AAD ANNUAL MEETING 2025

AEDV 7 - 11 MARZO ORLANDO

highlights

# Dermatoscopia y técnicas de imagen

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Una iniciativa de:

AEDV 1909 ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

FUNDACIÓN AEDV PIEL SANA ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

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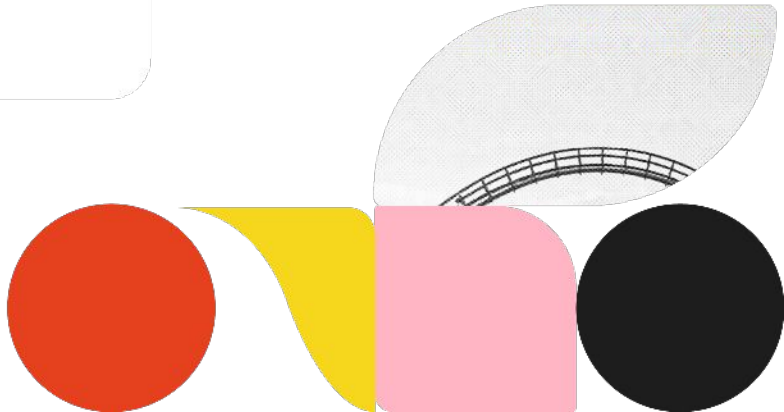
AAD **ANNUAL** MEETING **2025**

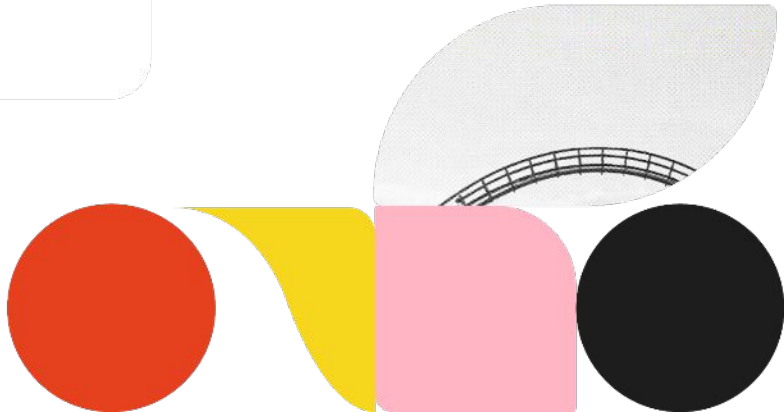
AEDV 7 - 11 MARZO ORLANDO

*highlights*

# NO TENGO CONFLICTOS DE INTERÉS



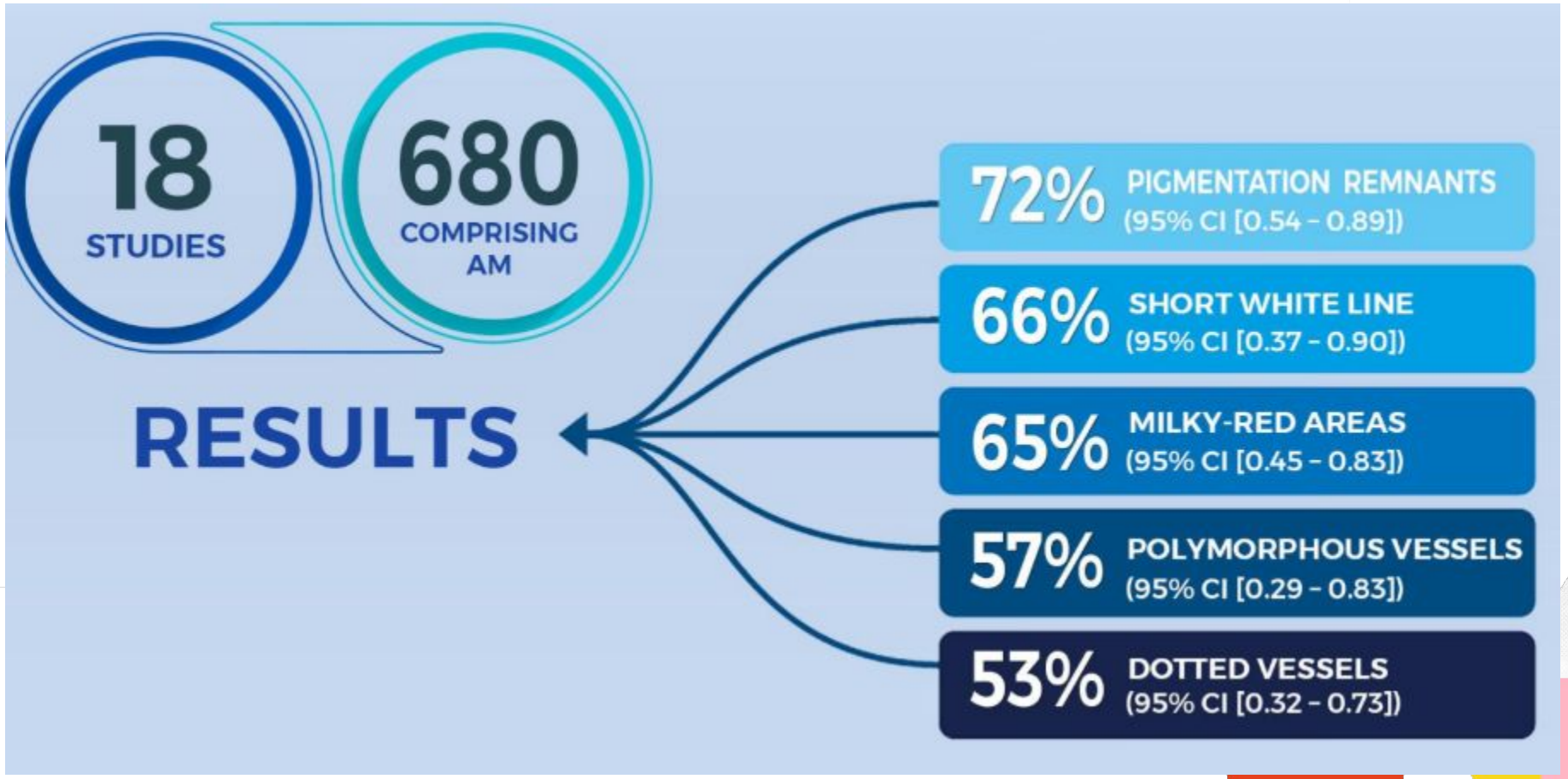
1. Dermatoscopia
2. Microscopía de reflectancia confocal
3. Ecografía



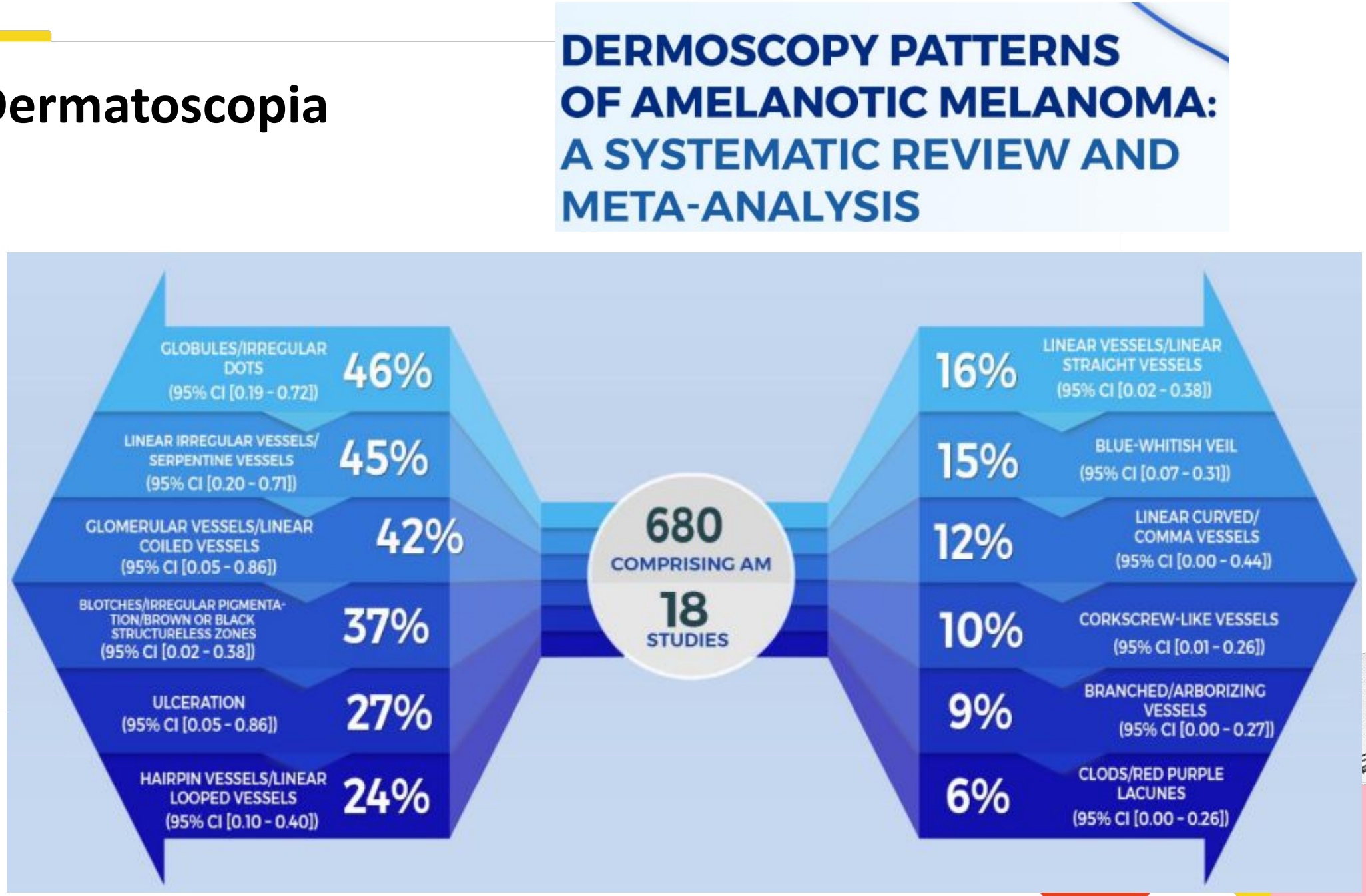
# Dermatoscopia

## DERMOSCOPY PATTERNS OF AMELANOTIC MELANOMA: A SYSTEMATIC REVIEW AND META-ANALYSIS

Lima de Oliveira, L.M., MD[1,2] ; Kreuz, M., MD[3]; Akabane, M.A.C.C.[4]; Reis, I.A.[5]; Rabello, M.T.A., MD[6]; Fraga - Braghiroli, N.A., MD[7]

