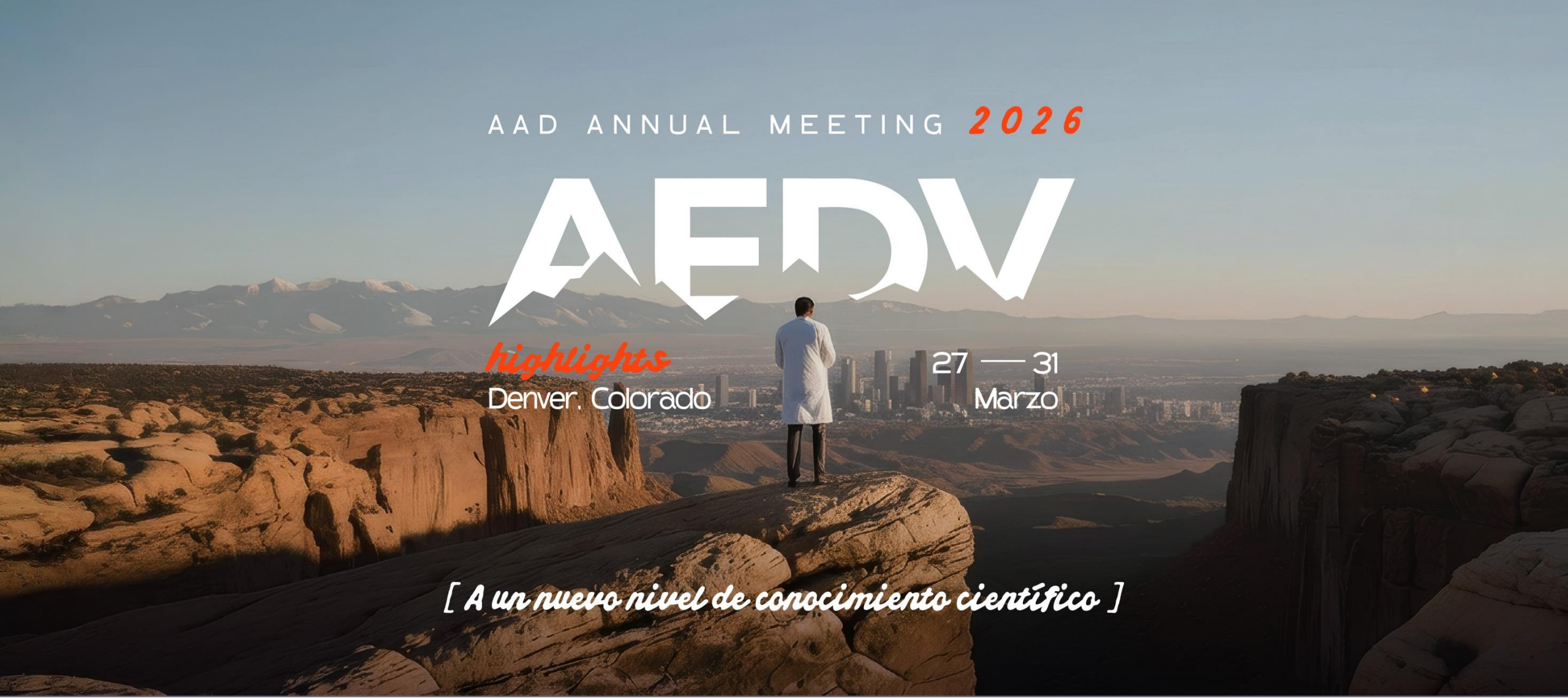

Una iniciativa de:

AEDV 1909 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 2026

AEDV

highlights

Denver, Colorado

27 — 31 Marzo

ITS y otras enfermedades infecciosas (parte II)

“Viejos conocidos como la sífilis y otros nuevos como *T. indotineae* copan la dermatología infecciosa”

Miguel Mansilla Polo

Hospital Universitario y Politécnico La Fe

UCB

SÍ TENGO CONFLICTOS DE INTERÉS

3. Sífilis y otras infecciones bacterianas

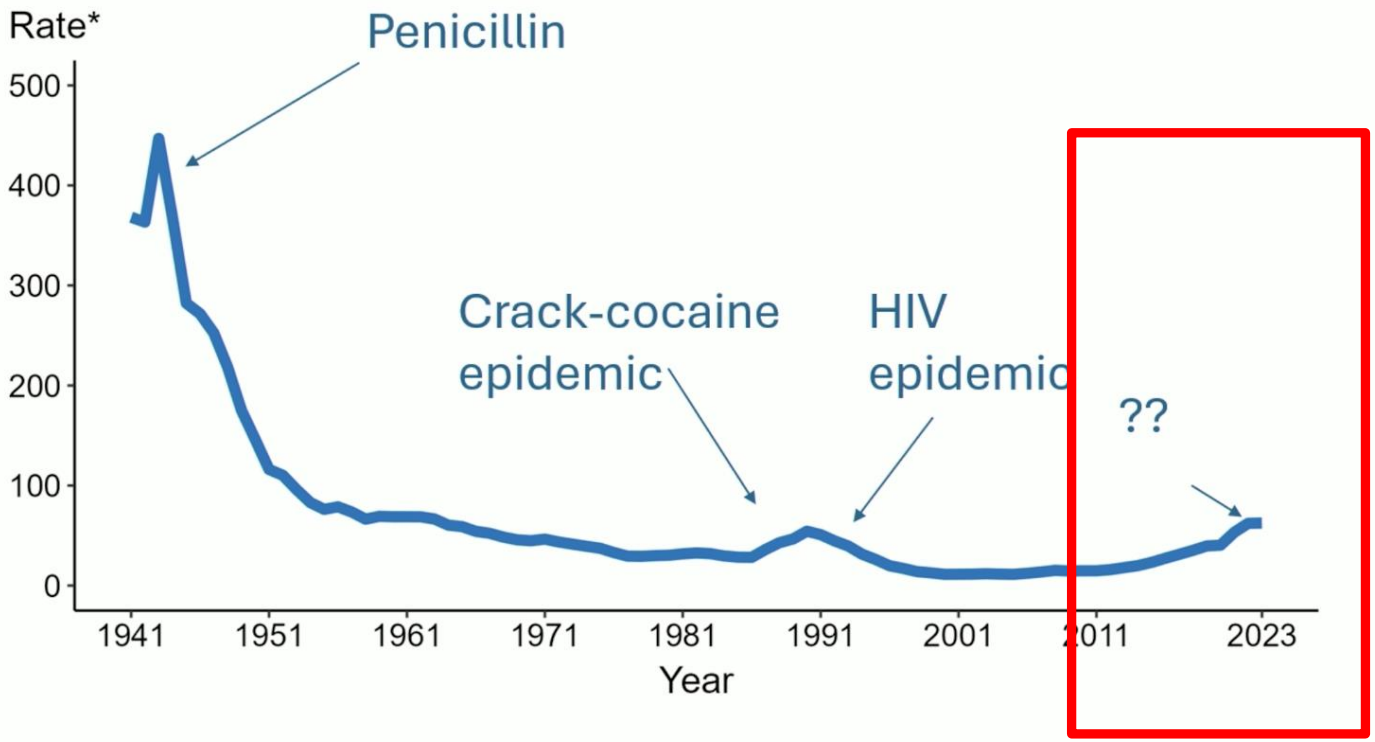
Syphilis Update 2026

Erin Amerson,MD

Clinical Professor of Dermatology, UCSF

Dermatology Service Chief, Zuckerberg San Francisco General Hospital

Syphilis — Rates of Reported Cases by Stage of Infection, United States, 1941–2023

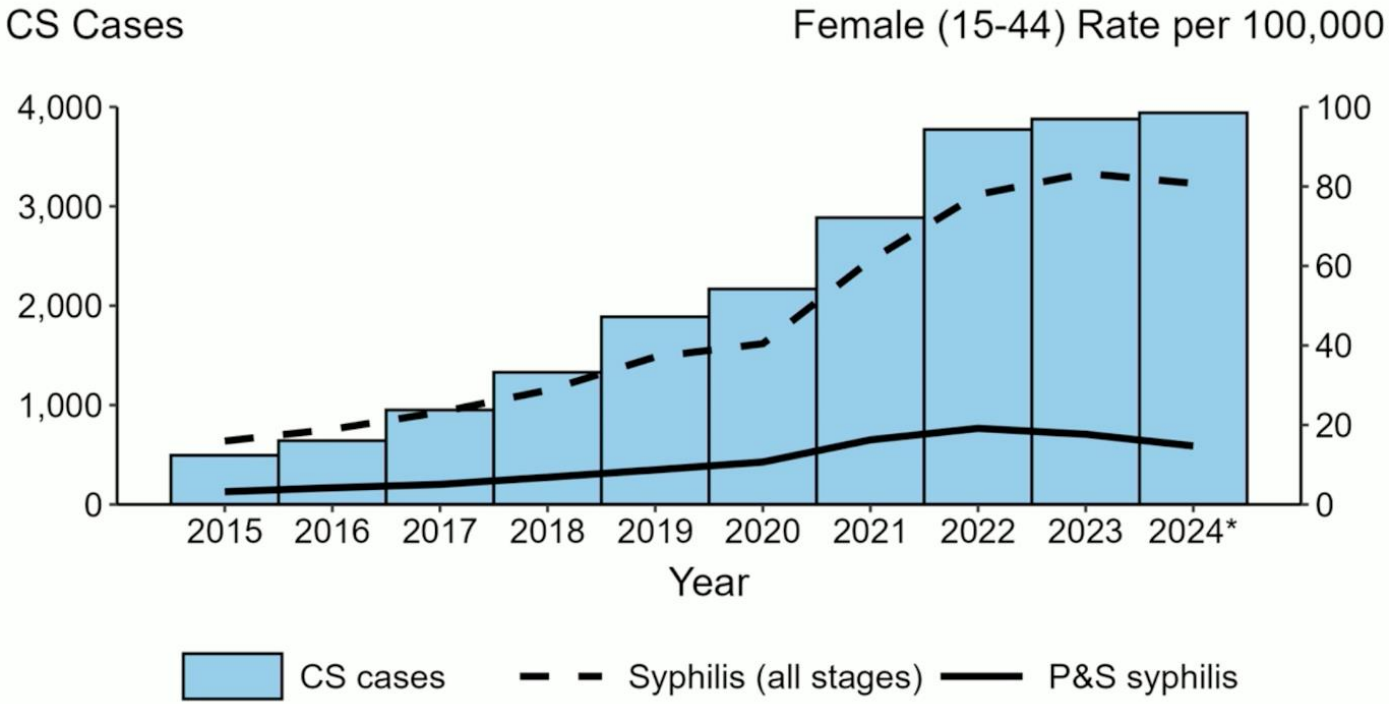


Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

* Per 100,000

Incremento en mujeres, se traslada en incremento en bebés

3,941 reported cases of congenital syphilis in infants born in 2024 in the U.S.



