
AAD ANNUAL MEETING
AEDV
highlights
SAN DIEGO
8-12 MARZO
#AEDVENAAD2024
AEDV
1909
ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

NOVEDADES
Tricología y Onicología

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HIGHLIGHTS AAD: Área de Tricología y Onicología

DANIEL RODRIGUEZ BAEZA

HOSPITAL RIO HORTEGA VALLADOLID

ACADEMIA ESPAÑOLA
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Y VENEREOLOGÍA

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NO TENGO CONFLICTOS DE INTERÉS

23 PONENCIAS SOBRE TRICOLOGIA

22 PONENCIAS SOBRE ONICOLOGIA

ONICOLOGIA

PSORIASIS UNGUEAL

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Clin Exp Dermatol. 2022 Jun;47(6):1165-1168. doi: 10.1111/ced.15110. Epub 2022 Feb 18.

A pilot study of intralesional methotrexate injections versus triamcinolone acetonide in patients affected by nail matrix psoriasis

Michela Starace [1], Aurora Alessandrini [1], Matilde Iorizzo [2], Ambra D'Altobrando [3], Tiziano Ferrari [1], Francesca Bruni [1], Bianca Maria Piraccini [1]

Affiliations + expand

PMID: 35118697 PMCID: PMC9303444 DOI: 10.1111/ced.15110

Free PMC article

- METROTEXATE INTRALESIONAL VS TRIAMCINOLONA INTRALESIONAL
- AMBOS MUY BUENOS RESULTADOS
- MENOS EFECTOS ADVERSOS CON MTEROTEXATO INTRALESIONAL

PSORIASIS UNGUEAL

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Topical Tofacitinib as Effective Therapy in Patients with Plaque Psoriasis Responsive to Systemic Drugs but with Resistant Nail Psoriasis

Rachel Berbert Ferreira [1 2 3], Sineida Berbert Ferreira [1 2], Afonso Cesar Neves Neto [2], Silvana Maria Caparroz-Assef [2], Lars Brictha [4], Giovanni Damiani [5 6], Matilde Iorizzo [7]

Affiliations + expand

PMID: 37900775 PMCID: PMC10601950 (available on 2024-10-01) DOI: 10.1159/000531119

Full text links | Cite

Abstract

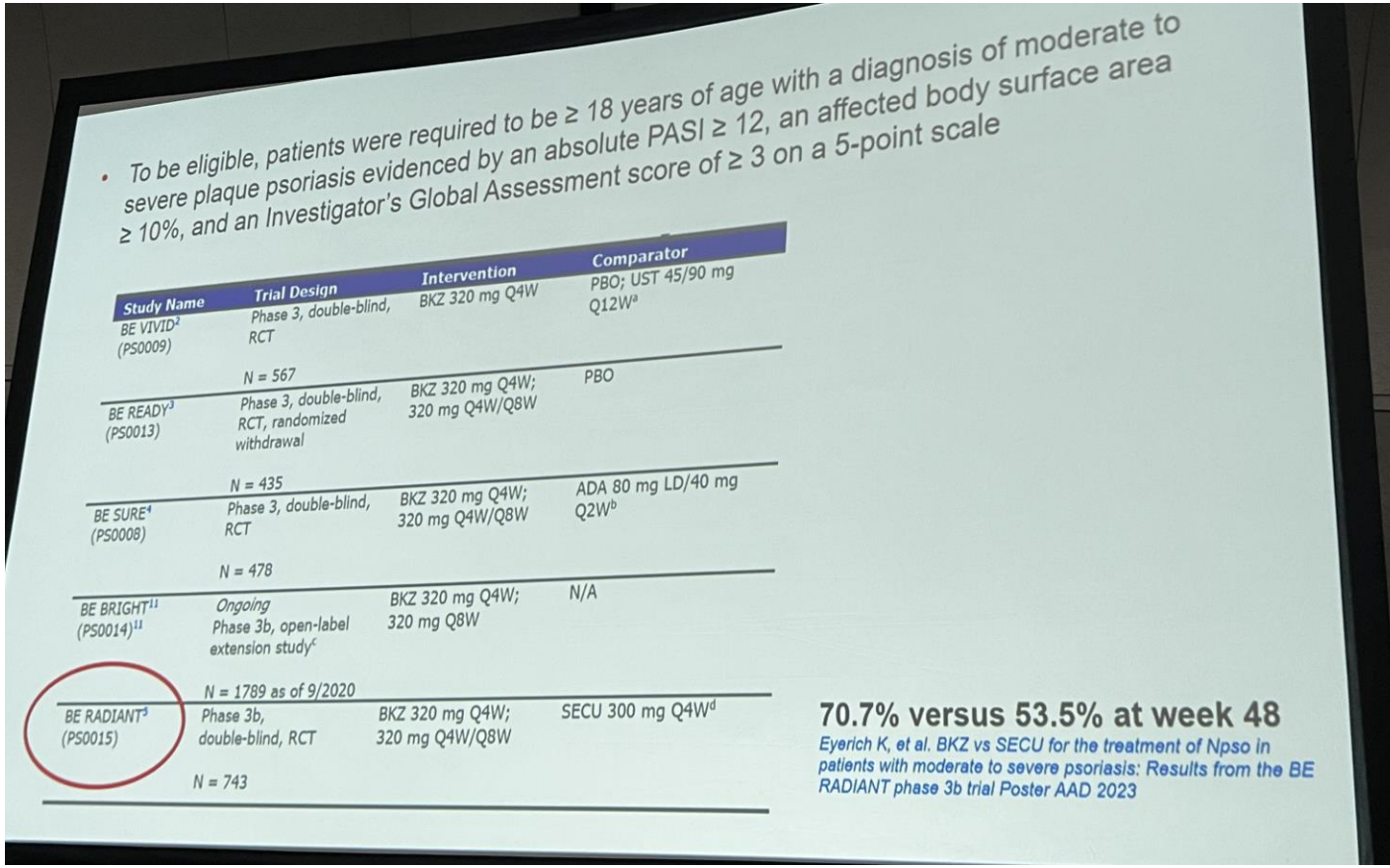
Introduction: Psoriasis is a chronic inflammatory disease that may also involve nails. Unfortunately, topical treatments available are limited and often responsible for side effects and/or lack of compliance due to the necessary prolonged use to see results. Intralesional treatment instead is often unwanted or unaccepted by patients. Lack of efficacy is, moreover, always a possible outcome. Novel modalities for the therapy of nail psoriasis are thus needed and always welcomed.

