

 #WCD2019

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HIGHLIGHTS

24th World Congress of Dermatology (WCD)

10-15
JUNIO
2019

Milán



Patrocina:

janssen  Immunology
PHARMACEUTICAL COMPANIES OF 

Organiza:



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Dermatología pediátrica

Patrocina:



Organiza:



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Atopic dermatitis

Dr. Valeria Aoki

Dr. Mike Cork

Dr. Jonathan Silverberg

Patrocina:



Organiza:



Crisaborole 2% (topical PDA4 inhibitor)

FDA approval in Dec 2016, ≥ 2 yo patients with mild to moderate AD

Improve ISGA, pruritus, QoL, DLQI, CDLQI, decrease disease severity

Long term safety (low frequency of treatment-related AES over 48 weeks of treatment)

AEs: stinging/burning application

Crisaborole 2% (topical PDA4 inhibitor)

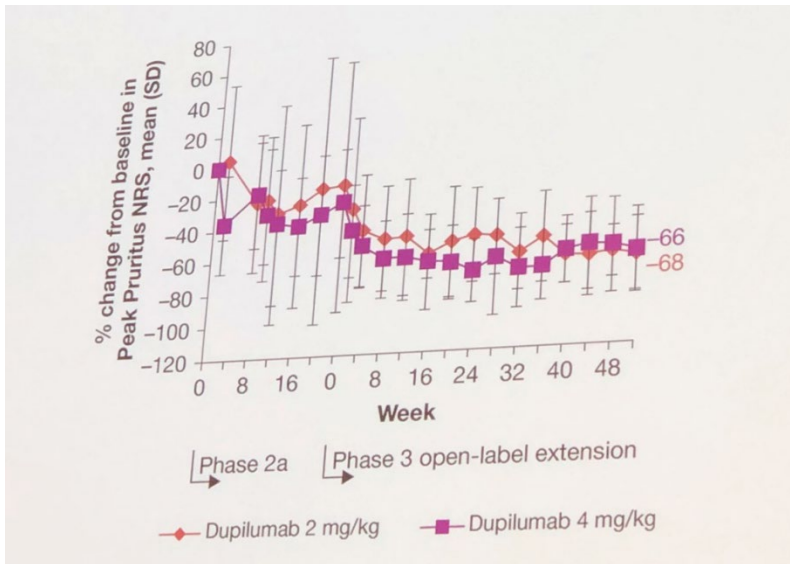
Comparative
efficacy?

Objective
scores?

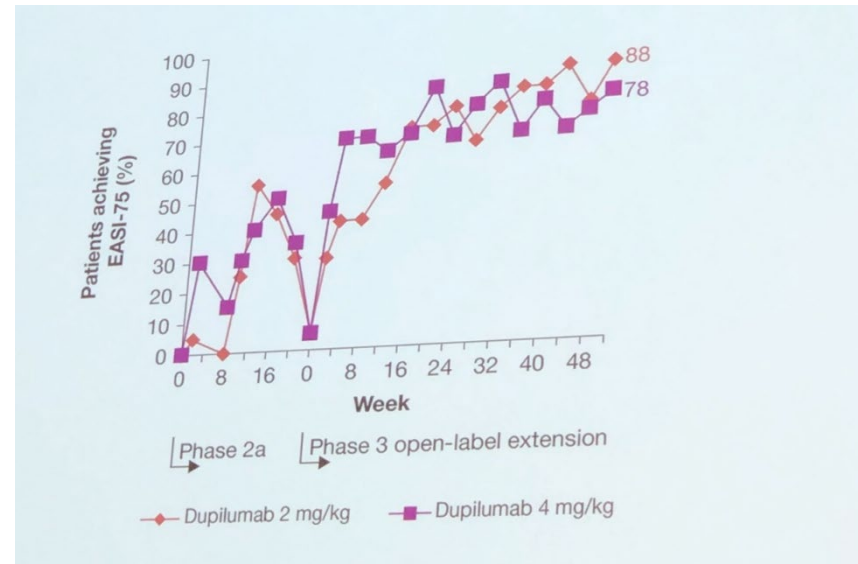
Face?

Open-label phase 2a and phase 3 trials assessing the pharmacocinetics, safety and efficacy of dupilumab in a pediatric population with moderate to severe atopic dermatitis.

