ABSTRACTS

Bewertung der Wirkung von TNF-Blockern auf die Herzinsuffizienz bei Psoriasis und anderen immunvermittelten entzündlichen Erkrankungen

A01

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Einleitung / Background: TNF-Blocker (TNFb) zählen zu den am häufigsten verordneten Biologika bei der Behandlung von immunvermittelten entzündlichen Erkrankungen (IMIDs). In den aktuellen Leitlinien wird eine Kontraindikation für die Anwendung von TNFb bei Patienten mit Herzinsuffizienz angegeben, obwohl die Evidenz für einen Zusammenhang unsicher ist. Im Rahmen einer Metaanalyse wurde das Risiko einer Herzinsuffizienz bei Patienten, die mit TNFb behandelt wurden, bewertet.

Methodik / Methods: Im Rahmen einer systematischen Literatursuche wurden randomisierte kontrollierte Studien sowie nicht-randomisierte Beobachtungsstudien (nrBS) mit TNFb-behandelten IMID-Patienten einbezogen. In der vorliegenden Studie wurden Patientengruppen, die einer TNFb-Behandlung unterzogen wurden, mit Kontrollgruppen ohne Exposition verglichen. Der Endpunkt der Untersuchung bestand in der Inzidenz von Verschlechterung oder neu auftretender Herzinsuffizienz. Zu diesem Zweck wurde eine Random-Effekts-Metaanalyse mit Risikoverhältnissen (RR) und 95-prozentigen Konfidenzintervallen (CI) durchgeführt.

Ergebnisse / Results: 49 Studien wurden identifiziert, von denen 45 in die quantitative Analyse aufgenommen wurden. Die Auswertung der Daten aus RCTs und nrBS ergab keine signifikante Erhöhung des Risikos für neu auftretende Herzinsuffizienz in der TNFb-Gruppe im Vergleich zu den Kontrollen (RR=0,87; 95% CI: 0,60-1,25 bzw. RR=0,86; 95% CI: 0,64-1,14). Die Ergebnisse von nrBS zeigten ebenfalls keine signifikante Erhöhung des Risikoanstiegs von Herzinsuffizienz durch TNFb (RR=1,18; 95% CI: 0,69-2,00).

Schlussfolgerung / Conclusion: Die vorliegenden Ergebnisse zeigen, dass IMID-Patienten unter TNFb-Behandlung weder ein erhöhtes Risiko für die Entwicklung einer neu auftretenden Herzinsuffizienz aufweisen, noch einen statistisch signifikanten Risikoanstieg für die Verschlechterung der Herzinsuffizienz zeigen. Es empfiehlt sich, eine Aktualisierung der IMID-Leitlinien in Erwägung zu ziehen.

Schmerzintensität bei akuten Schüben der Hidradenitis suppurativa – eine Fragebogen-basierte Studie

A02

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Einleitung / Background: Die Hidradenitis suppurativa (HS, Acne inversa) ist eine chronische, rezidivierende und schmerzhafte entzündliche Hauterkrankung, die die Lebensqualität der Betroffenen erheblich beeinträchtigt. Obwohl Schmerzen ein zentrales Symptom der Erkrankung darstellen, gibt es bisher nur wenige Daten zur schubassoziierten Schmerzintensität bei HS. Ziel dieser Studie war es, die während akuter Krankheitsschübe auftretenden Schmerzen bei HS-Patienten quantitativ zu erfassen.

Methodik / Methods: Zwischen Februar und Dezember 2024 wurden in der HS-Spezialambulanz der Universitätskli-

nik für Dermatologie, Venerologie und Allergologie in Innsbruck 66 Patienten (20 Frauen, 46 Männer; Medianalter 40,5 Jahre; BMI 30,20±5,87) mittels standardisiertem Fragebogen untersucht. Die Schmerzintensität wurde mittels numerischer Ratingskala (NRS) (1=kein Schmerz, 10=schlimmster vorstellbarer Schmerz) erfasst.

Ergebnisse / Results: Die mittlere Schmerzintensität während der letzten akuten Exazerbation betrug 7,60±1,99 Punkte (NRS). Über die Hälfte der Patienten (56,1%) gab Schmerzwerte von ≥8 an, 24,2% berichteten den maximalen Schmerzlevel von 10. Es zeigte sich kein signifikanter Zusammenhang zwischen der Schmerzintensität und der klinischen Schwere der Erkrankung (Hurley-Stadium, IHS4-Score).

Schlussfolgerung / Conclusion: Unsere Studie dokumentiert erstmals mittels NRS eine erhebliche Schmerzbelastung während akuter HS-Schübe, unabhängig von der klinischen Krankheitsschwere. Dies verdeutlicht die Notwendigkeit einer umfassenden Schmerzbewertung und eines multimodalen Schmerzmanagements bei allen HS-Patienten.

Literatur / Literature: Regensberger F, Andre F, Schmuth M. Flare-ups: New Insights into the Burden of Pain in Hidradenitis Suppurativa. Acta Derm Venereol 2025; 105: adv43124.

Integrating Social Media into Modern Dermatology – A Cross-Sectional Study

A03

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Einleitung / Background: Social media is increasingly establishing itself as an important source of information for skin health. Although demand among users is high, only few dermatologists outside the Anglo-American region use these platforms to provide patient information and the majority of content is provided by nonmedical sources. This study investigated the influence of social media on skincare and preventive behaviour among young adults, and the relevance of medically qualified content.

Methodik / Methods: An anonymized 34-item online questionnaire was distributed to 454 students at the University of Innsbruck, assessing social media usage, skincare routines, prevention behaviour, and perception of dermatological content. Descriptive and inferential statistics (chi-square, $p < 0.05$) were applied.

Ergebnisse / Results: A statistically significant association was found between time spent on social media and perceived impact on personal skin health ($p = 0.014$).

Participants exposed to dermatologist-created content were significantly more likely to follow a skincare routine ($p < 0.001$).: 54.1% with dermatologist content vs. 23.3% without ($p < 0.001$).
Participants interested in more dermatological content were more likely to rate skincare as important: 50% vs. 30% ($p < 0.001$).
Significant gender differences: Skincare routine: 47% of women vs. 10% of men ($p < 0.001$).
A significant age difference was observed: Social media users were younger on average (mean 24.3 vs. 25.5 years, $p = 0.028$).

Schlussfolgerung / Conclusion: Social media offers significant potential for providing information about skin conditions and educating patients. Implementing a more comprehensive presence of medical professional reviewed content may help minimise the spread of misinformation and promote health education, especially among young users.

Synthesis and modification of Briciclib phosphonate analogs for the topical treatment of psoriasis

A04

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Einleitung / Background: The systemic treatment of severe psoriasis with biologics has made considerable progress in recent decades. In contrast, little progress has been made in topical therapies for mild to moderate forms of psoriasis-highlighting the urgent need for new topical treatment options. Eukaryotic translation initiation factor 4E (eIF4E), a regulator of proliferation, apoptosis and differentiation, plays a key role in the pathogenesis of psoriasis. Preliminary data suggest that the eIF4E inhibitor briciclib improves psoriatic lesions, but its hydrolytic release of a phenolic group precludes safe topical application. This prompted the development of hydrolysis-stable, pharmacologically optimized eIF4E inhibitors for topical therapy.

Methodik / Methods: We have synthesized and characterized a series of novel eIF4E inhibitors, analyzed the structure-activity relationships and optimized the profiles for topical application. Selected compounds were tested *in vitro* (HaCaT keratinocytes, human skin explants) and *in vivo* (imiquimod-induced psoriasis model) for their effect on eIF4E, its partners eIF4A and eIF4G as well as pro-inflammatory cytokines.

Ergebnisse / Results: Topical inhibition of eIF4E reduced psoriatic inflammation *in vitro* and *in vivo*, normalized keratinocyte proliferation and reduced epidermal hyperplasia. Treatment downregulated eIF4E and related initiation factors and decreased proinflammatory cytokines such as TNFα, IL-1β, IL-17 and IL-22. These effects emphasize the involvement of eIF4E and other eIFs in psoriasis and suggest that dysregulation of translation contributes to the pathology of the disease.

Schlussfolgerung / Conclusion: Our results identify eIF4E as a promising molecular target in psoriasis and support the development of safe, topically applicable inhibitors as an innovative therapeutic option for mild to moderate disease.

The efficacy of different treatment options in cutaneous sarcoidosis: a meta-analysis of RCT

A05

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Einleitung / Background: Cutaneous sarcoidosis is a granulomatous skin disease that may occur independently or as part of systemic sarcoidosis. Various pharmacologic therapies are used off-label, but their impact on quality of life (QoL) and safety remains unclear. This meta-analysis systematically evaluated pharmacologic interventions on QoL and serious adverse events (SAEs) in randomized placebo-controlled trials.

Methodik / Methods: A comprehensive literature search (PubMed, Google Scholar, Cochrane Library) was conducted up to April 1, 2025, using predefined keywords. Eligible studies were randomized, double-blind, placebo-controlled trials of pharmacologic treatments for cutaneous sarcoidosis reporting QoL or SAE outcomes. Extracted data included study and patient characteristics, interventions, and outcomes. Risk of bias was assessed with the Cochrane tool. Due to heterogeneous QoL instruments (e.g., DLQI, Skindex), a binary outcome was defined as a ≥4-point improvement on any validated scale. Meta-analyses used random-effects models with I^2 statistics.

Ergebnisse / Results: Three studies (n=138) provided QoL data. Improvement was observed in 22/40 patients in intervention groups versus 12/34 with placebo (OR 2.23; 95% CI 0.87-5.73; P=0.09; I^2=0%). Four studies (n=266) reported SAE data, with identical incidence in both arms (18 events each; OR 0.97; 95% CI 0.48-1.96; P = 0.93; I^2=0%). TNF-α inhibitors and other immunomodulators were the most frequently studied agents.

Schlussfolgerung / Conclusion: Pharmacologic treatment may improve QoL without increasing SAE risk, but the QoL benefit was not statistically significant. Small sample sizes and methodological heterogeneity contribute to uncertainty.

Larger, high-quality randomized trials with standardized, patient-centered outcomes are needed.

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Die verborgene sozioökonomische Last der schweren Hidradenitis suppurativa – eine querschnittliche Analyse der Arbeitsproduktivität

A06

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Einleitung / Background: Die Hidradenitis suppurativa (HS) ist eine chronisch-entzündliche Hauterkrankung, die vorwiegend intertriginöse Hautareale betrifft und mit einer erheblichen körperlichen sowie psychischen Belastung einhergeht. Während der Einfluss von HS auf Arbeitslosigkeit, Fehlzeiten und Präsentismus bereits untersucht wurden, fehlen bislang objektive Daten zur tatsächlichen Arbeitsproduktivität. Ziel dieser Studie war es, die wöchentliche Arbeitszeit von HS-Patienten zu quantifizieren und mit dem klinischen Schweregrad der Erkrankung zu korrelieren.

Methodik / Methods: Im Rahmen einer prospektiven Querschnittsstudie wurden zwischen Februar und Dezember 2024 an der HS-Spezialambulanz der Universitätsklinik für Dermatologie in Innsbruck 57 Patienten mit HS (18 Frauen, 39 Männer; Medianalter 37 Jahre, IQR 33,0-42,0) eingeschlossen. Zur Vermeidung von Verzerrungen wurden ausschließlich erwerbsfähige Personen (≤60 Jahre) berücksichtigt. Der Schweregrad wurde anhand des Hurley-Stadiums und des IHS4-Scores erhoben. Die wöchentliche Arbeitszeit wurde selbstberichtlich erfasst und nach Schweregrad analysiert.

Ergebnisse / Results: Die durchschnittliche Arbeitszeit betrug 26,54±18,43 Stunden/Woche. Der Median lag bei 40,0 h/Woche (IQR 38,5-42,75) bei milder HS, 38,5 h/Woche (IQR 7,25-40,0) bei moderater HS und 4,0 h/Woche (IQR 0,0-34,25) bei schwerer HS (IHS4-Score) (p<0,001). Auch nach Hurley-Stadium zeigten sich signifikante Unterschiede (p=0,009).

Schlussfolgerung / Conclusion: Erstmals konnte ein direkter Zusammenhang zwischen tatsächlich geleisteter Arbeitszeit und HS-Schweregrad gezeigt werden. Die ausgeprägte Einschränkung bei schwerer HS unterstreicht die Notwendigkeit eines frühzeitigen therapeutischen Eingreifens zur Erhaltung der Erwerbsfähigkeit und zur Reduktion der sozioökonomischen Krankheitslast.

Literatur / Literature: Regensberger F, Andre F, Maier S, Posch C, Schmuth M. The Hidden Socioeconomic Toll of Severe Hidradenitis Suppurativa. Acta Derm Venereol. 2025;105:adv44495.

Effect and Length of Doxycycline Administration in Elderly Patients With Bullous Pemphigoid

A07

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Einleitung / Background: Bullous pemphigoid (BP) is the most common autoimmune blistering disease and primarily affects elderly. Systemic corticosteroids and immunosuppressive drugs are the standard treatment, but side effects often restrict their use. Doxycycline has been proposed as an alternative, but there is limited long-term, real-world data on its efficacy and tolerability. We aimed to evaluate the effectiveness and length of doxycycline treatment in BP patients.

Methodik / Methods: This retrospective, single-center study analyzed data from patients with a confirmed BP diagnosis treated with doxycycline. The comprehensive dataset included information on disease severity, concomitant therapies, and treatment response. Treatment length analysis was conducted using Kaplan-Meier method.