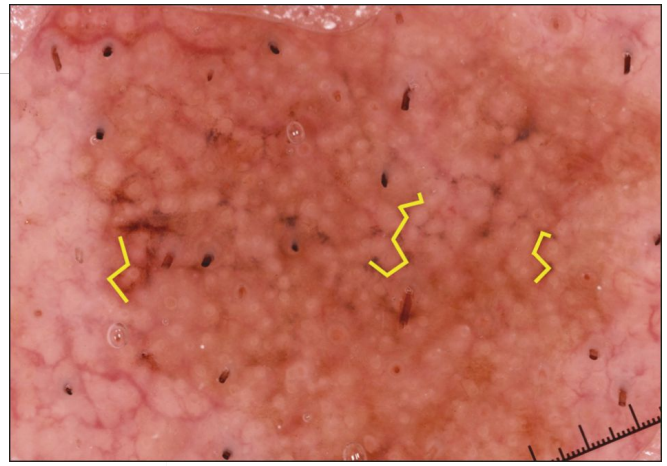


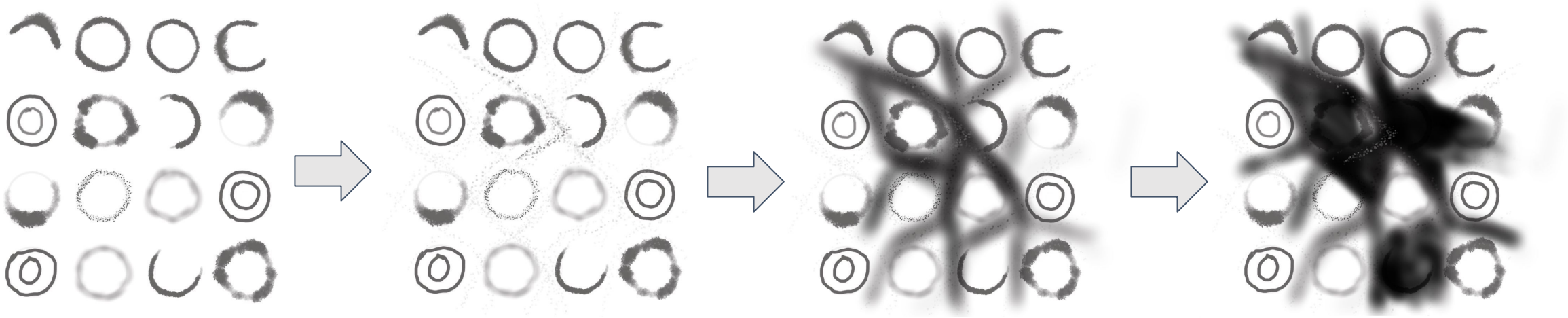
# Dermatoscopia



# Dermatoscopia

## Léntigo maligno





Hiperpigmentación asimétrica de aperturas foliculares

Patrón anular-granular

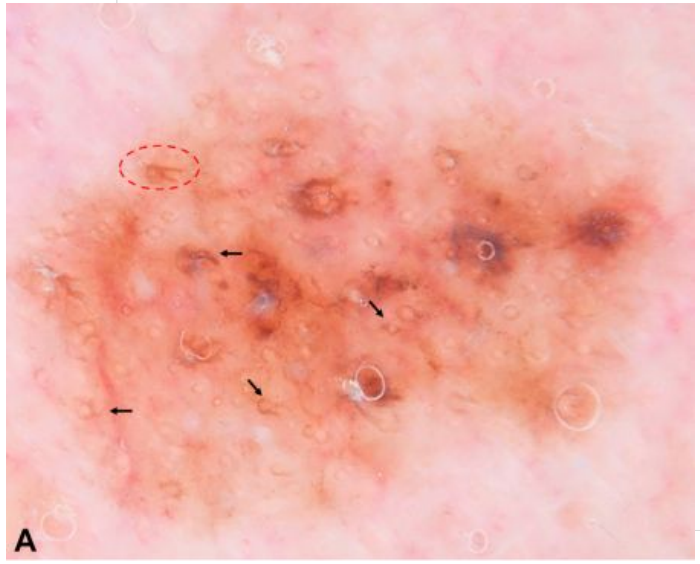
Estructuras romboidales

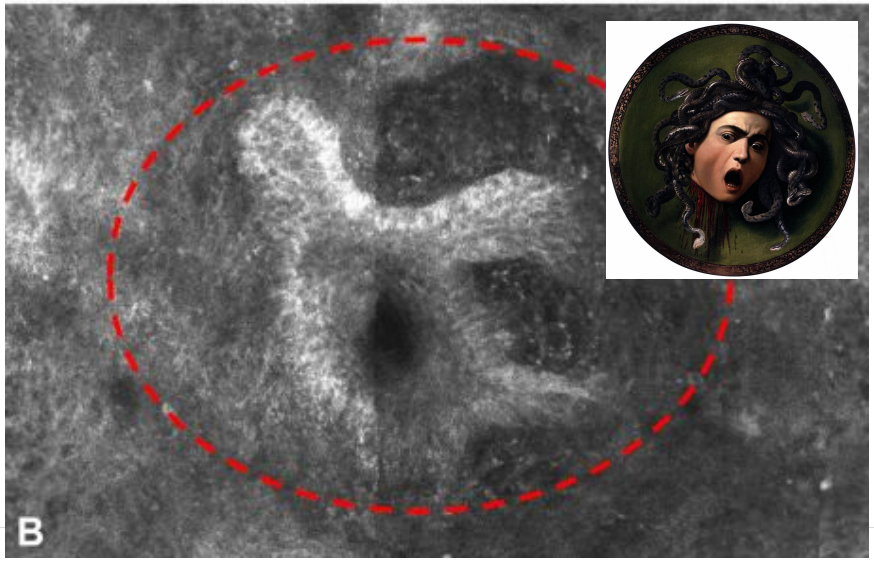
Mancha negra y obliteración de aperturas foliculares

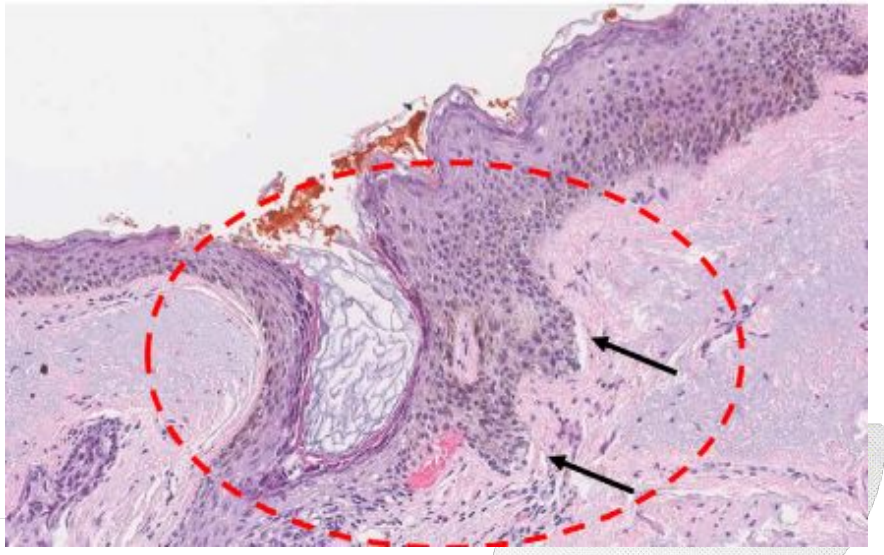
# Dermatoscopia

## Perifollicular linear projections: A dermatoscopic criterion for the diagnosis of lentigo maligna on the face

Cristian Navarrete-Dechent, MD,[a,b,c] Natalia Jaimes, MD,[d,e] Stephen W. Dusza, DrPH,[a] Konstantinos Liopyris, MD,[a,b] Michael A. Marchetti, MD,[a] Miguel Cordova, MD,[a] Margaret Oliviero, ARNP,[e] Miguel A. Villaseca, MD,[c,f] Melissa Pulitzer, MD,[g] Klaus J. Busam, MD,[g] Anthony M. Rossi, MD,[a] Harold S. Rabinovitz, MD,[e] Kishwer S. Nehal, MD,[a] Alon Scope, MD,[a,h] and Ashfaq A. Marghoob, MD[a]



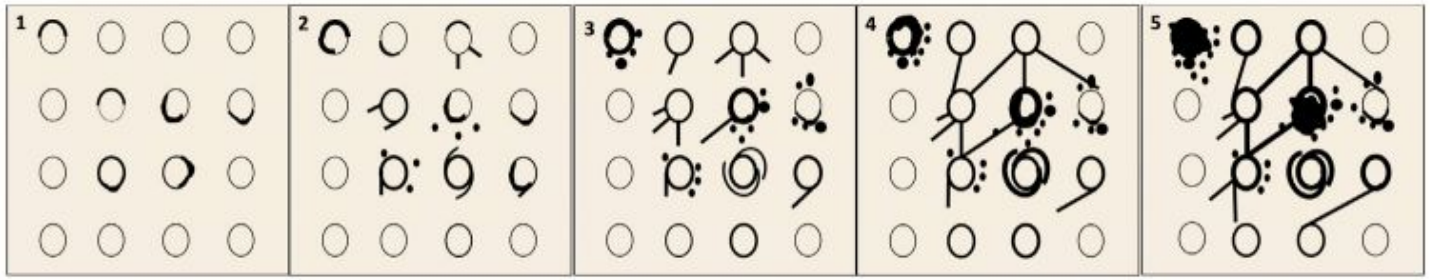
**Las proyecciones lineales perifoliculares son un criterio dermatoscópico independiente para el diagnóstico de lentigo maligno facial.**

