ABSTRACTS

Lebrikizumab provides clinically meaningful response in face and hands in adults and adolescents with moderate-to-severe atopic dermatitis: ADhope 1 study

A01

Franz J. Legat[1], Christian Vestergaard[2], Julien Seneschal[3], Stephan Weidinger[4], Andreas Wollenberg[5], Alan Irvine[6], Helena Agell[7], Júlia Valls Bancells[7], Victor Sapena[7], Diamant Thaçi[8]

[1]Department of Dermatology and Venereology, Medical University of Graz, Graz, Austria, [2]Department of Dermatology and Venerology, Aarhus University Hospital, Aarhus, Denmark, [3]Department of Dermatology, University of Bordeaux, Bordeaux, Frankreich; Department of Dermatology and Pediatric Dermatology, National Reference Center for Rare Skin Disorders, Hospital Saint-André, Bordeaux, France, [4]Department of Dermatology and Allergy, University Hospital Schleswig-Holstein, Kiel, Germany, [5]University Medical Center of Augsburg, Augsburg, Deutschland; Institute and Comprehensive Center for Inflammatory Medicine at the University of Lübeck, Lübeck, Deutschland; Department of Dermatology and Allergology, LMU Hospital, Munich, Germany, [6]Department of Clinical Medicine, Trinity College Dublin, Dublin, Ireland, [7]Almirall, S.A., Barcelona, Spain, [8]Institute and Comprehensive Center for Inflammatory Medicine, University of Lübeck, Lübeck, Germany

Einleitung / Background: Most patients with atopic dermatitis (AD) have face and/or hand involvement, which poses a major psychological burden.[1] Lebrikizumab is approved for moderate-to-severe AD and has previously demonstrated efficacy and a favourable safety profile.[2–4] We report Lebrikizumab efficacy in face and hands from ADhope 1 (NCT05990725).

Methodik / Methods: ADhope 1 was a 24-Week (W), interventional, single-arm, open-label study in adults and adolescents (≥12 to <18 years, ≥40 kg) with AD and who were not adequately controlled with topical therapies. Patients received 500 mg at baseline and W2, then 250 mg every 2 weeks (Q2W) until W16, then 250 mg Q4W until W24. Outcomes included Face Investigator's Global Assessment (IGA) ≥1-point improvement from baseline and Face IGA 0/1 with ≥2-point improvement from baseline in patients with Face IGA ≥2 at baseline, and percentage change from baseline in modified Total Lesion Symptom Score (mTLSS) to assess response in hands.

Ergebnisse / Results: Efficacy was assessed in 247 patients. Of the 172 patients with Face IGA ≥2 at baseline (69.6%), 79.1% achieved Face IGA ≥1-point improvement and 44.8% achieved Face IGA 0/1 with ≥2-point improvement at W24. Face response correlated with overall body response. Of patients with AD in the hands at baseline (n=158), the mean percentage change from baseline in mTLSS progressively improved over time and was −66.3% at W24.

Schlussfolgerung / Conclusion: Lebrikizumab provided improvements in AD affecting the face and/or hands. Findings indicate that Lebrikizumab is an effective treatment option for patients with moderate-severe AD, including those with facial and hand involvement.

Literatur / Literature:

1. Blicharz L, et al. Ital J Dermatol Venereol 2025;160(2):123–44.
2. Silverberg JI, et al. N Engl J Med 2023;388(12):1080–91.
3. Blauvelt A, et al. Br J Dermatol 2023;188(6):740–48.
4. Simpson EL, et al. JAMA Dermatol 2023;159(2):182–91.

Calcipotriol/betamethasone dipropionate PAD-cream for the treatment of mild-to-moderate scalp psoriasis under real-world conditions: case reports from the PRO-SCALP study

A02

Andreas Pinter[1], José Luis López Estebaranz[2], Anthony Bewley[3], Jordi Galván[4]

[1]University Hospital Frankfurt Am Main, Department of Dermatology, Venereology and Allergology, Frankfurt Am Main, Deutschland, [2]Hospital Universitario Fundación Alcorcón, Department of Dermatology, Madrid, Spanien, [3]Barts Health NHS Trust & Queen Mary University, Department of Dermatology, London, Vereinigtes Königreich, [4]Almirall S.A., Global Medical Affairs Department, Barcelona, Spanien

Einleitung / Background: The calcipotriol and betamethasone dipropionate cream based on polyaphron dispersion technology (CAL/BDP PAD-cream) demonstrated high efficacy and favourable safety on psoriasis in phase 3 studies. However, real-world data on scalp are limited. This analysis provides further insights into outcomes of adults with mild-to-moderate scalp psoriasis receiving CAL/BDP PAD-cream under real-world conditions within PRO-SCALP study.

Methodik / Methods: Five cases treated with CAL/BDP PAD-cream in PRO-SCALP (NCT05811234), with available photographs at baseline, Week (W) 4 and W8. CAL/BDP PAD-cream was prescribed per clinical practice according to Summary of Product Characteristics. Demographics, patient-reported outcomes (PROs), clinician-reported outcomes (ClinROs) and photographic evolution of the scalp up to W8 are assessed.

Ergebnisse / Results: Five patients with mild-to-moderate plaque psoriasis involving the scalp are analysed, with a mean age of 40.4 years (range: 27-65 years). Four patients were female. Three patients reported high adherence through a Visual Analogue Scale (VAS≥80). At W8, mean global satisfaction score on Treatment Satisfaction Questionnaire for Medication Version 9 (TSQM-9) was 94.3. Mean Worst Itch-Numerical Rating Scale (WI-NRS) score decreased from 5.6 at baseline to 1.6 at W8. Sleep and psychosocial outcomes also improved. ClinROs improved from baseline to W8, with lower mean Physician Global Assessment (PGA; 2.6 vs 0.6) and scalp-modified Psoriasis Area and Severity Index (S-mPASI; 1.8 vs 0.1). Photographs indicated near resolution before end of treatment.

Schlussfolgerung / Conclusion: CAL/BDP PAD-cream is associated with high treatment satisfaction and improved PROs and ClinROs in the real-world management of scalp psoriasis, a difficult-to-treat area. These improvements were also reflected in patients' clinical photographs.

Label-Free FTIR Spectroscopic Imaging and Whole-Spectrum Unsupervised Clustering Reveal Fungus-Associated Molecular Signatures in Human Skin Tissue Sections

A03

Maximilian Lammer[1], Paul Bellmann[1], Matthias Schmuth[1], Verena Moosbrugger-Martinz[1], Bernhard Zelger[2], Bettina Zelger[3], Birgit Moser[1], Petra Hatzer-Grubwieser[4], Claudia Wöss[4], Roland Stalder[5], Lisa-Maria Zenz[6], Michaela Lackner[6], Christian Wolfgang Huck[7], Miranda Klosterhuber[8], Johannes Dominikus Pallua[8, 7, 4]

[1]Univ.- Klinik Innsbruck, Abteilung für Dermatologie, Venerologie und Allergologie, Innsbruck, Österreich, [2]Private Dermatological Practice, Specialized in Dermatopathology, Innsbruck, Österreich, [3]Medical University of Innsbruck, Institute of Pathology, Neuropathology, and Molecular Pathology, Innsbruck, Österreich, [4]Medical University of Innsbruck, Institute of Legal Medicine, Innsbruck, Österreich, [5]University of Innsbruck, Institute of Mineralogy and Petrography, Innsbruck, Österreich, [6]Medical University of Innsbruck, Institute for Hygiene and Medical Microbiology, Innsbruck, Österreich, [7]University of Innsbruck, Institute of Analytical Chemistry and Radiochemistry, Innsbruck, Österreich, [8]Medical University of Innsbruck, Department of Orthopaedics and Traumatology, Innsbruck, Österreich

Einleitung / Background: Fungal skin infections are typically diagnosed clinically and, in atypical cases, by conventional histopathology using hematoxylin-eosin (HE), periodic acid-Schiff (PAS), and Grocott methenamine silver (GMS) stains. However, these methods provide only limited spatially resolved molecular information. This study evaluated Fourier-transform infrared (FTIR) chemical imaging as a label-free approach for detecting biochemical patterns associated with fungal infection in human skin tissue.

Methodik / Methods: Skin tissue sections from 19 patients with histologically confirmed fungal skin infections were analysed by FTIR spectroscopic imaging. Histologically correlatable fungal infection-associated regions were available in 16 cases and were evaluated together with keratinised tissue and vital epidermis. Regions of interest (ROIs) were defined

using matched HE-, PAS-, and GMS-stained sections. In total, 46 ROIs comprising 16,498 individual FTIR spectra were analysed using univariate chemical mapping, mean spectra, principal component analysis, and unsupervised clustering.

Ergebnisse / Results: Fungal infection-associated regions consistently exhibited distinct spectral signatures compared with vital epidermis and keratinised tissue. The greatest spectral separation was observed within the 900–1300 cm^{-1} fingerprint region, particularly at 1085, 1185, and 1240 cm^{-1}. Unsupervised clustering identified spatially coherent spectral compartments corresponding to histologically defined tissue structures.

Schlussfolgerung / Conclusion: FTIR chemical imaging provides label-free, spatially resolved biochemical information that complements conventional histopathology in fungal skin infections. These proof-of-concept findings support its potential as an adjunctive diagnostic tool and warrant validation in larger patient cohorts.

Broad-Spectrum HPV Protection Via Recombinant Measles Virus Vectors

A04

Anna Sanchez Jimenez[1], Mona Lange[2], Elisabeth Potzmann[1], Aileen Ebenig[2], Bettina Huber[1], Michael Mühlebach[2], Reinhard Kirnbauer[1]

[1]Medical University of Vienna, Dermatology, Wien, Österreich, [2]Paul- Ehrlich- Insitut, Immunology, Langen, Deutschland

Einleitung / Background: Licensed multivalent Human Papillomavirus (HPV) vaccines utilize L1-based virus- like particles (VLPs) to induce potent, yet type- restricted immunity against up to nine HPV types. However, protection against non- vaccine types remains challenging. To achieve broader coverage, we previously engineered RG1- VLP by incorporating the conserved cross- neutralization HPV16L2-RG1 epitope into the DE- surface- loop of HPV16L1-VLP, demonstrating protection against at least 22 mucosal HPV types in preclinical models and advancing to a Phase I clinical trial (NCT05985681).

Methodik / Methods: Here, we used the Recombinant Measles Virus (rMeV) Moraten vaccine strain as a vehicle to express the HPV16-RG1 fusion protein, aiming for dual protection against multiple HPV types and measles. A codon-optimized ORF encoding the L1-RG1 fusion protein was inserted into an additional transcriptional unit of the MeV genome. New Zealand White (NZW) rabbits were immunized four times at 3-week intervals with the rMeV-RG1 candidate (n=3/group).

Ergebnisse / Results: Measles-specific immunity was confirmed using ELISA and viral neutralization assays. RG1-specific antibodies were detected in peptide ELISAs with titers reaching up to 12,800. HPV16 neutralization and cross-neutralization against HPV31/59/5 were confirmed by Pseudovirus- based Neutralization Assays (PBNA) and L2-based PBNA, respectively. Avidity ELISA and Surface Plasmon Resonance (SPR) demonstrated progressive antibody affinity maturation following booster immunizations. Crucially, passive transfer of rabbit sera to Balb/c mice conferred in vivo cross-protection against challenge with HPV16/45/39/59 pseudoviruses.

Schlussfolgerung / Conclusion: These data demonstrate the strong cross-neutralizing potential of the rMeV-RG1 candidate and its capacity to protect against in vivo challenge with at least four high-risk HPV types.

Cutaneous Host Defense against *Candida auris*: Innate Immune Responses and Antimicrobial Mechanisms

A05

Saskia Seiser[1], Helena Brezovec[2], Philipp Penninger[2], Trinh Phan-Canh[2], Doris Moser[3], Frank P. Assen[1], Tanya Ayub[1], Franziska Rademacher[4], Regine Gläser[4], Diana Cerbu[1], Philip Kienzl[1], Christian Freystätter[5], Jürgen Harder[4], Karl Kuchler[2], Adelheid Elbe-Bürger[1]

[1]Medical University of Vienna, Department of Dermatology, Vienna, Österreich, [2]Medical University of Vienna, Center for Biomedical Biochemistry, Max Perutz Labs Vienna, Vienna, Österreich, [3]Medical University of Vienna, Department of Cranio-Maxillofacial and Oral Surgery, Vienna, Österreich, [4]University of Kiel, Department of Dermatology, Quincke Research Center, Kiel, Deutschland, [5]Medical University of Vienna, Department of Plastic and Reconstructive Surgery, Vienna, Österreich

Einleitung / Background: *Candida auris* is a multidrug-resistant fungal pathogen that persistently colonizes human skin, facilitating transmission in healthcare and complicating infection control. A better understanding of cutaneous host defense mechanisms may identify strategies to limit colonization and transmission.

Methodik / Methods: *Ex vivo* human skin, both intact and wounded, as well as primary human keratinocytes (KCs) and fibroblasts (FBs), were infected with *C. auris*. Cytokines were quantified by ELISA/multiplex assays, cytotoxicity by TUNEL staining and lactate dehydrogenase release, and transcriptional responses were analyzed by bulk RNA sequencing. The antifungal activity of antimicrobial peptides was evaluated *in vitro*, and RNase 7 expression in infected skin was assessed by immunohistochemistry.

Ergebnisse / Results: *C. auris* colonized intact and wounded human skin, while eliciting weaker inflammatory and cytotoxic responses compared to *Candida albicans*, consistent with limited innate immune activation. RNA sequencing identified conserved inflammatory responses in KCs and FBs, including induction of IL-6 and CXCL8, together with cell type-specific antimicrobial programs. Among these, the KC-derived antimicrobial peptides RNase 7 and short-form thymic stromal lymphopoietin (sfTSLP) emerged as candidate mediators of cutaneous defense. RNase 7 induction was confirmed by immunohistochemistry in infected skin, and recombinant RNase 7 and sfTSLP inhibited *C. auris* growth *in vitro*.

Schlussfolgerung / Conclusion: Our findings provide mechanistic insight into the persistence of *C. auris* on human skin by demonstrating robust colonization despite comparatively limited innate immune activation. Transcriptional responses identify RNase 7 and sfTSLP as candidate antifungal mediators that may contribute to limiting skin colonization, alongside cytokines and chemokines that may promote early immune cell recruitment.

Thromboembolic Risk Following Endovenous Laser Ablation: Incidence, Risk Factors, and the Limited Role of Routine Thromboprophylaxis in Low-Risk Patients

A06

Hannah Lorenz[1], Julia Deinsberger[1], Philip Kienzl[1], Stefanie Kapsch[1], Christine Wagenlechner[1], Benedikt Weber[1]

[1]Medizinische Universität Wien, Dermatologie, Wien, Österreich

Einleitung / Background: Thromboembolic complications remain clinically relevant after endovenous laser ablation (EVLA), while evidence guiding routine pharmacological thromboprophylaxis is limited [1, 2]. We assessed the incidence and predictors of post-EVLA thromboembolic events and whether thromboprophylaxis was associated with reduced risk, particularly in patients without prior thromboembolic disease.

Methodik / Methods: In this retrospective single-center cohort study**,** patients ≥18 years undergoing EVLA of truncal veins at a tertiary academic center were included. The primary outcome was any thromboembolic event within 90 days, defined as deep vein thrombosis, endothermal heat-induced thrombosis class 3–4, pulmonary embolism, or superficial vein thrombosis (SVT). Multivariable logistic regression and sensitivity analyses were performed, including a subgroup without prior thromboembolic disease.

Ergebnisse / Results: Of 649 patients, 42 (6%) experienced a thromboembolic event within 90 days, predominantly SVT (86% of events). Female sex was independently associated with lower event odds (odds ratio [OR] .43, 95% confidence interval [CI] .20–.92; p = .032), whereas prior thromboembolism was associated with higher odds (OR 2.80, 95% CI 1.28–6.12; p = .009). Anticoagulation was not significantly associated with reduced risk in either the full cohort or the non-risk subpopulation (n = 494). In the non-risk subgroup, female sex remained independently protective (OR .32, 95% CI .10–.89; p = .034). Results were consistent across sensitivity analyses.

Schlussfolgerung / Conclusion: Routine pharmacological thromboprophylaxis does not offer a measurable benefit in patients without prior thromboembolic disease undergoing EVLA. Male sex and prior thromboembolic events are independent risk factors, supporting an individualized, risk-adapted approach to post-procedural anticoagulation.

