

AAD ANNUAL MEETING **2026**

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highlights
Denver, Colorado

27 — 31
Marzo

[A un nuevo nivel de conocimiento científico]

Una iniciativa de:



Con el patrocinio de:



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Dermatoscopia y técnicas de imagen

Dermatoscopia, cada vez más ultravioleta

Daniel Martín Torregrosa

Hospital de Sagunto

highlights
Denver, Colorado

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27 — 31
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*A un nuevo nivel de
conocimiento científico*



Dermatoscopia y técnicas de imagen

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#AEDVenAAD2026

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**NO TENGO
CONFLICTOS DE
INTERÉS**

b. Negative network: umbrella term

1. Negative pigment network



- Nevus associated melanoma
- Spitz
- Severe DN
- CMN/Globular nevi in children

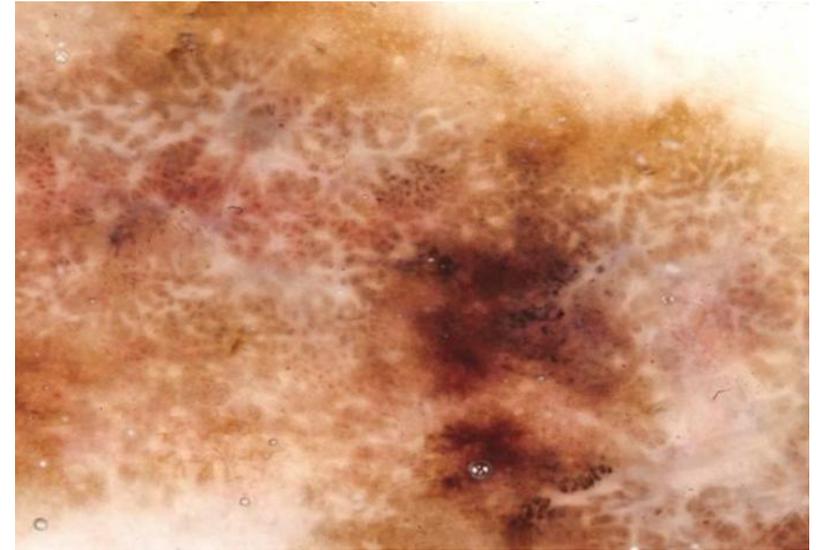
2. Reticular depigmentation



- Invasive melanoma
- Spitz
- Fibroepithelioma of Pinkus
- DF
- Clear cell acanthoma

b-1. Negative pigment network (elongated clods)

- Tan to brown elongated-curvilinear globular structures in a background that has less pigment (seen in both PD & NPD)



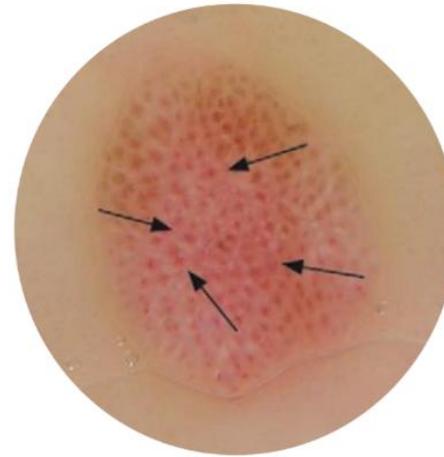
b-2. Reticular depigmentation

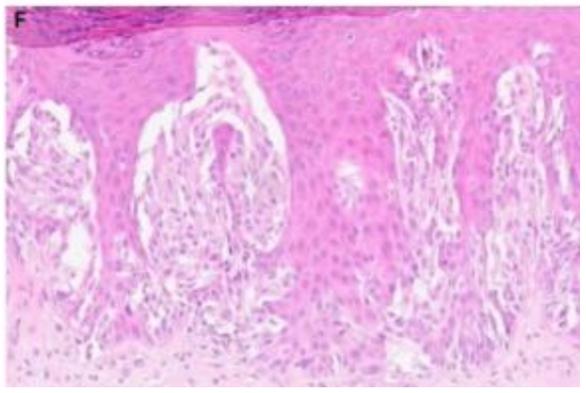
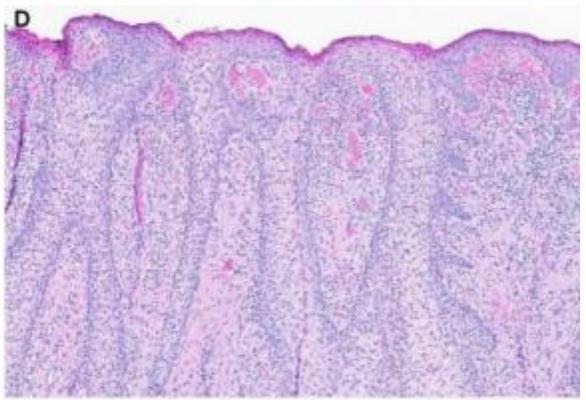
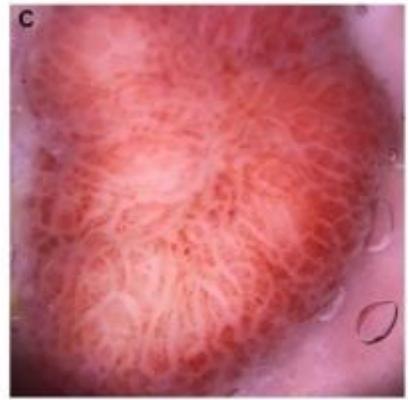
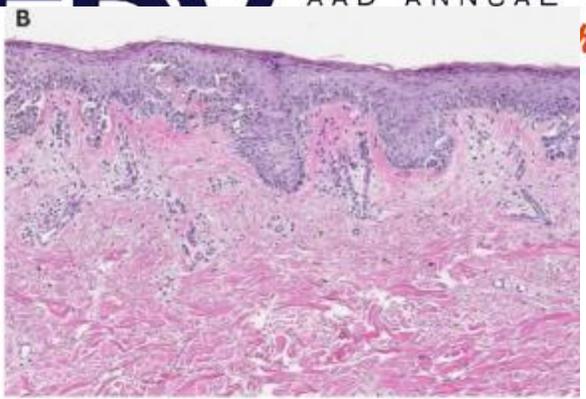
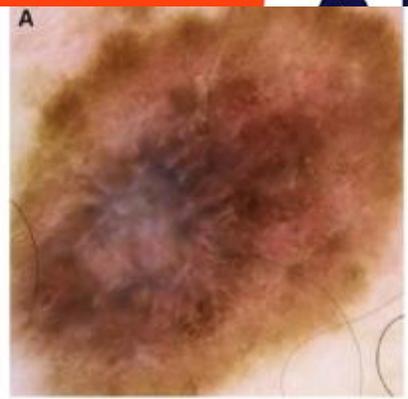
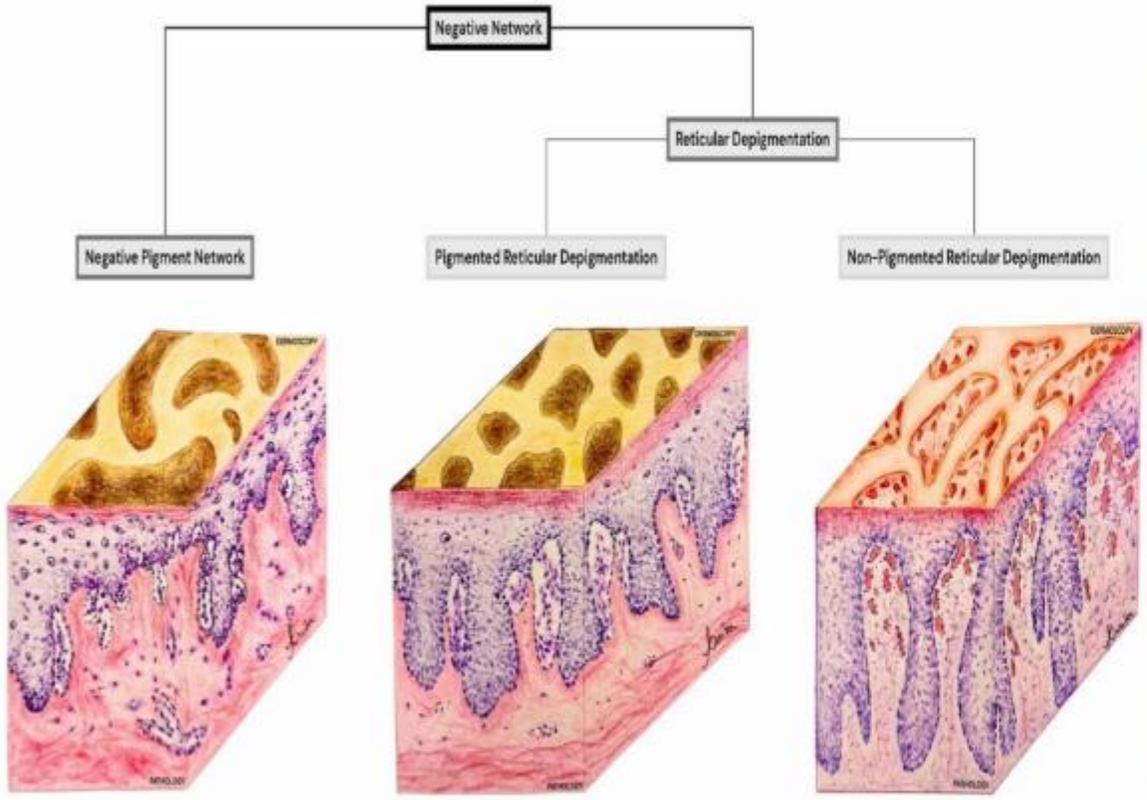
- White lines, somewhat angulated, forming a reticular pattern. Seen with both PD & NPD



Seen in Spitz & invasive melanoma

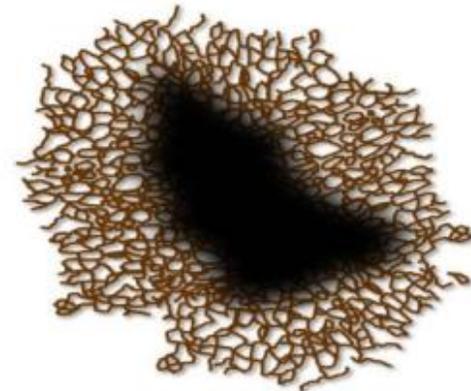
(among others like CCA, BCC)



