

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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Tricología y onicología

Highlights AAD Congress

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**Hospital de la Santa Creu i Sant Pau, Barcelona**



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AAD ANNUAL MEETING **2026**

**AEDV**

*highlights*

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NO TENGO  
CONFLICTOS DE  

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INTERÉS



*highlights*  
Denver, Colorado

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

27 — 31  
Marzo

# AEDV

*A un nuevo nivel de  
conocimiento científico*



## Novedades en **Tricología**

Una iniciativa de:



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**#AEDVenAAD2026**

# Actualización tratamiento Alopecia Areata

## iJAKS aprobados

### 1. Baricitinib

JAK1/JAK2

• once daily



2 mg

SALT > 50 +



4 mg

AT/AU

King B et al N Engl J Med. 2022

### 2. Ritlecitinib

JAK3/TEC

50 mg QD

12 yo +



### 3. Deuruxolitinib

JAK1/JAK2

• 8 mg BID

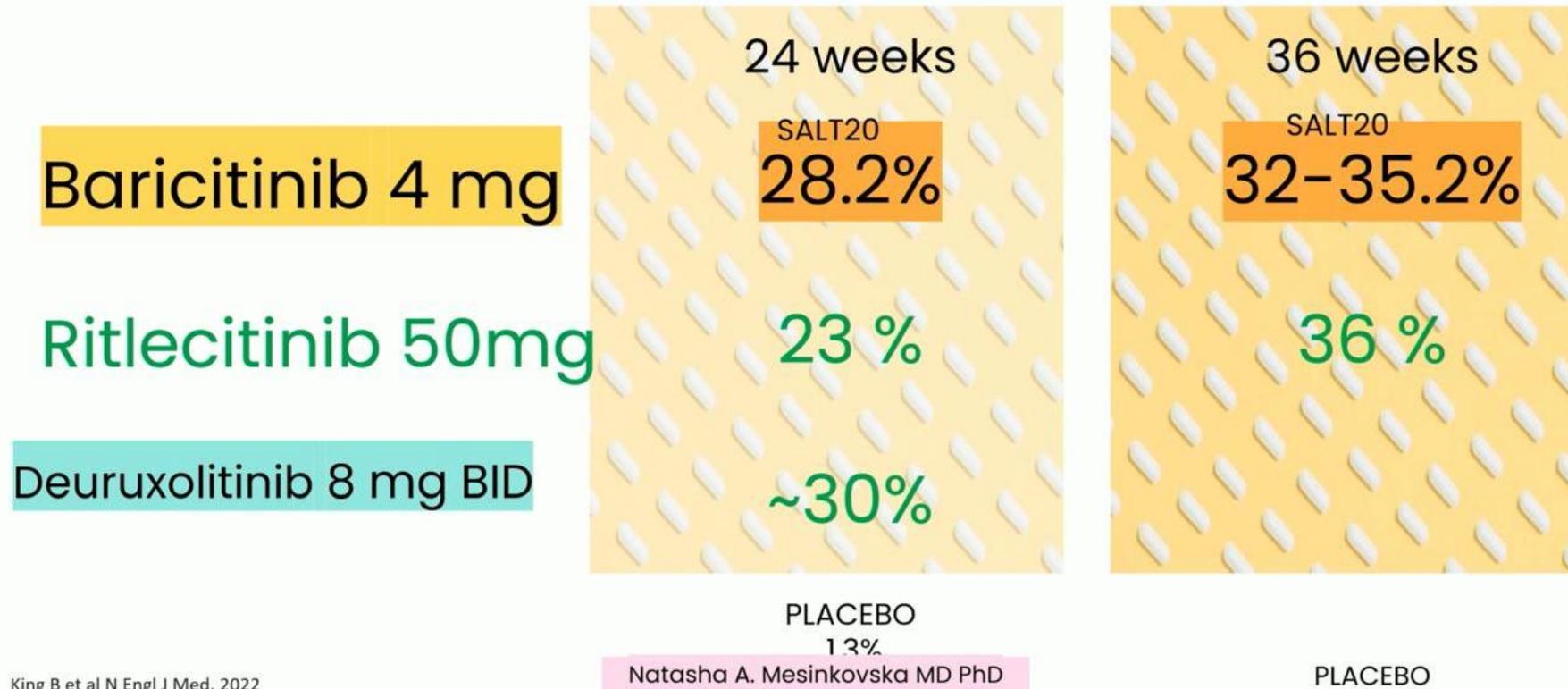


## Posibles nuevas terapias

- Upadacitinib
- Dupilumab
- Tralokinumab
- Rezpegaldesleukin

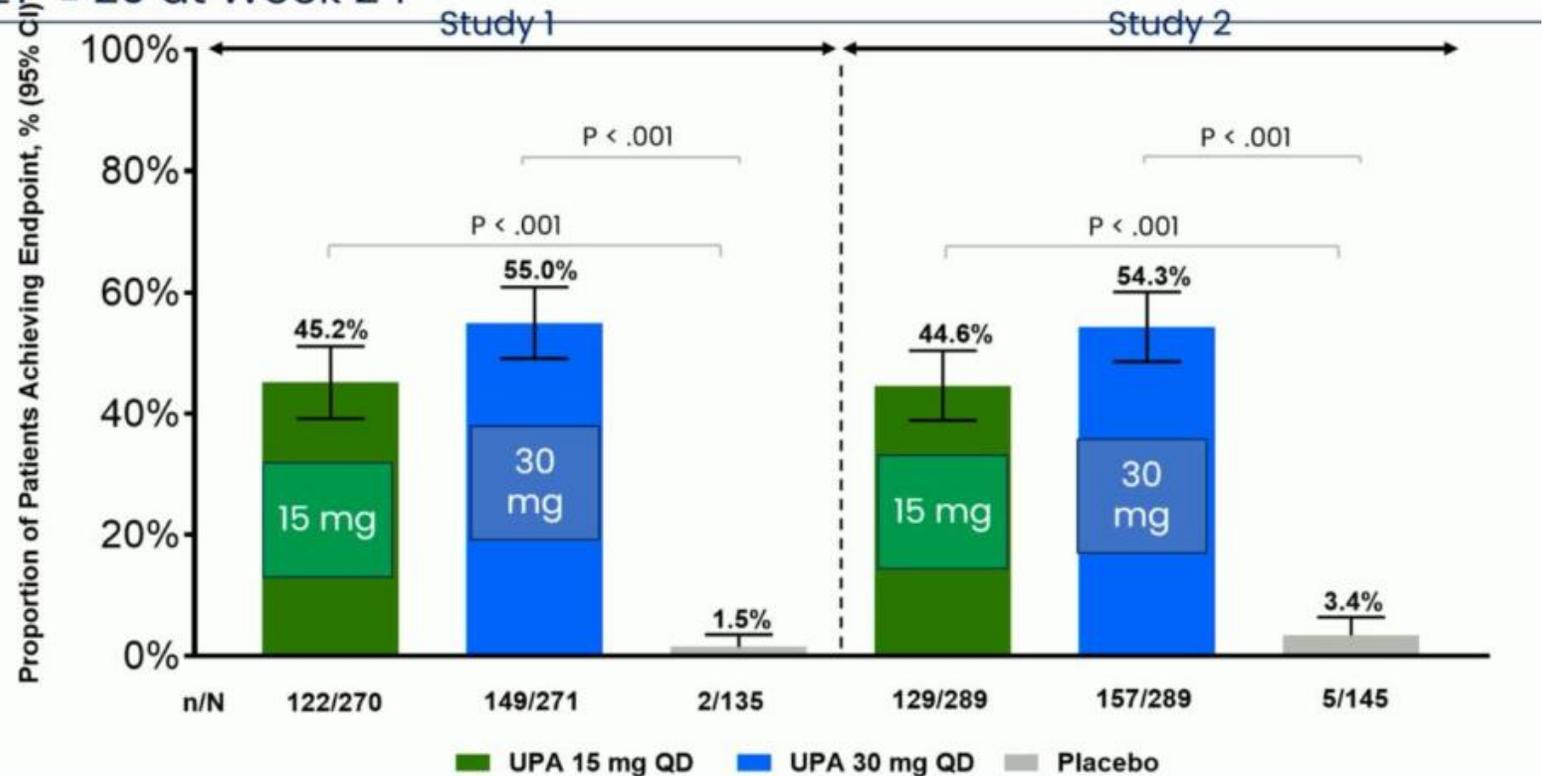
## Actualización tratamiento Alopecia Areata

JAK inhibitors: Efficacy comparison 80% regrowth? @natashaderm



# Futuras terapias Alopecia Areata

UPADICTINIB in AA Results:  
SALT  $\leq$  20 at Week 24



All P values were statistically significant at the prespecified two-sided .05 level with multiplicity adjustment. P values were calculated according to the Cochran-Mantel-Haenszel test adjusted for strata based on NRI approach.  
SALT score  $\leq$  20 is defined as less than or equal to 20% scalp hair loss.  
NRI, nonresponder imputation; QD, once daily; SALT, Severity of Alopecia Tool; UPA, upadacitinib.