Case presentation: We then aimed to develop a topical 2% tofacitinib formulation expected to

TOFACITINIB AL 2%

PSORIASIS UNGUEAL

- BIMEKIZUMAB

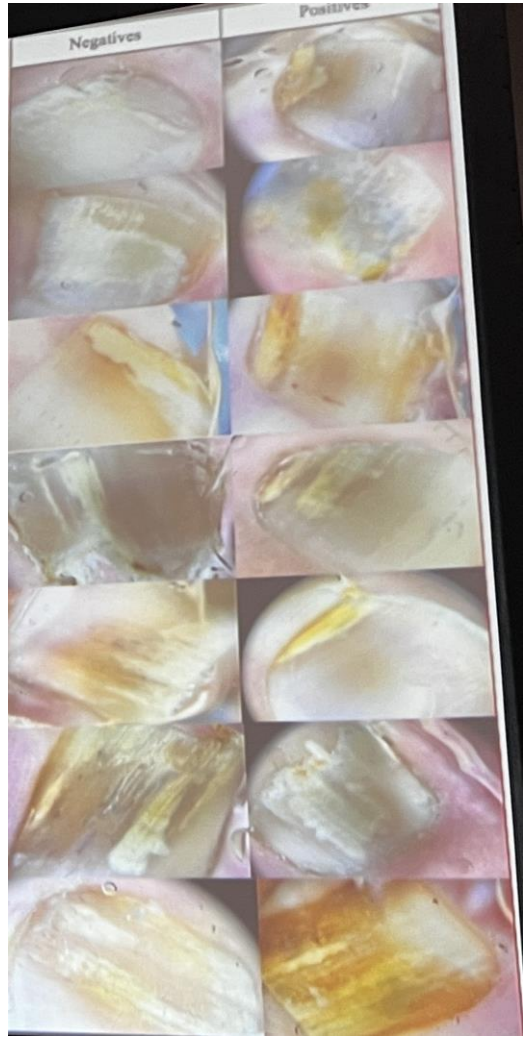


ONICOMICOSIS-ONICOMICETOMAS

Dermoscopic Findings

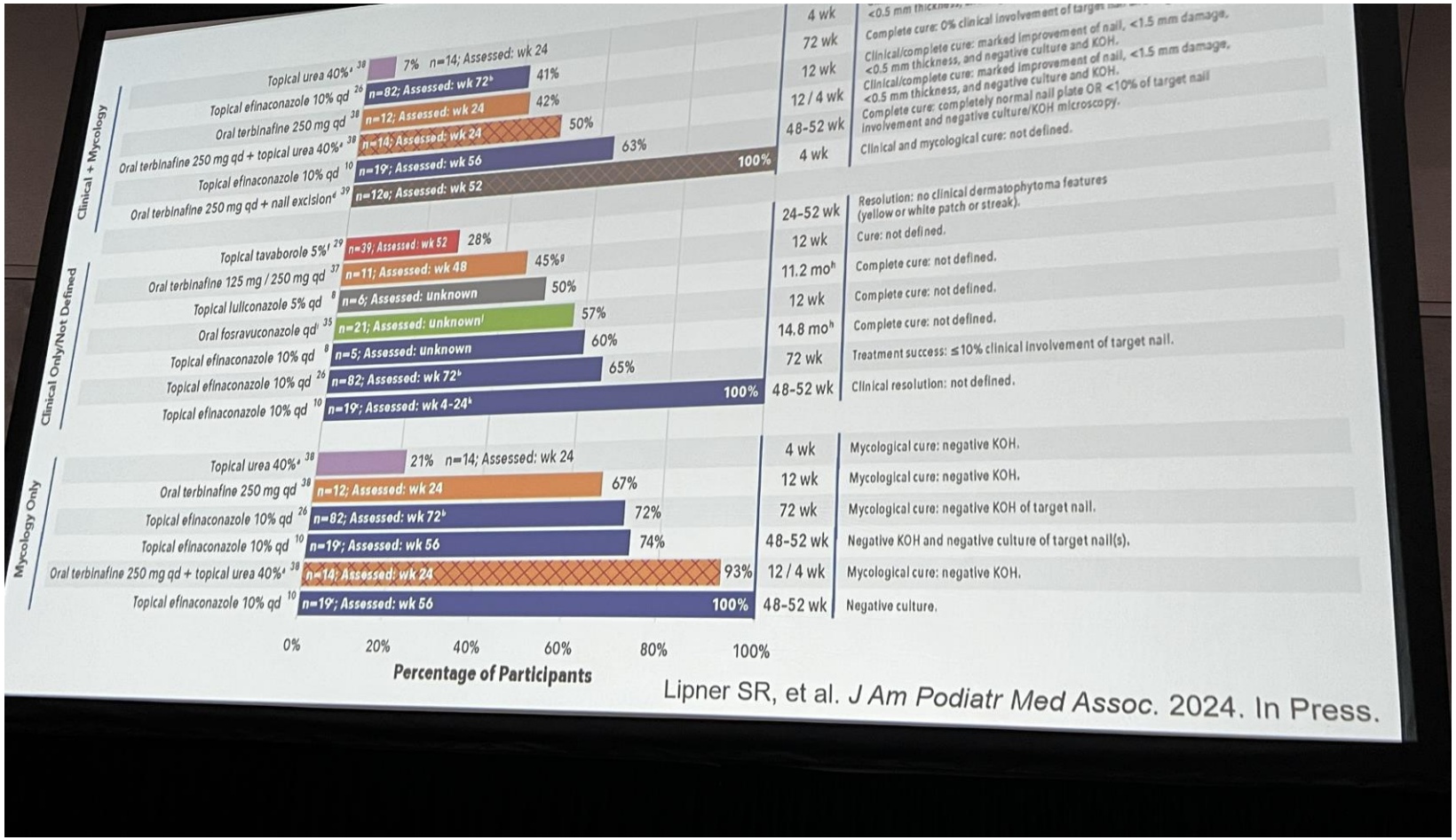
- Central color: yellow dermatophytomas (85.7%), white non-dermatophytomas (70.0%)
- Lateral involvement: dermatophytomas (85.7%), non-dermatophytomas(50.0%)

>2/3 of nail plate: dermatophytomas (28.6%) non-dermatophytomas(50.0%)