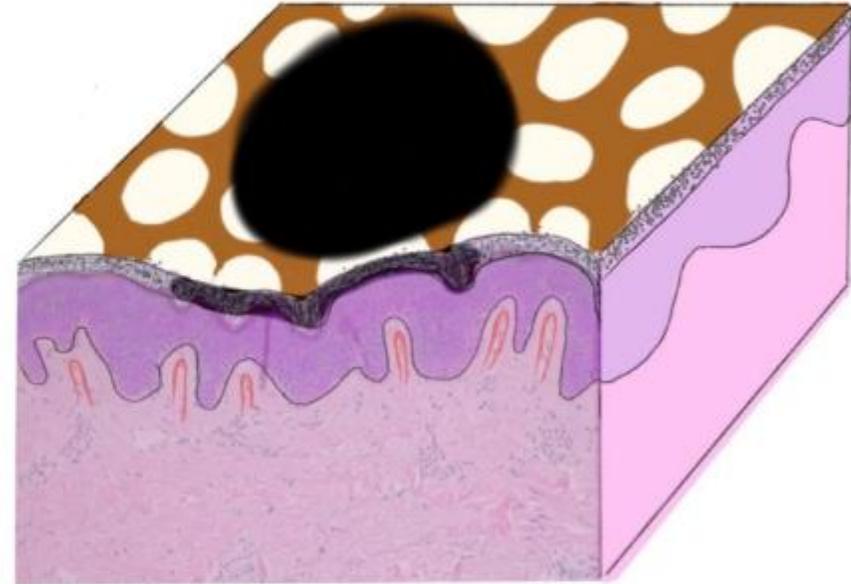
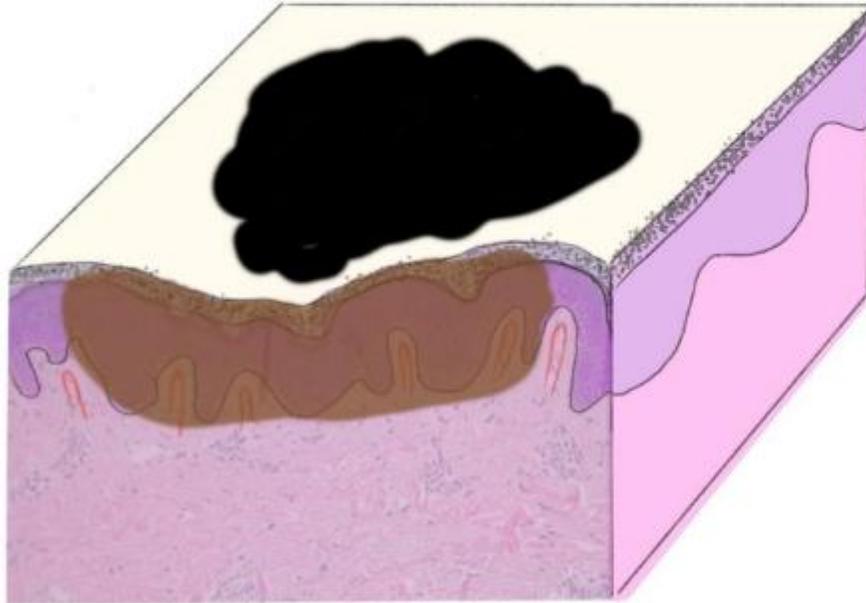


Blotch (*structureless zone*)

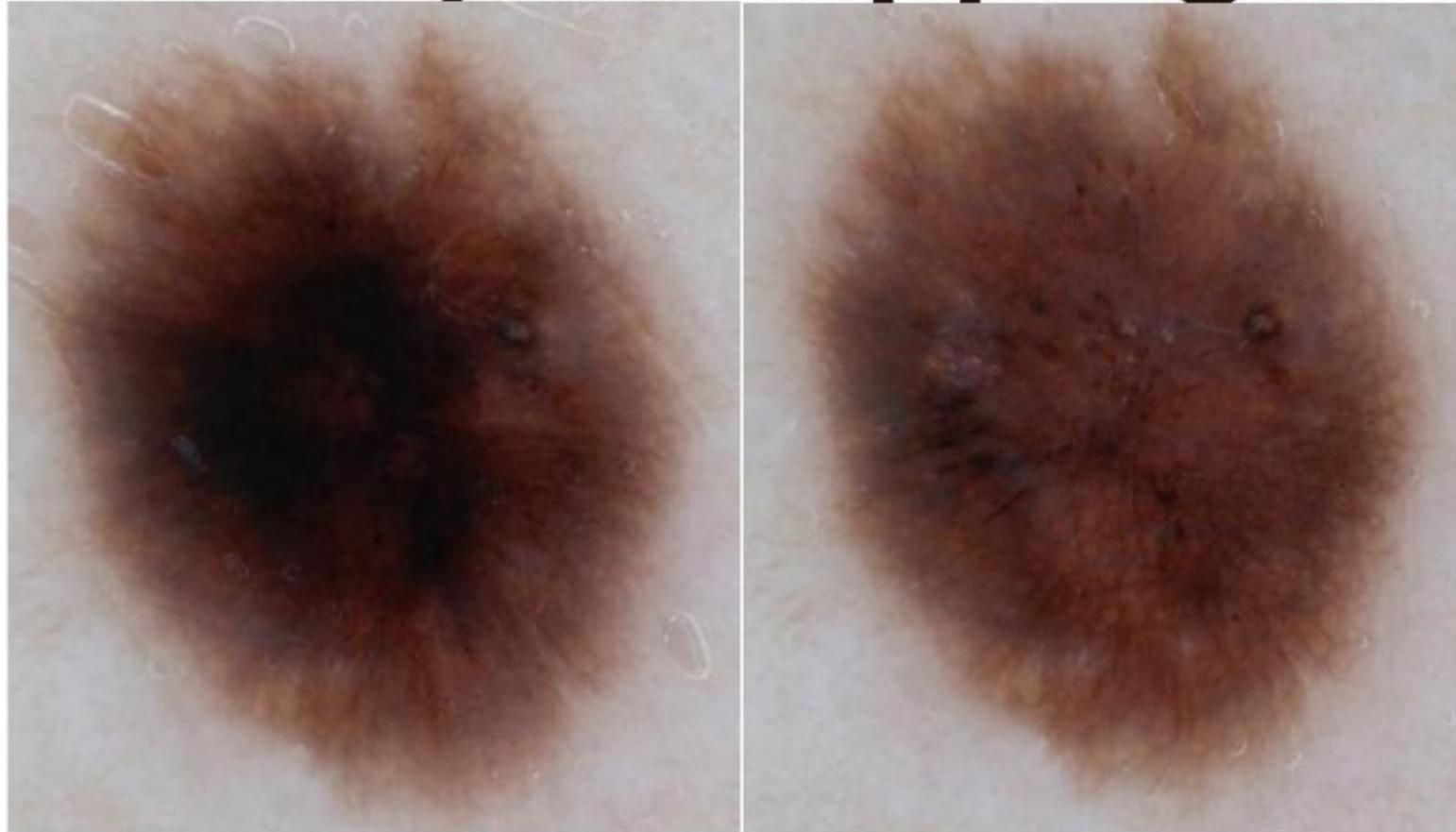
- Large concentration of melanin pigment
 - Melanin throughout epidermis (with or w/o melanin in dermis)
 - Melanin localized to stratum corneum (lamella)
- Large concentration of confluent melanin obscures the ability to visualize underlying structures