## AA and Upadicitinib

• 15 or 30 mg day

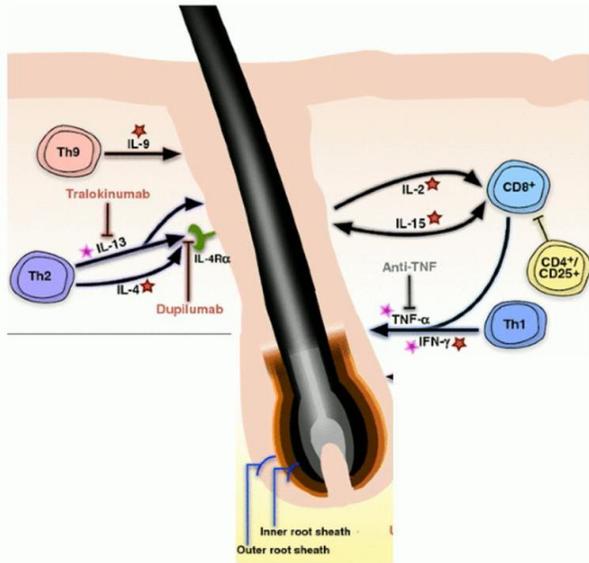


12 yo+

# Alopecia areata y Dermatitis atópica

## HAIR and Allergies

- IL-4 and IL-13



## AA and Tralokinumab

- Tralokinumab
  - IL13
- 33 yo F with AD and AA
  - Tralokinumab: 600 mg; 300 mg q 2 weeks
  - AA also improved



voletti F et al Int J Derm 2024, 63, 374–375

@natashaderm

## Dupilumab response in AA

Dupilumab 300mg SC q 2 weeks



Minoxidil 1.25 mg PO QD  
7 months  
SALT 94



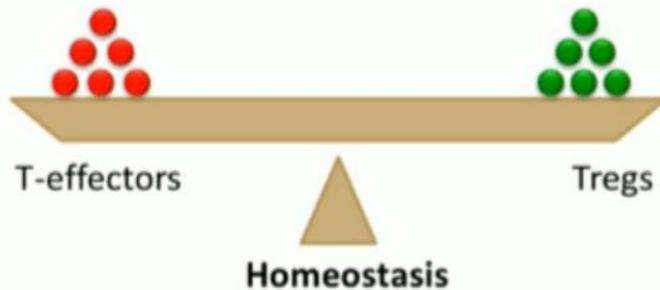
10 months  
SALT 16

@natashaderm

# Nuevas terapias AA: efecto sobre TRegs

## 3. Rezpegaldesleukin

Rebalance the immune system by  
Increasing Treg populations / function



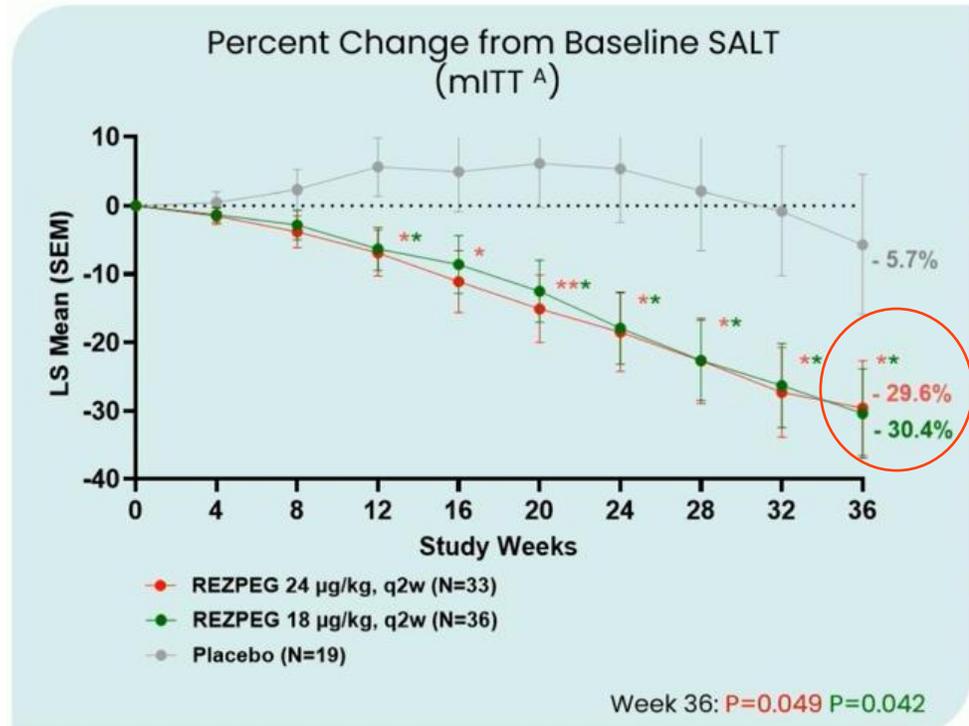
First in class

- **IL-2 Receptor pathway** agonist
- SC, q 2 weeks
- Treg rescue
  - stimulate their expansion and function

No necesita controles analíticos

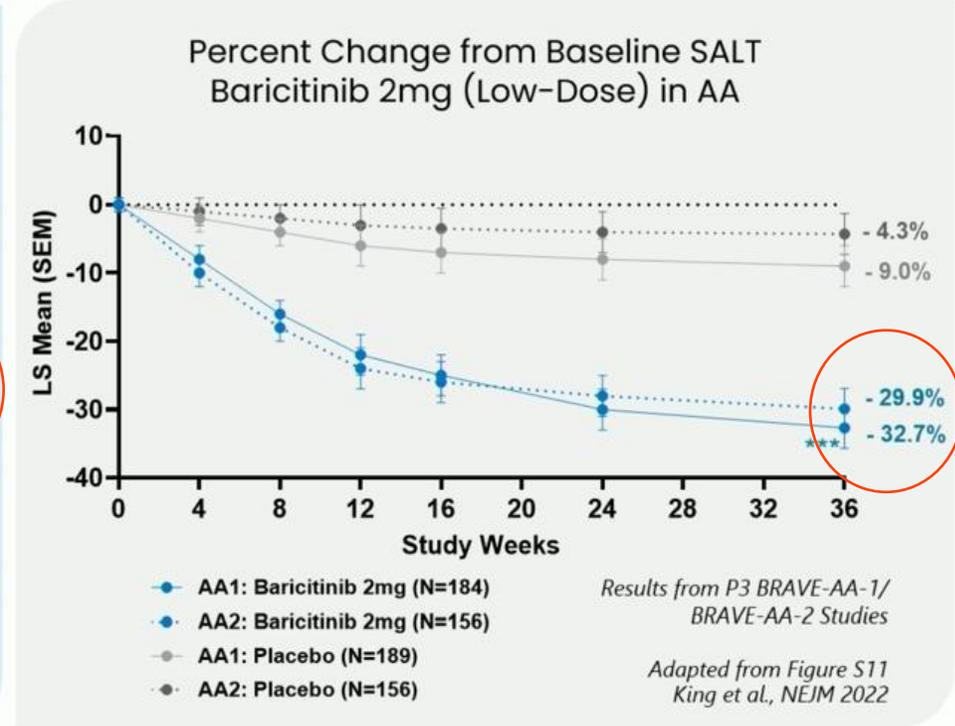
# Nuevas terapias AA: efecto sobre TRegs

