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

AEDV 7 - 11 MARZO ORLANDO

highlights

Enfermedades Autoinmunes y Medicina Interna

Daniel Ramos Rodríguez. FEA Dermatología Complejo Hospitalario Universitario de Canarias. Universidad de La Laguna. Tenerife

Una iniciativa de:

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

FUNDACIÓN AEDV PIEL SANA

Con el patrocinio de:

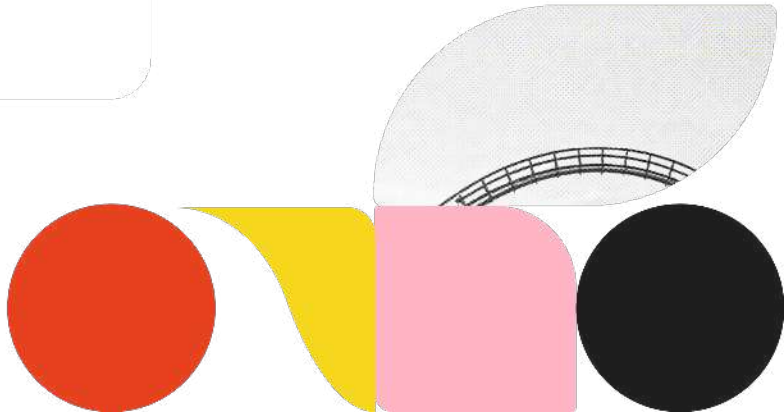
ucb

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

AEDV 7 - 11 MARZO ORLANDO

highlights

NO TENGO CONFLICTOS DE INTERÉS

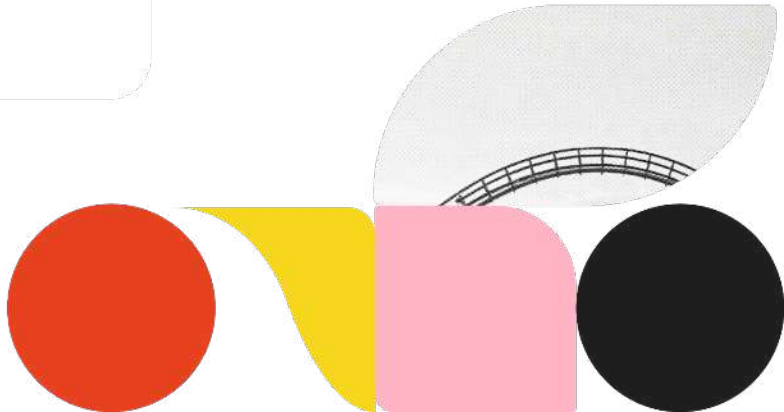


Enfermedades autoinmunes y Medicina Interna

La nueva era para el lupus cutáneo y la dermatomiositis

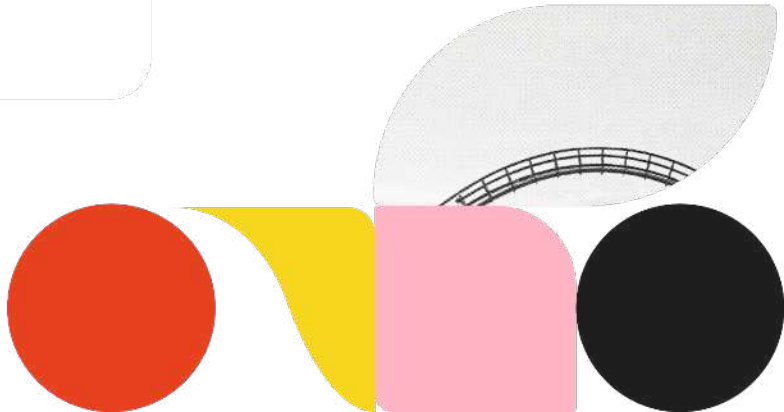
Daniel Ramos Rodríguez

Complejo Hospitalario Universitario de Canarias

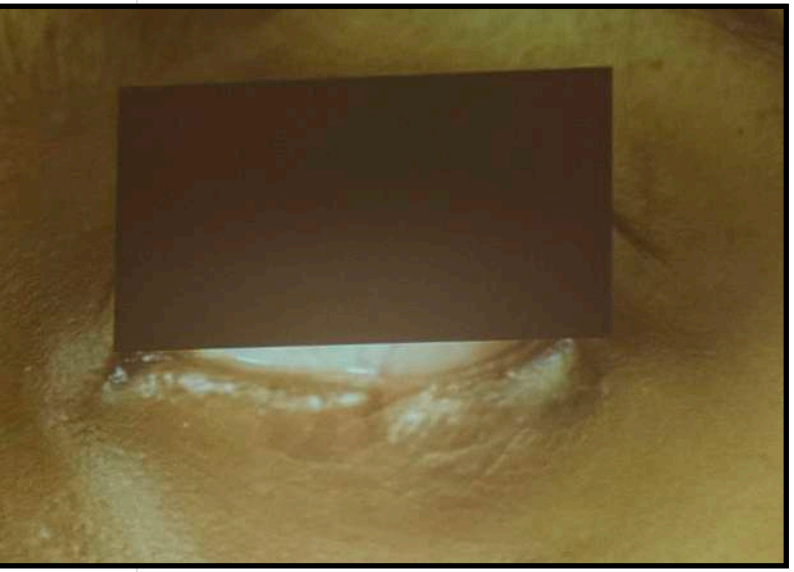


Índice

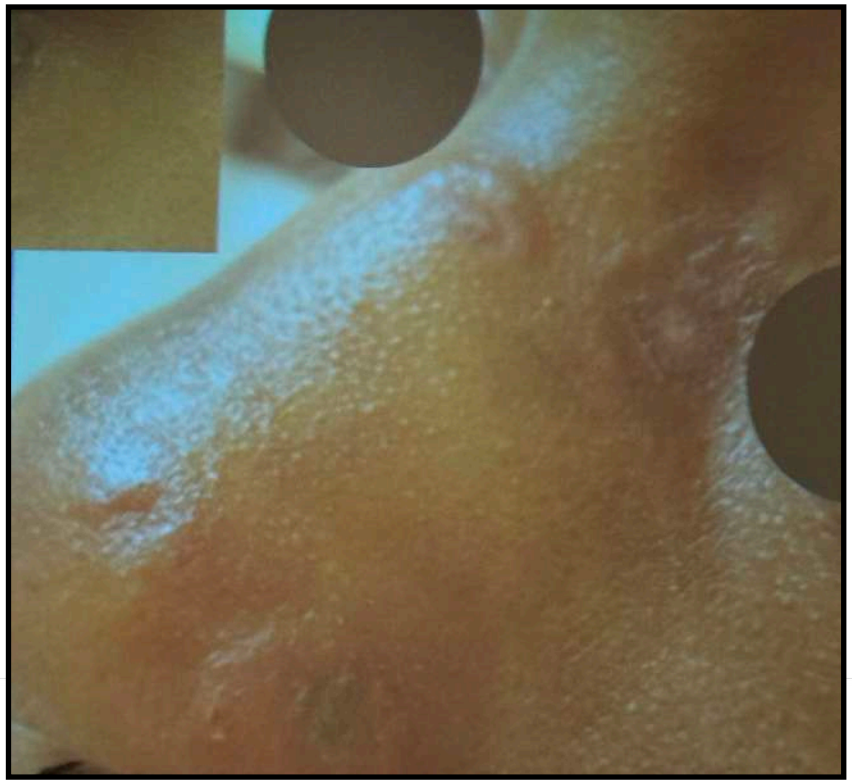
- Lupus
- Dermatomiositis
- Enfermedades Ampollosas Autoinmunes
- Miscelánea