Weill Cornell MedicineMiller RC, Curtis KL, Magro CM, Lipner SR, et al. under review

ONICOMICOSIS-ONICOMICETOMAS



TRATAMIENTO TOPICO

ES MAS EFICAZ QUE TRATAMIENTO ORAL

LIQUEN UNGUEAL

1. **Clasificación de Severidad y Número de Uñas Afectadas:**
    1. **Menos de 3 uñas afectadas**, enfermedad leve a moderada.
    2. **Menos de 3 uñas afectadas**, enfermedad severa.
    3. **Más de 3 uñas afectadas**, cualquier presentación.
2. **Tratamiento Según Severidad:**
    1. **Involucramiento de la matriz o lecho ungueal:**
        1. *Leve a moderado:* Triamcinolona intralesional (5-10 mg) o Acitretina oral (0.2-0.3 mg/kg/día o 30mg/día).
        2. *Severo:* Triamcinolona intralesional + Triamcinolona intramuscular (0.5-1 mg/kg), Acitretina oral, o combinación de inmunosupresores (Azatioprina 100mg/día, Ciclosporina 3mg/kg/día, Micofenolato 2gr/día).

3. **Consideraciones Especiales:**
    1. **Triamcinolona Intramuscular:**
        1. Indicada en enfermedad severa, especialmente si afecta a más de 3 uñas.
        2. Administración de 0.5-1 mg/kg cada mes por 3-6 meses.
        3. Importante considerar la protección ósea (Vitamina D y Calcio) y evaluar condiciones subyacentes (diabetes, glaucoma, osteoporosis).
    2. **Retinoides Orales (Acitretina O alitretinoina):**
        1. Dosis de 0.2 a 0.3 mg/kg/día o una dosis fija de 30 mg/día.
        2. Alitretinoina puede ser preferible por su mayor acción antiinflamatoria y regulación de la diferenciación y proliferación de queratinocitos.

5. **Tratamientos Adicionales:**
    1. **Inhibidores de JAK (Janus Kinase):**
        1. Tofacitinib (10 mg/día) o Baricitinib (4 mg/día) mostrando resultados prometedores en la mejora de la apariencia de las uñas afectadas.

TRICOLOGIA

ALOPECIA AREATA 2024

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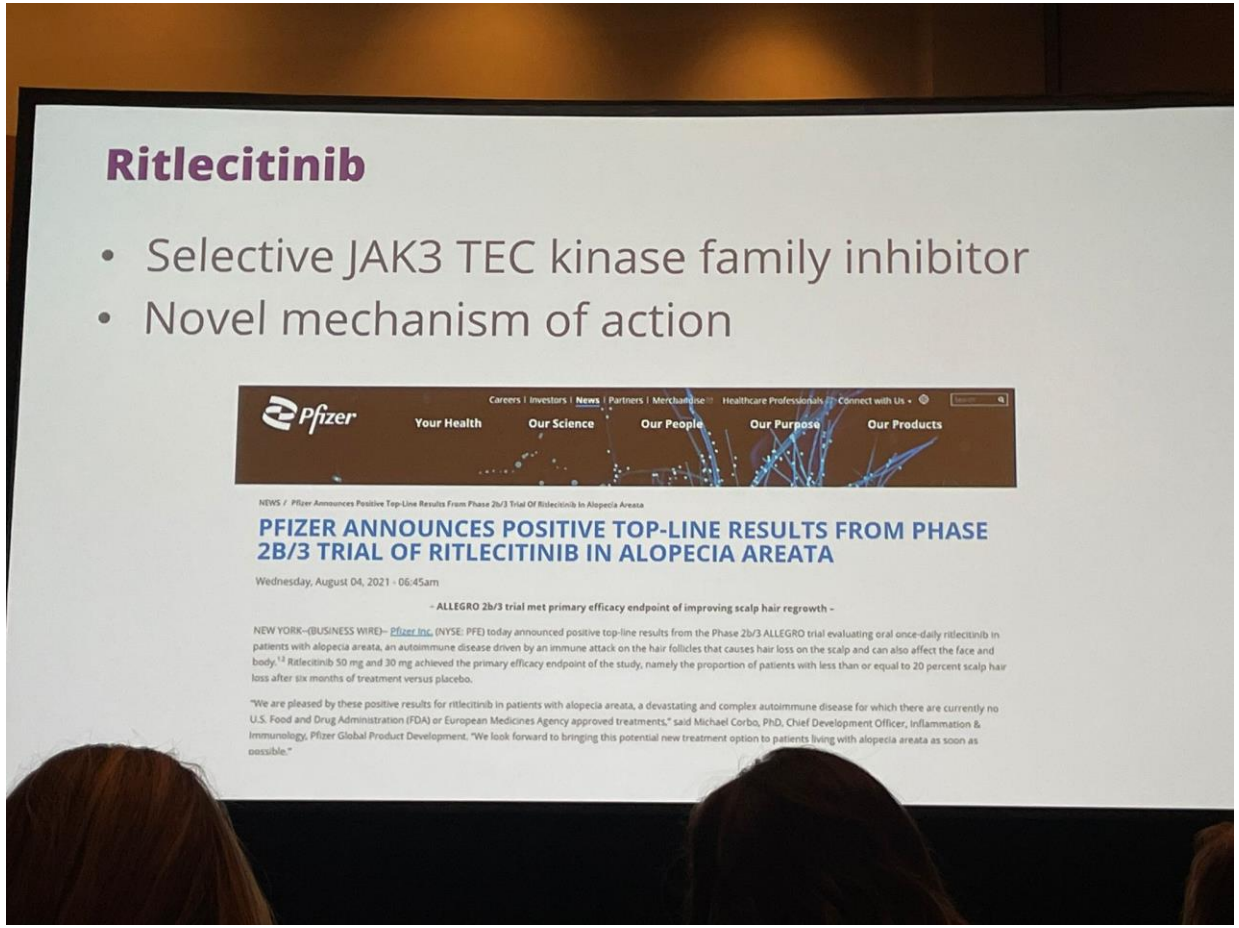

PERDIDA DE PELO EN TRANSEXUALES

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- **MUJERES TRANS**
- First line treatment:
- - Topical minoxidil 5% once per day
- - Oral minoxidil 0.25-1mg
- -LLLT
- - Oral finasteride1-2.5 mg/day
- Spironolactone100-200mg/day
- - Bicalutamide 50mg/day

Second line treatment:

- Topical clascoteronone
- Topical finasteride 0.25%
- Oral dutasteride 0.5mg
- PRP
- Hair transplant

PERDIDA DE PELO EN TRANSEXUALES

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- **HOMBRES TRANS**

First line treatment:

•Topical minoxidil 5% once or twice per day

Oral minoxidil 2.5-5mg/day

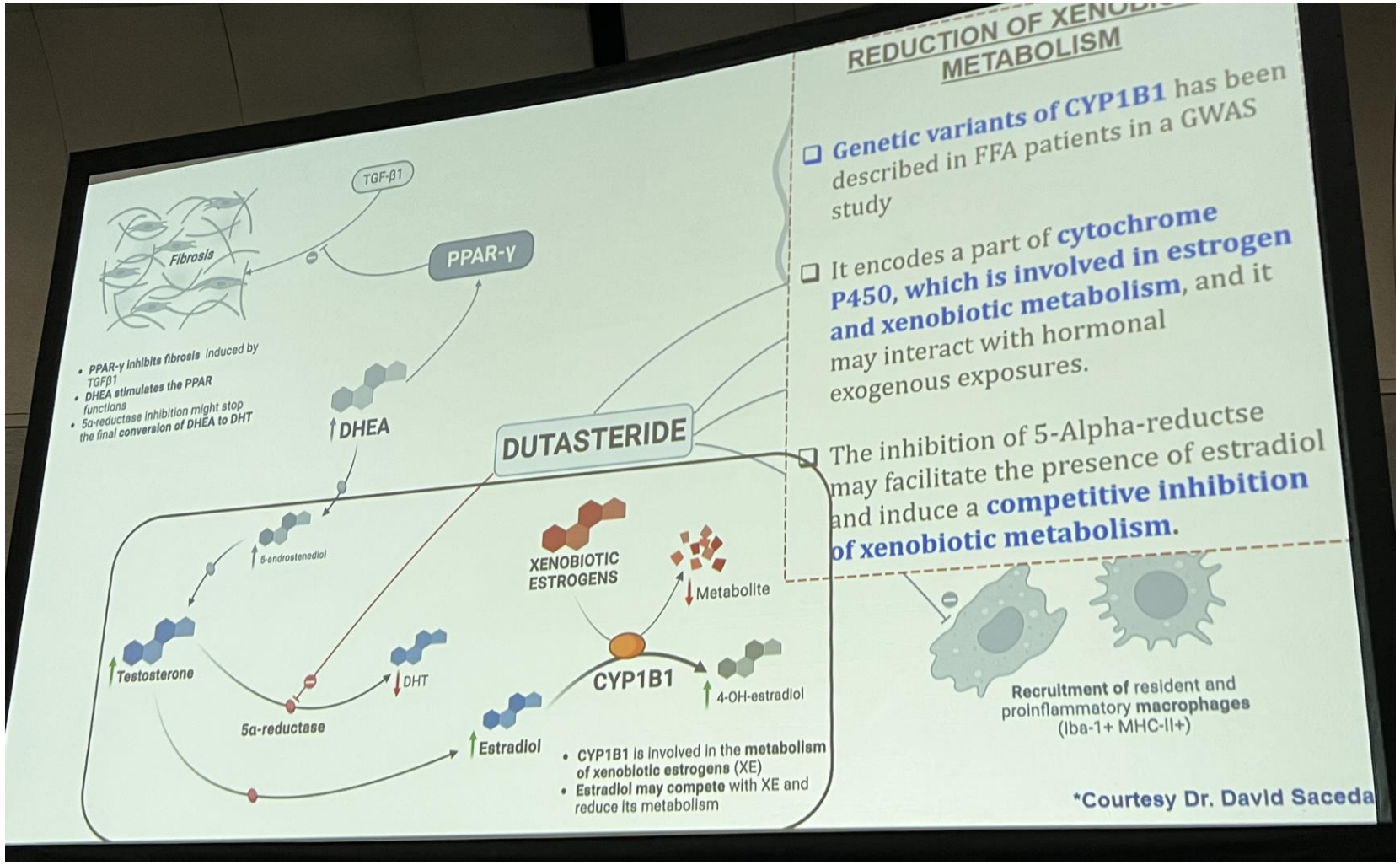
LLLT

Oral finasteride 1mg (**after 2 years)**

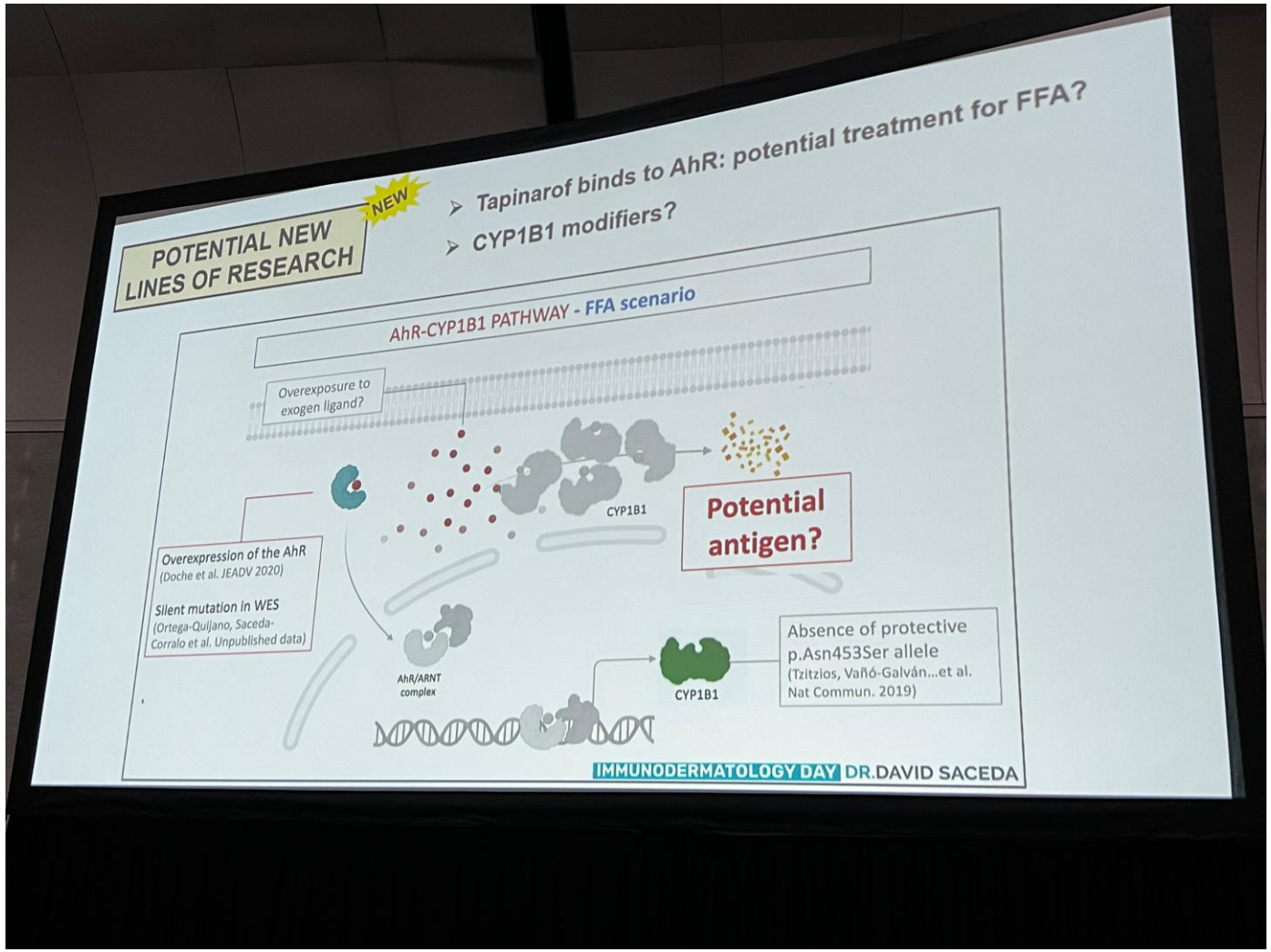
Second line treatment:

- Topical clascoteronone
- Topical finasteride 0.25%
- Oral dutasteride 0.5mg
- PRP
- Hair transplant

ALOPECIA FRONTAL FIBROSANTE



ALOPECIA FRONTAL FIBROSANTE



NUEVOS TRATAMIENTO ALOPECIA FRONTAL

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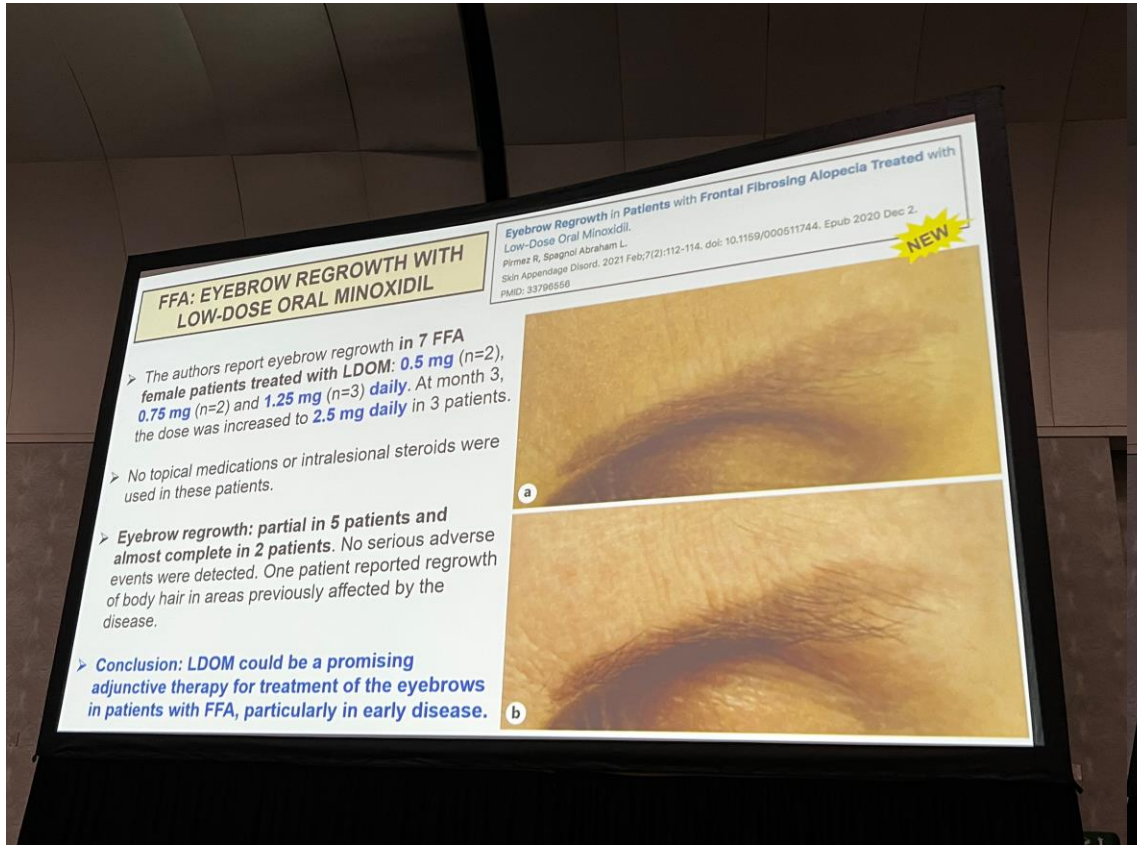

NUEVOS TRATAMIENTO ALOPECIA FRONTAL

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FRONTAL FIBROSING ALOPECIA: SUMMARY OF THERAPIES 2024

A) TREATMENT TO DECREASE INFLAMMATION

SLIGHT INFLAMMATION	Topical tacrolimus or pimecrolimus (preferred) or topical steroids 1-2 days per week
MODERATE INFLAMMATION	Intralesional triamcinolone 4 mg/mL every 3 mon… NEW …onsider antimalarial drugs and/or platelet rich plasma… Excimer l… NEW
INTENSE INFLAMMATION	Intralesional +/- systemic steroids. Consider antimalarial drugs / doxycycline / pioglitazone. +/- JAKI ?

