

HIGHLIGHTS



SINGAPORE

3-8 / july / 2023

Con el patrocinio de:



Dermatopatología y Diagnóstico por Imagen en Dermatología

Iniciativa científica de:



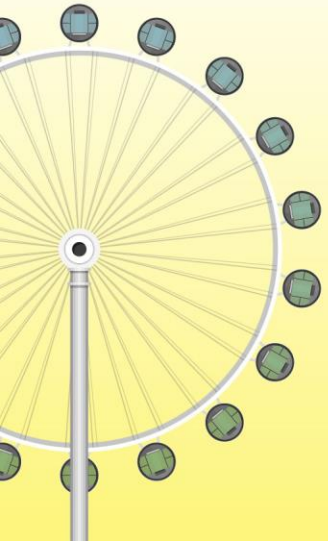
Dermatopatología y Diagnóstico por Imagen en Dermatología



Gloria Baeza Hernández

Complejo Asistencial Universitario de Salamanca

Complejo Asistencial de Segovia



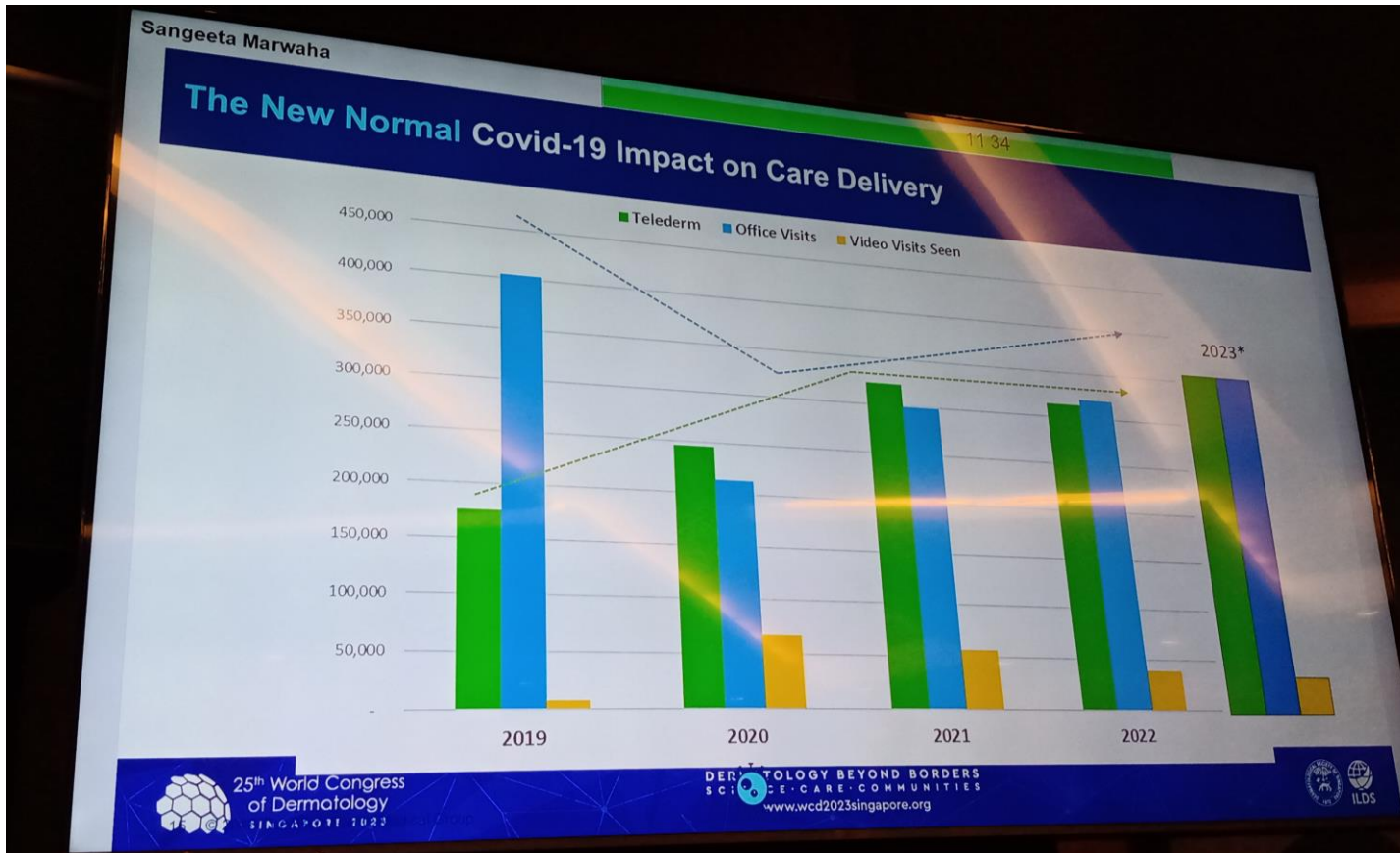
Día 3/7/23: Teledermatología e Inteligencia Artificial

HIGHLIGHTS



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-Aumento de la demanda tras COVID-19