Literatur / Literature:

1. De Maeseneer MG, Kakkos SK, Aherne T, Baekgaard N, Black S, Blomgren L, et al. Editor's Choice – European Society for Vascular Surgery (ESVS) 2022 Clinical Practice Guidelines on the Management of Chronic Venous Disease of the Lower Limbs. Eur J Vasc Endovasc Surg. 2022;63(2):184-267.
2. Gloviczki P, Lawrence PF, Wasan SM, Meissner MH, Almeida J, Brown KR, et al. The 2022 Society for Vascular Surgery, American Venous Forum, and American Vein and Lymphatic Society clinical practice guidelines for the management of varicose veins of the lower extremities. Part I. Duplex Scanning and Treatment of Superficial Truncal Reflux: Endorsed by the Society for Vascular Medicine and the International Union of Phlebology. Journal of Vascular Surgery: Venous and Lymphatic Disorders. 2023;11(2):231-61.e6.

Synthese und Modifizierung von Briciclib-Phosphonat-Analoga zur topischen Behandlung der Psoriasis

A07

Nicole Golob-Schwarzl[1], Isabella Perchthaler[1], Leo Krammer[2], Alexander Wolf[2], Rolf Breinbauer[2], Peter Wolf[1, 3]

[1]Medizinische Universität Graz, Dermatologie, Graz, Österreich, [2]Technische Universität Graz, Organische Chemie, Graz, Österreich, [3]BioTechMed Graz, BioTechMed Graz, Graz, Österreich

Einleitung / Background: Die systemische Psoriasistherapie hat durch Biologika große Fortschritte gemacht, während für die topische Behandlung leichter Psoriasis, von der etwa 90 % der Patientinnen und Patienten betroffen sind, weiterhin wirksame Therapieoptionen fehlen. Der Translationsinitiationsfaktor eIF4E ist ein zentraler Regulator von Zellproliferation, Apoptose und Differenzierung und spielt eine wichtige Rolle in der Pathogenese der Psoriasis. Der eIF4E-Inhibitor Briciclib kann den psoriatischen Phänotyp verbessern, ist aufgrund der hydrolytischen Freisetzung einer phenolischen Gruppe jedoch nur bedingt für die topische Anwendung geeignet. Ziel war daher die Entwicklung hydrolysestabiler und pharmakologisch optimierter eIF4E-Inhibitoren.

Methodik / Methods: Zur Untersuchung der Struktur-Wirkungs-Beziehungen und Optimierung topisch relevanter Eigenschaften wurden Briciclib-Derivate synthetisiert und charakterisiert. Ausgewählte Verbindungen wurden in vitro und in vivo hinsichtlich Zellproliferation, Apoptose, Keratinozytendifferenzierung und der Expression proinflammatorischer Zytokine untersucht.

Ergebnisse / Results: Die Hemmung von eIFs reduzierte die psoriatische Entzündung in vitro und in vivo. Neue Briciclib-Derivate, die eIF4E und verwandte Faktoren adressieren, normalisierten die gesteigerte Zellproliferation und das entzündliche Mikromilieu, reduzierten die epidermale Hyperplasie und senkten die Expression zentraler proinflammatorischer Zytokine wie TNF-α, IL-1β, IL-17 und IL-22. Dies unterstreicht die Bedeutung von eIF4E und verwandten eIFs für die Pathogenese der Psoriasis und identifiziert die Translationsregulation als potenzielles therapeutisches Ziel.

Schlussfolgerung / Conclusion: eIF4E stellt ein vielversprechendes molekulares Ziel bei Psoriasis dar. Die Ergebnisse unterstützen die Entwicklung hydrolysestabiler, topisch anwendbarer eIF4E-Inhibitoren als neuartigen Therapieansatz für leichte bis mittelschwere Psoriasis.

eIF4E as a Novel Diagnostic Marker for Mycosis Fungoides

A08

Nicole Golob-Schwarzl[1], Isabella Perchthaler[1], Lorenzo Cerroni[1], Franz Legat[1]

[1]Medizinische Universität Graz, Dermatologie, Graz, Österreich

Einleitung / Background: Parapsoriasis is a rare inflammatory skin disorder that may progress to cutaneous T-cell lymphoma, most commonly mycosis fungoides (MF). Differentiating parapsoriasis from early-stage MF remains a significant clinical and histopathological challenge. Eukaryotic translation initiation factors (eIFs) regulate key cellular processes, including proliferation, apoptosis, and differentiation, and have been implicated in MF-associated chronic inflammation. However, the role of eIF4E in MF pathogenesis and its diagnostic potential remain poorly understood. This study investigated eIF4E expression in parapsoriasis and MF and its association with inflammatory and proliferative pathways.

Methodik / Methods: Paraffin-embedded skin biopsy specimens from patients with MF and parapsoriasis, as well as frozen MF tissue samples, were analyzed. Expression of eIF4E, the proinflammatory cytokines IL-4, IL-5, IL-13, IL-22, IL-23, and IL-31, and the transcription factors STAT3 and STAT5 was assessed by immunohistochemistry and quantitative real-time PCR. Cellular proliferation was evaluated by Ki-67 expression.

Ergebnisse / Results: eIF4E was markedly overexpressed in MF samples, whereas no significant alteration was observed in parapsoriasis. Increased eIF4E expression in MF was associated with enhanced cellular proliferation, reflected by Ki-67 expression, and elevated levels of proinflammatory cytokines and the transcription factors STAT3 and STAT5. These findings suggest a close association between eIF4E expression, inflammatory signaling, and proliferative activity in MF.

Schlussfolgerung / Conclusion: Dysregulated eIF4E expression may contribute to MF pathogenesis and translational control. Its differential expression between MF and parapsoriasis highlights eIF4E as a potential diagnostic biomarker for distinguishing these clinically and histopathologically overlapping conditions. Further studies are warranted to evaluate its prognostic and therapeutic relevance.

Efficacy and safety of lebrikizumab is maintained up to 4 years in patients with moderate-to-severe atopic dermatitis: first year of ADlong long-term extension trial

A09

Stephan Weidinger[1], Alan Irvine[2], Diamant Thaçi[3], Jacek C Szepietowski[4], Tilo Biedermann[5], Helena Agell[6], Yanislav Mihaylov[6], Belchin Kostov[6], Ruth Coll[6], William Romero[7], Kristian Reich[8]

[1]Department of Dermatology and Allergy, University Hospital Schleswig-Holstein, Campus Kiel, Kiel, Germany, [2]Department of Clinical Medicine, Trinity College Dublin, Dublin, Ireland, [3]Institute and Comprehensive Center for Inflammatory Medicine, University of Lübeck, Lübeck, Germany, [4]Division of Dermatology, Venereology and Clinical Immunology, Faculty of Medicine, Wrocław University of Science and Technology, Wrocław, Poland, [5]Department of Dermatology and Allergy, Technical University of Munich, School of Medicine and Health, Munich, Germany, [6]Almirall, S.A., Barcelona, Spain, [7]Eli Lilly and Company, Indianapolis, Indiana, United States, [8]Translational Research in Inflammatory Skin Diseases, Institute for Health Services Research in Dermatology and Nursing, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

Einleitung / Background: Lebrikizumab is approved for moderate-severe atopic dermatitis (AD) in adults and adolescents who are candidates for systemic therapy.[1,2] We report long-term safety and efficacy from the first 48 weeks (W) of the ongoing 2-year ADlong long-term extension study (NCT05916365), including patients with up to 4 years' continuous lebrikizumab exposure.

Methodik / Methods: Eligible patients (adults and adolescents [12–17 years, ≥40kg]; moderate-severe AD) who enrolled into ADvocate1 (n=81),[3] ADvocate2 (n=81),[3] ADhere (n=38) or ADore (n=63) could enter ADjoin (n=220; 73/52/35/60, respectively).[4] Patients in Germany and Poland who completed ADjoin could enrol in ADlong (n=174; 59/36/23/56, respectively), excluding those whose last lebrikizumab dose was administered >8W before baseline and/or developed a lebrikizumab-related serious/severe adverse event (AE). Patients received open-label lebrikizumab 250 mg once every four weeks regardless of their previous treatment. Endpoints analysed: proportion of patients discontinuing due to treatment emergent AEs (TEAEs; primary endpoint), Eczema Area and Severity Index (EASI) 75, Investigator's Global Assessment (IGA) 0/1, EASI90, EASI ≤7, pruritus Numerical Rating Score (P-NRS) ≤4 and P-NRS 0/1.

Ergebnisse / Results: In Year 1, 56.9% of patients reported TEAEs (mild/moderate/severe: 20.1%/34.5%/2.3%), 2.3% discontinued treatment due to TEAEs and 2.3% had serious AEs (no deaths occurred). No new safety signals were identified. Efficacy endpoints were maintained (baseline/W48; % patients): EASI75 (93.1%/91.8%), IGA 0/1 (70.7%/67.6%), EASI90 (79.9%/73.1%), EASI ≤7 (92.5%/90.6%), P-NRS ≤4 (78.3%/78.2%) and P-NRS 0/1 (31.8%/31.7%).

Schlussfolgerung / Conclusion: Most ADlong patients (exposed to lebrikizumab up to 4 years) maintained skin and itch responses. Lebrikizumab's safety profile was consistent with prior studies and long-term treatment was generally well-tolerated.

Literatur / Literature:

1. Almirall Ltd. Ebglyss® (lebrikizumab) Prescribing Information. European Union: Almirall Ltd; 2025. Date of Revision: November 2023.
2. Almirall Ltd. Ebglyss® (lebrikizumab) Prescribing Information. USA: Eli Lilly and Company; 2025. Date of Revision: October 2025.
3. Blauvelt A, et al. Br J Dermatol 2023;188(6):740–48.
4. Guttman-Yassky E, et al. Dermatol Ther (Heidelb) 2025;15(8): 2217-32.

Lebrikizumab for paediatric patients aged ≥6 months with moderate-to-severe AD: Phase 3 ADorable-1 week-16 results

A10

Lawrence F. Eichenfield[1], Jennifer Ornelas[2], Vimal H. Prajapati[3], Chin-Yi Yang[4], Akio Tanaka[5], Stephan Weidinger[6], Carsten Flohr[7], Elizabeth Swanson[8], Linda K Martin[9], Sigrid DaVeiga[10], Renata Gontijo Lima[10], Hany Elmaraghy[10], Evangeline Pierce[10], Priyanka Sen[10], Gaia Gallo[10], Maria Lucia Buziqui Piruzeli[10], Amy Larkin[10], Maria Remei Olle Grau[11], Yanislav Mihaylov[11], Amy Paller[12]

[1]Departments of Dermatology and Pediatrics, University of California San Diego School of Medicine, La Jolla, California, United States, [2]Department of Dermatology, Integrative Skin Science and Research, Sacramento, California, United States, [3]Dermatology Research Institute, Skin Health & Wellness Centre, Probity Medical Research, and University of Calgary, Calgary, Canada, [4]Chang Gung University, College of Medicine, Taoyuan, Taiwan, [5]Department of Dermatology, Grad-

uate School of Biomedical and Health Sciences, Hiroshima University, Hiroshima, Japan, [6]Department of Dermatology and Allergy, University Hospital Schleswig-Holstein, Kiel, Ratzeburger Allee 160, 23538 Lübeck, Germany, [7]Department of Dermatology and Population Health Sciences, King's College London, London, United Kingdom, [8]Ada West Dermatology, St Luke's Children's Hospital, ID 83642, Idaho, United States, [9]School of Clinical Medicine, UNSW Sydney & Dermatology Department, Sydney Children's Hospital, Sydney, Australia, [10]Eli Lilly and Company, Indianapolis, Indiana, United States, [11]Almirall R&D, S.A., Barcelona, Spain, [12]Dermatology and Infectious Disease, Feinberg School of Medicine, Northwestern University, Chicago, Illinois, United States

Einleitung / Background: Treatment options are limited for children with atopic dermatitis (AD). Lebrikizumab is approved for patients ≥12 years (y), ≥40kg with moderate-to-severe AD inadequately treated with topicals. The ADorable1 double-blind phase 3 study (NCT05559359) evaluated 16week (W) efficacy and safety of lebrikizumab and topical corticosteroids (TCS) vs placebo and TCS in patients aged 6 months to <18y with moderate-severe AD.

Methodik / Methods: 363 patients were randomised 2:1 to lebrikizumab (N=245) or placebo (N=118). Low-to-mid potency TCS were initiated 2 weeks pre-randomisation. Dosing was weight-based (≥40kg: 500mg W0 and W2, 250mg every 2W from W4; 15–<40kg: 250mg W0, 250mg every 4W [Q4W] from W2; 6–<15kg: 125mg W0, 125mg Q4W from W2). Co-primary endpoints: IGA 0,1 with ≥2-point improvement and ≥75% improvement from BL in Eczema Area and Severity Index (EASI75) at W16.

Ergebnisse / Results: Data are reported as lebrikizumab vs placebo. Co-primary endpoints: IGA (0,1), 43.5% vs 15.2% (p<0.001); EASI75, 62.6% vs 21.6% (p<0.001). Key secondary endpoints: EASI90, 38.6% vs 11.0% (p<0.001); EASI100, 13.7% vs 4.6% (p=0.007); ≥6-point improvement in Children's Dermatology Life Quality Index (4-17y, BL≥6), 61.6% vs 36.2% (n=238, p=0.001); ≥4-point improvement in Pruritus Numeric Rating Scale (NRS; ≥6y, BL≥4), 34.5% vs 5.5% (n=196, p<0.001). 41.6% vs 0.0% (n=66, p<0.001) had ≥4-point improvement in Worst Scratching/Itching NRS (<6y, BL≥4). 57.1% vs 59.3% reported mostly mild/moderate adverse events; no trial discontinuations or injection site pain reported.

Schlussfolgerung / Conclusion: Lebrikizumab was superior to placebo at W16 for improving skin clearance, pruritus and quality of life, with no new safety signals, supporting its use in paediatric patients.

Twenty-Four Hour Comparative Hydration Performance of Three Emollient Formulations in Ex Vivo Skin

A11

Milan Antonijevic[1], Elvina Ersan[1], Jovana Karajcic[1]

[1]University of Surrey, School of Chemistry and Chemical Engineering, Guildford, Vereinigtes Königreich

Einleitung / Background: The aim of this study was to compare the skin moisturisation effects of three emollient formulations, namely Novamol Protect, E45 Cream and Cetraben Moisturising Cream.

Methodik / Methods: In this randomised and blinded study, four test sites were marked on six *ex vivo* skin samples. After equilibration at room temperature, six baseline (pre emollient treatment) corneometry measurements were performed at each test site. Approximately 0.06 ml of each emollient was gently spread across the respective test sites on each skin sample, leaving the fourth test sites untreated (Control). Measurements were repeated at 1, 4, 8 and 24 h later after the sites were wiped off with a soft tissue.
Area Under the Curve (AUC) for the change from baseline moisturisation was calculated for each treatment. All statistical testing performed is 2-sided using 5% significance level.

Ergebnisse / Results: Novamol Protect caused moisturisation to generally increase over the 24-hour measurement period with an average AUC of 987, while E45 Cream and Cetraben Moisturising Cream had much smaller average AUCs of only 201 and 288 respectively. Novamol Protect provided a moisturisation increase that is more than four times larger than that of E45 Cream, and three times larger than that of Cetraben Moisturising Cream. The differences between each of the three formulations and the untreated control are all statistically significant.

Schlussfolgerung / Conclusion: These results show that there are statistically significant differences in skin moisturisation capabilities over 24-hour period between emollient formulations. Novamol Protect was significantly better at moisturisation than either E45 Cream and Cetraben Moisturising Cream,or the untreated control area.

Assessment of Skin Moisturisation by Three Emollient Formulations Using Corneometry in Ex Vivo Human Skin

A12

Milan Antonijevic[1], Elvina Ersan[1], Jovana Karajcic[1]

[1]University of Surrey, School of Chemistry and Chemical Engineering, Guildford, Vereinigtes Königreich

Einleitung / Background: The aim of this study was to compare the skin moisturisation effects of three emollient formulations, namely Novamol Protect, Zerobase Emollient Cream and Epimax Original Cream.

Methodik / Methods: In this randomised and blinded study, four test sites were marked on six *ex vivo* skin samples. After equilibration at room temperature, six baseline (pre emollient treatment) corneometry measurements were performed at each test site. Approximately 0.06 ml of each emollient was gently spread across the respective test sites on each skin sample, leaving the fourth test sites untreated (Control). Measurements were repeated at 1, 4, 8 and 24 h later after the sites were wiped off .
Area Under the Curve (AUC) for the change from baseline moisturisation was calculated for each treatment. All statistical testing performed is 2-sided using 5% significance level.