Differentiate 'true' Blotch from Lamella



Tape stripping



before

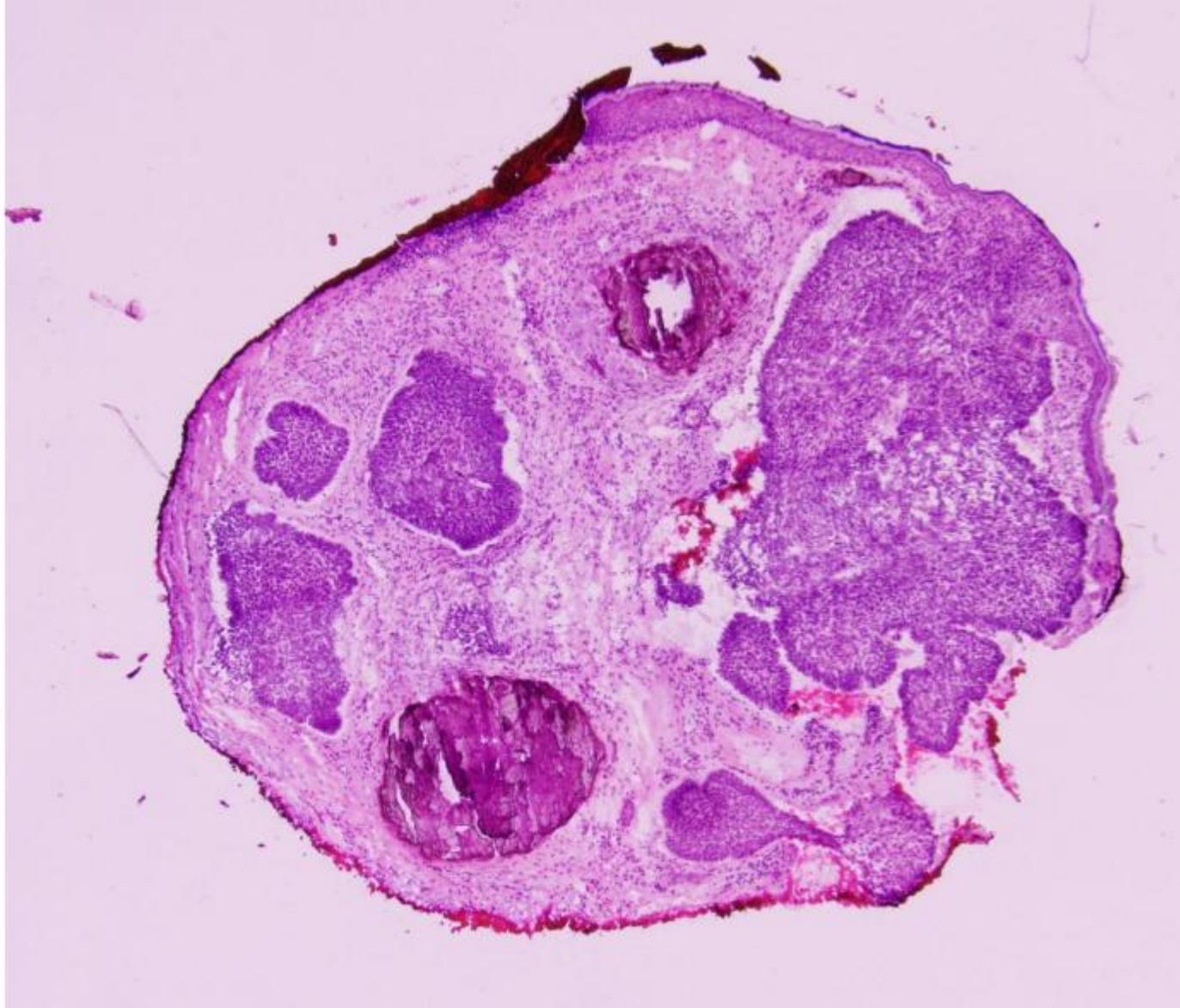
after

MAY globules – multiple aggregated yellow-whitish globules

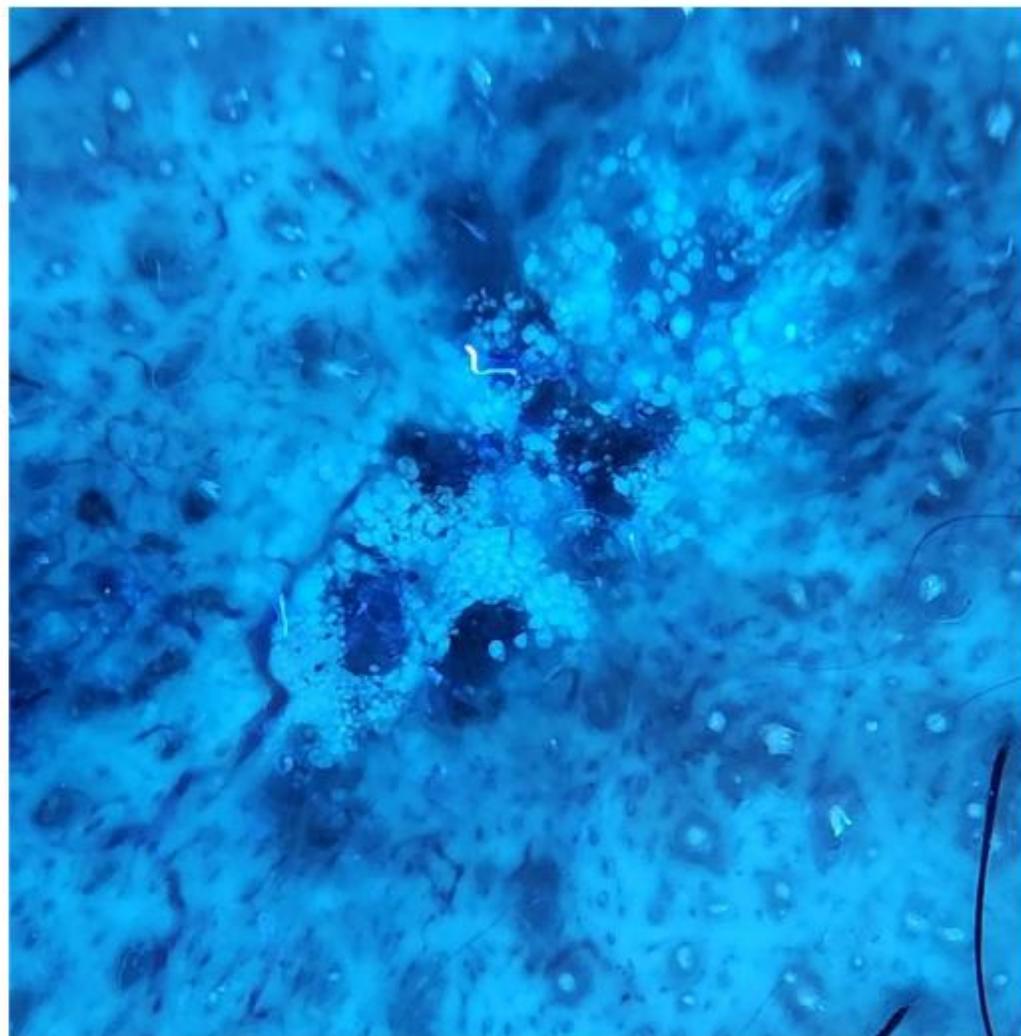
- Multiple aggregated yellowish-whitish globules
- Seen with both PD & NPD
- Enhanced visualization with UVFD



calcifications



UV-dermoscopy



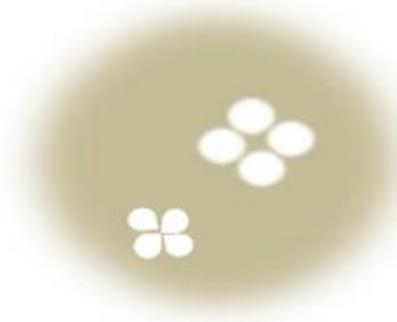
■ Shiny white structures



Shiny white lines: high specificity for MM



Blotches & strands: High specificity for BCC



Rosettes: high specificity for actinic tumors (AK/SCC)



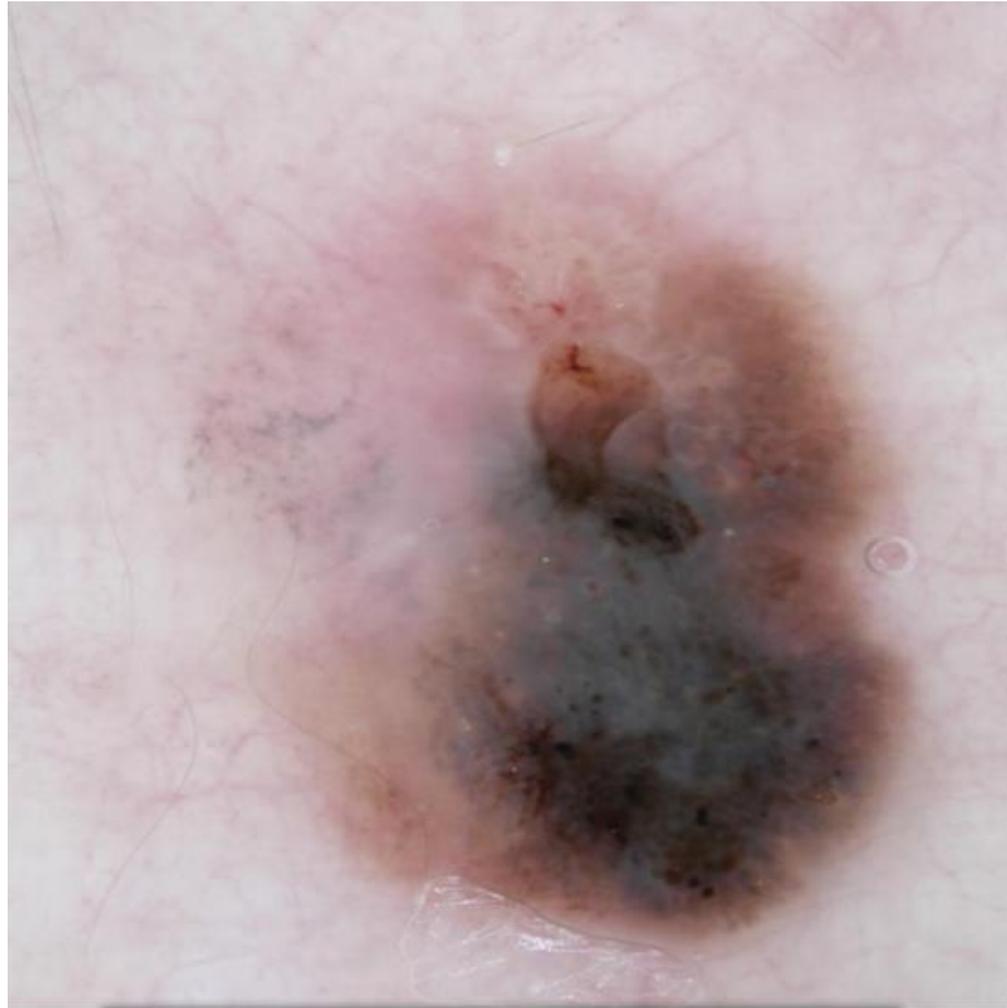
Short shiny white lines



Short, white, linear lines that can only be seen with polarized dermoscopy.

The lines are often oriented in a parallel and orthogonal fashion.

Due to birefringent properties of collagen, causing polarized light to randomize its polarization rapidly.



Non-polarized Dermoscopy



Shiny white lines

Polarized Dermoscopy

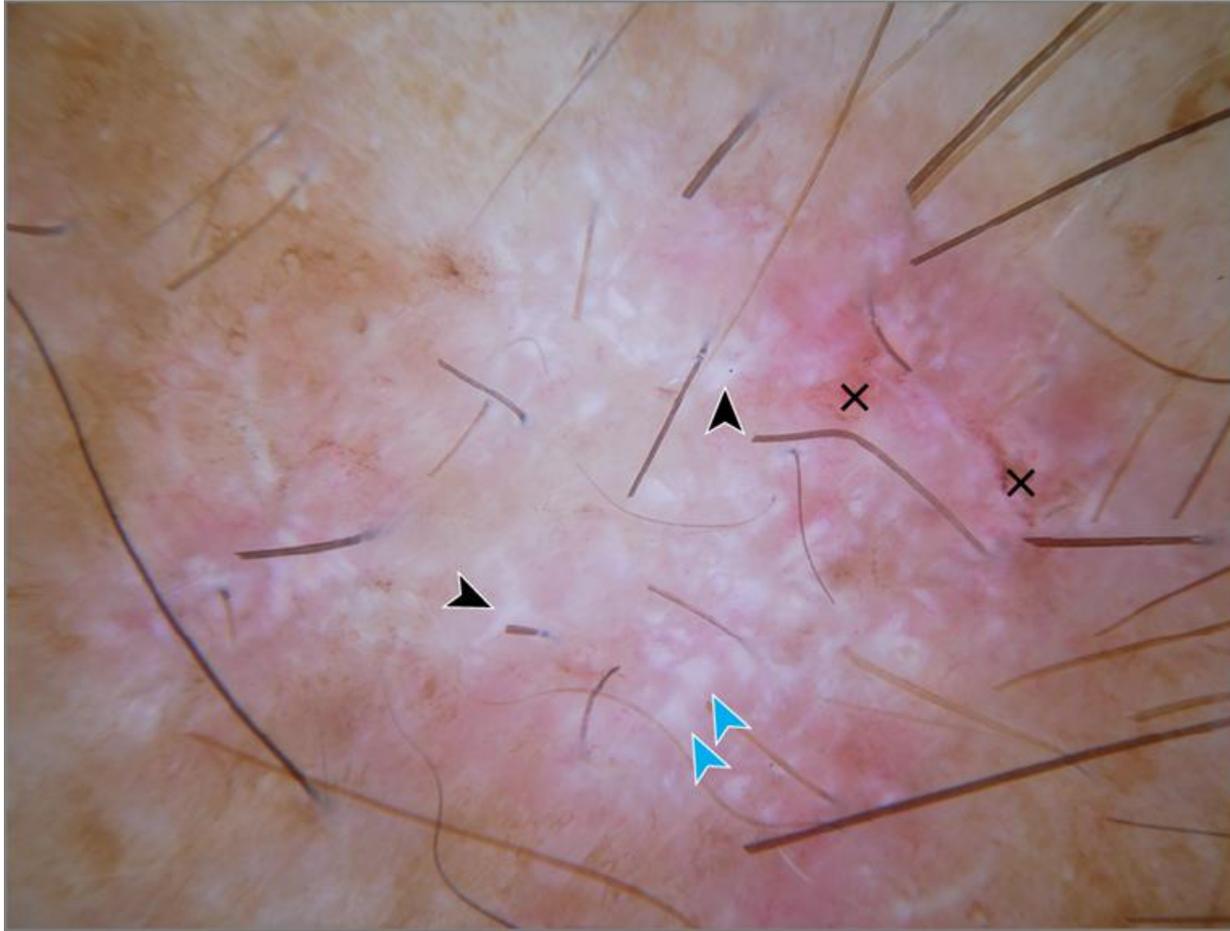
Shiny white blotches & strands



Roundish to irregularly shaped white area (blotches) & lines (strands) that can only be seen with polarized dermoscopy.

