The 125th Annual Meeting of the Japanese Dermatological Association

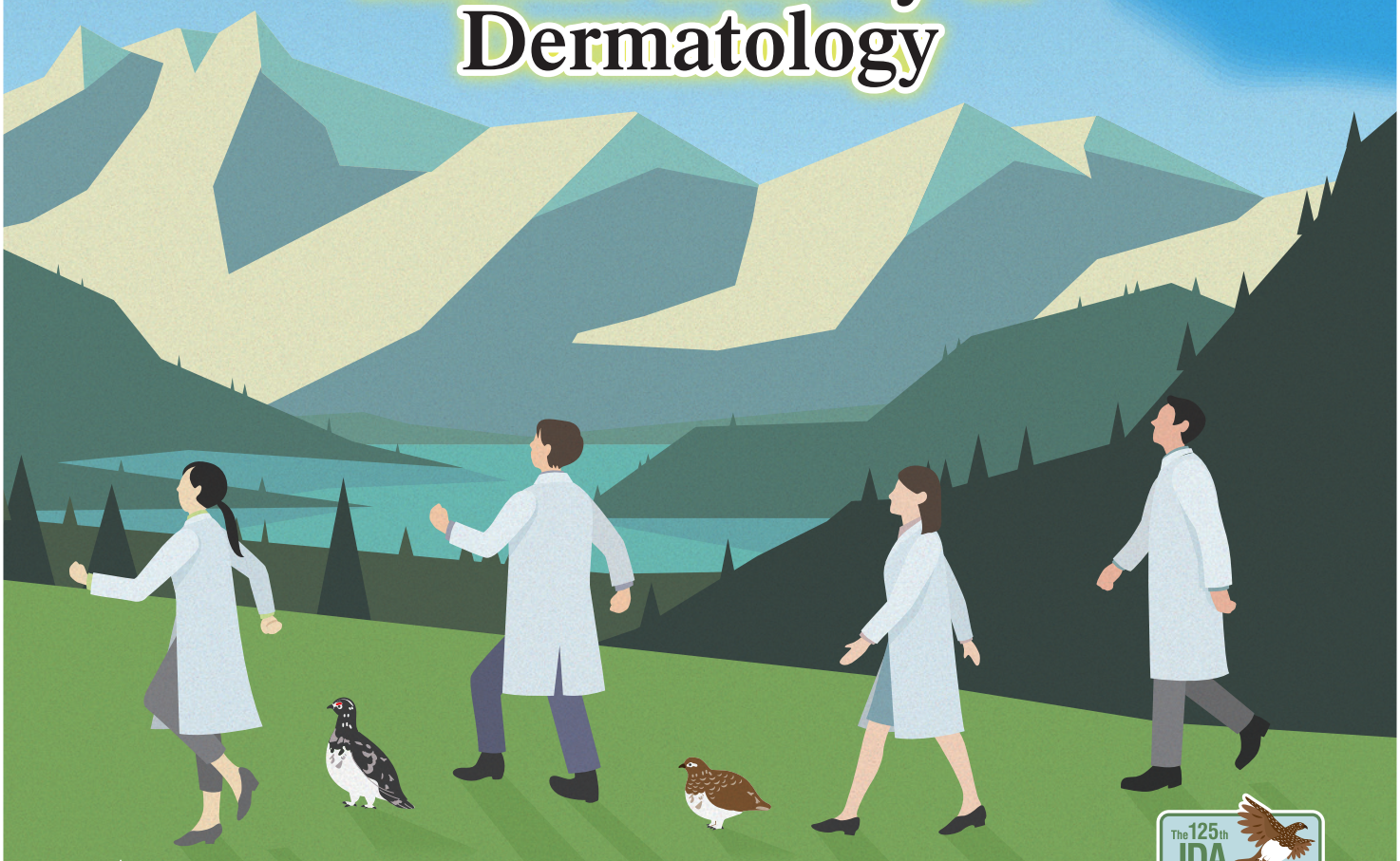
PROGRAM

Dates June 11 (Thu.) - 14 (Sun.), 2026

Venue Kyoto International Conference Center

President Ryuhei Okuyama, M.D., Ph.D.
Department of Dermatology,
Shinshu University School of Medicine

The Art and Joy of Dermatology



The 125th JDA
The 125th Annual Meeting of the Japanese Dermatological Association
KYOTO 2026

The 125th Annual Meeting of
the Japanese Dermatological Association

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Program at a glance

The 125th Annual Meeting of the Japanese Dermatological Association

Kyoto International Conference Center

	Room 1 1F Main Hall	Room 2 1F Sakura	Room 3 2F Room A	Room 4 1F Annex Hall 2	Room 5 1F Room D	Room 6 1F Room E	Room 7 2F Room B-1	Room 8 2F Room B-2
7:00	Venues 1-5: Live streaming available							
8:00								
9:00	Basic／Advanced **Educational Lecture 1** 『Treatment of atopic dermatitis - Learning the realities of atopic dermatitis treatment from success stories and lessons learned』	Basic／Advanced **Educational Lecture 2** 『Update on treatment of vitiligo based on understanding of the pathophysiology involved』	Basic／Advanced **Educational Lecture 3** 『"Avoiding missed diagnoses" Mastering management of contact dermatitis - applying new patch-test criteria and updated allergen information in practice -』	Advanced／Update **Educational Lecture 4** 『Fundamentals and clinical updates regarding HPV and herpes viruses』	Basic／Advanced **Educational Lecture 5** 『Sclerosing skin diseases (focal scleroderma, eosinophilic fasciitis, lichen sclerosus atrophic)』	Advanced **Educational Lecture 6** 『Microbiome and skin disorders』	Advanced **Educational Lecture 7** 『How are they treated, and why do they respond? The era of treatment for genetic skin diseases has begun!』	Basic **Educational Lecture 8** 『A step forward in skin surgeries: introductory to intermediate level』
10:00								
11:00								
11:15		**Luncheon Seminar 1** 『On skin disorder management of Padcev, a drug for urothelial carcinoma』	**Luncheon Seminar 2** 『A new era of treatment strategies for epidermolysis bullosa』	**Luncheon Seminar 3** 『Deep plexiform neurofibroma not to be missed in NF1 treatment: Significance of specialist collaboration』	**Luncheon Seminar 4** 『How do you use it for rosacea? Treatment option of kampo medicine in dermatology』	**Luncheon Seminar 5** 『Current status of melanoma: Evidence & Experience』	**Luncheon Seminar 6** 『Treatment strategies for systemic therapy of atopic dermatitis』	**Luncheon Seminar 7** 『The trajectory of ATL and the current state of its management』
12:00	On-site only							
12:15		On-site only			On-site only			
12:30	**EADV Session**	Advanced／Update **Educational Lecture 11** 『Treatment options and their background in alopecia』	Basic／Advanced **Educational Lecture 12** 『Reconsidering pediatric atopic dermatitis from a holistic perspective』	Basic／Advanced **Educational Lecture 13** 『Issues surrounding acne』	Advanced **Educational Lecture 14** 『Community-based dermatological care for the elderly』	Update **Educational Lecture 15** 『Pathogenesis update on melanoma』	Basic **Educational Lecture 16** 『A comprehensive update on advances in the diagnosis and treatment of urticaria and angioedema』	Basic／Advanced **Educational Lecture 17** 『Update on genetic diseases: The increasing accessibility of genetic testing』
13:00								
14:00								
14:30								
14:50								
15:00	**Special Lecture 1** 『Development of virus therapy for cancer using genetically modified herpesvirus』							
15:50								
16:00								
17:00								
17:25	**Special Lecture 2** 『Know cancer and conquer it』		**Evening Seminar 1** 『New perspectives of hereditary angioedema management aimed at zero attacks』		**Evening Seminar 2** 『Maximizing patient satisfaction in cosmetic procedures: significance of integrated skincare』	**Evening Seminar 3** 『Redefining the significance of IL-17A/F inhibition - paradigm shift in psoriasis and hidradenitis suppurativa -』	**Evening Seminar 4** 『Drug allergies and anaphylaxis - Current status and challenges -』	**Evening Seminar 5** 『Reconsidering the process after suspecting hereditary angioedema (HAE)』
18:00								
18:25					On-site only			
19:00								

Level Basic: For doctor in training Advanced: For specialist and/or supervisor Update: Update outside your field (Brush-up program for supervisor)

Sessions marked with this symbol are compatible with automatic translation apps. You can translate into multiple languages such as English and Chinese using your iPhone or other devices. If the speaker speaks in Japanese, English subtitles will appear below the presentation slides.

Lecture in English

【Day 1】June 11 (Thu.), 2026

Kyoto International Conference Center			The Prince Kyoto Takaragaike		Kyoto International Conference Center	
Room 9 1F Room C-1	Room 10 1F Room C-2	Room 11 1F Room 157	Room 12 B2F Prince Hall	Room 13 B2F Gold Room	Poster Venue 1F New Hall	Corporate Exhibition 1F Event Hall+ 2F Annex Hall 1
					Digital Poster Viewing from your PC or app From June 11, 8:00am to June 14, 5:00pm	
Oral Presentation in English 1 『Basic research, Diagnosis, Treatment』	Oral Session 3 『Dermatitis, eczema』	Basic／Advanced／Update Educational Lecture 9 『Learning about hemangiomas, vascular malformations, and varicose veins of the lower extremities from experts』		Advanced Educational Lecture 10 『The scientific foundation of cosmetic medicine』	Put up Posters	
Oral Presentation in English 2 『Allergic disease, Tumor』	Oral Session 4 『Urticaria』					
Luncheon Seminar 8 『Getting one step closer: Kampo medicine in dermatology and its benefits in combination with standard therapy』	Luncheon Seminar 9 『Treatment selection in the era of biosimilars in chronic spontaneous urticaria』	Luncheon Seminar 10 『Scar treatment using needle-free jet injectors and clinical experience sharing in the rejuvenation field』				
Oral Session 1 『Soft tissue diseases, epithelial tumors』	Oral Session 5 『Drug eruption, vasculitis, vascular and lymphatic vessel diseases』	Basic Educational Lecture 18 『Basic approaches and study methods of dermatopathology for beginners: an introduction to skin pathology diagnosis』	Basic Educational Lecture 19 『Social issues of cosmetic dermatology』	Advanced Educational Lecture 20 『Essential insights into psoriatic arthritis management: Key principles everyone should know』	Poster Viewing	Corporate Exhibitions
Oral Session 2 『Inflammatory keratosis, pustulosis, bullous disease』	Oral Session 6 『Connective tissue diseases, autoimmune disorders』					
		Hands-on: Only for preregistrant Attendance only: walk-in participation available			Poster discussion (odd number) Poster Presentation by a Grant Recipient	
Evening Seminar 6 『Emerging trends in CTD-ILD treatment: A focus on SSc-ILD』	Evening Seminar 7 『Being myself during cancer treatment: Practical tips for integrating appearance support into dermatology practice』	Evening Seminar 8 『Reskilling sweatology』			Poster Viewing	

7:00 8:00 9:00 10:00 11:00 11:15 12:00 12:15 12:30 13:00 13:30 14:00 14:30 15:00 16:00 17:00 17:15 17:25 18:00 18:25 18:30 19:00

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7:00	Venues 1-5: Live streaming available							
8:00								
9:00								
9:10								
10:00	President's Special Program 1 『Research integrity』	Asian Future Leaders Symposium	Sponsored Symposium 1 『Return to origin of atopic dermatitis treatment - How to use topical drugs correctly -』	President's Special Program 2 『Connecting dermatological science to the future - To young dermatologists from a retired professor - Part 1』	Basic／Advanced／Update Educational Lecture 21 『Latest information on school health and pediatric dermatology』	Basic Educational Lecture 22 『Mastering treatment with molecular targeted therapies in dermatology (biological drugs and low molecular-weight compounds)』	Advanced／Update Educational Lecture 23 『Aseptic inflammation and skin diseases - Unraveling refractory pathophysiology and therapeutic strategies from the perspective of autoinflammation』	Basic／Advanced／Update Educational Lecture 24 『Significance of autoantibodies in connective tissue diseases - Latest insights connecting pathology, diagnosis and treatment』
11:00								
11:10								
11:20	Luncheon Seminar 11 『Drug selection for atopic dermatitis to achieve long-term remission』	Luncheon Seminar 12 『New perspectives and pathophysiology of skin immunology』	Luncheon Seminar 13 『Expanding treatment options for patients with alopecia areata - Treatment timing using Litfulo -』	Luncheon Seminar 14 『Preventing photoaging: UV protection and proactive skincare with a focus on antioxidant activity』	Luncheon Seminar 15 『Things you should know! IL-13 in atopic dermatitis』	Luncheon Seminar 16 『Frontiers of treatment for viral warts 2026』	Luncheon Seminar 17 『Multi-platform approaches to personalized treatment』	Luncheon Seminar 18 『Gene therapy applied to the skin?! - Latest must-know advances in epidermolysis bullosa -』
12:00								
12:20								
12:30	Minami Seigo Award Lecture	On-site only						
13:00	Award Ceremony							
13:30	Master of Dermatology (Maruho) Award Ceremony and Lecture							
13:50								
13:55								
14:00	Special Lecture 3 『Paradigm shift in drug discovery and clinical development research and strategies for their management』							
14:55								
15:00								
15:05	Sponsored Symposium 2 『Type 2 skin disease treatment across all ages』	Basic／Advanced／Update Educational Lecture 29 『New management of autoimmune bullous diseases』	Basic Educational Lecture 30 『The latest advances in care and management of feet and nails』	President's Special Program 3 『Connecting dermatological science to the future - To young dermatologists from a retired professor - Part 2』	Basic Educational Lecture 31 『What is expected when a dermatologist is seconded to a government position? - Real insights from a government secondee -』	English Session 1 『Dermatology Today』	Sponsored Symposium 3 『Update on treatment strategies for inflammatory skin disorders - Optimal solutions based on evidence -』	Basic／Advanced Educational Lecture 32 『Cutting edge of systemic sclerosis (systemic scleroderma) management - From basic and clinical research to diagnostic and therapeutic strategies』
16:00								
16:25								
17:00								
17:05								
17:15	Evening Seminar 9 『Challenges of atopic dermatitis treatment - From the perspective of clinical inertia -』	English Session 2 『Cutting-Edge Aesthetic Dermatology Around the World』	Evening Seminar 10 『Pemphigus treatment and its future prospects - Patient-centered approach -』	Evening Seminar 11 『Start now for the future - reconsidering psoriasis treatment -』	Evening Seminar 12 『Clinical application of dermocosmetics focusing on the microbiome - cancer supportive care and maintaining remission of atopic dermatitis』	Evening Seminar 13 『Urticaria from a perspective of specialists in dermatology and treatment approach』	Evening Seminar 14 『Let's learn about excimer lasers. - treatment strategies for refractory skin diseases -』	Evening Seminar 15 『To encourage patients to continue treatment for sweaty hands - a patient-centered approach to consultations -』
18:00			On-site only	On-site only	On-site only			
18:15								
19:00								

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Lecture in English

【Day 2】June 12 (Fri.), 2026

Kyoto International Conference Center			The Prince Kyoto Takaragaike		Kyoto International Conference Center			
Room 9 1F Room C-1	Room 10 1F Room C-2	Room 11 1F Room 157	Room 12 B2F Prince Hall	Room 13 B2F Gold Room	Room 14 5F Room 510	Poster Venue 1F New Hall	Corporate Exhibition 1F Event Hall+ 2F Annex Hall 1	
					Digital Poster Viewing from your PC or app From June 11, 8:00am to June 14, 5:00pm			7:00
								8:00
								9:00
Update **Educational Lecture 25** 『Liquid biopsy transforming skin cancer management: Learn from melanoma and cancers involving other organs』	**Oral Session 9** 『Research, diagnosis and treatment』 **Oral Session 10** 『Lymphoma and related conditions, melanocytic tumors』	Basic **Educational Lecture 26** 『Granulomatous diseases are fascinating!』	Basic **Educational Lecture 27** 『Sun protection and photoaging prevention that will be useful for tomorrow's patient education』	Basic **Educational Lecture 28** 『Pediatric connective tissue diseases and related disorders』	**Oral Presentation in English 3** 『Autoimmune disease, Infectious disease』 **Oral Presentation in English 4** 『Inflammatory disease, Others』			9:10 10:00 10:10 11:00
Luncheon Seminar 19 『Atopic dermatitis and natural immunity』	**Luncheon Seminar 20** 『Psoriasis treatment strategies today - from the perspectives of complexity landscape -』	**Luncheon Seminar 21** 『Unraveling the pathophysiology of chronic inflammatory skin diseases - T-cell-centered perspectives on disease heterogeneity -』						11:10 11:20 12:00 12:20
						Poster Viewing	Corporate Exhibitions	13:00 14:00
Oral Session 7 『Treatment medication and pharmacological therapies, wounds, pressure injuries and burns』 **Oral Session 8** 『Genetic disorders, pigmentation disorders』	**Oral Session 11** 『Infections』 **Oral Session 12** 『Adnexal diseases, systemic diseases and skin』	Basic **Educational Lecture 33** 『The value of studying abroad 2026@General Meeting of the Japanese Dermatological Association』	Basic／Advanced **Educational Lecture 34** 『Beyond visual inspection: Capturing "structure" of skin eruption - Lecture at the Society for Skin Structure Research -』	**Educational Training Seminar "Dermoscopy"** Only for preregistrant				15:00 15:05 16:00 16:05 17:00 17:05
Evening Seminar 16 『Back to basics - to pioneer a new era of HAE treatment "Act early!"』	**Evening Seminar 17** 『Redefining Dermatologic Care - Clinical approach focusing on patient experience -』	**Evening Seminar 18** 『Up to date psoriasis treatment』						17:15 18:00 18:15 18:20
						Poster discussion (even number)		19:00 19:20

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7:00	Venues 1-5: Live streaming available							
8:00		On-site only **Morning Seminar 1** 『Reconsidering topical tranexamic acid: The need for high-concentration formulations and their clinical role』	**Morning Seminar 2** 『Skin care education for decreased skin barrier function - atopic dermatitis and contact dermatitis -』	On-site only **Morning Seminar 3** 『SLE originating from skin lesions: The importance of early diagnosis and collaboration with other departments』	**Morning Seminar 4** 『The latest findings in inflammatory skin disorders』		**Morning Seminar 5** 『Reconsidering treatment strategies for psoriasis patients: Unmet needs and optimization of treatment options』	**Morning Seminar 6** 『[Frontiers in vitamin C] Applications of thermoresponsive smart nanocapsules (nanomachines) in cosmetics』
9:00								
9:10	**Sponsored Symposium 4** 『JDA-Novartis Partnership Education Program 2026—Learn from Global Top Experts for Dermatology—』	Advanced **Educational Lecture 35** 『Severe drug eruption as a frontier: Where does research that changes clinical practice begin?』	**President's Special Program 4** 『Japanese healthcare: present and future』	Basic／Advanced **Educational Lecture 36** 『Signs and symptoms useful for everyday medical treatment』	Basic／Update **Educational Lecture 37** 『Taking on the challenge of managing cutaneous lymphoma』	Advanced **Educational Lecture 38** 『Potential of translational research and drug discovery in dermatology』	**Sponsored Symposium 5** 『Lebrikizumab in Atopic Dermatitis: Role of IL 13 Single Cytokine Blockade』	Basic **Educational Lecture 39** 『How dermatologists can contribute to disaster responses』
10:00								
11:00								
11:10								
11:20	**Luncheon Seminar 22** 『Unraveling pathophysiology of inflammatory diseases - Dermatomyositis and psoriasis -』	**Luncheon Seminar 23** 『Cibinqo as a therapeutic option for Bio/JAKi naïve patients』	**Luncheon Seminar 24** 『Treatment strategies for IPL and medical hair removal supporting the foundation of aesthetic dermatology practice』	**Luncheon Seminar 25** 『Frontiers in next-generation lift-up treatment and whitening treatment - Clinical application of unipolar RF and cysteamine』	**Luncheon Seminar 26** 『Dermatologist-driven "scalp care" - Integration of treatment, prevention and daily care -』	**Luncheon Seminar 27** 『Sensitive skin science 2026 - Recent advances in cell biology of the stratum corneum and epidermis and their applications -』	**Luncheon Seminar 28** 『The reality of full facial treatment - Nordlys & PicoWay -』	**Luncheon Seminar 29** 『Frontiers in phototherapy: Updates on excimer light and UV laser treatments』
12:00		On-site only			On-site only			
12:20								
12:30	**Presidential Lecture** 『The Art and Joy of Dermatology』							
12:50								
13:00	**Special Lecture 4** 『Medical policy and medical billing』							
13:30	**Dohi Memorial Award Lecture** 『Dermal melanocytoses and melanocytomas』							
14:00								
14:05								
14:30	Basic **Educational Lecture 43** 『Basics of dermoscopy』	**Sponsored Symposium 6** 『Hidradenitis suppurativa educational program HS-SAPPHIRE®: Learning from expert experience in clinical management』	**President's Special Program 6** 『Strategies to address doctor shortage: Perspectives of general practioners and hospital doctors』	Advanced **Educational Lecture 44** 『Supervising specialist: Taking on subspecialty training in dermatology』	Basic／Advanced **Educational Lecture 45** 『Skin and food allergies』	Advanced **Educational Lecture 46** 『Dermatology and AI』	**Sponsored Symposium 7** 『Understanding the pathophysiology of atopic dermatitis - From the perspectives of skin homeostasis and barrier breakdown』	Advanced **Educational Lecture 47** 『The latest treatment with immune checkpoint inhibitors for skin cancers - from basic science to clinical practice』
15:00								
16:00								
16:30								
16:40	**Special Lecture 5** 『Mechanism and pathology of biological responses to environmental stress - From mouse research to human and space research -』							
17:00								
17:40								
17:50								
18:00	**Evening Seminar 19** 『Challenges and prospects of autoimmune skin diseases』	**Evening Seminar 20** 『Up to date topical therapies for atopic dermatitis and psoriasis』	**Evening Seminar 21** 『Exploring the effects of nano-sized water particles on skin barrier function - possibilities for long-term treatment of atopic dermatitis -』	**Evening Seminar 22** 『The future of psoriasis treatment』	**Evening Seminar 23** 『Treatment strategies for topical treatment of psoriasis vulgaris』	**Evening Seminar 24** 『Treatment strategies for atopic dermatitis from childhood to adulthood』	**Evening Seminar 25** 『Learning the fundamentals of, and clinical updates for, seborrheic dermatitis patients』	**Evening Seminar 26** 『Potential of IL-17 receptor antibodies - Exploring optimal treatment strategies for patients』
18:50								
19:00	On-site only	19：05～21：00 **Social Gathering** **Venue: 1F Swan, Lobby, Garden**						

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Lecture in English

【Day 3】June 13 (Sat.), 2026

Kyoto International Conference Center			The Prince Kyoto Takaragaike		Kyoto International Conference Center			
Room 9 1F Room C-1	Room 10 1F Room C-2	Room 11 1F Room 157	Room 12 B2F Prince Hall	Room 13 B2F Gold Room	Room 14 5F Room 510	Room 15 2F Room K	Poster Venue 1F New Hall	Corporate Exhibition 1F Event Hall+ 2F Annex Hall 1
						Digital Poster Viewing from your PC or app From June 11, 8:00am to June 14, 5:00pm		
Morning Seminar 7 『New treatment option for refractory ulcers - Efficacy of PRP therapy and actual clinical practice』	**Morning Seminar 8** 『Pharmacotherapy for pruritus treatment - Reassessing the clinical position of neurotropin now-』	**Morning Seminar 9** 『Initiatives to promote the use of biosimilars』						
Basic **Educational Lecture 40** 『Diagnosis and treatment of non-melanoma skin cancers』	**Student&Residency Oral session 1**	Basic／Advanced／Update **Educational Lecture 41** 『The latest advances in phacomatosis management』	Basic／Advanced **Educational Lecture 42** 『Pigmentation disorder: To achieve color matching between lesional and normal skin』		**Educational Training Seminar "Dermatologic Surgery" (Basic)** Only for preregistrant			
Luncheon Seminar 30 『Optimal solutions for benign pigmentation and vascular lesions using laser - verification by experts -』	**Luncheon Seminar 31** 『Treatment approaches for ingrown toenails with granulation tissue and onychogryphosis』	**Luncheon Seminar 32** 『Redefining the possibilities of IPL and needle RF: Approach to maximize treatment effects』	**Luncheon Seminar 33** 『New development of ceramide care utilizing skin regulation function of carbon dioxide gas』			**President's Special Program 5** Basic 『JSID session: New horizons revealed by research: Expand your career and broaden your horizons!』	**Poster Viewing**	**Corporate Exhibitions**
Basic **Educational Lecture 48** 『Medical history of dermatology (The third session)』	Basic／Advanced **Educational Lecture 49** 『Create your own path to shine - hear about my career -』	Advanced **Educational Lecture 50** 『Update on pathophysiology of psoriasis』	Advanced **Educational Lecture 51** 『Understanding of pathophysiology of atopic dermatitis』	**Educational Training Seminar "Dermatopathology"** Only for preregistrant	**Educational Training Seminar "Dermatologic Surgery" (Advance)** Only for preregistrant		**Student & Residency Poster discussion**	
Evening Seminar 27 『Shuhari in psoriasis care - optimal treatment strategies depending on the patient -』	**Student&Residency Oral session 2**	**Evening Seminar 28** 『Expanding the range of indications for UVB and UVA1 phototherapy - Alopecia areata, malignant lymphoma, etc.』	**AAD-JDA Session** Manabu Fujimoto Murad Alam				**Poster Viewing**	

19：05～21：00 **Social Gathering**
Venue: 1F Swan, Lobby, Garden

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7:00	Venues 1-5: Live streaming available							
8:00			On-site only	On-site only	On-site only			
		Morning Seminar 10 『Frontiers in urticaria treatment - Addressing the underrecognized burden of disease -』	Morning Seminar 11 『Acne treatment from the perspectives of the research lab and the examination room』	Morning Seminar 12 『New treatment options with multi-function microneedling RF and argon-nitrogen plasma』	Morning Seminar 13 『Lebrikizumab in Atopic Dermatitis: Role of IL 13 Single Cytokine Blockade』	Morning Seminar 14 『Reskilling: tinea unguium - Relearning from oral medication treatment based on the new guidelines -』	Morning Seminar 15 『GUIDING the path to address unmet needs in Psoriasis』	Morning Seminar 16 『Key updates in urticaria treatment guidelines and treatment strategies by histologic subtype』
9:00								
9:10	Basic	Basic	President's Special Program 7 『Connecting dermatological science to the future - To young dermatologists from a retired professor - Part 3』	Basic		Advanced	Advanced	Advanced
10:00	Educational Lecture 52 『Essential laser therapy for dermatologists』	Educational Lecture 53 『Dermatology psychosomatic medicine - skin and the mind -』		Educational Lecture 54 『"Psoriatic disease" as a systemic disease』	Sponsored Symposium 8 『The microscopic world surrounding atopic dermatitis - From the perspectives of bacteria, viruses, and fungi』	Educational Lecture 55 『Comprehensive understanding of the pathophysiology and treatment of type 2 inflammatory skin diseases』	Educational Lecture 56 『Toward a new era of treatment』	Educational Lecture 57 『Understanding the pathophysiology of sweating disorders and frontiers in its management 2026: What a change in sweating tells us about the human body』
10:30								
11:00								
11:10								
11:20	Cultural Lecture 『Logic and emotion in the United States and Japan』	President's Special Program 8 『Neurodevelopmental disorders and dermatology consultations』					Sponsored Symposium 9 『Current situation and challenges of lectures sponsored/co-sponsored by pharmaceutical companies』	
12:00								
12:20	On-site only				On-site only			
12:30	Luncheon Seminar 34 『PASI100 and beyond: Considering internal inflammation control and disease course in psoriasis patients -』	Luncheon Seminar 35 『The latest standard of dermatological treatment based on actual clinical practice - Clinical value and indications of dual-wavelength lasers and radiofrequency -』	Luncheon Seminar 36 『Dermatology of erythema control: Increase healing power by understanding the oathophysiology of rosacea』	Luncheon Seminar 37 『The deeper aspects of pathology in light of skin barrier and pruritus: Reconsidering atopic dermatitis -』	Luncheon Seminar 38 『The latest findings in photoaging mechanisms and pigmentation care - From the pathophysiology of photoaging to the use of dermocosmetics for post-acne PIH』	Luncheon Seminar 39 『Considering topical treatment of atopic dermatitis and psoriasis』	Luncheon Seminar 40 『Up to date alopecia areata treatments』	Luncheon Seminar 41 『SKIN SUITE - Acne rejuvenation treatment using laser devices -』
13:00								
13:30								
13:40	Basic	Advanced／Update	Advanced	Basic／Advanced	Basic／Advanced	Basic／Advanced		Basic／Advanced／Update
14:00	Educational Lecture 61 『Medical safety - psychological safety -』 Update 『Infection control』	Educational Lecture 62 『Overcome the "border"! Future of dermatology in wound care』	Educational Lecture 63 『Considering cosmetic medicine - What cosmetic dermatology aims for -』	Educational Lecture 64 『What is required in the clinical management of cutaneous vasculitis in real-world practice? Let's discuss!』	Educational Lecture 65 『Skin ulcer treatment from a causal perspective』	Educational Lecture 66 『Update on skin infections (bacteria, mycobacteria, rickettsia, and parasitic diseases)』		Educational Lecture 67 『Update on board certification system 2026 - Trends in the Japanese board of medical specialties and its future』
15:00								
15:40								
16:00								
17:00								
18:00								
19:00								

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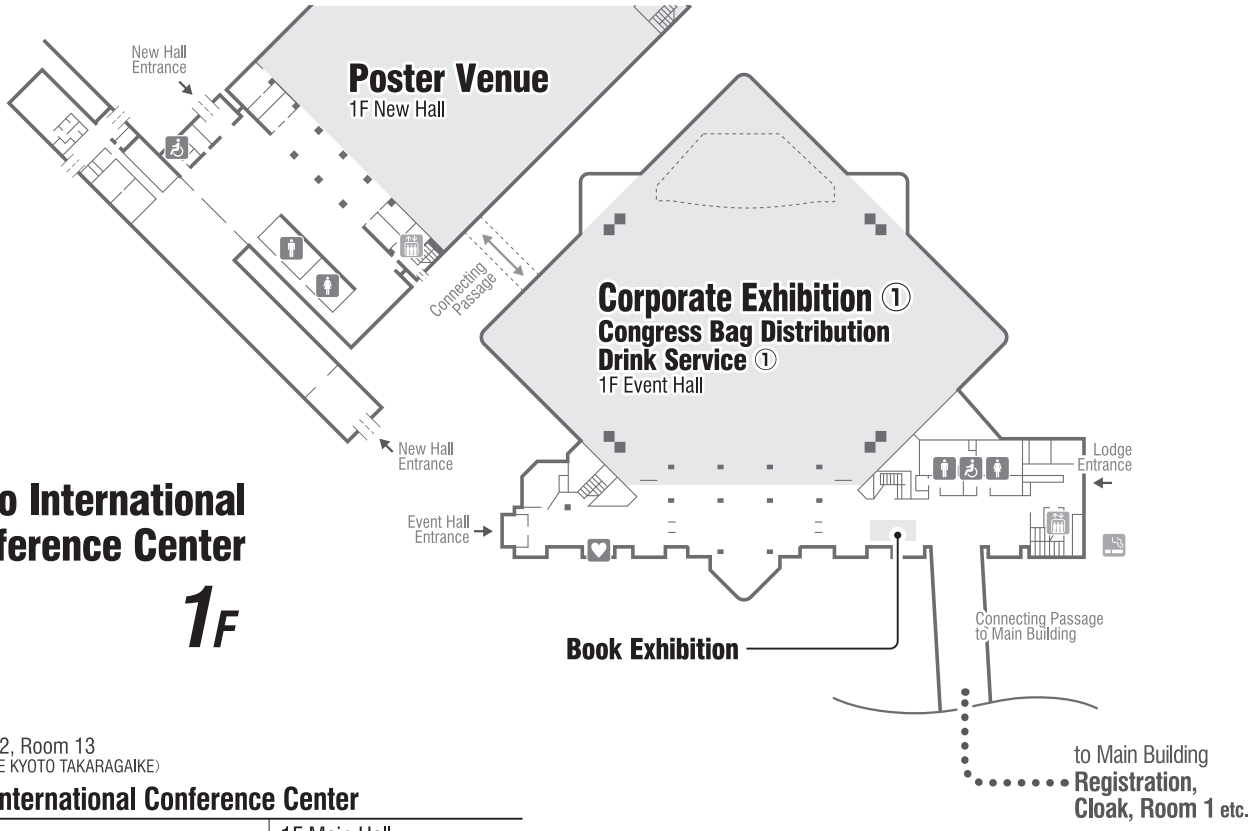
Lecture in English

【Day 4】June 14 (Sun.), 2026

Kyoto International Conference Center			The Prince Kyoto Takaragaike		Kyoto International Conference Center		
Room 9 1F Room C-1	Room 10 1F Room C-2	Room 11 1F Room 157	Room 12 B2F Prince Hall	Room 13 B2F Gold Room	Room 14 5F Room 510	Poster Venue 1F New Hall	Corporate Exhibition 1F Event Hall+ 2F Annex Hall 1
					Digital Poster Viewing from your PC or app From June 11, 8:00am to June 14, 5:00pm		
Morning Seminar 17 『Repeated episodes of severe lip dryness and irritation - Skin repair and immune enhancement achieved by dermocosmetics』	**Morning Seminar 18** 『Latest trends in filler treatments and safety management during injection』	**Morning Seminar 19** 『New possibilities in chemical peeling』				Poster Viewing	
Update **Educational Lecture 58** 『Finally updated! Skin fungal infection guidelines 2025』	Basic／Advanced **Educational Lecture 59** 『Latest information and key points for medical treatment of chronic pyoderma of the trunk and head and neck』	Basic **Educational Lecture 60** 『Skills and art of dermatology specialists in cross-disciplinary care』		**Educational Training Seminar "Dermatopathology"** Only for preregistrant	**Educational Training Seminar "Prick test, Patch test"** Only for preregistrant		Corporate Exhibitions
Luncheon Seminar 42 『Considering treatment from the perspective of pathophysiology of atopic dermatitis - Relationship between skin barrier function and inflammation -』	**Luncheon Seminar 43** 『Current status of HAE diagnosis and treatment』	**Luncheon Seminar 44** 『Pulse oscillation-type needle RF - Possibility of treatment for red face caused by pigmentation due to photoaging』					
Basic／Advanced **Educational Lecture 68** 『How to treat alopecia and skin disorders of unknown cause - To avoid overlooking zinc deficiency and metal allergy -』	**2026 psoriasis/ atopic dermatitis molecular-targeted drug safety measures seminar (Video lecture)**		**Lecture for Speciality Nurse in Dermatology**	**Educational Training Seminar "Dermoscopy"** Only for preregistrant		Remove Posters	

7:00 8:00 9:00 9:10 10:00 11:00 11:10 12:00 12:30 13:00 13:30 13:40 14:00 14:30 15:00 15:40 16:00 16:30 17:00 18:00 19:00

Floor Map



Kyoto International Conference Center

1F

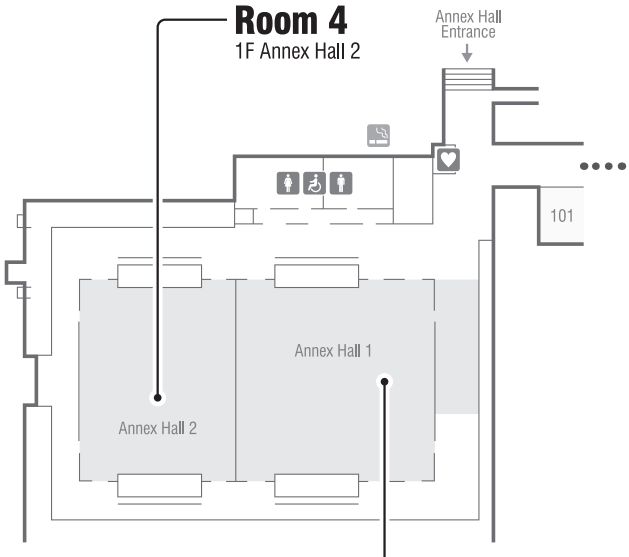
※Room 12, Room 13
(THE PRINCE KYOTO TAKARAGAIKE)

Kyoto International Conference Center

Room 1	1F Main Hall
Room 2	1F Sakura
Room 3	2F Room A
Room 4	1F Annex Hall 2
Room 5	1F Room D
Room 6	1F Room E
Room 7	2F Room B-1
Room 8	2F Room B-2
Room 9	1F Room C-1
Room 10	1F Room C-2
Room 11	4F Room 157
Room 14	5F Room 510
Room 15	2F Room K
Poster Venue	1F New Hall
Poster Presentation by Award Winner	1F New Hall
Social Gathering ※6/13(Sat.)	1F Swan, Garden etc.
Registration	1F Main Lobby
PC Center ①	1F Room H
Luncheon Seminar Ticket Distribution	1F Main Lounge
Corporate Exhibition ①	1F Event Hall
Corporate Exhibition ②	1F Annex Hall 1
Book Exhibition	1F Event Hall Lobby
	1F Main Lobby
Cloak ①, ②	1F Room F, G
Cloak ③	1F Cloak
Drink Service ①	1F Event Hall
Drink Service ②	1F Annex Hall 1
Congress Bag Distribution	1F Event Hall
Head Office ①	1F Room 104

Kyoto International Conference Center

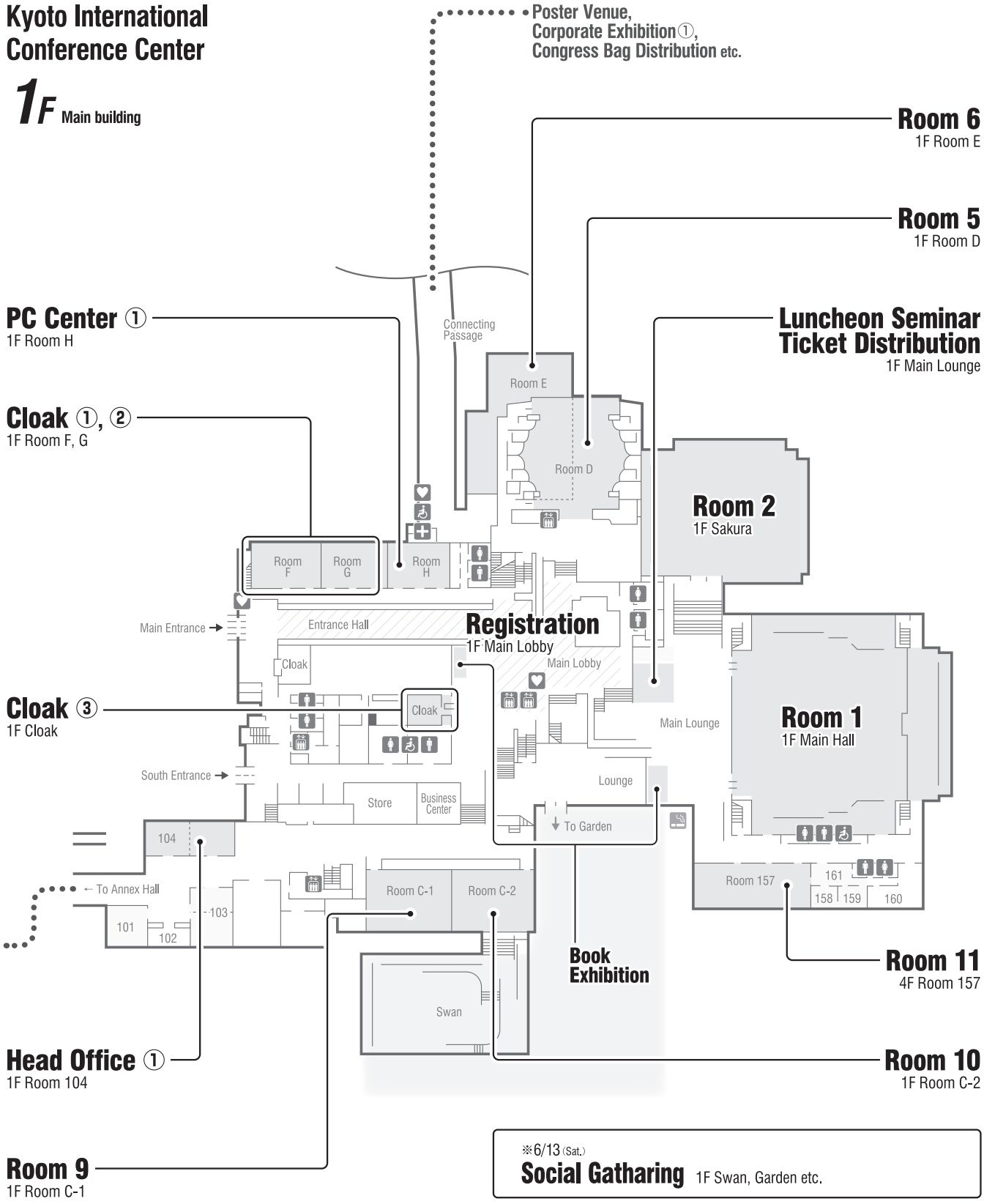
1F Main building



Corporate Exhibition ②
Drink Service ②
1F Annex Hall 1

Kyoto International Conference Center

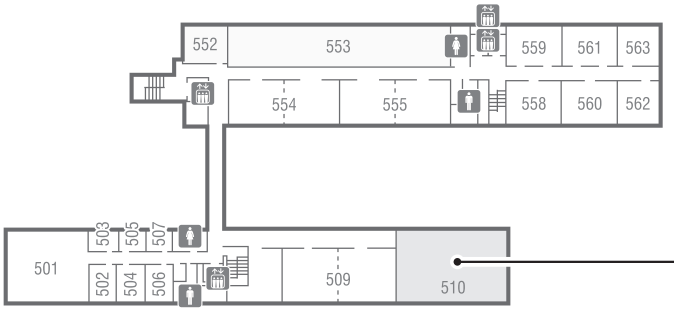
1F Main building



Elevator | Escalator | Restroom | Wheelchair-Accessible Restroom | AED Installation Location | Medical Room | Smoking Area

Kyoto International Conference Center

5F Main building



Room 14
5F Room 510

2F Main building

Room 15
2F Room K

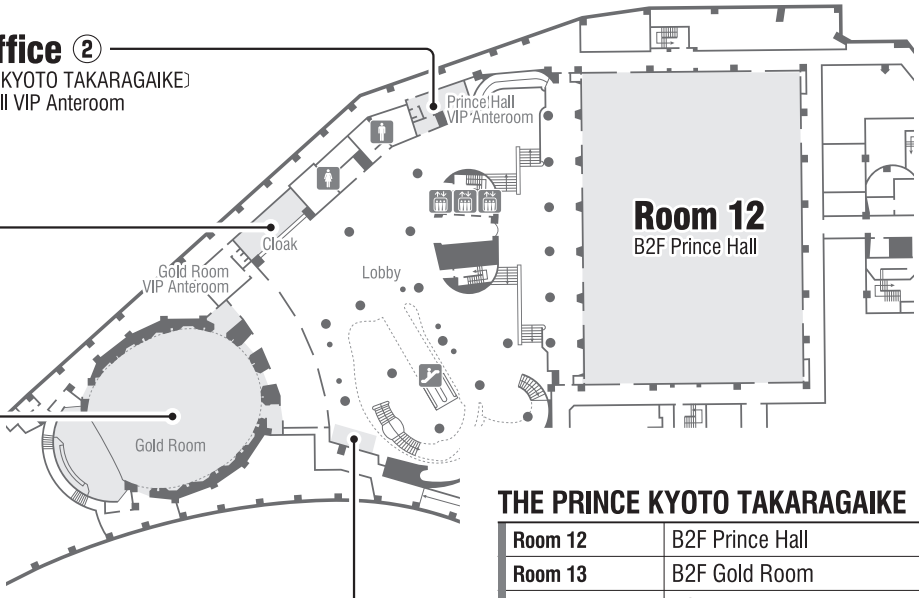
Room 3
2F Room A

Room 8
2F Room B-2

Room 7
2F Room B-1

THE PRINCE KYOTO TAKARAGAIKE

B2F



Head Office ②
〔THE PRINCE KYOTO TAKARAGAIKE〕
B2F Prince Hall VIP Anteroom

Cloak ④
B2F Cloak

Room 12
B2F Prince Hall

Room 13
B2F Gold Room

PC Center ②
B2F Lobby

THE PRINCE KYOTO TAKARAGAIKE

Room 12	B2F Prince Hall
Room 13	B2F Gold Room
PC Center ②	B2F Lobby
Cloak ④	B2F Cloak
Head Office ②	B2F Prince Hall VIP Anteroom

Information

The 125th Annual Meeting of the Japanese Dermatological Association

The 125th JDA
The 125th Annual Meeting of the Japanese Dermatological Association
KYOTO 2026

Conference Information

(1) Registration

[On-site registration]

The registration desk will be open throughout the conference at the following schedule:

- Location: Entrance Hall, 1st floor Main Lobby, Kyoto International Conference Center
- Date & Time: June 11 (Thu.) 8:00 – 17:30
  June 12 (Fri.) 6:45 – 18:00
  June 13 (Sat.) 7:30 – 19:00
  June 14 (Sun.) 7:30 – 13:30

Please settle the registration fee* and receive your name badge. A name badge will be used to access all conference areas, therefore we kindly request that you wear your name badge at all times during the conference.

