area therefore, he was prescribed infliximab injection (5mg/kg) as a first line treatment for possible erythrodermic psoriasis. Three days later, the patient developed fever with non-resolving erythroderma. As a consequence, he was admitted and started on broad spectrum antibiotics, de-escalated when skin cultures showed MSSA without a documented bacteremia. Therefore, the patient was stable enough to complete his treatment at home and be discharged on Augmentin 1 gram twice daily for 10 days. Ten days after this initial presentation, he was re-admitted for increasing chills, worsening erythema and generalized diffuse edema. He was hemodynamically stable with diffuse erythema covering more than ninety percent of his body total surface area as well as scaling without any ulcers. His labs were significant for leukocytosis and eosinophilia. The overall clinical picture was consistent with the diagnosis of erythrodermic psoriasis and a PASI score of 45. Skin biopsy revealed diffuse hypogranulosis, ectatic blood vessels, neutrophils in the stratum corneum. The presence of scattered eosinophiles in the dermis raised the possibility of a drug (mainly Infliximab) paradoxically worsening the erythrodermic psoriasis. No evidence of direct drug toxicity in the skin such as vacuolar changes or necrotic keratinocytes were detected. The patient was admitted to the intensive care unit, Taltz (Ixekizumab) was immediately initiated combined with topical clobetasole propionate with a dosage of 30 mg equivalent to one entire tube per day on the affected areas. During his stay, he developed recurrent bacteremias with different organisms, resulting in hemodynamic instability and severely depressed level of consciousness requiring intubation. One week following Ixekizumab administration, disseminated vesicles, erosions, ulcers, and hemorrhagic crusts started to appear involving multiple areas and dermatomes, suggestive of disseminated herpes. PCR test was positive for HSV1. Intravenous acyclovir 5mg/kg every 8 hours was administered, clobetasole propionate was discontinued and Taltz (Ixekizumab) was postponed for ten days to allow further healing. The big dilemma between immunosuppression on one hand and control of multiple concomitant infectious processes on the other, was discussed with multidisciplinary teams involving the critical care, infectious disease, dermatology and gastroenterology. He was first started on topical steroids after 1 week of Acyclovir initiation, and progressively increased to one tube daily. Following a remarkable amelioration in his herpes lesions after ten days of adequate therapy, Taltz was re-introduced. At six weeks, the patient was in good clinical condition, with resolution of palmoplantar scaling and erythema, resulting in a PASI score of 9.7. Continuous improvement was observed during follow-up visits monthly, with no relapses or significant adverse events reported, oral acyclovir was continued for a total of six months. Erythrodermic psoriasis is a serious variant of psoriasis that requires early intervention and proper management, as well as close monitoring for any possible infections that might arise. Treatment with monoclonal antibodies has started to emerge in refractory cases over the last few years, keeping in mind major complications that might arise such as disseminated HSV-1 as reported in this case. Multiple factors might have contributed such as Infliximab, Ixekizumab therapy in combination with high dose of topical Clobetasol. Further studies are needed in order to assess the risk factors for disseminated HSV-1 infection in erythrodermic psoriasis patients

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10:00 - 10:10

A Rare Case of Elephantiasic Pretibial Myxedema with Secondary Cutis Verticis Gyrata

Phyo Zaw Aung MD | Assistant Lecturer

It is with great honor that I can present a unique and thought-provoking case at Dubai Derma 2025. This case details a rare dual manifestation of elephantiasic pretibial myxedema and secondary cutis verticis gyrata (CVG) in a 61-year-old male patient with a history of thyrotoxicosis. Both conditions are uncommon in clinical practice, with elephantiasic pretibial myxedema representing less than 3% of thyroid dermopathy cases and CVG being a rare disorder typically localized to the scalp. This patient exhibited an extraordinary presentation of CVG on the forehead, alongside advanced pretibial myxedema, providing a valuable opportunity to explore the complexities of these conditions, their underlying pathophysiology, and therapeutic approaches. This case underscores the importance of multidisciplinary management and sheds light on rare dermatological conditions associated with endocrine disorders.

A 61-year-old man with a history of thyrotoxicosis, diabetes mellitus, hypertension, and dyslipidemia presented to the dermatology outpatient clinic with bilateral non-pitting edema, asymmetrical yellowish-brown plaques, and nodules associated with some areas of hyperpigmentation, Peau'd orange appearance and elephantiasis-like skin lesions over both low legs. It was diagnosed as pretibial myxedema attributed to thyrotoxicosis. Additionally, convoluted folds and deep furrows similar to the cerebral cortical surface were seen on the forehead suggesting secondary cutis verticis gyrata (CVG) and our approach to the patient will be discussed in this case.

10:10 - 10:20

Multisystem Langerhans Cell Histiocytosis Presenting with Extensive Skin Involvement

Monal Sadhwani MD | Lecturer

Langerhans cell histiocytosis (LCH) is an extremely rare disease resulting from clonal proliferation of abnormal macrophages. Its incidence is estimated to be around five cases per million per year, usually presenting before five years of age. The disease consists of three syndromes namely eosinophilic granuloma, Hand Schuller-Christian disease and Letterer-Siwe disease. Based on the location of proliferative cells, it can be either unifocal, multifocal unisystem or multifocal multisystem (two or more internal organs involved). Apart from the skin, the disease also has a predilection for internal organ involvement like liver, spleen, skull, pituitary gland, lymph nodes etc. This results in dissemination of CD1a and CD207 (Langerin) positive cells in various organs. Children under the age of two with multisystem involvement carry a mortality risk of 50 %. We hereby describe a case of three month old infant presenting with severe ulcero-necrotic lesions, lymphadenopathy, hepatosplenomegaly which was diagnosed as multisystem LCH after an extensive work up including histopathology, radiological and haematological investigations. This report also highlights the paramount importance of a multidisciplinary approach while evaluating such cases. Involvement of a haematologist was crucial in the effective management of the child in our case.

A three month old male infant presented to the dermatology department of our hospital with extensive ulcerated skin lesions since one month, which were worsening since 15 days. He also had high grade fever spikes, alongwith weight loss and persistent diarrhoea since one week. General examination showed significant facial and pedal edema. Cervical and right axillary lymph nodes were palpable with firm consistency, non tender, measuring about 1cm in size. On local cutaneous examination, discrete, deep ulcers

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with necrosis at few places were seen on trunk, back and extremities. Scalp was covered with thick scales. Oral, ocular and genital mucosae were not involved. The differentials of LCH, seborrheic dermatitis, internal malignancy and mastocytosis were considered. Systemic examination revealed palpable liver and spleen, measuring 1cm and 4cm respectively. Both were non tender. Rest of the systems were within normal limits. A skin punch biopsy confirmed the diagnosis of LCH as dermis showed small collections of histiocytic cells with pale nuclei and pink cytoplasm. There was no evidence of granuloma formation. The above cells were positively stained by CD1 a and S-100 protein and negatively by CD 68 stain. A genetic mutational analysis demonstrated BRAF mutation, wherein missense variant was detected at codon 600 causing substitution of glutamate in place of valine. The peripheral blood had features of progressive pancytopenia (Hb: 7.4gm%, TLC: 3070 cells/mm³, platelet count: 79000 cells/mm³. No features of malignancy were observed in bone marrow aspirate. Aerobic blood culture did not grow any organism. Radiology work up including X ray of skull, Chest X ray, MRI brain, 2D Echocardiography were normal. Hepatosplenomegaly was evident on ultrasonography of abdomen. A few metabolically active bilateral axillary lymph nodes were detected on whole body PET-CT scan. Considering the life threatening presentation, the child was managed initially by six doses of intravenous vinblastine 1mg, given at weekly intervals, supplemented by oral corticosteroids (syrup omnacortil). This was followed by one cycle of intravenous vincristine (0.25mg) plus cytarabine (17mg). The patient was thereafter maintained on tablet Trametinib (0.15mg/dose/OD). Skin lesions healed rapidly with post inflammatory hypopigmentation. Blood counts improved significantly. The size of liver, spleen and axillary lymph nodes regressed. The above case highlights the importance of evaluating the skin lesions in collaboration with systemic findings to be able to develop a comprehensive treatment approach for such rare cases. A timely chemotherapy given under the observation of a paediatric haematologist helped in acute control of the disease.

SESSION 6 - Case Presentation Residents Competition - Part 1

Chairperson: Mohamed Elbanhawey MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

10:20 - 10:30

H Syndrome

Hager El-wakil MD | Dermatology Resident

47-yr-old female patient presented with erythematous to hyperpigmented plaques with gradual onset & progressive course of 10 yrs. duration disseminated all over the body neither painful nor itchy. Examination revealed exophthalmos, short stature, hearing loss, fixed flexural contractions, hallux valgus, with no palpable LNs. Lab. & radiological investigations were normal, histopathology showed interstitial lymphocytes, histiocytosis & plasma cells with CD 68+, S100+ and CD 1a-. Diagnosis: H syndrome

10:30 - 10:40

A Rare Combination: Insights from a Unique Patient

Alreem Alhosani MD | Dermatology Resident

AEC syndrome is a rare congenital disorder characterized by a triad of clinical features: ankyloblepharon, ectodermal dysplasia, and cleft lip/palate. These manifestations pose significant diagnostic and management challenges for healthcare providers. Early identification and intervention are crucial for improving outcomes

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in affected individuals. This report presents a case of AEC syndrome in a newborn, highlighting the clinical features, diagnostic process, and management strategies involved, particularly in the context of a family from Oman.

Background: Erosions during the newborn period can be the initial manifestation of various diseases, including infectious, inherited, or congenital conditions, posing a diagnostic challenge. To narrow down the differential diagnoses, it is essential to take a detailed history and conduct a thorough physical examination. In this report, we present a case of erosions that led to the diagnosis of a very rare genetic disease in an Omani family.

Objectives: - To highlight the rarity of Ankyloblepharon, Ectodermal Dysplasia, and Cleft Palate/Cleft Lip (AEC syndrome) to raise awareness among healthcare professionals regarding its diagnosis and management. - To share diagnostic challenges and insights associated with identifying AEC syndrome, emphasizing the importance of thorough clinical evaluation and detailed family history. - To describe the specific dermatological manifestations of AEC syndrome, such as skin erosions, and how these may resemble or overlap with other conditions. - To provide information on management strategies and a multidisciplinary approach needed for patients with AEC syndrome, including comprehensive dermatological care.

A 19-day-old male Omani newborn, born at 39 weeks gestation to a 29-year-old mother via spontaneous vaginal delivery, was referred to dermatology for evaluation of multiple erosions present at birth affecting several areas of the body, including the scalp. He also exhibited several anomalies of the skin, face, eyes, and extremities. The parents are not related, but there is a family history of skin conditions in the father and elder sibling. The father has undergone genetic evaluation and was identified with Tp63-mutation syndrome. The older sibling displays similar clinical features, though no genetic testing has been performed. On skin examination, the patient presented with shallow erosions distributed throughout the body, involving the scalp. Additional findings included bilateral cleft lip and palate, sparse eyebrows and eyelashes, bilateral ankyloblepharon, and dystrophic fingernails and toenails; there were no hand deformities. The patient was admitted to the Neonatal Intensive Care Unit (NICU) for cardio-respiratory monitoring due to his skin condition and cleft lip/palate. Initial investigations were conducted to rule out infectious diseases and epidermolysis bullosa. Despite the striking clinical features, the patient remained in good health, with negative septic workup and sterile cultures. A skin biopsy showed no definitive features consistent with epidermolysis bullosa, leading to a suspected diagnosis of AEC syndrome. Rapid whole genome sequencing identified a paternally inherited variant of uncertain significance in the TP63 gene (c.1766T>A, p.Ile589Asn). Based on the clinical features and genetic testing, the patient was diagnosed with AEC syndrome. The management involved a multidisciplinary team, including dermatology, genetics, and other relevant fields. From the dermatological perspective, wound care was coordinated with the plastic surgery team, utilizing Mepilex over the erosions, topical Fucidin, and frequent application of emollients. Additionally, the family was actively involved in genetic counseling to help them understand the condition and its implications. Conclusion: AEC syndrome is a rare genetic disorder with distinctive clinical features that can pose significant diagnostic challenges. This case underscores the importance of a thorough clinical evaluation and genetic testing in achieving an accurate diagnosis. The involvement of a multidisciplinary team is crucial for effective management, addressing both dermatological and surgical needs, while genetic counseling is essential for families to understand the condition and its implications. Early recognition and comprehensive care can improve outcomes and enhance the quality of life for affected individuals.

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10:40 - 10:50

Evaluation of Direct Immunofluorescence of Hair Follicle in Pemphigus Patients

Rekha Ravi MD | Junior Resident

Pemphigus is a chronic autoimmune blistering disorder characterized by the formation of flaccid bullae on the skin and mucous membranes. It results from autoantibodies targeting desmogleins, essential proteins in desmosomes that maintain skin integrity. Disruption of these proteins leads to acantholysis, causing blister formation. Pemphigus can have potentially fatal outcomes if not promptly diagnosed and treated. The gold standard for diagnosis is direct immunofluorescence (DIF) of perilesional skin, which reveals intercellular deposition of IgG and C3 antibodies. However, skin biopsies are invasive, painful, and challenging in some patients, particularly those with extensive disease or fragile skin. An alternative method for diagnosis is DIF on plucked hair. Since the outer root sheath of hair follicles is continuous with the epidermis, IgG deposition can also be detected in hair follicles. This non-invasive approach has been shown to be effective in detecting the same immunological markers seen in traditional skin biopsies. Plucked hair DIF offers several advantages: it is minimally-invasive, easy to perform, and causes minimal discomfort.

Aim: To evaluate the positivity rate of direct immunofluorescence in hair follicle of patients with pemphigus. **Materials and methods:** The study was conducted on 15 pemphigus patients presenting at a tertiary healthcare hospital. Patients with skin DIF-confirmed pemphigus were included, while those without active lesions were excluded. Hair follicles were extracted from each patient and transported to the histopathology lab in normal saline. DIF was performed on the hair follicles, and results were compared with those from skin DIF to assess the positivity rate. **Results:** The study included 15 cases of pemphigus: 13 pemphigus vulgaris and 2 pemphigus foliaceus. Thirteen cases exhibited intercellular deposits of IgG and C3 in the outer root sheath of hair follicles on DIF. Among the 2 negative cases, one patient with pemphigus vulgaris had sparse scalp hair, while the pemphigus foliaceus patient had extensive erosions affecting 70% of the body surface area, including the scalp. **Conclusion:** DIF of hair follicles is a reliable, non-invasive diagnostic tool for detecting autoantibody deposits in pemphigus. However, negative results in cases with sparse hair or extensive lesions indicate the need for careful patient selection.

10:50 - 11:00

Fabry Disease: A Treatable Life-Threatening Condition

Nora Elmenshawy MD | Dermatology Resident

This case report describes a 17-year-old male who presented with diffuse tiny erythematous papules, dermoscopic and histopathological examination revealed angiokeratomas. Enzyme activity assays demonstrated significantly reduced alpha-galactosidase A levels, which is diagnostic of Fabry disease. Initial evaluation revealed no additional symptoms, but systemic screening identified microalbuminuria, indicating potential renal involvement and left ventricular hypertrophy. Following the initiation of enzyme replacement therapy, the patient showed improvement and stabilization of renal function. Screening for additional family members with Fabry disease was carried out. This case underscores the importance of recognizing angiokeratomas and the significance of microalbuminuria as potential indicators of Fabry disease in adolescents, highlighting the need for increased awareness and timely intervention.

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11:00 - 11:10

A Rare Presentation of *Cladosporium Cladosporioides* Infection Superimposed Pustular Psoriasis

Andi Eka Putri MD | Dermatology and Venereology Resident

Introduction & Objectives: *Cladosporium cladosporioides* is a rare dematiaceous fungal that produce a variety of clinical manifestations ranging from subcutaneous to systemic involving lung infection. Pustular psoriasis is variant of psoriasis vulgaris that characterized by yellowish pustules on an erythematous base.

Materials & Methods: A 37-year-old male patient with erythematous plaque, scales, erosion, central clearing, and pustule on abdomen, hips, groin, and buttocks accompanied by itching 3 month prior. Fungal culture results on Saborrhaud Dextrose Agar (SDA) media showed suede-like, blackish-brown colonies with regular grayish olive-colored edges. The Matrix Assisted Laser Desorption Ionization Time-of-Flight (MALDI-TOF) evaluation showed *Cladosporium cladosporioides*. The histopathological examinations showed spongioform pustule of Kogoj and epidermal layer with psoriasiform hyperplasia, hyperkeratosis, parakeratosis, and spongiosis which confirmed to pustular psoriasis. Results: *Cladosporium cladosporioides* manifest mostly as subcutaneous and systemic disease. Skin is very rare affected by this fungi. The existence of this fungi at the superficial skin may act as superantigen and create an imbalance of skin microflora, leading to exacerbation of inflammation in psoriasis patients. Conclusion: This is the first reported case of superimposed infection of *Cladosporium cladosporioides* with pustular psoriasis, requires a further evaluation to determine the appropriate therapy.

11:10 - 11:20

Beneath the Surface: Unmasking Systemic Patterns in Persistent Lip Swelling

Abhishek Patil MD | 2nd Year Post Graduate Resident

Abstract: Granulomatous Cheilitis (GC) is a rare, chronic inflammatory condition characterized clinically by persistent lip swelling and histologically by noncaseating granulomas. It may present in isolation or as part of the Melkersson-Rosenthal Syndrome triad, which includes a plicated tongue and facial palsy. This case series examines the demographics, comorbidities, treatment, and outcomes of Granulomatous cheilitis in South Asian population .

Materials and Methods: With ethics committee approval and patient consent, we conducted a descriptive analysis of patients diagnosed with GC at our institution between 2010 and 2024. Results Among 23 patients,

12 were female (52.2%) and 11 male (47.8%), with ages ranging from 24 to 63 years and a mean diagnosis age of 39.1 years. Upper lip swelling was observed in 19 (86.4%) patients, while 15 (65.2%) had lower lip swelling. Facial swelling was noted in 3 (14.3%) patients. Cutaneous manifestations including eyebrow

swelling in 2 (9.5%); and orofacial lesions including gingival, palatal, buccal mucosa swelling, geographic tongue, oral leukoplakia, plicated tongue, and burning mouth syndrome in 1 (4.6%) each. Systemic symptoms, including gastrointestinal complaints, arthralgia, and granulomatous skin lesions, occurred in

1 patient each (4.6%). No patients exhibited facial nerve palsy. Serology was done as indicated in patients.

Elevated ESR was found in 2 patients, ANA was negative in 4 patients with photosensitivity, and elevated ACE was noted in 3 out of 16 patients that were evaluated. Chest X-rays examined for 12 patients all were

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normal. Oral steroids were the most frequently used treatment (52.2%), followed by intralesional steroids (ILS) (47.6%). Metronidazole and minocycline were used in 21.7%, Doxycycline in 17.4%, and Clofazimine and Hydroxychloroquine in 26.2% of patients. Other steroid-sparing agents included Dapsone, Aithioprine, and Thalidomide. One patient, later diagnosed with an extracutaneous manifestation of Crohn's, received Inj Adalimumab. Discussion Our study showed a mild female preponderance, similar to other studies, with an average delay of 9 months to 1 year from the first symptom to diagnosis. Most patients presented in

their 30s to 40s, primarily with lip swelling. Two patients displayed two features of MRS, but none had facial palsy, aligning with findings by Gavioli et al. who noted the rarity of the full MRS triad. One patient, with arthralgia and burning mouth, was later identified as having Crohn's disease with orofacial granulomatosis, as also observed by Lazzerini². Three patients (14.3%) reported worsening lip swelling after a febrile episode.

Considering the relapsing remitting course of the disease all the patients received more than one form of therapy Despite multiple treatment options, ILS and oral steroids were the most effective, though relapses occurred after discontinuation. Mild to moderate response was seen with immunomodulators. Initial treatment responses were good, but no substantial improvement was noted after 3-4 months. One patient with extracutaneous Crohn's achieved lasting remission with Adalimumab. Limitations- Small sample size,

Single center study Conclusion Granulomatous Cheilitis presents a diagnostic challenge, with most patients showing limited response to treatment. This case series highlights the lack of standardized guidelines for diagnosing and managing GC and illustrates its relapsing and remitting nature, often with inadequate

response to therapy. This case series contributes to the scarce literature available presentation systemic associations and treatment outcome in an Asian population References 1. (Gavioli CF, Florezi GP, Lourenco

SV, Nico MM. Clinical Profile of Melkersson-Rosenthal Syndrome/Orofacial Granulomatosis: A Review of 51 Patients. J Cutan Med Surg. 2021 Jul-Aug;25(4):390-396. doi: 10.1177/1203475421995132. Epub 2021 Feb

11. PMID: 33573395 2. Lazzerini M, Bramuzzo M, Ventura A. Association between orofacial granulomatosis and Crohn's disease in children: systematic review. World J Gastroenterol. 2014 Jun 21;20(23):7497-504. doi: 10.3748/wjg.v20.i23.7497. PMID: 24966621; PMCID: PMC4064096

11:20 - 11:30

Use of Short-course, High-dose Clofazimine for Type 1 Lepra Reaction in a HIV-positive Patient with Leprosy

Glen Aldrix Anarna MD | Medical Officer III (Resident)

Leprosy, or Hansen's Disease, is a chronic infectious disease caused by *Mycobacterium leprae*, primarily affecting the skin and peripheral nerves. It remains a significant global health concern, classified as a neglected tropical disease, despite the advent of multidrug therapy (MDT). Early diagnosis and treatment are crucial in preventing lifelong disabilities. Type 1 lepra reactions are common in leprosy patients, with oral corticosteroids as the main treatment of choice. However, in immunocompromised patients, such as those with HIV, prolonged steroid use increases the risk of opportunistic infections, highlighting the need for alternative non-immunosuppressive therapies.

We present the case of a 40-year-old male living with HIV (PLHIV) since 2022, maintained on lamivudine-

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tenofovir disoproxil fumarate-dolutegravir (LTD), who developed biopsy-proven lepromatous leprosy. He was treated with MDT, but eventually noted worsening erythema and swelling of the skin lesions, as well as lymphadenopathy. He was initially prescribed Prednisone starting at 40 mg daily, tapered then maintained at 10 mg daily for 10 months. However, on repeat laboratory testing, his CD4 counts became undetectable, and he developed oral Candidiasis. Prednisone was then tapered off, MDT was extended for another 3 months, and zinc gluconate was added to support immune function. Following the discontinuation of Prednisone, his lesions remained erythematous and swollen. A trial of short-course, high-dose clofazimine was initiated (300 mg/day in the first month, reduced to 200 mg/day in the second month, and 100 mg/day in the third month), alongside the standard MDT dose of clofazimine. After three months, the lesions flattened, became less erythematous, and progressed into brown patches. MDT was discontinued with no recurrence of Type 1 reactions. His viral load remained undetectable, and further CD4 count testing is scheduled. This case suggests that short-course, high-dose clofazimine may be a viable non-immunosuppressive alternative for managing Type 1 lepra reactions in PLHIV patients, especially those at risk from chronic steroid use. However, further studies are required to confirm its safety and efficacy.

11:30 - 11:40

Q & A

11:40 - 11:50

Detection of Dermatophytes in Sub-clinically Involved Nails by Polymerase Chain Reaction in Patients with Skin Dermatophytosis

Daya Babu MD | Junior Resident

Abstract: Patients with skin dermatophytosis can have subclinical dermatophytes in the nails due to itching which can easily be missed on clinical examination. Dermatophyte fungi may not be isolated from normal-appearing nails by KOH and culture where it can serve as a reservoir for recurrent infection. So, Polymerase chain reaction (PCR), a more sensitive and faster technique, can be used. Hence, we conducted a study to detect the presence of dermatophytes in a clinically unaffected nail by PCR in patients with dermatophytosis of the skin.

Background: Patients with skin dermatophytosis can have subclinical dermatophytes in the nails due to itching which can easily be missed on clinical examination. Dermatophyte fungi may not be isolated from normal-appearing nails by KOH and culture where it can serve as a reservoir for recurrent infection. So, Polymerase chain reaction (PCR), a more sensitive and faster technique, can be used. Aims and objectives: To detect the presence of dermatophyte in a clinically unaffected nail by PCR in patients with dermatophytosis of the skin. Materials and Methods: 120 patients were enrolled in this prospective observational study. In all patients who had skin KOH positivity, nail clippings were collected and sent for KOH, nail PCR and nail culture.

Results: were tabulated and statistical analysis was done. Results: Out of 120 patients, nail KOH revealed that 39 patients (32.5%) tested positive for dermatophytes, while 81 (67.5%) tested negative. Nail culture on Sabouraud Dextrose Agar (SDA) and Dermatophyte Test Medium (DTM) showed dermatophyte growth in 44 patients showing Trichophyton mentagrophytes, Trichophyton rubrum, Trichophyton tonsurans and unidentified dermatophytes in 15.1%, 12.1%, 4.2%, 2.4% of samples respectively. 57 participants (47.5%) Sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and accuracy of KOH compared to PCR was found to be 68.4%, 100%, 100%, 77.8%, 85% respectively. Sensitivity, specificity, PPV, NPV, accuracy of culture compared to PCR was found to be 77.2%, 96.8%, 95.7%, 82.4%, and 87.5% respectively. Sensitivity, specificity, PPV, NPV, and accuracy of PCR of the clinically unaffected nail were found

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to be 100%, 82.9%, 77.2%, 100%, and 89.2% respectively. According to this study, PCR is a more sensitive method to detect dermatophytes compared to KOH and culture in patients with subclinical involvement of nails, Limitations: Nil Conclusion: In patients with recurrent dermatophyte infection, nail PCR can detect the subclinical infection in the nail which may serve as a reservoir for ongoing infection and recurrence.

11:50 - 12:00

Challenging Diagnosis: Dyskeratosis Congenita with Gastrointestinal and Respiratory Manifestations

Hana Nemr MD | Dermatology Resident

Dyskeratosis congenita (DC) is a rare genetic disorder with a multitude of implications in all organ systems, including bone marrow failure, lung disease, and malignancies. DC is characterized by abnormal skin pigmentation, nail dystrophy, oral leukoplakia and an increased risk of malignancies and hematological complications. Dyskeratosis congenita (DC) has an annual incidence of less than one per million. It is a progressive, genetic condition that escapes prompt diagnosis due to slow onset of clinical features in early youth. The pathogenesis involves defective telomere maintenance, and can be inherited in X-linked, autosomal dominant, or autosomal recessive pattern. However, case reports note sporadic mutations in unidentified genes. Mutations in at least ten telomere- and telomerase-associated genes have been described, but no targeted therapies are currently available. Allogeneic hematopoietic stem cell transplantation is the only curative treatment currently available. Early recognition is crucial, as the condition can have significant implications for long-term health. This case report describes a presumed sporadic mutation for DC in a 12-year-old male who presented with skin mottling, gastrointestinal symptoms and recurrent chest infections with no family history of a similar condition leading to the diagnosis of dyskeratosis congenita and highlighting the diverse manifestations of this condition. In such rare genetic conditions, case reports are crucial in expanding the knowledge base pertaining to DC.

This case report presents a 12-year-old male patient who initially sought medical attention for skin mottling and recurrent chest infections which lead to frequent hospital admissions. His mother also informed us about his recurrent vomiting, abdominal pain and the recent diagnosis of intussusception. Upon further evaluation, dyskeratosis congenita was suspected and added to the differential diagnosis along primary immunodeficiency, prompting a comprehensive search for additional features. On further dermatological evaluation, the patient exhibited oral leukoplakia, dental abnormalities, hair color changes, short stature, and developmental delays. His skin showed hypo pigmented macules generalized over face, abdomen, back, upper and lower limbs. He also presented with investigations revealing pancytopenia, dysphagia, candidal infection of his last nasopharyngeal aspirate, as well as bronchopneumonia. The mother mentioned that these changes began since he was 2 years old and the condition is progressing. Given the complexity of his clinical profile, ongoing monitoring for potential complications, including bone marrow failure and malignancy, was essential. A genetic study was performed which was interpreted as a sporadic mutation. This case underscores the importance of early recognition and a multidisciplinary approach in managing dyskeratosis congenita and its diverse manifestations. The above manifestations and investigations lead to the diagnosis of dyskeratosis congenita.

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12:00 - 12:10

Atypical Spindle Cell Melanoma

Areeba Rais MD | Dermatology Resident

Spindle cell melanoma (SCM) is a rare variant of melanoma. The diagnosis of SCM is challenging as it is amelanotic in appearance and can arise anywhere on the body. It most commonly affects Caucasian men between the ages of 60 and 80. Diagnosis is usually based on histopathology and special immunohistochemistry markers.

We describe the case of a 17-year-old male with no known prior comorbidities, resident of Balochistan, Pakistan, who presented to dermatology OPD at DR. Ruth K M Pfau Civil Hospital Karachi with a complaint of an ulcerated lesion on the nose since one and a half years ago. It started as an erythematous itchy nodule on the nose. It gradually increased in size and developed into an ulcerated lesion involving the entire nose and right cheek within 2-3 months, associated with itching, pain, oozing of pus with bloody discharge on and off along with undocumented weight loss. Biopsy was done followed by imaging, initially biopsy came out to be negative with no infective organism; however, numerous spores and dermatophytes were seen on intact skin. The patient started on antifungals but didn't respond. A second biopsy was done which was suggestive of spindle cell melanoma. This case report highlights a rare case of spindle cell melanoma in a young individual which is an unusual presentation. It underscores the importance of biopsy with immunohistochemistry markers for promptly and accurately diagnosing atypical melanoma, as it can sometimes be misdiagnosed as other skin lesions and delay in diagnosis can lead to poor prognosis.

12:10 - 12:20

IFAP syndrome

Samar Abd Elfattah MD | Dermatology Resident

2 male brothers 27&18 yrs old with dryness of skin all over the body shortly after birth, absence of scalp, eyebrows and eyelashes during their 1st yr of life, photophobia and cracked mouth corners. On examination there is generalized xerosis more prominent on abdomen back and scalp, adherent scales on extensor aspect of both extremities, non cicatricial alopecia in all affected sites, blepharitis and chelitis, history of seizures and +ve family history of 3 maternal brothers with same condition with no history of consanguinity, lab investigations were normal except for hypothyroidism and hyperuricemia in older brother, EEG revealed fronto-temporal epileptiform activity. Diagnosis: IFAP syndrome

12:20 - 12:30

KID Syndrome

Hassan Elgawish MD | Junior Resident Dermatology, Venereology and Andrology

KID syndrome (Keratitis, Ichthyosis, and Deafness) is a rare genetic disorder characterized by a triad of symptoms: chronic keratitis, ichthyosis, and sensorineural deafness. This condition results from mutations in the GJB2 gene, which encodes the connexin 26 protein, crucial for maintaining skin and hearing health. While KID syndrome typically presents with the classic triad, this case is unusual due to the presence of an ulcerative fungating mass on the tibial shin, complicated by a secondary bacterial infection. Additionally,

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the patient had two other masses, located in the perianal area and on the sole of the foot. Initially, the tibial mass was suspected to be squamous cell carcinoma (SCC). However, thorough investigations revealed that the mass was actually a vegetating candidiasis, with histopathological examination showing pseudoepitheliomatous hyperplasia, which can mimic SCC. This case highlights the diagnostic challenge posed by vegetating candidiasis and emphasizes the need to distinguish it from SCC in patients with KID syndrome.

A 35-year-old male patient with a known diagnosis of KID syndrome presented with several unusual lesions. The patient has a history of bilateral sensorineural hearing loss and was deaf and mute since birth. Skin lesions had been presented since birth, and he had previously been diagnosed with keratitis in an ophthalmology clinic. The patient also had a history of recurrent chest infections. On examination, the patient exhibited abnormal facial features, and the scalp showed hair loss. The trunk showed hyperkeratotic plaques, generalized ichthyosis, and dystrophic nails. Additionally, there was an ulcerative fungating mass on the tibial shin, complicated by a secondary bacterial infection, as well as similar masses in the perianal area and on the sole of the foot. Upon presentation, the patient underwent a series of laboratory investigations and workups, including liver function tests (LFT), kidney function tests (KFT), complete blood count (CBC), and serum electrolytes. Two biopsies were performed to aid in the diagnosis. The first biopsy, taken from a keratotic plaque on the trunk, revealed findings consistent with ichthyosis, including hyperkeratosis, papillomatosis, and acanthosis. The second biopsy, from the tibial fungating mass, showed pseudoepitheliomatous hyperplasia with aggregates of neutrophils and no atypia, which excluded the suspicion of squamous cell carcinoma (SCC) and suggested a vegetating infection. Literature review suggested that vegetating candidiasis can complicate skin lesions in KID syndrome patients. Special stains for candidal hyphae were performed, which tested positive for candidiasis. Based on this diagnosis, the patient was managed with antifungal treatment to address the candidal infection. Additionally, the skin lesions were treated with keratolytics and emollients. Supportive care was provided for KID syndrome symptoms and any secondary complications, including the management of the bacterial infection associated with the fungating mass. Follow-up care included ongoing monitoring of the skin lesions and response to treatment. This case highlights the complexity of diagnosing and managing KID syndrome, particularly when atypical presentations occur. The presence of a fungating mass in this patient, initially suspected to be squamous cell carcinoma, turned out to be a vegetating candidiasis. This underscores the importance of considering a broad differential diagnosis and the critical role of histopathology in distinguishing between similar-appearing conditions. The case also illustrates that skin lesions in KID syndrome patients can be complicated by secondary infections, which may mimic other serious conditions. Effective management requires a thorough diagnostic workup and careful monitoring to address both the primary syndrome and any secondary complications.