Changes from baseline in peak pruritus



Patients achieving EASI 75



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Emollients are not effective for primary prevention of atopic dermatitis

Patrocina:



Organiza:



Emollients are not effective for primary prevention of atopic dermatitis

PreventADALL study

Methods:

- Mothers recruited during pregnancy
- 2397 infants randomized to one of four groups:
 - 575; skin intervention
 - 642: food intervention
 - 583: food and skin intervention
 - 597: no intervention
- Bathed in water with liquid paraffin and trilaureth-4-phosphate oil and their faces were covered with Ceridal cream ≥ 3.5 days/week for 16 of 25 weeks

Results:

- At 12 months, atopic dermatitis was more common in infants who received either the skin or food intervention than in infants who received neither intervention (11.1% vs. 9.0% vs. 8.1%; $P=0.003$)

The Barrier Enhancement for Eczema Prevention (BEEP) trial

Methods:

- High-risk children for AD (relative diagnosed with eczema, allergic rhinitis or asthma)
- 1394 infants randomized after birth to:
 - 693; skin intervention
 - 701: no intervention
- Double-based gel or cream emollient for 3 days per week for 12 months
- Assessed at 2 years of age

Results:

- Rates of eczema were similar in the intervention and control groups (23% vs 25%; $P=0,61$)
- Age of eczema onset reported by parents was similar in the two groups at the end of the first year (20% vs. 20%) and at the end of the second year (31% vs. 32%)
- The intervention group had potentially increased skin infections and immunoglobulin E food allergy

Emollients are effective for secondary prevention of atopic dermatitis

Van Zuuren EJ, Fedorowicz Z, Arents BWM. Emollients and moisturisers for eczema: abridged Cochrane systematic review including GRADE assessment. Br J Dermatol. 2017.

Silverberg JL. Are moisturizers effective in the treatment of atopic dermatitis? Br J Dermatol. 2017.



Probiotics are effective for primary prevention of atopic dermatitis

Systematic review and meta-analysis: 28 controlled studies



Probiotics are not effective for secondary prevention of atopic dermatitis

Cochrane systematic review: 39 controlled studies



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Genodermatosis

Dr. Antonio Torrelo

Dr. Leena Bruckner-Tuderman

Patrocina:



Organiza:



LOSARTAN reduces fibrosis through TGF-beta antagonism in RDEB

Phase ½ trial REFLECT:

- 30 children with moderate to severe RDEB (2-16 years)
- Two centers: Freiburg and Salzburg
- Systemic administration of losartan suspension
- Treatment for 10 months, follow up 3 months
- 27 participants enrolled in Freiburg, 12 have already completed the study
- First impression positive → interntional efficacy trial in preparation

A new syndrome- PKD1

Facial features

Hypotrichosis

Tooth anomalies

Heart disease

Skeletal
anomalies/Brachydactily

Calcium metabolism
anomalies

Diffuse telangiectasias

Telangiectasia- ectodermal dysplasia

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Vascular anomalies

Dr. Ilona Frieden

Patrocina:



Organiza:



Capillary malformation

MC—MAV syndrome



CMTC



Sturge Weber syndrome



Klippel Trenaunay syndrome



[Back to overview](#)



ISSVA classification for vascular anomalies

Type Alt ←
for previous view

Simple vascular malformations I

Capillary malformations (CM)

Nevus simplex / salmon patch, “angel kiss”, “stork bite”

Cutaneous and/or mucosal CM (also known as “port-wine” stain)

Nonsyndromic CM

GNAQ

CM with CNS and/or ocular anomalies (Sturge-Weber syndrome)

GNAQ

CM with bone and/or soft tissues overgrowth

GNA11

Diffuse CM with overgrowth (DCMO)

GNA11

Reticulate CM

CM of MIC-CAP (microcephaly-capillary malformation)

STAMPB

CM of MCAP (megalencephaly-capillary malformation-polymicrogyria)

PIK3CA

CM of CM-AVM

RASA1 / EPHB4

Cutis marmorata telangiectatica congenita (CMTC)