Ergebnisse / Results: The cohort comprised 102 patients with a mean age of 79 (range 51-95) years. A clinical response (an improvement of 1 or 2 on the PGA score, which ranges from 2 to -2) was observed in 85 patients (83.3%), many of whom received combination therapy with other drugs (67.7%). The median length of doxycycline treatment was 122.7 weeks. Adverse events, mainly of gastrointestinal origin, were non-serious and manageable.

Schlussfolgerung / Conclusion: Doxycycline proved to be an effective and well-tolerated long-term treatment for elderly patients with BP, when used either as monotherapy or in combination.

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MHC-I upregulation safeguards neoplastic T cells in the skin against NK cell-mediated eradication in mycosis fungoides

A08

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Einleitung / Background: Cancer-associated immune dysfunction is a major challenge for effective therapies. The emergence of antibodies targeting tumor cell-surface antigens led to advancements in the treatment of hematopoietic malignancies, particularly blood cancers. Yet their impact is constrained against tumors of hematopoietic origin manifesting in the skin.

Methodik / Methods: In this study, we employ a clonality-supervised deep learning methodology to dissect key pathological features implicated in mycosis fungoides, the most common cutaneous T-cell lymphoma.

Ergebnisse / Results: Our investigations unveil the prominence of the IL-32β-major histocompatibility complex (MHC)-I axis as a critical determinant in tumor T-cell immune evasion within the skin microenvironment. In patients' skin, we find MHC-I to detrimentally impact the functionality of natural killer (NK) cells, diminishing antibody-dependent cellular cytotoxicity and promoting resistance of tumor skin T-cells to cell-surface targeting therapies. Through murine experiments in female mice, we demonstrate that disruption of the MHC-I interaction with NK cell inhibitory Ly49 receptors restores NK cell anti-tumor activity and targeted T-cell lymphoma elimination in vivo. These findings underscore the significance of attenuating the MHC-I-dependent immunosuppressive networks within skin tumors.

Schlussfolgerung / Conclusion: Overall, our study introduces a strategy to reinvigorate NK cell-mediated anti-tumor responses to overcome treatment resistance to existing cell-surface targeted therapies for skin lymphoma.

Subcellular immune interactions reveal a MHC class I related mechanism of immune evasion in cutaneous T-cell lymphoma

A09

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Einleitung / Background: Noncommunicable skin diseases (skin NCDs) present a challenge due to clinical overlap between benign inflammation and malignancies like cutaneous T-cell lymphoma (CTCL), stressing the need to understand their immune dysregulation.

Methodik / Methods: In this study, we perform highly multiplex spatial proteomics on skin lesions from 51 to compare the immune infiltration of malignant and benign disease.

Ergebnisse / Results: Our spatial analysis demonstrated reduced TCR activity and increased migration of T helper cells in CTCL, confirmed in human skin-explants.

We discovered spatially defined agglomerates of immune cells around blood vessels found predominantly in CTCL. We developed a subcellular protein quantification algorithm revealing that T helper cells evade cytotoxic T cell detection by downregulating MHC-I specifically at the cellular junctions. Consequently, higher frequencies of cytotoxic T cells correlated with improved treatment responses in CTCL.

Schlussfolgerung / Conclusion: This spatial proteomic map highlights immune dysregulation in skin NCD, particularly malignant T cell impairment and immune evasion in CTCL.

Early-onset Gb3 accumulation and cell-type-specific mitochondrial dysfunction in fabry disease hiPSCs and derived cells

A10

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Einleitung / Background: Fabry disease (FD) is an X-linked lysosomal storage disorder caused by deficient α-galactosidase A, resulting in globotriaosylceramide (Gb3) deposition [1]. Dermatologically, angiokeratomas and neuropathic pain are hallmark features [2, 3]. However, the cellular mechanisms underlying Gb3 deposition and metabolic dysfunction remain incompletely defined.

Methodik / Methods: We reprogrammed peripheral blood mononuclear cells from three male FD patients into induced pluripotent stem cells (hiPSCs) and differentiated them into cardiomyocytes as a representative lineage-derived cell model using a 3D bioreactor system. Gb3 accumulation, mitochondrial function, and oxidative stress were assessed by immunocytochemistry, Seahorse metabolic profiling, and ROS assays.

Ergebnisse / Results: FD hiPSCs exhibited Gb3 accumulation already at the undifferentiated stage, indicating that storage pathology precedes lineage commitment. These primitive cells showed increased metabolic activity, elevated mitochondrial respiration, and oxidative stress. In contrast, differentiated cells derived from FD hiPSCs demonstrated impaired mitochondrial reserve capacity and persistent oxidative stress. This biphasic pattern suggests compensatory mitochondrial hyperactivity in progenitor cells followed by energy failure in differentiated cells.

Schlussfolgerung / Conclusion: Our findings challenge the assumption that FD pathogenesis is limited to differentiated tissues and reveal key metabolic abnormalities already present in primitive cells. This early onset of cellular dysfunction raises questions about embryonic compensation and underscores the need for early recognition. Therapeutic strategies targeting mitochondrial dysfunction and oxidative stress may complement substrate reduction to delay disease progression and organ-specific manifestations.

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Combined-solid-585 nm vascular laser and fractional Er:YAG for the Treatment of Scars

A11

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Einleitung / Background: Scars after surgery, burns, or trauma may cause both aesthetic concerns and functional limitations, often accompanied by psychological distress. Because scar tissue involves vascular abnormalities and structural remodeling, effective treatment should target both components.

Methodik / Methods: We report clinical experience using a solid-585 nm vascular laser in combination with a fractional Er:YAG laser in patients presenting with atrophic, hypertrophic, and mixed scars. Treatments were performed sequentially, starting with vascular laser to reduce erythema and vascular proliferation, followed by fractional Er:YAG to induce controlled micro-ablative zones stimulating neocollagenesis and tissue remodeling. Patients underwent one to four combined sessions at intervals of 4-8 weeks.

Ergebnisse / Results: Clinical outcomes demonstrated improvements in scar color, thickness, texture, pliability, and patient-reported quality of life. Histological analyses confirmed collagen reorganization, with reduction of profibrotic signals.

Across several case series with combined sessions achieved more consistent and durable results than single-modality treatments, particularly in immature scars leading to non hypertrophic or cheloid scars. The protocol was well tolerated, with no significant adverse effects and minimal downtime compared to CO_2 and conventional dye laser treatments.

Schlussfolgerung / Conclusion: The combined use of solid-585 nm vascular laser and fractional Er:YAG represents a safe, effective, and reproducible strategy for scar management. When applied early, this dual approach optimizes both functional and cosmetic outcomes, offering patients improved quality of life and clinicians a reliable therapeutic option.

Neuropeptides signaling in Borrelia burgdorferi skin infection

A12

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Einleitung / Background: Erythema migrans (EM) caused by the tick-transmitted spirochete *Borrelia burgdorferi* is the first and most common manifestation of Lyme disease. If left untreated, infection may lead to local and systemic neurologic complications. The impact of *B. burgdorferi* on dermal nerve fibers, and whether this varies with disease stage, remains unclear.

Methodik / Methods: We investigated interactions between *B. burgdorferi* and dermal nerve fibers in acute skin infection, focusing on Calcitonin Gene-Related Peptide (CGRP), a neuropeptide linked to neurogenic inflammation. Analyses included immunofluorescence imaging, flow cytometry and single cell RNA-sequencing of human skin biopsies from EM and healthy controls, as well as an *ex vivo* skin infection model.

Ergebnisse / Results: *B. burgdorferi* spirochetes were observed co-localizing with cutaneous nerve structures ($UCHL1^+$ Schwann cells). CGRP was elevated in infected compared to healthy skin and significantly enriched around dermal nerve fibers co-localized with spirochetes, suggesting local neuropeptide release upon bacterial contact. Single-cell RNA sequencing revealed upregulation of the CGRP receptor component CALCRL in acute infection, particularly in antigen-presenting cells, T cells, and NK cells. FACS analysis further indicated a trend toward increased expression of RAMP1, a receptor activity–modifying protein that partners with CALCRL to form the functional CGRP receptor, in $CD45^+$ immune cells following infection. This trend was most apparent in T lymphocytes, with significant enrichment in $CD8^+$ T cells, as well as in B cells and dermal dendritic cells.

Schlussfolgerung / Conclusion: These findings demonstrate neuropeptide upregulation and provide first indications of CGRP-mediated neuro-immune modulation in cutaneous *B. burgdorferi* infection.

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Ernährungsmuster bei westlichen Patienten mit Hidradenitis suppurativa: Eine Querschnittsstudie unter Verwendung des Rapid Prime Diet Quality Screener

A13

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Einleitung / Background: Hidradenitis suppurativa (HS) ist eine chronisch-rezidivierende, entzündliche Hauterkrankung mit multifaktorieller Pathogenese (1). Neben genetischen Faktoren, Adipositas und hormonellen Einflüssen rückt zunehmend auch die Ernährung in den Fokus (1-3). Ziel dieser Studie war es, die Ernährungsgewohnheiten von westlichen HS-Patienten systematisch zu erfassen und mit einer gesunden historischen Kontrollgruppe zu vergleichen.

Methodik / Methods: Zwischen Februar und Dezember 2024 wurden 71 Patienten ≥18 Jahre mit gesicherter HS-Diagnose an der Universitätsklinik Innsbruck eingeschlossen. Die Ernährung wurde mittels Rapid Prime Diet Quality Screener (rPDQS) erhoben, einem validierten 13-Item-Ernährungsfragebogen mit „Ampel"-Punktesystem (0–26 Punkte)(4). Zusätzlich wurden soziodemographische Parameter, BMI, Tabakkonsum sowie Patient-Reported Outcome Measures (PROMs) erhoben. Als Kontrollgruppe diente die validierte historische rPDQS-Kohorte (n=482, US-Bevölkerung).

Ergebnisse / Results: HS-Patienten wiesen signifikant niedrigere rPDQS-Gesamtwerte auf als die Kontrollgruppe (11 ± 4 vs. 12 ± 4; p=0,005). Der Anteil Übergewichtiger (BMI ≥ 25) lag bei 81% (vs. 59% in der Kontrollgruppe), Adipositas (BMI ≥ 30) bei 47% (vs. 28%). In den Einzelfragen zeigten HS-Patienten einen höheren Konsum von verarbeitetem Fleisch (p<0,001) sowie einen geringeren Konsum von Nüssen (p<0,001). Kein signifikanter Zusammenhang bestand zwischen rPDQS-Score und Krankheitsaktivität (Hurley, IHS4) oder BMI. 27% der Befragten nannten Ernährung als negativ beeinflussenden Faktor, 28% als positiv.

Schlussfolgerung / Conclusion: Patienten mit HS in dieser westlichen Kohorte wiesen eine insgesamt schlechtere Ernährungsqualität im Vergleich zur Kontrollgruppe auf. Ein erhöhter Konsum proinflammatorischer sowie ein verminderter Verzehr antiinflammatorischer Lebensmittel könnten potenziell zur Pathogenese der Erkrankung beitragen. Um den Einfluss gezielter Ernährungsinterventionen auf die Krankheitsaktivität von HS zu klären, sind prospektive, randomisierte Studien erforderlich.

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Clinical relevance of the PEN-FAST score in suspected penicillin allergy

A14

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Einleitung / Background: PEN-FAST is a tool to estimate the risk for severe reactions in patients with a history of "penicillin allergy" without time or resources for an allergy workup [1]. We aimed to evaluate the predictive value of a very low and low risk PEN-FAST score <3 for predicting a negative outcome of penicillin allergy tests.

Methodik / Methods: From 2024/01/01 until 2025/08/30, a prospective cohort of 364 patients with histories of "penicillin allergy" (64.6% female, age 40a±22) was included into the study. We recorded PEN-FAST, specific-IgE, skin tests, and in some provocation test. Ethic's committee vote: #1197/2025.

Ergebnisse / Results: Allergy tests disapproved 269 (73.7%) of the cases. PEN-FAST had correctly classified 54.3% very low risk and 34.6% low, but falsely 6.6% moderate and 5.6% high risk.
Penicillin allergy was confirmed in 39 patients (14.3%) and the PEN-FAST had falsely predicted a very low allergy risk in 46.7%, and a low in 40.0%, but correctly a moderate in 6.7% and high in 6.7%.
The allergy tests remained inconclusive in 42 patients.
The negative predictive value for PEN-FAST<3 in the enriched population of an allergy clinic was 67.9% [95% CI 46.8 to 77.2].

Schlussfolgerung / Conclusion: In contrast to a non-specialised setting, PEN-FAST in a specialised allergy center is of moderate value for the prediction of a negative test outcome.

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Very long-term efficacy of oral berotralstat-LTP in hereditary angioedema patients from Vienna, Austria

A15

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Einleitung / Background: Hereditary Angioedema, HAE, is a rare inherited disease with unpredictable, painful and potentially life-threatening swelling-attacks, high disease burden and impairment of QoL. Berotralstat is an oral, selective kallikrein inhibiting small molecule approved for long-term prophylaxis, LTP, in HAE-patients.

Methodik / Methods: We report 4 HAE-type 1 patients (2 ladies; median age: 54 y), successfully treated with Berotralstat 150 mg capsule QD from Jul 2018- Dec 2024. We evaluated the effectiveness of Berotralstat-LTP on patient-reported HAE attacks, their severity and need of on-demand treatment as well as safety, tolerability and adverse events.