+

B) TREATMENT TO PREVENT DISEASE PROGRESSION

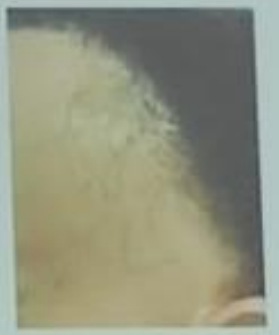
- -Dutasteride 0.5 mg 5-7 / week (preferred) vs 3 / week NEW
- -Finasteride 2.5 – 5 mg daily

AhR – CYP1B1 pathway modifiers? NEW

+

C) TREATMENT TO IMPROVE THE AESTHETICS

- -If facial papules: oral isotretinoin 5-10 mg daily
- -Eyebrows /scalp micropigmentatio… NEW
- -Minoxidil 2%-5% vs oral minoxidil
- -Hair integration systems / wigs / FAS systems NEW
- -If skin atrophy: consider platelet …ch plasma
- -ND:YAG laser for facial veins NEW



+/-

D) SURGICAL TREATMENT

(only selected cases!!)

- -FFA should be clinically stabilized *for at least 1 year*
- *-Hair transplantation should be performed in small areas*
- *-Discuss with the patient the durability of the grafts (40% after 5 years)!!*

> Clin Cosmet Investig Dermatol. 2021 Nov 19:14:1725-1736. doi: 10.2147/CCID.S334807. eCollection 2021.

Short-Term Efficacy of Autologous Cellular Micrografts in Male and Female Androgenetic Alopecia: A Retrospective Cohort Study

Shadi Zari [1]

Affiliations + expand

PMID: 34824538 PMCID: PMC8610382 DOI: 10.2147/CCID.S334807

Free PMC article

Abstract

Purpose: Autologous cellular micrografts (ACM) is a novel treatment method in hair loss, and few data are available regarding its efficacy. The present study was carried out to assess the short-term clinical efficacy of a single application of ACM in the treatment of male and female androgenetic alopecia (AGA).

Materials and methods: This was a single-center retrospective study involving 140 consecutive adults with confirmed AGA, who received a single session of ACM (Regenera Activa®). Efficacy was evaluated 1-6 months after treatment, by analyzing the change of trichometry parameters, which were assessed using TrichoScan digital image analysis.

Results: Depending on the scalp region, there was increase in mean hair density by 4.5-7.12 hair/cm^2, average hair thickness by 0.96-1.88 µm, % thick hair by 1.74-3.26%, and mean number of follicular units by 1.30-2.77, resulting in an increase of cumulative hair thickness by 0.48-0.56 unit. Additionally, the frontal region showed a significant decrease in % thin hair (-1.81%, $p = 0.037$) and yellow dots (-1.93 N/cm^2, $p = 0.003$). A favorable response was observed in 66.4% of the participants in the frontal region. Further, a gender-specific effect of treatment was observed.

Conclusion: ACM is a promising treatment in AGA with a short-term favorable response observed in up to approximately two-thirds of patients.

POSTERS

BOTOX

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Botulinum Toxin for Scalp Conditions: A Systematic Review

Betty Nguyen, MD[1], Sofia M. Perez, BS[1], Antonella Tosti, MD[1]

[1]University of Miami Department of Dermatology and Cutaneous Surgery, Miami, FL

AT is a consultant for DS Laboratories, Monat Global, Almirall, Thirty Madison, Eli Lilly, Bristol Myers Squibb, P&G, Pfizer, Myovant and Principal Investigator for Eli Lilly, Pfizer, Erchonia. BN and SMP have no disclosures.

Background

- Many reports have described the use of botulinum toxin in the treatment of scalp conditions, but no studies have synthesized these collective findings.

Objective

- We conducted a systematic review to summarize the scalp conditions for which treatment with botulinum toxin has been described.

Methods

- We searched PubMed/MEDLINE and Scopus for articles in English published before November 1, 2022 using the keywords "hair" or "scalp" and botulinum toxin-related search terms.
- Articles that described patients who received injections of botulinum toxin for the management of scalp conditions were included.

Results

24 studies were identified reporting data on 309 patients with the following conditions:

- **Hair loss** (73.1%, 226/309)
  - Androgenetic alopecia *(n=199)*
  - Telogen effluvium *(n=12)*
  - Alopecia areata *(n=7)*
  - Folliculitis decalvans *(n=4)*
  - Cephalalgia alopecia *(n=3)*
  - Filler-induced alopecia *(n=1)*
- **Craniofacial or gustatory hyperhidrosis** (17.5%)
- **Hyperseborrhea** (8.1%)
- **Linear scleroderma** (0.6%)
- **Scalp pain** (0.6%)

Formulations of botulinum toxins used:

- onabotulinumtoxinA (BOTOX®)
- Chinese botulinum toxin type A (Hengli®)
- abobotulinumtoxinA (Dysport®)
- prabotulinumtoxinA (Nabota®)
- rimabotulinumtoxinB (NeuroBloc®)

Key Takeaways

- **Androgenetic alopecia, craniofacial hyperhidrosis, and scalp hyperseborrhea had the most robust data supporting the clinical efficacy of botulinum toxin.**
- Possible mechanism: Increased blood flow from scalp muscle relaxation

Conclusions

- The current quality of evidence is highly variable and, for many conditions, limited to small observational studies.
- Botulinum toxin may be a promising therapeutic option for patients with various scalp conditions, but future studies are needed to better understand its efficacy and safety.

References

1. Nguyen B, Perez SM, Tosti A. Botulinum Toxin for Scalp Conditions: A Systematic Review. *Dermatol Surg.* 2023;49(11):1023-1026.
2. Khattab FM, Rady A , Khashaba SA. Recent modalities in treatment of telogen effluvium: Comparative study. *Dermatol Ther.* 2022;35:e15720.
3. Cutrer FM, Sandroni P , Wendelschafer-Crabb G. Botulinum toxin treatment of cephalalgia alopecia increases substance P and calcitonin gene-related peptide-containing cutaneous nerves in scalp. *Cephalalgia.* 2010;30:1000-6.