* We accept credit card payment only.

-Onsite Registration Fee:

1) Member: JPY 20,000
2) Japanese Student/Overseas Student/Resident*: JPY 15,000
3) Non-Member (Company member): JPY 40,000
4) Non-Member (Others): JPY 25,000
5) Accompanying Person**: JPY 5,000

* Students including undergraduates and postgraduates are requested to submit a proof of their status such as a photo-copy of a valid student ID card or a letter from the dean, the department head or the research director with their signature.

** The Accompanying Person's registration fee is available only to partners and/or family members of paid delegates registered to attend the Conference. It covers admission to the Social Gathering only. When you receive your name card, you will also be given a voucher for your companion's name card exchange.

On the day of the social gathering, please present the voucher at the Companion Name Card Exchange Desk located inside the main reception area.

The desk will open at 6:40 PM on Saturday, June 13.

Accompanying persons cannot access the lecture rooms or the corporate exhibition area.

[Online registration]

If you cannot come to the venue in person, or if you would like to avoid a long queue at the reception desk, you can register online. Please access 125th JDA website (https://jda125.jda-conv.jp/english.html).

- If you participate online on the day of the meeting
  You will need to provide the ID/password listed in the registration completion notification email which you received after registration payment. Please carry the print out.
- If you participate offline on the day of the meeting
  Please bring the registration completion notification email issued at the time of registration. When you show the printed e-mail, registration staff will hand you your name badge at the JTB counter located near the registration area on the 1st floor of the Kyoto International Conference Center. And please write your name there.
  Please be sure to wear your name card inside the venue.

(2) Livestreaming

Even if you cannot come to the venue (Kyoto International Conference Center) on the day, you can participate online from your home or your affiliated institutions. During the meeting, the content of the lecture will be delivered on the same

day and as per schedule.

You can browse the livestream in cooperation with the electronic abstract service (MICEnavi) described later.

Please refer (5). App (MICEnavi) in this page.

Please follow the steps below. But MICEnavi service is only Japanese. We are terribly sorry.

1) Click on “125th JDA Livestream and MICEnavi” on the meeting website (https://jda125.jda-conv.jp/).
2) The electronic abstract service (MICEnavi) will be displayed. Click the session being held from the schedule to display the session details.
3) Click the “LIVE” button on the screen with session details.
4) Log in with the ID printed on the registration completion notification email or mailed participation certificate (name card). (First time only)
5) You can now watch the live stream.

* Secretariat will live stream only the sessions with the permission from the speaker and co-sponsoring companies.

(4) Sponsored Seminar

* These are held in Japanese only except
  Sponsored symposium 4, 5-3, 7-4, Luncheon seminar 25-1, 41-1, Evening seminar 3-1, 9-2, 17-1, 19-2,
  Morning seminar 13, 15-1, 18-2.
  - **Morning Seminars**: Light snack and drink will be provided.
  - **Luncheon Seminars**: Lunch boxes and drink will be provided.
  - **Evening Seminars**: Sweets and drink will be provided.

< Lunch box Ticket >

If you would like to attend Luncheon Seminar, please get a ticket for Lunch box beforehand.

[Ticket distribution (for free)]

- Location:	1st Floor Main Lounge, Kyoto International Conference Center		
- Time:	June 11 (Thu.)	8:00 – 10:45	(App 9:00 – 10:45)
	June 12 (Fri.)	6:45 – 10:50	(App 7:45 – 10:50)
	June 13 (Sat.)	7:30 – 10:50	(App 8:30 – 10:50)
	June 14 (Sun.)	7:30 – 12:00	(App 8:30 – 12:00)

* This ticket will expire 5 minutes after the session starts.

From meeting App.

You may apply from meeting App (Japanese only, Distribution time is different from on-site).

Please refer (5). App (MICEnavi) in this page.

(5) App (MICEnavi)

The meeting app (JDA2026 can be downloaded for iOS in the App Store and for Android in the Google Play.)

The password is “Joy125”

**Japanese only

・Scheduled release date: Late May 2026

・Usage fee: Free (Communication fee will be charged separately for downloading the application)

-Compatible models: iOS: 16.0 or later. Compatible with iPhone and iPad.
Android: 9.0 or above. Compatible with smartphones and tablets.

* Schedule contents registered for each of the web version and the application version can be synchronized with each other.

(6) Miscellaneous

1. Congress bag, Refreshment Corner and Corporate Exhibition

Location:	Event hall, 1st Floor, Kyoto International Conference Center		
Date & Time:	June 11 (Thu.)	12:00 – 18:30	(Congress bag 8:30 – 18:30)
	June 12 (Fri.)	9:00 – 18:30	(Congress bag 8:30 – 18:30)
	June 13 (Sat.)	9:00 – 18:00	(Congress bag 8:30 – 18:00)
	June 14 (Sun.)	9:00 – 13:30	(Congress bag 8:30 – 13:30)

You could get a congress bag at by trading your voucher which is in your name badge. Congress bag quantities are limited. It is offered only to the first 4,000 people.

Here is rest station and please enjoy snacks and drink.

We also provide refreshment corner at Event hall and Annex hall 1, Kyoto International Conference Center.

2. Cloak Room

Location:	1st Floor Room F, G and existing Cloak, Kyoto International Conference Center		
	2nd basement Floor, The Prince Kyoto Takaragaike		
Opening hours:	June 11(Thu.)	8:00 – 18:50	(The Prince Kyoto Takaragaike: 8:00 – 14:50)
	June 12(Fri.)	6:45 – 19:40	(The Prince Kyoto Takaragaike: 8:00 – 17:25)
	June 13(Sat.)	7:30 – 21:20	(The Prince Kyoto Takaragaike: 8:00 – 16:50)
	June 14(Sun.)	7:30 – 16:00	(The Prince Kyoto Takaragaike: 8:30 – 16:45)

3. To everyone who has questions

[On-site] Please follow the chair's instructions and use a microphone to state your affiliation and name before making any remarks.

[Online] If you have a question, please post your question from our live streaming site during the session.

4. Photography

Photography and recording are not allowed without permission of the secretariat.

5. Press Registration

Press card will be issued to the journalists only if they received permission from the president before the meeting. Please check our website regarding the details of press registration (Japanese only). We would not accept press registration on site.

6. Wi-Fi

Free Wi-Fi is available at Kyoto International Conference Center and The Prince Kyoto Takaragaike.

SSID: Icck_Public_WiFi *no password (Kyoto International Conference Center)

SSID: PRINCE-HOTEL *welcomeph (The Prince Kyoto Takaragaike)

7. Social Gathering

Venue: 1F Swan, Lobby and Garden, Kyoto International Conference Center

Date: June 13(Sat.) 19:05 – 21:00

Instruction for Oral Presentation

(1) Presentation time

1. The time schedule is very tight. Please keep the allotted time strictly.
   Oral sessions: 5 minutes for presentation and 2 minutes for discussion.
   Oral presentation in English: 5 minutes for presentation and 2 minutes for discussion.
   Invited lecture: You are informed your presentation and discussion time in advance.

- Timer is set at the podium. Yellow light will turn on at one minute before the end of the session. Red light will turn on at the end of the session.
- Please be seated at the Next Speaker's Seat (in front of the podium) 15 minutes prior to your presentation time.

(2) Presentation Data

1. Only computer presentation is available. (Slide aspect is 16:9)
2. Data in USB flash memory drive or PC are accepted.
3. Operating systems available are Windows. There will be no Macintosh computers available at the venue. Please bring your own PC if you wish to use Macintosh.
4. Application software available are Windows PowerPoint 2024.
5. There are no limits of number of your slide page but please do not exceed your data capacity 300MB.
6. Liquid-crystal display monitor, keyboard, and mouse will be set on the podium. Please turn to the next page by yourself. If you have difficulties with PC operations, please inform the secretariat in advance.
7. All speakers must disclose any COI (Conflict of Interest) on your slide of the presentation.

(3) Data Acceptance

Please check your data at the PC Center at least 30 minutes prior your session.

Location:	Room H, 1st Floor, Kyoto International Conference Center		
	2nd basement Floor, The Prince Kyoto Takaragaike		
Open hours:	June 11 (Thu.)	8:00 – 17:00	(The Prince Kyoto Takaragaike: 8:00 – 12:30)
	June 12 (Fri.)	8:00 – 17:00	(The Prince Kyoto Takaragaike: 8:00 – 15:00)
	June 13 (Sat.)	7:30 – 17:30	(The Prince Kyoto Takaragaike: 8:00 – 14:30)
	June 14 (Sun.)	7:30 – 14:00	(The Prince Kyoto Takaragaike: 8:00 – 14:30)

When bringing your data in notebook computers

- Western Japan, including Kyoto, is on 100 V, 60 Hz. The plug type in Japan is type A with two flat blades without a ground pin, the same type widely used in the US and Canada.
- The venue's projector supports connection via a standard HDMI Type A (standard-size) external output port. Devices equipped with HDMI Type C, as well as Macintosh and certain Windows computers, will require an appropriate adapter. Please ensure that you bring your own. All presenters are also requested to bring their AC adapter.
- Speakers are requested to bring their own adapter for connection between PC and projector, and/or an electric transformer when these are necessary.
- All energy-conserving functions such as screen-savers, sleep/power saving modes should be disabled on laptops to be used in the presentation.
- After you checked your presentation data at PC Center, please bring your PC to the operator at the left side of your lecture room, 15 minutes prior to your presentation time.
- Image resolution is Full HD (1920 * 1080).

When bringing your data in USB memory

- After saving the presentation data on the USB memory, please confirm that the data can be activated at other PCs.
- The data will be copied onto the server and USB memory will be returned to the speaker.
- Presentation files should be named as “Presentation number_name”.

  i.e.) E1-01_JohnBrown, LS2-02_MarySmith (presentation file extensions may be .ppt or .pptx)
- Use standard fonts on the OS. Use of specialized fonts may cause garbling and displacement.

  [Recommended fonts]

  Arial or Times New Roman
- Animations and movies may be used, though it is highly recommended to be used with your own notebook computer.

  When bringing them in USB memory, comply with the below:

  a. We accept video files in MP4 format (wmv format is also acceptable if you are using a Windows machine).

  b. Save the movie data in the same folder, so the link with the PowerPoint will be maintained.

  c. It is recommended that you bring your own PC as backup to the movie data.

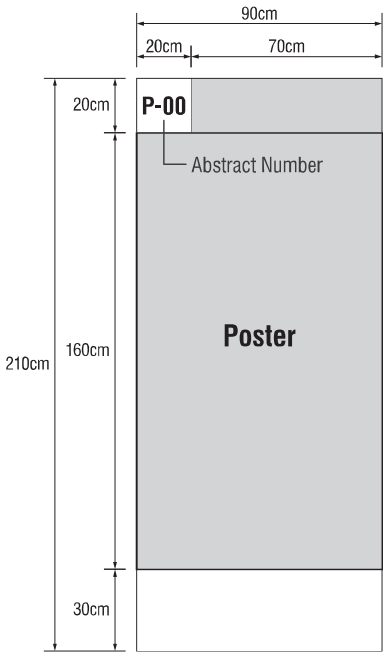
  d. Please let the operator know if you are using sound data.
- The presentation data will be deleted by the secretariat responsibly.

Instruction for Poster presentation

(1) Poster presentation

All accepted abstracts, including oral presentations, are requested to prepare a paper poster and a digital poster.

[Paper poster]



1. All posters must be prepared in English.
2. The poster venue is located at 1F New hall, Kyoto International Conference Center
3. Poster mounting and removal hours are as follows:

   Mount posters: June 11(Thu.) 8:00-13:00

   Remove posters: June 14(Sun.) 13:30-16:00

* If you are unable to come during the poster mounting time, please consider applying for our paid poster printing and posting service, available until Tuesday, June 2nd. (https://jda125.jda-conv.jp/gakupos.pdf)

4. Posters should be posted on the designated board space of 180 cm height and 90 cm width.
5. Abstract Numbers, pins and equipment necessary for mounting posters will be prepared by the secretariat at the venue.
6. Title, Author's name, Affiliation should be prepared by yourself.
7. Poster discussion is open-ended.

Speakers should stand by in front of the poster at the poster discussion time.

The poster discussion times are as follows:

Poster Number-Odd numbers*: June 11(Thu.) 16:00-17:15

Poster Number-Even numbers*: June 12(Fri.) 18:20-19:20

*The last digit of poster number. (e.g. EP1-1 → Odd number, EP1-2 → Even number)

[Digital poster submission]

You are required to prepare your digital poster data in advance.

Deadline of Digital Poster: May 27(Wednesday) noon (Japan standard time)

* Registration will not be extended, so please register within the period. After the deadline and on-site, we could not accept modifying. Please be careful when you prepare the data.

Access is expected to be concentrated near the deadline, so please register as soon as possible.

You could submit your digital poster by PDF or PowerPoint file (no narration).

[Preparing your digital poster data]

・All Poster Presenters must disclose COI (Conflict of Interest) on your poster.

・Please prepare your poster data including title, author's name, affiliation.

<PDF file>

・Please prepare your digital poster data 1 page poster (PDF) and 5MB or less.

*For Macintosh users;

If you make your presentation data by Keynote, please check your data (character skew etc.) after changing to MS PowerPoint.

・Please use standard fonts on the OS.

・When you submit your digital poster, even if you use animation, movie, sound, these contents do not play.

・Please refrain from writing in note area of your slide.
・When registering data, please use the following environment.
-Windows users: Microsoft Edge, Firefox, Chrome latest version
-Macintosh users: Safari, Firefox, Chrome latest version
* Registration is not possible with Internet Explorer.
・Registered digital posters can be viewed by “MICEnavi” (Web version, application version) during the meeting.
・Digital posters can only be viewed during the meeting, and will not be released before or after the session.
・Secretariat office will delete your digital poster data responsibly after the meeting.

[Question & Answer via online]

・Questions will be accepted using the online question posting function of the “MICEnavi”.
・Please download the app and ask each speaker a question. (Questions are asked in a registered name.)

If you come to the venue, please join poster discussion time on June 11 (Odd number) and June 12 (Even number).

(2) Oral presentation

If you were adopted both of oral and poster presentation also, you need to prepare oral presentation data also.
Please check the page 17 of “Instruction for Oral Presentation”.

Program

The 125th Annual Meeting of the Japanese Dermatological Association

The 125th JDA
The 125th Annual Meeting of the Japanese Dermatological Association
KYOTO 2026

JDA 2026 Program

JDA2026 lectures are held in 15 locations at Kyoto International Conference Center, The Prince Kyoto Takaragaike and online.

You are invited to attend as many as you desire to.

The follows are excerpted version of programs, in which lectures will be spoken in English.

Day1, Thursday, June 11　Room 1 1F Main Hall

EADV Session　12:30～14:30

Chairs：Manabu Fujimoto（Osaka University）
Kenji Kabashima（Kyoto University）

EADV-1. **Diagnosis and management of cutaneous lupus**
12 : 30～13 : 00
Branka Marinovic
Department of Dermatology and Venereology, University Hospital Centre Zagreb, University of Zagreb School of Medicine, Zagreb

EADV-2.
13 : 00～13 : 30
Lidia Rudnicka
Medical University of Warsaw, Warsaw

EADV-3. **JAK-inhibitors - expanding indications and off-label use in dermatology**
13 : 30～14 : 00
Curdin Conrad
Lausanne University Hospital, Lausanne

EADV-4. **Decoding Sarcoidosis Granulomas by Single-Cell and Spatial Profiling：From Mechanisms to Clinical Translation**
14 : 00～14 : 30
Georg Stary[1,2,3)]
Department of Dermatology, Medical University of Vienna, Wien[1)], CeMM Research Center for Molecular Medicine, Austrian Academy of Sciences, Wien[2)], Christian Doppler Laboratory for Chronic Inflammatory Skin Diseases, Vienna[3)]

Day1, Thursday, June 11　Room 6 1F Room E

Educational Lecture 6　9:00～11:00

Microbiome and skin disorders

Organizers：Shin Morizane（Okayama University）
Yumi Matsuoka（Osaka University）

[Level：Advanced]

EL6-1.　**Skin microbiome-immune crosstalk in inflammatory dermatoses：from ecological dysbiosis to mechanistic checkpoints and therapeutic design**

9：00～9：40

Anna Di Nardo
Department of Dermatology, University of California San Diego（UCSD）, La Jolla, San Diego

Educational Lecture 15　12:30～14:30

Pathogenesis update on melanoma

Organizers：Satoshi Fukushima（Kumamoto University）
Takeshi Namiki（Institute of Science Tokyo）

[Level：Update]

EL15-1.　**Update on the Pathophysiology of Melanoma**

12：30～13：00

Dirk Schadendorf
Dermatology, University of Duisburg-Essen University Medicine Essen, Essen

Evening Seminar 3　17:25～18:25

Redefining the significance of IL-17A/F inhibition - paradigm shift in psoriasis and hidradenitis suppurativa -

Chairs：Atsushi Otsuka（Kindai University）
Nobukazu Hayashi（Toranomon Hospital）

ES3-1.　**Reaching New Heights: A Focus on Treatment Targets in PSO**

Vimal H. Prajapati
Dermatology Research Institute, University of Calgary

Cosponsor：UCB Japan Co. Ltd.

Day1, Thursday, June 11 Room 8 2F Room B-2

Educational Lecture 8 9:00～11:00

A step forward in skin surgeries：introductory to intermediate level

••••••••••••••••••••Organizers：Noriki Fujimoto（Shiga University of Medical Science）
Naoya Yamazaki（National Cancer Center Hospital）

[Level：Basic]

EL8-4. Mohs Micrographic Surgery

10：28～10：58

George J. Hruza
St. Louis University, St. Louis

Day1, Thursday, June 11 Room 9 1F Room C-1

Oral Presentation in English 1 9:00～10:00

Basic research, Diagnosis, Treatment

••Chairs：Gaku Tsuji（Kyushu University）
Sayaka Shibata（The University of Tokyo）

E1-1 (EP3-1) Comparing 2 vs 1 cm margins in acral melanoma of the sole with Breslow thickness over 2 mm

○Shigeru Koizumi[1,2)], Naoya Yamazaki[3)], Yuki Ichigozaki[4)], Hiroshi Kitagawa[5)], Yukiko Kiniwa[6)], Sayuri Sato[7)], Toshihiro Takai[8)], Reiichi Doi[9)], Takamichi Ito[10)], Yasuhiro Nakamura[1)]
Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Saitama[1)], Department of Dermatology, Chiba University, Chiba[2)], Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo[3)], Department of Dermatology and Plastic Surgery, Faculty of Life Sciences, Kumamoto University, Kumamoto[4)], Department of Dermatology, Mie University, Mie[5)], Department of Dermatology, Shinshu University, Matsumoto[6)], Department of Dermatology, Sapporo Medical University School of Medicine, Sapporo[7)], Department of Dermatology, Hyogo Cancer Center, Akashi[8)], Department of Dermatology, Kurume University School of Medicine, Kurume[9)], Department of Dermatology, Graduate School of Medical Sciences, Kyushu University, Fukuoka[10)]

E1-2 (EP1-1) Suppression of IL-23-Mediated Psoriasis-like inflammation by Regulatory B cell

○Kie Mizumaki, Motoki Horii, Miyu Kano, Takashi Matsushita
Department of Dermatology, Faculty of Medicine, Institute of Medical, Pharmaceutical and Health Sciences, Kanazawa University, Kanazawa

E1-3 (EP1-2) RNA-seq Reveals Subtype-Specific Pathways and Targets in Cutaneous Squamous Cell Carcinoma

○Masaoki Kawasumi
Department of Dermatology, The Ohio State University College of Medicine, Columbus

E1-4 (EP1-3) **Apocynin Protects Keratinocytes from UVB-Induced Senescence**

○Tuba Musarrat Ansary, Koji Kamiya, Md Razib Hossain, Mayumi Komine
Department of Dermatology, Jichi Medical University, Shimotsuke

E1-5 (EP1-4) **JAK1 signaling is essential for mechanical itch sensitization in atopic dermatitis**

○Ying Zuo[1)], Sumika Toyama[1)], Eriko Komiya[1,2)], Soichiro Yoshikawa[1)], Mitsutoshi Tominaga[1)], Kenji Takamori[1,3)]
Juntendo Itch Research Center (JIRC), Institute for Environmental and Gender Specific Medicine, Graduate School of Medicine, Juntendo University, Tokyo[1)], Laboratory of Functional Morphology, Faculty of Pharmacy, Juntendo University, Tokyo[2)], Department of Dermatology, Juntendo University Urayasu Hospital, Urayasu[3)]

E1-6 (EP1-16) **The PPIA-BSG Axis in Mast Cells：A Pro-Reparative Signal Lost in Diabetic Foot Ulcers**

○Mingyang Wu[1)], Haoze Shi[2)]
ZhongDa Hospital, Nanjing[1)], Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences & Peking Union Medical College, Nanjing[2)]

E1-7 (EP2-3) **Persistent Severe Atopic Dermatitis Revealing Adult Hyper-IgE Syndrome with *ERBIN* Variant**

○Meijuan Jin, Atsuko Sato, Koji Kamiya, Mayumi Komine
Department of Dermatology, Jichi Medical University, Shimotsuke

E1-8 (EP2-1) **Trichoscopic Analysis of Kerion Celsi：Diagnostic and Therapeutic Implications**

○Masaki Uchiyama[1)], Tatsuro Maeda[1)], Michi Ota[1)], Risako Akasu[2)], Masae Yoshida[2)], Toshio Demitsu[2)], Kazutoshi Harada[1)]
Department of Dermatology, Tokyo Medical University, Tokyo[1)], Department of Dermatology, Ageo Central General Hospital, Ageo[2)]

Oral Presentation in English 2　10:00～11:00

Allergic disease, Tumor ••••••••••••Chairs：Taku Fujimura（Tohoku University）
Takuya Takeichi（Nagoya University）

E2-1 (EP7-2) **Influence of Topical Corticosteroids and Systemic Therapies on Metal Patch Test Results**

○Toshiya Takahashi, Mayuko Amagai, Maki Ozawa, Kojiro Segawa, Tomoko Chiba, Yoshihide Asano
Department of Dermatology, Tohoku University Graduate School of Medicine, Sendai

E2-2 (EP7-3) **IgE-dependent anaphylaxis is regulated by the sphingolipids-CD300 binding in mast cells**

○Risa Yamamoto[1,2)], Kumi Izawa[1)], Ayako Kaitani[1)], Tomoaki Ando[1)], Akie Maehara[1)], Nobuhiro Nakano[1)], Ko Okumura[1)], Jiro Kitaura[1)]
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1)], Department of Pediatrics Juntendo University Faculty of Medicine, Tokyo[2)]

E2-3 (EP9-6) **Immunotherapy-induced remodeling of immune hubs defined by dendritic cells**

○Tomoyuki Minowa[1,2)], Matthew Gubin[2)], Stephanie Watowich[2)], Hisashi Uhara[1)]
Department of Dermatology, Sapporo Medical University, Sapporo[1)], Department of Immunology, The University of Texas MD Anderson Cancer Center, Houston[2)]

E2-4 (EP9-7) **Efficacy of S-1 for advanced squamous cell carcinoma：A multicenter retrospective study**

○Sadao Inoue[1,2)], Ayano Maruyama[3)], Yuki Yamamoto[4)], Tatsuya Takenouchi[5)], Soichiro Kado[6)], Natsuko Sasaki[7)], Takefumi Kadono[8)], Yukiko Kiniwa[9)], Hiroshi Kato[10)], Yasuhiro Nakamura[1)]
Department of Skin Oncology/Dermatology, Saitama Medical University International

Medical Center, Saitama[1)], Department of Dermatology, Dokkyo Medical University, Shimotsuga[2)], Department of Dermatology, Kyoto Prefectural University of Medicine, Kyoto[3)], Department of Dermatology, Wakayama Medical University, Wakayama[4)], Department of Dermatology, Niigata Cancer Center Hospital, Niigata[5)], Department of Dermatology, Jichi Medical University, Shimotsuke[6)], Department of Dermatology, University of Occupational and Environmental Health, Fukuoka[7)], Department of Dermatology, St. Marianna University School of Medicine, Kawasaki[8)], Department of Dermatology, Shinshu University, Matsumoto[9)], Department of Geriatric and Environmental Dermatology, Nagoya City University Graduate School of Medical Sciences, Nagoya[10)]

E2-5 (EP9-16) Anatomical Site Shapes the TME in Mycosis Fungoides via Stromal Signaling

○Haoze Shi[1)], Mingyang Wu[2)], Jianfang Sun[1)], Hao Chen[1)]
Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences & Peking Union Medical College, Nanjing[1)], Zhongda Hospital, Nanjing[2)]

E2-6 (EP9-4) Inactivation of cGAS-STING-TBK1 pathway is associated with the progression of melanomas

○Takeshi Namiki[1)], Keiko Miura[2)], Masaki Sekine[2)], Yasuaki Mohri[3)], Emi K Nishimura[3)], Kentaro Tanaka[4)], Hiroki Mori[5)], Kenichi Ohashi[2)], Naoko Okiyama[1)]
Department of Dermatology, Institute of Science Tokyo, Tokyo[1)], Department of Pathology, Institute of Science Tokyo, Tokyo[2)], Division of Aging and Regeneration, Institute of Medical Science, The University of Tokyo, Tokyo[3)], Department of Reconstructive Surgery, Institute of Science Tokyo, Tokyo[4)], Department of Plastic Surgery, Institute of Science Tokyo, Tokyo[5)]

E2-7 (EP9-8) Porocarcinoma in 35 Cases：Multimodal Imaging-Pathology Correlation and Prognostic Factors

○Tokiyoshi Ikoma, Kazuyasu Fujii, Keisuke Goto, Takahisa Tozawa, Masashi Iwata, Kunihiko Shimada, Megumi Aoki, Shigeto Matsushita
Department of Dermato-Oncology, National Hospital Organization Kagoshima Medical Center, Kagoshima

E2-8 (EP9-9) Adjuvant locoregional IFN-beta versus surgery alone for stage II/III melanoma（JCOG1309）

○Kenjiro Namikawa[1)], Dai Ogata[1,2,3)], Masayuki Yokoyama[4)], Yusuke Sano[4)], Haruhiko Fukuda[4)], Akira Takahashi[1,5)], Shusuke Yoshikawa[6)], Yasuhiro Nakamura[7)], Tatsuya Takenouchi[8)], Naoya Yamazaki[1)]
Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo[1)], Department of Dermatology, Saitama Medical University, Saitama[2)], Department of Dermatology, Miyazaki University Hospital, Miyazaki[3)], JCOG Data Center/Operations Office, National Cancer Center, Tokyo[4)], Department of Dermatologic Oncology, National Cancer Center Hospital East, Chiba[5)], Department of Dermatology, Shizuoka Cancer Center, Shizuoka[6)], Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Saitama[7)], Department of Dermatology, Niigata Cancer Center Hospital, Niigata[8)]

Day2, Friday, June 12 Room 1 1F Main Hall

Evening Seminar 9 17:15～18:15

Challenges of atopic dermatitis treatment - From the perspective of clinical inertia - ••••••••••••••••••••••••••Chair：Manabu Fujimoto（Osaka University）

ES9-2. **Early Intervention and Treatment Strategies in Atopic Dermatitis：Insights from CLCI**
Stephan Weidinger
Chair and Director, Department of Dermatology and Allergy, University Medical Center Schleswig-Holstein, Kiel, Germany

Cosponsor：Sanofi K.K.／Regeneron Japan K.K.

Day2, Friday, June 12 Room 2 1F Sakura

Asian Future Leaders Symposium 9:10～11:10

Chairs：Rei Watanabe（Juntendo University）
Saeko Nakajima（Kyoto University）
Hideyuki Ujiie（Hokkaido University）

AFL-1. 9：10～9：40 **Advancing Dermatological Care through Research-Innovation-Entrepreneurship**
Hong Liang Tey[1,2)]
National Skin Centre, National Healthcare Group, Singapore[1)], Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore[2)]

AFL-2. 9：40～10：10 **Toward Precision Phenotyping and Management of Sensitive Skin**
Hye One Kim
Department of Dermatology, Hallym University Kangnam Sacred Heart Hospital, Seoul

AFL-3. 10：10～10：40 **Therapeutic Evolution and the Emerging Concept of Disease Memory in Psoriasis**
Sayaka Shibata
Department of Dermatology, Graduate School of Medicine, The University of Tokyo, Tokyo

AFL-4. 10：40～11：10 **Integrating Research into Real-world Care：Clinical Stories of Keloids and Genodermatoses**
Chao-Kai Hsu
Department of Dermatology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan

Educational Lecture 29 15:05～17:05

New management of autoimmune bullous diseases

Organizers：Yumi Aoyama（Kawasaki Medical School）
Hideyuki Ujiie（Hokkaido University）

[Level：Basic／Advanced／Update]

EL29-1. AIBD：Pathophysiology and Emerging Therapy

15 : 05～15 : 35

Seon-Pil Jin
Seoul National University Hospital, Seoul

English Session 2 17:15～18:15

Cutting-Edge Aesthetic Dermatology Around the World

Chairs：Riichiro Abe（Niigata University）
Yukie Yamaguchi（Yokohama City University）

ENG2-1. The Evolution of Hair Restoration：From Current Standards to Future Frontiers

17 : 15～17 : 45

Venkataram Mysore
Dermatologist-Hair Transplant Surgeon-Dermatopathologist, Venkat Center for aesthetic health Bangalore, Bangalore

ENG2-2. Mesotherapy：Evidence-Based Medicine Update

17 : 45～18 : 15

Khaled Salem Al Nuaimi[1,2)]
Consultant Dermatologist & Laser Surgeon[1)], College of Medicine and Health Sciences, UAE University, Al Ain[2)]

Day2, Friday, June 12 Room 3 2F Room A

Educational Lecture 30 15:05～17:05

The latest advances in care and management of feet and nails

Organizers：Kaoru Takayama（Saitama Saiseikai Kawaguchi General Hospital）
Masataka Saito（Azabudai Clinic）

[Level：Basic]

EL30-1. Basics of Nail Disease Treatment - Lessons from Australia's only Dedicated Nail and Nail Procedure Clinic

15 : 05～15 : 35

Johannes S Kern
Dermatology, The School of Translational Medicine, Monash University and Bayside Health - The Alfred, Melbourne

Day2, Friday, June 12 Room 6 1F Room E

Educational Lecture 22 9:10～11:10

Mastering treatment with molecular targeted therapies in dermatology（biological drugs and low molecular-weight compounds）

Organizers：Hidehisa Saeki（Nippon Medical School）
Hiroo Amano（Iwate Medical University）

[Level：Basic]

EL22-1. Pathogenesis of psoriasis：a focus on the effects of microbiome, diet, and obesity

9：12～9：41 Sam T Hwang
Dermatology, UC Davis School of Medicine, Sacramento

English Session 1 15:05～17:05

Dermatology Today

Chairs：Takashi Inozume（Chiba University）
Naoki Oiso（Kinki University Nara Hospital）

ENG1-1. Emerging Frameworks for Integrated Global Health Dermatology

15：05～15：45 Claire Fuller
London Bridge Hospital, London

ENG1-2. AI in Dermatology Journals

15：45～16：25 Kanade Shinkai[1,2)]
Dermatology, University of California San Francisco, San Francisco[1)], Editor, JAMA Dermatology, Cicago[2)]

ENG1-3. Best of JAAD

16：25～17：05 Dirk M. Elston
Department of Dermatology, Medical University of South Carolina, Charleston

Day2, Friday, June 12 Room 10 1F Room C-2

Evening Seminar 17 17:15～18:15

Redefining Dermatologic Care - Clinical approach focusing on patient experience -

Chair：Hidekazu Yamada（Kindai University）

ES17-1. A Multimodal approach to managing Ageing and pigmentation in Japanese patients

Samantha Davidson
Gold Coast Dermatology Clinic

Cosponsor：Alma Lasers Japan K.K.

Day2, Friday, June 12 Room 14 5F Room 510

Oral Presentation in English 3 9:10～10:10

Autoimmune disease, Infectious disease

Chairs：Norito Ishii（Kurume University）
Koremasa Hayama（Nihon University）

E3-1 (EP8-2) Clinical Significance of Anti-NXP2 ELISA Titers in Idiopathic Inflammatory Myopathies

○Satoshi Kamiya[1)], Mariko Ogawa-Momohara[1)], Eori Noda[1)], Norika Akashi[1)], Yuta Yamashita[1)], Haruka Koizumi[2)], Takuya Takeichi[1)], Yoshinao Muro[1)], Masashi Akiyama[1)]
Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya[1)], Department of Dermatology, Toyota Memorial Hospital, Toyota[2)]

E3-2 (EP8-1) Differences between Immune Checkpoint Inhibitor-Related and -Unrelated Bullous Pemphigoid

○Min Zou, Xun Feng, Jishu Li, Wei Li
Department of Dermatology and Venereology, West China Hospital, Sichuan University, Chengdu

E3-3 (EP8-7) Anti-PM/Scl Myositis Shows Stronger Cutaneous T-cell Activation Than Anti-ARS Myositis.