Due to birefringent properties of collagen, causing polarized light to randomize its polarization rapidly.

A Polarized dermoscopy



B Nonpolarized dermoscopy

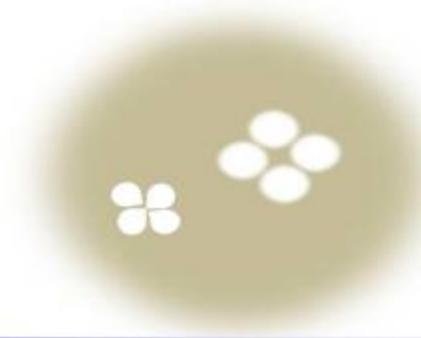


Optical imaging-guided precision biopsy (2mm punch)

Very prelim:

- Blotches appear to represent stroma & mucin around BCC tumor islands.
- Strands appear to represent stroma/matrix between tumor islands

Rosettes: 4 points of light (clover)



4 points of white light creating a clover shaped structure that can only be seen with polarized dermoscopy.

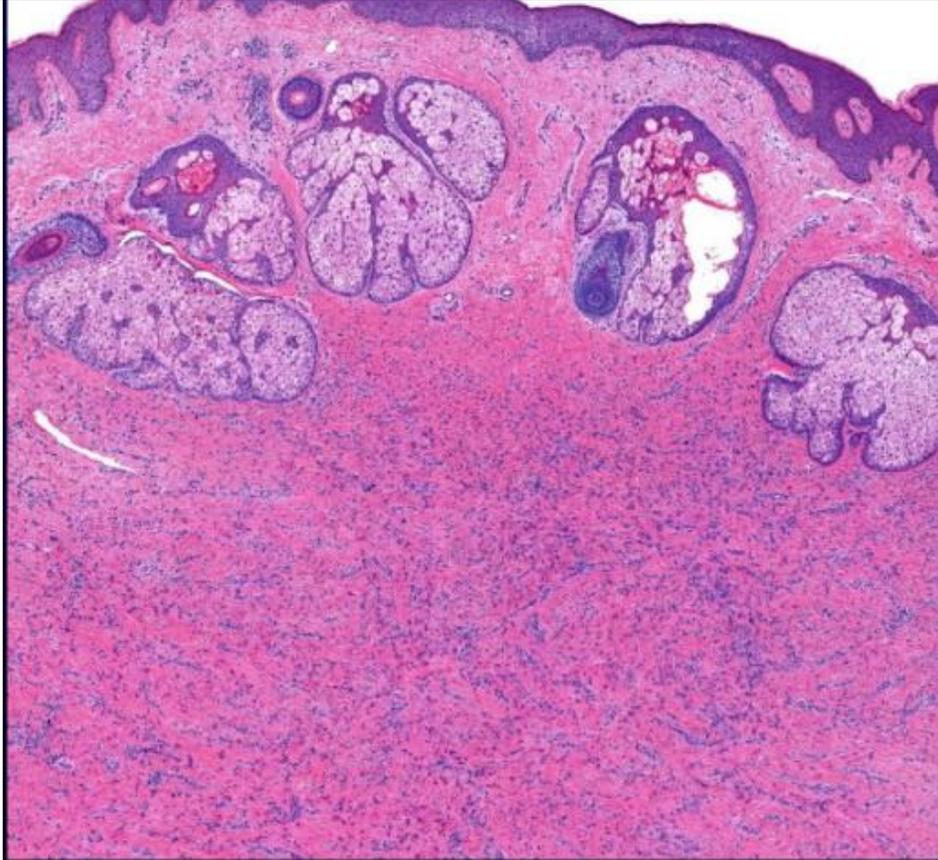
Optical effect due to interaction of polarized light with turbid media (layers of keratin filling ostial openings)

Rosettes



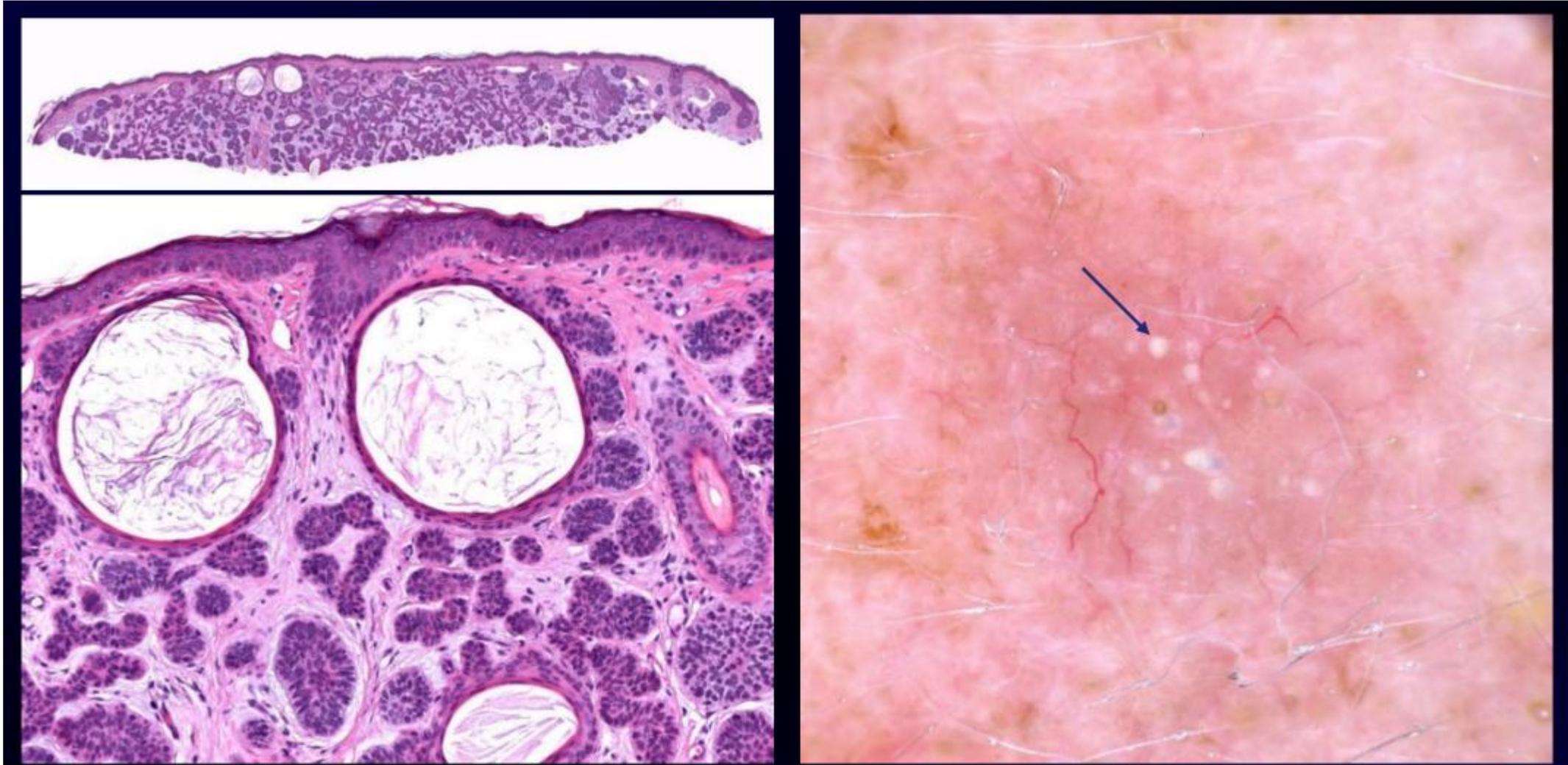
Original Article

Sebaceous induction in dermatofibroma: a common feature of dermatofibromas on the shoulder



- ✓ yellow globules
- ✓ dotted and looped vessels
- ✓ structureless brown areas

Dermatofibroma with Sebaceous Induction



Infundibulocystic BCC

What is NPD vs PD vs UVFD?

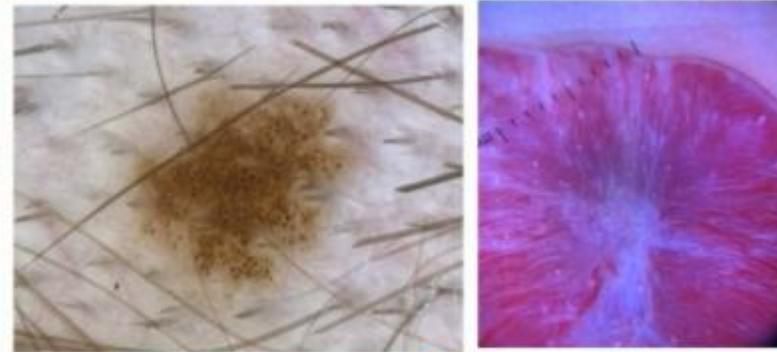
Non-Polarized Dermoscopy (NPD)

- Superficial epidermal structures- milia-like cysts
- **Best for:** Epidermal proliferations – epidermal nevi, SKs



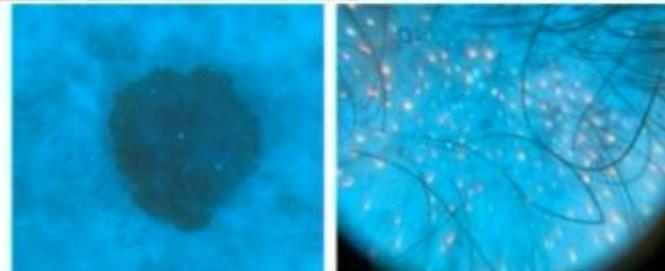
Polarized Dermoscopy (PD)

- Dermoepidermal junction (DEJ) and superficial dermis
- **Best For:** vascular structures, shiny white structures, pigment (melanocytic nests) at the DEJ



UV Dermoscopy (UVFD)

- **Principle:** Uses UV light (Wood's lamp principle, 365nm) to fluoresce specific skin components
- **Best For:** Melanin distribution (vitiligo, lentigo), porphyrins and follicular features



Scabies: Polarized Dermoscopy

Sensitivity of dermoscopy for dx of scabies is 91%, comparable to conventional skin scraping





**Scabies Mite is Bright Green Under
UV Dermatoscopy**

Pawel Pietkiewicz^{1,2}, Cristian Navarrete-Dechent^{3,4}
Dermatol Pract Concept 2023 Apr 1;13(2):e2023135

Yürekli A. **A new sign with UV dermoscope in the diagnosis of scabies: Ball sign.** *Skin Res Technol.* 2023 May.

