

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:



AAD **ANNUAL MEETING 2025**

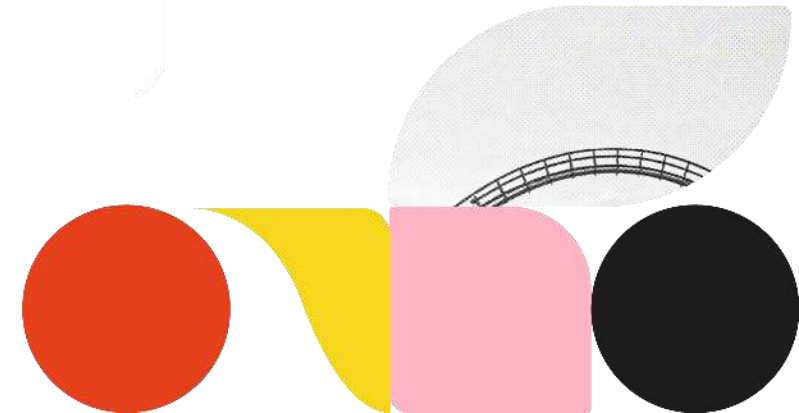
**AEDV** 7 - 11  
MARZO  
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*highlights*



**NO TENGO CONFLICTOS  
DE INTERÉS**

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# **| Dermatología Pediátrica**

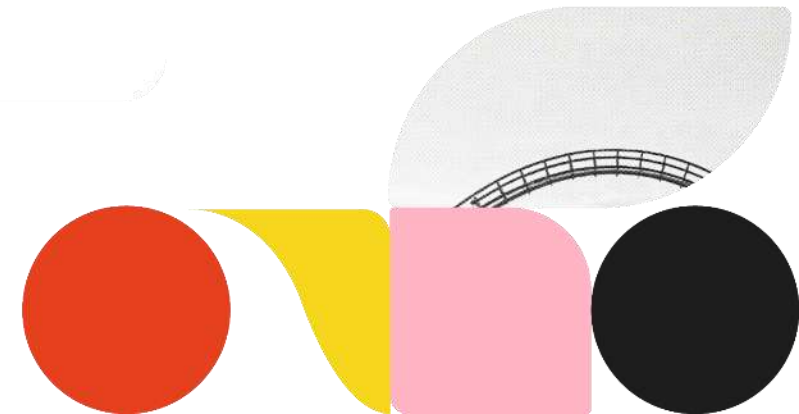
## **| Parte II**

**Miguel Mansilla Polo**

Hospital Universitario y Politécnico La Fe, Valencia



**@mig\_yec**



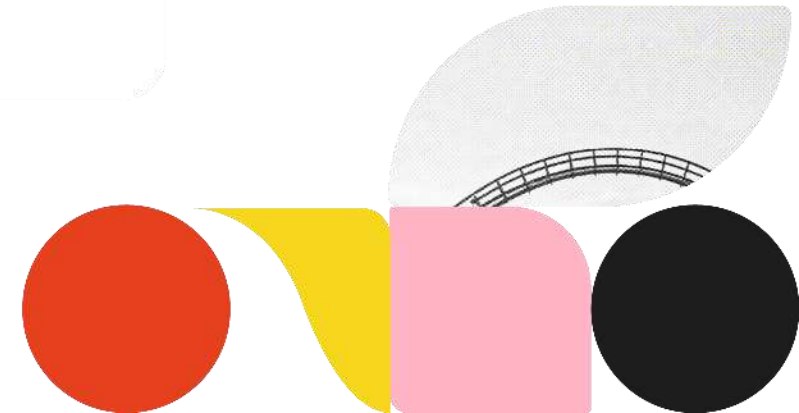


## PARTE I

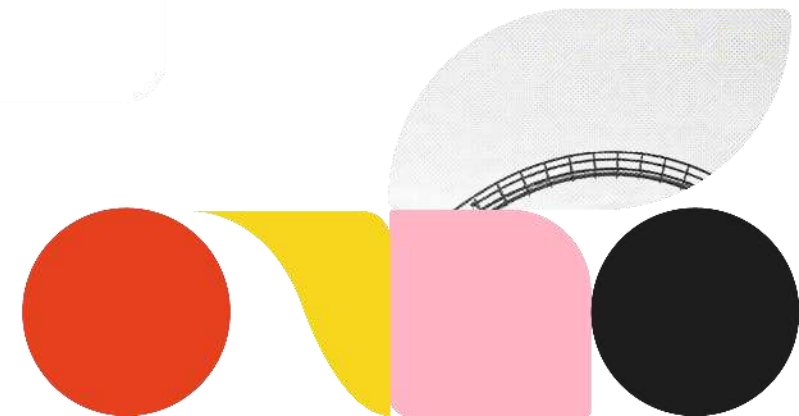
- Dermatitis atópica
- Acné e HS
- Lesiones pigmentadas:
  - Nevus y melanoma en la infancia
  - Vitíligo

## PARTE II

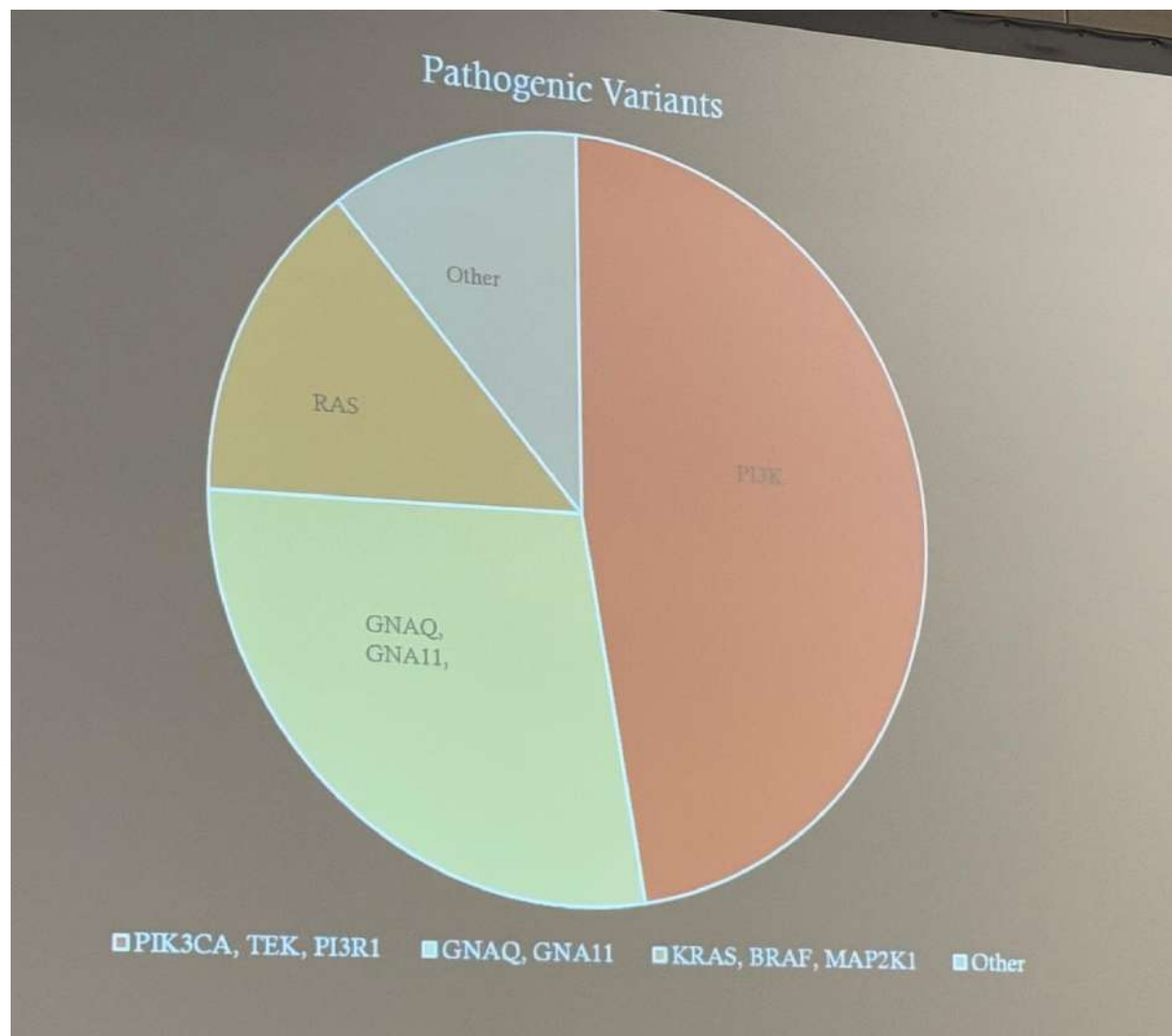
- Hemangioma y malformaciones vasculares
- Alopecia areata
- Cosmetocorrexia
- Miscelánea