LUPUS
LUPUS DISCOIDE- PERLAS

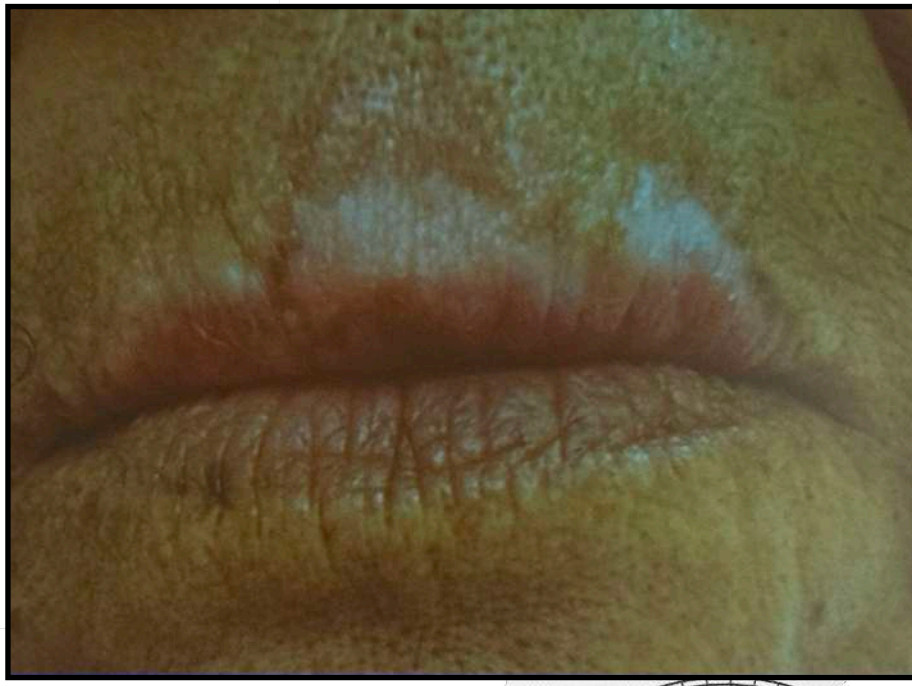


Revisar pestañas

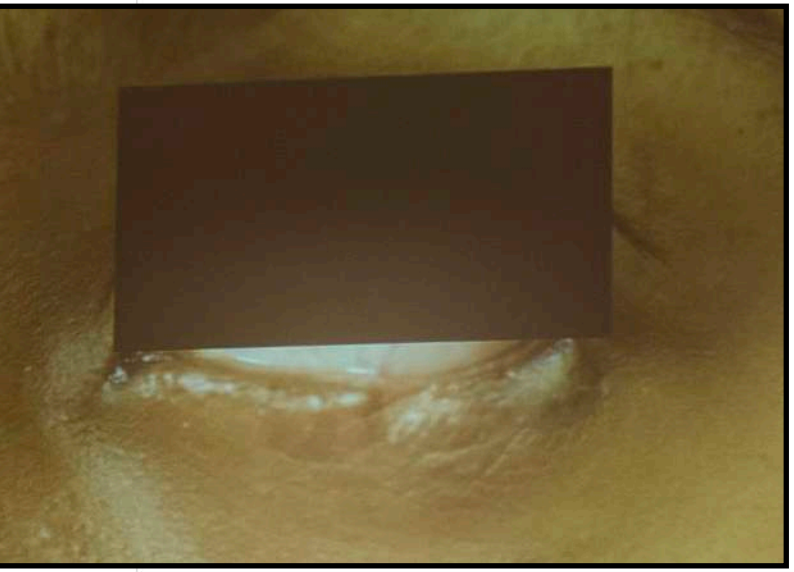


Fototipos altos: lesiones lupus tumidus

Revisar labios y explorar paladar



LUPUS
LUPUS DISCOIDE- PERLAS



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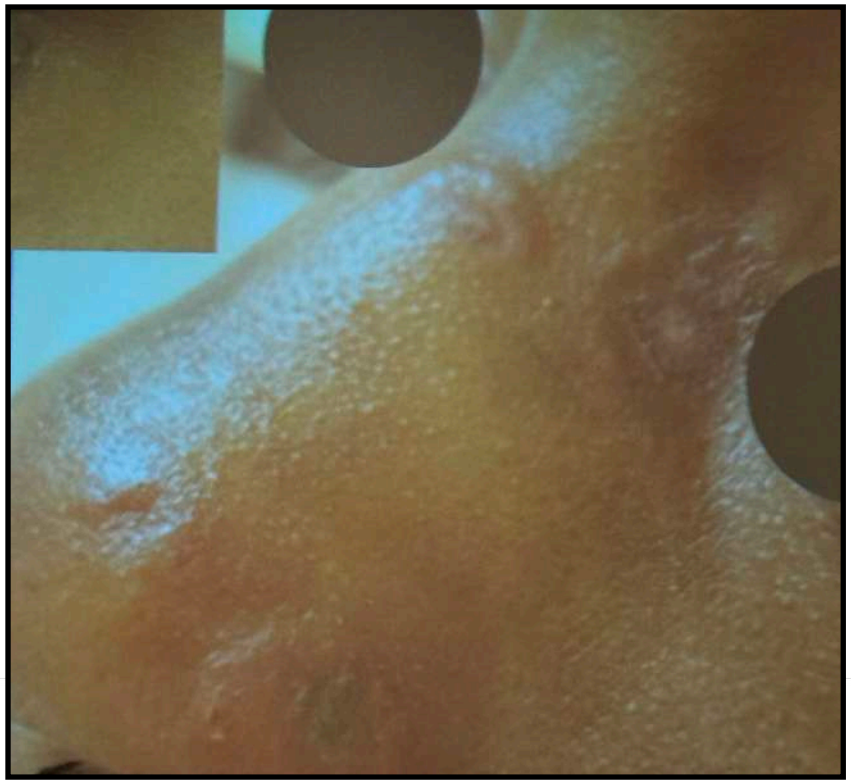
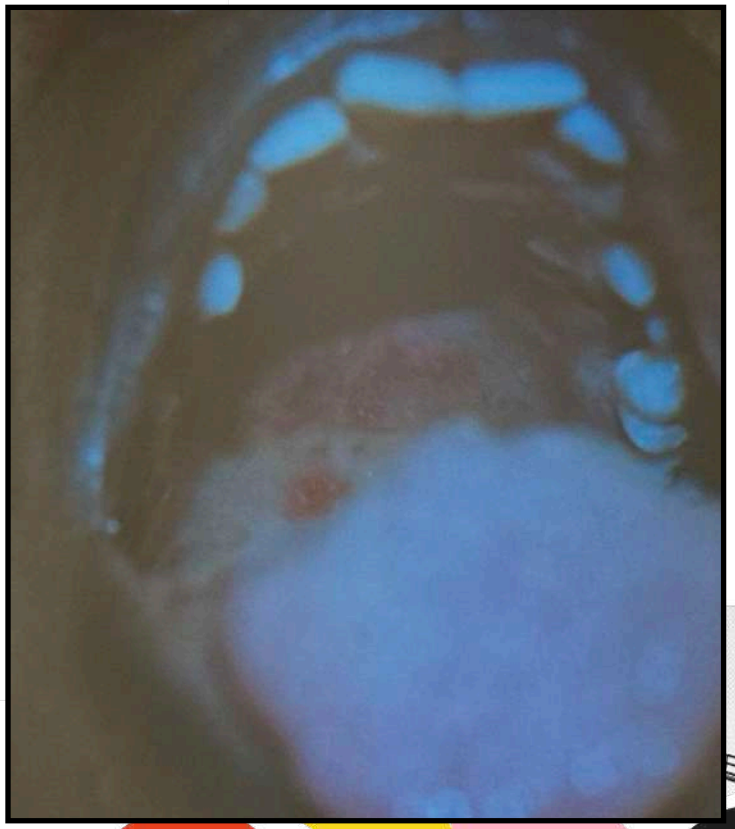


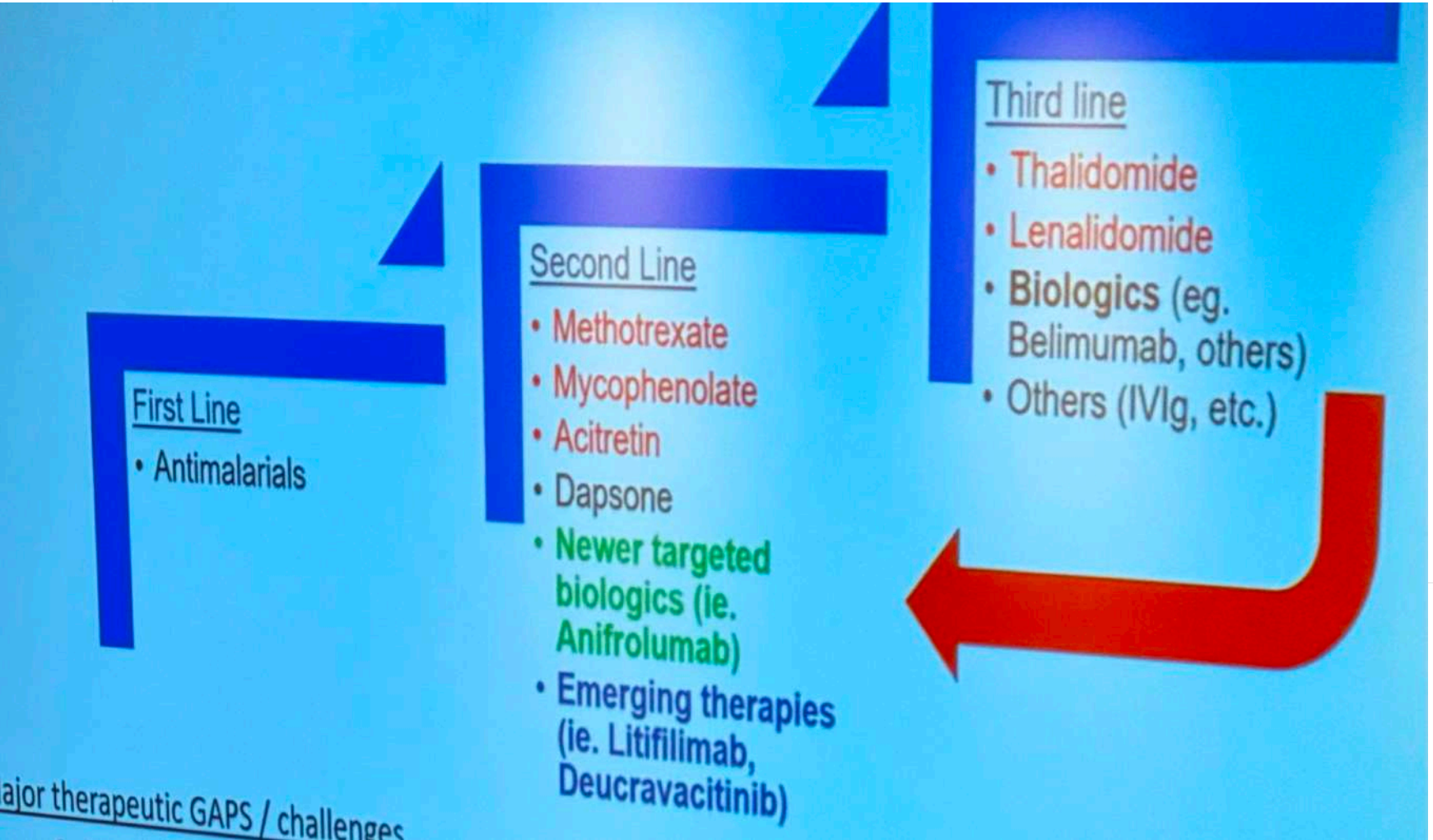
Fototipos altos: lesiones lupus tumidus

Revisar labios y explorar paladar



LUPUS- TRATAMIENTO

Anifrolumab



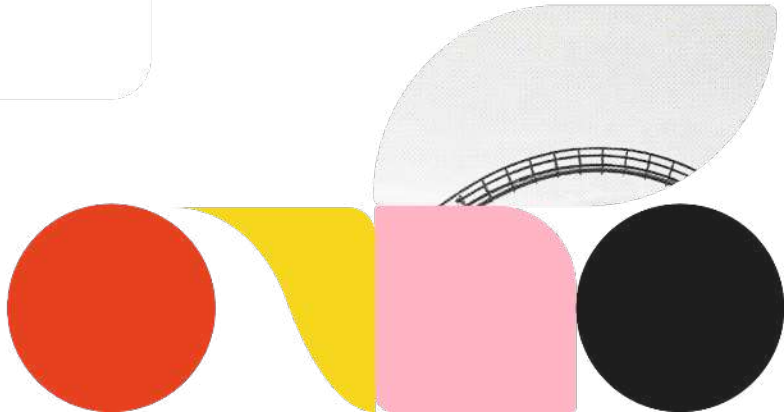
LUPUS- TRATAMIENTO

Anifrolumab

Práctica clínica Boston

Anifrolumab a meses alternos

No se recomienda parar el tratamiento por recidivas



LUPUS- TRATAMIENTO

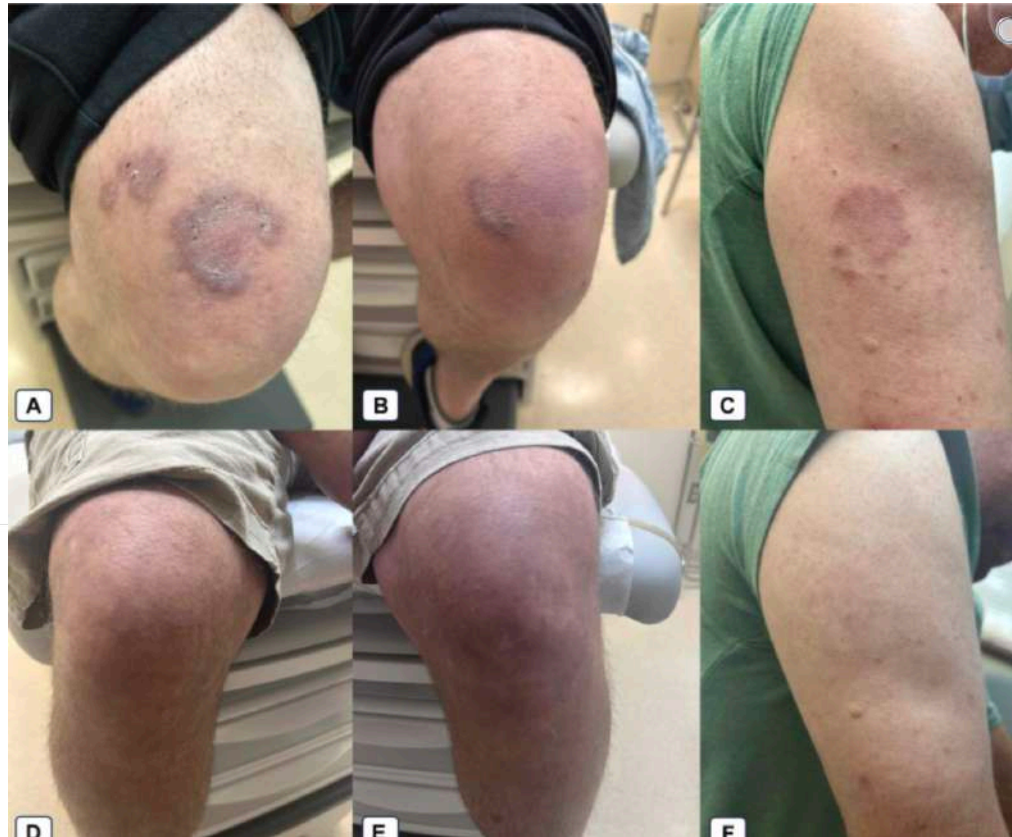
JAAD Case Rep. 2023 Dec 16;45:110–112. doi: 10.1016/j.jdcr.2023.11.029

Treatment of recalcitrant lupus erythematosus tumidus with deucravacitinib

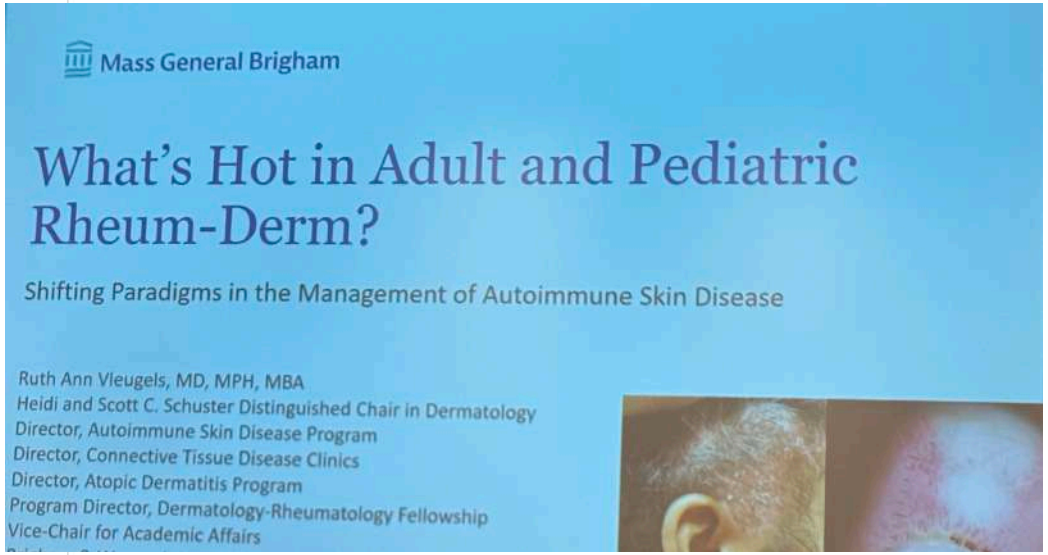
Arianna Zhang [a,b], Rebecca G Gaffney [b], Joseph F Merola [c,d,*]