Ergebnisse / Results: The patients suffered from 2-4 mild to severe HAE attacks per month in 2017, the year before initiation of Berotralstat-LTP. Patient 1 and 3 reported two attacks/mo, Patient 2 three and patient 4 at least 1/mo, resulting in 96 attacks within 12 months, mean 2 attacks/patient/month. In the 66 months (5.5 y) of Berotralstat-LTP, in total 47 attacks were reported. Patient 1 developed 19 and patient 2 overall 17 attacks (mean 0,29 /mo and 0.26 /mo respectively). In contrast, patient 3 suffered from only 4 and patient 4 from 7 attacks resulting in mean 0.06 attacks/mo and 0.1/mo respectively, representing an overall 90% mean attack reduction. Attack severity was also reduced with on-demand treatment of only 35/47 attacks. Berotralstat was well tolerated.

Schlussfolgerung / Conclusion: This represents the longest follow-up period in HAE-patients on Berotralstat-LTP. During the entire monitoring period, we observed a sustained efficacy and attack-free days ranging from 120 to 1304 days (~43 months) and ~90% attack reduction in mean without any safety issue reported.

Noninvasive biomarker discovery by metabolomics of fingertip sweat to guide individualized anti-PD-1 immunotherapy in melanoma

A16

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Einleitung / Background: Reliable biomarkers to predict or monitor response to anti-PD-1 therapy in metastatic melanoma remain unavailable. Noninvasive analysis of fingertip sweat has recently been proposed as a promising method to detect inflammatory signatures and tumor-related metabolic changes.

Methodik / Methods: Finger sweat is collected at baseline, 3 weeks, and 3 months after initiation of therapy, alongside clinical data. In a preliminary study, patients treated with 480 mg nivolumab provided samples immediately before and after therapy. Sweat was analyzed by liquid chromatography–mass spectrometry (Orbitrap Exploris 480), followed by bioinformatic and statistical processing.

Ergebnisse / Results: In prior work, we identified a serum signature of 10 proteins (CRP, LYVE1, SAA2, C1RL, CFHR3, LBP, LDHB, S100A8, S100A9, SAA1) associated with poor response to anti-PD-1 therapy. Extending this concept, we now apply fingertip sweat metabolomics as a noninvasive biomarker strategy. Preliminary analyses revealed elevated kynurenine (tryptophan metabolism), p-cresol sulfate (microbial dysbiosis), and markers of mitochondrial stress in melanoma patients' sweat samples. These metabolites may serve as pharmacodynamic indicators during immunotherapy. A larger cohort is currently being evaluated at the predefined time points to validate these findings and explore additional metabolites.

Schlussfolgerung / Conclusion: This study seeks to establish fingertip sweat profiling as an innovative, noninvasive platform for biomarker discovery in melanoma immunotherapy. Capturing metabolic processes at the patient level may enable early identification of non-responders, improve risk stratification, and provide mechanistic insights into resistance, all without imposing significant procedural burden.

Palmo-plantar hyperhidrosis: Botulinium toxine vs other treatments

A17

Leila Ben Rejeb ep Riahi

Cabinet de dermatologie Leila Ben Rejeb ep Riahi, dermatology, TUNIS, Tunesien

Einleitung / Background:
Palmoplantar hyperhidrosis (PPH2):
affects approximately 2.5% of the global population. Several treatment methods are currently available.
The choice of method depends on the severity of the symptoms and the patient's condition. What is the role of the toxin in the available therapeutic arsenal?

Methodik / Methods:
Treatments

- Iontophoresis
- Anticholinergics
- Toxin
- Surgery
- Radiofrequency Microneedling

Ergebnisse / Results:
Mild forms:
Antiperspirants/iontophoresis useful as a follow-up, in addition or depending on the context.
Moderate to severe forms:
Toxin therapy remains the gold standard treatment for palmar hyperhidrosis HDSS>3.
Toxin therapy is an effective and less invasive alternative to surgery.
Severe and resistant forms ⇢ Surgical option as a last resort.

Schlussfolgerung / Conclusion:
We sometimes as physicians have to think out of the box so we may think about Microneedling and CO2 laser to deliver topical treatments and anticholinergic gels, wishing for a new wavelength targeting the eccrine gland … As the era of lasers is in its full swing surprises may conduct to major fundings in the treatment of hyperhidrosis …

Structured fresh apple consumption for birch pollen food allergy syndrome in an uncontrolled phase II/III trial

A18

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Einleitung / Background: Birch pollen food allergy syndrome to apples is prevalent, but no approved or standardized treatment exists so far.

Methodik / Methods: In this uncontrolled phase II/III study, 42 apple cultivars were tested for their allergen content in vivo by skin prick tests and oral provocations. Afterward, 36 patients consumed apples of increasing dose and allergenicity over a period of 12 months. Side effects were documented weekly in a clinical diary. Efficacy was tested before and after therapy by oral provocation and a skin prick test with the Golden Delicious apple. Total IgE, specific IgE, and IgG4 for Mal d 1 and inhibition of basophil activation were analyzed before and after treatment. Other cross-reactive foods were determined by a questionnaire before and after therapy.

Ergebnisse / Results: Oral immunotherapy with apples resulted in a consistent and durable tolerance of apples and a significant augmented tolerance to other Bet v 1 cross-reactive foods. After therapy, specific IgG4 antibodies to Mal d 1 increased significantly; simultaneously specific IgE to Mal d 1 and skin prick test reactivity to apples decreased significantly. Moreover, sera of treated patients displayed blocking activity to Mal d 1.

Schlussfolgerung / Conclusion: Oral allergy-specific immunotherapy with fresh apples is a promising treatment for birch pollen food allergy syndrome to apples and other Bet v 1 cross-reactive foods.

Literatur / Literature: J Allergy Clin Immunol Pract 2025, in press.

Diagnosen und Behandlungsempfehlungen aus 5 Jahren Teledermatologie in der Steiermark

A19

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Einleitung / Background: Die dermatologische Versorgung der Bevölkerung soll durch das, seit dem 1. Januar 2020 laufende Projekt „Teledermatologie in der Steiermark“, verbessert werden. Finanziert wird es von der öffentlichen Hand und Gesundheitskassen. Allgemeinmediziner (AM) werden mit Dermatologen (DERM) digital vernetzt.

Methodik / Methods: Klinische und dermoskopische Bilder von Hauterkrankungen sowie relevante anamnestische Daten ihrer Patienten wurden von AM verschlüsselt, in Form des „Store-and-Forward“-Prinzips, an DERM geschickt. Diese stellten eine Diagnose und entschieden, ob und welche Behandlung indiziert war und wer diese wann durchführen sollte. Diesen digitalen Befund erhielten AM binnen 2 Werktagen. Nach 5 Jahren Laufzeit wurden die Daten ausgewertet.

Ergebnisse / Results: Es wurden Fälle aus dem gesamten dermato-venerologischen Spektrum behandelt. Von 5.119 Fällen bildeten inflammatorische Erkrankungen mit 48% die größte Gruppe, gefolgt von Neoplasien (34%). Von Letzteren waren rund 2/3 benigne und 1/3 maligne; die in diesem Feld am häufigsten diagnostizierte aktinischen Keratosen sind inkludiert.

Bei 19% war „keine Therapie“ nötig, 61% der Patienten wurden durch den AM behandelt, 12% benötigten einen dermatologischen „Normal-“, 3% einen „Akut-“, 2% einen „Kliniktermin“. Die Empfehlung „keine Therapie“ war am häufigsten bei benignen Neoplasien, „AM kann behandeln“ bei über 85% der entzündlichen Dermatosen; die Behandlung erfolgte hier entsprechend der detaillierten dermatologischen Therapieempfehlung. „Normal-“ oder „Akuttermin“ bei DERM oder in der Klinik war – wenig überraschend – bei malignen Neoplasien die Hauptempfehlung.

Schlussfolgerung / Conclusion: Teledermatologie verkleinert die fachärztliche Versorgungslücke. Nicht nur Tumore, sondern Dermatosen des gesamten dermato-venerologischen Spektrums können zuverlässig diagnostiziert und behandelt werden. Der so entstehende Triage-Effekt führt ernstzunehmend Erkrankte rascher zu hautfachärztlicher Behandlung.

Oncofetal chondroitin sulfate positive circulating tumor cells as prognostic biomarkers in early-stage melanoma

A20

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Einleitung / Background: Melanoma is the most malignant form of skin cancer. Most melanoma patients do not show clinically manifested metastases at time of initial diagnosis. Nevertheless, progression occurs in more than 10% of melanoma patients initially diagnosed with local disease, emphasizing the need for improved risk stratification even in early stages. Therefore early diagnosis and appropriate treatment are crucial to reduce risk of disease progression and formation of metastases.

Methodik / Methods: In this study, we used an enrichment method based on recombinant *Plasmodium falciparum* VAR2CSA protein to enable the capture of rare circulating tumor cells (CTCs) from a single blood draw in early-stage (AJCC I-II) melanoma patients. CTCs were subsequently identified using fluorescent antibodies targeting tumor initiating and melanoma specific cell markers. In parallel, we investigated circulating tumor DNA (ctDNA) in these patients.

Ergebnisse / Results: Among 92 early-stage melanoma patients, CTCs were detected in 21 patients (22.8%) at time of initial diagnosis. The presence of CTCs was significantly associated with an unfavorable clinical outcome, such as disease progression or death related to melanoma disease, with a median observation time of 30 months (IQR 24.0-36.0) (p=0.043). Furthermore, when combining CTC with ctDNA detection, a highly significant correlation with disease progression was observed (p=0.014) underlining the role of early tumor cell dissemination in melanoma disease.

Schlussfolgerung / Conclusion: These findings suggest that CTC assessment, particularly when combined with ctDNA analysis, may represent a valuable biomarker to facilitate risk stratification of early-stage melanoma patients to improve personalized treatment approaches.

Clinical utility of CTCs and ctDNA for prognostic assessment of metastasis in melanoma

A21

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Einleitung / Background: Circulating tumor cells (CTCs) and circulating tumor DNA (ctDNA) are minimally invasive biomarkers with significant prognostic value for early detection of metastases in various solid tumor entities, enhancing risk stratification and enabling timely therapeutic interventions.

Methodik / Methods: 118 melanoma patients from all AJCC stages were examined for the presence of CTCs and ctDNA. CTCs were enriched using the recombinant malaria protein

VAR2CSA, and evaluated via fluorescently labelled melanoma and tumor initiating antibodies. For ctDNA detection, genes commonly associated with solid tumor type cancers were investigated via massive parallel sequencing. To determine the prognostic value of metastasis, patients were screened for tumor progression within a period of twelve months after blood draw.

Ergebnisse / Results: CTC analysis was performed for 488 samples from which at least one CTC was detected in 22.5%. Thereby, in 8.0%, metastasis was diagnosed after a CTC positive blood draw. In 57.6%, no metastases formed after a CTC negative blood draw. ctDNA analysis was performed for 252 samples with 12.7% showing pathogenic variants. Thereby in 6.3%, metastasis was diagnosed after a ctDNA positive blood draw. In 65.5%, no metastases formed after a ctDNA negative blood draw. Consequently, CTC detection (p-value ‹0.05) as well as ctDNA identification (p-value ‹0.005) are significantly associated with metastatic development.

Schlussfolgerung / Conclusion: Our data underlines the prognostic utility of liquid biopsy in melanoma and emphasizes the individual qualities of the two approaches predicting progress in solid tumors. Especially for patients receiving treatment, the combination of both biomarkers is of great value for long time monitoring and determination of therapy response.

Cost-effectiveness analysis of systemic agents for the treatment of cutaneous leishmaniasis

A22

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Einleitung / Background: The incidence of cutaneous leishmaniasis (CL) is rising in Central Europe, yet updated guidelines are lacking.

Methodik / Methods: A trend analysis based on surveillance data from Austria in 2000-2024 was performed to predict the number of CL cases in Austria until 2034/2035. To compensate for therapy failures, each therapy was modelled employing reported efficacy data for CL in a cumulative decay function. The expected treatment numbers were multiplied by the total costs (for medication, hospital visits, monitoring for side effects) per therapy.

Ergebnisse / Results: Based upon past incidences (181 cases in 2000-2024), linear trend extrapolation analysis estimated around 174 new cases in the next decade. Among the currently approved systemic agents for CL, miltefosine (150 mg/day orally for 28 days) emerged as the most cost-effective option, by –37.6%, as compared to the pentavalent antimonial N-methylglucamine antimoniate (20 mg/kg/day intravenously for 20 days). Additional modelling including off-label agents revealed itraconazole (200 mg/day orally for 6 weeks) as the most cost-effective option due to its low substance and moderate monitoring costs, but limited by inconsistent efficacies. Pentamidine isethionate (4 times dosed at 4 mg/kg up to a maximum of 300 mg/application) ranked second, albeit hampered by its potential toxicity. Liposomal amphotericin B (3 mg/kg intravenously over 6 days) ranked fourth, after miltefosine. The least cost-effective option was N-methylglucamine antimoniate.

Schlussfolgerung / Conclusion: An increase in CL cases can be expected in non-endemic Austria. Assuming that efficacies remain stable, miltefosine appears to be the most cost-effective approved systemic therapy for CL, further supported by its relative safety and patient-friendly oral administration.

Stellenwert der komplettierenden Lymphadenektomie bei makrometastasierten Melanompatienten im Zeitalter moderner Systemtherapie: Eine retrospektive explorative Studie

A23

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Einleitung / Background: Das maligne Melanom ist ein aggressiver Hauttumor mit hoher Metastasierungsrate. Regionale Lymphknoten sind oft die erste Station der Ausbreitung und besitzen entscheidende prognostische Bedeutung. Die totale Lymphadenektomie (TLND) wird nach wie vor als Standard bei nodaler Makro-Metastasierung einer Lymphknotenstation angesehen. Ihr Stellenwert wird im Kontext moderner Systemtherapien jedoch zunehmend kritisch hinterfragt.