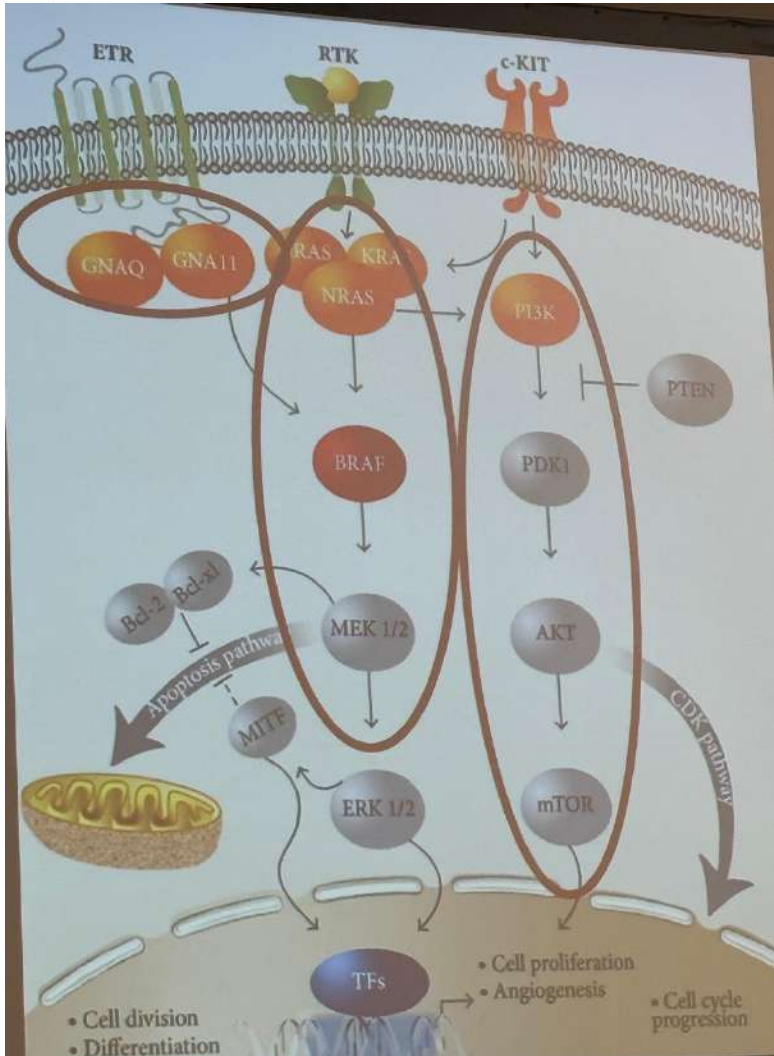
# LESIONES VASCULARES



# Malformaciones vasculares. Mutaciones



# Malformaciones vasculares. Mutaciones → tto dirigido



# Malformaciones vasculares. Mutaciones → tto dirigido

Molecular Classification  
TARGETED TREATMENT

GNAQ PIK3cA PIK3R1 TEK MEK/RAS

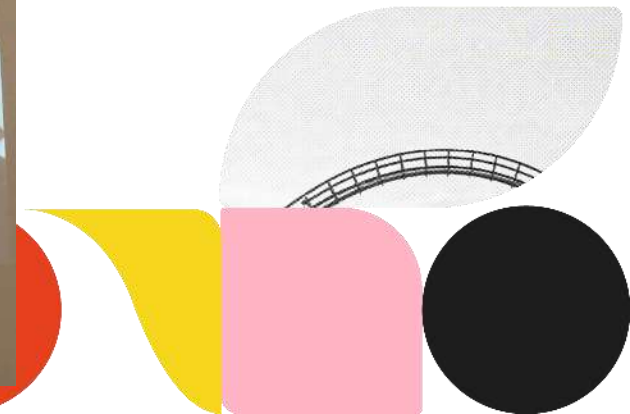


# Malformaciones vasculares. Mutaciones → tto dirigido

## Target Treatment-Molecular Diagnosis

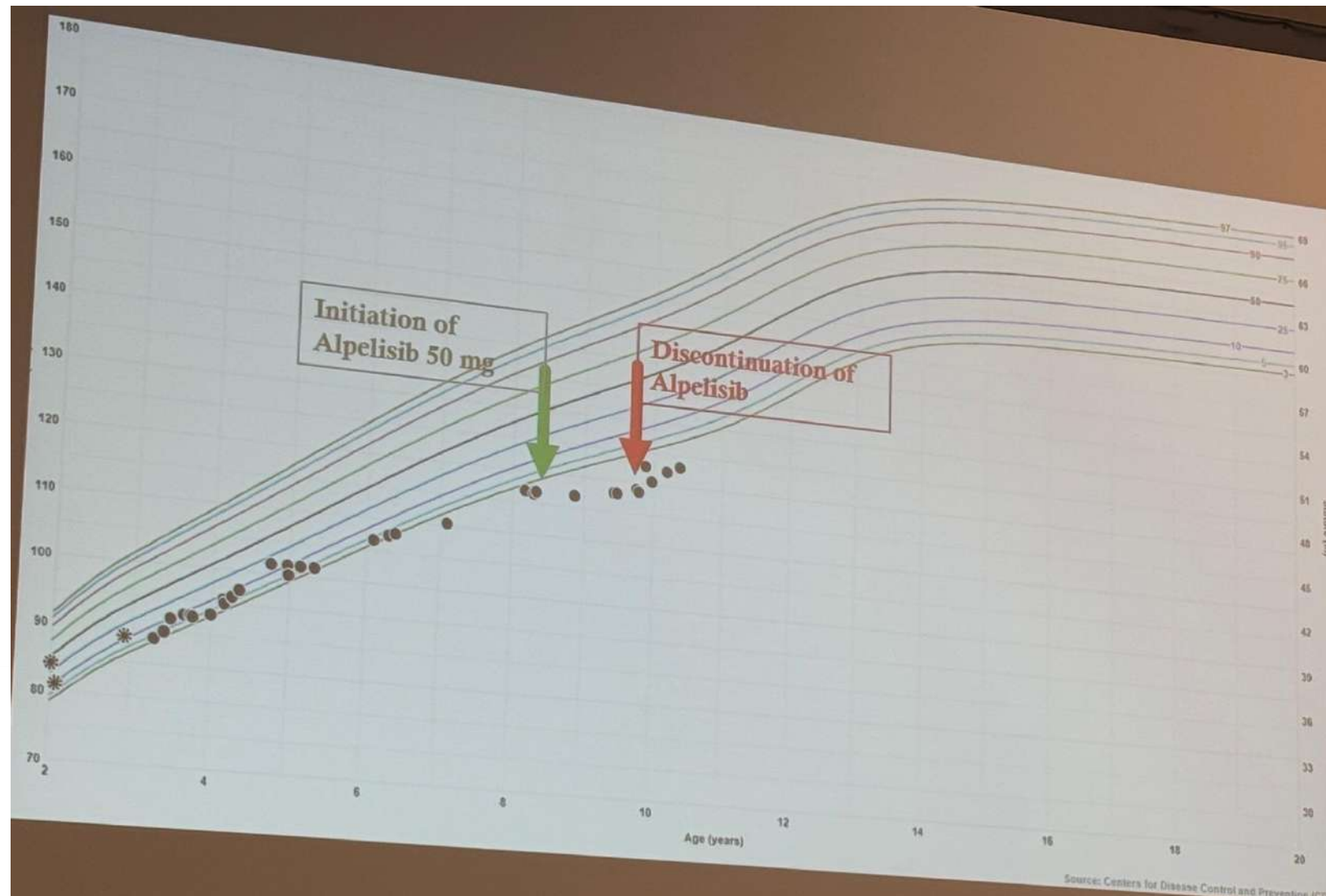
1. Mutations activating GNA11, GNAQ
  1. ? MEK inhibitor
2. Mutations activating the RAS/MAPK Pathway
  1. MEK inhibitors-trametinib, selumetinib
  2. BRAF inhibitors
3. Mutations activating the PI3K Pathway
  1. mTor inhibitors
  2. AKT inhibitors
  3. PIK3CA inhibitors