○Norika Akashi, Mariko Ogawa-Momohara, Yoshinao Muro, Takashi Yokoyama, Satoshi Kamiya, Yuta Yamashita, Haruka Koizumi, Takuya Takeichi, Masashi Akiyama
The Department of Dermatology, Nagoya University, Nagoya

E3-4 (EP8-8) Early Pathogenic Autoantibody Dynamics Following IVIG in Autoimmune Blistering Diseases

○Tomoyuki Hioki[1)], Ryota Asahina[1,2)], Hiroaki Iwata[1)]
Department of Dermatology, Gifu University Graduate School of Medicine, Gifu[1)], Center for one Medicine Innovative Translational Research（COMIT）, Institute for Advanced Study, Gifu University, Gifu[2)]

E3-5 (EP8-6) Anti-PM/Scl-Positive Dermatomyositis：A Diagnostic Pitfall for Bazex Syndrome

○Mayuko Matsuda[1)], Yoshio Kawakami[1)], Ko Sunagawa[1)], Ken-Ichi Hasui[1)], Hitoshi Urakami[2)], Satoru Sugihara[1)], Taisuke Kanno[1)], Yoshinao Muro[3)], Shin Morizane[1)]
Department of Dermatology, Okayama University Graduate School of Medicine, Dentistry, and Pharmaceutical Science, Okayama[1)], Department of Dermatology, Shimane University Faculty of Medicine, Izumo[2)], Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya[3)]

E3-6 (EP11-6) HPV in Skin Tissues of Asian Organ Transplant Recipients with Squamous Cell Carcinoma

○Choon Chiat Oh
Department of Dermatology, Singapore General Hospital, Singapore

E3-7 (EP11-11) Cutaneous Manifestations Among the Reemergence of Early Congenital Syphilis：10-Year Study

○Leelawadee Techasatian, Piyadarat Asawasakulchokedee
Department of Pediatrics, Khon Kaen University, Khon Kaen

E3-8 (EP11-3) Adult Siblings with Cutaneous Botryomycosis Revealing X-linked Agammaglobulinemia

○Michiyo Takeuchi[1,5], Yo Kaku[1], Keiko Hashikawa[1], Masaki Tominaga[2], Ryuta Nishikomori[3], Yutaka Tsutsumi[4], Hiroshi Koga[1]
Department of Dermatology, Kurume University School of Medicine, Kurume[1], Division of Respirology, Neurology and Rheumatology, Department of Community Medicine, Kurume University School of Medicine, Kurume[2], Department of Pediatrics and Child Health, Kurume University School of Medicine, Kurume[3], Diagnostic Pathology Clinic, Pathos Tsutsumi, Inazawa[4], Public Yame General Hospital, Yame[5]

Oral Presentation in English 4 10:10～11:10

Inflammatory disease, Others

Chairs：Teruhiko Makino（University of Toyama）
Hiroshi Kato（Nagoya City University）

E4-1 (EP6-5) Catestatin restores skin barrier and ameliorates atopic dermatitis via Notch1/PKC

○Ge Peng[1], Abudouwanli Alafate[1], Quan Sun[1], Wanchen Zhao[1], Yi Tan[1], Mengyao Yang[1], Hideoki Ogawa[1], Ko Okumura[1], Francois Niyonsaba[1,2]
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1], Faculty of International Liberal Arts, Juntendo University, Tokyo[2]

E4-2 (EP6-8) The physiological roles of Mrgprb2/MRGPRX2 in skin inflammation

○Ayako Kaitani, Kumi Izawa, Tomoaki Ando, Akie Maehara, Naoko Negishi, Nobuhiro Nakano, Ko Okumura, Jiro Kitaura
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo

E4-3 (EP6-9) Local T-cell Subset Bias Differences in Inflammatory Alopecia Disorders

○Qitao Chen, Wenyu Wu, Jinran Lin, Qingmei Liu
Department of Dermatology, Huashan Hospital, Fudan University, Shanghai

E4-4 (EP6-4) KT-621, an Oral, Once Daily STAT6 Degrader：PK, PD and Safety in Healthy Japanese Adults

○Sagar Agarwal, Alice A McDonald, Evelyn Wang, Arsalan Shabbir, Heather Paleczny, Chad Nivens, Nello Mainolfi, Jared Gollob, Michael B Feldman
Kymera Therapeutics, Inc., Watertown

E4-5 (EP6-6) Caffeine ameliorates atopic dermatitis-like inflammation in a mouse model

○Yi Tan[1], Ge Peng[1], Wanchen Zhao[1], Alafate Abudouwanli[1], Quan Sun[1], Mengyao Yang[1,2], Hideoki Ogawa[1], Ko Okumura[1], Francois Niyonsaba[1,3]
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1], Department of Dermatology, the First Affiliated Hospital of China Medical University, Shenyang[2], Faculty of International Liberal Arts, Juntendo University, Tokyo[3]

E4-6 (EP6-1) GZMB as a Vesicle Transport Related Gene Promoting Inflammatory Response in Rosacea

○Chenchen Wu[1,2], Bo Yu[2], Ming Zhao[1]
Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences and Peking Union Medical College, Nanjing[1], Department of Dermatology, Peking University Shenzhen Hospital, Shenzhen[2]

E4-7 (EP6-12) **Validation and Responsiveness of the Rosacea Area and Severity Index in a Chinese Cohort**

○Yukun Wang, Hongjie Luo, Xian Jiang
Department of Dermatology & Venereology, West China Hospital, Sichuan University, Chengdu

E4-8 (EP12-11) **Can Deeper-Wavelength Optical Imaging Improve Skin Visualization? RCM and HGM Comparison**

○Connie Liu
Department of Dermatology, Taipei City Hospital, Taipei

Day3, Saturday, June 13 Room 1 1F Main Hall

Sponsored Symposium 4 9:10～11:10

JDA-Novartis Partnership Education Program 2026 —Learn from Global Top Experts for Dermatology—

Chairs：Manabu Fujimoto（Osaka University）
Manabu Ohyama（Kyorin University）

Opening Remarks **Manabu Fujimoto（Osaka University）**

SSY4-1. **Vitiligo treatment from the Bronze Age to the Age of Biologics：New hope for an ancient disease**

John E. Harris
Department of Dermatology, Mass General Brigham, Boston

SSY4-2. **Decoding the cellular building blocks and tissue niches of human skin**

Muzlifah Haniffa[1,2)]
Cellular Genomics Programme/Wellcome Sanger Institute, Cambridge[1)], Department of Clinical Dermatology, the University of Cambridge, Cambridge[2)]

SSY4-3. **New insights into the treatment of Androgenetic Alopecia**

George Cotsarelis
Department of Dermatology, University of Pennsylvania School of Medicine, Philadelphia

Closing Remarks **Manabu Ohyama（Kyorin University）**

Cosponsor：Novartis Pharma K.K.

Dohi Memorial Award Lecture 13:30～14:05

Chair：Manabu Fujimoto（Osaka University）

DML. **Dermal melanocytoses and melanocytomas**
13：30～14：05

Jean Bolognia
Yale University School of Medicine, New Haven

Evening Seminar 19　17:50～18:50

Challenges and prospects of autoimmune skin diseases

••••••••••••••••••••••••••••••••••Chair：Daisuke Tsuruta（Osaka Metropolitan University）

ES19-2.　Autoimmune Subepidermal Blistering Skin Disease：Burden, Unmet Needs and Care

Ulrike Raap

University Clinics of Dermatology and Allergy, Division of Experimental Allergy and Immunodermatology, University of Oldenburg, Oldenburg, Germany

Cosponsor：Sanofi K.K. Specialty Care Medical

Day3, Saturday, June 13　Room 2 1F Sakura

Educational Lecture 35　9:10～11:10

Severe drug eruption as a frontier：Where does research that changes clinical practice begin?

••••••Organizers：Riichiro Abe（Niigata University）

Hideaki Watanabe（Showa Medical University Northern Yokohama Hospital）

[Level：Advanced]

EL35-4.　Advances in the pathogenesis and management of Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis

10：22～10：46

Wen-Hung Chung

Department of dermatology, Chang Gung Memorial Hospital, Taipei& Linko

Day3, Saturday, June 13 Room 7 2F Room B-1

Sponsored Symposium 5 9:10～11:10

Lebrikizumab in Atopic Dermatitis：Role of IL 13 Single Cytokine Blockade

••••••••••••Chairs：Yoshiki Miyachi（Shizuoka Graduate University of Public Health／Professor Emeritus, Kyoto University）
Akio Tanaka（Hiroshima University）
Takahiro Satoh（Professor Emeritus）

SSY5-3. Impact of Prurigo Nodularis-Associated Itch on Daily Life and Optimal Management

Jacek C. Szepietowski[1,2)]
Division of Dermatology, Venereology and Clinical Immunology, Faculty of Medicine, Wroclaw University of Science and Technology, Wroclaw, Poland[1)], Department of Dermato-Venereology, 4th Military Hospital, Wroclaw, Poland[2)]

Cosponsor：Maruho Co., Ltd. Medical Affairs Dept.

Sponsored Symposium 7 14:30～16:30

Understanding the pathophysiology of atopic dermatitis - From the perspectives of skin homeostasis and barrier breakdown

••••••••••••••••••Chairs：Masayuki Amagai（Keio University）
Tetsuya Honda（Hamamatsu University School of Medicine）

SSY7-4. Disease modification in atopic dermatitis：Concepts, Evidence, and Future Perspectives

Stephan Weidinger
Department of Dermatology and Allergy, University Hospital Schleswig-Holstein, Kiel, Germany

Cosponsor：Pfizer Japan Inc. Medical Affairs

Day3, Saturday, June 13 Room 8 2F Room B-2

Educational Lecture 47 14:30～16:30

The latest treatment with immune checkpoint inhibitors for skin cancers - from basic science to clinical practice

••••••••••••Organizers：Yasuhiro Nakamura（Saitama Medical University International Medical Center）
Takashi Inozume（Chiba University）

[Level：Advanced]

EL47-1. Immunotherapy for skin cancers in Europe：Current Landscape and Future Directions

14 : 30～15 : 00 Dirk Schadendorf
Dermatology, University of Duisburg-Essen University Medicine Essen, Essen

Day3, Saturday, June 13 Room 12 B2F Prince Hall

AAD-JDA Session 17:50～18:50

Chair：Manabu Fujimoto（President, The Japanese Dermatological Association）

AAD-1. Current Challenges and Future Perspectives in Dermatology in Japan
Manabu Fujimoto
President, The Japanese Dermatological Association

AAD-2. Guidelines and Consensus in Dermatology
Murad Alam
President, American Academy of Dermatology

Day4, Sunday, June 14 Room 5 1F Room D

Morning Seminar 13 8:00～9:00

Chair：Norito Katoh（Kyoto Prefectural University of Medicine）

MS13. Lebrikizumab in Atopic Dermatitis：Role of IL 13 Single Cytokine Blockade

Thomas Bieber[1,2,3)]
Dept. of Dermatology and Allergy, Ludwig-Maximilian University of Munich, Germany[1)],
Christine Kühne-Center for Allergy Research and Education, Medicine Campus Davos, Switzerland[2)], Bieber Dermatology Consulting, Feldafing, Germany[3)]

Cosponsor：Eli Lilly Japan K.K.

Day4, Sunday, June 14 Room 6 1F Room E

Educational Lecture 66 13:40～15:40

Update on skin infections（bacteria, mycobacteria, rickettsia, and parasitic diseases）

•••Organizers：Osamu Yamasaki（Shimane University）
Hideaki Tanizaki（Kansai Medical University）

[Level：Basic／Advanced]

EL66-4. Hansen's Disease（leprosy）in Brazil

15：05～15：40

Claudio Guedes Salgado[1)], Moisés Batista da Silva[1)], Josafá Gonçalves Barreto[1)], Pablo Diego Carmo do Pinto[1,2)], Ândrea Kely Ribeiro dos Santos[2)], Patrícia Fagundes da Costa[1)]
Institute of Biological Sciences, Federal University of Pará - Dermato-Immunology Laboratory, Belém[1)], Human and Medical Genetics Laboratory, Belém[2)]

Day4, Sunday, June 14 Room 7 2F Room B-1

Morning Seminar 15 8:00～9:00

GUIDING the path to address unmet needs in Psoriasis

Chairs：Shinichi Imafuku（Fukuoka University）
Hidehisa Saeki（Nippon Medical School）

MS15-1. Global Psoriasis Care：Treatment Pathways, Undertreatment, and IPC Guidance

April W. Armstrong[1,2)]
University of California Los Angeles（UCLA）[1)],
UCLA Clinical and Translational Research Institute[2)]

Cosponsor：Janssen Pharmaceutical K.K., Medical Affairs

Day4, Sunday, June 14 Room 8 2F Room B-2

Educational Lecture 57 9:10～11:10

Understanding the pathophysiology of sweating disorders and frontiers in its management 2026：What a change in sweating tells us about the human body

Organizers：Hiroyuki Murota（Nagasaki University）
Tadatsune Iida（Institute of ScienceTokyo）

[Level：Advanced]

EL57-2. Innovations in management of Sweat disorders

9：40～10：10

Hong Liang Tey[1,2)]
National Skin Centre, National Healthcare Group, Singapore[1)],
Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore[2)]

Luncheon Seminar 41 12:30～13:30

SKIN SUITE - Acne rejuvenation treatment using laser devices -

Chair：Toshitatsu Nogita（Nogita Dermatology Clinic）

LS41-1. Long-term results of a new device for treating acne

Peter Ch'ng Wee Beng
GLENEAGLES Kuala Lumpur and PETER CH'NG CLINIC

Cosponsor：Cutera K.K.

Poster Viewing

Date and Time：
June 11 (Thu.) 13：00～18：30 (Discussion Time 16：00～17：15 (Order Number - Odd numbers))
June 12 (Fri.) 8：30～19：20 (Discussion Time 18：20～19：20 (Order Number - Even numbers))
June 13 (Sat.) 8：00～19：00
June 14 (Sun.) 8：00～13：30
Poster Venue (1F New Hall, Kyoto International Conference Center)
Participants can view these digital posters in their app during the meeting,
from June 11 (Thu.) 8：00 to June 14 (Sun.) 17：00.

Basic research

EP1-1 (E1-2) **Suppression of IL-23-Mediated Psoriasis-like inflammation by Regulatory B cell**
○Kie Mizumaki, Motoki Horii, Miyu Kano, Takashi Matsushita
Department of Dermatology, Faculty of Medicine, Institute of Medical, Pharmaceutical and Health Sciences, Kanazawa University, Kanazawa

EP1-2 (E1-3) **RNA-seq Reveals Subtype-Specific Pathways and Targets in Cutaneous Squamous Cell Carcinoma**
○Masaoki Kawasumi
Department of Dermatology, The Ohio State University College of Medicine, Columbus

EP1-3 (E1-4) **Apocynin Protects Keratinocytes from UVB-Induced Senescence**
○Tuba Musarrat Ansary, Koji Kamiya, Md Razib Hossain, Mayumi Komine
Department of Dermatology, Jichi Medical University, Shimotsuke

EP1-4 (E1-5) **JAK1 signaling is essential for mechanical itch sensitization in atopic dermatitis**
○Ying Zuo[1)], Sumika Toyama[1)], Eriko Komiya[1,2)], Soichiro Yoshikawa[1)], Mitsutoshi Tominaga[1)], Kenji Takamori[1,3)]
Juntendo Itch Research Center (JIRC), Institute for Environmental and Gender Specific Medicine, Graduate School of Medicine, Juntendo University, Tokyo[1)], Laboratory of Functional Morphology, Faculty of Pharmacy, Juntendo University, Tokyo[2)], Department of Dermatology, Juntendo University Urayasu Hospital, Urayasu[3)]

EP1-5 **Polyphenolic Hispolon Promotes Wound Healing in Hyperglycemia-Induced Impairments**
○Yi-Shan Liu[1)], I-Min Liu[2)]
Department of Dermatology, E-Da Hospital, I-Shou University, Kaohsiung[1)], Department of Pharmacy and Master Program, College of Pharmacy and Health Care, Tajen University, Yanpu Township[2)]

EP1-6 **Pigment Reduction and Skin Rejuvenation：Mechanisms of Picosecond Laser in a Porcine Model**
○Xinyi Li, Hao Wang, Xiang Wen
Department of Dermatology, West China Hospital, Sichuan University, Chengdu

EP1-7 **A Quantitative Framework for Novel Immune Target Discovery in Psoriasis**
○Lintong H Simbolon[1)], Rosinta H Purba[1)], Hepri Ardianson[1)], Yesika Simbolon[1,2)], Gracce S Sinaga[1)]
The Pranala Institute, Yogyakarta[1)], Atmajaya University, Yogyakarta[2)]

EP1-8 Withdrawn

EP1-9 Mechanism of Skin and Subcutaneous Tissue Remodeling Induced by Micro-focused Ultrasound

○Huimiao Tang[1)], Xiang Wen[1)], Yanjun Zhou[1)], Hao Wang[2)], Wanxin Zeng[1)], Xinyi Li[1)]

Department of Dermatology, West China Hospital, Sichuan University, Chengdu[1)], Laser Research Centre, Faculty of Health Science, University of Johannesburg, Doornfontein[2)]

EP1-10 Prevalence, Correlates, and Skin Morbidity Impact of Sun Protection in Indonesian Adults

○Gracce S Sinaga[1)], Yesika Simbolon[1,2)], Hanna Rosanti[1)], Rosinta Purba[2)], Lintong Simbolon[2)], Hepri Ardianson[2)]

Atmajaya University, Yogyakarta[1)], The Pranala Institute, Yogyakarta[2)]

EP1-11 Rose Bengal Acetate Mediated Photodynamic Therapy against Acne Vulgaris

○Wanxin Zeng, Hao Wang, Xiang Wen

Department of Dermatology, West China Hospital of Sichuan University, Chengdu

EP1-12 Algorithmic Disparities：Deep Learning Performance and Explainability Fail on Darker Skin

○Hanna Rosanti[1)], Rosinta Purba[2)], Yesika Simbolon[1,2)], Asriati Asriati[2,3)], Lintong Simbolon[2)], Hepri Ardianson[2)], Grace Sinaga[1)]

Atmajaya University, Yogyakarta[1)], The Pranala Institute, Yogyakarta[2)], Cenderawasih University, Papua[3)]

EP1-13 Global Resistance in Skin Infections：A Meta-Analysis of MRSA and Pathogen Prevalence

○Asriati Adriatic[1,2)], Rosinta Purba[2)], Lintong Simbolon[2)], Hepri Ardianson[2)], Yesika Simbolon[1,2)], Grace Sinaga[1)], Hanna Rosanti[3)]

Cenderawasih University, Papua[1)], The Pranala Institute, Yogyakarta[2)], Atmajaya University, Yogyakarta[3)]

EP1-14 The Economic Cost-Effectiveness Value of Teledermatology

○Ni Made Ratih K Dewi[1)], Rosinta Purba[1)], Yesika Simbolon[1,2)], Hepri Ardianson[1)], Lintong Simbolon[1)], Gracce Sinaga[2)], Hanna Rosanti[2)], Sarai Br Sitepu[2)]

The Pranala Institute, Yogyakarta[1)], Atmajaya University, Yogyakarta[2)]

EP1-15 Early B-Cell & T17 Activation Precedes Tunnel Formation in Hidradenitis Suppurativa（HS）

○Jaehwan Kim[1)], Jongeun Lee[1,2)], Seoyoon Ham[3)], Jongmi Lee[1)], Yujin Baek[3)], James G. Krueger[2)], Young In Lee[3)]

Department of Dermatology, University of California, Davis, California[1)], Laboratory for Investigative Dermatology, Rockefeller University, New York[2)], Department of Dermatology, Cutaneous Biology Research Institute, Yonsei University College of Medicine, Seoul[3)]

EP1-16 (E1-6) The PPIA-BSG Axis in Mast Cells：A Pro-Reparative Signal Lost in Diabetic Foot Ulcers

○Mingyang Wu[1)], Haoze Shi[2)]

ZhongDa Hospital, Nanjing[1)], Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences & Peking Union Medical College, Nanjing[2)]

EP1-17 The Role of Coffee Extract in Improving Skin Hydration, Elasticity, and Wrinkle Reduction

○Hsiu-Mei Chiang, Chien-Zhong Liu

Department of Cosmeceutics, China Medical University, Taichung

Diagnosis

EP2-1 (E1-8) **Trichoscopic Analysis of Kerion Celsi：Diagnostic and Therapeutic Implications**

○Masaki Uchiyama[1)], Tatsuro Maeda[1)], Michi Ota[1)], Risako Akasu[2)], Masae Yoshida[2)], Toshio Demitsu[2)], Kazutoshi Harada[1)]
Department of Dermatology, Tokyo Medical University, Tokyo[1)], Department of Dermatology, Ageo Central General Hospital, Ageo[2)]

EP2-2 **Papular Acantholytic Dyskeratosis of the Vulva：A Case Report**

○Yumiko Murayama[1,2)], Norito Ishii[1)], Kanako Moroi[1)], Yo Kaku[1)], Kwesi Teye[1)], Takahiro Hamada[1)], Hiroshi Koga[1)]
Department of Dermatology, Kurume University School of Medicine, Kurume[1)], St. Mary's Hospital, Kurume[2)]

EP2-3 (E1-7) **Persistent Severe Atopic Dermatitis Revealing Adult Hyper-IgE Syndrome with *ERBIN* Variant**

○Meijuan Jin, Atsuko Sato, Koji Kamiya, Mayumi Komine
Department of Dermatology, Jichi Medical University, Shimotsuke

EP2-4 **Improving Virtual Skin Lesions Triage：A UK Regional Audit and Perspective**

○Hung-Yeh Chien[1)], Adejoke Aderombi[1,2)], Chen-Jing Peng[2)]
University of Birmingham, Birmingham Medical School, Birmingham[1)], Department of Dermatology, Dudley Group NHS Foundation Trust, Dudley[2)]

EP2-5 **ELISpot in Vancomycin-induced Drug Reaction with Eosinophilia and Systemic Symptoms**

○En Mian Isaac Peh[1)], Xin Rong Lim[1,2)], Shi Yu Derek Lim[1,3)]
Department of Internal Medicine, National Healthcare Group, Singapore[1)], Department of Rheumatology, Allergy and Immunology, Tan Tock Seng Hospital, Singapore[2)], Department of Dermatology, National Skin Centre, Singapore[3)]

EP2-6 **Dermoscopy by Non-Dermatologists：Diagnostic Accuracy and the Critical Role of Training**

○Sarai B Br Sitepu[1)], Lintong Simbolon[2)], Asriati Adriatic[2,3)], Hepri Ardianson[2)], Rosinta Purba[2)], Yesika Simbolon[1,2)], Hanna Rosanti[1)], Grace Sinaga[1)]
Atmajaya University, Yogyakarta[1)], The Pranala Institute, Yogyakarta[2)], Cenderawasih University, Papua[3)]

EP2-7 **A Case of Bilateral Areola Pruritic Verrucous Plaques**

○Crystal Zhen Yu Phuan[1)], Salim Murtaza Esuffali Anjarwalla[2)], Ki Wei Tan[1)]
Department of Dermatology, Changi General Hospital, Singapore[1)], Department of Laboratory Medicine, Changi General Hospital, Singapore[2)]

EP2-8 **Ixekizumab-induced lichen planus：A case report**

○Amanda Kuan, Hazel Oon, Hui Yi Chia, Derek Lim
National Skin Center, Singapore

EP2-9 **Withdrawn**

Treatment

EP3-1 (E1-1) **Comparing 2 vs 1 cm margins in acral melanoma of the sole with Breslow thickness over 2 mm**

○Shigeru Koizumi[1,2)], Naoya Yamazaki[3)], Yuki Ichigozaki[4)], Hiroshi Kitagawa[5)], Yukiko Kiniwa[6)], Sayuri Sato[7)], Toshihiro Takai[8)], Reiichi Doi[9)], Takamichi Ito[10)], Yasuhiro Nakamura[1)]
Department of Skin Oncology/Dermatology, Saitama Medical University International

Medical Center, Saitama[1)], Department of Dermatology, Chiba University, Chiba[2)], Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo[3)], Department of Dermatology and Plastic Surgery, Faculty of Life Sciences, Kumamoto University, Kumamoto[4)], Department of Dermatology, Mie University, Mie[5)], Department of Dermatology, Shinshu University, Matsumoto[6)], Department of Dermatology, Sapporo Medical University School of Medicine, Sapporo[7)], Department of Dermatology, Hyogo Cancer Center, Akashi[8)], Department of Dermatology, Kurume University School of Medicine, Kurume[9)], Department of Dermatology, Graduate School of Medical Sciences, Kyushu University, Fukuoka[10)]

EP3-2 Post Craniotomy Neuropathic Pruritus Induced Alopecia Successfully Treated With Pregabalin

○Ayako Nishigaki[1)], Akiho Kondo[2)], Taisuke Ito[1)], Tetsuya Honda[1)]
Department of Dermatology, Hamamatsu University School of Medicine, Hamamatsu[1)], Toyohashi Municipal Hospital, Toyohashi[2)]

EP3-3 Targeted Photothermolysis of Sebaceous Glands Using a 1,726 nm Laser in Japanese Patients

○Rieko Tsubouchi
Ginza Skin Clinic, Tokyo

EP3-4 Spesolimab Strikes Fast：Singapore's First GPP Rescue

○Brian Keng Yong Chia
Department of Dermatology, Sengkang General Hospital, Singapore

EP3-5 Blocked to Breakthrough：A Case of Follicular Occlusion Tetrad from the Philippines

○Andrea Betina De Guzman Bautista, Camille Noelle M Camara, Karen Grace I. Paredes, Eileen R Morales, Benedicto DL Carpio, Faye Elinore V Kison, Armelia Andrea L Torres, Matthew David S Parco
Department of Dermatology, Ospital ng Maynila Medical Center, Manila

EP3-6 Efficacy Evaluation of New-Improved Biologic Therapies for Moderate to Severe Psoriasis

○Hepri Ardianson[1)], Rosinta Purba[1)], Yesika Simbolon[1,2)], Hanna Rosanti[2)]
The Pranala Institute, Yogyakarta[1)], Atmajaya University, Yogyakarta[2)]

EP3-7 Efficacy of Fractional 755nm Picosecond Laser for Acne Scars And PIE

○Yanjun Zhou, Xiang Wen
Department of Dermatology, West China Hospital, Sichuan University, Chengdu

EP3-8 Combination of Topical Recombinant Collagen with Fractional CO2 Laser for Skin Resurfacing

○Kingsfield Ong[2)], Haruka Yamamoto[1)]
Yamamoto Clinic Softmedi, Kyoto[1)], Department for Continuing Education, University of Oxford, Oxford[2)]

EP3-9 Case Reports on Similar Scrotal Lesions Managed by Different Modalities

○Aurea Gadiellie G Escondo, Maria Franchesca S Quinio-Calayag
Department of Dermatology, East Avenue Medical Center, Quezon City

EP3-10 Treatment of Recalcitrant Warts with Bleomycin in Asian Children：A Retrospective Review

○Colin Tan, Terri Chiong, Emily Gan
Department of Dermatology, KK Women's and Children's Hospital, Singapore

EP3-11 TNF inhibitors for Pyoderma Gangrenosum in Children：A Case Report

○Piyadarat Asawasakulchokedee, Leelawadee Techasatian
Department of Pediatrics, Khon Kaen University, Khon Kaen

Dermatopathology

EP4-1 **Primary cutaneous secretory carcinoma of the eyelid margin：A case report**

○Shinichi Nakazato[1)], Eika Takano[2)], Takuya Otsuka[3)], Mie Horiuchi[2)], Susumu Honda[2)], Chu Kimura[2)]
Department of Diagnostic Pathology, Hakodate Central General Hospital, Hakodate[1)], Department of Plastic Surgery, Hakodate Central General Hospital, Hakodate[2)], Department of Surgical Pathology, Hokkaido University Hospital, Sapporo[3)]

EP4-2 **Immunohistochemistry in a Spindle Cell Lesion：A Case of Cellular Dermatofibroma**

○Shama Naaz, Ruben B Passi
Consultant Dermatologist, C K Birla, Gurugram

EP4-3 **Clinicopathological Concordance in Panniculitis：A Prospective Study of 48 Cases**

○Piyush Yadav, Riti Bhatia, Neirita Hazarika, Naveen Kansal
Department of Dermatology, Venereology & Leprosy, AIIMS, Kota

EP4-4 **Clinical Relevance of Biopsy in Leprosy after MDT：An Ambispective Observational Study**

○Jyoti Sethi, Riti Bhatia, Neirita Hazarika, Shalinee Rao
Department of Dermatology, Venereology & Leprosy, AIIMS Rishikesh, Sirsa

Dermatologic surgery

EP5-1 **Fillet Flap Technique with Postoperative Intralesional Corticosteroids for Earlobe Keloid**

○Dewi Lestary[1)], Ratna Komala Dewi[2)]
Dermatology and Venereology Department of Pertamina Jaya Hospital, Jakarta[1)], Dermatology and Venereology Department of Bhakti Kartini Hospital, Bekasi[2)]

EP5-2 **Efficacy of vibration anesthesia during cryotherapy for skin lesions**

○Ka Wing Cheung[1)], Hok Fai Cheng[2)], Shun Chin Ng[1)], Fong Cheng Francis Ip[1)], Ching Kong Stanley Ho[1)]
Social Hygiene Service, Department of Health, the Government of the HKSAR, Hong Kong[1)], Private practice, Hong Kong[2)]

EP5-3 **Extensive Facial Granulomas Secondary to Facial Thread Lifting**

○Shao Yun Neo[1)], Ian Ow Yong[1)], Chee Hian Tan[2)], Adeline Mei-Yen Yong[3)]
Yong Loo Lin School of Medicine, Singapore[1)], Department of Dermatology, National Skin Centre, Singapore[2)], Department of Dermatology, National University Hospital, Singapore[3)]

Inflammatory disease

EP6-1 (E4-6) **GZMB as a Vesicle Transport Related Gene Promoting Inflammatory Response in Rosacea**

○Chenchen Wu[1,2)], Bo Yu[2)], Ming Zhao[1)]
Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences and Peking Union Medical College, Nanjing[1)], Department of Dermatology, Peking University Shenzhen Hospital, Shenzhen[2)]

EP6-2 **Patients Without Flare During 1-Year Dupilumab Maintenance Have Lower Baseline CCL17/TARC**

○Ana Rossi[1)], Lisa Beck[2)], Yoko Kataoka[3)], Delphine Staumont-Salle[4,5)], Chih-ho Hong[6,7)], Amy Praestgaard[1)], Deborah Griffis[8)]

Sanofi, Cambridge[1)], University of Rochester Medical Center, Rochester[2)], Osaka Habikino Medical Center, Osaka[3)], CHU Lille, Service de Dermatologie, Lille[4)], CHU Lille, University of Lille, INFINITE Institute for Translational Research in Inflammation, Lille[5)], The University of British Columbia, Surrey[6)], Probity Medical Research, Waterloo[7)], Regeneron Pharmaceuticals Inc., Tarrytown[8)]

EP6-3 Dupilumab Monotherapy vs TCS in PN：Impact on Signs and Symptoms in PRIME/PRIME2 studies

○Yozo Ishiuji[1)], Gill Yosipovitch[2)], Pedro Mendes-Bastos[3)], Shawn Kwatra[4)], Elke Weisshaar[5)], Amy Praestgaard[6)], Simmi Wiggins[7)], Joseph Zahn[8)]
The Jikei University School of Medicine, Tokyo[1)], University of Miami, Miami[2)], Hospital CUF Descobertas, Lisbon[3)], University of Maryland School of Medicine, Baltimore[4)], Ruprecht-Karls University Heidelberg, Heidelberg[5)], Sanofi, Cambridge[6)], Sanofi, Reading[7)], Regeneron Pharmaceuticals Inc., Tarrytown[8)]

EP6-4 (E4-4) KT-621, an Oral, Once Daily STAT6 Degrader：PK, PD and Safety in Healthy Japanese Adults

○Sagar Agarwal, Alice A McDonald, Evelyn Wang, Arsalan Shabbir, Heather Paleczny, Chad Nivens, Nello Mainolfi, Jared Gollob, Michael B Feldman
Kymera Therapeutics, Inc., Watertown

EP6-5 (E4-1) Catestatin restores skin barrier and ameliorates atopic dermatitis via Notch1/PKC

○Ge Peng[1)], Abudouwanli Alafate[1)], Quan Sun[1)], Wanchen Zhao[1)], Yi Tan[1)], Mengyao Yang[1)], Hideoki Ogawa[1)], Ko Okumura[1)], Francois Niyonsaba[1,2)]
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1)], Faculty of International Liberal Arts, Juntendo University, Tokyo[2)]

EP6-6 (E4-5) Caffeine ameliorates atopic dermatitis-like inflammation in a mouse model

○Yi Tan[1)], Ge Peng[1)], Wanchen Zhao[1)], Alafate Abudouwanli[1)], Quan Sun[1)], Mengyao Yang[1,2)], Hideoki Ogawa[1)], Ko Okumura[1)], Francois Niyonsaba[1,3)]
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1)], Department of Dermatology, the First Affiliated Hospital of China Medical University, Shenyang[2)], Faculty of International Liberal Arts, Juntendo University, Tokyo[3)]

EP6-7 Management of Prednisolone-Refractory Pyoderma Gangrenosum：A Case Series

○Akane Watanabe, Risa Suzuki, Risa Hagiwara, Akito Hasegawa, Ryota Hayashi, Natsumi Hama, Riichiro Abe
Division of Dermatology, Niigata University Graduate School of Medical and Dental Sciences, Niigata

EP6-8 (E4-2) The physiological roles of Mrgprb2/MRGPRX2 in skin inflammation

○Ayako Kaitani, Kumi Izawa, Tomoaki Ando, Akie Maehara, Naoko Negishi, Nobuhiro Nakano, Ko Okumura, Jiro Kitaura
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo

EP6-9 (E4-3) Local T-cell Subset Bias Differences in Inflammatory Alopecia Disorders

○Qitao Chen, Wenyu Wu, Jinran Lin, Qingmei Liu
Department of Dermatology, Huashan Hospital, Fudan University, Shanghai

EP6-10 Real-World Outcomes of Biologic Therapy for Hidradenitis Suppurativa at a single center

○Hirofumi Kawamoto, Natsuko Sasaki, Yu Sawada
Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu

EP6-11 **Indolent Systemic Mastocytosis with Atypical Manifestations：A Diagnostic Challenge**

○Thais K. Yanase, Fabio Augusto P. Garcia, Ana Clara M. Palhano, Luciana P. Samorano, Maria Cecilia R. Machado, Zilda N. P. de Oliveira
Department of Dermatology, Hospital das Clinicas of the University of Sao Paulo Medical School, Sao Paulo

EP6-12 (E4-7) **Validation and Responsiveness of the Rosacea Area and Severity Index in a Chinese Cohort**

○Yukun Wang, Hongjie Luo, Xian Jiang
Department of Dermatology & Venereology, West China Hospital, Sichuan University, Chengdu

EP6-13 **Withdrawn**

Allergic disease

EP7-1 **308-nm Excimer Lamp Treatment Attenuates MC903-Induced Atopic Dermatitis in C57BL/6 Mice**

○Thalita Bastos, Makoto Ito, Masahiro Kamata, Teruo Shimizu, Hideaki Uchida, Yoshiki Okada, Ayu Watanabe, Yayoi Tomura, Azusa Hiura, Yayoi Tada
Department of Dermatology, Teikyo University School of Medicine, Tokyo

EP7-2 (E2-1) **Influence of Topical Corticosteroids and Systemic Therapies on Metal Patch Test Results**

○Toshiya Takahashi, Mayuko Amagai, Maki Ozawa, Kojiro Segawa, Tomoko Chiba, Yoshihide Asano
Department of Dermatology, Tohoku University Graduate School of Medicine, Sendai

EP7-3 (E2-2) **IgE-dependent anaphylaxis is regulated by the sphingolipids-CD300 binding in mast cells**

○Risa Yamamoto[1,2], Kumi Izawa[1], Ayako Kaitani[1], Tomoaki Ando[1], Akie Maehara[1], Nobuhiro Nakano[1], Ko Okumura[1], Jiro Kitaura[1]
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1], Department of Pediatrics Juntendo University Faculty of Medicine, Tokyo[2]

EP7-4 **Outcomes of tralokinumab and lebrikizumab in head and neck dermatitis after dupilumab**

○Ayu Watanabe, Masahiro Kamata, Yoshiki Okada, Shoya Suzuki, Chika Chijiwa, Yayoi Tomura, Azusa Hiura, Kotaro Hayashi, Takamitsu Tanaka, Yayoi Tada
Department of Dermatology, Teikyo University School of Medicine, Tokyo

EP7-5 **Eplerenone Induced Maculopapular Type Drug Eruption**

○Mio Kozuma, Natsuko Sasaki, Yu Sawada
Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu

EP7-6 **Burden and Risk Factors of Elderly Atopic Dermatitis in Europe**

○Zhengyang Zhou, Bin Yang, Xiaoyu Gu
Dermatology Hospital, Southern Medical University, Guangzhou

Autoimmune disease

EP8-1 (E3-2) **Differences between Immune Checkpoint Inhibitor-Related and -Unrelated Bullous Pemphigoid**

○Min Zou, Xun Feng, Jishu Li, Wei Li
Department of Dermatology and Venereology, West China Hospital, Sichuan University, Chengdu

EP8-2 (E3-1) Clinical Significance of Anti-NXP2 ELISA Titers in Idiopathic Inflammatory Myopathies

○Satoshi Kamiya[1)], Mariko Ogawa-Momohara[1)], Eori Noda[1)], Norika Akashi[1)], Yuta Yamashita[1)], Haruka Koizumi[2)], Takuya Takeichi[1)], Yoshinao Muro[1)], Masashi Akiyama[1)]

Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya[1)], Department of Dermatology, Toyota Memorial Hospital, Toyota[2)]

EP8-3 Case of anti-laminin gamma-1 pemphigoid induced by scabies

○Kanako Iwai[1)], Yuma Waki[1)], Hiroshi Koga[2)], Yoshimasa Nobeyama[3)]

Department of Dermatology, The Jikei University Kashiwa Hospital, Kashiwa[1)], Department of Dermatology, Kurume University School of Medicine, Fukuoka[2)], Department of Dermatology, The Jikei University School of Medicine, Tokyo[3)]

EP8-4 Efficacy of Tocilizumab in a Patient with Pyoderma Gangrenosum Associated with RA

○Jinung Kim[1)], Ryohei Takahashi[1)], Chihiro Ikemoto[1)], Yukiko Dozen[1)], Mikiko Matsuo[2)], Shigeyuki Sugie[2)], Yoshiaki Kusaka[3)], Mariko Seishima[1)]

Department of Dermatology, Asahi University Hospital, Gifu[1)], Department of Pathology, Asahi University Hospital, Gifu[2)], Department of Orthopedics, Asahi University Hospital, Gifu[3)]

EP8-5 Cutaneous Connective Tissue Disease Associated with Interstitial Lung Disease：A Review

○Mark A. Bechtel[1)], Rachel M. Kirvin[1)], Annabelle Feibel[1)], Kirsten Bogunovich[5)], Morgan Amigo[2)], Stephanie Trovato[1)], Susan C. Massick[1)], James Allen[3)], Ali Ajam[4)]

The Ohio State University Wexner Medical Center, Department of Dermatology, Columbus[1)], OhioHealth Riverside Methodist Hospital, Division of Dermatology, Columbus[2)], The Ohio State University Wexner Medical Center, Division of Pulmonary and Critical Care Medicine, Columbus[3)], The Ohio State University Wexner Medical Center, Division of Rheumatology and Immunology, Columbus[4)], Ohio University Heritage College of Osteopathic Medicine, Dublin[5)]

EP8-6 (E3-5) Anti-PM/Scl-Positive Dermatomyositis：A Diagnostic Pitfall for Bazex Syndrome

○Mayuko Matsuda[1)], Yoshio Kawakami[1)], Ko Sunagawa[1)], Ken-Ichi Hasui[1)], Hitoshi Urakami[2)], Satoru Sugihara[1)], Taisuke Kanno[1)], Yoshinao Muro[3)], Shin Morizane[1)]

Department of Dermatology, Okayama University Graduate School of Medicine, Dentistry, and Pharmaceutical Science, Okayama[1)], Department of Dermatology, Shimane University Faculty of Medicine, Izumo[2)], Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya[3)]

EP8-7 (E3-3) Anti-PM/Scl Myositis Shows Stronger Cutaneous T-cell Activation Than Anti-ARS Myositis.