Ergebnisse / Results: Novamol Protect caused moisturisation to generally increase over the 24-hour measurement period with an average AUC of 1005, while Zerobase Emollient Cream and Epimax Original Cream had much smaller average AUCs of only 54 and 127 respectively. Novamol Protect provided a moisturisation increase that is more than 18 times larger than that of Zerobase Emollient Cream, and seven times larger than that of Epimax Original Cream. The differences between each of the three formulations and the untreated control are all statistically significant.

Schlussfolgerung / Conclusion: These results show that there are statistically significant differences in skin moisturisation capabilities over 24-hour period between emollient formulations. Novamol Protect was significantly better at moisturisation than either Zerobase Emollient Cream and Epimax Original Cream,or the untreated control area.

Reproduzierbare Nemolizumab Induzierte Psoriasiforme Dermatitis in einem Patienten mit Prurigo Nodularis

A13

Priyanka Gaertner[1], Thilo Gambichler[1,2,3], Stefanie Boms[1], Christina Kohlmorgen[1], Kathrin Noldes[1], Ocko Kautz[4], Esther Göttker[1]

[1]Christliches Klinikum Unna, Dermatologie und Phlebologie, Unna, Deutschland, [2]Klinikum Dortmund, Dermatologie, Dortmund, Deutschland, [3]Ruhr Universität Bochum, Dermatologie, Bochum, Deutschland, [4]MVZ Dermatologie und Histologie Westerstede, Dermatologie und Histologie, Westerstede, Deutschland

Einleitung / Background: Die OLYMPIA-LTE-Analyse zeigte eine anhaltende Wirksamkeit von Nemolizumab bei Prurigo nodularis.[1] Hautreaktionen können jedoch zum Therapieabbruch führen.[1-4] Wir berichten über einen Patienten mit einer reproduzierbaren, durch Nemolizumab induzierten psoriasiformen Arzneimittelreaktion *mit nappes claires*, ausgeprägter Neutrophilie und klonalen T-Zell-Rezeptor-Umlagerungen im peripheren Blut.

Methodik / Methods: Ein 73-jähriger Patient mit histologisch gesicherter, therapierefraktärer Prurigo nodularis erhielt ab August 2025 Nemolizumab in Standarddosierung. Klinischer Verlauf, Differenzialblutbild, Histopathologie, Immunphänotypisierung und TCR-Klonalitätsanalysen aus Blut und läsionaler Haut wurden ausgewertet. Nach Absetzen und erneutem Auftreten der Prurigo erfolgte eine bewusste Reexposition mit Nemolizumab.

Ergebnisse / Results: Unter Nemolizumab besserten sich Pruritus und Hautveränderungen rasch. Nach der vierten Injektion entwickelte sich jedoch eine suberythrodermische psoriasiforme Eruption mit nappes claires. Histologisch zeigten sich Parakeratose, neutrophile Aggregate, kleine subkorneale Abszesse sowie ein neutrophilen- und eosinophilenreiches Infiltrat. Gleichzeitig bestand eine Neutrophilie von 91,7 Prozent. Nach Absetzen von Nemolizumab und intravenöser Prednisolontherapie heilte die Reaktion vollständig ab. Bei erneuter Behandlung trat nach der vierten Injektion eine nahezu identische Reaktion mit 93,6 Prozent Neutrophilen auf. In beiden Episoden fanden sich klonale TCR-β- und TCR-γ-Umlagerungen im Blut, jedoch nicht in der Haut. Immunphänotypisierung und wiederholte Histologie ergaben keinen Hinweis auf ein kutanes T-Zell-Lymphom.

Schlussfolgerung / Conclusion: Der reproduzierbare zeitliche Zusammenhang, die positive Reexposition und die vollständige Reversibilität sprechen für eine Nemolizumab-

induzierte psoriasiforme Arzneimittelreaktion.[2–4] Die Blutklonalität interpretieren wir als reaktive, antigengetriebene T-Zell-Expansion, wie sie auch bei benignen entzündlichen Dermatosen vorkommen kann.[5,6] TCR-Klonalität darf daher nicht isoliert als Lymphomnachweis gewertet werden, sondern muss stets klinisch-pathologisch eingeordnet werden.[7]

Literatur / Literature:

1. Legat FJ, Kwatra SG, Reich A, Boulinguez S, Tsianakas A, Sauder M, et al. Nemolizumab in prurigo nodularis up to 100 weeks: OLYMPIA LTE interim analysis. J Eur Acad Dermatol Venereol. 2025 Dec 17. doi:10.1111/jdv.70266. Epub ahead of print.
2. Absil G, Collins P, Colleye O, Dezfoulian B, Nikkels AF. Nemolizumab-induced psoriasiform dermatitis. JAAD Case Rep. 2025;65:150–152.
3. Mima Y, Yamamoto M, Iozumi K. Cutaneous adverse events following nemolizumab administration: a review. J Clin Med. 2025;14(9):3026.
4. Masuda T, Yonekura S, Kataoka K, Mizoguchi K, Hirata M, Fujimoto M, et al. Psoriasis-like lesions in an atopic dermatitis patient possibly associated with nemolizumab treatment. J Dermatol. 2024;51(6):e193–e195.
5. Goeldel AL, Cornillet-Lefebvre P, Durlach A, Birembaut P, Bernard P, Nguyen P, et al. T-cell receptor gamma gene rearrangement in cutaneous T-cell lymphoma: comparative study of polymerase chain reaction with denaturing gradient gel electrophoresis and GeneScan analysis. Br J Dermatol. 2010;162(4):822–829.
6. Vollmer S, Menssen A, Prinz JC. Dominant lesional T cell receptor rearrangements persist in relapsing psoriasis but are absent from nonlesional skin: evidence for a stable antigen-specific pathogenic T cell response in psoriasis vulgaris. J Invest Dermatol. 2001;117(5):1296–1301.
7. Langerak AW, Groenen PJTA, Brüggemann M, Evans PAS, Hummel M, Lavender FL, et al. EuroClonality/BIOMED-2 guidelines for interpretation and reporting of Ig/TCR clonality testing in suspected lymphoproliferations. Leukemia. 2012;26(10):2159–2171.

Dermatophytes in Vienna: A 20-year perspective

A14

Lukas Trnka[1], Birgit Willinger[2], Alexandra Geusau[1], Alessandra Handisurya[1]

[1]Medizinische Universität Wien, Universitätsklinik für Dermatologie, Wien, Österreich, [2]Medizinische Universität Wien, Klinisches Institut für Labormedizin, Abteilung für klinische Mikrobiologie, Wien, Österreich

Einleitung / Background: Dermatophytoses are among the most common superficial fungal infections worldwide. Although changes in dermatophyte epidemiology have been reported across Europe, long-term surveillance data from Austria remain limited. This study aimed to characterize the species spectrum and temporal distribution of dermatophytes diagnosed at University Hospital Vienna over a 20-year period.

Methodik / Methods: Dermatophyte infections diagnosed at University Hospital Vienna between 2006 and 2025 were retrospectively analyzed using mycological data from the Department of Dermatology and Department of Laboratory Medicine, Division of Clinical Microbiology. Demographic and clinical records were evaluated to assess species distribution, temporal trends and demographic associations.

Ergebnisse / Results: A total of 1,602 cases of dermatophyte infections were identified between 2006 and 2025. The median age was 47 years, and 60.1% of patients were male. The *T. rubrum* group was the most frequently identified (59.4%), followed by the *T. mentagrophytes/interdigitale* species complex (11.7%) and the *M. canis* group (11.4%). The proportion of *T. rubrum* declined from 70.6% in 2006 to 41.0% in 2025, whereas the *T. mentagrophytes/interdigitale* complex increased substantially, reaching 43.8% in 2023. The relative frequency of *M. canis* fluctuated considerably over time. *T. tonsurans* emerged in 2011 and increased from 1.0% to 20.5% in 2025, with a median patient age of 17 years and 84.3% of cases occurring in males. Anthropophilic infections predominantly affected older males, whereas zoophilic infections were more common among younger females.

Schlussfolgerung / Conclusion: The dermatophyte spectrum changed substantially over two decades. Long-term surveillance provides a valuable framework for detecting shifts in circulating dermatophyte species and emerging epidemiological patterns.

The urinary microbiome as a potential biomarker of response to immune checkpoint inhibitors in advanced melanoma

A15

Johannes Woltsche[1], Maximilian Nepel[2], Christiane Mutz-Rabl[1], Nora Woltsche[3], Christina Sauseng[1], Hanna Schratter[1], Christian Pacher[2], Teresa Kränke[1], Rainer Hofmann-Wellenhof[1], Vanessa Stadlbauer[2], Peter Wolf[1]

[1]Medizinische Universität Graz, Abteilung für Dermatologie und Venerologie, Graz, Österreich, [2]Medizinische Universität Graz, Abteilung für Gastroenterologie und Hepatologie, Graz, Österreich, [3]Medizinische Universität Graz, Abteilung für Ophthalmologie, Graz, Österreich

Einleitung / Background: We aimed to characterize the urinary microbiome (UMB) in malignant melanoma (MM) and its association with immune checkpoint inhibitor (ICI) response in a prospective study.

Methodik / Methods: Urine samples from 26 MM patients (female: n=12; age: 66.5) and 24 healthy controls (female: n=11; age: 63.0) were analyzed using 16S rRNA gene sequencing. Samples were collected prior to initiation of ipilimumab and nivolumab. Best overall response (BOR) and overall survival (OS) were evaluated after a median follow-up (FU) of 216 days.

Ergebnisse / Results: No significant differences in microbial community structure were observed between MM patients and controls (Shannon: p=.946; Bray-Curtis (BC): R^2=.018, p=.727). However, within the MM cohort (n=26), reduced alpha diversity was associated with unfavorable BOR (progressive disease: n=11/26; Shannon: p=.036) and mortality during FU (death: n=8/26; Shannon: p=.026). Beta diversity analysis suggested modest group differences when stratified by mortality (BC: R^2=.052, p=.028). ANCOM and LEfSe identified multiple clinically relevant taxa, with Bacteroidota (LDA: 4.9), Fusobacteriota (LDA: 3.9), and *Prevotellaceae* (LDA: 4.9) of particular interest, all associated with favorable outcomes. UMB-derived parameters (Shannon, presence/absence of Fusobacteriota, relative abundance of Bacteroidota) better predicted survival after ICI therapy (p=.002, p=.018, p<.001) than established biomarkers (BRAF status: p=.700, LDH: p=.634, S100: p=.286).

Schlussfolgerung / Conclusion: While comparable between MM patients and matched controls, the UMB is associated with BOR and OS within the MM cohort, with reduced baseline diversity linked to unfavorable outcomes and specific taxa associated with favorable outcomes.

The molecular landscape of reduced permethrin susceptibility in *Sarcoptes scabiei* var. *hominis* mites: a multinational study

A16

Markus Wiesmüller[1], Lukas Trnka[1], Julia Walochnik[2], Bettina Huber[1], Maximilian Egg[1], Dureshehwar A. Pirzada[3], Bor Hrvatin Stancic[4, 5], Ana Gale[4], Tanja Planinšek Ručigaj[4], Corrado Zengarini[6, 7], Bianca M. Piraccini[6], Iria Neri[6], Charussri Leeyaphan[8], Sumanas Bunyaratavej[8], Pattriya Jirawattanadong[8], Damian Meyersburg[9], Deborah C. Holt[10], Bart J. Currie[10], Anna Carolina Miola[11], Cielo Pasay[12, 13], Alireza Abdolrasouli[14], Martin Stichenwirth[15], Joseph M. Lam[16, 17], Koray Durmaz[18], Siddhartha Dash[19], Alessandra Handisurya[1]

[1]Medizinische Universität Wien, Universitätsklinikum für Dermatologie, Wien, Österreich, [2]Medizinische Universität Wien, Zentrum für Pathophysiologie, Infektiologie und Immunologie, Wien, Österreich, [3]Ayub Medical College, Department of Dermatology, Abbottabad, Pakistan, [4]Unviersity Medical Centre Ljubljana, Department of Dermatology, Ljubljana, Slowenien, [5]University of Lubljana, Medical Faculty, Lubljana, Slowenien, [6]IRCCS Azienda Ospedaliero-Universitaria di Bologna, Dermatology Unit, Bologna, Italien, [7]Alma Mater Studiorum University of Bologna, Department of Medical and Surgical Sciences, Bologna, Italien, [8]Siriraj Hospital, Mahidol University, Department of Dermatology, Faculty of Medicine, Bangkok, Thailand, [9]Paracelsus Medical Private University, Department of Dermatology and Allergology, Salzburg, Österreich, [10]Menzies School of Health Research, Charles Darwin University, Global and Tropical Healthy Division, Darwin, Australien, [11]São Paulo State University (UNESP), Department of Infectious Diseases, Dermatology, Radiotherapy and Imaging Diagnosis, Botucatu, Brasilien, [12]Australia Government, Australia Defence Force Malaria and Infectious Disease Institute, Brisbane, Australien, [13]QIMR-Berghofer Medical Research Institute, ADF Malaria & Infectious Disease Institute Laboratory, Brisbane, Australien, [14]King's College Hospital, Department of Medical Microbiology, London, Vereinigtes Königreich, [15]Hudcentrum Hagastaden AB, Department of Dermatology, Stockholm, Schweden, [16]Faculty of Medicine, University of British Columbia, Division of Pediatric Dermatology, Department of Pediatrics, Vancouver, Kanada, [17]University of British Columbia, Department of Dermatology and Skin Sciences, Vancouver, Kanada, [18]Ankara International Hospital, Department of Dermatology, Ankara, Türkei, [19]S.C.B. Medical College and Hospital, Department of Dermatology, and Venereology, Cuttack, Indien

Einleitung / Background: Reduced clinical effectiveness of permethrin for scabies has increasingly been reported from diverse regions, raising concern about emerging resistance; however, whether this reflects genuine parasite resistance remains controversial.

Methodik / Methods: To investigate molecular mechanisms associated with target-site and metabolic resistance in *Sarcoptes scabiei* var. *hominis* and their geographic distribution, 314 individual mites from 11 countries across four continents were analysed.

Ergebnisse / Results: We detected the knockdown resistance (kdr)-associated M918L substitution in the voltage-sensitive sodium channel (VSSC), the molecular target of permethrin, in 68.8% of contemporary mites across multiple mitochondrial lineages and geographic regions, predominantly in Europe but not in Thailand. Additional kdr-associated substitutions (M918T, T929I, F1534S/C), not previously reported in *Sarcoptes scabiei*, were identified at low frequencies. In contrast, historical mites lacked kdr-associated substitutions. Structural modelling localised these substitutions to the predicted pyrethroid-binding region of the VSSC, supporting their potential effect on permethrin–VSSC interactions. Cross-sectional and longitudinal transcriptional profiling demonstrated dynamic induction of xenobiotic-associated detoxification pathways, particularly *Gst mu1*, in Central European mites, whereas Thai mites showed limited responses. Functional characterisation of recombinant glutathione S-transferase (GST) isoforms showed preserved activity in the presence of permethrin, whereas moxidectin inhibited all isoforms.

Schlussfolgerung / Conclusion: These data demonstrate the coexistence of target-site alterations and inducible metabolic responses across multiple contemporary *Sarcoptes scabiei* var. *hominis* populations, providing a biological basis for reduced permethrin susceptibility. Integrated surveillance of clinical treatment effectiveness, kdr-associated variants and detoxification responses may facilitate earlier detection of emerging resistance and support timely adaptation of treatment guidelines and clinical management strategies.

APOBEC3B Expression across Premalignant and Malignant Skin Lesions: An Immunohistochemical Study

A17

Maximilian Egg[1], Tina Holper[1], Barbara Sternitzky[1], Alessandra Handisurya[1]

[1]Medizinische Universität Wien, Universitätsklinik für Dermatologie, Wien, Österreich

Einleitung / Background: The “apolipoprotein B mRNA editing, catalytic polypeptide-like” (APOBEC) family comprises 11 cytidine deaminases, among which APOBEC3B (A3B) has been particularly implicated in somatic carcinogenesis. A3B-associated mutational signatures have been linked to aggressive tumor phenotypes and therapy resistance in several cancers, but its role in skin cancer remains poorly understood. This study aimed to compare A3B expression across keratinocytic and melanocytic precursor lesions and malignant skin tumors.