Methodik / Methods: Retrospektive, multizentrische Kohortenstudie mit 597 Patienten mit makrometastasiertem Melanom. Die Einteilung erfolgte in eine TLND-Gruppe (≥4 entfernte Lymphknoten) und eine Picking-Gruppe (≤3 Lymphknoten). Primärer Endpunkt war das progressionsfreie Überleben (PFS), sekundäre Endpunkte waren das Gesamtüberleben (OS) sowie der Einfluss adjuvanter Systemtherapie. Die Analyse erfolgte mittels Kaplan-Meier-Methoden, Log-Rank-Tests und Cox-Regressionen.

Ergebnisse / Results: Das mediane PFS lag bei 402 Tagen, das mediane OS bei 1.598 Tagen. Zwischen der TLND- und der Picking-Group zeigte sich weder im PFS (HR=0.899; p=0.462) noch im OS (HR=0.902; p=0.519) ein signifikanter Unterschied. Auch die Anzahl der entfernten Lymphknoten korrelierte nicht mit dem PFS (rs=0.038; p=0.383). Dagegen war die Gabe einer adjuvanten Systemtherapie mit einem signifikant verlängerten PFS assoziiert (HR=0.633; p<0.001).

Schlussfolgerung / Conclusion: Eine TLND zeigte in dieser Kohorte keinen Überlebensvorteil, während adjuvante Systemtherapie das PFS signifikant verlängerte und einen positiven Trend im OS ergab. Dies spricht für eine kritische Indikationsstellung zur TLND und eine stärker risikoadaptierte chirurgische Strategie im Zeitalter effektiver Systemtherapien.

Assessing the effect of COVID-19 restrictions on basal cell carcinoma surgery complexity over the years 2017 until 2022

A24

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Einleitung / Background: The COVID-19 pandemic disrupted healthcare, reducing access to non-urgent surgeries. Although basal cell carcinoma rarely metastasizes, delayed treatment can cause destructive progression. This study examines pandemic impacts on BCC surgery frequency and complexity.

Methodik / Methods: Comparative analyses were performed in a pre-COVID-19 cohort (2017-2019) and a COVID-19 cohort (2020-2022) at the Department of Dermatology, Hietzing Clinic, Austria. Eligible cases were identified through histologically confirmed BCC records, retrospectively extracted from the hospital's electronic system. Data included demographics, comorbidities, surgical parameters, and a custom complexity score (0-6 points).

Ergebnisse / Results: Comparing the pandemic period (2020-2022, n=293) with the pre-pandemic period (2017-2019, n=434) revealed a 32.5% decrease in BCC surgeries. Patients treated during the pandemic were older (M=75.62 vs. 73.93, p<0.05) and had more comorbidities (M=2.92 vs. 2.58, p<0.05). Excision sizes were smaller (M=422.19 vs. 505.54 mm^2, p<0.01). Flap surgery and transplant use varied significantly (p<0.001; p<0.01), and two-stage surgeries increased (p<0.05). Surgery durations in 2022 were significantly longer compared to 2018 and 2021 (p<0.05). A near-significant trend toward higher surgical complexity was observed (p=0.052).

Schlussfolgerung / Conclusion: BCC surgeries declined markedly (32.5%) during the pandemic, likely due to deferral of lower-priority cases, while older and more comorbid patients were prioritized. A near-significant rise in complexity scores (p=0.052) indicates that remaining procedures were often more complex, likely reflecting prioritization of advanced cases under limited resources.

Targeting common cutaneous HPV1 and HPV63 with chimeric L1-L2 virus-like particle (VLP) vaccine candidates

A25

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Einleitung / Background: Skin warts caused by HPV1/2/3/4/27/57/63 are common nuisance in children and immunosuppressed individuals and a frequent cause for medical consultation. Licensed HPV vaccines target mucosal HPV types only. A strategy to broaden protection is based upon the minor capsid protein L2 containing cross-neutralization epitopes.

Methodik / Methods: To specifically target HPV1/63, chimeric VLP using HPV16 L1 as scaffold to present the "RG1" cross-neutralization homologs of HPV1 (1RG1) and HPV63 (63RG1) were developed. Respective 20 amino acid peptides were inserted into a surface loop of HPV16 L1 and expressed in 293TT cells. Following purification, the two fusion proteins were analyzed by Western Blot, ELISA, and assembly into VLP assessed by transmission electron microscopy.

Ergebnisse / Results: Groups of mice (n=5) immunized three times (weeks 0/2/4) with either HPV16L1-1RG1 or HPV16L1-63RG1 plus alum developed high-titer antibodies against HPV1 RG1 (titers ›3.200) or HPV63 RG1 (titers ranging from 800-›3.200) by peptide-ELISA, respectively, and cross-reactivity with the other peptide was detected as well (titers ranging from 800-›3.200). By L1 pseudovirion (PsV)-based neutralization assay, all immune sera neutralized HPV16 (titers of 800-›12.800), while the more sensitive L2-PBNA detected titers of 800 and 6.400 against HPV1, and titers of 200 and 12.800 against HPV63 by antisera to 16L1-1RG1 and 16L1-63RG1, respectively. Infection of keratinocytes by native HPV1 virions isolated from patient warts (kindly provided by Isolde Göttfried) was completely neutralized (anti 16L1-63RG1) or greatly reduced (anti 16L1-1RG1).

Schlussfolgerung / Conclusion: HPV1/63-targeting chimeric VLP are promising vaccine candidates to protect against a majority of common cutaneous skin warts.

Mentalizing, loneliness and Pain-Related Depressive Symptoms are associated with pain severity in patients with rheumatic diseases: Results of a cross-sectional secondary analysis

A26

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Einleitung / Background: Patients with rheumatic diseases often experience pain-related depressive symptoms, potentially exacerbated by feelings of loneliness and social isolation. This study explores the role of mentalizing, i.e., the understanding of inner mental states in oneself and others, as a protective factor in this context.

Methodik / Methods: In this secondary analysis, n=76 patients completed the FESV depression scale, MZQ UCLA loneliness scale and pain severity items from the German Pain Questionnaire. Structural equation models and mediation analyses were employed to test different theoretical models.

Ergebnisse / Results: The best model fit was found for Model 3, which described the association of loneliness with pain severity (β=0.34, p=0.004). The association was fully mediated by a sequential mediation of mentalizing and pain-related depression. Adding the mediators increased the overall explained variance of pain severity from 12% to 41% with an excellent model fit (CFI›0.99; TLI›0.99; RMSEA=0.001).

Schlussfolgerung / Conclusion: The study suggests that patients' pain severity may be influenced by the interaction between loneliness, depressive symptoms and mentalizing abilities. The negative impact of pain-related depressive symptoms and loneliness on pain severity underscores the need for their targeted management in routine care for chronic pain patients. Improvement of mentalizing may be a resilience factor for these patients.

Literatur / Literature: Riedl D, Karnik J, Lampe A, Kirchhoff C, Labek K, Schirmer M. Mentalizing, Loneliness and Pain-Related Depressive Symptoms Are Associated with Pain Severity in Patients with Rheumatic Diseases: Results of a Cross-Sectional Secondary Analysis. J Clin Med. 2025 May 22;14(11):3624. doi:10.3390/jcm14113624. PMID: 40507386; PMCID: PMC12155819.

Randomised phase 3 trial of spesolimab in patients with ulcerative pyoderma gangrenosum: a study protocol

A27

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Einleitung / Background: Pyoderma gangrenosum (PG) is a rare, inflammatory, neutrophilic dermatosis, causing rapidly progressive and painful ulcers. Interleukin-36 (IL-36) is thought to play a key role in PG pathogenesis.[1]This randomised, placebo-controlled, multicentre, Phase 3 study will assess spesolimab, a novel, humanised monoclonal antibody against the IL-36 receptor, in patients with ulcerative PG who require systemic therapy (NCT06624670). The trial has been approved by independent ethics committees of participating centres.

Methodik / Methods: Approximately 90 participants aged ≥18 years with a confirmed diagnosis of ulcerative PG, from 21 countries, will be included. In Part 1 of the trial (Weeks 0-26), participants will be randomised 2:1 to receive spesolimab plus low-dose oral corticosteroid (n=60), or placebo plus low-dose oral corticosteroid (n=30). In Part 2 of the trial (Weeks 28-52), participants with a non-complete response will receive spesolimab; those with a complete response will be re-randomised 1:1 to receive either spesolimab or placebo. The primary endpoint is complete closure and re-epithelisation (PGAR-100) of the target ulcer up to Week 26, confirmed ≥2 weeks later. Secondary endpoints include PGAR-100 of the target ulcer at Week 26 and of any measurable ulcer at any time up to Week 26, confirmed ≥2 weeks later. Additional efficacy, safety and biomarker measures will also be assessed.

Ergebnisse / Results: The trial started in January 2025; estimated trial completion in October 2026.

Schlussfolgerung / Conclusion: These results will provide safety and efficacy data on spesolimab as a potential treatment for ulcerative PG. Study supported and funded by Boehringer Ingelheim. This abstract was previously presented at AAD 2025.

Literatur / Literature: Guenin SH, Khattri S, Lebwohl MG. JAAD Case Rep. 2023;34:18-22.

Effectiveness and safety of tildrakizumab in the treatment of genital psoriasis in Austria, Switzerland, and the Czech Republic (CZATCH-Genital-PsO): 28-week interim results

A28

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Einleitung / Background: Genital psoriasis (GenPs) affects about 60% of psoriasis patients at least once in their lifetime impacting on patients' psychological well-being and sexual satisfaction. The objectives were to assess the effectiveness and safety of tildrakizumab in the treatment of plaque psoriasis with genital involvement in clinical practice.

Methodik / Methods: CZATCH-Genital-PsO is a 12-month observational study. The combined primary endpoint is the percentage of patients achieving a Static Physician's Global Assessment of Genitalia (sPGA-G) clear/almost clear with ≥2-grade improvement for the genitals and a Change from Baseline (CfB) in Modified Genital Psoriasis Area and Sever-

ity Index (mGPASI). Well-being was assessed through the WHO Well-being Index (WHO-5; range 0-100, 100=maximal well-being). GenPs Sexual Frequency Questionnaire (GenPs-SFQ) evaluated the impact of GenPs on sexual frequency. 28-week (W) interim data are reported (observed cases).

Ergebnisse / Results: 48 patients were included (58% male, mean [SD] age 44[15] years). Mean (SD) sPGA-G decreased from 3.17 (0.67) at baseline to 0.70 (0.98) at W28 ($p<0.001$). Mean (SD) mGPASI decreased from 22.5 (11.7) to 2.61 (5.89) at W28 (mean CfB 87.1 [24.8%]). All efficacy endpoints were already significant ($p<0.001$) at W4. Mean WHO-5 score increased from 47.2 (23.3) to 63.4 (23.5) at W28. The proportion of patients who felt often/always limited by GenPs to have sex in the past week decreased from 50.0% to 14.6% at W28. At the point of this analysis no patient discontinued due to adverse events.

Schlussfolgerung / Conclusion: In a real-world setting, tildrakizumab significantly improved GenPs symptoms as early as W4 and this improvement was maintained through W28. Tildrakizumab improved patients' well-being and enhanced their sexual activity.

Ixekizumab improves Musculoskeletal symptoms measured by the IDEOM MSK-8 questionnaire in patients with Psoriasis and PEST scores <3 or ≥3: real-world PSoSA study results

A29

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Einleitung / Background: We present real-world data from PSoSA on ixekizumab effectiveness on musculoskeletal symptoms reported by psoriasis patients using the International Dermatology Outcome Measures Musculoskeletal Questionnaire (IDEOM-MSK-8).

Methodik / Methods: PSoSA is a prospective, single-arm, observational study enrolling adult patients with moderate-to-severe psoriasis and nail involvement, with or without scalp involvement, initiating ixekizumab in US dermatology clinics. Patients completed the IDEOM-MSK-8 at baseline and weeks4, 12, 24, and 52; respondents answered 8 questions describing musculoskeletal symptoms over the last 7 days using an 11-point Likert-type scale. Patients with diagnosed psoriatic arthritis at baseline were excluded. Percent change was calculated for patients with non-missing baseline values. Data were stratified by baseline Psoriasis- Epidemiology-Screening-Tool (PEST) score, with scores ≥3 indicating possible psoriatic arthritis.

Ergebnisse / Results: Of 110 enrolled psoriasis patients, 52 had PEST-score <3 (mean age 44.4 years, 61.5% male, median time since diagnosis 8.0 years) and 58 had score ≥3 (mean age 51.9 years, 51.7% male, median time since diagnosis 5.9 years). Among patients with PEST-score <3, median percent changes from baseline at week4/week12/week24 were −40.0/−55.0/−71.7 for musculoskeletal pain, −41.7/−50.0/−75.0 for joint swelling, and −50.0/−66.7/−66.7 for time experiencing joint stiffness. Among patients with PEST-score ≥3, median percent changes from baseline were −24.3/−38.8/−50.0 for musculoskeletal pain, −33.3/−66.7/−56.2 for joint swelling, and −33.3/−55.6/−40.0 for time experiencing joint stiffness.

Schlussfolgerung / Conclusion: Improvements from baseline in musculoskeletal symptoms were observed among psoriasis patients initiating ixekizumab, regardless of their likelihood of concurrent psoriatic arthritis. Patients with PEST-scores <3 had greater changes from baseline.