○Norika Akashi, Mariko Ogawa-Momohara, Yoshinao Muro, Takashi Yokoyama, Satoshi Kamiya, Yuta Yamashita, Haruka Koizumi, Takuya Takeichi, Masashi Akiyama

The Department of Dermatology, Nagoya University, Nagoya

EP8-8 (E3-4) Early Pathogenic Autoantibody Dynamics Following IVIG in Autoimmune Blistering Diseases

○Tomoyuki Hioki[1)], Ryota Asahina[1,2)], Hiroaki Iwata[1)]

Department of Dermatology, Gifu University Graduate School of Medicine, Gifu[1)], Center for one Medicine Innovative Translational Research（COMIT）, Institute for Advanced Study, Gifu University, Gifu[2)]

EP8-9 **Linear Morphea Triggered By High-Intensity Focused Ultrasound and Radiofrequency Therapy**

○Ezra Q. Khor, Yee Kiat Heng, Shi Yu Derek Lim, Suat Hoon Tan, Suzanne Wei Na Cheng
National Skin Centre, Singapore

EP8-10 **Beyond the Rash- A Rare Early-Onset Case of Juvenile Dermatomyositis**

○Camille Noelle M. Camara, Karen Grace I. Paredes, Mary Grace Anne Calvarido, Benedicto dL Carpio, Eileen Regalado-Morales, Camelia Faye R. Tuazon, Faye Elinore Kison, Armelia Lapitan-Torres, Matthew David S. Parco
Ospital ng Maynila Medical Center, Manila

EP8-11 **Autoimmunity Triggered：Drug-induced lupus in a pediatric patient**

○Alyza Czarine G. Panopio, Lily Lyralin L. Tumalad
East Avenue Medical Center, Quezon City

EP8-12 **Unilateral heliotrope rash as a rare initial manifestation of anti-MDA5 dermatomyositis**

○Delwyn Zhi Jie Lim[1)], Khor Jia Ker[2)], Benjamin Wen Yang Ho[1)]
National Skin Centre, Singapore[1)], Dermatology & Co, Singapore[2)]

Tumor

EP9-1 **A melanoma-related gene analysis of bilateral diffuse uveal melanocytic proliferation**

○Yoshinori Muto[1)], Youichi Ogawa[1)], Masataka Kawai[2)], Keisuke Goto[3)], Shinji Shimada[1)], Tatsuyoshi Kawamura[1)]
Department of Dermatology, Faculty of Medicine, University of Yamanashi, Kofu[1)], Department of Pathology, Faculty of Medicine, University of Yamanashi, Kofu[2)], Department of Diagnostic Pathology and Cytology, Osaka International Cancer Institute, Osaka[3)]

EP9-2 **Cystic basal cell carcinoma with a giant vulvar cyst**

○Takayuki Suyama[1)], Megumi Yokoyama[1)], Jun Matsushima[2)], Kazumoto Katagiri[1)]
Department of Dermatology, Dokkyo Medical University Saitama Medical Center, Koshigaya[1)], Department of Pathology, Dokkyo Medical University Saitama Medical Center, Koshigaya[2)]

EP9-3 **A case of hidroacanthoma simplex showing characteristic findings on dermoscopy**

○Ryotaro Ogawa[1)], Akane Minagawa[2)], Julia Miyamoto[1)], Sumiko Ishizaki[1)], Tsubasa Hiraki[3)], Noriko Umegaki[1)]
Department of Dermatology, Adachi Medical Center, Tokyo Women's Medical University, Tokyo[1)], Department of Dermatology, Shinshu University School of Medicine, Matsumoto[2)], Department of Diagnostic Pathology, Shizuoka Cancer Center Hospital, Sunto[3)]

EP9-4 (E2-6) **Inactivation of cGAS-STING-TBK1 pathway is associated with the progression of melanomas**

○Takeshi Namiki[1)], Keiko Miura[2)], Masaki Sekine[2)], Yasuaki Mohri[3)], Emi K Nishimura[3)], Kentaro Tanaka[4)], Hiroki Mori[5)], Kenichi Ohashi[2)], Naoko Okiyama[1)]
Department of Dermatology, Institute of Science Tokyo, Tokyo[1)], Department of Pathology, Institute of Science Tokyo, Tokyo[2)], Division of Aging and Regeneration, Institute of Medical Science, The University of Tokyo, Tokyo[3)], Department of Reconstructive Surgery, Institute of Science Tokyo, Tokyo[4)], Department of Plastic Surgery, Institute of Science Tokyo, Tokyo[5)]

EP9-5 **Analysis of prognosis in cSCC arising from hidradenitis suppurativa and epidermal cyst**

○Yusuke Muto, Taku Fujimura, Emi Yamazaki, Airi Kobayashi, Kojiro Segawa, Erika Tamabuchi, Yumi Kambayashi, Akira Hashimoto, Ryoko Omori, Yoshihide Asano

Department of Dermatology, Tohoku University Graduate School of Medicine, Sendai

EP9-6 (E2-3) **Immunotherapy-induced remodeling of immune hubs defined by dendritic cells**

○Tomoyuki Minowa[1,2], Matthew Gubin[2], Stephanie Watowich[2], Hisashi Uhara[1]

Department of Dermatology, Sapporo Medical University, Sapporo[1], Department of Immunology, The University of Texas MD Anderson Cancer Center, Houston[2]

EP9-7 (E2-4) **Efficacy of S-1 for advanced squamous cell carcinoma：A multicenter retrospective study**

○Sadao Inoue[1,2], Ayano Maruyama[3], Yuki Yamamoto[4], Tatsuya Takenouchi[5], Soichiro Kado[6], Natsuko Sasaki[7], Takefumi Kadono[8], Yukiko Kiniwa[9], Hiroshi Kato[10], Yasuhiro Nakamura[1]

Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Saitama[1], Department of Dermatology, Dokkyo Medical University, Shimotsuga[2], Department of Dermatology, Kyoto Prefectural University of Medicine, Kyoto[3], Department of Dermatology, Wakayama Medical University, Wakayama[4], Department of Dermatology, Niigata Cancer Center Hospital, Niigata[5], Department of Dermatology, Jichi Medical University, Shimotsuke[6], Department of Dermatology, University of Occupational and Environmental Health, Fukuoka[7], Department of Dermatology, St. Marianna University School of Medicine, Kawasaki[8], Department of Dermatology, Shinshu University, Matsumoto[9], Department of Geriatric and Environmental Dermatology, Nagoya City University Graduate School of Medical Sciences, Nagoya[10]

EP9-8 (E2-7) **Porocarcinoma in 35 Cases：Multimodal Imaging-Pathology Correlation and Prognostic Factors**

○Tokiyoshi Ikoma, Kazuyasu Fujii, Keisuke Goto, Takahisa Tozawa, Masashi Iwata, Kunihiko Shimada, Megumi Aoki, Shigeto Matsushita

Department of Dermato-Oncology, National Hospital Organization Kagoshima Medical Center, Kagoshima

EP9-9 (E2-8) **Adjuvant locoregional IFN-beta versus surgery alone for stage II/III melanoma（JCOG1309）**

○Kenjiro Namikawa[1], Dai Ogata[1,2,3], Masayuki Yokoyama[4], Yusuke Sano[4], Haruhiko Fukuda[4], Akira Takahashi[1,5], Shusuke Yoshikawa[6], Yasuhiro Nakamura[7], Tatsuya Takenouchi[8], Naoya Yamazaki[1]

Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo[1], Department of Dermatology, Saitama Medical University, Saitama[2], Department of Dermatology, Miyazaki University Hospital, Miyazaki[3], JCOG Data Center/Operations Office, National Cancer Center, Tokyo[4], Department of Dermatologic Oncology, National Cancer Center Hospital East, Chiba[5], Department of Dermatology, Shizuoka Cancer Center, Shizuoka[6], Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Saitama[7], Department of Dermatology, Niigata Cancer Center Hospital, Niigata[8]

EP9-10 **A Case of Nasal Cutaneous Metastasis from Pancreatic Cancer**

○Youngkyoung Lim, Anjin Kim, Jiyoon Baek, Hyun Ji Kang, Kyu Han Kim

Department of Dermatology, Veterans Health Service Medical Center, Seoul

EP9-11 **An Unusual Presentation of Eccrine Squamous Syringometaplasia**

○Vanessa HT Tey
Division of Dermatology, Department of Medicine, National University Hospital, Singapore

EP9-12 **Unmasking Cutaneous Signs：When Superficial Lesions Reveal Deeper Risks**

○Jian Mc Eison C Que, Maria Franchesca Quinio-Calayag
Department of Dermatology, East Avenue Medical Center, Quezon City

EP9-13 **A Case of Subungual Melanoma in a 44-Year-Old Filipino Female**

○Vielka Alexandria W. Maturino, Maria Franchesca S. Quinio-Calayag
Department of Dermatology, East Avenue Medical Center, Quezon City

EP9-14 **Withdrawn**

EP9-15 **Survival Outcomes of Tumor-Free but Inadequate Lateral Margins in Cutaneous Melanoma**

○Chun Yu Lin[1,2,3], Wei-Ting Liu[1,3]
Department of Dermatology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan[1], Educational Center, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan[2], Skin Cancer Team, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan[3]

EP9-16 (E2-5) **Anatomical Site Shapes the TME in Mycosis Fungoides via Stromal Signaling**

○Haoze Shi[1], Mingyang Wu[2], Jianfang Sun[1], Hao Chen[1]
Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences & Peking Union Medical College, Nanjing[1], Zhongda Hospital, Nanjing[2]

Congenital disease

EP10-1 **A case of mandibular hypoplasia, deafness, progeroid features, and lipodystrophy syndrome**

○Chiaki Yamashiro, Kwesi Teye, Takahiro Hamada, Norito Ishii, Hiroshi Koga
Department of Dermatology, Kurume University, Kurume

EP10-2 **Familial KRT10-related Ichthyosis Treated with Upstream Blockade by Ustekinumab**

○Ashleigh Ka Ying Chu
Department of Paediatrics & Adolescent Medicine, United Christian Hospital, Hong Kong

EP10-3 **Atypical non-classical CAH in a 14-year-old Filipina presenting with alopecia universalis**

○Erwin John R Aquino
Research Institute for Tropical Medicine, Department of Dermatology, Metro Manila

EP10-4 **A Case Report of Chinese Medicine for Bullous Congenital Ichthyosiform Erythroderma**

○Ping An Lu[1], Ruei-Jhe Chang[2]
Department of Traditional Chinese Medicine, Changhua Christian Hospital, Changhua[1], Fuhai Traditional Chinese Medicine Clinic, New Taipei[2]

EP10-5 **A Rare & Complex Case of Keratitis-Ichthyosis-Deafness Syndrome in a Filipino Adolescent**

○Emmanuel Gabrielle M. Rivera, Amanda T. Chung, Roy Luister A. Acos, Val Constantine S. Cua, Giselle Marie T. Ver
Department of Dermatology, University of the Philippines - Philippine General Hospital, Manila

EP10-6 **A Case of Tuberous Sclerosis Complex in a 27-year-old Filipino Female**

○Kristine Bernadette D. Cunanan, Jowell R. Orfanel, Gemmy P. David
Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium, Caloocan City

EP10-7 **Clinical Manifestations of Hay-Wells Syndrome：A Rare Case Report**

○Laras M Tobing, Githa Rahmayunita, Rinadewi Astriningrum
Department of Dermatology and Venereology, Faculty of Medicine, Universitas Indonesia, Cipto Mangunkusumo National General Hospital, Jakarta

Infectious disease

EP11-1 **Disseminated Cutaneous Mycobacterial Spindle Cell Pseudotumor Mimicking Malignancy**

○Yurika Kutomi, Toshinari Miyauchi, Yuying Qin, Emi Inamura, Hideyuki Ujiie
Department of Dermatology, Faculty of Medicine and Graduate School of Medicine, Hokkaido University, Sapporo

EP11-2 **Three cases of *Dermatophilus congolensis* infection occurring among sauna enthusiasts**

○Satoshi Takeuchi[1,2)], Haruka Wada[1)], Yu Ishikura[1)], Reiko Yoneda[3)], Takeshi Nakahara[2)]
Department of Dermatology, Hamanomachi Hospital, Fukuoka[1)], Department of Dermatology, Kyushu University, Fukuoka[2)], Department of Diagnostic Pathology, Hamanomachi Hospital, Fukuoka[3)]

EP11-3 (E3-8) **Adult Siblings with Cutaneous Botryomycosis Revealing X-linked Agammaglobulinemia**

○Michiyo Takeuchi[1,5)], Yo Kaku[1)], Keiko Hashikawa[1)], Masaki Tominaga[2)], Ryuta Nishikomori[3)], Yutaka Tsutsumi[4)], Hiroshi Koga[1)]
Department of Dermatology, Kurume University School of Medicine, Kurume[1)], Division of Respirology, Neurology and Rheumatology, Department of Community Medicine, Kurume University School of Medicine, Kurume[2)], Department of Pediatrics and Child Health, Kurume University School of Medicine, Kurume[3)], Diagnostic Pathology Clinic, Pathos Tsutsumi, Inazawa[4)], Public Yame General Hospital, Yame[5)]

EP11-4 **Detection of *human papillomavirus* (HPV) in subungual warts and periungual Bowen's disease**

○Sayuri Nakano[1)], Masaaki Kawase[1)], Gyohei Egawa[2)]
Department of Dermatology, The Jikei University Katsushika Medical Center, Tokyo[1)], Department of dermatology, Kagoshima University, Kagoshima[2)]

EP11-5 **Hiding in Plain Sight： Unmasking Cutaneous Protothecosis in a case of refractory 'eczema'**

○Chee Hoou Loh
National Skin Centre, Singapore

EP11-6 (E3-6) **HPV in Skin Tissues of Asian Organ Transplant Recipients with Squamous Cell Carcinoma**

○Choon Chiat Oh
Department of Dermatology, Singapore General Hospital, Singapore

EP11-7 **Breaking Ground：Molecular Sequencing and Innovative Therapy in Actinomycetoma**

○Jannine A. Galimba[1)], Andrea Marie Bernales-Mendoza[1)], Jamaine Melisse Cruz-Regalado[1)], Kazushi Anzawa[2)], Akira Shimizu[2)]
Department of Dermatology, Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium, Caloocan City[1)], Department of Dermatology, Kanazawa Medical University, Kahoku[2)]

EP11-8 **Bilateral Eyebrow Granulomas：Tattoo Reaction, Sarcoidosis, or NTM? A Diagnostic Challenge**

○Erin YQ Wee
Department of Internal Medicine, Sengkang General Hospital, Singapore

EP11-9 **The Hidden Sequel：Erythema Nodosum Leprosum After Leprosy Therapy**

○Isabelle X Yang, Brian Chia, Pei Ming Yeo, Jingxiang Huang
Department of Dermatology, Sengkang General Hospital, Singapore

EP11-10 **Rare Atypical Verrucous Dermatophytosis in a Filipino with Hansen's Disease：A Case Report**

○Ana Dominique L Espana[1)], Paloma Alexandra Rojas-Savet[1)],
Andrea Marie Bernales-Mendoza[1)], Akira Shimizu[2)], Kazushi Anzawa[2)]
Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium, Caloocan[1)], Kanazawa Medical University, Kahoku[2)]

EP11-11 (E3-7) **Cutaneous Manifestations Among the Reemergence of Early Congenital Syphilis：10-Year Study**

○Leelawadee Techasatian, Piyadarat Asawasakulchokedee
Department of Pediatrics, Khon Kaen University, Khon Kaen

EP11-12 **Cases of *Trichophyton indotineae* in south Taiwan**

○Wei-Ting Liu, Han-Tang Wang
Department of Dermatology, National Cheng Kung University Hospital, Tainan

Others

EP12-1 **Two Cases of Calcinosis Cutis Occurring Within Epidermal Cysts on the Face**

○Rie Oikawa, Chiaki Takahashi, Sawa Otsubo, Mari Kishibe,
Akemi Ishida-Yamamoto, Yasuyuki Fujita
Department of Dermatology, Asahikawa Medical University, Asahikawa

EP12-2 **Ulcerative tumors in sarcoidosis identified as *cytomegalovirus*-associated skin lesions**

○Sakiho Inayoshi, Takuya Inoue, Kazunari Sugita
Division of Dermatology, Department of Internal Medicine, Faculty of Medicine, Saga University, Saga

EP12-3 **A Large Cohort Study Investigating Sun Protective Behaviors and All-Cause Mortality**

○Jinglin Gao
Dermatology Hospital, Southern Medical University, Guangzhou

EP12-4 **The Return of an Ancient Disease：Pediatric Scurvy in Modern Clinical Practice**

○Tyan Shin Lee
Department of Pediatrics, Hospital Sultanah Bahiyah, Alor Setar

EP12-5 **Withdrawn**

EP12-6 **Overlap DRESS and AGEP：a case series**

○Ching-Yu Liao, Chun-Bing Chen
Department of Dermatology, Chang Gung Memorial Hospital, Linkou Branch, Taoyuan

EP12-7 **Depression Level and Overall Quality of Life among Elderly with Psoriasis**

○Rosinta H P Purba
The Pranala Institute, Yogyakarta

EP12-8 Health Economic Perspective and Analysis of Psoriasis Management in Asia

○Yesika Simbolon[1)], Rosinta Purba[2)], Gracce S Sinaga[1)], Lintong Simbolon[2)], Hepri Ardianson[2)], Sarai B Br Sit-up[1)]

Atmajaya University, Yogyakarta[1)], The Pranala Institute, Yogyakarta[2)]

EP12-9 Refractory PIH in Asians：Treatment in 1064nm QSNY Laser at Medium Fluence Medium Spot Size

○Jiayi Feng[1,2)], Lvping Huang[2)]

Department of Plastic Surgery, Shenzhen Hospital of Southern Medical University, Shenzhen[1)], Department of Laser Cosmetic Center, Plastic Surgery Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing[2)]

EP12-10 Darier Disease in a Filipino Kindred：Variable Expressivity Across Two Generations

○May G Silva, Frederica Veronica Marquez-Protacio, Marie Len Camaclang-Balmores

Department of Dermatology, Dr Jose N Rodriguez Memorial Hospital and Sanitarium, Caloocan City

EP12-11 (E4-8) Can Deeper-Wavelength Optical Imaging Improve Skin Visualization? RCM and HGM Comparison

○Connie Liu

Department of Dermatology, Taipei City Hospital, Taipei

Abstracts

The 125th Annual Meeting of the Japanese Dermatological Association

The 125th JDA
The 125th Annual Meeting of the Japanese Dermatological Association
KYOTO 2026

Dermal melanocytoses and melanocytomas

Jean Bolognia
Yale University School of Medicine, New Haven

The wide spectrum of dermal melanocytoses and melanocytomas will be discussed. The dermal melanocytoses include：(1) congenital dermal melanocytosis, both sacral and extrasacral；(2) nevus of Ota-like macules；(3) nevus of Ota (oculodermal melanocytosis, nevus fusco-ceruleus ophthalmomaxillaris)；and (4) nevus of Ito (fusco-ceruleus acromio-deltoideus). Both extrasacral dermal melanocytosis and nevus of Ota can be components of phakomatosis pigmentovascularis, another entity associated with Dr. Ota. Potential complications of nevus of Ota include elevated intraocular pressure and uveal tract ＞ orbit ＞ cutaneous melanomas as well as primary CNS melanocytomas and primary CNS melanomas arising from leptomeningeal melanocytosis (previously referred to as neurocutaneous melanosis). The dermal melanocytomas include (1) common blue nevi；(2) cellular blue nevi；(3) patch blue nevi；and (4) plaque blue nevi. The term patch blue nevus is proposed as an umbrella/overarching term for a number of entities including congenital segmental dermal melanocytosis, acquired dermal melanocytosis, dermal melanocytosis of the macular type, and late-onset dermal melanocytosis. The importance of distinguishing between agminated blue nevi and blue nevi arising within a speckled lentiginous nevus will also be reviewed.

[Biography]

Jean Bolognia, MD, is Professor and Vice Chair of Faculty Affairs in the Department of Dermatology at the Yale University School of Medicine, having done her postgraduate training in internal medicine and dermatology following graduation from the school. Jean has served as President of the Medical Dermatology Society, the Women's Dermatologic Society and the American Dermatological Association, in addition to serving as Vice-President of the Society of Investigative Dermatology, the American Board of Dermatology, and the International Society of Dermatology. She has also been elected to serve on the Board of Directors of the American Academy of Dermatology and the International League of Dermatological Societies and was Secretary-General of the latter organization. Her honors include the Gold Medal from the American Academy of Dermatology, the Medal for Achievements in Global Dermatology from the International League of Dermatological Societies, the Lifetime Achievement Award from the Medical Dermatology Society, the Lifetime Career Educator Award from the Dermatology Foundation, and the Legacy Award from the Women's Dermatologic Society. Jean is the senior editor of the textbooks *Dermatology* and *Dermatology Essentials*, which are in their fifth and second editions, respectively, and have been translated into nine languages.

EADV-1
Diagnosis and management of cutaneous lupus

Branka Marinovic
Department of Dermatology and Venereology, University Hospital Centre Zagreb, University of Zagreb School of Medicine, Zagreb

Cutaneous lupus erythematosus (CLE) is an autoimmune disease characterized by predominantly cutaneous lesions that may occur with or without systemic symptoms. CLE is classified based on clinical and histopathological features into acute, subacute, and chronic CLE. Diagnosis is based on the clinical picture, which can be very different and challenging to confirm ; skin biopsy for H&E and DIF ; and various laboratory investigations, including ANA and ENA. There is a spectrum of guidelines for treating different types of CLE. All of them always start with photoprotection and smoking cessation, topical corticosteroids and topical calcineurin inhibitors. First line of systemic therapy are antimalarials ; in some cases, systemic corticosteroids can be used, as well as other immunosuppressive agents.
Today there are a few biologicals that are approved for SLE i. e. belimumab and anifrolumab, which are giving very good results specialiy on the cutaneous lesions. There is a list of new drugs that are in the different phases of clinical studies that are aimed at patients with cutaneous lupus, which will surely change the therapeutic landscape and give a much better prognosis.

［Biography］
Branka Marinovic is Professor and Head of the Department of Dermatology and Venereology at the University Hospital Centre Zagreb, School of Medicine, University of Zagreb. She is current president of the European Academy of Dermatology and Venereology. Her special field of interest are autoimmune blistering diseases and cutaneous lupus erythematous.

EADV-2

Lidia Rudnicka
Medical University of Warsaw, Warsaw

［Biography］

Education

1986	University of Bonn（Germany）, University of Cologne（Germany）, Warsaw Medical University（Poland）Warsaw/Poland（MD diploma）
1990	PhD, Medical University of Warsaw（"Adhesion molecules in systemic sclerosis"）
1994	Board certified in Dermatology and Venereology
2001	Full professor

Professional Experience

1986-1987	Assistant Polish National Institute of Hygiene
1987-1998	Assistant professor and associate professor Dept Dermatology, Warsaw Medical School（with prof. Stefania Jablonska）
1990	Federal Drug Administration/USA（with prof. Andrija Kornhauser）
1990	National Institutes of Health/Bethesda/USA（3 m with prof. Steve Katz）
1990	Scholarship at Dept. Dermatology, University Liege/Belgium. 3 months with prof. Charles Lapierre）
1991-1993	Scholarship Dept Dermatology, Thomas Jefferson University/Philadelphia/USA（3 years with prof. Jouni Uitto）
1998-2014	Chairman, Dept. Dermatology, Central Clinical Hospital MSWiA, Warsaw/Poland
2014-now	Chairman, Dept. Dermatology, Medical University of Warsaw/Poland

EADV-3
JAK-inhibitors - expanding indications and off-label use in dermatology

Curdin Conrad

Lausanne University Hospital, Lausanne

Biologic therapies have revolutionized the management of patients with chronic inflammatory skin diseases, providing highly targeted and effective treatment options. However, significant limitations remain, including the lack of available therapies for certain inflammatory pathways, incomplete responses in some diseases, and the potential for immune pathway deviation due to highly specific targeting. Janus kinase（JAK）inhibitors offer a complementary approach by exerting broader immunomodulatory effects through the inhibition of multiple cytokine signaling pathways, including those not yet addressed by biologics.
In addition to their expanding range of approved indications, JAK inhibitors are increasingly used off-label for a growing number of dermatologic conditions. This presentation will explore the rationale—or, in some cases, the lack thereof—behind the use of JAK inhibitors, and will highlight emerging and potentially unexpected future indications.

［Biography］

Dr. Curdin Conrad is a Professor of Dermatology at Lausanne University Hospital in Switzerland. He received his MD training at the University of Zurich and participated in the Postgraduate Course of Experimental Medicine and Biology. After training in dermatology, he was a research fellow at MD Anderson Cancer Center in Houston, Texas.

Dr. Conrad has a strong interest in inflammatory skin diseases, adaptive and innate immunity, and targeted immunotherapies, from basic science to translational research and the clinic. He has fundamentally contributed to today's understanding of the pathogenesis of psoriasis and has received several scientific awards for his basic and translational research. Over the years, Dr. Conrad has actively been involved in the teaching of evidence-based clinical and scientific dermatology and immunology.

He serves as an external scientific expert for several international societies and foundations. Dr. Conrad is a Board Member of the International Psoriasis Council（IPC）, sits on the Board of Directors of the International Societies for Investigative Dermatology（ISID）, and current President of the European Society for Dermatological Research（ESDR）.

EADV-4
Decoding Sarcoidosis Granulomas by Single-Cell and Spatial Profiling：From Mechanisms to Clinical Translation

Georg Stary[1,2,3)]

Department of Dermatology, Medical University of Vienna, Wien[1)], CeMM Research Center for Molecular Medicine, Austrian Academy of Sciences, Wien[2)], Christian Doppler Laboratory for Chronic Inflammatory Skin Diseases, Vienna[3)]

Recent work using single-cell and spatial transcriptomics has substantially advanced the understanding of sarcoidosis by resolving granulomatous inflammation at cellular resolution. These studies identified distinct immune and stromal cell programs within granulomas, including activated macrophage states, pro-inflammatory T cell responses, and fibroblast subsets associated with extracellular matrix remodeling and fibrosis risk. A key translational highlight was the demonstration that tissue-defined immune signatures correlate with clinical disease activity and treatment response, supporting the concept of biologically driven patient stratification. Importantly, these data suggest that granuloma persistence is maintained by coordinated immune-stromal interaction networks, providing a mechanistic explanation for chronic inflammation and progression toward organ damage. Overall, these findings establish a framework for precision medicine in sarcoidosis, enabling biomarker development and informing targeted therapeutic strategies.

［Biography］

Georg Stary is a board-certified dermatovenereologist and clinician scientist with extensive experience in translational research on organ-specific immune mechanisms in human disease. Following a research fellowship in the von Andrian laboratory at Harvard Medical School, he joined the Department of Dermatology at the Medical University of Vienna, where he currently serves as Full Professor and Deputy Chair. He is also an Adjunct Principal Investigator at CeMM - Research Center for Molecular Medicine of the Austrian Academy of Sciences and Director of the Christian Doppler Laboratory for Chronic Inflammatory Skin Diseases.
His clinical expertise includes infectious dermatology, immunodermatology, and rare diseases, reflected by his active role within the Comprehensive Center for Rare and Undiagnosed Diseases（CCRUD）at MedUni Vienna. His research focuses on host-pathogen interactions and the biology of tissue-resident leukocytes, with the skin serving as an ideal model organ for mechanistic and clinically relevant immunology. In particular, his work addresses immune cell longevity, turnover, and tissue adaptation, as well as the contribution of tissue-resident immune populations to chronic inflammation and cancer development.
He is actively engaged in national and international clinical and scientific networks and serves in leadership roles in several professional societies, including the Austrian Society for Allergy and Immunology（ÖGAI）and the European Society for Dermatological Research（ESDR）.

ENG1-1
Emerging Frameworks for Integrated Global Health Dermatology

Claire Fuller
London Bridge Hospital, London

New approaches to global skin health are shifting from reactive, siloed care to proactive, integrated, and technology-driven strategies, largely accelerated by the World Health Assembly's (WHA) 2025 recognition of skin diseases as a public health priority. Key innovations include leveraging teledermatology, AI-driven diagnostics, "task-shifting" to community health workers, and focusing on skin-related Neglected Tropical Diseases (NTDs). The presentation will focus on highlighting the recent progress in global health dermatology and opportunities for future prioritisation of skin disease services in international and national health policies.

Understanding the opportunities provided by the recent WHA resolution represents the critical political springboard to accelerate action and the QR code below links to the resolution adopted in May 2026.

［Biography］

Dr Claire Fuller is a consultant dermatologist based in London, UK. She serves as Chair of the **International Foundation for Dermatology** and is a member of the Executive Committee of the **International League of Dermatological Societies**.

Her clinical and academic interests include global health, infectious and tropical dermatoses. She chairs the **WHO Neglected Tropical Disease Capacity Strengthening Working Group** and is co-founder of both **GLODERM**（**The International Alliance for Global Health Dermatology**） and the **International Alliance for the Control of Scabies**（**IACS**） and has recently convened the first **World Forum on Skin Cancer Prevention and Management for Persons with Albinism**. Through these roles, she has been instrumental in advancing international collaborations to improve skin health worldwide.

ENG1-2
AI in Dermatology Journals

Kanade Shinkai[1,2)]
Dermatology, University of California San Francisco, San Francisco[1)], Editor, JAMA Dermatology, Cicago[2)]

Artificial Intelligence (AI) presents many new opportunities and threats to medical publishing. This powerful tool allows dermatologists to analyze data, write and edit manuscripts, generate figures and edit images, advancing our ability to disseminate our research. However this technology raises important concerns for how and when AI is utilized, especially because it is not always possible to detect its use. Dermatology journals have taken a broad approach to the use of AI in the preparation of manuscripts. Understanding how AI can be ethically used is necessary to maintain the integrity of the dermatology literature and thus is a critical issue for our specialty to discuss. In my lecture, I will review recent trends in AI use in dermatology journals and discuss its potential impact on research transparency, copyright law, and patient privacy.

［Biography］

EDUCATION

1991 - 1995 B.A., Swarthmore College, Distinction in Biology
1997 - 2002 Ph.D., University of California, San Francisco, Biochemistry & Molecular Biology
1995 - 2004 M.D., University of California, San Francisco
2004 - 2005 Internship, University of California, San Francisco (Internal Medicine)
2005 - 2008 Residency, University of California, San Francisco (Dermatology), Chief resident

PRINCIPAL POSITIONS HELD

2008 - 2009 HS Assistant Clinical Professor, Dermatology, UCSF
2009 - 2013 Assistant Professor, Dermatology, UCSF
2013 - 2018 Associate Professor, Dermatology, UCSF
2018 - Professor, Dermatology, UCSF

HIGHLIGHTS OF SERVICE TO PROFESSIONAL ORGANIZATIONS/ PUBLICATIONS

2018 - present Editor-in-Chief, *JAMA Dermatology*
2018 - present Editorial board, *JAMA* Network
2021 - present American Board of Dermatology (Board of Directors)

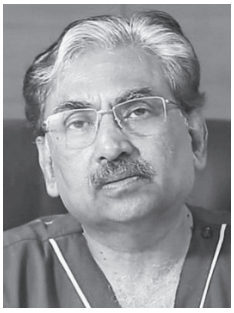
ENG1-3
Best of JAAD

Dirk M. Elston
Department of Dermatology,
Medical University of South
Carolina, Charleston

A summary of the best JAAD content. Some highlights are noted below：
First do no harm—biotin for hair and nails
Few conditions like brittle nail syndrome and uncombable hair with even anecdotal reports of benefit
FDA reminds patients, health care professionals and laboratory personnel about the potential for biotin interference with certain test results, especially specific tests to aid in heart attack diagnoses
Normal vs diseased skin in patients with suspected calciphylaxis
Thrombosis more specific than calcification
Ultra low-dose Rituximab for pemphigus vulgaris and pemphigus foliaceus
Autologous cell harvesting for patients with stable vitiligo
Repigmentation response（≥80％）by week 4.

［Biography］
Dr. Elston is Professor and Chairman of the Department of Dermatology and Dermatologic Surgery at the Medical University of South Carolina, in Charleston. He serves as Editor of the Journal of the American Academy of Dermatology, and has served as President of both the American Academy of Dermatology and the American Society of Dermatopathology and as Honorary Professor at China Medical University in Shenyang China, Honorary Professor Southern Medical University, Guangzhou China, Honorary Professor Fudan University, Shanghai China, Honorary Professor, West China Medical College, Sichuan University, Chengdu China, Guest Professor Xiangya School of Medicine, Central South University, Changsha, China, Visiting Professor, Peking University School of Medicine, Beijing, China and Adjunct Professor, Tongji University School of Medicine, Shanghai, China. He is an honorary member of both the German and French Dermatological Societies and has received commendation from the International League of Dermatological Societies for his international work.
Dr. Elston is a graduate of Jefferson Medical College, did his dermatology residency at Walter Reed Medical Center and a dermatopathology fellowship at the Cleveland Clinic. He is the author of over 770 peer reviewed publications and 77 textbook chapters. He is the Associate Editor in Chief of eMedicine dermatology, is one of lead authors of Andrews Diseases of the Skin and Editor in Chief of the Requisites in Dermatology series of textbooks. He received the 2020 American Academy of Dermatology Gold Medal and the 2023 American Academy of Dermatology Pearson Teaching Award, as well as the 2008 Walter Nickel Award for Excellence in Dermatopathology Education and the 2013 Founder's Award of the American Society of Dermatopathology. Other teaching awards include the UIC, Rush and Cook County Dermatology residents teaching award, St Luke's-Roosevelt Volunteer Teacher of the Year Award, Brooke Army Medical Center Department of Medicine Outstanding Teacher Award, Brooke Army Medical Center Department of Pathology Outstanding Teacher Award, and the Darl Vanderplueg Excellence in Teaching Award.

ENG2-1
The Evolution of Hair Restoration：From Current Standards to Future Frontiers



Venkataram Mysore
Dermatologist-Hair Transplant Surgeon-Dermatopathologist, Venkat Center for aesthetic health Bangalore, Bangalore

Hair loss remains a globally prevalent concern, significantly impacting psychosocial well-being. This presentation evaluates the current landscape of hair restoration, moving beyond traditional pharmacology of minoxidil and antiandrogens towards surgical and regenerative approaches with involvement of recent technology.

We first assess the current gold standards, in both medical therapies（such as topical and low dose oral minoxidil, antiandrogens such as finasteride, dutasteride, bicalutamide）and surgical techniques specifically the progression from FUT strip techniques to refinement of Follicular Unit Excision（FUE）, Direct Hair Transplantation（DHT）and no shave or long hair FUE. Use of body hair, automation in instrumentation, recognition of reverse pattern hairloss and diffuse pattern hairloss and atypical variants of scarring alopecias are significant considerations. Recent surgical breakthroughs, including AI-integrated follicular mapping and robotic-assisted harvesting, are improving assessment, graft distribution, survival and aesthetic precision. Complementing these are advances in non-surgical interventions：from current standard Platelet-Rich Plasma（PRP）to hair follicle and fat dervied stem cells, exosome-based therapies and biomimetic peptides, which offer potent signaling for follicle reactivation. The introduction of newer antiandrogens and energy devices will further enhance the effectiveness of medical therapies. The concept of rotational and combinational therapy in management of hair loss is emphasised.

Looking toward the horizon, the talk explores the transition from hair redistribution along with hair regeneration. We discuss the status of stem cell-assisted transplantation and the promise of 3D-bioprinted hair follicles, and also the possible role of gene mapping for AGA, precision medicine to identify responders and nonresponders for medical therapies. By synthesizing clinical outcomes with emerging biotechnologies, this talk provides a roadmap for practitioners to navigate the shift toward personalized and biologically enhanced restoration.

［Biography］

・Director ILDS Int. League of dermatological societies 2019-
・President of：Indian Association of dermatologists 2015, DASIL Dermatologic Aest. Surgeons Int. League 2019, Assn hair Rest. surgeons, India 2013, Assn. Cut. surgeons（India）2010-13
・3 Life time achievement awards：IADVL, ACSI, AHRS
・ITMP Mentor, Field Medal Awardee ASDS, ILDS award
・Editor in Chief：Textbook of Hair Transplantation, ACSI Textbook dermatosurgery, J Cut Aesth Surg 2007-2010
・Ass. Editor, J Cosm Derm, board SKINMED, IJD, IJT, IDOJ
・5 orations
・11 books：Dermatology, Dermatopathology, Dermato surgery, Hair Transplantation, practice management, medicolegal issues, digital medicine, 114 Papers, 144 papers 16 Chapters in 16 books, over 500 lectures

ENG2-2
Mesotherapy：Evidence-Based Medicine Update

Khaled Salem Al Nuaimi[1,2)]
Consultant Dermatologist & Laser Surgeon[1)], College of Medicine and Health Sciences, UAE University, Al Ain[2)]

Mesotherapy continues to evolve as a widely used therapeutic technique in dermatology and aesthetic medicine. Despite its popularity, the evidence supporting its efficacy has been historically fragmented, with significant variability in clinical approaches and outcomes. In recent years, efforts have been made to consolidate clinical data and standardize protocols to better understand its therapeutic value. This session will offer a concise, evidence-based update on the clinical utility of mesotherapy for skin rejuvenation, alopecia, and localized fat reduction. We will highlight the latest published trials, mechanisms of action, and commonly used compounds, while addressing the limitations in methodology and regulatory gaps. The session aims to equip clinicians with clearer insights into when and how mesotherapy can be used effectively, responsibly, and safely bridging the gap between popular practice and clinical science.

［Biography］

Dr. Khaled Al Nuaimi is a Consultant Dermatologist and Laser Surgeon, and Adjunct Clinical Associate Professor of Dermatology at Sharjah University. He also serves as Adjunct Assistant Professor at the UAE University in Al Ain. A Fellow of the Royal College of Physicians（London）, Dr. Al Nuaimi is an elected member of the International Affairs Committee at the American Academy of Dermatology（AAD）. He is the Founding President of the Middle East International Dermatology & Aesthetic Medicine（MEIDAM）Association and leads its flagship events, including the MEIDAM International Congress and the MEIDAM Africa Congress. His areas of expertise include dermatologic laser surgery, medical education, and international scientific collaboration. He has played an instrumental role in building regional and global networks to advance excellence in dermatology across the Middle East and beyond.

AFL-1
Advancing Dermatological Care through Research-Innovation-Entrepreneurship

Hong Liang Tey[1,2)]
National Skin Centre, National Healthcare Group, Singapore[1)], Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore[2)]

Dermatological disorders have risen steadily over the past decade, driven in part by global population ageing and the growing burden of chronic skin disease. These conditions impose significant morbidity, healthcare costs, and unmet clinical needs that are not adequately addressed by conventional therapies alone. This talk explores how an integrated pathway of **research, innovation, and entrepreneurship** can accelerate the translation of scientific discovery into tangible clinical solutions. Using pathological scarring as a case study, I will describe the development of **steroid- and RNA-embedded dissolving microneedles**, illustrating how mechanistic insight, engineering, and enterprise building converge to enable patient-centred therapies. Additional examples in **itch and sweat disorders** will highlight the development of novel formulations, devices, and drug-based approaches. Together, these cases demonstrate how a structured research-to-innovation ecosystem can meaningfully advance dermatological care and improve patient outcomes at scale.

［Biography］

Associate Professor Hong Liang Tey is a clinician-scientist, inventor, and entrepreneur, ranked among the world's top 2% most-cited researchers（2020-2025）. He currently serves as Clinical Director of the Centre for Medtech and Innovations at the National Healthcare Group. He is also Clinical Co-Director of the Skin Research Programme at the Lee Kong Chian School of Medicine, Nanyang Technological University, and a Senior Consultant Dermatologist at the National Skin Centre, Singapore. With over 245 international publications and more than 20 products available in 17 countries across five continents, A/Prof Tey bridges discovery, clinical practice, and commercialization. He was recognized as the *Exemplary Innovator at the Singapore Public Sector Transformation Award 2024* and is a recipient of the *National Medical Research Council Senior Clinician Scientist Award* and the *National Healthcare Group Outstanding Citizenship Award*.