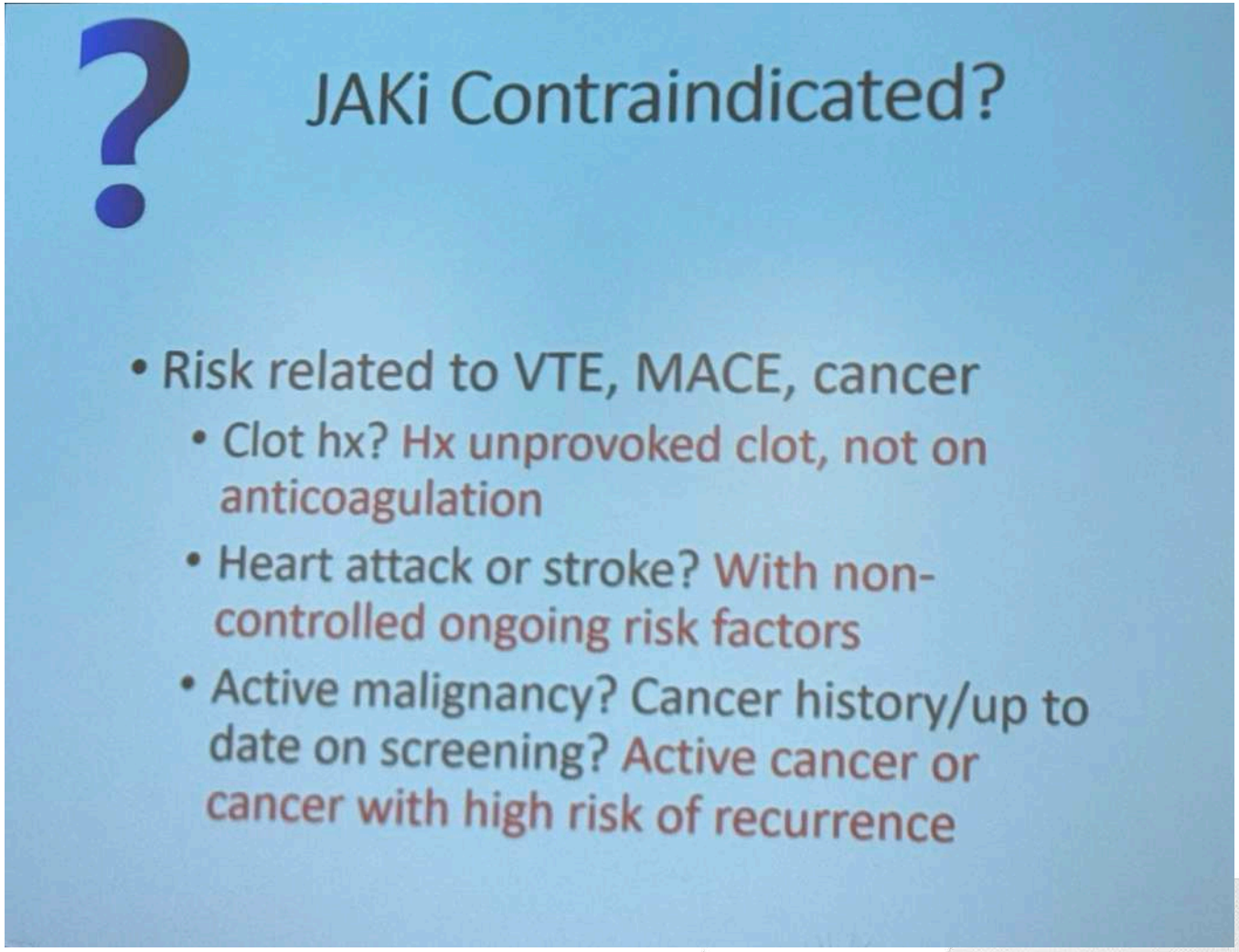
Author information · Article notes · Copyright and License information

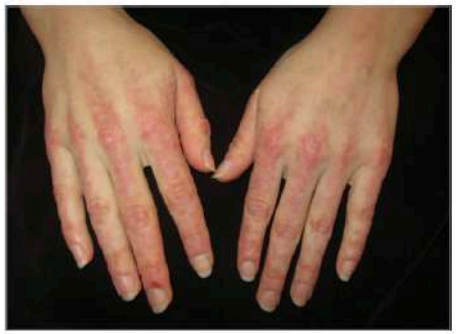
PMCID: PMC10909655 PMID: 38439766

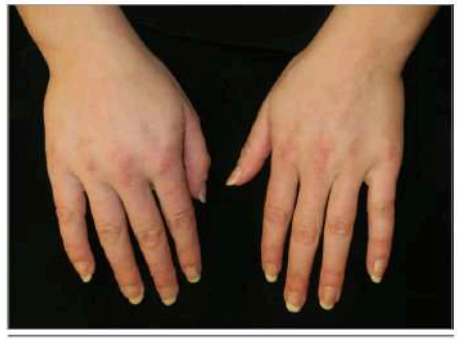


DERMATOMIOSITIS



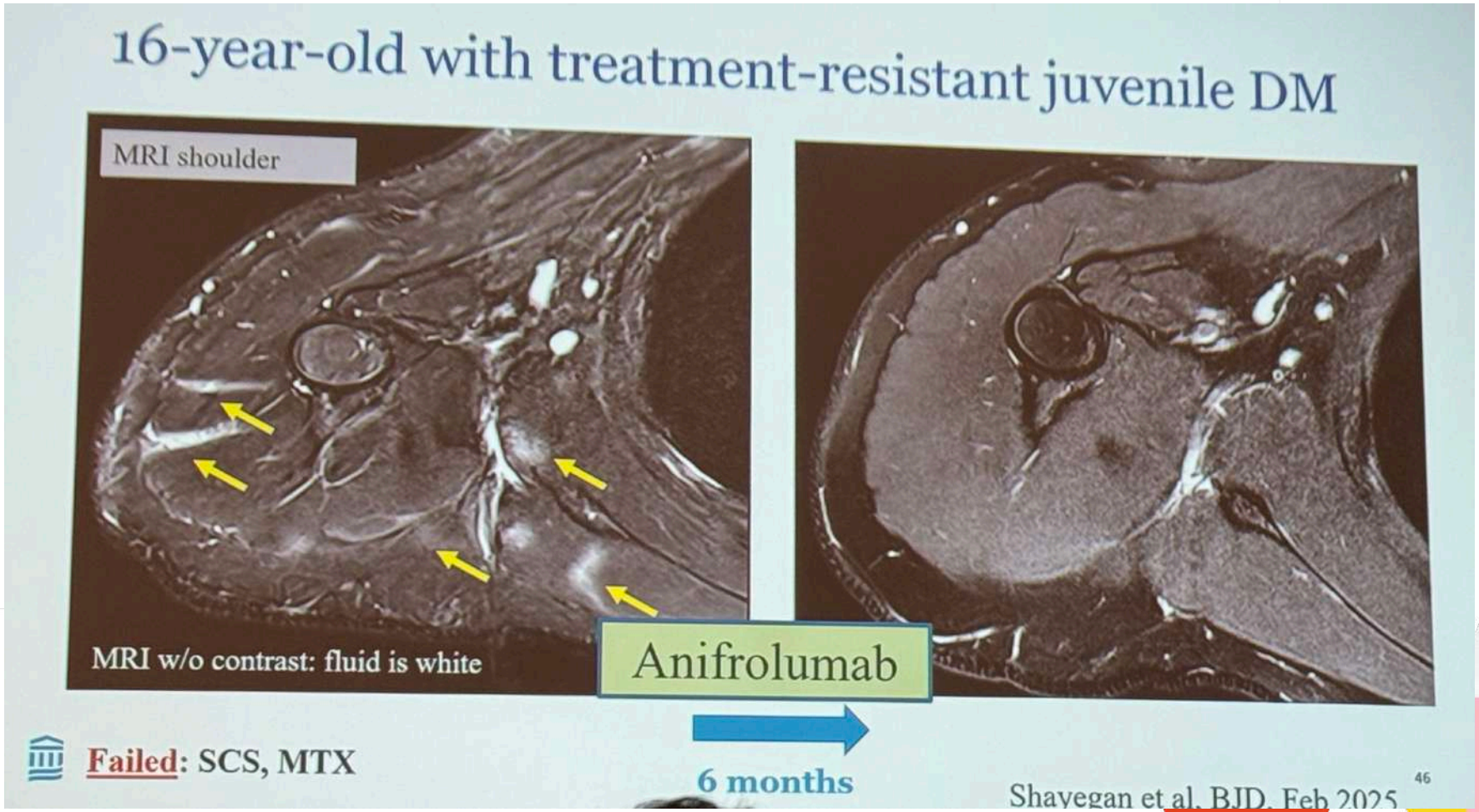






2016 Tofacitinib en Dermatomiosits recalcitrantes

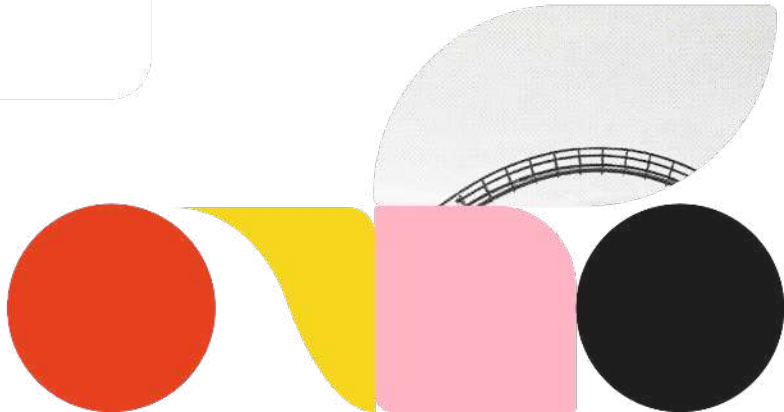
DERMATOMIOSITIS



DERMATOMIOSITIS

Key Practice Take Aways

- JAKi or anifrolumab off-label for DM
  - Dazukibart in phase 3 RCT
- FDA approval for JAKi since 2012
  - Long-term safety data in skin patients continues to be excellent



DERMATOMIOSITIS

Clinical Trial > Lancet. 2025 Jan 11;405(10473):137-146.
doi: 10.1016/S0140-6736(24)02071-3.