* Per 100,000 live births. **ACRONYMS:** CS = Congenital syphilis; P&S = Primary and secondary syphilis

JAMA Dermatology

Research Letter

July 2017

Frequency of Syphilis Diagnoses by Dermatologists

Jack P. Cossman, MD[1]; John B. Fournier, MD[1]

Author Affiliations

JAMA Dermatol. 2017;153(7):718-719. doi:10.1001/jamadermatol.2017.0460

Only 2.5% of syphilis cases diagnosed by dermatologists

Atypical presentations: secondary syphilis

Anular, raza negra. DD sarcoidosis

Photo: CDC

Photo: Aileen Chang, MD

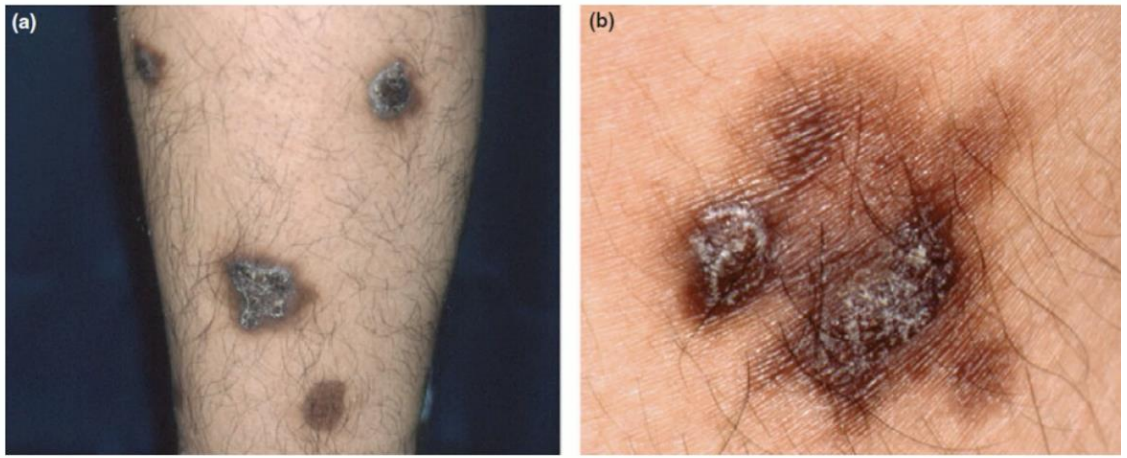
Psoriasiform secondary syphilis

ARCH DERMATOL/VOL 148 (NO. 11), NOV 2012
1317-1322

Photo: Toby Maurer MD

Photo: Aileen Chang, MD

Dermatitis and prurigo-like secondary syphilis

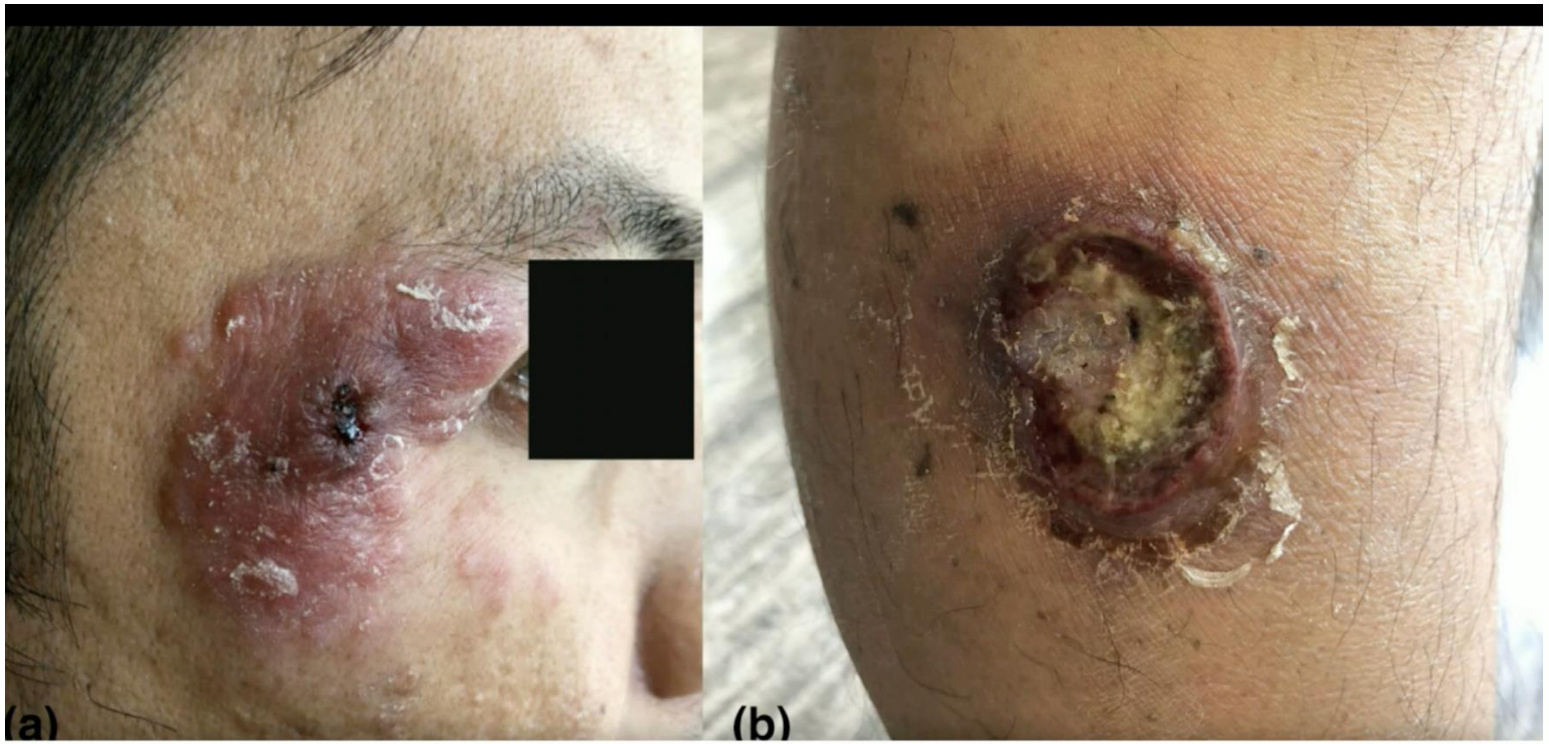


Clinical and Experimental Dermatology, **35**, 169–172

Pustular, impetigo/ecthyma or pemphigus-like syphilis

JAAD Case Reports
October 2019

Nodular / granulomatosa



Nodular Secondary Syphilis

Int J Dermatology, First published: 04 July 2024, DOI: (10.1111/ijd.17362)

Neurosyphilis

- Includes Ocular and Otic syphilis
- May be more common in HIV+
- Can occur at any stage of disease
  - Early neurosyphilis
  - Late neurosyphilis