AFL-2
Toward Precision Phenotyping and Management of Sensitive Skin

Hye One Kim
Department of Dermatology, Hallym University Kangnam Sacred Heart Hospital, Seoul

Sensitive skin is a prevalent yet mechanistically heterogeneous condition lacking validated biomarkers. In Korea, dermatologic care emphasizes early specialist access and integrated evaluation using objective measures and patient-reported outcomes. At Hallym University, a dedicated Itch and Skin Sensation Center performs standardized phenotyping with symptom classification, quality-of-life assessment, and skin lipidomic profiling to define biologically meaningful subtypes. Distinct lipid signatures correlate with dysesthesia-predominant clusters, and selected patients with refractory burning or stinging improve with neuromodulatory therapy such as pregabalin, supporting precision phenotyping and individualized management.

［Biography］

Education and Training：

1996-2002	M.D. Hallym University. College of Medicine, Chuncheon, Gangwondo, Korea.（Summa Cum Laude）
2002-2003	Intern Trainee, Hallym University Kangnam Sacred Heart Hospital, Seoul, Korea
2004-2008	Resident Trainee, Department of Dermatology, Hallym University Kangnam Sacred Heart Hospital, Seoul, Korea（Resident of the Year）
2008-2010	M.S.（Dermatology）, Dept. of Dermatology, College of Medicine, Hallym University, Chuncheon, Gangwondo, Korea.
2012-2017	PhD（Dermatology）, Dept. of Dermatology, College of Medicine, The Catholic University of Korea, Seoul, Korea（PhD Thesis Award）

Current and Past Professional Positions：

2008-2009	Fellowship, Department of Dermatology, Seoul National University Bundang Hospital, Gyeonggi-do, Korea
2009-2010	The Chief of Dermatologic Department, Seoul Medical Center, Seoul, Korea
2010-2011	Fellowship, Department of Dermatology, Hallym University Kangnam Sacred Heart Hospital, Seoul, Korea
2011-present	Professor, Associate Professor, Assistant Professor, Department of Dermatology, Hallym University Kangnam Sacred Heart Hospital, Seoul, Korea
2023-2024	Visiting Senior Lecturer, St John's Institute of Dermatology, King's College London, London, UK
2024-present	Councilor, International Eczema Council

AFL-3
Therapeutic Evolution and the Emerging Concept of Disease Memory in Psoriasis

Sayaka Shibata
Department of Dermatology, Graduate School of Medicine, The University of Tokyo, Tokyo

Over the past two decades, psoriasis treatment in Japan has substantially evolved, shifting from conventional systemic therapies to highly targeted biologics. The advent of IL-17 and IL-23 inhibitors has achieved high rates of skin clearance, redefining treatment goals from disease control to near-complete remission. However, clinical resolution does not necessarily reflect immunological cure, as relapse occurs after treatment discontinuation. Emerging evidence suggests that disease persistence may be supported by resident memory T-cells and epigenetically imprinted cellular states. In this symposium, I will review the therapeutic evolution of psoriasis and discuss how the concept of disease memory may reshape our understanding of chronic inflammation and future treatment strategies.

［Biography］

Education

2004	M.D. Faculty of Medicine, The University of Tokyo, Tokyo, Japan
2011	Ph.D. University of Tokyo Graduate School of Medicine, Tokyo, Japan

Professional Experience

2004.4-2006.3	Resident, The University of Tokyo Hospital
2006.4-2007.3	Resident, Toshiba Hospital
2011.4-2015.7	Assistant, Department of Dermatology, The University of Tokyo
2015.8-2019.3	Post-doctoral fellow, Massachusetts General Hospital, Harvard Medical School
2019.4-2019.12	Assistant, Department of Dermatology, The University of Tokyo
2020.1-2021.5	Lecturer, Department of Dermatology, The University of Tokyo
2021.6-present	Associate Professor, Department of Dermatology, The University of Tokyo

AFL-4
Integrating Research into Real-world Care：Clinical Stories of Keloids and Genodermatoses

Chao-Kai Hsu
Department of Dermatology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan

In this presentation, I will discuss my clinical and research expertise in keloids and genodermatoses, emphasizing the translation of laboratory discoveries into clinical practice. I will also detail the establishment of a multidisciplinary epidermolysis bullosa care team in Taiwan. Finally, I will reflect on my trajectory in academic dermatology—from my PhD research on keloid mechanobiology to fellowships in dermatopathology and genodermatoses. My goal is to provide insights into academic career development while fostering a cross-cultural exchange of clinical and professional perspectives.

［Biography］

Dr. Chao-Kai Hsu is a Professor of Dermatology and Director of the Genetic Center at National Cheng Kung University Hospital（NCKUH）in Tainan, Taiwan. After completing his dermatology residency at NCKUH, he earned his PhD from the Institute of Clinical Medicine at National Cheng Kung University. His international training includes research fellowships at the Hokkaido University Graduate School of Medicine in Japan（2008）and St John's Institute of Dermatology in the United Kingdom（2014-2016）. Dr. Hsu also obtained a Diploma in Dermatopathology from the International Committee for Dermatopathology in 2018. His research focuses on challenging and rare skin disorders, particularly epidermolysis bullosa（EB）and keloids.

EL6-1

Skin microbiome-immune crosstalk in inflammatory dermatoses：from ecological dysbiosis to mechanistic checkpoints and therapeutic design

Anna Di Nardo
Department of Dermatology, University of California San Diego (UCSD), La Jolla, San Diego

Skin inflammatory diseases are consistently linked to microbiome shifts, but actionable insights require mapping dysbiosis to functional pathways and immune checkpoints. Across atopic dermatitis, acne and hidradenitis suppurativa, altered barrier lipids and pH favor pathogen dominance and reduce community stability. Our work highlights tissue control of commensal tolerance：stromal signals calibrate mast-cell reactivity to resident microbes while preserving defense. Strain-resolved multi-omics and longitudinal designs are needed to translate signatures into targeted, ecology-sparing therapies. Linking microbial strain/function to tissue checkpoints, such as mast cell tolerance and immunomodulation, offers a clear path to microbiome-targeted therapies.

EL8-4

Mohs Micrographic Surgery

George J. Hruza
St. Louis University, St. Louis

Mohs micrographic surgery (MMS), developed by Dr. Fred Mohs in Madison, Wisconsin, achieves the highest cure rates for skin cancer with cure rates of 99% for basal cell carcinomas and 95+ for squamous cell carcinoma. This is achieved by examination of 100% of the surgical margin, unlike standard excision where the margins are only sampled, and with the physician acting as both surgeon and pathologist. MMS is the most tissue sparing surgical technique for skin cancer in cosmetically important areas. The MMS acceptable use criteria outline the ideal patient and tumor characteristics for deploying the technique. With the help of rapid immunostains, MMS is expanding to the treatment of melanoma.

EL15-1

Update on the Pathophysiology of Melanoma

Dirk Schadendorf
Dermatology, University of Duisburg-Essen University Medicine Essen, Essen

Cutaneous melanoma is a heterogenous disease characterized by at least 4 different genotypic profiles, various degree of detectable UV damage and genetic modifiers. Progression from normal melanocytes into malignant melanoma is an ordered process with increased numbers of genetic aberrations and increased mutational tumor burden. Various mutations in the MAPK-pathway can also be found in germline alterations leading to RASopathies but not to melanoma. On the other hand, various familial melanoma predisposing germline genes have been identified mainly linked to telomerase-maintenance functioning. Melanoma spread and progression is not related to mutational profiles but is mainly related to melanoma cell plasticity and its high ability to adapt to foreign niches.

EL22-1

Pathogenesis of psoriasis：a focus on the effects of microbiome, diet, and obesity

Sam T Hwang
Dermatology, UC Davis School of Medicine, Sacramento

Based on strong epidemiologic evidence, it is acknowledged that obesity, along with metabolic syndrome and other health conditions, is a co-morbidity of psoriasis. This talk will discuss the pathogenesis of psoriasis with respect to human diet and links to obesity. The first portion of the talk will focus on data from my laboratory and others linking the pro-inflammatory effects of specific diets (e.g., the so-called Western Diet that has been linked to obesity in the Western world and elsewhere) on psoriatic susceptibility based on experimental murine models. The second portion of the talk will summary human clinical data that seek to link diet, psoriasis, and the human gastrointestinal microbiome to psoriasis susceptibility in humans. Based on the entirety of data available, the pathogenetic link between diets and human psoriasis is complex and involves environmental, genetic, immunologic, as well, as bacterial components in the gut that contribute to human psoriatic disease.

EL29-1

AIBD：Pathophysiology and Emerging Therapy

Seon-Pil Jin
Seoul National University Hospital, Seoul

Autoimmune bullous diseases are defined by autoantibody-mediated loss of adhesion：intraepidermal in pemphigus and subepidermal in pemphigoid. In Korea, epidemiological data reveal a rising burden of bullous pemphigoid, often linked with neurological comorbidities and high mortality in the elderly. While rituximab improved outcomes, suboptimal responses necessitate more precise interventions. Pathophysiologically, targeting B-cell lineages is key. Beyond FcRn and BTK inhibitors, Dsg3-specific CAAR-T cell therapy offers a breakthrough by selectively eliminating autoreactive B cells while preserving healthy immunity. This session explores AIBD's clinical landscape in Korea and how these bio-engineered cell therapies represent the near-future of targeted, disease-modifying treatment.

EL30-1

Basics of Nail Disease Treatment - Lessons from Australia's only Dedicated Nail and Nail Procedure Clinic

Johannes S Kern
Dermatology, The School of Translational Medicine, Monash University and Bayside Health - The Alfred, Melbourne

Changes to the nail unit are commonly encountered in general Dermatologic practice. They can be challenging to diagnose and treat. The Skin Health Institute in Melbourne runs Australia's only dedicated nail clinic. I will share practical insights from our clinic on how to approach common nail disorders, such as nail dystrophy, onychomycosis, inflammatory nail disease and nail unit tumours including conservative treatment and nail unit procedures.

EL35-4

Advances in the pathogenesis and management of Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis

Wen-Hung Chung
Department of dermatology, Chang Gung Memorial Hospital, Taipei& Linko

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are life-threatening severe cutaneous adverse reactions characterized by extensive keratinocyte apoptosis, epidermal detachment, and systemic immune dysregulation that may lead to mortality with long-term sequelae.
Recent progress of research in SJS/TEN showed contemporary evidence supporting immunopathogenic model in which HLA genetically restricted drug antigen presentation initiates disease, followed by cytotoxic $CD8^+$T cells with clonal expansion and secretion of specific cytokines, chemokines, or cytotoxic proteins further cause clinical presentations with progressive severity of SJS/TEN. The cell death mechanism involved in SJS/TEN has also been studied in recent years. A recent study further showed JAK-STAT pathway involved in the pathogenesis of SJS/TEN.
Early culprit drug withdrawal and optimized supportive care remain essential for the management of SJS/TEN. Clinical management has consequently evolved toward mechanism-informed precision immunotherapy.

EL47-1

Immunotherapy for skin cancers in Europe：Current Landscape and Future Directions

Dirk Schadendorf
Dermatology, University of Duisburg-Essen University Medicine Essen, Essen

Checkpoint blockade using PD1-inhibition plus/minus ipilimumab has become the standard of care of treating advanced melanoma independently of mutational status. After 10 years of follow up it is proven that permanent tumor control has been achieved in roughly 30% of treatment-naïve stage IV cutaneous melanoma patients. Even difficult-to-treat metastatic sites such as brain, bone etc are treatment-sensitive. Adjuvant treatment in stage IIB upwards using PD1 monotherapy is established based on international registrational studies. Neoadjuvant therapy is usually not reimbursed.
In NMSC PD1-blockade is 1L-treatment of choice and PD1 monotherapy is approved also in high-risk cSCC as adjuvant option. Neoadjuvant treatment is not approved but gains traction.

EL57-2

Innovations in management of Sweat disorders

Hong Liang Tey[1,2)]
National Skin Centre, National Healthcare Group, Singapore[1)], Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore[2)]

The understanding and management of sweat disorders remain limited despite significant clinical impact. Hypohidrosis, which may lead to life-threatening heat injury, is often idiopathic. Using high-definition optical coherence tomography, we elucidated the pathogenesis of isolated hypohidrosis as sweat orifice obstruction and demonstrated effective, durable treatment with oral retinoids. This talk also presents innovative approaches for hyperhidrosis, including home iontophoresis and novel topical anticholinergic therapies for sweat and odor control.

EL66-4

Hansen's Disease (leprosy) in Brazil

Claudio Guedes Salgado[1)], Moisés Batista da Silva[1)], Josafá Gonçalves Barreto[1)], Pablo Diego Carmo do Pinto[1,2)], Ândrea Kely Ribeiro dos Santos[2)], Patrícia Fagundes da Costa[1)]
Institute of Biological Sciences, Federal University of Pará - Dermato-Immunology Laboratory, Belém[1)], Human and Medical Genetics Laboratory, Belém[2)]

Hansen's disease remains endemic globally, with ~200,000 new cases annually；Brazil ranks second worldwide. Persistent transmission, pediatric cases, and grade 2 disability indicate late diagnosis. The "leprosy pyramid" highlights a large reservoir of subclinical infection beneath detected cases. Field strategies in the Amazon integrate active case finding, contact tracing, serology, PCR, and nerve ultrasound to improve early detection. Patients are becoming less responsive to MDT, and currently available molecular tools are insufficient to fully detect drug resistance.

SSY4-1
Vitiligo treatment from the Bronze Age to the Age of Biologics：New hope for an ancient disease

John E. Harris
Department of Dermatology, Mass General Brigham, Boston

Vitiligo is a common autoimmune disease of the skin characterized by the appearance of white spots from the elimination of melanocytes by T cells. IFNg drives vitiligo progression through chemokines that promote T cell recruitment, and JAK inhibitors that block IFNg signaling are effective treatments for vitiligo. However, treatment responses relapse shortly after discontinuing treatment. Autoreactive resident memory T cells are responsible for disease relapse and require IL-15 for their maintenance. Targeting IL-15 signaling reverses vitiligo in mice with long-lasting results, and a drug targeting the IL-15 receptor that we developed is in Phase 1 clinical trials. Discovery of new signaling pathways in vitiligo using high-resolution multiomics has revealed additional opportunities to develop targeted treatments. Finally, novel drug targeting strategies that we developed, including RNAi delivery, provide exciting strategic approaches to treat this psychologically devastating disease.

［Biography］

Dr. Harris was recently named the inaugural Chair of Dermatology at the newly formed Mass General Brigham（MGB）Hospital, a merger of the existing Mass General Hospital and Brigham and Women's Hospital in the Harvard system. His work focuses both on the clinical management of vitiligo patients as well as research into new therapeutic strategies. His approach includes the seamless integration of basic, translational, and clinical studies that incorporate the use of mouse models, human tissues, and clinical trials that determine disease mechanisms of vitiligo, identify quantifiable markers of disease activity, and test new treatments.

Previous work from his research team highlighted the central role that the IFN-γ signaling pathway plays in both the progression and maintenance of vitiligo, providing the rationale for testing JAK inhibitors and leading to the first FDA-approved treatment to repigment vitiligo. Their work also revealed that targeting the IL-15 signaling pathway not only results in reversal of disease, but durable, long-lasting improvement. As a result of this work, Dr. Harris founded Villaris Therapeutics to create a novel biologic that targets this pathway, which was acquired by Incyte Corporation that is testing the drug in Phase I trials. He serves as founder and Chief Scientific Advisor for Alys Pharmaceuticals, which has two clinical-stage programs as well as multiple preclinical programs in development.

Ongoing research seeks to better characterize the mechanism of action of these new treatments, as well as to identify new targets and drug modalities in order to design an optimal therapeutic strategy for vitiligo patients. Long-term goals are to bring new treatments with better safety and efficacy into the clinic, to develop more durable, long-lasting therapies, and ultimately to find a cure for this psychologically devastating disease.

SSY4-2
Decoding the cellular building blocks and tissue niches of human skin

Muzlifah Haniffa[1,2)]
Cellular Genomics Programme/Wellcome Sanger Institute, Cambridge[1)], Department of Clinical Dermatology, the University of Cambridge, Cambridge[2)]

The human skin is the largest organ in the body and consists of numerous cell types including epithelial cells, fibroblasts, vascular cells, neurons and a diversity of innate and adaptive immune cells. It produces complex appendages such as hair follicles and sweat glands, and has distinct features in different parts of the body. The tissue ecosystems of the skin together provide barrier and defence functions, as well as other core functions such as temperature regulation, water retention and sensation. In her talk, Muzlifah Haniffa will explore how her lab has used spatially resolved single-cell genomics and artificial intelligence to understand the cellular communities that build and maintain the human skin. By generating cell atlases of healthy skin across developmental stages, her lab has provided cornerstone references for studies of disease, notably autoimmune disorders such as psoriasis and atopic dermatitis. Her lab has revealed novel disease-associated tissue niches - many of which are not discernible through standard histology - which provide a rich source of biomarkers and therapeutic targets.

［Biography］

Prof Muzlifah Haniffa is Head of the Cellular Genomics Programme and Deputy Director of the Wellcome Sanger Institute and Professor of Clinical Dermatology at the University of Cambridge. She is also a Wellcome Senior Clinical Research Fellow in Clinical Science, and a Senior Research Fellow at Churchill College, University of Cambridge. A clinician-scientist, she graduated from medical school in Cardiff, trained as a junior doctor in Cambridge and received her dermatology specialist training in Newcastle, and maintains an active dermatology clinic. In her research career she has pioneered the application of single cell genomics to decode the developing human immune system across organs and developmental stages, and to understand cell and tissue dynamics in human skin in health and disease. This work includes the landmark discovery that developmental programmes are co-opted in common adult inflammatory skin diseases. Muzlifah is co-Vice Chair of the Human Cell Atlas international consortium, and as co-ordinator of the HCA Development Bionetwork she plays a critical role in supporting this growing network of international scientists aiming to understand human development. She participates widely in the scientific community, with current roles including Trustee of the Foulkes Foundation, Sectional Committee Chair at the Academy of Medical Sciences and Chair of the Wellcome Career Development Award. Muzlifah's work has been widely recognised by the community, including via election to the Academy of Medical Sciences（2020）and EMBO（2023）, as well as personal awards including the Academy of Medical Sciences Foulkes Foundation Medal（2019）, the EFIS-EJI Ita Askonas Award in Immunology（2023）, the British Society for Developmental Biology Cheryll Tickle Medal（2025）and the HUGO Chen Excellence in Genomics Award（2025）.

SSY4-3
New insights into the treatment of Androgenetic Alopecia

George Cotsarelis
Department of Dermatology, University of Pennsylvania School of Medicine, Philadelphia

Androgenetic alopecia（AGA）, results from miniaturization of hair follicles. Hair follicle stem cells remain relatively intact in MPB, but progenitor cells are decreased. Markers for human hair follicle stem cells include cytokeratin 15（K15）and, for progenitor cells, CD200. Gene expression studies in humans provide candidate genes and pathways that may be important for hair growth. Prostaglandin pathways, including PGD2 and PGF2α are known to impact hair growth. Bimatoprost is used clinically to stimulate hair growth. We uncover a PTGFR-independent mechanism whereby bimatoprost activates insulin-like growth factor（IGF）signaling in a ligand-independent manner to drive cell proliferation through AKT signaling. Using Duolink proximal ligation assays, we demonstrate that the IGF1 receptor（IGF1R）interacts with P-cadherin（PCAD）following bimatoprost treatment. Wound induced hair neogenesis（WIHN）and regenerative medicine approaches point to future treatments for AGA.

［Biography］
Dr. George Cotsarelis is the Milton B. Hartzell Professor and Chair of the Department of Dermatology at the University of Pennsylvania Perelman School of Medicine. Dr. Cotsarelis discovered the location of hair follicle stem cells in the bulge. This finding revolutionized skin biology and popularized the hair follicle as an accessible system for studying the characteristics, behaviors and potential therapeutic applications of adult stem cells, resulting in a plethora of investigations in this area, and an unprecedented prominence of skin research in high impact scientific publications.

Dr. Cotsarelis has made seminal contributions to the understanding of cicatricial and non-cicatricial alopecias, as well as wound healing and skin regeneration. Clinically, Dr. Cotsarelis is a world's expert on alopecias. His patients include those with male or female pattern hair loss, alopecia areata, scarring alopecias and other scalp disorders, and come from all over the world to see him.

He has been elected to multiple prestigious societies including the American Society for Clinical Investigation, American Dermatological Association, Interurban Clinical Club and the Association of American Physicians. He is an honorary member of the Korean Society for Investigative Dermatology and received an honorary degree from China Medical University in Shenyang, China.

SSY5-3
Impact of Prurigo Nodularis-Associated Itch on Daily Life and Optimal Management

Jacek C. Szepietowski[1,2)]
Division of Dermatology, Venereology and Clinical Immunology, Faculty of Medicine, Wroclaw University of Science and Technology, Wroclaw, Poland[1)], Department of Dermato-Venereology, 4th Military Hospital, Wroclaw, Poland[2)]

Prurigo nodularis is a condition characterized by chronic itch, prolonged scratching behavior, and the presence of pruriginous lesions. Prurigo itch has a vast psychosocial burden, leading to decreased quality of life and increased stigmatization. Patients with prurigo are also at increased risk for depression, anxiety, and suicidality. The treatment is a challenge for both clinicians and patients. Effective treatments target the neuronal and immune systems. New developments in the field, including nalbuphine, especially dupilumab and nemolizumab, are beneficial for prurigo patients.

［Biography］
Prof. Dr. h.c. Jacek C. Szepietowski, MD, PhD, FRCP, is a full professor of dermatology and chair at the Division of Dermatology, Venereology and Clinical Immunology, Faculty of Medicine, Wroclaw University of Science and Technology, Wroclaw, Poland. He is the current President of the Polish Dermatological Society and past President of the International Forum for the Study of Itch（IFSI）and the European Society for Dermatology and Psychiatry（ESDaP）. Prof. Szepietowski has authored over 800 scientific papers, 17 books, and numerous book chapters, with an h-index of 79. He serves as Editor-in-Chief or Associate Editor for several leading dermatology journals. He is an Honorary Member of 23 international and national scientific societies. His research focuses on itch, psychodermatology, and chronic inflammatory skin diseases such as psoriasis, atopic dermatitis, and hidradenitis suppurativa.

SSY7-4
Disease modification in atopic dermatitis：Concepts, Evidence, and Future Perspectives

Stephan Weidinger
Department of Dermatology and Allergy, University Hospital Schleswig-Holstein, Kiel, Germany

Atopic dermatitis（AD）is increasingly recognized as a chronic systemic inflammatory disease with consequences extending beyond recurrent skin flares. The concept of disease modification in AD moves beyond short-term symptom control and seeks to alter the long-term disease course through early and effective intervention. This lecture will examine how disease modification may be conceptualized in AD, focusing on early suppression of type 2 inflammation, control of subclinical disease activity, and achievement of sustained disease control. Emerging evidence from translational research and real-world practice, together with key challenges and future perspectives, will be discussed.

［Biography］
Stephan Weidinger is Professor and Chair of Dermatology at Kiel University（Christian-Albrechts-University）and Director of the Department of Dermatology and Allergy at University Medical Center Schleswig-Holstein（UKSH）, Campus Kiel, Germany. He received his medical training at the University of Regensburg, UT Southwestern Medical Center（Dallas）, and the Technical University of Munich, where he also obtained his MD and PhD. Prior to his current appointment, he served as a Senior Physician at the Department of Dermatology and Allergy, Technical University of Munich, leading the inflammatory skin disease unit. Professor Weidinger's research focuses on the immunological drivers and molecular mechanisms of inflammatory skin diseases, with the aim of improving diagnosis, stratification, and treatment. He is also involved in multiple clinical trials in atopic dermatitis, prurigo nodularis, psoriasis, and alopecia areata. In addition to his clinical and research roles, Professor Weidinger is an Associate Editor of the Journal of Allergy and Clinical Immunology, the British Journal of Dermatology, and the Journal of Investigative Dermatology.

MS15-1

Global Psoriasis Care：Treatment Pathways, Undertreatment, and IPC Guidance

April W. Armstrong[1,2]
（University of California Los Angeles（UCLA）[1]，UCLA Clinical and Translational Research Institute[2]）

Advances in biologic and targeted oral therapies have broadened psoriasis treatment options and increased focus on standardized disease assessment and structured escalation beyond topical agents. Challenges include variability in defining topical treatment failure, therapeutic inertia, barriers to systemic therapy initiation, and undertreatment of moderate-to-severe cases. This lecture reviews current approaches, criteria for topical treatment failure, reasons for delayed escalation, and practical strategies for identifying patients may benefic from systemic therapy.

LS41-1

Long-term results of a new device for treating acne

Peter Ch'ng Wee Beng
（GLENEAGLES Kuala Lumpur and PETER CH'NG CLINIC）

The AviClear laser system uses a 1726nm laser to target sebaceous glands, which play a crucial role in the development of acne. This shrinks these glands, leading to improved acne. In fact, a large-scale study involving 104 patients showed that treatment was completed once a month for a total of three sessions. After one year, 91% of patients showed at least a 50% improvement in their acne. This is a treatment that can be expected to have long-term effects.

ES3-1

Reaching New Heights: A Focus on Treatment Targets in PSO

Vimal H. Prajapati
（Dermatology Research Institute, University of Calgary）

Psoriasis is a chronic inflammatory skin disease characterized by heterogeneous immune mechanisms and multiple sources of inflammation. This seminar reviews recent insights into disease pathophysiology, including the role of tissue-resident memory T cells and epigenetic regulation in disease persistence and recurrence. The evolution of biologic therapies has enabled higher treatment targets, emphasizing early and sustained inflammation control. Potential implications for disease modification and long-term outcomes will be discussed, supported by emerging real-world evidence from advanced biologic treatments.

ES9-2

Early Intervention and Treatment Strategies in Atopic Dermatitis：Insights from CLCI

Stephan Weidinger
（Chair and Director, Department of Dermatology and Allergy, University Medical Center Schleswig-Holstein, Kiel, Germany）

Atopic dermatitis（AD）imposes a multidimensional burden that can disrupt critical "windows" of childhood development, education, social participation, and later work productivity, thereby accumulating into Cumulative Life Course Impairment（CLCI）. A key implication is that time spent with uncontrolled disease matters：persistent symptoms and repeated flares are closely linked to chronic sleep disturbance and broader functional consequences. This lecture will discuss strategies for timely disease control and maintenance, and how treat-to-target frameworks can support timely escalation when control is insufficient, with the goal of minimizing cumulative morbidity rather than merely treating flares.

ES17-1

A Multimodal approach to managing Ageing and pigmentation in Japanese patients

Samantha Davidson
（Gold Coast Dermatology Clinic）

The use of lasers and intense pulsed light to address the complex treatment needs of East Asian skin requires a nuanced dermatologic approach. Clinical experience with a multimodal platform incorporating multiple wavelengths underscores both the challenges and opportunities in treating Japanese patients. When applied with an understanding of cutaneous biology and laser-tissue interaction, a multi-wavelength platform can safely and effectively address vascular, pigmentary, and textural pathology, achieving consistent clinical outcomes while minimizing adverse events in Japanese skin.

ES19-2

Autoimmune Subepidermal Blistering Skin Disease：Burden, Unmet Needs and Care

Ulrike Raap
（University Clinics of Dermatology and Allergy, Division of Experimental Allergy and Immunodermatology, University of Oldenburg, Oldenburg, Germany）

Autoimmune subepidermal blistering skin diseases are driven by autoantibodies against basement membrane adhesion proteins, leading to complement activation, inflammatory cell recruitment, and tense blisters. This chronic condition causes severe pruritus, pain, impaired mobility, and increased mortality in elderly patients, with substantial psychosocial and healthcare burden. Despite guideline-directed immunosuppression, diagnostic delay, treatment toxicity, and high relapse rates highlight major unmet medical needs and the importance of earlier, safer, and more targeted therapy.

E1-1 (EP3-1)

Comparing 2 vs 1 cm margins in acral melanoma of the sole with Breslow thickness over 2 mm

○Shigeru Koizumi[1,2], Naoya Yamazaki[3], Yuki Ichigozaki[4], Hiroshi Kitagawa[5], Yukiko Kiniwa[6], Sayuri Sato[7], Toshihiro Takai[8], Reiichi Doi[9], Takamichi Ito[10], Yasuhiro Nakamura[1]
(Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Saitama[1], Department of Dermatology, Chiba University, Chiba[2], Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo[3], Department of Dermatology and Plastic Surgery, Faculty of Life Sciences, Kumamoto University, Kumamoto[4], Department of Dermatology, Mie University, Mie[5], Department of Dermatology, Shinshu University, Matsumoto[6], Department of Dermatology, Sapporo Medical University School of Medicine, Sapporo[7], Department of Dermatology, Hyogo Cancer Center, Akashi[8], Department of Dermatology, Kurume University School of Medicine, Kurume[9], Department of Dermatology, Graduate School of Medical Sciences, Kyushu University, Fukuoka[10])

Background：Optimal surgical margins for acral melanoma (AM) remain unclear. Objective：To compare survival between patients excised with a 2-cm peripheral margin, as recommended by the NCCN Guidelines, and those excised with a 1-cm margin. Methods：We retrospectively analyzed AM patients with Breslow thickness over 2 mm from 44 Japanese institutions. Results：In total, 336 patients were included in the study (2-cm margin：n=226；1-cm margin：n=110). After propensity score matching, no significant differences were observed in survival between the two groups (each group：n=103；5-year local recurrence-free survival：71% vs. 59%, P=0.13；5-year disease-free survival：47% vs. 54%, P=0.63). Conclusion：A 1-cm peripheral margin may be acceptable to minimize morbidity.

E1-2 (EP1-1)

Suppression of IL-23-Mediated Psoriasis-like inflammation by Regulatory B cell

○Kie Mizumaki, Motoki Horii, Miyu Kano, Takashi Matsushita
(Department of Dermatology, Faculty of Medicine, Institute of Medical, Pharmaceutical and Health Sciences, Kanazawa University, Kanazawa)

Regulatory B cells (Bregs) producing IL-10 negatively regulate immune responses. This study investigated their role in IL-23-mediated psoriasis-like inflammation in mice. B cell-specific PTEN-deficient mice, showing marked Bregs expansion within the B1 subset, were analyzed. IL-23-mediated inflammation was reduced in these mice. Tregs in spleen and draining lymph nodes were expanded, while Th17 differentiation in ears was suppressed. Adoptive transfer of B1-B cells also reduced inflammation. Blocking IL-10 receptor tended to increase ear thickness but was not statistically significant. These results suggest that Bregs suppress IL-23-mediated inflammation by promoting Tregs expansion and inhibiting Th17 differentiation. Bregs-targeted therapies may be a potential treatment for psoriasis.

E1-3 (EP1-2)

RNA-seq Reveals Subtype-Specific Pathways and Targets in Cutaneous Squamous Cell Carcinoma

○Masaoki Kawasumi
(Department of Dermatology, The Ohio State University College of Medicine, Columbus)

Cutaneous squamous cell carcinoma (cSCC) shows heterogeneity, with poorly differentiated (PD) tumors carrying worse prognosis than well differentiated (WD). We performed bulk RNA-seq on normal skin ($n = 6$), WD ($n = 6$), PD ($n = 6$), and metastatic PD (PD-M, $n = 3$). Transcriptomic analyses defined distinct subtype-specific pathways. PD/PD-M showed suppressed keratinization (*TINCR*, *LINC00941*) and reduced cholesterol biosynthesis (*SREBF2*). All subtypes displayed cell cycle activation (*MYBL2*, *FOXM1*) and enhanced immune signaling linked to reduced *ETV3*. Target profiling identified actionable immune and stromal pathways with FDA-approved or investigational agents. Biomarkers included *EPGN* (WD), *FN1* (PD/PD-M), and *CXCL1* (WD/PD), supporting diagnostic and therapeutic development.

E1-4 (EP1-3)

Apocynin Protects Keratinocytes from UVB-Induced Senescence

○Tuba Musarrat Ansary, Koji Kamiya, Md Razib Hossain, Mayumi Komine
(Department of Dermatology, Jichi Medical University, Shimotsuke)

Ultraviolet B (UVB) irradiation accelerates epidermal aging by inducing oxidative stress, DNA damage, and loss of Collagen 17 (COL 17), a key regulator of keratinocyte stemness. Apocynin, a NADPH oxidase inhibitor, alleviated UVB-induced senescence in human keratinocytes by restoring COL17, reducing DNA damage and cell cycle arrest markers (γH2AX, p16), preserving the nuclear envelope integrity marker lamin B1, and suppressing p38 MAPK downstream transcriptional targets (AP-1) as well as senescence-associated markers (PAI-1, SA-β-gal). Combined p38 inhibition further potentiated these protective effects, highlighting a promising strategy to counteract photoaging.

E1-5 (EP1-4)

JAK1 signaling is essential for mechanical itch sensitization in atopic dermatitis

○Ying Zuo[1], Sumika Toyama[1], Eriko Komiya[1,2], Soichiro Yoshikawa[1], Mitsutoshi Tominaga[1], Kenji Takamori[1,3]
(Juntendo Itch Research Center (JIRC), Institute for Environmental and Gender Specific Medicine, Graduate School of Medicine, Juntendo University, Tokyo[1], Laboratory of Functional Morphology, Faculty of Pharmacy, Juntendo University, Tokyo[2], Department of Dermatology, Juntendo University Urayasu Hospital, Urayasu[3])

Chronic pruritus is a hallmark of atopic dermatitis (AD) and is aggravated by itch sensitization, including mechanical alloknesis (m-alloknesis), an abnormal itch response to innocuous mechanical stimuli. Janus kinase (JAK) inhibitors are effective in AD treatment, their impact on m-alloknesis remains unclear. This study investigated the role of JAK signaling in m-alloknesis using an AD mice model. Mice were treated with the JAK1/2 inhibitor baricitinib, the JAK1 inhibitor abrocitinib, the JAK2 inhibitor AZ960, or vehicle. Baricitinib and abrocitinib significantly reduced m-alloknesis scores within 2 hours, whereas AZ960 showed no effect. Skin lesions and barrier function remain unchanged. These findings indicate a critical role of JAK1 signaling in AD-related itch sensitization.

E1-6 (EP1-16)

The PPIA-BSG Axis in Mast Cells：A Pro-Reparative Signal Lost in Diabetic Foot Ulcers

○Mingyang Wu[1], Haoze Shi[2]
(ZhongDa Hospital, Nanjing[1], Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences & Peking Union Medical College, Nanjing[2])

Background： Dysregulated cell communication impairs diabetic foot ulcer (DFU) healing. The role of secreted protein Cyclophilin A (PPIA) is unclear.
Methods： We integrated scRNA-seq of DFU/normal tissues, computational communication analysis, Co-IP, and functional co-culture assays.

Results： PPIA was highly expressed in normal mast cells and fibroblasts. We identified BSG as its receptor. Mast cell PPIA promoted fibroblast proliferation via BSG/PI3K-AKT. Fibroblast PPIA enhanced endothelial angiogenesis via BSG/VEGF. This PPIA-BSG network was disrupted in DFUs.
Conclusion： The PPIA-BSG axis coordinates key reparative cellular crosstalk. Its disruption contributes to DFU pathology, highlighting a promising therapeutic target.

E1-7（EP2-3）

Persistent Severe Atopic Dermatitis Revealing Adult Hyper-IgE Syndrome with *ERBIN* Variant

○Meijuan Jin, Atsuko Sato, Koji Kamiya, Mayumi Komine
（Department of Dermatology, Jichi Medical University, Shimotsuke）

A man in his 30s with a history of bronchial asthma, scoliosis, and recurrent pneumonia had experienced persistent eczematous lesions since childhood. Laboratory tests revealed markedly elevated serum IgE and TARC levels, along with peripheral eosinophilia. Given the chronic severe dermatitis and recurrent infections, Hyper-IgE syndrome was suspected. Subsequent genetic testing identified a pathogenic c.3478C＞T variant in the *ERBIN* gene, leading to a definitive diagnosis of Hyper-IgE syndrome. This case underscores the importance of considering Hyper-IgE syndrome in adults with long-standing atopic dermatitis and systemic complications, and highlights the diagnostic value of genetic analysis.

E1-8（EP2-1）

Trichoscopic Analysis of Kerion Celsi：Diagnostic and Therapeutic Implications

○Masaki Uchiyama[1)], Tatsuro Maeda[1)], Michi Ota[1)], Risako Akasu[2)], Masae Yoshida[2)], Toshio Demitsu[2)], Kazutoshi Harada[1)]
（Department of Dermatology, Tokyo Medical University, Tokyo[1)], Department of Dermatology, Ageo Central General Hospital, Ageo[2)]）

Four pediatric patients were included. All presented with alopecia accompanied by erythema, scaling, crusts, and increased hair fragility. Trichoscopy revealed zigzag hairs and Morse code-like hairs in early lesions, and comma hairs and broken hairs in advanced lesions. Direct microscopic examination was positive. Fungal culture and genetic analysis using DNA extracted from culture and direct microscopy specimens identified *Microsporum canis* in all cases, leading to a diagnosis of kerion celsi, and oral antifungal therapy was initiated. Detailed trichoscopic analysis during follow-up showed longitudinal changes in hair shaft findings, suggesting the potential utility of trichoscopy for diagnosis and treatment monitoring in tinea capitis.

E2-1（EP7-2）

Influence of Topical Corticosteroids and Systemic Therapies on Metal Patch Test Results

○Toshiya Takahashi, Mayuko Amagai, Maki Ozawa, Kojiro Segawa, Tomoko Chiba, Yoshihide Asano
（Department of Dermatology, Tohoku University Graduate School of Medicine, Sendai）

Background： The impact of testing conditions on patch testing（PT）results remains unclear. **Objective：** We investigated the influence of topical corticosteroids（TCS）and systemic therapies（oral corticosteroids, dupilumab, JAK inhibitors）on metal PT results in 35 patients with atopic dermatitis（AD）. **Results：** Applying potent TCS to the test site within 3 days prior to testing yielded 86%（6/7）negative results. However, all 4 cases retested after a 1-week TCS washout became positive. Conversely, patients on systemic therapy had a 69%（11/16）positive rate, comparable to the non-systemic therapy group（69%, 9/13）. **Conclusion：** A TCS washout period of at least one week is desirable before PT. Moreover, at least certain metals retain PT positivity even under systemic therapies studied for AD.

E2-2（EP7-3）

IgE-dependent anaphylaxis is regulated by the sphingolipids-CD300 binding in mast cells

○Risa Yamamoto[1,2)], Kumi Izawa[1)], Ayako Kaitani[1)], Tomoaki Ando[1)], Akie Maehara[1)], Nobuhiro Nakano[1)], Ko Okumura[1)], Jiro Kitaura[1)]
（Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1)], Department of Pediatrics Juntendo University Faculty of Medicine, Tokyo[2)]）

IgE-dependent anaphylaxis is suppressed by the ceramide-CD300f binding. Here, we identified sphingomyelin（SM）species as Fc ε RI γ-coupled CD300d3 ligands. Stimulation with SM recognized by CD300d 3 but not by CD300f（type I SM）promoted colocalization of SM-bound CD300d3 to the cross-linked Fc ε RI and enhanced IgE-mediated mast cell degranulation. The IgE-dependent anaphylactic responses were consistently enhanced by type I SM. However, the same responses were attenuated by CD300d3 deficiency, by interfering with the SM-CD300d3 interaction, or by treatment with vesicles containing ceramide or SM recognized by both CD300d3 and CD300f（type II SM）. Overall, IgE-dependent anaphylaxis in mice is regulated by the binding of specific sphingolipids present in tissues to CD300d3 versus CD300f.