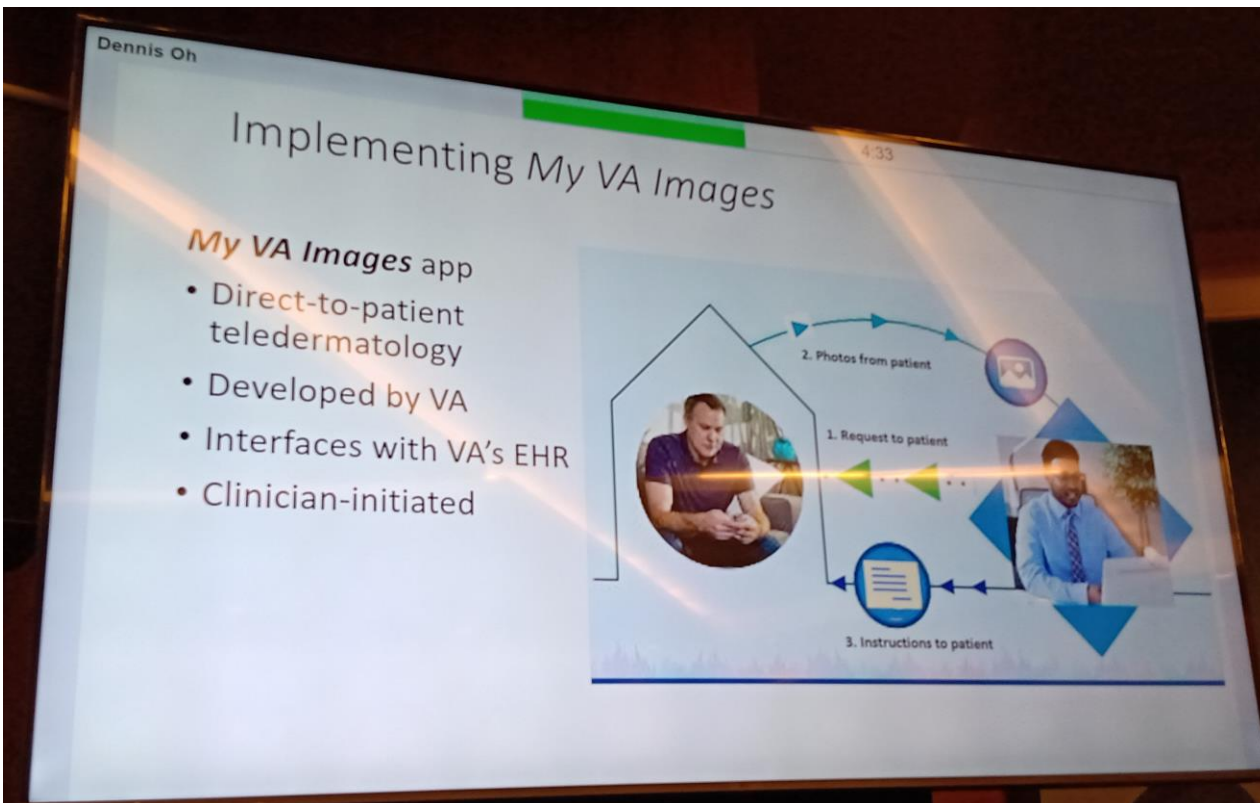
-Telemedicina + dermatoscopia incrementa la detección del cáncer cutáneo, con menor lista de espera y menos biopsias innecesarias

-Uno de los principales problemas: calidad de la fotografía → entrenamiento y vídeos para los médicos de Atención Primaria y enfermería/auxiliares

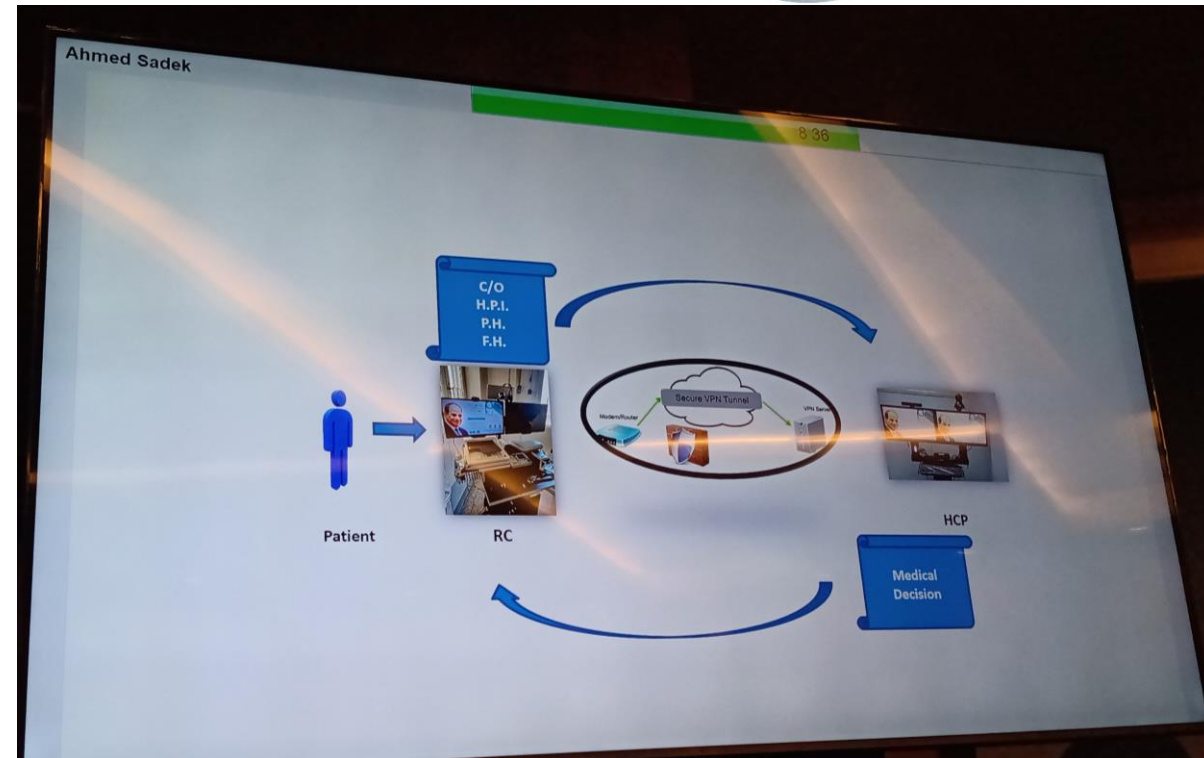
Research and lessons from Kaiser Permanente, Northern California teledermatology program - Dra Sangeeta Marwaha (USA)

Mejorar el proceso de la teledermatología y la información que se da a los pacientes

Día 3/7/23: Teledermatología e Inteligencia Artificial



Implementation of teledermatology for Veterans in the United States – Dr Dennis Oh



Impact of Teledermatology on Health Care Delivery systems in remote sites in Egypt – Dr Ahmed Sadek

La teledermatología mejora la atención de los pacientes en zonas rurales

Día 3/7/23: Teledermatología e Inteligencia Artificial



Inteligencia aumentada : humano + máquina

Concepto erróneo: humano contra máquina

-La teledermatología y la inteligencia artificial se convertirán en una parte esencial de la práctica médica.