Others

Telangiectasia*

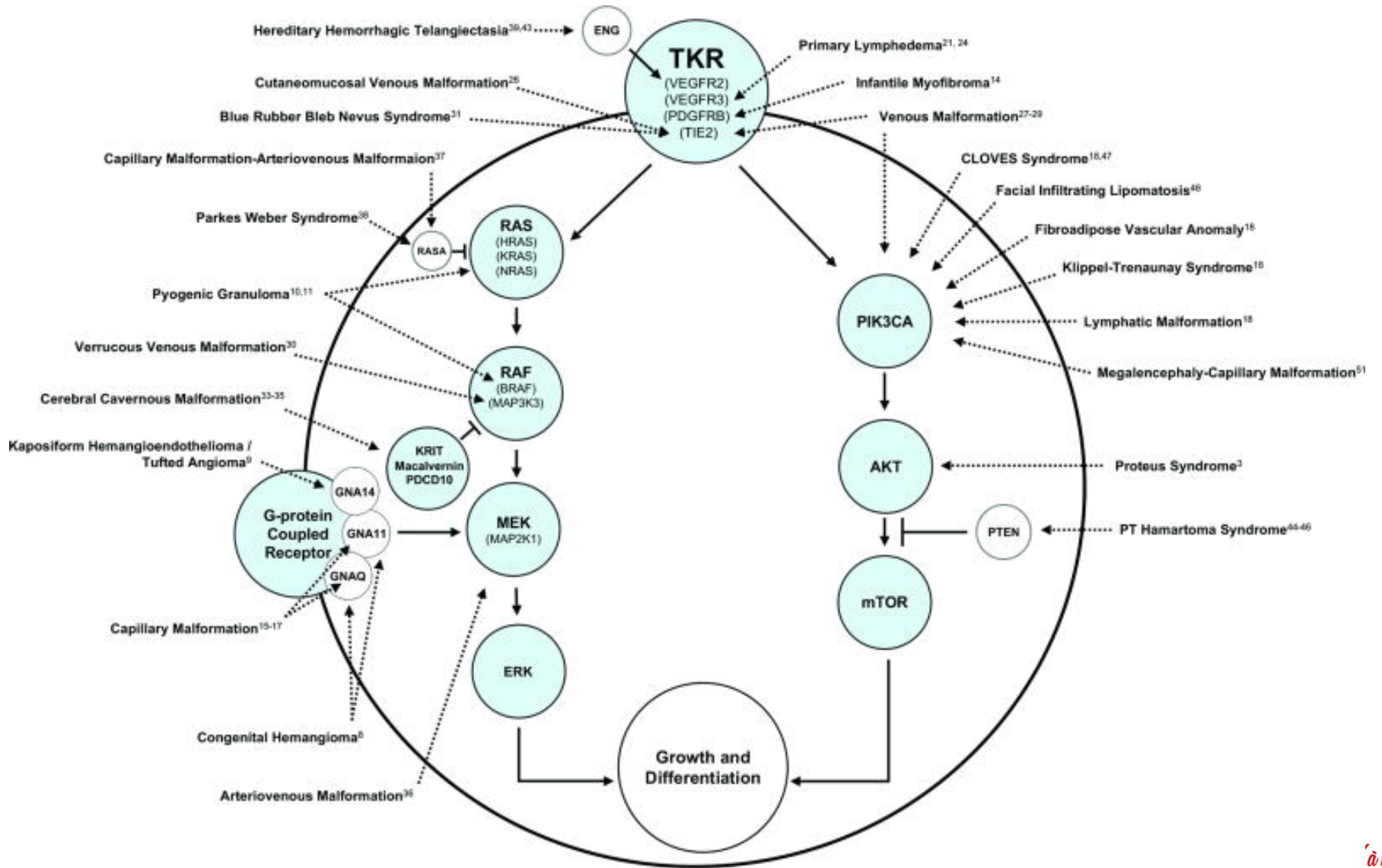
Hereditary hemorrhagic telangiectasia (HHT)(*HHT1* ENG, *HHT2* ACVRL1, *HHT3*, *JPHT* SMAD4)

Others

* The CM nature of some subtypes of telangiectasia is debated.
Some telangiectasia may be reclassified in other sections in the future

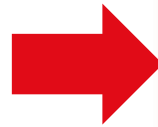
Causal genes in blue





- Structural anomalies of specific vessels
- Static in behaviour over time

Laser, surgery or supportive treatment



- Cutaneous manifestation of somatic mutations in oncogenes
- Can have progressive growth over time

Targeted treatment

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Inflammatory diseases

Dr. Annie Genois

Dr. Antonio Torrelo

Patrocina:



Organiza:



Skin manifestations in pediatric patients treated with TNF-alpha inhibitor for inflammatory bowel disease: a retrospective study

343 patients <19 yo with IBD treated with anti-TNFalfa

- 11,3% patients presented cutaneous side effects (CSE) related to anti-TNF inhibitors
- Psoriasiform eruptions were the most reported CSE (41,6%)

Psoriasiform eruptions related with TNF-inhibitors:

- Favor the **skin folds** and the **scalp**
- Striking weeping appearance
- Frequent superimposed bacterial infections requiring treatment (40%)