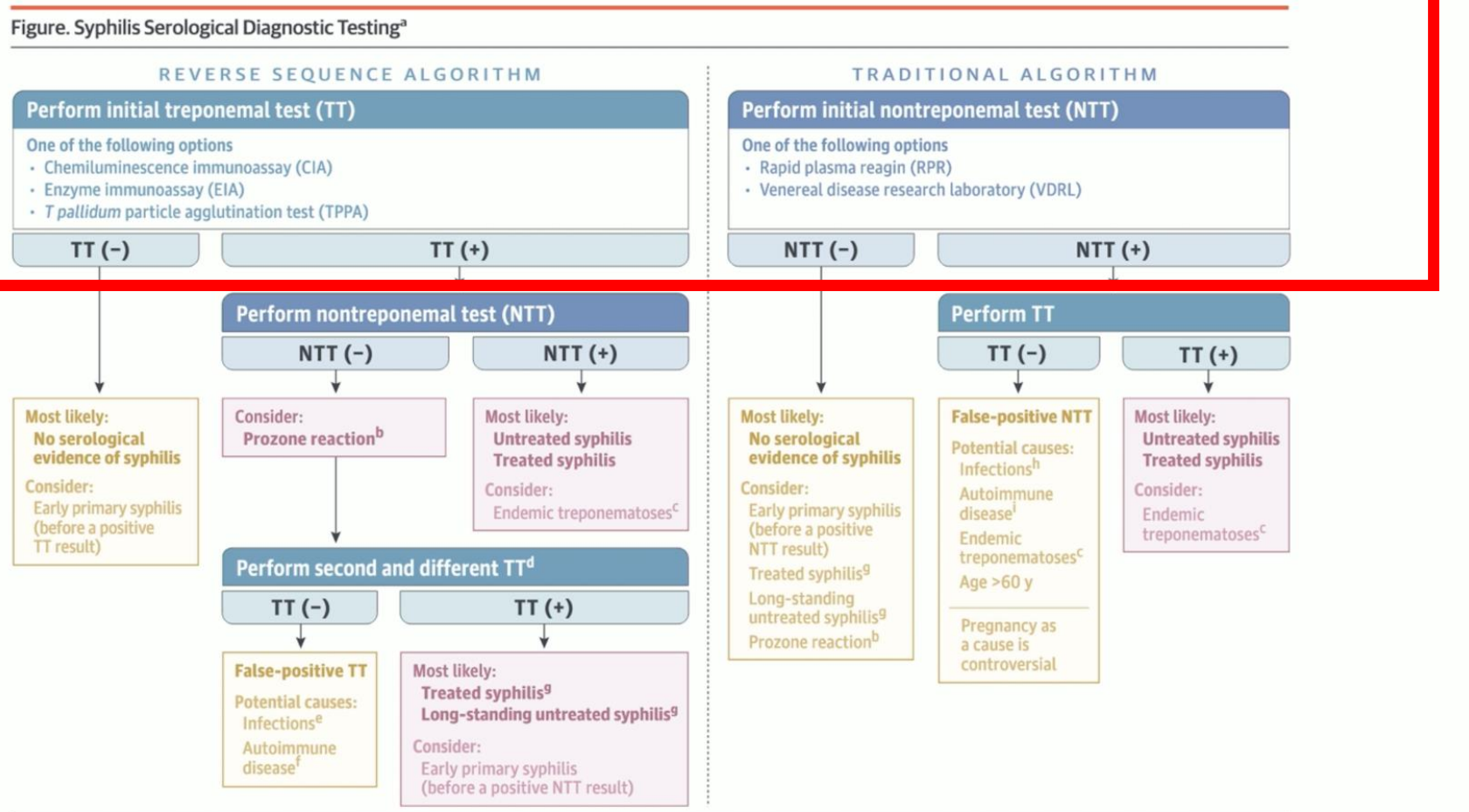
Preguntar activamente

Early neurosyphilis most commonly affects cranial nerves II and VIII- ask about hearing and vision changes

- CN II- Uveitis, optic neuritis, retinitis- confirmed by slit-lamp exam
- CN VIII- Tinnitus, hearing loss, vertigo
- CN VII- Bell's palsy
- Meningitis: Headache, stiff neck
- Neurovascular- CVA symptoms
- Gait instability

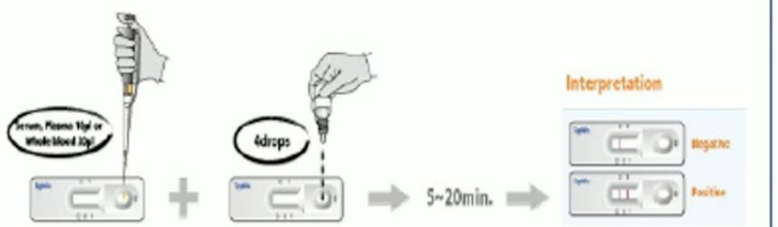
Sexually Transmitted Diseases • Volume 42, Number 12, December 2015

Screening Algorithms- Reverse sequencing



Point of care tests

- Point of care syphilis and HIV-syphilis co-test- costs less than $1 per kit



High discordance rates exist between radiology and dermatology diagnoses of skin and soft tissue infections: a retrospective cohort analysis

Authors: Varshita Chirumamilla, BS,[a] Matthew Gallardo, MD,[b] Abraham M. Korman, MD,[c] Kristopher Fisher, MD,[c] Benjamin H. Kaffenberger, MD,[c] and Rachel M. Kirven, MD[c]

Affiliations: [a]The Ohio State University College of Medicine, The Ohio State University, Columbus, Ohio
[b]University of North Carolina Department of Dermatology, Chapel-Hill, North Carolina
[c]Department of Dermatology, The Ohio State University Wexner Medical Center, Columbus, Ohio

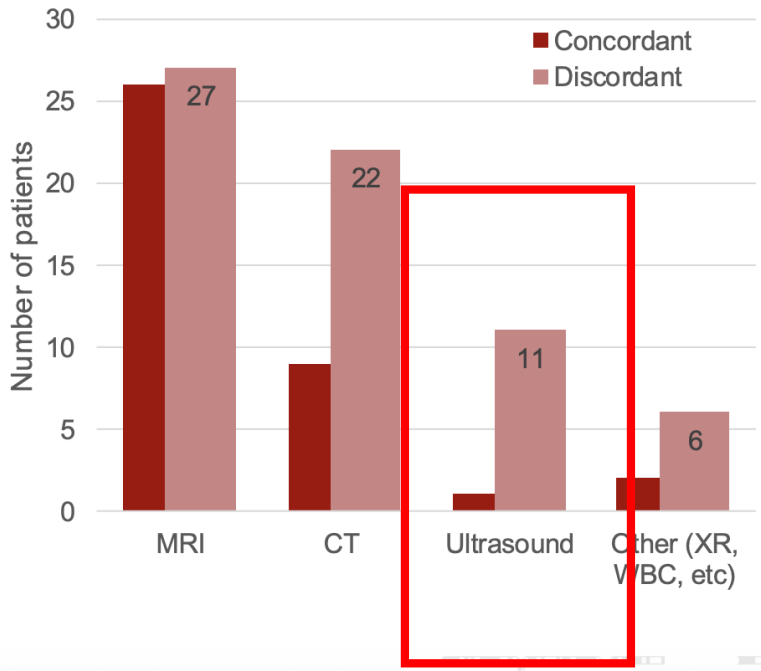
High discordance rates exist between radiology and dermatology diagnoses of skin and soft tissue infections: a retrospective cohort analysis

Chirumamilla, V., Gallardo, M., Korman, AM., Fisher, K., Kaffenberger BH., Kirven, RM.

The Ohio State University
Wexner Medical Center

Results: Imaging Concordance

- Overall radiology–dermatology concordance: **36.5%**
- Common dermatologic diagnoses in discordant cases:
  - Venous stasis (**9.1%**)
  - Vasculopathy (**6.1%**)
  - Pyoderma gangrenosum (**6.1%**)
  - Hidradenitis suppurativa (**6.1%**)
- Modality variation:
  - MRI highest concordance **68.4%**
  - CT, US, XR all **<25%** (p=0.056)



Post-Practice Chlorhexidine Gluconate (CHG) Bathing Impact on Skin Infection Incidence in Wrestlers: A Pilot Intervention Study

Talia Thomas,[a] Luke Moore,[b,c] Angela Moore MD,[a,b,c,d]
[a]Anne Marion Burnett School of Medicine at Texas Christian University, Fort Worth, Texas; [b]Arlington Center for Dermatology, Arlington, Texas; [c]Arlington Research Center, Arlington, Texas; [d]Baylor University Medical Center, Dallas, Texas

BACKGROUND

- Increased risk for skin and soft tissue infections (SSTIs) in wrestlers:
  - Frequent skin contact
  - Shared equipment
  - Crowded training environments
- Common pathogens:
  - Bacterial *(Staphylococcus aureus)*
  - Dermatophytes
- Standard preventive measures (mat cleaning, skin checks) often insufficient
- Chlorhexidine gluconate (CHG):
  - Broad-spectrum antiseptic
  - Reduces bacterial and fungal burden

RESEARCH QUESTION

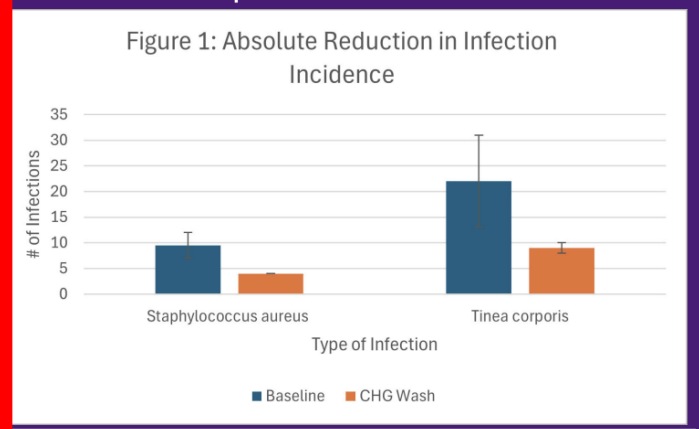
Does daily post-practice CHG bathing reduce the incidence of SSTIs among competitive wrestlers?