Methodik / Methods: Immunohistochemistry was performed to assess the nuclear A3B expression in 62 skin lesions, including actinic keratoses (n=16), cutaneous squamous cell carcinomas (cSCCs; n=12), basal cell carcinomas (BCCs; n=18), nevi (n=9) and melanomas (n=7). Expression was quantified as A3B-positive nuclei per mm^2 using QuPath (version 0.5.1).

Ergebnisse / Results: A3B expression differed significantly between melanocytic and keratinocytic lesions ($p<0.0001$), revealing three distinct expression levels. Low numbers of A3B-positive cells were found in cSCCs (129.3 ± 100.1 cells/mm^2) and their precursors (118.6 ± 158.7 cells/mm^2), whereas BCCs displayed intermediate levels (1025.4 ± 1318.4 cells/mm^2). Melanocytic lesions showed the highest expression, with comparable levels in benign (2025.0 ± 1528.4 cells/mm^2) and atypical melanocytic nevi (2034.2 ± 812.7 cells/mm^2). Among melanoma subtypes, superficial spreading melanomas (n=5) were consistently highly positive (2944.7 ± 1177.3 cells/mm^2), whereas nodular melanomas (n=2) showed markedly lower expression (214.1 ± 209.7 cells/mm^2).

Schlussfolgerung / Conclusion: A3B expression varies across keratinocytic and melanocytic skin lesions. These findings suggest that A3B may play an entity-specific role in skin tumorigenesis. Further studies are warranted to validate these observations and explore the functional relevance of A3B activity in disease progression and treatment response.

Vergleich der Wirksamkeit von Kompressionsstrümpfen der Klasse 1 und 2 bei Patient:innen mit chronisch venöser Insuffizienz: Eine kontrollierte Studie mittels Air- und Photoplethysmographie

A18

Pia-Maria Thiery[1], Julia Deinsberger[1], Marie-Luise Brunner-Kovarik[1]

[1]Medizinische Universität Wien, Universitätsklinik für Dermatologie, Wien, Österreich

Einleitung / Background: Die Kompressionstherapie ist zentral in der konservativen Behandlung der chronisch venösen Insuffizienz (CVI); am häufigsten routinemäßig wird Klasse 2 verordnet. Ein zusätzlicher hämodynamischer Nutzen gegenüber Klasse 1 bei unkomplizierter CVI ist jedoch nicht eindeutig belegt. Ziel war der Vergleich beider Kompressionsklassen hinsichtlich der venösen Wiederauffüllzeit (VRT) sowie von Tragekomfort und Präferenz.

Methodik / Methods: In einer prospektiven, kontrollierten Studie wurden 55 Patient:innen (110 Beine; 87 mit klinisch und duplexsonographisch gesicherter CVI) untersucht. Die VRT wurde mittels Air-Plethysmographie (APG) unter drei Bedingungen (ohne Kompression, Klasse 1, Klasse 2) intraindividuell gemessen; parallel erfolgte eine Photoplethysmographie (PPG) zum Methodenvergleich. Gesunde dienten als Kontrollgruppe außerhalb der Primäranalyse. Ergänzend wurde bei 33 der 55 Patient:innen ein telefonischer Follow-up-Fragebogen zu Komfort, Präferenz und Tragefrequenz erhoben. Auswertung mit verbundenen, nicht-parametrischen Tests.

Ergebnisse / Results: Bei CVI-Beinen verlängerten beide Klassen die VRT signifikant gegenüber keiner Kompression (Klasse 1: +2,17 s, $p = 0{,}005$; Klasse 2: +3,18 s, $p < 0{,}001$), ohne signifikanten Unterschied zwischen den Klassen (+1,01 s; Median 0,00; $p = 0{,}147$). APG und PPG korrelierten signifikant, waren jedoch nicht numerisch austauschbar. Im Follow-up ($n = 33$) bevorzugten die Patient:innen klar Klasse 1 (28 vs. 3) bei höherem Tragekomfort (Median 8 vs. 6).

Schlussfolgerung / Conclusion: Beide Kompressionsklassen verbessern die venöse Hämodynamik bei CVI, ein Zusatznutzen der Klasse 2 gegenüber Klasse 1 war jedoch nicht nachweisbar. Klasse 1 wurde zudem klar bevorzugt und besser toleriert, was sie bei unkomplizierter CVI als Erstlinienoption unterstützt.

A JAK-STAT- and mTOR-based scoring system for individualized therapeutic decision-making in cutaneous sarcoidosis

A19

Carolina Mayerhofer[1], Anna Gabriel[1, 2], Mathias Drach[1], Markus Kieler[3], Aglaja Kopf[1, 2], Georg Stary[1, 2, 4]

[1]Medizinische Universität Wien, Universitätsklinik für Dermatologie und Venerologie, Wien, Österreich, [2]CeMM Forschungszentrum für Molekulare Medizin, Translationale Immunologie der Haut und Schleimhäute, Wien, Österreich, [3]Medizinische Universität Wien, Universitätsklinik für Radiologie und Nuklearmedizin, Wien, Österreich, [4]Christian Doppler Labor für Chronisch-entzündliche Hautkrankheiten, Universitätsklinik für Dermatologie und Venerologie, Wien, Österreich

Einleitung / Background: Sarcoidosis is a multisystem inflammatory disease most commonly affecting the lungs and skin, with limited effective treatment options. Recent clinical and translational studies suggest that targeted therapies, including Janus kinase (JAK) inhibitors and mechanistic target of rapamycin (mTOR) inhibitors, can induce clinical responses; however, outcomes are heterogeneous, raising the possibility of distinct molecular subtypes characterized by differential pathway activation.

Methodik / Methods: To investigate this, we performed immunohistochemical analyses of lesional skin from 21 patients with histologically confirmed cutaneous sarcoidosis, assessing activation of the JAK/STAT pathway (pSTAT1, pSTAT3) and mTOR signaling (phosphorylated S6, pS6). Based on these data, we developed a semi-quantitative clinicopathological scoring system integrating expert dermatopathological assessment with quantitative image-based analysis to classify lesions according to dominant signaling profiles.

Ergebnisse / Results: We identified distinct and variable patterns of JAK/STAT and mTOR pathways activation across patients, allowing stratification into pathway-defined subgroups. Importantly, baseline signaling profiles were significantly associated with treatment responses to JAK/STAT- versus mTOR-targeted therapy. These findings support the biological and clinical relevance of pathway-based stratification.

Schlussfolgerung / Conclusion: In conclusion, we present a clinicopathological scoring system that predicts therapeutic response and enables individualized treatment selection in cutaneous sarcoidosis, representing a step toward precision medicine in granulomatous skin diseases.

Repräsentativität des T-Stagings von Melanomen bei limitierter histopathologischer Aufarbeitung anhand eines einzelnen zentralen Schnittes: eine retrospektive Simulationsstudie

A20

Katharina Pustelnik[1], Philipp Tschandl[1]

[1]Medizinische Universität Wien / AKH Wien, Universitätsklinik für Dermatologie, Wien, Österreich

Einleitung / Background: Bei dicken Melanomen könnte der Erhalt der Primärläsion während einer neoadjuvanten Therapie durch eine erhöhte Antigenlast die Immunantwort verstärken[1]. Diese Studie untersuchte, ob eine zentrale transsektionale Teilbiopsie das primäre histologisch Tumorstadium zuverlässig repräsentieren kann.

Methodik / Methods: Retrospektiv wurden histologische Schnitte von 78 invasiven Melanomen, welche seriell aufgearbeitet wurden, aus einem monozentrischen Patientenkollektiv von 76 Patient:innen ausgehoben. Die Präparate wurden digitalisiert und Tumordicke sowie Ulzeration über sämtliche Gewebeschnitte hinweg bestimmt. Die zentralste Schnittebene wurde mit dem Gesamtschnittpräparat verglichen.

Ergebnisse / Results: Über 78 gepaarte Vergleiche hinweg lag die mediane Differenz zwischen zentraler und maximaler Tiefenmessung unter 0,2 mm (0 mm; IQR 0,02; $p < 0{,}001$), wobei 64 Fälle (82,1 %) eine Abweichung von ≤ 0,2 mm aufwiesen. Eine Ulzeration war in 9 Fällen (11,5 %) vorhanden und wurde im zentralen Schnitt stets nachgewiesen. Das T-Stadium blieb in 73 von 78 Fällen (93,6 %) unverändert; die übrigen 5 Fälle zeigten bei vollständiger Aufarbeitung höhere Stadien, jedoch ausschließlich innerhalb der T-Stadien ≤ 2.

Schlussfolgerung / Conclusion: Trotz einer deutlichen Reduktion der untersuchten Gewebemenge führte ein zentraler Schnitt in 93,6 % der Fälle zu einem T-Stadium, das mit jenem der vollständigen Aufarbeitung übereinstimmte. Unterschätzungen traten ausschließlich bei dünnen Melanomen auf. Das Risiko, bei einer Inzisionsbiopsie die Stelle mit der größten Tumortiefe zu verfehlen[2], lässt sich durch den Einsatz bildgebender Verfahren verringern[3]; ein prognostisch nachteiliger Einfluss der Inzisionsbiopsie beim Melanom wurde bereits ausgeschlossen[4]. Diese Ergebnisse bilden eine präklinische Grundlage für Studien, die prüfen, ob der Erhalt des Primärmelanoms für eine neoadjuvante Therapie die Behandlungseffektivität steigern kann.

Literatur / Literature:

1. Goodman AM et al. Mol Cancer Ther. 2017;16:2598-2608.
2. Ng JC et al. Arch Dermatol. 2010;146:234-239.
3. Chaput L et al. Eur J Dermatol. 2018;28:202-208.
4. Pflugfelder A et al. Clin Dermatol. 2010;28:316-318.

Long-term (≥3 year) efficacy and safety of subcutaneous spesolimab for treatment of generalized pustular psoriasis: Results from the EFFISAYIL program

A21

Patrick Lukas von Zawadzki[1], Johann E. Gudjonsson[2], Alexander Navarini[3], Richard G. Langley[4], James G. Krueger[5], Arash Mostaghimi[6], David Burden[7], Ming Tang[8], Juliann Reardon[9], Christian Thoma[10], Akimichi Morita[11]

[1]Leo Pharma GmbH, Medical Affairs, Wien, Österreich, [2]University of Michigan, Department of Dermatology, Michigan, Vereinigte Staaten, [3]University Hospital of Basel, Department of Dermatology, Basel, Schweiz, [4]Dalhousie University, Division of Clinical Dermatology & Cutaneous Science, Halifax, Kanada, [5]Rockefeller University, Laboratory for Investigative Dermatology, New York City, Vereinigte Staaten, [6]Brigham and Women's Hospital, Department of Dermatology, Boston, Vereinigte Staaten, [7]Institute of Infection, Immunity, and Inflammation, University of Glasgow, Glasgow, Vereinigtes Königreich, [8]Boehringer Ingelheim (China) Investment Co. Ltd, Medical Affairs, Shanghai, China, [9]Boehringer Ingelheim Pharmaceuticals, Inc., Medical Affairs, Ridgefield, Vereinigte Staaten, [10]Boehringer Ingelheim International GmbH, Medical Affairs, Biberach, Deutschland, [11]Nagoya City University, Department of Geriatric and Environmental Dermatology, Nagoya, Japan

Einleitung / Background: Spesolimab is an anti-interleukin-36 monoclonal antibody approved for the treatment of generalized pustular psoriasis (GPP). We report long-term efficacy and safety data from patients with GPP receiving subcutaneous (SC) spesolimab treatment for ≥3 years since their first spesolimab dose in the EFFISAYIL program.

Methodik / Methods: EFFISAYIL ON (NCT03886246) is an ongoing open-label, multicenter, 5-year, long-term extension of the EFFISAYIL 1 (intravenous [IV] flare treatment) and EFFISAYIL 2 (SC treatment for flare prevention) trials. Flare events were defined as: meeting a protocol-defined threshold for

GPP flare and/or IV spesolimab treatment and/or use of standard of care for GPP, per investigator discretion.

Ergebnisse / Results: Overall, 159 patients have received at least one dose of SC spesolimab, considering all SC dosing regimens tested; most (n=118, 74.2%) have received long-term treatment (≥3 years). Of these, 74.6% (n=88) remained free of a flare event for ≥3 years and 25.4% (n=30) had at least one flare event. Long-term SC spesolimab treatment led to a reduction in the number of flares from 2.0 flares per year reported prior to entering the EFFISAYIL program to a cumulative mean of 0.13 per year (0.4 over the 3-year period). Safety data were consistent with the known safety profile of spesolimab.

Schlussfolgerung / Conclusion: Preliminary results from this open-label study demonstrate that long-term (≥3 years) SC spesolimab treatment is effective in reducing the cumulative number of flares in patients with GPP. Additionally, the safety profile of spesolimab remains unchanged with long-term use.

Treatment with delgocitinib cream associated with reductions in *Staphylococcus aureus* density and pain, and increased microbial diversity in patients with mild to severe CHE

A22

Tove Agner[1], Andreas Wollenberg[2, 3, 4], Derya Aytan-Aktug[5], Fatma A. Erdem[6], James Greig[7], Daniel Elenius Madsen[5], Line Brok Nørreslet[1, 8]

[1]University of Copenhagen, Department of Dermatology, Bispebjerg Hospital, Copenhagen, Dänemark, [2]Augsburg University Hospital, Department of Dermatology and Allergy, Augsburg, Deutschland, [3]Ludwig-Maximilian University of Munich, Department of Dermatology and Allergy, Munich, Deutschland, [4]University of Lübeck, Comprehensive Centre for Inflammation Medicine, Lübeck, Deutschland, [5]LEO Pharma A/S, Translational Sciences, Ballerup, Dänemark, [6]Leo Pharma GmbH, Medical Affairs, Wien, Österreich, [7]LEO Pharma A/S, Global Medical Affairs, Ballerup, Dänemark, [8]Odense University Hospital, Department of Dermatology and Allergy, Odense, Dänemark

Einleitung / Background: Over 50% of patients with severe Chronic Hand Eczema (CHE) have high *S. aureus* colonization. In a phase 2b trial, delgocitinib cream was efficacious for adults with mild to severe CHE. Here, changes in *S. aureus* density, CHE severity, pain, and microbial (alpha) diversity were investigated.

Methodik / Methods: In a phase 2b trial (NCT03683719), 258 adults with mild to severe CHE either applied delgocitinib cream (different doses), or cream vehicle twice-daily. At baseline and end of treatment (EoT), skin swabs were collected from lesional (n=216) and/or non-lesional (n=217) areas (dorsal hand/wrist/fingers). Hand Eczema Symptom Diary (HESD) captured patient-reported worst pain severity. Spearman's rank correlation coefficient (ρ) test assessed relationships among *S. aureus* density and other CHE-related parameters.

Ergebnisse / Results: *S. aureus* density was higher in lesional vs nonlesional skin at baseline ($P<0.001$). In lesional skin at baseline, positive correlations were found between CHE severity and *S. aureus* density ($P<.05$). From baseline to EoT, a correlation was observed between *S. aureus* density and pain ($\rho=0.3$; $P<.001$). Treatment with delgocitinib cream 20 mg/g showed greater reductions in *S. aureus* density and pain from baseline to EoT vs cream vehicle ($P<.01$). From baseline to EoT, alpha diversity increased with delgocitinib cream 8 or 20 mg/g ($P<.05$) and negatively correlated with CHE severity ($\rho=-0.3$; $P<.001$).

Schlussfolgerung / Conclusion: *S. aureus* density positively correlated with CHE severity and pain. Delgocitinib cream treatment was linked to reduced *S. aureus* density and pain. From BL to EoT, alpha diversity increased with delgocitinib cream use (8 or 20 mg/g) and correlated with improved CHE severity.

Nur chronisch rezidivierende Stasisdermatitis an beiden Unterschenkeln bei Varikose – oder doch EPDL?!

A23

Christina Schneider[1], Barbara Binder[1]

[1]Medizinische Universität Graz, Dermatologie und Venerologie, Graz, Österreich

Einleitung / Background: Eine Stasisdermatitis ist insbesondere bei älteren PatientInnen nicht immer leicht zu behandeln und kann einen rezidivierenden oder auch therapieresistenten Verlauf zeigen. Treten sterile Pusteln auf, Erosionen sowie auch colleretteartige Schuppung vor allem an den ventralen oder anteriomedialen Unterschenkeln, so ist an eine erosive pustulöse Dermatose der Unterschenkel (EPDL) als Differentialdiagnose zu denken. Die EPDL kann eine diagnostische und therapeutische Herausforderung darstellen. (1, 2)

Methodik / Methods: Wir berichten über einen 72-jährigen Patienten, welcher seit mehr als drei Jahre an beidseitiger rezidivierender Stasisdermatitis vor allem an den ventralen Unterschenkeln litt. Trotz konsequenter suffizienter Kompressionstherapie bei bekannter Varikose, phasengerechten Wundauflagen und intermittierender Lokaltherapie mit Glukokortikoiden kam es nach Abheilung trotz Fortsetzung der Kompressionstherapie immer wieder zu Rezidiven. Nach Reevaluierung der Diagnose wurde der Verdacht einer EPDL gestellt. Es erfolgte eine Hautbiopsie und eine indirekte Immunfluoreszenz, zum Ausschluss eines bullösen Pemphigoides.

