

AAD ANNUAL MEETING **2026**

AEDV

highlights
Denver, Colorado

27 — 31
Marzo

[A un nuevo nivel de conocimiento científico]

Una iniciativa de:



Con el patrocinio de:



AAD ANNUAL MEETING 2026

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Dermatopatología

**Genética y progreso terapéutico,
nuevos retos diagnósticos.**

JORGE MARTÍN-NIETO GONZÁLEZ

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highlights
Denver, Colorado

A A D A N N U A L M E E T I N G 2 0 2 6

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*A un nuevo nivel de
conocimiento científico*



Highlights Dermatopatología

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#AEDVenAAD2026

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**NO TENGO CONFLICTOS
DE INTERÉS**

Every day a new fusion? – An update on recent discoveries in dermatopathology^{☆,☆☆}

Eric C. Honaker^a, Ruifeng (Ray) Guo^{b,*,1}, Carina A. Dehner^{c,**,1}

^a Department of Pathology and Laboratory Medicine, Indiana University, IN, USA

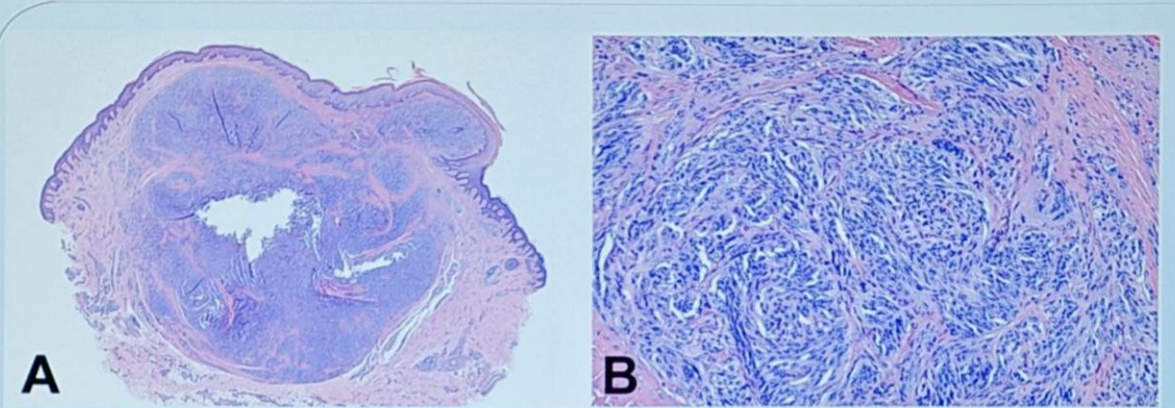
^b Department of Laboratory Medicine and Pathology, Mayo Clinic, Jacksonville, FL, USA

^c Department of Pathology and Laboratory Medicine, University of Pennsylvania, PA, USA

Fusion Neoplasms

- ALK-rearranged Spitz neoplasms
- ROS-rearranged Spitz neoplasms
- NTRK-rearranged Spitz neoplasms
- RET-rearranged Spitz neoplasms
- MAP3K8-rearranged Spitz neoplasms
- MET-rearranged Spitz neoplasms
- BRAF-rearranged Spitz neoplasms
- Fusion driven melanomas
- Cutaneous tumor with **CRTC1::TRIM11** fusion
- MITF pathway-activated melanocytic tumor with **ACTIN::MITF** translocation
- MITF pathway-activated melanocytic tumor with **ACTIN::CREM** translocation
- **MED15::ATF1**-rearranged tumors
- Superficial neurocristic **FET::ETS** fusion tumor
- Epithelioid fibrous histiocytoma/superficial **ALK**-positive myxoid spindle cell neoplasms
- Select fusion-driven acral mesenchymal tumors
- Cutaneous hemangiomas with fusions
- Poroma and porocarcinoma with **YAP1** fusions
- Poroid neoplasms harboring **PAK** rearrangements
- Primary cutaneous **NUT** adnexal carcinoma
- **ATCB::ZMIZ2** rearranged adnexal carcinoma
- **NONO::TFE3** fusion cutaneous epithelioid and spindle cell tumor
- **HMG2A::NCOR2** fusion giant cell tumors

Fusion Neoplasms: CRTC1::TRIM11 Fusion



- Fusion-driven cutaneous tumors with melanocytic differentiation
- Dermal to subcutaneous circumscribed tumor
- Epithelioid and spindle cells; prominent nucleoli
- No EWSR1 rearrangement
- Express SOX-10 and MITF
- S100, MART-1, and HMB45 show variable staining

Geisinger



Honaker EC, Guo RR, Dehner CA. Every day a new fusion? - An update on recent discoveries in dermatopathology. Hum Pathol. 2026 Mar;169:106011. doi: 10.1016/j.humpath.2025.106011. Epub 2025 Dec 11. PMID: 41389899.

<https://www.pathologyoutlines.com/topic/skinmelanocyticCRTC1TRIM11.html>

Geisinger



Honaker EC, Guo RR, Dehner CA. Every day a new fusion? - An update on recent discoveries in dermatopathology. Hum Pathol. 2026 Mar;169:106011. doi: 10.1016/j.humpath.2025.106011. Epub 2025 Dec 11. PMID: 41389899.

<http://www.nirveah.com/2014/10/head-spinning.html>



#AEDVenAAD2026

2022
Reporte de recidiva y
Metástasis a largo plazo (13 años)

2018
5 casos descritos

2021
Probablemente bajo grado
Seguimiento medio 12m

2025
52 casos descritos
5 metástasis
1 recidiva

Fusion Neoplasms: 2025

Malignant CRTCL::TRIM11 Cutaneous Tumor With Lethal Outcome: Histopathologic and Molecular Findings

Meghan E. Beatson¹ | James W. Smithy² | Dylan Domenico² | Gunes Gundem¹ | Elli Papaemmanouil¹ | Andrea Moy¹ | Joyce M. Chen¹ | Melissa P. Pulitzer¹ | Charlotte Arlyan¹ | Klaus J. Busam¹

- 17 year old
- Also had TENM3::WWC2 and TAB2::DMD fusions, BRAF partial deletion, 3.38 tumor ploidy (8q gain), germline APC mutation.
- Clinically positive lymph node at excision
- Developed mets to lung, other lymph nodes, and soft tissue
- Failed nivolumab and relatimab, cisplatin, vinblastine, and dacarbazine, cabozantinib and nivolumab, lifileucel and venetoclax, endorafenib and binimetinib.
- Died 18 months after presentation

May think about high-grade lesions showing subcutaneous involvement, lymphovascular invasion, epidermal ulceration, additional mutations.

- Higher mitotic rate
- Lymph node involvement

Management: Per patient at this point. Still need to establish clinical practice guidelines

Spitz ≠ Spitzoide

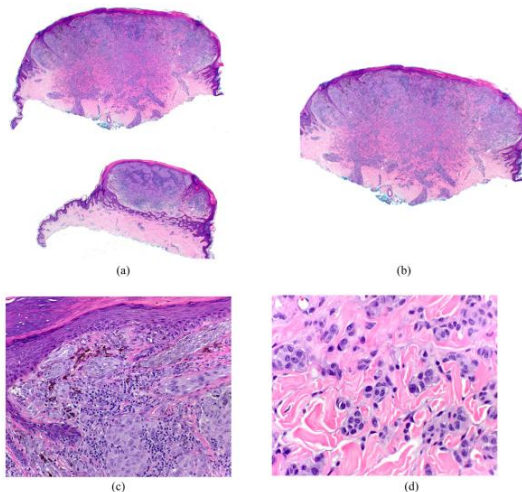
Spitz melanoma

Philip E. LeBoit, MD

Departments of Pathology and Dermatology, UCSF Dermatopathology and Oral Pathology Service, University of California at San Francisco School of Medicine, San Francisco, California, USA

NEVUS SPITZ, AST, MELANOMA DE SPITZ

- Término **genético**
- *HRAS (Q61 y G13 + común)*
- *Amplificación 11p*
- *Activaciones por fusión en genes de tirosina quinasa: (ALK, ROS1, NTRK1/2/3, RET, MET, MERTK) y serina/treonina quinasa (BRAF, RAF1, MAP3K8)*



- Melanocitos grandes y epiteloides/fusiformes*
- Hiperplasia epidérmica*
- Núcleos grandes*
- Pueden tener cuerpos de Kamino*