Neutrophilic dermatosis

Pediatric Sweet Syndrome: Case Report and Literature Review

James Halpern, M.R.C.P.,* and Asad Salim, M.R.C.P.†

**Department of Dermatology, University Hospital of North Staffordshire, Stoke-on-Trent, United Kingdom,*

†*Department of Dermatology, Mid Staffordshire General Hospitals NHS Trust, Stafford, United Kingdom*

< 3yo patients

Male predilection

No association with malignancies

> 3 yo patients

No sex predilection

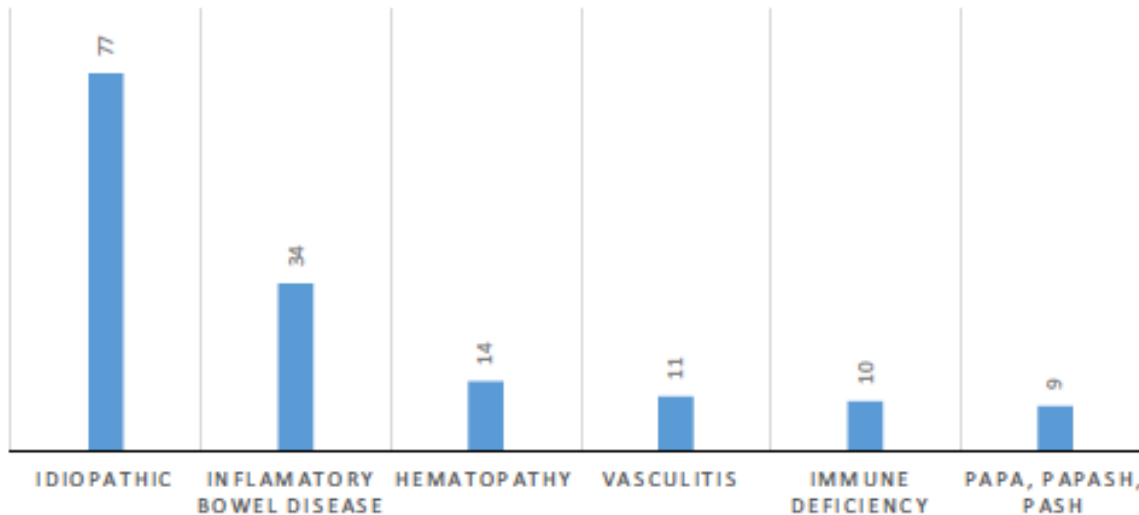
Strong association with malignancies

Review

Pediatric pyoderma gangrenosum: a systematic review and update

Elio Kechichian^{1,2}, MD, Roger Haber^{1,2}, MD, Nadim Mourad^{1,2}, MD, Rana El Khoury^{1,2}, MD, Samer Jabbour^{2,3}, MD, and Roland Tomb^{2,4}, PhD

**MOST COMMON UNDERLYING DISEASES IN
PEDIATRIC PYODERMA GANGRENOSUM
(NUMBER OF CASES)**



More disseminated

More commonly multiple

Association with
autoinflammatory diseases

Stronger association with
hematologic disorders

Association with Takayasu's arteritis

Neutrophilic dermatosis as manifestation of autoinflammatory diseases

CASE REPORT

Open Access

Disease course and treatment effects of a JAK inhibitor in a patient with CANDLE syndrome

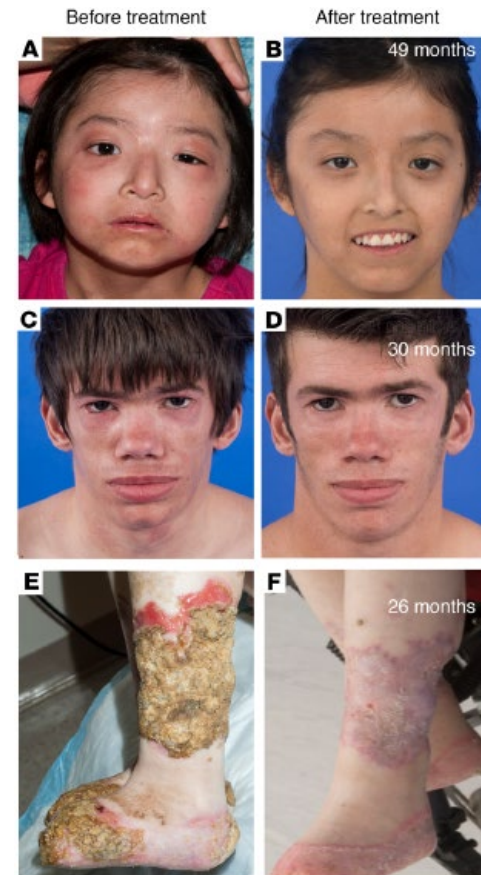
M. Boyadzhiev^{1*}, L. Marinov¹, V. Boyadzhiev¹, V. Iotova¹, I. Aksentjevich² and S. Hambleton³