Ergebnisse / Results: Die indirekte Immunfluoreszenz zeigte sich negativ. Histologisch fanden sich im Bereich der oberen und mittleren Dermis mäßig dichte, überwiegend perivaskuläre lymphoplasmazelluläre Entzündungsinfiltrate, ohne Zeichen einer infektiösen oder autoimmunen Dermatitis. In Zusammenschau der erhobenen Befunde und anhand des klinischen Verlaufes stellten wir die Diagnose einer EPDL.

Schlussfolgerung / Conclusion: Bei therapierefraktärer Stasisdermatitis der Unterschenkel sollte eine EPDL, welche eine therapeutische Herausforderung darstellen kann, differentialdiagnostisch in Betracht gezogen werden. Therapiemöglichkeiten beinhalten topische Immunmodulatoren wie Glukokortikoide oder Calcineurin-Inhibitoren, Vermeiden von mechanisch-irritativen Triggerfaktoren und bei chronisch venöser Insuffizienz konsequente Kompressionstherapie, bevorzugt mit adaptativen Kompressionssystemen. In schweren Fällen kann eine Systemtherapie mit Glukokortikoiden oder Dapson erwogen werden. Trotz adäquater Behandlung zeigt sich aber oftmals ein langwieriger Krankheitsverlauf. (2)

Literatur / Literature:

1. Wantz M, Perceau G, Goeldel AL, Grange F, Bernard P. Dermatose érosive et pustuleuse de jambes: étude rétrospective de 16 cas [Erosive pustular dermatosis of the legs: retrospective study of 16 cases]. Ann Dermatol Venereol. 2011 Feb;138(2):93-9. French. doi: 10.1016/j.annder.2011.01.003. Epub 2011 Feb 2. PMID: 21333818.
2. Dissemond J, Kottner J, Placke J-M, Erfurt-Berge C. Erosive pustular dermatosis of the lower legs (EPDL): a rarely diagnosed neutrophilic dermatosis of the elderly. JDDG: Journal der Deutschen Dermatologischen Gesellschaft. 2026; 24: 880–885. https://doi.org/10.1111/ddg.70071x

Performance des Basophilen-Aktivierungstests (BAT) in der Diagnostik einer Betalaktamantibiotika-Allergie vom Soforttyp

A24

Lea Emberger[1,2], Thomas Hawranek[1], Roland Lang[1]

[1]Paracelsus Medizinische Privatuniversität Salzburg, Universitätsklinik für Dermatologie und Allergologie, Salzburg, Österreich, [2]Sigmund Freud Privatuniversität Wien, Medizinische Fakultät, Wien, Österreich

Einleitung / Background: Antibiotika der Betalaktam-Gruppe gehört zu den häufigsten Auslösern von Soforttyp-Reaktionen auf Arzneimittel. Zur Diagnosestellung werden Anamnese, Hauttestungen, in vitro-Testungen (RAST und BAT), und gegebenenfalls eine Provokationstestung herangezogen. In dieser Studie wurde ein auf Durchflusszytometrie basierender BAT für die Diagnose einer Typ-I-Allergie auf Betalaktamantibiotika retrospektiv evaluiert.

Methodik / Methods: 96 PatientInnen (62 Frauen und 34 Männer) bei denen im Zeitraum von Oktober 2021 bis Jänner 2025 ein BAT bei Verdacht auf eine Typ-I-Allergie auf Betalaktamantibiotika durchgeführt wurde, wurden in diese Studie eingeschlossen. Sensitivität und Spezifität des BAT wurden mit jenen von Hauttestungen und RAST verglichen.

Ergebnisse / Results: Von 40 PatientInnen mit diagnostizierter Typ-I-Allergie auf Betalaktamantibiotika wiesen 15 einen positiven BAT auf. 52 von 56 nicht-allergischen PatientInnen hatten einen negativen BAT, was in einer Sensitivität von 38 % und einer Spezifität von 93 % resultierte. Für den RAST wurde eine Sensitivität von 28% sowie eine Spezifität von 91 % ermittelt. Die Sensitivitäten für den Pricktest und die Intrakutantestung lagen bei 36 % bzw. 71 %, während die Spezifitäten 98 % bzw. 80 % betrugen.

Schlussfolgerung / Conclusion: Die Intrakutantestung weist die höchste Sensitivität zum Nachweis einer Typ-I-Allergie auf Betalaktam-Antibiotika auf. Sollte eine Kontraindikation zur Hauttestung vorliegen, ist der BAT dem RAST bei vergleichbarer Spezifität hinsichtlich Sensitivität überlegen. Der BAT stellt daher eine wichtige Ergänzung im Armamentarium diagnostischer Tests zur Abklärung von Typ-I-Allergien auf Betalaktamantibiotika dar.

Incontinentia pigmenti: diagnostische Herausforderung im Frühstadium

A25

Irina Mariotti[1], Chiara Sabbadini[1], Carla Nobile[1]

[1]Krankenhaus Bruneck, Dermatologie und Venerologie, Bruneck, Italien

Einleitung / Background: Die Incontinentia pigmenti ist eine seltene X-chromosomal-dominant vererbte Genodermatose, die nahezu ausschließlich weibliches Geschlecht betrifft und durch pathogene Varianten im *IKBKG*-Gen verursacht wird. Die Erkrankung manifestiert sich typischerweise in mehreren aufeinanderfolgenden kutanen Stadien, wodurch die Diagnosestellung insbesondere im Neugeborenenalter erschwert sein kann.

Methodik / Methods: Klinische Verlaufsbeobachtung eines weiblichen Neugeborenen mit Hautveränderungen seit dem 3. Lebenstag. Ergänzend erfolgten dermatologische, ophthalmologische und molekulargenetische Untersuchungen. Die genetische Diagnostik wurde mittels Multiplex Ligation-dependent Probe Amplification (MLPA), allelspezifischer PCR sowie Kapillarelektrophorese durchgeführt.

Ergebnisse / Results: Ein weibliches Neugeborenes wurde am 3. Lebenstag nach komplikationsloser Spontangeburt aufgrund eines flächigen Erythems der linken Gesichtshälfte dermatologisch vorgestellt. Die Patientin befand sich in gutem Allgemeinzustand, war afebril und zeigte keine Schleimhautbeteiligung. Klinisch bestanden erythematöse Plaques an der linken Gesichtshälfte sowie eine entlang der Blaschko-Linien angeordnete beginnende Vesikelbildung am rechten Unterarm. Initial wurde ein Erythema toxicum neonatorum angenommen. Am 14. Lebenstag trat am rechten Handgelenk eine gelblich gefüllte Vesikobulla auf. Es wurde zunächst von einem Erythema toxicum neonatorum mit sekundärer Impetiginisierung ausgegangen. Mit einem Monat zeigten sich verruköse Plaques im Bereich des zuvor betroffenen rechten Unterarms. Die charakteristische Entwicklung von erythematösen über vesikulobullöse zu verrukösen Hautveränderungen lenkte den Verdacht auf eine Incontinentia pigmenti. Die molekulargenetische Untersuchung bestätigte die Diagnose durch Nachweis einer heterozygoten Deletion der Exons 4 bis 10 im *IKBKG*-Gen. Zudem erfolgten augenärztliche und neurologische Untersuchungen, die keine Auffälligkeiten ergaben.

Schlussfolgerung / Conclusion: Der vorliegende Beitrag verdeutlicht die diagnostischen Herausforderungen der Incontinentia pigmenti im neonatalen Frühstadium. Das Erkennen der typischen Stadienabfolge ist entscheidend, um die Diagnose frühzeitig zu stellen und notwendige augenärztliche sowie neurologische Abklärungen einzuleiten.

Literatur / Literature:

1. Incontinentia pigmenti bei einem Neugeborenen. Die Dermatologie. Springer; Published 27 Aug 2026
2. Rosser T. Incontinentia pigmenti. Semin Pediatr Neurol. 2024; 51:101156
3. Yadlapati S, Tripathy K. Incontinentia Pigmenti (BlochSulzberger Syndrome). In: StatPearl. Treasure Island (FL): StatPearls Publishing; 2026 Jan

Bazex Syndrome in Chronic Myelomonocytic Leukemia Transforming to Acute Myeloid Leukemia

A26

Esther Göttker[1], Thilo Gambichler[1], Priyanka Gaertner[1]

[1]Christliches Klinikum Unna Mitte, Klinik für Dermatologie und Phlebologie, Unna, Deutschland

Einleitung / Background: Acrokeratosis paraneoplastica (Bazex syndrome, BS) is a rare paraneoplastic dermatosis characterised by erythematous to violaceous hyperkeratotic acral lesions.[1, 2] It is classically associated with epithelial malignancies, particularly squamous cell carcinomas of the upper aerodigestive tract.[1, 3] Hematologic associations are exceptionally rare, with isolated reports involving acute myeloid leukemia (AML), lymphomas, and multiple myeloma.[3–8] We report BS associated with chronic myelomonocytic leukemia (CMML) transforming to AML.

Methodik / Methods: An 87-year-old man presented with recurrent painful acral lesions of both hands for years. Examination revealed erythematous hyperkeratotic plaques with deep fissures involving almost all fingertips and a violaceous, mildly scaly plaque on the nasal tip. Diagnostic work-up included histopathology, autoimmune serology, vascular assessment, hematologic evaluation, and computed tomography (CT) screening for epithelial malignancy.

Ergebnisse / Results: Histopathology demonstrated para-/hyperkeratosis, acanthosis, basal spongiosis, dyskeratotic keratinocytes, and a lichenoid lymphocytic infiltrate. Autoimmune serology was negative and vascular assessment showed no arterial disease. Laboratory evaluation revealed leukocytosis (46.33 ×v10^9/L) and thrombocytopenia (61 × 10^9/L). Flow cytometry showed myeloid progenitors, hypogranular granulocytes with an aberrant CD11b/CD16 pattern, and 10% monocytes with reduced CD13, CD33, and HLA-DR expression, supporting CMML. Hematopathology confirmed transformation to AML. CT screening revealed no epithelial malignancy.

Schlussfolgerung / Conclusion: The characteristic acral and nasal involvement, painful treatment-refractory course, compatible histopathology, and temporal association with progression of the underlying myeloid neoplasm supported the diagnosis of BS. An association with CMML has not previously been described. This case expands the spectrum of hematologic neoplasms associated with BS and highlights persistent, painful acral hyperkeratoses as a potential cutaneous marker of an underlying or evolving myeloid malignancy.

Literatur / Literature:

1. Räßler F, Goetze S, Elsner P. Acrokeratosis paraneoplastica (Bazex syndrome) – a systematic review on risk factors, diagnosis, prognosis and management. J Eur Acad Dermatol Venereol. 2017;31(7):1119-1136. doi:10.1111/jdv.14199.
2. Bolognia JL, Brewer YP, Cooper DL. Bazex syndrome (acrokeratosis paraneoplastica). An analytic review. Medicine (Baltimore). 1991;70(4):269-280. doi:10.1097/00005792-199107000-00004.
3. Shah MH, Ferraz JG, Rogers KC, et al. Bazex syndrome (acrokeratosis paraneoplastica): a narrative review of pathogenesis, clinical manifestations, and therapeutic approaches. Cureus. 2023;15.
4. Oka S, Ono K. Bazex syndrome in acute myeloid leukemia. Intern Med. 2023;62(21):3259-3260. doi:10.2169/internalmedicine.1654-23.
5. McClatchey TM, Haynes D, Korcheva VB, Keller J. Acrokeratosis paraneoplastica (Bazex syndrome) associated with peripheral T-cell lymphoma. JAAD Case Rep. 2019;5(1):86-88.
6. Conde-Montero E, Baniandrés-Rodríguez O, Horcajada-Reales C, Parra-Blanco V, Suárez-Fernández R. Paraneoplastic acrokeratosis (Bazex syndrome): unusual association with in situ follicular lymphoma and response to acitretin. Cutis. 2017;100(2).
7. Lucker GP, Steijlen PM. Acrokeratosis paraneoplastica (Bazex syndrome) occurring with acquired ichthyosis in Hodgkin's disease. Br J Dermatol. 1995;133(2):322-325.
8. Alibakan ÖK, Demirel N, Nizam N, Eren R. An unconventional presentation of multiple myeloma: Bazex syndrome. Turk J Haematol. 2020;37(4):294-296. doi:10.4274/tjh.galenos.2020.2020.0308.

Concomitant Treatment with Ixekizumab and Tirzepatide According to Demographics and Disease Characteristics for Patients with Psoriasis and Overweight/Obesity: Subgroup Analyses from the TOGETHER-PsO Randomized Trial

A27

Andreas Pinter[1], Paolo Gisondi[2], Linda Stein Gold[3], Louis Sanden[4], Andris Kronbergs[4], Susan Ball[4], Jose Manuel Carrascosa[5, 6], Jennifer Soung[7], Mark Lebwohl[8], Christian Machacek[9]

[1]University Hospital Frankfurt/Main, Department of Dermatology, Venereology and Allergology, Frankfurt/Main, Deutschland, [2]University of Verona, Department of Medicine, Verona, Italien, [3]Henry Ford Health System, Immunology, Detroit, Vereinigte Staaten, [4]Eli Lilly and Company, Immunology, Indianapolis, Vereinigte Staaten, [5]Hospital Universitari Germans Trias i Pujol, Department of Dermatology, Barcelona, Spanien, [6]Universitat Autònoma of Barcelona, Department of Dermatology, Barcelona, Spanien, [7]Southern California Dermatology, Dermatology, Santa Ana, Vereinigte Staaten, [8]Icahn School of Medicine at Mount Sinai, Department of Dermatology, New York, Vereinigte Staaten, [9]Eli Lilly GmbH, Immunology, Wien, Österreich

Einleitung / Background: Many patients with moderate-to-severe psoriasis (PsO) fail to achieve complete skin clearance with biologic therapies. Overweight/Obesity, present in up to 60-78% of patients with PsO, contribute to chronic inflammation and may hinder treatment response. TOGETHER-PsO trial demonstrated superior skin clearance with concomitant ixekizumab (IXE) and tirzepatide (TZP) versus IXE alone.
Objectives: To examine complete skin clearance and quality of life across clinically relevant subgroups in TOGETHER-PsO.

Methodik / Methods: TOGETHER-PsO (NCT06588283) is a Phase 3b, randomized, open-label, US-based, 52-week trial in adults with moderate-to-severe plaque PsO and overweight (body mass index [BMI] ≥ 27 - < 30kg/m²) or obesity (BMI ≥ 30kg/m²). Participants were randomized 1:1 to IXE or IXE+TZP at FDA-approved doses. Pre-specified subgroup analyses evaluated PASI100 and DLQI (0,1) at Week (W)36 by sex, disease duration, treatment history, disease severity, and baseline BMI. Missing data were handled using multiple imputation and treatment effects were estimated using G-computation based on logistic regression.

Ergebnisse / Results: Of 274 randomized participants (IXE+TZP, n=138; IXE, n=136), 231 (84.3%) completed treatment. At W36, PASI100 response rates were significantly higher with IXE+TZP versus IXE alone (40.6% vs 29.0%; $p < 0.05$). DLQI (0,1) responses were also higher with IXE+TZP (71.7% vs 58.3%; $p < 0.05$). No significant treatment-by-subgroup interactions were detected for PASI100, indicating consistent benefit across demographic and disease-related subgroups. Similar findings were observed for DLQI (0,1), although males showed greater improvement than females.

Schlussfolgerung / Conclusion: Concomitant treatment of PsO and overweight/obesity with IXE+TZP improved skin clearance and quality of life versus IXE alone across patient and illness subgroups, supporting integrated obesity treatment as part of PsO care.

