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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AAD ANNUAL MEETING 2025

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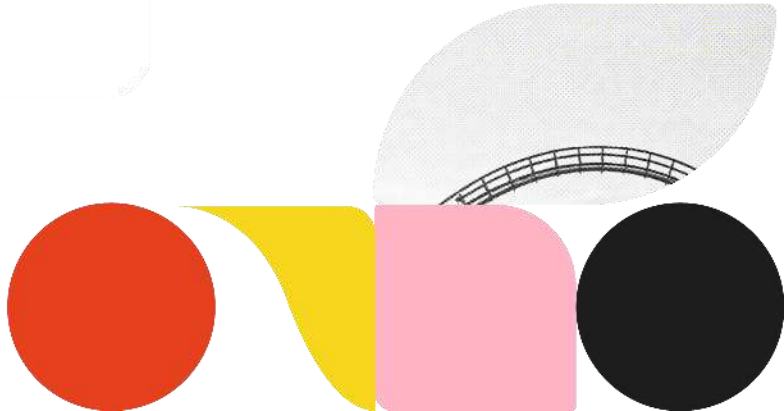
highlights

NO TENGO CONFLICTOS DE INTERÉS



Dermatología Pediátrica

Parte II

Miguel Mansilla Polo

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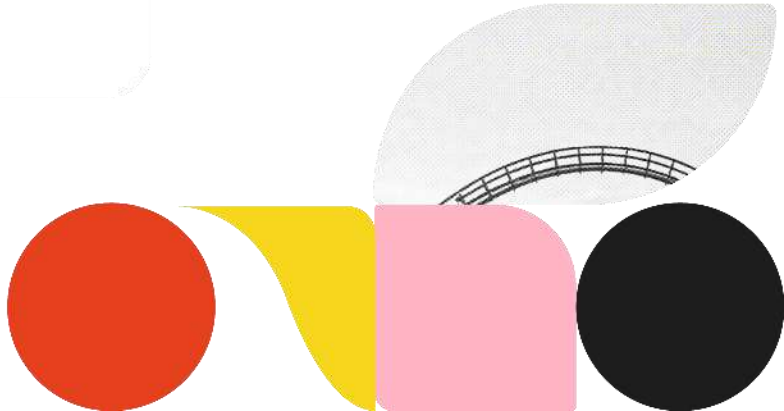
@mig_yec

PARTE I

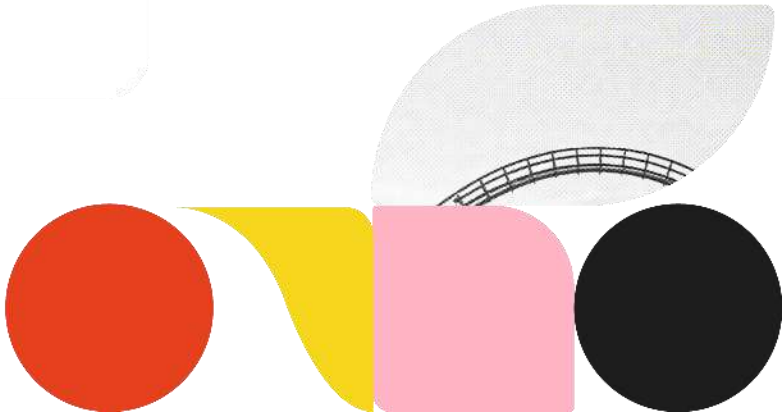
- Dermatitis atópica
- Acné e HS
- Lesiones pigmentadas:
  - Nevus y melanoma en la infancia
  - Vitíligo

PARTE II

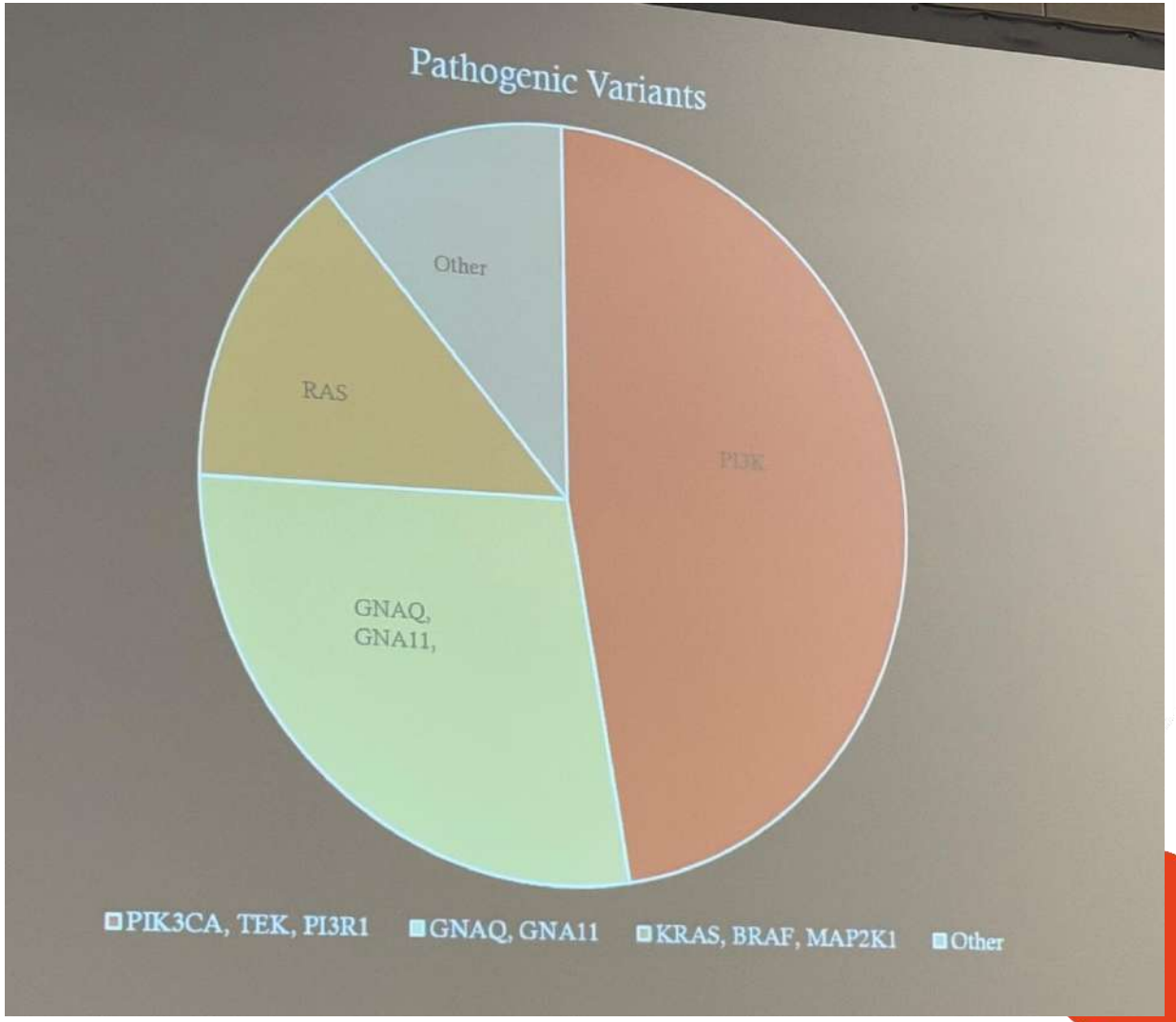
- Hemangioma y malformaciones vasculares
- Alopecia areata
- Cosmeticorrexia
- Miscelánea