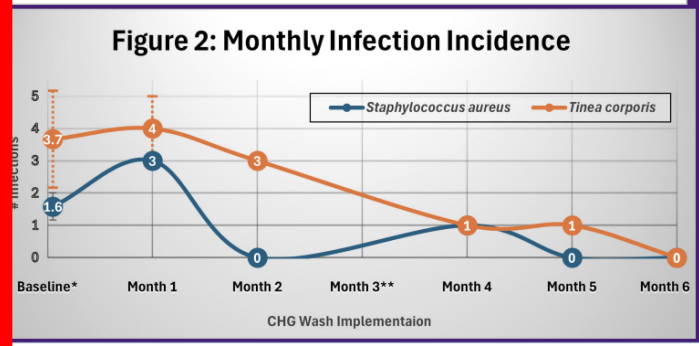
METHODS

- 6-month prospective pilot intervention study at regional wrestling training center
  - 12 adult male wrestlers (ages 18–29)
  - Training 4–6 days/week
  - Post-practice bathing with 4% CHG after each training session
  - Adherence reinforced by coaching staff
- Data Collection:
  - Baseline SSTI history from the prior 6 months for comparison
  - Monthly SSTI surveys during intervention period
  - Month 3 omitted due to holiday break
- Outcomes:
  - Absolute reduction in SSTI incidence
  - Monthly infection trends

RESULTS

- CHG bathing during the intervention period:
  - Associated with reduction in infection incidence (Figure 1)
  - Associated with decreased bacterial and fungal infections over 6 months (Figure 2)
- Infection rates lower instead of normal mid-season spikes in wrestlers
- No [illegible] reported





CONCLUSION

- Pilot study on routine CHG bathing in wrestlers as SSTI prevention strategy
- Daily post-practice CHG bathing associated with sustained reduction in SSTIs among competitive wrestlers
- CHG could be a practical, low-cost strategy
- Larger controlled studies warranted

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DISCLOSURES

- The authors have no financial disclosures or conflicts of interest to report.
- This study received no industry funding or external financial support.

U.S. Necrotizing Fasciitis Mortality Through 2023: A CDC WONDER Multiple Cause-of-Death Analysis

Ahsan Raza Raja, MBBS[1]; Hafsa Hassan, BS[2]; Aisha Sethi MD[3]

[1]Aga Khan University, Medical College, Karachi, Pakistan [2]Northeast Ohio Medical University, Rootstown, OH [3]Department of Dermatology, Yale University School of Medicine, New Hav
Connecticut, USA

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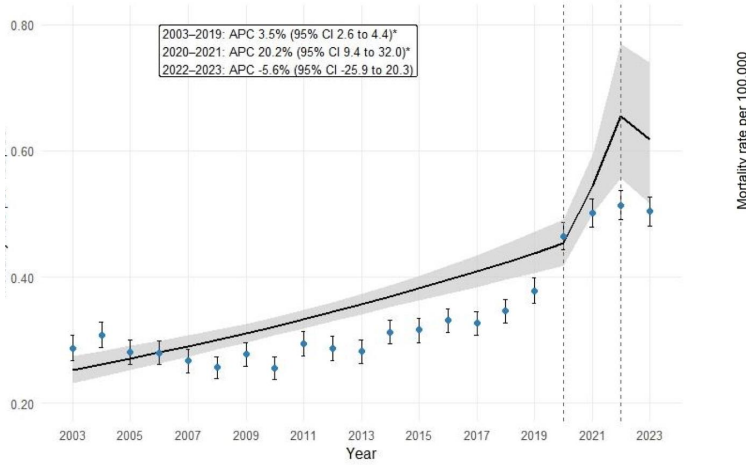
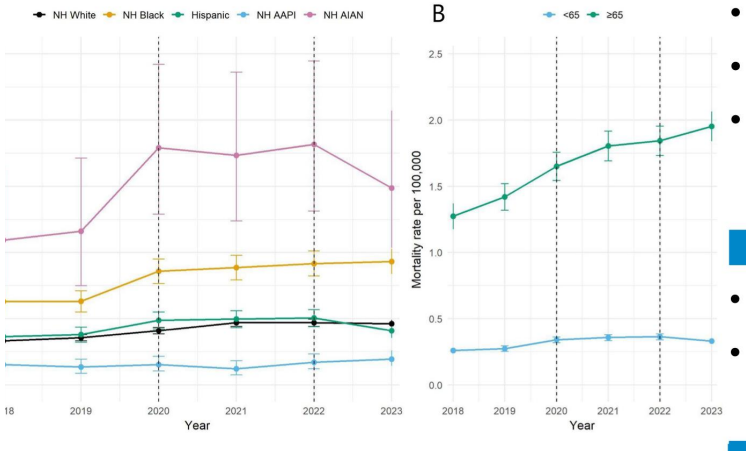


gure 1. Necrotizing fasciitis mortality in the United States, 2003-2023. nnual AAMR per 100,000 (2000 U.S. standard) with 95% CIs. The fitted line ows a segmented negative binomial model (log-population offset) with 95% band. Inset reports segment-specific APCs (95% CI); * indicates p<0.05. AMR = age-adjusted mortality rate; CI = confidence interval; APC = annual ercent change.



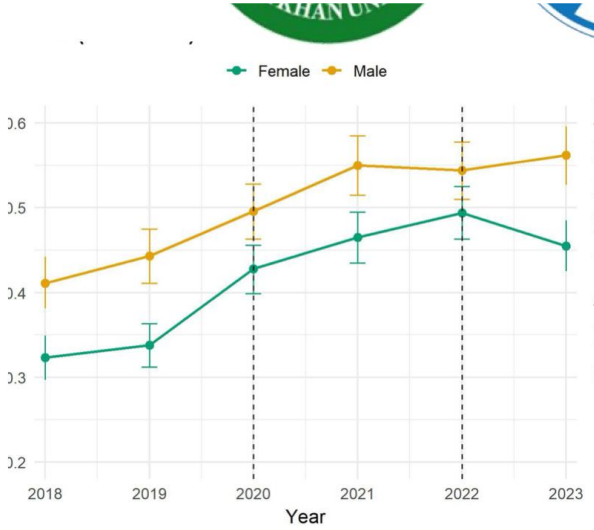


Figure 3. Sex-stratified necrotizing fasciitis mortality, United States, 2018-2023. AAMR per 100,000 with 95% CIs. AAMR = age-adjusted mortality rate; CI = confidence interval.

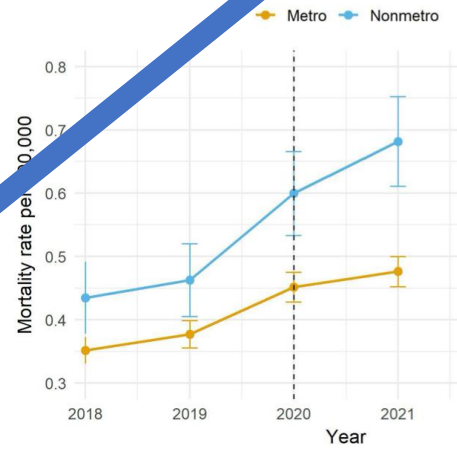


Figure 4. Urbanization-stratified necrotizing fasciitis mortality, United States, 2018-2021 (urbanization available through 2021). Metropolitan vs nonmetropolitan AAMR p 100,000 with 95% CIs AAMR = age-adju d mortality rate; CI = confi nce interval.

Results (continued)

4. Infecciones fúngicas

Emerging Infections - Dermatophytes

- **Common Ringworm (Tinea/Dermatophytosis)**
  - Traditionally mild and treatable
  - Increasing global reports of severe (inflammatory), hard-to-treat cases
  - Emergence of antifungal-resistant strains complicating treatment

- **Three strains being reported in the US**
  - *Trichophyton indotineae*
  - *Trichophyton mentagrophytes* genotype type VII
  - Terbinafine-resistant *Trichophyton rubrum*

Trichophyton mentagrophytes genotype VII (TMVII)

Paris France
2021-2022

- 12 of 13 were MSM
- Sites: genitals, buttocks, face
- Deeply inflammatory presentation
- Frequently misdiagnosed
- Co-diagnosed with other STIs
- *Established these cases within sexual networks*

Trichophyton mentagrophytes genotype VII (TMVII)

Barcelona, Spain

2020 – 2025

- 14 cases, all MSM
- PWH (7) or on PrEP (6)
- Frequent STI coinfection
- Sites: pubogenital, buttocks/perianal, beard
- 21 antifungal courses analyzed
  - Short courses 2 weeks or less: 0% cure
  - Longer courses 3 to 8 weeks: 80% cure ($p<0.01$)
- Recurrences common without prolonged therapy
- *Established the need for prolonged courses*

Observational Study > Mycoses. 2025 Apr;68(4):e70049. doi: 10.1111/myc.70049.

Trichophyton mentagrophytes Genotype VII and Sexually Transmitted Tinea: An Observational Study in Spain

Vicente Descalzo [1 2], María Teresa Martín [3], Patricia Álvarez-López [2], Jorge Néstor García-Pérez [2], Laura Alcázar-Fuoli [4], Luis López-Pérez [2], David Téllez-Velasco [2], Antonio Carrillo [2], Elena Sulleiro [3], Vicenç Falcó [1 2], Maider Arando [1 2]

Trichophyton indotineae

First U.S. Cases (NYC, 2021–2023):

- 2 women; both terbinafine-resistant
- **One with no travel history** → local transmission
- Origin: South Asia; epidemic linked to topical steroid-antifungal misuse
- Highly transmissible: sexual and household contact
- **Terbinafine resistant, improved with itraconazole**

Case: Sexual Transmission (Pennsylvania, 2024):

- Healthy immunocompetent woman
- Acquired after **sexual contact abroad**
- Lesions: genitals, buttocks, thighs
- Failed initial therapy → **responded to itraconazole**

Treatment

Organism	Transmission / Setting	Resistance Pattern	Recommended Treatment
Trichophyton indotineae	South Asia-associated emergence; travel-related and domestic U.S. cases reported; person-to-person spread common, sexually associated transmission reported	Often terbinafine-resistant	**Itraconazole** often used first-line; prolonged therapy common (often 6–8 weeks or longer, until complete clinical clearance)
Trichophyton mentagrophytes genotype VII (TMVII)	MSM sexual networks; U.S. cases first recognized in 2024, with NYC cluster suggesting early domestic transmission	Terbinafine-susceptible	**Oral terbinafine** first-line; many patients require 6–12 weeks; itraconazole if inadequate response
Terbinafine-resistant Trichophyton rubrum	Usually sporadic or household/environmental; sexual transmission not established	Terbinafine-resistant	**Itraconazole** or other non-terbinafine systemic therapy; tailor to response and susceptibility data

⚠ **Routine testing may not distinguish T. indotineae or TMVII, consider sequencing and susceptibility testing at reference labs**

How Long Should I Treat For?