## Rezpegaldesleukin Match Low-Dose JAKi at Week 36



\*p-value<0.05; \*\*p-value<0.01

A. mITT excluding the 4 patients with the major study eligibility violations (post-hoc)



\*\*\*p-value<0.001;

# Nuevas terapias en desarrollo: nuevas formas de Minoxidil

Minoxidil oral de liberación retardada (VDPHL1)

Fase 3

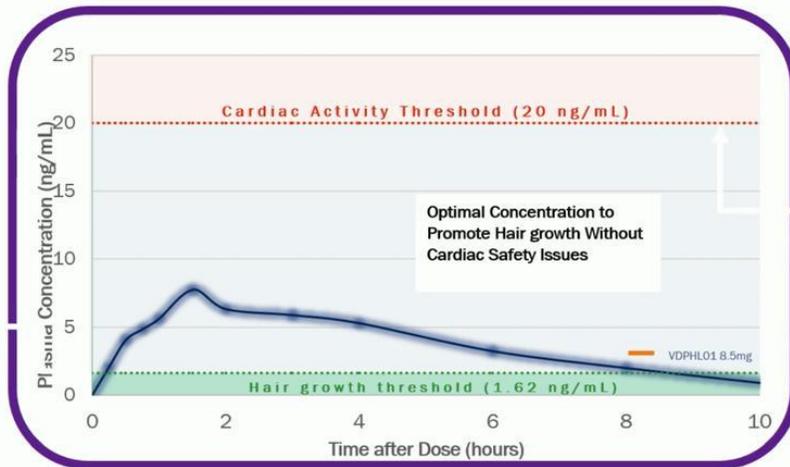


Minoxidil sublingual (Sinclair, Samson Inc)

## VDPHL01: Consistent, Durable Exposure Maximizing Hair Growth Potential



VDPHL01 is designed to improve hair growth potential by increasing time and concentration of minoxidil above the hair growth threshold and optimizing time for sulfation



VDPHL01 is designed to maintain cardiac safety by keeping peak minoxidil concentrations below the minoxidil cardiac activity threshold

## Patient Exa



**NYU School of Medicine**  
NYU LANGONE MEDICAL CENTER  
\*VDPHL01 is an investigational drug being studied as a treatment for hair loss in men and women

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\*VDPHL01 is an investigational drug being studied as a treatment for hair loss in men and women

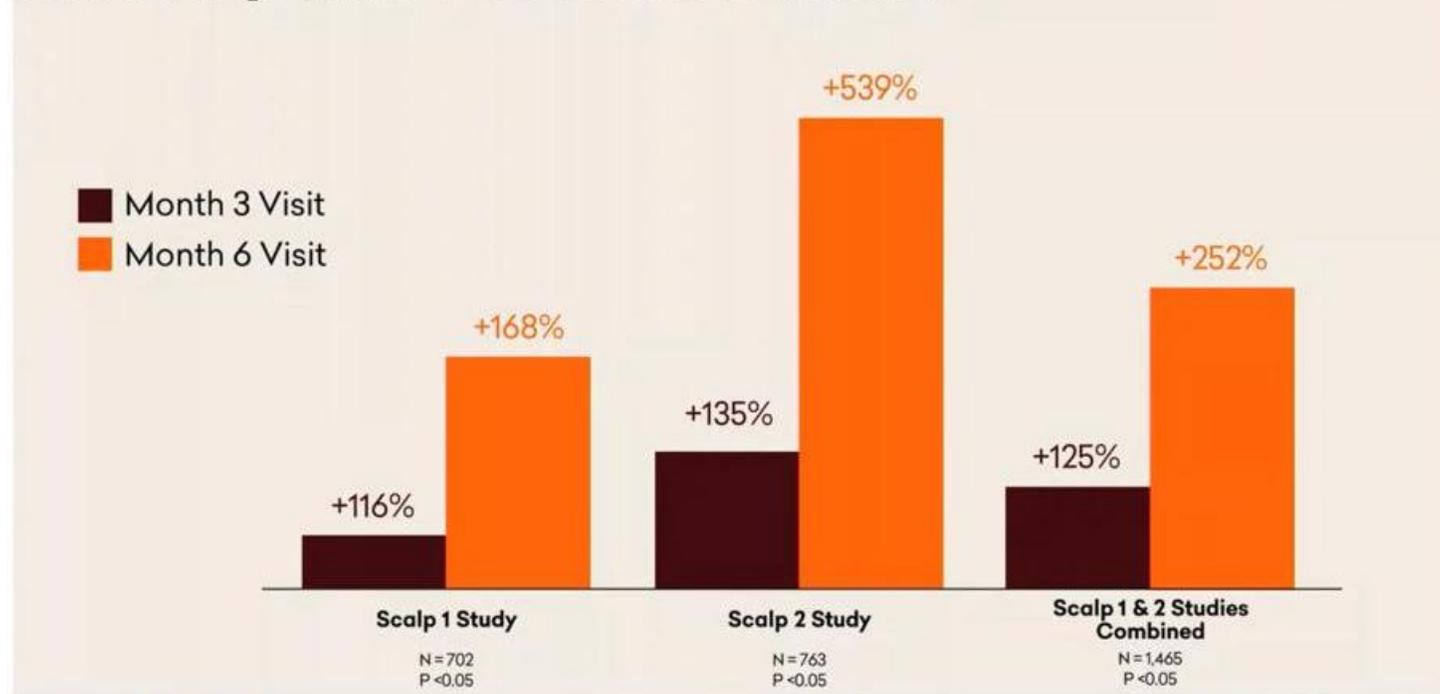
## MANAGEMENT OF LDOM TREATMENT IN HYPERTENSIVE PATIENTS *(Jimenez-Cauhé et al, 2024)*

General recommendations	
<ul style="list-style-type: none"> <li>Most patients undergoing treatment for hypertension may start LDOM without previous referral to cardiologist</li> <li>Thoroughly check patient's personal history and current medication</li> <li>Consider LDOM intake at bedtime (lower risk of postural hypotension?)</li> <li>Consider starting with lower doses and up-titrate according to tolerability, up to a maximum of 5mg per day.</li> </ul>	
Special caution	Recommendations
Personal history of: <ul style="list-style-type: none"> <li>Postural hypotension, syncope, uncontrolled hypertension or arrhythmia.</li> <li>Combination of <math>\geq 3</math> antihypertensive drugs</li> <li>Treatment with Doxazosin</li> </ul>	Consider: <ul style="list-style-type: none"> <li>Self-measurement of blood pressure within the first days of LDOM intake</li> <li>Perform baseline EKG</li> <li>Consult with Cardiologist</li> </ul>
LDOM not recommended	Recommendations
 Personal history or increased risk of: <ul style="list-style-type: none"> <li>Myocardial infarction (coronary disease)</li> <li><u>Chronic heart failure with reduced ejection fraction</u></li> <li>Severe valvular disease</li> <li>Advanced renal disease</li> </ul>	Strongly consider: <ul style="list-style-type: none"> <li>Consult with Cardiologist</li> </ul>

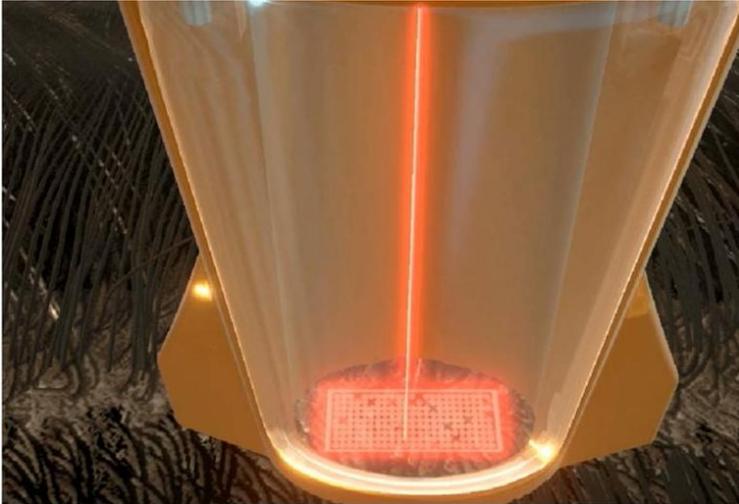
# Nuevas terapias en desarrollo: Clascoterona 5% en solución

- Antagonista del receptor de andrógenos
- Ensayo clínico aleatorizado multicéntrico fase 3 (SCALP1 y SCALP2). Recuento de cabello por área.