LESIÓN SPITZOIDE

- Término **morfológico**
- Genética convencional (BRAF, NRAS)
- Pueden requerir segundos eventos para adquirir **morfología** spitzoide

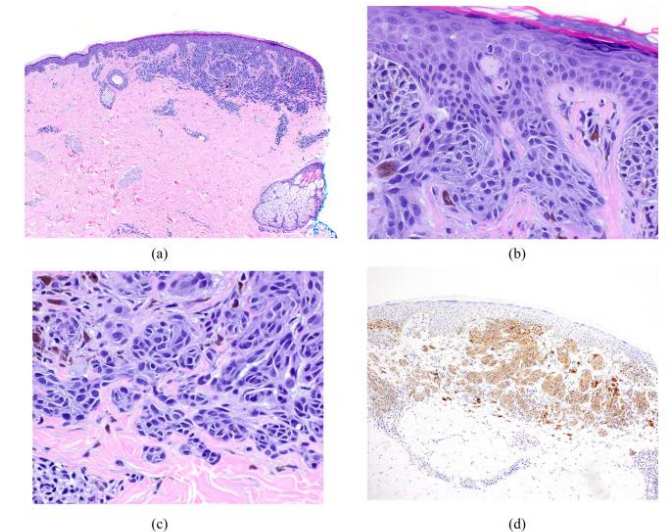


Fig. 1 This lesion seems indistinguishable from a Spitz nevus morphologically, but it carries a *BRAF* mutation based on immunostaining for VE1, which labels the protein product of the *BRAF*^{V600E} mutation. A dome-shaped, well-circumscribed proliferation of large ovoid melanocytes with a mostly nested junctional component (A). Kamino bodies are present (B). Note the clefts separating nearly every cell. There is maturation

PRAME EN DFSP

Research Article

Digital Spatial Profiling Demonstrates Differences Between Fibrosarcomatous Transformation of Dermatofibrosarcoma Protuberans and Its Conventional Counterparts

Nicholas Frazzette^a, Suvrajit Maji^{a,b}, Nada Mohamed^c, Austin Jones^d, Ata S. Moshiri^e, Robert W. Ricciotti^c, Shreeram Akilesh^{c,*}, Jose G. Mantilla^{a,*}

- El perfil de expresión génica mostró **sobreexpresión de PRAME en DFSP-FST** frente al DFSP convencional
- Tinción por inmunohistoquímica (IHQ) de PRAME **moderada o intensa en >50% de las células tumorales** en 7 casos de DFSP-FST (70%) en comparación con 1 caso de DFSP convencional (4%)

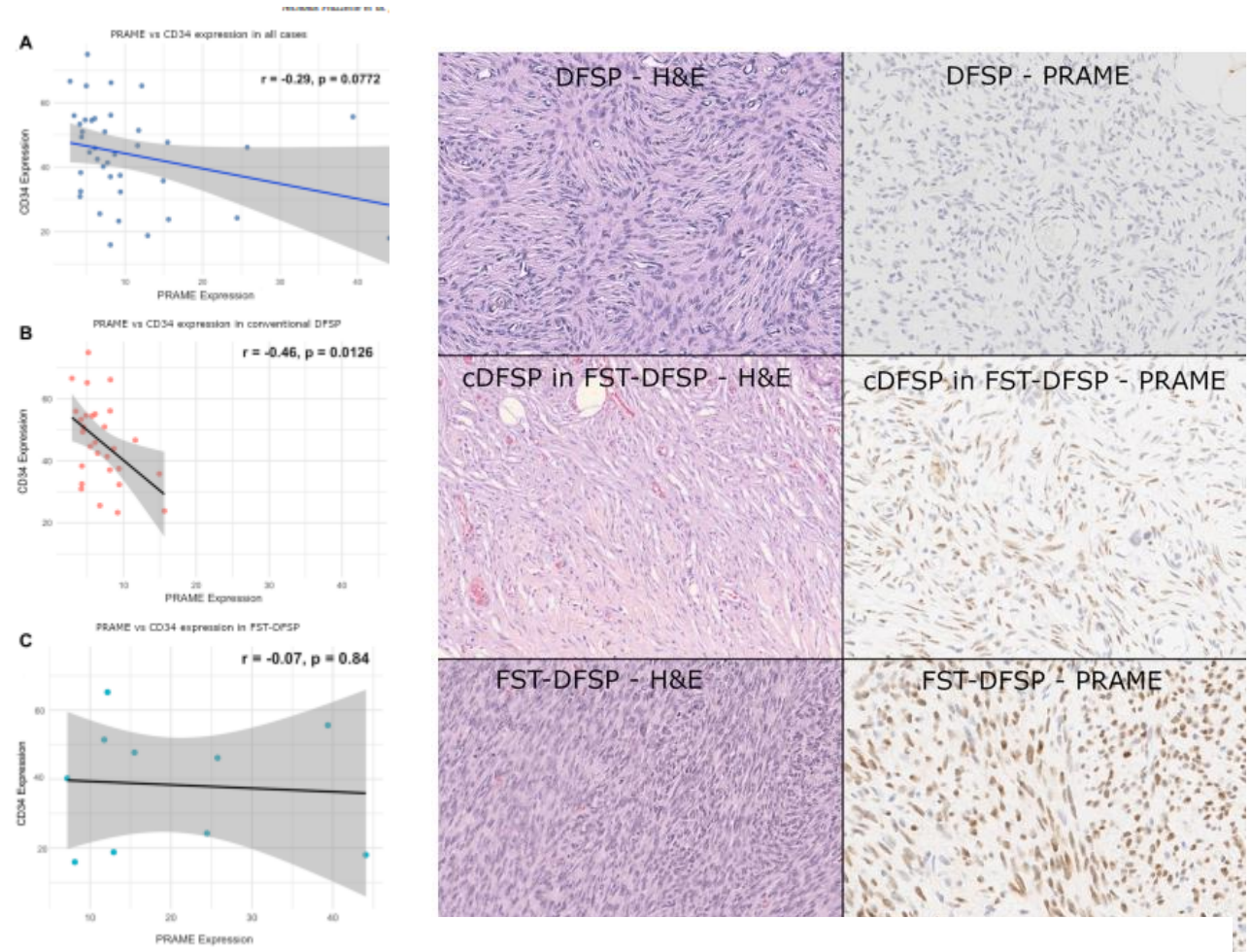


Figure 7.

Representative images of the morphologic features and immunohistochemical staining for PRAME, demonstrating strong diffuse reactivity in dermatofibrosarcoma protuberans with fibrosarcomatous transformation (DFSP-FST), variable reactivity in conventional areas of DFSP (cDFSP) in a lesion with FST, and negative staining in pure conventional DFSP. H&E, hematoxylin and eosin; PRAME, PReferentially expressed Antigen in MELanoma.