≤ 2 weeks

- **0% cure** (Spain)
- Relapse universal
- Not adequate for TMVII

3–4 weeks

- Clinical improvement common
- **Cultures may still be positive**
- High relapse if stopped here

≥ 6–8 weeks

- Highest cure rates
- Relapse uncommon
- Clearance may be slow but durable

⚠ **Should be treated 4-8 weeks and ~2 weeks beyond lesion/symptom resolution**

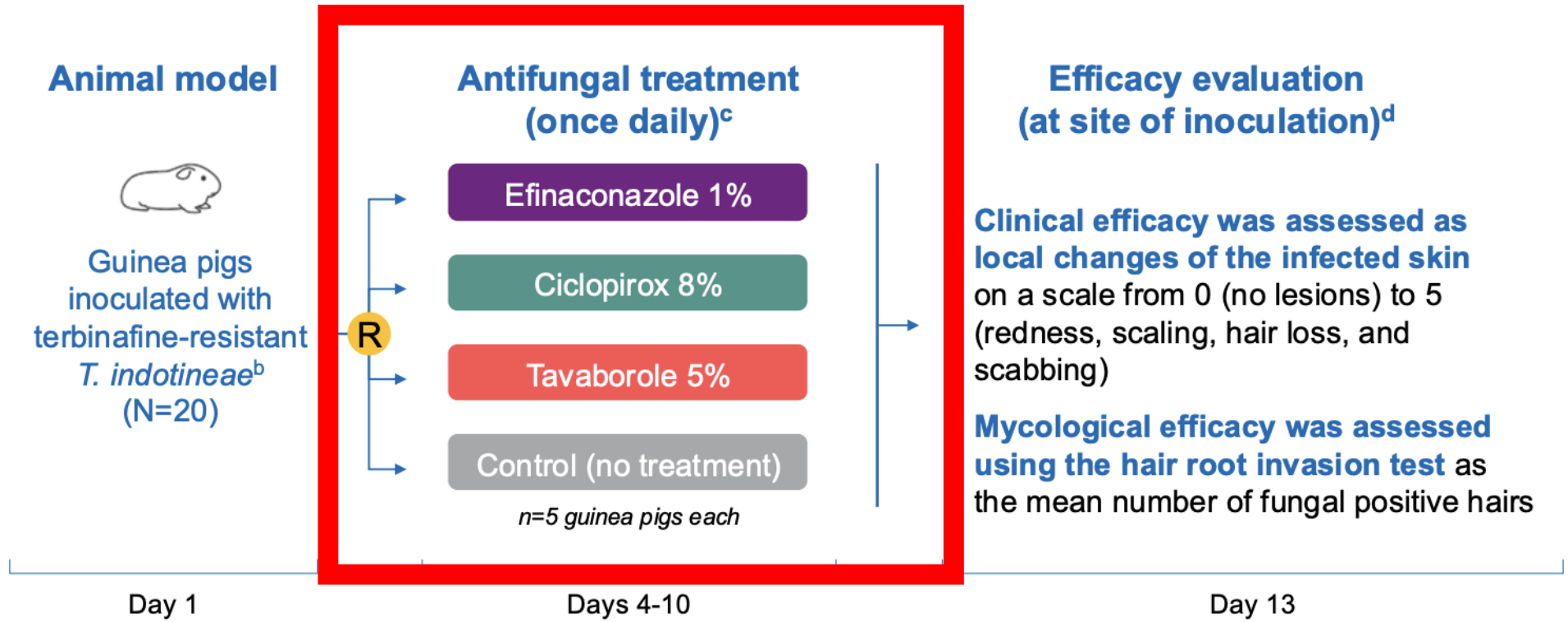
Activity of Topical Antifungals Against the Terbinafine-Resistant Dermatophyte *Trichophyton indotineae*: In Vivo Analysis

Mahmoud Ghannoum, PhD[1,2]; John Saghir, BS[1]; Kyle Roberts, BS[1]; Ahmed Kadry, MD[1]; Lisa Long, BA[1]; Janet Herrada, BS[1]; Boni Elewski, MD[3]; Warren S. Joseph, DPM[4]; Su Yong Choi, PharmD[5]; Tracey C. Vlahovic, DPM, FFPM, RCPS[6]; Thomas S. McCormick, PhD[1]

[1]Case Western Reserve University, Cleveland, OH; [2]University Hospitals Cleveland Medical Center, Cleveland, OH; [3]University of Alabama at Birmingham School of Medicine, Birmingham, AL; [4]Arizona College of Podiatric Medicine, Midwestern University, Glendale, AZ; [5]Ortho Dermatologics,* Bridgewater, NJ; [6]Samuel Merritt University College of Podiatric Medicine, Oakland, CA.

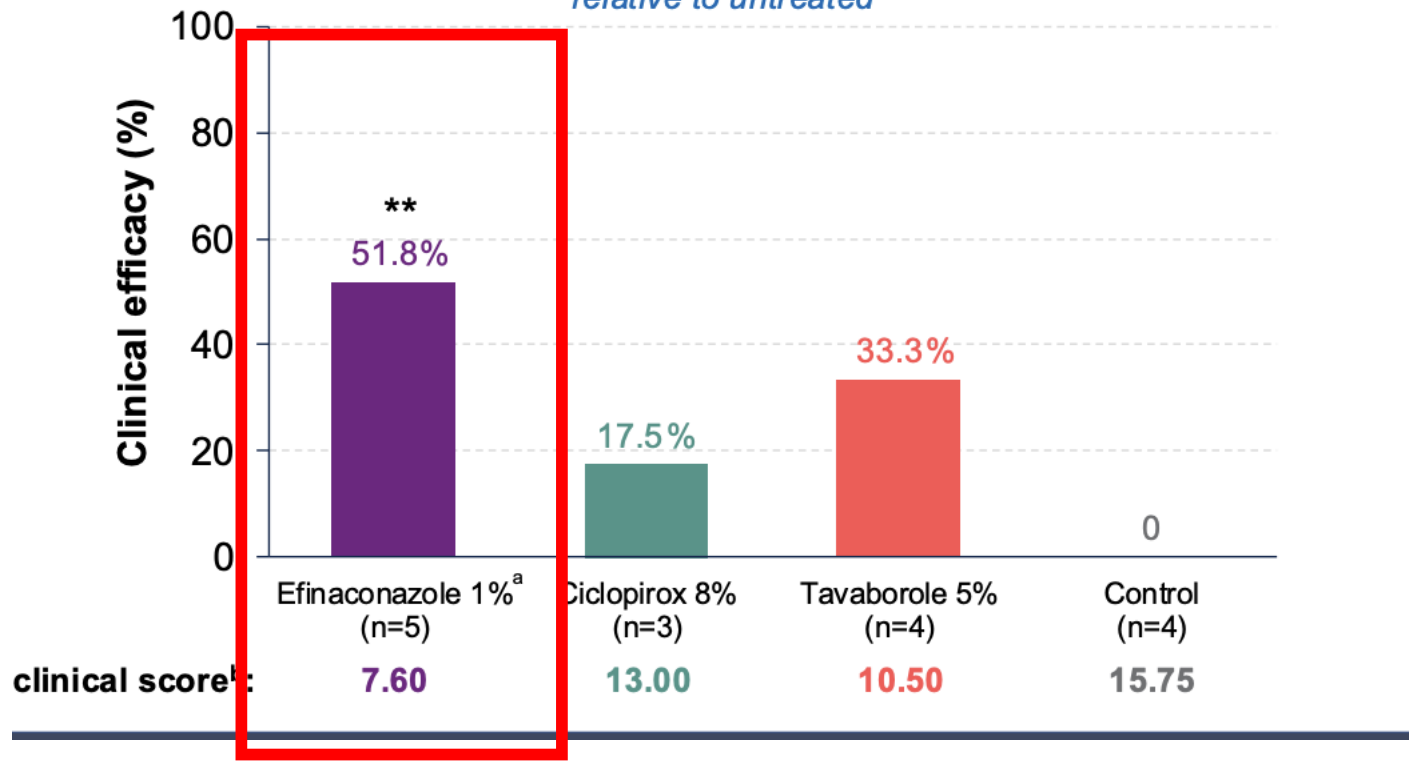
**Bausch Health US, LLC, is an affiliate of Bausch Health Companies Inc. Ortho Dermatologics is a division of Bausch Health US, LLC*

In vivo activity of commercially available topical antifungals[a] was assessed in a guinea pig model of dermatophytosis caused by terbinafine-resistant *Trichophyton indotineae*



Clinical efficacy

% improvement from baseline in clinical skin score
(change in infected skin from 0 [no lesions] to 5 [redness, scaling, hair loss, scabbing])
relative to untreated