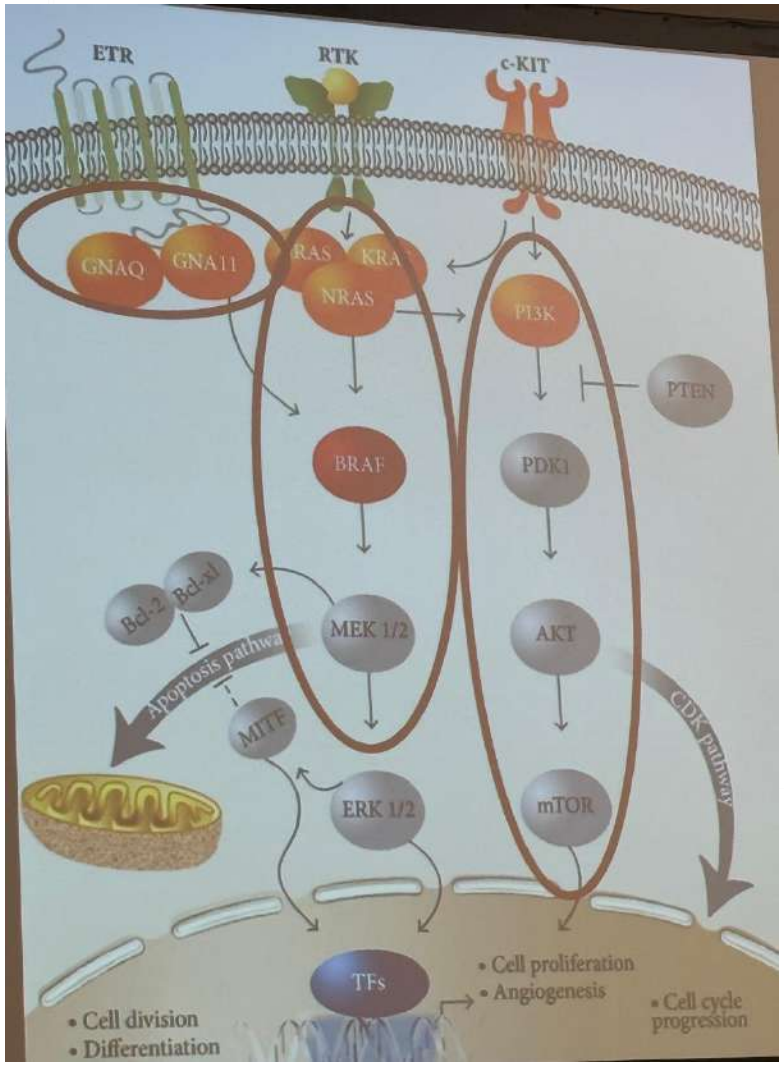
LESIONES VASCULARES

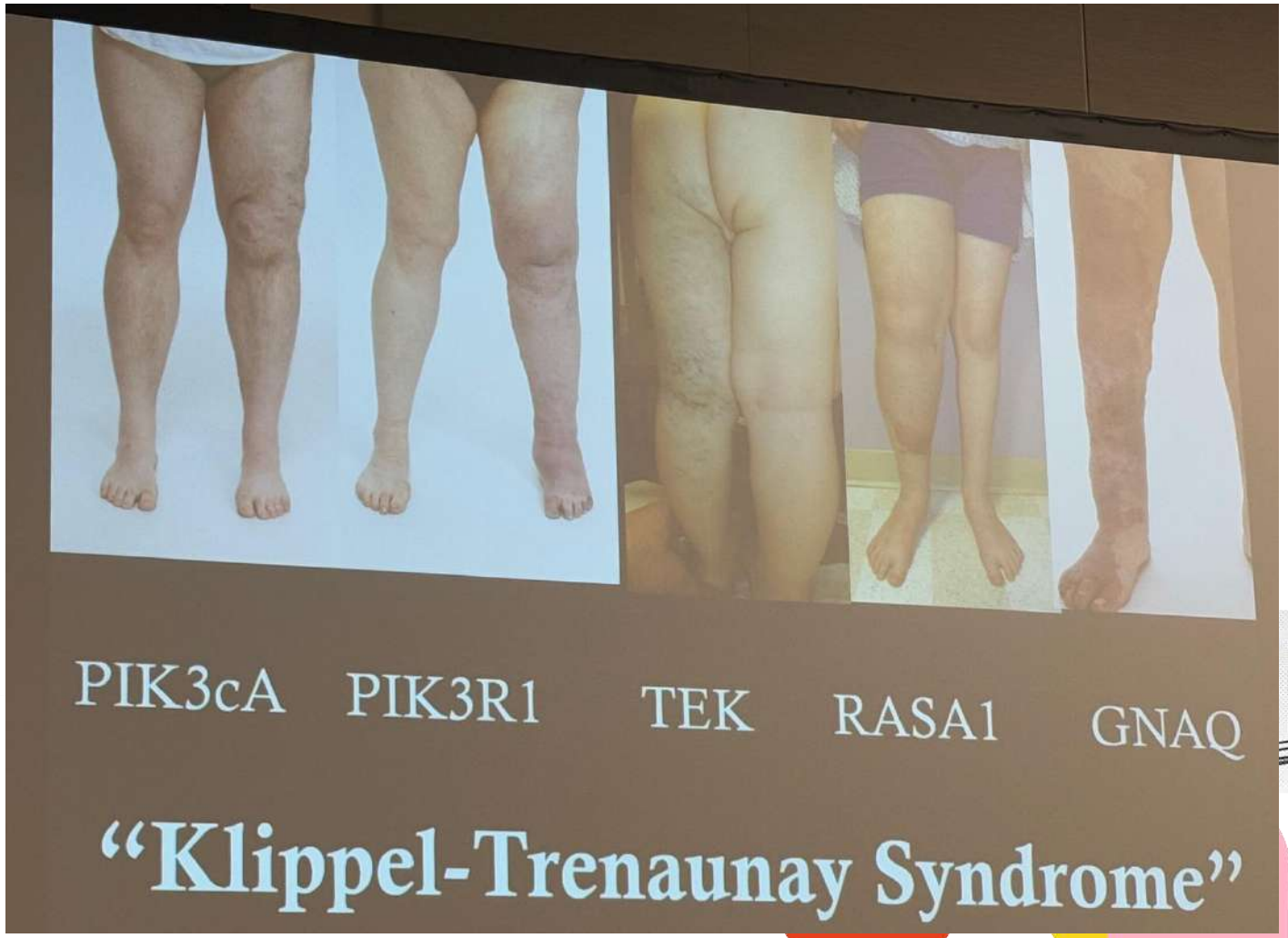


Malformaciones vasculares. Mutaciones

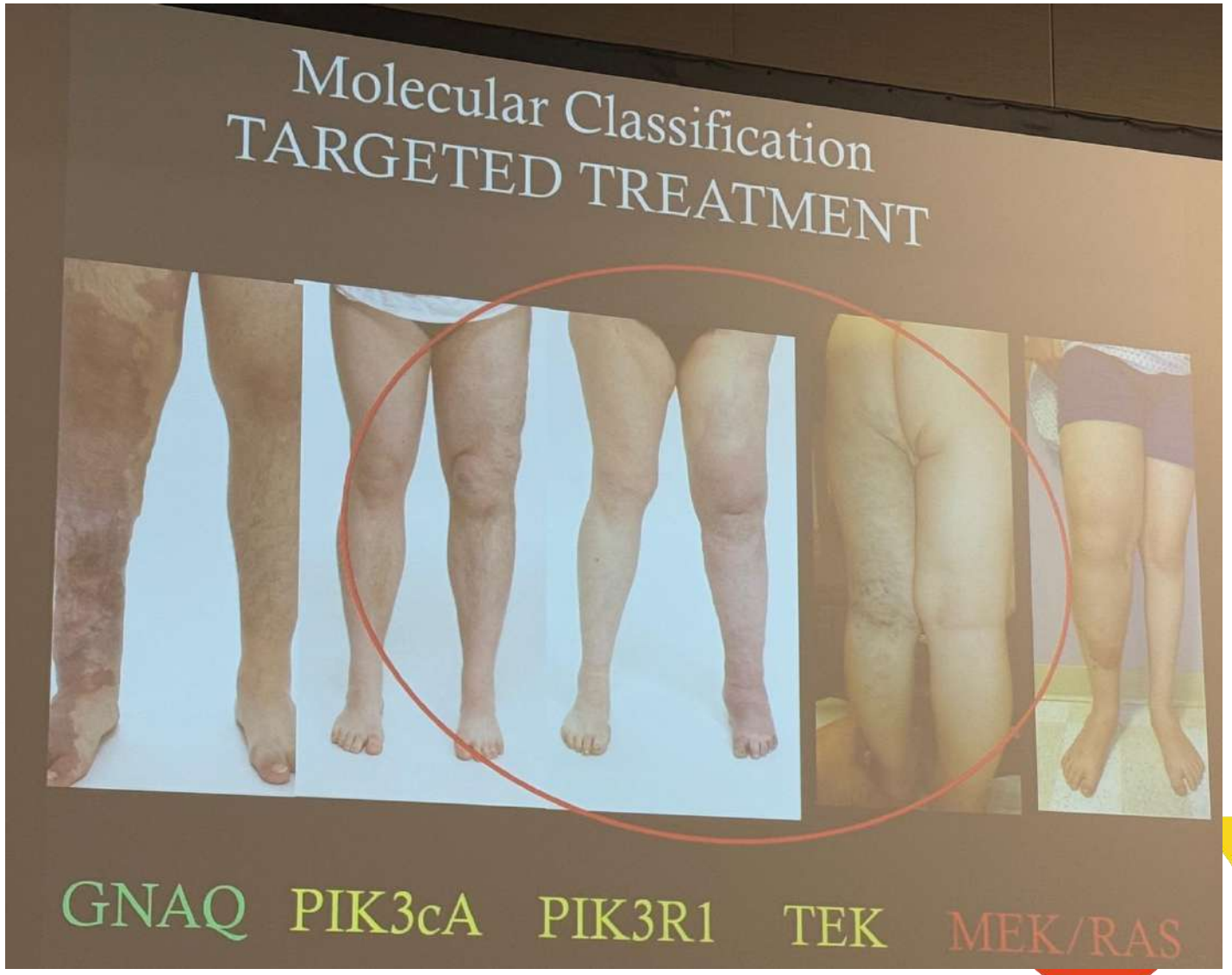


Malformaciones vasculares. Mutaciones → tto dirigido

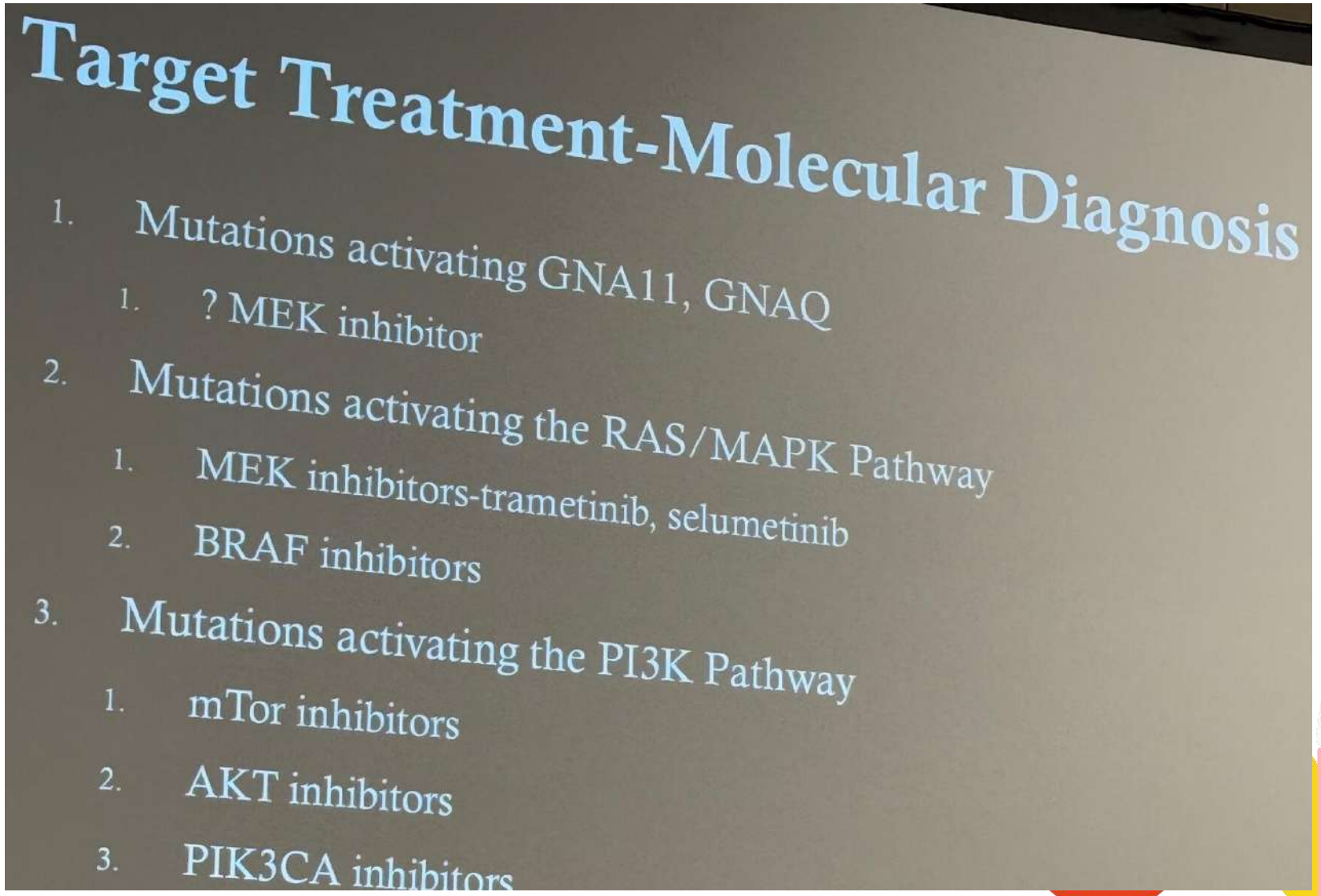




Malformaciones vasculares. Mutaciones → tto dirigido



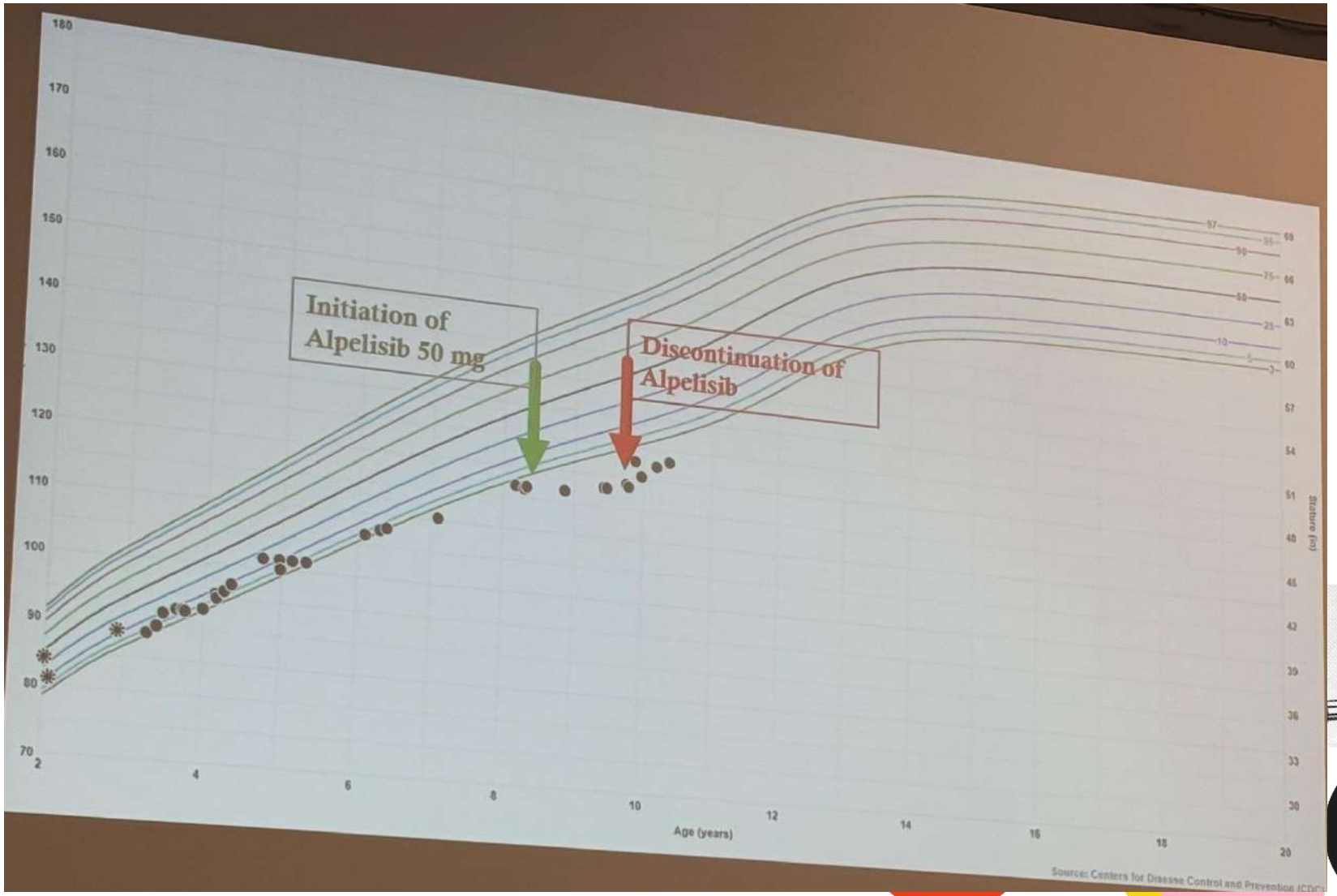
Malformaciones vasculares. Mutaciones → tto dirigido



Malformaciones vasculares. Mutaciones → tto dirigido

Malformaciones vasculares. EEAA alpelisib!!

Hiperglucemia



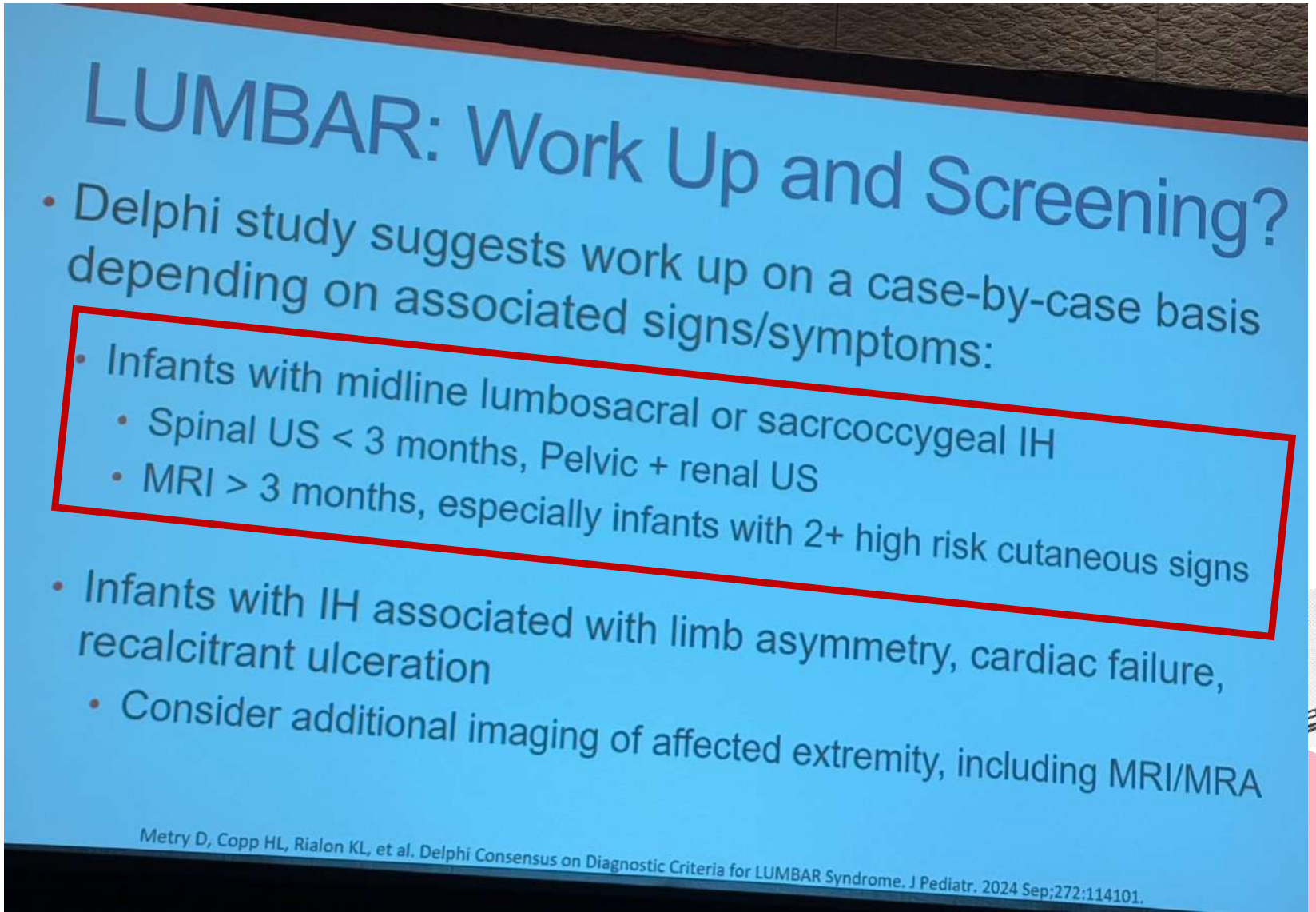
Hemangiomas. Importancia tto precoz

Hemangiomas. Importancia tto precoz

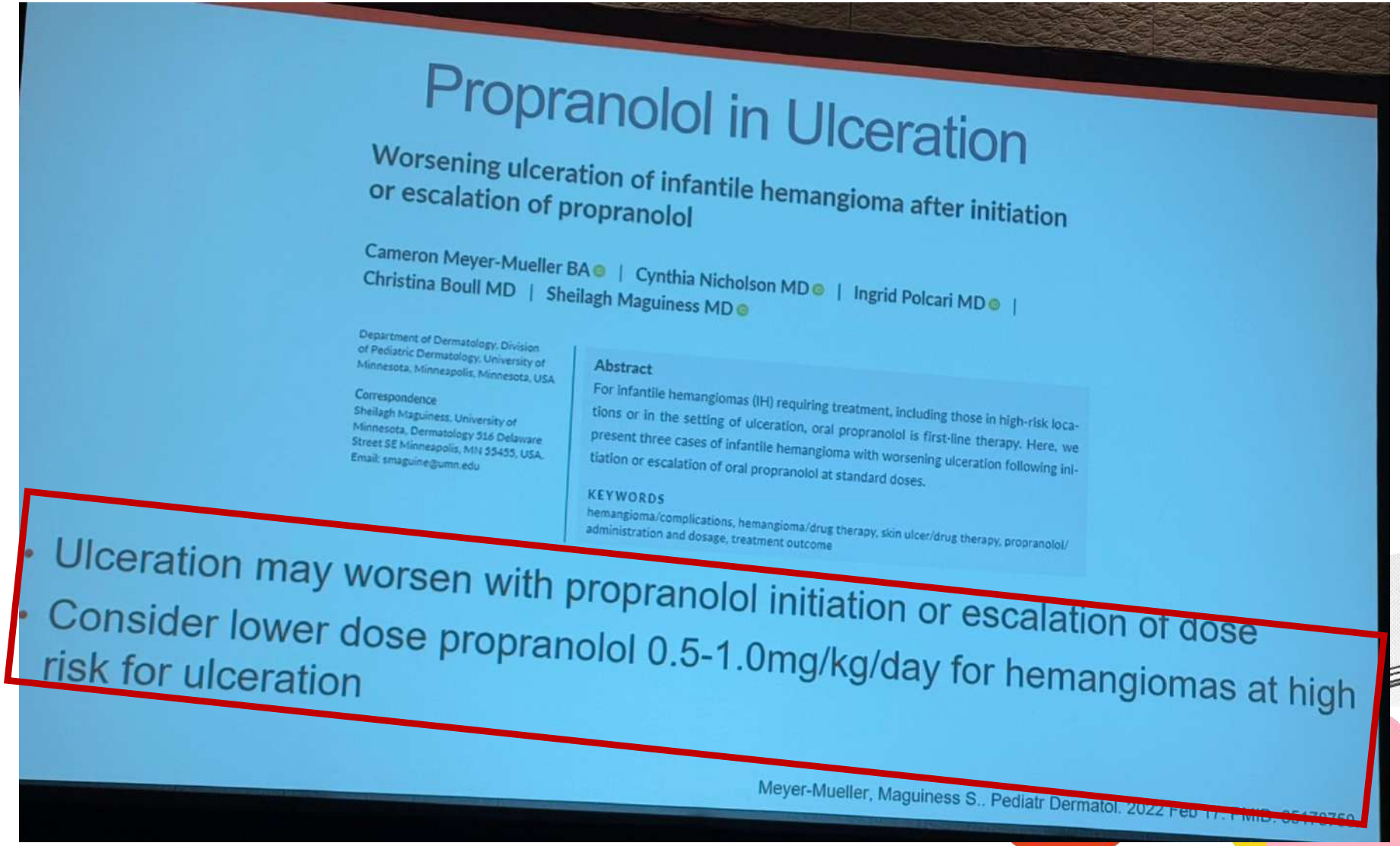
DISCUSSION

- Implementing an NPV Hemangioma slot improved access
  - **Younger Age:** Reduced from ~5 months to ~3.5 months, improving early access to care
  - **Propranolol Use:** Increased post-intervention -- more severe cases or earlier intervention?
  - **APP-led triage** is an effective process for improving IH patient access
- Ongoing Analyses: Evaluating telemedicine vs. in-person visits, hemangioma locations, and zip codes to further assess clinical and socioeconomic factors

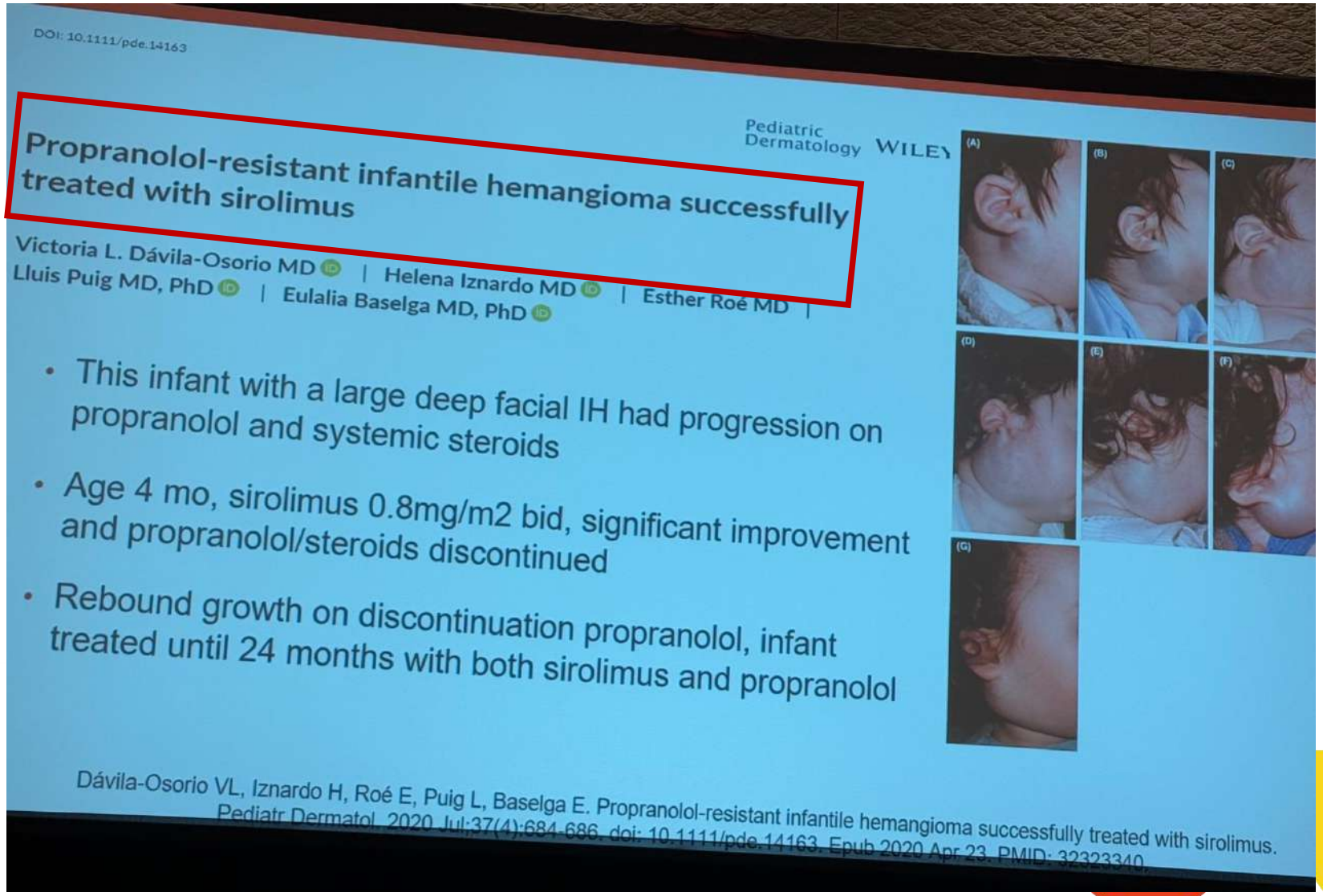
Hemangiomas. LUMBAR



Hemangiomas. Hemangiomas ulcerados



Hemangiomas. Hemangiomas “resistentes” a propranolol



Hemangiomas. Hemangiomas “resistentes” a propranolol

Casi 50% acortado

Leg Length Discrepancy In Patients With Lower Extremity Cutis Marmorata Telangiectatica Congenita: A Single Center Retrospective Study

Racquel A. Bitar, BS[1,2]; Sarah E. Servattalab, MD[1,2,3]; Marilyn G. Liang, MD[1,2,3]; Pierre-Olivier Grenier, MD[1,2,3]
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[2] Department of Immunology, Dermatology Section, Boston Children's Hospital, Boston, MA;
[3] Harvard Medical School, Boston, MA

Background

Cutis marmorata telangiectatica congenita (CMTC) can be associated with limb length discrepancy (LLD) due to hypoplasia of the affected limb [1-5]. Limited research exists on LLD prevalence in these patients. We assessed the frequency of LLD in patients with lower extremity CMTC.

Methods

- We conducted a single-institution, IRB-approved retrospective chart review of patients diagnosed with lower extremity CMTC at the Boston Children's Hospital Vascular Anomalies Center (VAC) and evaluated at least once by orthopedic surgery between 1999 to 2024.
- CMTC was defined as congenital, reticulated, well-demarcated erythematous to violaceous patches with a coarse fixed livedo pattern [6].
- We evaluated demographics, clinical characteristics, cutaneous and extracutaneous associations, and orthopedic physical examination or radiographic images for LLD.
- Major LLD was defined as a discrepancy of ≥ 2 centimeters at any age [7], or ≥ 1 centimeter at age 4.
- Kaplan-Meier analysis was used to estimate the risk of LLD ≥ 2 centimeters by age 15 years. Patients with LLD ≥ 1 centimeter at age 4 are predicted to have LLD ≥ 2 centimeters by age 15.

Results

- 26 patients met inclusion criteria.
- Average age at last orthopedic follow up was 7.39 (range 0.25-17).
- 11/26 patients had any LLD; the CMTC-affected limb was the shorter limb (Table 1).
- Two patients with LLD 1-2 centimeters prior to age 4 were lost to follow up.
- The Kaplan-Meier analysis identified a 7.7% probability of developing LLD ≥ 2 centimeters at age 15 (Table 1).
- No patients underwent epiphysiodesis, and 2/11 (18.2%) patients required a shoe lift.
- Extracutaneous associations included claudication in three patients, hip dysplasia in two patients, and back pain due to 1-centimeter LLD at age 12 (Table 2).

Table 1: Leg length discrepancy in patients with lower extremity cutis marmorata telangiectatica congenita

Patients with any LLD n (%)	Major LLD n (%)		Probability of LLD ≥ 2 by age 15
	LLD 1-2 cm (by age 4)	LLD ≥ 2 (any age)	
11/26 (42.3%)	2/26 (7.7%)	0 (0%)	2/26 (7.7%)

LLD = limb length discrepancy
cm = centimeters
n = number of patients

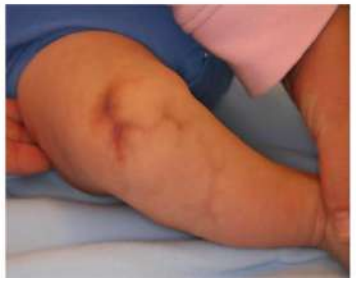


Table 2: Associations of patients with cutis marmorata telangiectatica congenita

	Patients n/total (%)
Cutaneous	
Skin atrophy	23/26 (88.5%)
Ulceration	1/26 (3.8%)
Extracutaneous	
Claudication	3/26 (11.5%)
Ipsilateral popliteal artery occlusion	1/26 (3.8%)
Ipsilateral iliac artery stenosis	1/26 (3.8%)
Hip dysplasia	2/26 (7.7%)
Back pain due to LLD	1/26 (3.8%)

LLD = limb length discrepancy
n = number of patients

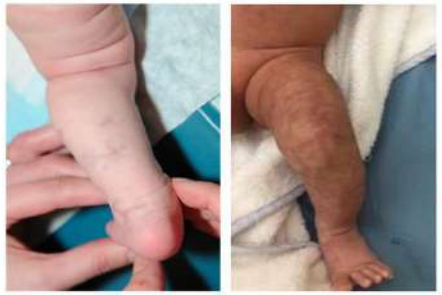


Figure 2a **Figure 2b**
Cutis marmorata telangiectatica congenita of the left lower extremity in a 2a) 2-week-old infant and a 2b) 1-week-old infant.