Yürekli A, Muslu İ, Pektaş SD, Alataş ET, Aydoğdu CT, Daşgin D. **Using ultraviolet dermoscopy in diagnosing scabies.** *Exp Dermatol.* 2023 Nov. PMID: 37702268.

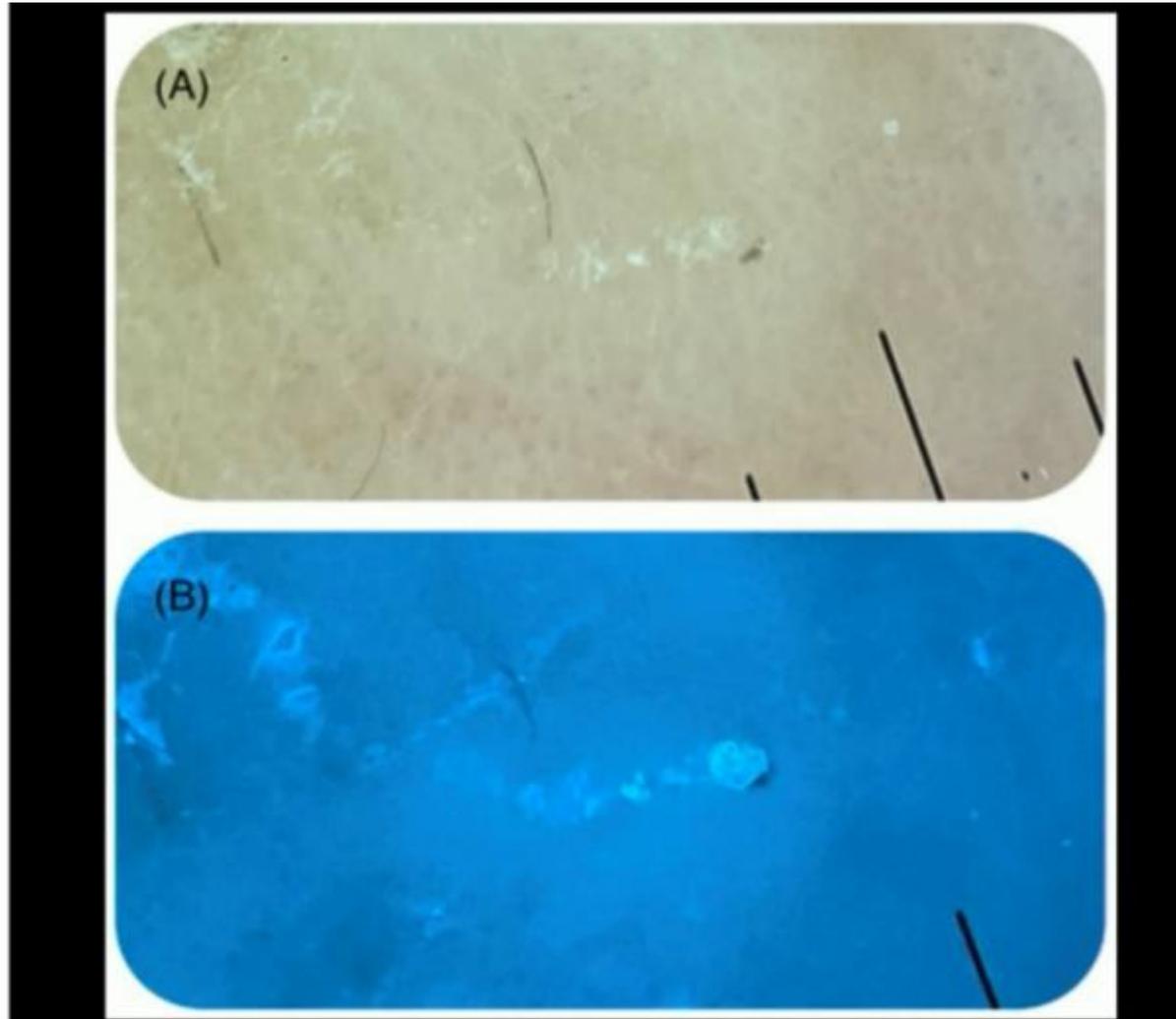
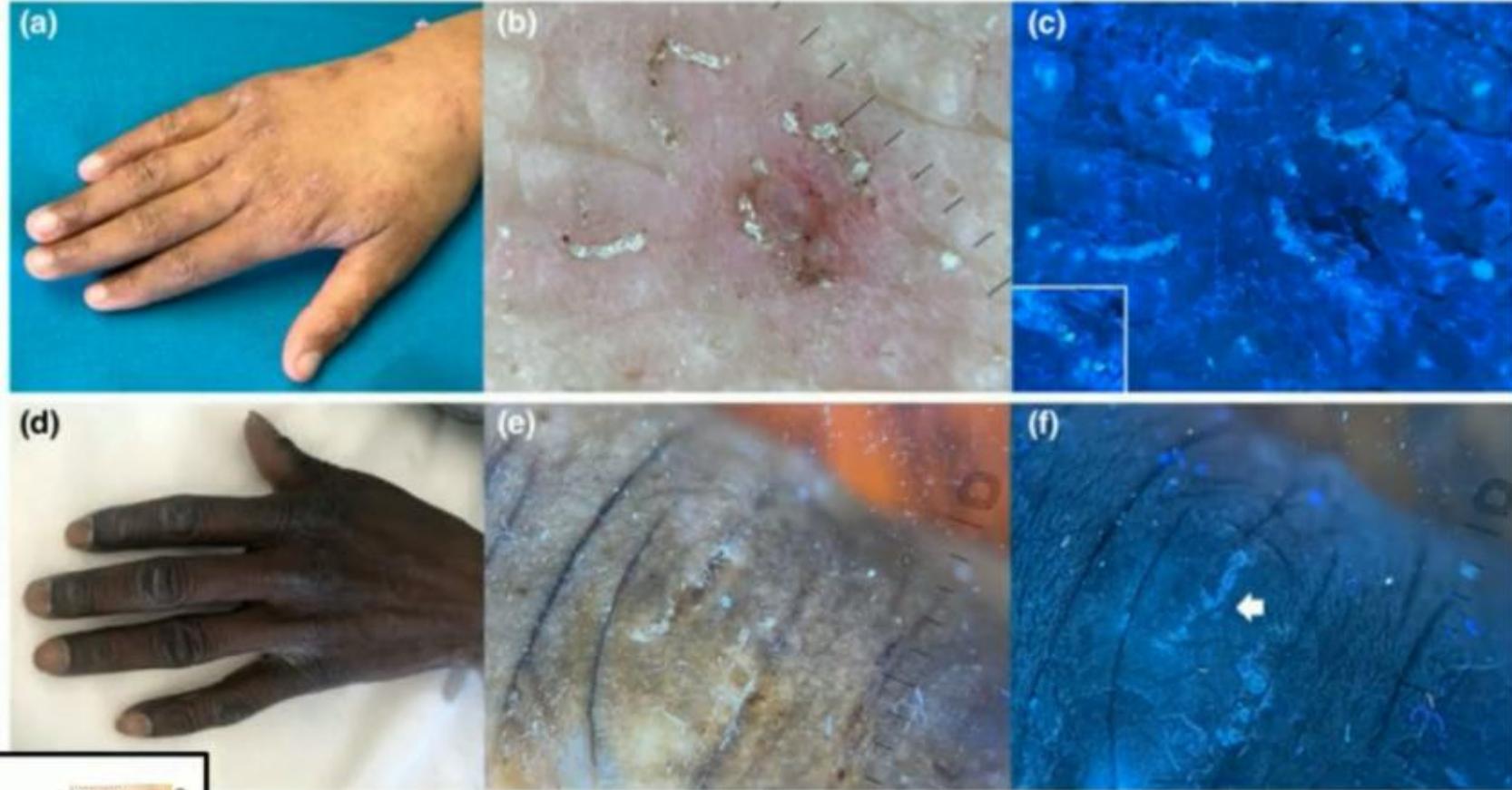


FIGURE 1 (A) View of the tunnel under polarized dermoscope. (B) View of the tunnel under the ultraviolet dermoscope.

Addition of UVFD → Easier to see eggs & burrows in phototype IV+ patients



The expanding role of UV dermoscopy...



2023

Scabies Mite is Bright Green Under UV Dermatoscopy

Pawel Pietkiewicz^{1,2}, Cristian Navarrete-Dechent^{1,3}

Dermatol Pract Concept.

2024

REVIEW

Applications of Ultraviolet and Sub-ultraviolet Dermatoscopy in Neoplastic and Non-neoplastic Dermatoses: A Systematic Review

Pawel Pietkiewicz¹ · Cristian Navarrete-Dechent¹ · Yael Tugawa · Piotr Szażak · Natalia Sabinowska · Ashfaq A. Marghoob · Agnieszka Laszczyńska-Pietkiewicz · Enzo Errichetti

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ABSTRACT
Dermatoscopy is a non-invasive and cost-efficient imaging technique augmenting clinical

well as discussed documented and potential clinical applications, safety measures during examination, and limitations associated with reflectance and fluorescence dermatoscopy. A literature search was conducted in the Publi

CASE SERIES

PMID: 40843240

2025

Ultraviolet-Induced Fluorescence Dermoscopy: Game Changers

by HANA I. NAZIR, MD; KATHLEEN E. DALY, MS; ELIZABETH V. SEIVERLING, MD; CRISTIAN NAVARRETE-DECHENT, MD; and KENDALL L. BUCHANAN, MD

Dr. Nazir, Ms. Daly, and Dr. Buchanan are with the Department of Dermatology at the Medical College of Georgia at Augusta University in Augusta, Georgia. Dr. Seiverling is with the Department of Dermatology at the University of Pittsburgh School of Medicine in Pittsburgh, Pennsylvania. Dr. Navarrete-Dechent is with the Department of Dermatology at the Escuela de Medicina, Pontificia Universidad Católica de Chile in Santiago, Chile.

J Clin Aesthet Dermatol 2025;18(3):30–33.