Ixekizumab demonstrates continued improvements in nail and Scalp Psoriasis through 24 Weeks: Results from the Psoriasis in Special Areas (PSoSA) study

A30

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Einleitung / Background: Ixekizumab (IXE) has demonstrated efficacy in treating moderate-to-severe plaque psoriasis in challenging body areas, such as nails and scalp. Here, we present 24-week results from the second interim analysis of a real-world study of patients with psoriasis in special areas (PSoSA).

Methodik / Methods: PSoSA is an ongoing US-based, single-arm, 52-week, prospective, multicenter, observational study in adult patients with a confirmed diagnosis of moderate-to-severe plaque psoriasis and nail involvement, with or without scalp involvement, whose dermatologist has prescribed IXE, consistent with FDA on-label dosing. Improvement in nail psoriasis (modified Nail Psoriasis Severity Index [mNAPSI]) and scalp psoriasis (Psoriasis Scalp Severity Index [PSSI]) is assessed at weeks 4, 12, 24, and 52.

Ergebnisse / Results: At the second interim analysis, 127 patients were included in the population. Mean age was 49 (standard deviation [SD] 16) years, and most patients were male (58%); mean time since plaque psoriasis diagnosis was 12.2 (SD 13.8) years. For mNAPSI, mean percent change from baseline was −8.6 (SD 50.5) at week4, −28.6 (SD 55.1) at week12, and −57.6 (SD 48.8) at week 24. For PSSI, mean percent change from baseline was −67.6 (SD 43.9) at week4, −69.1 (SD 110.7) at week12, and −94.6 (SD 17.4) at week24. Of patients with data at week24, 46.9% (n/Nx=23/49) achieved ≥75% nail clearance (mNAPSI75) and 75.7% (n/Nx=28/37) achieved total scalp clearance (PSSI100).

Schlussfolgerung / Conclusion: This interim analysis of the PSoSA study demonstrates continued improvements with IXE over 24 weeks in nail and scalp psoriasis among patients initiating IXE in a real-world setting.

Baricitinib provides significant hair regrowth in adolescents with severe alopecia areata: 36-week efficacy and safety results from a phase 3 randomized, controlled trial

A31

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Einleitung / Background: Approximately 40% of patients with Alopecia Areata (AA) experience first onset by 20 years of age and early onset AA often leads to extensive hair loss. Baricitinib, an oral, selective, JAK inhibitor, is an effective treatment for severe AA in adult patients and has been approved in many countries in patients ›2 years with moderate to severe atopic dermatitis.

Methodik / Methods: BRAVE-AA-PEDS (NCT05723198) is an on-going placebo-controlled, phase 3 trial involving adolescents with severe AA (SALT ≥50). Patients were randomized in a 1:1:1 ratio to receive daily placebo, baricitinib 4 mg or baricitinib 2 mg. The primary outcome was a SALT score ≤20 at week 36.

Ergebnisse / Results: 257 adolescent patients (12 to ‹18 years) were enrolled. At week 36, 42.4% of patients receiving

baricitinib 4 mg and 27.4% of patients receiving baricitinib 2 mg achieved SALT score of ≤20, compared to 4.5% for placebo (p=0.001). For SALT score ≤10, response rates were respectively 36.5%, 21.4% and 2.3% (p=0.001).

Significant regrowth of eyebrows and eyelashes at week 36 were observed with baricitinib 4 mg compared to placebo.

No deaths, serious infections, malignancies were reported in baricitinib groups. Acne, influenza, and upper respiratory tract infection were the most common events. A higher frequency of SAEs was seen in the placebo group compared to baricitinib groups.

Schlussfolgerung / Conclusion: Significant hair regrowth was achieved with baricitinib compared to placebo demonstrating the efficacy of baricitinib in treating adolescents with severe AA. Safety data was consistent with the known safety profile for baricitinib in this age group.

Worldwide clinical and real-world exposure to baricitinib

A32

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Einleitung / Background: Worldwide clinical trial and real-world exposure to Baricitinib (BARI) across diseases, ages and racial backgrounds is reported.

Methodik / Methods: Real-world patient exposure estimates were based on mg sold, average daily dose, and average length of therapy reported to regulatory agencies through 31 Jan 2024. Clinical trial exposures were from completed trials through 13 Feb 2024 and estimates from ongoing blinded trials.

Ergebnisse / Results: In real-world setting, ~1,836,600 patients received BARI: 1 mg/~2,000 (0.1%); 2 mg/~524,900 (28.6%); 4 mg/~1,309,600 (71.3%) with ~57% for COVID-19. Across 59 trials (completed/ongoing), ~14,660 subjects (548 healthy volunteers/14,112 patients) received BARI since Jun 2008. Exposures from completed studies include 10,276 patients across ages: 399 (‹18 yrs), 8820 (›18-≤65 yrs), 1027 (›65 yrs), and 30 (age unknown). Additionally, 467 adolescent and pediatric patients (≥2 yrs) received BARI for AD in an ongoing clinical trial, bringing total number of ‹18 yr patients to 866 across indications.

Schlussfolgerung / Conclusion: Extensive real-world exposure to BARI is available across indications/populations, and BARI is well-studied in clinical trials across disease states, racial populations/ages. With varying average daily dose and length of therapy, real-world exposures are only estimates of total patients receiving BARI. Exposures in clinical trials include patients ≤1 month-old to ≥65 yrs. Exposures may not indicate efficacy/safety but help establish the overall profile of drug and can report performance over time in diverse populations.

Multimodal management of a chronic ulcer in severe recessive dystrophic Epidermolysis bullosa—A case report

A33

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Einleitung / Background: Recessive dystrophic epidermolysis bullosa (RDEB) is a severe inherited genodermatosis caused by COL7A1 mutations. It manifests with generalized skin and mucosal fragility, extracutaneous complications, anemia, and malnutrition, and carries a high cumulative risk of cutaneous squamous cell carcinoma [1, 2]. Chronic, therapy-resistant ulcers are therapeutically challenging and impair quality of life [3].

Methodik / Methods: We present the case of a 21-year-old female diagnosed with severe RDEB at birth, enrolled in the National EB Program. The patient was assessed clinically and paraclinically, including wound cultures and hematological tests, and managed with standard and advanced wound care [4].

Ergebnisse / Results: The patient had generalized blistering, pseudosyndactyly, esophageal stenosis with feeding difficulties, malnutrition, and iron-deficiency anemia. A painful right-hand ulcer (1.5×1 cm, purulent secretion) persisted >5 months despite silicone dressings, emollients including urea 20% ointment, and topical antibiotics. Histopathology confirmed subepidermal cleavage, and culture revealed Staphylococcus aureus. As the lesion was unresponsive, treatment was escalated to systemic ceftriaxone 1 g every 12 h, silver-based cream once daily, and antiseptic cleansing with Dermobacter solution. This combined approach promoted gradual healing, reduced local inflammation, and provided partial relief of pain and pruritus, allowing improved hand mobility. Supportive care with intravenous iron, antihistamines, ocular lubrication, and chlorhexidine rinses further contributed to clinical stabilization and modest improvement of daily functioning.
Schlussfolgerung / Conclusion: Conventional wound care in severe RDEB may be insufficient for chronic ulcer management. Escalation with systemic antibiotics and silver-based topical therapy can improve outcomes in resistant lesions, while multidisciplinary supportive care remains essential. Continuous monitoring is required due to the risk of squamous cell carcinoma [1, 3, 5].

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Early-stage classic kaposi sarcoma in an HIV-negative patient—A case report

A34

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Einleitung / Background: Kaposi sarcoma (KS) is an angioproliferative neoplasm caused by human herpesvirus 8 (HHV-8). It occurs in four clinical variants: classic, endemic, epidemic (HIV-associated), and iatrogenic [1]. While epidemic KS is strongly linked to HIV infection, classic KS may also develop in elderly immunocompetent patients [2]. Its clinical presentation overlaps with other vascular tumors, making early recognition crucial [3].Dermoscopy and immunohistochemistry (IHC) are increasingly valuable in confirming the diagnosis [4, 5].

Methodik / Methods: We report the case of a 69-year-old HIV-negative male with chronic alcoholic pancreatitis, liver fibrosis, and diabetes, who presented with generalized violaceous papules and plaques. Clinical examination included dermoscopy, histopathology, and HHV-8 IHC, which remain essential diagnostic tools for early-stage KS [4, 5]. Given the patient's multimorbidity, therapeutic planning prioritized minimally invasive strategies as recommended in current guidelines [3].

Ergebnisse / Results: Dermoscopy revealed a rainbow pattern, histopathology demonstrated spindle-cell vascular proliferation, and IHC confirmed HHV-8 nuclear positivity. Final diagnosis: classic KS, stage I. A conservative approach was chosen. Local cryotherapy induced partial regression of treated lesions with good tolerance and no adverse effects. At follow-up, the disease remained stable without new cutaneous lesions. Concomitant dermatophytosis was resolved with topical clotrimazole.

Schlussfolgerung / Conclusion: This case demonstrates that KS should be considered not only in HIV-positive or immunosuppressed individuals, but also in elderly multimorbid patients. Early dermoscopic and histopathological evaluation prevents misdiagnosis with aggressive vascular tumors [3]. Local cryotherapy proved effective, safe, and well tolerated, emphasizing its role as a valuable treatment option when systemic therapy is contraindicated. Tailored, conservative

management can improve disease control and preserve quality of life in classic KS [1-6].

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Validation of the romanian version of the Autoimmune Bullous Disease Quality of Life (ABQOL) questionnaire in pemphigus patients

A35

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Einleitung / Background: Pemphigus is a rare autoimmune blistering disease with profound impact on quality of life (QoL). Generic dermatology instruments such as DLQI or Skindex may not fully capture disease-specific burden [1]. To address this, the Autoimmune Bullous Disease Quality of Life (ABQOL) questionnaire was developed and validated internationally [2-4]. However, no validated Romanian version has been available.

Methodik / Methods: We conducted a cross-sectional study including 53 Romanian patients with pemphigus vulgaris and foliaceus. Patients completed ABQOL, DLQI, and Skindex-29. Cronbach's α assessed internal consistency, and item-total correlations were calculated. Convergent validity was examined through correlations with DLQI and Skindex-29, while criterion validity was tested against Pemphigus Disease Area Index (PDAI). Discriminant validity was assessed with unrelated variables, following established validation approaches [3, 5, 6].

Ergebnisse / Results: The Romanian ABQOL demonstrated high internal consistency (Cronbach's α=0.872). Corrected item-total correlations ranged from 0.321 to 0.799. Omitting individual items failed to yield a significant increase in Cronbach's α. Strong correlations confirmed convergent validity: ABQOL-DLQI ($r=0.85$, $p<0.001$), ABQOL-Skindex symptoms ($r=0.83$, $p<0.001$), emotions ($r=0.78$, $p<0.001$), and functioning ($r=0.77$, $p<0.001$). Criterion validity was supported by a significant association with PDAI total score ($r=0.57$, $p<0.001$). The absence of association with the birth month demonstrated discriminant validity.

Schlussfolgerung / Conclusion: The Romanian ABQOL shows excellent reliability and validity, supporting its use in assessing disease-specific QoL in pemphigus patients. It offers a valuable tool for clinical care and international research comparability.

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Distribution of Lupus erythematosus subtypes with skin involvement, antibody profiles, and prevalence of systemic manifestations

A36

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Einleitung / Background: This retrospective study investigates the dis /Kunden/VDE/IEEE/456609_IKMT_2025_bearbeitet tribution and demographics of lupus erythematosus (LE) subtypes, their associated antibody profiles, and the prevalence of systemic manifestations.

Methodik / Methods: The analysis is based on data from 443 patients diagnosed with LE treated at the Department of Dermatology and Venereology at the Medical University of Graz between Jan 1, 2014, and Dec1, 2023. Using a systematic evaluation of hospital records, parameters such as LE subtype (CDLE, CHLE, LEP, LET, SCLE, and ACLE), sex, age (at diagnosis and last visit), histological findings, direct immunofluorescence, ANA titers, antibody subsets, systemic involvement and treatments were collected.

Ergebnisse / Results: CDLE was the most frequent subtype (163 cases, 36.8%), followed by SCLE (111, 25.1%) and LET (104, 23.5%). Female patients accounted for 72.5% of the overall cohort, but only for 58.7% of LET patients. SCLE showed significantly increased systemic involvement compared to CDLE, with musculoskeletal manifestations in 19.8% vs. 4.3% (22/111 vs. 7/163 cases; p<0.001) and hematopoietic involvement in 4.5% (5/111) vs. none (0/163) in CDLE (p=0.01). Sjögren's syndrome was documented in 9.9% of SCLE, 9.1% of ACLE, and 1.8% of CDLE patients.

Schlussfolgerung / Conclusion: SCLE cannot be regarded as a purely cutaneous LE subtype due to significant systemic involvement in some cases. Its association with Sjögren's syndrome appears higher than expected and may be underdiagnosed. Patients with SCLE should therefore be monitored for systemic symptoms and actively screened for sicca symptoms to ensure timely diagnostic and therapeutic interventions.

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Detection of blood involvement and marker expression in cutaneous T-cell lymphoma using FACS-based analysis of individual TCR Vβ families

A37

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Einleitung / Background: Leukemic cutaneous T-cell lymphoma (L-CTCL) encompasses Sézary syndrome (SS) and erythrodermic mycosis fungoides with blood involvement. TCR Vβ repertoire analysis can support the diagnosis of L-CTCL.

Methodik / Methods: Between March 2017 and September 2024, peripheral blood samples were collected from 65 patients: 19 patients diagnosed with L-CTCL (32% female; mean age 69±16 years), 19 patients with erythroderma of other origins (EOO; 0% female; mean age 72±11 years), and 27 patients with non-erythrodermic conditions (NEC; 33% female; mean age 58±22 years).
PBMCs were isolated and analyzed for T-cell clonality using a flow cytometry-based multiparametric tool designed for quantitative assessment of the TCR Vβ repertoire (Beckman Coulter, #PN IM3497, USA).