Conclusions

- LLD is a common sequelae of lower extremity CMTC.
- Pediatric patients should follow regularly with orthopedics to prevent long-term sequelae of LLD.

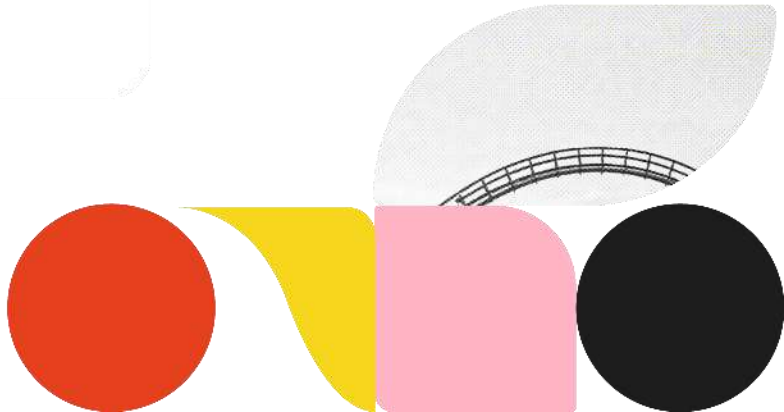
Limitations

Limitations of this study include the single-center, retrospective nature, number of cases, inconsistent measurement type (clinical or radiographic), practices may have changed over time, and variability in follow-up.

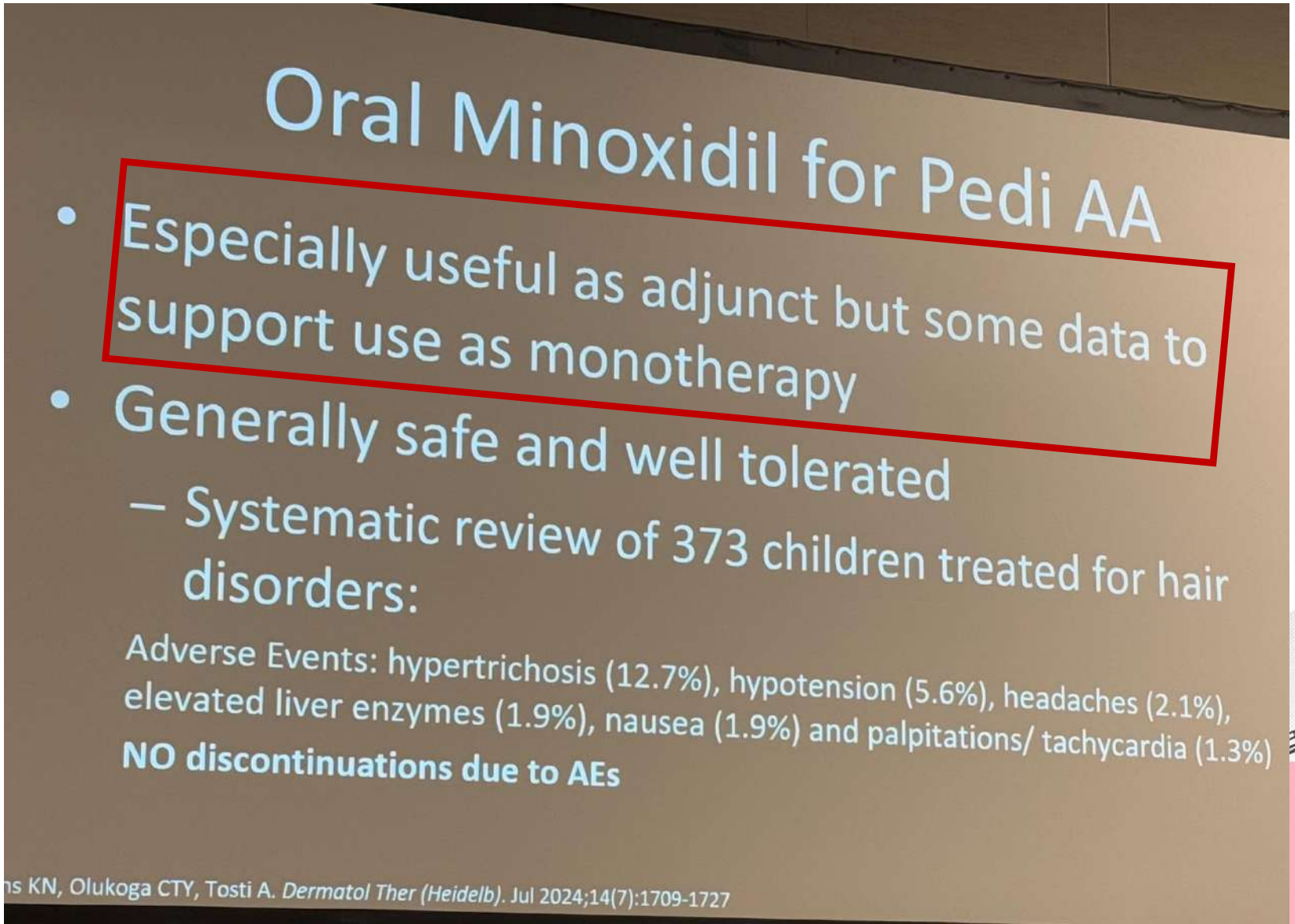
Acknowledgements:
All authors have no disclosures. We thank Aliza Ray, MS, Besiana Beqo, MD, and Samantha Spencer, MD.

References:
1. Picascia DD, Esterly NB. Cutis marmorata telangiectatica congenita: report of 22 cases. *J Am Acad Dermatol*. 1989;20(6):1098-104.
2. Levy R, Lam JM. Cutis marmorata telangiectatica congenita: a mimicker of a common disorder. *CMAJ*. 2011;183(4):E249-51.
3. Spraker MK, Stack CA, Esterly NB. Congenital generalized fibromatosis: a case associated with porencephaly, hemiatrophy, and cutis marmorata telangiectatica congenita. *J Am Acad Dermatol*. 1984;10(2 Pt 2):365-71.
4. Kienast AK, Hoeger PH. Cutis marmorata telangiectatica congenita: a prospective study of 27 cases and diagnostic criteria. *Clin Exp Dermatol*. 2009;34(3):319-23.
5. Memarzadeh A, Pengas I, Syed S, Eastwood DM. Limb length discrepancy in cutis marmorata telangiectatica congenita: an audit of assessment and management in a multidisciplinary setting. *Br J Dermatol*. 2014;170(3):681-686.

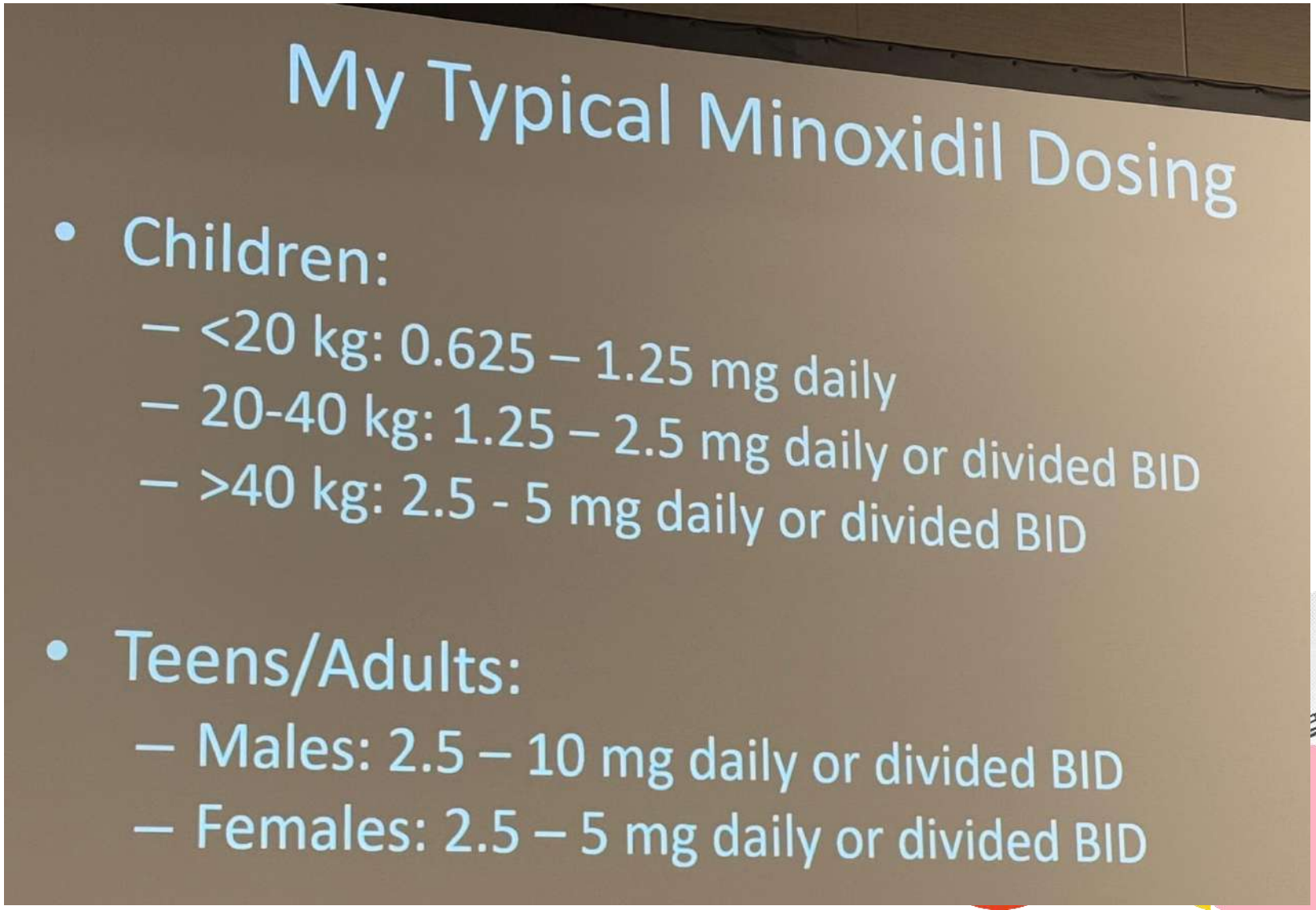
ALOPECIA AREATA



Minoxidil en AA infantil



Minoxidil en AA infantil



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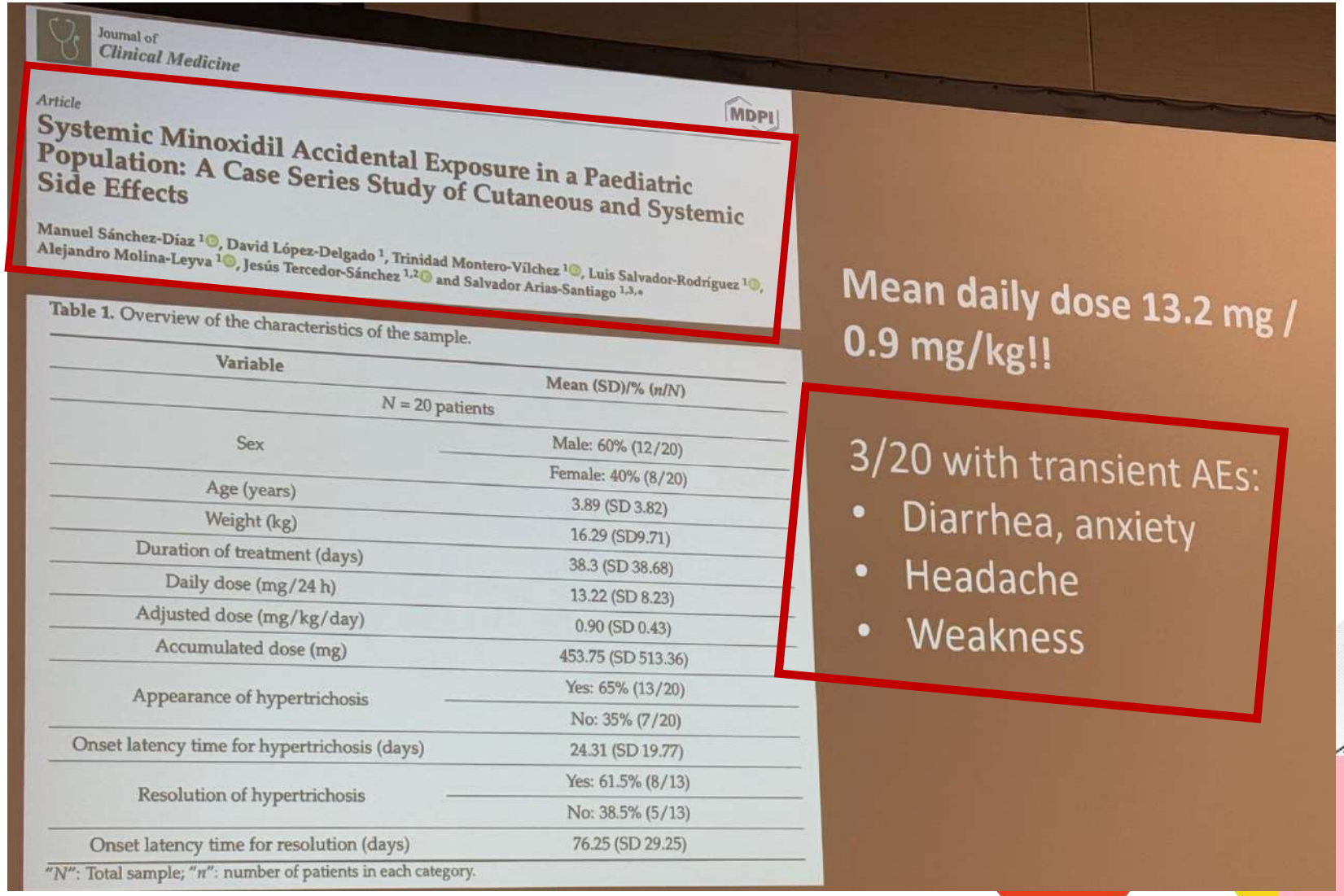


Journal of *Clinical Medicine*

Article

Systemic Minoxidil Accidental Exposure in a Paediatric Population: A Case Series Study of Cutaneous and Systemic Side Effects

MDPI

Manuel Sánchez-Díaz [1], David López-Delgado [1], Trinidad Montero-Vílchez [1], Luis Salvador-Rodríguez [1], Alejandro Molina-Leyva [1], Jesús Tercedor-Sánchez [1,2] and Salvador Arias-Santiago [1,3,*]

Table 1. Overview of the characteristics of the sample.

Variable	Mean (SD)/% (*n*/*N*)
N = 20 patients	
Sex	Male: 60% (12/20)
	Female: 40% (8/20)
Age (years)	3.89 (SD 3.82)
Weight (kg)	16.29 (SD9.71)
Duration of treatment (days)	38.3 (SD 38.68)
Daily dose (mg/24 h)	13.22 (SD 8.23)
Adjusted dose (mg/kg/day)	0.90 (SD 0.43)
Accumulated dose (mg)	453.75 (SD 513.36)
Appearance of hypertrichosis	Yes: 65% (13/20)
	No: 35% (7/20)
Onset latency time for hypertrichosis (days)	24.31 (SD 19.77)
Resolution of hypertrichosis	Yes: 61.5% (8/13)
	No: 38.5% (5/13)
Onset latency time for resolution (days)	76.25 (SD 29.25)

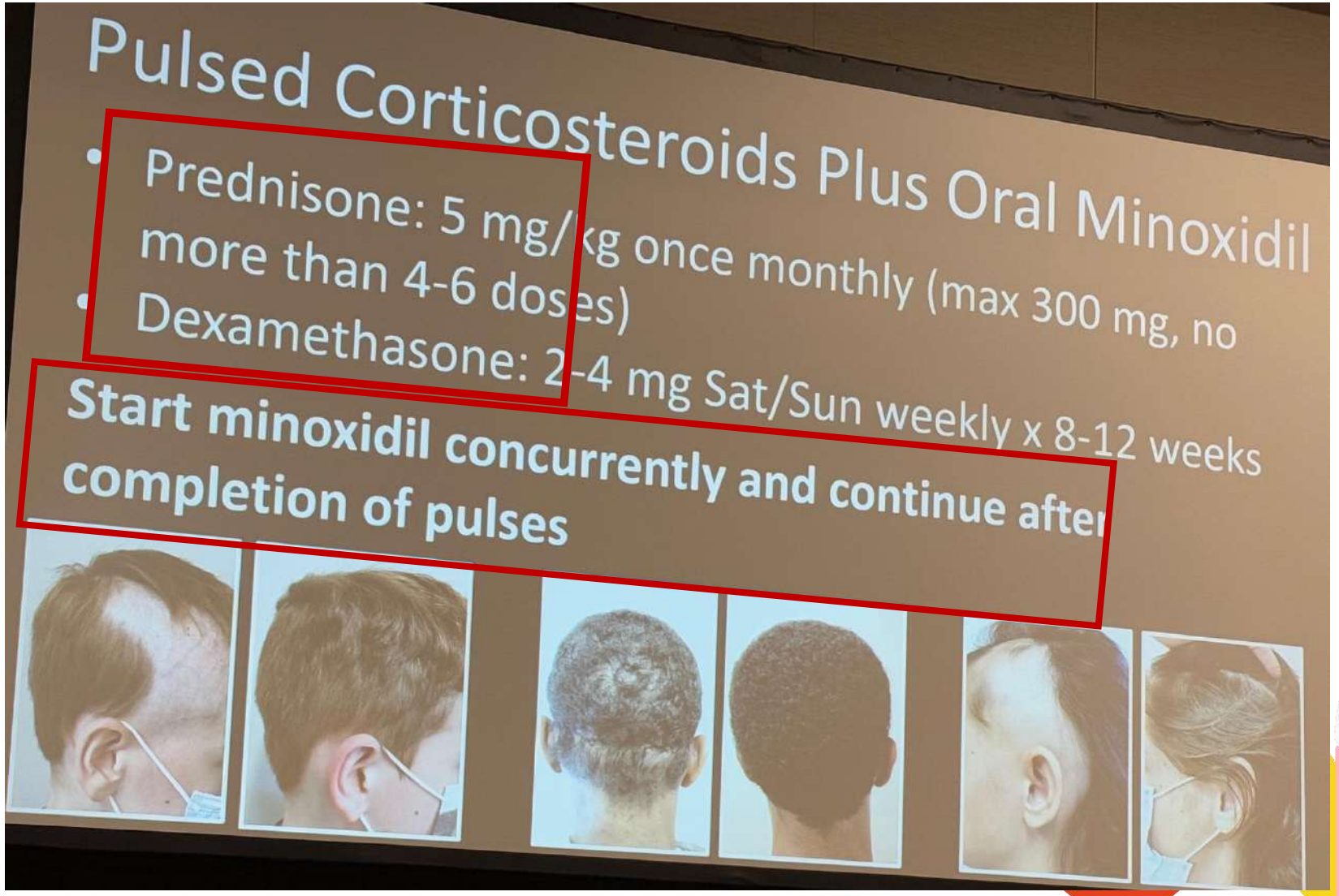
"*N*": Total sample; "*n*": number of patients in each category.

Mean daily dose 13.2 mg / 0.9 mg/kg!!