Efficacy, safety, and target engagement of dazukibart, an IFNβ specific monoclonal antibody, in adults with dermatomyositis: a multicentre, double-blind, randomised, placebo-controlled, phase 2 trial

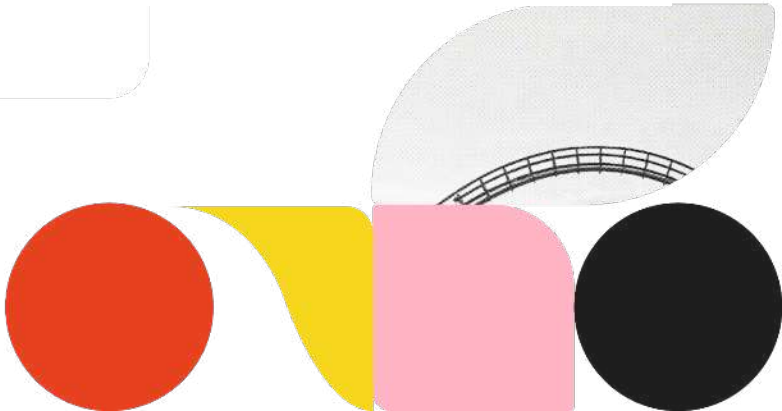
David Fiorentino [1], Aaron R Mangold [2], Victoria P Werth [3], Lisa Christopher-Stine [4], Alisa Femia [5], Myron Chu [6], Amy C M Musiek [7], Jason C Sluzevich [8], Lauren V Graham [9], Anthony P Fernandez [10], Rohit Aggarwal [11], Kerri Rieger [1], Karen M Page [12], Xingpeng Li [12], Craig Hyde [13], Natalie Rath [6], Abigail Sloan [12], Barry Oemar [12], Anindita Banerjee [12], Mikhail Salganik [12], Christopher Banfield [12], Srividya Neelakantan [12], Jean S Beebe [12], Michael S Vincent [12], Elena Peeva [12], Ruth Ann Vleugels [14]

Anticuerpo Monoclonal contra INF-beta

Spain

Madrid, Spain, 28041
Hospital Universitario 12 de Octubre

Sevilla, Spain, 41010
Hospital Quiron Infanta Luisa



Reducción Dermatomyositis Disease Area and Severity Index-Activity (CDASI) >5 puntos

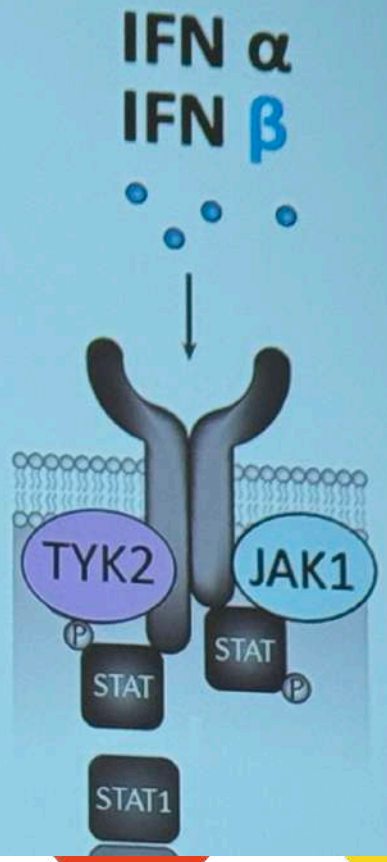
DERMATOMIOSITIS

priovant

valor study

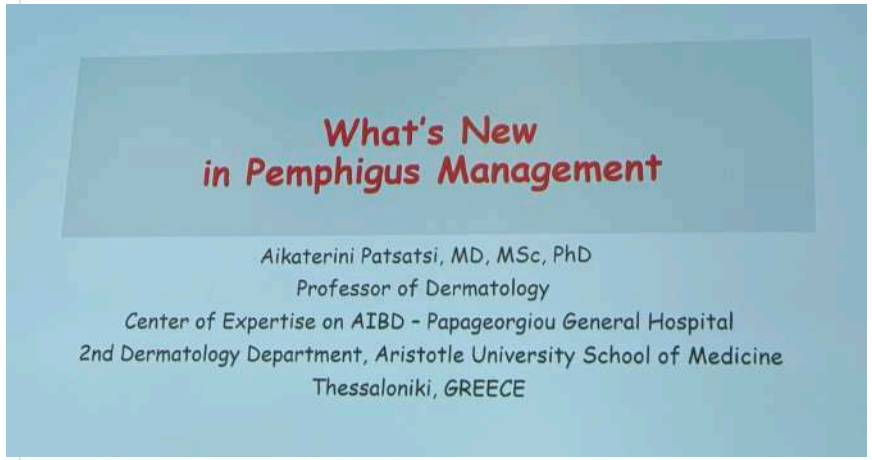
Priovant Therapeutics Announces Completion of Enrollment in Global Phase 3 Study Evaluating Brepocitinib in Dermatomyositis (VALOR)

- First-in-class **JAK1**/**TYK2** inhibitor
- Largest interventional dermatomyositis study ever conducted (n=**241**)
- Data are expected in the second half of 2025



ENFERMEDADES AMPOLLOSAS AUTOINMUNES
PÉNFIGO

*PDAI basal > 45
*Anti-DSG1> 20 IU/mL, and/or
*Anti-DSG3 >130 IU/mL
en los meses 3-6



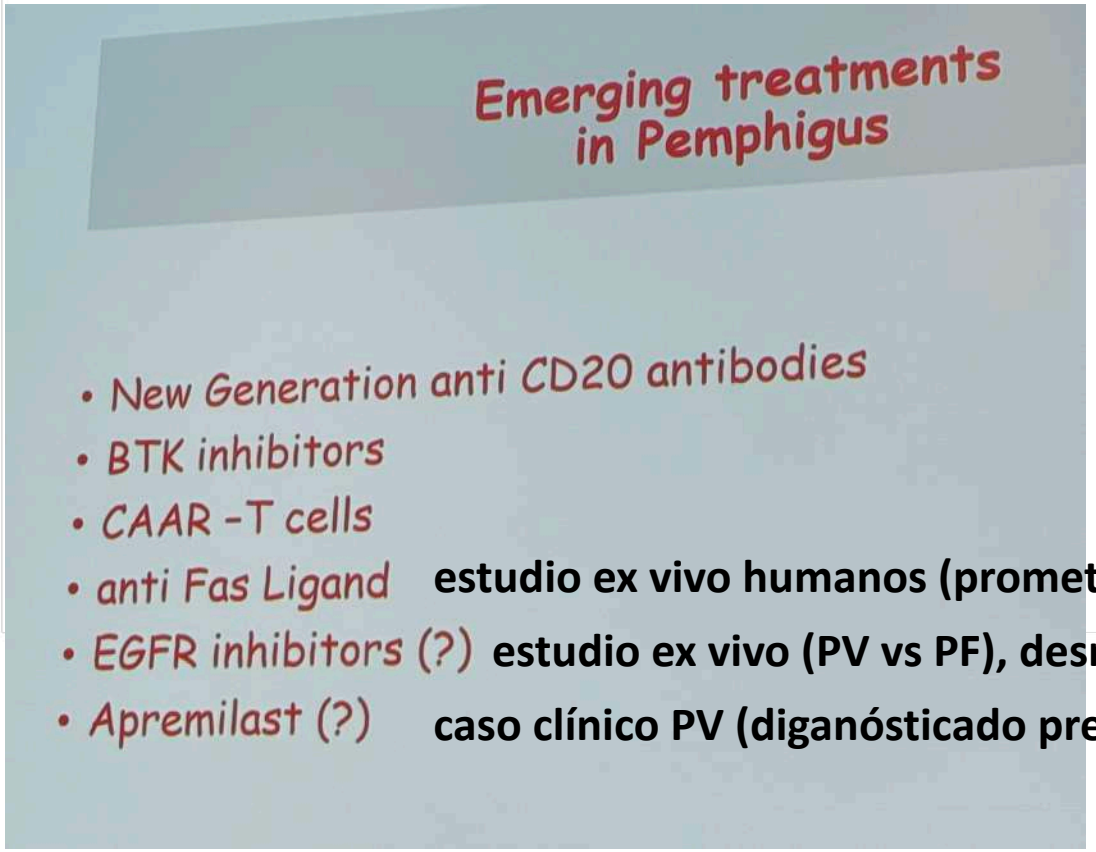
Optimizing Pemphigus Management With Rituximab and Short-Term Relapse Predictors

Vivien Hébert [1], Sami Hamwi [1], Emmanuelle Tancrède-Bohin [2], Gaelle Quéreux [3], Anne Pham-Ledard [4], Frédéric Caux [5], Billal Tedbirt [1], Alexis Lefebvre [1], Nadège Cordel [6], Marina Alexandre [5], Manuelle Viguier [7], Géraldine Jeudy [8], Michel D'Incan [9], Sébastien Debarbieux [10], Alexis Brue [11], Sophie Duvert-Lehembre [12], Marion Fenot [13], Vannina Seta [14], Saskia Ingen-Housz-Oro [15 16 17], Clémence Lepelletier [2], Pascal Joly [1]

Affiliations + expand

PMID: 39908046 PMCID: PMC11800125 (available on 2026-02-05)
DOI: 10.1001/jamadermatol.2024.6130

ENFERMEDADES AMPOLLOSAS AUTOINMUNES
PÉNFIGO



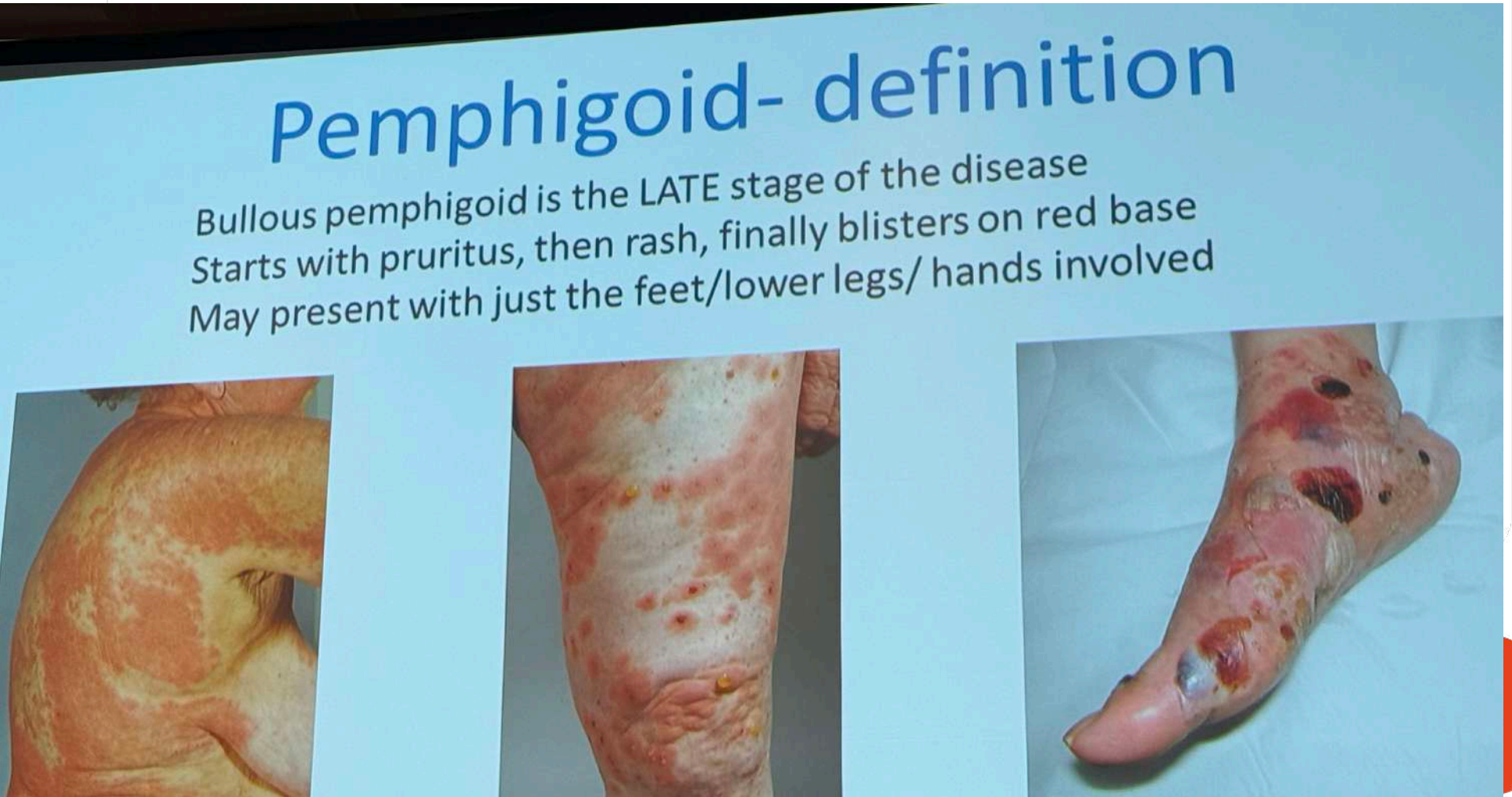
estudio ex vivo humanos (prometedores)

estudio ex vivo (PV vs PF), desmocolina, otros anti EGFR

caso clínico PV (diganósticado previamente como Beçhet)