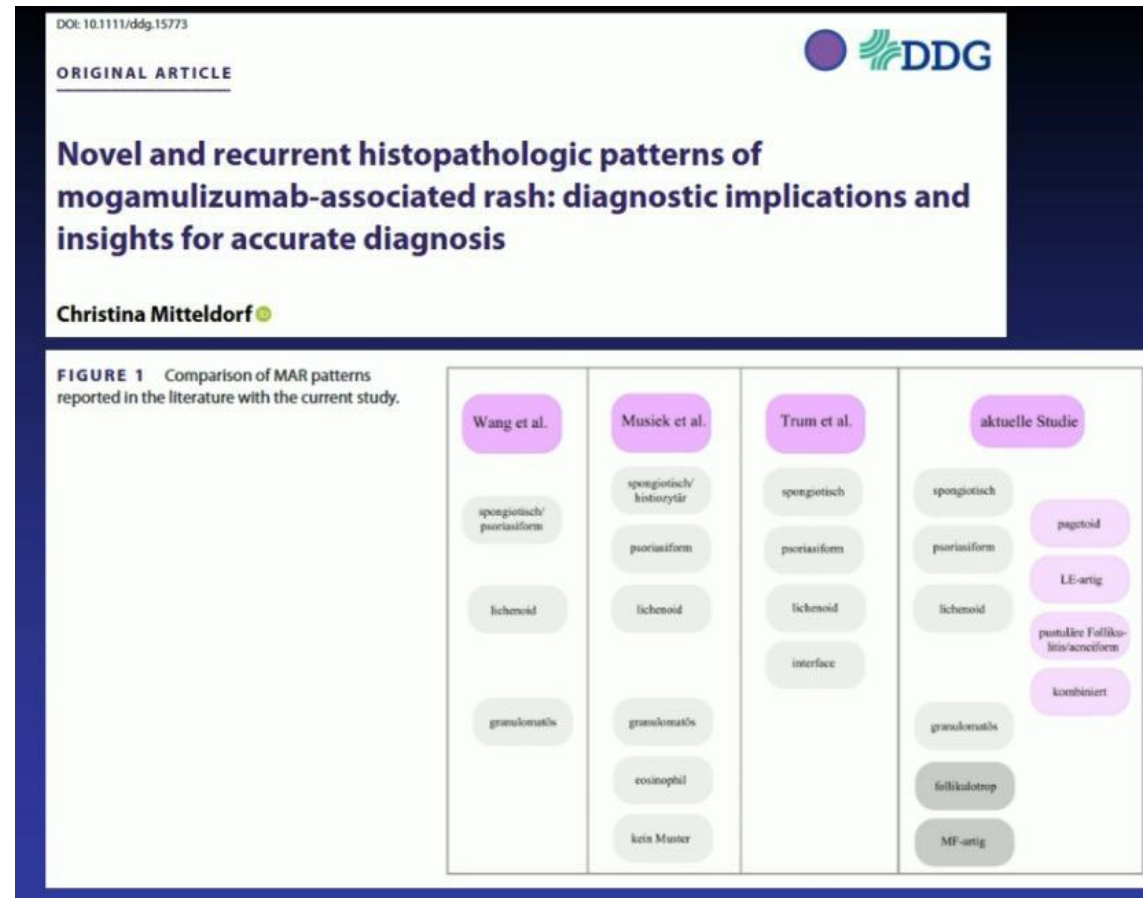
ERUPCIÓN POR MOGAMOLIZUMAB

PATRONES EMERGENTES

- Múltiples patrones
- Combinación de patrones

Clásicos:

- Espongiótico
- Psoriasiforme
- Interfase / liquenoide
- Granulomatoso (→ posible mejor respuesta tumoral)



- Pagetoid pattern which may mimic CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma
- Lupus erythematosus-like pattern
- Pustular folliculitis / acneiform pattern
- Combined pattern with MAR coexisting with residual or new infiltrates of the original / underlying lymphoma

Mitteldorf et al., JDDG 2025

ERUPCIÓN POR MOGAMOLIZUMAB

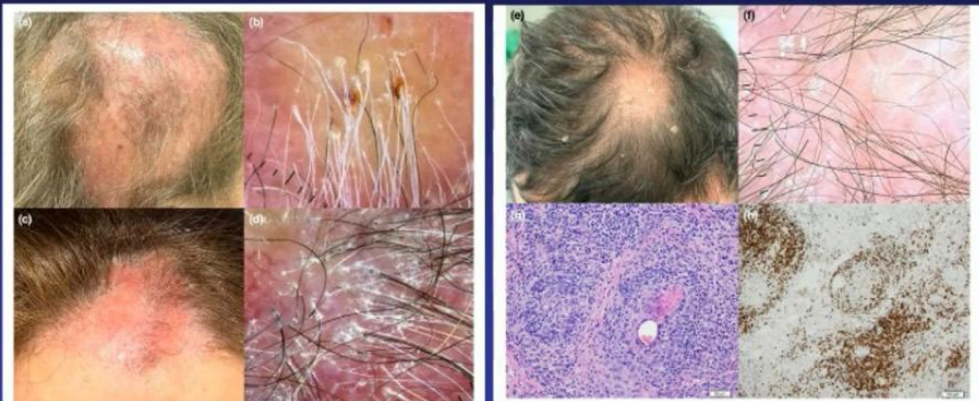
PATRONES EMERGENTES

Received: 25 September 2024 | Accepted: 24 January 2025
DOI: 10.1111/jdv.20557

LETTER TO THE EDITOR

JEADV

**Mogamulizumab-induced alopecia. Multicentric case series:
Clinical, trichoscopic and histological characterization**



- 11 patients with mogamulizumab-associated alopecia, median time to onset 5 months (range: 1–26 months)
- Mixed lymphocytic infiltrate with predominance of CD8(+) lymphocytes, especially the cells infiltrating the follicle
 - Destruction of the follicle and replacement by fibrous scar tissue
 - Miniaturization of the hair follicle
 - Granulomatous reaction
 - Presence of eosinophils

Cavestany Rodriguez et al., JEADV 2025

MAR: pustular folliculitis / acneiform pattern

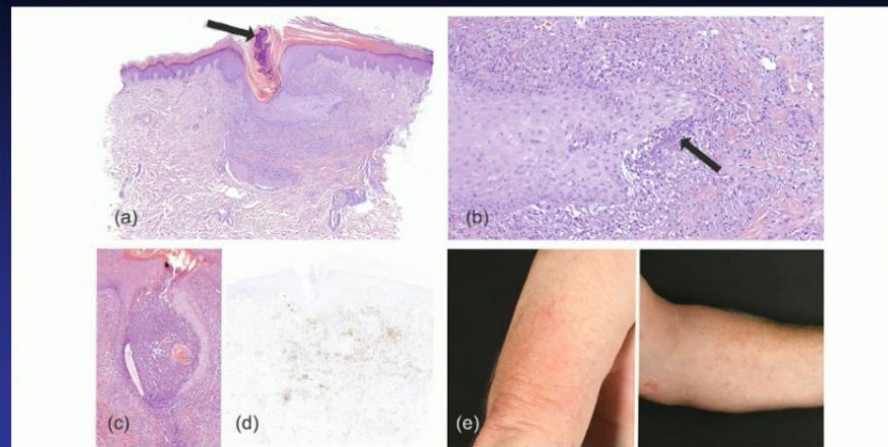
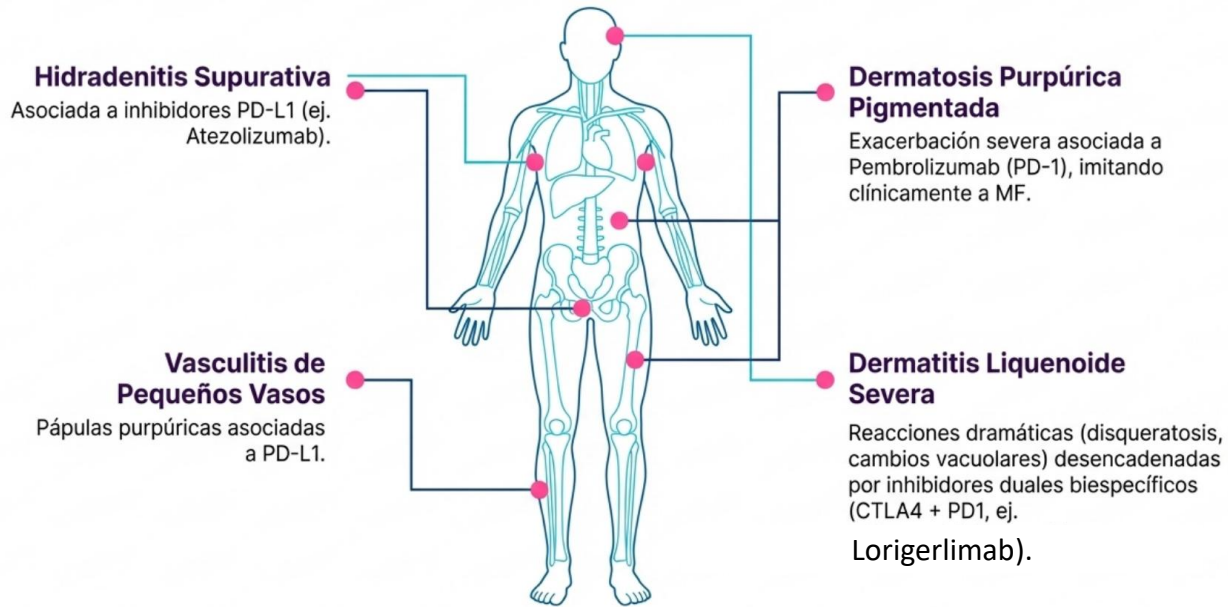


FIGURE 4 Pustular folliculitis/acneiform pattern: Dilated hair follicle infundibulum filled with a column of hyper-/parakeratotic material (a: HE, x 20, arrow). Surrounding lympho-histiocytic infiltrate with numerous neutrophils (b: arrow; HE x 50). Parts of the hair follicle infundibulum are filled with neutrophils (c: HE x 80). The histiocytes were highlighted with CD68 (d: x 20). (e) Follicle bound pustules on an erythematous base.