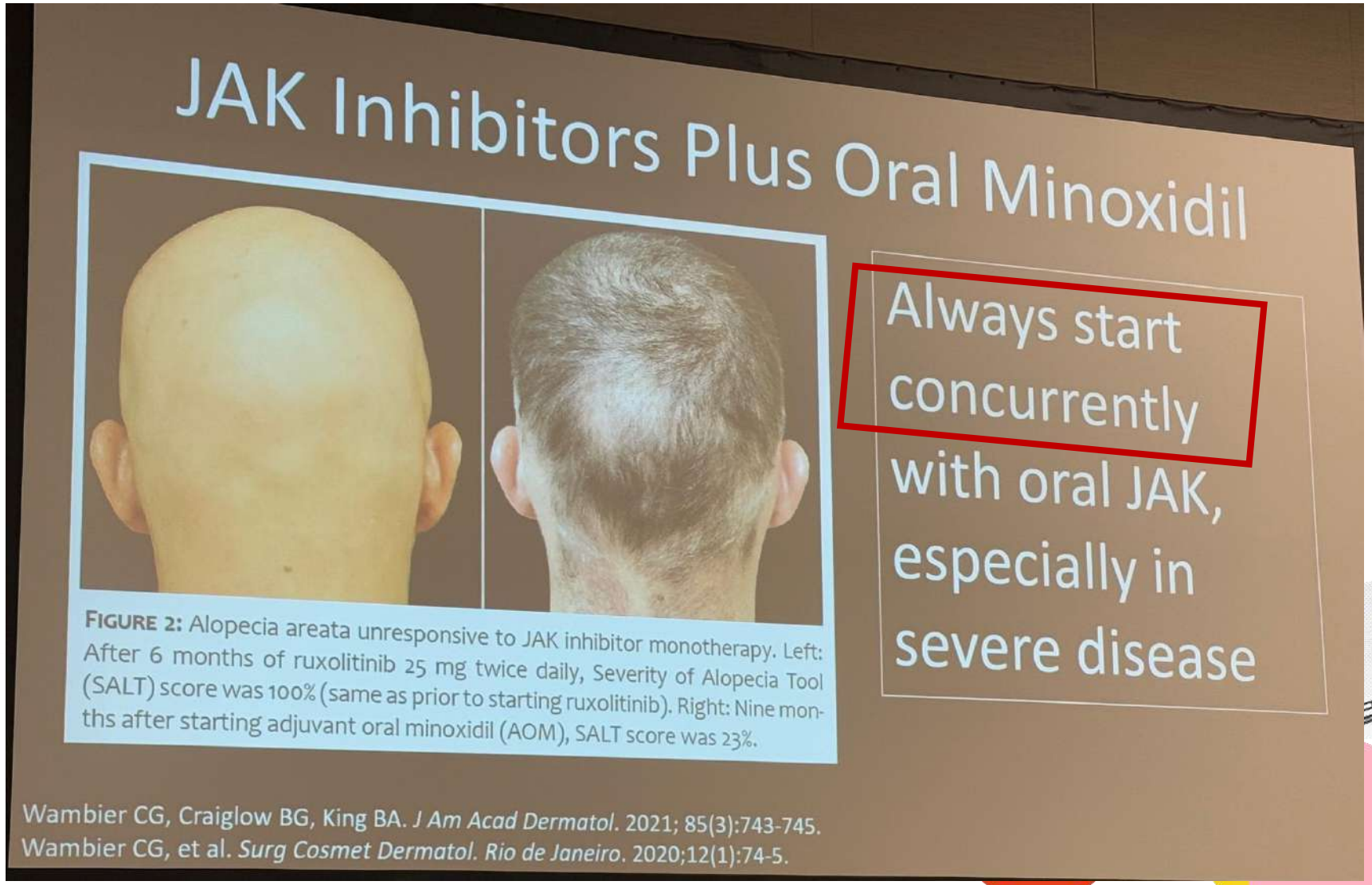
3/20 with transient AEs:

- Diarrhea, anxiety
- Headache
- Weakness

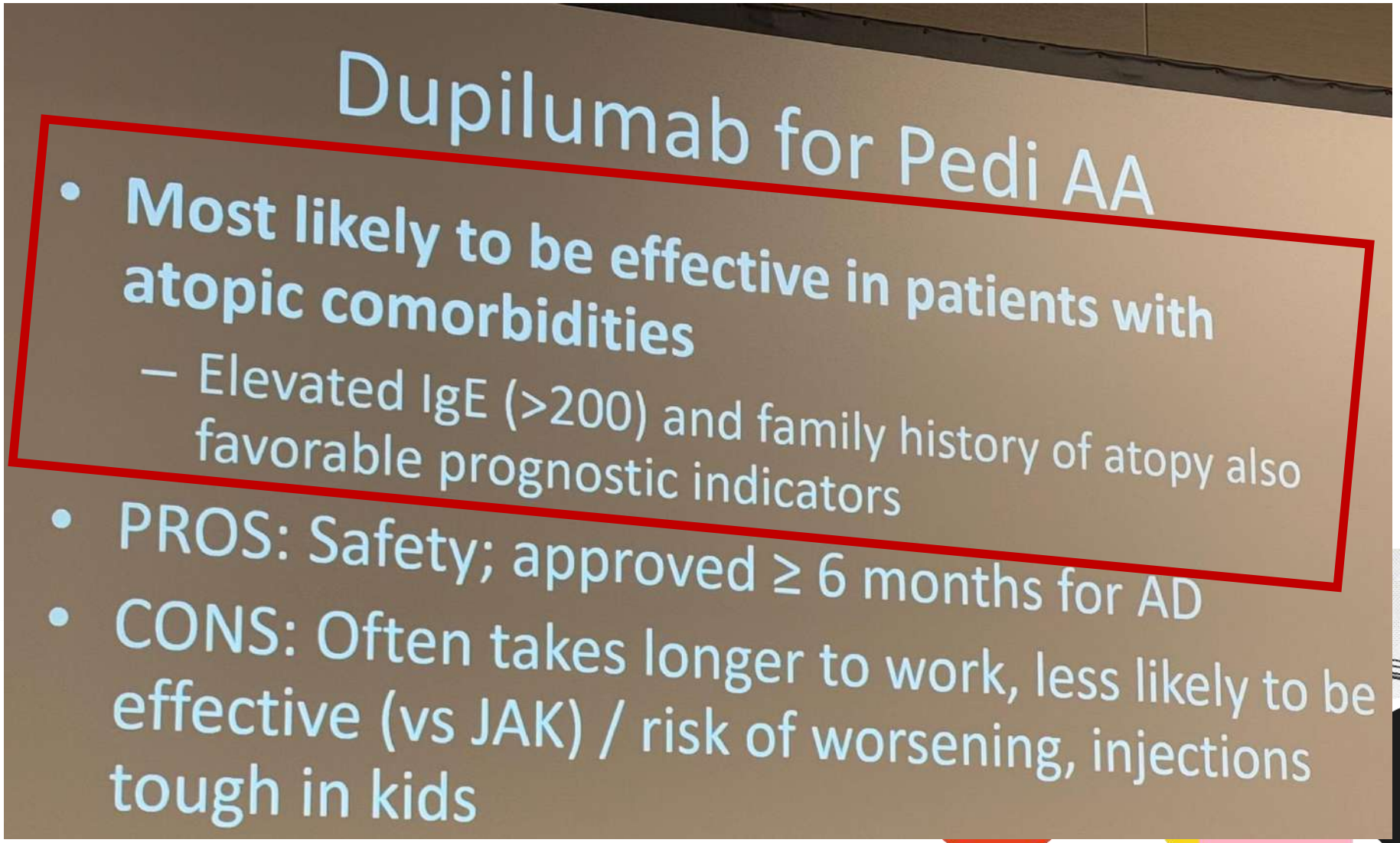
Minoxidil + pulsos en AA infantil



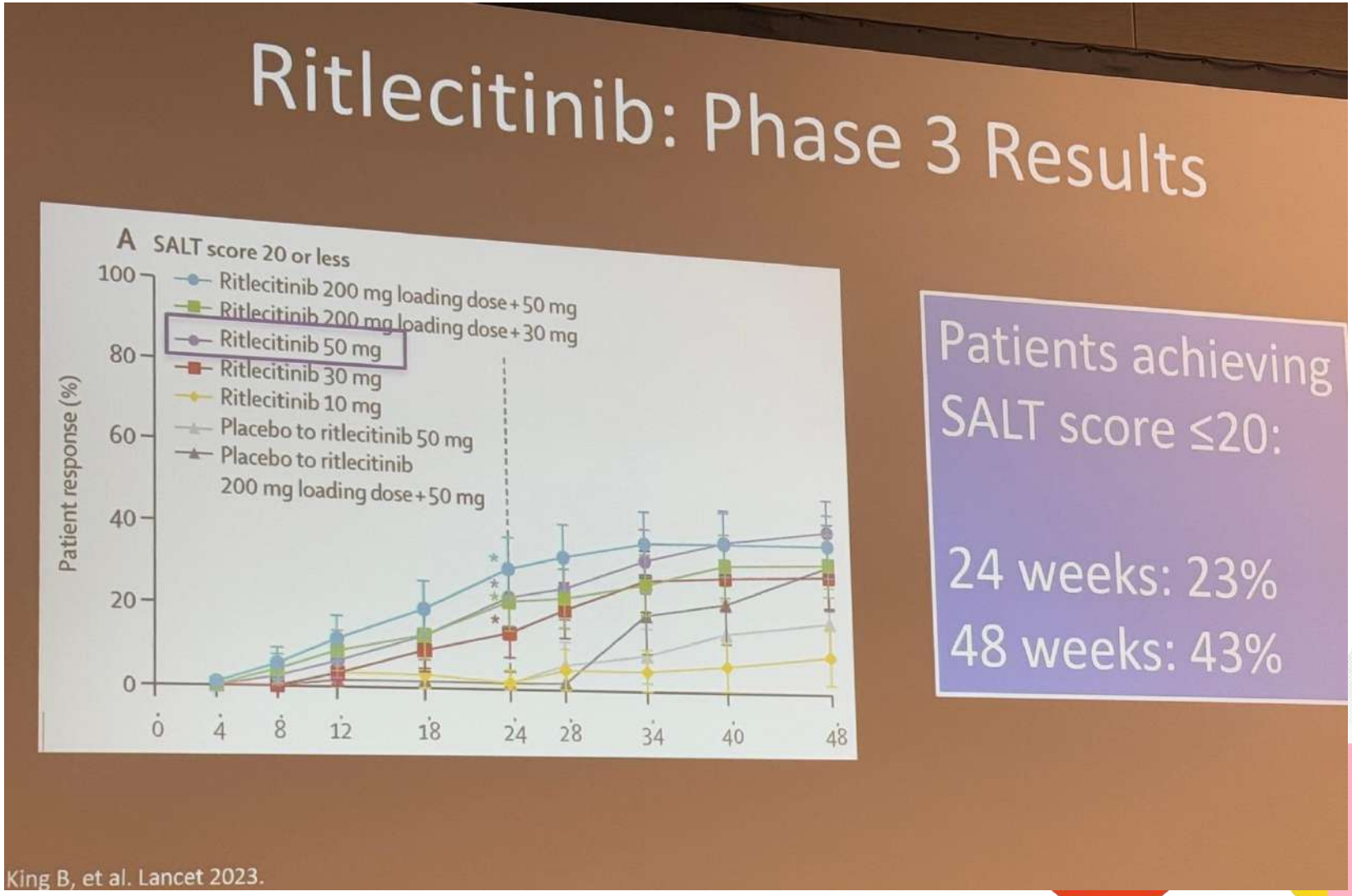
Minoxidil + JAKi en AA infantil



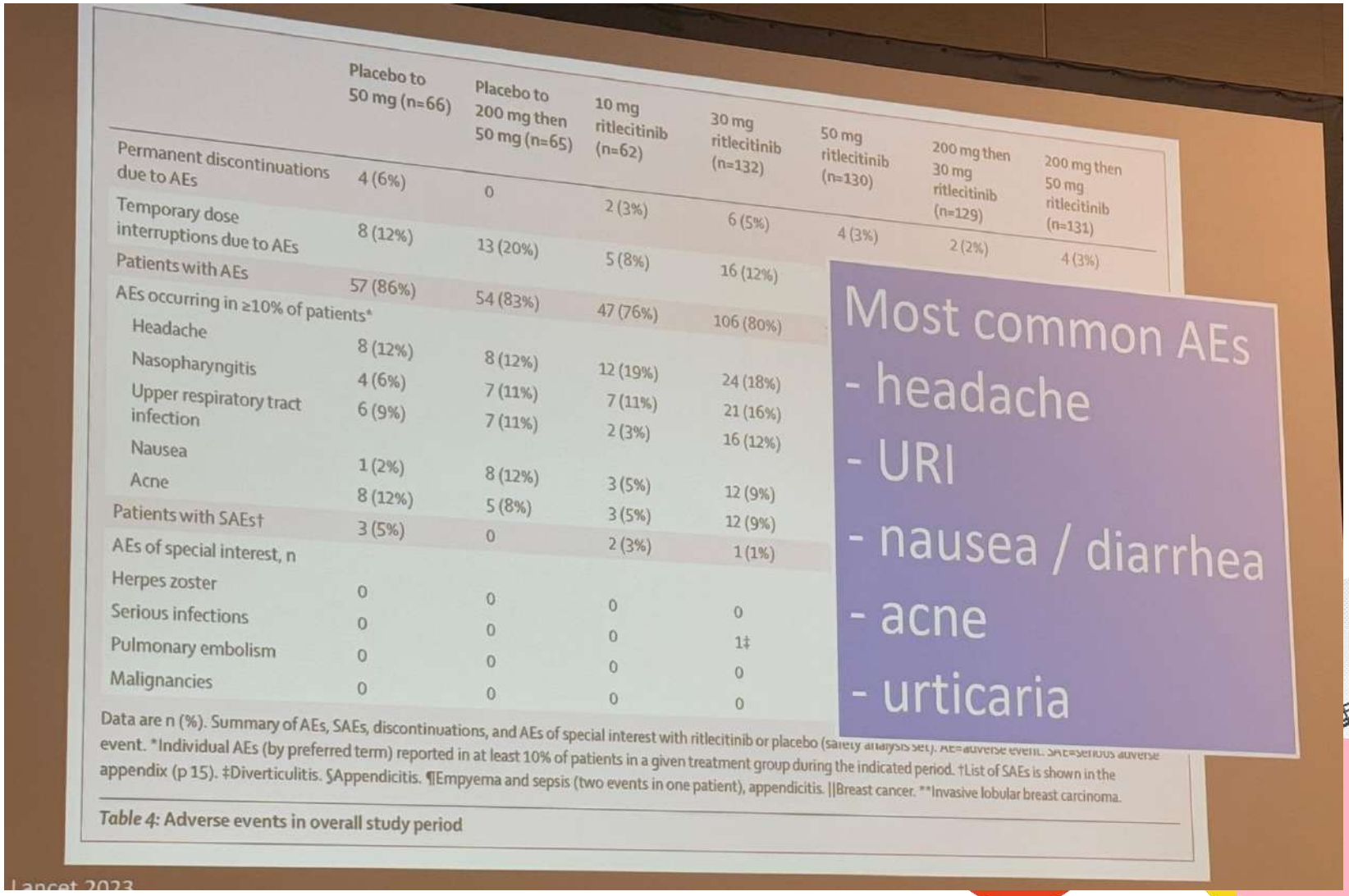
Dupilumab en AA infantil



Ritlecitinib en AA infantil



Ritlecitinib en AA infantil



	Placebo to 50 mg (n=66)	Placebo to 200 mg then 50 mg (n=65)	10 mg ritlecitinib (n=62)	30 mg ritlecitinib (n=132)	50 mg ritlecitinib (n=130)	200 mg then 30 mg ritlecitinib (n=129)	200 mg then 50 mg ritlecitinib (n=131)
Permanent discontinuations due to AEs	4 (6%)	0	2 (3%)	6 (5%)	4 (3%)	2 (2%)	4 (3%)
Temporary dose interruptions due to AEs	8 (12%)	13 (20%)	5 (8%)	16 (12%)			
Patients with AEs	57 (86%)	54 (83%)	47 (76%)	106 (80%)			
AEs occurring in ≥10% of patients*							
Headache	8 (12%)	8 (12%)	12 (19%)	24 (18%)			
Nasopharyngitis	4 (6%)	7 (11%)	7 (11%)	21 (16%)			
Upper respiratory tract infection	6 (9%)	7 (11%)	2 (3%)	16 (12%)			
Nausea	1 (2%)	8 (12%)	3 (5%)	12 (9%)			
Acne	8 (12%)	5 (8%)	3 (5%)	12 (9%)			
Patients with SAEs†	3 (5%)	0	2 (3%)	1 (1%)			
AEs of special interest, n							
Herpes zoster	0	0	0	0			
Serious infections	0	0	0	1‡			
Pulmonary embolism	0	0	0	0			
Malignancies	0	0	0	0			

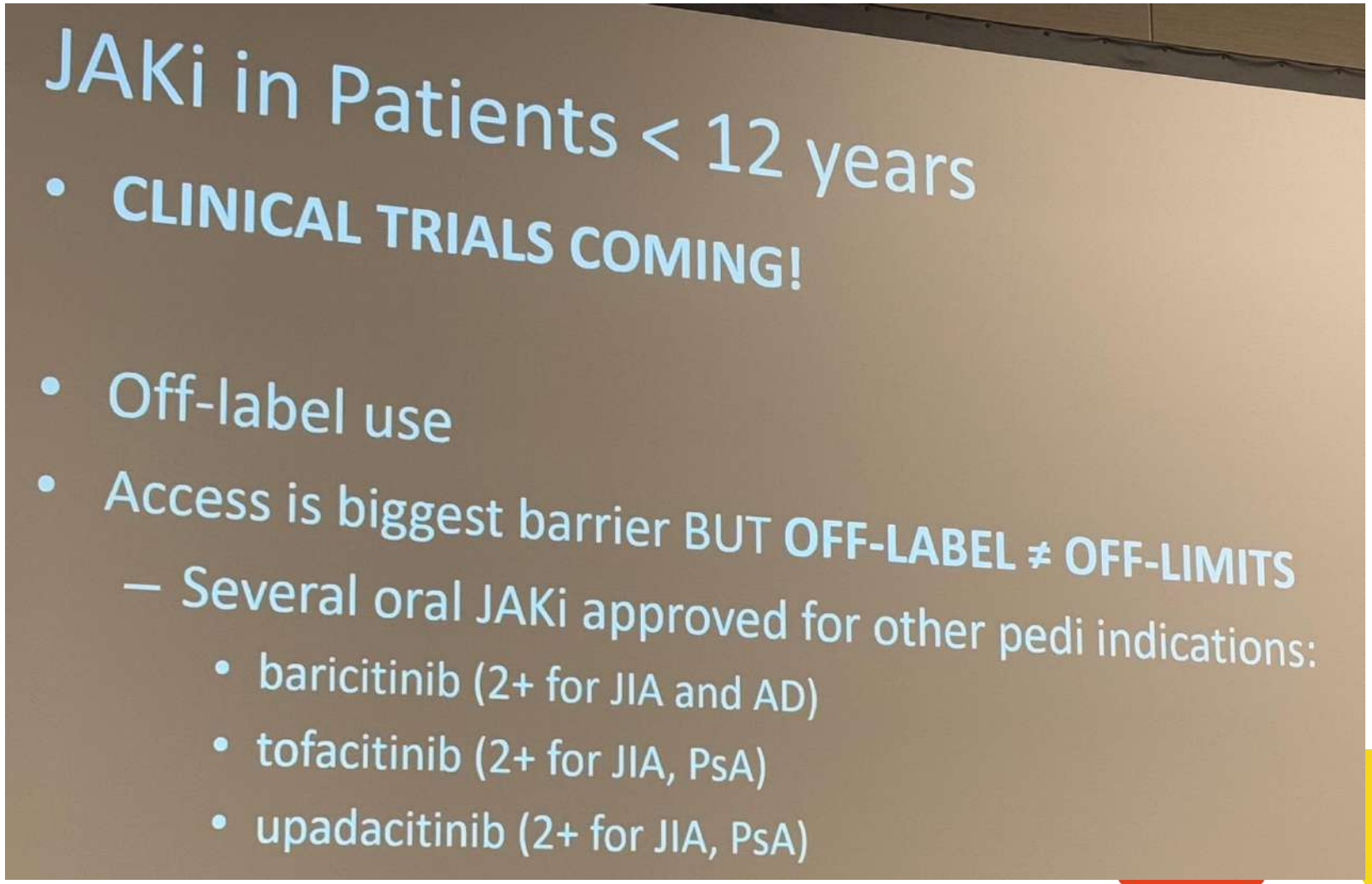
Most common AEs
- headache
- URI
- nausea / diarrhea
- acne
- urticaria

Data are n (%). Summary of AEs, SAEs, discontinuations, and AEs of special interest with ritlecitinib or placebo (safety analysis set). AE=adverse event. SAE=serious adverse event. *Individual AEs (by preferred term) reported in at least 10% of patients in a given treatment group during the indicated period. †List of SAEs is shown in the appendix (p 15). ‡Diverticulitis. §Appendicitis. ¶Empyema and sepsis (two events in one patient), appendicitis. ||Breast cancer. **Invasive lobular breast carcinoma.