Ixekizumab with or without Tirzepatide in Adults with Psoriasis and Overweight or Obesity: The TOGETHER-PsO Phase 3b Randomized Clinical Trial

A28

Mark Lebwohl[1], Andrew Blauvelt[2], Cynthia Kartman[3], Cianna Leatherwood[3], Kenneth Gordon[4], Naveed Sattar[5], Luis Puig[6], Joseph Merola[7], Kimberly Siu[3], Rona Wang[3], Luna Sun[3], Ann Leung[8], Najwa Somani[3], Maria Jose Rueda[3], Anabela Cardoso[3], Mark Genovese[3], April Armstrong[9], Bruce Strober[10, 11], Christian Machacek[12]

[1]Icahn School of Medicine at Mount Sinai, Department of Dermatology, New York, Vereinigte Staaten, [2]Blauvelt Consulting LLC, Dermatology, Annapolis, Vereinigte Staaten, [3]Eli Lilly and Company, Immunology, Indianapolis, Vereinigte Staaten, [4]Medical College of Wisconsin, Department of Dermatology, Milwaukee, Vereinigte Staaten, [5]University of Glasgow, School of Cardiovascular and Metabolic Health, Glasgow, Vereinigtes Königreich, [6]Hospital de la Santa Creu i Sant Pau, Department of Dermatology, Barcelona, Spanien, [7]UT Southwestern Medical Center and O'Donnell School of Public Health, Division of Rheumatology, Dallas, Vereinigte Staaten, [8]Syneos Health, Immunology, Morrisville, Vereinigte Staaten, [9]University of California Los Angeles David Geffen School of Medicine, Division of Dermatology, Los Angeles, Vereinigte Staaten, [10]Yale University School of Medicine, Department of Dermatology, New Haven, Vereinigte Staaten, [11]Central Connecticut Dermatology Research, Department of Dermatology, Cromwell, Vereinigte Staaten, [12]Eli Lilly GmbH, Immunology, Wien, Österreich

Einleitung / Background: Overweight and obesity affect 60%-78% of patients with psoriasis, impacting disease severity, treatment response (i.e., complete skin clearance), and clinical outcomes. This trial evaluated efficacy and safety of ixekizumab (IXE) with or without tirzepatide (TZP) in participants with psoriasis and overweight or obesity.

Methodik / Methods: This is a Phase 3b, randomized, US-based, open-label, 52-week trial (NCT06588283) in adults with moderate-to-severe plaque psoriasis and overweight with ≥1 weight-related comorbidity or obesity. Participants were randomized (1:1) to IXE+TZP (n=138) or IXE (n=136) with diet and exercise in both treatment arms. At Week 36, primary endpoint was simultaneous achievement of PASI 100 and ≥10% weight reduction. Key secondary endpoints were PASI 100, simultaneous PASI 75 and ≥5% weight reduction, and ≥10% weight reduction.

Ergebnisse / Results: Among 274 randomized participants (mean age, 45.6 years; 44.9% women; BMI, 39.2 kg/m^2; psoriasis duration, 14.6 years; PASI, 19.7), 84.3% completed treatment through Week 36. Overall, 27.1% achieved primary endpoint with IXE+TZP vs 5.8% with IXE (P < .001). 40.6% vs 29.0% achieved PASI 100 (P = .044), 79.9% vs 17.9% simultaneous PASI 75 and ≥5% weight reduction (P < .001), and 69.2% vs 9.1% achieved ≥10% weight reduction (P < v.001), respectively. Adverse events were generally consistent with established drug safety profiles, the most common being gastrointestinal events and injection site reactions. Gastrointestinal events occurred more frequently with IXE+TZP vs IXE.

Schlussfolgerung / Conclusion: IXE+TZP vs IXE produced clinically meaningful, statistically significant improvements in skin clearance and weight in participants with challenging psoriasis and overweight or obesity, with no new safety concerns, while providing potential to elevate outcomes.

Obesity is Associated with Higher Disease Activity and Lower Health-Related Quality of Life in Psoriatic Arthritis Treatment Responders

A29

Joseph F. Merola[1], William Tillett[2], Uta Kiltz[3], Elizabeth L. Perkins[4], Allyson Perry[5], Marcus Ngantcha[5], Blessing Ibe[5], Russel Burge[5], Andris Kronbergs[5], Norman Madsen[6], Christian Machacek[7]

[1]UT Southwestern Medical Center and O'Donnell School of Public Health, Division of Rheumatology, Dallas, Vereinigte Staaten, [2]University of Bath, Department of Life Sciences Centre for Therapeutic Innovation, Bath, Vereinigtes Königreich, [3]Rheumazentrum Ruhrgebiet, Rheumatology, Herne, Deutschland, [4]Rheumatology Care Center, Rheumatology, Hoover, Vereinigte Staaten, [5]Eli Lilly and Company, Immunology, Indianapolis, Vereinigte Staaten, [6]University of Rochester, Department of Medicine, Allergy/Immunology and Rheumatology, Rochester, Vereinigte Staaten, [7]Eli Lilly GmbH, Immunology, Wien, Österreich

Einleitung / Background: This analysis investigated the effects of obesity on health-related quality of life (HR-QoL) and disease activity in patients with psoriatic arthritis (PsA) achieving ACR50 or DAPSA LDA.

Methodik / Methods: This post-hoc analysis included patients from SPIRIT-P1, -P2, and -H2H studies receiving ixekizumab or adalimumab. Patients achieving ACR50 or DAPSA LDA at week 24 (W24) were categorized as BMI<25kg/m^2 (Normal), 25-<30kg/m^2 (Overweight), and ≥30kg/m^2 (Obesity) at baseline. Median values were reported on observed data; $p < 0.05$ denoted statistical significance. Mann-Whitney U test accounted for non-normal distribution of some parameters.

Ergebnisse / Results: Among patients achieving ACR50 by W24, statistically significant differences were observed between obesity and normal BMI subgroups for HAQ-DI (0.38 vs 0.13), fatigue NRS (3.0 vs 2.0), pain VAS (11.5 vs 8.0), PatGA (12.0 vs 9.0), and CRP (2.63mg/L vs 0.98mg/L), and between overweight and normal BMI subgroups for CRP (1.61mg/L vs 0.98mg/L).
Among patients achieving DAPSA LDA by W24, statistically significant differences were observed between obesity and normal BMI subgroups for fatigue NRS (3.0 vs 2.0), PatGA (13.0 vs 10.0), and CRP (2.83mg/L vs 0.97mg/L), and between overweight and normal BMI subgroups for pain VAS (12.0 vs 10.0), PatGA (13.0 vs 10.0) and CRP (1.76mg/L vs 0.97mg/L).
Differences between PhyGA, SJC, and TJC were not statistically significant across BMI subgroups for patients achieving ACR50 or DAPSA LDA at W24.

Schlussfolgerung / Conclusion: In patients with PsA achieving stringent treatment targets of ACR50 and DAPSA LDA after 24 weeks, obesity/overweight is associated with some indicators of negative impact on PsA disease activity and HR-QoL.

L2-directed monoclonal antibodies and chimeric virus-like particle vaccines cross-protect against genus beta human papillomaviruses (HPV) implicated in skin cancer development

A30

Bettina Huber[1], Stefan Schüchner[2], Katharina Mohr[2], Saeed Shafti-Keramat[1], Egon Ogris[2], Reinhard Kirnbauer[1]

[1]Medizinische Universität Wien, Dermatologie, Wien, Österreich, [2]Medizinische Universität Wien, Max Perutz Labs, Wien, Österreich

Einleitung / Background: Cutaneous genus beta HPV (βHPV) have been implicated in the development of non-melanoma skin cancer in immunosuppressed patients. Licensed L1 Virus-like Particles (VLP)-based HPV vaccines do not target any βHPV types.

Methodik / Methods: A strategy to increase protection to βHPV is based upon the HPV's minor structural protein L2. To identify L2 cross-neutralization epitopes, we employed sequential immunization and generated monoclonal antibodies (mAbs) against L2 of five βHPV.

Ergebnisse / Results: Four mAbs were obtained that neutralized several of 8 βHPV tested (5/8/20/24/38/76/92/96) *in vitro*, and by passive transfer protected mice *in vivo* against two or three βHPV types tested. Following epitope mapping by peptide scanning, chimeric HPV16 VLP were designed to immunogenically present βHPV5 L2 (cross-)neutralization epitopes repetitively on the HPV16L1-VLP surface. Five chimeric proteins were generated, VLP assembly verified, induction of (cross-)neutralizing antibodies assessed in mice and rabbits, and a murine genital model used to analyze *in vivo* protection against challenge with βHPV. In mouse immunizations, 4/5 chimeric VLP-induced sera broadly cross-neutralized all 8 tested βHPV and oncogenic mucosal HPV16 *in vitro*. Also in rabbit immunizations, 4/5 chimeric VLP-induced sera cross-neutralized several tested βHPV and HPV16. By passive serum transfer, 2/4 antisera conferred partial protection against challenge with βHPV5, and 3/3 tested sera partially cross-protected against βHPV24. Active immunization with each chimeric VLP provided protection against βHPV5 challenge. In addition, immunization with two tested chimeric VLP provided either complete or partial protection against ßHPV38 or 76.

Schlussfolgerung / Conclusion: Novel βHPV-targeting chimeric VLP vaccine candidates elicit broad-spectrum immunity and protection against potentially oncogenic βHPV.

Two Phase 3, Randomized, Controlled Trials of Povorcitinib for Nonsegmental Vitiligo: Results From STOP-V1 and STOP-V2

A31

Khaled Ezzedine[1], Harvey Lui[2], Viktoria Eleftheriadou[3, 4, 5], Seemal R. Desai[6, 7], Thierry Passeron[8, 9], Julien Ringuet[10, 11], Nanja van Geel[12, 13], Albert Wolkerstorfer[14], Charles Lynde[15, 16, 17], Matthias Augustin[18], José Luis López-Estebaranz[19], Pearl Grimes[20], David Rosmarin[21], Kurt Brown[22], Shaoceng Wei[22], Sunanda Karanam[22], Deanna Kornacki[22], Amit G. Pandya[23]

[1]Henri Mondor University Hospital and Epidemiology in Dermatology and Evaluation of Therapeutics (EpiDermE), IMRB – INSERM U955, Paris-Est Créteil University, Department of Dermatology, Créteil, Frankreich, [2]University of British Columbia and Vancouver Coastal Health Research Institute, Department of Dermatology and Skin Science, Vancouver, Kanada, [3]New Cross Hospital, Royal Wolverhampton NHS Trust, Wolverhampton, Vereinigtes Königreich, [4]Keele University, Institute for Global Health and Wellbeing, School of Medicine, Keele, Vereinigtes Königreich, [5]Walsall Healthcare NHS Trust, N/A, Walsall, Vereinigtes Königreich, [6]Innovative Dermatology, N/A, Plano, Vereinigte Staaten, [7]The University of Texas Southwestern Medical Center, Department of Dermatology, Dallas, Vereinigte Staaten, [8]Université Côte d'Azur, Centre Hospitalier Universitaire de Nice, Nice, Frankreich, [9]Université Côte d'Azur, INSERM U1065, C3M, Nice, Frankreich, [10]Centre de Recherche Dermatologique du Québec Métropolitain, N/A, Québec City, Kanada, [11]McGill University, N/A, Montreal, Kanada, [12]Ghent University Hospital, Department of Dermatology, Ghent, Belgien, [13]Ghent University Hospital, Faculty of Medicine and Health Sciences, Ghent, Belgien, [14]Amsterdam University Medical Center, Department of Dermatology, Amsterdam, Niederlande, [15]University of Toronto, Division of Dermatology, Temerty Faculty of Medicine, Toronto, Kanada, [16]The Lynde Institute for Dermatology & Lynderm Research Inc., N/A, Markham, Kanada, [17]Probity Medical Research Inc., Department of Dermatology, Waterloo, Kanada, [18]University Medical Center Hamburg-Eppendorf, Institute for Health Services Research in Dermatology and Nursing, Hamburg, Deutschland, [19]Hospital Universitario Fundación Alcorcón, N/A, Alcorcón, Spanien, [20]Vitiligo & Pigmentation Institute of Southern California, 5670 Wilshire Blvd. Suite 650, Los Angeles, Vereinigte Staaten, [21]Indiana University, School of Medicine, Indianapolis, Vereinigte Staaten, [22]Incyte Corporation, N/A, Wilmington, Vereinigte Staaten, [23]Palo Alto Foundation Medical Group, Department of Dermatology, Sunnyvale, Vereinigte Staaten

Einleitung / Background: There is an unmet need for repigmentation therapies for patients with nonsegmental vitiligo (NSV) who are candidates for systemic therapy. Here, 52-week primary results are reported from 2 parallel phase 3, randomized, double-blind, placebo-controlled trials of povorcitinib (oral, highly selective Janus kinase [JAK] 1 inhibitor) 30 mg once daily (QD) in adults with moderate-to-severe NSV (STOP-V1 [NCT06113445] and STOP-V2 [NCT06113471]).

Methodik / Methods: Patients aged ≥18 years with NSV, affected total body surface area (BSA) ≥5%, facial BSA ≥0.5%, total Vitiligo Area Scoring Index (T-VASI) ≥4, facial VASI (FVASI) ≥0.5, and investigator-assessed eligibility for systemic therapy were randomized 1:1 to povorcitinib 30 mg or placebo QD for 52 weeks of double-blind treatment.

Ergebnisse / Results: In STOP-V1 and STOP-V2, 467 and 449 patients, respectively, were randomized 1:1 to povorcitinib or placebo. In both studies, statistically significant and clinically meaningful facial and total body repigmentation were demonstrated with povorcitinib versus placebo at Week 52, including achievement of ≥75% improvement in F-VASI (F-VASI75; primary endpoint; STOP-V1, 18.9% vs 6.8%, $P = 0.0003$; STOP-V2, 18.9% vs 3.1%, $P < 0.0001$) and achievement of ≥50% improvement in T-VASI (TVASI50; key secondary endpoint; STOP-V1, 18.4% vs 6.5%, $P = 0.0003$; STOP-V2, 12.9% vs 4.8%, $P = 0.0048$). Povorcitinib was well tolerated, with no new safety signals. Serious treatment-emergent adverse events (TEAEs) were generally single events, and JAK inhibitor class–specific TEAEs were absent or rare.

Schlussfolgerung / Conclusion: These results support povorcitinib 30 mg QD as an effective and well-tolerated systemic treatment option for adults with moderate-to-severe NSV.

From colonization to tissue penetration: *Staphylococcus aureus* in barrier-disrupted human skin and the effect of an octenidine-based antiseptic

A32

Diana Cerbu[1], Saskia Seiser[1], Karin Pfisterer[1], Adelheid Elbe-Bürger[1]

[1]Medical University of Vienna, Department of Dermatology, Vienna, Österreich

Einleitung / Background: *Staphylococcus aureus* (*S. aureus*) is an opportunistic pathogen implicated in wound and healthcare-associated infections, including surgical-site infections. Skin barrier disruption may promote colonization and facilitate penetration into deeper tissue compartments. We characterized *S. aureus* colonization and tissue distribution in *ex vivo* human skin and evaluated an octenidine-based antiseptic.

Methodik / Methods: *Ex vivo* human skin was studied under intact, tape-stripped, and microneedled conditions. Skin biopsies were inoculated with 3 µL of a skin-derived *S. aureus* isolate (OD_{600} = 0.3; approximately 3×10^5 CFU) and analysed at 0, 24, 48, and 72 h. For antiseptic treatment, biopsies were exposed to *S. aureus* for approximately 30 min, followed by a single application of 3 µL octenisept® (0.1% octenidine dihydrochloride) and incubation for 24 h; untreated biopsies served as controls. Bacterial localization and burden were assessed by Gram-stained histology and CFU quantification.

Ergebnisse / Results: S. aureus established sustained colonization, with bacterial burdens increasing over 72 h. On intact skin, bacteria remained confined to superficial layers, whereas barrier disruption, particularly microneedling, promoted penetration into deeper tissue compartments and progressive intratissue dissemination. A single application of octenisept® markedly reduced bacterial recovery after 24 h, with no or only few colonies detected compared with untreated controls.

Schlussfolgerung / Conclusion: Intact human skin restricts *S. aureus* to superficial layers, whereas barrier disruption facilitates tissue penetration and dissemination. A single octenisept® treatment substantially reduced viable bacterial burden in intact and barrier-disrupted skin. These *ex vivo* models provide clinically relevant platforms for investigating skin barrier-pathogen interactions and evaluating topical antiseptic interventions.