# Malformaciones vasculares. Mutaciones → tto dirigido





# Malformaciones vasculares. EEAA alpelisib!!

Hiperglucemia



# Hemangiomas. Importancia tto precoz



 Children's National.

## Hemangiomas in a Hurry: Improving Care with APP-Led Visits

Mana Nasserl BS<sup>1,2</sup>, Gina M Krakovsky CPNP<sup>1</sup>, Colleen H. Cotton MD<sup>1,2</sup>, Heather S. Hain PhD, MS, CGC<sup>3</sup>, Ashley Smith Fraser CPNP-PC<sup>1</sup>,  
A. Yasmine Kirkorian MD<sup>1,2</sup>

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American Academy of Dermatology Annual Meeting March 7-11th, 2025

Disclosures: the authors have no funding sources or conflicts of interest to declare

# 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

## LUMBAR: Work Up and Screening?

- Delphi study suggests work up on a case-by-case basis depending on associated signs/symptoms:
  - Infants with midline lumbosacral or sacrococcygeal IH
    - Spinal US < 3 months, Pelvic + renal US
    - MRI > 3 months, especially infants with 2+ high risk cutaneous signs
  - Infants with IH associated with limb asymmetry, cardiac failure, recalcitrant ulceration
    - Consider additional imaging of affected extremity, including MRI/MRA

# Hemangiomas. Hemangiomas ulcerados

## Propranolol in Ulceration

Worsening ulceration of infantile hemangioma after initiation or escalation of propranolol

Cameron Meyer-Mueller BA | Cynthia Nicholson MD | Ingrid Polcari MD |  
Christina Boull MD | Sheilagh Maguiness MD

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### Abstract

For infantile hemangiomas (IH) requiring treatment, including those in high-risk locations or in the setting of ulceration, oral propranolol is first-line therapy. Here, we present three cases of infantile hemangioma with worsening ulceration following initiation or escalation of oral propranolol at standard doses.

### KEYWORDS

hemangioma/complications, hemangioma/drug therapy, skin ulcer/drug therapy, propranolol/administration and dosage, treatment outcome





- Ulceration may worsen with propranolol initiation or escalation of dose
- Consider lower dose propranolol 0.5-1.0mg/kg/day for hemangiomas at high risk for ulceration

# Hemangiomas. Hemangiomas “resistentes” a propranolol


DOI: 10.1111/pde.14163

Pediatric Dermatology WILEY

## Propranolol-resistant infantile hemangioma successfully treated with sirolimus

Victoria L. Dávila-Osorio MD  | Helena Iznardo MD  | Esther Roé MD |  
Lluís Puig MD, PhD  | Eulalia Baselga MD, PhD 

- This infant with a large deep facial IH had progression on propranolol and systemic steroids
- Age 4 mo, sirolimus 0.8mg/m<sup>2</sup> bid, significant improvement and propranolol/steroids discontinued
- Rebound growth on discontinuation propranolol, infant treated until 24 months with both sirolimus and propranolol



Dávila-Osorio VL, Iznardo H, Roé E, Puig L, Baselga E. Propranolol-resistant infantile hemangioma successfully treated with sirolimus. *Pediatr Dermatol.* 2020 Jul;37(4):684-686. doi: 10.1111/pde.14163. Epub 2020 Apr 23. PMID: 32323340.



# Hemangiomas. Hemangiomas “resistentes” a propranolol



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

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<sup>1</sup>Vascular Anomalies Center, Boston Children's Hospital, Boston, MA;  
<sup>2</sup>Department of Immunology, Dermatology Section, Boston Children's Hospital, Boston, MA;  
<sup>3</sup>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  $\geq 2$  centimeters at any age [7], or  $\geq 1$  centimeter at age 4.
- Kaplan-Meier analysis was used to estimate the risk of LLD  $\geq 2$  centimeters by age 15 years. Patients with LLD  $\geq 1$  centimeter at age 4 are predicted to have LLD  $\geq 2$  centimeters by age 15.

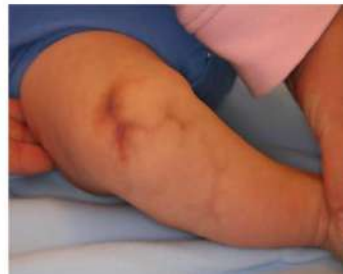
### Results

- 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  $\geq 2$  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 $\geq 2$ by age 15 (%)
	LLD 1-2 cm (by age 4)	LLD $\geq 2$ (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 (%)
<b>Cutaneous</b>	
Skin atrophy	23/26 (88.5%)
Ulceration	1/26 (3.8%)
<b>Extracutaneous</b>	
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**  
 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.

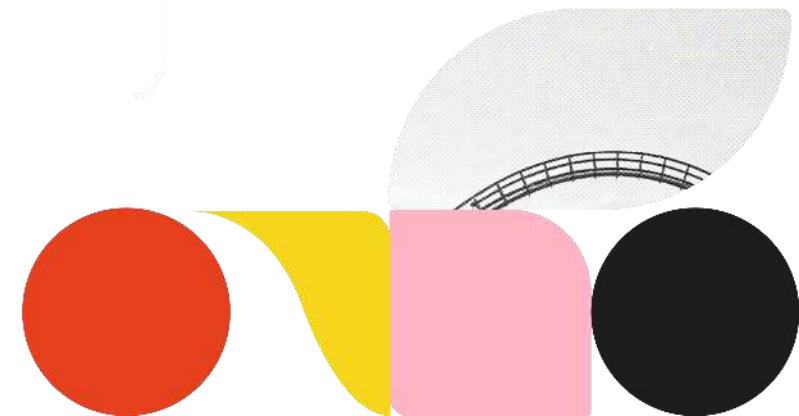
**Acknowledgments:**  
 All authors have no disclosures. We thank Aliza Ray, MS, Bosiana Boqo, MD, and Samartha Spencer, MD.