IXEQUIZUMAB LIQUEN PLANOPILAR

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Draw | 1 of 1

HEALTH SCIENCES

Ixekizumab in Patients with Lichen Planopilaris- An Open-Label Study

Kenda Piña BS, Gabriel Peters BA, Alba Posligua MD, John Durkin MD, MBA

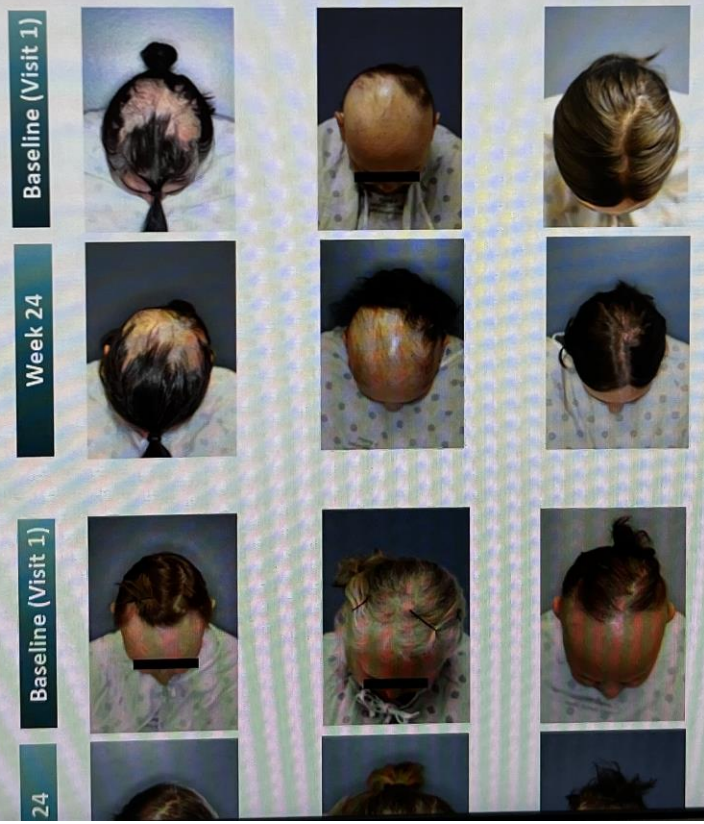
SCHOOL OF MEDICINE

Introduction

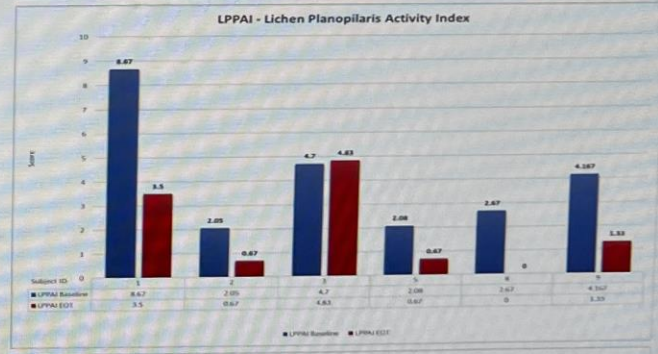
- Lichen planus (LP) is an inflammatory dermatosis that affects 0.5-1% of the population.
- Classic cutaneous LP presents as purple, polygonal, pruritic, flat-topped papules and plaques and may affect any area of the body. Lichen planopilaris (LPP) is characterized by perifollicular erythema and scale that can progress to cicatricial alopecia. Frontal fibrosing alopecia (FFA) is a variant of LPP that presents as a band-like zone of hair loss along the anterior hairline and may affect eyebrows.
- Majority of LP/LPP/FFA patients are adults (95%).
- LPP is predominantly T-cell mediated diseases, with the presence of T helper, regulatory, and cytotoxic lymphocytes, natural killer (NK) cells and dendritic cells.
- There are few available therapies to treat LPP.
- Ixekizumab is an investigational drug that is currently FDA approved to treat psoriasis, psoriatic arthritis, ankylosing spondylitis, and radiographic axial spondyloarthritis.
- Ixekizumab is a monoclonal antibody that selectively binds to IL-17A and inhibits its interaction with the IL-17 receptor. IL-17 is a pro-inflammatory cytokine that promotes epithelial proliferation. Ixekizumab has the potential to improve or clear symptoms of LP and LPP.
- There is data supporting the role if IL-17 in the pathogenesis of LP, oral LP, and LPP; therefore, IL-17A blockers could be a promising new therapy to treat this group of conditions that until now have so few treatment options.
- Primary Objective: To test the efficacy of 24-week treatment with ixekizumab of LPP in adult patients.

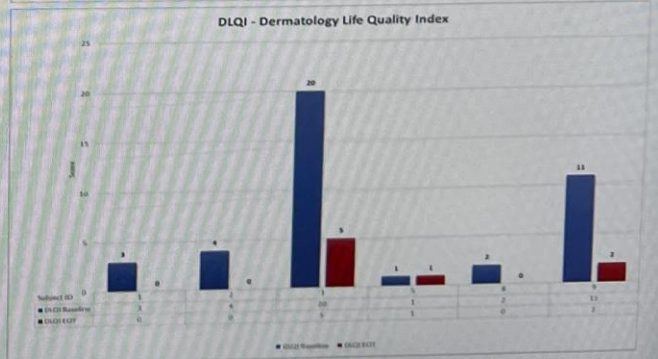
Methods

- **Study setting:** University of New Mexico Department of Dermatology Clinic
- **Study design:** Non-randomized controlled observational study
- **Study groups:** Cases: 6 female patients, ≥ 18 years of age with mild to moderate LPP who failed at least 1 topical/systemic treatment.



Data Collection/ Analysis





- 6 female participants completed the 24-week study. LPPAI scores showed statistical significance (p=0.029) with a BL mean of 4.06 and SD of 2.51 and OT mean of 1.83 and

ALITRETINOINA –ALOPECIA AREATA

AAD ANNUAL MEETING AEDV highlights

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Evaluating the Efficacy of Oral alitretinoin in Alopecia Areata

Jinsu Lee[1,2], Gi-Wook Lee[1,2], Jun-Oh Shin[1,3], Dongyoung Roh[1,2], Yeona Kim[1,3], Sang-Hyeon Won[1,2], Jungsoo Lee[1,3], Kihyuk Shin[1,3], Hoon-Soo Kim[1,2], Hyunchang Ko[1,3], Byungsoo Kim[1,2], Moon-Bum Kim[1,2]

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[3]Department of Dermatology, Pusan National University Yangsan Hospital, Yangsan, Korea

Background

- **Alitretinoin can be a new treatment modality of alopecia areata (AA)?**
- **Dual role of retinoic acid in modulating T cell responses**
  - Evoking tolerogenic or inflammatory effects depending on the microenvironment and the synergizing cytokines
  - Possibly effects on the hair cycle and immune response in AA
  - But limited data with only a few case reports until now