Mitteldorf et al., JDDG 2025

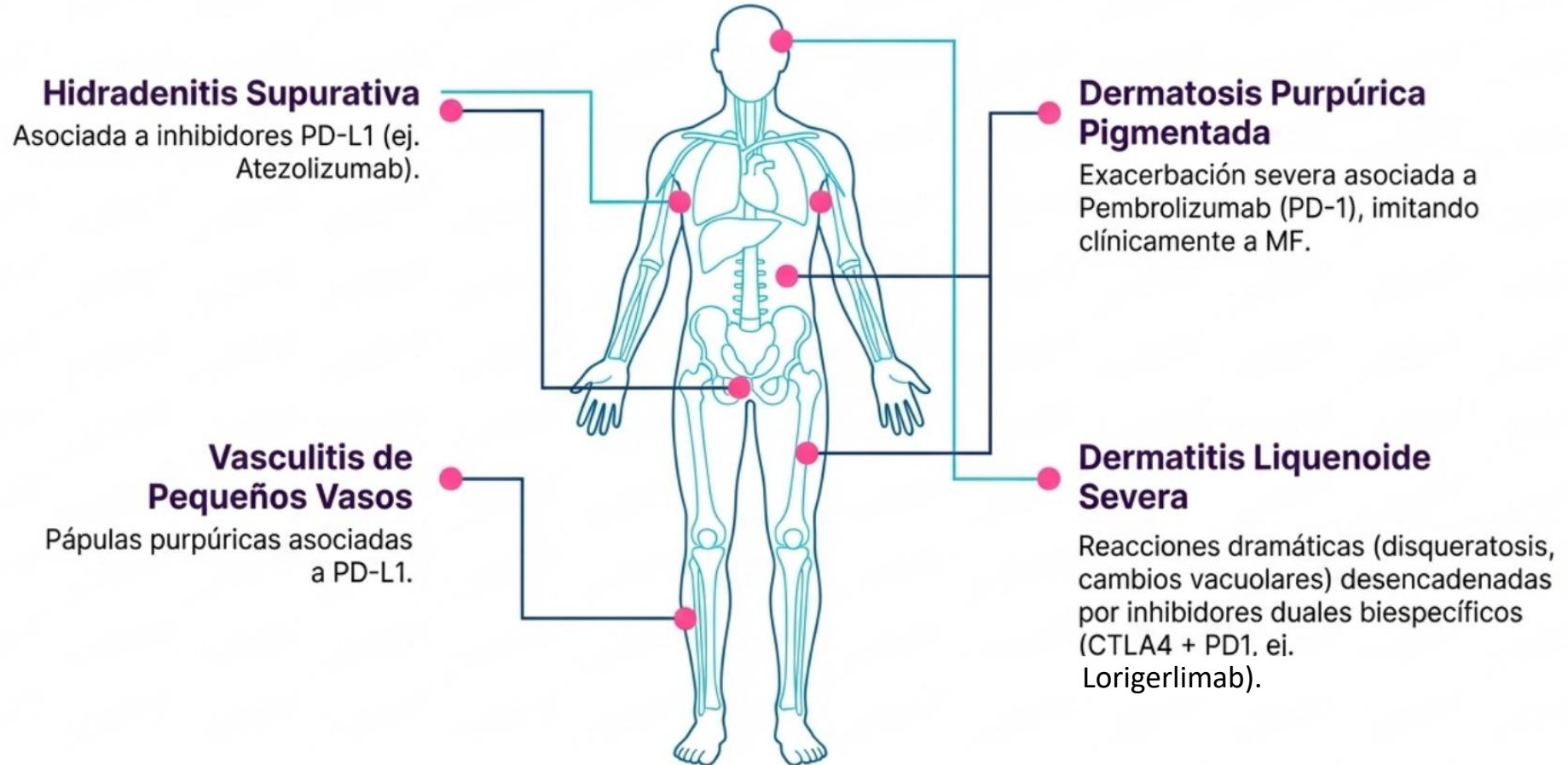
REACCIONES POR INMUNOTERAPIA



Checkpoint inhibitor skin reactions

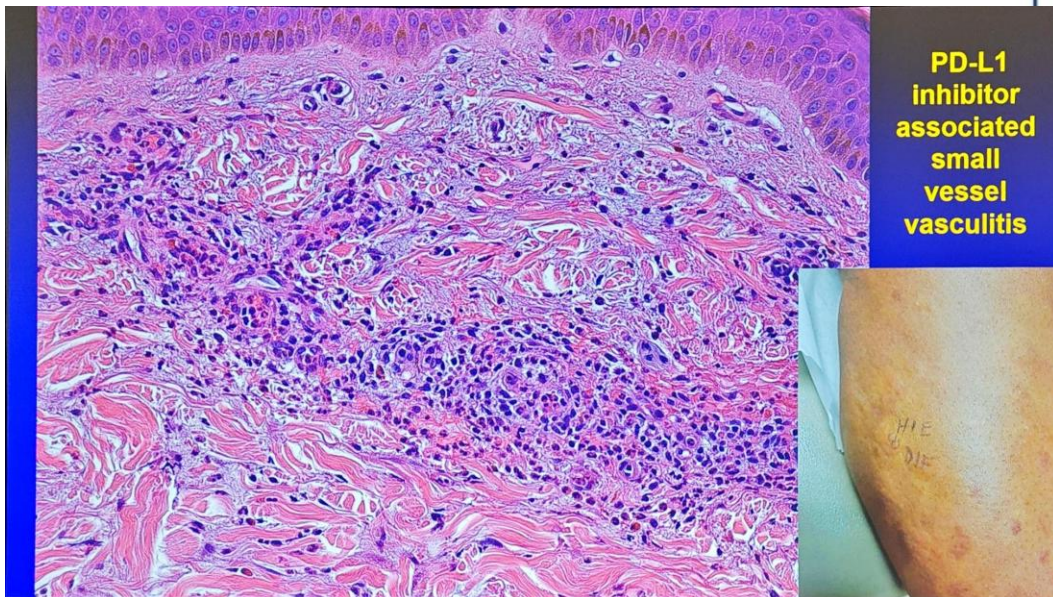
- Morbilliform eruptions
- Pruritus
- Vitiligo
- Psoriasis
- Eczema
- Disappearance of pigmented lesions
- Lichenoid dermatitis and mucositis
- Grover-like reactions
- Lupus-like reactions
- Erythema nodosum-like panniculitis
- Bullous pemphigoid and other autoimmune blistering diseases
- Granulomatous reactions
- Erythema multiforme and SJS/TEN-like reactions
- Alopecia areata

REACCIONES POR INMUNOTERAPIA

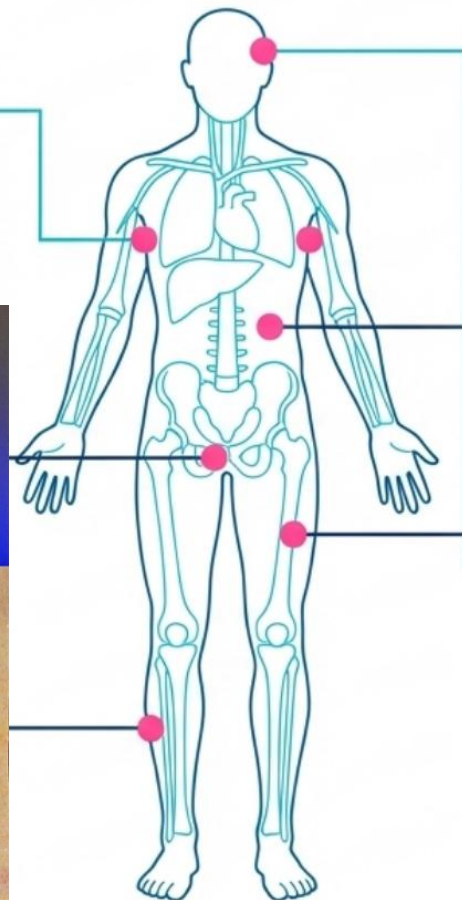


REACCIONES POR INMUNOTERAPIA

Hidradenitis Suppurativa
Asociada a inhibidores PD-L1 (ej.
Atezolizumab).