Countering an Emerging Threat: Terbinafine-resistant and Itraconazole-resistant *Trichophyton indotineae* Strains are Highly Susceptible to a Novel Antifungal Nitric Oxide Releasing Gel

Teskey SJL, Cuellar G, Cannon G, Martins J, Miller CC

Results

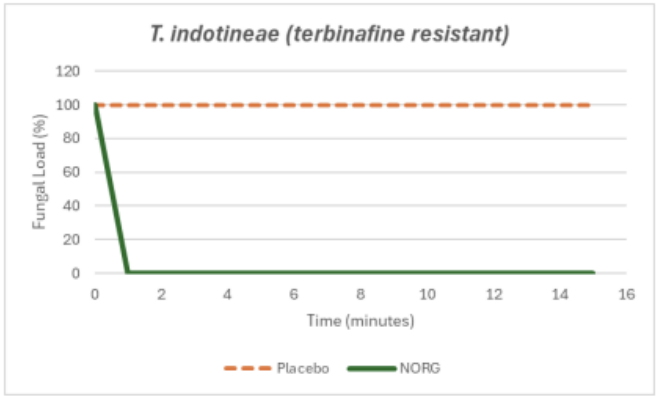


Figure 1: Kill kinetics of NORG against ATCC 5025. (n=3)

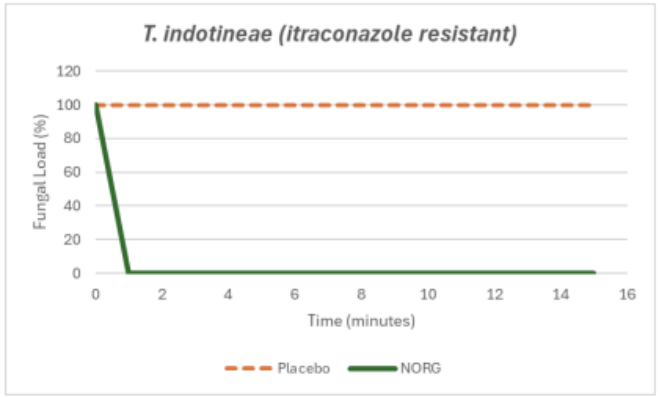


Figure 2: Kill kinetics of NORG against ATCC 5026. (n=3)

NORG achieved complete fungicidal activity against both resistant isolates within one minute of exposure in all replicates, whereas placebo showed no effect (Figures 1 and 2). In dermal penetration assays, NORG permeated synthetic membranes and retained fungicidal efficacy. Terbinafine demonstrated no penetration, and terbinafine formulations with penetration enhancers exhibited partial strain-dependent efficacy. Efinaconazole was effective against terbinafine-resistant isolates but had reduced activity against itraconazole-resistant strains, suggesting cross-resistance (Figures 3 and 4).

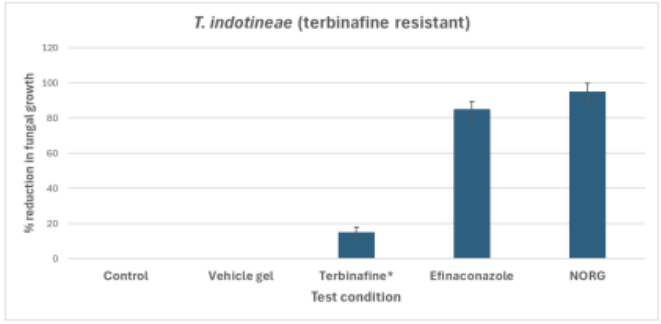


Figure 3: Zone of inhibition and dermal penetration assay (n=3). Data is mean ± SD. Unpaired, two tailed t-test analysis (P ≤ 0.05) comparing NORG to efinaconazole was significant (p=0.03). *with penetration enhancers

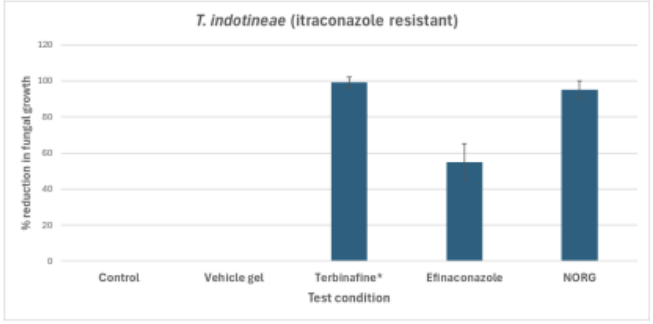


Figure 4. Zone of inhibition and dermal penetration assay (n=3). Data is mean ± SD. Unpaired, two tailed t-test analysis (P ≤ 0.05) comparing NORG to terbinafine was not significant. *with penetration enhancers

Discussion

The rapid global emergence of terbinafine- and azole-resistant *T. indotineae* has destabilized established treatment paradigms for dermatophytosis and underscores the need for antifungal strategies that remain effective despite target-based resistance. In this study, a nitric oxide–releasing gel demonstrated rapid, complete fungicidal activity against both terbinafine-resistant and itraconazole-resistant *T. indotineae* isolates, with preserved efficacy following dermal membrane penetration. Nitric oxide exerts antimicrobial effects through multiple simultaneous mechanisms, including nitrosative stress, membrane disruption, and interference with fungal metabolism, which likely explains the rapid kill kinetics observed and the low propensity for resistance development. In contrast, reduced activity of efinaconazole against itraconazole-resistant isolates highlights growing concerns regarding azole cross-resistance. Clinically, these findings suggest that topical nitric oxide–releasing formulations may represent a mechanistically distinct, resistance-agnostic option for managing recalcitrant dermatophytoses, potentially reducing reliance on prolonged systemic antifungal therapy.

Conclusions

NORG represents a promising strategy for the management of resistant dermatophytoses. Further clinical studies are needed to confirm efficacy and safety in patients.

Effectiveness of Topical Amphotericin B in 30% Dimethylsulphoxide in Treating of Dermatophyte and Non-Dermatophyte Onychomycosis

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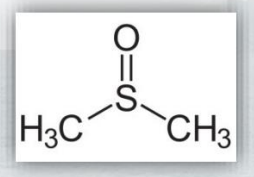
FUNGAL SPECIES	TOTAL	MYCOLOGICAL CURE	NON-MYCOLOGICAL CURE
Dermatophytes	5	2 (40.0%)	3 (60.0%)
Neoscytalidium spp.	13	0 (0.0%)	13 (100.0%)
Fusarium spp.	8	6 (75%) ★	2 (25%)
Other Non-Dermatophytes	10	1 (10.0%)	9 (90.0%)
Total	**36**	**9 (25.0%)**	**27 (75.0%)**

OBJECTIVE

To assess the therapeutic outcomes of topical amphotericin B in 30% DMSO for onychomycosis



MATERIALS & METHODS

Clinically Suspected **ONYCHOMYCOSIS**

DIAGNOSTIC CONFIRMATION
- Positive KOH Examination
- Positive Fungal Culture
- For NDMs Infection:
  ≥ 2 consecutive cultures of the same species

INCLUSION
- Age ≥ 18 years
- Treated with Topical Amphotericin B in 30% DMSO

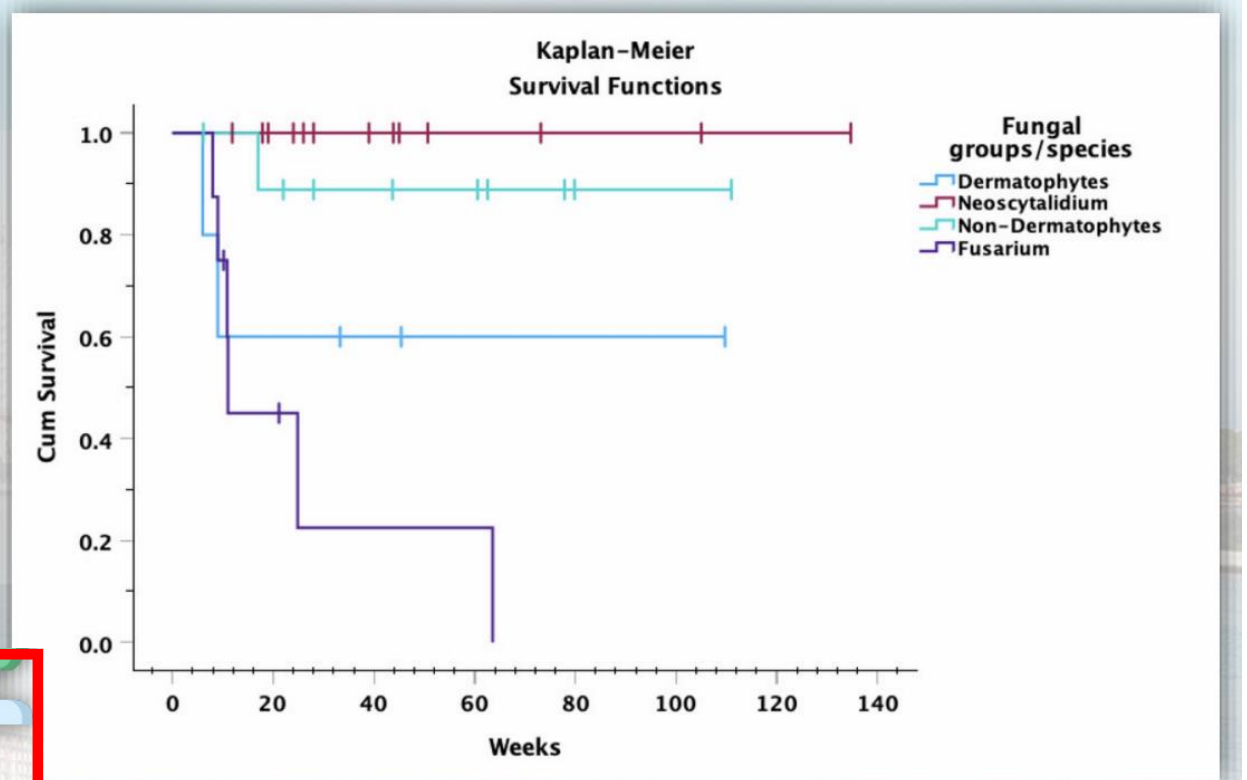
EXCLUSION
- Other Nail Diseases
- Immunocompromised
- Treated with other Topical Systemic Antifungal within 4 weeks