**S 61,8%, E 96%**
**VPP 87%, VPN 85,1%**

# Dermatoscopia

## Perifollicular linear projections: A dermatoscopic criterion for the diagnosis of lentigo maligna on the face

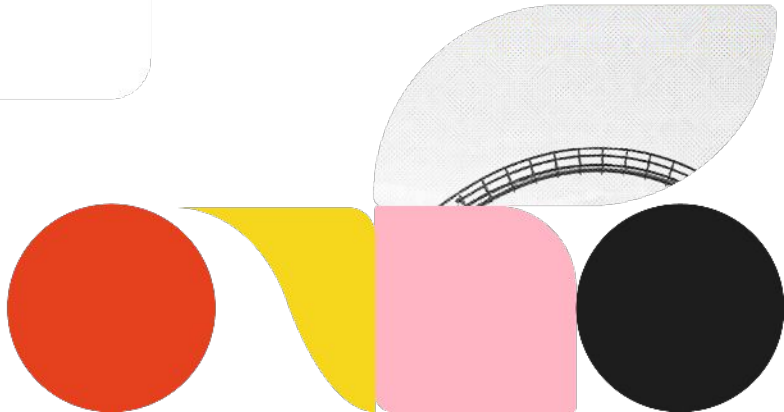
Cristian Navarrete-Dechent, MD,[a,b,c] Natalia Jaimes, MD,[d,e] Stephen W. Dusza, DrPH,[a] Konstantinos Liopyris, MD,[a,b] Michael A. Marchetti, MD,[a] Miguel Cordova, MD,[a] Margaret Oliviero, ARNP,[e] Miguel A. Villaseca, MD,[c,f] Melissa Pulitzer, MD,[g] Klaus J. Busam, MD,[g] Anthony M. Rossi, MD,[a] Harold S. Rabinovitz, MD,[c] Kishwer S. Nehal, MD,[a] Alon Scope, MD,[a,h] and Ashfaq A. Marghoob, MD[a]




**Updated Lentigo Maligna dermoscopic criteria**

1. Asymmetric rim of pigmentation of hair follicles
2. Perifollicular linear projections, early; annular-granular, early
3. Perifollicular linear projections, radial, and curved (circle-within-circle); annular-granular pattern
4. Rhomboidal structures
5. Obliteration of hair follicles

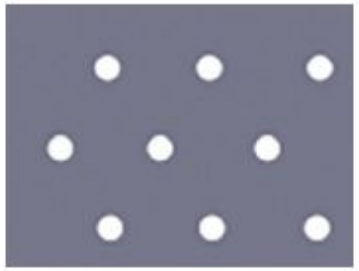
**Las proyecciones lineales perifoliculares constituyen un paso intermedio en el modelo de progresión del lentigo maligno.**



# Dermatoscopia

## Chronology of lichen planus-like keratosis features by dermoscopy: a summary of 17 cases

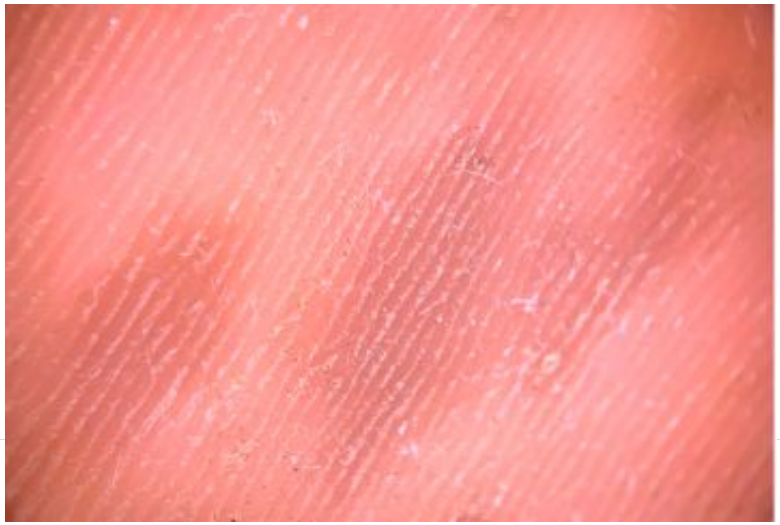
Soko Watanabe[1], Mizuki Sawada[1], Itaru Dekio[1], Sumiko Ishizaki[1], Mariko Fujibayashi[2], Masaru Tanaka[1]

| Stage | Dermoscopic Findings | Histopathological Correlates |
|---|---|---|
| Pre-existing solar lentigo | Light brown pseudonetwork  | Mild acanthosis with basal melanosis |
| Early inflammatory | Pinkish area  | Lymphocytic infiltration and capillary dilatation in the papillary and upper dermis |
| Early regressing | Annular granular structures  | Melanophages surrounding hair follicles |
| Regressing | Gray pseudonetwork  | Prominent melanophages in the papillary dermis |
| Late regressing | Blue-gray fine dots  | Discrete melanophages in the papillary dermis |

# Dermatoscopia

## A cross-sectional study of physiologic volar melanotic macules: Demographic, historical, clinical, and dermatoscopic features of a common yet neglected pigmentary variant in individuals with skin of color

Jonathan D. Ho, MBBS, DSc,[a,b] Yu-Feng Chang, MD, MS, MMSc,[c,d] Andrew T. W. Burton, MBBS, DM,[a] Tashema Edwards, MBBS,[a] Peter C. Chien, MD,[c,d] Dhruv Patel, BSc,[a] Vaishnavee Wagh, BSc,[a] and Hye Jin Chung, MD, MMSc[c,d]



**Patrón homogéneo**

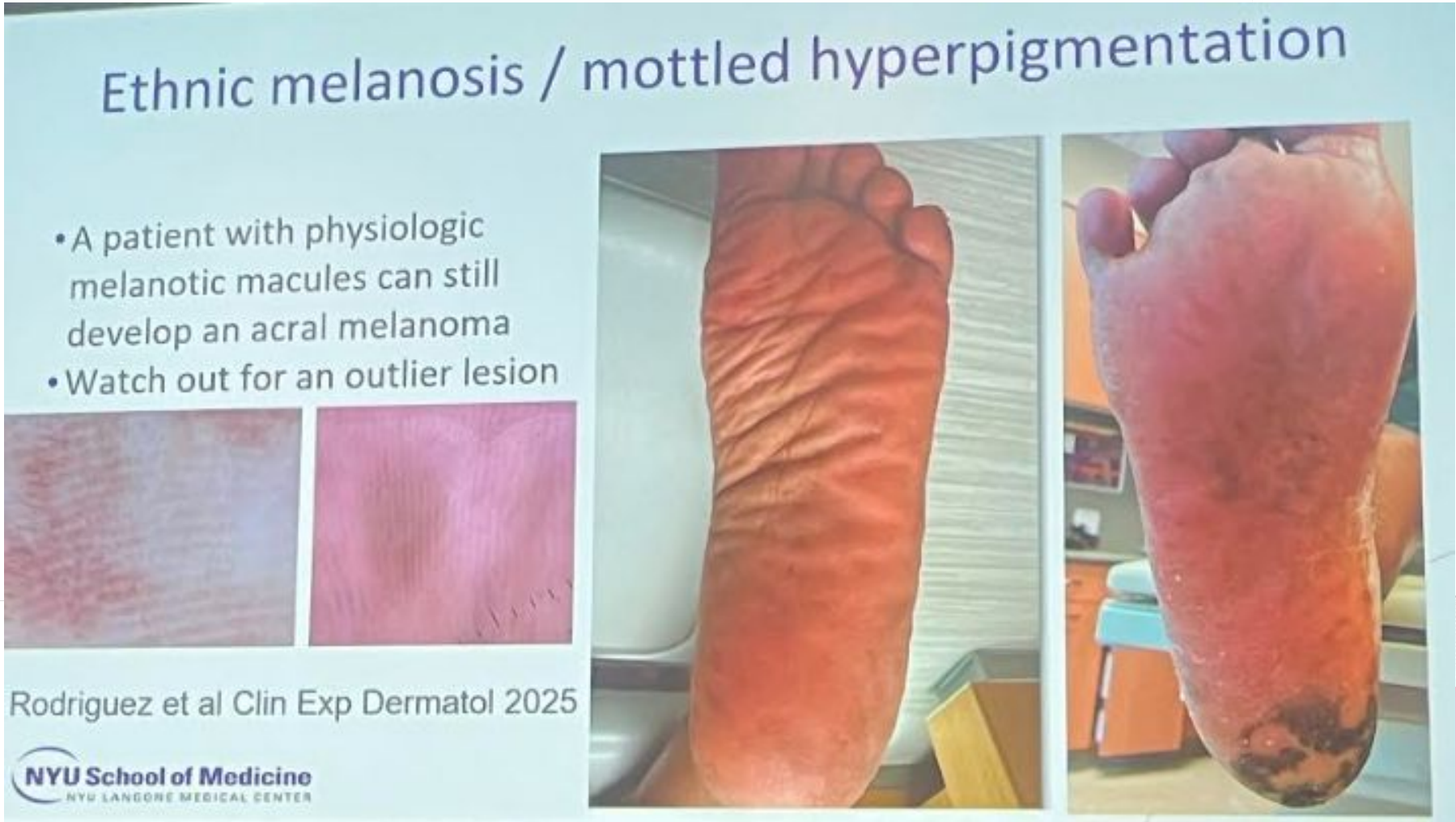
**Patrón paralelo de la cresta suave**

# Dermatoscopia

## Dermoscopic Features of Ethnic Acral Melanosis in Fitzpatrick Skin Types IV-VI

Get access >

Elijah Rodriguez, Elizabeth F Sher, Michelle Juarez, David Polsky, James Johnson, Jennifer A Stein, Prince Adotama ✉