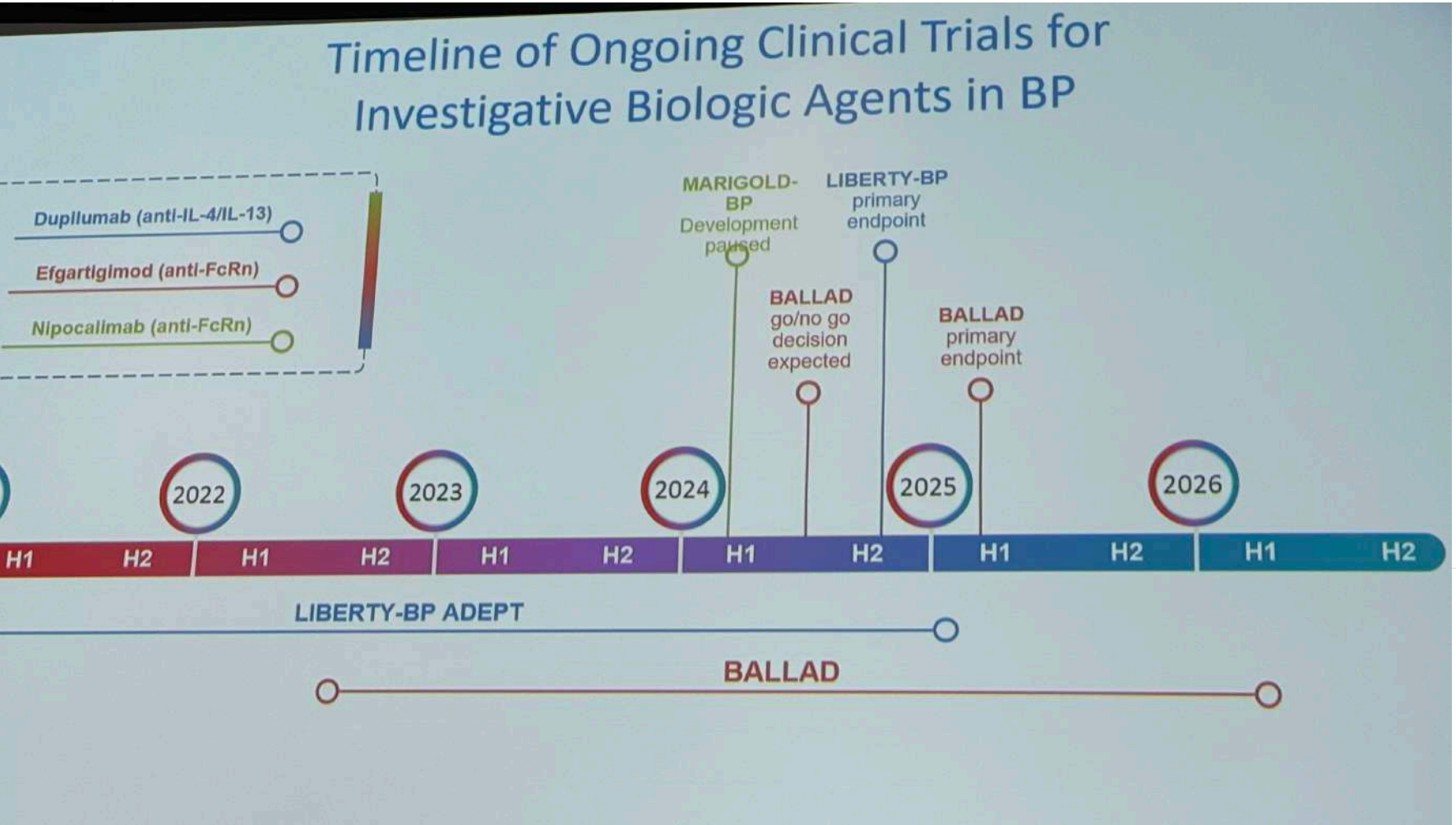
Dedee Murell

ENFERMEDADES AMPOLLOSAS AUTOINMUNES
PENFIGOIDE AMPOLLOSO



Dedee Murell

ENFERMEDADES AMPOLLOSAS AUTOINMUNES
PENFIGOIDE AMPOLLOSO



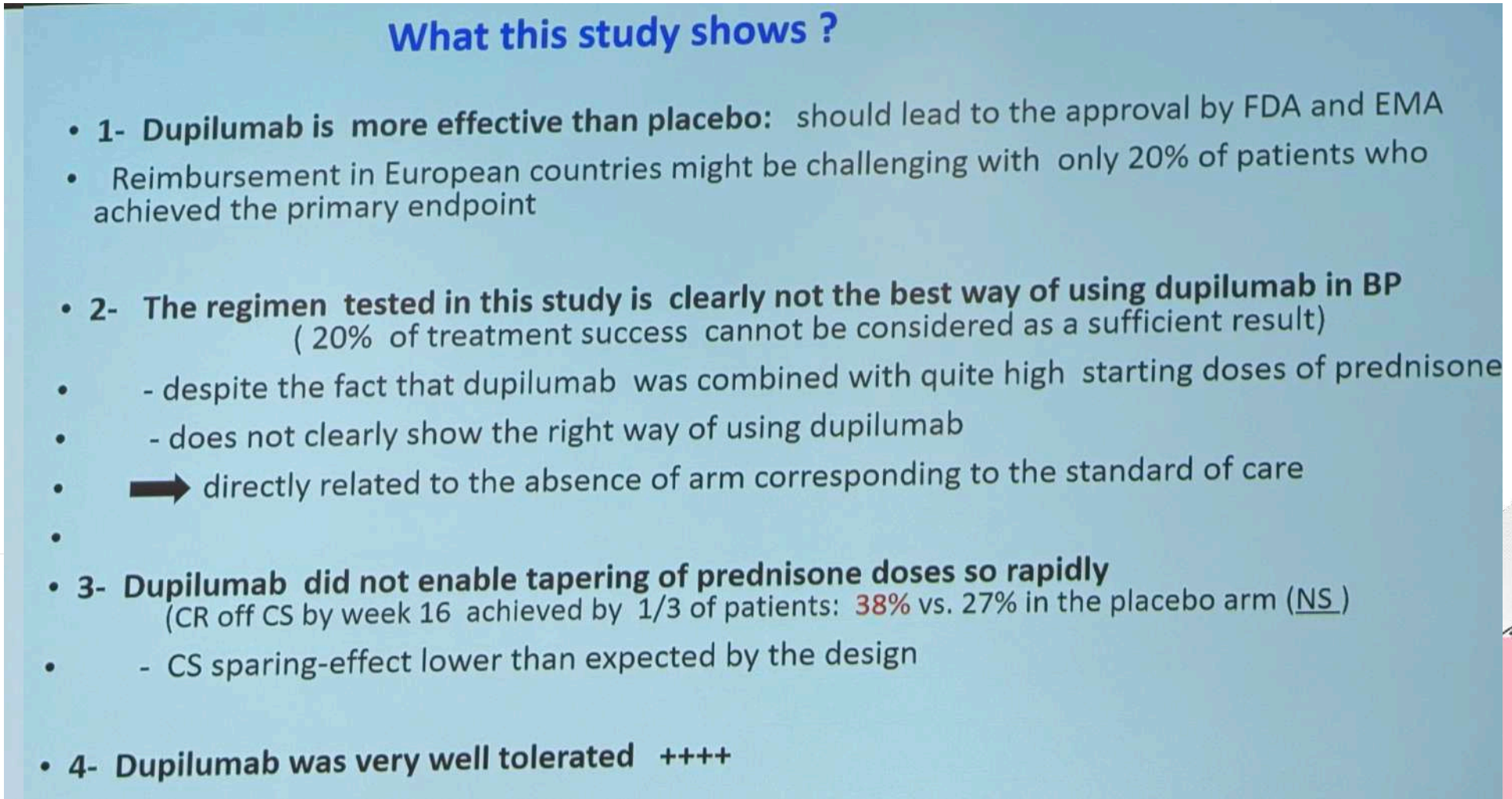
ENFERMEDADES AMPOLLOSAS AUTOINMUNES
PENFIGOIDE AMPOLLOSO

Multiple Biologics are Being Evaluated for the Treatment of BP[1-4]

Intervention	Target	Clinical Trial Status	Additional Details
Avdoralimab	C5aR1	Ph2 study completed No sig difference in CDA	No efficacy signal
Benralizumab	IL-5	Ph3 FJORD study Study terminated Oct 2023	Efficacy failed to reach futility guidelines
Dupilumab	IL-4/IL-13	Ph3 LIBERTY-BP ADEPT study Primary completion date: wk 36 -Press release Sept 2024	Multiple additional publications support use; week 52 results awaited
Efgartigimod PH20, VyvgarT, Argenx	FcRn	Ph2/3 BALLAD study closed	Approved for generalized myasthenia gravis.Was being evaluated for the treatment of patients with autoimmune diseases with pathogenic IgG autoantibodies.
Nipocalimab	FcRn	Ph2/3 MARIGOLD-BP study	Study design published at ISID 2023; no further updates have been provided and the study is not listed on clinicaltrials.gov
Ustekinumab	IL-12/23	Ph 2 study completed Results not published yet	Some instances of ustekinumab inducing

1. Clinicaltrials.gov. Last accessed September 2024. 2. Kerakiolaki M, et al. *Am J Clin Derm.* 2024; [illegible] 3. [illegible] Clin Med. 2022;11(10):2830. 4. [illegible]

ENFERMEDADES AMPOLLOSAS AUTOINMUNES
PENFIGOIDE AMPOLLOSO



ENFERMEDADES AMPOLLOSAS AUTOINMUNES
PENFIGOIDE AMPOLLOSO

How should Dupilumab be used in clinical practice ?

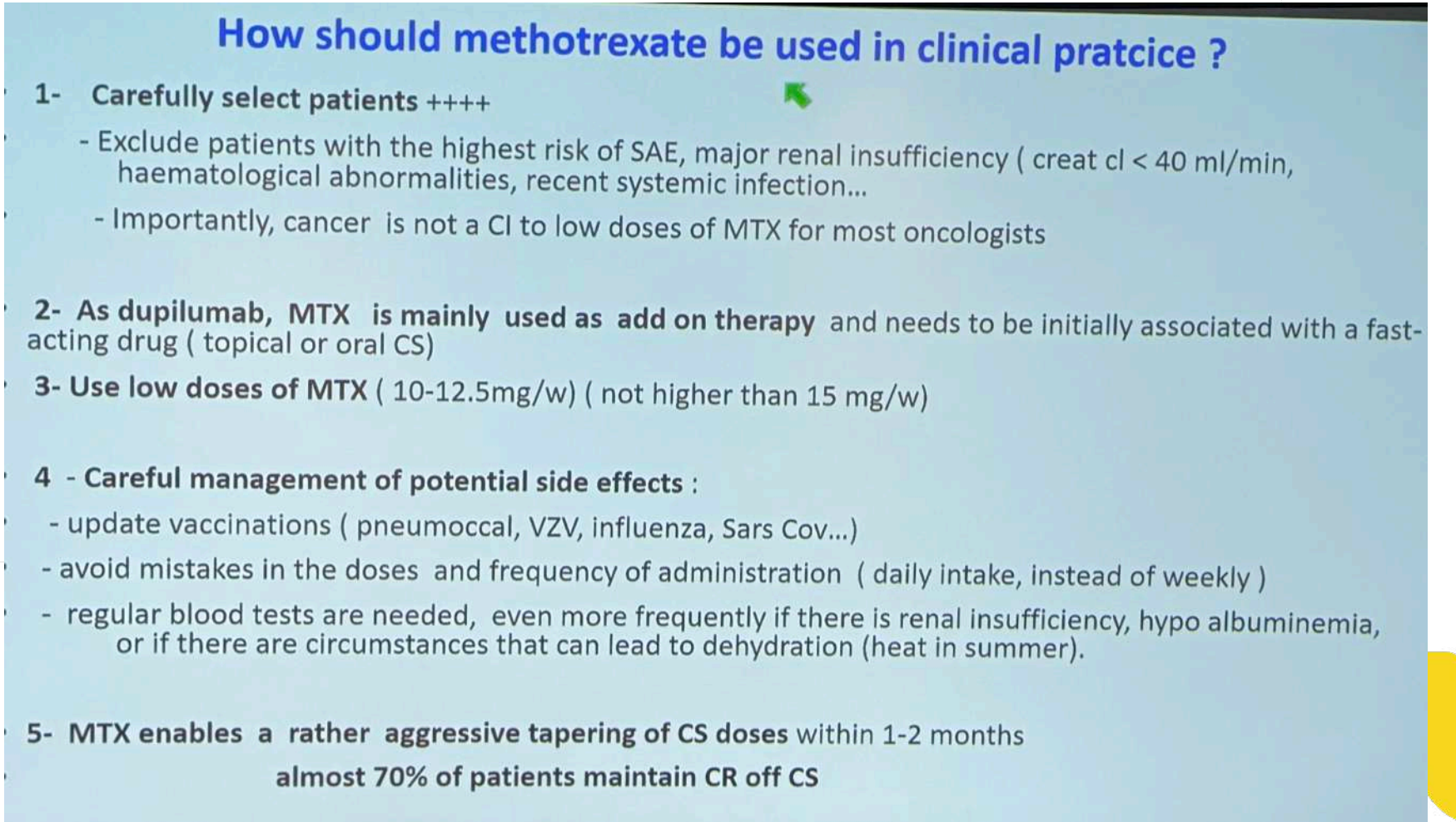
- 1- **Dupilumab needs to be initially associated with a fast-acting drug** (topical or oral CS)
- Dupilumab is mainly used as add on therapy
- Try not to use prednisone doses higher than 0.5 mg/kg/d;
- → in patients who are not controlled :
- add topical CS, or increase prednisone dose up to 0.75 mg/kg/d