Final Population n = 36

RESULTS

Kaplan–Meier analysis demonstrated significantly better outcomes for *Fusarium* spp. compared with *Neoscytalidium* spp. (p<0.001) and other NDMs (p=0.001)

Adverse reactions were mild, consisting only of short-lasting local irritation



Topical amphotericin B in 30% DMSO showed effectiveness against *Fusarium* spp. onychomycosis, which is usually very difficult to treat

These findings suggest amphotericin B may provide a valuable topical alternative for ***Fusarium* nail infections**, especially in patients unable to receive systemic antifungals

A Retrospective Analysis of Ten Primary Cutaneous Mucormycosis (PCM) Cases from a Tertiary Medical Center — New York City, 2010–2023

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Aims

- Analyze the presentation, treatment, risk factors, and prognosis of this rare implantation mycosis
- Form a cohesive picture for physicians to reference if PCM is suspected
- Provide recommendations for management and prevention

Background

Primary cutaneous mucormycosis (PCM), a specific disease form of the potentially life-threatening fungal infection caused by molds from the order Mucorales, begins as a skin infection without prior systemic involvement and may disseminate to other body sites.[1] Although common, PCM is only sporadically described in the literature. With shifting climates driving new geographic distribution, further clinical characterization is essential to enhance recognition, treatment, and outcomes.[2]

Methods

We performed a retrospective analysis of patients diagnosed with any form of mucormycosis at Weill Cornell New York Presbyterian Hospital from January 1, 2010, to December 31, 2023. Patients were identified for potential study inclusion through a search of the hospital system's electronic medical records using the International Classification of Diseases, Ninth Revision (ICD-9) code 117.7 and Tenth Revision (ICD-10) code B46. This search yielded 56 cases, for which detailed chart review was performed. Only cases of PCM were included. Cases were eligible for inclusion only if a primary cutaneous lesion was identified. If a cutaneous lesion was identified, cases that demonstrated histopathologic evidence of vascular invasion were included only in the absence of distant organ involvement to ensure a primary cutaneous origin. This yielded 10 cases which were further analyzed for demographics, risk factors, treatment efficacy, and more.

Results

- Median age at diagnosis was 69.5 (range 36-77). Most patients were male (n=7), and eight had pre-existing hematologic malignancy.
- The extremities were the most commonly involved anatomic site (n=6).
- Median time from lesion to diagnosis was 23 days (range 7-90 days).
- Lesions were commonly described as erythematous, indurated nodules with necrosis, bleeding, or crust.
- At the time of diagnosis, 4 patients were leukopenic and 6 were neutropenic.
- Non-survivors had an average white blood cell (WBC) count of 1,860/μL and survivors had an average WBC count of 12,300/μL
- Non-survivors had an average absolute neutrophil count (ANC) of 1,138/μL and survivors had an average ANC count of 4,880/μL.
- Multitherapy was more effective at preventing death than monotherapy (33% mortality vs. 57% mortality, respectively). Breakthrough infection despite prophylactic antifungal therapy had a mortality rate of 100%.

Figure 1. Clinical photograph. Right upper arm. (Case 1).

Table of Cases

Figure 2. Clinical photograph Left dorsal forearm. (Case 2)

Table of Histologic Features

Results (cont.)

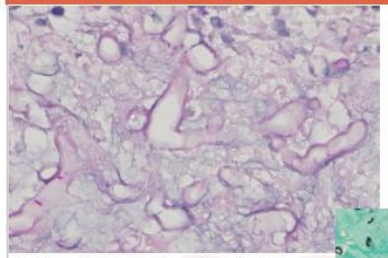


Figure 3. Periodic Acid-Schiff with Diastase (PASD), 400x. (Case 3)

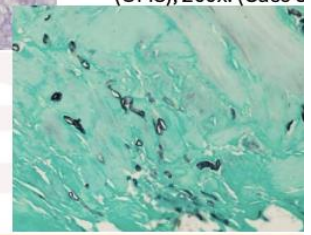


Figure 4. Gomor Methenamine Silve (GMS), 200x. (Case 3

Conclusions

As PCM becomes more clinically relevant in the US, key clinical features, diagnostic tools, histologic findings, and treatment regimens should be studied and applied. Though rare, the disease is life-threatening, and early recognition and treatment are paramount to patient outcomes.

References

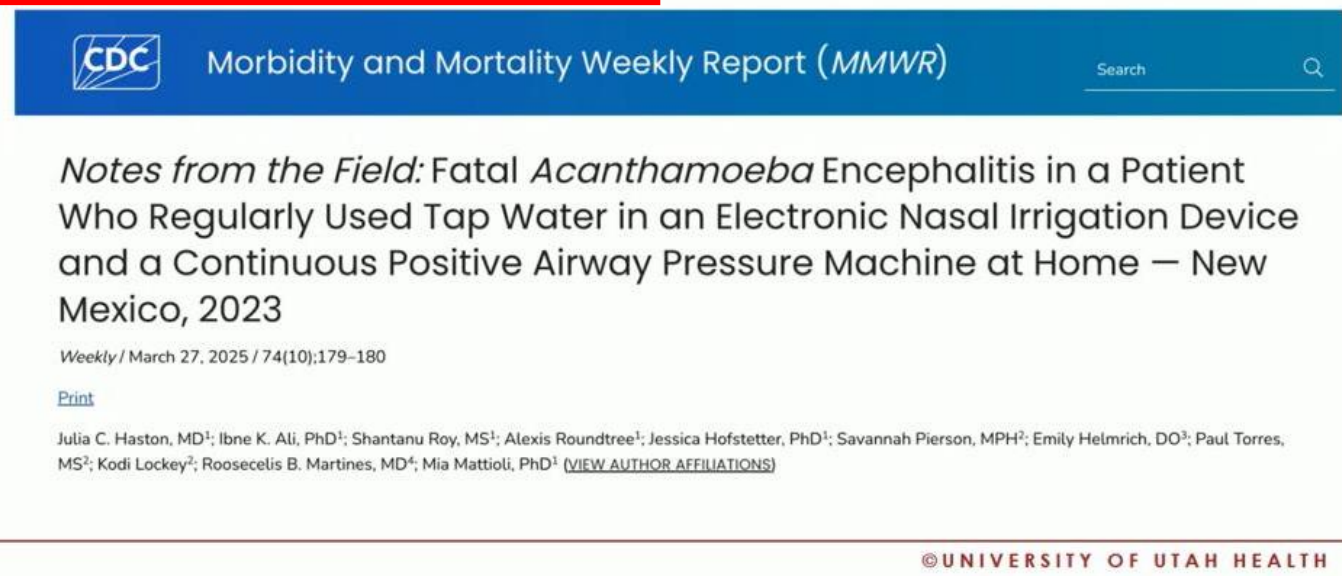
Notes

The authors have no disclosures and certify that this work is original, without commercial support.

5. Infecciones parasitarias

Notes from the Field

Primary Amebic Meningoencephalitis Associated with Ritual Nasal Rinsing — St. Thomas, U.S. Virgin Islands, 2012



CDC Morbidity and Mortality Weekly Report (*MMWR*) Search

Notes from the Field: Fatal *Acanthamoeba* Encephalitis in a Patient Who Regularly Used Tap Water in an Electronic Nasal Irrigation Device and a Continuous Positive Airway Pressure Machine at Home — New Mexico, 2023

Weekly / March 27, 2025 / 74(10);179–180

Print

Julia C. Haston, MD[1]; Ibne K. Ali, PhD[1]; Shantanu Roy, MS[1]; Alexis Roundtree[1]; Jessica Hofstetter, PhD[1]; Savannah Pierson, MPH[2]; Emily Helmrich, DO[3]; Paul Torres, MS[2]; Kodi Lockey[2]; Roosecelis B. Martines, MD[4]; Mia Mattioli, PhD[1] (VIEW AUTHOR AFFILIATIONS)

Acanthamoeba and Nasal Rinsing

Haston JC, Serra C, Imada E, Martin E, Ali IKM, Cope JR. Emerg Infect Dis. 2024;30(4):783

- CDC FLA database 1991 – 2022
  - 10 patients with non-keratitis *Acanthamoeba*
    - All immunocompromised
    - Data on water source available for 5 patients:
      - 4 patients reported using tap water
      - 1 used sterile water but submerged the device in tap water