-Limitaciones de la inteligencia artificial:

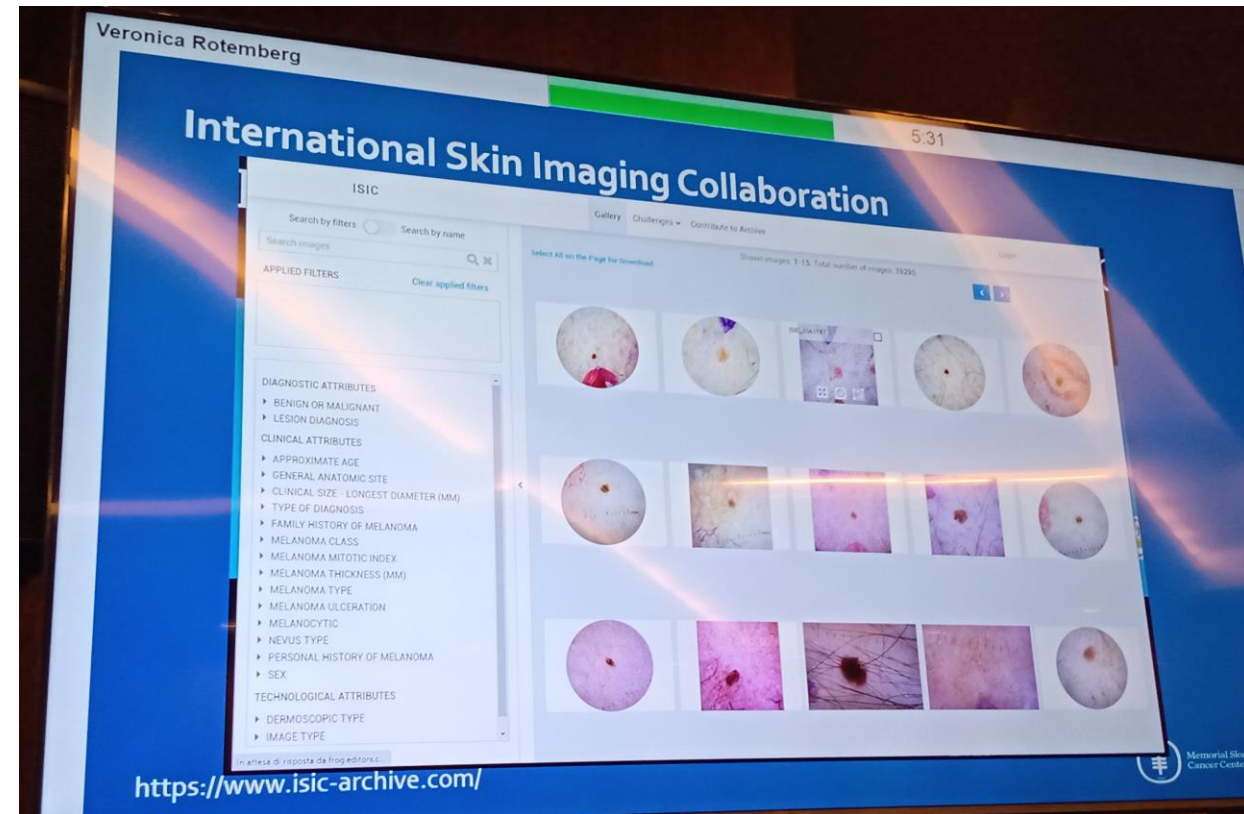
**Precisión y confiabilidad

**Calidad de los datos

**Validación de modelos de inteligencia artificial

**Patología tumoral vs inflamatoria

**No respuesta.



Potential and pitfalls of AI in teledermatology –
Dr Veronica Rotemberg (USA)

Día 3/7/23: Teledermatología e Inteligencia Artificial



Teleconsulta para valoración de imágenes obtenidas por técnicas ópticas no invasivas (OCT, RCM)

9:05

Tele-consultation

METHOD 1: STORE AND FORWARD (acquire, store and forward images)

```
graph LR; Dermatologist --> Microscope[Optical imaging microscope]; Microscope --> Cloud[Cloud]; Cloud --> ExpertReader[Expert reader]; ExpertReader --> Dermatologist;
```

ADVANTAGE:
Dermatologist need not learn to read RCM image

LIMITATIONS:

- No bedside diagnosis and immediate management
- Requires a trained technician for imaging
- Sending bad images may have implications!

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5:09

METHOD 2: LIVE INTERACTIVE (REAL-TIME)

Manu Jain

GOAL:

- Train technicians to acquire good quality and adequate images
- Teach physician to read images and make diagnosis at the bedside

REQUIREMENTS:

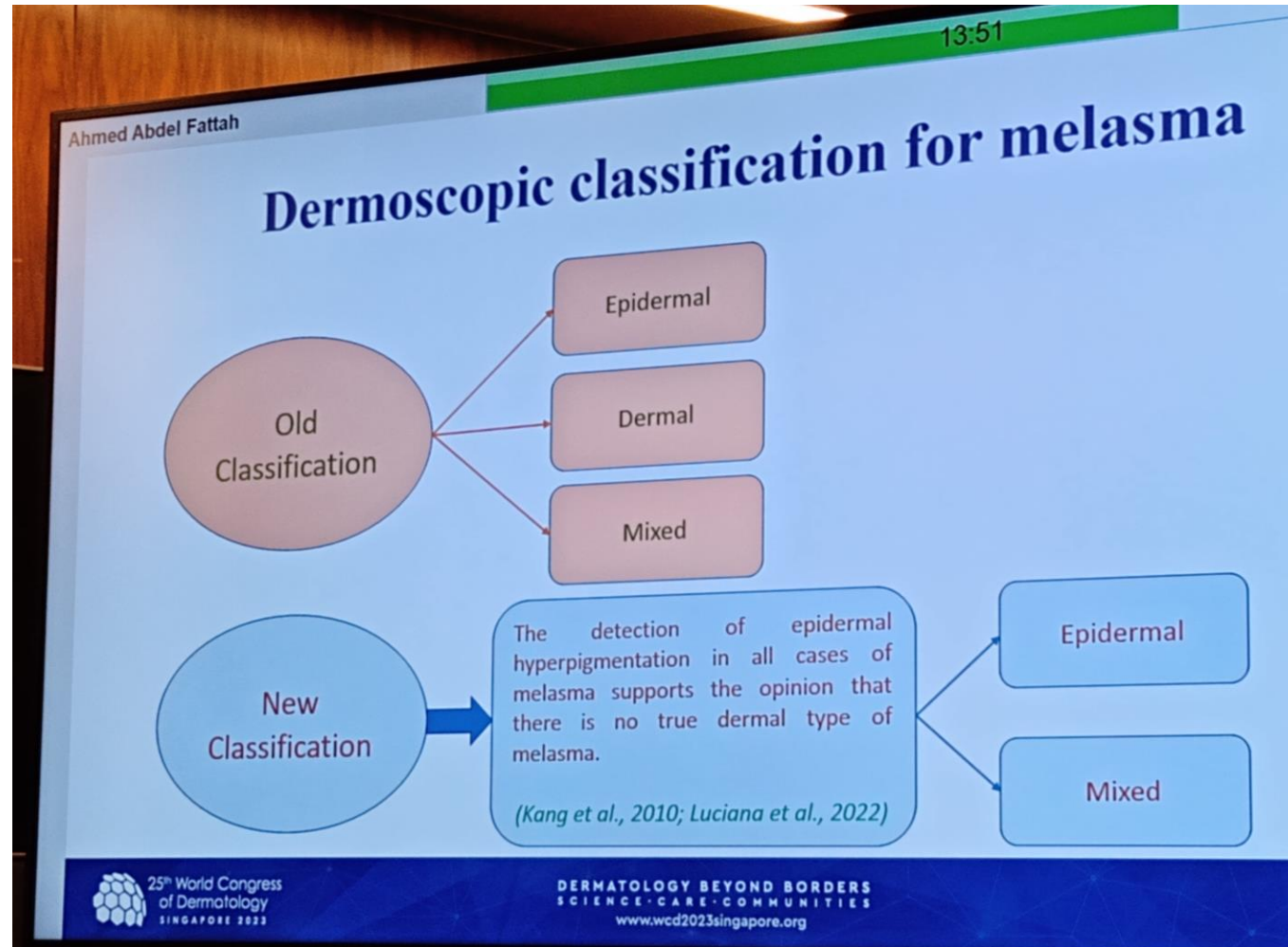
- Requires a high-speed internet connection
- Feasible within the same country and countries within a similar time-zone

ADVANTAGE:

- Meaningful and good quality image acquisition
- "One-stop shop": Diagnosis and management at bedside, avoiding repeat visit

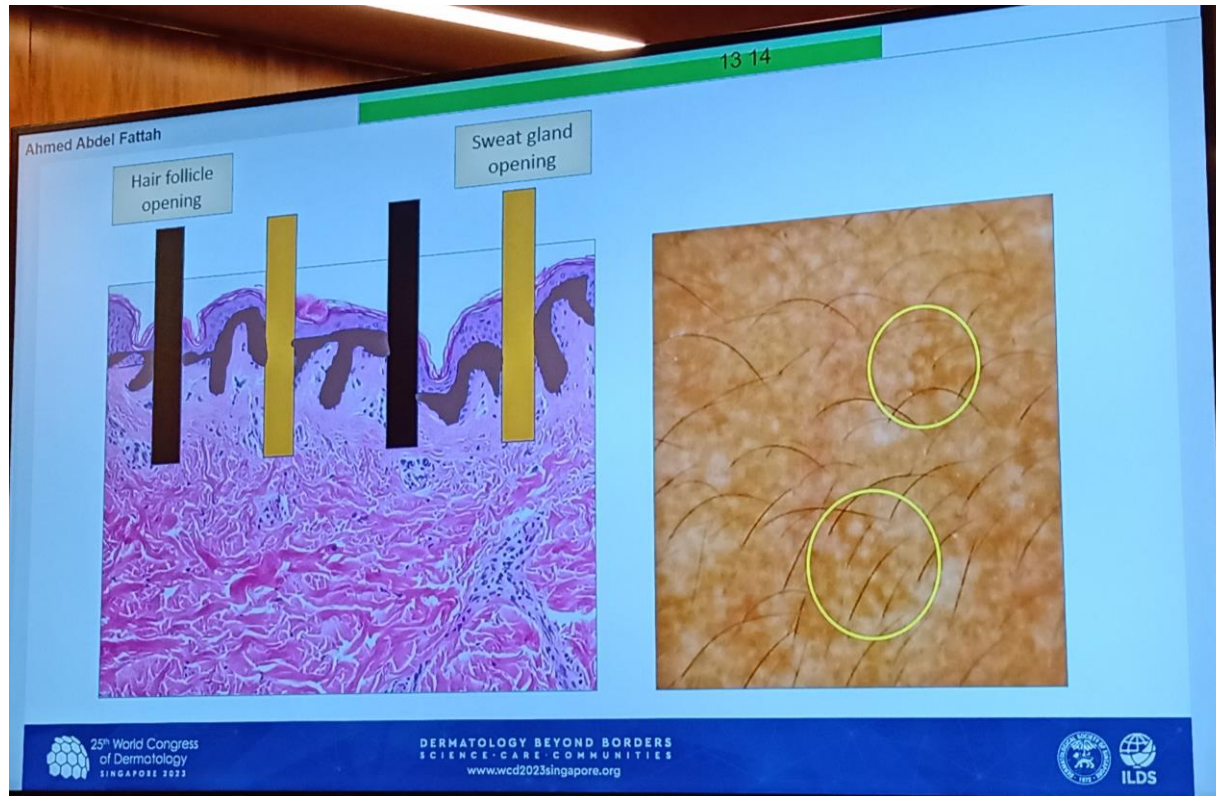
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Noninvasive optical imaging of skin cancers: from bedside to teleconsultation-a paradigm shift for wider integration – Dr. Manu Jain (USA)