- 2- **Taper CS doses lower than in the liberty trial** (over 6-8 months ? not 4 months)

- 3- **Propose dupilumab** (in particular but not only) **in elderly patients with comorbidities** (seems more effective than tetracyclines; MTX is probably more effective in patients in good general condition)

- 4- **Indication of Dupilumab relative to omalizumab remains unclear**
- eczematous versus urticarial lesions ?
- starter (omalizumab) versus maintenance (dupilumab) ??

ENFERMEDADES AMPOLLOSAS AUTOINMUNES
PENFIGOIDE AMPOLLOSO



ENFERMEDADES AMPOLLOSAS AUTOINMUNES
PENFIGOIDE AMPOLLOSO

How should methotrexate be used in clinical pratcice ?

1- Carefully select patients ++++

- Exclude patients with the highest risk of SAE, major renal insufficiency (creat cl < 40 ml/min, haematological abnormalities, recent systemic infection...
- Importantly, cancer is not a CI to low doses of MTX for most oncologists

2- As dupilumab, MTX is mainly used as add on therapy and needs to be initially associated with a fast-

- 5- *I would classify the efficacy of adjuvants as:* MTX > dupilumab > doxycycline

4 - Careful management of potential side effects :

- update vaccinations (pneumoccal, VZV, influenza, Sars Cov...)
- avoid mistakes in the doses and frequency of administration (daily intake, instead of weekly)
- regular blood tests are needed, even more frequently if there is renal insufficiency, hypo albuminemia, or if there are circumstances that can lead to dehydration (heat in summer).

5- MTX enables a rather aggressive tapering of CS doses within 1-2 months

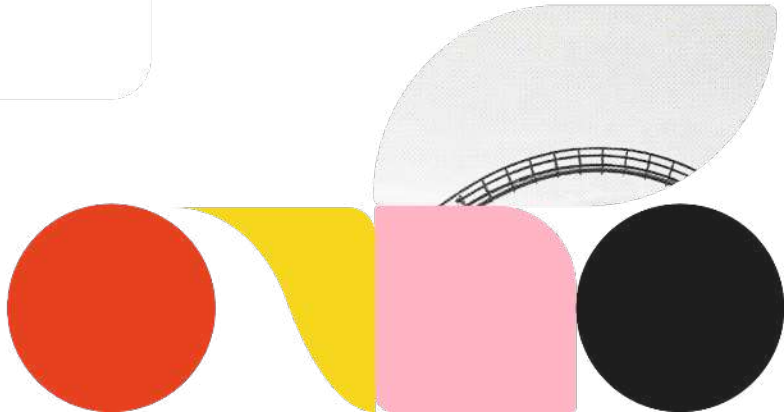
almost 70% of patients maintain CR off CS

ENFERMEDADES AMPOLLOSAS AUTOINMUNES

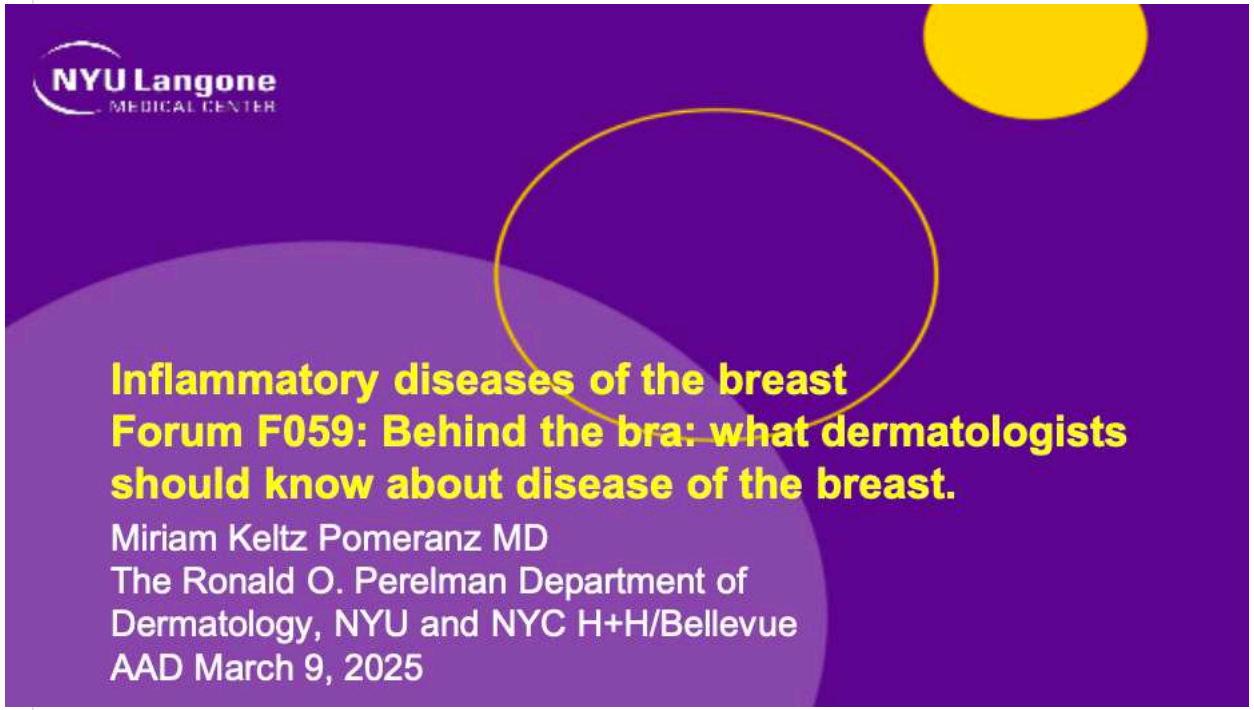
IgA LINEAL 2 Casos clínicos pediatricos dupilumab

PENFIGOIDE CICATRICIAL Casos clínicos dupilumab

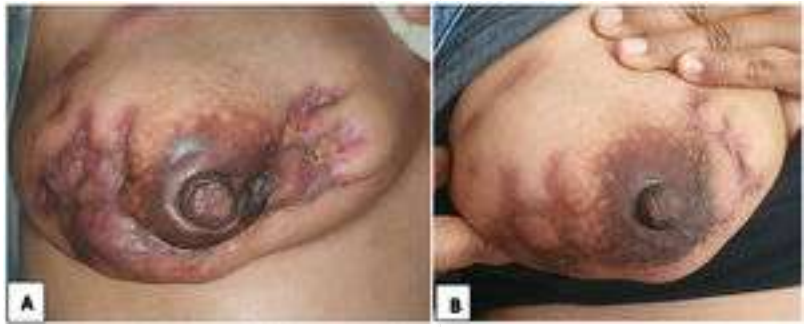
Casos clínicos Anti JAK (abrocotinib)



Miscelánea



Mastitis Granulomatosa Idiopática



Extraída de: DOI: 10.1016/j.senol.2023.100546

Tratamiento: Metotrexate

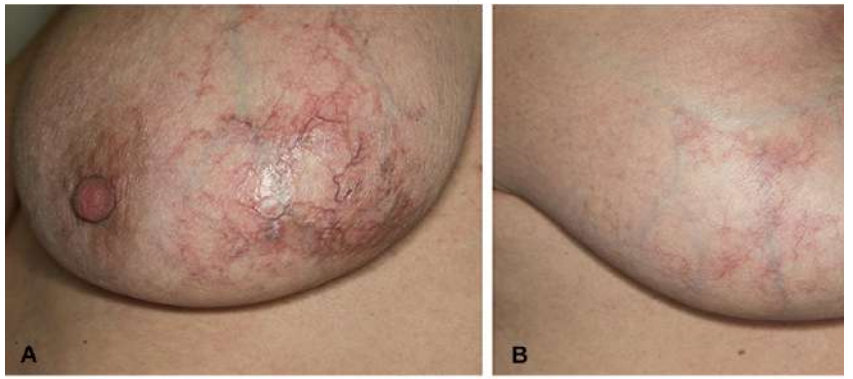
Miscelánea

NYU Langone
MEDICAL CENTER

Inflammatory diseases of the breast
Forum F059: Behind the bra: what dermatologists should know about disease of the breast.

Miriam Keltz Pomeranz MD
The Ronald O. Perelman Department of Dermatology, NYU and NYC H+H/Bellevue
AAD March 9, 2025

Angiomatosis dérmica difusa de la mama



Extraída de: DOI:10.1016/j.jaad.2014.08.015

Miscelánea

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MEDICAL CENTER

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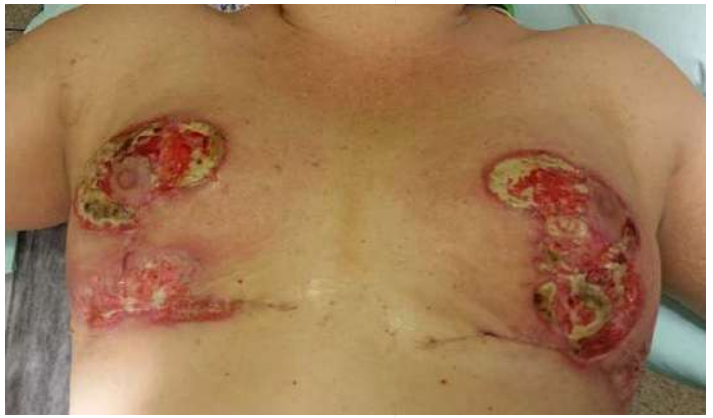
Forum F059: Behind the bra: what dermatologists should know about disease of the breast.