### References:

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- Kienast AK, Hoeger PH. Cutis marmorata telangiectatica congenita: a prospective study of 27 cases and diagnostic criteria. *Clin Exp Dermatol.* 2009;34(3):219-23.
- Mehrezadeh A, Pengos 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.

Casi 50% acortado

# ALOPECIA AREATA



## Minoxidil en AA infantil

### Oral Minoxidil for Pedi AA

- Especially useful as adjunct but some data to support use as monotherapy
- Generally safe and well tolerated
  - Systematic review of 373 children treated for hair disorders:  
Adverse Events: hypertrichosis (12.7%), hypotension (5.6%), headaches (2.1%), elevated liver enzymes (1.9%), nausea (1.9%) and palpitations/ tachycardia (1.3%)  
**NO discontinuations due to AEs**

## Minoxidil en AA infantil

### My Typical Minoxidil Dosing

- Children:
  - <20 kg: 0.625 – 1.25 mg daily
  - 20-40 kg: 1.25 – 2.5 mg daily or divided BID
  - >40 kg: 2.5 - 5 mg daily or divided BID
- Teens/Adults:
  - Males: 2.5 – 10 mg daily or divided BID
  - Females: 2.5 – 5 mg daily or divided BID

# Minoxidil en AA infantil

Journal of  
Clinical Medicine

Article

MDPI

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

Manuel Sánchez-Díaz <sup>1</sup>, David López-Delgado <sup>1</sup>, Trinidad Montero-Vilchez <sup>1</sup>, Luis Salvador-Rodríguez <sup>1</sup>, Alejandro Molina-Leyva <sup>1</sup>, Jesús Tercedor-Sánchez <sup>1,2</sup> and Salvador Arias-Santiago <sup>1,3,\*</sup>

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 (SD 9.71)
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)

<sup>a</sup>N<sup>o</sup>: Total sample; <sup>n</sup>: 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

### Pulsed Corticosteroids Plus Oral Minoxidil

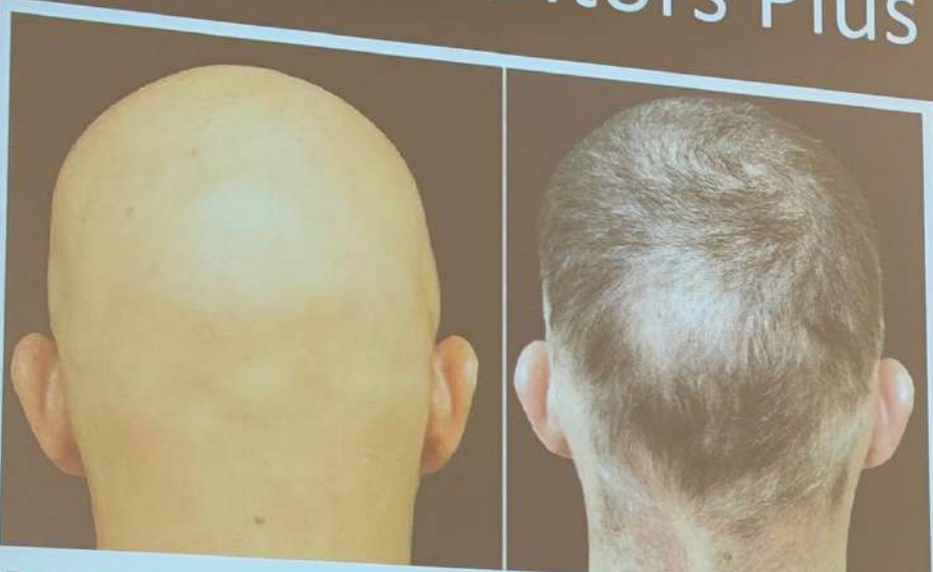
- Prednisone: 5 mg/kg once monthly (max 300 mg, no more than 4-6 doses)
- Dexamethasone: 2-4 mg Sat/Sun weekly x 8-12 weeks

**Start minoxidil concurrently and continue after completion of pulses**



## Minoxidil + JAKi en AA infantil

### JAK Inhibitors Plus Oral Minoxidil



**Always start concurrently with oral JAK, especially in severe disease**

**FIGURE 2:** Alopecia areata unresponsive to JAK inhibitor monotherapy. Left: After 6 months of ruxolitinib 25 mg twice daily, Severity of Alopecia Tool (SALT) score was 100% (same as prior to starting ruxolitinib). Right: Nine months after starting adjuvant oral minoxidil (AOM), SALT score was 23%.

Wambier CG, Craiglow BG, King BA. *J Am Acad Dermatol*. 2021; 85(3):743-745.  
Wambier CG, et al. *Surg Cosmet Dermatol. Rio de Janeiro*. 2020;12(1):74-5.

## Dupilumab en AA infantil

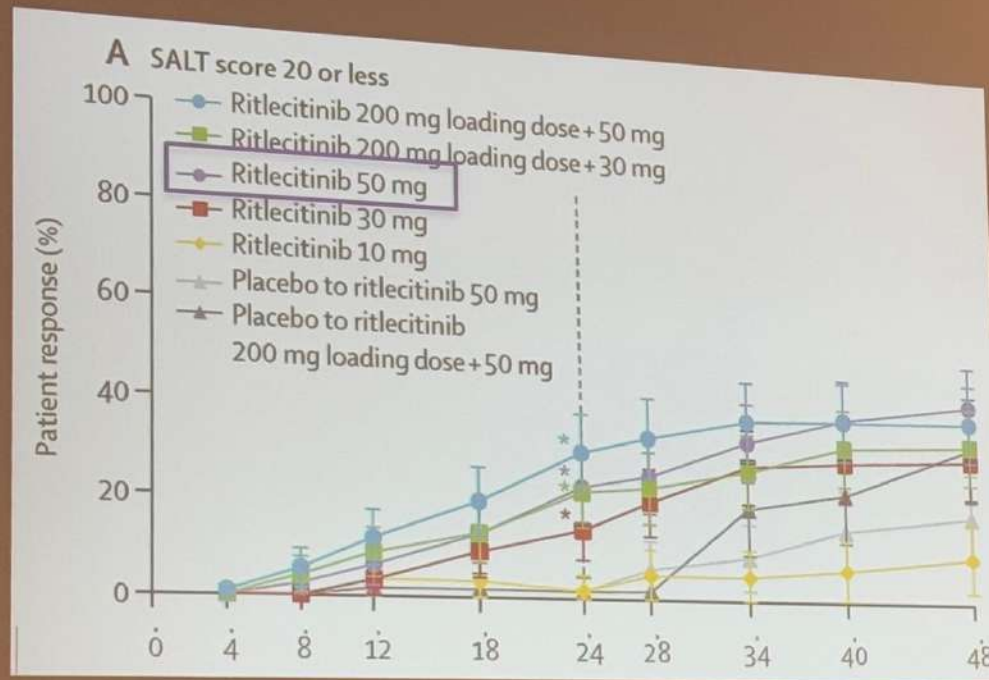
### Dupilumab for Pedi AA

- **Most likely to be effective in patients with atopic comorbidities**
  - Elevated IgE (>200) and family history of atopy also favorable prognostic indicators
- **PROS: Safety; approved  $\geq 6$  months for AD**
- **CONS: Often takes longer to work, less likely to be effective (vs JAK) / risk of worsening, injections tough in kids**



# Ritlecitinib en AA infantil

## Ritlecitinib: Phase 3 Results



Patients achieving  
SALT score  $\leq 20$ :