# Dermatoscopia

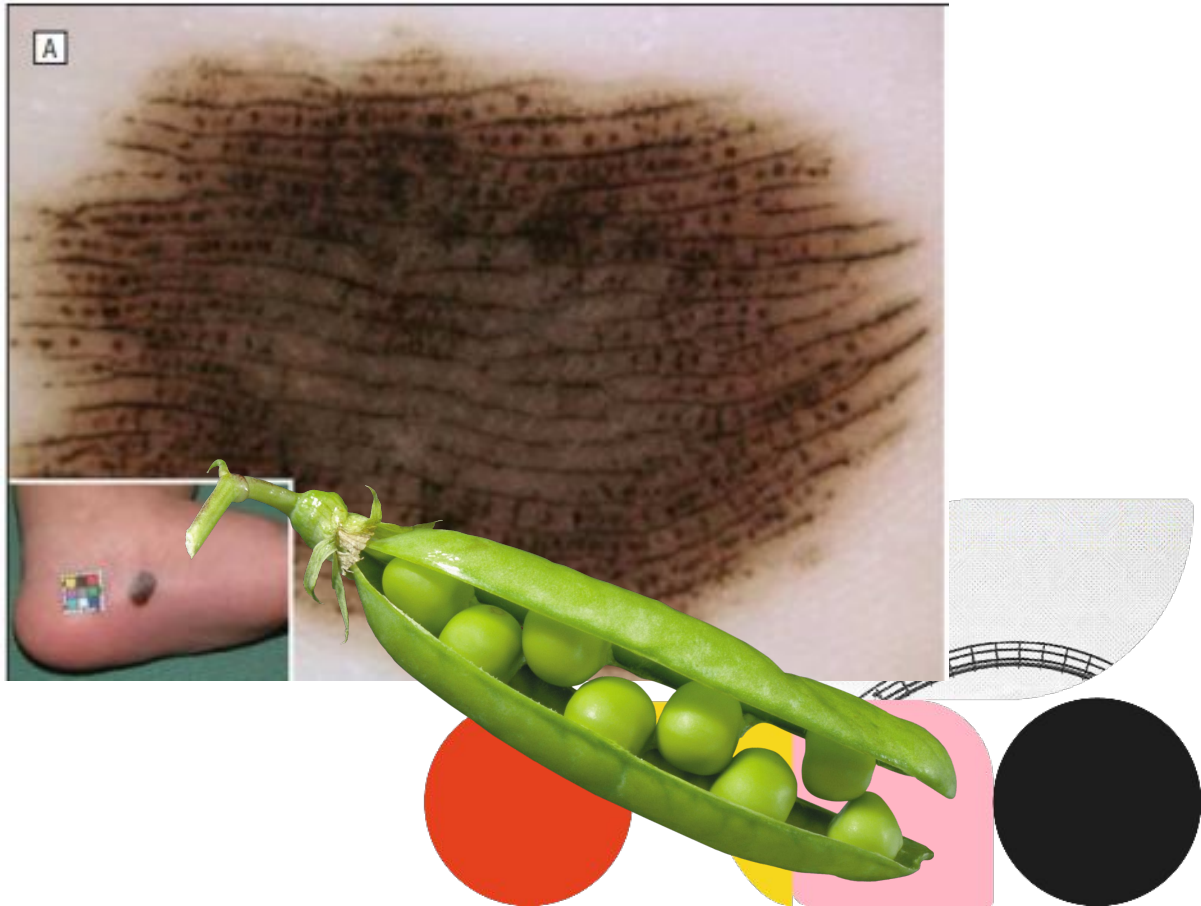
**Patrón paralelo del surco**

**Patrón punteado de la cresta**

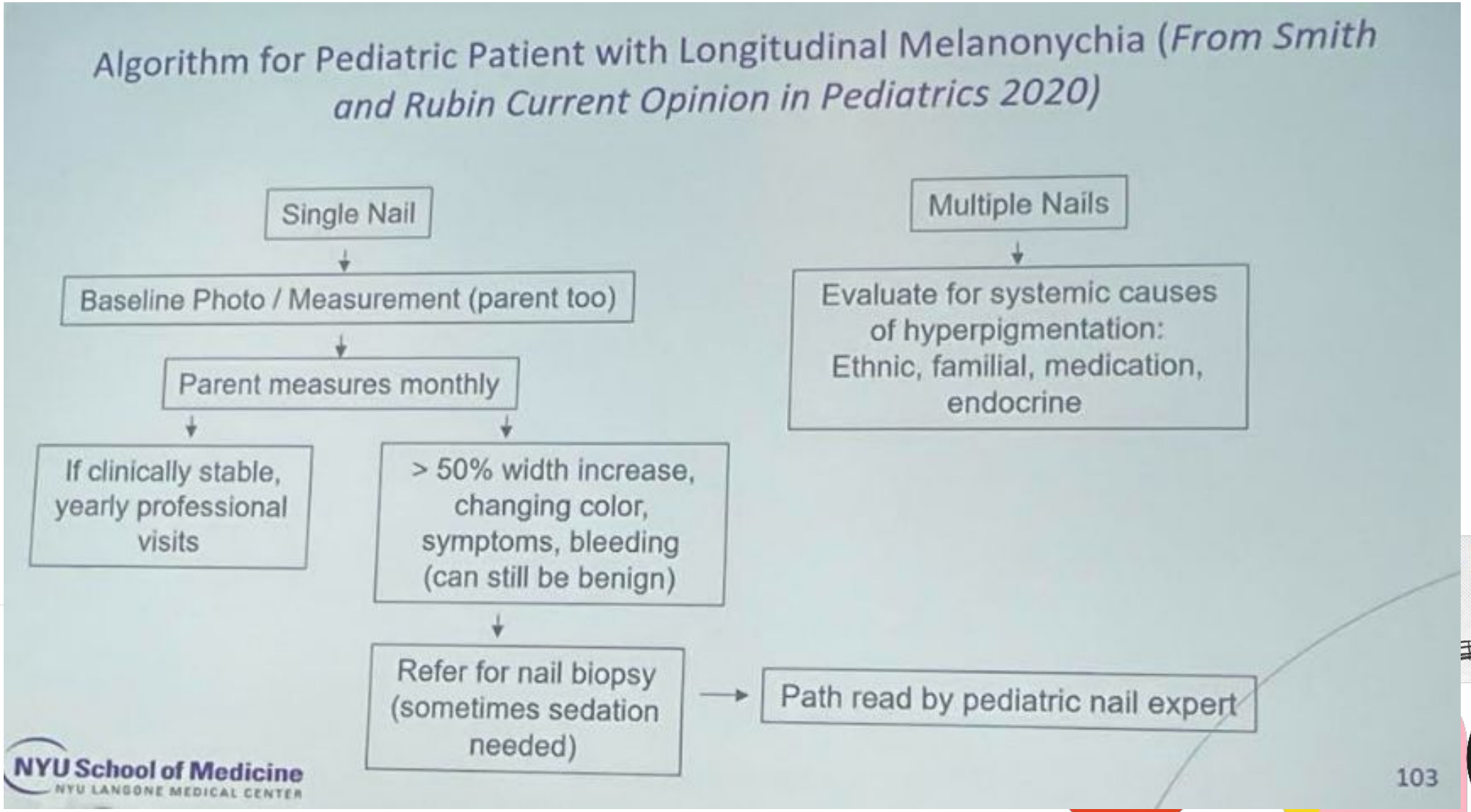
**Ambos (guisantes en vaina)**


## Dermoscopic Characteristics of Congenital Melanocytic Nevi Affecting Acral Volar Skin

*Akane Minagawa, MD; Hiroshi Koga, MD; Toshiaki Saida, MD, PhD*



# Dermatoscopia



# Dermatoscopia

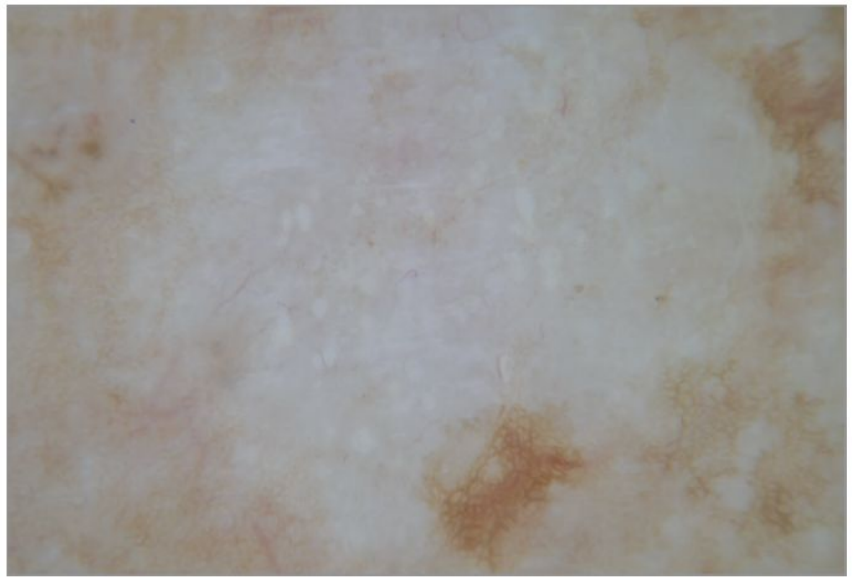
JAMA Dermatology | Original Investigation

## Association of Multiple Aggregated Yellow-White Globules With Nonpigmented Basal Cell Carcinoma

Cristian Navarrete-Dechent, MD; Konstantinos Liopyris, MD; Ayelet Rishpon, MD; Nadeem G. Marghoob, BS; Miguel Cordova, MD; Stephen W. Dusza, DrPH; Aditi Sahu, PhD; Kivanc Kose, PhD; Margaret Oliviero, RN; Harold Rabinovitz, MD; Klaus J. Busam, MD; Michael A. Marchetti, MD; Chih-Chan J. Chen, MD, PhD; Ashfaq A. Marghoob, MD

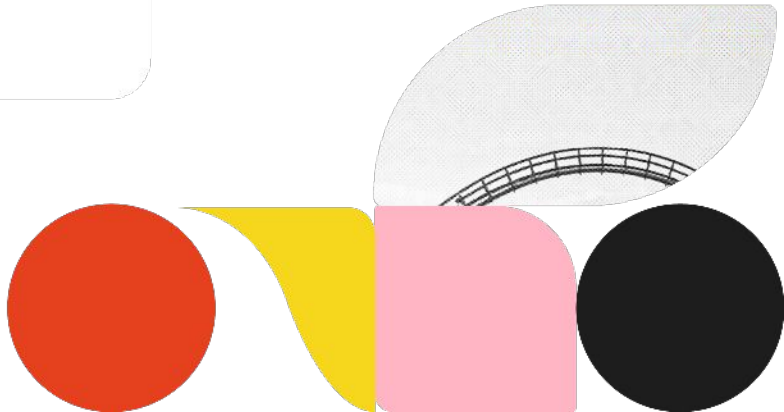
A Nonpolarized dermoscopic image of morpheaform BCC

B Polarized dermoscopic image of morpheaform BCC



**VPP 95,3%**

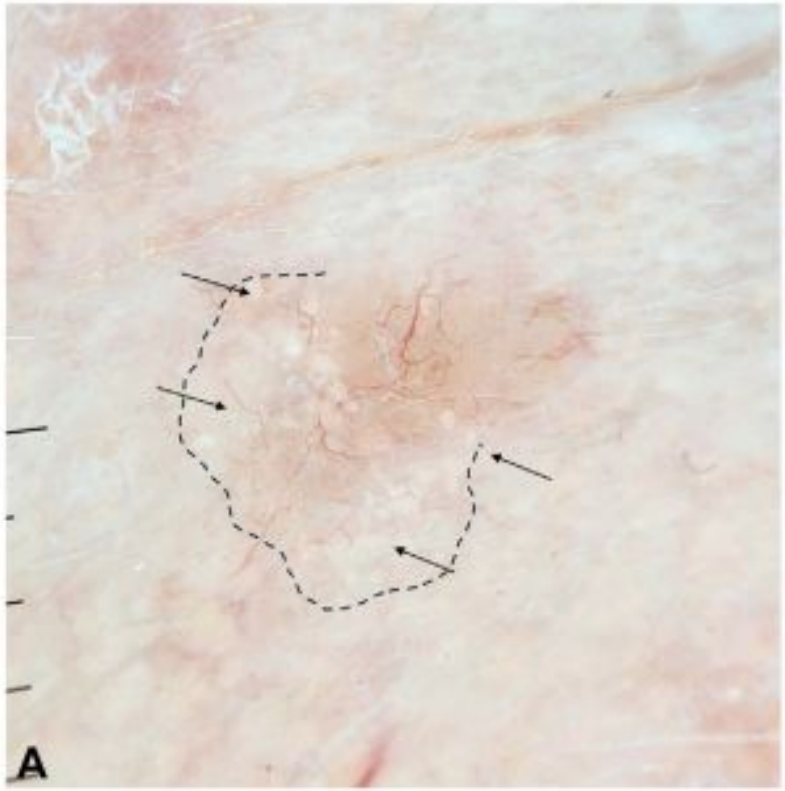
**Asociación con subtipos de alto riesgo**