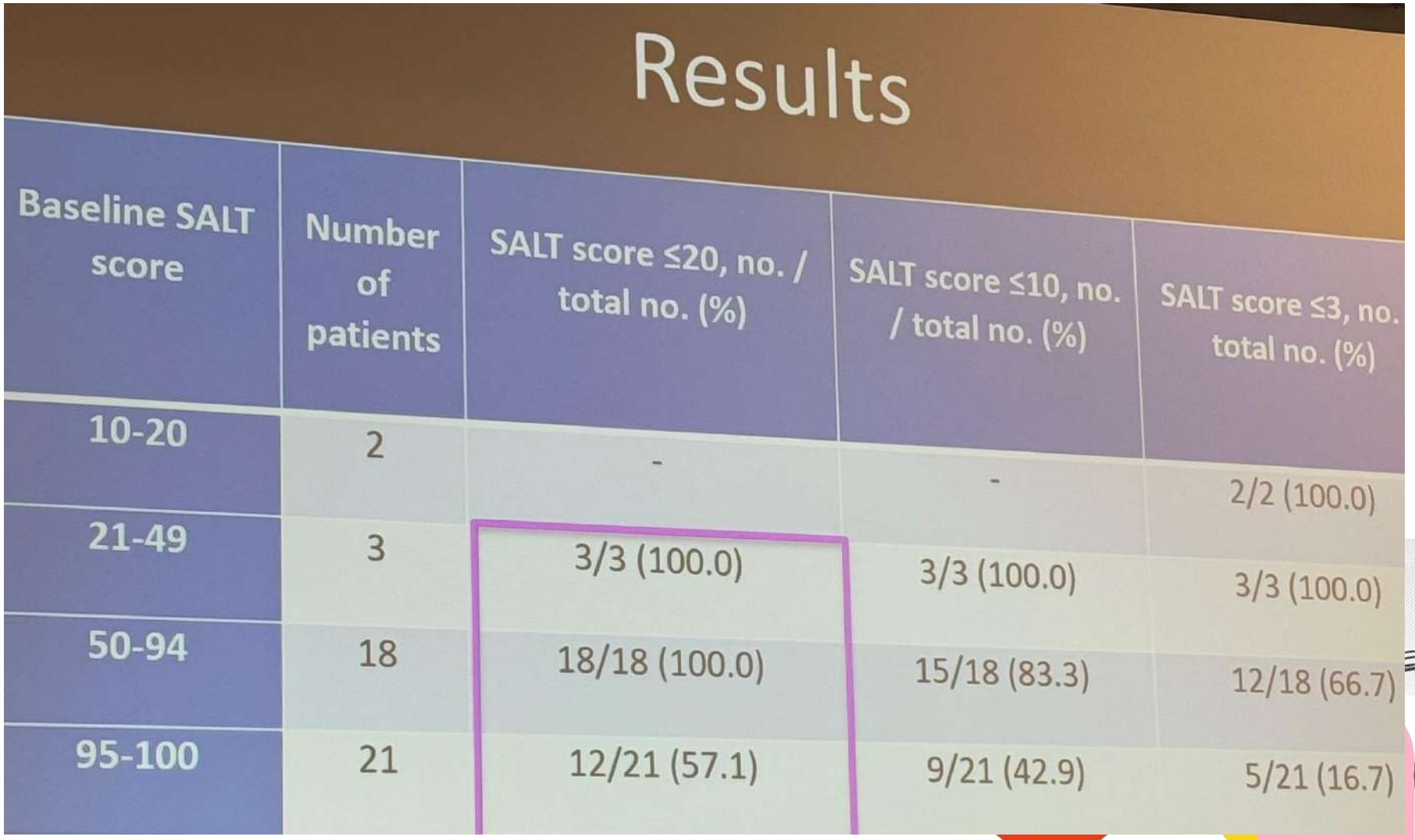
Table 4: Adverse events in overall study period

Lancet 2023

Resumen JAKi AA infantil (literatura)



Resumen JAKi AA infantil (experiencia ponente)



Results

Baseline SALT score	Number of patients	SALT score ≤20, no. / total no. (%)	SALT score ≤10, no. / total no. (%)	SALT score ≤3, no. total no. (%)
10-20	2	-	-	2/2 (100.0)
21-49	3	3/3 (100.0)	3/3 (100.0)	3/3 (100.0)
50-94	18	18/18 (100.0)	15/18 (83.3)	12/18 (66.7)
95-100	21	12/21 (57.1)	9/21 (42.9)	5/21 (16.7)

Cicatriciales

XMATOLOGIA
ITAL UNIVERSITARIO

Scarring Alopecias in a Pediatric Trichology Clinic at a Tertiary Care Center

Anabell Andrea Lima-Galindo[1], Miguel Bonifacio Favela-Gálvez[1], Sonia Ocampo-Garza[1], Jorge Ocampo-Candiani[1] , Erika Alba-Rojas[1]

[1]Dermatology Deparment, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, México.

UANL

Conflict of interest : *Authors have no relationships to disclose.*
Commercial support*: none.*

Cicatriciales

Table 1. Types of scarring alopecias in pediatric patients at the Trichology Clinic of the Dermatology Department at Hospital Universitario "Dr. José Eleuterio González". (2019–2024).

Type of alopecia	Frequency
Dissecting cellulitis	14 (58%)
Folliculitis decalvans	4 (17%)
Kerion Celsi or inflammatory tinea	4 (17%)
Aplasia cutis	1 (4%)
Linear morphea	1 (4%)

OGÍA
SITARIO

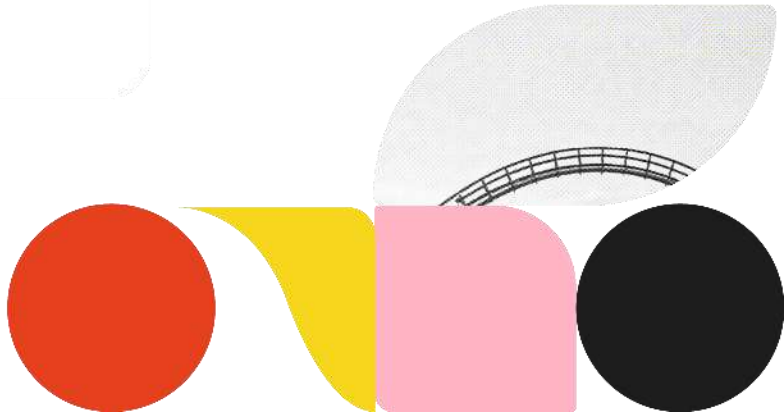
DISCUSSION

- On average, patients in our study experienced hair loss for 10 to 11 months before receiving a diagnosis. In scarring alopecias, early treatment is crucial to reducing symptoms and slowing disease progression. Biopsy is a valuable tool for confirming the diagnosis, particularly in cases where clinical presentation is not definitive.
- In our clinic, dissecting cellulitis of the scalp was the most common cause of scarring alopecia, diagnosed in 14 cases. To date, fewer than 20 pediatric cases have been reported in the literature, suggesting that this condition may be underdiagnosed in the pediatric population. Based on our experience, low-dose isotretinoin (0.3–0.5 mg/kg/day) has shown favorable outcomes, achieving partial or complete remission in most pediatric patients.

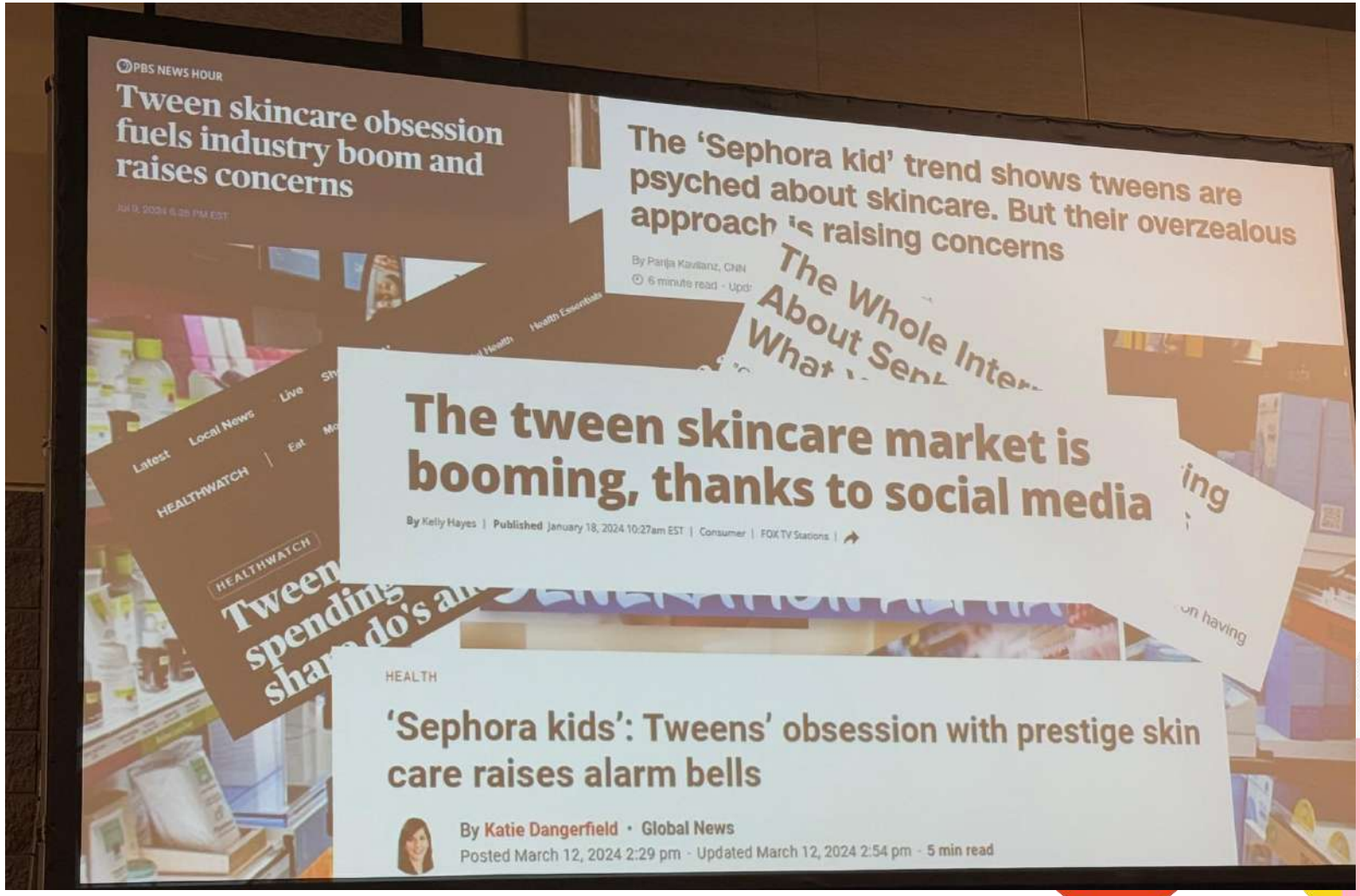
CONCLUSION

- The limited data on pediatric scarring alopecia highlight the need for further research. Treatment remains a challenge, as many therapies used in adults are not approved for children. Establishing safe and effective therapeutic options is essential to halt disease progression in the pediatric population.

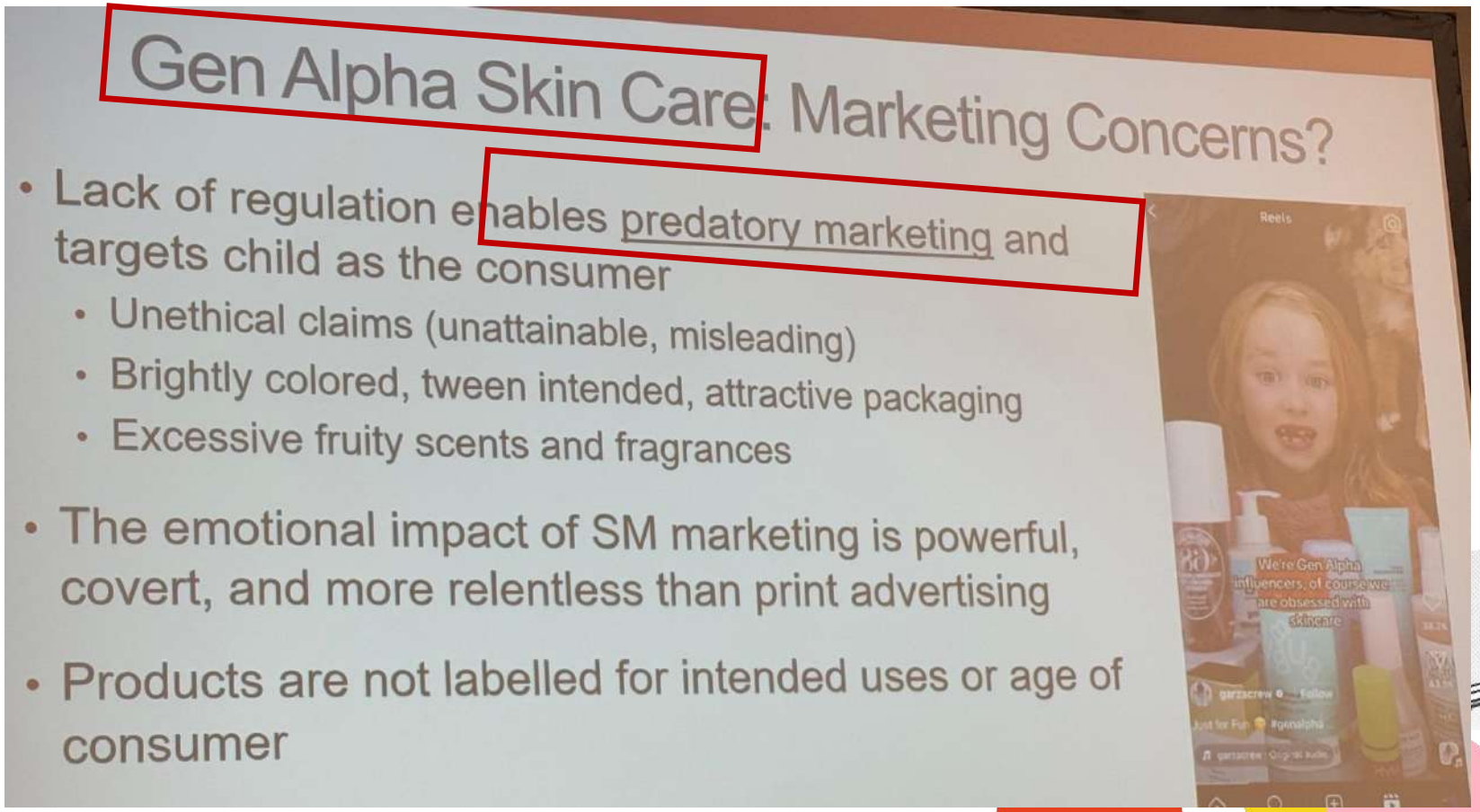
COSMETICORREXIA



Problema creciente

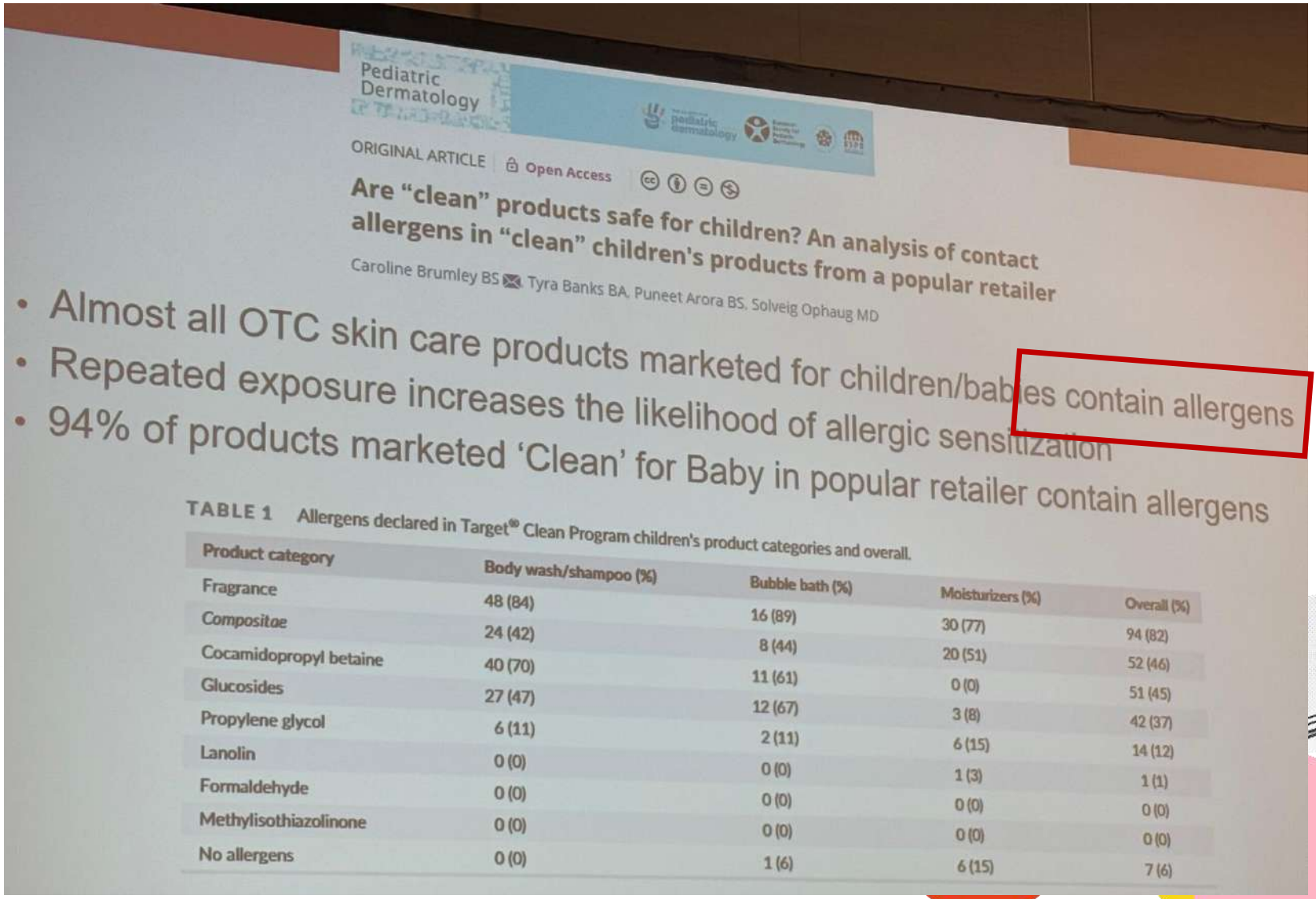


Generación alfa



Problemas añadidos

Problemas añadidos



Pediatric Dermatology

ORIGINAL ARTICLE | Open Access

Are "clean" products safe for children? An analysis of contact allergens in "clean" children's products from a popular retailer

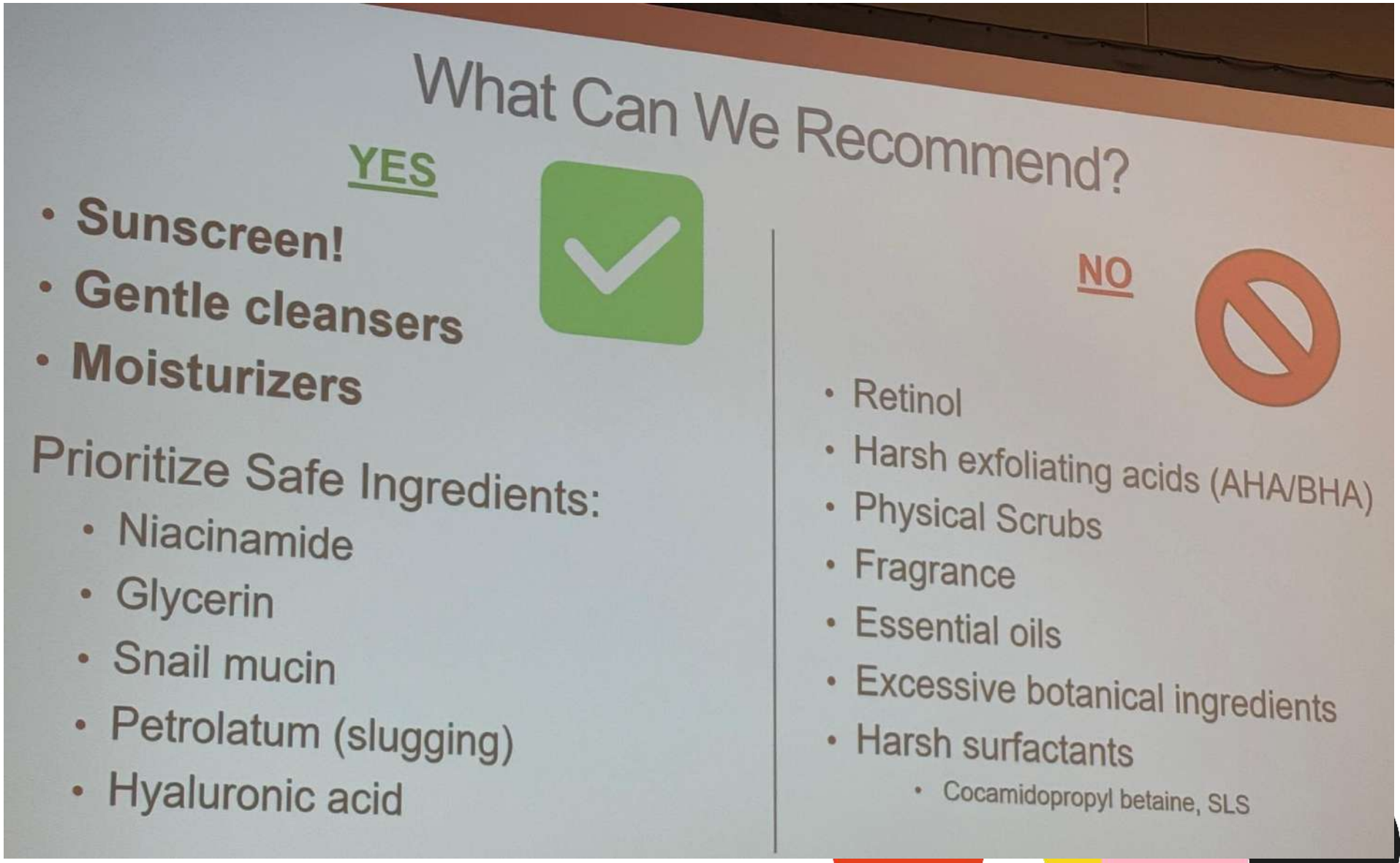
Caroline Brumley BS, Tyra Banks BA, Puneet Arora BS, Solveig Ophaug MD

- Almost all OTC skin care products marketed for children/babies contain allergens
- Repeated exposure increases the likelihood of allergic sensitization
- 94% of products marketed 'Clean' for Baby in popular retailer contain allergens

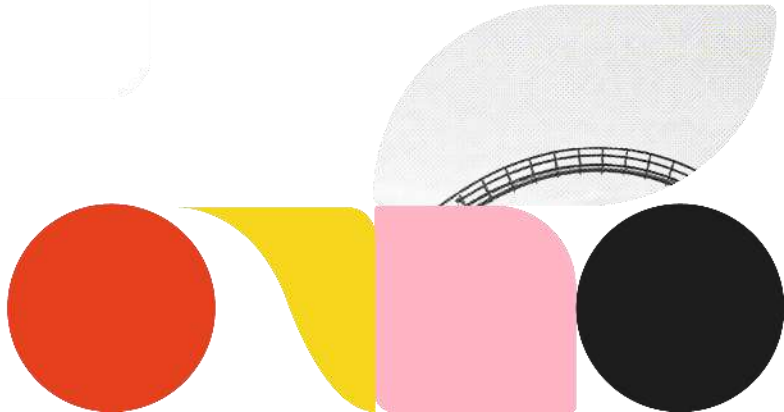
TABLE 1 Allergens declared in Target® Clean Program children's product categories and overall.