24 weeks: 23%

48 weeks: 43%

# 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). AEs=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

## Resumen JAKi AA infantil (literatura)

### JAKi in Patients < 12 years

- **CLINICAL TRIALS COMING!**
- Off-label use
- Access is biggest barrier **BUT OFF-LABEL ≠ OFF-LIMITS**
  - Several oral JAKi approved for other pedi indications:
    - baricitinib (2+ for JIA and AD)
    - tofacitinib (2+ for JIA, PsA)
    - upadacitinib (2+ for JIA, PsA)

## Resumen JAKi AA infantil (experiencia ponente)

### Results

Baseline SALT score	Number of patients	SALT score $\leq 20$ , no. / total no. (%)	SALT score $\leq 10$ , no. / total no. (%)	SALT score $\leq 3$ , 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)

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

**Anabell Andrea Lima-Galindo<sup>1</sup>, Miguel Bonifacio Favela-Gálvez<sup>1</sup>, Sonia Ocampo-Garza<sup>1</sup>,  
Jorge Ocampo-Candiani<sup>1</sup>, Erika Alba-Rojas<sup>1</sup>**

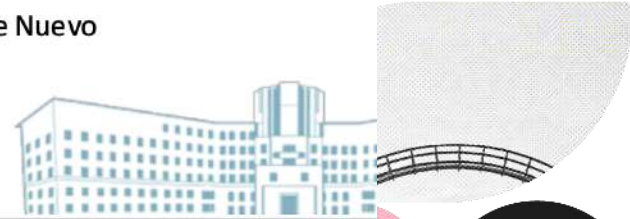


<sup>1</sup>Dermatology Department, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, México.

JANL

*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%)

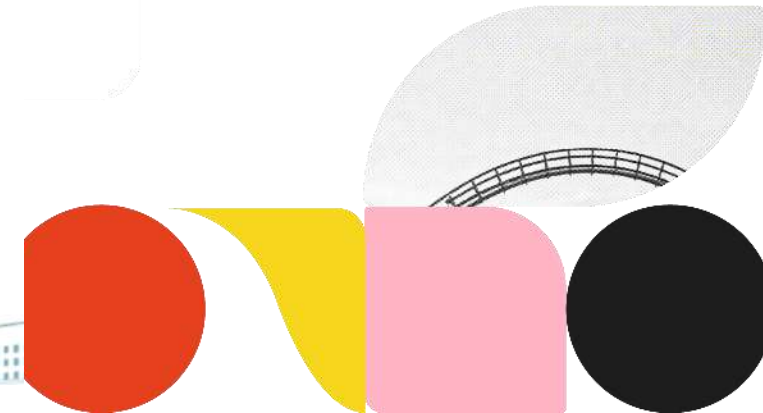
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## DISCUSSION

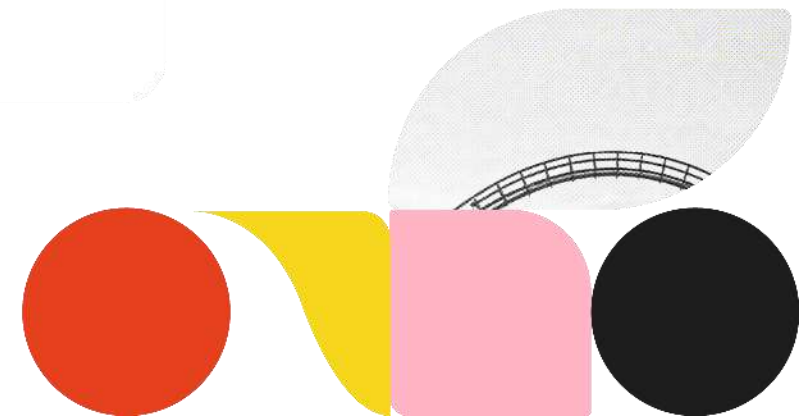
- On average, patients in our study experienced hair loss for 10 to 11 months before receiving a diagnosis. In **scarring alopecias**, **early treatment is crucial** to reducing symptoms and slowing disease progression. Biopsy is a valuable tool for confirming the diagnosis, particularly in cases where 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

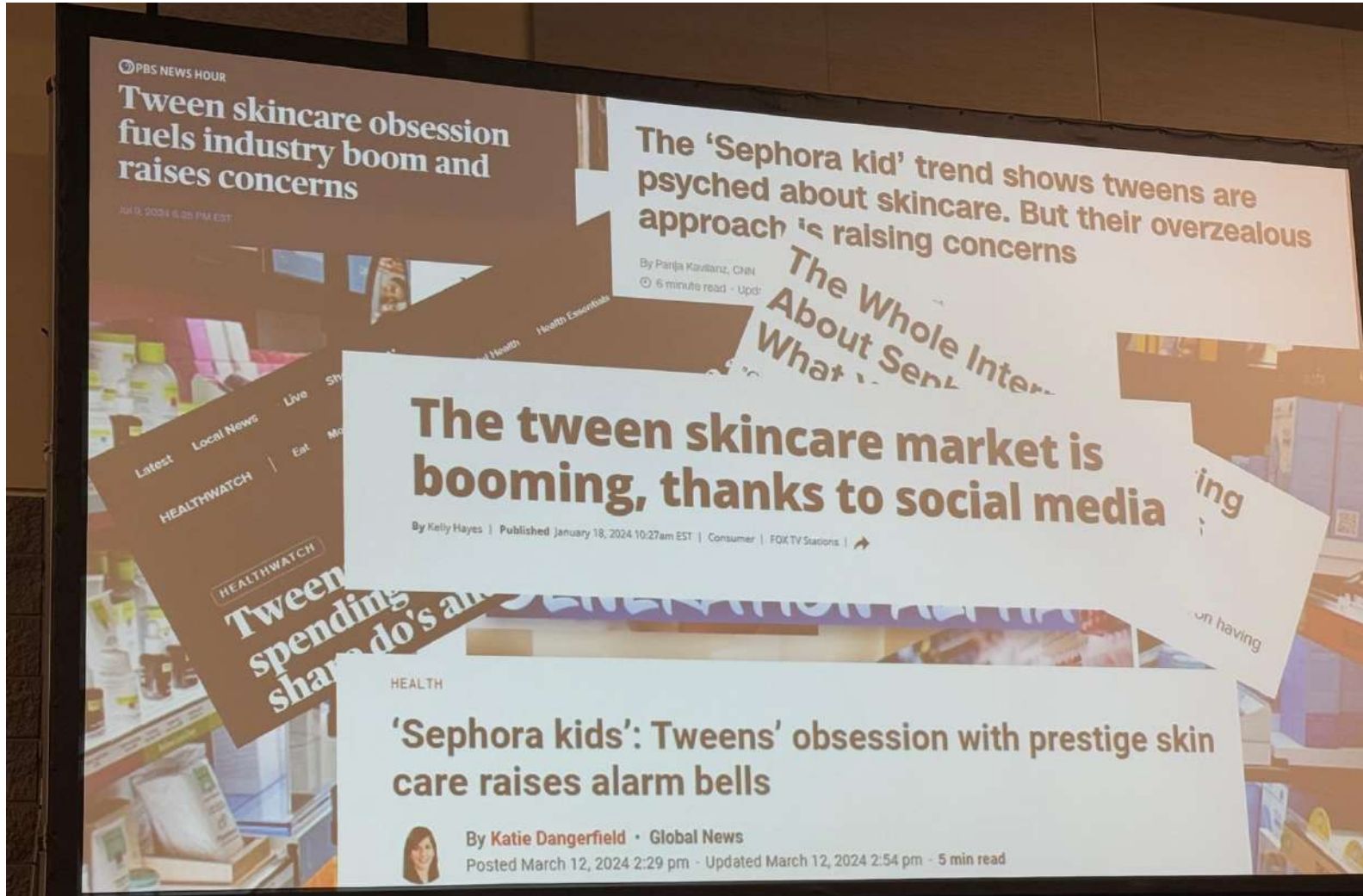
- The limited data on pediatric scarring alopecia highlight the need for further research. Treatment remains a challenge, as many therapies used in adults are not approved for children. Establishing safe and effective therapeutic options is essential to halt disease progression in the pediatric population.