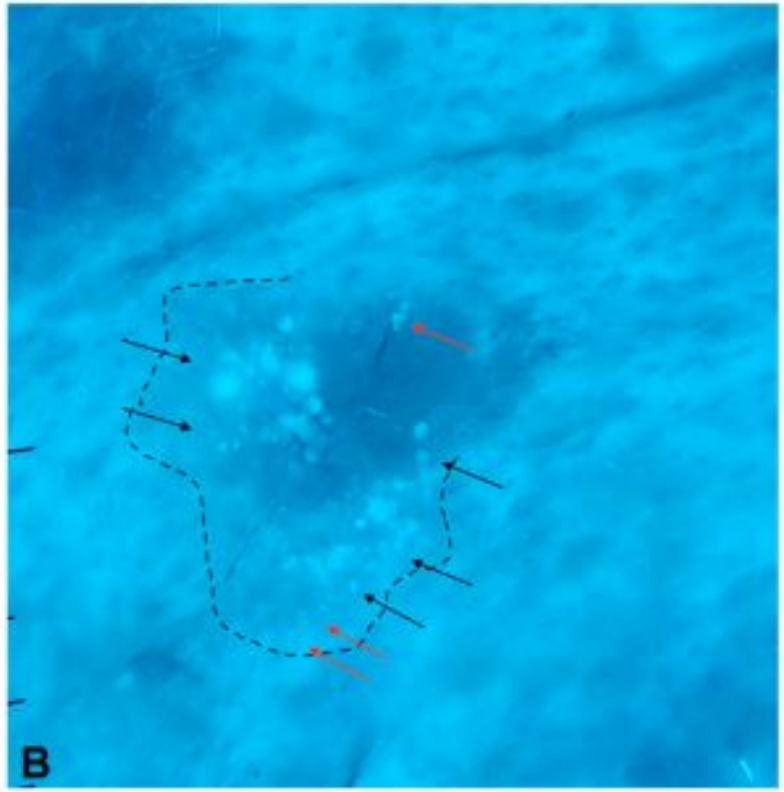


# Dermatoscopia

The role of ultraviolet-induced fluorescence dermatoscopy for the detection of multiple aggregated yellow-white globules in basal cell carcinoma

Cristian Navarrete-Dechent, MD [a,b] · Pawel Pietkiewicz, MD, PhD [c] · Gisel Astronave, MD [d] · ... · Consuelo Cárdenas, MD [a,b] · Katherine Droppelmann, MD, MSc [a,b] · Ashfaq A. Marghoob, MD [f] ... Show more

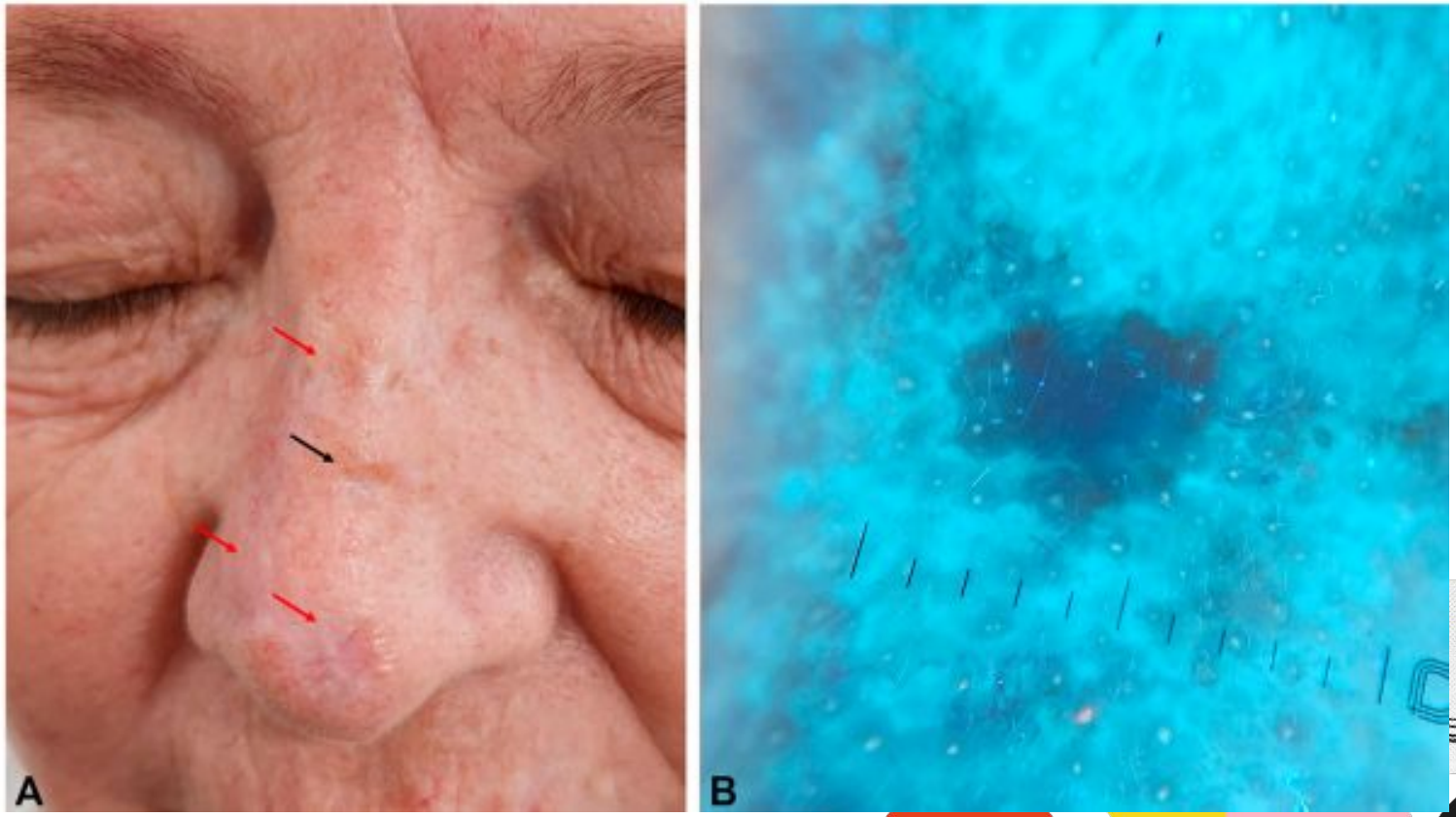


# Dermatoscopia

Ultraviolet-induced fluorescent dermoscopy for biopsy site identification prior to dermatologic surgery: A retrospective study

Cristian Navarrete-Dechent, MD [a,b] · Pawel Pietkiewicz, MD, PhD [c] · Stephen W. Dusza, DrPH [d] · ... · Katherine Droppelmann, MD, MSc [a,b] · Consuelo Cardenas, MD [a,b] · Ashfaq A. Marghoob, MD [d] ... Show more



# Dermatoscopia

## Dermoscopic features of eyelid margin tumors: A single-center retrospective study

Karolina Jaworska[1,2] | Martyna Sławińska[1] | Adam Wyszomirski[3] | Joanna Lakomy[4] | Michał Sobjanek[1]

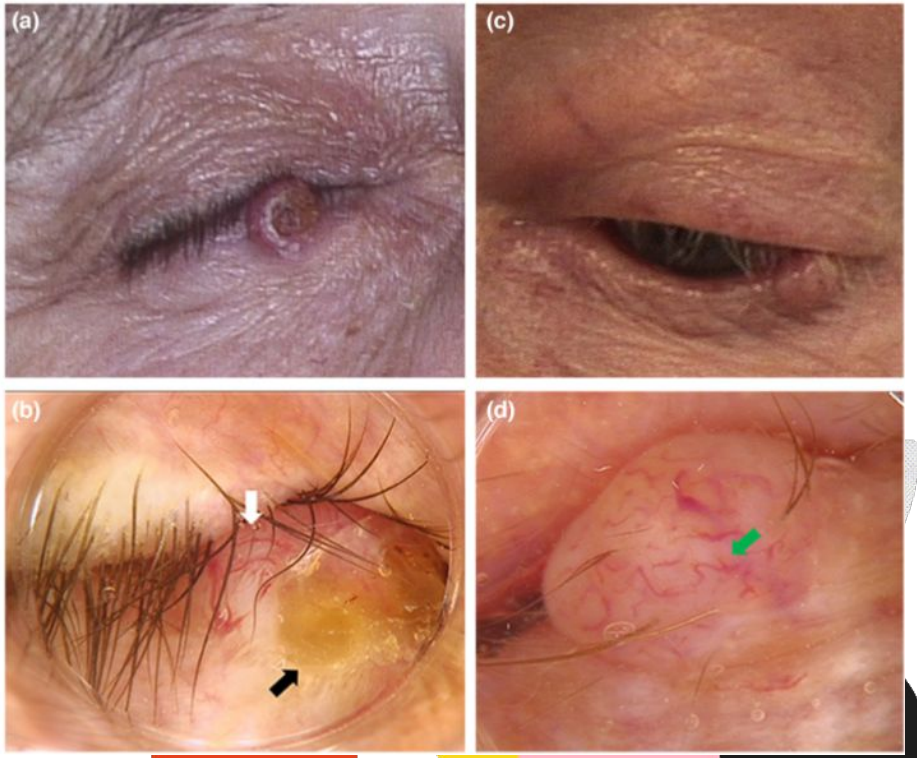
### BCC vs Intradermal Nevus: eyelid margin

**Basal Cell Carcinoma**

- Cutaneous eyelid
- Disruption to eyelashes
- Ulceration
- Pink background
- Vessels more crisp

**Intradermal nevi**

- Involves eyelid margin
- Eyelashes preserved
- Light brown
- Vessels more blurry