Topline Phase 3 Results: Target-Area Hair Count (TAHC) up to +539% Relative Improvement vs. Vehicle at Month 6



# Alopecia androgénica y láser fraccionado no ablativo 1565nm



- Preserves epidermal surface while **delivering fractional thermal injury** to the dermis
- **Proposed mechanisms**
  - Controlled dermal remodeling
  - Increased local blood flow
  - Activation of regenerative pathways and follicular stem cells
- Induces wound-healing response without major tissue destruction

98 casos únicamente con 3 o > sesiones de NAFL

- **High success seen across subgroups**
  - AGA (97.7%), Unspecified alopecia type (96.3%)
  - Female (96.1%), Male (97.9%) and age groups (21-30 86.9%; ≥31 100%)
- No adverse events or safety concerns
- Suggest a safe, well-tolerated, noninvasive option for improving scalp hair
- No daily adherence requirement, no injections/blood draw, minimal discomfort
- **Limitations:** no control group, subjective photo-based endpoint, lack of objective trichoscopic measurements

**Lasers in Surgery and Medicine**  
 ENERGY-BASED THERAPEUTICS AND DIAGNOSTICS



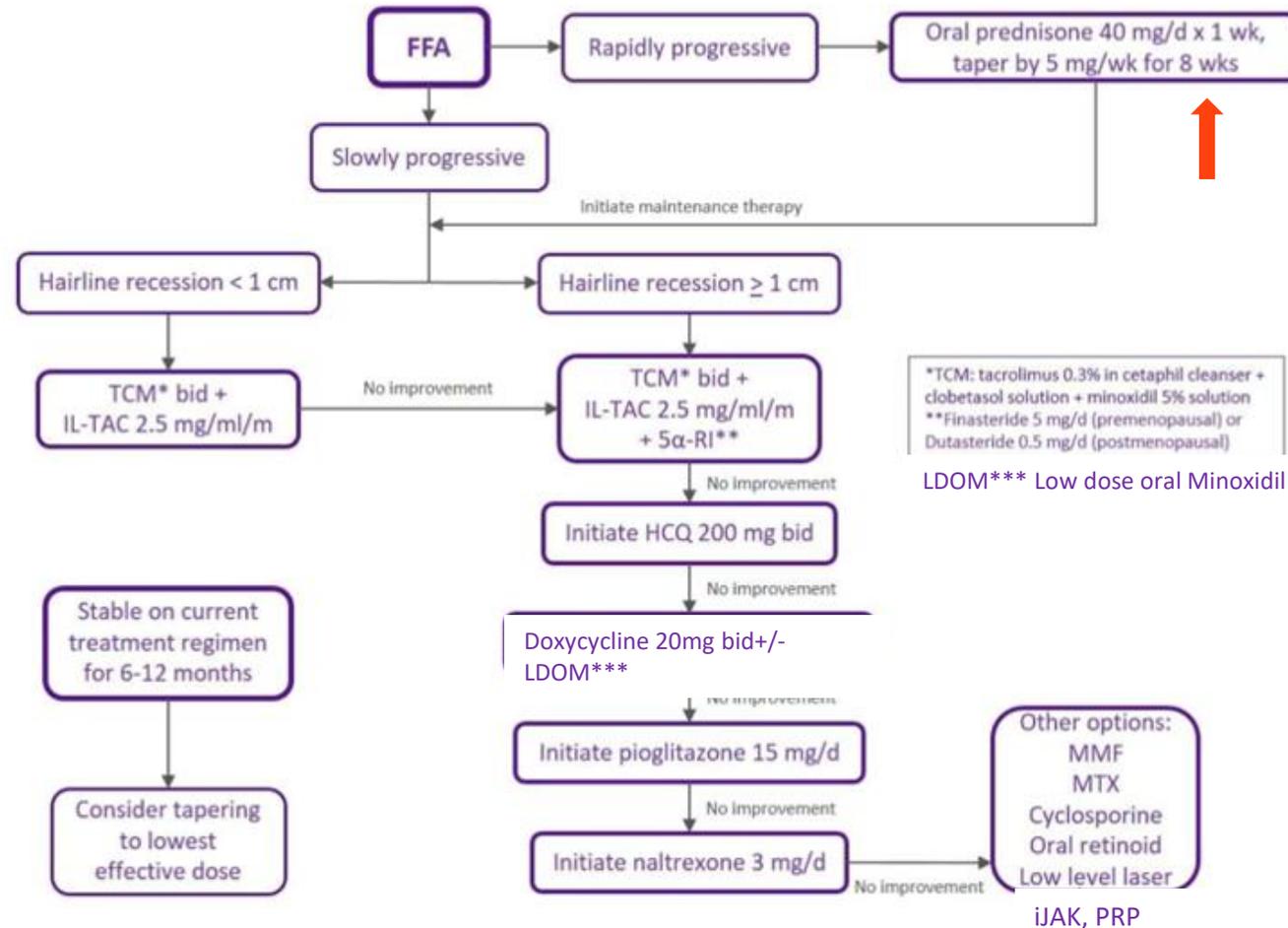
CLINICAL REPORT | [Open Access](#) | CC BY-NC-ND

## Improvement in Scalp Hair Appearance Following Treatment With a Non-Ablative Fractional Laser: A Retrospective Observational Study

[Marc R. Avram](#), [Dawn Queen](#), [Jerry Shapiro](#), [Girish Munavalli](#) ✉

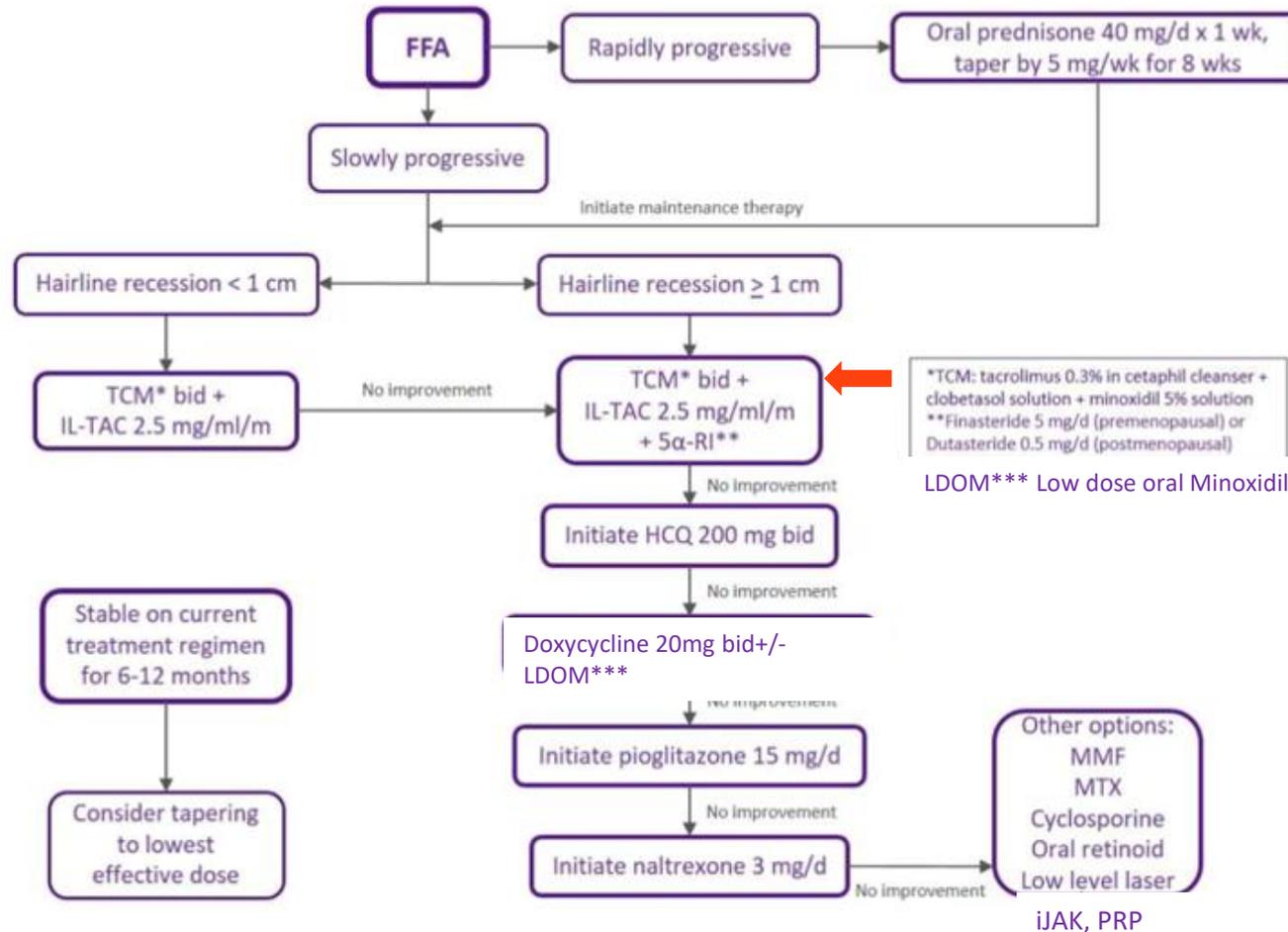
# Tratamiento Alopecia Frontal Fibrosante (Dr. Shapiro)