# COSMETICORREXIA



# Problema creciente

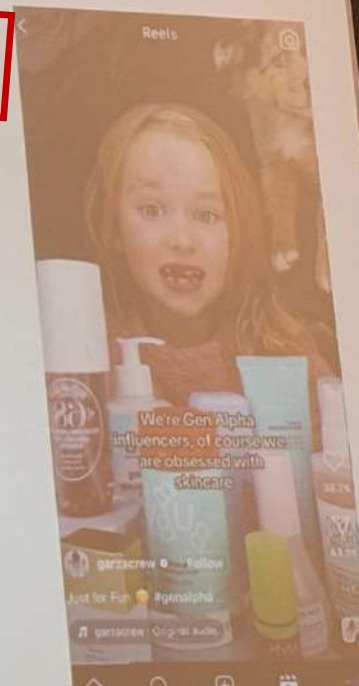




# Generación alfa

## Gen Alpha Skin Care: Marketing Concerns?

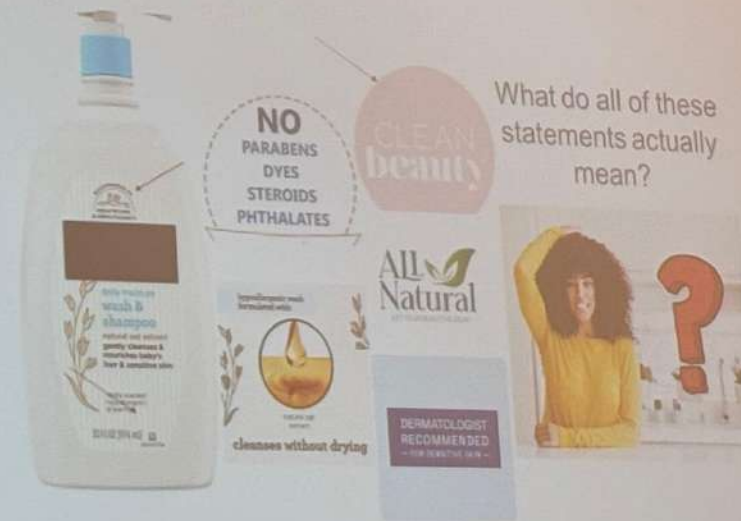
- Lack of regulation enables predatory marketing and targets child as the consumer
  - Unethical claims (unattainable, misleading)
  - Brightly colored, tween intended, attractive packaging
  - Excessive fruity scents and fragrances
- The emotional impact of SM marketing is powerful, covert, and more relentless than print advertising
- Products are not labelled for intended uses or age of consumer



## Problemas añadidos

### Lack of Regulation in Beauty & Wellness Industry

- Popular Marketing terms/claims unregulated, hold no meaning: !!!
  - Hypoallergenic
  - Dermatologist or pediatrician tested
  - Dermatologist or pediatrician recommended
  - Safe for sensitive skin
  - Safe for eczema prone skin
  - 'Clean beauty'



# 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:

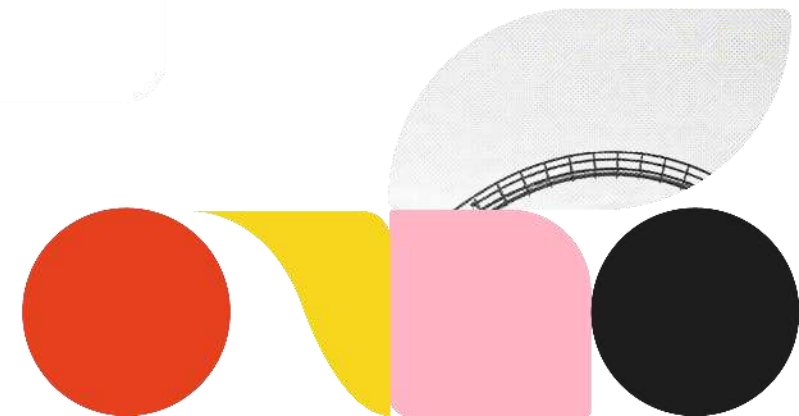
- Niacinamide
- Glycerin
- Snail mucin
- Petrolatum (slugging)
- Hyaluronic acid

NO
























- Retinol
- Harsh exfoliating acids (AHA/BHA)
- Physical Scrubs
- Fragrance
- Essential oils
- Excessive botanical ingredients
- Harsh surfactants
  - Cocamidopropyl betaine, SLS

# MISCELÁNEA



# IgA lineal pediátrica

Line	Treatment	Effectiveness	Off label
First line	Dapsone +/- topical corticosteroids	 ↑↑↑	Off label
<i>Dapsone monotherapy is sufficient in most cases</i>			
Second line	Sulfapyridine	 ↑↑↑	
	Sulfasalazine	 ↑↑↑	
	Systemic corticosteroids*	 ↑↑↑	
	Erythromycin	 ↑	
	Colchicine	 ↑↑	
	Dicloxacillin	 ↑↑	
	Flucloxacillin	 ↑↑	
	Trimethoprim-sulfamethoxazole	 ↑↑	
	Tetracycline and niacinamide	 ↑↑	
Third line	Sulfamethoxypyridazine*	 ↑↑↑	
	Mycophenolates*	 ↑↑↑	
	Azathioprine*	 ↑↑↑	
	IV immunoglobulins	 ↑↑↑	
	Ciclosporin	 ↑↑↑	
	Methotrexate	 ↑↑↑	
	Infliximab	 ↑↑	
	Etanercept	 ↑↑	
	Rituximab	 ↑↑↑	
	Omalizumab	 ↑	
Cyclophosphamide**	 ↑		

# IgA lineal pediátrica

Off label: Dupilumab in pediatric LAD



- 7-year-old boy, biopsy confirmed LAD
- Anemia

Dupilumab  
600 mg  
PPNRS 10

1 month



Dupilumab  
300 mg monthly  
No new blisters

4 month



Dupilumab  
300 mg monthly  
Complete resolution  
PPNRS 0

## IgA lineal neonatal

### *Neonatal Linear IgA Dermatitis (NLAD)*

- Very rare and severe disease
- Males > females reported (19:1)
- Bullae develop at birth or within 4 weeks of life
- Severe mucosal blistering occurs
  - Oral and respiratory erosions
  - Ocular mucosa may develop sterile conjunctivitis
- May be associated with fever



# Mastocitosis ampollosa: importancia tenerla en el DD

## Bullous mastocytosis

- *Subset of Diffuse Cutaneous Mastocytosis (DCM)*
- DCM ~5% of pediatric cutaneous mastocytoma
- Mast cell mediator symptoms are common
  - Flushing (>90%)
  - Itching (80%)
  - Diarrhea (40%)
- Extracutaneous infiltration of mast cells
  - Lymphadenopathy (40%)
  - Hepatomegaly or splenomegaly (25-60%)