12:30 - 13:00

Q & A

13:00 - 14:10

Lunch Break

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SESSION 7 - Residents Dermatologists Competition - Part 2

Chairperson: Mohamed Elbanhawey MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

14:10 - 14:20

Diagnostic Dilemma of Dual Autoimmune Disorders! A Case Report

Iswariya J MD | Resident Dermatology

Pemphigus vulgaris, a chronic autoimmune vesiculobullous disease, affects people in their fifth or sixth decade of life. In more than fifty percent of patients, mucous membrane erosions of the oral cavity are the presenting symptom. Typically, patients develop flaccid blisters and erosions on the normal-appearing skin and mucous membranes. The disease is caused by IgG autoantibodies to the desmosomes, inducing the loss of cell adhesion between keratinocytes and subsequent intraepidermal blister formation. Autoantibodies are directed against desmoglein 3 (Dsg3) and desmoglein 1 (Dsg1) transmembrane glycoproteins. The characteristic histologic finding is suprabasal split with acantholysis. Direct immunofluorescence examination (DIF) of perilesional skin shows a deposit of IgG, rarely IgA, and complement components (C3, C1q, C4) in the intercellular spaces. The titers of circulating desmoglein antibodies can be measured with indirect immunofluorescence examination (IIF) that often correlates with the disease activity. Adamantiades-Behcet's Disease is a multisystem inflammatory disease of unknown etiology, classified as a systemic vasculitis and neutrophilic dermatosis involving all types and sizes of blood vessels. Characterized by recurrent oral aphthous erosions, genital ulcers with papulopustular skin lesions, and iridocyclitis/posterior uveitis. It has a varying prevalence, being endemic in eastern and central Asian and the eastern Mediterranean countries and rare in northern European countries, with a prevalence of 7-30 patients per lakh inhabitants in the rest of the Asian continent. Hereby we report a rare case of concomitant presentation of Pemphigus vulgaris and Behcet's disease in an elderly female patient with initial presentation of oral Candidiasis

A 59-year-old elderly female reported complaints of multiple painful raw areas over the oral and nasal cavities of 2 months duration and difficulty in swallowing solid foods with a whitish membranous coating over the tongue and oral cavity of one month duration. She initially noticed a few painful raw areas over sides of the oral cavity, insidious in onset, which gradually progressed over the next two to three weeks to involve other areas of the oral and nasal cavity. Associated with odynophagia for both solids and liquids. H/o development of whitish coating over the tongue and inside of the oral cavity, covering the raw areas, which bleed on attempting to remove. No history of fever; fluid-filled skin lesions prior to the onset of symptoms. The patient didn't give a history of oral drug intake, topical application of chemicals, or recent vaccination prior to onset. Examination of oral mucosa revealed multiple discrete to coalescing polymorphic polysized mucosal erosions covered with a layer of whitish pseudomembranous coating that bleeds on removal predominantly involving both buccal mucosae, palatal mucosa, lips, dorsum of tongue, and floor of the mouth; multiple discrete to coalescing crusted erosions over both nasal vestibular mucosae. During hospitalization, the patient also developed multiple discrete to coalescing asymptomatic erosions over the perioral region of the labial mucosa at 3 and 7 o'clock positions, multiple discrete erosions with overlying hemorrhagic crusting over the trunk and extremities. Patient noticed occurrence of similar lesions over the venepuncture sites (Pathergy positive). On evaluation, oral mucosal biopsy for histopathological examination revealed suprabasal cleft with acantholysis and lichenoid infiltrates. Direct immunofluorescence from oral mucosal erosions and skin lesions revealed IgG (2+) and C3 deposits in intercellular spaces of epidermis, suggesting Pemphigus vulgaris. HLA B5/51 was done in view of concomitant asymptomatic genital mucosal erosions and pathergy, which was positive. A concomitant diagnosis of Pemphigus vulgaris with Behcet's

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disease was made. The patient was worked up for features of hematological/internal malignancy and other features of systemic vasculitis to rule out paraneoplastic pemphigus and Behcet's disease activity, which were within normal limits. She was managed with a high dose of oral steroids Tablet Prednisolone 60 mg/day, along with T. Azathioprine 100 mg once daily. In view of persistence of symptoms, Inj Adalimumab 80 mg subcutaneously was added fortnightly, which led to remission of symptoms. On follow-up, patient is on maintenance therapy with Azathioprine 100 mg OD, tapering dose of oral corticosteroids, and fortnightly injections of Inj. Adalimumab. Hereby I report a rare case of concomitant presentation of Pemphigus vulgaris and Behcet's disease in an elderly female patient with initial presentation of oral Candidiasis.

14:20 - 14:30

Herpes Zoster Ophthalmicus Post-Botox Injection: A Case Report

Lenah Almarzouk MD | Dermatology Resident

Abstract: Herpes zoster ophthalmicus is a rare but serious condition caused by the reactivation of the varicella-zoster virus in the ophthalmic branch of the trigeminal nerve. We present a case of a 40-year-old medically free female who developed symptoms suggestive of herpes zoster ophthalmicus after receiving a botox injection. The patient presented with a burning sensation on the right side of the forehead, extending below the left eye and temporal scalp area, which started 5 days post-botox injection. Despite azithromycin and ibuprofen, the symptoms persisted. On examination, an edematous erythematous plaque over the ophthalmic dermatome with crustation was noted, leading to the diagnosis of herpes zoster ophthalmicus.

Management: The patient was initiated on acyclovir 800 mg five times a day along with acyclovir cream application at the affected site. A followup after 7 days revealed significant improvement with the patient reporting no further complaints.

Conclusion: This case highlights a rare occurrence of herpes zoster ophthalmicus following a botox injection. Timely diagnosis and appropriate antiviral therapy such as acyclovir are essential in managing this condition effectively.

14:30 - 14:40

When in Doubt, Investigate!

Taif Alyammahi MD | Dermatology Resident

A case 54 years old male, Known case of psoriasis and other commodities

We are presenting a case of a patient with a worsening rash, with challenging patient history and clinical presentation.

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14:40 - 14:50

Bending the Rules

Meera Almarzooqi MD | Dermatology Resident

This case highlights the importance of chronic rare disorders.

14:50 - 15:00

A Bump in the Road: When Skin Tells a Different Story

Jawaher Alblooshi MD | Resident Doctor (PGY1)

A case of a 7 year old boy with Traumatic anserine folliculosis (TAF). TAF is a benign dermatologic condition, notably affecting male children and adolescents, with a predilection for skin color. TAF is characterized by grouped, skin-colored follicular papules localized to the face or neck. It is usually associated with repetitive trauma, such as prolonged

friction or rubbing but can arise without an inciting event. TAF presents a diagnostic challenge due to its resemblance to other follicular conditions, such as closed comedonal acne, keratosis pilaris, milia en plaque, and follicular mucinosis. Topical agents, such as retinoids and vitamin D analogs, have been used with good response. However, the condition often relapses once therapy is discontinued. This presentation highlights the clinical presentation, diagnostic considerations, and management options of TAF.

Traumatic anserine folliculosis (TAF) is a less commonly reported entity, often affecting young males and associated with trauma. Clinical recognition and dermoscopy are beneficial to diagnose this condition and avoid invasive biopsies. Topical agents, such as retinoids and vitamin D analogs, have been used with good responses; however, the condition often relapses once therapy is discontinued. We discuss this entity, review differential diagnoses, and explore management options. TAF is a benign entity that can be diagnosed based on physical examination and dermoscopy, and familiarity with this entity is crucial to avoid unnecessary invasive biopsies

15:00 - 15:10

Returned Traveler with a New Onset Dermatoses

Naifah Almheiri MD | Resident, MD PGY1

Case Presentation of a 26 year old young man with new onset wide spread skin lesions, previously healthy with no significant history other than work related travel. This case will walk us through the proper approach to come with a robust differential diagnosis and tailoring the best next treatments and management.

This Case will unravel the unexpected diagnosis of Cutaneous Myiasis and will discuss the epidemiology, risk factors, presentation and treatment of such infestation.

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15:10 - 15:20

A Look Beyond the Dermis

Alya Al-Ali MD | Resident Dermatology

Subcutaneous panniculitis-like T-cell lymphoma (SPTCL) is a rare but distinct type of peripheral lymphoma characterized by the infiltration of malignant T cells into subcutaneous fat, mimicking panniculitis. It most commonly presents at a median age of 36 years, making it uncommon in children. We present a case of a 6-year-old girl with a history of recurrent cellulitis. Further investigations, including a skin biopsy, confirmed the diagnosis of SPTCL. Diagnosing SPTCL, especially in pediatric cases, can be challenging. The clinical and pathological features in pediatric SPTCL closely resemble those seen in adults. However, a thorough correlation of histologic, immunophenotypic, and molecular findings is essential to exclude other entities in the differential diagnosis, such as lupus panniculitis.

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15:20 - 15:30

Blisters, Mystery and Misdiagnosis: A Genetic Revelation

Khulood Almarzooqi MD | Resident Dermatology

We present a diagnostically challenging case of an 8-year-old boy who was misdiagnosed for over a decade with autoimmune blistering disorders such as dermatitis herpetiformis and bullous pemphigoid. Despite extensive investigations and multiple treatments, including immunosuppressants, his condition remained poorly controlled. Notably, his initial and most prominent symptom was severe obstructive uropathy, with no skin fragility until late childhood. Genetic testing eventually revealed novel compound heterozygous mutations in the ITGB4 gene, confirming a diagnosis of junctional epidermolysis bullosa (JEB). This case expands the known phenotypic spectrum of JEB and ITGB4 mutations, highlighting the potential for delayed-onset skin involvement and the importance of considering inherited blistering disorders in patients with unexplained urological findings.

15:30 - 15:40

The Triad Beneath the Scales

Sara Almarzooqi MD | Resident Dermatologist

The presentation describes a patient with ichthyosis hypotrichosis syndrome, a rare genodermatosis.

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Matching Dresses...and Rashes!

Mariam Alafeefi MD | Dermatology Resident

The presentation describes a novel variant of a rare genodermatosis.

15:50 - 16:00

Q & A / Break

SESSION 8 - Case Presentation Residents Competition - Part 3

Chairperson: Mohamed Elbanhawy MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

16:00 - 16:10

The Mimicker

Khalifa Al-Mheiri MD | Dermatology Resident

13 years old male patient that presented to the dermatology clinic 6 years ago along side with his younger brother with similar presentation . They mainly presented with diffuse palmoplantar keratoderma that was misdiagnosed and treated as psoriasis . Overtime patient started to develop frequent periodontitis as well as other dental complains . His brother also had relevant complains . Genetic testing was done and confirmed the diagnosis of Papillion-Lefevre syndrome .

13 years old Emirati male presented to Dermatology 6 years ago with diffuse palmoplantar keratoderma and scaly erythematous patches on elbows , knees , hands and feet after birth . His younger brother also presented with the same presentation also after birth . Skin biopsy was done in private sector for bother siblings and suggested psoriasis . The patient was started on topical steroids and phototherapy for few months , however there was limited response . Therefor patient was started on oral acitretin and showed remarkable progression in his cutaneous findings . However , overtime patient started to develop severe periodontal disease , oligodontia as well as neurological complains like visual defects and speech delay . What raised suspicion is that same symptompms and signs are occurring also in his younger siblings . Moreover , their parents are 1st degree relatives . Genetic test was done and confirmed the diagnosis of Papillion-Lefevre syndrome . Patient is currently doing well on oral retinoids and his cutaneous findings almost cleared .

16:10 - 16:20

Vulvar Signet Ring Cell Carcinoma in the Context of Hidradenitis Suppurativa: A Case Report and Literature Review

Shaikha Alhaj MD | Dermatology Resident

Signet cell carcinoma (SCC) of the vulva arising in the context of hidradenitis suppurativa (HS) is an extremely rare and complex condition where the diagnosis is particularly challenging, as signs of malignancy may be obscured by the ongoing inflammation and scarring associated with HS.

A 50-year-old female with a BMI of 33.53kg/m2, unmarried, non-smoker and a known case of iron deficiency anemia, thalassemia minor and recurrent Behcet disease on colchicine 0.6mg tablet with good control and antibiotics for UTI, presented in the Dermatology Department with complaints of ulcer over the groin region. She had on-and-off perineal ulcers/abscesses in the past and had multiple biopsies taken which

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were negative for malignancies. A diagnosis of Hidradenitis Suppurativa Stage III Hurley was made based on clinical presentation and investigations and was given treatment accordingly. She again visited after four months with the same presenting complaints accompanied by significant weight loss. Biopsy report confirmed signet cell carcinoma of the vulva. The patient was referred to oncology for further management and to gastroenterology to find out the primary origin of the cancer. Gastroenterology evaluation of this patient discovered anorectal carcinoma as the primary origin from where the signet cell carcinoma had metastasized to the vulva. Conclusion: This case emphasizes the link between chronic inflammatory conditions like HS and unusual malignancies, highlighting the need for future research on biomarkers for malignant susceptibility in HS and developing therapies that address both inflammation and malignancy.

16:20 - 16:30

Sorafenib-Induced Trichodysplasia Spinulosa versus Spiny Follicular Hyperkeratosis : A Case Report

Reem Hasan MD | Resident

Trichodysplasia Spinulosa is a rare viral dermatologic disorder, that occurs in the setting of immunosuppression state. It manifests as spiny keratotic papules appearing mainly on the face and less on the extremities and trunk. The diagnosis depends on clinical and histological findings, and it well respond to discontinuing the accused drug plus antiviral medications.

Sorafenib is a multi-target kinase inhibitor drug used to treat advanced cancers such as hepatocellular carcinoma. This drug can cause multiple dermatologic side effects such as Trichodysplasia Spinulosa especially at higher doses and Spiny Follicular Hyperkeratosis. TS is a rare viral dermatologic disorder, which accompanies with immunosuppression state and its manifestations are lookalike Spiny Follicular Hyperkeratosis.

16:30 - 16:40

Development of Generalised Bullous Pemphigoid in a Young Man After Exposure to Haemodialysis Membrane: A Case Report

Shama Naaz MD | Junior Resident

Bullous pemphigoid (BP) is the most common disorder within the group of sub epidermal immunobullous disorders. It predominantly affects elderly population, typically individuals aged 60-80 years. BP has multifactorial origin like genetic predisposition, immune dysregulation, environmental triggers and several factors have been implicated in the development and exacerbation of BP, including advanced age, certain medications (furosemide, D-Penicillamine, Ibuprofen, Phenacetin etc), ultraviolet light, radiation, infections, vascular graft replacement, dialysis and other autoimmune diseases. Here in we report a unique case of a young male who developed bullous pemphigoid after exposure to polysulfone membrane.

Bullous pemphigoid (BP) is the most common autoimmune sub epidermal blistering disease. It predominantly affects elderly people of age 60-80 years. Etiology of BP is multifactorial like systemic medications, physical agents, surgical procedures, infections, diabetes mellitus and neurodegenerative disorders. A 23 year old male, known case of chronic kidney disease, hypertension and epilepsy, experienced burning sensation following haemodialysis session that utilised a polysulfone membrane dialyser, the

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patient developed blisters all over the body and oral erosions in combination with marked blood eosinophilia. Skin biopsy from intact bulla showed sub epidermal cleft with few eosinophils and neutrophils in the blister cavity and in perivascular areas of dermis. Direct immunofluorescence revealed linear staining of the basement membrane zone with IgG and C3. A diagnosis of bullous pemphigoid was made. The resolution of the tense blisters occurred when the haemodialysis was discontinued and systemic prednisolone was administered. However, despite being on treatment, he again developed similar blisters after re-exposure to the same membrane. The above observation suggests that polysulfone membrane may be involved in the development of bullous pemphigoid through activation of eosinophils in blood and skin lesions along with autoantibodies BP 180 and BP 230 as in the present case.

16:40 - 16:50

A Case of Mycosis Fungoides Bullosa Responsive to Phototherapy

Krishna Lim MD | 2nd Year Dermatology Resident

Mycosis fungoides (MF) bullosa is characterized by (1) vesiculobullous lesions with or without typical skin lesions of MF such as patches, plaque, or tumors; (2) typical histologic features of MF; (3) negative immunofluorescence studies; and (4) negative evaluation for other dermatoses. It is a rare clinicopathologic variant with only 35 cases reported in literature. It has a predilection for elderly males, and is known to have a poor prognosis.

This is a case of a 25-year-old male presenting with a 5-year history of generalized fairly defined irregularly shaped erythematous scaly plaques with interspersed tense and flaccid bullae, erosions, ulcers and poikiloderma. There was associated pruritus, easy fatigability and weight loss, with no noted lymphadenopathies, hepatosplenomegaly, or mucous membrane involvement. The patient was initially diagnosed as plaque stage MF, stage IB (T2 N0 M0), based on plaque histology. Topical corticosteroids, oral methotrexate and narrowband UVB phototherapy were initiated with noted clearing of bullae. However, the patient would develop new-onset bullae with missed phototherapy sessions. Exclusion of other autoimmune blistering diseases, hypersensitivity reactions, and other dermatitides as well as a repeat biopsy of a bullae showing subepidermal clefting in association with nodular to diffuse atypical lymphoid proliferation with epidermotropism and adnexotropism shifted the diagnosis to MF bullosa. This case highlights bullous MF occurring in a young adult, which is an uncommon epidemiologic presentation. While it is a rare variant, it must be suspected in the presence of typical lesions of MF and blisters after excluding other possible etiologies. Phototherapy has not been reported to control disease. However, it is shown to be an integral part in the management of this case as manifested by the absence of bullae with patient adherence to NBUBV phototherapy regimen, and recurrence with poor compliance.

16:50 - 17:00

Vampires of the Current Era - Cutaneous Porphyria: A Case Series

Usman Shahid MD | Resident Physician

The connection between porphyria and vampirism is often considered more folklore than fact. However, the physical manifestations of cutaneous porphyrias, including extreme sensitivity to sunlight, disfigurement, and avoidance of daylight, mirror traits associated with traditional vampire legends. Advances in medical

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science have allowed for a better understanding of these disorders, as well as improved management options for affected individuals. This case series of 4 patients aims to explore the clinical features of modern-day “vampires” — individuals suffering from cutaneous forms of porphyria, such as Porphyria Cutanea Tarda (PCT) and Congenital Erythropoietic Porphyria (CEP).

All four patients presented late to our tertiary care department with photosensitivity, skin fragility, blistering, pigmentation, sclerosis, hypertrichosis, and discolored urine. On detailed workup, three were diagnosed as having CEP and one as a patient of PCT. Strict sun avoidance, mainly with protective clothing, was advised to all patients and blood transfusions done in one patient of CEP to correct disabling anemia while low-dose hydroxychloroquine started to PCT patient with advice for life-long follow-ups to all. Learning Objectives Audience may: Appreciate the clinical presentation of a rare but crippling condition known as Porphyria. Comprehend the metabolic defects underlying various subtypes of porphyria. Relate the clinical features of Porphyria to the mythical creature known as vampire. Formulate logical treatment plan for medical and social rehabilitation of Porphyria patients.

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SESSION 5 - SideMast Association

Chairperson: Giovanni Pellacani MD, Steven Paul Nistico MD, Ketty Peris MD

08:30 - 08:45

Combined Laser / Exosome Protocols in the Treatment of Aging Skin Related Disorders

Steven Nistico MD | Professor

Lasers represent a new technology in the treatment of various dermatological conditions, including pigmentary disorders, skin ageing and scars.

Exosomes represent a novel skin-boosting product that have received a lot of attention on its use in skin rejuvenation.

For the first time combination of exosomes and ablative lasers showed safe and effective results in the treatment of age related skin signs such as, textural changes, and ageing related hyperpigmentation.

The purpose of this study was to evaluate the efficacy of a skin collagen booster containing exosomes as an adjuvant therapy after application of CO2 laser fractional treatment for skin aging.

Material and Methods: Skin tests were performed on the anterior portion of the forearm of a healthy adult: treated with CO2 fractional laser treatment only on one side and with CO2 fractional laser treatment and subsequent application of the skin collagen booster on the contralateral side. The Optical Coherence Tomography (OCT) system was used to analyse vascularization of treated areas during the healing phase. The outcomes for each set of skin tests were photographically documented and the speed of the skin healing process was also monitored observing the exfoliation process of the crusts.

Results: The areas treated with the fractional CO2 laser and the skin collagen booster showed a reduced vascularisation when compared to the results obtained with the fractional CO2 laser alone.

Furthermore, combination of CO2 laser with skin collagen booster-containing exosomes accelerated skin renewal and crust exfoliation when compared to CO2 treatment alone. The quantitative assessment of the percentage of crust disappearance showed a greater acceleration of the healing process due to the synergy between skin collagen booster and laser fractional treatment.

In conclusion, exosomes may be considered as an exciting adjuvant therapeutic approach combined to laser treatment of aging skin.

08:45 - 09:00

Co2 Laser Drug Delivery for Melasma and Hyperpigmentation: A Case Control Study

Annunziata Dattola MD | Associate Professor

Introduction: Melasma is a common skin condition characterized by brown patches, primarily on the face. It often results from sun exposure, hormonal changes, or certain medications. Brown spots, or hyperpigmentation, can arise from various factors, including aging, sun damage, and inflammation. For both conditions, treatment options include topical creams, lasers, and sun protections.

Objective: This case control study aims to assess the efficacy of CO2 laser treatment as a transepidermal microneedling method to enhance the absorption of 2-mercaptanonicotinoyl glycine (topical depigmenting agent). This treatment creates microchannels in the skin, the treatment improves the delivery of these agents, potentially leading to more significant reductions in hyperpigmentation, highlighting the importance of effective topical depigmentation strategies in managing conditions like melasma and hyperpigmentation.

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Materials and Methods: We conducted a case control study including patients with melasma and hyperpigmentation of the face from all ages. Candidates were divided in two groups, one treated with CO2 laser + topical treatment and one with only topical treatment. For all patients VISIA-CR imaging was performed at : baseline, after 4, 8 and 12 and 16 weeks of treatments.

Results: Patients treated with CO2 laser combined with 2-mercaptanotinoyl glycine exhibited significant reductions in hyperpigmentation, as evaluated by VISIA-CR imaging. Clinical assessments showed a marked decrease in melasma and brown spots, with an average improvement of 60% in pigmentation parameters. Also the other group shows a reduction but less than the other group. Also all patients reported a good improvement of DLQI after the treatment.

Conclusion: In conclusion, CO2 laser treatment demonstrates significant efficacy in delivering anti-depigmenting agents, enhancing their penetration and therapeutic effects. This approach not only improves the outcomes for patients with pigmentation disorders but also offers a promising, minimally invasive alternative for achieving more uniform skin tone and promoting overall skin health

09:00 – 09:15

Red Lesions on the Face: Dermoscopic Clues

Caterina Longo MD | Full Professor and Chair of Department CHIMOMO

Red facial lesions encompass a variety of dermatoses, including inflammatory, infectious, and neoplastic conditions. Dermoscopy, a non-invasive diagnostic tool, is pivotal in differentiating among these lesions by revealing key vascular, pigmentary, and structural features not visible to the naked eye. Patterns such as linear, dotted, or arborizing vessels, as well as background erythema or specific scales, aid in distinguishing between conditions like rosacea, seborrheic dermatitis, actinic keratosis, basal cell carcinoma, and facial keratosis pilaris. Recognizing these features is essential for accurate diagnosis, guiding management strategies, and minimizing unnecessary biopsies.

Red facial lesions pose a diagnostic challenge due to their overlapping clinical appearances and diverse etiologies, ranging from inflammatory to neoplastic disorders. Dermoscopy enhances diagnostic accuracy by highlighting vascular patterns, pigmentation, and surface features, which are critical for differentiation. This study presents a series of cases illustrating the dermoscopic features of common red facial lesions, including rosacea, seborrheic dermatitis, actinic keratosis, and basal cell carcinoma. Each case is analyzed to emphasize distinguishing dermoscopic criteria and guide clinicians in the differential diagnosis. This case-based approach underscores the utility of dermoscopy in improving diagnostic precision and optimizing patient care.

09:15 – 09:30

Infective Diseases: Accurate and Rapid Diagnosis with Dermoscopy

Camilla Scharf MD | Research Fellow

Dermoscopy has long been a cornerstone in diagnosing pigmented and non-pigmented skin lesions, but its role in identifying infectious dermatoses is increasingly recognized. In this session, we will explore how dermoscopy enhances the rapid and accurate diagnosis of common and uncommon infectious skin diseases,

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including tropical dermatoses. By integrating dermoscopic patterns with clinical findings, dermatologists can reduce diagnostic delays, improve patient outcomes, and minimize unnecessary treatments. This lecture will provide a practical update on key dermoscopic features of bacterial, viral, fungal, and parasitic infections, offering a powerful, non-invasive tool for clinicians facing diagnostic challenges in dermatologic infections.

Dermoscopy is revolutionizing the diagnosis of infectious dermatoses, providing rapid, non-invasive, and highly specific diagnostic clues. This presentation will highlight dermoscopic patterns of frequently encountered infectious diseases, such as tinea, scabies, and viral exanthems, as well as less common tropical infections, including leishmaniasis and mycobacterial skin diseases. By integrating dermoscopic findings with clinical features, dermatologists can achieve faster, more precise diagnoses, reducing reliance on invasive testing. This session will equip attendees with practical knowledge to recognize key dermoscopic hallmarks, improving diagnostic confidence and patient management, particularly in cases where traditional diagnostic methods may be inconclusive or delayed.

09:30 - 09:45

Virtual Biopsy of Inflammatory Skin Diseases with New Advanced Techniques

Camilla Chello MD | Research Fellow

Inflammatory skin diseases represent a group of disorders with variable degree of severity, with a need for timely diagnosis and specific therapies. While for many of them the diagnosis can be easily made clinically and dermoscopically, other diseases require a skin biopsy in order to define their special features.

Skin biopsy raises some concerns, from the choice of the most representative site, to the aesthetic issues and the invasiveness of the procedure itself.

Thanks to new noninvasive diagnostic methods, such as reflectance confocal microscopy (RCM) and line-field confocal optical coherence tomography (LC-OCT), it is possible to increase the diagnostic capacity in dermatology, allowing the rapid identification of microscopic clues and assisting the physician in choosing the most representative site, in order to minimize the number of unnecessary biopsies and arrive more quickly at the definition of diagnosis and the definition of the most appropriate therapeutic course.

09:45 - 10:00

News in Injectables: The Italian Perspective

Stefania Guida MD | Assistant Professor

Injectables, including fillers and botulinum toxin, continue to revolutionize aesthetic medicine. Recent developments have focused on hybrid fillers and innovations in botulinum toxin applications. However, careful consideration is required when treating patients with autoimmune diseases, as guidelines are still missing. Advances in injectables highlight innovations in hybrid fillers, expanded botulinum toxin uses, and AI integration in aesthetics. Hybrid fillers combine volumization and bio-stimulation, offering superior and lasting results. Botulinum toxin has gained traction for addressing platysma bands, enhancing neck contour.

However, special attention is needed when treating autoimmune disease patients, with literature stressing

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comprehensive assessments to reduce risks. These advancements underscore the importance of innovation and patient-centric approaches, ensuring safety and efficacy while setting the stage for the future of injectable therapies in Aesthetics.

10:00 – 10:15

Complication in Aesthetic Medicine and Surgery

Elena Rossi MD | Specialist in Dermatology and Venereology

Introduction: Hyaluronic acid fillers are the most frequently used products in face rejuvenation and may occasionally produce adverse side effects. The main goal is to prevent them, however, this is not always possible. Treatment of adverse effects is mandatory and aims to solve the problem with the lower long term permanent damage.

Material and Methods: Revision of literature was performed. All different side effects were listed and classified according time of onset.

Results: For every side effect is given description, possible preventions and strategies of treatment.

Conclusion: Even though Ha complication are rare they can be maybe an emergence in aesthetic procedures and it is highly recommended for the operator to be ready for their management.

10:15 – 10:30

Exosomes: To Be or Not To Be?

Ilaria Proietti MD | Dermatologist

Exosomes are extracellular vesicles playing critical roles in intercellular communication, with potential applications in diagnostics and therapeutics. This presentation explores the biological significance, biogenesis, functions, and challenges in utilizing exosomes for clinical applications. By examining the ongoing debate regarding their potential and limitations, we aim to understand whether exosomes truly hold the key to next-generation medical advancements.

Exosomes are nanoscale vesicles secreted by cells that mediate intercellular signaling. This presentation discusses their formation, composition, and emerging roles in health and disease. With a focus on therapeutic applications and translational research, we will address current challenges, including isolation techniques, characterization methods, and safety concerns. By the end, attendees will critically assess whether exosomes represent a revolutionary tool or an overhyped concept in medicine.

10:30 – 10:45

Recent Advances in Treatment of Non Melanoma Skin Cancers

Elena Campione MD | Associate Professor, Dermatology Unit

Non-melanoma skin cancer (NMSC), including basal cell, actinic keratosis and squamous cell carcinomas, are the most common form of neoplasm. The incidence of NMSC is increasing worldwide. The cure rate is

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high with early detection and appropriate treatment. Photoexposure is the leading risk factor for NMSC. Ultraviolet (UV) light induces various genomic aberrations in both tumor-promoting and tumor-suppressing genes in epidermal cells. The dynamic changes of stromal microenvironment and local immune suppression, favour these aberrations to the progression and expansion of cancerous lesions.

Actinic keratoses (AK) are premalignant skin lesions caused by chronic sun exposure, topically managed by 5-fluorouracil (5-FU), imiquimod, diclofenac 3% gel, piroxicam, tirbanibulin. Despite their effectiveness, long treatment duration and severe adverse local skin reactions have limited patient concordance. Calcipotriol has recently been used as a combination agent for existing topical AK treatments

10:45 - 11:00

Tips and Tricks for Mohs' Surgery in Non Melanoma Skin Cancers

Andrea Paradisi MD | Dermatologist

Mohs micrographic surgery (MMS) is the preferred treatment for high-risk BCC, maximizing tissue preservation by offering highly accurate microscopic control of tumor margins. However, MMS requires special equipment and training, it is time consuming and expensive. The success of the procedure relies on proper tumor selection and careful execution of all the phases of the procedure (tissue processing, tissue inking, accurate tumor mapping, and ultimately reconstruction of the resultant defect). Tips and tricks in MMS procedure will be discussed from the first stage to the final reconstructive technique.

11:00 - 11:15

The Role of Reflectance Confocal Microscopy in Clinical Practice: Analyzing Site-Specific Morphological Patterns in Melanocytic Lesions

Luca Ambrosio MD | Board Certified Dermatologist, Staff Physician

Reflectance confocal microscopy (RCM) is an advanced noninvasive imaging modality that provides near-histological visualization of skin lesions in vivo. Integrating RCM with dermoscopy offers enhanced diagnostic precision, particularly for melanocytic lesions, by guiding clinical decisions and reducing unnecessary excisions. This presentation highlights how RCM streamlines melanoma detection and treatment by leveraging site-specific morphological patterns. Through a retrospective analysis of over 1,000 lesions, we identified trends in diagnostic concordance, refined the number needed to excise (NNE), and explored trunk versus limb lesion patterns. Our findings underscore the clinical value and adaptability of RCM in modern dermatological practice.

In a retrospective review of 1,058 lesions from 886 patients, both dermoscopy and reflectance confocal microscopy (RCM) were used to classify melanocytic and nonmelanocytic skin lesions. RCM aligned strongly with dermoscopy in nonmelanocytic cases, though dermoscopy overestimated malignancy in melanocytic lesions. The number needed to excise was 3.95, reflecting improved diagnostic precision over time. Site-specific assessments showed trunk lesions with more confocal features than limb lesions. Employing RCM in tandem with dermoscopy can enhance diagnostic accuracy, reduce unnecessary biopsies, and account for location-driven differences in lesion appearance.

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SESSION 6

Chairperson: Yusra Al Ali MD, Gamal Elduweb MD, Ali Alamri MD

11:15 - 11:30

Exosomes in Dermatology & Aesthetics: What's New?

Ali Alamri MD | Consultant

Exosomes are nanoscale vesicles derived from cells, recognized in regenerative medicine for their capability to transport diverse biomolecules such as proteins, nucleic acids, and lipids. These vesicles are key mediators of intercellular communication, impacting critical cellular processes including proliferation, differentiation, migration, and cell death.

Leveraging our extensive experience in exosome-based treatments for over 2000 patients, this study synthesizes recent research to outline the mechanisms and potential applications of exosomes in various dermatological and aesthetic procedures. Exosomes show promise as therapeutic agents in a broad spectrum of dermatological and aesthetic interventions, including wound healing, scar management, skin aging reversal, facial rejuvenation, pigmentation issues, psoriasis, atopic dermatitis, vitiligo, lupus, sclerosis, and hair growth. Their multifaceted mechanisms offer versatile solutions for numerous dermatological conditions and aesthetic improvements. The growing research on exosomes underscores their transformative potential in dermatology and aesthetic medicine. Harnessing exosomes' regenerative properties could revolutionize treatment approaches for various skin conditions and aesthetic needs. Further research is encouraged to fully unlock their therapeutic potential and innovate clinical applications.

11:30 - 11:45

Role of PRP and Exosomes in Regenerative Aesthetic Gynecology

Noha Salah MD | Specialist of Obs & Gyn

Exosomes and PRP in regenerative Gynecology.

The most exciting area of medicine today is regenerative procedures.

Regenerative procedures are those that involve biologic tissue to help heal injury and disease.

Classifications of regenerative procedures are either autologous which is the source derived from the recipients own body such as platelet-rich plasma, adipose tissue or bone marrow.

The second is allograft.

An allograft is transplanted from one human to another originating mostly from prenatal tissue. We will explore how regenerative procedures may be applied in female intimate care.

11:45 - 12:00

Unveiling the Therapeutic Potential: A Histological & Clinical Examination of Human Umbilical Cord Stem Cell Secretome Promoting Skin Rejuvenation

Nada Alaaeddine MD | Head of Health Sciences at MUBS

Skin is subject to lifelong exposure to the outer environment showing visible signs of aging. Pigmentary

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alterations, impairment of skin integrity, wrinkling, thinning, and loss of elasticity are the most prominent manifestations of aged skin. The aging process is divided into two cumulative mechanisms: intrinsic (chronological) and extrinsic (photo-aging), which decline the skin's mechanical, protective, and restorative properties. Aging leads to structural and functional changes in skin extracellular matrix (ECM) components that are crucial for skin morphology and functions such as growth and elasticity. It breaks collagen and elastin networks in the dermis by amplifying the activity of enzymes such as hyaluronidase, elastase, and collagenase. For instance, UV light induces the production of metalloproteinase by Human Dermal Fibroblasts (HDFs) which degenerates collagen production, as well as the accumulation of altered elastin called solar elastin. Likewise, the intrinsic mechanism that increases the expression of senescence marker β -galactosidase in dermal fibroblasts and epidermal keratinocytes contributes to the reduction in the proliferative ability of these cells. The cutaneous tissue damage results from the increase of oxidative stress due to antioxidant depletion associated with increased production of reactive oxygen species (ROS). Moreover, the effect of the decrease in cellular DNA repair capacity and progressive telomere shortening, point mutations of extranuclear mitochondrial DNA, increased frequency of chromosomal abnormalities, single-gene mutations, reduced sugar, chronic inflammation, and others attributes to the tissue damage. Skin rejuvenation has become the focus of cosmeceuticals and dermatologists in which topical anti-aging products, chemical peels, injectable fillers, laser treatment, and surgical lifting procedures were raised to reverse or retard the changes in aged skin. Furthermore, platelet-rich plasma (PRP) and stem cell therapy, including cell-free treatment, have been considered promising technologies in the treatment of skin aging. However, various factors affect the effectiveness of PRP including platelet concentration, volume of PRP injected, and frequency of treatment. Umbilical cord mesenchymal stem cells (UC-MSCs) possess remarkable potential in the treatment of a variety of human illnesses and they have received substantial attention for their role in skin repair and regeneration. This is primarily due to their capability to differentiate into multiple skin tissue types. However, multiple studies have demonstrated that stem cells mediate their therapeutic effects through the secretion and release of diverse trophic molecules including cytokines, chemokines, angiogenic factors, and growth factors. This combined secretion is commonly referred to as the "Secretome". The clinical application of the stem cell-secretome in regenerative medicine has been steadily growing being considered an effective alternative to overcome the limitations associated with stem cell-based therapies. A large number of studies have shown that the secretome plays a crucial role in promoting the regeneration of various tissues, including kidney, cardiovascular system, liver, and lung injuries. Thus, human UC-MSCs secretions (secretome) have been found to enhance the production of collagen, fibronectin, and elastin, as well as stimulate facial rejuvenation. Despite these significant findings, not enough studies discussed the effect of secretome on skin rejuvenation, particularly hand rejuvenation.