Product category	Body wash/shampoo (%)	Bubble bath (%)	Moisturizers (%)	Overall (%)
Fragrance	48 (84)	16 (89)	30 (77)	94 (82)
Compositae	24 (42)	8 (44)	20 (51)	52 (46)
Cocamidopropyl betaine	40 (70)	11 (61)	0 (0)	51 (45)
Glucosides	27 (47)	12 (67)	3 (8)	42 (37)
Propylene glycol	6 (11)	2 (11)	6 (15)	14 (12)
Lanolin	0 (0)	0 (0)	1 (3)	1 (1)
Formaldehyde	0 (0)	0 (0)	0 (0)	0 (0)
Methylisothiazolinone	0 (0)	0 (0)	0 (0)	0 (0)
No allergens	0 (0)	1 (6)	6 (15)	7 (6)

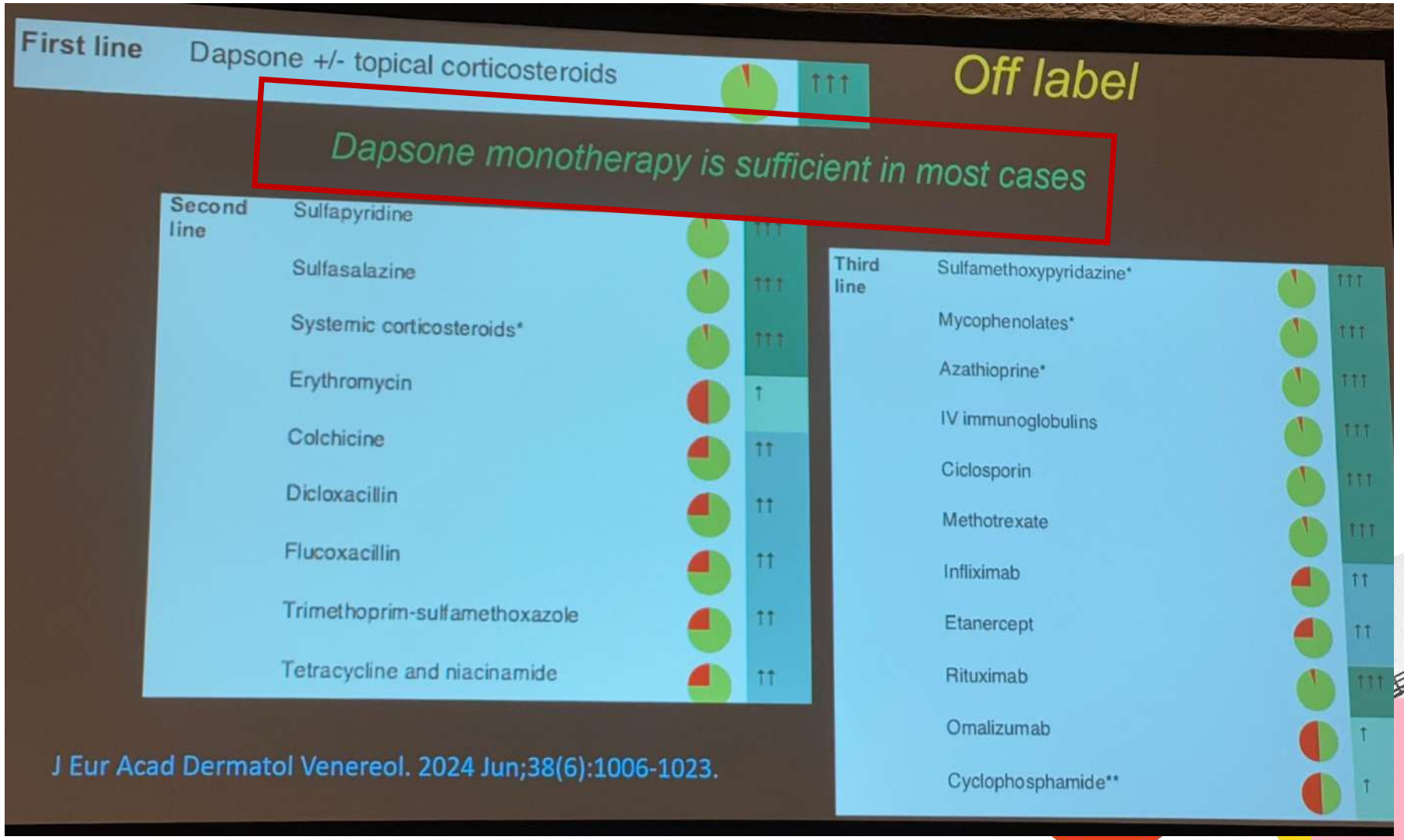
Soluciones


What Can We Recommend?
YES
• Sunscreen!
• Gentle cleansers
• Moisturizers
Prioritize Safe Ingredients:
• Niacinamide
• Glycerin
• Snail mucin
• Petrolatum (slugging)
• Hyaluronic acid
NO
• Retinol
• Harsh exfoliating acids (AHA/BHA)
• Physical Scrubs
• Fragrance
• Essential oils
• Excessive botanical ingredients
• Harsh surfactants
• Cocamidopropyl betaine, SLS