Figure 1. Frontal Fibrosing Alopecia. Treatment algorithm



# Tratamiento Alopecia Frontal Fibrosante (Dr. Shapiro)

Figure 1. Frontal Fibrosing Alopecia. Treatment algorithm



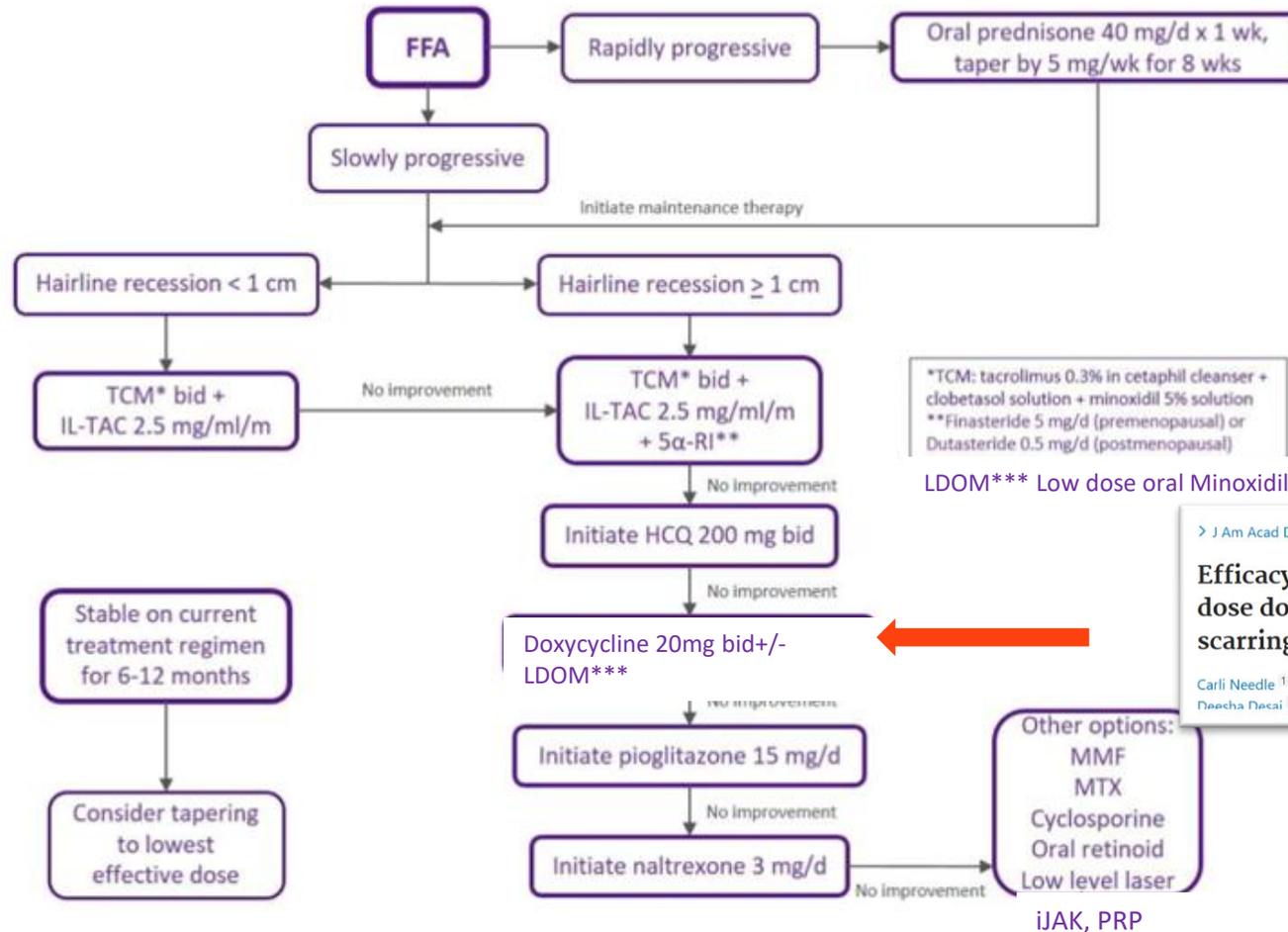
Aplicar capa fina 2 veces al día en zonas afectas

Dejar 20-30 minutos

Aclarar

# Tratamiento Alopecia Frontal Fibrosante (Dr. Shapiro)

Figure 1. Frontal Fibrosing Alopecia. Treatment algorithm



> J Am Acad Dermatol. 2025 Jun;92(6):1431-1433. doi: 10.1016/j.jaad.2025.02.028. Epub 2025 Mar 18

**Efficacy and tolerability of low-dose versus high-dose doxycycline in the management of lymphocytic scarring alopecias**

Carli Needle<sup>1</sup>, Anna Brinks<sup>2</sup>, Akshay Pulavarty<sup>2</sup>, Caitlin Kearney<sup>2</sup>, Ambika Nohria<sup>2</sup>, Daesha Decai<sup>3</sup>, Jerry Shapiro<sup>2</sup>, Kristen Lo Sicco<sup>2</sup>

- Doxiciclina dosis bajas eficacia equiparable, menos efectos adversos

# Tratamiento Alopecia Frontal Fibrosante

## Randomized Controlled Trial of the Topical Jak Inhibitor Delgocitinib Cream in Patients with Frontal Fibrosing Alopecia <sup>JID Open</sup>

Aubrey Martin<sup>1,6</sup>, Neda Shokrian<sup>2,6</sup>, Kristen J. Kelley<sup>1</sup>, Joel Correa da Rosa<sup>2</sup>, Ester Del-Duca<sup>2</sup>, Robert Bissonnette<sup>3</sup>, Ole E. Sorensen<sup>4</sup>, Anders Bacher Nielsen<sup>4</sup>, Emma Guttman-Yassky<sup>2,7</sup> and Maryanne Makredes Senna<sup>1,5,7</sup>

Journal of Investigative Dermatology (2025) ■■■■: doi:10.1016/j.jid.2025.09.375

- Estudio fase 2A
- Aleatorizado, doble ciego
- Delgocitinib 20mg/g crema vs placebo
- 30 mujeres (15:15). Control a las dos semanas
- Reducción expresión Th1 (CXCL9) (- 3.10; P < .05), no reducciones significativas en CXCL10 (- 2.60; P < .1) e IFN- $\gamma$  (- 1.49; P = .22)

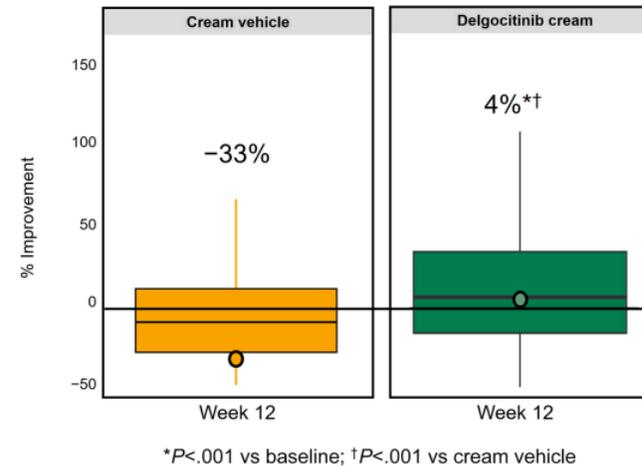


Figure 1. Changes in the transcriptome of lesions in patients with frontal fibrosing alopecia treated with delgocitinib cream or cream vehicle.