Background: Human umbilical cord mesenchymal stem cells (UC-MSCs) has emerged as a prospective therapy in regenerative medicine due to their paracrine and differentiation potential. The secretions of stem cells (secretome) are full of proteins, growth factors, exosomes, cytokines, as well as various angiogenic, anti-apoptotic, and anti-remodeling factors. These secretions have been lately shown to promote rejuvenation in human skin. In this study, we investigated the effect of secretome derived from umbilical cord explants (UC)-explants and UC-MSCs secretome on skin rejuvenation and assessed the concentration of selected growth factors in the secretome derived from UC-explants and UC-MSCs **Methods:** Female patients received injections of UC-explants secretome in the dorsum of the hands and injections of UC-MSCs secretome in the neck, and face. Skin biopsy, the Hand Volume Rating Scale, and the Wrinkle severity Rating Scale (WSRS) were used for histological and clinical assessment. bFGF, VEGF, TGF β , HGF, and TIMP-3 concentrations were quantified in the secretome derived from UC-explants and UC-MSCs by ELISA essays. **Results:** 49 females

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participated with a mean age of 50.59 ± 9.69 years. Histological examination showed an increase in the number of fibroblasts ($p\text{-value} < 0.01$) and the thickness of the stratum corneum ($p\text{-value} < 0.05$) reflecting an enhancement in the keratinization in the skin. The injection of the secretome improved collagen deposit by 16.67% ($p\text{-value} < 0.05$) and increased the thickness of basement membrane of blood vessels ($p\text{-value} < 0.01$). However, no significant changes in the thickness of elastin fibers were observed. Clinically, the Hand Volume Rating Scale indicated a significant improvement in wrinkles and hand appearance ($p\text{-value} < 0.0001$) and the neck and facial wrinkle severity was reduced significantly in all areas assessed by WSRS with $p\text{-value} < 0.0001$. The first sample of the secretome derived from UC-explants displays the highest concentration of most studied growth factors ($p\text{-value} < 0.0001$). The secretome derived from UC-MSCs at first passage shows significant levels of growth factors, however, with lower concentrations compared to the secretome derived from UC-explants ($p\text{-value} < 0.05$). Conclusion: These findings shed the light on the powerful effect of the secretome on the improvement of the visual appearance and skin's structure without irritation, dryness, and inflammation. Trial registration: NCT06217627. Retrospectively registered on 10 January 2024, <https://www.clinicaltrials.gov/study/NCT06217627?cond=NCT06217627&rank=1>

12:00 - 12:15

The Efficacy & Safety of ASC-Exosomes (ASCE) in Androgenic Alopecia Based on the Translational Study Including Preclinical & Clinical

Byong Seung Cho MD | CEO

Exosomes are nano-sized (30 - 200 nm in diameter) lipid bilayered vesicles secreted by most cell types. Adipose Stem Cell-derived Exosomes (ASCE) are emerging as a promising cell-free therapy for the treatment of hair loss and scalp rejuvenation. ASCE has been tested for in vitro, in vivo, & clinical studies to prove its efficacy for hair loss. To understand that adipose stem cell exosome (ASCE) can be a paradigm shift in regenerative aesthetics & therapeutics. To know that ASCE can make scalp rejuvenation and hair loss prevention.

ASC-Exosomes were isolated from the serum-free conditioned media by sequential filtration and characterized as recommended by the International Society for Extracellular Vesicles (ISEV). The effects of ASC-exosomes were demonstrated from a variety of in vivo, in vitro, & clinical studies against dermal papilla cells and human hair follicles, in order to show longer hairs and better hair bulb shape. In our clinical study, 29 subjects were treated with microneedling procedure with topical ASCE treatment for 6 months. ASCE labeled with green fluorescence was easily up-taken by human dermal papilla cells in vitro. ASCE could reduce by up to 20% the level of cellular aging of human dermal papilla cells from UVB irradiation in vitro. ASCE could effectively increase by 10-20 % the length and thickness of human hairs derived from ex vivo human hair follicles for 8 days, which was superior to minoxidil. ASCE-containing formulation showed strong improvement in clinical cases of androgenic alopecia. The ASCE-containing formulation showed the maintenance of the shape of human hair follicles from an ex-vivo study. ASCE may serve as next-generation technology in terms of regeneration and anti-inflammation for scalp and hair.

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12:15 - 12:30

PRP: Unraveling Global Differences in Application, Regulation, & Efficacy

Claudia McGloin | Nurse Practitioner

Platelet Rich Plasma (PRP) therapy is gaining recognition as an effective treatment option in various medical domains, including orthopedics, dermatology, and aesthetic medicine. However, its application and effectiveness can vary significantly worldwide due to differences in regional practices, clinical protocols, and regulatory frameworks. This presentation aims to explore the global landscape of PRP therapies, focusing on the diverse methods of PRP preparation, injection techniques, and clinical applications in different countries. It will analyze the implications of these variations on treatment outcomes and patient safety and address the challenges associated with standardizing PRP therapies. By bringing together perspectives from practitioners globally, the presentation intends to enhance understanding of PRP's potential, identify best practices, and promote collaborative efforts to improve the efficacy and reliability of this innovative therapeutic approach.

Platelet Rich Plasma (PRP) therapy has emerged as a promising treatment modality across various medical fields, including orthopedics, dermatology, and aesthetic medicine. However, the application and efficacy of PRP therapies exhibit significant variability globally, influenced by factors such as regional practices, clinical protocols, and regulatory environments. This presentation aims to provide a comprehensive overview of the global landscape of PRP therapies, highlighting the differing methodologies of PRP preparation, injection techniques, and clinical indications across various countries. I will examine the implications of this variability on treatment outcomes and patient safety, while also discussing the challenges in standardising PRP therapies. By synthesising diverse perspectives from practitioners around the world, this presentation seeks to foster a deeper understanding of PRP's potential, unveil best practices, and encourage collaborative efforts to enhance the efficacy and reliability of this innovative therapeutic approach.

12:30 - 12:45

Regenerative Aesthetics: Using PLLA/PDLLA in Post-Acne Scars Rejuvenation

Kashif Ali MD | Associate Professor

Living with acne scars can be emotionally challenging for those who suffer with the condition. Studies conducted on people living with post acne scars in pigmented skin indicate a higher level of insecurity and lower self confidence in addition to a toll on their mental health. We present patients whom we have treated with PDLLA fillers for post acne scars rejuvenation resulting in better cosmetic outcome. Patients were treated with chemical peeling, subcision followed by PDLLA fillers resulting in higher GAIS at 16 and 24 months follow up.

Background/Objectives: Living with acne scars can be emotionally challenging for those who suffer with the condition. Studies conducted on people living with post acne scars in pigmented skin indicate a higher level of insecurity and lower self confidence in addition to a toll on their mental health. We present patients whom we have treated with PDLLA fillers for post acne scars rejuvenation resulting in better cosmetic outcome. Patients were treated with chemical peeling, subcision followed by PDLLA fillers resulting in higher GAIS at 16 and 24 months follow up. Methods: We studied 46 patients with ice pick, box and rolling scars. 23 patients were randomised in two groups. Modalities used were chemical peeling, subcision with microneedling in

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both groups in the first 8 weeks, however from 12 week Group 1 patients were treated with PLLA and Group 2 patients were treated with PDLLA. PLLA was applied topically with needling however PDLLA was injected intradermally. Both groups were given subcutaneous treatment as well 6 weeks apart. Photos were taken at 12 weeks and 24 weeks and results compared. Results: This treatment approach resulted in scar rejuvenation and improved scar resolution. With overall high GAIS (Global Aesthetic Improvement Scale) and clinical improvement measured by pre and post treatment photography the results with both PLLA and PDLLA were comparable with no statistical significance. I will discuss my technique and over all patient results with before and after photography. Conclusions: Regenerative aesthetics including biostimulators offers a new era of scar management with minimal down time. Currently PLLA/ PDLLA are not licenensed for post acne scars but studies can prove their efficacy and long term patient safety References: Beer, K. (2007). A single-center, open-label study on the use of injectable poly-L-lactic acid for the treatment of moderate to severe scarring from acne or varicella. *Dermatologic surgery*, 33, S159-S167. An, M. K., Hong, E. H., Suh, S. B., Park, E. J., & Kim, K. H. (2020). Combination therapy of microneedle fractional radiofrequency and topical poly-lactic acid for acne scars: a randomized controlled split-face study. *Dermatologic Surgery*, 46(6), 796-802.

12:45 – 13:00

Regenerative Aesthetics and Biorevitalization- Are Bio-Cues Enough?

Anifat Balogun MD | Cosmetic Physician Surgeon

Regenerative medicine and regenerative aesthetics, its sub field, have the aims to restore, replace regenerative tissues or organs that have been lost or damage as a result of trauma, disease. Specifically, regenerative aesthetics aims to regenerate soft tissue degraded or damaged due to the aging process as it exerts undesired impacts on the aesthetic appearance of the individual. Ultimately, regenerative medicine and regenerative aesthetics are changing the way we move and look as we age. The evolution and availability of novel and established techniques means that we have ever increasing options at our disposal, and we must remember the core three regenerative medicine pillars as we determine the ideal techniques and materials we deploy to restore soft tissue structure and function.

Regenerative aesthetics, a pioneering field merging regenerative medicine with aesthetic procedures, centers on a critical question: Which of the three core pillars are needed to achieve optimal aesthetic outcomes in regenerative procedures? We will explore this question, take a closer look at biochemical cues (bio-cues) and examine the multifaceted approach necessary for achieving superior results in regenerative aesthetics. In keeping with the three core pillars of regenerative medicine for the purposes of supporting and stimulating the skin's normal biological repair, healing and regenerative processes to restore skin tissues to their more youthful structure and function, we have to make the determination of which pillar or combination, will best yield results to meet our patients' goals. The foundation of regenerative aesthetics rests on key concepts such as stem cells, extracellular matrix (ECM), growth factors, biomaterials, and tissue engineering. Unlike traditional regenerative medicine, this field incorporates principles of beauty, symmetry, and proportion, aiming for outcomes that are both functionally effective and aesthetically pleasing. Biochemical cues play a pivotal role in directing cellular behavior, tissue formation, and organ development. In regenerative aesthetics, these cues are manipulated to guide the regenerative process towards desired aesthetic outcomes. The primary types of biochemical cues include growth factors and cytokines, extracellular matrix components and small molecules and peptides. While biochemical cues are essential, relying solely on these

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factors may present several limitations such as stability and delivery, precise control of biochemical cues to stimulate optimal results, dose-dependent effects, patient-specific and complex interactions that may make it difficult to predict and control outcomes. The future of regenerative aesthetics lies in the intelligent integration of biochemical cues with these complementary factors to achieve optimal aesthetic outcomes. This holistic approach considers the complex interplay between various signals and leverages synergies to enhance regenerative processes. As regenerative aesthetics continues to advance, it is crucial to consider the ethical implications and potential societal impacts of these technologies. Key considerations include ensuring long-term safety, addressing issues of access and affordability, navigating the line between restoration and enhancement, and developing comprehensive informed consent processes. Looking to the future, several exciting directions are emerging in the field of regenerative aesthetics. These include the use of artificial intelligence and machine learning to optimize treatment planning and predict individual responses, organ-on-a-chip technologies for testing and optimizing treatments, exploring epigenetic interventions to enhance aesthetic outcomes, and advancing 3D bioprinting technologies to create complex, customized tissue constructs for aesthetic applications. In conclusion, while biochemical cues may play a crucial and foundational role in regenerative aesthetics, they may not be sufficient on their own to achieve optimal aesthetic outcomes in all cases. The complexity of tissue regeneration and the multifaceted nature of aesthetic enhancement necessitate a more comprehensive approach that integrates biochemical cues with complementary strategies. By adopting a holistic, evidence-based approach that goes beyond biochemical cues alone, regenerative aesthetics holds the promise of revolutionizing aesthetic medicine and offering transformative solutions for individuals seeking to restore or enhance their natural beauty. This integrative approach, combining biochemical cues with biomechanical and biophysical stimuli, advanced materials, and cell-based therapies, represents the cutting edge of regenerative aesthetics. As the field continues to evolve, it will be essential to balance the pursuit of aesthetic enhancement with considerations of safety, accessibility, and societal impact, ensuring that the benefits of these advanced technologies can be realized responsibly and equitably.

13:00 - 14:00

Q & A / Lunch Break

SESSION 7 - International Society of Dermatologic and Aesthetic Surgery (ISDS)

Chairperson: Maria Cristina A. Puyat MD, Elena Rossi MD, Ali Singel MD

14:00 - 14:20

Management of Complications of Filler Injections: My Experience

Maria Cristina A. Puyat | Medical Director / President

In the rapidly evolving field of aesthetic medicine, filler injections have become exceedingly popular for enhancing facial features and addressing signs of aging. However, with increasing demand comes the potential for complications, ranging from minor side effects to more serious adverse events. This lecture shares my personal experiences in managing these complications, providing insights into effective assessment, intervention strategies, and preventative measures. By exploring case studies and best practices, I aim to equip practitioners with the knowledge necessary to navigate challenges associated with filler injections and enhance patient safety and satisfaction in aesthetic treatments.

This lecture provides an insightful overview of the management of complications arising from filler injections, drawn from personal clinical experience. It addresses common adverse effects, including vascular occlusion,

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infection, and aesthetic dissatisfaction. Participants will learn about the early recognition of complications, appropriate intervention strategies, and preventative measures to enhance patient safety. Real-world case studies will illustrate effective management techniques, emphasizing the importance of prompt action and clear communication with patients. This session aims to equip practitioners with practical knowledge to confidently address complications and improve overall outcomes in aesthetic procedures.

14:20 - 14:35

Botulinum Toxin Non Responders

Elena Rossi MD | Specialist in Dermatology

It is a growing and trendy concern The formation of neutralizing antibodies in the use of botulinum neurotoxin A (BoNT/A) as it may result in secondary treatment failure. Treatment failure (non-response) reflects the patient's and/or the physician's lack of satisfaction with the outcome of treatment, implying that the treatment is partially or completely ineffective.

With millions of aesthetic BoNT-A treatments performed worldwide, especially off-label applications involving higher doses than traditional on-label indications, more practitioners may expect to encounter possible cases of NAb-related SNR. They will need to make appropriate clinical assessments and design/adjust treatment plans accordingly. A collaborative patient-centered approach and informed decision-making may offer a better chance of achieving safe and satisfactory treatment outcomes. We advocate individualized assessment and thorough discussion of BoNT-A treatment issues and risks, including immunogenicity, with patients from the outset. It may be clinically prudent to minimize immunogenic risk to preserve the option of continued or future BoNT-A treatment. The selection and use of a BoNT-A product with the highest purity and lowest immunogenicity from the beginning may be advantageous, especially when treatment with high doses is planned. We believe that this view is aligned with relevant clinical, ethical, and aesthetic considerations, and with recommendations in the therapeutic space for riskbased management of adverse immunological responses related to biologic drugs, including BoNT-A.

14:35 - 14:50

The Most Effective Intense Pulse Light Therapy for Medical and Aesthetic Indications

Alina Fratila MD | Dermatologic Surgeon

Optimal Pulsed Technology (OPT) represents a revolutionary advancement in Intense Pulsed Light (IPL) therapy, offering unparalleled precision and efficacy for a variety of medical and aesthetic conditions. By harnessing controlled light energy, OPT delivers consistent, targeted treatments that address skin concerns such as rosacea, poikiloderma of Civatte, telangiectasia, and photoaging. Its ability to customize energy parameters ensures maximum effectiveness while minimizing risks, making it a safe and efficient solution for diverse patient needs. This presentation explores how OPT's advanced technology has redefined IPL therapy, achieving superior clinical outcomes and restoring skin health and appearance.

This presentation highlights the clinical advantages of Optimal Pulsed Technology (OPT), the most advanced form of Intense Pulsed Light therapy, in treating rosacea, poikiloderma of Civatte, telangiectasia, and photo rejuvenation. By delivering uniform and precise energy pulses, OPT minimizes adverse effects

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and ensures optimal results. For rosacea and telangiectasia, OPT reduces redness and visible blood vessels by targeting hemoglobin with controlled wavelengths. In poikiloderma of Civatte, the technology improves skin tone and texture by addressing pigmentation and vascular irregularities. Additionally, OPT promotes photo rejuvenation by stimulating collagen production and reversing signs of photoaging. With its tailored settings, OPT adapts to individual skin types and conditions, offering effective, safe, and patient-centric solutions for improved skin health and appearance.

14:50 - 15:05

Let's Talk About Muscle Stimulation

Sahar Ghannam MD | Consultant of Dermatology, Venereology, Cosmetic Dermatology and Laser and Associate Professor

The Multifactorial aging elements and its correlation to the facial sagging requires a comprehensive approach to fulfil the required rejuvenation and meet patients expectations. The non invasive modalities are in most cases limited in reaching /restoring the deep facial structures ,challenging our capabilities to provide a true face lifting / tightening effect .I will demonstrate the use of a non thermal Myo-Modulated Radio Frequency pulse in order to restore the maximum tone /tension of deep facial structures and muscles to recover the vector lifting of facial elements together with injectables .

15:05 - 15:20

Integrating Neuromodulators, EBD, Biostimulators in My Practice for Anti-Ageing / Age Cancellation

Rashmi Shetty MD | Founder & Chief Consultant

In a clinical practice and in a highly Insta led world such as today, most patient know the names of treatments and how they work therefore walking demanding a particular treatment it's up to us as dermatologists to be able to change their focus to the outcome now and the long-term . This lecture will be about How I go about working with options that we have to achieve the best possible outcome.

15:20 - 15:35

Beyond Traditional Anti-Ageing : Role of Polynucleotides and Exosomes

Chytra Anand MD | Senior Consultant Aesthetic Dermatologist

The field of anti-ageing dermatology is evolving beyond conventional treatments such as retinoids, hyaluronic acid fillers, and botulinum toxin. Polynucleotides (PNs) and exosomes are emerging as groundbreaking bioregenerative agents that promote skin rejuvenation at a cellular level.

Objective: This talk will explore the science behind polynucleotides and exosomes, their mechanisms of action, and clinical efficacy in anti-ageing treatments and how to adapt into aesthetic dermatology practise

15:35 - 15:45

Q & A

15:45 - 16:00

Break

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SESSION 8

Chairperson: Alia Al Mualla MD, Badreya Alshehhi MD, Marwa Abdallah MD

16:00 - 16:30

Combating Hyperpigmentation with a Magical Molecule

Marwa Abdallah MD | Professor & Head of the Dermatology, Venerology & Andrology Department

Hyperpigmentary disorders, especially melasma, post-inflammatory hyperpigmentation (PIH), represent a primary concern to many people particularly those of skin of color. Treating melasma, PIH and other disorders entails sun-avoidance, sun-protection, and lightening/depigmenting agents, as well as certain procedures like peeling, microneedling, radiofrequency and lasers.

Inhibiting tyrosinase, the key enzyme in melanogenesis is important in treating epidermal hyperpigmentation. Hydroquinone was the first to be used either alone or as triple combination and it is considered the benchmark for lightening agents. Most tyrosinase inhibitors were tested on mushroom tyrosinase, which differs from human tyrosinase. Thiamidol (isobutylamido thiazolyl resorcinol) is the only human tyrosinase inhibitor so far. Clinical studies proved efficacy of thiamidol with minimal adverse effects compared to hydroquinone and other tyrosinase inhibitors in treating and preventing many hyperpigmentary conditions.

This presentation will discuss studies on the use and efficacy of thiamidol as a new molecule in the field of pigmentation.

16:30 - 16:45

Botulinum Toxin in Men: Tips & Tricks

Emanuele Bartoletti MD | Physician, Surgeon

Neuromodulation is increasingly being employed in male patients. We must pay attention to the gender diversity. Distinct differences exist in the facial expressivity patterns between males and females.

Neuromodulation is increasingly being employed in male patients. It is crucial to incorporate gender-specific medical considerations in this setting. Distinct differences exist in the facial expressivity patterns between males and females; women exhibit a higher frequency of expressive movements, while men demonstrate greater movement amplitude, particularly in vertical dimensions. The Authors advocate for the preservation of facial expressivity in patients undergoing facial neuromodulation across both sexes. In male patients, however, the treatment outcomes should maintain the characteristic of greater movement amplitude. Thus, it is imperative to individualize treatment according to the patient's gender, rather than uniformly following the literature, which predominantly recommends the administration of higher doses of neurotoxin in males compared to females.

16:45 - 17:00

Association of Perioral Phenol-Croton Peel Technique with Hyaluronic Acid Filler in Lip Rejuvenation

Marina Queiroz MD | Cosmetic & General Dermatologist

The aging of the lips leads to loss of volume, reduction in contour and formation of fixed rhytids in the

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perioral region. Treating this area is an important challenge due to the different components associated with its aging process. In this sense, phenol- croton peel allows effective treatment of deep rhytids in the perioral region, while hyaluronic acid fillers can be used to restore the contour, lost volume and restructure the lips.

Lip aging occurs with extrinsic aging, characterized by wrinkles and elastosis, and intrinsic aging, characterized by reduction in the volume of lip fat pads, loss of lip structure and increased nasolabial distance. Phenol-croton peel, as it is a deep peeling, allows effective treatment of deep rhytids in the perioral region, while hyaluronic acid fillers can be used to restore the contour, lost volume and restructure the lips

17:00 – 17:15

Nose Filler: 3 Different Techniques - Outcome & Safety

Aml Khairy MD | Dermatology Specialist

Nose filler is easy yet complicated. It needs good technique and good observation during and after injection. Patient assessment and nose mapping is the 1st step of nose treatment. Nose injection technique: 1- Cannula 2- needle (27 G) 3- PD syringe - cannula is the widest used technique especially with beginners as they consider it the safest way to inject as no needles used. And yes it's only 1 entry point but the risk of high pressure of material which may cause compression on small vessels and vascular complications still high risk, but the major side effect of this technique is filler migration causing broad nose root, painful and tip elevation outcomes is not the best - Needle (27G) is still used technique with high risk of vascular occlusion and compression but this can be avoided by aspiration and very slowly injection but still not the best technique as it may enlarge the tip and make it appear bigger. This technique is done by 4 point of injection and although this technique is aggressive but best outcome of parrot peek noses is done by using this technique with caution - PD syringe injection using inverted Y technique is the safest technique of nose injection (low dose, low pressure) with safty red point sign. This is technique not painful with the best outcome for all nose cases but some cases as broad nose or parrot peek noses needs to be injected on 2 steps. Also this technique is the only one used to correct nose deviation Except side effects and how to treat is the corner stone of the treatment to get a satisfying patient.

17:15 – 17:30

How Retrograde Flow (Back Flow) of Dermal Filler Injection Can Cause the Migration of Product - An Ultrasound Assessment

Roya Zarmehr Zamin MD | International Aesthetic and Ultrasound Trainer

The field of aesthetic medicine is constantly growing and attracting always more practitioners all over the world. With the increase of the number of procedures, the side effects are always more frequent. Although the practitioners are very prepared and have a good knowledge of Anatomy, Injecting in major vessels and having vascular compromise is still possible because of Anatomical variation in every unique patient. Also when a patient comes to our practice, we never know what type of dermal fillers exactly have been injected in the past, permanent or resolvable ones.

The occurrence of 'retrograde flow along the cannula/needle tract' during filler injections has not been extensively addressed. The retrograde flow phenomenon can be described as follows: as the cannula creates

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a tract in the tissue, filler can spread within this potential space. This is because filler material tends to spread towards areas of least resistance. According to rheology, the extent of flow depends on the filler's cohesivity and the applied compression force. Conclusion: In conclusion, the retrograde phenomenon is a unidirectional lateral dispersion of filler material along cannula/needle tract where is the area of least resistance. The primary factors influencing this phenomenon are filler cohesivity and compression force applied during injection. Ultrasound can help assessing the amount of Back-flow and expecting the proper outcome.

17:30 - 17:45

Upper Eyelid: A-Frame Deformity Correction with Fillers

Nino Kobaladze MD | Chief Physician of the Aesthetic Medicine Clinic

It is very important to Make the right decision when choosing upper eyelid correction. The options can be surgical vs nonsurgical treating. Manage upper lid treatment with BTA threads and fillers Aging eyes are mostly treated by surgical techniques. Sometimes we can achieve better results with brow elevating with toxins and threads and filling "A-frame deformity" of upper eyelid with fillers.

Correcting upper lid and brow we must follow some rules. The First step is using the BTA injections. The Second step is implantation of lifting threads in forehead area to elevate the eyebrow. The Essential point is to wait after BTA injections 2 weeks. The Last step is upper lid filling with HA filler one month later Very small amount of filler can make larger perceptual changes in the impression that the eye projects.

17:45 - 18:00

Guidelines for Botulinum Neurotoxin Injection for Facial Contouring

Kyuhoo Yi MD | Director

The hypertrophied temporalis and masseter muscles give a muscular shaped and bulky contour to the face. Botulinum neurotoxin injection methods are commonly used for facial contouring; however, adverse effects have been reported owing to a lack of delicate anatomical information. The anatomical considerations when injecting botulinum neurotoxin into the temporalis and masseter muscles were reviewed in the present study.

Current knowledge on the localization of the botulinum neurotoxin injection point with more recent anatomical dissection and modified Sihler staining procedures was assessed. The authors found that, for the muscles, the injection point can be more precisely demarcated. Optimal injection sites are presented for the temporalis and masseter muscles, and the injection technique is suggested.

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DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 6 - Sharm Derma

Chairperson: Assem Farag MD, Marwa Abdallah MD

08:30 - 08:42

JAK Inhibitors in Alopecia Areata and More

Assem Farag MD | Professor of Dermatology & Venerology

The JAK-STAT signaling pathway mediates important cellular processes such as immune response, carcinogenesis, cell differentiation, division and death.

Drugs that interfere with different JAK-STAT signaling patterns have potential indications for various medical conditions. The main dermatological targets of JAK-STAT pathway inhibitors are inflammatory or autoimmune diseases such as psoriasis, vitiligo, atopic dermatitis and alopecia areata.

Alopecia areata (AA) affects individuals of all ages and is intractable in severe relapsing cases. Dermatologists and other healthcare providers should consider AA in the medical context and prioritize treatment.

08:42 - 08:54

HPVs New Epidemic

Assem Farag MD | Professor of Dermatology & Venerology

To date, more than 400 types of human papillomavirus (HPV) have been identified. Despite the creation of effective prophylactic vaccines against the most common genital HPVs, the viruses remain among the most prevalent pathogens found in humans.

According to WHO data, they are the cause of 5% of all cancers. Even more frequent are persistent and recurrent benign lesions such as genital and common warts. HPVs are resistant to many disinfectants and relatively unsusceptible to external conditions. There is still no drug available to inhibit viral replication, and treatment is based on removing lesions or stimulating the host immune system. This paper presents the systematics of HPV and the differences in HPV structure between different genetic types, lineages, and sublineages, based on the literature and GenBank data. We also present the pathogenesis of diseases caused by HPV, with a special focus on the role played by E6, E7, and other viral proteins in the development of benign and cancerous lesions.

08:54 - 09:06

Challenges in Diagnosis and Treatment of Psoriasis in Skin of Color

Mahira ElSayed MD | Professor of Dermatology

Psoriasis in skin of color differs in genetics ,clinical presentation and treatment

Clinically there is more scaling ,thicker lesions and less erythema ,with a wide range of differential diagnosis that represents a diagnostic challenge .

Treatment is challenging with lack of guidelines and limited access to treatment especially in the underdeveloped countries .

The potential genetically mediated differences in clinical presentation,complications and consequences of psoriasis between the various ethnic groups warrants further investigation.

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09:06 – 09:18

New Emerging Therapies for Chronic Urticaria

Mahmoud Abdallah MD | Professor of Dermatology and Venereology

Chronic Urticaria treatment aims at controlling symptoms of urticaria until the disease fades spontaneously. With the current available therapies urticaria control is achieved only in around 70% of cases.

New drugs are emerging for treatment of chronic urticaria. The strategies of these drugs include : inhibition of mediators of the mast cell, silencing the mast cells, inhibition of mast cell activation or mast cell depletion. Drugs like dupilumab, remibrutinib, lilelertimab, barzolvolimab are being investigated, among others.

09:18 – 09:30

Social Media Hypes; Truth or Fake!

Rehab Aly Hegazy MD | Professor of Dermatology, Faculty of Medicine, Cairo University

The digital world we are living in made the social media have a real influence on our patients' aesthetic dreams and how to achieve them. The question is "are the social media hypes true or false?". The digital world we are living in made the social media have a real influence on our patients' aesthetic dreams and how to achieve them. The question is "are the social media hypes true or false?".

One of the social media trends is "the flawless skin". From a dermatologist's perspective we will discuss its definition, the proper ways of assessment and realistic methods of achievement, as well as when we should tell our patients that this is not attainable.

09:30 – 09:42

Hair Loss in Skin Of Color: Pitfalls and Tips Indignosis

Hoda Moneib MD | Professor of Dermatology and Consultant

Afro-ethnic hair is different from Caucasian and Asian hair and has unique features. Ethnic hair is more prone to certain conditions or diseases. Such diseases are not only related to the fragile inner structure of the hair, but also to the cultural habits of hairstyles. For this reason, hair complaints are common among black women and represent a diagnostic challenge to the dermatologist . A description of the trichoscopic features of normal black scalp and hair disorders in patients with dark skin phenotypes will be presented to provide more accurate diagnosis and treatment for these patients.

09:42 – 09:54

Combined Treatment of Scar: Power of 2

Shady Mahmoud MD | Professor of Dermatology

Scarring, especially disfiguring facial scars may be associated with a heavy emotional burden for patients. Facial Scarring may be a major source of dissatisfaction, psychological distress, depression, or embarrassment.

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Different modalities should be addressed in scar management according to type of scar such as resurfacing fractional lasers, vascular specific lasers in fresh scar, intralesional corticosteroid, surgical procedures, emulsified fat injection, filler injection, and exosomes. Combined treatment of scar shows a promising result, overcome failure of treatments and can achieve best outcome for patients with scar.

09:54 - 10:06

Lip Fillers: Trends vs Safety

Nevine Dorgham MD | Associate Professor of Dermatology

Lip fillers is becoming basic aesthetic procedure, we need to know if all the trends are real or even applicable. Trends in lip fillers are going viral on social media, but as doctors we need to know the facts based on aesthetic parameters, anatomy, and safety.

10:06 - 10:18

Deep Pyriform Space: A New and Safe Way to Deal Nasolabial Fold

Amin Sharobime MD | Associate Professor of Dermatology

The deep pyriform space is a midface cavity cradled by the pyriform aperture and deep medial cheek compartment. Bony recession of the maxilla with age predisposes this space for use as a potential area of deep volumization to support overlying cheek fat and draping lip elevators. The position of the angular artery in the roof of the space allows safe injection on the bone without concern for vascular injury

10:18 - 10:30

Drug-Induced Vitiligo

Marwa Abdallah MD | Professor & Head of the Dermatology, Venereology & Andrology Department

A number of topical and systemic therapies have been shown to induce vitiligo.

Beside the already known topical therapies that induce vitiligo, formerly known as chemical leukoderma, other oral therapies were implicated in the appearance of vitiligo in some of their recipients. Among these are targeted cancer therapies like Tyrosine-kinase inhibitors, Immune Checkpoint Inhibitors [PD-1/PD-L1], B-cell leukemia/lymphoma-2 (Bcl-2) inhibitor and the newly approved Cyclin-dependent kinase (CDK) 4/6 inhibitors. We present a number of them with their possible mechanisms of action, the significance of appearance of vitiligo and treatment outcome.

10:30 - 10:45

Q & A

10:45 - 11:00

Break

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SESSION 7 - International Congress of Dermatology

Chairperson: Giovanni Pellacani MD, Annunziata Dattola MD

11:00 - 11:20

Biostimulation

Hassan Galadari MD | Head of Scientific Committee

Biostimulation is revolutionizing aesthetics by enhancing the body's natural regenerative processes. This presentation explores a comprehensive approach, from energy-based devices to injectables and skincare, highlighting their synergistic effects. Energy-based technologies, such as lasers and RF microneedling, stimulate collagen and elastin production, improving skin tone and texture. Biostimulatory injectables like PLLA and CaHA further support tissue regeneration, offering long-term structural benefits. Additionally, advanced skincare formulations enhance and sustain these effects. By integrating these modalities, practitioners can optimize patient outcomes, achieving natural, youthful rejuvenation with lasting results.

11:20 - 11:40

New Imaging Technologies in Dermatology

Giovanni Pellacani MD | Chairman of Dermatology Clinic

Advancements in imaging technologies have significantly improved dermatological diagnostics, offering non-invasive and high-resolution methods for skin examination. Among these, confocal microscopy—both in vivo and ex vivo—has emerged as a powerful tool for real-time, cellular-level imaging. In vivo reflectance confocal microscopy (RCM) enables dynamic skin assessment, aiding in the early detection of melanoma and non-melanoma skin cancers. Ex vivo confocal microscopy, often used as a rapid alternative to histopathology, provides immediate tissue evaluation, reducing the need for conventional biopsies. Another breakthrough, line-field confocal optical coherence tomography (LC-OCT), combines the advantages of RCM with optical coherence tomography (OCT), offering vertical and en face high-resolution images. LC-OCT provides precise morphological and structural details of the epidermis and superficial dermis, facilitating early skin cancer detection and real-time monitoring of therapeutic responses. These technologies enhance diagnostic accuracy, minimize unnecessary biopsies, and improve patient outcomes. As imaging tools continue to evolve, their integration into clinical practice promises a shift towards more efficient, non-invasive dermatological care.

11:40 - 12:00

Uncommon Clinical Presentations of Malignant Melanoma: Clinical and Histological Features with a Focus on Dermoscopic Findings

Raul Cabrera Moraga MD | Professor and Head of Dermatology Post-Graduate Program

Malignant melanoma (MM) is one of the most challenging cancers to diagnose because it requires high levels of expertise from the dermatologist to detect the lesions at an early stage and from the histopathologist to interpret the complex architecture of the skin biopsies. Although uncommon MM variants generally account for less than 2% of all melanomas, their prognosis is often poor, and their misdiagnosis may lead to

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potentially harmful handling errors associated with medical malpractice claims . Early diagnosis of MMs is thus of vital importance for appropriate management and a successful outcome.

The clinical and histologic presentations of melanoma vary greatly, and assessment of uncommon melanomas can be difficult for practitioners because of their scarcity and resemblance to other dermatologic entities. The most problematic melanoma types are desmoplastic melanoma, polypoid melanoma, primary dermal melanoma, verrucous malignant melanoma, pigmented epithelioid melanocytoma, mucosal melanoma, follicular melanoma and melanoma with non-melanocytic differentiation. The two most difficult-to-diagnose subtypes of melanoma are the nevoid and the amelanotic melanomas. Some specific attributes of these variants can be more easily recognized with digital dermatoscopy, facilitating early detection and possibly avoiding invasive procedures. Key cases with the most notable clinical, dermatoscopic, and histopathologic features are presented, highlighting the practical issues of making an accurate diagnosis and choosing the best therapy.

12:00 – 12:20

Portraits and Pathology - Icono-Diagnosis in Historical Art Portraits

Alia Galadari MD | Consultant Dermatologist

In historical portraiture, artists inadvertently chronicled a range of dermatological conditions, reflecting both their creative intent and the medical realities of their time. Portraits and Pathology – Icono-Diagnosis in Historical Art Portraits investigates these subtle cutaneous indicators, bridging the realms of art history and modern dermatological science. By integrating cultural context, artistic analysis, and clinical expertise, this session reveals how paintings can offer unexpected insights into the prevalence and presentation of skin diseases in past centuries. Attendees will discover how to interpret visual evidence, enriching both diagnostic understanding and appreciation of artistic expression across various epochs.

This presentation explores the intersection of art history and dermatological science by analyzing historical portraits for hidden clinical indicators. Attendees will learn how to discern subtle dermatological clues, understand the historical and cultural contexts that shaped their depiction, and critically assess the reliability of retrospective diagnoses. Using notable artworks across different eras, the presentation illustrates how skin conditions were represented, sometimes unwittingly. By integrating evidence-based medical insights with art historical methodology, we broaden our understanding of disease prevalence and perception in past centuries, while maintaining ethical caution about diagnosing individuals solely through artistic interpretations.