Review Article

Ultraviolet-Induced Fluorescence Dermoscopy, a Novel Diagnostic Technique in Dermatological Practice: A Systematic Review

Abstract
Introduction: Ultraviolet-induced fluorescence dermoscopy (UVF dermoscopy) is a novel diagnostic technique for identifying and diagnosing superficial skin tumors, inflammatory dermatoses, and infectious diseases. The ultraviolet (UV) band has a wavelength ranging from 10 to 400 nm. When intense UV radiation with shorter wavelengths enters a target chromophore, visible light (VL) with a longer wavelength and lower energy is produced in the skin. This VL is apparent to the naked eye and is referred to as fluorescence. **Aim:** The current review compares ultraviolet fluorescence dermoscopy (UVFD) and polarized dermoscopy (PD) features in various dermatological disorders. **Materials and Methods:** This review was performed in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. A comprehensive search of the literature was carried out through the PubMed and Google Scholar electronic databases from inception to 29th December 2023 using the following search terms: "UV dermoscopy" OR "ultraviolet fluorescence dermoscopy" OR "ultraviolet-induced fluorescence dermoscopy" OR "Ultraviolet-induced fluorescence dermoscopy". Titles, abstracts, and full texts were screened by two independent reviewers to select papers dealing with UVF dermoscopy. **Results:** A total of 23 relevant articles were included in this systematic review, including a total of 313 patients. Pigmented skin tumors included 200 patients, Psoriasis upon skinickers (13), seborrhea (57), biopsy site (26), psoriasis (7), cryosarcinoma infections (2), fungal infections (4), vitiligo (3), acne folliculitis (7) and glomus tumors (1). Levels of evidence (LoE) was 3 and 4 in only two included studies; the rest had a LoE of 5. **Discussion:** UVF dermoscopy is a new diagnostic and prognostic tool for neoplastic and non-neoplastic dermatological conditions. This is the first systematic review of its sort that compares and categorizes dermoscopic findings in UVF and polarized light in dermatological practice. As UVFD does not penetrate deeper skin layers, we observed that it is a better way to distinguish lesions restricted to the skin's superficial layers in neoplastic diseases. As a result, tumor-free margins and improved surgical outcomes can be achieved. More favorable outcomes for evaluation and treatment were seen with non-neoplastic conditions. Limitations included a lack of studies with a high level of evidence, control groups, and larger sample sizes. **Conclusion:** We concluded that UVFD will improve clinical diagnosis, disease management, and outcomes. More clinical trials with larger sample sizes are recommended to better understand this novel and intriguing new diagnostic tool.

Keywords: Dermoscopy, fluorescence, pigmented skin tumors, ultraviolet light, Wood's lamp.

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2024

Indian Dermatology Online Journal. PMID: 39850698

23-year-old with 8+ years of 'wet stinky feet.'
No improvement after oral terbinafine x 2 courses



PD: Central white amorphous area with a rosette and subtle erythema



UVFD: Blue/yellow round fluorescent center – Highlights keratotic debris and viral particles (Henderson-Patterson bodies)





JAAD Journal of the
American Academy of Dermatology

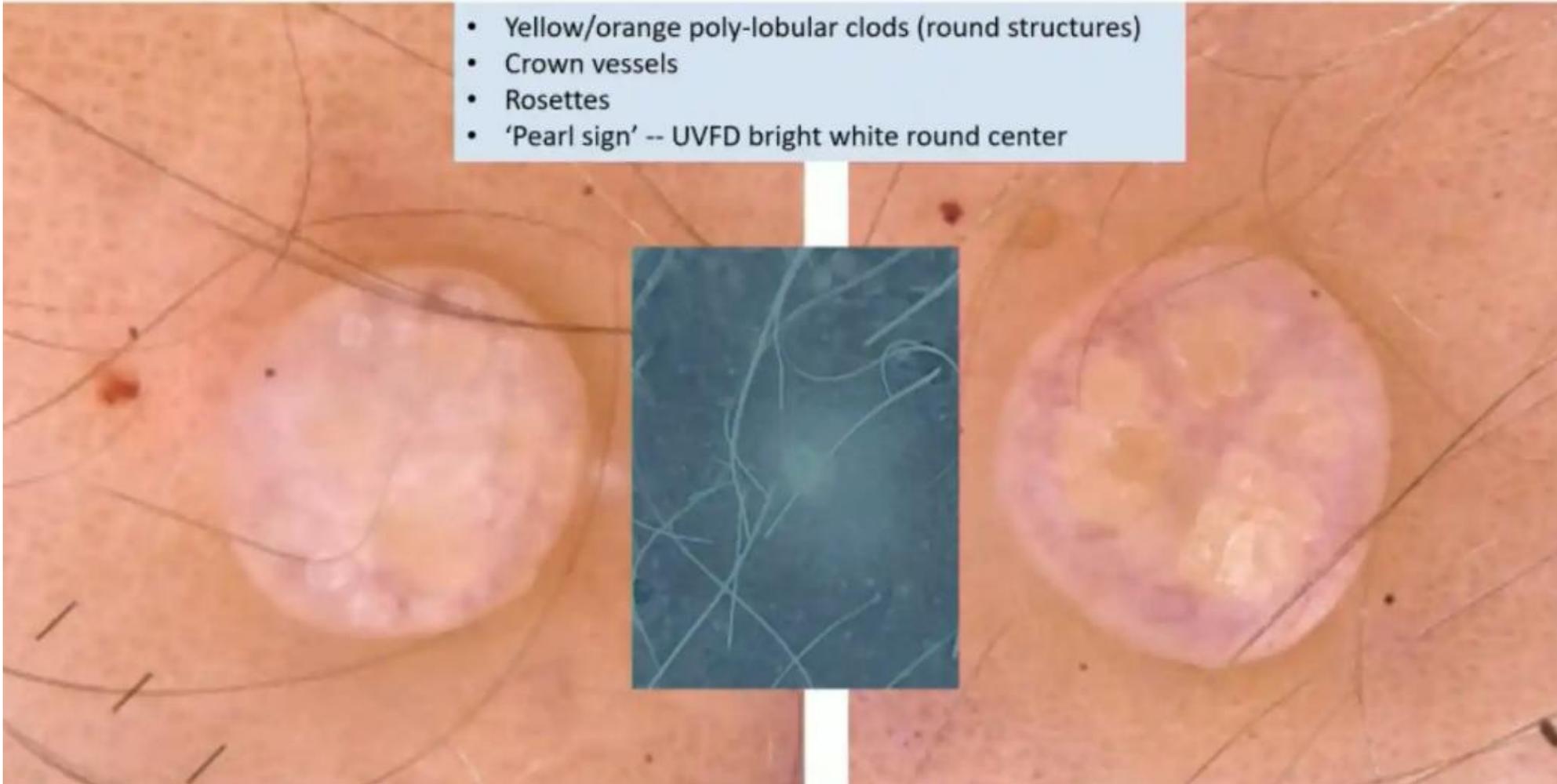
Pearl sign: Enhanced visualization of molluscum contagiosum Henderson-Patterson bodies under UV dermatoscopy

Ece Gokuyulu



Molluscum on dermoscopy

- Yellow/orange poly-lobular clods (round structures)
- Crown vessels
- Rosettes
- 'Pearl sign' -- UVFD bright white round center



Acral lesions in type V/VI skin don't always follow standard dermoscopic algorithms

- Acral lesions are common (Madankumar et al JAAD 2016) and don't always fit in the standard algorithms
- Algorithms were developed in Asia on largely medium color skin, not from patients with darkest skin types
- Acral patterns like parallel ridge / homogenous are sometimes seen in darker skin



Parallel Ridge Pattern in Lentigines



Physiologic volar melanotic macules

- Ho et al JAAD 2025
- “Common yet neglected pigmentary variant in individuals with skin of color”
- Homogenous, bland ridge pattern



Blue Not Always Bad - Melanin Higher in Dermis Can Look Blue



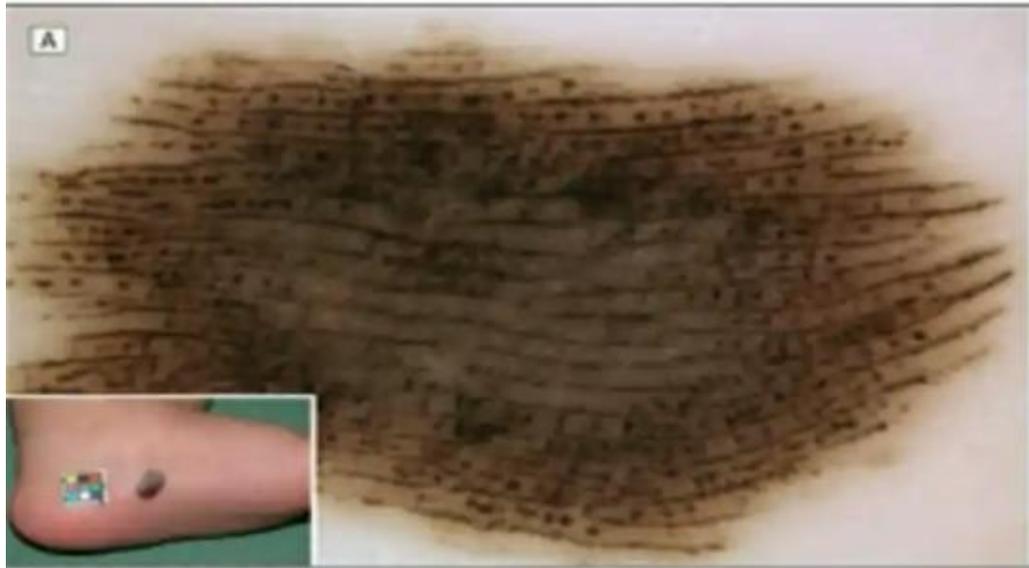
Acral Congenital Melanocytic Nevi

- Parallel furrow pattern
- Crista dotted (regular dots/globules on the ridges near the openings of the eccrine ducts)