# Dermatoscopia

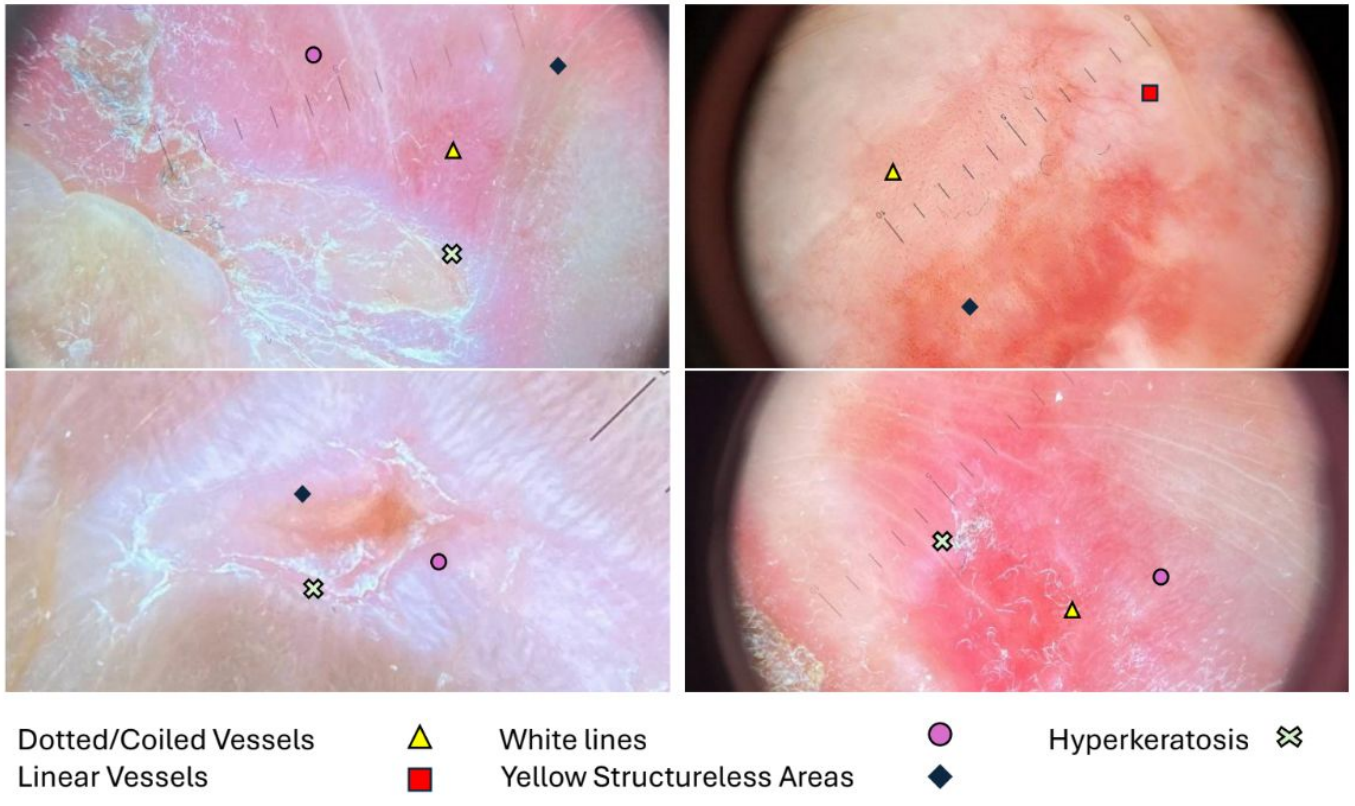
| Feature | Incidence (n=11) |
|---|---|
| Erythema | 90.9% (10/11) |
| Bloods Vessels | 90.9% (10/11) |
| White Lines | 54.5% (6/11) |
| Hyperkeratosis | 45.5% (5/11) |
| Yellow Structureless Areas | 36.4 (4/11) |
| Ulceration | 2/11 (18.2) |

| Morphology of Vessels | Incidence (n=10) |
|---|---|
| Dotted/Coiled | 80% (8/10) |
| Linear | 10% (1/10) |
| Linear and Dotted/Coiled | 10% (1/10) |

| Distribution of Vessels | Incidence (n=10) |
|---|---|
| Clustered | 50% (5/10) |
| Uniform | 40% (4/10) |
| Chaotic | 1% (1/10) |

## Dermatoscopic Findings in Differentiated Penile Intraepithelial Neoplasia

Encarl Uppal[1], Aimilios Lallas[2], Cherry Choudhary[1], Supriya Potamsetty[3], Aiman Haider[4], Alex Freeman[4], Hussain Alnajjar[5], Asif Muneer[5], Christopher B Bunker[1], Georgios Kravvas[1]

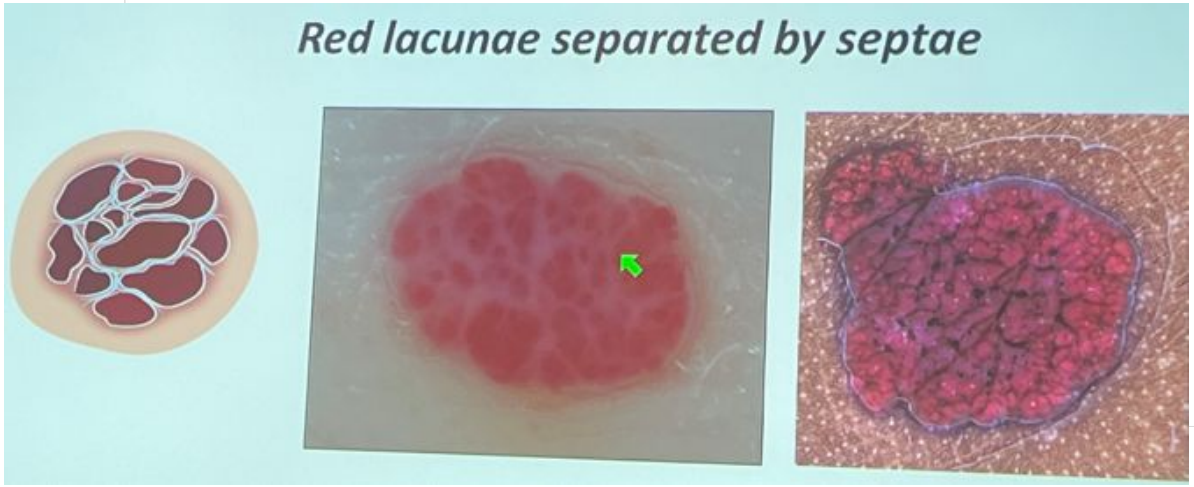


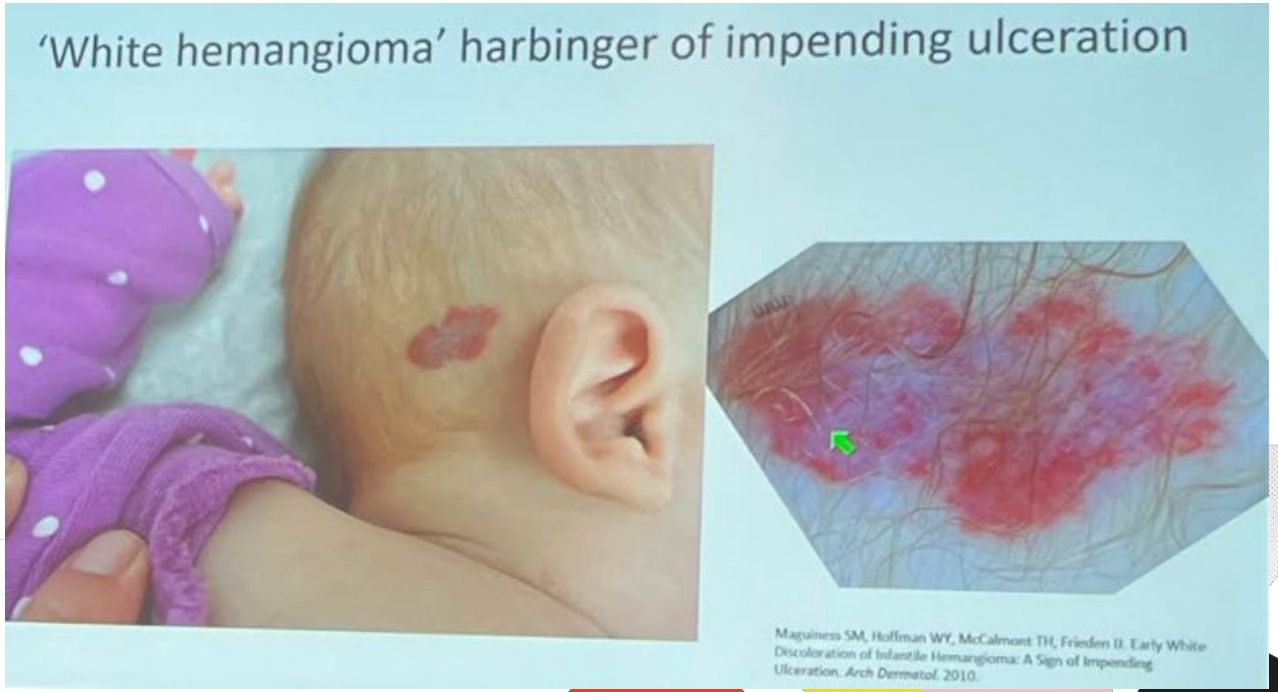

Although both dPeIN and uPeIN can present with a predominant pattern of dotted / coiled vessels, the presence of **white lines, hyperkeratosis, and yellow structureless areas** can help differentiate between the two conditions

# Dermatoscopia

## A practical review of dermoscopy for pediatric dermatology part II: Vascular tumors, infections, and inflammatory dermatoses

Nicola E. Natsis BA[1,2] | Samantha C. Gordon MD[3] | Anshika Kaushik MD[2,4] | Elizabeth V. Seiverling MD[3,5]



# Dermatoscopia

## The Utility of Dermoscopy of the Lips in the Diagnosis of mucosal Discoid Lupus Erythematosus and Lichen Planus: A Comparative Study

Mariem ABDELMALEK, Soumaya GARA, Feten ZEGLAOUI
Department of Dermatology, Charles Nicholle Hospital, Tunis, Tunisia

## Results

This study included 30 patients: 15 men and 15 women
DLE (n=13), LP (n=17).

Dermoscopic structures associated with **labial DLE** were:

- Radiating striae (92.3% vs 41.1, p=0.007)
- Structureless pigmented areas (38.4% vs 5.88, p=0.061)
- Hyperkeratosis (46.1% vs 0%, p=0.03).

Dermoscopic signs associated with **labial LP** were :

- Regular linear vessels (23% vs 70.6%, p=0.025)
- Wickham's striae (94.1% vs 0%, p<0.001), mostly with reticular (41.2%) and star-shaped patterns (35.3%).