PD-L1 inhibitor associated small vessel vasculitis



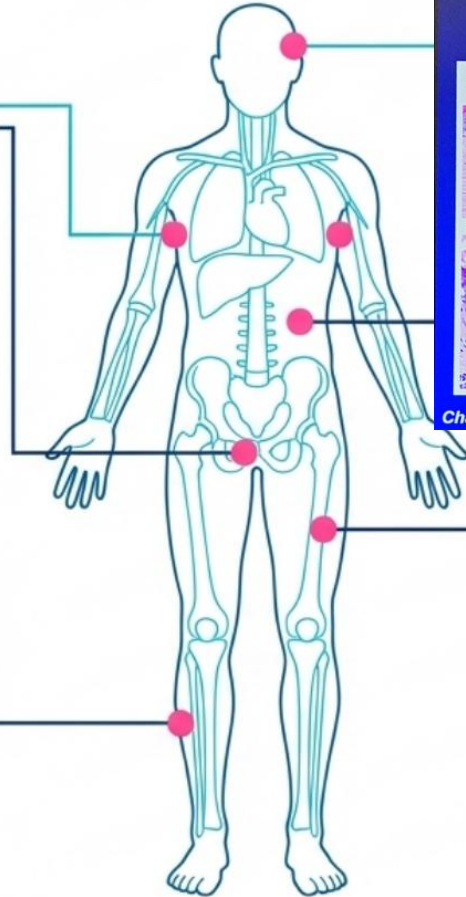
Dermatosis Purpúrica Pigmentada
Exacerbación severa asociada a Pembrolizumab (PD-1), imitando clínicamente a MF.

Dermatitis Liquenoide Severa
Reacciones dramáticas (disqueratosis, cambios vacuolares) desencadenadas por inhibidores duales biespecíficos (CTLA4 + PD1, ej. Lorigerlimab).

REACCIONES POR INMUNOTERAPIA

Hidradenitis Suppurativa
Asociada a inhibidores PD-L1 (ej. Atezolizumab).

Vasculitis de Pequeños Vasos
Pápulas purpúricas asociadas a PD-L1.



CASE STUDY

Pembrolizumab-Exacerbated Widespread Pigmented Purpuric Dermatitis in an Elderly Patient, a Potential Diagnostic Pitfall Mimicking Pigmented Purpuric Dermatitis-Like Mycosis Fungoides

Nicole Chang¹ | Yoni Hirsch² | Kristian Nemeth^{1,4} | Susan Pez^{1,3}

FIGURE 4 | The lymphocytic infiltrate is comprised of T-cells, with a slight predominance of CD8-positive lymphocytes within the epidermis (CD3, CD4, CD8, and CD7 (top)).

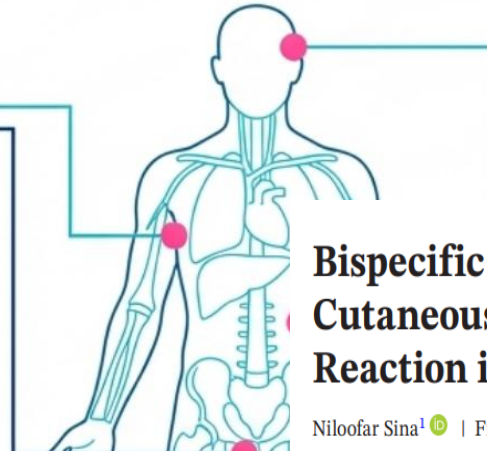
Chang et al., JCP 2025

Dermatitis Liquenoide Severa

Reacciones dramáticas (disqueratosis, cambios vacuolares) desencadenadas por inhibidores duales biespecíficos (CTLA4 + PD1, ej. Lorigerlimab).

REACCIONES POR INMUNOTERAPIA

Hidradenitis Suppurativa
Asociada a inhibidores PD-L1 (ej. Atezolizumab).



Dermatosis Purpúrica Pigmentada
Erosiones asociadas a...

Bispecific Dual-Immune Checkpoint Inhibitor Associated Cutaneous Toxicity: A Report of Lorigerlimab Adverse Skin Reaction in Two Cancer Patients

Niloofer Sina¹ | Fiorinda Muhaj² | Volha Lenskaya³ | Doina Ivan^{2,3} | Victor G. Prieto^{2,3} | Jonathan L. Curry^{3,4}

Vasculitis de Pequeños Vasos
Pápulas purpúricas asociadas a PD-L1.

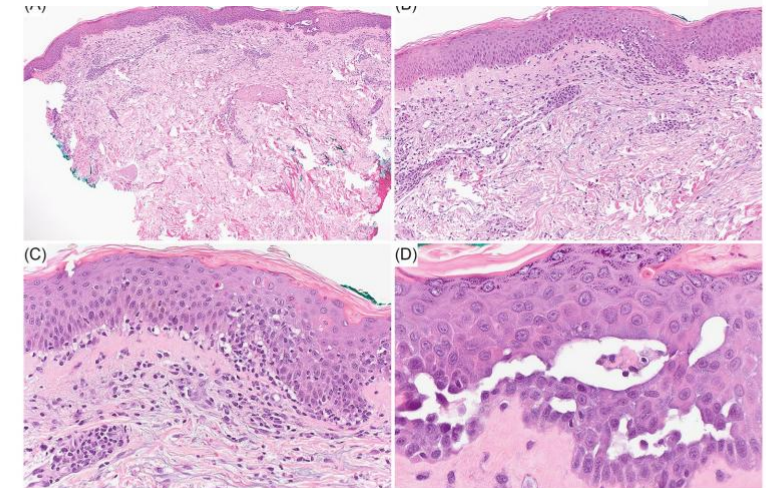
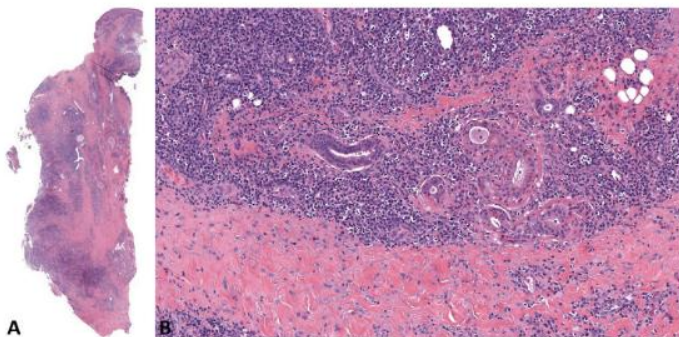


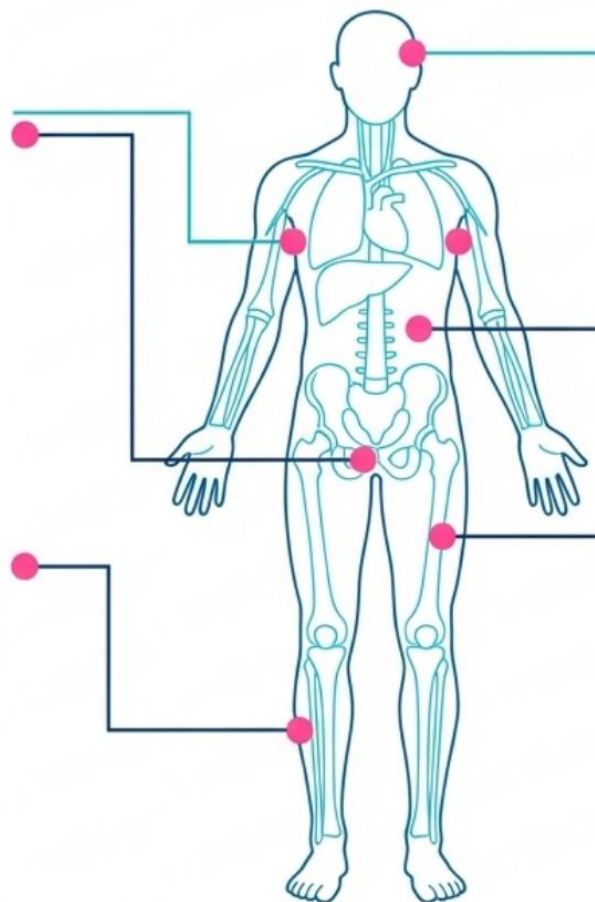
FIGURE 4 | Interface dermatitis with focal acantholysis associated with lorigerlimab therapy in Case 2. (A, B) Histopathologic examination of skin biopsy stained with H&E revealed cell-poor vacuolar interface changes along the dermal-epidermal junction (DEJ) and dermal perivascular lymphocytic infiltrates at a magnification of $\times 40$ (A) and $\times 100$ (B). (C, D) H&E stains of the epidermis showed few lymphocytes along the DEJ and scattered keratotic cells at a magnification of $\times 200$ (C) and a focal area of suprabasal acantholysis at a magnification of $\times 400$ (D).