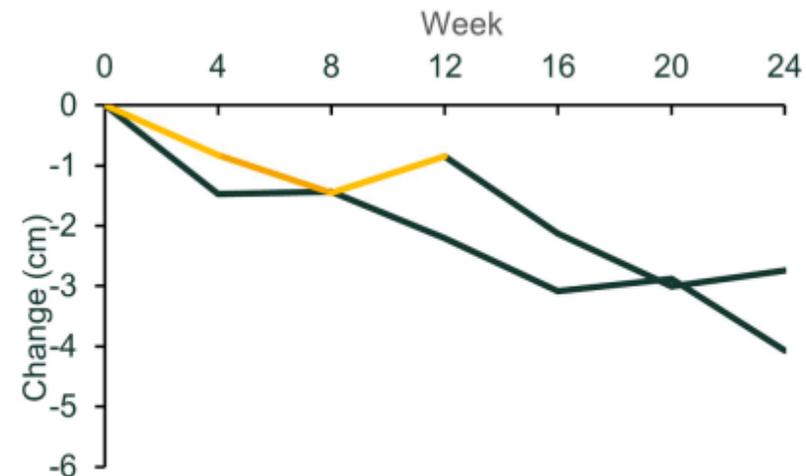


Figure 2. Changes in frontal fibrosing alopecia severity score and Lichen Planopilaris Activity Index in patients with frontal fibrosing alopecia treated with delgocitinib cream or cream vehicle.

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# Valoración y tratamiento de ACC

- Forma más frecuente de alopecia cicatricial en mujeres negras.



## CLINICAL ASSESSMENT TOOL

- C-CAT is a ten point scale assessing symptoms at every visit.
- Patients who maintain a score of 0 for at least 12 months can transition to semi-annual observation or maintenance with topicals alone

Symptomatology	Clinical Evaluation	Score	
<b>Disease Progression</b>	No progression <i>OR</i> progress not mentioned	0	
	Progression: initial presentation <i>OR</i> increased follicular dropout compared to prior exam	2	
<b>Pain</b>	Absent	0	
	Mild: pain in area of involvement 1-3 times per week	1	
	Moderate-Severe: pain in area of involvement > 3 times per week <i>OR</i> rates pain as severe (including focal pain)	2	
<b>Pruritus</b>	Absent	0	
	Mild: pruritus in area of involvement 1-3 times per week	1	
	Moderate-Severe: pruritus in area of involvement > 3 times per week <i>OR</i> requests treatment for pruritus	2	
<b>Erythema</b>	Absent	0	
	Mild: perifollicular hyperpigmentation <i>OR</i> pustules present	1	
	Moderate-Severe: frank erythema, with or without pustules present	2	
<b>Scalp Resistance</b> <small>*only applied for patients receiving scalp injections</small>	Absent: no resistance while administering injections <i>OR</i> no mention of resistance / no mention of needle testing	0	
	Moderate: some resistance while administering injections	1	
	High: significant resistance while administering injections	2	
<b>C-CAT SCORE</b>	<b>QUIESCENT = 0</b> <b>MILD ≤ 2</b>	<b>MODERATE = 3-5</b> <b>SEVERE ≥ 6</b>	<b>Total</b>

Qadri A, Will E, Aguh C. Using disease symptomatology to guide treatment in patients with central centrifugal cicatricial alopecia: introduction of C-CAT scoring tool. *Skin Appendage Disorders*. 2025.

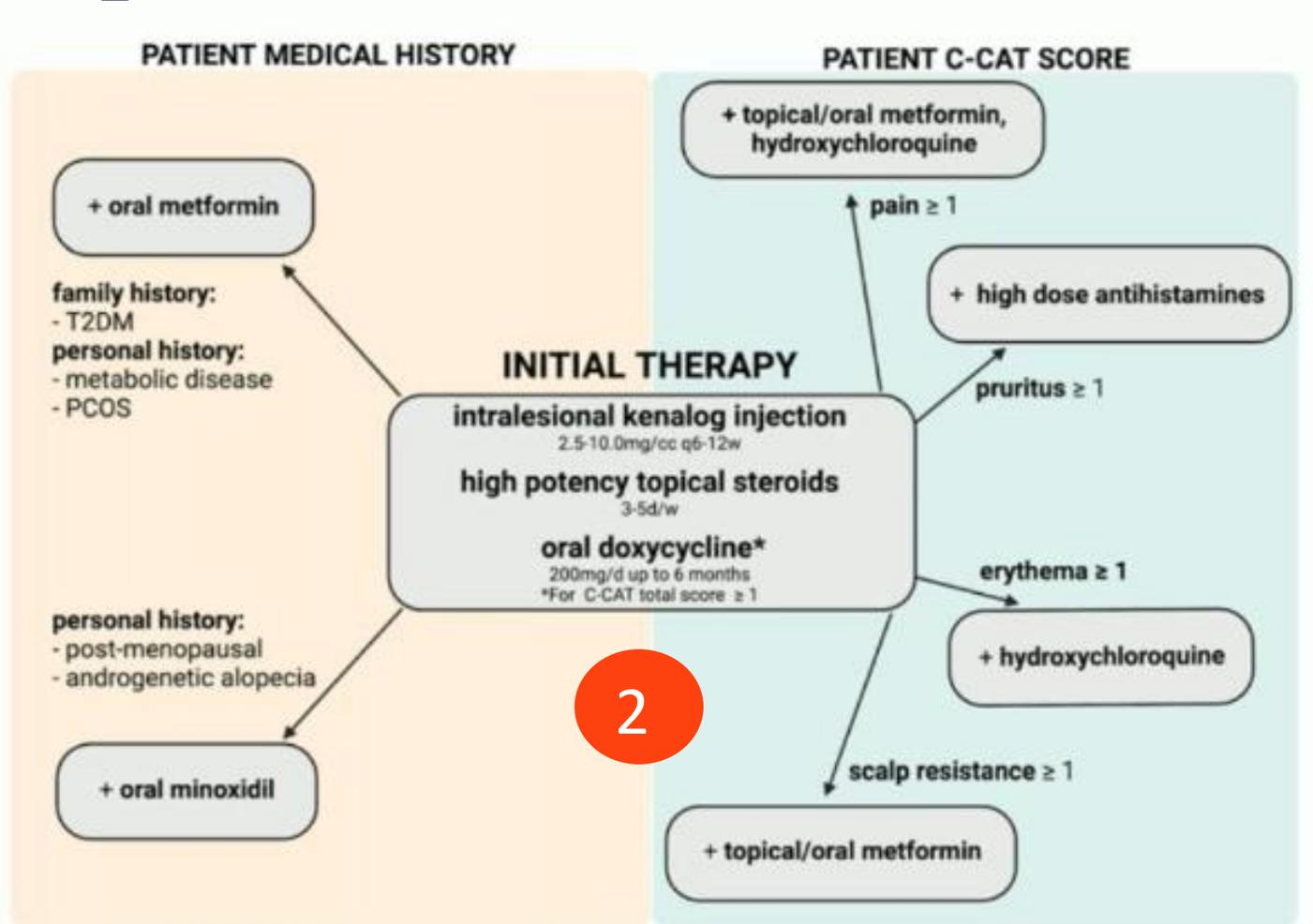
C-CAT>0 → Actividad → Tratamiento agresivo y seguimiento estrecho