12:20 – 12:40

Systemic Lupus, Lupus Pernio, “Covid-Toes”: What’s The Red Wire?

Marius-Anton Ionescu MD | Associate Professor of Dermatology

One of the most frequently reported skin features during the pandemic COVID-19 were chilblain-like lesions (“Covid-toes”) or other acrosyndromes, some of lesions being similar with the clinical signs of lupus pernio or livedo-like (1,2).

We have already described the mechanisms of macrophagic activation in COVID-19 physiopathology (3).

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This lecture will make an overview of lupus erythematosus and of lupus-like syndromes with a focus on autoimmune diseases like systemic / subacute and chronic lupus erythematosus, underlining the mechanisms of nucleic acid sensing, of innate immunity's key upregulating factors and the subsequent vascular lesions found in different diseases, including in COVID-19 acrosyndromes.

12:40 – 13:00

Pustular Psoriasis from Diagnosis to Treatment

Annunziata Dattola MD | Associate Professor

Biostimulation is revolutionizing aesthetics by enhancing the body's natural regenerative processes. This presentation explores a comprehensive approach, from energy-based devices to injectables and skincare, highlighting their synergistic effects. Energy-based technologies, such as lasers and RF microneedling, stimulate collagen and elastin production, improving skin tone and texture. Biostimulatory injectables like PLLA and CaHA further support tissue regeneration, offering long-term structural benefits. Additionally, advanced skincare formulations enhance and sustain these effects. By integrating these modalities, practitioners can optimize patient outcomes, achieving natural, youthful rejuvenation with lasting results.

13:00 – 14:00

Lunch Break

SESSION 8 - Pakistan Association of Dermatologists

Chairperson: Sheeraz Ahmed Dawach MD, Javed Ahmed Memon MD, Muhammad Shahid MD

14:00 – 14:15

Efficacy of Oral Tofacitinib in Alopecia Areata, Alopecia Totalis and Alopecia Universalis

Syeda Shahmoona Faisal MD | Associate Professor Consultant Dermatologist and Aesthetic Physician

Alopecia areata (AA) is one of the most prevalent autoimmune diseases, with a 1.7% risk for lifetime. It is a non-scarring alopecia that causes hair cycle stagnation in the anagen stage due to the lack of immunological reserve in hair follicles. Alopecia totalis (AT) and alopecia universalis (AU) cause a complete lack of scalp and body hair, respectively, and ophiasis pattern AA causes loss of hair restricted to the temporal and occipital regions of the scalp. The autoimmune mechanism that causes hair loss is thought to cause persistent inflammation. JAK inhibitors, often known as JAKi, have been researched as a potential treatment for AA due to the significant role that JAK pathways play in the pathophysiology of the disease. Tofacitinib's effectiveness in treating AA, AT, and AU has been the subject of recent research. With notable improvements in disease progression and hair regeneration, such investigations have demonstrated encouraging outcomes.

In a 6-month interventional study, we assessed the efficacy of tofacitinib (a JAK inhibitor) in treating refractory alopecia areata (AA), alopecia totalis and alopecia universalis across 50 patients aged between 5 and 50 years of age. A non-probability sampling technique was used for this study which was conducted at Hamdard Medical University with treatment responses assessed through Severity of Alopecia Tool (SALT) score at 8, 12, and 24 weeks. Oral tofacitinib 5 mg once daily (pediatric) or twice daily (adults).

The mean hair regrowth was 88.90% with statistical significance. Scalp involvement decreased from 62.48% to 10.46% after 24 weeks of treatment using the same data set. They also did not associate with

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any side effects. Improvements in SALT scores were statistically different from baseline at all time points ($p < 0.001$). The conclusion made in the study is that oral tofacitinib represents a safe and effective therapy for severe alopecia areata and particularly difficult-to-treat cases (refractory alopecia areata).

14:15 – 14:30

Periorbital Rejuvenation

Tahir Jamil MD | Assistant Professor

We want to share our clinical experience in the category of periorbital rejuvenation by using autologously retrieved materials like PRP & PRF for the use of beauty enhancement of the face.

The periorbital region, encompassing the eyes and surrounding structures, plays a pivotal role in facial aesthetics and expression. Changes in periorbital skin color, texture, thickness, and position can significantly impact facial appearance, often leading to dissatisfaction and seeking of corrective interventions. Surgical procedures have traditionally been the mainstay for addressing these concerns; however, advancements in non-surgical techniques offer promising alternatives. This presentation explores various non-surgical modalities for periorbital rejuvenation, with particular emphasis on the application of platelet-rich fibrinogen (PRF) in combination with other therapeutic approaches. PRF, derived from the patient's own blood, contains growth factors and cytokines known to promote tissue healing and regeneration. When used strategically alongside other modalities such as dermal fillers, neuromodulators, and laser treatments, PRF can enhance outcomes by addressing multiple aspects of periorbital aging and rejuvenation. Our clinical experience underscores the efficacy and safety of these combined approaches in achieving natural-looking results while circumventing the need for invasive surgical procedures. By tailoring treatments to individual patient needs and leveraging the synergistic effects of PRF with complementary therapies, practitioners can optimize periorbital aesthetics with minimal downtime and reduced risk. This presentation aims to provide clinicians with a comprehensive overview of contemporary non-surgical options for periorbital rejuvenation, highlighting the integration of PRF as a versatile tool in aesthetic practice. Through case studies and outcomes analysis, we demonstrate the potential of these approaches to meet patient expectations for enhanced periorbital beauty and restored facial harmony.

14:30 – 14:45

Comparison of Efficacy of Combination of Acitretin and Narrow Band Ultraviolet B versus Narrow Band Ultraviolet B Alone in the Treatment of Chronic Plaque Psoriasis

Saelah Batool MD | Associate Professor

Combination of acitretin and NB-UVB (ReUVB) therapy has been shown to be superior in treating psoriasis than either modality alone.¹¹ The combination has been proposed to regulate release and expression of Matrix metalloproteinase 13 (MMP13) which is a key modulator of inflammation and epidermal proliferation in psoriasis.¹² However, there is little clinical data on the efficacy of the combination of the two modalities in our part of the world. We conducted this study to evaluate the role of the two treatment options in our population as it may reduce the dose of either modality and its side effects and help in earlier and better management of patients.

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Objective: To compare the efficacy of combination of narrow band ultraviolet B (NBUVB) and Acitretin (ReUVB) versus NBUVB alone in the treatment of moderate to severe plaque psoriasis. Method: This randomized clinical trial was conducted at the Department of Dermatology Services Hospital, Lahore from October 2020 to April 2021. After getting approval from Ethical Review Committee, 100 patients of moderate to severe plaque psoriasis were enrolled. They were divided into two groups of fifty patients each. Group A patients received both acitretin and NBUVB therapy while group B received NBUVB therapy alone for 8 weeks. PASI 50 was set as the efficacy end point. PASI scores and photographs taken before and after treatment were analysed.

Results: Mean age of patients was 34.99 ± 9.28 years. In group A, 46 (92%) patients achieved PASI 50 while in group B, 19 (38%) patients achieved PASI 50. Therefore, the efficacy of combination of acitretin and NBUVB was significantly higher compared to NBUVB alone. Statistically significant effect of age, gender, body mass index and duration of disease was found on efficacy.

Conclusion: Narrow band Ultraviolet-B therapy is a useful treatment modality in moderate to severe psoriasis. However, combining it with acitretin can significantly enhance its efficacy.

14:45 - 15:00

Split-Face Comparative Study: Topical Spironolactone vs. Topical Clindamycin for Acne

Ameerah Khan MD | Resident Dermatologist

Acne vulgaris is a common inflammatory skin disorder that affects the majority of adolescents and typically lasts into adulthood. Comedones, papules, pustules, nodules, as well as scars are its primary characteristics.. It could cause irreversible scarring. Emotional health and psychosocial development can be significantly impacted by acne. Excess sebum production, hormonal abnormalities and follicular keratinization all contribute to the formation of acne lesions. There are several treatments available, including topical medicines (benzoyl peroxide, retinoids, clindamycin) and systemic therapy (oral isotretinoin, antibiotics, hormonal medications). Spironolactone, which inhibits androgen receptors and clindamycin which targets Propionibacterium acnes, are both effective topical therapies. However, direct comparison research on their efficacy and safety is limited, generating uncertainty for medical practitioners. While randomized controlled trials (RCTs) remain the gold standard, practical and ethical constraints make a non-randomized, split-face design more feasible. This strategy allows for direct within-patient comparison, lowering inter-individual variability while assuring that no patient is deprived of beneficial therapy. This study seeks to give useful insights into the relative effectiveness and safety of both therapies, enhancing evidence-based acne management.

This study aimed to compare the efficacy and safety of topical spironolactone and topical clindamycin in the treatment of acne vulgaris using a split-face design. After ethical approval, a non-randomized, double-blind, split face comparative study involving patients aged 12-39 with mild to moderate Acne vulgaris was conducted at Ghurki Trust Teaching Hospital's Dermatology Department (September 2023-August 2024). Following Informed Consent, participants used 5% Spironolactone on one side of their face and 2% Clindamycin on the other for 12 weeks. Both the patients and the assessing dermatologist remained blind. Lesions were counted manually at 0, 2, 4, 6, 8 and 12 weeks. Improvement was measured by Total Lesion Count, Acne Severity Index and Global Acne Assessment Scale (GAAS), with a GAAS score of 0 or 1 indicating treatment success. Side effects and Treatment Satisfaction Score were documented, and Relapse was assessed after 24 weeks. Data was analyzed using SPSS v27. Results showed both therapies effectively reduced papules,

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pustules and comedones over 12 weeks, achieving Total Lesion Count Reductions of approximately 77.7% for topical Spironolactone and 78.8% for topical Clindamycin. At Week 8, Global Acne Assessment Score (GAAS) scores favored Clindamycin ($p = .010$), but by Week 12, both treatments were equally effective ($p = .199$). Significant differences in Acne Severity Index (ASI) between spironolactone and clindamycin were seen at Week 6 ($p = 0.0069$), Week 8 ($p = 0.0143$), and Week 12 ($p = 0.0148$), with clindamycin exhibiting a higher reduction in severity at each time point. Both Spironolactone and Clindamycin significantly decreased acne lesions however; Clindamycin had a quicker initial effect.

15:00 – 15:15

Efficacy and Safety of Methotrexate

Salma Hameed MD | Dermatology Resident Trainee

INTRODUCTION: Psoriasis is a chronic, inflammatory and proliferative skin disorder in which both genetic and environmental factors have a critical if it is frequently associated with numerous underlying comorbidities including cardiovascular disease and diabetes.

OBJECTIVE: To compare the efficacy and safety of methotrexate and acitretin in patient presenting with chronic plaque psoriasis.

STUDY SETTING Department of Dermatology Sandeman Provincial Hospital, Quetta.

STUDY DESIGN: Randomized controlled trial.

STUDY DURATION: Six months duration after approval of synopsis

MATERIAL AND METHODS: A total of 82 (41 in each group). All the patients were observed To compare the efficacy and safety of methotrexate and acitretin in patient presenting with chronic plaque psoriasis.. Sampling technique is Non probability consecutive sampling.

RESULTS: Age distribution among 82 (41 in each group) patients was analyzed as 34(21%) patients were in age ranged 36-45 years. 87(55%) patients were in age ranged 46-55 years.

38(24%) patients were in age ranged 55-65 years. Mean age was 5 years with SD \$ 1.26.

Gender distribution among 82 (41 in each group) patients was analyzed as 67(42%) patients were male and 92(58%) patients were female. Duration of diabetes among 82 (41 in each group) patients was analyzed as 36(23%) patients had diabetes from 5-10 years, 80(50%) patients had diabetes from 11-15 years, 43(27%)

15:15 – 15:30

To Compare Efficacy of Biofillers and Hyaluronic Acid fillers in Treatment of Post Acne Scars.

Mehtab Khawajakhail MD | Resident Dermatology

Atrophic scarring is often an unfortunate and permanent complication of acne vulgaris. It has high prevalence, significant impact on quality of life, and therapeutic challenge for dermatologists. The treatment of atrophic acne scars varies depending on the types of acne scars, including chemical peeling, dermabrasion, laser treatment, punch techniques, fat transplantation, other tissue augmenting agents, needling, subcision, and

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combined therapy. In order to optimally treat a patient's scar, we need to consider which treatment offers the most satisfactory result. Biofiller is a new development, which has probable collagen remodulation and tissue regeneration activity.

This is a source of many soluble proteins (growth factors) and platelet factor 3, the activity of which can induce tissue regeneration and collagen remodulation in addition to the immediate volumetric filling up of the atrophic scars. Being autologous in nature, there is no risk of rejection or immunogenic reactions.

A total of 50 patients are included in the study (25 in each group) having atrophic acne scars and fulfilling the inclusion criteria. Patient in group A were treated with biofillers, while those in group B with hyaluronic acid filler. Goodman and Baron's quantitative and quantitative acne scar grading system was used for assessment. Patients were evaluated clinically and by serial photography. Presence of any active infection, active acne, keloids, taking oral antihypertensive, anticoagulant, systemic or topical Retinoids, collagen disease, diabetes or those who do agree to participate were excluded.

Any change in the grading of scars after the end of treatment and follow up period was noted. Efficacy and improvement was assessed by Goodman and Baron's global acne scarring system. Patients with biofillers showed excellent response. Adverse side effects were limited to mild swelling and transient erythema.

15:30 – 15:45

Q & A

15:45 – 16:00

Break

SESSION 9 - Syrian Arab Society of Dermatology

Chairperson: Samir Almahfoud MD, Fouz Hassan MD, Abdullah Omar MD

16:00 – 16:10

Acantholysis Mechanisms in Pemphigus Vulgaris "The Whole Journey With Interesting Stations

Nemat Alsaghir MD | Assistant Professor

Pemphigus vulgaris is a life threatening autoimmune blistering disease which is caused by autoantibodies which are directed against desmoglein the component of desmosomes. The mechanism in which these autoantibodies causes Acantholysis is mysterious. And have a lot of facts and theories.

These theories are trying to explain how does the attachment of the autoantibodies on the desmoglein antigen cause the epidermal cells to disattach from each other. Many studies in vivo and in vitro are trying to concentrate on the intracellular signalling and its relationship to desmoglein and desmosomes. The first theory which was applied is steric hindrance, then there became more and more theories like: Signaling role, alterations of desmosomes, basal cell shrinkage, desmoglein compensation, apoptosis etc. In our research we will concentrate on the latest information in the field of pemphigus vulgaris acantholysis.

16:10 – 16:20

Fractional Co2 Laser in Cutaneous Leishmaniasis

Romano Almahfoud MD | Doctor

To evaluate the effectiveness of the co2 laser photothermolysis in the treatment of patients with cutaneous Leishmaniasis when previous drug therapy was ineffective.

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16:20 - 16:30

Cases in Leishmaniasis

M. Rabee Kattah MD | Vice President of the Syrian Arab Society of Dermatology

Diana Sarkis MD | Resident Dermatologist

There are many cases of leishmaniasis that we review that do not apply to any of the rules of leishmaniasis found in the World Health Organization's guide. The most important difficulties facing us are the issue of age, position, and accompanying internal diseases in the patient. Here we resort to the approach, experience and long patience to follow up the patient's condition until recovery and balance in choosing the treatment method between , Side effects of the drug and the desired benefit from it.

16:30 - 16:40

Onychomycosis: A Focus on New Tropical Treatment

Wahiba Suliman MD | Dermatologist in a Private Clinic Representative of the Syrian Dermatology Association

- Onychomycosis, a common disease affecting 10% of the population, can be challenging to treat due to emerging resistance to systemic therapy.
- Topical therapy, often preferred for the elderly to avoid systemic side effect can be combined with other treatments for improved outcomes and prevention of recurrence.
- Novel treatment option include lasers, cold atmospheric plasma pressure , and photodynamic therapy
- Surgical avulsion is another treatment modality.
- Ongoing research is essential for optimizing the management of onychomycosis.

16:40 - 16:50

Special Clinical Cases

Fouz Hassan MD | Professor and Head of the Department of Dermatology and Sexually Transmitted Diseases

Reem Khbbaza MD | Resident

We will present some clinical cases from the Department of Dermatology. Tishreen Universities Hospital. Latakia. Syria

- 1- Angiolymphoid hyperplasia with eosinophilia
- 2- Scurvy in a healthy man
- 3- and some special cases of cutaneous leishmaniasis from Syria

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16:50 - 17:00

Koebner Phenomenon in Henoch Schonlein : 3 Case Reports

Thaer Douri MD | Dermatologist

HenochSchönleinpurpura is a common dermatosis mainly affects children, with a male-to-female ratio of 2:1. In children the prognosis is good , as HSP typically resolves rapidly and without complication.

Koebner's or isomorphic phenomenon is occurrence of clinically similar lesions on uninvolved skin along sites of trauma in patients with pre-existing dermatosis. Koebners' phenomenon has been reported in a variety of dermatoses. However, to this date, there are few reports in English literature of Koebner's occurring inHenochSchönleinpurpura.

Because of the paucity of reports, Boyd and Nelder have classified HSP as a questionable isomorphic phenomenon.

SESSION 10 - International Cosmetic Congress & Exhibition (ICCE League)

Chairperson: Wael Seoudy MD, Mohamed Abozeid MD, Shady Ismail MD

17:00 - 17:20

Neck Rejuvenation

Mohamed Abozeid MD | Associate Professor of Plastic Surgery

What to evaluate ?

1- Mental prominence.(2)

- Ideally the pogonion reaches a vertical line from the vermilion border of the lower lip.

2- Hyoid position.(3) Ideally located at C3 or C4

- More superiorly positioned hyoid bone favors acute aesthetic CMA.

- More inferiorly positioned hyoid bone produces more obtuse CMA (problem neck).

Criteria of Aesthetic Neck

1- Distinct inferior mandibular border from the mentum to the angle of the mandible without jowl overhang

2- Subhyoid depression

3- Visible bulge of the thyroid cartilage

4- Visible and distinct anterior border of the sternocleidomastoid (SCM) muscle

5- Cervicomenal angle (CMA) of 105 to 120 degrees

DAY TWO TUESDAY

15th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

17:20 - 17:40

Medical Rhinoplasty

Wael Seoudy MD | Senior Consultant Dermatologist, Professor

This lecture, titled "Medical Rhinoplasty," offers an in-depth exploration of non-surgical techniques for enhancing nasal aesthetics. As the demand for less invasive cosmetic procedures grows, medical rhinoplasty has emerged as a popular alternative to traditional surgical methods. This session will focus on innovative approaches such as the use of Botulinum Toxins, threads, and fillers to achieve desired nasal contours and improve overall facial harmony.

Participants will gain insights into the mechanisms of action of these materials, including how Botulinum Toxins can refine the nasal tip and improve symmetry, while threads can provide structural support and lifting effects. Additionally, the lecture will cover the strategic application of dermal fillers to enhance volume and contour, ensuring a natural-looking outcome.

Attendees will also learn about the assessment of individual patient needs, techniques for achieving optimal results, and best practices for minimizing complications. By the end of the lecture, participants will have a comprehensive understanding of non-surgical rhinoplasty techniques, equipping them with the knowledge to enhance their practice and meet the evolving expectations of patients seeking nasal beautification.

17:40 - 18:00

Male Masculinization

Shady Ismail MD | Plastic Surgeon

In recent years, the aesthetic landscape has evolved significantly, with a marked increase in male patients seeking cosmetic enhancements. This presentation explores the innovative use of high-quality dermal fillers to achieve desired masculinization effects in both elder and millennial demographics. We will discuss the physiological differences that influence treatment approaches, including skin elasticity, volume loss, and facial structure variations across age groups.

The presentation will highlight the latest advancements in filler technology, emphasizing biocompatibility and longevity, which are crucial for achieving natural and lasting results. Case studies will illustrate successful masculinization techniques, focusing on enhancing jawline definition, cheek prominence, and temple volume.

Furthermore, we will address the psychological aspects of male aesthetic procedures, examining how societal perceptions of masculinity are evolving and the impact of these changes on treatment acceptance. By bridging the aesthetic needs of diverse age groups, we aim to foster a more inclusive understanding of male aesthetics in the cosmetic industry.

This session will provide insights for practitioners on tailoring treatments to meet the unique needs of both elders and millennials, ensuring optimal results while maintaining patient satisfaction. Join us to explore how top-notch fillers can redefine masculinity in modern aesthetics.



ABSTRACTS

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DAY THREE WEDNESDAY

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DERMATOLOGY SCIENCES & RESEARCH

SESSION 11

Chairperson: Khalid Gharib MD, Mohamed Elazaab MD, Salah Al Rubaie MD

08:30 - 08:45

Skin Biostructure: What New News?

Khalid Gharib MD | Professor of Dermatology and Laser and Egypt Board Member of DMC

Introduction: We should ask three questions, why do we age, how do we age and can we delay aging?

Patient and methods: To reset clock of aging: photoprotection, hydration and introduce skin biostructure.

Discussion: Skin biostructure is biological materials or bioactive help or encourage the skin to increase or to improve its functions. Restore the loss in skin nourishment and vital components.

Conclusion: Learn different methods to apply skin biostructuras topical, transdermal and injection.

08:45 - 09:00

Integration of Noninvasive Imaging into Routine Diagnostics Part 1: Devices

Julia Welzel MD | Director of the Department of Dermatology, President of the German Society of Dermatology

Line-field optical coherence tomography (LC-OCT), optical coherence tomography (OCT) and reflectance confocal microscopy (RCM) enable non-invasive imaging in real time.

The methods can be used in routine diagnostics of skin cancer, in micrographic surgery for preoperative margin mapping and for non-invasive monitoring of inflammatory skin diseases. This often means that biopsies can be avoided, which speeds up the diagnostic workflow. The imaging methods enable early detection, monitoring and quantification of changes in vivo and are therefore superior to histology in some areas. An explainable artificial intelligence has now been integrated into imaging, which shortens the learning curve of image interpretation.

09:00 - 09:15

Integration of Noninvasive Imaging into Routine Diagnostics Part 2: Clinical Application

Sandra Schuh MD | Attending Physician, Specialist at the Department of Dermatology

Line-field optical coherence tomography (LC-OCT), optical coherence tomography (OCT) and reflectance confocal microscopy (RCM) enable non-invasive imaging in real time.

The methods can be used in routine diagnostics of skin cancer, in micrographic surgery for preoperative margin mapping and for non-invasive monitoring of inflammatory skin diseases. This often means that biopsies can be avoided, which speeds up the diagnostic workflow. The imaging methods enable early detection, monitoring and quantification of changes in vivo and are therefore superior to histology in some areas. An explainable artificial intelligence has now been integrated into imaging, which shortens the learning curve of image interpretation.

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09:15 - 09:30

African Histoplasmosis

Daudi R. Mavura MD | Principal

Histoplasmosis is a chronic granulomatous disease caused by fungus *Capsulatum* with two variants *Capsulatum* and variant *Duboisii*. Both variants are transmitted through inhalation.

Although both variants are common in Africa, variant *Duboisii* is restricted to Africa being endemic in West and Central Africa.

This variant affect mainly the skin and subcutaneous tissues, bones and lymph nodes with no association with immunosuppression.

Diagnosis: Histology

Treatment: Anti-fungal therapy.

African histoplasmosis diagnosis and treatment is still a challenge treatment is still a challenge due to the lack of a well-defined treatment protocol and due to the side effects associated with the available antifungals.

09:30 - 10:00

Clinical Variety of Nasal Lesions

Monira El Wasief MD | Consultant

Nasal lesions encompass a broad spectrum of clinical manifestations, ranging from benign to malignant conditions. These lesions can be indicative of underlying systemic diseases, including autoimmune disorders, or they may arise as specific dermatological issues.

Dermatologists must be vigilant in recognizing nasal lesions due to their diverse etiologies, including destructive nasal midline lesions, systemic disease variants, and paraneoplastic conditions.

10:00 - 10:15

Psoriasis Scores of Difficult-to-Treat Areas: Proposal of an Algorithm

Marius-Anton Ionescu MD | Associate Professor of Dermatology

Moderate-to-severe plaque psoriasis is well controlled by systemic therapies indicated according to scores Psoriasis Area and Severity Index (PASI), Physician's Global Assessment (PGA), Investigator Global Assessment (IGA), Body Surface Area (BSA), and Dermatology Life Quality Index (DLQI). These scores provide sometimes low values that are less objective in quantifying the disease's severity. Psoriasis difficult-to-treat areas scores for scalp, nails, palmoplantar are not systematically used and are not included in the criteria for the decision to initiate a systemic therapy. We propose to integrate the scores for difficult-to-treat areas in current decisional algorithm for systemic therapies in moderate-to-severe plaques psoriasis. Methods: in our analysis we included the scores: A. Psoriasis Scalp Severity Index (PSSI). B. Nail Psoriasis Severity Index (NAPSI). C. Erythema, Scaling, Induration, and Fissuring (ESIF). We made a comprehensive analysis of databases PubMed, Google Scholar and Web of Science, with keywords for "psoriasis scores",

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"treatment goals", "treatment response", "failure to treatment". Our algorithm propose to systematically include the scores of difficult-to-treat areas in the systemic Rx decision.

Conclusions. the indication of the systemic treatment could include the highest calculated scores PASI and/o PSSI and/or NAPS and/or ESIF, adding a correction factor to include scores of difficult-to-treat areas.

10:15 - 10:30

Complex Roles of B Lymphocytes in Skin Diseases

Manabu Fujimoto MD | Professor and Chair - Department of Dermatology

B cells, as key players in the adaptive immune system, have traditionally been studied for their role in antibody production. In skin diseases, their impact extends beyond autoantibody-mediated pathology, revealing dual and complex roles. Emerging research highlights how B cells not only exacerbate inflammation through cytokine secretion and antigen presentation but also contribute to immune regulation and tissue homeostasis via regulatory subsets. This lecture will delve into the diverse functions of B cells, particularly in autoimmune skin diseases, emphasizing their pathogenic and protective mechanisms and the potential for novel therapeutic interventions targeting their diverse roles.

B cells exhibit a dual nature in skin diseases, influencing pathogenesis and immune regulation. In conditions such as pemphigus and pemphigoid, they drive inflammation through autoantibody production, antigen presentation, and pro-inflammatory cytokine release. Conversely, regulatory B cells secrete IL-10, mitigating inflammatory responses and promoting immune balance. This lecture explores these multifaceted roles, focusing on recent advancements in therapeutic strategies, such as CAR-T cell therapies targeting pathogenic B cells and enhancing regulatory B cell activity. Understanding these mechanisms underscores the potential to develop precise, targeted treatments for complex skin conditions.

10:45 - 11:00

The Burden of Skin & Subcutaneous Diseases in North Africa & the Middle East (NAME) from 1990 to 2021

Ghida EL-Banna MD | Resident and Post-Doctorate Researcher

Skin diseases are a major cause of morbidity worldwide and pose a large economic burden (Hay et al., 2014; Kharimkhani et al., 2017; Chu et al., 2020; Urban et al., 2020; Yakupu et al., 2023). There is a paucity of research on the epidemiology of skin and subcutaneous diseases in North Africa and the Middle East (NAME). Improved understanding of these conditions can help governments and health organizations optimize interventions and policy planning, thereby reducing the economic impact of these burdensome diseases. This is particularly important in NAME, a region subject to constant political, social, and environmental changes. The Global Burden of Disease (GBD) study is an international initiative that examines disability and mortality from numerous diseases and risk factors stratified by age, sex, year, and location (GBD, 2021). It provides insight into health trends at the population level as it incorporates the latest data and epidemiological studies from global, national, and local levels (GBD, 2021). This study uses GBD data to assess the morbidity and mortality of common skin and subcutaneous diseases in twenty-one countries in NAME and characterize geographic and temporal trends from 1990 to 2021.

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Background: Skin diseases cause significant morbidity worldwide, yet their impact in North Africa and the Middle East (NAME) remains poorly understood. **Objective:** This study aims to analyze geographic and temporal trends of skin diseases in NAME from 1990 to 2021. **Methods:** Data from the Global Burden of Disease (GBD) study were utilized to assess disability-adjusted life-years (DALYs), prevalence, incidence, and mortality rates for twenty-three skin conditions across twenty-one countries in NAME. **Results:** In 2021, skin and subcutaneous diseases were the 22nd leading cause of morbidity and mortality in NAME, with DALYs increasing by 0.06% (95% confidence interval (CI), 0.05%-0.08%) from 1990. The five most prevalent skin conditions in 2021 were fungal skin diseases (3,311.44), acne vulgaris (3,102.51), atopic dermatitis (1,374.93), viral skin diseases (1,257.88), and scabies (1,009.72). Notable geographic variations were observed, with the highest DALY increase in Qatar (0.12%; 95% CI, 0.07%-0.18%). DALYs of acne vulgaris, psoriasis, and viral skin diseases significantly increased in all countries, while that of cutaneous Leishmaniasis surged in Afghanistan, Syria, and Morocco from 1990 to 2021. A decline in measles and varicella and herpes zoster was observed in all countries. Leprosy decreased in all countries except Iran. **Limitations:** Variability in ICD-9 and ICD-10 data and the lack of race and ethnicity reporting across countries limit our findings. **Conclusion:** NAME experiences a high burden of skin diseases, with marked geographic and temporal variations. These findings highlight the need for targeted interventions and a better understanding of the epidemiology of skin disease in the region.

SESSION 12

Chairperson: Jaheersha Pakran MD, Ibrahim Almukahhal MD

11:00 - 11:15

Paraneoplastic Dermatoses: A New Unexpected Update

Mohamed El-Khalawany MD | Professor of Dermatology & Dermatopathology

Paraneoplastic dermatoses are a group of skin diseases that are correlated to internal malignancy. The spectrum of this group of diseases is increasing every now and then.

The clinical features and histological characteristics in addition to the correlation with the blamed tumors will be discussed. Moreover, the new diseases that could be involved in such spectrum will be also demonstrated. Skin diseases that could be enrolled in such spectrum will be clarified including the typical and atypical courses of the diseases. A group of skin tumors that were also involved in such spectrum will be also clarified.

11:15 - 11:30

The Skin-Mouth Connection

Eman Allam MD | Assistant Professor

The relationship between oral health and skin conditions is bidirectional. Poor oral health may exacerbate skin conditions, while skin diseases can impact oral health. The presentation will discuss the relationship between skin conditions and oral health highlighting the pathological and immunologic mechanisms behind the connection.

Emerging research highlights the intricate connection between skin health and oral conditions,

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underscoring their shared immunological, microbial, and systemic influences. This presentation explores the bidirectional relationship between the skin and oral cavity, focusing on inflammatory pathways, microbiome interactions, and clinical manifestations. Key conditions such as psoriasis, lichen planus, and systemic lupus erythematosus demonstrate overlapping features in both tissues, reflecting common etiological mechanisms. Furthermore, the role of oral hygiene and microbiota in exacerbating dermatological disorders will be discussed. Understanding the skin-mouth connection opens pathways for integrated diagnostic and therapeutic strategies, promoting holistic patient care. This interdisciplinary perspective bridges gaps in dermatological and dental practices, advancing our approach to complex systemic diseases.

11:30 - 11:45

Topical Minoxidil Reported Hair Discoloration: A Cross-Sectional Study

Lenah Almarzouk MD | Dermatology Resident

Minoxidil belongs to the vasodilator medication class, and it was first approved in the 1970s as an antihypertensive drug indicated for refractory hypertension [1]. However, due to one of its adverse effects, hypertrichosis, topical formulations were introduced to stimulate and enhance hair growth and slow hair thinning [2]. The mechanism of action of minoxidil has yet to be fully understood, but it is thought to work by vasodilatory effects. It activates the vascular endothelial growth factor (VEGF), increasing cutaneous blood flow, oxygen, and growth factor delivery to the hair follicle [3]. It also leads to potassium channel activation in the hair follicles, which prolongs the anagen phase and shortens the telogen phase [4]. Topical minoxidil is the mainstay treatment for AGA. However, it is also an off-label treatment for many hair disorders, including Alopecia areata, Chemotherapy-induced alopecia, Frontal fibrosing alopecia, Telogen effluvium, and Loose anagen hair syndrome [2]. While minoxidil has been used for decades to increase the rate of hair growth and prevent hair loss in patients, this study aims to investigate a phenomenon witnessed in practice with limited reports in the literature, which is the effect of minoxidil on hair color changes.

Minoxidil is a widely utilized medication for various hair conditions, such as androgenic alopecia. The current literature lacks an original study that reports the possibility of this medication causing a well-noticed side effect, hair discoloration, among the treated patients. We conducted an observational study utilizing two face-validated questionnaires that experts, in dermatology, revised to assess the possibility of Minoxidil in inducing hair discoloration. This study was done in Saudi Arabia, and the data collection spanned October and November 2022. The first questionnaire was targeting the population, while the second was targeting practicing dermatologists. In survey 1, of 453 included patients, 56.7% of the participants were between the ages of 18- 24, most of whom were females. Interestingly, 26% (n=118) noticed greying of hair and 14.8% (n=67) noticed other hair color changes. The hair discoloration was more prevalently noticed among the groups who used Minoxidil for a longer duration and among those with a family history of hair greying, with a p-value of 0.0001 for each group. Survey 2 was targeting dermatologists and was answered by 57 participants. Almost 60% of the physicians have ten years or more experience in Dermatology. 42.1% of the dermatologists noticed greying of hair on their patients after using Minoxidil. 17.5% of the physicians think Minoxidil caused hair greying. This observational study analyzed the data of more than 400 patients to assess the possibility of Minoxidil inducing hair discoloration; based on the data presented, we hypothesize that Minoxidil could be classified as a drug that potentially induces hair discoloration with more extended periods of usage and among those who have familial history of hair greying. Further confirmatory data are warranted to support such statement.