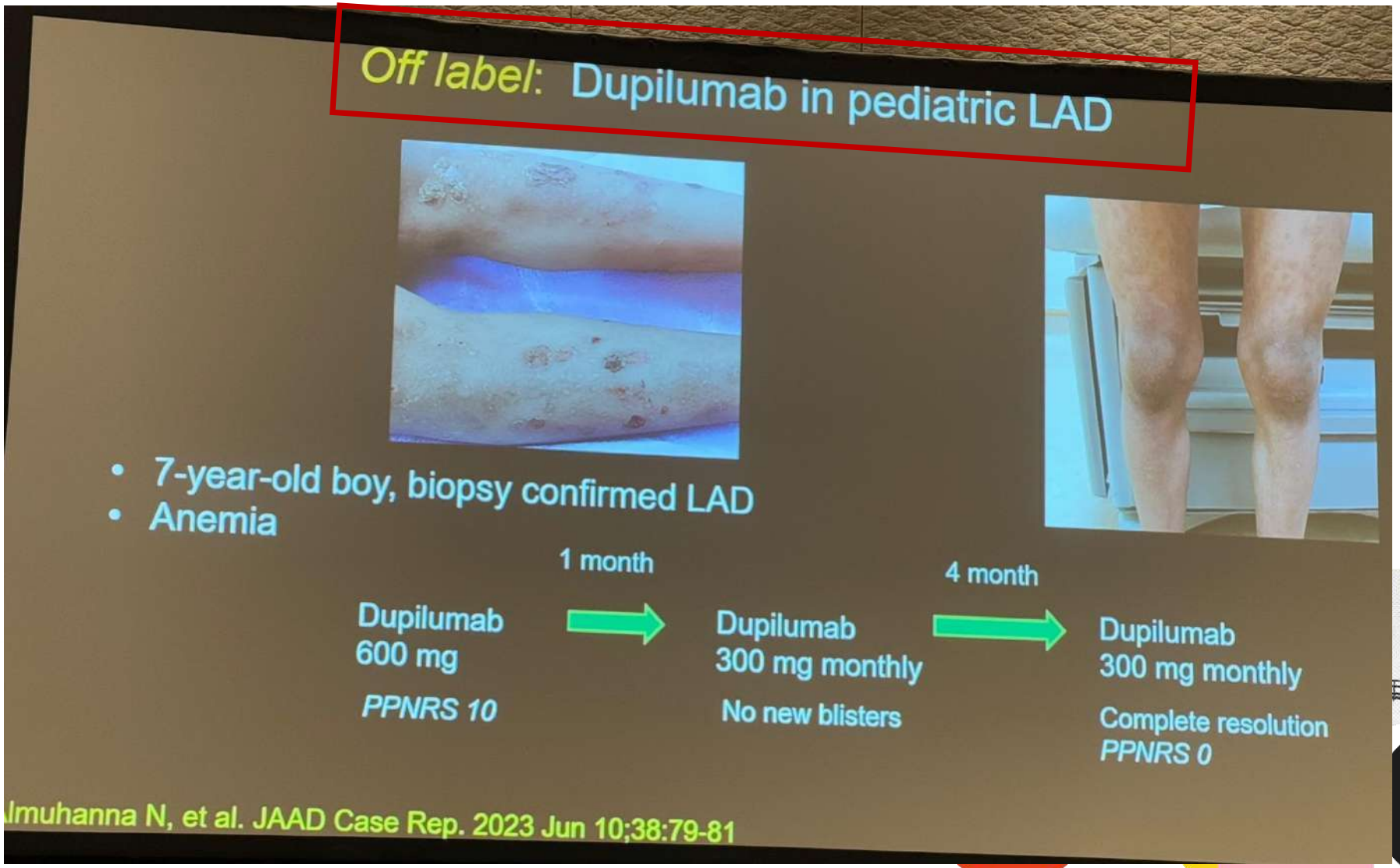
MISCELÁNEA



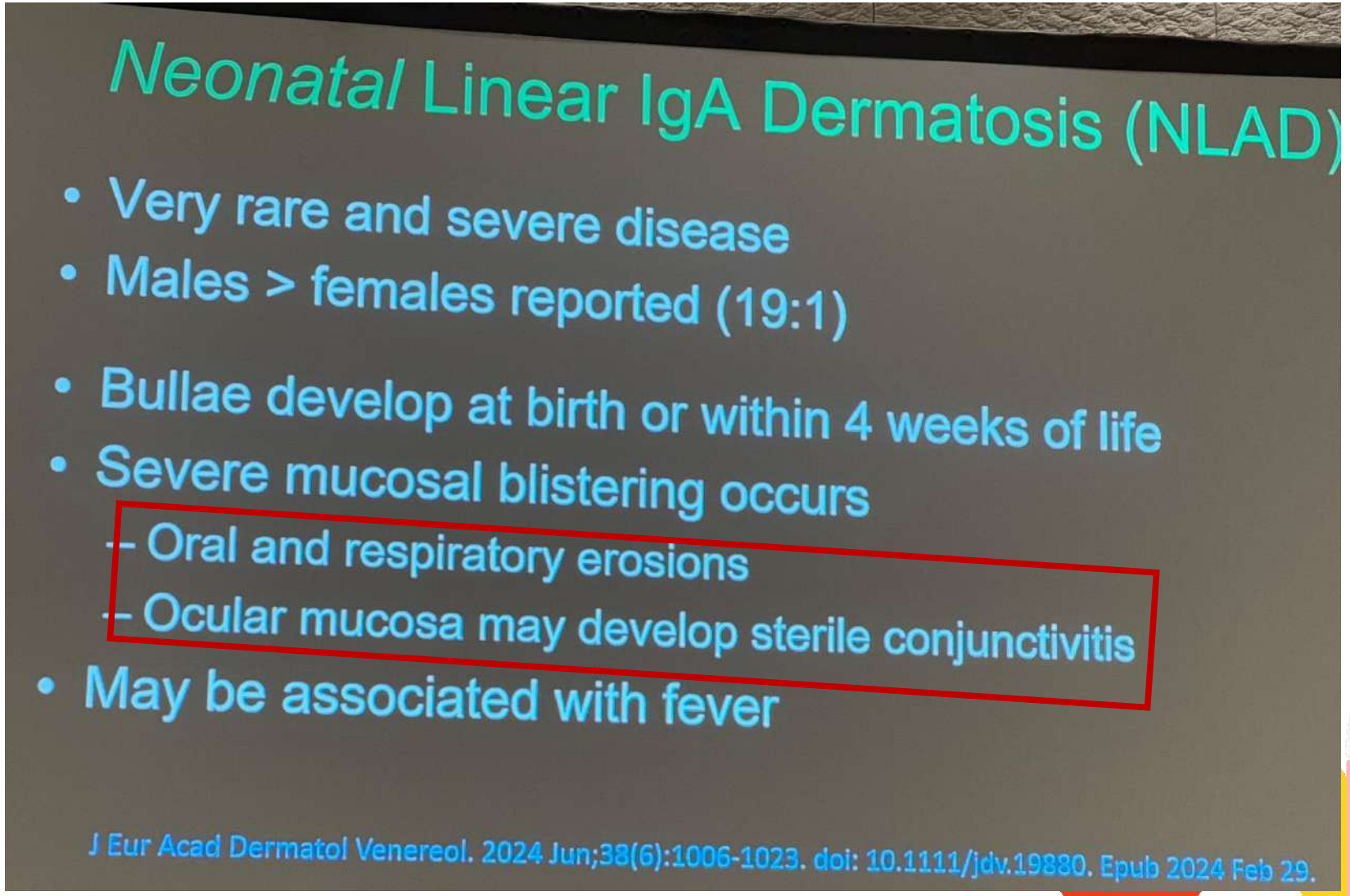
IgA lineal pediátrica



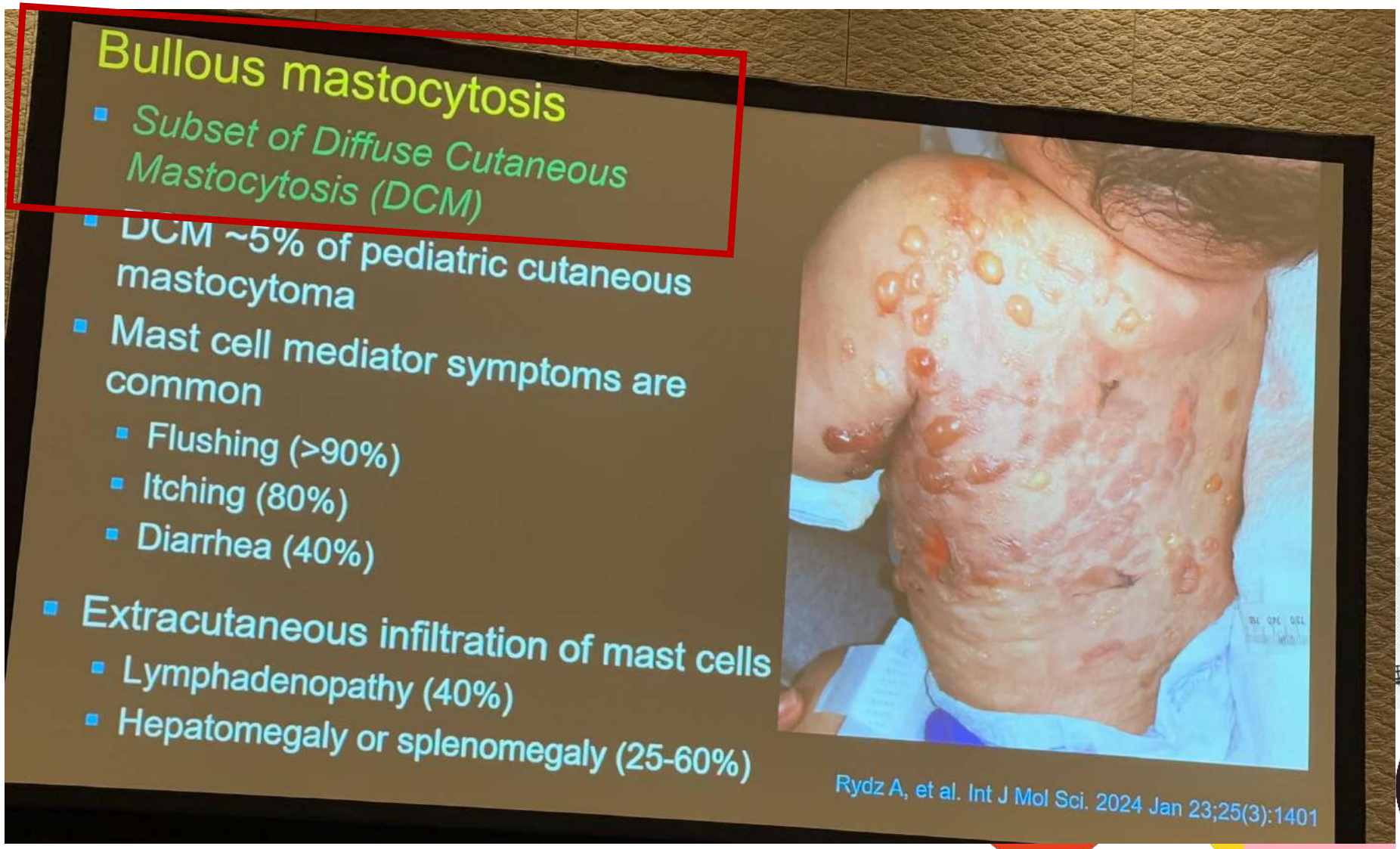
IgA lineal pediátrica



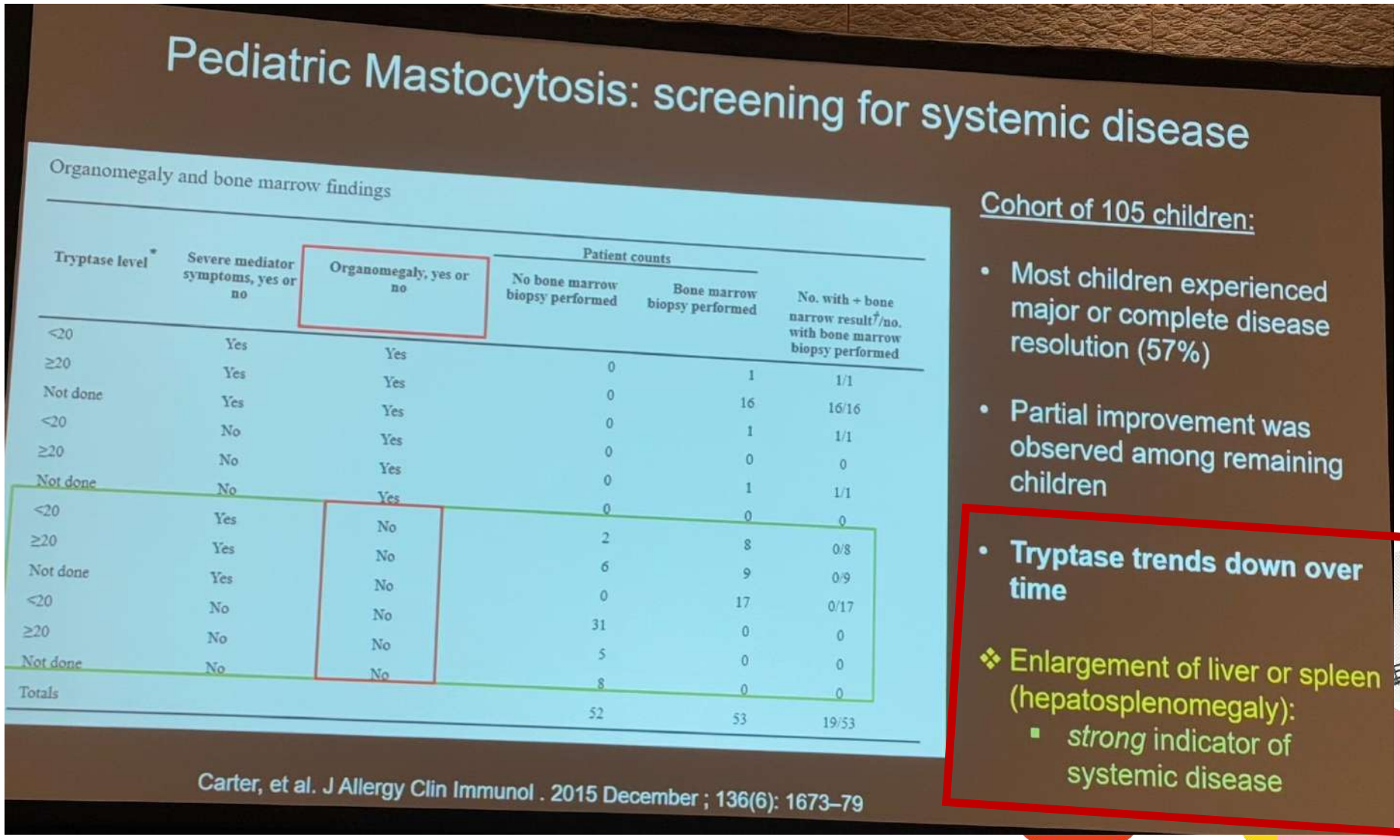
IgA lineal neonatal



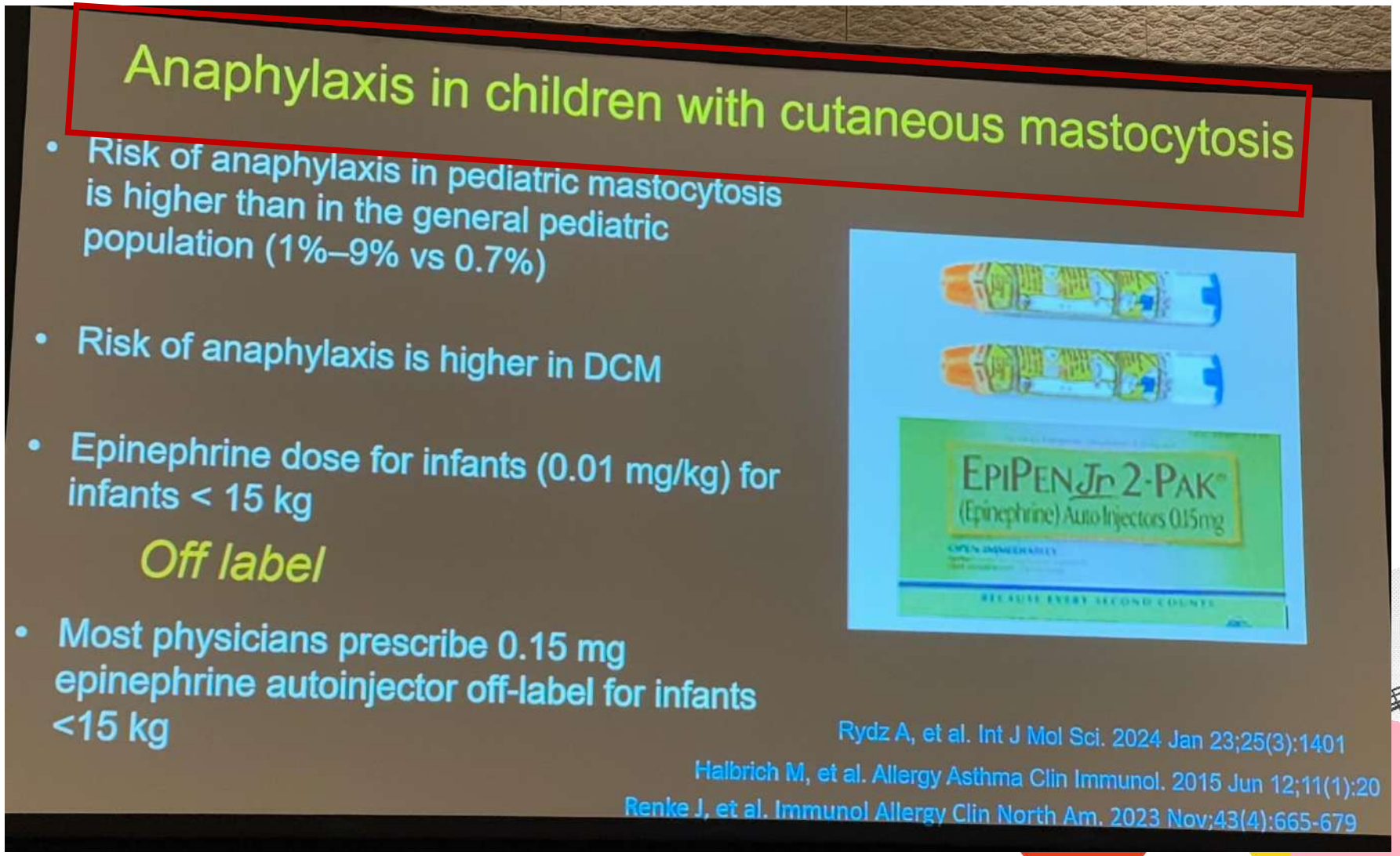
Mastocitosis ampollosa: importancia tenerla en el DD



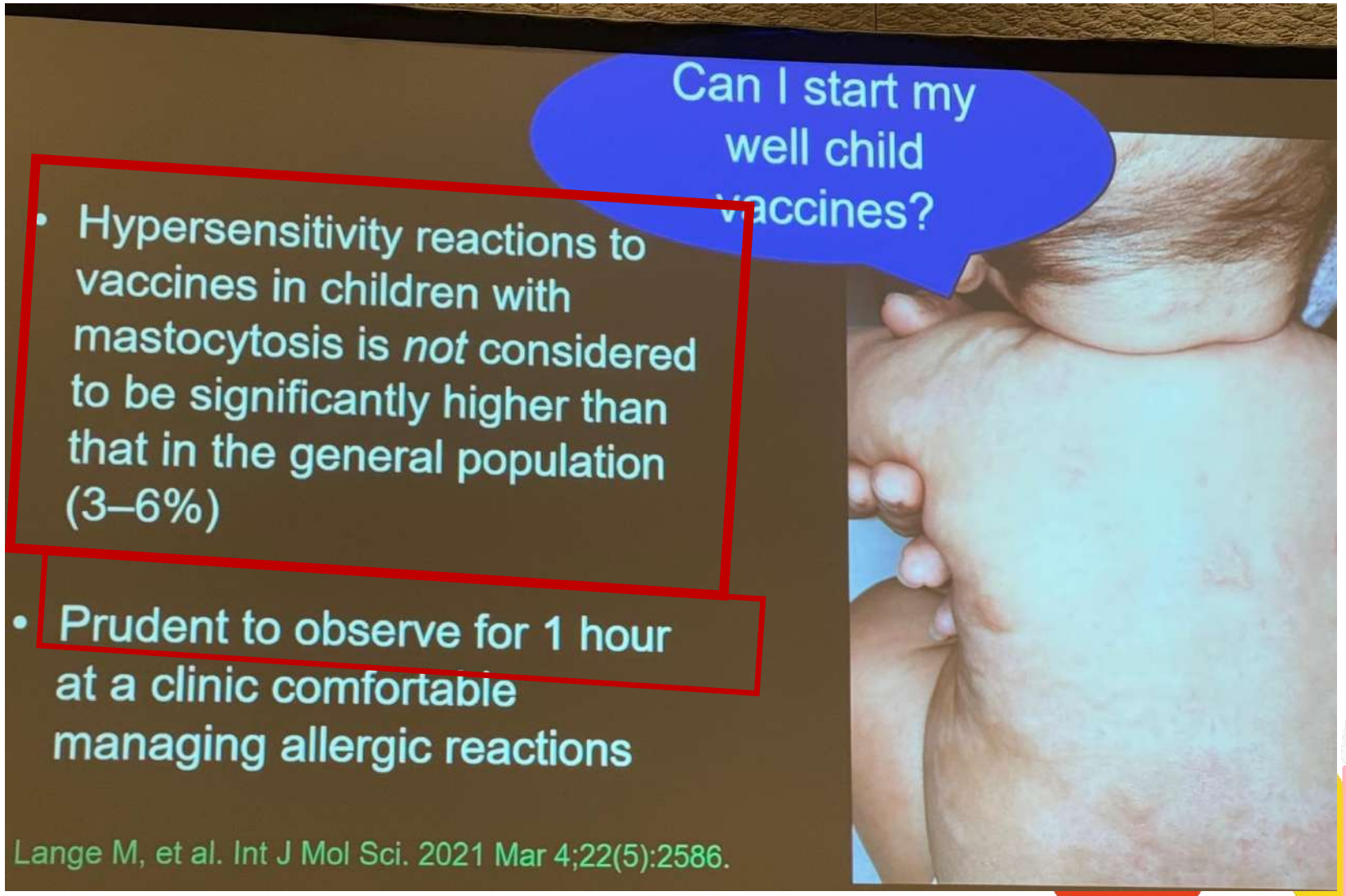
Mastocitosis ampollosa → Predictores clínica sistémica



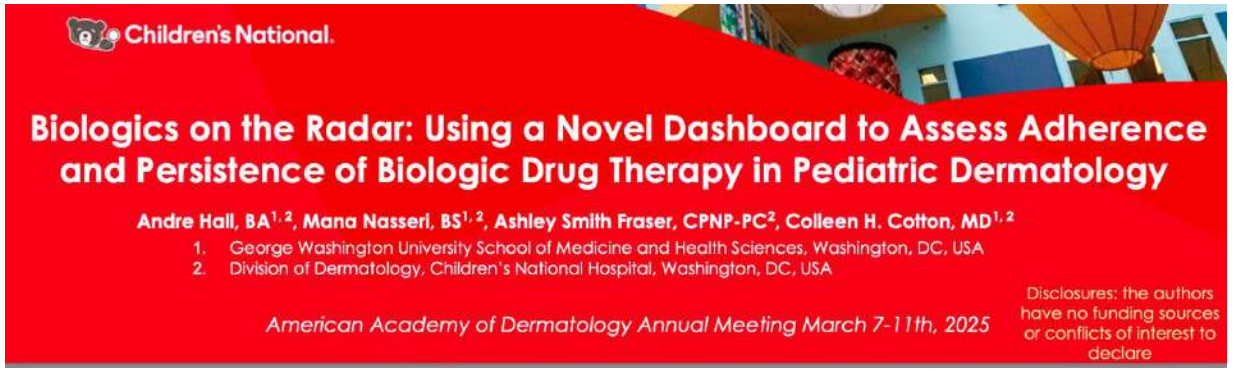
Mastocitosis ampollosa. Adrenalina



Mastocitosis ampollosa. Vacunas



Biológicos en niños



Discussion

- Only 46% of pediatric dermatology patients maintained adherence to biologics at 15 months
- Loss to follow-up was the most common reason for non-adherence, highlighting the need for proactive follow-up strategies
- PA challenges accounted for 13% of non-adherence cases, reflecting significant insurance-related barriers to biologic access
- Ongoing evaluation of 668 patients aims to identify additional factors influencing non-adherence and improve treatment outcomes

Niños con discapacidad

School of Medicine

Characterizing Dermatologic Conditions Impacting Children with Intellectual and Developmental Disabilities

Josmar Flores[1], B.S., Samantha Zimmer[1], B.S., Andrew Racette[2], D.O.
[1]UC Riverside School of Medicine, Riverside, CA, USA; [2]Omni Dermatology, Phoenix, AZ, USA

10 YEARS SCHOOL OF MEDICINE

55,539 patients were identified as having an intellectual disability (ICD-10: F70-F79) between the ages of 0-18.

42% (23,406) of the patients identified in this cohort also had a co-morbid disease of the skin and subcutaneous tissue (ICD-10: M00-M99)

25% (13,674) of this cohort has dermatitis and eczema (ICD-10-CM: L20-L30)

Most common forms of dermatitis and eczema include:
1. Other and unspecified dermatitis (11%)
2. Diaper dermatitis (7%)
3. Atopic dermatitis (7%)

19% of the cohort has other disorders of skin and subcutaneous tissue (ICD-10-CM: L80-L99)

Most common forms of other disorders of skin and subcutaneous tissue include:
1. Granulomatous disorders of skin and subcutaneous tissue (5%)
2. Other disorders of skin and subcutaneous tissue, not elsewhere classified (4%)
3. Other epidermal thickening (4%)

Niños con TOS

MAYO CLINIC

Prevalence and spectrum of dermatologic conditions occurring among pediatric non-cardiac solid-organ transplant recipients: a single-center tertiary care experience

Mohsen Afarideh, MD, MPH, Samar H. Ibrahim, MB, ChB, Carl H. II Cramer, MD, Hilary B. Kunkel, MD, Megha M. Tollefson, MD, and Katelyn R. Anderson, MD
Mayo Clinic, Rochester, MN

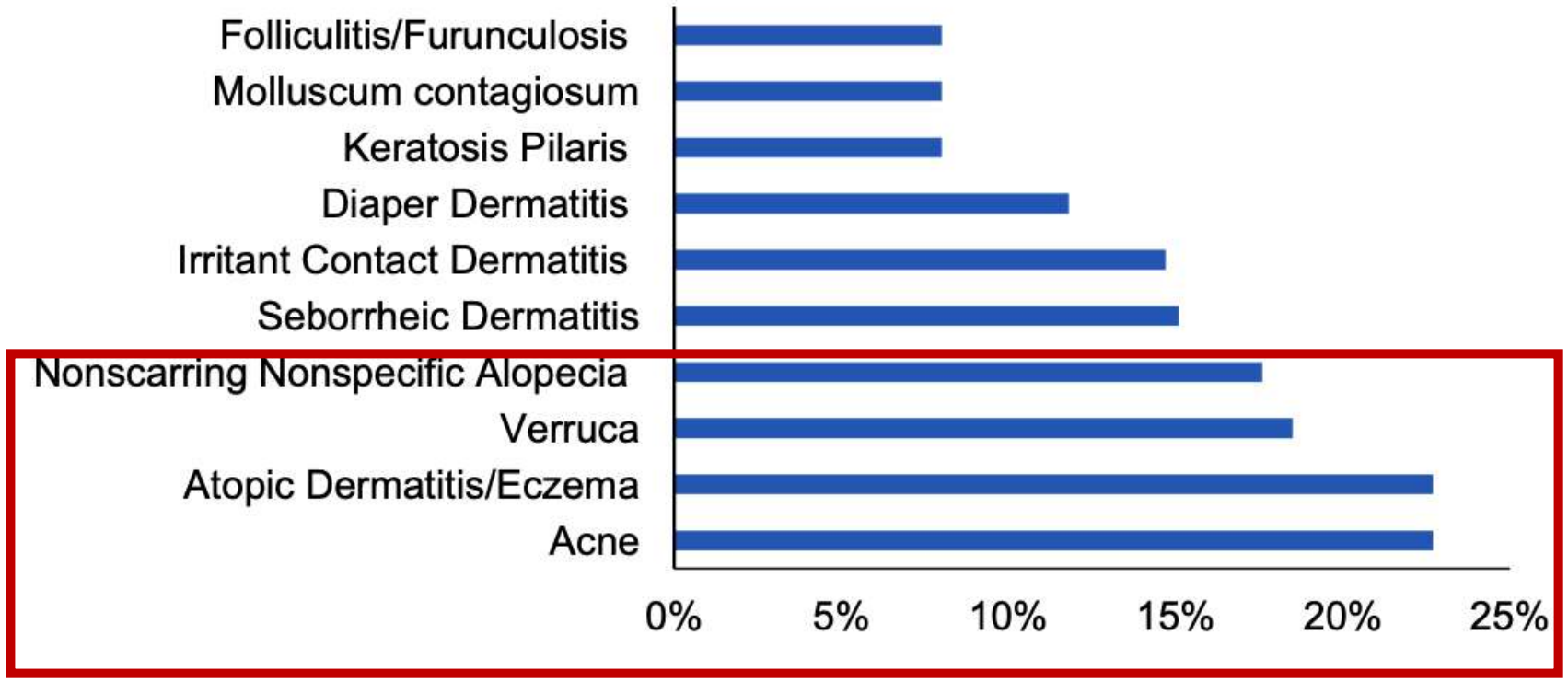
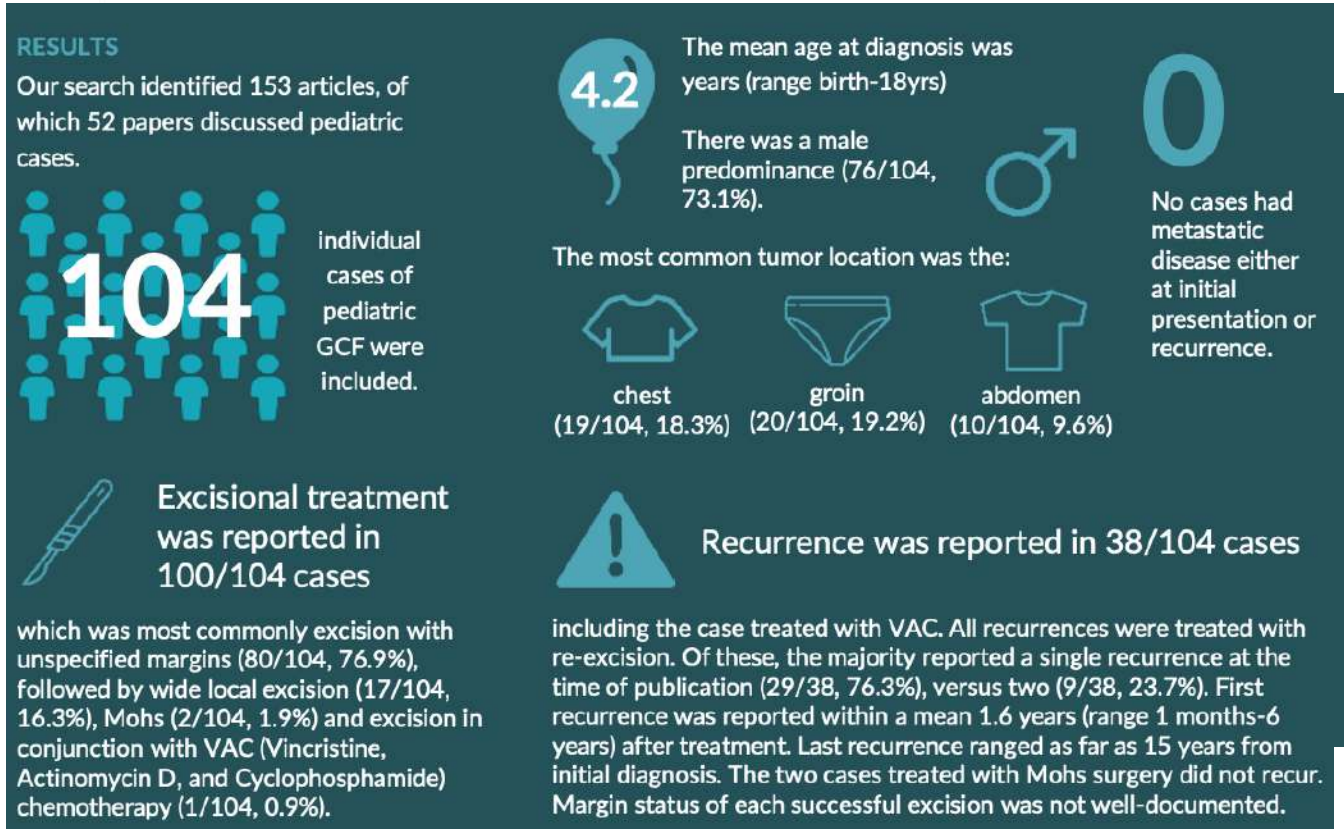


Figure 1. Prevalence of top 10 malignant dermatologic conditions encountered among pediatric non-cardiac solid-organ recipients.