CD4+ T-cell clonality and immune privilege collapse define disease progression in human alopecia areata

A33

Sophie Frech[1], Namrata Singh[1], Martin Simon[1], Inigo Oyarzun[1], Sabina Gansberger[1], Johannes Griss[1]

[1]Medizinische Universität Wien, Univ. Klinik für Dermatologie, Wien, Österreich

Einleitung / Background: Alopecia areata (AA) is a common immune-mediated, non-scarring hair loss disorder with a variable clinical course and heterogeneous treatment responses. Mouse studies have identified CD8+ T-cell–mediated cytotoxicity and collapse of hair follicle (HF) immune privilege (IP) as central pathogenic mechanisms, but the temporal and cellular dynamics of human AA remain poorly understood.

Methodik / Methods: We performed single-cell RNA sequencing of 36 lesional (ACT), perilesional (PERI), early remission (ER), and control (CTRL) skin samples from patients with localized and generalized AA, generating an atlas of >180,000 cells.

Ergebnisse / Results: T-cell infiltration increased with disease progression, yet CD8+ T-cells in ACT skin showed no increased cytotoxicity compared with PERI or CTRL. Instead, transcriptional changes across disease stages were most pronounced in activated CD4+ T-cells, and expanded T-cell clones were predominantly CD4+. HF IP was disrupted in HF keratinocytes and fibroblasts in ACT but remained largely intact in PERI, indicating that inflammatory infiltration precedes HF IP collapse. Interactions between CCL19+ stromal cells and CCR7+ dendritic cells and T-cells may further contribute to disease progression. In ER, T-cell infiltration was markedly reduced, while HF IP disruption persisted in HF fibroblasts.

Schlussfolgerung / Conclusion: Our data define the temporal dynamics of human AA, indicating that T-cell infiltration, rather than enhanced CD8+ T-cell cytotoxicity, precedes HF IP collapse, while persistent HF IP impairment may contribute to disease recurrence. Importantly, our findings challenge established paradigms of AA pathogenesis derived from murine models and suggest a revised framework for understanding human disease.

AML cells establish a spatially confined immunosuppressive microenvironment in the skin

A34

Julia Staller[1], Inigo Oyarzun[1], Martin Simon[1], Sabina Gansberger[1], Barbara Sterniczky[1], Philipp Tschandl[1], Namrata Singh[1], Hong Qian[2], Johannes Griss[1]

[1]Medical University of Vienna, Department of Dermatology, Vienna, Österreich, [2]Karolinska Institutet, Center for Hematology and Regenerative Medicine (HERM), Stockholm, Schweden

Einleitung / Background: Leukemia cutis (LC), the cutaneous infiltration of neoplastic cells in acute myeloid leukemia (AML), affects up to 30% of patients and is associated with very poor clinical outcome. While a recent single-cell transcriptomic study characterized T cell exhaustion and differential expression of adhesion molecules in LC, the spatial architecture of the LC tumor microenvironment (TME) has remained unexplored.

Methodik / Methods: We analysed six skin biopsies from AML-LC using Xenium 5k spatial transcriptomics. By offering single-cell resolution and multiplexed gene expression profiling, this technology allows the detailed spatial analysis of cellular populations within the tissue microenvironment.

Ergebnisse / Results: We characterised a total of 225,688 individual cells and identified 10 subtypes of AML cells. Their distribution was not even across samples but differed based on the patient's mutational status. In contrast, the tumour microenvironment was largely independent of genetic background. We identified 13 recurring spatial niches and linked them to their immunological programs. Distance to the AML infiltrate emerged as the dominant organising axis: nearby niches were immunosuppressive, while distant ones pro-inflammatory. This gradient was reproduced across T cells, monocytes/macrophages, and dendritic cells. A subsequent receptor–ligand analysis identified immunoinhibitory molecules expressed on AML cells, independent of genetic background.

Schlussfolgerung / Conclusion: Our data significantly extends the current model of an immunoinhibitory microenvironment in AML-LC. We show that while AML heterogeneity is preserved in the skin, all subtypes create a spatially confined immunoinhibitory microenvironment, with pro-inflammatory signatures preserved in AML-distant immune cells. These signalling axes therefore represent potential therapeutic targets for AML-LC.

Sonnenschutz zwischen Wissen und Verhalten: Eine Querschnittsbefragung aus Tirol, Österreich

A35

Marina Wanner[1], Felicitas Schnell[1], Maximilian Lammer[1], Magdalena Seidl-Philipp[1], Van Anh Nguyen[1]

[1]Medizinische Universität Innsbruck, Universitätsklinik für Dermatologie, Venerologie und Allergologie, Innsbruck, Österreich

Einleitung / Background: Trotz hohen Bewusstseins für UV-bedingte Gesundheitsrisiken wird Sonnenschutz im Alltag häufig nicht konsequent umgesetzt. Ziel dieser Studie war es, die Diskrepanz zwischen UV-Risikobewusstsein, Einstellungen und tatsächlichem Sonnenschutzverhalten bei Erwachsenen in Tirol zu untersuchen.

Methodik / Methods: Es wurde eine anonyme, querschnittliche Online-Fragebogenstudie durchgeführt. Zwischen Oktober 2024 und Juli 2025 wurden 497 Erwachsene rekrutiert. Erfasst wurden UV-Risikobewusstsein, Sonnenschutzmaßnahmen, Verwendung und erneutes Auftragen von Sonnenschutzmitteln, Sonnenbrandanamnese, Bräunungsverhalten, Einstellungen zum Bräunen sowie Hautkrebsscreening-Verhalten. Zusammenhänge wurden mittels deskriptiver Statistik, Chi-Quadrat-Tests, Spearman-Korrelationen und multivariabler logistischer Regression analysiert.

Ergebnisse / Results: Das mediane Alter betrug 33 Jahre [IQR 26–43], 78,9 % der Teilnehmenden waren weiblich. Das UV-Risikobewusstsein war sehr hoch: 98,6 % waren sich schädlicher UV-Effekte bewusst, und 74,8 % bewerteten ihr Verständnis UV-bedingter Risiken als gut oder sehr gut. Obwohl 95,0 % Sonnenschutzmittel verwendeten und 70,0 % LSF ≥50 angaben, berichteten 77,9 % mindestens vier Sonnenbrände im Leben und 20,9 % Sonnenbrände mit Blasenbildung. Häufiges erneutes Auftragen von Sonnenschutzmitteln wurde nur von 34,0 % berichtet. Die Bedeutung von Bräune korrelierte positiv mit intentionalem Sonnenbaden ($\rho = 0{,}578$; $p < 0{,}001$) und invers mit der Anzahl berichteter Sonnenschutzmaßnahmen ($\rho = -0{,}264$; $p < 0{,}001$).

Schlussfolgerung / Conclusion: Hohes UV-Risikobewusstsein und verbreitete Verwendung von Sonnenschutzmitteln gingen in dieser Kohorte mit einer weiterhin hohen Sonnenbrandbelastung einher. Präventionsstrategien sollten daher neben Wissensvermittlung stärker auf Verhaltensumsetzung und bräunungsbezogene Motivationen abzielen.

Atypical Varicella-like presentation of an imported Mpox case in Austria confirmed to be infected with Clade Ib

A36

Amélie Hampel[1], David N. Springer[2], David N. Springer, MD[2], Jeremy V. Camp, PhD[2], Stephan W. Aberle, MD[2], Maximilian Egg[1], Luigi Segagni Lusignani, MD[3], Katharina Grabmeier-Pfistershammer, MD[1], Robert Strassl, MD[4], Judith Wendt, MD, PhD[1], Tamar Kinaciyan, MD[1], Alessandra Handisurya, MD[1,1]

[1]Medical University of Vienna, Department of Dermatology, Vienna, Österreich, [2]Medical University of Vienna, Center for Virology, Vienna, Österreich, [3]Vienna Regional Health Authority, Department of Epidemic and Pandemic Preparedness, Vienna, Österreich, [4]Medical University of Vienna, Division of Clinical Virology, Department of Laboratory Medicine, Vienna, Österreich

Einleitung / Background: The recent upsurge of cases caused by the newly identified Clade Ib monkeypox virus (MPXV) in the Democratic Republic of the Congo and other countries has emerged as a significant public health concern.

Methodik / Methods: A 34-year-old Venezuelan male tourist presented in Vienna, Austria, while travelling through Europe with fever, pharyngitis, and an evolving rash. Sparse cutaneous lesions included papules, pustules, and partially ulcerated lesions at different stages, mainly on the trunk and extremities, resembling chickenpox. Prominent yellow-coated erosions with erythematous borders and ulcerative papules were also present on the labial mucosa.

Ergebnisse / Results: PCR assays for varicella-zoster virus and herpes simplex virus types 1 and 2 were negative. However, Orthopoxvirus DNA was detected in the patient's oral lesions. Metagenomic sequencing of the primary clinical samples subsequently confirmed infection with MPXV Clade Ib.

Schlussfolgerung / Conclusion: This case demonstrates that mpox Clade Ib is circulating in Europe and may present differently from the Clade IIb outbreak, including atypical rash morphology and distribution. Although the patient self-identified as MSM and attended an MSM sauna in Rome one week before symptom onset, he denied anogenital or oral sexual contact and reported no similar exposure, suggesting possible non-sexual close-contact or environmental transmission. Clinical awareness and testing for mpox despite atypical lesions or absent sexual exposure are essential for early diag-

nosis and transmission control. Continued genomic surveillance is critical for monitoring spread and detecting emerging variants. Further evaluation of vaccine and antiviral effectiveness against Clade Ib is warranted.

Literatur / Literature:

1. S. Zamani, E. Noroozi, A. Hasanzadeh, E. Zamani, J. C. Trinidad, and A. Firooz, "Mpox infection: A state-of-the-art overview of epidemiological, molecular, and clinical aspects following the 2024 public health emergency," Journal of Infection and Public Health 18 (2025): 102940, doi: 10.1016/j.jiph.2025.102940.
2. World Health Organization (WHO), "Multi-country outbreak of mpox," External situation report #63 – 24 February 2026. https://www.who.int/publications/m/item/multi-country-outbreak-of-mpox--external-situation-report--63---24-february-2026. Accessed February 8, 2026.
3. H. Laurenson-Schafer, M. McMenamin, L. K. Ebbarnezh, et al., "Characteristics and Transmission Dynamics of Global Travel-Related Mpox Cases Caused by Clade Ib Monkeypox Virus," Emerging Infectious Diseases 32 (2026): 225-228, doi: 10.3201/eid3202.251530.

VIP Digi Derm: Validation of a patient-guided, digital teledermatological care pathway in Styria

A37

Philipp Efferl[1], Sebastian Mestel[2], Nicole Steinhöfer[2], Iris Zalaudek[3], Edith Arzberger[2], Rainer Hofmann-Wellenhof[2, 4], Natalie Bordag[2]

[1]Steiermärkische Krankenanstaltengesellschaft m.b.H. (KAGes), Graz, Austria, Department of Dermatology and Venereology, Graz, Österreich, [2]Medical University of Graz, Department of Dermatology and Venereology, Graz, Österreich, [3]Maggiore Hospital, University of Trieste, Department of Dermatology, Trieste, Italien, [4]e-derm-consult, GmbH, Graz, Österreich

Einleitung / Background: Short-term sequential digital dermoscopy of atypical lesions is crucial for early melanoma detection but burdens specialized outpatient clinics. Patient-guided home monitoring using smartphone dermoscopy offers a solution but requires clinical validation. We present a study design of a prospective, monocentric, non-inferiority trial evaluating the safety, feasibility, and accuracy of a novel digital triage pathway. We are open to explore multicenter expansion with interested groups.

Methodik / Methods: We plan to use a paired, internally controlled validation design. The study will enroll 300–400 patients with atypical lesions requiring a three-month follow-up. All lesions will be documented in parallel using both standard in-person imaging (MoleMax) and patient-guided smartphone dermoscopy at home. Data will be transmitted GDPR-compliant (e-derm-consult GmbH) and evaluated by two blinded dermatologists per visit type.
The primary endpoint is the non-inferiority of the teledermatological visit compared with the in-person visit (using a 5% margin) regarding binary management decisions (intervention vs. discharge), validated against histopathology or clinical stability.
Secondary endpoints include inter-observer reliability, patient-reported outcomes (PROs), health-economic impact, and benchmarking three commercial AI systems (SkinScreener, Skeen, Magnos).

Ergebnisse / Results: The trial will provide formal proof of non-inferiority of patient-guided teledermatology, quantifying diagnostic safety and health-economic savings. The trial's longitudinal image repository will be published open access alongside deeply annotated metadata to serve as a standardized benchmark dataset for the field.

Schlussfolgerung / Conclusion: This study design establishes the methodological framework and standard operating procedures (SOPs) for the safe and interoperable integration of teledermatology into routine care.

Teledermatology scale-up retains efficient triage and improved patient care

A38

Natalie Bordag[1], Sebastian Mestel[1], Nicole Steinhöfer[1], Rainer Hofmann-Wellenhof[1,2], Edith Arzberger[1]

[1]Medical University of Graz, Department of Dermatology and Venereology, Graz, Österreich, [2]e-derm-consult GmbH, telederm, Graz, Österreich

Einleitung / Background: Patients in rural regions often face long travel distances and months of waiting for routine dermatological evaluations. Following a successful five-year pilot

where benign conditions were managed locally and urgent cases were prioritized, we evaluated whether these favorable outcomes were sustained during the expansion across Styria and into Tyrol.

Methodik / Methods: Analogous to our pilot study[1] general practitioners (GPs) submitted clinical and dermatoscopic images to dermatologists (DERM) and received diagnosis and treatment recommendations via the "store-and-forward" service. Cases were retrospectively analyzed from 1st January 2020 until 331st August 2026 from 166 GPs and 23 DERM.

Ergebnisse / Results: About ~75% of the 18,258 cases (13,925 Styria; 4,333 Tyrol) were successfully resolved teledermatologically. Therapy was managed directly by the GP in 56% of Styrian and 60% of Tyrolean cases, while no therapy was indicated in 17% and 15%, respectivley. Only a minority of patients required in-person DERM follow-ups of which most were routine dermatological appointments, while acute or hospital referrals remained under 8%. System efficiency was outstanding, with both GP and DERM each spending less than 15 min in over 90% of cases. GP and DERM rated usability, image quality and quality of requests or answers very good to excellent.

Schlussfolgerung / Conclusion: This large scale-up demonstrates that expanding teledermatology across multiple Austrian regions preserves the triage performance and usability observed in the pilot. By enabling GPs to resolve roughly three-quarters of cases locally, the system ensures rapid, strengthens rural dermatological care and reduces patient burden.

Literatur / Literature:

1. (Arzberger E, *Bordag N*[shared], Hofmann-Wellenhof E, Freytag L, Hofmann-Wellenhof R (2026) Efficient Triage and Improved Patient Care: Five years of Teledermatology in Styria, Journal der Deutschen Dermatologischen Gesellschaft (JDDG), doi: 10.1111/ddg.70097

Spatial immunophenotyping of human MPOX lesions reveals keratinocyte-CXCR3-driven pDC recruitment and localized epidermal viral containment

A39

Moses Levi Ntayi[1], Katja Knapp[1], Florian Deckert[1], Konrad Chrapla[1], Ana Elena Aguilar Gonzalez[1], Katharina Grabmeier-Pfistershammer[1], Georg Stary[1], Simona Saluzzo[1]

[1]Medizinische Universität Wien, Dermatologie und Venereologie, Vienna, Österreich

Einleitung / Background: MPOX emerged as a global threat in 2022 and has since then slowly established itself as a common sexually transmitted infection. However, state-of-the-art spatial and single-cell technologies have never been applied to study human immunity against dermatotropic orthopoxviruses *in situ*.

Methodik / Methods: Here, we integrate single-cell transcriptomics, T-cell receptor sequencing, and spatial profiling of matched lesional skin and blood to define the cutaneous immune architecture driving antiviral responses during human MPOX infection.

Ergebnisse / Results: MPOX lesions exhibited a structurally segregated immune infiltration characterized by enrichment of plasmacytoid dendritic cells (pDCs) and B-cells in the epidermis and inflammatory macrophages and newly recruited circulating T-cells in the dermis. We observed keratinocytes (KCs) expression of CXCL10 and CXCL9 with concomitant co-localization of CXCR3+ pDCs into the epidermis surrounding MPOX virally infected KCs. Concomitantly, dermal immune and stromal cells reorganized into lymphoid niches supporting chemokine-guided positioning, antigen presentation, and costimulatory signaling. Clonal tracking revealed extensive coupling between blood and skin T-cell compartments, with influx of polyclonal circulating central memory T-cells into the dermis.