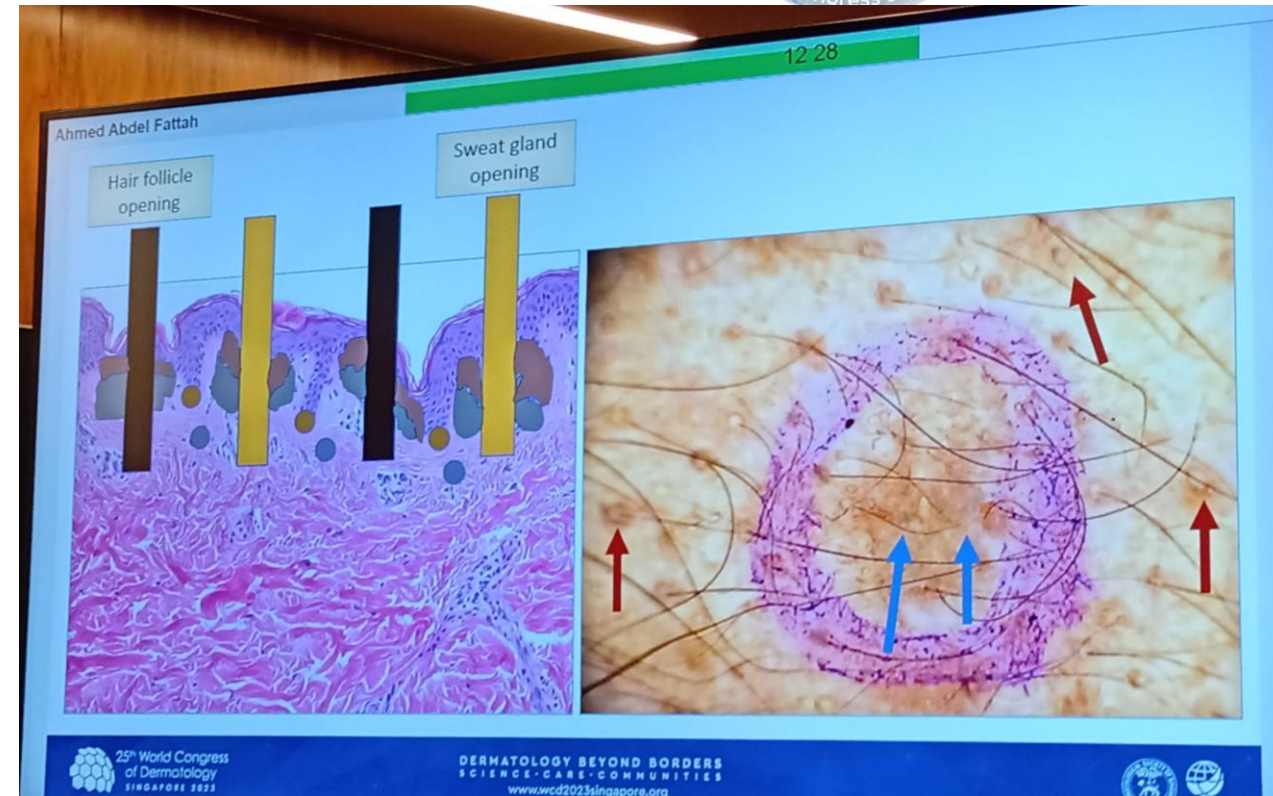


Dermoscopy for diagnosis and treatment monitoring in melasma – Dr Ahmed Abdel Fattah

Día 4/7/23: Dermatoscopia



Melasma epidérmico: pseudoretículo marrón
*Puede haber telangiectasias



Melasma mixto: pseudoretículo marrón + ...
*Estructuras anulares (círculos marrones-grisáceos)
*Patrón en panal
*Estructuras arqueadas
-Puntos marrones o grisáceos

Día 4/7/23: Dermatoscopia



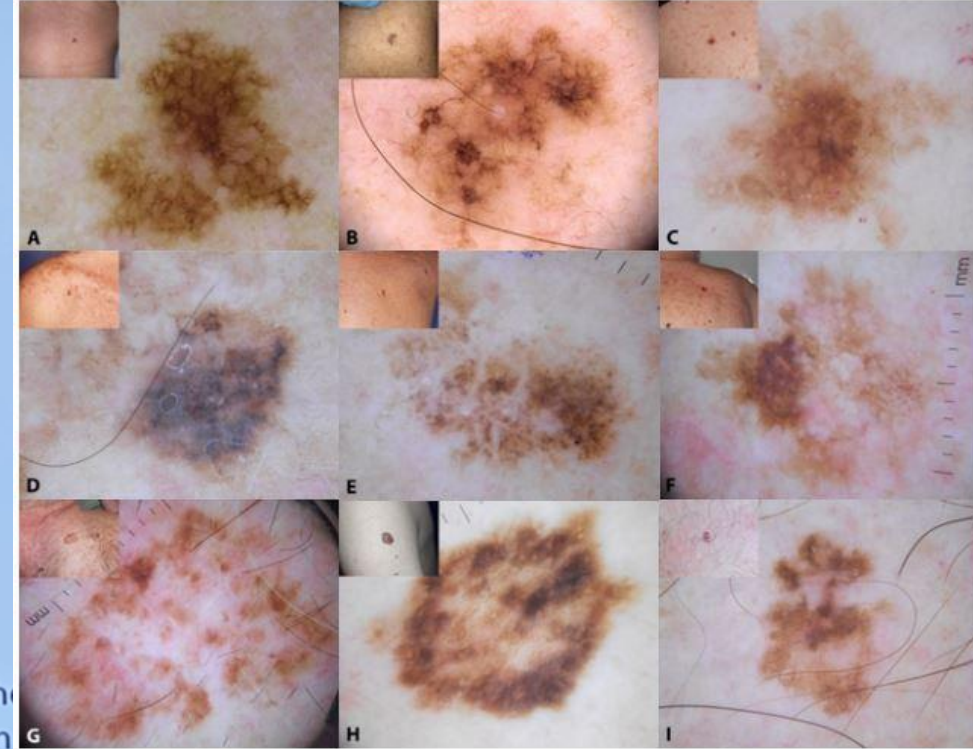
Extrafacial Lentigo Maligna: A Clinical And Dermoscopic Analysis According to Localization

Gabriel Salerni¹, Emilia Cohen-Sabban², Horacio Cabo³
Dermatology Practical & Conceptual 2022

	Lower extremities n (%)	Upper extremities n (%)	Anterior trunk n (%)	Posterior trunk n (%)	Total n (%)	P
Cases per localization	13 (18.8)	15 (21.7)	16 (23.2)	25 (36.2)	69 (100)	
Global dermoscopic pattern						
Patchy peripheral pigmented islands	0 (0)	2 (13.3)	3 (18.7)	3 (12)	8 (11.6)	0.62
Angulated lines	8 (61.5)	7 (46.7)	7 (43.7)	16 (64)	38 (55.1)	0.64
Tan structureless and granularity	2 (15.4)	1 (6.7)	4 (25)	4 (16)	11 (15.9)	0.59
None	3 (23.1)	5 (33.3)	2 (12.5)	2 (8)	12 (17.4)	0.19

The most frequent dermoscopic criteria were angulated lines and tan structureless areas

No significant differences in the overall dermoscopic pattern in the different localizations.