Fibroblastoma de células gigantes

Pediatric giant cell fibroblastoma: *a literature review of management and prognosis*

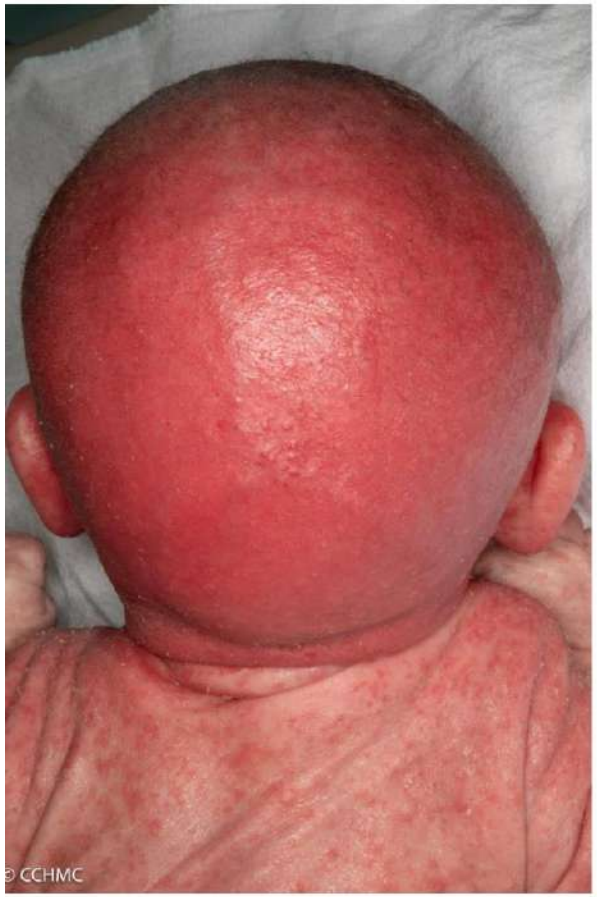


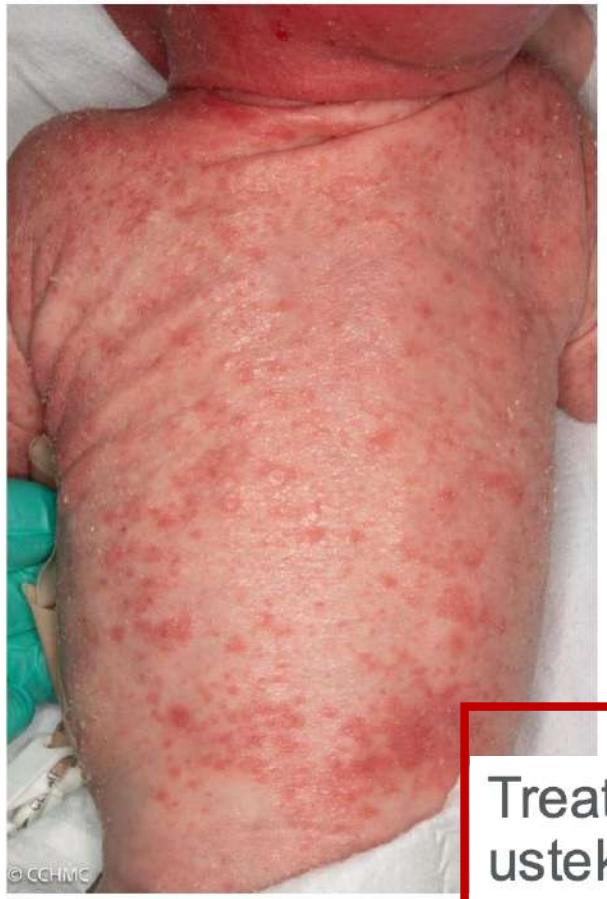
Giant cell fibroblastoma is a rare pediatric tumor that has most commonly been treated with excision, but should be considered for Mohs surgery.

EII congénita

Neonatal Inflammatory Skin and Bowel Disease 1: A Case of *ADAM17* Homozygous Mutation

BA[1]; Mariam Iqneibi, MD[2]; Kalyani Marathe, MD,
ridges, MD[2]
n Medical School, University of Texas Southwestern Medical Center, Dallas, Texas, USA
cinnati Children's Hospital Medical Center, USA





Treatment: uncertain; certolizumab + ustekinumab may improve cutaneous symptoms

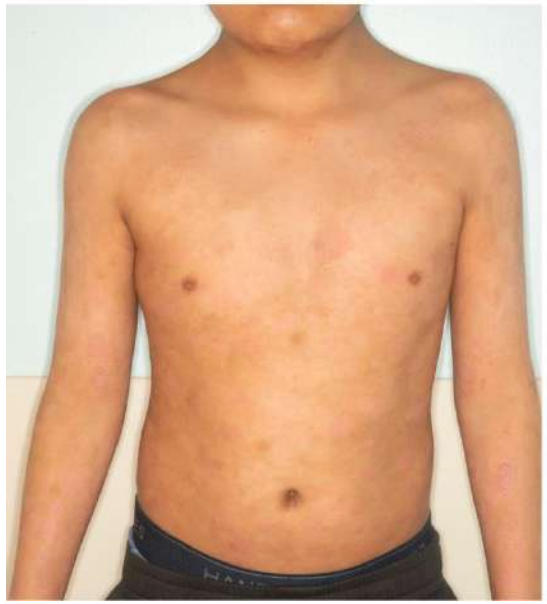
MF pediátrica

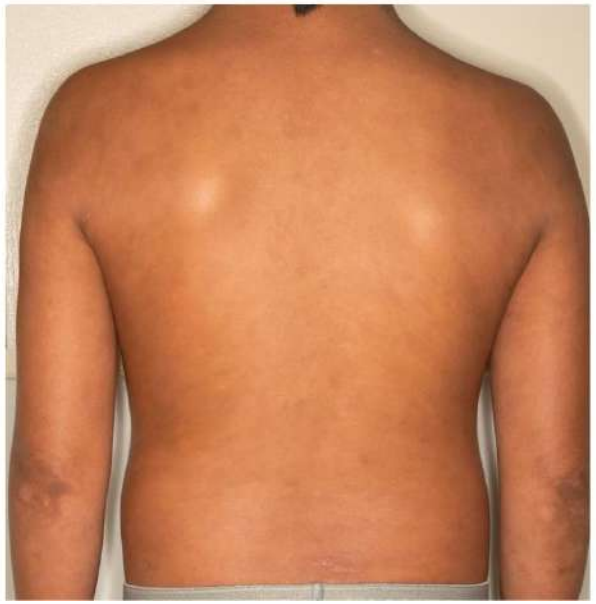
Pityriasis Lichenoides Chronica-Like Mycosis Fungoides in an 11-Year-Old

Hannah R. Chang, BA[1]; Mariam Iqneibi, MD[2]; Cheryl Bayart, MD, MPH[2]; Kalyani Marathe, MD, MPH[2]

[1] University of Texas Southwestern Medical School, University of Texas Southwestern Medical Center, Dallas, Texas, USA
[2] Department of Dermatology, Cincinnati Children's Hospital Medical Center, USA

Physical exam





Calcinosis vulvar

Vulvar Calcinosis Cutis in the Pediatric Population

Sarah Kesaria, MD[1], Morgan Hammack, MD[2], Brandon Goodwin, MD[1], Lindy Ross, MD[1]
Department of Dermatology[1], University of Texas Medical Branch, Galveston, Texas 77555
Department of Internal Medicine[2], Baylor University Medical Center, Dallas, Texas 75246
The authors have no disclosures. There are no commercial support disclosures.

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CLINICAL PICTURE

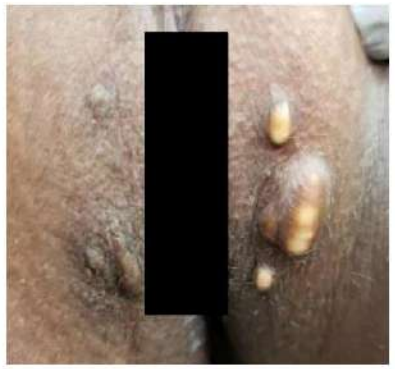


Figure 1. Clinical photo of patient 1.

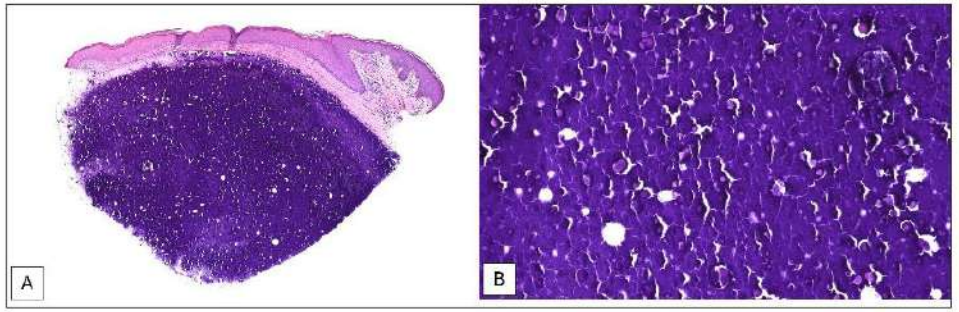


Figure 2. Punch biopsy of patient 1, hematoxylin-eosin stain, magnification 40x (A) and 200x (B).

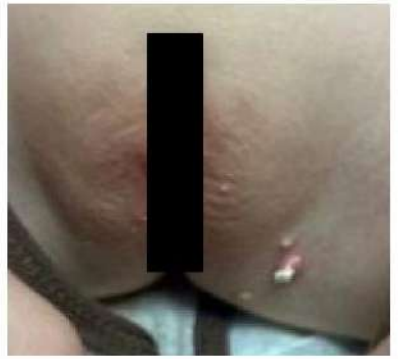
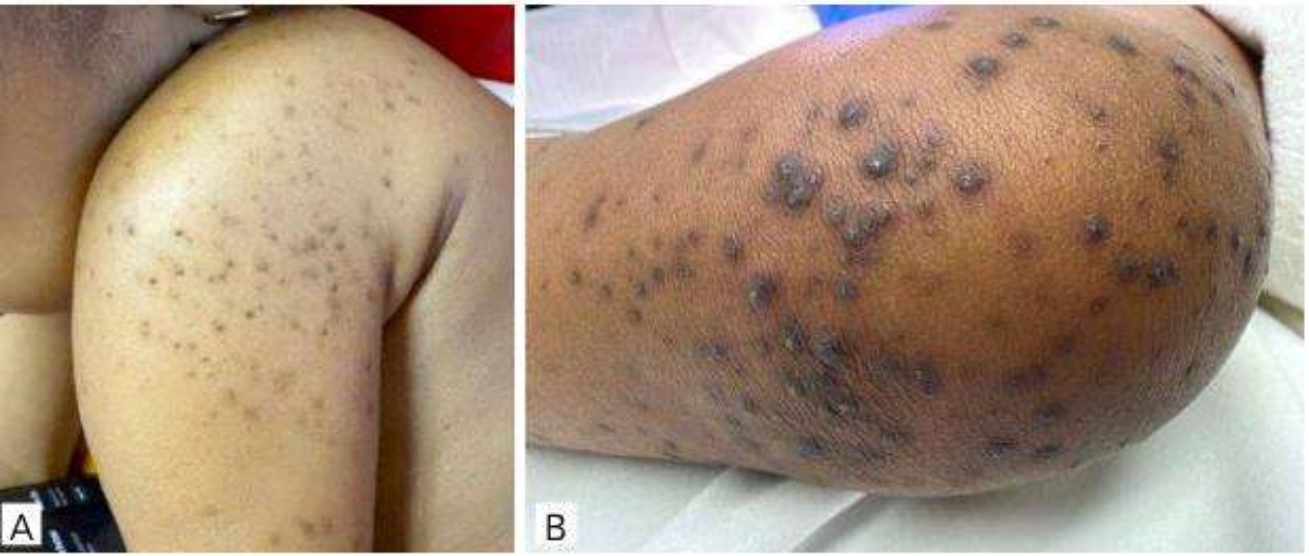


Figure 3. Clinical photo of patient 2.

Chicken nuggets and fries diet: pediatric feeding disorder causing phrynoderma and multi-organ complications in a 5-year-old girl with autism spectrum disorder

Kate Beekman BS[1], Neel Shah MD[2], Meredith Thomley MD[2], Zoe Lipman MD[2], Laurie Temiz MD[2], Jennifer Laborada-Tee MD[2], Heidi Mina MD[3], Jean-Claude Guidi DO[4], Jacqueline Larson MD[5], Nicole Riddle MD[6-8], Ann Lin, DO[2]

[1]USF Health Morsani College of Medicine, Tampa, FL; [2]USF Health Department of Dermatology and Cutaneous Surgery, Tampa, FL; [3]USF Health Department of Ophthalmology, Tampa, FL; [4]USF Health Department of Pediatrics, Division of Med-Peds, Tampa, FL, [5]USF Health Department of Pediatrics, Division of Gastroenterology, Hepatology, and Nutrition, Tampa, FL, [6]USF Health Department of Pathology & Cell Biology, Tampa, FL, [7]Tampa General Hospital, Tampa, FL, [8]Ruffolo, Hooper & Associates, Tampa, FL. Authors have no relationships to disclose.



poor view on dilated fundus exam due to hazy cornea.

- Endoscopy found diffusely hyperkeratotic esophagus. (Figure 2)

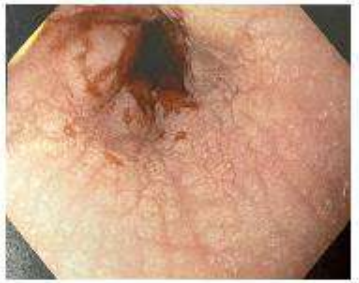


Figure 2. Endoscopy image showing esophagus with diffuse circumferential, white, crackleware epithelium (hyperkeratosis), longitudinal markings, sloughing, and altered texture. On histology, mid-esophagus biopsy showed markedly hyperkeratotic squamous mucosa with epidermoid metaplasia **consistent with severe nutritional deficiency**.

- Knee papule biopsy showed hyperkeratinization and follicular plugging, consistent with phrynoderma. (Figure 3)

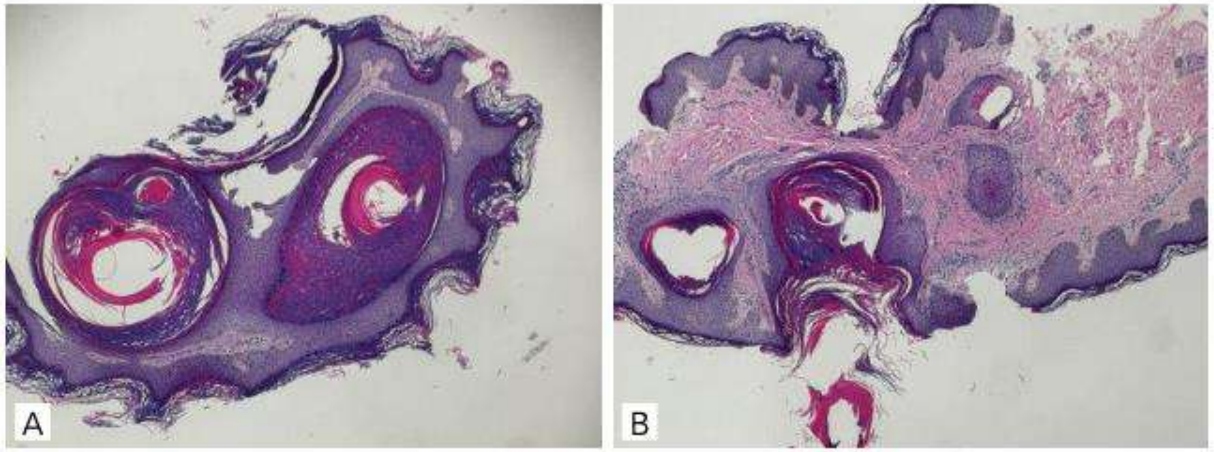


Figure 3: H&E of left knee papule biopsy showing follicular plugging and hyperkeratinization without inflammation, edema, or mucin, **consistent with the clinical impression of phrynoderma / nutritional deficiency**. GMS was negative.

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

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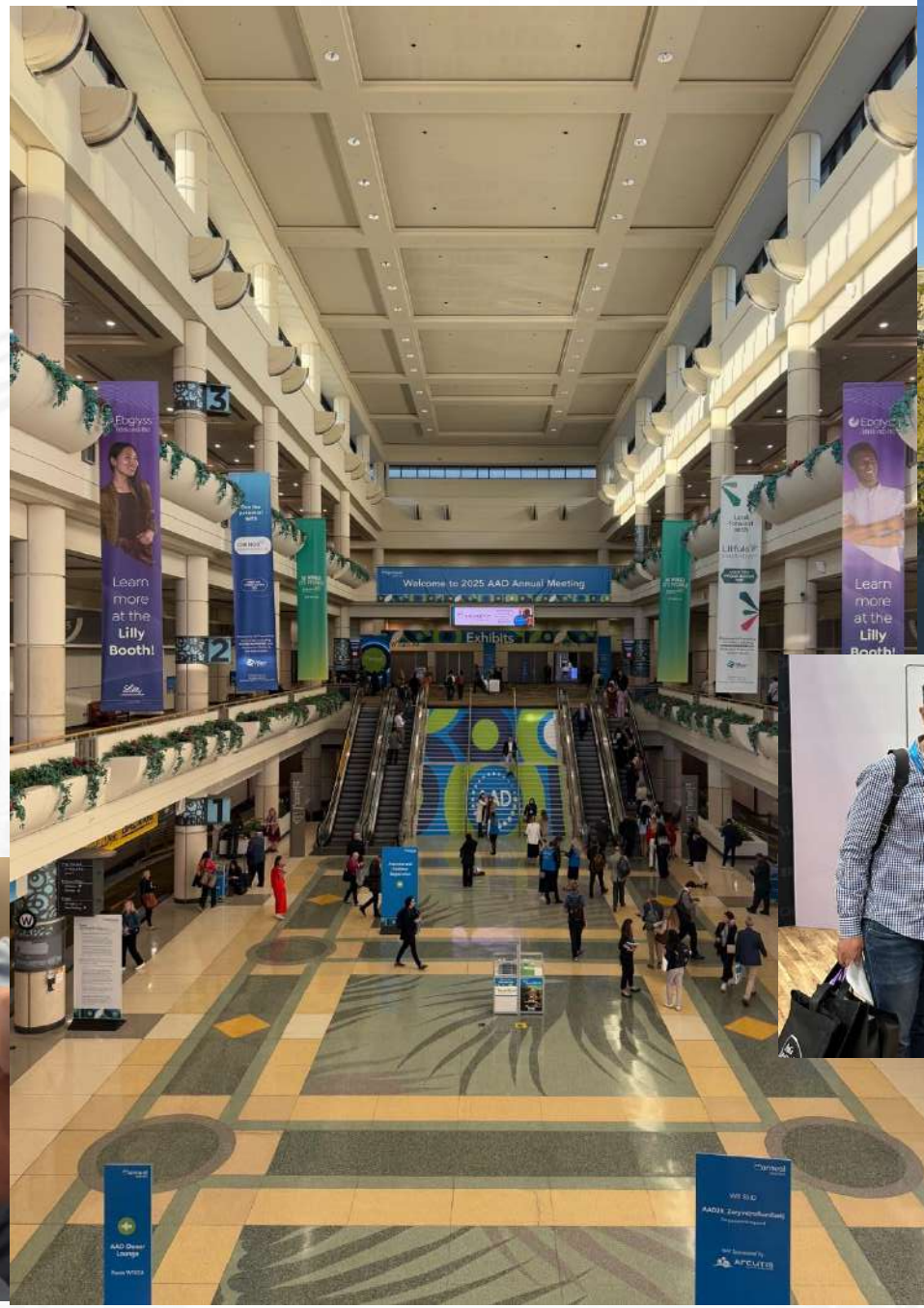
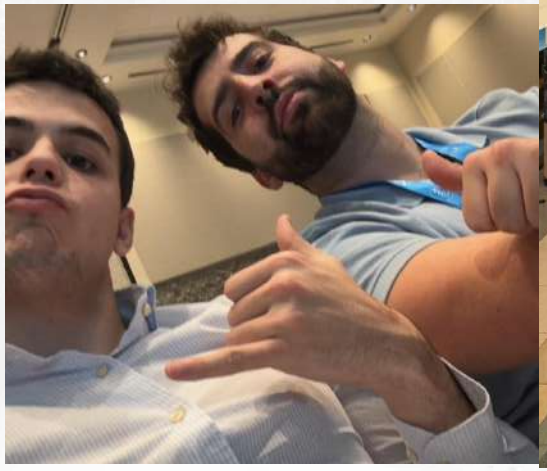
7 - 11 MARZO

ORLANDO

highlights





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