Objective

- To evaluate the efficacy of alitretinoin in the treatment of alopecia areata

Method

- Author has no relationships to disclose
- Period
  - October 2013 to August 2023
- **A retrospective study:** Medical records, clinical/dermoscopic photos
- Patients
  - 53 AA patients **treated with alitretinoin** for **at least 12 weeks** in the Pusan National University Hospital
  - Treatment dose: **30mg** of oral alitretinoin **once-daily**
  - Patients were divided into three groups based on treatment method

Group A	Group B	Group C
✓Alitretinoin monotherapy	✓Adding other Tx after limited response with alitretinoin monotherapy	✓Adding alitretinoin when showing resistance to other Tx

*Tx: treatment

- Assessment
  - Demographics
  - **Baseline** and **Delta (Δ) Severity of Alopecia Tool (SALT) score** at last follow-up
  - Analysis of **treatment effects** based on **baseline SALT** scores

Results – clinical findings

Table 1. Baseline characteristics

	Group A (n=14)	Group B (n=10)	Group C (n=29)
Onset age (Year)	39.5 ± 16.6	24.1 ± 10.5	32.4 ± 18.1
Sex			
Male	5 (35.7)	4 (40.0)	17 (58.6)
Female	9 (64.3)	6 (60.0)	12 (41.4)
Disease duration (Month)	78.9 ± 85.2	78.8 ± 88.0	78.4 ± 96.5
Duration of follow-up (Month)	34.2 ± 55.2	17.5 ± 13.4	11.2 ± 9.2
Family history of AA	1 (7.7)	2 (20.0)	3 (10.3)
Baseline SALT score	52.2 ± 36.4	78.8 ± 32.0	80.1 ± 25.4
Disease, subtype			
Patch AA	5 (35.7)	6 (60.0)	10 (34.5)
Diffuse AA	5 (35.7)	0	11 (37.9)
Alopecia totalis	2 (14.3)	3 (30.0)	6 (20.7)
Alopecia universalis	2 (14.3)	1 (10.0)	2 (6.9)
Nail change	2 (14.3)	0	2 (6.9)
(+)	0	0	0
(-)			
Comorbidities			
Atopic dermatitis	2 (14.3)	5 (50.0)	4 (13.8)
Allergic rhinitis	2 (14.3)	1 (10.0)	6 (20.7)
Hyperthyroidism	3 (21.4)	0	2 (6.9)
Asthma	2 (14.3)	0	0
Hyperlipidemia	3 (21.4)	0	1 (3.4)
Diabetes mellitus	2 (14.3)	0	1 (3.4)

Results – treatment response & adverse evetns

Table 2. Treatment response

	Group A (n=14)	Group B (n=10)	Group C (n=29)
Treatment duration (Month)	18.9 ± 22.2	5.4 ± 5.6	4.6 ± 1.8
Treatment response			
Hair regrowth	8 (57.1)	3 (30.0)	9 (31.1)
Δ SALT (% change)			
<25	1	3	2
26-50	0	0	2
>50	7	0	5
No response	5 (35.7)	7 (70.0)	19 (65.5)
Worsening	1 (7.1)	0	1 (3.4)

Table 3. Adverse events (n=79)

Adverse event*	Number of patients, n (%)	Discontinued, n (%)
Headache	21 (26.6)	9 (11.4)
Flushing	3 (3.8)	0
Dryness	1 (1.3)	0
Cheilitis	1 (1.3)	0

Fig.2 Clinical course of AA treatment. Group A (a-b), group B (c-e), group C (f-h).

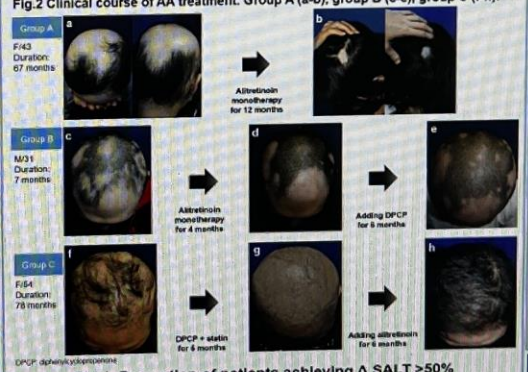
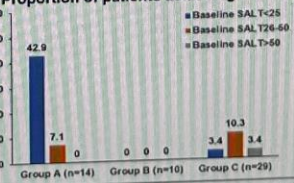


Fig.1. Proportion of patients achieving Δ SALT >50%



✓ Patients with baseline SALT <25
✓ Poor response to conventional treatments
➡ Treatment response ↑

Discussion

- **Pathogenesis of AA**
  - **Polygenic disease** with wide spectrum of phenotypes arising from a combination of **genetic** and **environmental factors**
  - **AA lesions can be experimentally induced** in healthy human scalp skin xenotransplants onto SCID under certain conditions.
  - Ag-specific autoimmune attack on the anagen hair follicles (HF) / **genetic predisposition to AA** are **quite unlikely.**
  - Stereotypic response pattern that any anagen HFs will show
    - **irrespective of** the genetic predisposition and the preexistence of autoreactive CD8⁺T cells **provided that** HF immune privilege (IP) collapses
    - Excessive **IFN-γ** signaling causes **cytotoxic HF damage**

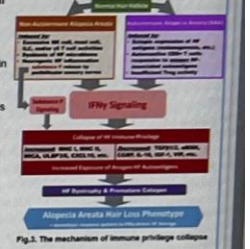
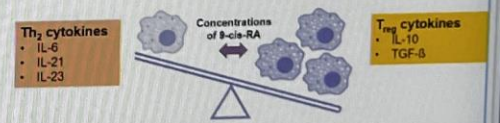


Fig.3. The mechanism of immune privilege collapse

- **IFN-γ, type II inflammation vs. Alitretinoin**
  - **Alitretinoin (9-cis-retinoic acid):** dual retinoic acid receptor and retinoid X receptor agonist
  - Central role in **balancing Th_2 cell** and **T_{reg}** responses
  - **Balance** of tolerogenic and inflammatory responses



- Concentrations of 9-cis-RA ↑: Th_2 cytokines (IL-6, IL-21 and IL-23) ↓
  T_{reg} cytokines (IL-10, TGF-ß) ↑ → IFN-γ ↓

Alitretinoin could be a new therapeutic option for AA!

Conclusion

- Though this study seems to show limited results,

alitretinoin can be a new treatment option

- **in mild alopecia areata** (SALT score < 25)
- **as add-on therapy** in recalcitrant AA **who had poor response to conventional treatments**

References

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La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2024.

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