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# Valoración y diagnóstico de ACC



1



2

3

## Hair & Nail Disorders

130 ePosters

**Alopecia areata – tratamientos:** 35–40

**Alopecia areata – epidemiología y comorbilidades:** 15–20

**Alopecia areata – percepción, acceso y QoL:** 10–12

**Androgenetic alopecia / FPHL:** 12–15

**Alopecias cicatriciales (FFA, LPP, etc.):** 12–15

**Nutracéuticos y cosmética capilar:** 10–12

**Factores sistémicos / fármacos asociados:** 10–12

**Diagnóstico, biomarcadores e imagen:** 8–10

**Patología ungueal:** 8–10

**Factores socioculturales y diversidad:** 8–10

### Risk of Developing Scarring and Non-Scarring Alopecia with GLP-1 and GLP-1/GIP Agonist Utilization

**Authors:** Marc Hill BS, MA, Kaelynn Workman MD, and Wilma Bergfeld MD

### Losing More than Solely Weight: Evaluating the Association Between GLP-1 Agonists and Different Types of Hair Loss

**Authors:** Ulysses Cázares M.B.S., Alexis Pérez B.S., Xenab Ahmadpoor MSc, Brigitte Cochran D.O., Hannah Kopelman D.O., and Panagiotis Mitropoulos D.O.

### GLP-1 Receptor Agonists and Hair Loss in Non-Diabetic Adults: Findings from the All of Us Research Program

**Authors:** McKenna Karsten BS, Yesol Sapozhnikov PhD, RN, Song Youn Park MD, and Madeline Casanova PhD

### GLP-1RA Medications and Alopecia: Evaluating Risk Across Diabetic and Non-Diabetic Populations

**Authors:** Adam He, Harrison Zhu, Anna Catinis, Isabella Camacho-Hubbard, and Chad Housewright

### GLP-1 Receptor Agonists and Treatment Utilization in Cicatricial Alopecia: A Retrospective Cohort Study

**Authors:** Henry Herrera BS and Jeremy Bordeaux MD, MPH

### Alopecia por a-GLP1

- OR 1,9-2
- Efluvio telógeno
- Relación pérdida de peso, déficit Vit.D
- Debido a que consultan por caída de cabello, se diagnostica más de otras alopecias

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## Novedades en **Onicología**

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# Diagnóstico y manejo de onicomicosis

## Routine Diagnostic Tests: 1 to Visualize + 1 to Confirm Species

Diagnostic Test for Onychomycosis	Advantages	Disadvantages
• Dermoscopy	Quick, done at bedside, no additional cost to pt, not reliant on adequate nail clipping	Requires clinician training; Does not confirm viability/genus/species
• KOH	Quick, simple, inexpensive	Requires clinician training, licensing, & in office equipment; Does not confirm viability/genus/species
• PAS on nail clipping sent to dermatopathology in formalin	Quick, simple, able to preserve specimen	More expensive than KOH for direct ID of fungus; Does not confirm viability/genus/species
• Culture	Simple; inexpensive; Does indicate viability & specify dermatophyte vs non-dermatophyte mold or yeast, sensitivity	Low sensitivity (50%), slow (up to 6 wks)
• Molecular (PCR)	Quick (5h-1d), high specificity (dependent on assay design), provides genus/species/sensitivities	Requires specialized lab, not universally covered by ins; false + in healthy nails Does not confirm viability

## Dermoscopy Assisted Dx Onychomycosis

### Primary Findings Attributable to Onychomycosis

1. Jagged proximal edge with spikes
  2. Longitudinal striations of various colors "aurora borealis pattern"
  3. Distal irregular termination aka "ruin appearance" from accumulation of debris
  4. Homogeneous opacity
- \*Dermoscopic guidance of nail sampling in 1,843 nails inc cx positivity from 66% to 72.5%\*



**Figure 4:** Nail plate dermoscopy showing the vertical pierce after abrasion. Mycological samples from this area were positive.

1. Soyeon Lim S, et al. Dx of onychomycosis: from conventional techniques & dermoscopy to AI. *Frontiers in Med* 2021;8:1-9
2. Bet DL, et al. Dermoscopy & Onychomycosis: guided nail abrasion for mycological samples. *An Bras Dermatol* 2015;90:904-6.
3. \*Guo B, et al. Dermoscopy-guided sampling improves dx yield of fungal cx for onychomycosis. *Front Med.* 2026;12.

2 pruebas diagnósticas de rutina

## Pruebas diagnósticas emergentes

### Minoxidil as Adjuvant Treatment?

- Onychomycosis trials are difficult to conduct due to **slow toenail growth**, especially for **older adults**
- **Minoxidil** may enhance nail outgrowth through **vasodilation** and possible activation of **Wnt/ $\beta$ -catenin**
- Possible oral minoxidil dosage
  - **0.625-1.25 mg/d for 5-12 months**



Proximal nail outgrowth in a 63-year-old patient with **yellow nail syndrome**, who received oral minoxidil 0.625 mg BID for 6 months

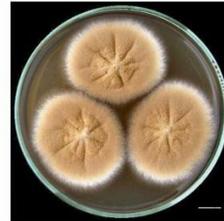
Gupta, Talukder and Lipner. 2026. *unpublished manuscript*  
Gupta et al. 2024. *Expert Opin Pharmacother.* 25(2):139-147  
Alsalhi et al. 2023. *Int J Dermatol.* PMID: 36732875

Desai et al. 2025. *Skin Appendage Disorders.* 11:609-12

# Diagnóstico y tratamiento-No dermatofitos



## Diagnosis



- Clinical suspicion
- Positive KOH
- Isolation of a non-dermatophyte mold in culture medium does not necessarily signify that it is responsible for the nail changes
- repetition of the mycological examination mandatory 



## Treatment - antifungal

### TOPICAL

Safer with fewer systemic effects  
Requires long-term application  
Moderate efficacy (~60% cure)

### ORAL

Higher efficacy compared to topical  
Limitations: hepatotoxicity, drug interactions

### OTHER

Mechanical/chemical debridement  
Emerging new therapies

Hospital de Bolonia:  
Urea 40%

Shah et al. Microb Pathog. 2025 Jan;198:107111.  
Gupta et al. Int J Dermatol 2019; 58: 1118–1129

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## NDM Oral Treatment Options

<i>Aspergillus</i>	<i>Fusarium</i>	<i>Scopulariopsis</i>	<i>Candida</i>	<i>Scytalidium</i>
Itraconazole	Itraconazole	Itraconazole	Itraconazole	Posaconazole
Terbinafine	Posaconazole	Terbinafine	Posaconazole	Voriconazole
Posaconazole	Voriconazole		Voriconazole	
Voriconazole			Oteseconazole	

### Mechanism of action and dosing of Oral Antifungal Drugs [1].

Drug	Mechanism of Action	Spectrum of Activity	Dosing
Griseofulvin	Inhibits fungal mitosis	Dermatophytes	Daily for 6–12 months
Ketoconazole	Inhibits ergosterol synthesis	Broad-spectrum	Daily for 6–12 months
Itraconazole	Inhibits ergosterol synthesis	Broad-spectrum	Pulse dosing or continuous
Fluconazole	Inhibits ergosterol synthesis	Broad-spectrum	Weekly for several months
Terbinafine	Inhibits squalene epoxidase	Dermatophytes, some yeasts	Daily for 6–12 weeks

## Resistencia a la terbinafina

2,5% en USA. 2,8% T. Rubrum. Esqualeno epóxido (SQLE)

### Possible Therapies for Resistant Onychomycosis

Regimen	Duration
Terbinafine (continuous) <sup>1</sup> 250-500 mg/day	12-16-24 weeks
Itraconazole (continuous) <sup>2</sup> 200-400 mg/day	12-16-24 weeks
Itraconazole (pulse) <sup>3</sup> 200 mg b.i.d. for 1 week then 3 weeks off	3 to ≥4 pulses
Fluconazole <sup>4,5</sup> 150-300-450 mg/week	Several months (until nail grows out)
Combination therapy (oral/oral; oral/topical) <sup>4</sup> Terbinafine/itraconazole + efinaconazole	