Analyzing Global Prevalence and Disease Burden of Hookworm Disease in 2021

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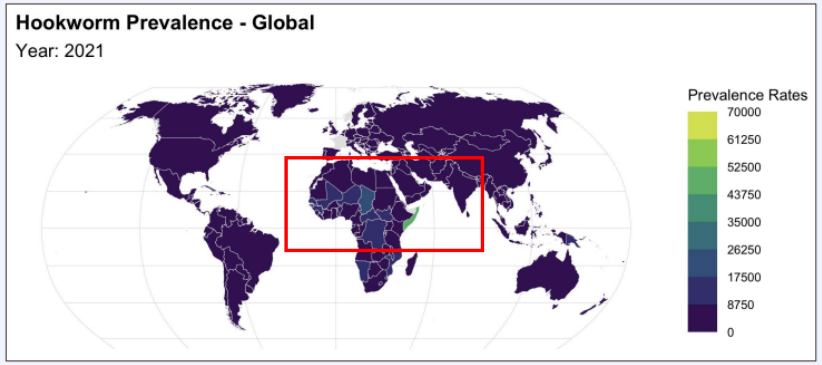
Results

Hookworm Infection Affects Over **112 Million People** Globally

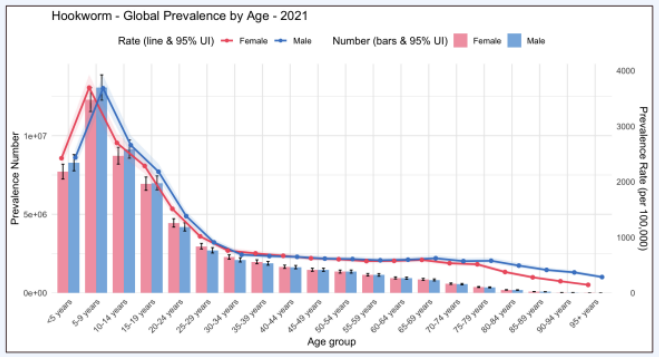
In 2021, an estimated 12.8 million cases were reported globally, with a DALY rate of 7.26 per 100,000 population.



Sub-Saharan Africa and Oceania Show the Highest Regional Burden.

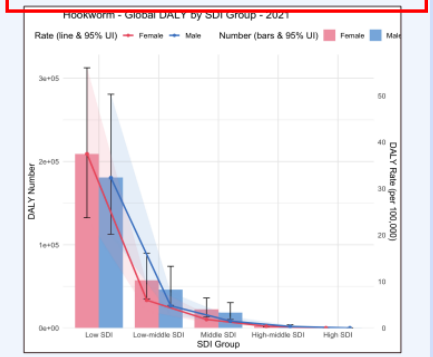
The WHO African Region had the highest DALY and prevalence rates, while the highest country-level DALY rates were observed in Somalia, Chad, and Papua New Guinea.

Children Bear the Highest Disease Burden



The 5- to 9-year-old age group demonstrated the highest prevalence and DALY rates globally.

Low SDI Regions Show Higher Burden



Low SDI regions demonstrated higher DALY and prevalence values than all other SDI groups combined.

Discussion

- Hookworm infection remains highly prevalent globally in 2021, with substantial disability burden concentrated in Sub-Saharan Africa and Oceania.
- There is a particularly greater Hookworm burden of disease in low SDI regions.
- Environmental exposure to contaminated soil, poor sanitation, and limited access to hygiene infrastructure likely drive geographic and socioeconomic clustering.
- Children aged 5–9 years represent the most affected age group by both prevalence and DALY. This may be due to increased soil exposure, immature immune systems, and long-term consequences of anemia and malnutrition.
- Although prevalence is slightly higher in males, females experience a greater disability burden. This higher female DALY may relate to increased susceptibility to iron-deficiency anemia.
- Targeted interventions in low SDI regions are necessary to reduce long-term developmental and economic consequences. School-based deworming programs and sustainable improvements in water, sanitation, and hygiene (WASH) infrastructure are essential in high-burden regions.

Conclusion

- Hookworm infection remains a highly prevalent neglected tropical disease, disproportionately affecting children and low SDI regions.
- Geographic clustering in Sub-Saharan Africa and Oceania underscores the influence of environmental and socioeconomic determinants.
- Expanding pediatric deworming programs and strengthening water, sanitation, and hygiene interventions are critical to reducing long-term health and productivity consequences

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6. Miscelánea

Increased Risk of Cutaneous Infections Among Patients with Psoriasis: A Propensity-Matched Analysis of a Diverse National Cohort

Sebastian Beller, BS[1]; Amritpal Kooner, MA[2]; Yu Xuan Jin, BS[3]; Abhinav Janappareddi, BS[4]; Rawle A. Sekhon, MD[5]

Psoriasis was independently associated with:

- Bacterial infections
- Vital infections
- Fungal infections

Strongest associations (All p < 0.001):

- Impetigo (OR: 3.24)
- Molluscum contangiosum (OR: 2.96)
- Tinea versicolor (OR: 2.85)
- Tinea pedis (OR: 2.75)

Table1. Univariate and Multivariate Odds Ratio of Cutaneous Infectious Comorbidities in Psoriasis Cases/Controls

	Univariate Odds Ratio [95% CI]	P Value	Multivariate Odds Ratio [95% CI]	P value
Bacterial Folliculitis	2.52 [2.00, 3.19]	<.001	2.49 [1.97, 3.14]	<.001
Cellulitis	2.38 [2.24, 2.54]	<.001	2.31 [2.17, 2.46]	<.001
Impetigo	3.65 [3.04, 4.37]	<.001	3.24 [2.71, 3.86]	<.001
Herpes Zoster	2.51 [2.25, 2.79]	<.001	1.95 [1.75, 2.16]	<.001
Varicella	1.76 [1.39, 2.25]	<.001	1.94 [1.51, 2.47]	<.001
Molluscum Contagiosum	2.24 [1.51, 3.31]	<.001	2.96 [1.95, 4.47]	<.001
Candida	2.17 [2.02, 2.34]	<.001	2.42 [2.24, 2.60]	<.001
T. Corporis	2.81 [2.42, 3.28]	<.001	2.68 [2.31, 3.12]	<.001
T. Pedis	2.89 [2.61, 3.19]	<.001	2.75 [2.49, 3.04]	<.001
T. Unguium	2.58 [2.39, 2.79]	<.001	2.23 [2.06, 2.40]	<.001
T. Versicolor	2.41 [1.96, 2.95]	<.001	2.85 [2.31, 3.52]	<.001

Hidden in Plain Sight: Microbial Contamination of Everyday Dermatology Tools

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THE UNIVERSITY OF TEXAS MEDICAL BRANCH

DERMATOSCOPE CONTAMINATION FINDINGS

Table 1: Dermatoscope Contamination Before and After Cleansing (n=30)

Culture/Variable	Pre-Cleanse Positive	Post-Cleanse Positive
Bacterial cultures	13/30 (43%)	7/30 (23%)
Fungal cultures	0/30 (0%)	0/30 (0%)
Habitual cleansers (n=16)	7/16 (43.8%)	–
Non-habitual cleansers (n=14)	6/14 (42.9%)	–
Routine contact dermoscopy (n=18)	7/18 (38.9%)	–
Non-routine contact dermoscopy (n=12)	6/12 (50%)	–
Alcohol-based immersion medium (n=12)	4/12 (33.3%)	–
No immersion medium (n=6)	3/6 (50%)	–

LN_2 CAN CONTAMINATION FINDINGS

Table 2: Liquid Nitrogen Can Contamination by Location and Cleansing Status (n=20 cans, 80 cultures)

Clinic Site	Can Location	Pre-Cleanse Positive	Post-Cleanse Positive	P-value
Galveston (n=10)	Tips (n=10)	6/10 (60%)	1/10 (10%)	0.057
	Handles (n=10)	3/10 (30%)	0/10 (0%)	0.211
League City (n=10)	Tips (n=10)	6/10 (60%)	0/10 (0%)	0.011 *
	Handles (n=10)	3/10 (30%)	0/10 (0%)	0.211
Totals (n=20)	Tips (n=20)	12/20 (60%)	1/20 (5%)	<0.001 ***
	Handles (n=20)	6/20 (30%)	0/20 (0%)	0.020 *

*P-values were calculated using Fisher's exact test to compare pre- and post-cleansing culture positivity. Significance is denoted as follows: $p < 0.05$ *, $p < 0.01$ **, $p < 0.001$ ***.*

KEY FINDINGS

- Both dermatoscopes and LN_2 cans commonly harbor bacterial flora, though isolates were primarily skin commensals rather than high-virulence pathogens and the clinical significance of this microbial burden remains uncertain.
- Simple alcohol wipe cleansing substantially reduced contamination, achieving statistical significance for LN_2 cans and showing a nonsignificant reduction for dermatoscopes.
- Geographic variation in isolates between Galveston and League City raises questions about environmental or patient-related factors influencing microbial patterns.
- These findings support routine disinfection of dermatology devices and underscore the need for larger, multicenter studies to guide standardized cleaning protocols and determine whether reducing device contamination improves patient outcomes.

Conclusiones

- La **sífilis**, lejos de ser una enfermedad “anecdótica”, está en el día a día de la dermatología, especialmente en los últimos años con un repunte de sífilis en **mujeres y su traslado a la sífilis congénita**. Es importante reconocer **formas atípicas**, como las anulares, nodulares o granulomatosas, que recuerdan que la sífilis mantiene su enorme capacidad de simulación clínica.
- La emergencia de ***Trichophyton indotineae* y de *T. mentagrophytes*** *tipo VII* refleja un cambio en la dermatología infecciosa: dermatofitosis más complejas, a menudo **extensas o atípicas, con posibles implicaciones de transmisión sexual** y que exigen mayor sospecha clínica, anamnesis dirigida y confirmación microbiológica, dado que en ocasiones son **resistentes a tratamientos habituales.**
- Parásitos y otras infecciones menos habituales refuerzan la necesidad de una **dermatología infecciosa amplia, atenta y transversal**

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