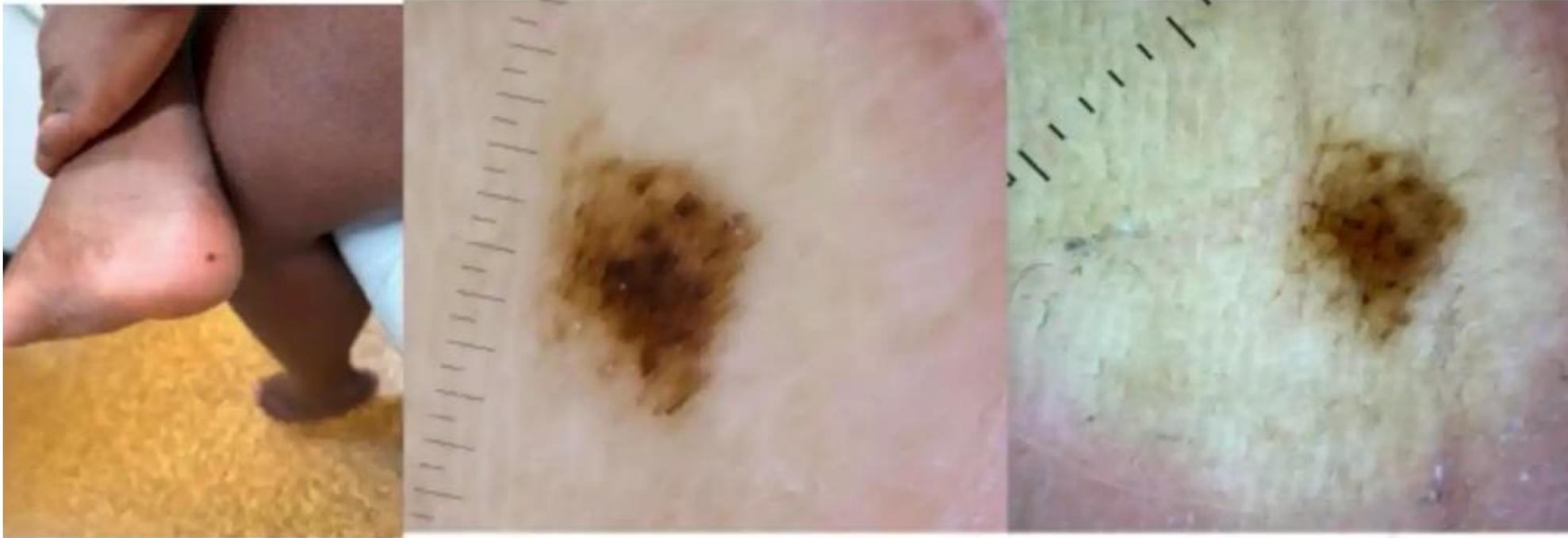


Crista dotted + Parallel Furrow Peas in a Pod =

Common Benign Congenital Acral Nevus Pattern



Wallace line nevi look atypical

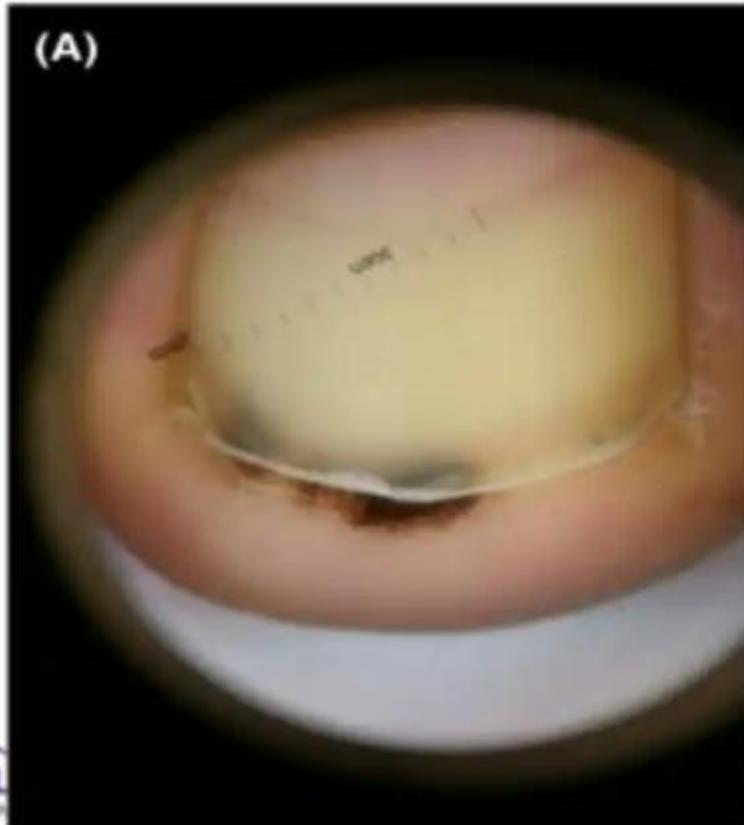


Nail nevi in children

- Ohn et al JAAD 2016
- Darker, more irregular
- More likely to have Hutchinson's, pseudo-Hutchinson's sign and triangle sign, dots and globules
- More likely to cause dystrophy (melanin changes texture of nail)



Melanocytic nevi on the hyponychium with dermoscopic features of longitudinal brush pigmentation in children



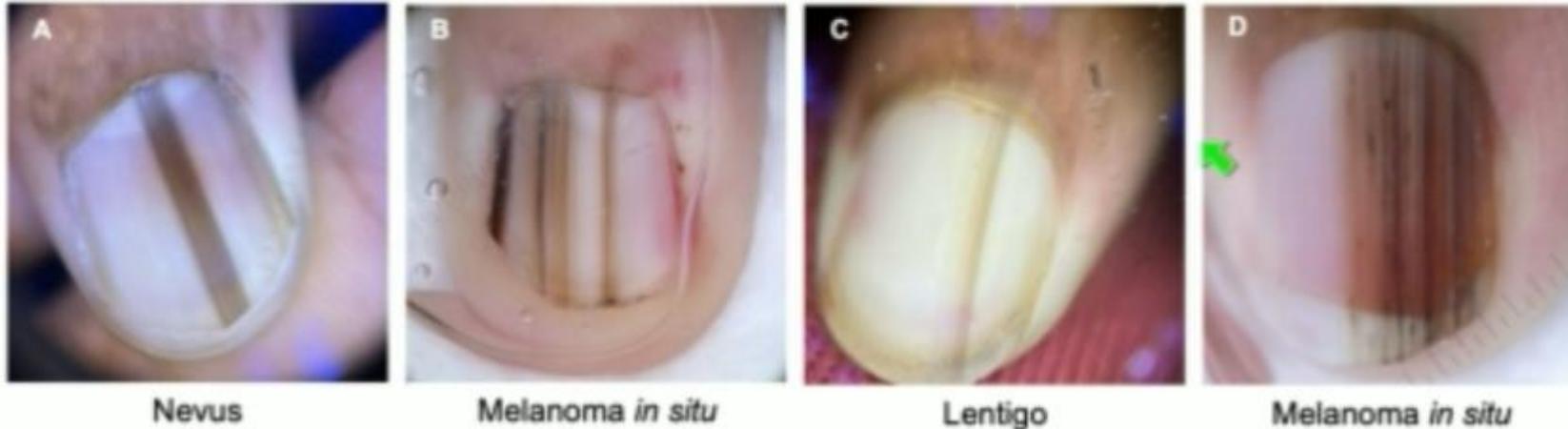
Melanonychia in darker skin may break rules of nail dermoscopy

- Wide, non-uniform bands
- Should be grey to light tan
- Watch out for 1 nail that looks different from rest



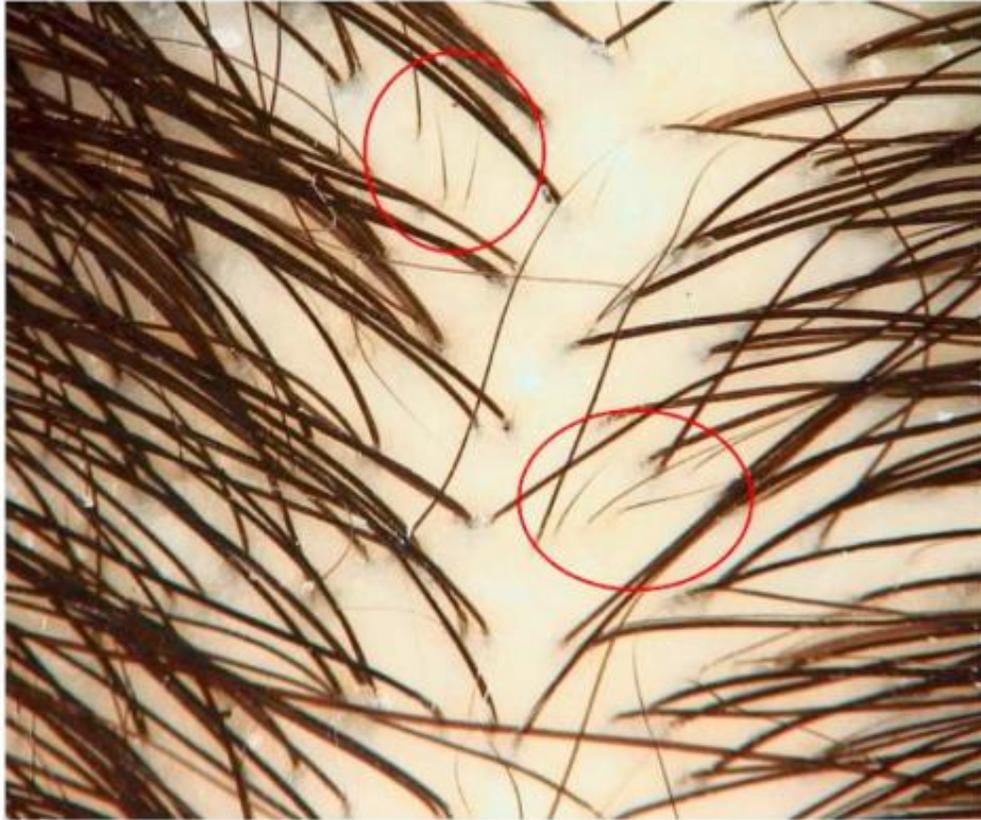
Melanonychia in Skin of Color – IDS Study

- Melanoma features: multiple colors, irregular band thickness, and black-brown color
- Asymmetry, blurred borders, Hutchinson sign, pigment width were not found to be discriminatory (in contrast to prior studies not in skin of color)



New hairs vs. Miniaturized hairs

Telogen Effluvium - Tapered tips



AGA - Miniaturized hairs



Tinea: Trichoscopic Features to guide Treatment

Trichoscopic Features	Predicted Organism	Infection Pattern	Recommended Treatment
Comma hairs + Corkscrew hairs (without zigzag/Morse code-like hairs)	<i>Trichophyton</i> (T. violaceum)	Endothrix	Terbinafine (4-6 weeks)
Zigzag hairs + Morse code-like hairs + Whitish sheath	<i>Microsporum</i> (M. canis)	Ectothrix	Griseofulvin (6-8 weeks)

Management Expectations

- (2) Black dots disappear by week 2
- (4) Corkscrew/Zigzag hairs resolve by week 4
- (6) Regrowing hairs by week 6

AA: Trichoscopy to Predict AA Disease Activity

Active Inflammatory Phase	Recovery	Chronic Marker
Broken hairs	Pigtail hairs (Circle hairs)	Cumulus-like white dots
Black dots	Short vellus hairs	V-sign
Yellow dots	Upright regrowing hairs	
Exclamation mark hairs		

DISTINGUISHING TRACTION ALOPECIA AND FFA

Characteristic Features

- Early Traction
 - Hair cast
 - Retained vellus hairs
 - Reduced hair density with numerous miniaturized hairs
 - Flambeau sign
- Advanced Traction
 - Features of scarring alopecia

Characteristic Feature: Flambeau Sign

Flambeau Sign

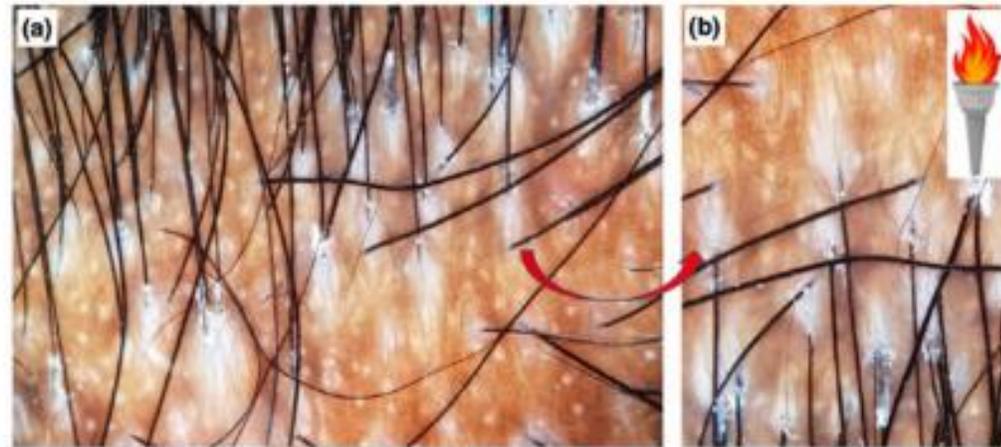


Figure 1 a: Perfollicular scaling and linear white tracks over the scalp at the base of the shaft of terminal hair (polarised mode). b: The linear tracks in continuation with the shaft of hair at one end giving the appearance of a flame or lit torch (inset). (polarised mode).