<sup>1</sup> Terbinafine 250 mg/d for 6-12 weeks: FDA recommended for fingernail (6 weeks) and toenail (12 weeks) onychomycosis; Terbinafine 500 mg/d: off-label treatment

<sup>2</sup> Itraconazole 200 mg/d for 12 weeks: FDA recommended for toenail onychomycosis; Itraconazole 400 mg/d: off-label treatment

<sup>3</sup> Itraconazole pulse (2x): FDA recommended for fingernail onychomycosis; Itraconazole pulse (3 to ≥4): off-label treatment

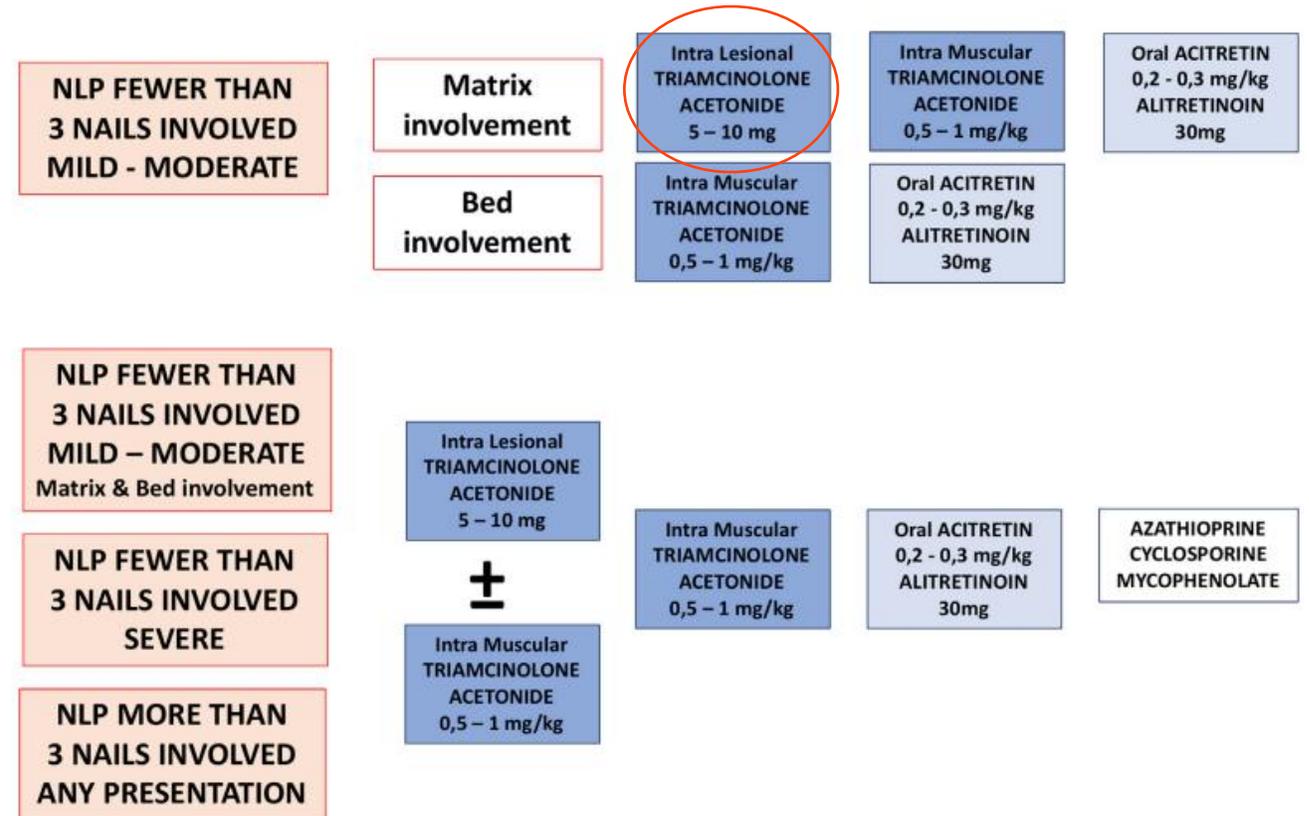
<sup>4</sup> Off-label treatment

<sup>5</sup> Scher et al. JAAD. 1998. PMID: 9631989

Pautas off-label

# Liquen plano ungueal: tratamiento

- Afectación ungueal: **retraso diagnóstico** (inflamación no visible, típicamente asintomático)
- Afectación de la **matriz** → Distrofia irreversible
- NO HAY GUÍAS DE TRATAMIENTO basadas en la evidencia, sí consensos de expertos
- No identificación de patrones de respuesta
- **50% no responderán a tratamiento**



**Fig 2.** Clinical treatment algorithm according to the number of nails involved, disease severity, and inflammation location. Different shades of blue indicate the first to the third option selected according to authors' experience (not all treatments are approved by the regulatory authorities of all countries).

## Treatment of Nail LP in 2026\*

### Mild Disease, $\leq 3$ Nails

- Intralesional steroids (5mg/mL)
- Topical tofacitinib (compounding pharmacies)
- Topical steroids (nail bed involvement)

### Moderate to Severe Disease, $\geq 3$ Nails

- Systemic steroids (1<sup>st</sup> line; 0.5-1mg/kg q4-6 weeks at least 3 months)
- Early evidence for low dose naltrexone (1.5-4.5mg/day)
- Systemic JAKi (when needed for another dx; not FDA cleared for nuLP)
- Other: MTX, acitretin, mycophenolate, azathioprine

Once disease is controlled and/or burnt out, could consider Keryflex (ongoing trial on Clinicaltrials.gov)

\*Hwang JK, et al. Nail psoriasis and nail LP: Updates on dx and management 2024;90(3):585-95.

> [Indian J Dermatol Venereol Leprol. 2025 Jan 17:1-2. doi: 10.25259/IJDVL\\_1443\\_2024.](#)

Online ahead of print.

## Efficacy of topical tofacitinib 2% cream in the treatment of nail lichen planus

Matilde Iorizzo<sup>1</sup>

- 3 pacientes (edad 51- 65 años)
- Período de washout de 6 meses
- Tofacitinib 2% en polvo, fenoxietanol formulado en base de crema
- 2 veces al día, en la zona periungueal y en la lámina ungueal.
- No limpiarse las manos 4 horas después.
- Mejoría en todos los casos a los 3 meses, sin efectos adversos.



## Serie de casos de iJAK para LP ungueal

Tofacitinib 5mg/d

Baricitinib 4mg/d

Upadacitinib

- Falta evidencia, resultados variables
- Generalmente en pacientes con otras patologías concomitantes

# Actualización de patología ungueal en pacientes fototipo alto

## PSORIASIS UNGUEAL

Retraso diagnóstico en piel de color:

Menos eritema

Lecho ungueal más oscuro → dificulta pitting onicolisis



REVIEW ARTICLE [OPEN ACCESS](#)

## Inflammatory Nail Disorders in Skin of Color: A Systematic Review of Clinical and Onychoscopic Manifestations

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# Actualización de patología ungueal en pacientes fototipo alto

Melanoniquia longitudinal MUY COMÚN como proceso reactivo → dificulta el diagnóstico

Patología  
inflamatoria



Onicomycosis



Onicopapiloma



Onicomatricoma

CEC



## Conclusiones

- **Consolidación y avance hacia nuevas terapias dirigidas en patología capilar inmnuomediada** (nuevos iJAKS, efecto sobre las células Treg...).
- **Enfoque integral del paciente con alopecia** (factores cardiometabólicos, otras comorbilidades, optimización terapéutica, nuevas posologías).
- **Retos persistentes en oncología:** resistencia antifúngica, dificultades diagnósticas— especial en fototipos altos— y escasez de evidencia terapéutica en patologías inflamatorias.

*A un nuevo nivel de conocimiento científico*



AAD ANNUAL MEETING  
**2026**

Denver, Colorado

27 — 31  
Marzo

**highlights**



*A un nuevo nivel de  
conocimiento científico*



AAD ANNUAL MEETING **2026**

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