FIGURE 1 | Erythematous nodules in the axillae and inguinal folds. (A and B, respectively).



Vasculitis de Pequeños Vasos
Pápulas purpúricas asociadas a PD-L1.



Dermatosis Purpúrica Pigmentada

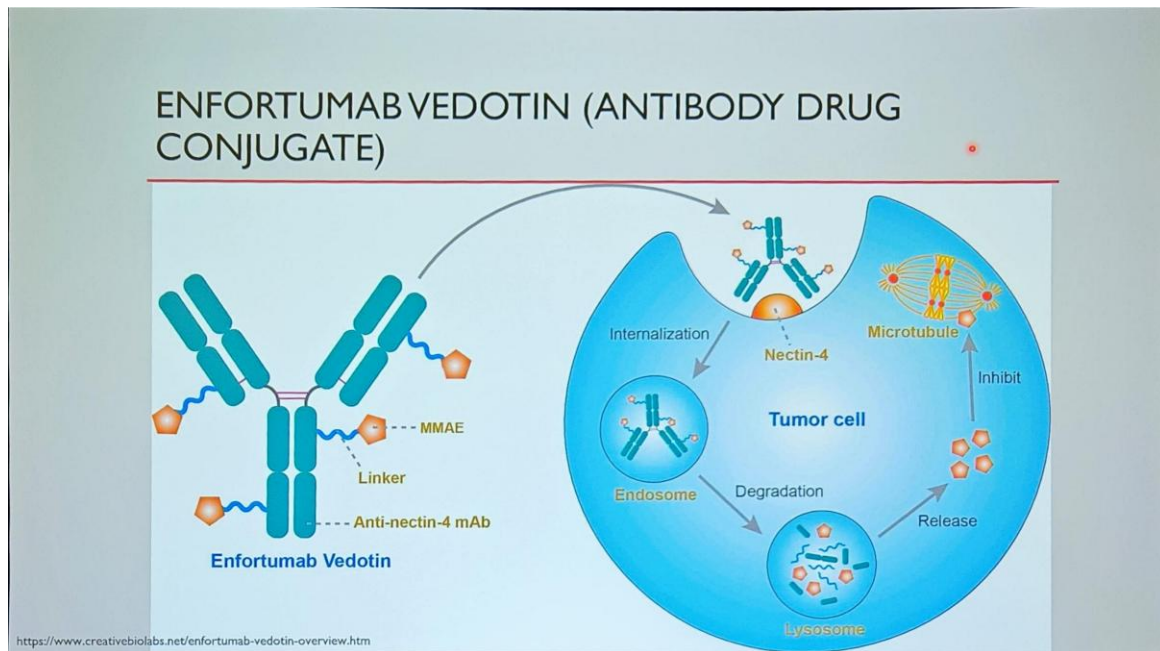
Exacerbación severa asociada a Pembrolizumab (PD-1), imitando clínicamente a MF.

Dermatitis Liquenoide Severa

Reacciones dramáticas (disqueratosis, cambios vacuolares) desencadenadas por inhibidores duales biespecíficos (CTLA4 + PD1, ei. Lorigerlimab).

ENFORTUMAB-VEDOTIN

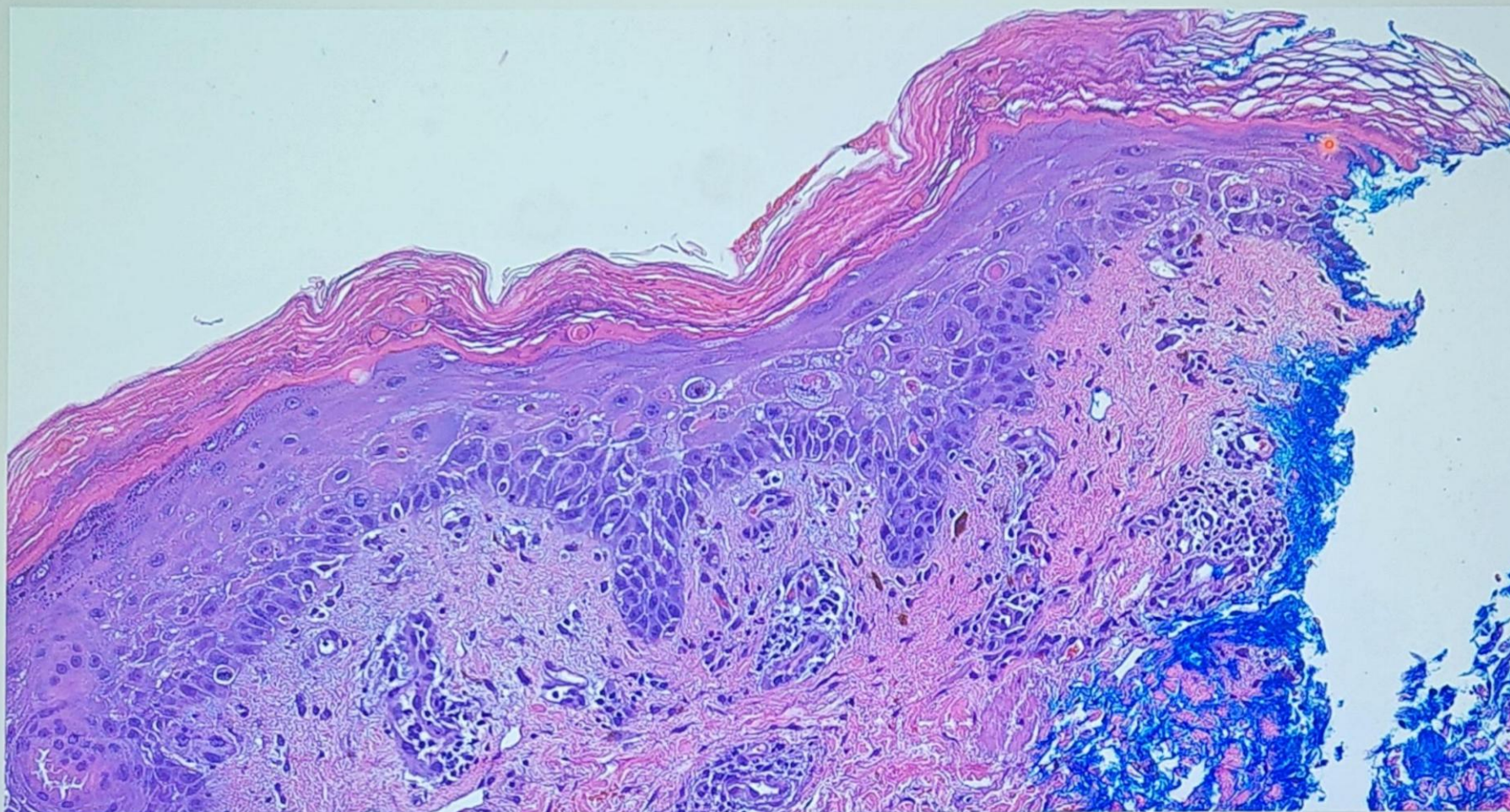
- Anti nectina4



TOXIC ERYTHEMA OF CHEMOTHERAPY (TEC)