E2-3（EP9-6）

Immunotherapy-induced remodeling of immune hubs defined by dendritic cells

○Tomoyuki Minowa[1,2)], Matthew Gubin[2)], Stephanie Watowich[2)], Hisashi Uhara[1)]
（Department of Dermatology, Sapporo Medical University, Sapporo[1)], Department of Immunology, The University of Texas MD Anderson Cancer Center, Houston[2)]）

Dendritic cells（DCs）orchestrate anti-tumor immunity, yet their phenotypic diversity and spatial dynamics remain unclear. We built an integrated atlas of tumor-infiltrating DCs by harmonizing single-cell transcriptomes from 12 murine tumor studies and 28 human cancer datasets, identifying conserved $CCR7^+$ and ISG^+ DC states. Visium HD spatial analysis showed that both preferentially colocalize with T cells but occupy distinct regions linked to different T cell subsets. Using a 46-marker multiplex imaging panel, we assessed how immunotherapies reshape DC-T immune hubs in a preclinical mouse model and found treatment-dependent modulation. These findings highlight conserved, spatially organized DC activation states that influence anti-tumor immunity.

E2-4（EP9-7）

Efficacy of S-1 for advanced squamous cell carcinoma：A multicenter retrospective study

○Sadao Inoue[1,2)], Ayano Maruyama[3)], Yuki Yamamoto[4)], Tatsuya Takenouchi[5)], Soichiro Kado[6)], Natsuko Sasaki[7)], Takefumi Kadono[8)], Yukiko Kiniwa[9)], Hiroshi Kato[10)], Yasuhiro Nakamura[1)]
（Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Saitama[1)], Department of Dermatology, Dokkyo Medical University, Shimotsuga[2)], Department of Dermatology, Kyoto Prefectural University of Medicine, Kyoto[3)], Department of Dermatology, Wakayama Medical University, Wakayama[4)], Department of Dermatology, Niigata Cancer Center Hospital, Niigata[5)], Department of Dermatology, Jichi Medical University, Shimotsuke[6)], Department of Dermatology, University of Occupational and Environmental Health, Fukuoka[7)], Department of Dermatology, St. Marianna University School of Medicine, Kawasaki[8)], Department of Dermatology, Shinshu University,

Matsumoto[9], Department of Geriatric and Environmental Dermatology, Nagoya City University Graduate School of Medical Sciences, Nagoya[10])

Background：Efficacy of S-1 for locally advanced（LA）or recurrent/metastatic（R/M）squamous cell carcinoma（SCC）has been studied only in small case series and has not been fully evaluated with a larger sample size. Methods：We collected patients with LA or R/M SCC treated with S-1 across 21 Japanese institutions. Results：Totally 148 patients were included. In the LA（42）and R/M（106）groups, objective response rate was 54% and 44%. Progression-free survival（PFS）and overall survival（OS）were significantly better in the LA group than in the R/M group（1-year PFS：76% vs 42%；1-year OS：86% vs 62%, P was under 0.001 for both）. Grade 3-5 adverse events occurred in 14%. Conclusions：S-1 will be an effective and tolerable treatment option for advanced SCC, particularly in the LA cohort.

E2-5（EP9-16）

Anatomical Site Shapes the TME in Mycosis Fungoides via Stromal Signaling

○Haoze Shi[1], Mingyang Wu[2], Jianfang Sun[1], Hao Chen[1]
（Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences & Peking Union Medical College, Nanjing[1], Zhongda Hospital, Nanjing[2]）

Background： Anatomical location may shape tumor microenvironment heterogeneity in mycosis fungoides（MF）, influencing disease behavior.
Methods： We integrated single-cell and spatial transcriptomics of MF lesions from different sites, with functional validation using in co-cultures and gene knockdown.
Results： Leg lesions were enriched in macrophages and stromal cells, while abdominal lesions were T-cell dominant. A unique fibroblast subset in folliculotropic MF expressed CCL19/CCL26. Leg-derived fibroblasts secreted high levels of APP and MIF, driving macrophage M2 polarization and tumor T-cell proliferation and APP knockdown inhibited this.
Conclusion： Anatomical site dictates MF TME composition and function via stromal signals, driving regional disease heterogeneity and affecting therapy.

E2-6（EP9-4）

Inactivation of cGAS-STING-TBK1 pathway is associated with the progression of melanomas

○Takeshi Namiki[1], Keiko Miura[2], Masaki Sekine[2], Yasuaki Mohri[3], Emi K Nishimura[3], Kentaro Tanaka[4], Hiroki Mori[5], Kenichi Ohashi[2], Naoko Okiyama[1]
（Department of Dermatology, Institute of Science Tokyo, Tokyo[1], Department of Pathology, Institute of Science Tokyo, Tokyo[2], Division of Aging and Regeneration, Institute of Medical Science, The University of Tokyo, Tokyo[3], Department of Reconstructive Surgery, Institute of Science Tokyo, Tokyo[4], Department of Plastic Surgery, Institute of Science Tokyo, Tokyo[5]）

The cGAS-STING signalling is a pivotal pathway to induce innate immune responses in cancer cells. We tested the expressions of cGAS, STING and phospho-TBK1 at serine 172. Primary melanomas（60 patients）comprising of pTis, pT1, pT2, pT3 and pT4 were examined using immunohistochemistry. The correlations with various clinical parameters and the prognostic significance were analyzed statistically. The expression of cGAS was significantly decreased in comparison between pTis-pT1 and pT2-pT4（P = 0.000944）. However, no significance in the prognosis was found. ROC analysis indicated that the cutoff value of cGAS expression with the highest discriminative power was at 0.900 mm. Decreased expression of cGAS has a significant impact on the progression from early melanoma to invasive melanoma.

E2-7（EP9-8）

Porocarcinoma in 35 Cases：Multimodal Imaging-Pathology Correlation and Prognostic Factors

○Tokiyoshi Ikoma, Kazuyasu Fujii, Keisuke Goto, Takahisa Tozawa, Masashi Iwata, Kunihiko Shimada, Megumi Aoki, Shigeto Matsushita
（Department of Dermato-Oncology, National Hospital Organization Kagoshima Medical Center, Kagoshima）

Introduction：Porocarcinoma（PC）is a rare malignancy. We investigated the diagnostic and prognostic value of multimodal assessment. Methods：Thirty-five patients with PC were retrospectively analyzed, correlating dermoscopic（n = 30）, sonographic（n=25）, and pathologic（n=32）findings with outcomes. Results：During a median 17.0-months, 4 recurrences and 3 disease-related deaths occurred, all lower-limb lesions. Sonographic thickness correlated with pathological depth（R^2=0.86）. PFS was shorter in patients with ≥2 risk features（infiltrative growth, >7mm depth, >14 mitoses/HPF, or LVI）（p=0.024）. Conclusion：Multimodal assessment reliably predicts PC progression through high-risk feature accumulation. Part of this work was presented at the 78th Meeting of the Western Division of JDA.

E2-8（EP9-9）

Adjuvant locoregional IFN-beta versus surgery alone for stage II/III melanoma（JCOG1309）

○Kenjiro Namikawa[1], Dai Ogata[1,2,3], Masayuki Yokoyama[4], Yusuke Sano[4], Haruhiko Fukuda[4], Akira Takahashi[1,5], Shusuke Yoshikawa[6], Yasuhiro Nakamura[7], Tatsuya Takenouchi[8], Naoya Yamazaki[1]
（Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo[1], Department of Dermatology, Saitama Medical University, Saitama[2], Department of Dermatology, Miyazaki University Hospital, Miyazaki[3], JCOG Data Center/Operations Office, National Cancer Center, Tokyo[4], Department of Dermatologic Oncology, National Cancer Center Hospital East, Chiba[5], Department of Dermatology, Shizuoka Cancer Center, Shizuoka[6], Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Saitama[7], Department of Dermatology, Niigata Cancer Center Hospital, Niigata[8]）

Background： We conducted a randomized phase III trial to evaluate locoregional IFN-beta as adjuvant therapy for resected stage II/III cutaneous melanoma（JCOG1309, UMIN000017494）.
Methods： Patients were randomly assigned to receive adjuvant therapy with locoregional IFN-beta or surgery alone. The primary and secondary endpoints were overall survival（OS）and relapse-free survival（RFS）.
Results： At a median follow-up of 6.9 years, 5-year OS and RFS were 77.4% and 55.6% in the IFN-beta arm（n=54）, and 79.1% and 52.6% in the surgery alone arm（n=53）（OS, one-sided log-rank p=0.77）；hazard ratios（95%CI）for OS and RFS were 1.33（0.62-2.86）and 1.11（0.65-1.90）, respectively.
Conclusions： Adjuvant therapy with locoregional IFN-beta did not improve survival outcome.

E3-1（EP8-2）

Clinical Significance of Anti-NXP2 ELISA Titers in Idiopathic Inflammatory Myopathies

○Satoshi Kamiya[1)], Mariko Ogawa-Momohara[1)], Eori Noda[1)], Norika Akashi[1)], Yuta Yamashita[1)], Haruka Koizumi[2)], Takuya Takeichi[1)], Yoshinao Muro[1)], Masashi Akiyama[1)]
（Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya[1)], Department of Dermatology, Toyota Memorial Hospital, Toyota[2)]）

We quantified anti-NXP2 antibody titers using an ELISA developed in our facility and examined the clinical significance of the antibody titers in 32 myositis patients diagnosed with anti-NXP2 antibody-positive idiopathic inflammatory myopathies（IIM）. Correlation analysis demonstrated significant associations of high titers with elevated erythrocyte sedimentation rates and cardiac-thoracic ratios. The antibody titers were particularly significantly elevated in patients with malignancies. Longitudinal evaluation revealed a tendency for the antibody titers to gradually decrease following immunosuppressive therapy. These findings may suggest the potential utility of anti-NXP2 antibody titers for predicting tumor complications and assessing treatment efficacy.

E3-2（EP8-1）

Differences between Immune Checkpoint Inhibitor-Related and -Unrelated Bullous Pemphigoid

○Min Zou, Xun Feng, Jishu Li, Wei Li
（Department of Dermatology and Venereology, West China Hospital, Sichuan University, Chengdu）

ICI-BP（immune checkpoint inhibitor-related bullous pemphigoid）is rare and poorly compared with classic BP. In this 2019-2025 Chinese cohort, 34 ICI-BP, 10 non-ICI tumour-BP and 68 classic BP cases were analysed. ICI-BP presented younger（median, 59.0 years；IQR, 53.3-69.5；P=0.001）and overwhelmingly male（88 %, P=0.003）, required systemic steroids more often, and showed a transient anti-BP180 rise；tumour response and mortality did not differ from non-ICI tumour-BP（P=1.000）. Additionally, tumour-bearing patients without ICI exposure resembled classic BP rather than ICI-BP. In conclusion, ICI-BP exhibits distinct clinical/immunologic features and frequent glucocorticoid need；epitope spreading warrants further study.

E3-3（EP8-7）

Anti-PM/Scl Myositis Shows Stronger Cutaneous T-cell Activation Than Anti-ARS Myositis.

○Norika Akashi, Mariko Ogawa-Momohara, Yoshinao Muro, Takashi Yokoyama, Satoshi Kamiya, Yuta Yamashita, Haruka Koizumi, Takuya Takeichi, Masashi Akiyama
（The Department of Dermatology, Nagoya University, Nagoya）

Anti-PM/Scl（+）myositis shares some clinical features with anti-aminoacyl-tRNA synthetase（ARS）(+) myositis, such as chronic interstitial lung disease and mechanic's hands, but the latter is more prevalent in Anti-PM/Scl（+）myositis than in anti-ARS（+）myositis. We have previously reported that Anti-PM/Scl（+）myositis is characterized by prominent palmar hyperkeratosis.To clarify the pathomechanism of hyperkeratosis, we performed RNAseq of hyperkeratotic lesions from 10 patients with idiopathic inflammatory myopathies（6 with anti-ARS antibodies, 4 with anti-PM/Scl antibodies）and 5 healthy controls. Anti-PM/Scl（+）lesions showed increased expression of T cell-related genes and T cell exhaustion markers, which may contribute to the prominent hyperkeratosis and favorable treatment response.

E3-4（EP8-8）

Early Pathogenic Autoantibody Dynamics Following IVIG in Autoimmune Blistering Diseases

○Tomoyuki Hioki[1)], Ryota Asahina[1,2)], Hiroaki Iwata[1)]
（Department of Dermatology, Gifu University Graduate School of Medicine, Gifu[1)], Center for one Medicine Innovative Translational Research（COMIT）, Institute for Advanced Study, Gifu University, Gifu[2)]）

Intravenous immunoglobulin（IVIG）is an established therapy for autoimmune blistering diseases（AIBDs）；however, its early effects on pathogenic autoantibody dynamics have not been fully elucidated. We retrospectively analyzed patients with moderate-to-severe AIBDs treated with systemic steroids in combination with IVIG（n = 8）and those treated with systemic steroids alone（n = 8）. The cohort included pemphigus vulgaris, pemphigus foliaceus, and bullous pemphigoid. Although patients in the IVIG group tended to be older and had higher baseline disease severity scores, the rate of autoantibody reduction was significantly greater in the IVIG group at one and two weeks after treatment initiation. These findings suggest the involvement of the neonatal Fc receptor and antibody neutralization.

E3-5（EP8-6）

Anti-PM/Scl-Positive Dermatomyositis：A Diagnostic Pitfall for Bazex Syndrome

○Mayuko Matsuda[1)], Yoshio Kawakami[1)], Ko Sunagawa[1)], Ken-Ichi Hasui[1)], Hitoshi Urakami[2)], Satoru Sugihara[1)], Taisuke Kanno[1)], Yoshinao Muro[3)], Shin Morizane[1)]
（Department of Dermatology, Okayama University Graduate School of Medicine, Dentistry, and Pharmaceutical Science, Okayama[1)], Department of Dermatology, Shimane University Faculty of Medicine, Izumo[2)], Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya[3)]）

Acrokeratosis paraneoplastica, also known as Bazex syndrome（BS）, is a paraneoplastic acral hyperkeratosis, but its pathogenesis is unclear. We report a case of anti-PM/Scl-positive dermatomyositis（DM）in an 80-year-old male with lung adenocarcinoma, who exhibited acral hyperkeratotic erythema resembling BS on palms, ears, and soles, with nail changes. Muscle biopsy revealed myositis, but MxA expression was negative, consistent with other DM cases presenting with minimal muscle symptoms. This case underscores that anti-PM/Scl-positive DM can present with acral hyperkeratosis mimicking BS. Recognizing this mimicry is crucial, as missed DM diagnosis risks delayed management of life-threatening complications. We advocate screening for DM autoantibodies in patients with Bazex-like features.

E3-6（EP11-6）

HPV in Skin Tissues of Asian Organ Transplant Recipients with Squamous Cell Carcinoma

○Choon Chiat Oh
（Department of Dermatology, Singapore General Hospital, Singapore）

Human papillomavirus（HPV）infection has been associated with increased risk of cutaneous squamous cell carcinoma（cSCC）, particularly in organ transplant recipients（OTRs）. In this study, 37 OTRs and 48 immunocompetent patients with cSCC were recruited. Fresh biopsy samples were collected from eyebrow hair, cSCC lesions, and cutaneous warts. We identified HPV genotypes in cSCC not previously reported in the literature：five α-types（32, 39, 52, 77, 94）, eight β-types（19, 96, 98, 104, 124, 143, 159, 174）, and three γ-types（4, 65, 191）. α-HPV viral load were higher in OTRs, whereas immunocompetent patients tended to have higher β-HPV viral loads. There are major differences in the distribution of HPV genotypes in Asian OTRs and immunocompetent cSCC patients.

E3-7（EP11-11）

Cutaneous Manifestations Among the Reemergence of Early Congenital Syphilis：10-Year Study

○Leelawadee Techasatian, Piyadarat Asawasakulchokedee
（Department of Pediatrics, Khon Kaen University, Khon Kaen）

The reemergence of congenital syphilis constitutes a significant health challenge. This study presents a 10-year retrospective analysis of 52 infants with confirmed congenital syphilis, categorized by the presence（n=11）or absence（n=41）of cutaneous manifestations. The analysis revealed that a lack of or inadequate maternal treatment was significantly associated with the presence of cutaneous lesions in newborns（p=0.001）, who were also more likely to be born to mothers of a younger mean age（21.27 vs 24.74 years, p=0.049）. Adequate maternal treatment was confirmed to be a significant protective factor（OR 0.09, 95% CI 0.02-0.51, p=0.005）. Inadequate maternal syphilis treatment is the principal modifiable determinant for the development of cutaneous manifestations in congenital syphilis.

E3-8（EP11-3）

Adult Siblings with Cutaneous Botryomycosis Revealing X-linked Agammaglobulinemia

○Michiyo Takeuchi[1,5], Yo Kaku[1], Keiko Hashikawa[1], Masaki Tominaga[2], Ryuta Nishikomori[3], Yutaka Tsutsumi[4], Hiroshi Koga[1]
（Department of Dermatology, Kurume University School of Medicine, Kurume[1], Division of Respirology, Neurology and Rheumatology, Department of Community Medicine, Kurume University School of Medicine, Kurume[2], Department of Pediatrics and Child Health, Kurume University School of Medicine, Kurume[3], Diagnostic Pathology Clinic, Pathos Tsutsumi, Inazawa[4], Public Yame General Hospital, Yame[5]）

X-linked agammaglobulinemia（XLA）is a primary immunodeficiency caused by pathogenic variants in the *Bruton's tyrosine kinase*（*BTK*）gene. We report two adult male siblings with previously undiagnosed XLA presenting with cutaneous botryomycosis. A 20-year-old man developed painless perianal nodules, while his 21-year-old elder brother had recurrent pneumonia and verrucous nodules on the lower extremities. Methicillin-resistant *Staphylococcus aureus*（MRSA）was isolated from skin lesions in both cases. Both siblings shared the same pathogenic *BTK* variant（c.1760T＞C；p.Met587 Thr）. Histopathology showed chronic suppurative inflammation with Gram-positive cocci, without Splendore-Hoeppli phenomenon. Skin lesions resolved with systemic antibiotics and immunoglobulin replacement therapy.

E4-1（EP6-5）

Catestatin restores skin barrier and ameliorates atopic dermatitis via Notch1/PKC

○Ge Peng[1], Abudouwanli Alafate[1], Quan Sun[1], Wanchen Zhao[1], Yi Tan[1], Mengyao Yang[1], Hideoki Ogawa[1], Ko Okumura[1], Francois Niyonsaba[1,2]
（Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1], Faculty of International Liberal Arts, Juntendo University, Tokyo[2]）

Atopic dermatitis（AD）involves chronic inflammation and barrier dysfunction. Catestatin（CST）, an antimicrobial peptide derived from chromogranin A, was investigated as a potential therapeutic agent. Using keratinocyte and a DNCB-induced AD mouse model, we examined the effects of CST on barrier integrity and skin inflammation. CST enhanced the expression of skin barrier-related genes, improved skin permeability, and reduced cytokine-induced barrier impairment. In AD mice, CST decreased ear swelling, transepidermal water loss and scratching, and reduced inflammation. Molecular analysis showed that CST directly interacts with Notch1 and activates the Notch1/PKC pathway essential for the barrier-restoring and anti-inflammatory effects. CST represents a promising therapeutic candidate for AD.

E4-2（EP6-8）

The physiological roles of Mrgprb2/MRGPRX2 in skin inflammation

○Ayako Kaitani, Kumi Izawa, Tomoaki Ando, Akie Maehara, Naoko Negishi, Nobuhiro Nakano, Ko Okumura, Jiro Kitaura
（Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo）

Mas-related G protein-coupled receptor b2（Mrgprb2）, a mouse ortholog of human MRGPRX2, is mainly expressed in connective tissue mast cells（CTMCs）. Various cationic ligands are identified as Mrgprb2/MRGPRX2 ligands. Here, we generated Mrgprb2 knockout（Mrgprb2-KO）and MRGPRX2 knock-in（MRGPRX2-KI）mice. Notably, Mrgprb2-KO or MRGPRX2-KI abrogates or strongly enhanced pseudo-allergic skin reactions in response to cationic ligands in mice. In addition, our results indicated that MRGPRX2-mediated CTMC degranulation product, chymase, induces the activation of TRPV1-positive sensory neurons to release substance P, which further enhances CTMC degranulation via MRGPRX2. The roles of Mrgrpb2/MRGPRX2 in other inflammatory responses, including IgE-dependent anaphylaxis, were also investigated.

E4-3（EP6-9）

Local T-cell Subset Bias Differences in Inflammatory Alopecia Disorders

○Qitao Chen, Wenyu Wu, Jinran Lin, Qingmei Liu
（Department of Dermatology, Huashan Hospital, Fudan University, Shanghai）

We investigated T-cell subset biases in scalp tissues from 4 patients with lichen planopilaris, 6 patients with alopecia areata, and 5 healthy controls using single-cell RNA sequencing, flow cytometry, and multiplex immunofluorescence. We found a bias toward IFNG-producing CD8 T-cell subsets in two distinct alopecia disorders that are both potentially driven by type II interferon, which may reveal a local mechanism underlying the recurrence of alopecia areata.

E4-4（EP6-4）

KT-621, an Oral, Once Daily STAT6 Degrader：PK, PD and Safety in Healthy Japanese Adults

○Sagar Agarwal, Alice A McDonald, Evelyn Wang, Arsalan Shabbir, Heather Paleczny, Chad Nivens, Nello Mainolfi, Jared Gollob, Michael B Feldman
（Kymera Therapeutics, Inc., Watertown）

KT-621 is a first-in-class, once-daily, oral STAT6 degrader that blocks IL-4/IL-13 signaling in type 2 inflammatory diseases. In this randomized, double-blind, placebo-controlled Phase 1 trial, 24 healthy Japanese adults received KT-621 25 mg（n=9）, KT-621 100 mg（n=9）, or placebo（n=6）once daily for 7 days. KT-621 was well tolerated with no serious adverse events reported. KT-621 was rapidly absorbed with T_{max} of 4h and eliminated with half-life of 12-17h. STAT6 degradation in blood was rapid and sustained（median degradation exceeding 95% at both doses）. PK/PD and safety findings were consistent with results in non-Japanese adults, supporting STAT6 degradation as a promising therapeutic strategy for multiple type 2 diseases, including atopic dermatitis, eosinophilic asthma and COPD.

E4-5（EP6-6）

Caffeine ameliorates atopic dermatitis-like inflammation in a mouse model

○Yi Tan[1)], Ge Peng[1)], Wanchen Zhao[1)], Alafate Abudouwanli[1)], Quan Sun[1)], Mengyao Yang[1,2)], Hideoki Ogawa[1)], Ko Okumura[1)], Francois Niyonsaba[1,3)]
（Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1)], Department of Dermatology, the First Affiliated Hospital of China Medical University, Shenyang[2)], Faculty of International Liberal Arts, Juntendo University, Tokyo[3)]）

Atopic dermatitis（AD）is characterized by a compromised skin barrier and chronic inflammation. Because caffeine has been reported to exhibit anti-inflammatory effects, we investigated the potential roles of caffeine in AD pathogenesis. In a cross-sectional population analysis, higher caffeine intake was significantly associated with lower odds of AD. In an AD-like mouse model, oral caffeine administration reduced the ear thickness, scratching bouts, transepidermal water loss, inflammatory cytokines and serum total immunoglobulin E levels, and upregulated barrier-related proteins. Caffeine also decreased epidermal thickness and mast cell infiltration in lesional skin of AD mice. Together, these findings suggest that caffeine may have therapeutic potential for the management of AD.

E4-6（EP6-1）

GZMB as a Vesicle Transport Related Gene Promoting Inflammatory Response in Rosacea

○Chenchen Wu[1,2)], Bo Yu[2)], Ming Zhao[1)]
（Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences and Peking Union Medical College, Nanjing[1)], Department of Dermatology, Peking University Shenzhen Hospital, Shenzhen[2)]）

Rosacea is a chronic inflammatory skin disorder characterized by erythema and flushing. Vesicle-mediated transport（VMT）facilitates cytokine release and promotes inflammation. This study identified distinct VMT-related molecular patterns in rosacea and found that differentially expressed genes were enriched in inflammatory pathways including NOD-like receptor and NF-kappa B signaling. PPI network analysis highlighted GZMB as a hub gene. Increased GZMB expression was validated in rosacea-like mouse models and LL-37 treated HaCaT cells. Knockdown of GZMB reduced IL-1 beta and IL-6 expression and inhibited ERK1/2 phosphorylation. These findings suggest that GZMB regulates inflammatory signaling through ERK1/2 activation, indicating its potential as a novel therapeutic target in rosacea.

E4-7（EP6-12）

Validation and Responsiveness of the Rosacea Area and Severity Index in a Chinese Cohort

○Yukun Wang, Hongjie Luo, Xian Jiang
（Department of Dermatology & Venereology, West China Hospital, Sichuan University, Chengdu）

Background：The Rosacea Area and Severity Index（RASI）is recently developed and has not been validated in Asian.
Objective：To firstly assess RASI's reliability, validity, and responsiveness in a Chinese cohort.
Methods：Six observers independently scored RASI and IGA of 230 rosacea patients. Sixty patients were re-evaluated after 90 days to assess reliability and responsiveness.
Results：RASI showed strong correlation with IGA, particularly for rhinophyma and papules/pustules. Inter-observer reliability was excellent. RASI detected significant longitudinal changes in patients classified as stable by IGA.
Conclusions：This first Asian validation confirms RASI as a reliable, valid, and responsive tool for rosacea severity assessment, supporting its use in clinical and research settings.

E4-8（EP12-11）

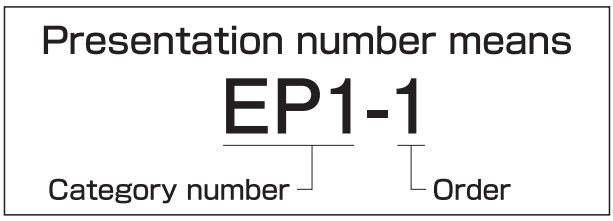
Can Deeper-Wavelength Optical Imaging Improve Skin Visualization? RCM and HGM Comparison

○Connie Liu
（Department of Dermatology, Taipei City Hospital, Taipei）

Reflectance confocal microscopy（RCM）is widely used for noninvasive in vivo skin imaging；however, commercial systems operating at 830 nm provide limited penetration depth, with optimal imaging mainly at the dermal-epidermal junction. This study evaluated whether longer excitation wavelengths（900-1170 nm）could enhance visualization of deeper skin structures. Normal human skin was imaged using RCM and harmonic generation microscopy under different wavelength conditions. Longer-wavelength imaging demonstrated increased penetration depth and improved visualization of deeper dermal structures while maintaining overall tissue architecture. These results suggest that longer-wavelength noninvasive optical imaging may offer complementary information to conventional RCM for skin assessment.

Poster Session (Oral Presentation in English) (OPiE)

Poster Venue (1F New Hall, Kyoto International Conference Center)



Date and Time :

June 11 (Thu.)　13 : 00～18 : 30
June 12 (Fri.)　8 : 30～19 : 20
June 13 (Sat.)　8 : 00～19 : 00
June 14 (Sun.)　8 : 00～13 : 30

Poster discussion is open-ended. Speakers should stand by in front of the poster at the poster discussion time.

Order Number - Odd numbers

June 11 (Thu.)　16 : 00～17 : 15

Order Number - Even numbers

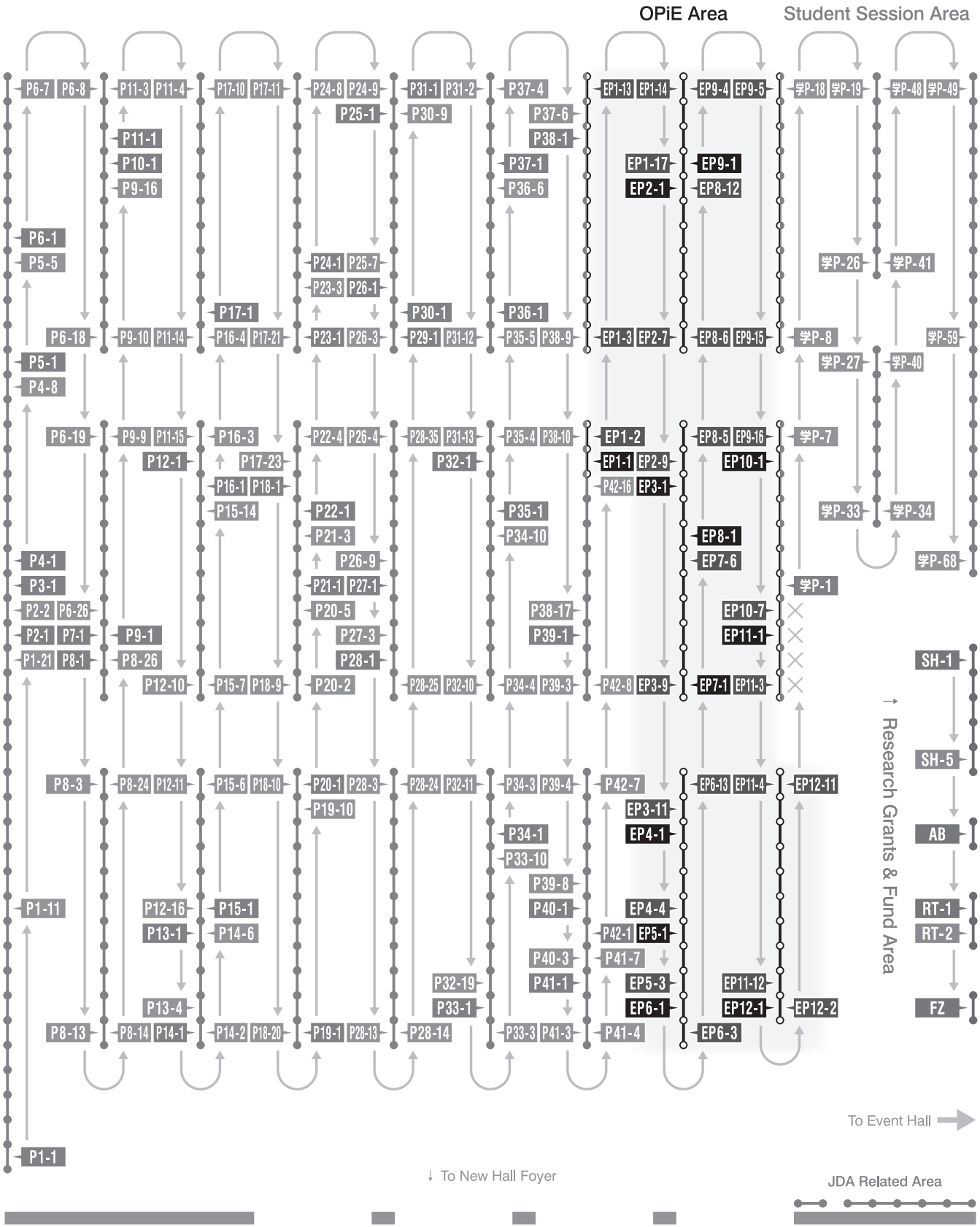
June 12 (Fri.)　18 : 20～19 : 20

※Please confirm Odd or Even based on the Presentation Order number.

Poster Number	Category
EP1-1～17	Basic research
EP2-1～9	Diagnosis
EP3-1～11	Treatment
EP4-1～4	Dermatopathology
EP5-1～3	Dermatologic surgery
EP6-1～13	Inflammatory disease
EP7-1～6	Allergic disease
EP8-1～12	Autoimmune disease
EP9-1～16	Tumor
EP10-1～7	Congenital disease
EP11-1～12	Infectious disease
EP12-1～11	Others

Poster Venue

New Hall, Kyoto International Conference Center



EP1-1 (E1-2)

Please refer Oral Presentation in English

EP1-2 (E1-3)

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EP1-3 (E1-4)

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EP1-4 (E1-5)

Please refer Oral Presentation in English

EP1-5

Polyphenolic Hispolon Promotes Wound Healing in Hyperglycemia-Induced Impairments

○Yi-Shan Liu[1)], I-Min Liu[2)]
(Department of Dermatology, E-Da Hospital, I-Shou University, Kaohsiung[1)], Department of Pharmacy and Master Program, College of Pharmacy and Health Care, Tajen University, Yanpu Township[2)])

Introduction: The study explored wound-healing ability of hispolon in diabetic conditions both in vitro and in vivo. **Methods**: L929 fibroblast cells exposed to high glucose were treated with hispolon. Streptozotocin-induced diabetic rats with excision wounds received daily topical 5% hispolon ointment. **Results**: Hispolon improved cell viability, and suppressed oxidative stress. 5% hispolon ointment promoted wound contraction, epithelialization, and enhanced tissue regeneration comparable to Fespixon® cream. 5% hispolon ointment also reduced pro-inflammatory cytokines, increased anti-inflammatory cytokines/growth factors, and stimulated Type I and III collagen synthesis in dead-space model. **Conclusion**: These findings demonstrate hispolon's potential for diabetic wound care.

EP1-6

Pigment Reduction and Skin Rejuvenation: Mechanisms of Picosecond Laser in a Porcine Model

○Xinyi Li, Hao Wang, Xiang Wen
(Department of Dermatology, West China Hospital, Sichuan University, Chengdu)

This study examined how picosecond lasers reduce pigmentation and rejuvenate skin in a porcine model. A 532/1064 nm picosecond laser was applied to Bama pig skin, and biopsies were taken at 0, 7 and 30 days. Histology, TEM, Fontana-Masson with CD163 staining, multiplex immunohistochemistry and Western blotting assessed melanin, melanocytes, macrophages, collagen and barrier proteins. Treatment caused immediate vacuolization and melanosome disruption, with progressive melanin loss, especially at 532 nm. CD163 + macrophages cleared pigment, tyrosinase and SOX10/MART-1+ melanocytes decreased, while collagen I/III, growth factors, filaggrin and claudins increased. Picosecond lasers promote pigment clearance, inhibit melanogenesis and enhance dermal remodeling and barrier repair.

EP1-7

A Quantitative Framework for Novel Immune Target Discovery in Psoriasis

○Lintong H Simbolon[1)], Rosinta H Purba[1)], Hepri Ardianson[1)], Yesika Simbolon[1,2)], Gracce S Sinaga[1)]
(The Pranala Institute, Yogyakarta[1)], Atmajaya University, Yogyakarta[2)])

Psoriasis is an autoimmune disorder driven by immune dysregulation. This study quantitatively analyzed its pathogenesis via systematic review (2015-2023). Meta-analysis of 21 studies (2,450 participants) confirmed significant elevation of key cytokines in patients versus controls: IL-17A (+18.5 pg/mL), IL-23 (+432 pg/mL), and TNF-α (+7.3 pg/mL). Infiltration of Th17/Th1 cells in lesions was 3.7-fold higher. Clinically, targeting these pathways was highly effective: IL-17 inhibitors achieved PASI 75 in 76% of patients; IL-23 inhibitors in 72%. The IL-17/IL-23 axis is central to psoriasis, confirming it as a prime target for novel, precise therapies.

EP1-8

Withdrawn

EP1-9

Mechanism of Skin and Subcutaneous Tissue Remodeling Induced by Micro-focused Ultrasound

○Huimiao Tang[1)], Xiang Wen[1)], Yanjun Zhou[1)], Hao Wang[2)], Wanxin Zeng[1)], Xinyi Li[1)]
(Department of Dermatology, West China Hospital, Sichuan University, Chengdu[1)], Laser Research Centre, Faculty of Health Science, University of Johannesburg, Doornfontein[2)])

Background: Micro-focused ultrasound (MFU) has garnered attention as a clinical technique for skin rejuvenation, yet its molecular mechanisms remain unclear.
Methods: MFU was applied to Bama pig abdominal skin, dermal, fat, and SMAS layer thicknesses were monitored at baseline and up to 90 days post-treatment. Histopathological, immunohistochemical, and transcriptomic alterations were examined at each interval.
Results: MFU elicits dermal thickening up to 90 days, correlating with treatment intensity and duration, and promotes collagen synthesis in the SMAS layer. Type I and III collagen, MMPs, TGF-β, Ki67 and EGF were significantly increased at different time periods, mainly at 14 and 30 days.
Conclusions: MFU can stimulate the proliferation of dermal collagen fibers and SMAS layer.

EP1-10

Prevalence, Correlates, and Skin Morbidity Impact of Sun Protection in Indonesian Adults

○Gracce S Sinaga[1)], Yesika Simbolon[1,2)], Hanna Rosanti[1)], Rosinta Purba[2)], Lintong Simbolon[2)], Hepri Ardianson[2)]
(Atmajaya University, Yogyakarta[1)], The Pranala Institute, Yogyakarta[2)])

Indonesia's high UV exposure presents a major public health risk, but population-level data on sun protection is lacking. We analyzed 31,487 adults from a national survey (IFLS, 2014). Sunscreen use was alarmingly low (4.2%) and sharply stratified by wealth (8.9% in highest vs. 1.8% in lowest quintile). Protective clothing (42.1%) and midday avoidance (28.5%) were more common. Regular sunscreen use was associated with a 35% lower odds of skin problems. Protective clothing also reduced risk. Outdoor work and high-UV regions increased risk. The benefit of sunscreen was strongest for outdoor workers. This severe, inequitable sun protection gap highlights a critical need for targeted public health campaigns, especially for high-risk groups.

EP1-11

Rose Bengal Acetate Mediated Photodynamic Therapy against Acne Vulgaris

○Wanxin Zeng, Hao Wang, Xiang Wen
(Department of Dermatology, West China Hospital of Sichuan University, Chengdu)

Rose Bengal (RB) can lead to a strong induction of photochemical reactions. RB acetate (RBAc) can cross cell membranes and accumulate in cells. Acne vulgaris is a chronic inflammatory skin disease worldwide and photodynamic therapy (PDT) has already been

used for severe acne. In our study, we explored the influence of RBAc-PDT on acne vulgaris. RBAc-PDT inactivated *Cutibacterium acnes* (*C. acnes*) by destroying the cell walls of *C. acnes*. On the acne-like mouse model, the areas of lesions decreased after RBAc-PDT and no exacerbated inflammatory response was observed. We observed an immediate anti-inflammatory effect of RBAc-PDT after treatment. Besides, RBAc-PDT may ameliorate C. acnes-induced hyperkeratosis by promoting the apoptosis of keratinocytes.

EP1-12

Algorithmic Disparities：Deep Learning Performance and Explainability Fail on Darker Skin

○Hanna Rosanti[1)], Rosinta Purba[2)], Yesika Simbolon[1,2)], Asriati Asriati[2,3)], Lintong Simbolon[2)], Hepri Ardianson[2)], Grace Sinaga[1)]
(Atmajaya University, Yogyakarta[1)], The Pranala Institute, Yogyakarta[2)], Cenderawasih University, Papua[3)])

AI models for skin cancer show expert-level performance on light skin but fail on darker skin, risking health disparities. We tested three top models on three datasets, including a new set of darker skin (Fitzpatrick V-VI). Performance dropped severely：accuracy (AUROC) fell from 0.91 to 0.76, and sensitivity for cancer detection fell from 86% to 67% on dark skin. The models were also poorly calibrated, being overconfident in wrong predictions. Analysis of how the models make decisions revealed they focus on irrelevant background features on dark skin, not the lesion itself. This proves the failure is systematic, not random. For safe and fair use, AI tools must be rigorously tested on diverse skin types and their decision-making must be transparent.

EP1-13

Global Resistance in Skin Infections：A Meta-Analysis of MRSA and Pathogen Prevalence

○Asriati Adriatic[1,2)], Rosinta Purba[2)], Lintong Simbolon[2)], Hepri Ardianson[2)], Yesika Simbolon[1,2)], Grace Sinaga[1)], Hanna Rosanti[3)]
(Cenderawasih University, Papua[1)], The Pranala Institute, Yogyakarta[2)], Atmajaya University, Yogyakarta[3)])

Global antimicrobial resistance (AMR) in skin and soft tissue infections (SSTIs) is poorly mapped. We performed a PRISMA systematic review and meta-analysis of studies (2010-2024) reporting culture-based resistance. Random-effects models estimated global prevalence of MRSA, fluoroquinolone-resistant *Pseudomonas aeruginosa*, and clindamycin-resistant *Streptococcus pyogenes*, with subgroup analyses by WHO region, income level, and care setting. Across 287 studies, MRSA prevalence was 31.2%, ranging from 15.8% in Europe to 52.3% in South-East Asia, and was far higher in healthcare-associated than community SSTIs. Findings show major geographic and socioeconomic gaps, supporting region-specific therapy and expanded AMR surveillance.