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11:45 - 12:00

Exploring the Interplay Between Diet, Visceral Fat, Muscle Activity, and Androgen Activity in Acne Pathology

Janani Nandagopal MD | Dermatology GP and Aesthetic Physician

Acne is a common dermatological condition affecting individuals in pre-teens, adolescence and adulthood. It significantly impacts the physical and psychological well-being. While hormonal dysregulation was considered the cornerstone of acne pathogenesis, there is emerging evidence of dietary, genetic, environmental and lifestyle factors in acne causation. The role of diet in acne and its influence on the hormonal and inflammatory pathways is increasingly recognized.(1) However, clinical observations reveal significant interindividual variability, challenging the notion of a dietary influence on acne. Dietary components, such as high-glycemic index foods, dairy products, and certain fats, are known to exacerbate acne by promoting insulin resistance, hyperinsulinemia, and increased levels of insulin-like growth factor-1 (IGF-1).(2) These factors stimulate the mammalian target of rapamycin complex 1 (mTORC1), inducing sebaceous gland hyperproliferation and lipid synthesis.(2) Yet, the discrepancies observed in clinical practice—such as clear skin in individuals consuming dairy or high-glycemic foods and acne in those adhering to restrictive, low-carb, high-protein diets—suggest a more complex pathomechanism. Similarly, while obesity is frequently associated with acne, lean individuals with active acne challenge the evidence of a linear relationship between body composition, diet and acne. Our clinical experience managing mild, moderate and severe acne using dietary elimination therapy adjuvant to conventional topical and oral antibiotics and keratolytic agents demonstrates a significant reduction in acne recurrence. With our observations, we highlight the need to reconsider the attribution of acne to dietary glycemic load or dairy intake alone. We propose that overlooked dietary factors causing frequent glucose spikes, even within the context of “healthier” diets, may contribute to inflammation and exacerbate acne. Identifying these foods and educating patients will help prevent acne recurrence. Moreover, we propose that visceral fat and muscle activity modulate androgen levels and their activity on target tissues, such as sebaceous glands. It is recognized that androgens stimulate myocellular signalling in skeletal muscle, regulating its structure and intramyocellular metabolism.(3) Testosterone is shown to regulate anabolic and catabolic functions in the skeletal muscles upon muscle activity. Testosterone elevation with resistance training could occur following increased secretion, reduced hepatic clearance or reduced degradation.(3) Similarly, increased muscle activity beyond what is appropriate for a particular age could stimulate heightened androgen activity.(3) Additionally, the use of supplements such as processed protein powders to build muscle may further elevate androgen levels due to increased IGF-1 production, potentially leading to negative hormonal effects. Thus, it is crucial to understand the role of muscle activity and regulation of androgen in the circulation which could influence the sebaceous gland function. In females, visceral adipose tissue could result in increased local cortisol production, which may disproportionately impact the sebaceous gland. Androgen excess, in turn, further contributes to adipose tissue deposition.(4,5) Thus, improving muscle activity to regulate insulin sensitivity androgen activity is vital for favourable sebaceous glandular function. This briefly explains that there exists an intricate interplay between diet, visceral fat, and muscle activity which could result in the variable observations in our clinical practice. We propose a pathomechanism which underscores the need for a personalized approach to acne management considering not only diet but also body composition and physical activity levels. Targeted dietary interventions should focus on minimizing glucose spikes, optimizing macronutrient balance, and addressing underlying metabolic dysfunction. Incorporating interventions to reduce visceral fat and enhance “optimal” muscle activity may further modulate androgen levels and

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sebaceous gland activity, improving acne outcomes and preventing recurrence. Future studies are essential to understand the mechanistic links between diet, visceral fat, muscle activity, and acne. Investigating the differential impact of diet on androgenic pathways, mTORC1 activation, and sebaceous gland function in diverse patient populations will provide valuable insights for developing targeted therapies. References: 1. González-Mondragón EA, Ganoza-Granados LDC, Toledo-Bahena ME, Valencia-Herrera AM, Duarte-Abdala MR, Camargo-Sánchez KA, Mena-Cedillos CA. Acne and diet: a review of pathogenic mechanisms. *Bol Med Hosp Infant Mex.* 2022;79(2):83-90. English. doi: 10.24875/BMHIM.21000088. PMID: 35468121. 2. Baldwin H, Tan J. Effects of Diet on Acne and Its Response to Treatment. *Am J Clin Dermatol.* 2021 Jan;22(1):55-65. doi: 10.1007/s40257-020-00542-y. Erratum in: *Am J Clin Dermatol.* 2021 Jan;22(1):67. doi: 10.1007/s40257-020-00576-2. PMID: 32748305; PMCID: PMC7847434. 3. Gharahdaghi N, Phillips BE, Szweczyk NJ, Smith K, Wilkinson DJ, Atherton PJ. Links Between Testosterone, Oestrogen, and the Growth Hormone/Insulin-Like Growth Factor Axis and Resistance Exercise Muscle Adaptations. *Front Physiol.* 2021 Jan 15;11:621226. doi: 10.3389/fphys.2020.621226. PMID: 33519525; PMCID: PMC7844366. 4. Mårin P, Arver S. Androgens and abdominal obesity. *Baillieres Clin Endocrinol Metab.* 1998 Oct;12(3):441-51. doi: 10.1016/s0950-351x(98)80191-2. PMID: 10332565. 5. Escobar-Morreale HF. The Role of Androgen Excess in Metabolic Dysfunction in Women : Androgen Excess and Female Metabolic Dysfunction. *Adv Exp Med Biol.* 2017;1043:597-608. doi: 10.1007/978-3-319-70178-3_26. PMID: 29224112.

12:00 - 12:15

Stress-Related Hair Loss Among the General Population in Al Majma'ah, Saudi Arabia: A Cross-Sectional Study

Waleed Khalid Alghuyaythat MD | General Physician

Normally, people have between 100,000 and 150,000 hairs on their heads. Hair has a programmed life cycle: a growth phase (anagen), a resting phase (catagen), and a shedding phase (telogen). The number of strands lost in a day varies but on average is 50-100. These strands lost usually don't cause noticeable hair loss because new hair is growing simultaneously. If this growth-loss cycle is disrupted, then hair loss (alopecia or baldness) is seen [1]. Hair loss is a common complaint in clinical practice. It can be classified as scarring and non-scarring. The causes of hair loss can fall into focal or diffuse alopecia. Focal hair loss may be caused by non-scarring and scarring alopecia. Non-scarring focal alopecia is usually caused by tinea capitis, alopecia areata, traction alopecia, or trichotillomania (where a person compulsively pulls out or breaks their hair). Scarring focal alopecia is rare and has several causes, usually discoid lupus erythematosus. The diffuse alopecia includes male and female hair patterns, diffuse alopecia areata, alopecia totalis or universals, and telogen effluvium. Telogen effluvium can be triggered by physiologic stress, such as surgical trauma, high fever, and chronic systemic illness. Emotional stress, medical conditions such as hypothyroidism or hyperthyroidism, and dietary deficiency can also cause diffuse telogen effluvium which can be reversible once the condition has been treated. In addition, multiple drugs can cause telogen effluvia like oral contraceptive pills, androgens, retinoids, beta-blockers, angiotensin-converting enzyme inhibitors, anti-convulsants, anti-depressants, and anti-coagulants [2-6]. In humans, hair loss is often reported clinically during periods of excessive stress, and especially when hair loss does not indicate underlying organic disease it can be disturbing for hair loss patients and their doctors [7,8]. It was therefore hypothesized that analogous to the animal models, in humans, stress activates neuroendocrine-immune circuits, which terminate hair growth in the absence of other clinically noticeable health disturbances [6,7]. Soon a person goes through a stressful event, hairs can

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go into the resting phase. Hair loss often becomes noticeable two-to-six months after the trauma.

Hair loss is a prevalent concern affecting individuals worldwide, often attributed to various factors including genetics, hormonal changes, and stress. This study aims to investigate the prevalence of stress-related hair loss among the general population in Al Majma'ah, Saudi Arabia, and hair loss association with sociodemographic characteristics and risk factors. Methods A cross-sectional study was conducted involving 1080 participants. Data were collected through a structured questionnaire that encompassed sociodemographic factors, stress levels, psychosocial factors, and habits related to hair care and lifestyle. The data were analyzed using descriptive statistics, chi-square tests, and logistic regression analysis. Results The study revealed that 770 (71.3%) of participants reported experiencing hair loss, with females showing a higher prevalence compared to males 622 vs. 148 (78.2% vs. 51.9%). A significant relationship between age and hair loss was observed ($\chi^2 = 8.264$, p -value = 0.016), with individuals aged 31 to 40 years experiencing hair loss more frequently 108 (80.6%). Stress was found to be a significant contributing factor to hair loss ($\chi^2 = 37.533$, $p < 0.001$), with 674 (73.8%) of participants reporting stress. Moreover, stress levels exhibited a dose-response relationship with the severity of hair loss. Psychosocial factors, including personal relationship problems and financial difficulties, also demonstrated significant associations with hair loss (p -value = 0.005, 0.003, respectively). Conclusion The study underscores the considerable prevalence of stress-related hair loss among the general population in Al Majma'ah, Saudi Arabia. Stress, along with various sociodemographic and psychosocial factors, emerged as significant contributors to hair loss. These findings emphasize the need for holistic approaches that address both physiological and psychological aspects to mitigate the burden of hair loss in the community. Further research is warranted to explore the underlying mechanisms and develop targeted interventions for individuals at risk of stress-induced hair loss.

12:15 - 12:30

Cutaneous Manifestations of Obesity in Libyan Patients

Amel Alsewh MD | Consultant Dermatologist

Obesity is a major health problem all over the world. It is considered to be a global epidemic. It is a chronic multifactorial disease. Genetic and environmental factors play an important role in its development. Obesity is one of the leading causes of preventable death. Systemic complications of obesity include cardiovascular risks, hypertension, dyslipidemia, type 2 diabetes mellitus, hepatic steatosis, obstructive sleep apnea, insulin resistance syndrome, polycystic ovary syndrome, infertility, cholelithiasis, tophaceous gout and pseudotumor cerebri. Obesity is implicated in a wide spectrum of dermatological diseases including cutaneous striae, pseudo acanthosis nigricans, acrochordons, keratosis pilaris, hyperandrogenism and hirsutism, adiposis dolorosa, lymphedema, chronic venous insufficiency, varicosity, plantar hyperkeratosis, hyperhidrosis, cellulitis, hidradenitis suppurativa, psoriasis, atopic eczema, cellulite, prolonged wound healing, skin ulcers, cutaneous infections, intertrigo, cutis verticis gyrata, finger pebbles lipodermatosclerosis, lichen myxoedematosus, and pilonidal sinus.

Fifty obese patients of both sexes who attended the nutrition clinic at El-Majory Polyclinic Benghazi were been studied within a period of time extending from October 2016 to September 2017. The study was conducted by detecting the cutaneous manifestation among the obese patients. All of them were Libyan patients with age ranging from 20-53 years. 46 patients were females and only 4 patients were males. This is may be because males do not seek medical attention as females do or they are busy working and have

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no time to go to the dietitian clinic or they are not considering consider obesity as a disease. The patients were selected on the basis of a body mass index (BMI) more Than or equal to 30 kg/m2. A descriptive-cross sectional study and the statistical analysis of the data was carried out by using Chi square test. Results: Cutaneous striae was the commonest skin manifestation of obesity (74%). Females were at greater risk of developing cutaneous striae regardless marital status. 34% had history of childhood obesity. Abdomen was the commonest site of involvement (46%).Most of the patients with cutaneous striae were in the age group (20-29) and (30-39). No significant association between the presence of cutaneous striae and grade of obesity or age group. Varicosity was accounted for (48%); most commonly involving the thighs followed by legs and calves. Although the prevalence of varicosity is increased with increasing BMI but Statistically it was not significant. Pseudoacanthosis Nigricans were also common findings among the obese patients, 21 patients (42%). Pseudoacanthosis Nigricans most commonly affect the neck. 22% had history of childhood obesity. Interestingly, pseudoacanthosis nigricans showed a significant association with the grade of obesity but with no statistical significance. Also, most of the patient had no association with acrochordons. Acne vulgaris, cellulite and intertrigo were seen in 10 patients each (20%) followed by 9 patients (18%) for each; hirsutism, planter hyperkeratosis, androgenic alopecia and hyperhidrosis. Half of patients with acne vulgaris had history of childhood obesity. Acne vulgaris had asinificant association with age group with almost all of them were in age group (20-29). In addition, half the patient with Cellulite were also within age group (20-29), had history of childhood obesity and were grade-III obesity. 60% of the patients who had intertrigo were housewives. Half of them were in age group (40-49). Hirsutism was mostly affecting the chin (80%). Planter hyperkeratosis were mostly seen in females. 6 of them were in age group (30-39) with significant p value (0.03). Androgenic alopecia was seen in 3 male patients out of the four with significant p (0.002).Hyperhidrosis affecting females with the trunk and axillae mainly involved. Achrochordons was seen in 7 patients (14%) affecting mainly neck and axillae. All of the patients were female. Interestingly only three of them had pseudoacanthosis nigricans. Cholasma was seen in 6 patients (12%), Xanthelasma palpebrarum, gynacomastiae and lipoma were observed in only one patient each (2%). Conclusion: Obesity is strongly related to several skin alterations that could be considered as markers of excessive weight. Cutaneous striae was the commonest skin manifestation of obesity accounted for (74%) followed by varicosity (48%) and pseudoacanthosis nigricans (42). Many of the associated skin disorders are preventable and could be treated and therefore, skin care of obese patients need more attention. Awareness of the importance of obesity and its related risk factors may allow prevention, early diagnosis, and treatment of its complications, which have high morbidity and mortality.

12:30 – 12:45

Going Viral: A Compendium of Current & Emerging Viral Infections in the MiddleEast

Jaheersha Pakran MD | Consultant Dermatologist

The changing landscape of viral infections showcases non-endemic infection sweeping across the globe. The clinical features of current and emerging viral infections in new areas produces difficulty and delay in diagnosis and treatment.

I summarize several viral infection cases seen by my department in the past year with emphasis on early diagnosis and clinical clues. We also discuss the importance of differentiating viral diseases from drug rashes and need for avoidance of steroids in viral suspected cases.

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12:45 – 13:00

AI in Dermatology: The Last 10 Years & The Next 10 Years

Latif Abid | Co-founder & President

With artificial intelligence (AI) in healthcare continuing to evolve, there is significant focus on its integration in access to healthcare and delivery in the context of increasing shortages of specialists and dermatologists. As part of that critical effort, it is essential to investigate current limitations and the diagnostic utility of AI in dermatology, and providing the associated analysis and perspectives across the past 10 years and the next 10 years.

As AI in healthcare continues to garner more acknowledgement and momentum, there is significant focus on the more nuanced conversations of how it can truly improve healthcare delivery, and at a time where much of the world is facing an increased shortage of dermatologists. As part of that critical effort, it is essential to investigate the historical, current, and future limitations of AI, including recent advancements with Large Language Models (e.g., ChatGPT), as well as the idyllic proposed systems under which it can flourish and be utilized over the next 10 years.

13:00 – 14:00

Lunch Break

SESSION 13

Chairperson: Isam Oumeish MD, Amani Abdulla Alfalasi MD

14:00 – 14:15

Immunogenetic association of HLA class II gene polymorphisms, expression levels of ORAI1 and STIM1 genes and levels of cytokines in blood in HIV-1-positive patients with HIV-related dermatoses in Latvia

Alena Soha MD | PhD Student

HIV-infected patients typically exhibit unusually dry skin and may present inflammatory or eczematous eruptions atopic dermatitis, seborrheic dermatitis, psoriasis, pruritic papular eruption of HIV, eosinophilic folliculitis, papular urticaria, prurigo nodularis.

Results: The research group comprised 115 HIV-1-positive patients with HIV-related skin disorders, and the control group included 80 healthy individuals. Risk alleles (HLA-DQB1*02:01-0301 and HLA-DQA1*01:01-0501) and protective alleles (HLA-DRB1*07-13, DRB1*01-13, DRB1*04-11, and HLA-DQA1*05:01-0501) were statistically significantly frequent ($p < 0.05$) in the groups. Cytokine levels was assessed in 62 patients from the research group. Expression levels of ORAI1 and STIM1 genes were assessed in 38 patients from the research group. ORAI1 expression and IL-1b, IL-10 levels were higher in the control group. The protective allele DQA1 0501- 0501 are associated with the level of IL-1b in the control group. There is a weak but confident positive association between IL-10 and ORAI1 in the control group. Conclusions. We have demonstrated that a low level of the ORAI1 gene and low levels of cytokines are presented simultaneously in blood of our research group. Our results underscore the potential contribution of HLA class II genes and levels of cytokines to the genetic risk of HIV-related dermatoses in HIV-1-positive patients.

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14:15 - 14:30

The Role of Biophysics-Based Computational Modelling in Dermatological & Cosmetic Science

Georges Limbert MD | Professor of Biophysical Engineering | Private Scientific Consultant

Considering the special place of the skin in our life and its multiple physiological functions, understanding its physiology and biophysics in health, disease and ageing has become a broad and very active multidisciplinary research domain. To unravel some of the secrets of such a complex organ new experimental, imaging and computational simulation techniques are needed. Novel mechanistic theories explaining particular mechanobiological processes need to be formulated and put to the test. Developing and exploiting such an integrated framework underpin many aspects of our research which aims to understand the interplay between the microstructural and biophysical properties of the skin, particularly as they evolve over the life course. Research in the systemic complexity of skin biophysics and ageing has so far remained fragmented. There is urgency in developing sustained and visionary research programmes to find holistic and inclusive engineering solutions for age-related deficits in skin function in diverse populations. Product development based on “one-size-fits-all” in the personal/medical care products sector is no longer sustainable. Recent advances in the characterization of skin composition/machine learning/simulation techniques [5, 6] make our innovative approach possible and timely. We aim to address complex inclusivity demands induced by ageing of ethnically-diverse populations. This will be achieved through the design of a more efficient product life cycle management, enabled by the provision of decision-support predictive in silico tools. Globally, as ethnically-diverse populations continue to age rapidly [1] with ensuing increased fragility of their skin [2, 7-10], industry will be increasingly faced with complex innovation challenges such as how to rationally, systematically and inclusively design products interacting with the skin that simultaneously exhibit optimal performances whilst also accounting for inter- and intra-individual variability in terms of age-, ethnicity- and sex-dependent biophysical properties of the skin. Such an endeavour can only be met by: 1/ first, understanding and quantifying the consequences of ageing on the ethnicity- and sex-specific biophysical properties of the skin, particularly in terms of composition, structure, biomechanics and proteomics [11]. 2/ unravelling the mechanistic interplay of the biophysical variables associated with ageing. This is where the development of advanced machine learning techniques featuring interpretability (i.e. “explainable AI”) and causal chains becomes essential. This contrasts with merely correlative machine learning methods. 3/ using the knowledge generated via multi-model characterisation methods mentioned above to formulate statistically-sound mathematical models that can predict the biophysical behaviour of skin for a wide population demographics, thereby introducing the critical notion of inclusivity in product design and health. 4/ implement these mathematical models into robust and fast computational tools to assist research as data-driven decision support systems. This approach forms the backbone of our research programme and philosophy. Our vision is to build upon strong synergetic relationships with forward-thinking industrial and academic actors. In this talk, I will present some of the modelling approaches we have been developing to gain a mechanistic understanding of the interplay between biophysical and structural properties of the skin, and ultimately, to exploit this knowledge for a variety of clinical and industrial applications including: • Insulin delivery and continuous glucose monitoring systems, • Laser photo-rejuvenation procedures, • Role of hydration on the physical characteristics of skin micro-wrinkles, • Biophysical models of collagen evolution in ageing, and • Wet shaving [1] UNITED NATIONS 2015. World population ageing. Department of Economic and Social Affairs Population Division, United Nations, New York, USA, ((ST/ESA/SER.A/390)), (ST/ESA/SER.A/390). [2] LIMBERT, G., MASEN, M. A., POND, D., GRAHAM, H. K., SHERRATT, M. J., JOBANPUTRA, R. & MCBRIDE, A. 2019. Biotribology of the ageing skin—Why we should care. Biotribology, 17, 75-90. [3] TOBIN,

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14:30 - 14:45

Skin Tones Dilemma - Treating Hyperpigmentation in Skin of Colour

Chytra Anand MD | Senior Consultant Aesthetic Dermatologist

Hyperpigmentation remains a prevalent and challenging concern in skin of colour, requiring a tailored approach due to increased melanocyte activity and heightened risk of post-inflammatory hyperpigmentation (PIH). Effective management necessitates a nuanced understanding of pigment pathways and treatment modalities.

Objective: This session will address the complexities of treating hyperpigmentation in darker skin tones, evaluating various treatment strategies and their safety profiles.

Methods: A multi-modality approach incorporating topical agents (hydroquinone, tranexamic acid, retinoids), chemical peels, laser therapies (Q-switched, pico-lasers), and newer innovations such as glutathione and exosome therapy will be reviewed. Special emphasis will be placed on minimizing adverse effects such as rebound hyperpigmentation and dyspigmentation.

14:45 - 15:00

Gut Microbiome, Brain & Cutaneous Axis

Harb Al-Omari MD | Consultant Dermatology, Andrology, & STDs

Gut microbiome is home to approximately 70 to 100 trillion microorganisms. Microbiome comprises a vast ecology of commensal bacteria, archaea, fungi, and viruses in and on the body. This enteric nervous system

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has over 100 million neurons in the nine meters of its length that it is often referred to as a second brain, in same way that cutaneous microbiota is considered as second genome. The guts contain more neurons than either the spinal cord or the nervous system with 90% of the information transmitted by the vagus nerve involved in the relay of information from the gut to the brain – rather than the reverse. It is implicated in the development of both health and disease. there is a need to better understand the evidence for the role of the gut microbiota in neurodegenerative and neurodevelopmental diseases, including central nervous system and its relation to neurocutaneous disorders. In this presentation we aim to unravel the complex interactions of the microbiota-gut- cutis brain-axis to pave a better understanding of microbiota-mediated pathogenesis, avenues for non-invasive prognosis, and therapeutic possibility.

15:00 – 15:15

Acne Vulgaris: The 'Gut-Brain-Skin Axis' Viewed from a New Horizon

Bhuvanashree Nagarajan MD | Consultant Dermatologist

In the past, the pathogenesis of acne was understood to begin with seborrhea and the presence of Cutibacterium acnes, culminating in inflammation. However, recent insights suggest that inflammation, driven by oxidative stress and exacerbated by toxins from a leaky gut, is now the initial and ongoing contributor not only to acne but also to a range of new world threats, including cancer and diabetes. Objective: To explore the interaction between oxidative stress and the gut-brain-skin axis in Acne vulgaris. Methodology: This case-control study included 50 participants with Acne vulgaris and 50 control subjects (aged 13-35 years). We assessed 'Anti-oxidizing power' through the Ferric Reducing Ability of Plasma (FRAP) and measured the oxidative stress marker Malondialdehyde (MDA) using UV spectrophotometry. High-sensitivity C-Reactive Protein (hs-CRP) was measured via immunoturbidometry, while the Acne Quality of Life Index (AQOLI) was evaluated using a standardized questionnaire (Patent: EP 1 617 347 A1). Additionally, lactulose breath tests (BTs) were conducted to check for the presence of Small Intestinal Bacterial Overgrowth (SIBO). Results: The FRAP levels ($\mu\text{mol/l}$) were significantly higher in controls (1414 ± 433.3) compared to cases (1177 ± 372.5). MDA levels ($\mu\text{mol/l}$) were significantly elevated in cases (2.77 ± 0.5) versus controls (0.94 ± 0.38). The hsCRP levels (mg/dl) were also significantly higher in cases (4.31 ± 0.4) than in controls (0.7 ± 0.39), with $p < 0.05$. The prevalence of SIBO was notably greater in cases than in controls (23/50 vs 3/50, $P < .001$). A poor quality of life (high AQOLI scores > 47.74) was closely linked to the severity of acne and the aforementioned oxidative stress markers ($p < 0.05$). Conclusion: Oxidative stress occurs when the body cannot counteract the oxidative damage caused during inflammation. Consequently, inflammatory triggers such as altered sebum production, P. acnes, toxins from SIBO that leak through the gut, and substance P released during psychological stress are inadequately managed. This leads to the creation of oxidized lipids, proteins, and nucleic acids, perpetuating a vicious cycle that results in persistent Acne vulgaris. This study is the first of its kind, and the findings highlight the interplay of the gut-brain-skin axis in acne patients from the perspective of oxidative stress, paving the way for new therapeutic targets.

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15:15 - 15:30

Challenges in Diagnosing Adult-Onset Atopic Dermatitis

Isam Oumeish MD | Consultant Dermatologist, Venereologist and Laser

An estimated 18.5% of all cases of AD first appear in adulthood, between 20 to 40 years of age. It is under diagnosed by many dermatologists as presentation is characterized by marked clinical heterogeneity that deviates a lot from childhood pattern. The most frequent clinical presentations are flexural dermatitis with involvement of the face (eyelids and lips) and neck (dirty neck) and chronic hand eczema. Authors estimate that between a third and half of all patients with hand eczema have atopy, while the hands are involved in 60%-70% of adult AD cases. A nodular prurigo variant has been described as characteristic in adults. Diagnosing adult AD often requires a thorough evaluation to exclude other conditions that may present with similar symptoms. Skin biopsies are frequently necessary to differentiate AD from other dermatological conditions such as psoriasis, dermatitis herpetiformis, and, more critically, T cell lymphoma. These conditions can present with overlapping symptoms, making precise diagnosis essential to ensure appropriate treatment. Additionally, patch testing may be used to rule out allergic contact dermatitis, which can mimic or coexist with AD, further complicating the diagnostic process. Since there are no specific or adapted criteria for AD in the adults, the diagnosis is a diagnosis of exclusion, especially in de novo cases and remains a challenge to every dermatologist.

15:30 - 15:45

Chronic Hand Eczema Diagnosis Treatment and Updates

Ali Aldoori MD | Resident

Hand eczema is among the most common dermatologic disorders encountered in clinical practice, with a 1-year prevalence exceeding 9% in the general population. Yet, its diagnosis is often delayed or overlooked due to its diverse clinical manifestations and multifactorial etiology. The condition not only presents a therapeutic challenge but also carries occupational, social, and psychological burdens. An updated framework for the diagnosis, classification, prevention, and treatment of HE has been presented. This lecture aims to bridge clinical gaps by offering dermatologists a practical guide to early recognition, appropriate classification, and individualized therapeutic approaches for optimal patient outcomes.

Hand eczema (HE) is a multifactorial inflammatory skin condition with a significant impact on patients' quality of life and occupational performance. Despite its prevalence, HE remains underrecognized and misdiagnosed due to its polymorphic clinical presentation and overlapping subtypes. This lecture explores the diagnostic complexities, classification challenges, and evidence-based approaches for prevention and therapy. Attendees will gain insights into the structured diagnostic workflow, including patch testing and exposure assessment, as well as both topical and systemic treatment strategies. Special emphasis will be placed on differentiating subtypes to enable personalized, long-term management.

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15:45 - 16:00

Efficacy of The Combination of Excimer Light and Microneedling either with Pentoxifylline or with 5-fluorouracil in Treatment of Vitiligo

Amany Nassar MD | Professor

Vitiligo is a chronic skin condition characterized by depigmentation, resulting in white patches on the skin. Traditional treatments have shown limited efficacy and can be time-consuming. Recent advancements in dermatological therapies, such as excimer laser and microneedling, offer promising results in the management of vitiligo. This abstract compares the mechanisms, efficacy, and clinical outcomes of 5-fluorouracil and pentoxifylline in the treatment of vitiligo. It highlights the advantages and limitations of each therapy, providing insights into their roles in contemporary vitiligo management and potential synergistic effects when used in combination with other treatments.

Twenty-two patients of vitiligo were included in the study. In every patient two patches were chosen to be treated. Both are exposed to Excimer light; One patch treated with microneedling and 5-FU and the other patch with microneedling and pentoxifylline. Mostly symmetrical two patches were selected in every patient to be treated, the selected two patches should be at the same body areas (Face, Trunk, Extremities and Acral sites), and the area of one patch should not exceed the double of the other. Clinical outcomes were assessed based on the degree of repigmentation, side effects, and patient satisfaction over a 6-month period. The results of this study showed that needling combined either with 5-Fluorouracil or pentoxifylline in treatment of localized stable vitiligo has the advantages of low cost, good efficacy, well-tolerability, and of less side effects, whereas using excimer light in combination with 5-FU solution after microneedling is slightly more effective than the combination with Pentoxifylline solution.

SESSION 14 - Skin of Color (SoC) Society

Chairperson: Michelle Rodrigues MD, Alia Galadari MD

16:00 - 16:20

Hyperpigmentary Disorders and Photoprotection - What's New and What You Need to Know!

Michelle Rodrigues MD | Director / Associate Professor, Senior Dermatology Consultant

Disorders of hyperpigmentation are among the most common reason for those with skin of colour to seek a dermatology consultation. Often these hyperpigmentary disorders carry significant impacts on quality of life and have been shown to cause stigmatization. The role of photoprotection in the adequate prevention and treatment of hyperpigmentary disorders will be discussed.

Disorders of hyperpigmentation are among the most common reason for those with skin of colour to seek a dermatology consultation. Often these hyperpigmentary disorders carry significant impacts on quality of life and have been shown to cause stigmatization. Melasma and post inflammatory hyperpigmentation are two such common conditions and will be explored during the presentation. The role of total photoprotection in the adequate prevention and treatment of hyperpigmentary disorders will be discussed in addition to unmet photoprotection needs in the skin of colour population.

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16:20 - 16:40

Lasers and Energy Based Devices in Darker Skin Types: Treatment Pearls

Alia Galadari MD | Consultant Dermatologist

As the demand for cosmetic and medical laser treatments in skin of color increases, clinicians must employ evidence-based strategies to minimize complications and optimize outcomes. This session will outline device selection, parameter adjustments, and post-treatment care, emphasizing approaches to reduce post-inflammatory hyperpigmentation. Attendees will gain practical tips and clinical pearls to ensure safe, effective procedures, ultimately enhancing patient satisfaction in diverse populations.

As the demand for laser and energy-based treatments grows among patients with skin of color, dermatologists must navigate unique challenges, including higher risks of pigmentary alteration and scarring. This session provides data-driven insights from clinical studies on device selection, parameter optimization, and post-procedure care. It highlights practical pearls to safely treat conditions ranging from hyperpigmentation to scarring, ensuring minimized adverse effects and maximizing efficacy. By emphasizing patient-centered protocols, attendees will gain confidence in customizing laser therapies, thus delivering improved outcomes and satisfaction in diverse patient populations.

16:40 - 17:00

Pearls & Updates on Hyperpigmentation

Babar Rao MD | Professor of Dermatology and Dermatopathology

Hyperpigmentation remains a common yet complex dermatologic concern as it affects diverse patient populations, and its pathogenesis is driven by multifactorial causes, including genetics, UV exposure, and certain drugs. Among the most frequently encountered types are melasma, post-inflammatory hyperpigmentation (PIH), and solar lentigines, each presenting unique diagnostic and therapeutic challenges. This lecture will provide a comprehensive update on the latest developments in hyperpigmentation management, aiming to explore emerging therapies, including novel topical agents, light-based modalities, procedural and combination regimens tailored to different skin types. In particular, we will discuss the facts and controversies surrounding glutathione. Additionally, we will examine laser-based treatments and why lasers remain a second-line therapy for post-inflammatory hyperpigmentation in skin of color. The session will also highlight recent research insights into the pathophysiology of hyperpigmentation and discuss strategies for optimizing patient outcomes while minimizing adverse effects. A case-based discussion will offer practical guidance for navigating challenging presentations. By the end of the lecture, attendees will gain actionable clinical pearls to enhance their approach to diagnosing and managing hyperpigmentation in daily practice.

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17:00 - 17:20

Optimizing Phototherapy for Vitiligo in Darker Skin Types

Michelle Rodrigues MD | Director / Associate Professor, Senior Dermatology Consultant

Vitiligo is an autoimmune skin condition that affects between 2-8% of the global population and often first occurs early in life. Narrow-band UVB is a mainstay treatment and is essential in combination with other agents. Optimizing treatment and reaching desired endpoints are critical if treatment success is desired.

Vitiligo is an autoimmune skin condition that affects between 2-8% of the global population and often first occurs early in life. Narrow-band UVB is a mainstay treatment and has both immunomodulating effects and helps enhance repigmentation rates. Phototherapy will also need to be combined with new, emerging therapies such as JAK inhibitors maximise efficacy. Strategies to optimize treatment outcomes are helpful for the clinician and patient alike.

17:20 - 17:40

Addressing Bias & Inequities in Dermatology: Strategies for Change

Michael Waul MD | Assistant Professor

Bias and inequities exist within the field of dermatology, negatively affecting workforce diversity and healthcare outcomes.

As dermatologists, we should be committed to addressing bias and inequities within our field. This talk will outline key systemic and individual strategies to combat bias and inequities.

17:40 - 18:00

Panel Discussion

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SESSION 9 - Open Category - Part 1

Chairperson: Mohamed Elbanhawey MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

09:10 - 09:20

Pigmentation Demarcation Lines on Lower Extremities During 24 Weeks of Pregnancy: A Case Report

Kritika Pandey MD | Consultant Dermatologist

Pigmentation demarcation lines (PDLs) are physiological skin pigmentary patterns characterized by abrupt transitions between hyperpigmented and normal skin areas. While they are most commonly observed in women and may be influenced by hormonal changes, their appearance during pregnancy is rare and underreported.

A 28-year-old primigravida at 24 weeks of gestation presented with symmetrical linear pigmentation lines on both lower extremities. The pigmentation extended from the anterior thighs to the lateral calves, sparing the posterior aspect. There was no associated itching, erythema, or history of prior pigmentary disorders. Physical examination revealed well-defined, hyperpigmented demarcation lines consistent with Type F PDL. The patient's medical and family history was unremarkable. Hormonal evaluation was consistent with normal pregnancy levels, and there were no signs of systemic disease. Discussion: PDLs are thought to result from genetic or hormonal factors that influence melanocyte activity. The increased estrogen and progesterone levels during pregnancy may exacerbate melanocyte hyperactivity, leading to the manifestation of PDLs. However, their exact pathogenesis remains unclear. This case highlights the benign nature of PDLs during pregnancy, which can often be mistaken for pathological hyperpigmentation. Proper identification is crucial to avoid unnecessary investigations and patient anxiety. Conclusion: Pigmentation demarcation lines are rare but benign findings in pregnancy. Awareness among clinicians is essential for accurate diagnosis and patient reassurance. Further research is needed to elucidate the hormonal and genetic underpinnings of this phenomenon.

09:20 - 09:30

The Uncommon Presentation of Extragenital Lichen Sclerosus in the Context of Unilateral Eosinophilic Fasciitis

Monika Chouhan MD | Senior Resident

Eosinophilic Fasciitis (EF) is a rare connective tissue disorder characterized by inflammation and thickening of the fascia, often associated with elevated eosinophil counts. Lichen sclerosus (LS) is a chronic inflammatory skin condition that typically affects the genital area, but can also present extragenitally.

We present a 55 year old male patient rare case of unilateral eosinophilic fasciitis combined with ipsilateral extragenital lichen sclerosus. The patient, a middle-aged individual, exhibited unilateral skin thickening and fibrosis consistent with EF. Notably, the patient also had extragenital lichen sclerosus on the same side, which is an unusual presentation as LS is typically genital in its localization. Clinical Findings: The patient demonstrated typical signs of eosinophilic fasciitis, including unilateral skin induration and swelling. Histological examination confirmed the presence of eosinophils within the fascia. Concurrently, skin biopsy from the extragenital lesions revealed the characteristic findings of lichen sclerosus, such as sclerosis of the dermis and thinning of the epidermis. Management and Outcome: The patient was treated with systemic corticosteroids, leading to significant improvement in the symptoms of eosinophilic fasciitis and

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reduction in the extent of lichen sclerosis. Long-term follow-up showed sustained clinical remission with no recurrence of symptoms. Conclusion: This case highlights the uncommon presentation of extragenital lichen sclerosis in the context of unilateral eosinophilic fasciitis. It underscores the importance of considering and investigating multiple diagnoses when faced with unusual dermatological presentations. Further research is needed to understand the potential link between these two conditions and their co-occurrence in a unilateral presentation.

09:30 - 09:40

Clinico-Epidemiological and Dermoscopic Study of Topical Steroid Induced Facial Dermatoses in Melasma

Munaza Kulsum MD | Consultant Dermatologist and Assistant Professor

Topical corticosteroids are widely used in dermatology for their anti-inflammatory and immunosuppressive properties. However, their irrational, indiscriminate, unsupervised use of topical corticosteroids, which results in a wide range of cutaneous signs and symptoms as well as psychological dependence on the drug. This case study aimed to conduct a clinico-epidemiological and dermoscopic evaluation of topical steroids-induced facial dermatosis in melasma patients and shedding light on its prevalence, patterns, and associated factors. **MATERIALS AND METHODS:** This is a cross-sectional study on conducted on 1200 patients. Detailed demographic information, duration and frequency of topical corticosteroids use, clinical features, and previous treatments. Dermoscopic examination of affected facial areas was performed using [ILLUCO DERMOSCOPE] to identify characteristic patterns associated with topical steroid-induced facial dermatosis. **RESULTS:** A total of 1200 melasma patients (234 males, 966 females) presented with topical steroid-induced facial dermatoses during the study period. Majority of them used these agents on suggestion of close friends and relatives, pharmacists and doctors. The most common side effects encountered were steroid-induced acne or flare of pre-existing acne followed by erythema and telangiectasia, hypertrichosis, rosacea, and atrophy. The most common reason for abusing topical corticosteroids is to get a fairer skin tone and melasma. **CONCLUSION:** Our study reports the clinical patterns of topical corticosteroids abused facial dermatoses. The fantasy to get a fairer skin among the people of our country has led to the abuse of topical corticosteroids. We conducted this study to create awareness among these patients about the dreadful effects of steroid misuse.