ENFORTUMAB-VEDOTIN



Disquerasis

Dermatitis de interfase

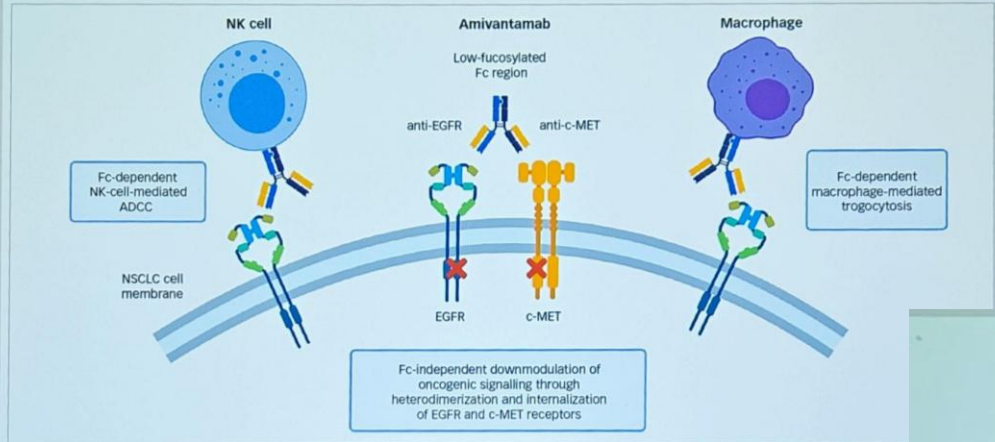
Mitosis en anillo

Biopsia es clave para distinguir de reacciones a inmunoterapia

AVIMANTAMAB

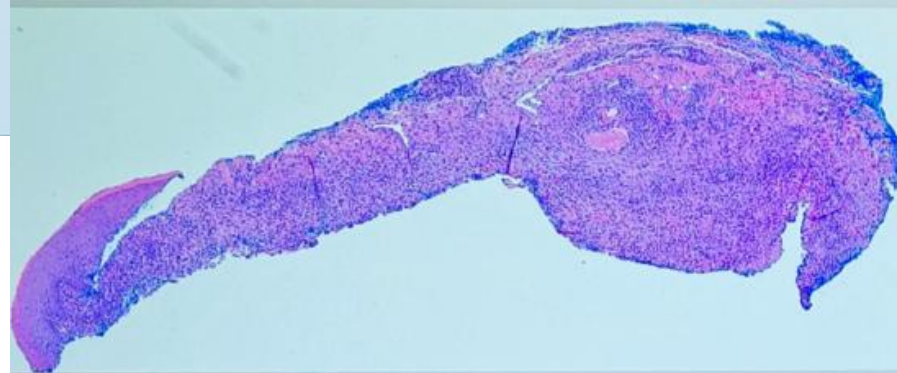
AMIVANTAMAB (BISPECIFIC ANTIBODY)

Figure 1: Amivantamab mechanisms of action

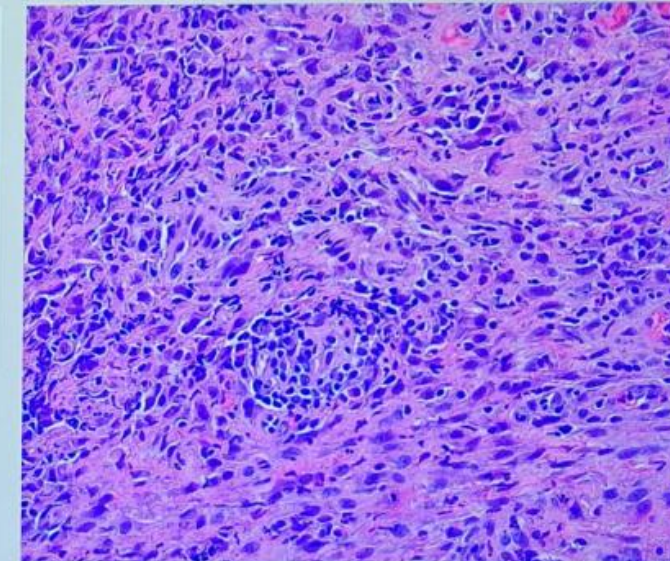


Inhibidor dual EGFR y c-MET

- Superposición con toxicidades de EGFRi/MEKi
 - Erupción acneiforme (100% todos los grados, 29% grado 3)
 - Paroniquia (100% todos los grados, 29% grado 3)
 - Dermatitis eccematosa
 - Hipertrichosis
 - Dermatitis neutrofílicas tardías



- Hypergranulation tissue
- Mixed infiltrate: lymphoplasmacytic, neutrophilic, +/- folliculitis



AVIMANTAMAB

> Case Rep Dermatol. 2025 Jun 13;17(1):263-267. doi: 10.1159/000546616. eCollection 2025 Jan-Dec.

Erosive Pustular Dermatitis and Amivantamab for Lung Cancer: A Case Report

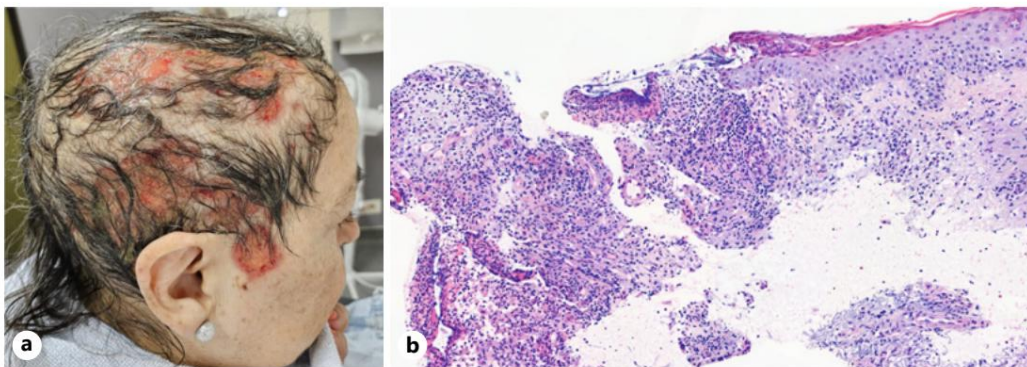
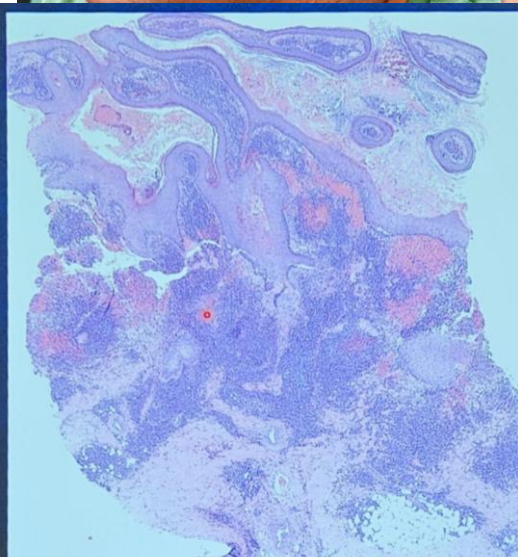


Fig. 1. a Erosive disseminated lesions of the scalp with accompanying alopecia during amivantamab treatment. **b** Histology revealing an erosion with an underlying heavy inflammatory infiltrate of neutrophils (H/E, ×15).