EP1-14

The Economic Cost-Effectiveness Value of Teledermatology

○Ni Made Ratih K Dewi[1)], Rosinta Purba[1)], Yesika Simbolon[1,2)], Hepri Ardianson[1)], Lintong Simbolon[1)], Gracce Sinaga[2)], Hanna Rosanti[2)], Sarai Br Sitepu[2)]
(The Pranala Institute, Yogyakarta[1)], Atmajaya University, Yogyakarta[2)])

The economic value of teledermatology is unclear due to fragmented evidence. We performed a PRISMA systematic review and meta-analysis of full economic evaluations comparing teledermatology with in-person care, standardizing costs to 2023 USD. Primary outcome was ICER；when not poolable, we analyzed mean per-consultation cost differences. Thirty-eight studies were included；68% found teledermatology cost-saving. Meta-analysis of 22 studies showed a mean saving of $87.43 per consultation. Savings were greatest with a societal perspective and in triage use. All ICERs were below willingness-to-pay thresholds, supporting teledermatology as a cost-effective, scalable model.

EP1-15

Early B-Cell ＆ T17 Activation Precedes Tunnel Formation in Hidradenitis Suppurativa（HS）

○Jaehwan Kim[1)], Jongeun Lee[1,2)], Seoyoon Ham[3)], Jongmi Lee[1)], Yujin Baek[3)], James G. Krueger[2)], Young In Lee[3)]
(Department of Dermatology, University of California, Davis, California[1)], Laboratory for Investigative Dermatology, Rockefeller University, New York[2)], Department of Dermatology, Cutaneous Biology Research Institute, Yonsei University College of Medicine, Seoul[3)])

Objective： HS progression involves tunnels and fibrosis, but the timing of immune activation remains unclear. We aimed to define this temporal sequence. **Methods：** We integrated spatial transcriptomics (156 regions) and scRNA-seq of early versus late HS. **Results：** Early HS displayed robust B-cell enrichment and T17 activation prior to tunnel formation. scRNA-seq confirmed early plasma cell expansion. Notably, T-cells were the primary source of the B-cell chemoattractant CXCL13 in early lesions. **Conclusion：** Aggressive immune activation precedes structural remodeling in HS. Early targeting of T17 and B-cell axes is critical to prevent progression.

EP1-16（E1-6）

Please refer Oral Presentation in English

EP1-17

The Role of Coffee Extract in Improving Skin Hydration, Elasticity, and Wrinkle Reduction

○Hsiu-Mei Chiang, Chien-Zhong Liu
(Department of Cosmeceutics, China Medical University, Taichung)

Our preliminary studies show that coffee extract exerts (CA) antioxidant and anti-photoinflammatory effects. By inhibiting UV-induced matrix metalloproteinases (MMPs), these compounds prevent collagen degradation in fibroblasts and reduce transepidermal water loss (TEWL). This study aims to clinically validate these findings through human trials. We evaluate the efficacy of topical CA in enhancing skin moisture retention, preventing collagen loss, and improving overall skin elasticity while reducing wrinkles and hyperpigmentation. The results suggested that CA increase collagen content, and skin hydration on face skin, while the TEWL on the cheek and wrinkle on the forehead and corners of the eyes were reduced. Coffee extracts could be used as a cosmetic ingredient to combat aging.

EP2-1（E1-8）

Please refer Oral Presentation in English

EP2-2

Papular Acantholytic Dyskeratosis of the Vulva：A Case Report

○Yumiko Murayama[1,2)], Norito Ishii[1)], Kanako Moroi[1)], Yo Kaku[1)], Kwesi Teye[1)], Takahiro Hamada[1)], Hiroshi Koga[1)]
(Department of Dermatology, Kurume University School of Medicine, Kurume[1)], St. Mary's Hospital, Kurume[2)])

A Japanese woman in her 70s presented with a two-month history of vulvar irritation. Physical examination revealed some small papules localized to the labia majora. Histopathological examination showed marked acantholysis involving the full thickness of the epidermis with focal dyskeratosis. IIF and ELISA for anti-Dsg1 and anti-Dsg3

antibodies were negative. Based on the clinical and histopathological findings, the patient was diagnosed with papular acantholytic dyskeratosis (PAD). PAD is a rare benign disorder affecting the anogenital region, characterised by multiple keratotic papules with acantholysis. Differential diagnoses include pemphigus, Darier disease and Hailey-Hailey disease. We herein present a rare case of PAD in an elderly woman along with a brief review of the literature.

EP2-3 (E1-7)

Please refer Oral Presentation in English

EP2-4

Improving Virtual Skin Lesions Triage：A UK Regional Audit and Perspective

○Hung-Yeh Chien[1)], Adejoke Aderombi[1,2)], Chen-Jing Peng[2)]
(University of Birmingham, Birmingham Medical School, Birmingham[1)], Department of Dermatology, Dudley Group NHS Foundation Trust, Dudley[2)])

Teledermatology use is increasing worldwide, reducing waiting times and improving patient accessibility. The audit evaluated compliance of Dudley NHS Trust teledermatology referrals with UK national standards. Fifty referrals were retrospectively reviewed across urgent and routine pathways, assessing response time, image quality, clinical history and specialist advice. All responses met locally agreed timelines with high-quality images taken in a secondary care hub. Clinical history from primary care was often incomplete, especially lesion duration (40% missing) and prior treatment details (68% missing). 32% of specialist advice did not contain possible diagnosis which is heavily linked to missing clinical history. Improving clinical documentation may enhance teledermatology effectiveness.

EP2-5

ELISpot in Vancomycin-induced Drug Reaction with Eosinophilia and Systemic Symptoms

○En Mian Isaac Peh[1)], Xin Rong Lim[1,2)], Shi Yu Derek Lim[1,3)]
(Department of Internal Medicine, National Healthcare Group, Singapore[1)], Department of Rheumatology, Allergy and Immunology, Tan Tock Seng Hospital, Singapore[2)], Department of Dermatology, National Skin Centre, Singapore[3)])

A 71-year-old woman underwent right humeral vancomycin-coated nail insertion and received intravenous vancomycin for a prosthetic joint infection. 23 days into treatment, she developed generalised infiltrated erythematous plaques, transaminitis and raised creatinine. Histology showed interface dermatitis with eosinophils, consistent with Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) to vancomycin. Enzyme-Linked Immunospot (ELISpot) assay against vancomycin showed raised interferon-γ, increasing in tandem with drug concentrations. Vancomycin was ceased and prednisolone started, with near-resolution of rash, except for right arm erythema, which resolved after implant removal. This case highlights the utility of ELISpot and the need to remove all culprit drug sources in DRESS.

EP2-6

Dermoscopy by Non-Dermatologists：Diagnostic Accuracy and the Critical Role of Training

○Sarai B Br Sitepu[1)], Lintong Simbolon[2)], Asriati Adriatic[2,3)], Hepri Ardianson[2)], Rosinta Purba[2)], Yesika Simbolon[1,2)], Hanna Rosanti[1)], Grace Sinaga[1)]
(Atmajaya University, Yogyakarta[1)], The Pranala Institute, Yogyakarta[2)], Cenderawasih University, Papua[3)])

Is dermoscopy by GPs and nurses reliable? Our meta-analysis of 42 studies shows it can be, but only with proper training. For skin cancer, pooled sensitivity was 85% and specificity 79%. For melanoma, sensitivity was lower at 81%. The key factor is training：providers with ＞20 hours of training achieved 90% sensitivity, while those with minimal training had only 76% sensitivity—a risk for missing cancers. Using checklists improved specificity. Performance was worse in routine primary care than in research settings. Conclusion：Dermoscopy is a useful triage tool in primary care, but its safe implementation depends on mandatory, structured training programs. Health policy must fund this training to avoid patient harm.

EP2-7

A Case of Bilateral Areola Pruritic Verrucous Plaques

○Crystal Zhen Yu Phuan[1)], Salim Murtaza Esuffali Anjarwalla[2)], Ki Wei Tan[1)]
(Department of Dermatology, Changi General Hospital, Singapore[1)], Department of Laboratory Medicine, Changi General Hospital, Singapore[2)])

Nevoid hyperkeratosis of the nipple and areola (NHNA) is a rare benign dermatological condition with a female predilection. We report a 42-year-old female with a 20-year history of itchy lesions over her bilateral areolae and nipples. Her maternal aunt had a history of breast cancer. Examination revealed circumferential, confluent, hyperpigmented verrucous plaques over the bilateral areolae and nipples. There were no palpable breast lumps, axillary lymphadenopathy, or nipple retraction. Mammogram showed no evidence of malignancy. Histology revealed orthokeratosis, acanthosis, upper dermal fibrosis with mild perivascular lymphocytic inflammation. No epidermotropism or lymphocytic atypia was identified. She was diagnosed with NHNA and improved with topical calcipotriol and adapalene.

EP2-8

Ixekizumab-induced lichen planus：A case report

○Amanda Kuan, Hazel Oon, Hui Yi Chia, Derek Lim
(National Skin Center, Singapore)

We present a case of ixekizumab-induced lichen planus (LP). A 33-year-old Indian woman with psoriasis vulgaris since 2012 was started on ixekizumab in January 2023 with excellent response. Two months after initiation, she developed flat topped purple pruritic papules over the forearms and thighs, associated with Wickham striae on the buccal mucosa, with histology confirming the diagnosis of LP. We considered LP to be more likely than a lichenoid drug eruption, in view of the presence of mucosal involvement, Wickham's striae, intense pruritus and the lack of eosinophils on histology. Screening for hepatitis B and C were negative. Ixekizumab was discontinued in August 2023 and she was commenced on NBUVB in October 2023, with complete resolution of her LP after nine sessions.

EP2-9

Withdrawn

EP3-1 (E1-1)

Please refer Oral Presentation in English

EP3-2

Post Craniotomy Neuropathic Pruritus Induced Alopecia Successfully Treated With Pregabalin

○Ayako Nishigaki[1)], Akiho Kondo[2)], Taisuke Ito[1)], Tetsuya Honda[1)]
(Department of Dermatology, Hamamatsu University School of Medicine, Hamamatsu[1)], Toyohashi Municipal Hospital, Toyohashi[2)])

Neuropathic pruritus is an intractable postoperative complication after cranial surgery. We report a woman in her 60s who developed

scratching induced alopecia triggered by post craniotomy neuropathic pruritus. Seven years after craniotomy for an unruptured cerebral aneurysm, she presented with chronic scalp pruritus followed by patchy hair loss. Clinical and histopathological findings suggested neuropathic pruritus related to postoperative trigeminal nerve dysfunction rather than inflammatory eczema. Pregabalin 150 mg/day was initiated. Within five weeks, scratching behavior ceased and vellus hair regrowth was observed. This case highlights neuropathic pruritus as a trigger for secondary alopecia and suggests that controlling itch with pregabalin may be effective.

EP3-3

Targeted Photothermolysis of Sebaceous Glands Using a 1,726 nm Laser in Japanese Patients

○Rieko Tsubouchi
(Ginza Skin Clinic, Tokyo)

This study presents Japan first clinical evaluation of a 1,726 nm sebaceous gland targeting laser as a novel device-based therapy for moderate to severe acne. Thirteen subjects (16-38 years) underwent three monthly treatment sessions and were followed at 4, 12, 26, and 52 weeks. Clinical outcomes were assessed using validated endpoints, including standardized photography and IGA scoring. A reduction in sebum production was observed as early as 4 weeks, and by 26 and 52 weeks the mean IGA score improved from 3 to 1.38, with more than 60% of patients achieving a more than 2-point improvement. Adverse events were minimal and limited to transient pain and mild erythema. These findings support the 1,726 nm laser as a safe and effective modality with durable clinical efficacy for acne.

EP3-4

Spesolimab Strikes Fast：Singapore's First GPP Rescue

○Brian Keng Yong Chia
(Department of Dermatology, Sengkang General Hospital, Singapore)

Introduction
Spesolimab, an anti-IL-36 receptor monoclonal antibody, is the first FDA-approved on-label treatment for GPP flares. We report, to our knowledge, the first clinical use of spesolimab for GPP in Singapore.
Case Presentation
A 48-year-old patient with previously stable psoriasis presented with a 1-week history of generalized pustular psoriasis after starting traditional Chinese medicine. On examination, she had cushingoid facies, extensive non-follicular pustules, erythema, and scaling with GPPASI of 21.
She received IV spesolimab 900 mg with resolution of pustules by day 6 post treatment.
Conclusion
Spesolimab provided swift control of a severe GPP flare without short-term adverse effects. Further longitudinal follow-up will clarify durability and optimal dosing strategies.

EP3-5

Blocked to Breakthrough：A Case of Follicular Occlusion Tetrad from the Philippines

○Andrea Betina De Guzman Bautista, Camille Noelle M Camara, Karen Grace I. Paredes, Eileen R Morales, Benedicto DL Carpio, Faye Elinore V Kison, Armelia Andrea L Torres, Matthew David S Parco
(Department of Dermatology, Ospital ng Maynila Medical Center, Manila)

Follicular Occlusion Tetrad (FOT)—a rare combination of hidradenitis suppurativa, acne conglobata, dissecting cellulitis, and pilonidal sinus—is seldom reported, particularly in the Philippines. We describe a 33-year-old Filipino male with complete FOT affecting the scalp, face, trunk, axillae, and perianal area, with histopathology confirming DCS. Because each component requires distinct management, a tailored multimodal regimen of isotretinoin, zinc, electrocautery, and intralesional steroids was used, producing marked improvement and a DLQI decrease from 26 to 12. This case underscores the rarity of FOT and the importance of early recognition, histopathology, and individualized therapy for optimal outcomes.

EP3-6

Efficacy Evaluation of New-Improved Biologic Therapies for Moderate to Severe Psoriasis

○Hepri Ardianson[1)], Rosinta Purba[1)], Yesika Simbolon[1,2)], Hanna Rosanti[2)]
(The Pranala Institute, Yogyakarta[1)], Atmajaya University, Yogyakarta[2)])

New biologics offer promise for moderate-to-severe psoriasis. This meta-analysis of RCTs (2018-2023) evaluated their efficacy and safety versus standard care. Biologics significantly increased PASI 75 response (mean difference：24.5%, 95% CI：20.3-28.7%, P＜0.001) without significantly increasing adverse events (RR：1.05, 95% CI：0.98-1.12). Quality of life improved significantly (mean difference：1.7, 95% CI：1.2-2.2, P＜0.01). New biologic therapies offer superior efficacy and improved quality of life without elevated safety risks, supporting their broader integration into clinical practice for moderate-to-severe psoriasis.

EP3-7

Efficacy of Fractional 755nm Picosecond Laser for Acne Scars And PIE

○Yanjun Zhou, Xiang Wen
(Department of Dermatology, West China Hospital, Sichuan University, Chengdu)

Objective：This study aimed to evaluate the efficacy of using fractional 755 nm picosecond laser for the treatment of acne scars and acne PIE. Method：Twenty subjects with acne scars or PIE were enrolled. All lesions were treated with a 755nm picosecond laser with DLA. Results：The volume of acne scars and haemoglobin index of PIE exhibited a significant reduction, with statistically significant improvements at 1 month after the second treatments. Conclusion：the fractional 755 nm picosecond laser can significantly reduce the acne scar volume and haemoglobin index of PIE in patients.

EP3-8

Combination of Topical Recombinant Collagen with Fractional CO2 Laser for Skin Resurfacing

○Kingsfield Ong[2)], Haruka Yamamoto[1)]
(Yamamoto Clinic Softmedi, Kyoto[1)], Department for Continuing Education, University of Oxford, Oxford[2)])

Introduction Fractional CO2 laser skin resurfacing commonly causes erythema, pain, crusting, oedema and prolonged downtime. Recombinant collagen has shown wound-healing properties that may support recovery. **Objectives** We report the successful use of topical recombinant collagen to mitigate the side effects of CO2 laser. **Methods** Two Fitzpatrick III-IV patients underwent fractional CO2 resurfacing at moderate setting. Topical recombinant collagen was applied immediately post-procedure and twice daily after. **Results** Both subjects had rapid reduction of erythema and inflammation, with early scab resolution by Day 2, resembling a typical Day-7 appearance. No adverse events were reported. **Conclusion** Topical recombinant collagen may be effective to minimize downtime after CO2 laser resurfacing.

EP3-9

Case Reports on Similar Scrotal Lesions Managed by Different Modalities

○Aurea Gadiellie G Escondo, Maria Franchesca S Quinio-Calayag
(Department of Dermatology, East Avenue Medical Center, Quezon City)

Two cases of scrotal lesions appeared clinically similar as white papules and yet they represented entirely distinct pathologies requiring different approaches. The first case involved the more common scrotal milia in a 44-year-old male managed with simple extraction. The other case was the rarer idiopathic scrotal calcinosis in a 17-year-old male who underwent Er：YAG laser-assisted extraction instead of the standard surgical management. Histopathology confirmed the keratin-filled cysts in the first case and calcium deposits in the second. Both treatments were tolerated well with favorable outcomes, underscoring the importance of accurate diagnosis and histopathologic evaluation in ambiguous clinical scenarios and the use of minimally invasive laser options for scrotal calcinosis.

EP3-10

Treatment of Recalcitrant Warts with Bleomycin in Asian Children：A Retrospective Review

○Colin Tan, Terri Chiong, Emily Gan
(Department of Dermatology, KK Women's and Children's Hospital, Singapore)

Treatment for warts are painful and time consuming especially for children, limiting compliance and effectiveness. Bleomycin is less commonly used in children for warts due to perceived toxicity and pain. In this study, patients who have undergone at least one course of cryotherapy for warts of at least 3-6 months duration with little to no improvement were chosen. 10 patients were identified and started on bleomycin - patients were treated with 1 unit/ml bleomycin needling and/or intralesional bleomycin given for thicker lesions. 9/10 patients achieved complete clearance with no recurrence after an average of 4-6 sessions, 1 month apart with 1 patient still undergoing therapy and showing improvement. In conclusion, bleomycin is a safe and effective treatment option for warts in children.

EP3-11

TNF inhibitors for Pyoderma Gangrenosum in Children：A Case Report

○Piyadarat Asawasakulchokedee, Leelawadee Techasatian
(Department of Pediatrics, Khon Kaen University, Khon Kaen)

Pyoderma gangrenosum (PG) is a rare neutrophilic dermatosis in children, characterized by painful, rapidly progressive ulcerative skin lesions and a chronic relapsing course. A 3-year-old Thai boy was reported who initially presented with progressive pustular lesions on both feet. Histopathology revealed sterile neutrophilic inflammation, and peripheral neutrophilia supported the diagnosis of PG. Systemic corticosteroids, CSA, and dapsone were ineffective and associated with significant adverse effects and infectious complications. Due to refractory disease, adalimumab was initiated, resulting in marked clinical improvement within one week and gradual wound healing. This case emphasized the importance of early recognition of PG and the role of biologic medication in refractory PG.

EP4-1

Primary cutaneous secretory carcinoma of the eyelid margin：A case report

○Shinichi Nakazato[1)], Eika Takano[2)], Takuya Otsuka[3)], Mie Horiuchi[2)], Susumu Honda[2)], Chu Kimura[2)]
(Department of Diagnostic Pathology, Hakodate Central General Hospital, Hakodate[1)], Department of Plastic Surgery, Hakodate Central General Hospital, Hakodate[2)], Department of Surgical Pathology, Hokkaido University Hospital, Sapporo[3)])

Primary cutaneous secretory carcinoma (PCSC) is a rare cutaneous adnexal carcinoma driven mainly by the *ETV6：：NTRK3* fusion. Only five eyelid cases have been documented. We present a case of a Japanese man in his seventies with a 2-year history of a small nodule on the left eyelid margin. The lesion was reddish, firm, and ill-defined, measuring 9×5 mm. Histopathological examination revealed a well-circumscribed nodular neoplasm infiltrating the orbicularis oculi muscle and Meibomian glands. The neoplasm was composed of atypical epithelial cells with round nuclei arranged predominantly in glandular and partly solid or cribriform patterns. Immunohistochemistry demonstrated positivity for S100 protein, mammaglobin, and pan-TRK, supporting the diagnosis of PCSC.

EP4-2

Immunohistochemistry in a Spindle Cell Lesion：A Case of Cellular Dermatofibroma

○Shama Naaz, Ruben B Passi
(Consultant Dermatologist, C K Birla, Gurugram)

Cellular dermatofibroma (DF) is an uncommon, hyper-cellular variant of DF that can clinically and histologically resemble aggressive spindle cell neoplasms such as dermatofibrosarcoma protuberans or spindle cell squamous cell carcinoma. Definitive diagnosis therefore requires histopathology supported by a focused immunohistochemistry (IHC) panel to avoid misclassification and consequent overtreatment. We report a case of a 56-year-old female with a gradually enlarging forearm nodule. Histopathology revealed a densely cellular dermal spindle cell lesion, and IHC confirmed a diagnosis of cellular DF (Pancytokeratin negative). This case highlights the importance of IHC in challenging spindle cell lesions by distinguishing it from mimickers with worse prognosis and guiding proper management.

EP4-3

Clinicopathological Concordance in Panniculitis：A Prospective Study of 48 Cases

○Piyush Yadav, Riti Bhatia, Neirita Hazarika, Naveen Kansal
(Department of Dermatology, Venereology & Leprosy, AIIMS, Kota)

Background： Clinicopathologic concordance in panniculitis varies widely in retrospective studies, often leading to misdiagnosis and delayed treatment. Prospective data evaluating concordance between clinical and histopathological diagnoses are limited.
Methods： In this prospective cross-sectional study, clinical details were recorded and deep skin biopsies were performed.
Results： Clinically, erythema nodosum leprosum was the most common diagnosis (71%), while histopathology predominantly showed lobular panniculitis (73%). A single clinical diagnosis was made in 85% of cases. Overall clinicopathologic concordance was 69%.

EP4-4

Clinical Relevance of Biopsy in Leprosy after MDT：An Ambispective Observational Study

○Jyoti Sethi, Riti Bhatia, Neirita Hazarika, Shalinee Rao
(Department of Dermatology, Venereology & Leprosy, AIIMS Rishikesh, Sirsa)

Introduction：Leprosy continues to pose diagnostic challenges despite MDT. Post-treatment persistence of skin lesions and bacilli often raises concern regarding disease inactivity versus relapse.
Methods：This ambispective observational study included 52 patients in whom pre- and post-treatment clinical, HPE and Fite stain findings were compared.
Results：Clinico-histopathological concordance was observed in 82.6% cases. Residual lesions persisted in 53.8% of PB and 14.2% of MB patients. Complete granuloma resolution was noted in 69.3% PB and 28.5% MB cases. Fite stain positivity persisted in 46.1% cases. Dermal fibrosis, fibromyxoid change, basal hyperpigmentation, and eccrine involvement were common post-treatment findings.

EP5-1

Fillet Flap Technique with Postoperative Intralesional Corticosteroids for Earlobe Keloid

○Dewi Lestary[1)], Ratna Komala Dewi[2)]
(Dermatology and Venereology Department of Pertamina Jaya Hospital, Jakarta[1)], Dermatology and Venereology Department of Bhakti Kartini Hospital, Bekasi[2)])

Background
Keloids are wound healing complications characterized by the continuous growth of scar tissue beyond the original wound margins. The study reports the efficacy of Fillet Flap Technique where the keloid core is dissected while preserving loose surrounding skin for closure with postoperative intralesional corticosteroid injections.
Case Report
A 21-year-old male presented with a lump on his right earlobe. The patient underwent surgical core excision using Fillet Flap Technique with intralesional triamcinolone acetonide injection.
Conclusion
This approach may be recommended as a primary treatment protocol for earlobe keloid and demonstrates good cosmetic outcomes and reduces the likelihood of postoperative recurrence.
Keywords
Earlobe Keloid, Fillet Flap Technique, Intralesional Corticosteroid

EP5-2

Efficacy of vibration anesthesia during cryotherapy for skin lesions

○Ka Wing Cheung[1)], Hok Fai Cheng[2)], Shun Chin Ng[1)], Fong Cheng Francis Ip[1)], Ching Kong Stanley Ho[1)]
(Social Hygiene Service, Department of Health, the Government of the HKSAR, Hong Kong[1)], Private practice, Hong Kong[2)])

Cryotherapy is widely used for benign and premalignant skin lesions, but pain limits tolerance. Vibration anesthesia may reduce discomfort via Gate Control Theory. We evaluated its efficacy and safety in a prospective study of 138 patients with paired lesions；one treated with vibration, the other as control. Pain was measured by visual analogue scale (VAS), with subgroup analyses by age, drug allergy, and site. Mean VAS was lower with vibration (3.70, IQR 2-5) than control (5.96, IQR 4-8), $p<0.001$. Mean reduction was -2.26. Effectiveness was rated favorable by 68%, and 86% preferred vibration for future sessions. No serious adverse effects occurred. Vibration anesthesia is a safe, effective adjunct to cryotherapy, improving patient comfort.

EP5-3

Extensive Facial Granulomas Secondary to Facial Thread Lifting

○Shao Yun Neo[1)], Ian Ow Yong[1)], Chee Hian Tan[2)], Adeline Mei-Yen Yong[3)]
(Yong Loo Lin School of Medicine, Singapore[1)], Department of Dermatology, National Skin Centre, Singapore[2)], Department of Dermatology, National University Hospital, Singapore[3)])

Facial thread lifting is a popular minimally invasive facial rejuvenation technique which may rarely result in foreign body granuloma, particularly when threads are not completely removed. We report a case of a 74-year-old woman who presented with a 5-month history of bilateral painful cheek nodules associated with erythema and swelling after facial thread lifting. She developed a facial abscess, thread extrusion and persistent nodules despite antibiotics and partial thread removal. Skin punch biopsy revealed a foreign body granulomatous reaction. Definitive treatment required complete surgical removal of residual threads and excision of affected soft tissue. This case highlights the importance of early recognition and complete thread removal to prevent chronic inflammation and recurrence.

EP6-1 (E4-6)

Please refer Oral Presentation in English

EP6-2

Patients Without Flare During 1-Year Dupilumab Maintenance Have Lower Baseline CCL17/TARC

○Ana Rossi[1)], Lisa Beck[2)], Yoko Kataoka[3)], Delphine Staumont-Salle[4,5)], Chih-ho Hong[6,7)], Amy Praestgaard[1)], Deborah Griffis[8)]
(Sanofi, Cambridge[1)], University of Rochester Medical Center, Rochester[2)], Osaka Habikino Medical Center, Osaka[3)], CHU Lille, Service de Dermatologie, Lille[4)], CHU Lille, University of Lille, INFINITE Institute for Translational Research in Inflammation, Lille[5)], The University of British Columbia, Surrey[6)], Probity Medical Research, Waterloo[7)], Regeneron Pharmaceuticals Inc., Tarrytown[8)])

Objective：Association between baseline serum CCL17 and flares in AD patients on 1-year dupilumab monotherapy or rerandomized to placebo for 9 months after 16 weeks dupilumab q2w.
Methods：Post hoc analysis of adults with moderate-to-severe AD from LIBERTY AD SOLO 1/2 who achieved Investigator's Global Assessment 0/1 and/or ≥75% reduction from baseline in Eczema Area and Severity Index at Week 16 without flare (n=199/428), rerandomized in SOLO-CONTINUE to dupilumab 300 mg q2w (n=80), q4w (n=41), q8w (n=39) or placebo (n=39) for 36 weeks；reports median baseline serum CCL17.
Results：Median baseline CCL17 was 1.5-3.6x greater in patients with ≥1 flare vs no flares during maintenance；safety consistent with known dupilumab profile.
Conclusion：Baseline serum CCL17 may predict flares in AD.

EP6-3

Dupilumab Monotherapy vs TCS in PN：Impact on Signs and Symptoms in PRIME/PRIME2 studies

○Yozo Ishiuji[1)], Gill Yosipovitch[2)], Pedro Mendes-Bastos[3)], Shawn Kwatra[4)], Elke Weisshaar[5)], Amy Praestgaard[6)], Simmi Wiggins[7)], Joseph Zahn[8)]
(The Jikei University School of Medicine, Tokyo[1)], University of Miami, Miami[2)], Hospital CUF Descobertas, Lisbon[3)], University of Maryland School of Medicine, Baltimore[4)], Ruprecht-Karls University Heidelberg, Heidelberg[5)], Sanofi, Cambridge[6)], Sanofi, Reading[7)], Regeneron Pharmaceuticals Inc., Tarrytown[8)])

Objective：To compare dupilumab（Dupi）monotherapy vs topical corticosteroids（TCS）in patients with prurigo nodularis（PN）.
Procedure：LIBERTY-PN PRIME/PRIME2 were 24-week Phase 3 trials in adults with moderate-to-severe PN. Patients received Dupi monotherapy（300 mg q2w）without stable TCS use, and placebo with stable TCS use.
Outcomes：≥4-pt WI-NRS drop and IGA PN-S 0/1 up to week 24.
Results：The Dupi arm had 62 and placebo arm had 91 patients. At week 4, more Dupi-treated patients achieved ≥4-pt WI-NRS drop vs TCS（16.4% vs 3.4%；P=0.0057）which increased up to week 24（63.8% vs 23.2%；P＜0.0001）and IGA PN-S of 0/1 at week 4（9.8% vs 1.2%；P=0.02）and week 24（49.2% vs 15.3%；P＜0.0001）.
Conclusions：Dupi provided clinically meaningful improvements in itch and lesions vs TCS by week 24.

EP6-4（E4-4）

Please refer Oral Presentation in English

EP6-5（E4-1）

Please refer Oral Presentation in English

EP6-6（E4-5）

Please refer Oral Presentation in English

EP6-7

Management of Prednisolone-Refractory Pyoderma Gangrenosum：A Case Series

○Akane Watanabe, Risa Suzuki, Risa Hagiwara,
Akito Hasegawa, Ryota Hayashi, Natsumi Hama, Riichiro Abe
（Division of Dermatology, Niigata University Graduate School of Medical and Dental Sciences, Niigata）

Pyoderma gangrenosum（PG）is a rare neutrophilic dermatosis. We retrospectively reviewed 18 patients with PG treated at our department between 2012 and 2025. The ulcerative subtype was most common（n = 12）. Ulcerative colitis was the most common comorbidity（n = 8）, while four patients had neither hematologic nor autoimmune disease. Fifteen patients received systemic prednisolone（PSL）as initial treatment. TNF-alpha（TNF-a）inhibitors were introduced in 9 patients. Three patients showed no response despite treatment with PSL, and two patients experienced relapse during PSL tapering. These patients were treated with TNF-a inhibitors, resulting in successful remission. TNF-a inhibitors should be considered early in the disease course for patients with refractory PG.

EP6-8（E4-2）

Please refer Oral Presentation in English

EP6-9（E4-3）

Please refer Oral Presentation in English

EP6-10

Real-World Outcomes of Biologic Therapy for Hidradenitis Suppurativa at a single center

○Hirofumi Kawamoto, Natsuko Sasaki, Yu Sawada
（Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu）

We retrospectively analyzed 28 HS patients treated with biologics at our institution between 2020 and 2025. Clinical outcomes, treatment duration, biologic switching, and combination with surgery were evaluated. Adalimumab was used in 25 patients and Bimekizumab in 8, including sequential therapy. Clinical improvement was observed in 18 patients, including remission in 11, and treatment discontinuation in 8. One patient showed primary non-response to adalimumab, while six developed secondary loss of efficacy；five were switched to Bimekizumab and four of the five patients showed response. Given the limited durability of response, particularly secondary failure to adalimumab, appropriate integration of surgical treatment may be necessary to achieve optimal disease control.

EP6-11

Indolent Systemic Mastocytosis with Atypical Manifestations：A Diagnostic Challenge

○Thais K. Yanase, Fabio Augusto P. Garcia,
Ana Clara M. Palhano, Luciana P. Samorano,
Maria Cecilia R. Machado, Zilda N. P. de Oliveira
（Department of Dermatology, Hospital das Clinicas of the University of Sao Paulo Medical School, Sao Paulo）

Indolent systemic mastocytosis（ISM）is a rare clonal mast cell disorder that can manifest in the skin. We report a 54-year-old woman with persistent erythematous-brown plaques and intense pruritus. Skin biopsy suggested telangiectasia macularis eruptiva perstans. However, due to adult-onset disease and a mildly elevated tryptase level（25.2 ng/mL）, a bone marrow biopsy was performed, revealing atypical mast cell aggregates and confirming ISM with KIT D816V mutation. The patient achieved symptomatic improvement with optimized antihistamines, leukotriene receptor antagonism, and gabapentin. This case highlights the importance of systemic evaluation in patients with pruritic lesions and elevated tryptase, even with negative Darier's sign and histology favoring a limited form of mastocytosis.

EP6-12（E4-7）

Please refer Oral Presentation in English

EP6-13

Withdrawn

EP7-1

308-nm Excimer Lamp Treatment Attenuates MC903-Induced Atopic Dermatitis in C57BL/6 Mice

○Thalita Bastos, Makoto Ito, Masahiro Kamata, Teruo Shimizu,
Hideaki Uchida, Yoshiki Okada, Ayu Watanabe, Yayoi Tomura,
Azusa Hiura, Yayoi Tada
（Department of Dermatology, Teikyo University School of Medicine, Tokyo）

Narrowband UVB（NB-UVB）is clinically effective for atopic dermatitis（AD）, although its mechanisms remain unclear. We investigated the effects of NB-UVB using an MC903-induced AD-like murine model. C57BL/6 mice received topical MC903 for 12 days and were irradiated with a 308-nm excimer lamp（100 mJ/cm^2）every other day. NB-UVB markedly improved AD-like dermatitis, reducing epidermal thickness and epidermal nerve fiber density, while increasing Foxp3$^+$ infiltrating cells on day 12. NB-UVB also suppressed thymic stromal lymphopoietin（TSLP）mRNA expression in lesional skin on day 4. These findings suggest that NB-UVB ameliorates AD-like inflammation through TSLP downregulation, induction of regulatory T cells, and inhibition of epidermal nerve fiber elongation.

EP7-2（E2-1）

Please refer Oral Presentation in English

EP7-3（E2-2）

Please refer Oral Presentation in English

EP7-4

Outcomes of tralokinumab and lebrikizumab in head and neck dermatitis after dupilumab

○Ayu Watanabe, Masahiro Kamata, Yoshiki Okada, Shoya Suzuki, Chika Chijiwa, Yayoi Tomura, Azusa Hiura, Kotaro Hayashi, Takamitsu Tanaka, Yayoi Tada
(Department of Dermatology, Teikyo University School of Medicine, Tokyo)

Dupilumab is effective for moderate-to-severe atopic dermatitis (AD), but some patients show persistent head and neck dermatitis despite long-term treatment. We evaluated tralokinumab or lebrikizumab in AD patients with refractory head-neck dermatitis after ≥1 year of dupilumab. Patients who switched biologics by December 2024 were retrospectively reviewed. Total and head-neck EASI were assessed 3 months after switching. Twelve patients were analyzed (median age 43.5 years). Head-neck EASI improved in all but one patient. Significant reductions were observed overall (0.9→0.3, p=0.0088) and in the lebrikizumab group (1.5→0.4, p=0.0224), while a numerical decrease was seen with tralokinumab (0.8→0.2). Switching to IL-13 inhibitors improved persistent head-neck dermatitis after dupilumab.

EP7-5

Eplerenone Induced Maculopapular Type Drug Eruption

○Mio Kozuma, Natsuko Sasaki, Yu Sawada
(Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu)

Eplerenone is a selective mineralocorticoid receptor antagonist with higher receptor selectivity than spironolactone. Despite their structural similarity, cutaneous adverse reactions to eplerenone are exceedingly rare. We report the first case of eplerenone-induced maculopapular drug eruption in a patient with Hashimoto thyroiditis. A 70-year-old woman developed generalized erythematous papules and plaques with pruritus about one month after starting eplerenone for the treatment of hypertension. A drug-induced lymphocyte stimulation test showed a positive response to eplerenone, and the eruption resolved promptly after drug discontinuation. This case highlights a potential link between autoimmune background and susceptibility to rare drug hypersensitivity reactions.

EP7-6

Burden and Risk Factors of Elderly Atopic Dermatitis in Europe

○Zhengyang Zhou, Bin Yang, Xiaoyu Gu
(Dermatology Hospital, Southern Medical University, Guangzhou)

Background： The burden of elderly-atopic dermatitis is increasing recently.
Results： Compared to Asia, America and Africa, only the burden of elderly-AD in Europe increased significantly from 1990 to 2021. From the perspective of regional heterogeneity, the burden of elderly-AD in Western Europe is much heavier than other areas. Socio-demographic index, high alcohol use and high red meat diet are positively related to the incidence of elderly-AD, while low nuts and seeds intake, low seafood omega-3 fatty acids diet, low omega-6 polyunsaturated fatty acids diet and high sodium diet are negatively related to the incidence rate of elderly-AD.
Conclusion： The burden of elderly-AD is relatively high level in Europe with regional and gender disparities, and dietary habits are probably contributor.

EP8-1 (E3-2)

Please refer Oral Presentation in English

EP8-2 (E3-1)

Please refer Oral Presentation in English

EP8-3

Case of anti-laminin gamma-1 pemphigoid induced by scabies

○Kanako Iwai[1)], Yuma Waki[1)], Hiroshi Koga[2)], Yoshimasa Nobeyama[3)]
(Department of Dermatology, The Jikei University Kashiwa Hospital, Kashiwa[1)], Department of Dermatology, Kurume University School of Medicine, Fukuoka[2)], Department of Dermatology, The Jikei University School of Medicine, Tokyo[3)])

Anti-laminin γ1 pemphigoid is a rare autoimmune subepidermal blistering disease with autoantibodies against laminin γ1 at the dermal-epidermal junction. Scabies, caused by *Sarcoptes scabiei*, typically presents with pruritic papules and burrows but can rarely induce bullous eruptions resembling pemphigoid. We report an 81-year-old Japanese man with nontuberculous mycobacterial infection who developed scabies followed by tense bullae. Histopathology showed subepidermal blisters with eosinophils and neutrophils. Direct immunofluorescence revealed linear IgG and C3 at the basement membrane with dermal-side IgG binding. Immunoblotting detected reactivity to laminin γ1, confirming anti-laminin γ1 pemphigoid. This case suggests scabies might be a trigger for anti-laminin γ1 pemphigoid.

EP8-4

Efficacy of Tocilizumab in a Patient with Pyoderma Gangrenosum Associated with RA

○Jinung Kim[1)], Ryohei Takahashi[1)], Chihiro Ikemoto[1)], Yukiko Dozen[1)], Mikiko Matsuo[2)], Shigeyuki Sugie[2)], Yoshiaki Kusaka[3)], Mariko Seishima[1)]
(Department of Dermatology, Asahi University Hospital, Gifu[1)], Department of Pathology, Asahi University Hospital, Gifu[2)], Department of Orthopedics, Asahi University Hospital, Gifu[3)])

Pyoderma gangrenosum (PG) is a refractory skin disease sometimes associated with rheumatoid arthritis (RA). TNF-alpha and IL-23 inhibitors have been shown to be effective in treating severe PG cases. In a case of PG associated with RA, tocilizumab (TCZ), an IL-6 receptor antibody, demonstrated marked efficacy in treating both conditions.
A woman in her 60s who had been treated with methotrexate presented with a rapidly expanding (25x20 mm) painful ulcer on her left thigh. Although systemic steroids were ineffective, TCZ rapidly improved RA and PG. Since IL-6 is thought to play a role in the development of PG, inhibiting the IL-6 pathway with TCZ may suppress the pathogenesis of both RA and PG. There are few reports on the efficacy of TCZ for PG, but it should be considered in the future.