Miriam Keltz Pomeranz MD
The Ronald O. Perelman Department of Dermatology, NYU and NYC H+H/Bellevue
AAD March 9, 2025

Pioderma gangrenoso



Extraída de: http://www.dx.doi.org/10.5935/2177-1235.2019RBCP0104

No afectación CAP

<30% asociación enfermedades autoinmunes

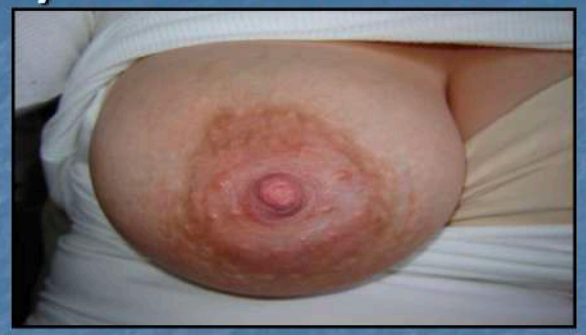
Miscelánea

The Breast in Pregnancy and Lactation

Jenny Murase, MD
March 9, 2025

Palo Alto Foundation Medical Group
University of California, San Francisco

Raynaud Phenomenon

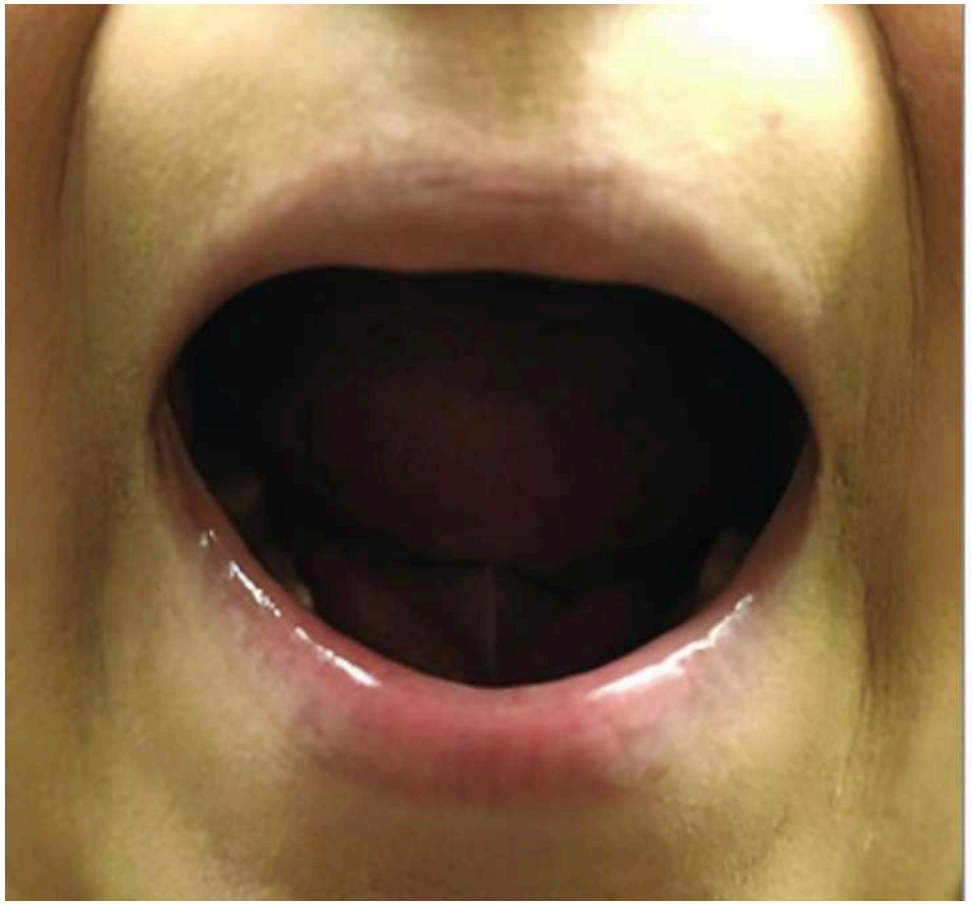


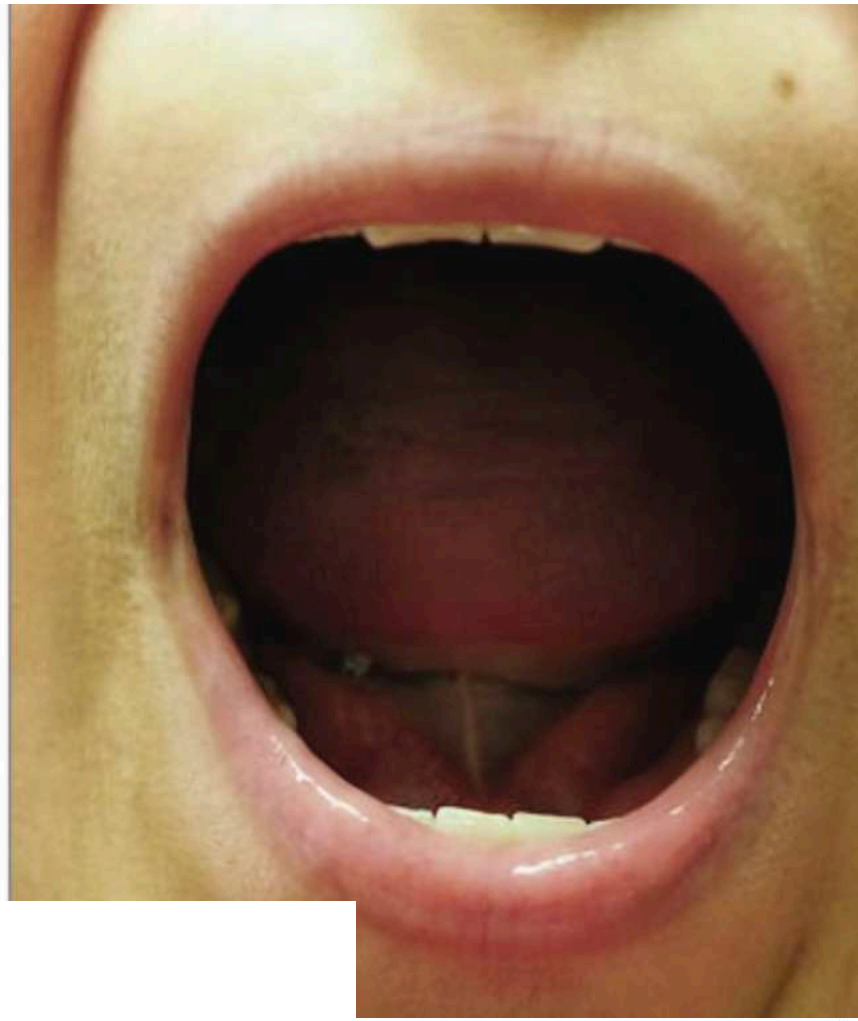
Barrett ME, Heller MM, Fullerton-Stone H, Murase JE.
Raynaud Phenomenon of the Nipple in Breastfeeding Mothers: An Underdiagnosed Cause of Nipple Pain. JAMA Dermatology 149 (3): 300-306, 2013.

Raynaud Phenomenon

- Diagnostic criteria
  - Chronic deep breast pain (> 4 weeks) that responded to therapy for Raynaud phenomenon and had at least 2 of the following:
    - 1. Observed or self-reported color changes of the nipple, especially with cold exposure (white, blue, or red)
    - 2. Cold sensitivity or color changes of the hands or feet with cold
    - 3. Failed therapy with oral antifungals.
- Nifedipine 30 mg SR tab qhs in 2 wk courses, often require a few courses
- Side effects: postural hypotension, headaches
- Avoid cold, caffeine, and tobacco

Miscelánea

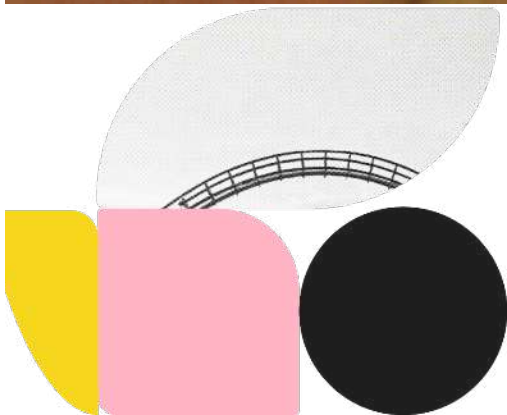




JAMA Dermatol. 2023 Oct 18;159(12):1393–1395. doi: 10.1001/jamadermatol.2023.3893

Hyaluronidase Injections for Oral Microstomia in Systemic Sclerosis and Mixed Connective Tissue Disease

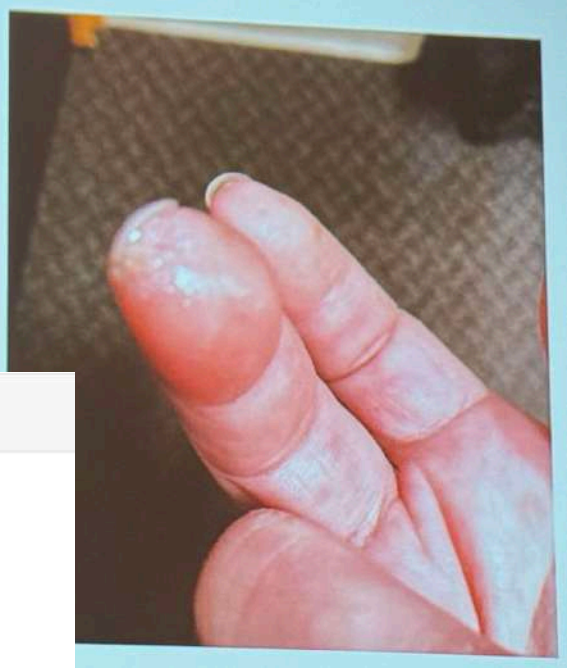
Michelle S Min [1,2,✉], Nathaniel Goldman [1], Daniel R Mazori [1,3], Lisa N Guo [1], Ruth Ann Vleugels [1], Avery H LaChance [1,✉]



Miscelánea

Clinical Pearls: IV Epoprostenol

- Symptomatic relief and ulcer healing in systemic sclerosis patients with connective tissue disease-associated refractory Raynaud's.
- Option to save threatened digits and to serve as a bridge to other medications in an inpatient setting



agencia española de medicamentos y productos sanitarios cima

FICHA TECNICA EPOPROSTENOL NORMON 0,5 mg POLVO Y DISOLVENTE PARA SOLUCION PARA PERFUSION EFG

1. NOMBRE DEL MEDICAMENTO
2. COMPOSICIÓN CUALITATIVA Y CUANTITATIVA
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Pulse aquí para ver el documento en formato PDF.

1. NOMBRE DEL MEDICAMENTO

Epoprostenol NORMON 0,5 mg polvo y disolvente para solución para perfusión EFG

2. COMPOSICIÓN CUALITATIVA Y CUANTITATIVA

Epoprostenol NORMON 0,5 mg polvo para solución para perfusión:
Cada vial contiene epoprostenol de sodio equivalente a 0,5 mg de epoprostenol.

Un ml de solución concentrada reconstituida contiene 10.000 nanogramos de epoprostenol (como epoprostenol de sodio).

La cantidad de sodio contenida en la solución concentrada reconstituida es aproximadamente 59 mg.
La cantidad de sodio contenida en el polvo para solución para perfusión es aproximadamente 4,37 mg por vial.
La cantidad de sodio contenida en el disolvente para uso parenteral es aproximadamente 54,68 mg por vial.

Para consultar la lista completa de excipientes, ver sección 6.1.

3. FORMA FARMACÉUTICA

Polvo y disolvente para solución para perfusión.

Polvo para concentrado para solución para perfusión:

- Polvo liofilizado de color blanco o casi blanco

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Formulations

Our compounded medications are uniquely made for each patient's needs. Our pharmacists develop medications with the highest quality ingredients for general dermatology– including but not limited to:

- 5-FU / Salicylic Acid
- Azelaic acid
- Betamethasone valerate
- Calcipotriene
- Ciclopirox
- Cidofovir
- Clobetasol proprionate
- Coal tar
- DPCP
- Glycopyrrolate
- Hydrocortisone
- Hydroquinone
- Ivermectin
- Ketoconazole
- Kojic acid
- Lidocaine
- Methoxsalen
- Metronidazole
- Monobenzone
- Mupirocin
- Niacinamide
- Oxybutynin
- Pramoxin HCl
- Ruxolitinib
- Sildenafil
- Sodium Thiosulfate
- Squaric Acid Dibutyl Ester
- Tacrolimus
- Tazarotene
- Tofacitinib
- Tranexamic acid
- Tretinoin
- Vitamin B12

STS 10-20% ointment or cream
Sildenafil 1 -5 % ointment or cream
Clobetasol 0.05% ointment or cream
Timolol 0.5% ointment or cream
Mupirocin 1-2% ointment or cream
Santyl / Collagenase (can send regular rx)

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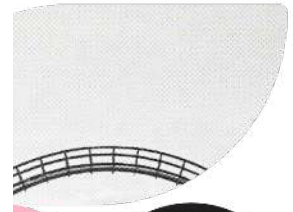
Intralesional Sodium Thiosulfate Procedure

- STS medication (250 mg/mL – typically 1-15 mL depending on area injected
- Inject slowly 0.1 - 0.3 mL per injection and fan needle
- 3 mL syringes with drawing up needles and 30 g needles for procedure
- Lidocaine +/- epinephrine for local anesthetic and/or nerve blocks
  - Consider topical lidocaine
  - Always anesthetize BEFORE STS or mix with lidocaine – it **BURNS**
  - Commonly use nerve blocks on digits
  - Consider about 1 mL lidocaine per 1 mL STS