# Mastocytosis ampollosa → Predictores clínica sistémica

## Pediatric Mastocytosis: screening for systemic disease

Organomegaly and bone marrow findings

Tryptase level *	Severe mediator symptoms, yes or no	Organomegaly, yes or no	Patient counts		No. with + bone marrow result <sup>†</sup> /no. with bone marrow biopsy performed
			No bone marrow biopsy performed	Bone marrow biopsy performed	
<20	Yes	Yes	0	1	1/1
≥20	Yes	Yes	0	16	16/16
Not done	Yes	Yes	0	1	1/1
<20	No	Yes	0	0	0
≥20	No	Yes	0	1	1/1
Not done	No	Yes	0	0	0
<20	Yes	No	2	8	0/8
≥20	Yes	No	6	9	0/9
Not done	Yes	No	0	17	0/17
<20	No	No	31	0	0
≥20	No	No	5	0	0
Not done	No	No	8	0	0
Totals			52	53	19/53

Cohort of 105 children:

- Most children experienced major or complete disease resolution (57%)
- Partial improvement was observed among remaining children

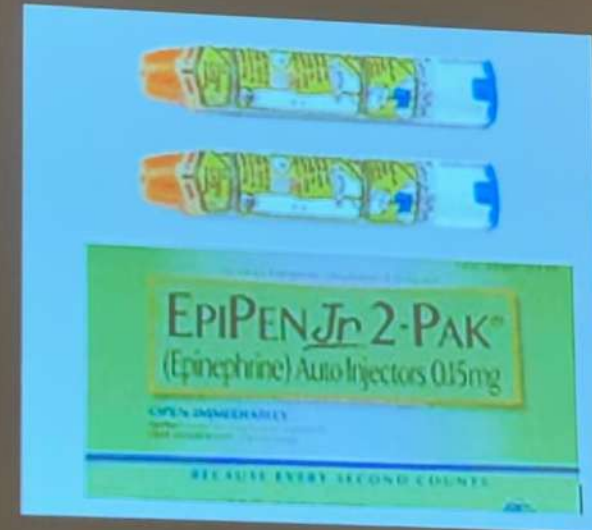
• **Tryptase trends down over time**

- ❖ **Enlargement of liver or spleen (hepatosplenomegaly):**
  - **strong indicator of systemic disease**

# Mastocitosis ampollosa. Adrenalina

## Anaphylaxis in children with cutaneous mastocytosis

- Risk of anaphylaxis in pediatric mastocytosis is higher than in the general pediatric population (1%–9% vs 0.7%)
- Risk of anaphylaxis is higher in DCM
- Epinephrine dose for infants (0.01 mg/kg) for infants < 15 kg  
*Off label*
- Most physicians prescribe 0.15 mg epinephrine autoinjector off-label for infants <15 kg



Rydz A, et al. Int J Mol Sci. 2024 Jan 23;25(3):1401

Halbrich M, et al. Allergy Asthma Clin Immunol. 2015 Jun 12;11(1):20

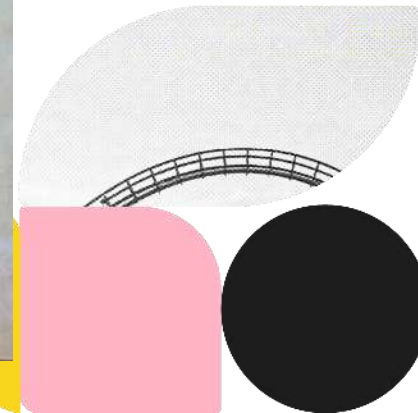
Renke J, et al. Immunol Allergy Clin North Am. 2023 Nov;43(4):665-679

## Mastocytosis ampollosa. Vacunas

Can I start my well child vaccines?

- Hypersensitivity reactions to vaccines in children with mastocytosis is *not* considered to be significantly higher than that in the general population (3–6%)
- Prudent to observe for 1 hour at a clinic comfortable managing allergic reactions

Lange M, et al. Int J Mol Sci. 2021 Mar 4;22(5):2586.



# Biológicos en niños

Children's National.

## Biologics on the Radar: Using a Novel Dashboard to Assess Adherence and Persistence of Biologic Drug Therapy in Pediatric Dermatology

Andre Hall, BA<sup>1,2</sup>, Mana Nasserl, BS<sup>1,2</sup>, Ashley Smith Fraser, CPNP-PC<sup>2</sup>, Colleen H. Cotton, MD<sup>1,2</sup>

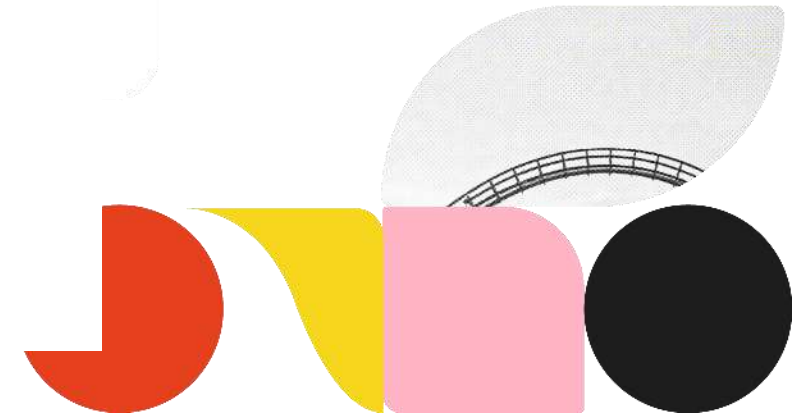
1. George Washington University School of Medicine and Health Sciences, Washington, DC, USA
2. Division of Dermatology, Children's National Hospital, Washington, DC, USA

American Academy of Dermatology Annual Meeting March 7-11th, 2025

Disclosures: the authors have no funding sources or conflicts of interest to declare

## 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<sup>1</sup>, B.S., Samantha Zimmer<sup>1</sup>, B.S., Andrew Racette<sup>2</sup>, D.O.

<sup>1</sup>UC Riverside School of Medicine, Riverside, CA, USA; <sup>2</sup>Omni Dermatology, Phoenix, AZ, USA



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)