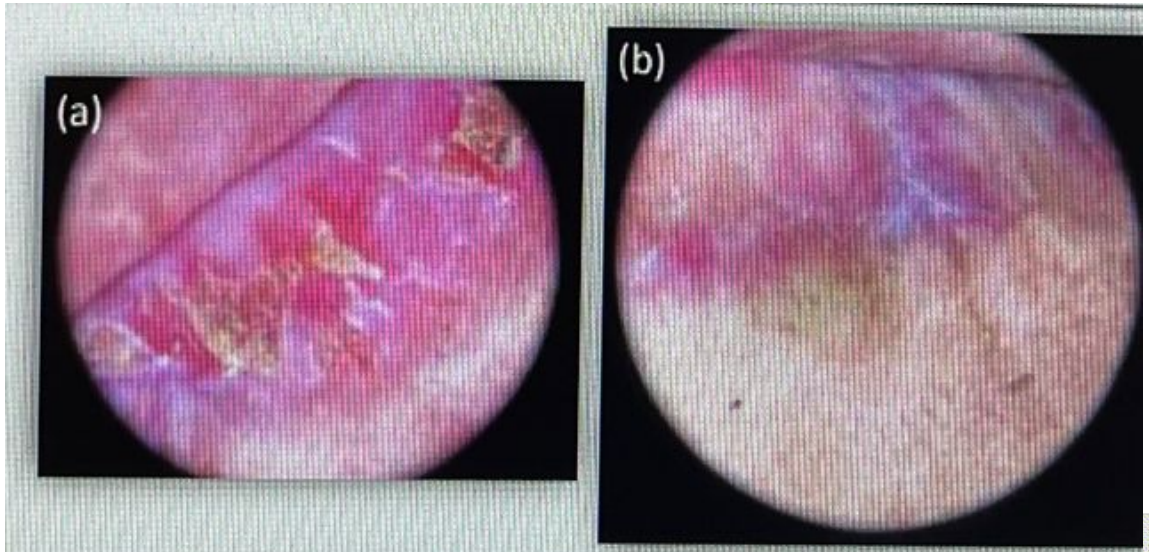



Figure: (a) Dermoscopy showing radiating striae, erosions, pink areas and hyperkeratosis, b) Dermoscopy showing Wickham's striae with reticular pattern.

# Dermatoscopia

## Demodicosis: Usefulness of dermoscopy and clinical findings as diagnostic tools and predictors for Demodex infestation in patients with facial dermatoses.

García Virginia MD, Garay Iliana Stella Prof. MD, Ruiz Lascano Alejandro Prof. MD, PhD, Valente Enrique Prof. MD
Department of Dermatology. Hospital Privado Universitario de Córdoba, Córdoba, Argentina.

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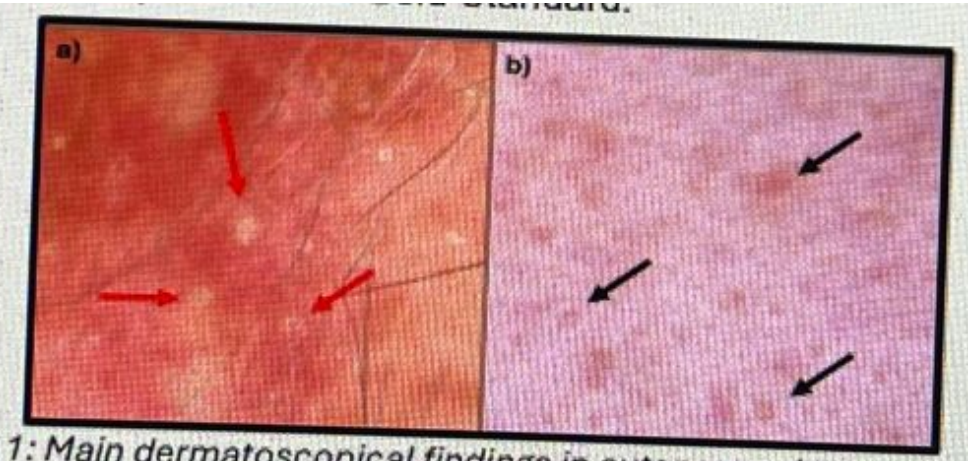



*Figure 1: Main dermatoscopical findings in cutaneous demodicosis.*
*a) Demodex tails with gelatinous appearance.*
*b) Follicular openings surrounded by erythema.*

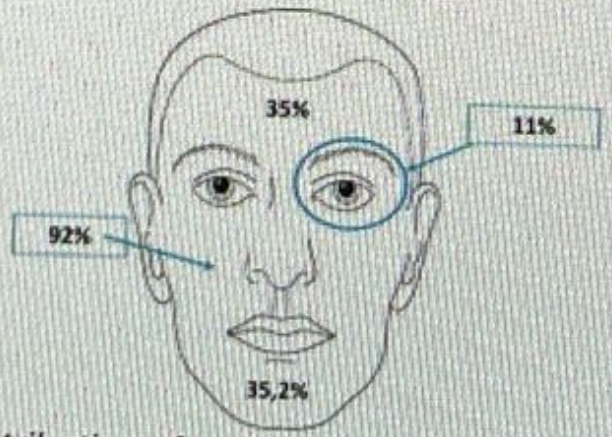



*Figure 2: Facial distribution of most affected areas by Demodex mites.*

## CONCLUSIONS

From the analysis carried out, we conclude that facial dermoscopy in patients with suggestive symptoms, has proven to be a useful and effective technique with a high sensitivity to diagnose facial demodicosis. We highlight the importance of Demodex tails and follicular openings as relevant dermatoscopical criteria for its diagnosis, in addition to dryness, moderate-severe pruritus and eye discomfort as cardinal symptoms. We propose an equation to predict the risk of positive SSSB test considering the patient age, the severity of eye discomfort and the presence of Demodex tails.

# Dermatoscopia

## Trichoscopy of Tinea Capitis: A Systematic Review

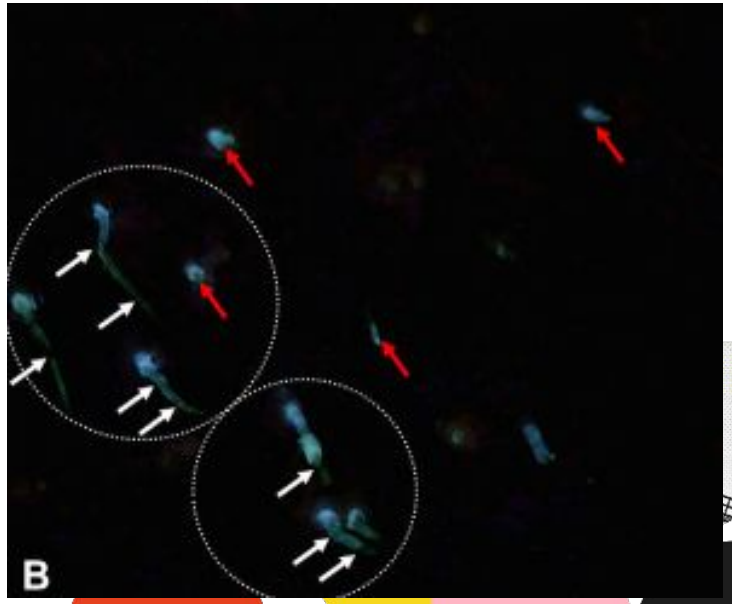
Anna Waśkiel-Burnat · Adriana Rakowska · Mariusz Sikora · Piotr Ciechanowicz · Małgorzata Olszewska · Lidia Rudnicka

## Trichoscopy patterns of tinea capitis and their correlation with mycological culture results

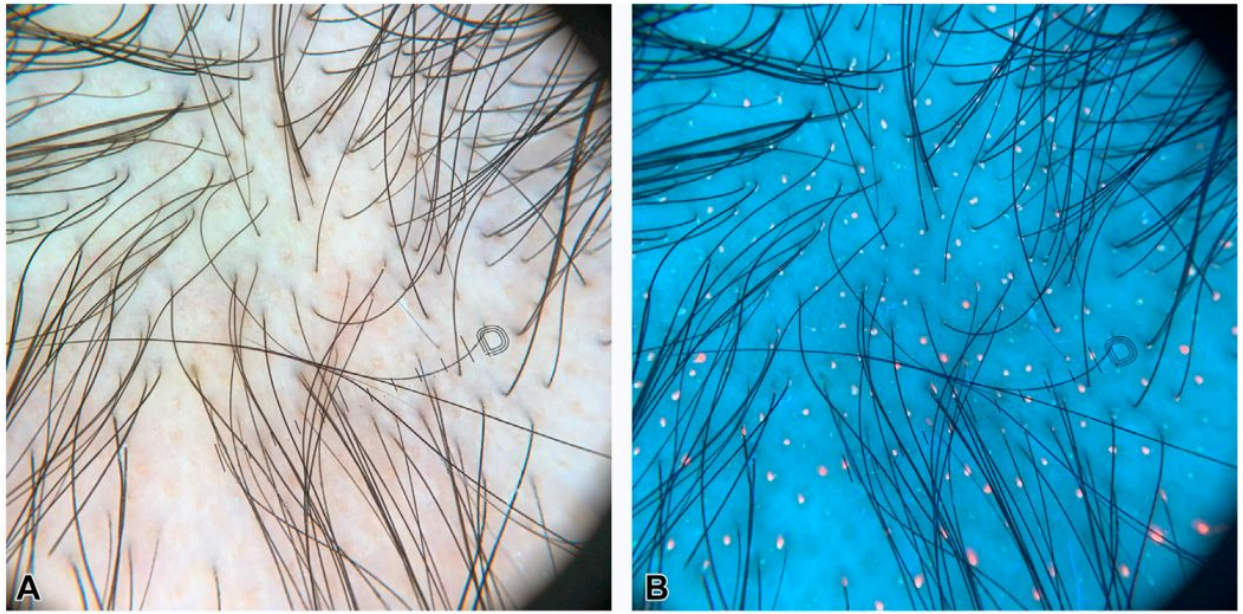
Olívia Mercilene Meneses, MD [a,b] · Aline Donati, MD, PhD [a] · Fabiana O. Silva, MD [a] · Marcelo J. Mimiça, MD, PhD [c] · Carla J. Machado, MD, PhD [d] · John Veasey, MD, PhD [b]