[Dermatol Pract Concept](#). 2022 Feb; 12(1): e2022035.
Published online 2022 Jan 1. doi: [10.5826/dpc.1201a35](https://doi.org/10.5826/dpc.1201a35)

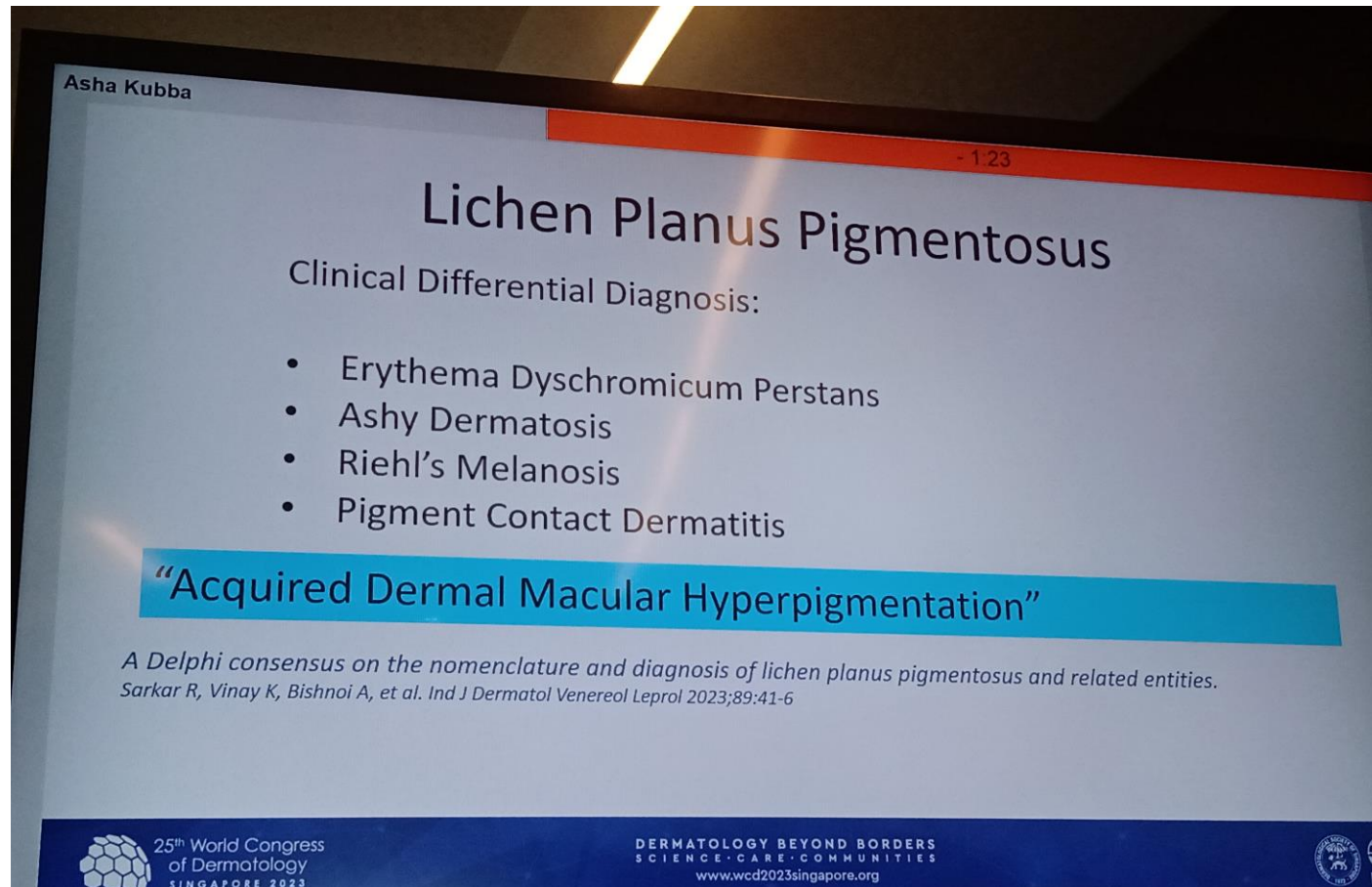
PMCID: PMC8824700
PMID: [35223179](https://pubmed.ncbi.nlm.nih.gov/35223179/)

Extrafacial lentigo maligna – Dra Ketty Peris (Italia)

Extrafacial Lentigo Maligna: A Clinical And Dermoscopic Analysis According to Localization

[Gabriel Salerni](#)¹, [Emilia Cohen-Sabban](#)² and [Horacio Cabo](#)³

Hiperpigmentación macular dérmica adquirida



Asha Kubba

- 1.23

Lichen Planus Pigmentosus

Clinical Differential Diagnosis:

- Erythema Dyschromicum Perstans
- Ashy Dermatitis
- Riehl's Melanosis
- Pigment Contact Dermatitis

"Acquired Dermal Macular Hyperpigmentation"

A Delphi consensus on the nomenclature and diagnosis of lichen planus pigmentosus and related entities.
Sarkar R, Vinay K, Bishnoi A, et al. *Ind J Dermatol Venereol Leprol* 2023;89:41-6

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Facial Lichen Planus: "The Indian Experience" – Dr Asha Kubba (India)

Día 4/7/23: Dermatopatología



Dermoscopy and pathological diagnosis of benign epithelial tumours – Dr Jun Asai (Japón)

Jun Asai

5 08

The development of malignant neoplasms within a seborrheic keratosis

- Fifty-four cases of malignant neoplasms either immediately adjacent to or directly contiguous with seborrheic keratoses were seen during 1989 from a total of 85,000 cases received at the Dermatopathology Section of New York University Medical Center.

in 54 cases,

BCC (43 cases)	accidental occurrence?
keratoacanthoma (3 cases)	
melanoma (2 cases)	Malignant transformation?
Bowen disease (6 cases)	

Cascajo CD, et al. Malignant neoplasms associated with seborrheic keratoses. An analysis of 54 cases. *Am J Dermatopathol* 18:278-82, 1996.