EP8-5

Cutaneous Connective Tissue Disease Associated with Interstitial Lung Disease：A Review

○Mark A. Bechtel[1)], Rachel M. Kirvin[1)], Annabelle Feibel[1)], Kirsten Bogunovich[5)], Morgan Amigo[2)], Stephanie Trovato[1)], Susan C. Massick[1)], James Allen[3)], Ali Ajam[4)]
(The Ohio State University Wexner Medical Center, Department of Dermatology, Columbus[1)], OhioHealth Riverside Methodist Hospital, Division of Dermatology, Columbus[2)], The Ohio State University Wexner Medical Center, Division of Pulmonary and Critical Care Medicine, Columbus[3)], The Ohio State University Wexner Medical Center, Division of Rheumatology and Immunology, Columbus[4)], Ohio University Heritage College of Osteopathic Medicine, Dublin[5)])

Interstitial lung disease (ILD) significantly impacts morbidity and mortality in patients with connective tissue disease associated with characteristic cutaneous manifestations, including dermatomyositis/polymyositis, scleroderma, mixed connective tissue disease, and systemic lupus erythematosus. Early ILD associated with cutaneous

connective tissue disease is often subclinical, and dermatologists need to have an appreciation and understanding of the potential pulmonary complications of cutaneous connective tissue disease. Dermatologists play an important role in accurately diagnosing connective tissue disease and avoiding delays in ILD screening with opportunities to identify high-risk patients. Appropriate screening for ILD is critical, especially in the absence of pulmonary symptoms.

EP8-6 (E3-5)

Please refer Oral Presentation in English

EP8-7 (E3-3)

Please refer Oral Presentation in English

EP8-8 (E3-4)

Please refer Oral Presentation in English

EP8-9

Linear Morphea Triggered By High-Intensity Focused Ultrasound and Radiofrequency Therapy

○Ezra Q. Khor, Yee Kiat Heng, Shi Yu Derek Lim, Suat Hoon Tan, Suzanne Wei Na Cheng
(National Skin Centre, Singapore)

Morphea is an autoimmune disorder characterised by inflammation and sclerosis of the skin. Environmental factors contribute to its pathogenesis, with a known association with prior trauma and radiotherapy.
We report the first described case of morphea after high-intensity focused ultrasound (HIFU) and radiofrequency (RF) therapy. A 61-year-old woman developed a vertical, atrophic, erythematous plaque on her right paramedian forehead a few days after undergoing a HIFU and RF facelift, which progressively extended superiorly to the frontal hairline and inferiorly to the nasal bridge. Histology showed superficial morphea, and she was treated with prednisolone and UVA 1 phototherapy. This case highlights the potential risks of purported non-invasive low-risk cosmetic procedures.

EP8-10

Beyond the Rash- A Rare Early-Onset Case of Juvenile Dermatomyositis

○Camille Noelle M. Camara, Karen Grace I. Paredes, Mary Grace Anne Calvarido, Benedicto dL Carpio, Eileen Regalado-Morales, Camelia Faye R. Tuazon, Faye Elinore Kison, Armelia Lapitan-Torres, Matthew David S. Parco
(Ospital ng Maynila Medical Center, Manila)

Juvenile dermatomyositis is a rare pediatric autoimmune myopathy with proximal muscle weakness, distinctive cutaneous findings, and potential systemic involvement. This case reports a 5-year-old girl initially treated for atopic dermatitis, whose dermatologic evaluation revealed classic cutaneous signs of juvenile dermatomyositis, subsequently confirmed through muscle enzyme tests, electromyography and skin biopsy. Early recognition allowed timely initiation of treatment and novel use of sodium metabisulfite for calcinosis. Heightened dermatologic awareness enabled early diagnosis and initiation of appropriate treatment resulting in improved patient quality of life.

EP8-11

Autoimmunity Triggered：Drug-induced lupus in a pediatric patient

○Alyza Czarine G. Panopio, Lily Lyralin L. Tumalad
(East Avenue Medical Center, Quezon City)

Drug-induced lupus is an autoimmune reaction that mimics systemic lupus erythematosus after exposure to certain drugs, including isoniazid. This is a case of a 14-year-old male who developed pruritic erythematous papules on the body and malar rash while on anti-tuberculosis therapy. Biopsy was consistent with cutaneous lupus. However, ANA and anti-dsDNA were negative, but anti-histone antibodies were positive, confirming drug-induced lupus. After stopping isoniazid, the malar rash resolved and papules improved by 90%. This case shows how early recognition of drug-induced lupus can prevent unnecessary morbidity and lead to rapid recovery.

EP8-12

Unilateral heliotrope rash as a rare initial manifestation of anti-MDA5 dermatomyositis

○Delwyn Zhi Jie Lim[1)], Khor Jia Ker[2)], Benjamin Wen Yang Ho[1)]
(National Skin Centre, Singapore[1)], Dermatology & Co, Singapore[2)])

Anti-MDA5 dermatomyositis (DMS) is a subtype frequently linked to rapidly progressive ILD and high mortality. We present two middle-aged men in Singapore who initially had a **unilateral heliotrope rash** before being diagnosed with anti-MDA5 DMS. Both developed additional cutaneous or respiratory features, and serology confirmed anti-MDA5 antibodies. Literature review shows that similar unilateral presentations are strongly associated with MDA5 positivity (77%) and ILD (>50%). Awareness of this distinctive sign is crucial to enable early diagnosis and timely aggressive therapy.

EP9-1

A melanoma-related gene analysis of bilateral diffuse uveal melanocytic proliferation

○Yoshinori Muto[1)], Youichi Ogawa[1)], Masataka Kawai[2)], Keisuke Goto[3)], Shinji Shimada[1)], Tatsuyoshi Kawamura[1)]
(Department of Dermatology, Faculty of Medicine, University of Yamanashi, Kofu[1)], Department of Pathology, Faculty of Medicine, University of Yamanashi, Kofu[2)], Department of Diagnostic Pathology and Cytology, Osaka International Cancer Institute, Osaka[3)])

Bilateral diffuse uveal melanocytic proliferation (BDUMP) is considered a rare syndrome characterized by diffuse, benign-appearing melanocytic proliferation within the uveal tracts. It has been considered a paraneoplastic syndrome due to extraocular malignancies. However, it cannot be excluded that melanocytes in BDUMP may proliferate neoplastically under genetic abnormalities, because some previous literatures mentioned genetic or chromosomal abnormalities in uveal melanocytes of BDUMP. This is the first BDUMP case, in which next-generation sequencing of comprehensive mutation analysis of melanoma-associated oncogenes in uveal melanocytes was performed. The finding of only nonsignificant TP53 mutations supports the hypothesis of BDUMP being a paraneoplastic syndrome.

EP9-2

Cystic basal cell carcinoma with a giant vulvar cyst

○Takayuki Suyama[1)], Megumi Yokoyama[1)], Jun Matsushima[2)], Kazumoto Katagiri[1)]
(Department of Dermatology, Dokkyo Medical University Saitama Medical Center, Koshigaya[1)], Department of Pathology, Dokkyo Medical University Saitama Medical Center, Koshigaya[2)])

We report an unusual case of cystic basal cell carcinoma (BCC) with a large vulvar cyst. A 90-year-old Japanese woman visited our hospital with a pedunculated subcutaneous nodule in her right labia majora that had persisted for 10 years and had grown rapidly in the past 4 years. The initial examination revealed a cystic tumor (size：90 x 70 x 60 mm). Magnetic resonance imaging revealed a cystic mass surrounded by a focally thickened wall. The tumor was excised with

the overlying epidermis, and histopathology revealed a thickened cyst wall and basaloid cells with peripheral palisading cell arrangements and slight atypia. Squamous epithelium with a granular layer and keratinization was absent, while mucin deposition was apparent in the tumor nests. The tumor was diagnosed as a cystic BCC.

EP9-3

A case of hidroacanthoma simplex showing characteristic findings on dermoscopy

○Ryotaro Ogawa[1)], Akane Minagawa[2)], Julia Miyamoto[1)], Sumiko Ishizaki[1)], Tsubasa Hiraki[3)], Noriko Umegaki[1)]
(Department of Dermatology, Adachi Medical Center, Tokyo Women's Medical University, Tokyo[1)], Department of Dermatology, Shinshu University School of Medicine, Matsumoto[2)], Department of Diagnostic Pathology, Shizuoka Cancer Center Hospital, Sunto[3)])

A 96-year-old woman presented with a gradually enlarging lesion on the left lumbar region, consisting of a 22-mm light-brown macule with irregular borders and a 10-mm red plaque. Dermoscopic examination revealed annularly arranged fine scales and fine black dots in the macule, and red globules in the plaque. Histopathological examination revealed nests of poroid cells within the epidermis and hypervascular stroma in the plaque, leading to a diagnosis of hidroacanthoma simplex (HAS). HAS is occasionally misdiagnosed as seborrheic keratosis or Bowen disease since all may present as brown macules. However, the dermoscopic findings of the present case was characteristic for HAS, and the absence of glomerular vessels-typically seen in Bowen disease-provided an additional diagnostic clue.

EP9-4 (E2-6)

Please refer Oral Presentation in English

EP9-5

Analysis of prognosis in cSCC arising from hidradenitis suppurativa and epidermal cyst

○Yusuke Muto, Taku Fujimura, Emi Yamazaki, Airi Kobayashi, Kojiro Segawa, Erika Tamabuchi, Yumi Kambayashi, Akira Hashimoto, Ryoko Omori, Yoshihide Asano
(Department of Dermatology, Tohoku University Graduate School of Medicine, Sendai)

Cutaneous squamous cell carcinoma (cSCC) arising from chronic inflammatory conditions such as hidradenitis suppurativa (HS) and epidermal cysts (EC) may have worse clinical outcomes. We evaluated the prognostic relevance and inflammatory status, focusing on the neutrophil-to-lymphocyte ratio (NLR) as a potential biomarker. There were significant differences in disease-specific survival (DSS) according to T and N categories, the presence of HS or EC, and NLR among 236 cases. cSCC secondary to HS or EC showed significantly elevated NLRs and poorer DSS. These findings indicate that secondary cSCC, particularly originating from HS, represents a clinically aggressive subset with elevated systemic inflammation, underscoring the need for early recognition and careful management of HS patients.

EP9-6 (E2-3)

Please refer Oral Presentation in English

EP9-7 (E2-4)

Please refer Oral Presentation in English

EP9-8 (E2-7)

Please refer Oral Presentation in English

EP9-9 (E2-8)

Please refer Oral Presentation in English

EP9-10

A Case of Nasal Cutaneous Metastasis from Pancreatic Cancer

○Youngkyoung Lim, Anjin Kim, Jiyoon Baek, Hyun Ji Kang, Kyu Han Kim
(Department of Dermatology, Veterans Health Service Medical Center, Seoul)

Non-umbilical cutaneous metastases from pancreatic cancer are rare. We report a 74-year-old man presenting with a hyperkeratotic nasal plaque. Biopsy revealed atypical ductal differentiation, and immunohistochemistry confirmed metastatic adenocarcinoma. Subsequent imaging identified disseminated metastases, and the patient expired two months later. Review of reported cases shows that facial involvement is extremely uncommon and often reflects advanced tumor burden. Patients frequently exhibit systemic spread and unfavorable outcomes. Early recognition of atypical cutaneous presentations facilitates appropriate diagnostic evaluation. Immunohistochemical profiling, particularly CK7 and CK20 expression, supports pancreatic origin and may provide prognostic value.

EP9-11

An Unusual Presentation of Eccrine Squamous Syringometaplasia

○Vanessa HT Tey
(Division of Dermatology, Department of Medicine, National University Hospital, Singapore)

Eccrine squamous syringometaplasia (ESS) is defined as mature squamous metaplasia of the eccrine ducts. It is usually encountered in patients receiving chemotherapy for various malignancies, but has also been associated with other drugs such as NSAIDs, infections and inflammatory skin diseases. In chemotherapy patients, the typical reported morphology is erythematous macules, papules and/or plaques predominantly in the intertriginous areas. We present a case of an elderly male undergoing chemotherapy for acute myeloid leukemia who developed a tender violaceous nodule on the posterior knee that was histologically diagnosed as ESS.

EP9-12

Unmasking Cutaneous Signs：When Superficial Lesions Reveal Deeper Risks

○Jian Mc Eison C Que, Maria Franchesca Quinio-Calayag
(Department of Dermatology, East Avenue Medical Center, Quezon City)

Cutaneous leiomyomas are rare smooth muscle tumors that may be a sign of underlying genetic syndromes. Here is a case of a 53-year-old woman with a 5-year history of multiple red-brown papules and nodules on the left cheek, confirmed as pilar leiomyoma on biopsy. Her hysterectomy for uterine leiomyoma at age 30 raised suspicion for Hereditary Leiomyomatosis and Renal Cell Cancer Syndrome. Due to possibility for an aggressive type of renal cancer, patient was advised genetic testing and abdominal MRI, but the patient has not complied. CO2 laser was used as alternative to surgery, achieving 40-70% reduction in swelling using high-energy settings. The case highlights the importance of syndromic evaluation, and explores use of alternative treatment modalities for tumors in sensitive areas.

EP9-13

A Case of Subungual Melanoma in a 44-Year-Old Filipino Female

○Vielka Alexandria W. Maturino,
Maria Franchesca S. Quinio-Calayag
(Department of Dermatology, East Avenue Medical Center, Quezon City)

A 44-year-old Filipino woman presented with a 10-year history of longitudinal melanonychia on the left great toenail, gradually increasing in width, eventually involving the periungual skin. Nail bed biopsy was done and was consistent with melanoma. She underwent first ray metatarsophalangeal joint disarticulation, with pathology showing a Breslow depth of 7 mm, ulceration, and mitosis, consistent with at least stage IIC melanoma. Ancillary laboratories were done and the patient was referred for immunotherapy. Despite representing only a small fraction of cases, melanoma is responsible for most skin cancer deaths. Early recognition, prompt referral, and comprehensive and timely work-up is crucial in management, as prognosis and survival rates worsen with increasing stage.

EP9-14

Withdrawn

EP9-15

Survival Outcomes of Tumor-Free but Inadequate Lateral Margins in Cutaneous Melanoma

○Chun Yu Lin[1,2,3], Wei-Ting Liu[1,3]
(Department of Dermatology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan[1], Educational Center, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan[2], Skin Cancer Team, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan[3])

We retrospectively analyzed 62 patients with invasive cutaneous melanoma treated between 2012 and 2024, including 40 ALMs. Patients were classified as having adequate (meeting NCCN recommendations) or inadequate but histologically tumor-free margins. Overall survival, progression-free survival, local recurrence-free survival, and melanoma-specific survival were analyzed after a median follow-up of 40.2 months. No significant differences were observed between margin groups. Margin inadequacy was not associated with worse survival (melanoma-specific survival：HR 1.20, 95% CI 0.33-4.36, p=0.8). Subgroup analyses of ALM and tumors with Breslow thickness ＞2 mm showed similar results.

EP9-16(E2-5)

Please refer Oral Presentation in English

EP10-1

A case of mandibular hypoplasia, deafness, progeroid features, and lipodystrophy syndrome

○Chiaki Yamashiro, Kwesi Teye, Takahiro Hamada, Norito Ishii, Hiroshi Koga
(Department of Dermatology, Kurume University, Kurume)

A Japanese man in his 40s was referred for evaluation of premature aging, including skin atrophy, graying hair, and short stature. Whole-exome sequencing identified a recurrent heterozygous *POLD1* variant *p.Ser605del* that is diagnostic of mandibular hypoplasia, deafness, progeroid features, and lipodystrophy (MDPL) syndrome. Multiple plantar clavi and calluses and Achilles tendon calcification were observed, which have not been previously reported in MDPL. Careful dermatological evaluation is essential for differentiating MDPL from other progeroid syndromes such as Werner syndrome. Although MDPL is extremely rare and has not been reported in the dermatological literature, recognition of its characteristic skin features may facilitate early diagnosis and appropriate genetic testing.

EP10-2

Familial KRT10-related Ichthyosis Treated with Upstream Blockade by Ustekinumab

○Ashleigh Ka Ying Chu
(Department of Paediatrics & Adolescent Medicine, United Christian Hospital, Hong Kong)

Epidermolytic ichthyosis (EI) is a rare genodermatosis caused by mutations in keratin-1 (KRT1) or keratin-10 (KRT10). We report a case of genetically confirmed KRT10-related epidermolytic ichthyosis, with first reported KRT10 pathogenic variant of p.Leu435Arg that demonstrated autosomal dominant inheritance in the family across two generations. The patient was treated with ustekinumab and showed significant clinical improvement as soon as two weeks post first injection of ustekinumab with no adverse reactions. It supports Ustekinumab as a potential safe and effective treatment for managing KRT10-related EI. This case highlights the evolving role of biologic therapy for congenital ichthyosis and the potential upstream targeting blockade of interleukin (IL) -23 in the management of EI.

EP10-3

Atypical non-classical CAH in a 14-year-old Filipina presenting with alopecia universalis

○Erwin John R Aquino
(Research Institute for Tropical Medicine, Department of Dermatology, Metro Manila)

Non-classical congenital adrenal hyperplasia (CAH) is an autosomal recessive disorder that usually presents with mild hyperandrogenic signs such as androgenetic alopecia, while alopecia universalis is rarely observed.
We present a 14-year-old Filipino female with non-classical CAH who developed alopecia universalis. Treatment included topical tretinoin-minoxidil, low-dose prednisone, and an oral supplement with zinc gluconate, nicotinamide, superoxide dismutase, vitamin E, and selenium. Gradual hair regrowth and DLQI improvement were noted.
Alopecia universalis in non-classical CAH is an uncommon manifestation without standard therapy, yet this combination regimen yielded promising results.

EP10-4

A Case Report of Chinese Medicine for Bullous Congenital Ichthyosiform Erythroderma

○Ping An Lu[1)], Ruei-Jhe Chang[2)]
(Department of Traditional Chinese Medicine, Changhua Christian Hospital, Changhua[1)], Fuhai Traditional Chinese Medicine Clinic, New Taipei[2)])

This case report details the successful treatment of an adult patient with refractory Epidermolytic Hyperkeratosis (EHK) using Traditional Chinese Medicine (TCM).
Following the TCM regimen, the patient achieved a complete resolution of all visible skin lesions and the disappearance of chronic pruritus.
The patient has remained stable and disease-free during a follow-up period of six months.
This remarkable outcome highlights the potential role of complementary therapies in achieving significant symptomatic and objective improvement in EHK, particularly in adult patients where conventional treatments often provide only partial relief. Further research is warranted to investigate the mechanism of action of TCM and its clinical applicability as a valuable alternative or adjunct therapy for EHK.

EP10-5

A Rare & Complex Case of Keratitis-Ichthyosis-Deafness Syndrome in a Filipino Adolescent

○Emmanuel Gabrielle M. Rivera, Amanda T. Chung, Roy Luister A. Acos, Val Constantine S. Cua, Giselle Marie T. Ver
(Department of Dermatology, University of the Philippines - Philippine General Hospital, Manila)

Keratitis-ichthyosis-deafness (KID) syndrome is a rare ectodermal dysplasia, with fewer than 100 cases reported and none in the Philippines. We report a 16-year-old Filipino girl with congenital hearing loss and severe plantar hyperkeratosis initially planned for debridement. Evaluation showed palmoplantar keratoderma with myiasis, malodor, and fungal infection but no necrosis, shifting management to medical therapy. She also had erythrokeratoderma and bilateral keratitis. A heterozygous GJB2 p.Asp50Asn mutation confirmed KID syndrome. Low-cost multimodal treatment with acitretin, combination keratolytics, and metronidazole powder improved odor, appearance, and mobility, highlighting the need for early recognition and accessible care in rare genodermatoses.

EP10-6

A Case of Tuberous Sclerosis Complex in a 27-year-old Filipino Female

○Kristine Bernadette D. Cunanan, Jowell R. Orfanel, Gemmy P. David
(Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium, Caloocan City)

Tuberous sclerosis complex (TSC) is a rare autosomal dominant disorder marked by hamartomatous tumors in multiple organs. A 27-year-old Filipino female presented with an 8-year history of progressive periungual nodules on multiple toenails. These began as small papules and gradually enlarged, causing discomfort when walking. Examination showed hypomelanotic macules, a shagreen patch, and facial angiofibromas. Her mother and siblings had similar lesions. She had no seizures or cognitive issues. Abdominal MRI revealed cortical and medullary renal microcysts, and other evaluations were unremarkable. The combination of these cutaneous findings fulfills major criteria for TSC and underscores the importance of recognizing familial involvement and the need for genetic counseling.

EP10-7

Clinical Manifestations of Hay-Wells Syndrome：A Rare Case Report

○Laras M Tobing, Githa Rahmayunita, Rinadewi Astriningrum
(Department of Dermatology and Venereology, Faculty of Medicine, Universitas Indonesia, Cipto Mangunkusumo National General Hospital, Jakarta)

AEC Syndrome or Hay-Wells syndrome is a rare ectodermal dysplasia characterized by craniofacial anomalies and variable ectodermal defects. An 8-year-old girl presented with congenital hypotrichosis, hypohidrosis, and dental anomalies progressing to anodontia. She was born with bilateral cleft lip and palate and partial left ankyloblepharon, with neonatal generalized skin desquamation requiring NICU care. Recurrent scalp, palm, and sole wounds occurred in early childhood. The patient showed a broad and evolving clinical spectrum consistent with AEC syndrome, highlighting significant cutaneous, dental, and craniofacial involvement. This rare case emphasizes the importance of early recognition and underscores the importance of early multidisciplinary evaluation and long-term follow-up.

EP11-1

Disseminated Cutaneous Mycobacterial Spindle Cell Pseudotumor Mimicking Malignancy

○Yurika Kutomi, Toshinari Miyauchi, Yuying Qin, Emi Inamura, Hideyuki Ujiie
(Department of Dermatology, Faculty of Medicine and Graduate School of Medicine, Hokkaido University, Sapporo)

Cutaneous mycobacterial spindle cell pseudotumor (MSP) is a rare entity characterized by spindle-shaped histiocytes containing acid-fast bacilli. Reported cutaneous cases predominantly involve localized nodules in immunosuppressed patients, whereas disseminated manifestations are uncommon. We describe a 69-year-old woman receiving prednisolone for rheumatoid arthritis who developed multiple nodules throughout the body；all lesions were FDG-avid on FDG-PET, suggestive of malignancy. Biopsy revealed storiform spindle-cell proliferation, and Ziehl-Neelsen staining showed abundant acid-fast bacilli. Tissue culture suggested *Mycobacterium haemophilum* infection. We review the literature and discuss a diagnostic pitfall highlighted by this case, emphasizing uncertainty in disseminated cases.

EP11-2

Three cases of *Dermatophilus congolensis* infection occurring among sauna enthusiasts

○Satoshi Takeuchi[1,2)], Haruka Wada[1)], Yu Ishikura[1)], Reiko Yoneda[3)], Takeshi Nakahara[2)]
(Department of Dermatology, Hamanomachi Hospital, Fukuoka[1)], Department of Dermatology, Kyushu University, Fukuoka[2)], Department of Diagnostic Pathology, Hamanomachi Hospital, Fukuoka[3)])

Dermatophilus congolensis (DC) is an actinomycetes that affects farm animals, prevailing in tropical areas, and only several human cases have been reported. Here, we experienced 3 male cases among sauna enthusiasts who had no contact with these animals. They developed desquamoid red papules almost systemically within a few days. Systemic and/or topical corticosteroids with oral antihistamines were ineffective and bacterial culture with genetic analysis or masspectrometry identified DC in all the cases. They have been successfully treated with 2-5 weeks of oral minocycline. DC prefers hot and humid environments, and these patients' very frequent sauna bath habit might have facilitated such rare human infection with relative ease. To our knowledge, this is the first Japanese case report.

EP11-3(E3-8)

Please refer Oral Presentation in English

EP11-4

Detection of *human papillomavirus* (HPV) in subungual warts and periungual Bowen's disease

○Sayuri Nakano[1)], Masaaki Kawase[1)], Gyohei Egawa[2)]
(Department of Dermatology, The Jikei University Katsushika Medical Center, Tokyo[1)], Department of dermatology, Kagoshima University, Kagoshima[2)])

Case 1. A 37-year-old woman had a wart on her left toenail for the past 4 years. Cryotherapy and several topical treatments were administered but were ineffective. Case 2. A 63-year-old woman presented with a wart on her right ring finger for the past five years. Cryotherapy, oral medication, and topical treatments were administered but were ineffective. Finally, both cases were cured using the peeling method for warts. The former case was found to have HPV type 11, and the latter as having HPV type 57 using PCR. Case 3. A 77-year-old man presented with a brown-black plaque around his right middle fingernail for three months. The patient was diagnosed with Bowen's disease via biopsy. The skin lesion was completely excised and healed. This case was detected to have HPV type 56 using PCR.

EP11-5

Hiding in Plain Sight: Unmasking Cutaneous Protothecosis in a case of refractory 'eczema'

○Chee Hoou Loh
(National Skin Centre, Singapore)

Cutaneous protothecosis is a rare infection caused by the algae *Prototheca* species. The clinical presentation is highly variable, frequently mimicking other infectious or inflammatory dermatoses. We report a case of cutaneous protothecosis in an 81-year-old male who presented with non-pruritic annular erythematous plaque on his left forearm and wrist. He was treated with topical steroids with no improvement. Histopathologic examination demonstrated numerous yeast-like structures and endospores arranged in a morula-like pattern, consistent with *Prototheca* spp. The patient was treated with itraconazole 100 mg twice daily for 1 month with clinical resolution. This case underscores the diagnostic challenge of cutaneous protothecosis, particularly in patients without classic risk factors.

EP11-6(E3-6)

Please refer Oral Presentation in English

EP11-7

Breaking Ground: Molecular Sequencing and Innovative Therapy in Actinomycetoma

○Jannine A. Galimba[1)], Andrea Marie Bernales-Mendoza[1)], Jamaine Melisse Cruz-Regalado[1)], Kazushi Anzawa[2)], Akira Shimizu[2)]
(Department of Dermatology, Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium, Caloocan City[1)], Department of Dermatology, Kanazawa Medical University, Kahoku[2)])

Actinomycetoma, a neglected tropical disease, remains underrecognized. We present a rare case of *Actinomadura madurae,* confirmed by molecular sequencing and treated with cotrimoxazole and rifampicin. A 64-year-old Filipino man had a 23-year history of recurrent nodules with draining sinuses and osteonecrosis, leading to two amputations. Histopathology showed suppurative granulomatous dermatitis ; cultures had no growth, but microscopy revealed fine, branching filaments. PCR at Kanazawa Medical University, Japan, confirmed *A. madurae.* Multidrug therapy led to 80% improvement after 10 months. Possibly the earliest Philippine documented case with species-level identification, this case demonstrates that cost-effective therapy can achieve substantial improvement in resource-limited settings.

EP11-8

Bilateral Eyebrow Granulomas : Tattoo Reaction, Sarcoidosis, or NTM? A Diagnostic Challenge

○Erin YQ Wee
(Department of Internal Medicine, Sengkang General Hospital, Singapore)

A 68-year-old Chinese female presented with erythematous dermal infiltrated plaques confined to her eyebrows bilaterally. Histology showed superficial dermis non-necrotizing granulomas, with scattered pigmented granules within granulomas, and pseudoepitheliomatous hyperplasia of the epidermis. Auramine staining showed a few possible acid-fast bacilli. Ziehl-Neelsen stain was negative. She was diagnosed with bilateral nontuberculous mycobacteria (NTM) eyebrow infection, and treated with doxycycline and ciprofloxacin with itch resolution and improvement in infiltrated appearance. This case highlights the need to suspect NTM as a cause of skin and soft tissue infection even in non-classical cases of bilateral involvement, considering its increasing global incidence and diagnostic difficulty.

EP11-9

The Hidden Sequel : Erythema Nodosum Leprosum After Leprosy Therapy

○Isabelle X Yang, Brian Chia, Pei Ming Yeo, Jingxiang Huang
(Department of Dermatology, Sengkang General Hospital, Singapore)

Erythema nodosum leprosum (ENL) is a type III hypersensitivity reaction usually seen during multidrug therapy (MDT) for multibacillary leprosy. Late-onset ENL is rare and may mimic relapse, creating diagnostic uncertainty. We report a 73-year-old man who developed widespread tender erythematous nodules three years after completing MDT, without systemic symptoms or new neurological deficits. Histology showed dermal inflammation with macrophages containing granular acid-fast material and vasculitis, but no intact bacilli. ENL was diagnosed, and he improved rapidly with systemic corticosteroids. This case emphasizes that ENL can occur years after treatment and highlights the need for continued vigilance to distinguish it from relapse or other dermatoses.

EP11-10

Rare Atypical Verrucous Dermatophytosis in a Filipino with Hansen's Disease : A Case Report

○Ana Dominique L Espana[1)], Paloma Alexandra Rojas-Savet[1)], Andrea Marie Bernales-Mendoza[1)], Akira Shimizu[2)], Kazushi Anzawa[2)]
(Dr. Jose N. Rodriguez Memorial Hospital and Sanitarium, Caloocan[1)], Kanazawa Medical University, Kahoku[2)])

Dermatophytosis rarely presents as verrucous dermatophytosis, a highly hyperkeratotic form mimicking squamous cell carcinoma and deep cutaneous mycoses. This is a case of a 68-year-old Filipino male with Hansen's Disease with a large, well-demarcated gray-brown plaque on his dorsal foot, notable for its dense hyperkeratosis with wart-like surface. Diagnosis was confirmed by KOH, histopathology and culture, identifying *Trichophyton rubrum* by advanced PCR and sequencing. Resolution was achieved with oral itraconazole and physical debridement. The atypical presentation in this leprosy patient reflects diagnostic challenges posed by T-cell dysfunction. This case highlights the need to consider atypical fungal infections in leprosy patients presenting with unusual, refractory cutaneous lesions.

EP11-11（E3-7）

Please refer Oral Presentation in English

EP11-12

Cases of *Trichophyton indotineae* in south Taiwan

○Wei-Ting Liu, Han-Tang Wang
（Department of Dermatology, National Cheng Kung University Hospital, Tainan）

Trichophyton indotineae has emerged globally as a cause of widespread, recalcitrant dermatophytosis, often associated with terbinafine resistance. Data from Taiwan remain limited. From January to December 2025, patients presenting with extensive or treatment refractory tinea corporis were identified. Clinical evaluation, fungal culture, PCR sequencing, *SQLE* gene sequencing, and antifungal susceptibility testing（MIC）were performed. Three household clusters involving four confirmed cases were identified. Treatment courses will be presented. Based on this single center experience, *T. indotineae* infections are likely underdiagnosed in Taiwan. Increased clinical suspicion, routine molecular identification, and management of household contacts are essential to prevent ongoing transmission.

EP12-1

Two Cases of Calcinosis Cutis Occurring Within Epidermal Cysts on the Face

○Rie Oikawa, Chiaki Takahashi, Sawa Otsubo, Mari Kishibe, Akemi Ishida-Yamamoto, Yasuyuki Fujita
（Department of Dermatology, Asahikawa Medical University, Asahikawa）

Case 1：An otherwise-healthy man in his 50s presented with two cheek nodules. One lesion showed calcium deposition within a keratinous cyst, which was diagnosed as calcinosis cutis associated with an epidermal cyst. The other lacked a cyst wall and was diagnosed as calcinosis cutis. Case 2：A woman in her 60s presented with a nodule in the right periorbital area. Histology revealed keratinous material and calcium within a cyst as well. Although calcinosis cutis of the scrotum originating from epidermal cysts is common, calcium deposition within facial epidermal cysts is rare. Our cases implied the time course of calcification, and we discuss potential mechanisms underlying cyst-related calcinosis cutis of other etiologies.

EP12-2

Ulcerative tumors in sarcoidosis identified as *cytomegalovirus*-associated skin lesions

○Sakiho Inayoshi, Takuya Inoue, Kazunari Sugita
（Division of Dermatology, Department of Internal Medicine, Faculty of Medicine, Saga University, Saga）

A 78-year-old man with chronic heart failure due to cardiac sarcoidosis had previously been diagnosed with cutaneous sarcoidosis. There was no history of immunosuppressant use. During a 1-year follow-up, his skin eruptions deteriorated, presenting as erythematous patches on the trunk, and pulmonary sarcoidosis emerged concurrently. As his systemic sarcoidosis progressed, ulcerative tumors developed in the inguinal region and on the dorsum of the foot. Although initially suspected to represent sarcoidosis-related lesions, these tumors were ultimately diagnosed as *cytomegalovirus*-associated cutaneous manifestations arising during the course of sarcoidosis. This report describes the clinicopathological and immunological features of this highly unusual presentation.

EP12-3

A Large Cohort Study Investigating Sun Protective Behaviors and All-Cause Mortality

○Jinglin Gao
（Dermatology Hospital, Southern Medical University, Guangzhou）

This cohort study analyzed data from 12,065 participants aged 20-59 years to examines the relationship between sun-protective behaviors and mortality risk. The univariate and multivariate cox proportional hazards models estimated hazard ratios（HR）. Rare shade-seeking behavior was associated with significantly lower mortality risk（HR= 0.66, 0.50 to 0.86, p=0.002）. Conversely, rare sunscreen users experienced a 140% increase（HR=1.42, 1.02 to 1.99, p=0.038）. The non-Hispanic Black participants with rare shading behavior had a significantly reduced mortality risk（HR=0.46, 0.26 to 0.81, p=0.007）. In contrast, non-Hispanic White participants using sunscreen moderately（HR=1.64, 1.02 to 2.63, p=0.039）or rarely（HR=1.62, 1.06 to 2.48, p=0.026）showed higher mortality risk.

EP12-4

The Return of an Ancient Disease：Pediatric Scurvy in Modern Clinical Practice

○Tyan Shin Lee
（Department of Pediatrics, Hospital Sultanah Bahiyah, Alor Setar）

Scurvy is an uncommon nutritional deficiency in modern pediatric practice, particularly in chronically ill or nutritionally vulnerable individuals. We report 2 cases of scurvy in pediatric population. First case is a 15-year-old boy with transfusion dependant thalassemia presenting with progressive lower-limb swelling and inability to ambulate for three months. Second case is a 10-year-old boy with autism spectrum disorder presented with refused to ambulate for 1 month. Both cases exhibited gingival hypertrophy, perifollicular hemorrhages, and corkscrew hairs. Laboratory tests confirmed low serum vitamin C levels. Both cases highlight the importance of early recognition of dermatologic signs in at-risk adolescents and neurodevelopmental delay child with restrictive diets.

EP12-5

Withdrawn

EP12-6

Overlap DRESS and AGEP：a case series

○Ching-Yu Liao, Chun-Bing Chen
（Department of Dermatology, Chang Gung Memorial Hospital, Linkou Branch, Taoyuan）

DRESS and AGEP are both severe delayed T-cell-mediated adverse drug reactions. Overlap between DRESS and AGEP have been reported but remains poorly characterized. We retrospectively identified 10 cases of DRESS overlapping with AGEP from Chang Gung Memorial Hospital system. Compared with typical DRESS, patients with overlapping features exhibited a higher rate of recurrence and long-term sequelae including hyperthyroidism, bullous pemphigoid, and alopecia totalis. To our knowledge, this is the first series describing the clinical characteristics, histopathology, and outcomes of patients with overlapping DRESS and AGEP in an Asian population. Recognition of this potential entity is important, as it may affect recurrence risk, long-term sequelae, and management strategies.

EP12-7

Depression Level and Overall Quality of Life among Elderly with Psoriasis

○Rosinta H P Purba
(The Pranala Institute, Yogyakarta)

Indonesia's aging population (11.75% in 2023) is shifting toward a Silver Economy. Psoriasis affects ～2.5% (6.7M), burdening elderly quality of life. Using 2014 IFLS data, this study analyzed adults 60+ with psoriasis via GDS and WHOQoL-BREF. Average age 67.2; 60.7% male. Mean GDS: 7.8 (moderate depression). WHOQoL-BREF indicated moderate satisfaction. Regression showed psoriasis and age increased depression (β=2.27, $p<0.001$; β=0.04, p=0.019) and lowered quality of life (β=-3.52, p=0.003; β=-0.02, p=0.035). Education was protective. Promoting digital aging can improve health literacy and support dignified, independent living.

EP12-8

Health Economic Perspective and Analysis of Psoriasis Management in Asia

○Yesika Simbolon[1)], Rosinta Purba[2)], Gracce S Sinaga[1)], Lintong Simbolon[2)], Hepri Ardianson[2)], Sarai B Br Sit-up[1)]
(Atmajaya University, Yogyakarta[1)], The Pranala Institute, Yogyakarta[2)])

This study analyzes its economic impact, focusing on direct/indirect costs and cost-saving interventions. A systematic review and meta-analysis (2015-2023) identified studies reporting direct medical costs, indirect costs, and cost-effectiveness of treatments across Asia. Twenty-five studies (3,150 patients) showed an average annual direct medical cost of USD 2,500 per patient, with indirect costs at USD 1,200. Biological treatments, particularly IL-17/IL-23 inhibitors, were the most cost-effective, with a cost per QALY gain of USD 35,000. Psoriasis presents a substantial economic burden in Asia. Adopting cost-effective biologics may reduce long-term costs and improve outcomes, guiding policymakers toward efficient resource allocation.

EP12-9

Refractory PIH in Asians: Treatment in 1064nm QSNY Laser at Medium Fluence Medium Spot Size

○Jiayi Feng[1,2)], Lvping Huang[2)]
(Department of Plastic Surgery, Shenzhen Hospital of Southern Medical University, Shenzhen[1)], Department of Laser Cosmetic Center, Plastic Surgery Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing[2)])

Objective: To assess the efficacy of 1064nm Q switched Nd: YAG laser with medium fluence and spot size in treating refractory post inflammatory hyperpigmentation (PIH) in Asians.
Methods: 20 patients with persistent PIH underwent laser treatment (4.0 to 4.5J/cm^2, 4mm spot size). Outcome was evaluated 6 months after the final session.
Results: Complete clearance was observed in 7 patients (35%), marked improvement in another 7 (35%). Good and fair responses occurred in 2 (10%) and 1 (5%) patient. Three thermal injury cases (15%) showed minimal improvement.
Conclusion: Medium fluence, medium spot size 1064nm Q switched Nd: YAG laser is effective for nonthermal refractory PIH. At least 4 sessions are recommended, while severe cases often requiring 6 to 8 sessions for satisfactory outcome.

EP12-10

Darier Disease in a Filipino Kindred: Variable Expressivity Across Two Generations

○May G Silva, Frederica Veronica Marquez-Protacio, Marie Len Camaclang-Balmores
(Department of Dermatology, Dr Jose N Rodriguez Memorial Hospital and Sanitarium, Caloocan City)

Darier Disease (DD) is a rare autosomal dominant disorder caused by ATP2A2 mutations, with variable penetrance and expressivity. We report a case of a Filipino kindred with high penetrance and intrafamilial phenotypic variability affecting the mother and three of four children. The mother had late-onset lesions, presenting with widespread keratotic hyperpigmented papules and V-shaped nail nicking. Her three affected children with onset from 12 to 22 years of age exhibit mild localized plaques to moderate extensive involvement. Histopathology confirmed acantholytic dyskeratosis supporting the diagnosis. This case underscores that penetrance does not correlate with phenotypic severity, highlighting the need for individualized assessment in familial DD for prognosis and genetic counseling.

EP12-11 (E4-8)

Please refer Oral Presentation in English


The 125th
JDA
The 125th Annual Meeting of the
Japanese Dermatological Association
KYOTO 2026