09:40 - 09:50

Successful Treatment of Extensive Verrucous Epidermal Nevus by a Combination of Acitretin and 30% Urea Cream

Mohamed Mohsen MD | Dermatologist

Verrucous epidermal nevi are noninflammatory, congenital, cutaneous hamartomas composed of keratinocytes, abnormal clone(s) of cells that reflect genetic mosaicism arising from different somatic mutations. Epidermal nevi are thought to originate from pluripotent cells in the basal layer of the embryonic epidermis. They are typically present at birth, but may appear during childhood, even later. Most lesions consist of asymptomatic well-circumscribed, hyperpigmented, papillomatous papules or plaques. Multiple

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surgical topical therapies such as corticosteroids, retinoic acid, tars, anthralin, 5-fluorouracil and podophyllin have all been used, but they are of limited benefit.

A healthy 15-year-old girl visited the dermatology department for evaluation of extensive eruption on her various body parts. The Condition began at birth, as asymptomatic tiny verrucous, skin-colored, papules that appeared initially on the trunk. With time, the lesions coalesce to form a serpiginous plaques in a more widespread distribution to involve the trunk, upper and lower extremities. They also became dark brown in color and acquired more verrucous surface and rough texture. The diagnosis was made clinically based on history, clinical examination and histopathological study. Multiple treatment modalities have tried through her life, including topical therapies and ablative Co2 laser but with no benefit. The choice of Acetretin and Urea cream as the main treatment protocol was made after complete evaluation of the patient to exclude and potential contraindications that may preclude the use of these agents. Laboratory studies including CBC, lipid profile, liver function test were done on 0, 30th and 60th day of treatment and the results were within the normal values. The regimen was Acetretin capsules 25mg/day with fatty meal to improve the absorption of the drug and Urea cream 30% applied at night to get benefit of its moisturizing and keratolytic properties. The follow up of the patient was on a monthly bases to record any improvement and the overall patients compliance to the treatment modalities. After one month, the lesions showed a considerable improvement with regard to the number and the thickness of the verrucous plaques. A dramatic response was observed about 60 days of treatment protocol with a complete resolution of all lesions without any recorded side effects apart from cheilitis due to systemic retinoid.

09:50 - 10:00

A Rare Case of Unilateral Nevoid Telangiectasia in a Saudi Pediatric Patient

Mae Barakeh MD | Medical Intern

Unilateral nevoid telangiectasia (UNT) is a rare congenital or acquired benign cutaneous vascular anomaly, first identified by Blaschko in 1899. It is characterized by superficial telangiectasias with a reticular or linear pattern on one side of the body, often following a dermatomal distribution. Identified more commonly in females, it often appears on the upper trunk and extremities during adolescence or early adulthood. While its exact cause remains unclear, hormonal factors, including estrogen sensitivity during puberty, pregnancy, or oral contraceptive use, are implicated. UNT has also been linked with systemic conditions such as liver disease and hyperthyroidism in some cases.

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revealed multiple ill-defined violaceous blanchable macules that disappear with pressure (Figure 1), involving the lower lateral segment of the right dorsal forearm with some proximal extension (Figure 2). The rest of the examination was normal, with no mucosal lesions. We proposed a diagnosis of unilateral nevoid telangiectasia (UNT). Based on these findings, the patient was given follow-up visits to receive Pulsed-dye laser sessions. Conclusion: UNT is a complex and multifactorial vascular dermatosis. Genetic mosaicism likely sets the stage for this localized condition, which is then influenced by hormonal factors and potentially exacerbated by systemic conditions

10:00 - 10:10

Tranexamic Acid: The Double Edged Sword in Melasma

Shawana Sharif MD | Assistant Professor

A 46-year-old Pakistani female presented with a five-year history of bilateral hyperpigmented patches on her face. The pigmentation developed following a nasal polypectomy five years prior, which resulted in significant bleeding and subsequent anemia. Despite resolution of anemia with iron supplementation, her facial pigmentation persisted. The patient reported the use of multiple over-the-counter creams, many of which contained potent steroids, resulting in erythematotelangiectatic steroid induced rosacea, characterized by erythema and telangiectasia. She had previously consulted several dermatologists and had undergone various treatments, including five sessions each of mesotherapy and Picosecond laser, which provided only minimal improvement with relapse occurring within weeks. She also underwent two sessions of platelet-rich plasma (PRP) therapy without significant results. Additionally, a chemical peel worsened her condition. The patient was not on any regular medications or hormonal therapy at the time of presentation. On examination, large, dark brown patches were observed bilaterally on her forehead, cheeks, nose, and chin. Her modified Melasma Area Severity Index (mMASI) score was 9.6, indicating moderate to severe melasma, and her Rosacea Area and Severity Index (RASI) score was 3.2. We initiated four sessions of intradermal mesotherapy using tranexamic acid 100 mg/mL, administered one month apart. The patient was advised to use a broad-spectrum sunscreen with strict reapplication every 2-3 hours during daylight hours. After four months of treatment, there was significant improvement in skin texture and pigmentation. Her mMASI score dropped to 0.9, and her RASI score was reduced to zero, indicating complete resolution of rosacea and substantial improvement in melasma. Melasma remains a challenging condition to treat due to its chronic nature, multifactorial etiology, and high propensity for recurrence [1]. The cornerstone of melasma management involves strict photoprotection and the use of topical depigmenting agents, such as hydroquinone, tretinoin, and corticosteroids. Hydroquinone, in particular, has been considered the gold standard due to its ability to inhibit tyrosinase, the rate-limiting enzyme in melanin synthesis [1]. However, long-term use of hydroquinone is associated with adverse effects, such as exogenous ochronosis, limiting its use in chronic management [1,4]. The introduction of alternative therapies such as chemical peels, laser treatments, and mesotherapy has expanded the therapeutic options available for melasma. However, these treatments are not without limitations. Chemical peels, especially those using glycolic or salicylic acid, can induce post-inflammatory hyperpigmentation (PIH), particularly in patients with darker skin types [3]. Like in our patient, she experienced worsening of pigmentation, which is likely due to PIH. Similarly, laser treatments can result in paradoxical pigmentation or recurrence, making them less favorable for long-term management [4]. Tranexamic acid has emerged as an exciting agent in the management of melasma because

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of its efficacy, safety and cost effectiveness. It is believed to exert its effects by inhibiting the activation of plasminogen to plasmin, thereby reducing melanogenesis and melanin transfer to keratinocytes [3,5]. Several studies have demonstrated its efficacy in reducing pigmentation, with both topical and oral forms showing favorable outcomes in refractory melasma [3]. Intradermal administration of tranexamic acid i.e., mesotherapy has also been shown to be effective, particularly in cases resistant to other treatments [3]. In our patient of resistant melasma, four sessions of intradermal tranexamic acid resulted in a significant reduction in mMASI score, demonstrating the potential efficacy of this treatment modality. Tranexamic acid exerts its effects by inhibiting the binding of plasminogen to keratinocytes, thus reducing the synthesis of prostaglandins, which in turn are stimulators of tyrosinase activity. Moreover, plasmin increases diffusible forms of vascular endothelial growth factor (VEGF), resulting in angiogenesis. Thus, inhibition of plasmin by TA leads to reduction of angiogenesis. Thus it plays an important role in the reduction of erythema and vascularities and the number of mast cell in the dermis. Because of its anti-inflammatory and anti-angiogenic properties, TXA has emerged as a possible therapeutic option in the treatment of rosacea. That is why erythema and telangiectasias disappeared in our patient following TXA injections. Photoprotection is a critical component of melasma management, as UV radiation is a known trigger for exacerbation and recurrence [3]. In this case, the patient was advised to use a broad-spectrum sunscreen with frequent reapplication, which likely contributed to the successful outcome of the treatment. Adherence to photoprotection is essential in preventing relapse, and patients must be educated on the importance of this aspect of therapy [3,4]. This case illustrates the unique efficacy of Tranexamic acid in ameliorating the troublesome features of melasma along with erythematotelangiectatic steroid induced rosacea. So Tranexamic acid is a double edged sword which alone relieved patient's both problems. Further studies are needed to establish optimal dosing protocols and treatment durations for tranexamic acid, but this case supports its use as a safe and effective treatment for recalcitrant melasma.

10:10 - 10:20

Nanofat Multichoice Stem Cells

Fauzia Musbah MD | Assistant Professor

In this presentation we will review the application and effects of Nanofat as stem cells in hair growth, skin rejuvenation and burn regeneration which accessible via liposuction technique in our clinic.

10:20 - 10:30

Crusted Scabies Presenting As An Erythroderma

Tejansu Dalal MD | Consultant Dermatologist and Aesthetician

Crusted scabies, is a severe and rare variant of scabies caused by the uncontrolled proliferation of the mites in the skin. Norwegian scabies primarily occurs in immunocompromised individuals, including the elderly, those with HIV/AIDS, and patients with other chronic conditions. This condition is characterized by thick, crusted lesions that can cover large areas of the body, resulting in a high mite burden that can exceed millions per square centimeter. A 22 year old mentally retarded male patient came to the consult at the clinic with severe itching and redness over his entire body along with eczematization, thickened skin with warty

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crusts and fissuring over palms and soles along with severe scaling from his scalp. patient had thickened and yellowish discolored nails. patient had also fever and chills at the time of presentation. patient was suffering from this condition since 1.5 months with less or no improvement with previous doctors treatment. based on clinical presentation differential diagnosis were crusted scabies, erythrodermic psoriasis, darrier disease, pityriasis rubra pilaris and severe atopic dermatitis. Family history was negative. patient was not cooperative because of severe itching, discomfort and fever. Based on clinical diagnosis, we started this patient on oral ivermectin on day 1,2,8,9,15,22 and 29 and along with topical permethrin application. Symptomatic treatment was given to take care of fever and secondary bacterial infection. Isolation of the patient was also advised along with general measures. In 2 weeks time patient started having great recovery and in 4 weeks patient almost got cleared of the skin lesions and scaling with great relief in itching also. The clinical presentation includes widespread crusts, scaling, erythema and severe pruritus, which can lead to delayed diagnosis and treatment. Diagnosis is primarily clinical, supported by skin scrapings to identify the mites. Effective treatment requires a multi-faceted approach, including topical therapies such as permethrin and systemic treatments like ivermectin, particularly in severe cases. Additionally, rigorous sanitation and decontamination protocols are essential to prevent reinfestation and further transmission. This abstract highlights the importance of recognizing crusted scabies in vulnerable populations and emphasizes the need for timely diagnosis and comprehensive treatment strategies to mitigate outbreaks. Increased awareness among healthcare providers and targeted public health interventions are crucial for managing this challenging dermatological condition.

10:30 - 10:40

Atrichia with Papular Lesions in 2 Siblings

Thaer Douri MD | Dermatologist

Atrichia with papular lesion (APL) is a rare autosomal recessive genodermatosis, is characterized by irreversible and diffuse hair loss over all the body shortly after birth, along with the spread of papular lesions of keratin cysts on the body like face, neck, limbs and trunk. The mutation in the zinc finger domain of the human hairless gene on chromosome region 8p12 caused this disorders. Most patients are born with natural hair, then hair loss begins after a short period (between 1 to 6 months), then papular lesion, keratin-filled cysts

begins to develop over the body. APL diagnosis requires a detailed familial and clinical history in addition to DNA samples to determine the mutation on the gene and it is worth to mentioning that over 30 mutations on the human hair loss gene associated with APL. Despite the consanguinity effect of most cases, sporadic heterozygous mutations have been reported. atrichia confused with alopecia areata, ectodermal dysplasia and Alopecia due to vitamin D-dependent rickets type IIA (VDDR IIA). herin, we present two siblings' cases, suffering from APL, The first one is a four-year-old male with total hair loss on scalp begun at 6 months that initially misdiagnosed with alopecia areata, without any response to treatment. The second Case is a twomonth-old female was borne with normal hair and then hair loss started.

10:40 - 11:20

Q & A / Break

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Session 10 - Open Category - Part 2

Chairperson: Mohamed Elbanhawey MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

11:20 – 11:30

Chemotherapeutic Drugs – Induced Generalized Hyperpigmentation of Skin and Nails: A Case Report

Amel Elsewh MD | Consultant Dermatologist

A 23-year-old Libyan female patient was referred to skin department as known case of Hodgkin lymphoma 18 months duration with a complaint of progressively increasing generalized hyper pigmentation of skin and nails. Her treatment history revealed that she was treated with six cycles of ABVD, Adriamycin, Bleomycin, Vinblastin, and Decarbamazipine as (ABVD) is a commonly used combination for the treatment of Hodgkin's lymphoma. The patient had developed skin and nail pigmentation one week after initiation of chemotherapy. The pigmentation pattern was progressive, diffuse and spreads to involve the whole body including palms and soles, linear bands of pigmentation were retained on the legs and trunk. Hyper pigmentation of nails of both hands and feet were also seen. The patient had noticed progressively increasing pigmentation from the first cycle of chemotherapy onward and did not regress after chemotherapy had been stopped for more than one year. **RESULTS:** Extensive generalized hyperpigmentation of skin and nails, the early appearance of the pigmentation a week after drugs initiation, and the persistence of the hyperpigmentation for over a year even after the chemotherapy had been stopped. **CONCLUSIONS:** We are reporting this case to increase the awareness of this uncommon pattern of pigmentation of both skin and nails due to chemotherapeutic drugs.

11:30 – 11:40

A Rare, Fatal Case of Pancreatitis, Panniculitis and Polyarthrits (PPP) Syndrome

Amanda Danthanarayana MD | Senior Registrar in Dermatology

A 39-year-old male with epilepsy, presented with fever, bilateral lower limb pain and swelling, upper abdominal pain and inflammatory type small and large joint polyarthrits for 10 days. Polyarthrits involved bilateral ankle, wrist, metacarpophalangeal and metatarsophalangeal joints. It was associated with anorexia and loss of weight. He was on sodium valproate and phenytoin sodium for his epilepsy. He denied smoking, alcohol or substance abuse. Examination revealed a febrile patient with synovitis involving small and large joints and ankle edema. Abdominal examination revealed epigastric tenderness and mild hepatomegaly. Rest of the physical examination was unremarkable. Blood investigations revealed a white cell count of $19.8 \times 10^3/\mu\text{L}$ with neutrophil leukocytosis. Hemoglobin and platelet count were 10.6g/L and $213 \times 10^3/\mu\text{L}$, respectively. Blood picture revealed neutrophil leukocytosis with toxic changes and left shift and normochromic normocytic red cells. C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) were 136mg/L and 139 mm1sthour, respectively. Serum amylase was raised to 11888 IU/L. Serum lipase was raised to 2510 IU/L. Serum creatinine was raised to 1.97mg/dL. Hypokalemia and hyponatremia were noted. Urine sodium and potassium were 60mmol/L and 40 mmol/L, respectively. Serum ionized calcium, phosphate and magnesium were within normal limits. Aspartate transaminase (AST) and alanine transaminase (ALT) were 106 IU/L and 543 IU/L, respectively. Alkaline phosphatase, gamma glutamyl transferase and bilirubin levels were normal. Rheumatoid factor and anti-nuclear antibody titer were negative. Blood and urine cultures were negative. Procalcitonin was raised (1.53ng/mL). Serum ferritin was 12000 IU/L. Serum triglyceride was 147mg/dL. Chest radiograph revealed mild right sided pleural effusion. Ultrasound scan of abdomen

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revealed evidence of acute pancreatitis, acute kidney injury, mild hepatomegaly and mild ascites. However, pancreatic masses, splenomegaly or para-aortic lymphadenopathy were absent. Echocardiogram revealed no evidence of infective endocarditis. Joint fluid aspiration full report revealed a protein and albumin level of 2.3g/dL and 0.4g/dL, respectively. Joint fluid aspirate cytology revealed; pus cells, lymphocytes and red cells of 74/mm³, 5/mm³ and 45/mm³, respectively. Joint fluid gram stain and culture were negative. Initially he was managed as a case of drug induced acute pancreatitis due to sodium valproate. Patient was kept nil orally, while providing intravenous (IV) fluid resuscitation. IV meropenem was commenced. One week later, he developed multiple, tender, erythematous nodules over both shins, back and lower chest. Examination revealed multiple, erythematous, tender subcutaneous nodules. (Figure 1 and 2) Subsequently the nodules became fluctuant. Later, they became necrotic and ulcerated, discharging brownish oily material. (Figure 03) Incisional skin biopsy for histopathology was performed. It revealed; infarcted adipocytes with basophilic material, arranged in large sheets and nodules in the subcutis. Some nodules demonstrate neutrophilic infiltration at the periphery. Pancreatic panniculitis was considered as the histopathological diagnosis. A diagnosis of pancreatitis, panniculitis and polyarthritides syndrome (PPP) syndrome was made. He was commenced on IV methylprednisolone 500mg daily for 3 days. IV meropenem was continued. Hyponatremia and hypokalemia were managed symptomatically. A contrast enhanced CT of abdomen was planned. However, despite aggressive management, patient succumbed to his illness, after 21 days of hospital stay.

11:40 - 11:50

Congenital Triangular Alopecia not so Rare: Experience of 25 cases

Vivek Kumar Dey MD | Professor and Head

Congenital triangular alopecia (CTA) is considered a rare hair disorder and less than 300 cases have been published till now in medical literature. Here we present a review of 25 patients presented to our dermatology clinic. In 50% patients CTA was not the main complain but was an incidental finding. That indicates that CTA is not so bothersome for many of the parents and patient to consult a doctor for the same. According to literature about 80% patients presented with unilateral hair loss and 18.5% with bilateral involvement. But in our series we found only unilateral cases. Occipital involvement was seen in 12% patients and 12% patients presented with central frontal hairline involvement. 8% patient presented with parietal area involvement and typical frontotemporal region involvement was seen in 68% cases. Another unique thing in our presentation is involvement of central frontal hairline, which is not reported yet. Assessment of gender predilection is difficult in such a small number of cases but no gender predilection is seen in other studies. Actual incidence is not known probably because the lesions are benign and nonprogressive, therefore, less reported. Moreover, many cases are misdiagnosed and treated for alopecia areata. Androgenetic alopecia is also an important differential. In fact, androgenetic alopecia makes the diagnosis challenging if presented in overlap with CTA. Genetic basis of CTA is not yet clear. However, its association with phakomatosis pigmentovascularis may provide evidence that it may originate from loss of heterozygosity. A heterozygous individual could be phenotypically normal. It may be a predominant trait. Several familial cases have been described, but the usual presentation is sporadic. In conclusion, CTA should always be considered as a potential diagnosis in any patient presenting with a nonscarring alopecia in order to avoid unnecessary investigations and treatments.

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11:50 - 12:00

Carboxytherapy - Updated Non-invasive Method in Dermatology

Ketki Modi MD | Consultant Dermatology & Cosmetologist

Background: Traditional treatment modalities have shown limitations in delivering ideal results for conditions like under eye dark circles, scar reduction, stretch marks, and localised fat deposits. Carboxytherapy significantly improves tissue regeneration and rejuvenation by microinjections of sterile purified carbon dioxide in intradermal and/or subcutaneous layer and it is advantages for aesthetic dermatology and cosmetology treatments. Objectives: The main objective of this work was to analyzed the effectiveness of carboxytherapy on various dermatological and aesthetic indications like under eye dark circles, scar, stretchmarks wrinkles, alopecia, etc

Methods: In our clinical trials we administered carboxytherapy to group of ten patients experiencing infraorbital hyperpigmentation for five sessions, as well as another ten patients dealing with stretchmarks for five sessions, 10 patients suffering from scars for five sessions, and 10 patients having alopecia for five sessions.

Result: After five sessions of carboxytherapy, patients with infraorbital hyperpigmentation experienced 70% - 80% significant improvement in skin tone and a reduction in the appearance of dark circles and pigmentation. Patients receiving carboxytherapy for stretchmarks observed up to 70% remarkable enhancement in skin elasticity and texture. For individuals with scars, there was an average 65% reduction in scar visibility after five sessions, accompanied by an improvement in skin texture. Carboxytherapy showed significant potential in stimulating hair regrowth for patients dealing with alopecia.

Conclusion: Carboxytherapy is an adaptable treatment and potentially having an impact on a variety of aesthetic and dermatological issues, can be considered as a safe, minimally-invasive modality used for rejuvenation, restoration, and recondition of the skin. Keywords: Carboxytherapy, carbon dioxide therapy, dermatology and cosmetology.

12:00 - 12:10

Waardenburg Syndrome; A Case Series

Zareen Suleri MD | Assistant Professor

Waardenburg syndrome (WS) is a rare autosomal disorder with heterogenous manifestations including sensorineural deafness, piebaldism, heterochromic irides, synophrys and dystopia canthorum.¹ We report this case for its rarity and presence of freckles; a finding which has not been reported in association with WS in this part of world so far. CASE REPORT: First case is 14 year old boy who presented in dermatology outpatient clinic with hypopigmented patches over abdomen, both hands and right arm since birth alongwith grey hair at frontal scalp. He was born out of consanguineous marriage at full term by normal vaginal delivery. His developmental history was also normal except that he had congenital deafness and mutism. Physical examination revealed broad nasal root, synophrys, dystopia canthorum, heterochromic irides, hypoplastic nasal alae and multiple freckles over face (Figure1, 2). Visual acuity was normal in both eyes. Second case is elder sister of above mentioned patient. A 23 years old girl having small vitiligo like macules over hands since birth. She also had congenital deafmutism, broad nasal root, increased intercanthal distance, synophrys, bilateral blue eyes, white hair over scalp (dyed with hena) and freckles over face (Figure

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3, 4). Our third patient is maternal cousin of above two patients, 18 year old female with bilateral blue eyes, medial eyebrows, broad nasal root, piebald like skin patches over face, upper and lower limbs. She had white forelock (not appreciable due to hair dye) and depigmented eyebrow and eyelash hair. She is also deaf and mute since birth and had multiple hyperpigmented macules over face (Figure 5, 6). Fourth patient is a 7 year old boy; brother of case 3 having bilateral blue eyes. This patient was also suffering from deafness since birth. Additional features included dystopia canthorum, synophrys, broad nasal root, vitiligo like patches over limbs, brown macules over face and hypoplastic nasal alae. (Figure 7, 8). None of our patients had musculoskeletal abnormalities, gastrointestinal manifestations or mental deficiency or retardation. Routine laboratory investigations including Blood complete count, liver and renal function, ultrasound abdomen was normal. Audiometry of all four patients showed bilateral sensorineural deafness. The physical examination of parents and rest of the siblings of all four patients did not reveal any abnormality of hair, eyes and skin color. However two siblings had extensive freckling over face. The pedigree of the family is depicted in figure 9. All these features favor the diagnosis of classical Type I Waardenberg syndrome according to diagnostic criteria (table 1). The presence of freckles along with features of WS I in all the affected persons of this family constitute a finding that has not been reported locally till date to the best of our knowledge. Previously only one study from China describes freckles in association with WS.

12:10 - 12:20

Epidemiological Trends in Skin Cancer: A Comparative Dermoscopy Study of 1000 Patients from 2009-2010 and 2022-2024

Dea Hajderlli MD | Dermatology Resident

This study presents a comprehensive statistical analysis of 1000 patients who underwent dermoscopy, with a primary focus on the epidemiology of skin cancer. The dataset is divided into two cohorts: the first 500 patients were evaluated between 2009-2010, while the second group of 500 was assessed between 2022-2024. By analyzing these two distinct timeframes, the study aims to identify trends and shifts in the incidence of the most common skin cancers, including basal cell carcinoma, squamous cell carcinoma, and melanoma. Key findings include comparisons of cancer prevalence across the two periods, changes in the average age of diagnosis, and gender-based differences in cancer occurrence. The results reveal significant insights, such as possible increases or decreases in certain skin cancer types over time, and variations in how gender impacts diagnosis rates and types of cancer. Moreover, the average age of diagnosis in each timeframe offers clues about shifts in risk factors or screening practices over the years. This longitudinal data provides a unique perspective on the evolving nature of skin cancer epidemiology. It underscores the importance of continuous monitoring and highlights the need for updating screening guidelines and public health strategies to reflect current trends. These findings can inform better diagnostic approaches, early intervention strategies, and tailored prevention efforts aimed at reducing the burden of skin cancer.

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12:20 - 12:30

Chronic Ulcer Mystery_ A Diagnostic Challenge Unveiling Triphasic Trophic Syndrome

Chiranjaya Ekanayake MD | Acting Consultant Dermatologist

The diagnosis and management of chronic, unexplained cutaneous ulcers present a significant challenge in clinical dermatology. This case involves a 47-year-old otherwise healthy male who developed a progressively enlarging ulcer over the left alae nasi, persisting for three months without any identifiable cause. The patient had no history of trauma, insect bites, or previous cutaneous disorders, and despite multiple treatments from general practitioners and home remedies, his condition worsened. Thorough investigations, including hematology, autoimmune screening, and histopathology, failed to reveal any underlying pathology. Ultimately, the case was diagnosed as triphasic trophic syndrome, a rare and poorly understood condition.

A 47-year-old healthy male presented with a three-month history of a spontaneously appearing ulcer on the left alae nasi, which progressively increased in size despite various treatments. The patient had no relevant medical history or accompanying symptoms. Extensive investigations, including hematology, autoimmune screening, and histopathology, were inconclusive. The patient's cutaneous examination showed a well-defined, irregular ulceration without bleeding, purulent discharge, or neurological impairment. After ruling out other potential causes, the case was diagnosed as triphasic trophic syndrome. This case illustrates the complexity and diagnostic difficulty in managing rare, chronic ulcerative conditions, particularly when conventional investigations fail to provide a clear diagnosis.

12:30 - 13:00

Q & A

13:00 - 14:00

Lunch Break

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Session 11 - Jury Meetings & Award Ceremonies

Chairperson: Mohamed Elbanhawey MD, Shaden Abdelhadi MD, Zbigniew Ruszczak MD

14:20 - 15:20

International Clinical Poster Presentation and Competition - Poster Viewing Session Meet the Authors & Discuss with the Jurors

15:20 - 16:00

Jury Meeting - Digital Poster Award Discussion

16:00 - 16:30

Jury Meeting - Clinical Case Presentation Award Discussion

16:30 - 16:40

Administrative Break

16:40 - 17:00

Award Ceremony and Closing Remarks

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COSMETIC & SURGICAL DERMATOLOGY

SESSION 9

Chairperson: Sameer Al Ali MD, Jagdish Sakhiya MD, Sohad Alkhatib MD

08:30 - 08:45

Efficacy of Q-Switched Nd YAG Laser in the Treatment of Melasma

Shreemathi A MD | Junior Resident

Melasma is an acquired symmetric hypermelanosis characterized by irregular light-to-deep brown macules on sun-exposed skin. It is commonly observed in women and is more prevalent in dark complexion individuals. In today's modern world, melasma is a cause of great emotional and psycho-social stress to both men and women affecting their quality of life. The disease is far more common in people who live in locations that receive high-intensity UV radiation. Three clinical patterns are known: Centrifacial, malar, and mandibular. Based on visible light, Wood's lamp examination, and skin histology, melasma can be divided into three types-Epidermal, Dermal and mixed types. Epidermal type that has increased melanin predominantly in the basal and suprabasal epidermis with pigment accentuation on Wood's lamp. The dermal variant has melanin-laden macrophages in the perivascular distribution in the superficial and deep dermis without Wood's lamp accentuation. The mixed type has elements of both and appears as deep brown color on Wood's lamp examination. There is accentuation of only the epidermal component. Melasma is known to have a multifactorial etiology. Contributing factors include increased UV exposure, pregnancy, cosmetics, genetic factors, endocrine factors, and hormonal therapy. The treatment of melasma is challenging and difficult since it is refractory and patients often suffer relapse. Currently, the 1064-nm, low-fluence Q-switched neodymium-doped yttrium aluminum garnet [QS Nd:YAG (QSNY)] laser is a commonly used laser treatment of melasma. This study aimed to evaluate the effects of q switched Nd YAG laser with very short, nanosecond pulses in the treatment of melasma.

Background: Melasma is an acquired symmetric hypermelanosis characterized by irregular light-to-deep brown macules on sun-exposed skin. The disease is far more common in people who live in locations that receive high-intensity UV radiation. Three clinical patterns are known: Centrifacial, malar, and mandibular. Based on visible light, Wood's lamp examination, and skin histology, melasma can be divided into three types-Epidermal, Dermal and mixed types. **Aim** To assess the efficacy and safety of picosecond Q switched Nd-YAG laser (QSNY) in the treatment of melasma. **Objectives** To assess the MASI Score prior and post procedure with and without use of triple combination cream in melasma patients. To analyze the effect and adverse effects of (QSNY) laser in treatment of melasma. **Materials:** Akira Pico, DermaIndia (picosecond q switched Nd-YAG) laser, wood's lamp **Methods:** 10 patients in the age group between 18-55 years of age were enrolled for this study. Out of these 5 were primed with sunscreen and triple combination cream and other 5 only with sunscreen for 2 weeks Wood's lamp examination, Grading Based On Subjective and objective Assessment were used. **Results:** Patients treated with triple combination cream and QSNY showed better results than QSNY alone. **Conclusion :** Post inflammatory pigmentation and rebound hyperpigmentation were the common side effects associated with QSNY particularly dark skinned people. However, by using QSNY combined with other treatment modalities like triple combination cream, recurrence rates as well as adverse events can be reduced, with or without superior efficacy compared to QSNY alone. Since there is still no cure and long-term relapse may be inevitable, patient counseling on the relapsing course and the importance of photoprotection is essential.

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COSMETIC & SURGICAL DERMATOLOGY

08:45 – 09:00

A Prospective, Comparative Study to Evaluate the Safety and Efficacy of 4% Hydroquinone Versus Q Switched Nd:YAG Laser In Acne Induced Post-Inflammatory Hyperpigmentation (PIH) in Indian Skin

Amina Iqbal MD | Assistant Professor

Acne vulgaris is a multifactorial, chronic inflammatory disease of the pilosebaceous unit which is commonly encountered in dermatologic clinics. Post-inflammatory hyperpigmentation (PIH) is a common complication of acne especially in the ethnic skin, and one of the discernible outcomes secondary to the inflammatory process.¹ PIH is a cosmetically displeasing sequelae of acne in patients with skin of color due to the social stigma attached to it.² Multiple treatment modalities like topical depigmenting agents, procedural therapies like chemical peels and lasers have been explored in the absence of a single most effective treatment. Topical Hydroquinone (HQ) is considered the first line therapy in treating PIH. HQ acts by reversible inhibition of tyrosinase enzyme and also selectively damages the melanosomes and melanocytes.³ It is known to produce mild irritation, erythema, allergic contact dermatitis, guttate hypomelanotic macules and, in the long-term application, ochronosis and colloid milium.^{4,5} On the other hand, lasers are among the newer modalities for the treatment of PIH. Quality Switched Neodymium doped:Yttrium Aluminum Garnet laser (QS Nd:YAG) at a wavelength of 1064 nm is a pigment specific laser which has been used in the treatment of PIH at a low fluence setting with success.^{6,7,8} The mechanism of action of Q switched Nd:YAG lasers comprises of both photoacoustic phenomenon and photothermal effect which are based on the principle of selective photothermolysis. However, side effects like hyper or hypopigmentation, confetti like leukoderma, purpura, petechiae, crust formation and scarring can occur.^{9,10} The quality of evidence for the use of lasers in the management of acne induced PIH is low as most data are derived from small, non randomized clinical trials, case reports and case studies. To the best of our knowledge there are no comparable studies of 4% HQ and QS Nd:YAG laser in the treatment of PIH in patients with skin of color. Hence we conducted the study with an aim to compare the safety and effectiveness of short contact 4% HQ and QS Nd:YAG laser in the therapy of acne induced PIH.

Background: Post-inflammatory hyperpigmentation (PIH) is a common complication of acne, particularly in the ethnic skin. A wide variety of therapies are used, as no simple best effective treatments are available. Hydroquinone (HQ) remains the mainstay of PIH care. Lasers and light sources may be an effective addition to therapy or an alternative to treatment failure. **Aims:** To evaluate the safety and efficacy of short contact, topical 4% hydroquinone versus Q switched Nd:YAG laser in acne induced PIH in skin of color. **Methods:** Sixty two patients with acne induced PIH were randomly divided into 2 groups. A detailed socio demographic and clinical history was elicited. Thirty one patients received topical 4% hydroquinone daily at night for 30 minutes for 3 months and 31 patients received Q-switched Nd:YAG laser every month for 3 months as treatment. Patient satisfaction score, observer score and postacne inflammatory hyperpigmentation index (PAHPI) were recorded at base line, first, second and third month. **Results:** A significant reduction in PAHPI score in both groups of 4% hydroquinone and Q switched Nd:YAG laser was noted. A higher patient satisfaction score was noted among the patients who underwent treatment with Q switched Nd:YAG laser compared to 4% Hydroquinone which was statistically not significant. **Conclusion:** This study shows that both short contact 4% HQ and low fluence QS Nd:YAG laser have significant therapeutic effect on acne induced PIH. With higher patient satisfaction scores, QS Nd:YAG laser is a good alternative in patients not compliant with topical therapy.

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COSMETIC & SURGICAL DERMATOLOGY

09:00 - 09:15

Nodular Portwine Stain Successfully Treated with Combination Lasers & DermatoSurgeries

Jagdish Sakhiya MD | Consultant Dermatologist

Introduction: Brief background on port-wine stains and challenges in treating nodular forms. Case Description: Patient demographics and clinical presentation. Detailed description of the nodular port-wine stain. Treatment Modalities: Rationale for combining multiple treatments. Step-by-step overview of each treatment modality employed.

Results: Clinical photographs and outcomes. Patient-reported satisfaction and quality of life improvements. Discussion: Advantages of the multimodal approach. Comparison with traditional single-modality treatments. Potential for replicability in other complex PWS cases.

Conclusion: Summary of findings. Recommendations for clinicians. Q&A: Open floor for questions and discussion with the audience. This comprehensive abstract and presentation framework will provide a detailed and engaging overview of the case, demonstrating the effectiveness of an innovative, combined treatment approach for nodular port-wine stains at the Dubai Derma Conference.

09:15 - 09:30

Advances in Dermatological Lasers: Optimizing Scar Management with Vascular, Pigmentary, Ablative, and Non-Ablative Lasers

Jean-Philippe Donati MD | Anti-Ageing and Cosmetic Physician

Laser technology plays a pivotal role in the management and treatment of scars, offering targeted, non-invasive solutions for various types of scarring, including hypertrophic scars, keloids, post-surgical scars, and acne scars. This presentation aims to provide a comprehensive overview of the use of dermatological lasers in scar management, focusing on vascular, pigmentary, non-ablative, and ablative lasers, and how they contribute to improving scar appearance and patient outcomes.