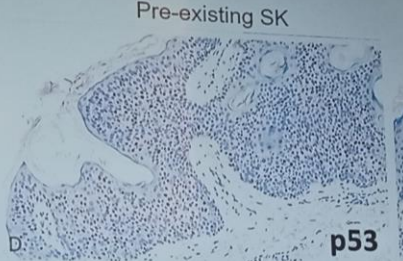
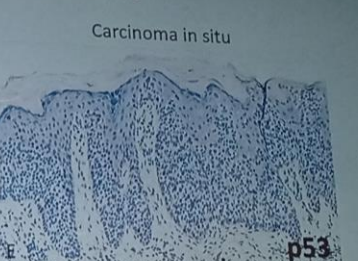
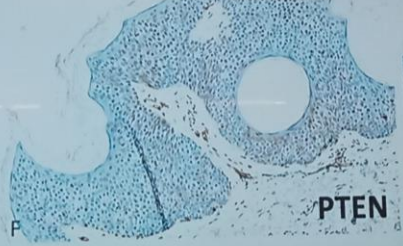

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Jun Asai

4 08

P53 and PTEN loss in carcinoma in situ lesion in SK

Pre-existing SK	Carcinoma in situ
	
	

Goto K, et al. *Am J Dermatopathol* 2022 Dec 1;44(12):891-89

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¿Transformación maligna de queratosis seborreicas? Subtipo clonal, presencia de atipia.

Día 4/7/23: Dermatopatología



Unusual Patterns in Infectious Diseases – Dr Werner Kempf

1 44

Scrotal erythema and syphilis

Fig 1. A, Pruritic erythematous plaque with several small papules on the scrotum of the first patient. B, Pruritic

Fig 2. Patient 1. A, Epidermal hyperplasia and lichenoid and periannexal infiltration. B, Dermal infiltrates that were comprised of lymphocytes, histiocytes, melanophages, and numerous plasma cells and swelling of the endothelial cells. (A and B: Hematoxylin-eosin stain, original magnifications: A, $\times 100$; B, $\times 400$.)

From: Jeong et al. J Am Acad Dermatol 2007

Werner Kempf

3 44

Borrelia-associated pseudolymphomatous reactions

B-cell pseudolymphoma
(Lymphadenosis cutis benigna)

T-cell-rich pseudolymphoma

Kempf et al. J Am Acad Dermatol 2015

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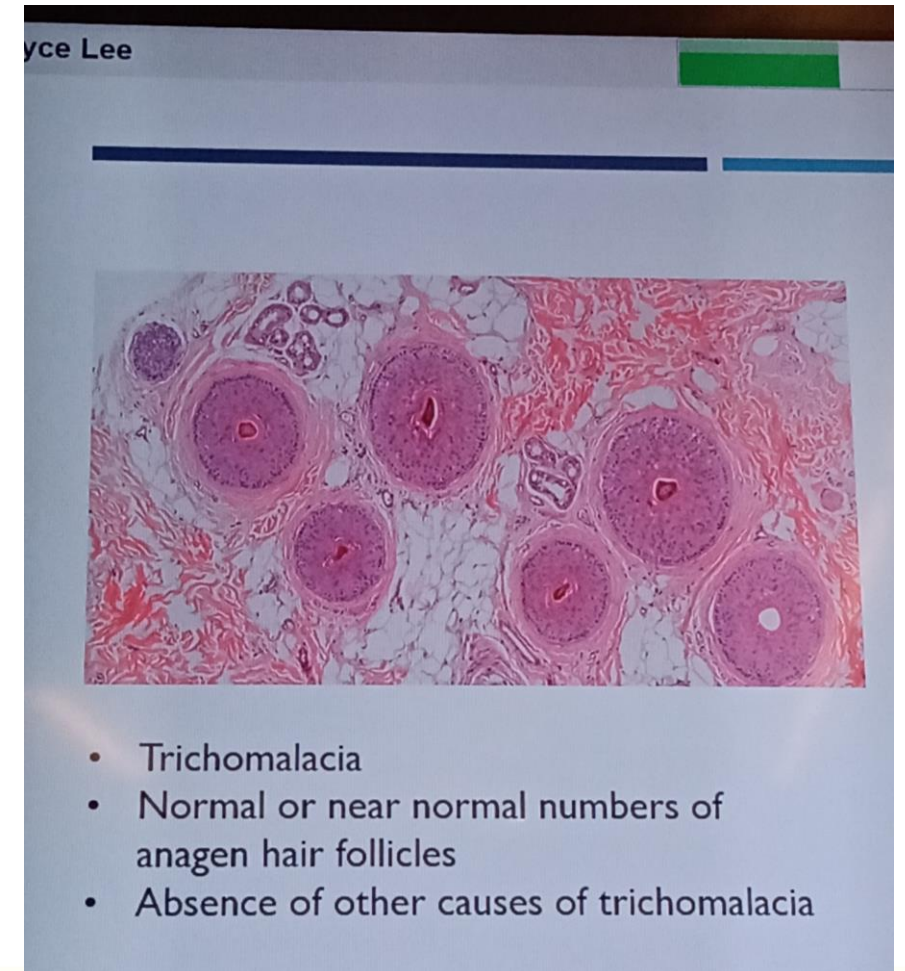
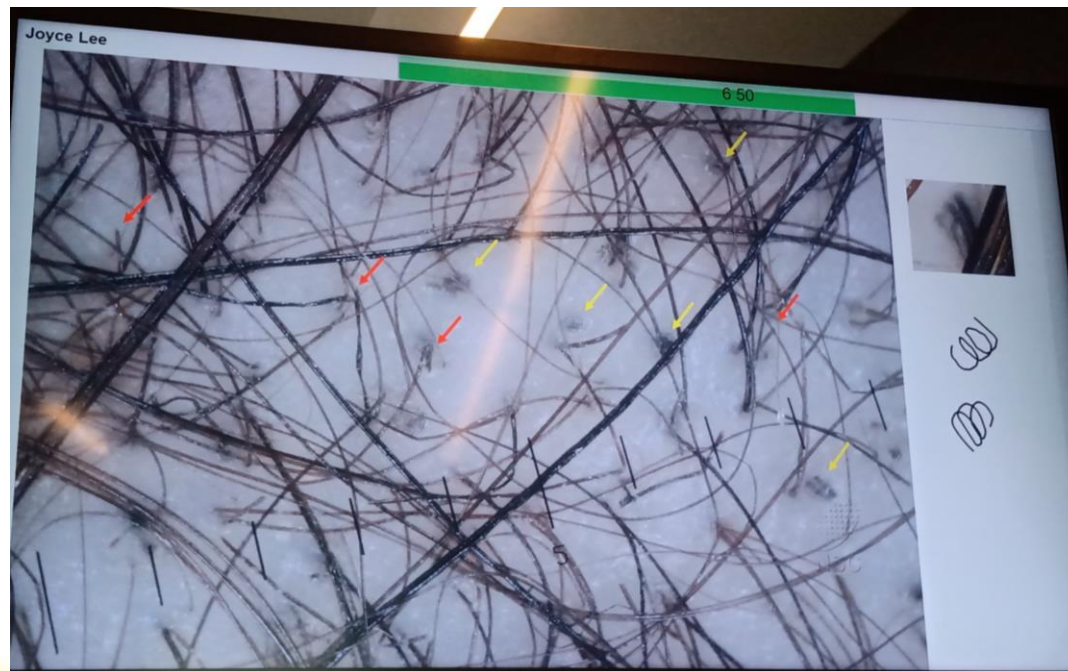