Ergebnisse / Results: The L-CTCL group showed significantly higher frequencies of the most dominant Vβ family compared to the EOO and NEC groups ($p<0.001$ for both comparisons). A threshold of 24% for the dominant Vβ population yielded the highest diagnostic accuracy (sensitivity 94.7%; specificity 95.7%). Further analysis revealed that, after excluding the most expanded Vβ family in each L-CTCL sample, every single remaining Vβ type was significantly lower in the L-CTCL group compared to the EOO and NEC groups ($p<0.02$), reflecting suppression by the dominant clone. ROC analysis demonstrated particularly high diagnostic performance for eight individual Vβ families (Vβ 2/5.1/5.2/9/11/13.1/17/22), each showing an AUC above 90.0%.

Schlussfolgerung / Conclusion: The evaluation of Vβ dominance and suppression patterns provides strong diagnostic discrimination, and offers in contrast to TCR sequencing the opportunity to type for target marker expression such as CCR4 and CD30.

Raising the bar of efficacy in atopic dermatitis: Lebrikizumab maintains depth of response Over 3 years in week 16 responders

A38

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Einleitung / Background: In prior analyses of the phase 3 monotherapy trials, ADvocate1, ADvocate2, and the long-term extension study ADjoin (NCT04392154), many patients treated with lebrikizumab maintained a deep response (defined by total skin clearance and minimal itch) up to 2 years [1]. Here, we report sustained depth of response with lebrikizumab treatment up to 3 years.

Methodik / Methods: Lebrikizumab responders at Week 16 (achieved ≥75% improvement in Eczema Area and Severity Index [EASI75] or Investigator's Global Assessment [IGA] of 0/1 without rescue therapy) who completed ADvocate1 and ADvocate2 (1 full year) and enrolled in ADjoin, received lebrikizumab 250 mg every 2 or 4 weeks (Q2W or Q4W) for an additional 2 years. Deep response was assessed using IGA0 (clear skin), EASI90, EASI100 (≥90% or 100% EASI improvement),

and Patient-Oriented Eczema Measure (POEM) of 0/1 (clear/almost clear skin). POEM measures patient-reported symptoms including itch, skin dryness, and sleep disturbance over the previous week. Analyses were descriptive using as-observed data.

Ergebnisse / Results: At Week 100 of ADjoin (3 years of lebrikizumab treatment), IGA 0 was reported for 63.4% [26/41] of patients receiving lebrikizumab Q2W; 50.0% [25/50] receiving lebrikizumab Q4W. EASI90/EASI100 was reported for 79.4% [50/63]/49.2% [31/63] of patients receiving lebrikizumab Q2W; 86.8% [59/68]/50.0% [34/68] receiving lebrikizumab Q4W. POEM 0/1 was reported for 24.0% [12/50] of patients receiving lebrikizumab Q2W; 32.7% [18/55] receiving lebrikizumab Q4W.

Schlussfolgerung / Conclusion: A large percentage of Week 16 lebrikizumab responders maintained total or near total skin clearance through 3 years of lebrikizumab treatment.

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Kombinierte topische Photo- und Retinoid-Therapie bei ausgedehntem kutanem T-Zell-Lymphom im Spätstadium: eine Fallserie

A39

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Einleitung / Background: Topische Therapien sind gemäß der Leitlinien in frühen Stadien von kutanen T-Zell-Lymphomen (CTCL) indiziert. Ab Stadium IIB werden systemische Therapieansätze und Kombinationen dieser empfohlen [1]. In dieser Fallserie beschreiben wir 6 Patienten mit CTCL im Spätstadium und mit ausgedehnten Hautmanifestationen, die mittels topischer Therapieansätze, UVB-Therapie oder in Kombination mit systemischen Retinoiden behandelt wurden.

Methodik / Methods: Wir präsentieren eine Kohorte von 6 CTCL Patienten (5 Mycosis fungoides, 1 Sézary Syndrom; 3 männlich, 3 weiblich), die im Cantonal University Hospital Vaud in Lausanne konsekutiv verlaufskontrolliert wurden. Die Einschlusskriterien waren: (a) das Vorliegen eines CTCL im Spätstadium, (b) eine Reduktion des modified Severity Assessment Tool (mSWAT)-Scores um mindestens 20 Punkte und (c) eine Behandlung mittels topischer und/oder systemischer Retinoid-Therapie. Das klinische Ansprechen wurde anhand der betroffenen Körperoberfläche beurteilt, deren Quantifizierung durch den mSWAT-Score erfolgte.

Ergebnisse / Results: Die mSWAT-Scores zum Zeitpunkt der Einleitung einer topischen und/oder Retinoid-Therapie lagen zwischen 46,2 und 90 Punkten. Unter den Therapiemaßnahmen reichten die niedrigsten mSWAT-Scores von 4-32 Punkten. Insgesamt konnte eine mediane Reduktion der mSWAT-Scores um 66,4 Punkte (25-74 Punkte) beobachtet werden. Der niedrigste individuelle mSWAT-Score wurde nach einer medianen Behandlungsdauer von 10,5 Monaten (3-31 Monate) dokumentiert. Nur ein:e Patient:in benötigte innerhalb des Zeitraumes eine zusätzliche systemische Therapie.

Schlussfolgerung / Conclusion: Unsere Fallserie legt nahe, dass ein topischer Behandlungsansatz, gegebenenfalls kombiniert mit einer systemischen Retinoid-Therapie, eine wirksame und nachhaltige Langzeittherapie bei CTCL-Patienten im Spätstadium darstellen kann, sofern eine anderweitige systemische Therapie nicht möglich oder nicht gewünscht ist.

Literatur / Literature:

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Spatial distribution of dendritic and T cells across skin tumor entities: a comparative analysis

A40

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Einleitung / Background: Immunophenotyping of tumor-infiltrating immune cells has become increasingly important for understanding the tumor microenvironment (TME), particularly in the diagnosis and treatment of skin cancer. $CD1a^+$ Dendritic cells (DC) initiate T-cell activation by presenting tumor antigens, while T cells directly target tumor cells. Analyzing their spatial distribution in various skin cancer types can provide insights into immune response patterns.

Methodik / Methods: To elucidate the composition of immune cells within the tumor microenvironment, we determined the presence and spatial distribution of $CD1a^+$ dendritic cells and $CD3^+$ T cells in actinic keratosis, squamous cell carcinoma, basal cell carcinoma, and melanoma using immunofluorescence. Four distinct areas were examined in each tumor sample: intratumoral, tumor margin, intraepidermal and intradermal. Five to eight images per area were selected, and the number of $CD1a^+$ cells and $CD3^+$ T cells was quantified using ImageJ software.

Ergebnisse / Results: Our results confirmed the presence of both $CD1a^+$ DC and $CD3^+$ T cells across all skin cancer types examined, with variations in their spatial distribution. $CD1a^+$ DC were primarily concentrated within the tumor and epidermis, while $CD3^+$ T cells predominantly localized at the tumor margin.

Schlussfolgerung / Conclusion: Our study reveals distinct infiltration patterns of DC and T cells across four different types of skin cancer. Future studies involving larger and more diverse cohorts will be crucial for expanding these findings and exploring the functional implications of these localization patterns.

Multi-harmonic imaging-based automated recognition of cutaneous T-cell lymphoma

A41

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Einleitung / Background: Mycosis fungoides (MF) is the most common type of cutaneous T-cell lymphoma (CTCL). Diagnosing MF is challenging, especially in its early stages when atypical T-lymphocytes are few and clinical as well as histopathologic changes are often nonspecific. Novel diagnostic approaches are therefore needed to refine both diagnostic and therapeutic strategies in CTCL. Nonlinear optical microscopy (NLOM) shows promise due to its sensitivity to specific tissue structures via harmonic generation and its capacity for three-dimensional imaging.

Methodik / Methods: We utilise both brightfield microscopy and NLOM to analyse H&E-stained biopsy samples from MF skin lesions. Expert clinicians label the images, which are used to train a convolutional neural network (CNN) to recognise skin lymphocytes. The model is applied to independent testing datasets obtained from both imaging modalities to assess its performance in detecting characteristic features of skin T-lymphocytes. Additionally, NLOM is performed on fresh, unstained biopsy samples to highlight its potential for in vivo skin imaging.

Ergebnisse / Results: NLOM successfully images epidermal and dermal structures in H&E-stained MF tissue sections with sub-cellular resolution. The trained AI model detects lymphocyte epidermotropism and dermal infiltration in the images. Moreover, NLOM imaged fresh, unstained biopsies up to 400 µm deep through the epidermis to the dermis.

Schlussfolgerung / Conclusion: This study demonstrates that NLOM, combined with AI, can detect lymphocyte epidermotropism and dermal infiltration in MF H&E-stained skin tissue. This approach offers dermatologists a powerful tool to improve the diagnosis and prognosis of MF-CTCL, paving the way for more timely and precise therapeutic strategies.

How to define and simultaneously analyze patient-relevant endpoints in EB clinical trials?

A42

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Einleitung / Background: The project "servEB" combines clinical expertise, molecular data, advanced statistical analyses, and artificial intelligence (AI) to augment

patient outcomes, improve the assessment of trial endpoints, facilitate patient self-reporting through mobile devices, and apply multi-aspect statistical analysis to enhance data validity while reducing patient burden.

Methodik / Methods: ServEB focuses on applying innovative AI tools to enhance whole-body 3D stereophotographic imaging, which are assessed for their validity and level of automation to accurately detect and quantify EB lesions, such as the size of lesional skin. Moreover, wound patterns will be evaluated for serving as indicators of lesional dignity. In parallel, a mobile app will be developed for the upload of clinical images and the collection of patient-reported outcomes, such as pain and pruritus scores. Finally, all collected data will be analyzed using suitable statistical methods. In order to identify valid approaches, comprehensive simulation studies are conducted.

Ergebnisse / Results: Simulation results for state-of-the-art statistical methods indicate type-I-error control at the two-sided 5% level, which is a methodological property that is key for regulatory agencies. AI-based algorithms for detection and quantification of affected skin areas are under development, with first 3D imaging results currently being evaluated. Initially low agreement scores (0,32) increased considerably (0,81) after a revision of annotation criteria.

Schlussfolgerung / Conclusion: This project indicates the value of integrating AI tools, clinical and molecular data as well as advanced statistical methods to enhance EB research, reduce patient burden, and improve data accuracy. First simulation results look promising with respect to improving the definition and analysis of patient-relevant endpoints.

Clinical relevance of rare inhalant allergens

A43

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Einleitung / Background: In Europe, the most relevant inhalant allergen sources are house dust mite, birch tree and grass pollen, which affect 50% of the patients. However, the rest of the patients are sensitized to other, rarer allergen sources depending on local climatic conditions.

Methodik / Methods: In 2018, a cohort of 5857 patients (35.9a±20.3a, 60.5% female) was tested with standardized skin prick test (SPT) panels of inhalant allergens in the Floridsdorf Allergy Center. An SPT diameter of at least 3 mm was regarded as positive. We also assessed the clinical relevance from the allergen-specific clinical history. We thankfully acknowledge the data recording by Benjamin Heindl, Tobias Gureczny and Livia Klug during their medical diploma thesis.

Ergebnisse / Results: 2040 patients (34.8%) suffered from allergic rhinoconjunctivitis, 646 (11.0%) from bronchial asthma and 411 (7.0%) from atopic dermatitis. The 3 most preva-

lent allergen sources dust mite, grass and birch pollen, were associated with the highest clinical relevance with the exception of pets and especially birds, which were nearly always highly clinically relevant, as well. Also, alternaria spores displayed major clinical importance in 225 of 4555 positive SPTs (4.9%).
Other moulds except for alternaria were clinically less important.

Schlussfolgerung / Conclusion: Our study demonstrates that rare allergen sources except for animals and moulds lead to milder symptoms and are more often associated with clinically less relevant positive SPTs. Nevertheless, we still recommend including these rare allergen sources in routine tests, because in a few patients some or even a single rare allergen source can act as elicitors of severe symptoms.

Clinically inapparent perilesional skin transcriptomically mimics lesional skin in alopecia areata

A44

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Einleitung / Background: Alopecia areata (AA) is a chronic immune-mediated condition marked by non-scarring hair loss, ranging from small patches to complete scalp or body hair loss. AA arises partly from the collapse of the hair follicle's (HF) immune privilege, and T cell-mediated cytotoxicity predominantly targeting the lower HF. For extensive cases, systemic corticosteroids or Janus-Kinase (JAK) inhibitors are the first-line treatment to which only ~40% respond, leading to unnecessary side effects. Moreover, while current treatments aim to suppress inflammation, they fail to restore the HF immune privilege and are linked to high relapse rates.

Methodik / Methods: To gain deeper insights into AA pathogenesis for improved patient stratification and therapeutic approaches, we employed single-cell RNA sequencing (scRNAseq) to analyze AA lesions at various disease stages with or without treatment.

Ergebnisse / Results: Importantly, our analysis reveals that, although perilesional skin in patch-type AA exhibits no clinical signs of disease activity, its transcriptomic profile is only marginally distinct from that of lesional skin. Only control skin sampled from more distant sites (>10 cm) showed differences matching reduced inflammation. As expected, T-cells demonstrate substantial transcriptomic variability between active lesions and control skin. Notably, our data reveal distinct differences in fibroblasts and keratinocytes-cell types whose roles in AA pathogenesis are still less clear. Through detailed characterization of the epidermal and dermal niches, we identified HF-specific fibroblast subsets correlating with disease activity.