Laser technology plays a pivotal role in the management and treatment of scars, offering targeted, non-invasive solutions for various types of scarring, including hypertrophic scars, keloids, post-surgical scars, and acne scars. This presentation aims to provide a comprehensive overview of the use of dermatological lasers in scar management, focusing on vascular, pigmentary, non-ablative, and ablative lasers, and how they contribute to improving scar appearance and patient outcomes. The presentation will begin by discussing vascular lasers, such as pulsed dye lasers (PDL) and Nd:YAG lasers, which are commonly used to reduce the redness and vascular components often present in early-stage scars or hypertrophic scars. We will then explore pigmentary lasers like Q-switched Nd:YAG and Alexandrite, which are effective in addressing post-inflammatory hyperpigmentation associated with scarring. Moving to non-ablative lasers, such as fractional non-ablative lasers, we will highlight their role in stimulating collagen production and enhancing scar texture without significant downtime. Ablative lasers, including CO₂ and Erbium, will be discussed for their more aggressive approach in resurfacing the skin and treating deeper or more pronounced scars, such as those caused by severe acne or trauma. Throughout the presentation, we will emphasize the importance of selecting the appropriate laser based on scar type, skin type, and patient expectations. A tailored, patient-centered approach is critical in scar management to minimize side effects and optimize results. In conclusion, this presentation will review current advancements in laser technology and how they are

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integrated into effective scar management protocols, resulting in improved scar appearance, faster recovery times, and enhanced patient satisfaction. Dermatologists will gain valuable insights into using laser systems for both common and complex scar treatments.

09:30 - 09:45

Key to Effective & Safe Treatment in Laser: Assess for Appropriate Clinical Endpoints

Sharmin Jahan MD | Consultant

Lasers and lightbased devices are vital to aesthetic dermatology practice. Advances in laser technology have expanded their scope to target newer diseases more effectively, resulting in more significant complications. Clinical endpoints are immediate or early tissue reactions that occur during laser treatment. They can guide the laser surgeon in delivering safe and effective laser treatment. Some endpoints act as warning signs of injury to the skin; others can indicate a therapeutic response. These can help achieve safe and satisfactory outcomes. Faulty parameters and poor technique are not the only essential factors to be considered. The patient's skin type, the type of lesion, hormonal status (in hirsute patients), inadequate or improper sunscreen application, and recent tanning are also important factors. Patients with darker skin tones tend to have more non-specific thermal injury to the epidermis.

Lasers have acquired a wide application in dermatology due to the demand for more precise and less invasive treatments. Their indications are multiple, with proven effectiveness. The main risks are ocular (corneal burns, keratoconjunctivitis, and cataracts) or cutaneous (hyperpigmentation, acromia, atrophic or hypertrophic scars, scabs, epidermal bubbles, herpes, psoriasis, or eczema). The precautions to take are wearing glasses and gloves, a laser room that meets safety standards, avoiding sun exposition, isotretinoin, and beta carotene, avoiding pregnant women, cleaning the skin thoroughly before the session, and applying a healing cream.

09:45 - 10:00

Research of Melasma Treatment Effectiveness by Combined Administration of Autologous Plasma, Dermal Optical Thermolysis, & Radiofrequency Exposure

Irina Seraya MD | Head of Scientific Department

Melasma is a multifactorial pigmentation disorder resulting from the abnormal accumulation of melanin. The localization of melasma in the face area causes aesthetic discomfort and reduces the quality of life. The issue of combined therapy with the use of autologous blood plasma (ABP) seems relevant for the treatment of melasma. Objective. To confirm that the injection of ABP in combination with laser and radiofrequency therapy contributes to more effective treatment of melasma than the injection of ABP separately. Material and methods. The study included 28 women aged 23-58 years with melasma. Laser and radiofrequency therapy was carried out, as well as ABP was injected in the study group (n=14). ABP was injected isolatedly in the control group (n=14). The disease severity was assessed on the IGA, MSS, GAIS scales, using the MASI and melanin and hemoglobin values. The effectiveness of applied treatment methods was determined by the decrease of specified indicators compared to the baseline. Results. Positive dynamics of assessment results on the MASI, IGA and MSS scores and values of chromophores (melanin and hemoglobin) has been

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noted in both groups. The effectiveness analysis confirmed the superiority of studied method relative to the comparison method: an improvement on the IGA scale has been observed in 86% of the study group patients and 31% of the control group patients, on the MSS scale _ of 100% and 23%, on the MASI _ of 100% and 69%, respectively. The compared methods are characterized by a high tolerability and have a similar safety profile. Conclusion. The IGA, MSS and MASI scores, instrumental measurements, and the GAIS aesthetic improvement scores confirm that the studied treatment method exceeds control therapy by several times.

10:00 – 10:15

Medicolegal Essentials for a Safe and Successful Cosmetic Dermatology Practice

Ayesha Al Memari MD | Consultant Emergency Medicine and Critical Care

Law Literacy is a personal responsibility. Reading and understanding Medical Liability Law in the jurisdiction where you practice is essential to avoid the unnecessary stress of medicolegal claims.

Knowledge of medical liability Law in the practice jurisdiction is essential for healthcare professional in order to avoid pitfall of medical liability litigations. In this talk we will discuss history and origin of medical liability Law, then we will highlight Important terms and definitions and finally we will discuss the procedure for medical error claim in UAE and will present some cases from UAE court related to cosmetic dermatology practice.

10:15 – 10:30

Pelvic Floor Disorders and Associated Skin Issues

Laila Alhubaishi MD | Consultant Obstetrics and Gynecology/Urogynecologist

Background: Pelvic floor disorders (PFDs) are prevalent conditions affecting millions of women worldwide, leading to urinary and fecal incontinence, pelvic organ prolapse, and chronic pelvic pain. While these conditions are widely studied in terms of their functional impact, the associated skin complications are often overlooked, despite significantly affecting patients' quality of life.

Objective: This presentation aims to highlight the link between PFDs and dermatological complications, including moisture-associated skin damage (MASD), incontinence-associated dermatitis (IAD), fungal and bacterial infections, and pressure ulcers. The discussion will focus on the pathophysiology, clinical presentation, and management strategies for these conditions.

Methods: A comprehensive review of the latest literature on PFDs and skin complications was conducted, integrating findings from gynecology, dermatology, and wound care research. The role of hygiene practices, barrier protection, and multidisciplinary management was evaluated.

Results: Skin complications arise due to prolonged exposure to moisture, altered skin pH, microbial overgrowth, and friction caused by prolapse or incontinence products. Effective management involves preventive skincare measures, targeted medical treatments for infections, and addressing the underlying pelvic floor dysfunction through physiotherapy, medical therapy, or surgical intervention.

Conclusion: PFDs and associated skin issues require a holistic, multidisciplinary approach to improve

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patient outcomes. Early diagnosis, patient education, and appropriate skincare interventions are essential in reducing morbidity. Addressing these often-overlooked complications can significantly enhance the quality of life and comfort of affected individuals.

10:30 – 10:45

Skin Boosters: What's the Boost?

Peter Ch'ng Wee Beng MD | Consultant Dermatologist

We'll discuss about the change of trend from Dermal fillers to different types of skin boosters

10:45 – 11:00

Q & A / Break

SESSION 10

Chairperson: Marius Anton Ionescu MD, Abdulla Omar MD

11:00 – 11:15

Dual Modality Approach to Acne Scars in Skin of Color: A Case Series

Priyanka Hemrajani MD | Assistant Professor

Acne scars, particularly in individuals with skin of color, present unique challenges due to higher risks of post-inflammatory hyperpigmentation (PIH) and keloid formation. This study investigates the efficacy and safety of a combination treatment using 50% Trichloroacetic Acid (TCA) CROSS technique followed by fractional CO2 laser resurfacing in patients with skin of color, aiming to improve scar texture and reduce pigmentation risks.

A total of 10 patients with Fitzpatrick skin types IV-V were included in the study. All presented with moderate to severe icepick, box, rolling, atrophic scars. Treatment consisted of two stages: 50% TCA CROSS application to individual boxcar scars followed by fractional CO2 laser therapy on the same day. Patients underwent three sessions at four-week intervals. The outcomes were assessed using the Goodman and Baron qualitative acne scar grading system, clinical photography, and patient satisfaction scores. PIH and other adverse effects were monitored throughout the study. The combination treatment showed significant improvement in scar appearance in 75% of patients. The mean reduction in scar severity was two grades on the Goodman and Baron scale. PIH occurred in 20% of cases but was temporary and resolved within three months with topical agents. Patient satisfaction scores were high, with 85% rating the improvement as "good" or "excellent."

11:15 – 11:45

Growth Factors' Modulation in Recent Scars

Marius-Anton Ionescu MD | Associate Professor of Dermatology

Nerve growth factor (NGF) plays an important role in wound healing process. NGF induce early steps of re-epithelialization, granulation tissue and collagen production in skin wounds by upregulating the expression

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of Vascular Endothelial Growth Factor (VEGF) and Transforming Growth Factor beta (TGFβ)2.

Objectives: To assess the topical effects of an association made by an amide (extract of vegetal oil) and a polymer (polyquaternium) on the expression of growth factors VEGF and TGF in human skin wounds.

Methods: In an ex vivo study, biopsy punch of 8 mm were made on human normal skin explants (HNSE) then treated with an emulsion O/W - Em - an amide and a polymer (control untreated) for 8 days. VEGF and TGF-beta 1 were dosed at D2, D4 and D8. In vivo: Em was applied after laser or after skin surgery.

Results: in HNSE treated by Em VEGF and TGF-beta 1 expressions were superior to control (D8 vs baseline). Em showed in vivo fast skin recovery after laser and skin surgery.

Conclusions: the emulsion Em upregulated ex vivo the expressions of TGF-β1 and VEGF, in vivo showed fast results in skin repair.

11:45 - 12:00

Scar Mapping & Scar Checkpoints: An Updated Review of Different Approaches

Ahmed Nagaty MD | Dermatology Specialist

Beyond the loss of skin functionality, scars may be associated with aesthetic, psychological, and social distress. Despite the advances in aesthetic dermatology, scar management is still a challenge. The exact pathophysiology is not completely understood. The grading systems are heavily subjective. These limitations hindered the development of clear algorithm to deal with scars effectively. Every scar runs through 3 phases: Inflammatory, proliferative, and remodeling phase to reach maturation. A gold-standard system to classify or grade scars is currently indeed. However, scars may be divided into mature and immature scars as they achieve 80% of their tensile strength within two months. They also can be classified according to morphology (flat - atrophic - hypertrophic - keloid); and color (hyper-, hypo-pigmented, erythematous).

By merging these classifications, the management starts. Every scar has a meaningful story which guides us through our journey of classification and treatment algorithm. We could start preoperatively by placing incisions parallel to relaxed skin tension lines. It is important to close the wound in aseptic condition with approximation and absence of tension. Also, single non-ablative fractional laser treatment may be performed preoperatively or in the early phase of wound healing provides detectable improvement. Botox (2.5units of Botox/cm2) may be injected preoperatively in facial scars only. In post-operative care, a wound can be cleaned with saline because alcohol or iodide is cytotoxic to cells that promote the healing process. Non-absorbable sutures should be removed as early as possible when the wound can hold itself together. Tension-bearing skin tapes are used during the period of remodeling to help scars mature properly.

12:00 - 12:15

Scar Revision of 105 Cases

Krenar Dobroshi MD | Prof. Lecturer, Founder and Owner

Scar revision is crucial in aesthetic dermatology, improving skin appearance and quality of life. This study evaluates multi-modality approaches combining advanced energy-based devices and clinical techniques to

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treat various scar types, aiming for effective outcomes with reduced recovery time.

Objective: To analyze the efficacy of multi-modality treatments and the role of recovery products with growth factors and cytokines in enhancing healing.

Methods: 105 patients were treated using TCA CROSS, Erbium YAG, Tixel, Dye-VL, RF Microplasma, subcision, and microneedling. Post treatment recovery was supported with products containing growth factors and cytokines, aiding healing and reducing inflammation. Efficacy was assessed using the Global Aesthetic Improvement Scale (GAIS) and quality-of-life evaluations.

Results: TCA CROSS technique with Erbium YAG achieved the highest GAIS score (8.2) for acne scars. Active acne with scarring responded best to Tixel, followed by TCA CROSS and Erbium YAG (GAIS 8.5). Dye-VL and Erbium YAG were optimal for surgical and burn scars, while RF Microplasma and Tixel improved stretch marks. Quality-of-life scores improved by 3.5 units in the GAIS after one session, showcasing transformative effects.

Conclusion: Combining advanced modalities with growth factor-based recovery products optimizes results, minimizes downtime, and enhances patient satisfaction, turning scars into symbols of renewal.

12:15 - 12:30

Advances in Collagen Score Improvement in Deep Dermis & Reticular Cutis: New Data

Anne Gaelle | Pharmacist

Background: Skin aging research often focuses on the dermis, overlooking the significance of the reticular cutis (RC) in aging. This study aimed to investigate the efficacy, safety, and effect of an injectable solution containing hyaluronic acid, amino acids, and peptides, on facial sagging and laxity by targeting the RC.

Methods: This single-center observational study recruited 28 female volunteers aged 25-65 years. The participants received four monthly injections of the studied solution. Objective measures included skin hydration, elasticity, color, thickness, collagen density evaluated via DermaLab Combo and high-resolution ultrasound imaging. Subjective measures included participant satisfaction evaluated using the Global Aesthetic Improvement Scale (GAIS). Adverse effects were monitored throughout the study period.

Results: Significant improvements were observed in skin hydration, elasticity, and collagen density after treatment. Hydration increased by 25.9% at T1 (30 days after last session), sustaining a 15.9% increase at T2 (120 days after last session). Elasticity improved by 29.2% at T1 and 20.7% at T2. Collagen density increased by 20.27% at T1 and 16.71% at T2. Self-reported GAIS scores showed consistent increases. Adverse effects were minimal and included only transient ecchymosis and mild pain.

Conclusion: Injections of the solution had a substantial hydrating effect, enhanced elasticity, and increased collagen density in the RC and dermis. Results persisted at the 120-day follow-up, indicating sustained benefits. Hence, this injectable solution may offer a safe and effective non-invasive treatment option for improving skin laxity and sagging, targeting the RC and other deep connective tissue such as retaining ligaments.

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12:30 - 12:45

The Future of Injectable Aesthetics: Improving Safety & Outcomes with Sonographic Guidance

Karim Magdi Gabr MD | Director Dermatology at Highrheine Clinic

The use of injectable treatments in aesthetic dermatology has surged in popularity due to their minimally invasive nature and rapid results. However, the potential for complications, such as vascular occlusions, hematomas, and nerve damage, necessitates enhanced safety measures. The integration of sonography in these procedures has emerged as a transformative approach, providing real-time visualization of anatomical structures and improving the accuracy of injections. This abstract reviews emerging sonographic technologies, their applications in injectable treatments, and their impact on safety and clinical outcomes.

Applications of Ultrasound in Aesthetic Dermatology: Guided Injectable Treatments: Dermal Fillers: Ultrasound can visualize the anatomy of the face, allowing for precise placement of dermal fillers. By identifying blood vessels and nerves, practitioners can avoid complications such as vascular occlusion. Botulinum Toxin Injections: Ultrasound assists in targeting specific muscles for neuromodulation, improving outcomes and minimizing side effects. Assessment of Skin Conditions: Skin Thickness Measurement: Ultrasound can evaluate skin thickness and quality, aiding in the diagnosis of conditions like lichen sclerosus or scleroderma. Lesion Evaluation: The imaging capabilities of ultrasound allow for the assessment of skin lesions, helping differentiate between benign and malignant growths. Preoperative Planning: Surgical Guidance: For procedures like liposuction or facelifts, ultrasound can guide surgeons in mapping out anatomical structures, improving surgical precision and outcomes. Monitoring and Follow-Up: Post-Treatment Assessment: Ultrasound can evaluate the results of injectable treatments over time, allowing practitioners to monitor changes and adjust future treatments as necessary. Benefits of Ultrasound in Aesthetic Dermatology: Enhanced Safety: Reduction of Complications: Real-time visualization helps prevent adverse events associated with injectable treatments, such as bruising, swelling, and vascular compromise. Improved Injection Accuracy: Ultrasound guides practitioners in placing injectables at the optimal depth and location, ensuring effective treatment with fewer side effects. Increased Patient Satisfaction: Minimized Discomfort: Patients report lower levels of discomfort during procedures guided by ultrasound due to more precise injections and less tissue trauma. Better Aesthetic Outcomes: Enhanced accuracy leads to more predictable and satisfactory results, increasing overall patient confidence and satisfaction. Objective Assessment: Quantifiable Measurements: Ultrasound provides objective data on skin and tissue characteristics, allowing for better treatment planning and outcomes assessment. Safety Considerations: Sonography significantly enhances safety in injectable treatments by: Real-Time Visualization: Practitioners can identify anatomical landmarks in real time, reducing the likelihood of complications. Guided Injection Techniques: Visualization allows for precise depth and angle adjustments, minimizing the risk of injecting into unintended areas. Complication Prevention: Studies have shown that sonographically guided injections lead to a reduction in adverse events, with complication rates dropping by up to 50% in some studies compared to traditional methods. Results: Clinical studies and anecdotal evidence indicate that the incorporation of sonography in injectable procedures results in: Higher Patient Satisfaction: Patients report improved comfort during injections, with many noting a decrease in pain and anxiety levels. Enhanced Aesthetic Outcomes: Sonography enables practitioners to achieve more consistent and aesthetically pleasing results, as precise delivery of products enhances volume restoration and contouring. Lower Incidence of Adverse Effects: The use of sonography has been associated with fewer side effects, such as bruising and swelling, leading to quicker recovery times for patients.

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12:45 – 13:00

Q & A

13:00 – 14:00

Lunch Break

SESSION 11

Chairperson: Seema Singh MD, Fatima Al Shamsi MD, Mohamed Bazza MD

14:00 – 14:15

Science of Facial Beauty

Raza Hassan MD | Designated SR Dermatology

Beauty is a mathematical science. We can make people beautiful by taking care of ratios and numbers.

We will be using Golden proportion also called phi ratio and assessing the nature's rule under this parameter. By using this phi proportion we will tune different aesthetic procedures like fillers and botox etc to get maximum natural looking beauty.

14:15 – 14:30

Anatomy of Aging Face

Shahid Javaid Akhtar MD | Consultant Dermatologist

In the last few years, world-over there has been a tremendous increase in demand and practice of anti-aging and rejuvenation procedures. For best and safe delivery of optimum clinical results, proper understanding of facial anatomical changes associated with aging is mandatory.

Human aging is unavoidable process of getting old and is typically reflects on face. This is a multifactorial process and the anatomical changes associated with aging can be best understood by visualizing the layers configuration of face. Face is broadly speaking a five layered structure and skull forms the basic framework over which the remaining layers are enveloped. Shrinkage of skull with superomedial and inferolateral elongation of orbital orifices, maxillary recession, deepening of pyriform space, and mandibular retrusion are the major ailments seen with aging. Though deep fat pads atrophy but subcutaneous fat drops down with little effect on its volume due to aging. Subtle effect on fibrous bands of tethering facial ligaments occurs but their distal ends move downwards from original horizontal directions because of osteopenia, deep fat atrophy and sagging of superficial fat. Mimetic muscles lose volume but tonicities of some muscles like procerus and corrugator increases to keep the orbital orifices patent while that of others like zygomaticus and mentalis decreases. Skin itself becomes atrophic with loss of collagen, elastic, and loose areolar tissue.

14:30 – 14:45

Lip & Chin Beautification

Kalsoom Jawaid MD | Assistant Professor Dermatology

For rejuvenation, we need to address the concerns of patient in all 3 horizontal parts of face and the lower part is more affected in most cases. Effects of ageing are more evident in this part of face due to the effects

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of gravity and bone loss as well. We need to review the patient as a whole and evaluate the needs of patient. After relaxing the hyperactive muscles with neuromodulators, volume loss needs to be addressed first in ageing face. Lip and Chin beautification are of paramount importance in a young face as well. Dermal fillers are the best option for volume enhancement in Lips and Chin.

For cosmetic assessment of face, it is divided in three horizontal areas: upper, middle and lower face. Each part is assessed and dealt accordingly, considering its needs for relaxation, re-fill, re-position and rejuvenation. Lower part of face experiences its ageing effects due to bone loss, gravity and repositioning of fat leading to jowling, inversion of lips, loss of lip volume and recession of chin. It becomes heavier and prominent than other parts of face due to lack of structural support. Lip beautification aims at enhancing the volume and shape of lips, plump or hydrate thin lips and improve the symmetry. We need to focus on definition, fullness and balance of lips with other parts of face as well. Non-surgical Chin contouring involves botulinum toxin and dermal fillers to reshape or enhance the chin. It is simpler with no significant risks involved. Patients want to opt for a defined and chiseled chin for youthful appearance. Dermal fillers are the best choice for non-surgical, OPD based procedures for subtle yet natural enhancements and restoration of lost volume. It is also referred as soft lift or liquid facelift. Hyaluronic acid based dermal fillers are mostly used for their moisture retaining properties. The demands of younger patients have increased as well for increasing fullness, defining the lip borders and correcting the asymmetry. Botulinum toxin helps more in younger patients with hyperactive mentalis muscle leading to weakened and blunt looking chin. Dermal fillers can help improve the looks in people with receding chins, either young or old. Treatment should be tailored to the facial anatomy of individual patient and results should appear natural, complementing the whole face.

14:45 - 15:00

Penile Fillers 2025

Literature Updates & Analytical Review of Current Practices

Rutsnei Junior MD | Specialist Dermatologist

Male Genital Cosmetics have an increased demand in the last 10 years. The lack of standards on this area makes necessary the study and discussion amongst peers to fulfill adequate lives of safety, quality and expertise. In this presentation I will summarize the findings available in the literature, updating my previous lecture from 2022.

This first lecture will explore the needed anatomy fundamentals, discuss the differences on doing the procedure with Needle or cannula, discussing the types of products that can be considered. I will also share practical tips on my own experience, defining what has and has not work for my practice until now.

Also, I will discuss why this procedure should be done with more diligence than facial fillers or similar treatments. I will discuss the basics of patient selection and interview, besides patient selection, pre and post orientation and dressing used after procedure.

Antibiotic Prophylaxis, changes of habits and orientations regarding intercourse and physical activity are a very much needed topic.

How much product is needed? How much product is excessive? Does the product choice impacts the outcomes? Is there a trade-off in the skin appearance due to the augmentation?

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It is also important to clarify patient expectations, on how much augmentation he can achieve, inside safety and reasonable levels. Altogether, for both clients and audience to explain how the cosmetic gain will impact (or not) sexual performance and patient self-esteem.

15:00 – 15:15

Non-Surgical Face Tightening Using HiFES Technology

Shweta Singh Bhandari MD | Specialist Dermatologist

There is always an ongoing demand and need for the non-surgical face lifting and tightening procedure in the field of Aesthetics & Cosmetology. HiFES which stands for High Intensity Focussed Electric Stimulation is a novel technology which works on specific group of muscles on the face called elevators. It causes strengthening, toning, tightening of face and neck muscles giving results of non-surgical facelift. It is needle-free, pain-free with no downtime.

15:15 – 15:30

Evolution in Microneedling RF

Minal Patwardhan MD | Dermatologist

Multiple therapies involving ablative and nonablative techniques have been developed for rejuvenation of aging skin. Radiofrequency (RF) is emerging as a gentler, nonablative skin-tightening device that delivers uniform heat to the dermis at a controlled depth. Benefits include reduction of acne, decreased scarring, lifting effect, improvement in elasticity and collagen, and wrinkle reduction.

The only RF microneedling machine that combines monopolar and bipolar radiofrequency at 1 or 2MHz in a single device, creating four unique RF modes.

The RF energy heats the underlying layers, causing constriction and tightening of the skin through soft-tissue coagulation, as well as causing the stimulation of collagen and elastin production. The machine also has choice of insulated and seminsulated needles to allow treatment at different depths with a unique dermal delivery system which allows penetration of actives without injections.

15:30 – 15:45

Minimally Invasive Threadlift

Sindhu Shivaram MD | Specialist Dermatologist

Thread lift as a part of aesthetic dermatology has been around for more than four decades. Since its introduction there has been many variations in the ways they have found use. It is a relatively safer option considering there are no vascular events reported.

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Threads can be done standalone or in combination with fillers or other energy based devices. The final result depends on the right patient selection, choosing the right kind of threads and for the right indication.

15:45 – 16:00

Stretch Marks & Tightening, Minimally Invasive Techniques

Afsha Hasanfatta MD | Specialist Dermatologist

Stretch Marks (Striae) are discolored slightly depressed linear scars that appear after rapid stretching or stretching of the skin.

Stretch marks are of aesthetic concern, have significant physical and psychological effects. Treatment options include peels, lasers, platelet rich plasma therapy, energy based devices like HIFU and MNRF. Newer options include fusion radiofrequency with enzyme therapy.

16:00 - 16:15

Q & A

SESSION 12

Chairperson: Fatima Almadani MD, Hala AlJaber MD, Samar Khalil MD

16:15 – 16:30

Laser Hair Reduction – A Promising Solution for Hidradenitis Suppurativa

Nisha Menon MD | Aesthetic Doctor

Triple wavelength lasers, also known as multi-wavelength or combination lasers, utilise a combination of three distinct wavelengths of light to target different components of the hair follicle: melanin, haemoglobin, and water. These wavelengths typically include Alexandrite (755nm), Diode (810nm), and Nd:YAG (1064nm). By incorporating multiple wavelengths, these lasers can effectively target a wider spectrum of hair colors and depths, making them suitable for various skin types and conditions. Each wavelength targets chromophores within the hair follicle. The Alexandrite wavelength primarily targets melanin, which is abundant in the hair shaft, while the Diode wavelength penetrates deeper into the follicle, targeting melanin in the hair bulb. The Nd:YAG wavelength has a higher affinity for haemoglobin and water, enabling it to reach deeper follicles and treat finer, lighter hairs. By combining these wavelengths, triple wavelength lasers can achieve comprehensive and precise hair removal across a diverse range of hair and skin types. Triple wavelength lasers have found wide-ranging clinical applications beyond traditional hair removal, including the treatments of other chronic skin conditions such as pseudo folliculitis barbae and hirsutism.

16:30 – 16:45

Management of Challenging Cases of Botched Illegal Body Filler Injections

Sherif Hantash MD | Specialist Plastic Surgeon

Injection of illegal unauthorized body filler has a devastating effect on the patients both medically and psychologically as they live with multiple complications, fibrosis and recurrent inflammations in the injected

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areas for long durations.

Managing the complicated botched cases of illegal unauthorized body filler injections is really challenging in most scenarios due to the severe distortion and complications found in these cases for long durations like the recurrent inflammations, fibrosis, indurations, skin compromise, recurrent infections which impose threats for both medical and mental conditions for these patients

16:45 – 17:00

The Effect of DBD Plasma Therapy on Wound Healing After Labiaplasty

Bahareh Arbabi MD | Gynecologist

Background: It is important for a surgeon to control complications such as redness, swelling, itching, discharge and especially dehiscence after labiaplasty. DBD (dielectric barrier discharge) plasma therapy, which can be a less complicated and safe method in controlling skin complications and accelerating wound healing, was used in the present study for patients underwent labiaplasty and its effect on the mentioned complications was investigated.

Methods: In this quasi experimental study, 40 patients aged 30-40 who had undergone trim labiaplasty surgery were recruited. None of them had medical history, smoking, or medication. DBD plasma therapy was performed on days 3, 7 and 10 after the surgery. Each session lasted for 10 minutes. The operation site was assessed for redness, secretion and itching on days 7 and 14, and the wound was reassessing for dehiscence until day 21.

Results: Following the DBD plasma therapy that started on the 3rd day after the labiaplasty and was repeated on the 7th and 10th days, the wound assessment on the 7th day showed that 2.5% of the women's wounds had high level of secretions, 20% had moderate level of secretions, and 77% had low secretion, while on the 14th day, these values reached zero, 5% and 95%, respectively; and these changes were statistically significant ($P < 0.05$). The redness of the wounds decreased from 5% among cases on the 7th day to zero on the 14th day ($P < 0.001$), and also the itching of the wounds decreased from 30% of the participants to 7.5% of them on 14th day after the surgery ($P < 0.01$). The other important finding was that no case of dehiscence was observed in any wound during the study, even up to day 21.

Conclusion: Considering the results of this study, DBD plasma therapy can help the surgeon to control post-operative wound complications, provide women's health and subsequently improve their satisfaction with the changes made. Therefore, the use of DBD after surgery can make labiaplasty the satisfactory experience for both the surgeon and the patient.

17:00 – 17:15

Uncommon Complications of Common Cosmetic Procedures

Samar Khalil MD | Dermatologist in Dubai & Lebanon

The presentation explores uncommon complications that may arise from commonly performed cosmetic procedures. Specifically, we delve into skin depressions post-botulinum toxin injections, scalp alopecia following temple fillers, delayed reactions post-Morpheus8 treatments, among other complications. The aim is to elucidate the underlying mechanisms, risk factors, and management strategies for these complications,

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COSMETIC & SURGICAL DERMATOLOGY

empowering dermatologists to optimize patient outcomes and safety in cosmetic dermatology practice.

17:15 - 17:30

Enhancing Post-Procedure Recovery & Preventing Complications Through Nutrition and Lifestyle

Rita Aoun | Clinical Dietitian and Wellness Consultant

Minimally invasive cosmetic procedures are growing in popularity, but their success depends not only on the treatment itself but also on post-procedure care. Nutrition and lifestyle factors play a crucial role in optimizing results and reducing complications. A well-balanced diet supports skin healing, while hydration and key nutrients enhance recovery and prolong treatment effects. The gut-skin axis and probiotics further influence wound healing, while smoking increases the risk of adverse outcomes. Additionally, following proper exercise guidelines after procedures ensures safe healing. This presentation explores evidence-based strategies to enhance cosmetic treatment outcomes through nutrition and lifestyle interventions.

Optimizing post-cosmetic procedure results and preventing complications require a holistic approach that integrates nutrition and lifestyle. Proper dietary choices support wound healing, enhance aesthetic outcomes, and minimize inflammation. The gut-skin axis and probiotics play a crucial role in skin regeneration, while smoking increases the risk of complications. Hydration and key nutrients like zinc influence recovery and the longevity of treatments such as Botox and fillers. Additionally, following the right exercise guidelines after cosmetic procedures is essential for safe and effective recovery. This presentation highlights evidence-based strategies to accelerate healing, reduce adverse effects, and maximize treatment results.

17:30 - 17:40

Q & A

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SESSION 11 - Rafidian Forum for Dermatology & Aesthetics (RFDA)

Chairperson: Khalifa Sharquie MD, Ali Fadhil Al-Saadi MD, Muhsin Al Dhalimi MD

08:30 - 08:40

Superficial Dermatophyte Skin Infections, A New Great Imitator

Muhsin Al-Dhalimi MD | Director of the Iraqi and Arab Board Training Center in Najaf - Iraq

Background: In recent years, there has been an increase in the incidence of superficial fungal infections associated with increasing evidence of their resistance to antifungal drugs. Different clinical presentations have been recorded.

Objectives: To evaluate the peculiar skin presentations of the superficial dermatophyte infections and identify the causative fungal species by direct microscopic examination and mycological culture.

Patients and methods: The study was conducted over a one-year period and included patients of both sexes and different age, recruited from the outpatient clinic at Al-Sader Hospital in Al-Najaf city. Scrapings were taken from skin, hair, and nails. Collected samples were subjected to KOH 10% to detect fungal elements. Additionally, mycological cultures were performed using Dextrose Sabouraud Agar (DSA) incubated at room temperature for 1 to 6 weeks, then examining the samples microscopically to identify fungi at the species level.

Results: Among 233 patients with proved superficial fungal infections, 27 patients presented with peculiar presentations that mimic psoriasis, dermatitis, rosacea, systemic lupus erythematosus, lymphoma and lichen planus. The majority of patients (85.0%) presented with a non/ minimal inflammatory type. *Trichophyton rubrum* was the most commonly found, accounting for thirty-three cases (45.8%), this was followed by *Epidermophyton floccosum* (26.3%) and *Trichophyton mentagrophytes* (16.7%). The majority of tinea corporis cases were caused by *Trichophyton rubrum*, while tinea cruris cases were mostly caused by *Epidermophyton floccosum*. It was noted that most cases of *Trichophyton rubrum* and *Epidermophyton floccosum* presented with a non/ minimal inflammatory character.

08:40 - 08:50

Dermabrasion of Different Types of Scars Using Ablative CO2 Laser Versus Heat Dermabrasion Using Diathermy Needle

Khalifa E. Sharquie MD | Emeritus Professor

Background: There are different types of scars that could be induced by different etiological factors like infections, acne scarring, inflammatory skin diseases and trauma. They are mostly treated by excision and suturing.

Objective: Different scars are treated either by ablative CO2 laser dermabrasion or heat dermabrasion using direct diathermy needle

Patients: This a comparative therapeutic study of different types of scars using ablative CO2 laser dermabrasion in comparison with heat dermabrasion. The response to therapy and the reduction rate was estimated as follow:0-25%,>25-50%,>50-75%,>75-100%

Results:

Ablative CO2 dermabrasion

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40 patients included their ages 20-40 years with 30 females and 10 males with 30 patients with acne scar and 10 patients with different types of ordinary scars. Multiple sessions were needed. The reduction rate was between 50-75%.

Heat dermabrasion using diathermy needle

100 patients, 60 females and 40 males, their ages ranged from 5-40 years were included in the present work. One session was applied. The response to therapy score ranged from 75-100%.

Conclusion: Heat dermabrasion was effective innovative non-costly technique for different types of scars using one session with no adverse effects while CO2 dermabrasion using multiple sessions, costly procedure that could be associated with adverse effects and risks.

08:50 - 09:00

Evaluation of the Success of Pulsed Dye Laser 595nm in the Treatment of Rosacea.

Ali Fadhil Al Saadi MD | Director of Baghdad Dermatology & Venereology Center

Rosacea is a common chronic inflammatory skin disease characterized by erythema, episode of flushing, and inflammatory lesions. It typically affects the face and is more prevalent among fair skin individuals affecting women and men, the 4 types of rosacea are erythematotelangiectic, papulopustular, ocular and phymatous rosacea. Various treatments are available for rosacea; topical, systemic and interventional. Light based therapies are especially useful in the management of rosacea. Pulsed dye laser have revolutionized the treatment of many cutaneous vascular lesions including rosacea.

This is a prospective interventional therapeutic study, which was conducted in the center of dermatology and venereology/ medical city in Baghdad from February 2021 to 31 September 2022.

Fifty patients completed the study [erythematotelangiectic 28, papulopustule 22 patients], pulsed dye laser sessions were done for 2 to 6 sessions on monthly basis. Follow up duration was three months after last session.

The mean age of the participants was 43.2---9.8 years, female participants constitute the majority of the participants 84 % while males constitute 16 %. The study shows that 58% of participants were of erythematotelangiectic type while 42% participants of papulopustular.

A better treatment outcome was reported in both of the studied groups with significant result, a significant difference in response was found between the 2 groups in favour of papulopustular group.

09:00 - 09:10

Identifying the Main Factors Affecting the Therapeutic Response to Recalcitrant Dermatophytosis; A Cross-Sectional Observational Study

Haider Al-Sabak MD | Head of Dermatology & Laser Department / Faculty of Medicine

Dermatophytosis is one of the most prevalent skin conditions. An increasing number of cases of dermatophytosis are being observed in routine clinical practice with an unusual presentation (widespread, affecting multiple family members, extremely itchy, and resistant to conventional therapy), chronic, recurrent course, and recurrence within a few weeks of the end of the course of treatment with topical and

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systemic antifungal agents.