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

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

- 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



## 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

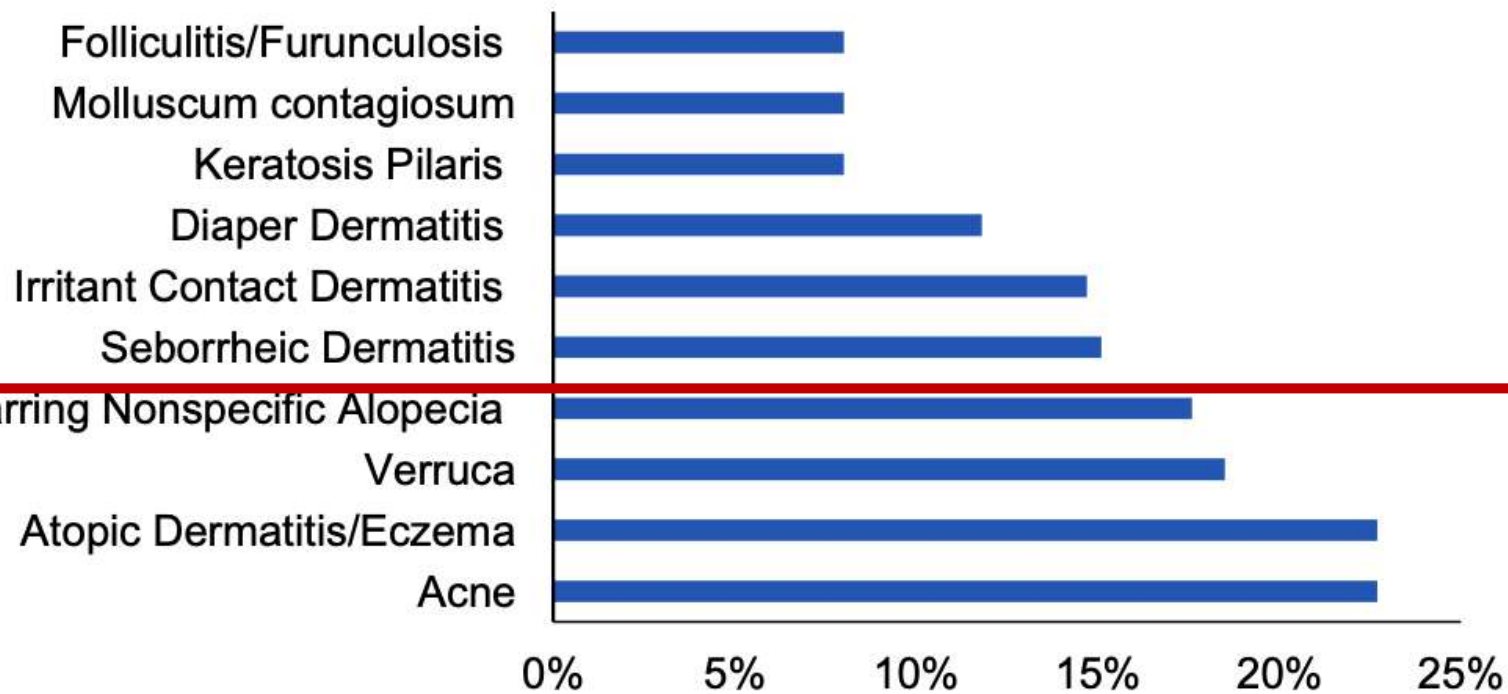
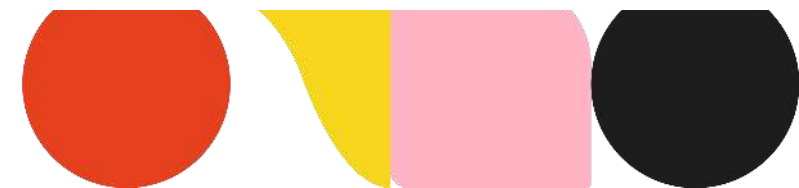


Figure 1. Prevalence of top 10 malignant dermatologic conditions encountered among pediatric non-cardiac solid-organ recipients.



# Fibroblastoma de células gigantes

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

### RESULTS

Our search identified 153 articles, of which 52 papers discussed pediatric cases.



The mean age at diagnosis was years (range birth-18yrs)

There was a male predominance (76/104, 73.1%).



No cases had metastatic disease either at initial presentation or recurrence.

The most common tumor location was the:



chest  
(19/104, 18.3%)



groin  
(20/104, 19.2%)



abdomen  
(10/104, 9.6%)



Recurrence was reported in 38/104 cases

Excisional treatment was reported in 100/104 cases

which was most commonly excision with unspecified margins (80/104, 76.9%), followed by wide local excision (17/104, 16.3%), Mohs (2/104, 1.9%) and excision in conjunction with VAC (Vincristine, Actinomycin D, and Cyclophosphamide) chemotherapy (1/104, 0.9%).

including the case treated with VAC. All recurrences were treated with re-excision. Of these, the majority reported a single recurrence at the time of publication (29/38, 76.3%), versus two (9/38, 23.7%). First recurrence was reported within a mean 1.6 years (range 1 months-6 years) after treatment. Last recurrence ranged as far as 15 years from initial diagnosis. The two cases treated with Mohs surgery did not recur. Margin status of each successful excision was not well-documented.

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<sup>1</sup>; Mariam Iqneibi, MD<sup>2</sup>; Kalyani Marathe, MD,  
ridges, MD<sup>2</sup>  
n Medical School, University of Texas Southwestern Medical Center, Dallas, Texas, USA  
incinnati 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<sup>1</sup>; Mariam Iqneibi, MD<sup>2</sup>; Cheryl Bayart, MD, MPH<sup>2</sup>; Kalyani Marathe, MD, MPH<sup>2</sup>

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<sup>2</sup> Department of Dermatology, Cincinnati Children's Hospital Medical Center, USA

### Physical exam



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# Calcinosis vulvar

## Vulvar Calcinosis Cutis in the Pediatric Population

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### CLINICAL PICTURE



Figure 1. Clinical photo of patient 1.

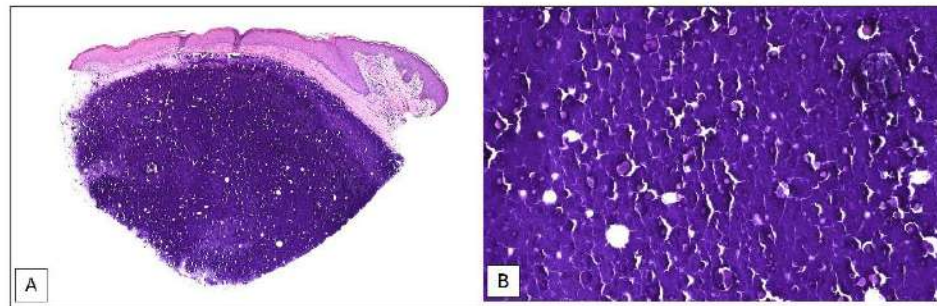


Figure 2. Punch biopsy of patient 1, hematoxylin-eosin stain, magnification 40x (A) and 200x (B).



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<sup>1</sup>, Neel Shah MD<sup>2</sup>, Meredith Thomley MD<sup>2</sup>, Zoe Lipman MD<sup>2</sup>, Laurie Temiz MD<sup>2</sup>, Jennifer Laborada-Tee MD<sup>2</sup>, Heidi Mina MD<sup>3</sup>, Jean-Claude Guidi DO<sup>4</sup>, Jacqueline Larson MD<sup>5</sup>, Nicole Riddle MD<sup>6,8</sup>, Ann Lin, DO<sup>2</sup>

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



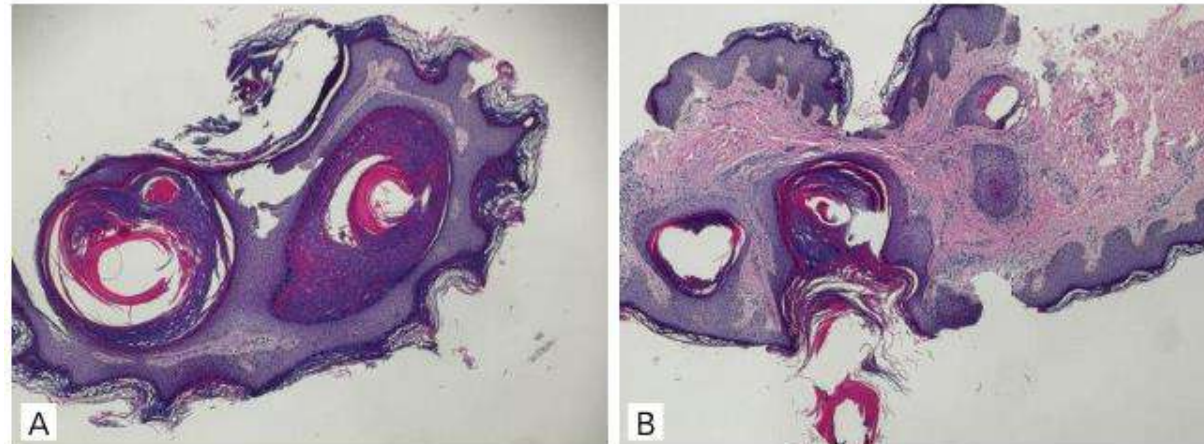
POOR VIEW ON UNLIDED TUBES EXAM DUE TO HAZY VISION.

- 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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highlights



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