Reacciones tipo pioderma gangrenoso



COCAÍNA VS VASCULITIS ANCA



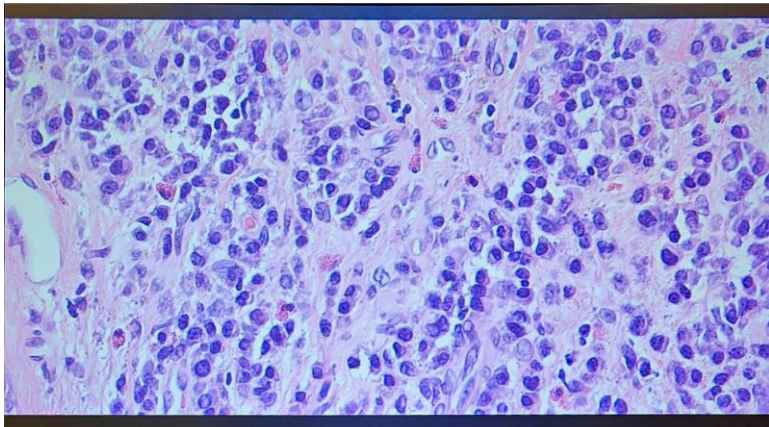
**DERMATOSIS
NEUTROFÍLICAS**



**LESIONES DESTRUCTIVAS DE
LÍNEA MEDIA**

Vasoconstricción e isquemia
P-ANCA > c-ANCA

COCAÍNA VS VASCULITIS ANCA



**MUCOSITIS DE
CÉLULAS
PLASMÁTICAS**

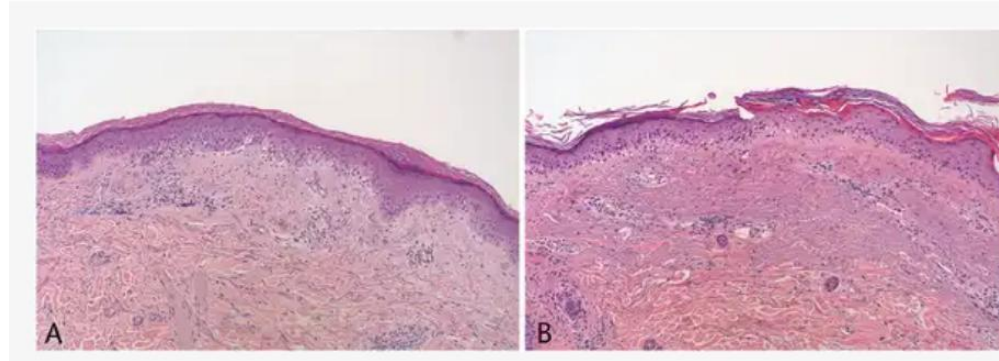
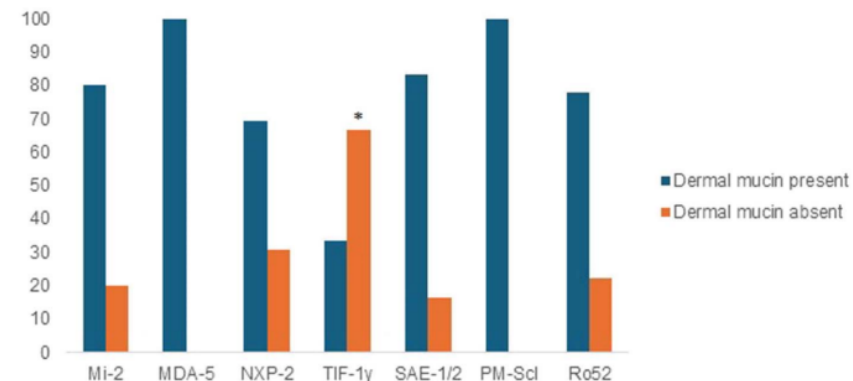
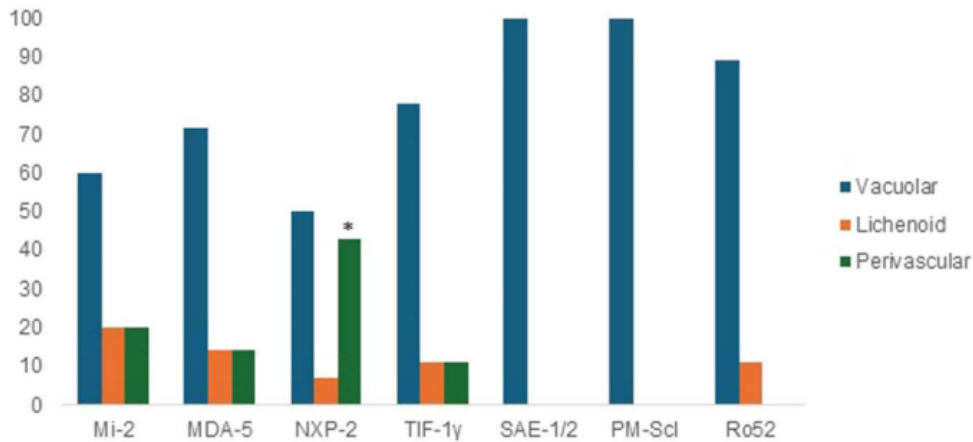
TEST DE TÓXICOS ANTES DE TRATAR ANCA VASCULITIS

- Relación con consumo de cocaína vía nasal
- Hipersensibilidad a un componente no identificado
- c-ANCA > p-ANCA

- Los trastornos asociados a cocaína **no presentan la combinación de vasculitis Y granulomas**
- La vasculitis asociada a ANCA **no presenta oclusión trombótica**
- Vasculitis asociada a levamisol: vasculitis **SIN granulomas**
- Pseudovasculitis asociada a cocaína: ni vasculitis ni granulomas

Correlation of Dermatopathologic Findings and Autoantibody Subtypes in Dermatomyositis

Sheldon Russell, MD,* Nathan T. Harvey, FRCPA,* Nima Mesbah Ardakani, FRCPA,*†
Anna Bruschi, FRACP, FRCPA,*‡§ and Benjamin A. Wood, FRCPA*¶



- NXP-2 → patrón perivascular aislado (sin interfaz)
- TIF-1 γ → ↓ mucina dérmica
- MDA-5 → mucina presente en todos los casos

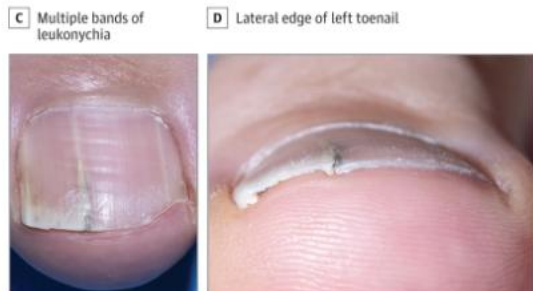
ONICOPAPILOMAS MÚLTIPLES Y BAP1

Multiple Onychopapillomas and BAP1 Tumor Predisposition Syndrome

Alexandra Lebensohn, MS, CGC¹; Azam Ghafoor, MD²; Luke Bloomquist, MD³; et al



B Clinical image of thumbs



A, Linear bands of leukonychia with focal hyperkeratotic epicleses at the hyponychium are shown. **B** and **C**, Diffuse leukonychia, onycholysis, and subungual hyperkeratosis of the first digit on the hands are shown.

- 47 pacientes con mutación BAP
- 83% onicopapiloma
- 97,4% múltiples

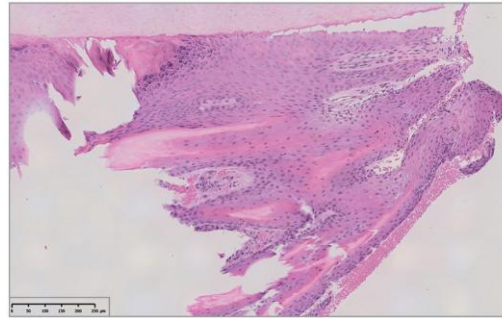
Histología convencional

ONICOPAPILOMAS MÚLTIPLES Y BAP1

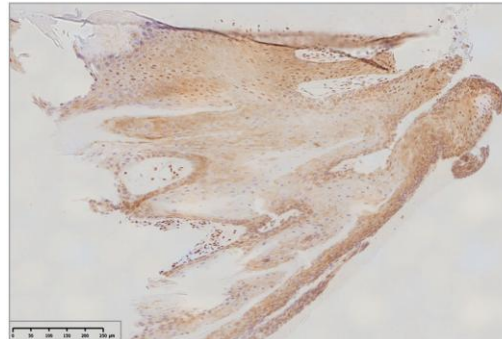
- BAP1 TPS (tumor predisposition síndrome) = genodermatosis AD
- BAP1 es un gen supresor de tumores
- El onicopapiloma es convencional y retiene BAP

A. Epithelial acanthosis and papillomatosis with overlying subungual hyperkeratosis and parakeratosis consistent with onychopapilloma (hematoxylin and eosin; $\times 100$) are shown. B, There is focal loss of *BRCA1*-associated protein (BAP1) but overall retention of nuclear BAP1 staining ($\times 100$). C, Metaplastic changes in the epithelium, including cellular enlargement with abundant eosinophilic cytoplasm and occasional multinucleated cells (hematoxylin and eosin; $\times 300$), are shown.

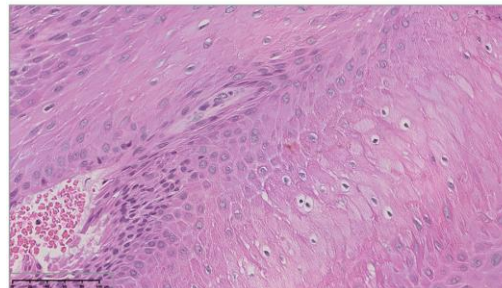
A Original magnification $\times 100$



B Original magnification $\times 100$



C Original magnification $\times 300$



- Melanoma cutáneo
- Melanoma uveal
- Mesotelioma maligno
- Carcinoma de células renales
- Carcinoma basocelular
- Meningioma
- Cáncer de mama
- Cáncer de vejiga
- Colangiocarcinoma
- Carcinoma hepatocelular

TAKE-HOME

- “Spitzoide” es un **patrón**, no un diagnóstico.
- La **genética** está redefiniendo las entidades dermatológicas.
- Más terapias implican **nuevas toxicidades** cutáneas.
- La **correlación clínico-patológica** sigue siendo clave.

*A un nuevo nivel de
conocimiento científico*



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highlights

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Con el patrocinio de:



*A un nuevo nivel de
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Una iniciativa de:



ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
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