Agrawal S et al. *Australas J Dermatol.* 2020 Feb;61(1):49-50.

UVFT identifies follicular openings

JAAD ONLINE: CLINICAL PEARLS

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

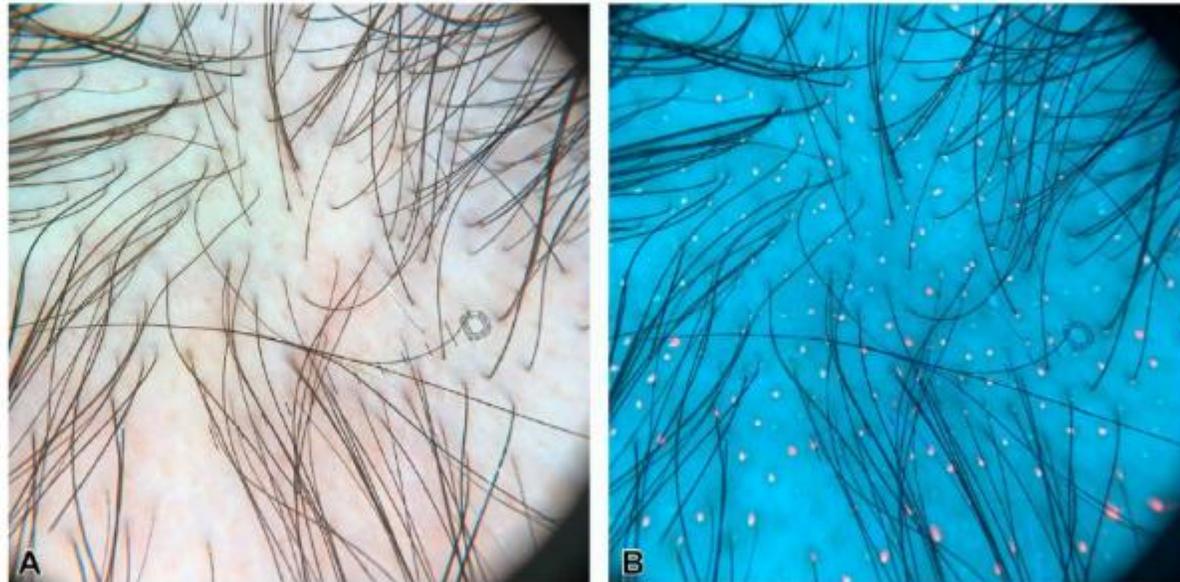
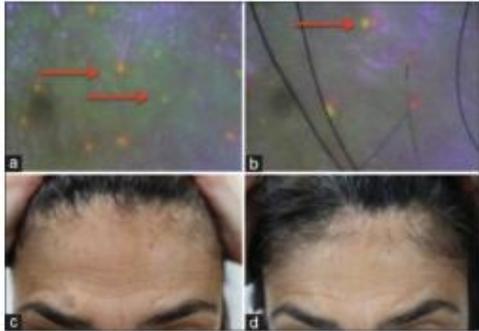


Fig 1. **A**, Handheld polarized dermoscopy images of nonscarring alopecia (ophiasis, a subtype of alopecia areata). (Dermlite DL5 paired with iPhone 11; $\times 10$ magnification). **B**, UV-induced fluorescence dermoscopy images of the same lesion. (Dermlite DL5 paired with iPhone 11; 365-nm UV-light emitting diode, $\times 10$ magnification).

> Int J Trichology. 2018 Sep-Oct;10(5):241-243. doi: 10.4103/ijt.ijt_17_18.

The "Starry Night Sky Sign" Using Ultraviolet-Light-Enhanced Trichoscopy: A New Sign That May Predict Efficacy of Treatment in Frontal Fibrosing Alopecia

Ana Rita Rodrigues-Barata ¹, Oscar Muñoz Moreno-Arrones ¹, David Saceda Corralo ¹, Sergio Vañó Galvan ¹



Positive "Starry Night Sign"



Negative "Starry Night Sign"

Int J Trichology. 2018 Sep-Oct;10(5):241-243.

Dermatol Ther (Heidelb) (2025) 15:269-289
https://doi.org/10.1007/s13555-024-01335-5



ORIGINAL RESEARCH

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

Kinga Kolcz · Adam Reich · Magdalena Zychowska

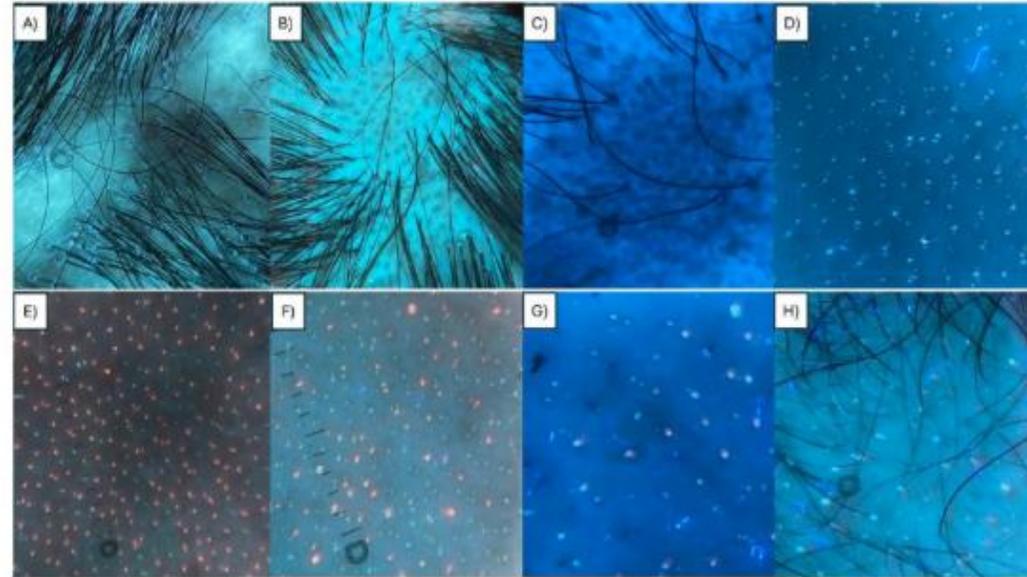


Fig. 1 Examples of findings associated with hair follicles and perifollicular surface observed in ultraviolet-induced fluorescence trichoscopy (UVFT): **A** white-blue perifollicular fluorescence; **B** dark follicular dots; **C** dark perifollicular areas; **D** double/triple white follicular dots; **E** regular pink-red follicular fluorescence; **F** irregular pink-red follicular fluorescence; **G** regular green follicular fluorescence; **H** irregular green follicular fluorescence

ular areas; **D** double/triple white follicular dots; **E** regular pink-red follicular fluorescence; **F** irregular pink-red follicular fluorescence; **G** regular green follicular fluorescence; **H** irregular green follicular fluorescence

Dermatol Ther (Heidelb). 2025 Feb;15(2):269-289.

TECHNIQUES AND PROCEDURES

Insights in Trichoscopy: The Utility of Ultraviolet-Induced Fluorescence Dermoscopy in Diagnosis of Alopecia Areata and Tinea Capitis in the Pediatric Population

Kathleen E. Daly¹ | Hana I. Nazir² | Kendall L. Buchanan² | Elena B. Hawryluk³ | Elizabeth V. Seiverling⁴

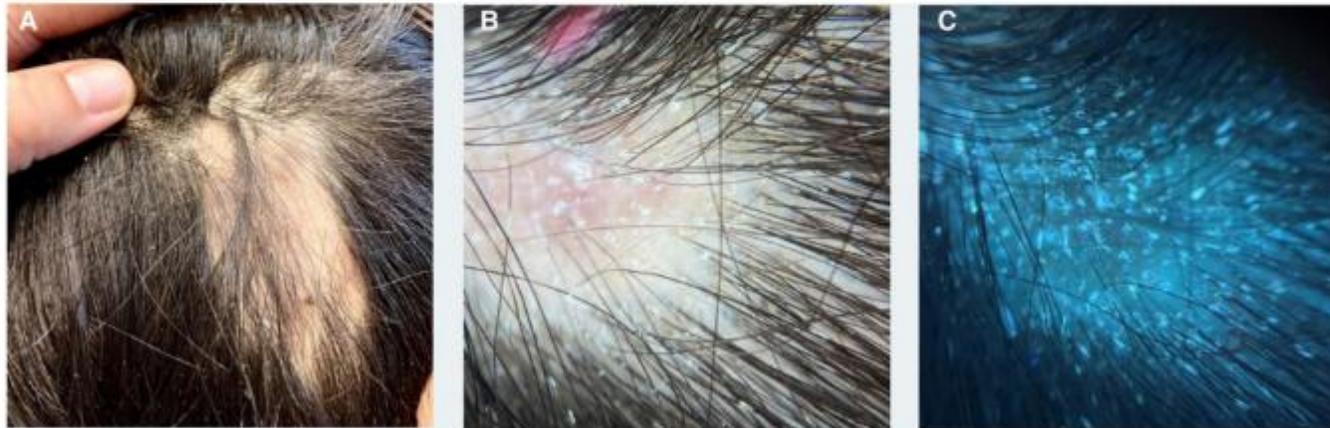


FIGURE 2 | (A) Clinical image of tinea capitis. (B) PD image of tinea capitis showing significant scale and erythema on the scalp. (C) UV image of tinea capitis revealing bright green fluorescence of the broken hairs.

CONCLUSIONES

- Aplicación de la **dermatoscopia con luz ultravioleta** en cada vez más patologías.
- Ojo con las **lesiones pigmentadas acrales en niños y personas de fototipos altos.**
- **Tricoscopia para el control de la respuesta al tratamiento** en tiña capitis y alopecia areata.

*A un nuevo nivel de
conocimiento científico*

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