Schlussfolgerung / Conclusion: Together, MPOX virus remains spatially contained in the epidermis, surrounded by pDCs and B cells, while the dermal compartment integrates systemic and local antiviral responses. A deeper understanding of these tissue-specific immune programs may inform strategies to elicit robust and long-lasting protective immunity not only against MPOX but also across a broader spectrum of skin-tropic viral infections, with potential implications for vaccine design and immunotherapeutic approaches targeting barrier tissues.

Triggers of severe anaphylaxis in an allergy centre

A40

Florian Wöhrl[1, 2], Wolfgang Hemmer[1], Katharina Moritz[1], Gabriele Sesztak-Greinecker[1], Felix Wantke[1], Stefan Wöhrl[1]

[1]Floridsdorfer Allergiezentrum, FAZ, Wien, Österreich, [2]Medizinische Universität Wien, Diplomstudium Humanmedizin der MedUni Wien, Wien, Österreich

Einleitung / Background: Food, hymenoptera insect stings, drugs and, rarely, and rarely other allergens can trigger anaphylaxis. We were interested in whether specific allergen groups cause more severe reactions and looked for risk factors.

Methodik / Methods: 357 patients presenting in the FAZ with a history of anaphylaxis were included. We retrospectively analysed unused parts of a historic patient cohort from 2018, when the repertoire for commercially available skin prick test solutions was much wider than nowadays. The database contained clinical records, skin prick tests, total and specific IgE, serum tryptase, and for drug reactions intradermal tests. Anaphylaxis was graded according to Mueller[1]. Statistics were calculated using RStudio 2026.07.1.

Ergebnisse / Results: There were 198 (55.5%) females, and the patients were 38.7±21.6 years old. The triggers were: 43.3% insects, 41.7% foods, 9.5% drugs, and 5.9% other allergen sources; 24 patients suffered from anaphylaxis from more than one trigger. Proportionally, grade IV anaphylaxis was most often caused by insects in 25.3%, followed by drugs in 11.8%, and by foods in 3.8% and none by other allergens. In general, higher age (>60 years) was a risk factor for grade IV reactions (46.2%). In food allergies, however, the situation was reversed and the youngest patients (<10 years) had the most anaphylactic reactions by far (28.8%). Confirming previous reports, in grade IV anaphylaxis, basal serum tryptase was elevated in grade IV compared with grade I-III (mean: 8.41 vs. 4.51 kU/L) and total IgE behaved in a reverse way (median: 83.8 vs. 103.0kU/l).

Schlussfolgerung / Conclusion: Insects are causing the most severe anaphylactic reactions.

Literatur / Literature:

1. Mueller HL. Maintenance of Protection in Patients Treated for Stinging Insect Hypersensitivity: A Booster Injection Program. Pediatrics. 1977;59(5):773–7.

From male predominance to a therapeutic hypothesis: Antitumour activity of the GPER agonist G-1 in patient-derived malignant T cells and in a CTCL xenograft model

A41

Deniz Özistanbullu[1, 2], Karola Bahrami[1], Monika Doll[1], Gabi Reichenbach[1], Martina Sarah Pöschl[1], Raphael Wilhelm[2], Nadja Zöller[1], Anke König[1], Pascal Spahn[3], Manuel Jäger[3], Sven Roy Quist[4, 5], Theresia Scheller[6], Lars Winkler[6], Jan P. Nicolay[7], Bastian Schilling[1], Roland Kaufmann[1], Markus Meissner[1], Johannes Kleemann[1], Stefan Kippenberger[1]

[1]University Hospital Frankfurt, Goethe University, Department of Dermatology, Venereology and Allergology, Frankfurt, Deutschland, [2]University Medical Center of the Johannes Gutenberg University, Department of Dermatology, Mainz, Deutschland, [3]Städtisches Klinikum Karlsruhe, Department of Dermatology, Karlsruhe, Deutschland, [4]Clinic of Dermatology, Helix Medical Excellence Center Mainz, Mainz, Deutschland, [5]Otto-von-Guericke Universität Magdeburg, Department of Dermatology,, Magdeburg, Deutschland, [6]Berlin-Buch GmbH, Experimental Pharmacology & Oncology, Berlin, Deutschland, [7]University Medical Center Mannheim, University of Heidelberg, Department of Dermatology, Venereology and Allergology, Mannheim, Deutschland

Einleitung / Background: Cutaneous T-cell lymphoma (CTCL) is a heterogeneous group of non-Hodgkin lymphomas with limited curative treatment options. The pronounced male predominance in CTCL incidence suggests hormonal influences on pathogenesis and points to estrogen receptor signalling as a therapeutic target. Building on previous evidence of a tumour-suppressive role of estrogen signalling via estrogen receptor β, we investigated the therapeutic potential of targeting the G-protein–coupled estrogen receptor (GPER), with particular focus on primary patient-derived malignant T-cells.

Methodik / Methods: We evaluated the antitumour effects of G-1, a selective GPER agonist, in primary malignant T-cells from patients with Sézary syndrome (n = 7) and in established CTCL cell lines, using *in vitro* and *in vivo* experiments. Healthy CD4+ T lymphocytes served as controls. Experiments included viability and apoptosis assays, cell-cycle analysis and downstream signalling analysis. *In vivo* validation used a MyLa xenograft model.

Ergebnisse / Results: G-1 exerted robust dose-dependent cytotoxic effects in patient-derived malignant T-cells and in CTCL cell lines, while healthy CD4+ T lymphocytes were less

affected. Mechanistically, G-1 induced G2/M arrest and apoptosis, involving activation of DNA damage responses and extrinsic apoptotic signalling together with suppression of proliferative and survival pathways including c-Myc and NF-κB. In vivo, G-1 significantly inhibited tumour growth without toxicity.

Schlussfolgerung / Conclusion: Targeting GPER is cytotoxic to primary malignant T-cells from patients with CTCL and limits tumour growth in vivo, with healthy lymphocytes comparatively less affected. These findings position GPER as a promising therapeutic target and support further development of GPER-targeted strategies in CTCL.

Literatur / Literature:

1. Özistanbullu D, Wilhelm R, Reichenbach G, Doll M, Bahrami K, Zöller N, et al. Estrogen receptor β stimulation as a possible novel therapeutic target for cutaneous T-cell lymphoma. Blood Adv. 2025;9(11):2651. doi:10.1182/bloodadvances.2024015132
2. Özistanbullu D, Bahrami K, Doll M, Reichenbach G, Pöschl MS, Wilhelm R, et al. Targeting the G-protein-coupled estrogen receptor: a novel therapeutic strategy in cutaneous T-cell lymphoma. Blood Neoplasia. 2026;3(2):100213. doi:10.1016/j.bneo.2026.100213

What do patients search for? Two years of psoriasis-related online search behaviour in Germany reveal gaps in knowledge of guideline-based treatment

A42

Deniz Özistanbullu[1,2], Raphael Wilhelm[2], Mahmoud Abdel Aal[2], Stephan Rietz[2], Yalda Ghoreishi[2], Klajdi Begaj[2], Maike Kaufhold[2], Julia Hinkel[2], Joanna Wegner[2], Petra Staubach[2], Stephan Grabbe[2], Caroline Mann[2]

[1]University Hospital Frankfurt, Goethe University, Department of Dermatology, Venereology and Allergology, Frankfurt, Deutschland, [2]University Medical Center of the Johannes Gutenberg University, Department of Dermatology, Mainz, Deutschland

Einleitung / Background: Psoriasis places a substantial physical and psychosocial burden on those affected. Although highly effective systemic therapies exist and are are recommended in guidelines care data show persistent undertreatment and many patients appear unaware of the modern options. What people search for online makes such information gaps visible. We examined psoriasis-related search behaviour in Germany, quantified interest in individual treatment options and analyzed whether the topics people search align with guideline-based knowledge.

Methodik / Methods: We analysed Google Ads data for psoriasis-related search terms in Germany from May 2022 to April 2024. All queries were categorised by topic and weighted according to predefined search-volume ranges. Therapy-related queries were further subdivided for example into home remedies, skincare products and biologics.. Google Trends indices covering ten years (2014–2024) served to analyse long-term temporal patterns.

Ergebnisse / Results: Searches for the colloquial term "Schuppenflechte" consistently outnumbered those for "Psoriasis". 70 million queries over two years were analyzed identifying 1775 search terms. Almost half of the searches naming a body site concerned the head. Treatments with proven efficacy played almost no role. Home remedies made up 44.5% of queries about therapy, skincare products 33.5% and biologics 0.4%. Autohaemotherapy and urine therapy matched biologics (0.4%), and balneotherapy exceeded them fivefold.

Schlussfolgerung / Conclusion: Search behaviour shows how little of the guideline-recommended therapy has reached patients. Searches concentrate on home remedies rather than towards topical or systemic treatment. The results also indicate which channels may reach patients, namely the lay term and the scalp region. Information about modern therapy should take this into account.

IBA-Study: Investigating the reliability of Image-Based Hidradenitis suppurativa Assessments

A43

Antonia Wiala[1], Rebecca Schalhas[1], Julia Karnik[1], Rupert Wegher[1], Theresa Stockinger[1], Christian Posch[2, 3, 4]

[1]Klinik Landstraße, Abteilung für Dermatologie, Wien, Österreich, [2]Klinik Hietzing, Abteilung für Dermatologie, Wien, Österreich, [3]Sigmund Freud Universität, School of Medicine, Wien, Österreich, [4]German Cancer Consortium (DKTK), Technische Universität München, Abteilung Dermatologie und Allergologie, München, Deutschland

Einleitung / Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease with recurrent nodules, abscesses and sinus tracts. Established severity scores are time-consuming and prone to interrater variability. Data on image-based scoring, increasingly relevant for telemedicine and AI-assisted approaches, are lacking. This study aimed to investigate the reliability of image-based HS scores and their agreement with the clinical reference.

Methodik / Methods: In this prospective pilot study, 268 standardized images from 51 patients (up to six areas per patient) were analysed. IHS4, Hurley staging and HS-PGA assessed on site served as reference. Later, the images were rated blinded to all clinical information by five raters of differing experience. Interrater reliability was calculated using Intraclass Correlation Coefficient (ICC) and Gwet's Agreement Coefficient 2 (AC2); live-versus-photo agreement using ICC, weighted Cohen's κ and Bland-Altman analysis.

Ergebnisse / Results: Interrater reliability was highest for HS-PGA (AC2 = 0.91), followed by Hurley staging (AC2 = 0.74) and IHS4 sum score (ICC = 0.73, single rater). Averaged over five raters, interrater reliability was excellent for both the IHS4 sum score (ICC = 0.93) and location-specific IHS4 (ICC = 0.92). All three scores showed substantial to good agreement between image-based and clinical assessment. Rater experience did not significantly improve live-versus-photo agreement. Image-based IHS4 showed a staging drift with systematic overestimation (mean bias +3.1 points, individual differences up to +21 points).

Schlussfolgerung / Conclusion: Image-based HS scoring is suitable for estimating relative disease severity and monitoring, particularly the HS-PGA. Owing to the staging drift, image-based IHS4 should be used with caution for threshold-based decisions.

Moderne mykologische Diagnostik in den Pilzambulatorien

A44

Ivana Indikova und Angelika Stary

Pilzambulatorium Wien

Einleitung / Background: Ziel der Untersuchung war der Vergleich der etablierten kulturellen Diagnostik mit einem molekularbiologischen Nachweis zur Erweiterung der mykologischen Diagnostik.

Methodik / Methods: Im Rahmen der mykologischen Untersuchungen im Jahr 2025 wurden insgesamt 1.659 Proben in den Pilzambulatorien mittels zweier diagnostischer Verfahren untersucht und die Ergebnisse miteinander verglichen. Als klassische Methode erfolgte die Kultivierung auf Sabouraud-Agar. Als molekularbiologisches Verfahren wurde eine Real-Time-PCR mittels DermaGenius eingesetzt.

Ergebnisse / Results: Der Vergleich der beiden Methoden zeigte Unterschiede hinsichtlich ihrer diagnostischen Leistungsfähigkeit. Mit der molekularbiologischen Methode wurde eine 37 % höhere Nachweisrate bei Hautproben und eine 60 % höhere Nachweisrate bei Nagelprobenerzielt. Die epidemiologische Auswertung bestätigte die Relevanz verschiedener Dermatophytenarten als Erreger von Pilzinfektionen im untersuchten Patientenkollektiv. *Trichophyton tonsurans* war weiterhin der am häufigsten nachgewiesene Erreger bei Tinea capitis und Tinea corporis. Bei Tinea pedis und Onychomykosen der Zehennägel wurde am häufigsten *Trichophyton rubrum* nachgewiesen

Schlussfolgerung / Conclusion: Die Ergebnisse unterstreichen die Bedeutung einer gezielten Auswahl diagnostischer Methoden für den zuverlässigen Nachweis von Pilzinfektionen. Der molekularbiologische Nachweis mittels Real-Time-PCR zeigte insbesondere bei Haut- und Nagelproben eine höhere Nachweisrate als die klassische Kultivierung. Die Kultivierung erlaubt eine präzisere Rezistenzbestimmung. Die erhobenen epidemiologischen Daten liefern zudem einen Beitrag zur Charakterisierung der Dermatophytenverteilung im untersuchten Patientenkollektiv und können als Grundlage für eine weiterführende diagnostische und epidemiologische Beurteilung dienen.

Die Haut als Warnsignal: Akralpurpura bei rechtsseitiger Schrittmachersonden-Endokarditis

A45

Felicia Thianich[1], Markus Haumer[2], Martin R. Grübler[2], Christian Posch[1,3,4]

[1]Sigmund Freud Universität Wien, Medizin, Wien, Österreich, [2]Universitätsklinkum Wiener Neustadt, Interne II Kardiologie und Angiologie, Wiener Neustadt, Österreich, [3]Klinik Hietzing – Wiener Gesundheitsverbund, Dermatologie, Wien, Österreich, [4]TU München, Klinik und Poliklinik für Dermatologie und Allergologie am Biederstein – DKTK, München, Deutschland

Anamnese / Case History: Ein 57-jähriger Mann mit biologischem Aortenklappen- und suprakoronarem Ascendensersatz sowie Schrittmacher nach RV-Sondenrevision wurde mit generalisiertem Krampfanfall, Fieber, Hypotonie und Delir aufgenommen.

Klinik / Clinical Findings: Es zeigten sich progrediente livide Akrenveränderungen mit beidseits kalten, schmerzhaften Füßen, konfluierender, nicht wegdrückbarer Purpura an Zehen und Fußrücken sowie einer lividen Verfärbung der linken Zeigefingerkuppe mit beginnender Nekrose.



Befunde / Diagnostic findings: In Blutkulturen wuchs methicillinsensibler Staphylococcus aureus (MSSA). Thrombozyten <40 G/L und Antithrombinaktivität 59 % bei Fibrinogen 7,2 g/L waren mit einer sepsisassoziierten Koagulopathie vereinbar; eine DIC war nicht gesichert. Zum Konsilzeitpunkt bestand kein Katecholaminbedarf. Bei nicht tastbaren Pulsen distal der Poplitea waren die ABI-Werte normal (rechts 1,09; links 1,01); duplexsonographisch bestand keine relevante Makroangiopathie. Die TEE zeigte eine Vegetation an der RV-Sonde ohne Hinweis auf Klappenbeteiligung oder Shunt.

Differentialdiagnosen / Differential diagnosis: Paradoxe septische oder arterioarterielle-Embolisation, kutane Kleingefäßvaskulitis, Vasopressorischämie, HIT/TMA.

Diagnose / Diagnosis: Sepsisassoziierte mikrovaskuläre Akralischämie mit symmetrischer peripherer Gangrän bei MSSA-Schrittmachersonden-Endokarditis.

Therapie und Verlauf / Therapy and Progression: Unter antimikrobieller Therapie erfolgte eine transvenöse Sondenextraktion; wegen verkalkter Adhäsionen verblieben RA-/RV-Sondenfragmente. Die Akrenläsionen progredierten zu Nekrosen sämtlicher Zehen; der Patient verstarb an Multiorganversagen.

Kommentar / Comments: Akralpurpura kann auf eine infektiöse Endokarditis hinweisen. Auch rechtsseitige CIED-Endokarditiden können kutane Stigmata verursachen; ohne Shunt sprechen symmetrische Akrenläsionen bei erhaltener Makrozirkulation eher für Koagulopathie als direkte septische Embolien. Ihr Auftreten sollte Blutkulturen, Echokardiographie sowie Gerinnungs- und Gefäßdiagnostik veranlassen.

Literatur / Literature: Delgado et al. Eur Heart J. 2023; Servy et al. JAMA Dermatol. 2014; Iba et al. J Thromb Haemost. 2025.

https://doi.org/10.61783/oegdv11214