**Table 2** Trichoscopic differences between *Microsporum* and *Trichophyton* tinea capitis

| Trichoscopic feature | *Microsporum* tinea capitis Number of patients[a] (%) | *Trichophyton* tinea capitis Number of patients[b] (%) | Statistical significance (*p* value) |
|---|---|---|---|
| Comma hairs | 21/29 (72) | 24/38 (63) | 0.42 |
| Corkscrew hairs | 3/29 (10) | 21/38 (55) | < 0.001 |
| Morse code-like hairs | 8/29 (28) | 0/38 (0) | < 0.001 |
| Zigzag hairs | 6/29 (21) | 0/38 (0) | < 0.01 |
| Bent hairs | 4/29 (14) | 0/38 (0) | < 0.05 |
| Block hairs | 0/29 (0) | 0/38 (0) | – |
| i-Hairs | 0/29 (0) | 0/38 (0) | – |
| Broken hairs | 13/29 (45) | 17/38 (45) | 0.99 |
| Black dots | 3/29 (10) | 3/38 (8) | 0.73 |
| Perifollicular scaling | 3/29 (10) | 2/38 (5) | 0.43 |
| Diffuse scaling | 4/29 (14) | 0/38 (0) | < 0.05 |



# Dermatoscopia




**Ultraviolet-induced fluorescence dermoscopy aids in distinguishing scarring and nonscarring alopecia**

**Enhancing Identification of Hair Follicle Openings: The Potential of Ultraviolet-induced Fluorescence Dermoscopy in Hair Loss Diagnosis**

Xiangqian Li, MD, and Cheng Zhou, MD

**Application of Ultraviolet-Induced Fluorescence Trichoscopy (UVFT) in Hair and Scalp Diseases**

Kinga Kołcz · Adam Reich · Magdalena Żychowska

# Microscopía de reflectancia confocal

Icahn School of Medicine at Mount Sinai

## The Correlation of Reflectance Confocal Microscopy with Dermoscopic Patterns in Pathologically Confirmed Spitz Nevi: A Descriptive Study of 41 Lesions

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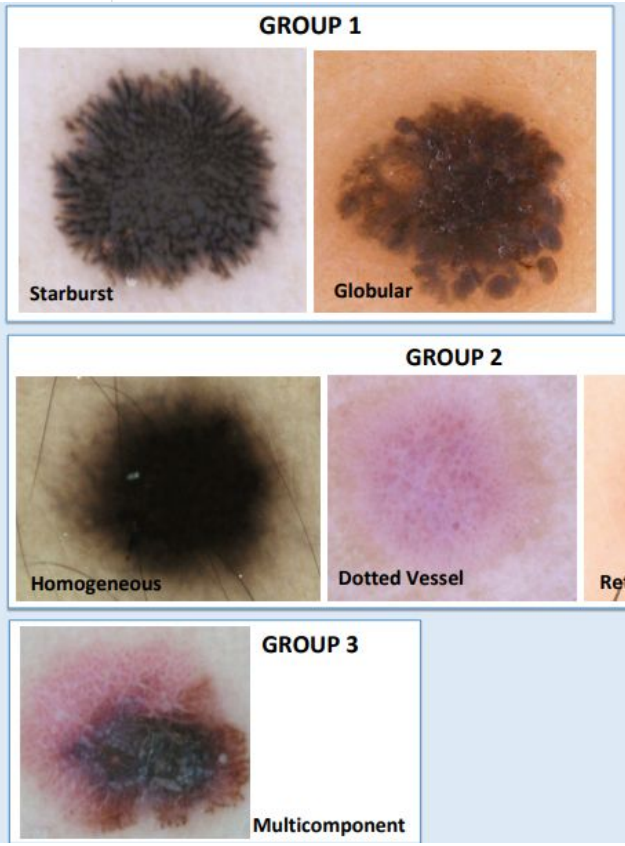
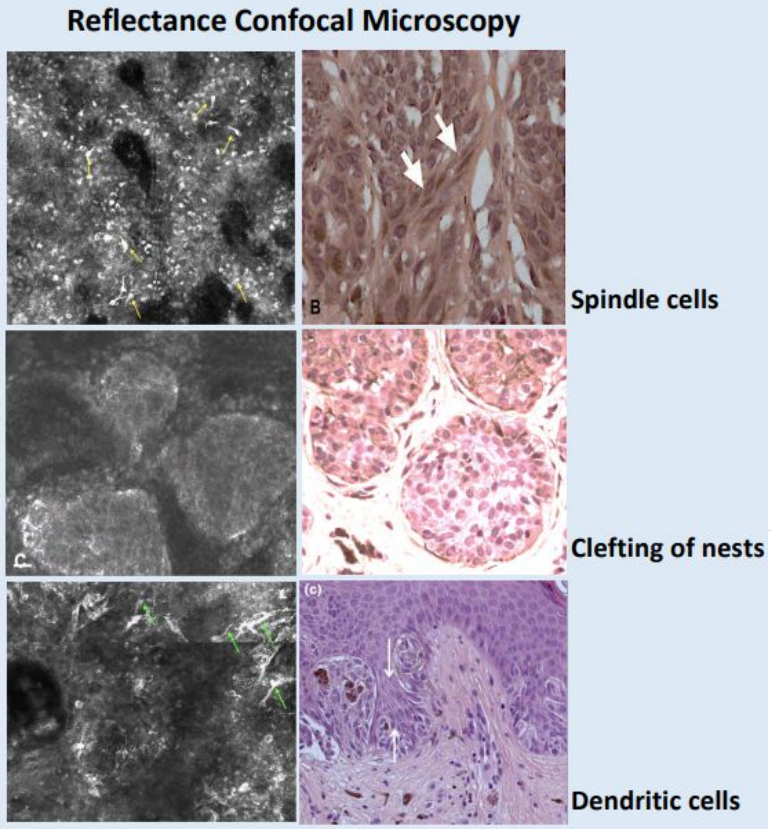


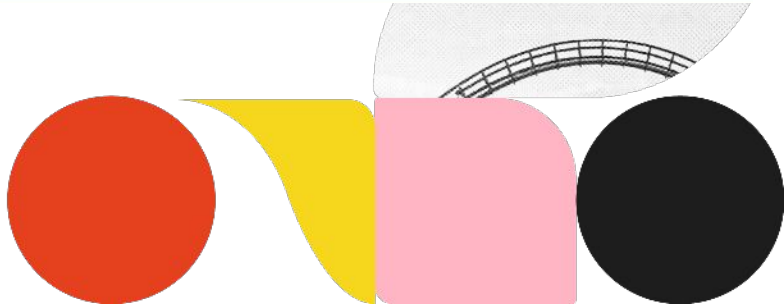

**RESULTS**

**Dermoscopy:**

- **Regular margins** were significantly more frequent in Group 2 (80%) compared to other groups (p= **0.047**).
- **Absence of vessels** was observed in 100% of lesions in Group 1 (associated with starburst and globular patterns; p= **0.035**).

**Reflectance Confocal Microscopy:**

- **Spindle Cells**: Present in 100% of Spitz nevi, confirming their diagnostic value.
- **Clefting of Nests**: Observed in 85.4% of cases, with 100% prevalence in Group 2 lesions.
- **Dendritic Cells**: Detected in 85.4% of lesions, with 53.6% showing both central and peripheral distribution.



# Ecografía

## Wireless, Portable, High-Frequency Ultrasound for the Evaluation of Hidradenitis Suppurativa

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**Figure 1:** Clarius Wireless PHFUS

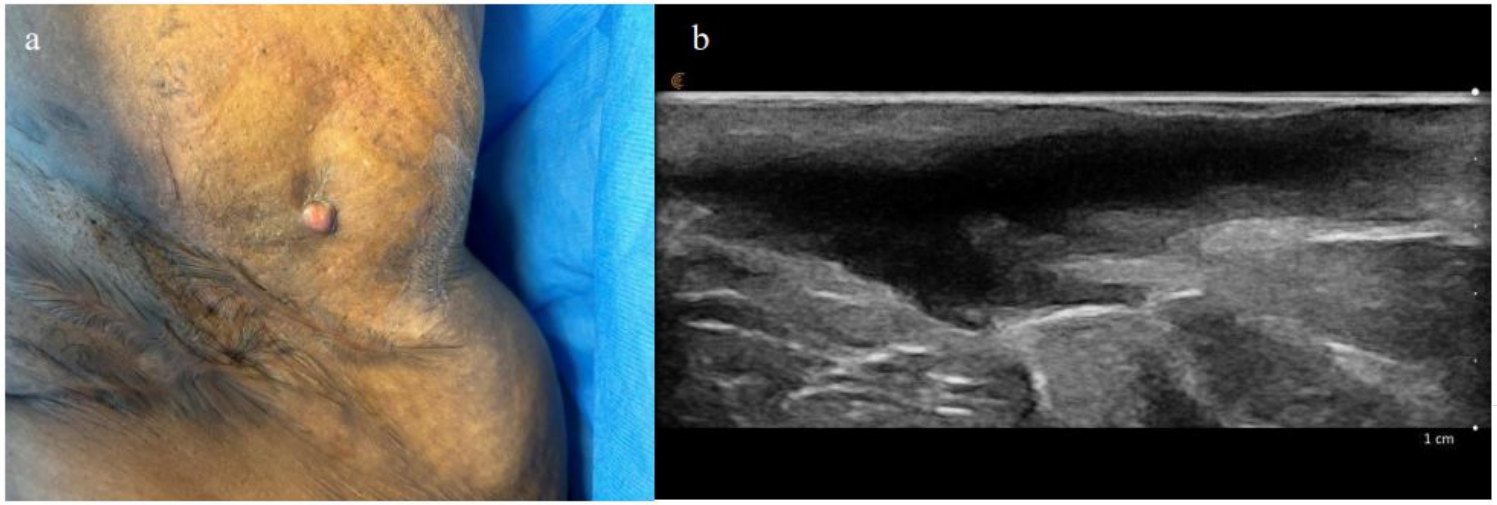
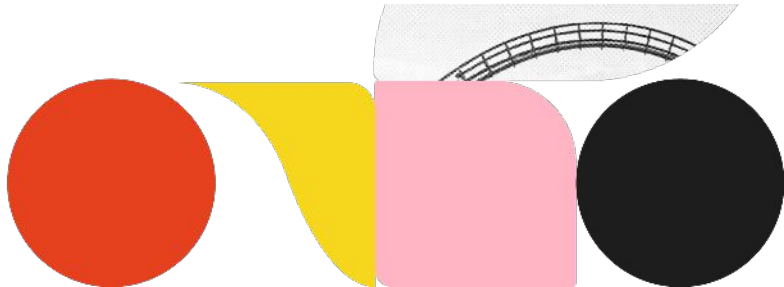



**Figure 6.** Clinical image showing a papule (a) and a tunnel (b) in an axilla.

PHFUS imaging can simplify and accelerate clinical decision-making in HS by offering real-time views of lesions, facilitating more accurate tracking, measurements, and treatment planning in the clinical setting.



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