This study was conducted, involving 173 patients who had persistent tinea. Data on sociodemographic, disease-related, comorbidity, and personal characteristics were gathered through a convenient sampling technique. The diagnosis and treatment plan were done, and Instructions on compliance and general protocols for managing fungal infections were given.

The 87.9% of patients followed the treatment regimen, which was strongly associated with noticeable improvement in their clinical condition. The clinical outcomes after 8 weeks showed a 63% rate of improvement for all clinically improved patients. Thirty-one individuals experienced relapse after a period of six weeks of remission, with specific risk factors identified.

09:10 - 09:20

IL-19, A Newer Player and a Promising Therapeutic Target in Severe Acne Vulgaris.

Ahmed Abdul-Aziz MD | Consultant Dermatologist / Chairman of Higher Diploma of Dermatology

Acne vulgaris is a chronic inflammatory condition known as affects the pilosebaceous unit.

The etiopathogenesis of acne vulgaris involves a number of factors, including ductal hyperkeratinization, increased sebum secretion, and Propionibacterium Acnes (P. acnes) colonization around the pilosebaceous gland. Epithelial cells that have been stimulated to promote inflammation release a cytokine called interleukin-19 (IL-19). One of IL 19's unique characteristics is its capacity to create a positive feedback loop that allows it to multiply; once it has become activated in an inflammatory process, it will continue to produce the cytokine.

A study in Kirkuk, Iraq, found that patients with acne vulgaris had significantly higher levels of interleukin-19 (IL-19) compared to healthy controls. Severe acne vulgaris patients had the highest IL-19 levels, followed by moderate and mild cases. The inflammatory aetiopathogenesis of mild, moderate, and severe acne vulgaris is associated with IL-19, and there is a difference in serum IL-19 levels between the various severity grades of acne vulgaris. This highlights the importance of understanding IL-19's role in acne vulgaris.

09:20 - 09:30

Q & A

SESSION 12 - Jordanian Society of Dermatology and Venereology

Chairperson: Ayman Al Qa'aa MD, Nidal Obaidat MD

09:30 - 09:45

Early Intervention to Prevent the Atopic March

Nidal Obaidat MD | Consultant in Dermatology & Dermatopathology

The atopic march describes the progression of atopic diseases, starting with atopic dermatitis (AD) in early childhood, followed by food allergies, allergic rhinitis, and asthma.

Early intervention in AD is crucial to prevent this cascade of allergic conditions. This abstract explores the impact of early systemic treatment on AD and its potential to halt the atopic march. By addressing immune dysregulation and skin barrier dysfunction early, we can reduce systemic inflammation and prevent secondary complications. Emollients and anti-inflammatory treatments play a key role in maintaining skin

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barrier integrity and minimizing pruritus, thereby disrupting the “itch-scratch” cycle. This proactive approach aims to improve long-term outcomes and reduce the psychosocial burden of atopic diseases.

09:45 - 10:00

The Incidence of Melanoma and Non-Melanoma Skin Cancers in Jordan

Noor Almaani MD | Head of the Dermatology Department - Jordan University Hospital

Skin cancers are among the commonest cancers worldwide. The number of new cases of both malignant melanoma (MM) and non-melanoma skin cancers (NMSC) are rising rapidly, largely owing to ageing and growing populations. The prevalence rates of melanoma and NMSC increased between 1990 and 2017 by around 310% for squamous cells carcinomas (SCCs), 161% for melanomas, and 77% for basal cell carcinomas (BCCs) and it is projected that this increase in cancer rates will continue into the coming decade. Skin cancers are among the commonest cancers worldwide. However, there are no comprehensive reports on skin cancer incidence in Jordan during the last two decades. In this research we report data on malignant melanomas (MM), squamous cells carcinomas (SCC) and basal cell carcinomas (BCC) in Jordan and comment on age-specific and overall age-standardized incidence rates as well as incidence trends with comparisons to regional trends.

10:00 - 10:15

Challenging Antifungal Resistant Dermatophytosis

Ayman S. Al Qa'qaa' MD | President of Jordanian Society of Dermatology & Venereology (JSDV)

Dermatophytes can infect skin, hair and nails. The degree of infection depends on the specific site of infection, the fungal species and the host inflammatory response. For the last few years, these infections showed resistance to the known antifungal agents. Dermatophytoses have been traditionally managed with various antifungal agents. However, the emergence of antifungal-resistant dermatophytes brings in a significant clinical challenge. We discuss the impact of antifungal resistance on the clinical management of dermatophytoses, leading to prolonged treatment duration, increased healthcare costs, and potential development of severe infections. To address this growing issue, we will highlight the mechanisms of antifungal resistance in dermatophytes, the management of this emerging problem; emphasize the importance of sensible use of antifungal agents and the development of novel antifungal therapies.

10:15 - 10:30

The Role of Therapeutic Wounding in Treatment of Vitiligo

Huda ALQudah MD | Consultant Dermatologist

Vitiligo, has proven to be a challenging condition to treat. Traditional therapies often yield limited results, prompting a search for innovative approaches. Recent advancements in dermatology have focused on skin wounding techniques, such as dermabrasion, dermapen, needling, and fractional laser, as potential adjunctive

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therapies to stimulate melanocyte activity and enhance pigmentation in vitiligo lesions. This review delves into the emerging evidence supporting the use of these techniques in the management of vitiligo.

Vitiligo, a chronic autoimmune disorder causing depigmentation of the skin, remains a significant dermatological challenge. While traditional therapies have limited efficacy, recent advancements in dermatology have explored the potential of skin wounding techniques. In this lecture, I focus on some reviews that examine the role of dermabrasion, dermapen, needling, and fractional laser in stimulating melanocyte activity and promoting repigmentation in vitiligo lesions. By inducing controlled injury to the skin, these techniques aim to trigger regenerative processes and enhance pigment production. While promising results have been observed in some studies, further research is needed to establish the optimal parameters and long-term efficacy of these approaches.

10:30 - 10:45

The Role of JAK Inhibitors in Alopecia: Insights From Our Real-Life Experience

Asem Aldebei MD | Senior specialist in dermatology at the Jordanian Royal Medical Services

Alopecia areata (AA) is a chronic autoimmune condition characterized by nonscarring hair loss that can significantly affect patients' quality of life. Recent advancements in immunomodulatory therapies, such as Janus kinase (JAK) inhibitors like tofacitinib and baricitinib, have shown promise in the management of AA. However, there is limited data on the efficacy of these treatments in specific populations, such as Jordanian patients, who may have unique genetic, environmental, and clinical factors influencing treatment outcomes. This study seeks to explore the efficacy of tofacitinib and baricitinib in Jordanian patients with AA using a retrospective approach, contributing to the global understanding of JAK inhibitors in diverse populations. In my presentation, I will explore the world of alopecia, highlight the therapeutic approach and present a retrospective study which aims to contribute meaningful data to the growing body of evidence supporting the use of JAK inhibitors in alopecia areata, with a specific focus on the Jordanian population. By identifying efficacy trends and potential predictors of response, this research may aid in improving patient outcomes and tailoring therapeutic approaches.

10:45 - 11:00

Q & A / Break

SESSION 13 - IMCAS Session: Controversies

Chairperson: Marius-Anton Ionescu MD, Dominique Du Crest

11:00 - 11:05

Introduction to the IMCAS Session

Dominique Du Crest | Director

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11:05 - 11:20

Unveiling the Science: What's The Rationale Behind Choosing Exosome or Skin Booster Treatments?

Arnaud Lambert MD | Physician, Head of Clinic

Exosomes have been a trend for years. It is very important to understand the science behind it, in order to choose safely our exosomes for patients. Skinbooster are not all the same.

Let's dive into the right understanding of all those products.

The source of exosomes truly matters. The purity and the manufacturer quality is very important. Physicians need to choose wisely how they pick and use them. We also have to understand regulation in each area.

11:20 - 11:35

My Best Product to Stimulate or Rejuvenate – Biostimulators VS Hybrid Fillers

Roya Zarmehr Zamin MD | International Aesthetic and Ultrasound Trainer

Hybrid fillers have emerged as a transformative innovation in the field of aesthetic medicine, addressing the increasing demand for products that deliver both instant and sustained results. These fillers uniquely combine hyaluronic acid (HA) for immediate volumization and hydration with biostimulatory agents, such as calcium hydroxyapatite or poly-L-lactic acid, to promote collagen and elastin production. This dual mechanism not only restores facial contours but also enhances skin quality, making hybrid fillers a preferred choice for comprehensive rejuvenation.

Hybrid fillers represent a paradigm shift in skin rejuvenation, offering both immediate improvements and progressive enhancements to skin structure and texture. Their versatility and biostimulatory properties make them an invaluable tool for aesthetic practitioners seeking to address diverse patient concerns, from volume loss to fine lines and skin laxity. As advancements in formulation continue, hybrid fillers are poised to redefine the standards of non-surgical rejuvenation, providing natural, long-lasting, and safe outcomes.

11:35 - 11:50

Autologous Facial Rejuvenation

Maria Cristina A. Puyat | Medical Director / President

In an era where cosmetic procedures are increasingly sought after, this innovative approach leverages the body's own tissues to restore volume and vitality to the face. By utilizing autologous fillers derived from the patient's own fat or cells, we minimize the risk of allergic reactions and enhance natural results. Throughout this session, we will explore the methodologies, benefits, and challenges associated with autologous fillers, as well as their impact on holistic facial rejuvenation.

In this lecture on Autologous Filler Facial Rejuvenation, we will explore innovative techniques that harness the body's own biological materials to enhance facial aesthetics. Autologous fillers, derived from the patient's own fat or tissue, offer a safe and effective alternative to synthetic fillers, reducing the risk of allergic reactions and promoting natural-looking results. We will discuss the various methods of extraction, preparation, and injection, along with case studies that highlight efficacy and patient satisfaction.

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11:50 - 12:05

Epigenetics of the Skin and Anti-Aging

Hassan Galadari MD | Head of Scientific Committee

Epigenetics plays a critical role in skin aging by regulating gene expression without altering the DNA sequence. Environmental factors such as UV radiation, pollution, diet, and lifestyle influence epigenetic modifications, including DNA methylation, histone modifications, and non-coding RNAs, which collectively impact cellular functions like collagen production, oxidative stress response, and inflammation. Over time, these changes contribute to skin aging by promoting wrinkles, loss of elasticity, and impaired barrier function.

Targeting epigenetic mechanisms offers promising anti-aging strategies. DNA methylation patterns shift with age, often silencing genes involved in skin regeneration while activating inflammatory pathways. Histone modifications regulate chromatin structure, affecting fibroblast activity and extracellular matrix maintenance. Non-coding RNAs, such as microRNAs, modulate protein synthesis related to skin health. Epigenetic interventions, including certain polyphenols, retinoids, and methyl donors, have shown potential in reversing or slowing aging processes by restoring youthful gene expression patterns.

Recent research explores epigenetic reprogramming techniques to rejuvenate skin cells. Additionally, advances in personalized skincare utilizing epigenetic biomarkers may optimize anti-aging regimens. Understanding epigenetic regulation of the skin provides new avenues for therapeutic and cosmetic approaches aimed at promoting longevity and maintaining youthful skin function.

12:05 - 12:20

Scope of Regenerative Medicine for Hair Restoration

Viral Desai MD | Medical Director and Chief Consultant Surgeon

Regenerative therapy for hair focuses on stimulating hair growth and reversing hair loss by harnessing the body's natural healing processes. Some common types of regenerative treatments include:

1. Platelet-Rich Plasma (PRP) Therapy:

PRP therapy involves drawing a small amount of the patient's blood, processing it to concentrate the platelets, and then injecting this rich plasma into the scalp. The growth factors in the platelets are believed to promote hair follicle regeneration and improve hair density.

2. Stem Cell Therapy:

Stem cell therapy for hair loss is still in research stages but shows promise. Stem cells have the potential to regenerate and repair damaged tissue, and in the context of hair loss, they can potentially stimulate hair follicles to promote hair growth.

3. Exosome Therapy:

Exosomes are tiny vesicles that carry signals between cells. Exosome therapy involves injecting exosomes (which contain proteins and growth factors) into the scalp to promote hair growth and follicle repair. It's an emerging therapy that is sometimes used in conjunction with PRP.

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4. Low-Level Laser Therapy (LLLT):

LLLT involves using specific wavelengths of light to stimulate hair follicles and improve hair growth. It's a non-invasive therapy that can be done using devices like laser combs or helmets, and it helps to improve scalp circulation and promote cellular repair.

5. Microneedling:

This treatment involves tiny needles creating micro-injuries in the scalp, which helps to increase blood circulation and stimulate collagen production. When combined with PRP therapy, microneedling is thought to enhance the absorption and effectiveness of the platelet-rich plasma.

6. Hair Growth Factors;- Effective treatment for hair restoration, whether they are from plants, animals or bovine

7. Polynucleotides: Fragments of DNA and RNA- and primarily obtained from Salmon sperms too help in Restoration

Each of these regenerative therapies aims to activate dormant hair follicles or improve scalp conditions to promote natural hair regrowth. Success can vary depending on the type of treatment, the extent of hair loss, and individual factors. I will discuss their actions and my clinical experience of over 25 years using them.

12:20 - 12:35

Advanced Applications of Botulinum Toxin

Meelad Habib MD | Dermatologist

The presentation aims to explore advanced applications of botulinum toxin. Botox, a medication used since its discovery, has both medical and cosmetic applications.

This presentation will outline common medical uses of botulinum toxin, but will also delve into more advanced applications such as its use in Raynaud's disease, Frey's syndrome, pernio, and ultrasound-guided Botox injections for facial treatments. The goal is to deepen understanding of these innovative and evolving uses of Botox in clinical practice.

12:35 - 12:50

Microbiome and Pollution: Clinical and Metagenomic Analysis

Marius-Anton Ionescu MD | Associate Professor of Dermatology

Background: Skin of people living in urban areas are subjected to pollution, particulate matter, xenobiotics (as biphenyls polychlorate, dioxin, etc)*. Their impact on the skin tone, texture and on skin microbiome could be important**.

Objectives: 1.To assess skin aspect and the correlation with the skin microbiome in adults living in big cities, 2.Analyze the effects of a topical lotion containing a prebiotic associated with trace elements.

Methods: In a multicentric, open study were included adults living in polluted cities with no skin pathology of the facial skin. Were analyzed clinically the cosmetic features of the skin of the face (skin tone, texture), associated with spectrophotometry, were also performed e-swabs for the metagenomic taxonomy analysis

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of the facial skin microbiome. During 3 weeks was applied BID a lotion containing prebiotic inulin and trace-elements copper and zinc. The same clinical, spectrophotometry and microbiome's metagenomic assessments were made at week 3 and compared to baseline.

Results: Were included 80 women living in different big cities from Europe and SE Asia. The uneven skin tone and skin surface texture were improved at W3 compared to baseline, spectrophotometry showed a decrease of parameter L* (red) . Skin microbiome was improved at W3 compared to baseline: increase of saprophyte bacteria Cutibacterium and S.epidermidis, decrease of conditioned pathogenic Staphylococci, the other bacteria of the microbiome remained unchanged.

Conclusions: In a series of 80 women living in polluted areas, a topical lotion formulated with the prebiotic inulin and with trace-elements improved significantly skin aspect and microbiome at week 3 compared to baseline.

12:50 - 13:00 Q & A

13:00 - 14:00 Lunch Break

SESSION 14 – Future of Dermatology (Session Dedicated for Students, Interns & Residents) Chairperson: Alia Galadari MD

14:00 - 14:10

Shaping Careers and Meeting Regional Needs: Dermatology Subspecialties

Mahra Alshehhi MD | Medical Intern

This presentation explores the factors influencing medical students' and interns' decision to specialize in dermatology, including career prospects, lifestyle preferences, and professional growth. It also identifies key dermatology subspecialties essential for the Middle East, such as cosmetic dermatology, pediatric dermatology, dermatology-oncology, immunodermatology, laser and procedural dermatology, teledermatology, ethnic dermatology, trichology, dermatopathology, and wound care. By addressing both the motivations for choosing dermatology and the region's healthcare needs, the presentation emphasizes the importance of developing specialized expertise to provide comprehensive and accessible dermatological care across diverse patient populations.

14:10 - 14:20

Using Social Media to Combat Misinformation in Dermatology

Hajar Almansoori MD | Medical Intern

In recent years, social media has become a powerful platform for sharing health-related information, including dermatological advice. However, this rapid spread of content has also led to a surge in misinformation, with unverified treatments and skincare myths reaching wide audiences. As dermatology continues to intersect with public interest and online trends, healthcare professionals face both a challenge and an opportunity. With more people turning to platforms like Instagram, TikTok, and YouTube for medical advice, it's become increasingly important for dermatologists and medical professionals to have a visible, evidence-based presence in these digital spaces to protect patient safety and public health.

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This presentation addresses the widespread issue of dermatological misinformation circulating on social media platforms and the role of healthcare professionals in countering it. It explores common myths and misleading skincare trends, their potential harm, and the importance of timely, accurate information in dermatology. By utilizing social media effectively, dermatologists can engage the public, share evidence-based knowledge, and promote skin health in an accessible way. The presentation highlights how professionals can use social media to correct false claims and encourages a proactive approach in leveraging these platforms to shape accurate and trustworthy dermatological narratives.

14:20 - 14:30

Augmented Learning: Harnessing Simulation and AI in Dermatology Residency

Ayesha Al Shuwwab MD | Resident

Sheikha Al Kerbi MD | Resident

The integration of simulation-based learning and artificial intelligence (AI) is transforming dermatology education, providing residents with innovative tools to enhance their diagnostic and procedural skills. Simulation in dermatology includes virtual patient models, AI-assisted diagnostic tools, and augmented reality (AR), offering risk-free, immersive environments to practice clinical decision-making. These technologies improve pattern recognition, enhance procedural accuracy, and allow for personalized learning. This session will explore how simulation and AI are being leveraged in dermatology residency programs, their impact on competency-based education, and strategies for effective integration to enhance training outcomes and bridge gaps in traditional learning methods.

Advancements in simulation and AI are revolutionizing dermatology training by enhancing diagnostic precision, procedural competency, and clinical decision-making. This presentation explores the role of AI-driven simulators, virtual patient cases, and AR-assisted procedural training in residency programs. Simulation-based learning allows residents to refine their skills in a controlled environment, reducing patient risk while improving confidence and proficiency. The discussion will highlight key applications, benefits, and limitations of these technologies, addressing challenges such as AI bias, accessibility, and ethical concerns. Attendees will gain insights into how AI-powered simulation can shape the future of dermatology education and resident competency.

14:30 - 14:40

Being a Dermatology Chief Resident

Danya Alawadhi MD | Resident

Leading the Change: Building Leadership Capacity in the Next Generation of Dermatologists

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14:40 - 14:50

The Future of Anti-Aging: Regenerative Medicine and Skin Biohacking

Marina Poltavtseva | Aesthetic Medical Therapist

The role of stem cells and exosomes therapy in skin rejuvenation.

- Epigenetics and its impact on slowing down the aging process
- Nanotechnology advancements in dermatology and skincare

14:50 - 15:00

Q & A

SESSION 15 - Sudanese Association of Dermatologists

Chairperson: Khalid Siddig MD, Amin Elmubarak MD

15:00 - 15:10

Social Media and the Emergence of Fake Beauty Clinics. The Question of Accountability

Khalid Siddig MD | Consultant Dermatologist | Public Health Specialist | Educator

The introduction highlights the growing influence of social media on beauty perceptions and the risks associated with unregulated cosmetic services. It presents Warda's case, a young Sudanese woman harmed by an influencer-promoted clinic, emphasizing how social media glamorizes unverified treatments. The narrative underscores public health implications, such as the need for digital literacy, stricter regulations, and ethical responsibilities for influencers and platforms. Warda's experience reflects global challenges in health misinformation, calling for improved consumer protection and international cooperation to ensure safe practices in online beauty and medical services.

Article examines the dangers of unregulated beauty clinics promoted through social media, using Warda's case as a cautionary example. Influencers and platforms glamorize unverified treatments, leading to severe health consequences, as seen with Warda's botched chemical peel. It highlights gaps in regulations, public health risks, and the ethical responsibility of influencers. The article stresses the importance of digital health literacy, stricter regulations, and global cooperation to combat health misinformation and protect vulnerable users. It calls for platform accountability, public awareness campaigns, and international standards to ensure safe and credible online health services.

15:10 - 15:20

Precision Dermatology: AI's Transformative Impact on Personalized Skin Care

Amro Mohamed Mahmoud MD | Dermatology Specialist

With the rise of artificial intelligence (AI), precision dermatology has quickly emerged, feeding into personalized care for patients. The paper provides a systematic review of recent advances in AI-powered enhancements for dermatology and its revolutionary effect on the detection as well treatment of psoriasis, acne and skin cancer (metastasis) among other conditions. Using machine learning (ML) based on deep-learning models, AI has dramatically raised diagnostic accuracy and treatment response efficacy with skin cancer at 85%–95%, compared to acne recurrence decreasing by up to 35%. Furthermore, the effectiveness of treatments for psoriasis improved by 40% with AI interventions and recovery times following laser

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therapies were shortened by a quarter. Regardless, patient satisfaction rates for these interventions continue to be reported as high (more than 90% in some studies). While the above results are encouraging, there still exist a number of challenges including need for more diverse datasets and validation studies as well as addressing important ethical concerns related to data privacy and bias. While AI is poised to drive patient-centered, data-driven care in dermatology further research will be needed on how best utilize this technology and ensure its generalizability and equitable implementation.

15:20 – 15:30

Evaluating the Impact of Artificial Intelligence on Dermatology Training Among Sudanese Registrars

Alaa Ahmed MD | Dermatologist

This article aims to explore the potential impact of Artificial Intelligence (AI) in enhancing dermatological training for Sudanese registrars. In addition, the study will help to solve particular problems that occur in the diagnosis of skin of color diseases in low resource settings. This article is a study which analysed the effectiveness of diagnostic tools based on artificial intelligence in improving the diagnosis accuracy, retention of information and improvement in learning. An approach called mixed-methods includes qualitative interviews as well as pre- and post- intervention assessments to analyse the outcomes. Preliminary studies help suggest ways that such AI-assisted training could significantly improve registrars' skills as well as point out hurdles that will need to be overcome to make AI widely available. It would better help inform educational policy and the use of AI in medical education around the globe.

15:30 – 15:40

Exploring Safer Therapies for Dark Skin Vitiligo Patients: A Focus on Red and Infrared Light Sources

Fathia Adam MD | Dermatologist

This study examines the efficacy and safety of non-ionizing red and infrared diode laser therapy as an alternative treatment for vitiligo in patients with Fitzpatrick skin types IV to VI. A 12-week clinical trial compared diode laser therapy at 675 nm with incoherent light sources, revealing significant repigmentation in the diode laser group, minimal side effects, and shorter treatment durations. The findings highlight diode laser therapy as a safer, more effective option for dark-skinned patients, addressing the challenges posed by traditional phototherapy. Further research is needed to optimize treatment protocols for diverse skin types.

Study evaluates the use of non-ionizing red and infrared diode laser therapy as an alternative treatment for vitiligo in patients with Fitzpatrick skin types IV to VI. A 12-week trial showed significant repigmentation, minimal side effects, and shorter treatment durations with diode laser therapy compared to traditional phototherapy. The findings suggest diode laser therapy as a safer, more effective option for dark-skinned populations, addressing the challenges of conventional treatments. The study emphasizes the need for tailored approaches in dermatology and further research to optimize protocols for diverse skin types.

15:40 – 16:00

Q & A / Break

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 16 - Indonesian Society of Dermatology and Venereology Chairperson: Hanny Nilasari MD, Theresia Movita MD

16:00 – 16:10

Indonesian Natural Ingredients for Skincare Innovations

Diah Puspitosari MD | Research team of cosmetic product in vivo testing at Dermatest Lab and lecturer Assistant Vice President of International Affairs and Telemedicine

There is growing interest in employing natural resources as cosmetic active ingredients. Natural cosmetic ingredients have experienced remarkable growth in recent years, driven by the increasing global demand for naturally derived active ingredients and the rising trend of “back to nature.” Synthetic materials in cosmetic products can have harmful effects, particularly with long-term use. On the other hand, cosmetics derived from natural sources are rich in natural nutrients, offering enhanced benefits and greater consumer satisfaction due to their relatively lower risk of side effects and more environmentally friendly.

Indonesia offers an abundant supply of natural ingredients. Historically, these resources have been utilized as cosmetic products. The largest source of natural cosmetic ingredients is plants. Roots, tubers, leaves, flowers, fruits, seeds, bark, and twigs are just a few of the parts of local plants and trees that people have used. Indonesian plant species have been the subject of research. It can be used in various cosmetic or skincare products such as anti-acne, anti-aging, skin lightening, and antioxidant products. Indonesia's skincare or cosmetics sector has a chance to grow into one of the world's major natural cosmetics markets. Further research on Indonesian medicinal plants should be conducted to provide holistic knowledge for the development of natural cosmetics.

16:10 – 16:20

Pico Second 755-nm Alexandrite Laser for Skin Rejuvenation and Pigmentation in Indonesian Skin

Theresia Movita MD | Vice secretary of Indonesian National Society of Dermatology and Venereology (INSDV)

The Indonesian population is predominated with Fitzpatrick skin type III - V. A study in 2022 found that Indonesians showed high prevalence of melasma, solar lentigines, and post inflammatory hyperpigmentation. All-year sun exposure contributes to this condition as Indonesia lies on the equator. This makes pigmentation the most common cosmetic and dermatologic problems, as well as photoaging. Numerous modalities such as topical medications and clinical procedures have been developed but the results are often unsatisfactory. Laser treatment is one of the choices but the risk of hyperpigmentation limits its use. Picosecond laser is considered less to cause post-inflammatory hyperpigmentation, but the clinical data on its efficacy and safety in Indonesian skin is still limited.

Ten Indonesians with photoaging and pigmentation disorders such as melasma or lentigines, or post-inflammatory hyperpigmentation, were treated with 755 nm Alexandrite picosecond laser (Picosure® by Cynosure, US), for four sessions with interval of two weeks. The laser parameters were 10 mm spot size Focus Lens Array, fluence 0,25 J/cm², repetition rate 5 Hz, total 1000 shots. Each patient was evaluated by Mark-Vu® Digital Photographic Skin Analysis Machine for epidermal pigmentation score, erythema score, and wrinkle score. Investigator global assessment was measured by photographs and patient's clinical perception by a questionnaire in each session. This trial will be completed in January 2025.

DAY **THREE** WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

16:20 - 16:30

Beauty from Southeast Asia: A Multimodal Approach to Facial Rejuvenation in the Indonesian Population

Henry Tanojo MD | Dermatologist

Facial beauty is a diverse concept shaped by cultural and ethnic differences, especially in today's multicultural world. Achieving natural facial rejuvenation requires understanding these variations and their influence on beauty and aging. Indonesia, the fourth most populous country, boasts a rich blend of ethnicities with unique facial traits. Effective treatment involves understanding patient concerns, identifying key aesthetic issues, and leveraging modern techniques like energy-based devices, thread lifts, toxins, and fillers.

Choosing the right treatment modalities in the proper sequence is vital for achieving harmonious and natural-looking facial rejuvenation. The modern aesthetic standard prioritizes results that not only enhance individual beauty but also align with traits linked to human reproductive and survival advantages.

16:30 - 16:40

The Oldest STI: The Great Imitator, On The Rise, Treatable Disease

Hanny Nilasari MD | President of INSDV

Syphilis is the oldest STI discovered since 1492, with its incidence starting to decline in 1941. Currently, syphilis presents in almost all countries, including Indonesia. Many authors report this infection in various stages and symptoms, including in immunocompromised populations and newborns, with various complications. Syphilis is an old disease, a great imitator, transmitted via sexual contact, and caused by the bacteria *Treponema pallidum*. Signs and symptoms may include single ulcers at various high-risk contact sites during sexual intercourse, skin disorders with varied clinical features similar to other inflammatory dermatoses, eye disorders, and abnormalities in blood and cerebrospinal fluid analysis. Syphilis treatment consists of injections of benzathine penicillin G (BPG) or procaine penicillin, the old drugs, with limited availability. The current challenge for doctors is to identify this condition early and treat it appropriately to prevent future complications, especially in immunocompromised condition.

DAY THREE WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

SESSION 17 - Oman Dermatology Society

Chairperson: Ahmed Al Waily MD

16:50 – 17:00

Telemedicine and Alopecia Areata: Bridging Gaps in Diagnosis and Treatment

Amira Elsayed Bayumi MD | Aesthetic Dermatology Specialist

Introduction: Teledermatology has become an essential tool in dermatological care, particularly during and after the pandemic. With advancements in digital health, dermatologists can now manage various skin and hair disorders remotely. Alopecia areata, an autoimmune condition characterized by sudden hair loss, is one such condition that benefits from virtual consultation and follow-up through teledermatology.

Materials / method: Teledermatology utilizes synchronous (real-time video consultations) and asynchronous (store-and-forward) methods to evaluate skin and hair conditions. Technologies such as high-resolution images, teletrichoscopy (remote scalp examination), and specialized mobile apps play a key role in diagnosing and monitoring alopecia areata. These tools help dermatologists assess scalp conditions, identify hair loss patterns, and adjust treatments based on patient feedback and clinical images.

Results: In cases of alopecia areata, teledermatology has proven effective in providing early diagnosis and timely interventions. Patients experience improved access to specialized care, reduced travel, and consistent follow-ups, all contributing to enhanced patient outcomes. Furthermore, patient satisfaction with teledermatology is high, with many reporting convenience and positive treatment progress.

Conclusion: Teledermatology offers a promising, cost-effective solution for managing alopecia areata. While challenges remain, such as the need for better integration of tools and standardization of guidelines, the potential to improve patient care and expand access to dermatological expertise is undeniable. Future developments in telemedicine may further revolutionize how alopecia areata is diagnosed and treated.

17:00 – 17:10

Psychological Impact on Skin Diseases

Reyam Al Malki MD | Dermatology Specialist

- o Psychological stress is a crucial factor in the development of many skin diseases
- o Understanding the relationship between stress and skin diseases from a neuroendocrine-immune interaction perspective provides a comprehensive framework for targeted interventions and new insights into the diagnosis and treatment of skin diseases.

When skin and mind interact

- o Psychological stress triggers the release of cortisol through the HPA axis:
- o Disrupting skin barrier function, Impair keratinocyte differentiation and increase the risk of skin infections

DAY **THREE** WEDNESDAY

16th APRIL 2025

CONFERENCE HALL 4

DEDICATED SESSIONS BY DERMATOLOGY ASSOCIATIONS

Link between psychology and skin diseases

- o Atopic Dermatitis
- o Urticaria
- o Psoriasis
- o Vitiligo
- o Skin cancer, melanoma, BCC and SCC
- o Hair disorders
- o Acne

Stress and skin treatments

- o Pharmacotherapy
- o Cognitive Behavior Therapy
- o Mindfulness

5) Take Home Message

- o knowledge about the stress-related NEI network can improve our understanding of skin diseases

A better understanding of the complex relationship between stress and skin diseases can help us find more therapeutic targets in the central or peripheral regions.

17:10 – 17:20

Q & A

POSTER PRESENTERS

A Case Series of Nasolabial Flap for Reconstruction of Basal Cell Carcinoma Defect on the Alar Nasal Region

Yurike Indah Pratiwi MD

Awareness Beliefs and Psychological Impact of Patients with Alopecia Areata in Saudi Arabia: A Multi Centre Study

Nasser Almulhim MD

Isotretinoin in treating extensive molluscom contagiosum in retroviral patient

Maryam Al-zadjali MD

Evaluating the Effectiveness of Pharmacological Interventions for Hyperpigmentation Disorders in a Saudi Arabian Population

Wasan AlQahtani MD

Two Basaliomas in a Non-Sun-Exposed Area

Herti Setyawati MD

The association between stress and premature hair graying among medical students and resident physicians at Imam Abdulrahman Bin Faisal University

Haya A. AlHemli MD

The Association between Atopic Dermatitis Severity and Mood Disturbance among Adults: A Cross-sectional Study

Farah Albakr MD

Epidemiological Patterns of Melanoma in the UAE, 2016-2024: Insights from a Comprehensive Retrospective Cohort Study

Jonathan Mokhtar MD

Giant Hyperkeratotic Lymphangioma Circumscriptum on the Thigh of a 79-Year-Old Woman: A Rare Case Report

Reeman Aljohani MD

POSTER PRESENTERS

An Unusual Presentation of Primary Cutaneous Diffuse Large B-Cell Lymphoma, Leg Type: Diagnostic and Therapeutic Challenges in an Elderly Patient with Concurrent Malignancies

Zinab Alatawi MD

Assessment of Vitamin D Level in Patients of Alopecia Areata

Athar Samy MD

Topical Methotrexate Loaded Nanoparticles for The Treatment of Vitiligo: a clinical trial

Rana Gheith MD

Childhood psoriasis along the line of blaschko' lines

Anzila Fahim MD

A Case series of progressive symmetric erythrokeratoderma in different age groups

Sruthi Bala MD

Digital Dermatology: The Role of Smart Wearables in Modern Skin Health Management

Anood Al-issa MD

Efficacy of PRP Vs Exosomes in Androgenetic Alopecia

Kashif Ali MD

Factors Influencing the Selection of a Physician for Dermatological Consultation in Saudi Arabia: a National Survey

Lenah Almarzouk MD

Efficacy of Probiotics in Dermatitis Herpetiformis Management: A Systematic Review

Waleed Khalid Alghuyaythat MD

Atopic Dermatitis and Sleep Disturbance Among Adults: Cross-sectional Study of Patient-Reported Outcomes for Measuring Eczema Severity, Sleep Disturbance and Sleep-Related Impairment

Mae Barakeh MD

POSTER PRESENTERS

Combining high strength TCA peel and cysteamine creams for effective melasma treatment

Falak Waqas MD

Corymbiform lichen planus- A Rare Presentation

Shama Naaz MD

A clinico morphological and dermoscopy study of sweat-induced dermatitis in Southern India

Vijayasankar Palaniappan MD

The Purple Hues and Burning Cues: Diagnostic Puzzle

Mahra Ashehhi MD

To indicate new markers for early MF diagnosis.

Ekaterina Dunaeva MD

Successful closure of large congenital melanocytic nevus defect with combination of S plasty and geometric broken line closure

Mega Amaliah Malik MD

Efficacy and Safety of Topical Spironolactone vs Topical Clindamycin in Treatment of Acne Vulgaris: A Split Face Study

Ameerah Khan MD

Alar Nose Thread for Widened Nose Correction with Excellent Result

Agnes Nindia MD

Knowledge, attitudes, and practices of adult females in the UAE towards skin care

Rand Soudan MD

Features of Multiple Cutaneous Infections in Advanced HIV Disease

Cynthia Sandra Kuncoro MD

POSTER PRESENTERS

Efficacy and Safety of Voriconazole in the Treatment of Tinea Corporis and Cruris Infections

Maria Nasser MD

Schimmelpenning Syndrome: Unraveling the Mystery of Skin, Brain, and Beyond!"

Gokul Babu MD

Evaluation of Serum Level of 8-Isoprostane in Patients with Acne Vulgaris

Amal Salem MD

Dyschromatosis universalis hereditaria

Sreesha C MD

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ACKNOWLEDGEMENT

The Scientific Organising Committee of the Dubai World Dermatology and Laser Conference & Exhibition would like to express their gratitude to all Speakers, Participants, Sponsors, Partners and to all those who contributed to the success of the meeting.