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Intralesional Sodium Thiosulfate Procedure

- Ice and Bandages as needed
- STS can cause a **pseudo-cellulitis** inflammatory reaction and also **ulcerations** open wounds where calcium precipitates
  - During injection course, continuous or at least 2 weeks before/after **doxycycline 100 mg bid**
  - Consider santyl, clobetasol, mupirocin, topical compounded STS to healing wounds or ulcers
- 30 minute visits to allow numbing
  - Bill EM on time and then CPT for injections and bill for medication cost (does not need PA)
- Frequency typically every 2-3 months allows proper healing of any ulcerations and continue until improvement plateaus

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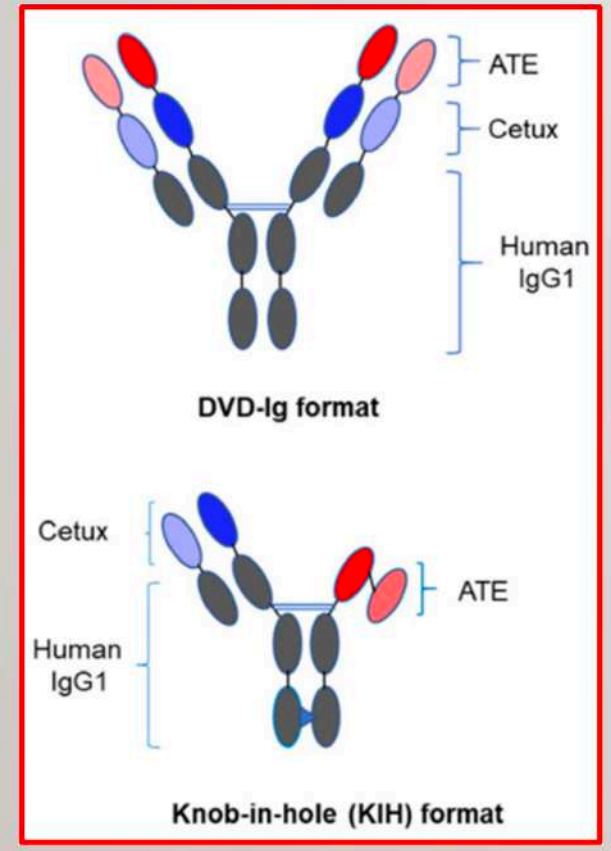
BISPECIFIC ANTIBODY



- 1 drug inhibits 2 targets
- Dual-variable domain immunoglobulin (2 x 2 binding sites)
- Knob-in-hole (2 x 1 binding sites)
- Potency versus side effects

https://www.fda.gov/drugs/spotlight-cder-science/bispecific-antibodies-area-research-and-clinical-applications

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FDA-Approved Bispecific Antibodies

Trade Name	Active Ingredient	Year Approved	Indication
Blincyto	blinatumomab	2014	To treat Philadelphia chromosome-negative relapsed or refractory B cell precursor acute lymphoblastic leukemia
Hemlibra	emicizumab-kxwh	2017	To prevent or reduce the frequency of bleeding episodes in hemophilia A with factor VIII inhibitors
Rybrevant	**amivantamab-vmjw**	**2021**	**To treat locally advanced or metastatic non-small cell lung cancer with certain mutations (EGFR and Met inhibition)**
Kimmtrak*	tebentafusp-tebn	2022	To treat a form of unresectable or metastatic uveal melanoma
Vabysmo	faricimab-svoa	2022	To treat neovascular (wet) age-related macular degenerated and diabetic macular edema
Tecvayli	teclistamab-cqyv	2022	To treat relapsed or refractory multiple myeloma
Lunsumio	mosunetuzumab-axgb	2022	To treat relapsed or refractory follicular lymphoma
Epkinly	epcoritamab-bysp	2023	To treat relapsed or refractory diffuse large B-cell lymphoma
Columvi	glofitamab-gxbm	2023	To treat relapsed or refractory diffuse large B-cell lymphoma or large B-cell lymphoma
Elrexfio	elranatamab-bcmm	2023	To treat relapsed or refractory multiple myeloma
Talvey	talquetemab-tgvs	2023	To treat relapsed or refractory multiple myeloma
Bizengri	zenocutuzumab	2024	To treat non-small cell lung cancer or pancreatic cancer (HER2 and HER3 inhibition)

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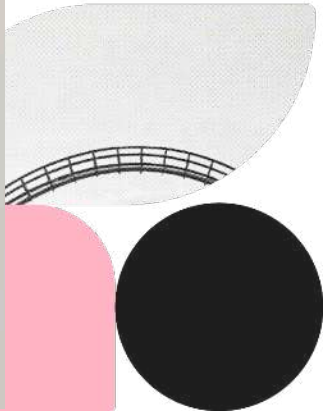
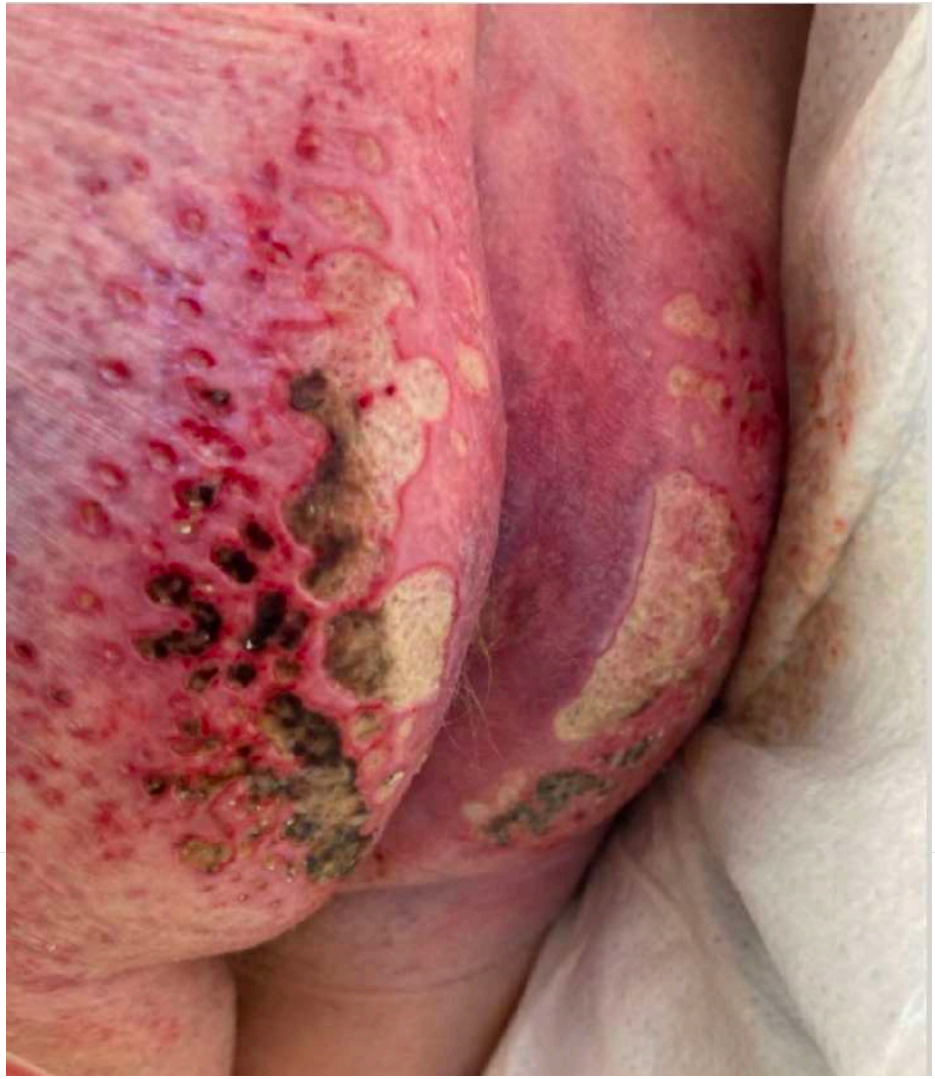
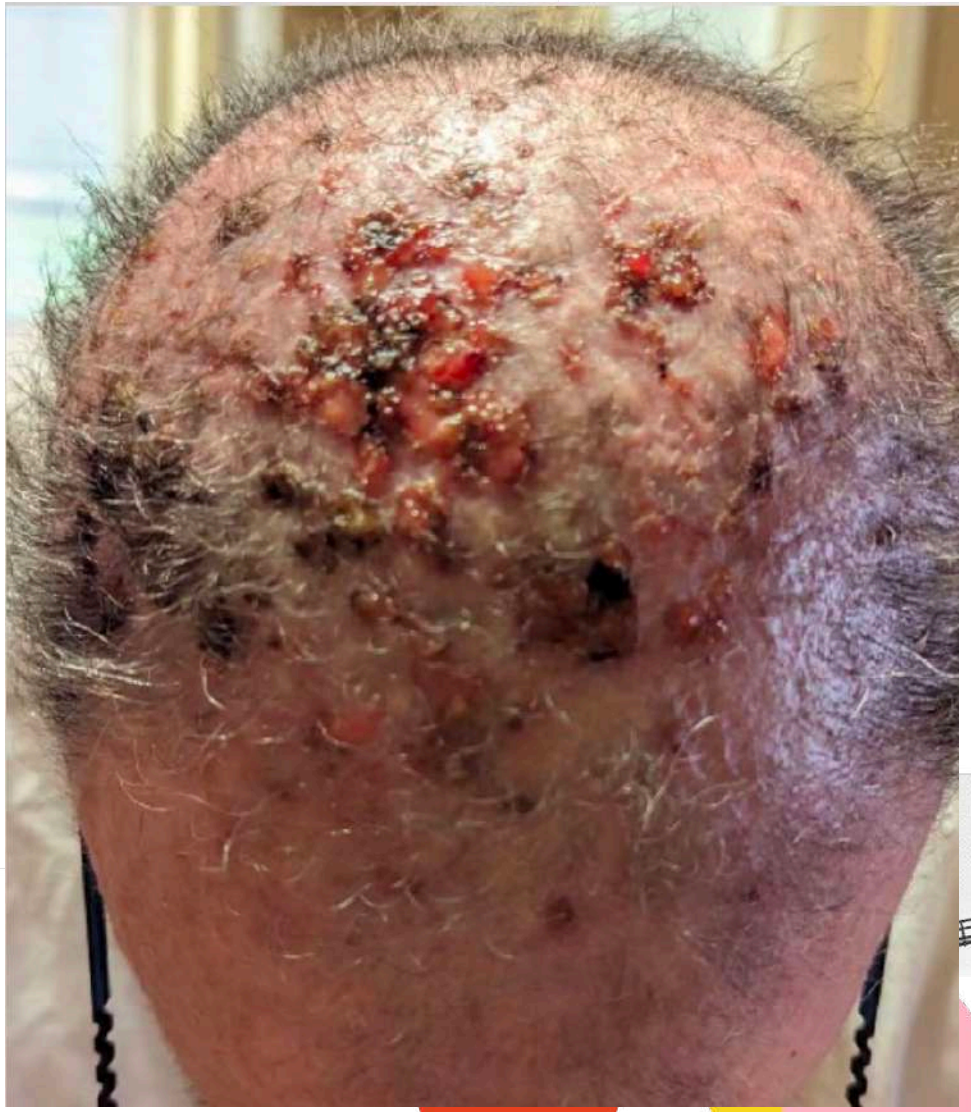
AMIVANTAMAB (BISPECIFIC ANTIBODY)

- Overlap with EGFRI/MEKI toxicities
  - Acneiform eruption (100% all grade, 29% grade 3)
  - Paronychia (100% all grade, 29% grade 3)
  - Eczematous dermatitis
  - Hypertrichosis
  - Phase I data: Acneiform eruptions (86%), paronychia (45%), stomatitis (21%), pruritus (17%)
- Neutrophilic dermatoses
  - Erosive pustular dermatosis-like eruption
  - Pyoderma gangrenosum-like ulcers







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

AEDV

7 - 11 MARZO

ORLANDO

highlights

Una iniciativa de:

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

FUNDACIÓN AEDV PIEL SANA

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

Con el patrocinio de:

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