Schlussfolgerung / Conclusion: While in-depth analysis of cellular interactions will be essential to determine the relevance of these cell populations, our data point to unrecognized mechanisms in AA pathogenesis.

Connective tissue diseases and Lung manifestations prospective trial with focus on systemic sclerosis (Colipris-registry-Innsbruck)

A45

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Einleitung / Background: Interstitial lung disease (ILD) is the leading cause of death in systemic sclerosis (SSc) [1]. The COLIPRIS registry aims to characterize patients with SSc and identify risk factors for ILD progression.

Methodik / Methods: This is a prospective observational cohort study of SSc patients recruited during routine clinical

visits at the pulmonary outpatient clinic of the Medical University of Innsbruck from 2019 to 2021. We collected clinical, laboratory, and imaging data at baseline and after four years.

Ergebnisse / Results: A total of 59 patients were followed for±four years with high-resolution computed tomography (HRCT) of the lung, clinical assessments, and laboratory tests. Thirty-seven (62.7%) patients showed signs of ILD on HRCT, while 24 (40.7%) displayed visual progression despite being on standard treatment. Visual progression was defined as either an increased extent of ILD or a new ILD pattern. Inflammation and immune activation markers did not differ between the groups. Forced vital capacity and diffusion capacity of carbon monoxide could not predict ILD development.

Schlussfolgerung / Conclusion: In this cohort, no routine laboratory parameter could predict ILD progression, and routine lung function testing alone may be insufficient for monitoring patients with SSc. Therefore, HRCT screening may be recommended even in patients with stable lung function testing to facilitate early detection of ILD. In this cohort, no routine laboratory parameter could predict ILD progression, and routine lung function testing alone may be insufficient for monitoring patients with SSc. Therefore, HRCT screening may be recommended even in patients with stable lung function testing to facilitate early detection of ILD.

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Stable clear-almost clear response is sustained up to 3-years in patients with moderate- to-severe atopic dermatitis treated with lebrikizumab

A46

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Einleitung / Background: Lebrikizumab (LEB) is indicated for the treatment of adults/adolescents (≥12 years, ≥40 kg) with moderate-to-severe atopic dermatitis (AD), inadequately controlled with/not suitable for topical therapies. Phase 3 trials showed maintenance of deep skin response (defined by total skin clearance through 3-years of LEB treatment). In this post-hoc analysis, we assessed individual patient stability of deep skin clearance response up to 3-years in Week(W)-16 responders who continued the same LEB treatment (every 4W [Q4W] or Q2W).

Methodik / Methods: Responders at W16 to 250mg LEB-Q2W with EASI90 or EASI100, who completed ADvocate1&ADvocate2 (1-year), were enrolled in the long- term extension study (ADjoin), and received LEBQ4W or Q2W for 2 additional years. Although topical corticosteroids were allowed, its overall use was low. We analyzed the proportion of patients who maintained a stable response (defined as achieving EASI90 or EASI100 in ≥80% of visits) from W16-W152. We report observed data.

Ergebnisse / Results: At W16, 64% (63/99) of LEBQ4W patients achieved EASI90/19% (19/99) EASI100; 65% (53/82) of LEBQ2W patients achieved EASI90/27% (22/82) EASI100. From W16-W152, the proportion of EASI90 responders who maintained stable EASI90 was 78% (49/63) with LEB-Q4W/81% (43/53) with LEBQ2W. The proportion of EASI100 responders who maintained stable EASI100 was 58% (11/19) with LEBQ4W/64% (14/22) with LEBQ2W.

Schlussfolgerung / Conclusion: Most LEB W16 responders sustained a stable clear/almost-clear skin response without/minimal fluctuations, with up to 3-years of continuous LEB treatment. This maintenance response is clinically significant in the context of a chronic and relapsing disease, where long-term disease control remains one of the most critical unmet needs.

Trichomonas vaginalis infections in Vienna: data from a two-year survey

A47

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Einleitung / Background: Trichomonas vaginalis is the most common non-viral sexually transmitted infection (STI) globally, with over 70% of infections estimated to be asymptomatic. In Austria, recent data on its prevalence are limited. This retrospective study aimed to update prevalence data among patients attending the Outpatients Centre for the Diagnosis of Infectious Venereo-Dermatological Diseases (OCD) in Vienna.

Methodik / Methods: Vaginal and urethral swabs from men and women were tested for T. vaginalis using the Alinity m STI Assay (Abbott, Illinois, USA). Other genital pathogens were analysed according to recommended testing methods and included in to evaluation.

Ergebnisse / Results: Between 2023 and 2024, 29,129 women and 20,688 men were included in the evaluation. A total number of 157 cases of T. vaginalis were diagnosed—138 in women (prevalence: 0.5%) and 19 in men (prevalence: 0.1%). The mean age was 43.5 years (range 26-79) in men and 44.1 years (range 17-79) in women, with 56.2% of patients over 40 years old. Asymptomatic infections were reported only in 7% of cases. In 25% of symptomatic patients, T. vaginalis was the only detected pathogen. Additionally, 15% of female patients presented signs of a concurrent bacterial vaginosis.

Schlussfolgerung / Conclusion: The prevalence of genital trichomoniasis in the evaluated patient group in Vienna was low, although diagnosed by molecular biological methods, and is consistent with the heterogeneous data reported across Europe. Despite the low rate of infection, diagnosis of T. vaginalis should be included in the STI screening programme in women with suspicious vaginal symptoms.

Autoantibody status predicts earlier and more frequent remission on omalizumab in chronic spontaneous urticaria

A48

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Einleitung / Background: Chronic spontaneous urticaria (CSU) affects ~1% of the population, with many patients inadequately responding to antihistamines. Omalizumab is recommended for refractory cases, yet predictors of benefit are limited. We assessed whether serum autoantibodies predict omalizumab efficacy.

Methodik / Methods: In this retrospective cohort study, 212 adult CSU patients treated at the Medical University of Vienna (2020-2023) were analyzed. 93 patients received omalizumab 300 mg every 4 weeks. Autoantibody status (thyroid and antinuclear antibodies [ANAs]), baseline total IgE, and Urticaria Activity Score over 7 days (UAS7) were evaluated. Primary, secondary and tertiary outcome were defined as complete response (CR, UAS7=0) within 6 months, time to CR and partial response (PR, UAS7≤6) over 12 months, and sustained remission (SR) over 24 months, respectively. Models used logistic regression or discrete-time survival, adjusted for baseline IgE, sex and age.

Ergebnisse / Results: Autoantibody-negative patients achieved CR and PR significantly more frequently and earlier than autoantibody-positive patients. Within 6 months, 71.9% vs. 26.9% reached CR (adjusted OR 6.32; 95% CI 1.82-21.93). This difference appeared driven by thyroid autoimmunity (CR in 3/17 vs. 3/6 with ANAs). Discrete-time analyses indicated earlier CR and PR within 12 months (HR 3.39 and 3.07; 95% CI 1.60-7.18 and 1.42-6.60). SR was more frequent in autoantibody-negative patients (adjusted OR 14.18; 95% CI 3.25-61.91). Baseline IgE alone did not predict treatment response.

Schlussfolgerung / Conclusion: Autoantibody status appears to independently predict omalizumab response in CSU. Routine autoimmune profiling may aid in personalized therapy, allowing early identification of patients likely to require alternative or intensified treatments.

Real-world evidence on treatment survival in patients with palmoplantar pustulosis—a retrospective study from the Psoriasis Registry Austria

A49

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Einleitung / Background: Little is known about treatment survival in patients with palmoplantar pustulosis.

Methodik / Methods: Data from the Psoriasis Registry Austria (PsoRA) and the phototherapy registry of the Phototherapy Unit of the Department of Dermatology and Venereology at the Medical University of Graz were scrutinised to analyse the treatment survival of patients receiving phototherapy, conventional systemic or biologics. Moreover, the impact of gender, age at treatment start (compared in patients <40, ≥40 but <60, and ≥60), smoking habits (smokers vs. non-smokers), concomitant arthritis and concomitant plaque-psoriasis on treatment survival was analysed.

Ergebnisse / Results: This analysis included data from 191 patients (73.8% females), who underwent a total of 396 treatments. Biologics were the most frequently administered therapies (50.0%), before phototherapy (25.3%) and conventional systemics (25.0%). The overall median survival time (95% confidence interval) was 0.6 years (0.5-0.8). The longest survival was observed for ustekinumab with a median duration of 2.7 years (2.3—upper limit not reached). Phototherapy (hazard ratio [HR] 4.4, p<0.001) and conventional systemic treatments (HR 2.2, p<0.001) were associated with a significantly increased risk for treatment discontinuation compared to biologics. Similarly, concomitant plaque psoriasis was associated with a significantly increased risk for treatment discontinuation for all therapies (HR 1.4, p=0.009), whereas gender, age at treatment start, smoking habits or concomitant psoriatic arthritis had no significant effect on the overall treatment survival.

Schlussfolgerung / Conclusion: Patients receiving biologics, particularly ustekinumab, had the longest treatment survival. However, this biologic survival rates were worse compared to those observed for plaque-psoriasis.

Resistance of mycoplasma genitalium: Austrian Experiences

A50

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Einleitung / Background: Resistances against Mycoplasma genitalium (M.genitalium) are an increasing problem for patients. Testing for resistance proof of M. genitalium for both, azithromycin and moxifloxacin, is seldomly available. The Allplex MG&AziR Assay and AllplexMG&MoxiR Assay (Seegene, Korea) are multiplex real time PCR assays that simultaneously detect M. genitalium and mutations related to azithromycin and moxifloxacin resistance. Aim of the evaluation was to perform the resistance proof with both Allplex Assays for samples tested positive with the Alinity m STI Assay (Abbott, USA).

Methodik / Methods: During 2024 and 2025, 45 patients attending the Outpatients Centre with a positive result in the Alinity m STI assay were included in the study. Resistance was evaluated by the Allplex MG&AziR Assay and Allplex-MG&MoxiR Assay for azithromycin and moxifloxacin.

Ergebnisse / Results: Resistances were detected for azithromycin in 85.3% and for moxifloxacin in 51.35%, respectively. A high agreement of 100% for the detection of M. genitalium between all assays was observed for samples with cycle turn-values (CT) of the Alinity assay below 25.00. Low numbers of concordant positive results (33.3% and 44.4%, respectively) were observed for the Allplex Assays when CT values of the Alinity Assay were above 35.00, missing the resistance proof.

Schlussfolgerung / Conclusion: The high resistance for azithromycin (85.3%) and moxifloxacin (51.35%) confirms the importance of resistance proof, which was performed by the Allplex Assays. For Alinity positive samples with a high CT level, the Allplex Assays might fail to detect an infection with M. genitalium, missing also to detect an infection with M. genitalium and to perform resistances against standard antibiotics.

Therapieresistente Akne als kutane Manifestation einer Akromegalie infolge eines hormonaktiven Hypophysenmikroadenoms

A51

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Einleitung / Background: Bei therapieresistenter Akne sollte differenzialdiagnostisch an eine hormonelle Genese gedacht werden. Neben häufigeren Ursachen wie dem polyzystischen Ovarialsyndrom bei Frauen können auch seltene endokrinologische Erkrankungen, einschließlich hormonproduzierender Hypophysenmikroadenome (Pituitary Neuroendocrine Tumors - PitNETs), zugrunde liegen. Akromegalie, verursacht durch eine Überproduktion von Wachstumshormon (GH) und Insulin-like growth factor 1 (IGF-1), zeigt ein breites Spektrum klinischer Manifestationen – darunter auch kutane Symptome wie therapieresistente Akne.

Methodik / Methods: Fallbericht:
Wir berichten über den Fall eines 26-jährigen männlichen Patienten mit seit 2 Jahren bestehender nodulozystischer Akne. Klinisch zeigte sich eine Akromegalie mit Gynäkomastie, Vergröberung der Gesichtszüge, vergrößerte Hände und Füße, Hyperhidrose und Dysgnathie, die sich über Jahre langsam entwickelt hätten.
Laborchemisch zeigten sich erhöhte GH- und IGF-1-Werte im Serum ohne Suppression im oralen Glukosetoleranztest. Die MRT-Bildgebung zeigte ein 7 mm großes
Hypophysenmikroadenom. Es wurde die Diagnose einer Akromegalie gestellt.

Ergebnisse / Results: Therapie und Verlauf:
Die Behandlung erfolgte interdisziplinär: chirurgisch mittels transnasaler, endoskopischer Adenomentfernung, kieferchirurgisch durch Korrektur der Oberkieferfehlstellung mittels Lefort-I-Osteotomie und dermatologisch mit systemischem Isotretinoin. Postoperativ kam es zur Normalisierung der Hormonspiegel sowie zu einer deutlichen Besserung des Hautbildes und der akromegaliebedingten Veränderungen.

Schlussfolgerung / Conclusion: Dieser Fall zeigt die Bedeutung einer ganzheitlichen, interdisziplinären Diagnostik bei therapieresistenter Akne. Auch seltene hormonelle Ursachen wie ein GH-produzierendes Hypophysenmikroadenom sollten in Betracht gezogen werden – insbesondere bei begleitenden Hinweisen auf Akromegalie. Eine frühzeitige Diagnosestellung ermöglicht eine effektive Therapie und kann die Prognose entscheidend verbessern.

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Single-cell RNA sequencing in a patient with mycosis fungoides showing lymphomatoid papulosis-like lesions

A52

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Einleitung / Background: Mycosis fungoides (MF) and lymphomatoid papulosis (LyP), are recognized as distinct entities and require different treatment strategies. However, clinico-pathological overlaps as well as sequential or concomitant occurrence may present diagnostic challenges and hinder patient management. Here, we present a patient with CD4+/CD8-MF stage IB who concomitantly developed LyP like-lesions.