Fig. 1 The patient: **a.** When he is 2 years 10 months old; **b.** When he is 5 years old, just before the start of baricitinib; **c.** After 7 months of treatment with baricitinib

JAK1/2 inhibition with baricitinib in the treatment of autoinflammatory interferonopathies

Gina A. Montealegre Sanchez,¹ Adam Reinhardt,² Suzanne Ramsey,³ Helmut Wittkowski,⁴ Philip J. Hashkes,⁵ Yackov Berkun,⁶ Susanne Schalm,⁷ Sara Murias,⁸ Jason A. Dare,⁹ Diane Brown,¹⁰ Deborah L. Stone,¹¹ Ling Gao,⁹ Thomas Klausmeier,¹² Dirk Foell,⁴ Adriana A. de Jesus,¹ Dawn C. Chapelle,¹³ Hanna Kim,¹³ Samantha Dill,¹³ Robert A. Colbert,¹³ Laura Failla,¹ Bahar Kost,¹³ Michelle O'Brien,¹³ James C. Reynolds,¹⁴ Les R. Folio,¹⁴ Katherine R. Calvo,¹⁴ Scott M. Paul,¹⁴ Nargues Weir,¹⁵ Alessandra Brofferio,¹⁵ Ariane Soldatos,¹⁶ Angelique Biancotto,¹⁶ Edward W. Cowen,¹³ John J. Digiovanna,¹⁷ Massimo Gadina,¹⁹ Andrew J. Lipton,¹⁸ Colleen Hadigan,¹⁹ Steven M. Holland,¹⁸ Joseph Fontana,¹⁵ Ahmad S. Alawad,²⁰ Rebecca J. Brown,²⁰ Kristina I. Rother,²⁰ Theo Heller,²⁰ Kristina M. Brooks,¹⁴ Parag Kumar,¹⁴ Stephen R. Brooks,¹⁹ Meryl Waldman,²⁰ Harsharan K. Singh,²¹ Volker Nickleleit,²¹ Maria Silk,²² Apurva Prakash,²² Jonathan M. Janes,²² Seza Ozen,²³ Paul G. Wakim,²⁴ Paul A. Brogan,²⁵ William L. Macias,²² and Raphaela Goldbach-Mansky¹



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Melanoma

Dr. Cristina Pellegrini

Patrocina:



Organiza:



MC1R variants in childhood and adolescent melanoma: a retrospective pooled analysis of a multicentre cohort



Cristina Pellegrini, Francesca Botta*, Daniela Massi, Claudia Martorelli, Fabio Facchetti, Sara Gandini, Patrick Maisonneuve, Marie-Françoise Avril, Florence Demenais, Brigitte Bressac-de Paillerets, Veronica Hoiom, Anne E Cust, Hoda Anton-Culver, Stephen B Gruber, Richard P Gallagher, Loraine Marrett, Roberto Zanetti, Terence Dwyer, Nancy E Thomas, Colin B Begg, Marianne Berwick, Susana Puig, Miriam Potrony, Eduardo Nagore, Paola Ghiorzo, Chiara Menin, Ausilia Maria Manganoni, Monica Rodolfo, Sonia Brugnara, Emanuela Passoni, Lidija Kandolf Sekulovic, Federica Baldini, Gabriella Guida, Alexandros Stratigos, Fezal Ozdemir, Fabrizio Ayala, Ricardo Fernandez-de-Misa, Pietro Quaglino, Gloria Ribas, Antonella Romanini, Emilia Migliano, Ignazio Stanganelli, Peter A Kanetsky, Maria Antonietta Pizzichetta, Jose Carlos García-Borrón, Hongmei Nan, Maria Teresa Landi, Julian Little, Julia Newton-Bishop, Francesco Sera, Maria Concetta Fargnoli, Sara Raimondi, for the IMI Study Group, the GEM Study Group, and the M-SKIP Study Group*

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233 children and adolescent with melanoma
932 adults with melanoma
932 healthy adult controls.

MC1R variants are more prevalent in childhood and adolescent melanoma than in adult melanoma