Methodik / Methods: To investigate the cellular and molecular characteristics of skin lesions with different clinical phenotypes within the same patient, we performed matched single-cell RNA sequencing (scRNA-seq) coupled with single-cell TCR sequencing of skin and peripheral blood.

Ergebnisse / Results: An identical T-cell clone was detected in both MF and LyP-like lesions, matching existing literature, but not in the patient's blood. Interestingly, we observed distinct immune signatures within the tumor microenvironments (TME) dependent on the lesion's clinical phenotype. The MF lesion's TME showed a Th2 signature, whereas the LyP-like lesion's TME showed a Th1 skewing.

Schlussfolgerung / Conclusion: Our scRNA-seq data showed an identical T-cell top clone within skin lesions of phenotypic variability in the same patient. The cytokine signatures of the TME were linked to the clinical presentation either MF or LyP-like, suggestive for distinct TMEs and representing further evidence that its interplay with the tumor clone is associated with the lesion's phenotype (T-stages).

Novel mutations and genetic testing in suspected HAE with normal C1-INH: five years of Experience in Graz

A53

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Einleitung / Background: Hereditary angioedema is a rare but potentially life-threatening disease characterized by recurrent, self-limiting swellings. While most patients present with quantitative or functional deficiency of C1 inhibitor (C1-INH), a subset shows normal C1-INH levels and function, making diagnosis particularly challenging. In these cases, clinical presentation alone is often insufficient to establish a definitive diagnosis. Genetic testing has therefore become an essential tool to confirm HAE and to enable appropriate patient management, family counseling, and targeted therapy.

Methodik / Methods: In cooperation with the Institute of Human Genetics at the Medical University of Graz, blood samples were obtained from patients with a fitting clinical presentation and after ruling out major differential diagnoses. Informed consent for genetic analysis was obtained. Whole exome sequencing was performed focusing on known HAE-associated genes (SERPING1, ANGPT1, F12, PLG, KNG1, MYOF, HS3ST6).

Ergebnisse / Results: Genetic testing was done in 23 patients suspected HAE with normal C1-INH. In 6 cases (26.1%), mutations were identified in genes previously associated with HAE. Four cases within one family carried a novel ANGPT1 variant (c.575+5_575+7del, p.?), not previously reported. In addition, a novel MYOF variant (c.4797C>G, p.Asn1599Lys) was detected in one patient. Another patient showed variants in two genes: HS3ST6 (c.70G>A, p.Ala24Thr) and PLG (p.Arg786Cys).

Schlussfolgerung / Conclusion: In many cases, genetic testing does not yield a definitive diagnosis, as the result may only reveal a variant of uncertain significance (VUS). Nevertheless, in patients with a fitting clinical presentation, such variants in known HAE-associated genes may still provide a plausible explanation for the symptoms and support clinical decision-making.

Recalcitrant palmoplantar pustulosis successfully controlled with Lebrikizumab

A54

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Einleitung / Background: Palmoplantar pustulosis (PPP) is a chronic inflammatory skin disease characterized by sterile pustules on erythematous, scaly palms and soles. It causes significant pain, functional impairment, and reduced quality of life. Current treatments, including topical agents, systemic therapies, and biologics, often fail to achieve lasting remission. Although PPP was traditionally considered Th17-driven, transcriptomic analyses have revealed a strong Th2 signature in lesional skin, implicating interleukin-13 (IL-13) as a key mediator. Case reports suggest IL-4Rα/IL-13 blockade may benefit a Th2-driven subset. Lebrikizumab is a monoclonal antibody that binds IL-13 with high affinity, selectively inhibiting type 2 inflammation while preserving decoy receptor engagement. We present the first reported case of PPP successfully treated with lebrikizumab.

Methodik / Methods: We report a 34-year-old male smoker with recalcitrant PPP first diagnosed in 2010.

Ergebnisse / Results: The disease began on the trunk and later affected palms and soles. Previous therapies included fumaric acid, PUVA, methotrexate, and multiple biologics. In October 2024, the patient was receiving Guselkumab, Deucravacitinib, systemic steroids, and analgesics. While this regimen controlled the body lesions, the palmoplantar lesions remained resistant. Due to inadequate control of PPP, Deucravacitinib was discontinued and Lebrikizumab was initiated in February 2025. Two days after the first dose, the patient reported reduced pain. By April 2025, complete clearance was achieved, which persisted; and all analgesics and steroids were discontinued.

Schlussfolgerung / Conclusion: This case supports the therapeutic potential of IL13-Inhibitos in PPP, offering clinicians another treatment option for this challenging disease and adds to the literature linking PPP to Th2 inflammation.

Diphenylcyclopropenon (DCP)-Therapie bei Alopecia areata bei Kindern und Erwachsenen – 10-Jahres-Real-World-Daten aus der Klinik Donaustadt

A55

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Einleitung / Background: Die Kontakttherapie mit Diphenylcyclopropenon (DCP) wird bei mittelschwerer bis schwerer AA empfohlen. Der genaue Wirkmechanismus von DCP in der Behandlung der AA ist nicht vollständig bekannt. Es gibt Hinweise darauf, dass die Apoptose läsionaler T-Lymphozyten sowie die Hemmung antigenpräsentierender Zellen eine Rolle spielen.

Methodik / Methods: Patienten, welche in den Jahren 2015-2025 in der dermatologischen Ambulanz der Klinik Donaustadt mindestens eine DCP-Therapie erhielten, wurden in die retrospektive Studie eingeschlossen. Die DCP-Therapie wurde von Ärzten verabreicht und erfolgte nach dem Protokoll von Happle.

Ergebnisse / Results: Im erwähnten Zeitraum wurden 53 Personen, darunter 13 Kinder oder Jugendliche (24,5%), mit DCP behandelt. Durchschnittlich erhielten die Patienten 27 Behandlungen, wobei nach 11 Therapien und 12 Wochen erster Nachwuchs sichtbar war. Bei 17 Personen (32,1%) zeigte sich ein kompletter Behandlungserfolg mit Nachwuchs an allen Stellen und bei 15 Personen (28,3%) ein Teilerfolg mit partiellem Ansprechen auf die Therapie.

Bei 6 Patienten (11,3%) zeigte sich kaum oder keine Wirkung, bei fehlendem Nachwuchs oder lediglich vereinzelten Haaren nach zumindest 20 Therapieeinheiten. 14 Personen (26,4%) brachen die Behandlungen ab oder erschienen nicht mehr, bevor Nachwuchs stattfand. Eine Frau mit AA totalis hatte eine komplette Remission nach 6 Wochen Therapie.

Schlussfolgerung / Conclusion: Der Therapieerfolg im Klinikalltag stimmt mit Studiendaten überein und befindet sich über der Spontanremissionsrate von ungefähr 50%, die gerade im Kollektiv der mittelschwer bis schwer betroffenen Patienten niedriger liegen dürfte. Die Therapie mit DCP bleibt in Hinblick auf Wirkung, Sicherheit und Kosten eine wertvolle Therapiealternative im Behandlungsalltag, deren Erfolg im klinischen Setting jedoch wesentlich durch bessere Therapieadhärenz gesteigert werden könnte.

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Assessment of T-bet and GATA3 in mycosis fungoides: Insights into biomarkers of disease progression

A56

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Einleitung / Background: Mycosis fungoides (MF), the most prevalent subtype of cutaneous T-cell lymphoma (CTCL), has a highly variable clinical course, ranging from early patch and plaque stages to advanced disease characterized by tumors and erythroderma. Despite extensive research, reliable biomarkers that allow an early prediction of disease progression are still lacking. The hypothesis that a transition from a T helper 1 (Th1)-dominated to a T helper 2 (Th2)-dominated microenvironment is a key mechanism driving progression has been postulated. The present study explores whether the quantitative immunohistochemical expression of Th1- and Th2-related transcription factors is associated with clinical outcome and may serve as a predictor of disease progression.

Methodik / Methods: Formalin-fixed, paraffin-embedded (FFPE) skin biopsies from patients with Mycosis fungoides were examined by immunohistochemistry for the transcription factors T-bet (Th1-associated) and GATA3 (Th2-associated). The cohort included stable patients (n=15; baseline biopsy) and progressive patients (n=16; biopsies at baseline and at progression). Quantification of nuclear staining was performed using QuPath on whole-slide scans.

Ergebnisse / Results: In patients with progressive disease, the proportion of GATA3-positive nuclei increased significantly at the time of progression in comparison with the baseline sample, whereas T-bet expression remained unchanged over time. In baseline biopsies, no significant differences in T-bet or GATA3 expression were detected between patients with stable versus progressive disease.

Schlussfolgerung / Conclusion: Although a Th2 shift was evident during progression, T-bet and GATA3 expression in baseline biopsies did not predict future disease course in MF.

Konkordanz zwischen LLM-Analysen und Tumorboard-Entscheidungen in der Dermatoonkologie: Eine retrospektive Auswertung von 100 Fällen

A57

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Einleitung / Background: Large Language Models (LLMs) werden zunehmend als Entscheidungshilfen in der Onkologie diskutiert. Systematische Vergleiche mit multidisziplinären Tumorboards fehlen bislang. Ziel dieser Arbeit war die quantitative Analyse der Übereinstimmung zwischen einer LLM-basierten Fallbewertung und den Empfehlungen eines dermatoonkologischen Tumorboards.

Methodik / Methods: Es erfolgte eine retrospektive Auswertung von 100 Tumorboard-Fällen (Januar-September 2025) des dermatoonkologischen Tumorboards am LKH-Universitätsklinikum Graz, Österreich, mit den Entitäten: malignes Melanom, kutanes Plattenepithelkarzinom, Merkelzellkarzinom und Aderhautmelanom. Jeder Fall wurde unabhängig durch ein LLM (GPT-5) analysiert, ohne Kenntnis der Expertenentscheidungen. Die Übereinstimmung wurde anhand vordefinierter Kategorien (exakt, teilweise, divergent) in Prozentwerten quantifiziert. Zusätzlich wurde die Bearbeitungszeit (Nachdenkzeit + Texterstellung) pro Fall dokumentiert.

Ergebnisse / Results: Die Kohorte umfasste 63 Männer und 37 Frauen mit einem Durchschnittsalter von 66,1 Jahren (33-89 Jahren). Maligne Melanome stellten 87% der Fälle, wovon 65,5% im Stadium IV lagen. Der mittlere Konkordanz-Score zwischen LLM und Tumorboard betrug 72,9% (KI: 95%: 67,9-77,9%). Die Bearbeitungszeit pro Fall lag bei durchschnittlich 88 Sekunden. Die Übereinstimmung war bei weniger komplexen Fällen hoch, während divergente Empfehlungen überwiegend bei komplexeren Konstellationen auftraten. Der Einsatz von LLMs könnte nicht nur zeitliche Vorteile im Routinebetrieb bringen, sondern auch künftig im Rahmen des Qualitätsmanagements als additives Kontrollinstrument dienen.

Schlussfolgerung / Conclusion: LLM-basierte Analysen erreichen eine relevante Übereinstimmung mit Tumorboard-Entscheidungen und zeigen Potenzial als unterstützendes Instrument in der Dermatoonkologie. Während einfache Fälle zuverlässig abgebildet werden, erfordern komplexe Situationen weiterhin die Expertise interdisziplinärer Gremien. Zukünftige Arbeiten sollten den Vergleich mit anderen Modellen (z.B. Perplexity, Open Evidence) einschließen und prospektive Validierungen zur klinischen Anwendbarkeit durchführen.

CXCR3$^+$ Tissue-resident memory T cells correlate with protection from keratinocyte cancer in organ transplant recipients

A58

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Einleitung / Background: Organ transplant recipients (OTRs) require lifelong systemic immunosuppression (SIT), which increases the risk of keratinocyte cancer (KC). Interestingly, not all OTRs develop KCs, suggesting individual variation in skin-specific immune defense. Tissue-resident memory T cells (TRMs), particularly CD8$^+$CXCR3$^+$ subsets, are central to antiviral and antitumor immunity. We investigated whether TRM subset composition in the skin correlates with natural protection from KC in OTRs.

Methodik / Methods: Skin biopsies were obtained from two matched OTR cohorts: i) patients highly susceptible to KC (OTRKC, >5 histologically confirmed KCs) and ii) protected patients without KC throughout the post-transplant period (OTRPRO). Groups were matched for years post-transplant period, age, gender, SIT and cumulative sun exposure. 6 mm punch biopsies from the upper inner arm were processed for multicolor immunofluorescence staining targeting CD3, CD4, CD8, CD69, and CXCR3. TRMs were quantified using TissueFAXS and TissueQuest systems.

Ergebnisse / Results: Overall TRM frequencies and absolute numbers did not differ between OTRKC and OTRPRO groups. However, distinct differences emerged in the TRM subset composition. CXCR3$^+$CD4$^+$ TRMs were most abundant in healthy controls, with a trend toward higher frequencies in OTRPRO compared to OTRKC. Notably, CD8$^+$ TRMs were significantly enriched in OTRPRO, indicating a potential contribution of this subset to local tumor immune surveillance despite systemic immunosuppression.

Schlussfolgerung / Conclusion: Our findings suggest that skin-resident CD8$^+$CXCR3$^+$ TRMs may play a protective role against KC in OTRs. This subset could serve as a biomarker for skin cancer risk stratification and represents a promising target for immunotherapeutic strategies aimed at reducing KC incidence in immunosuppressed patients.

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