Detangling a Mystery - Acquired Diffuse Trichomalacia – Dra Joyce Lee (Singapur)

> [JAMA Dermatol. 2023 May 1;159\(5\):559-560. doi: 10.1001/jamadermatol.2023.0099.](#)

Acquired Diffuse Trichomalacia Associated With Prolonged Use of a Detangling Hairbrush

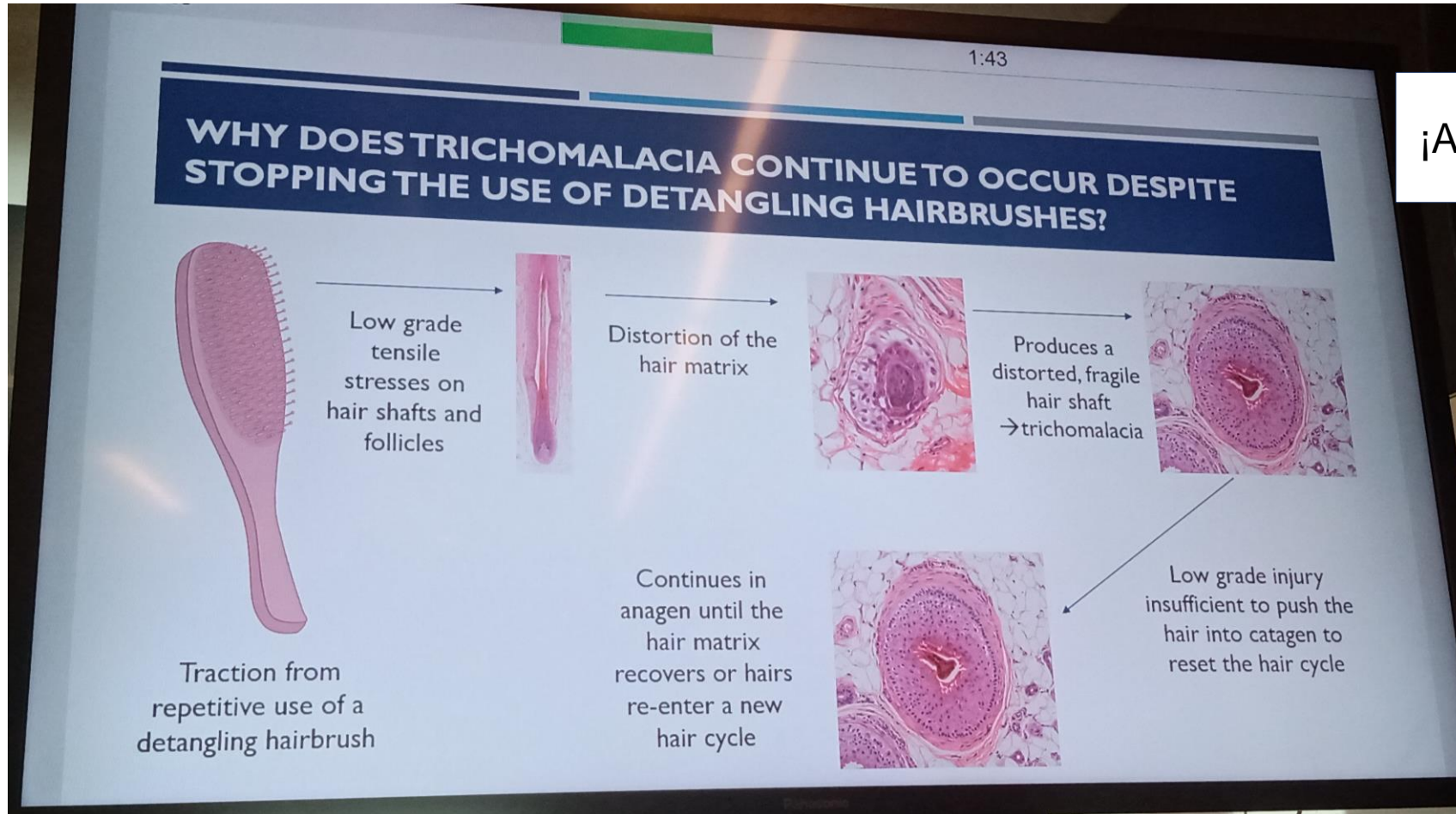
Woo Chiao Tay¹, Joyce Siong-See Lee¹, Etienne Cho Ee Wang¹



Día 4/7/23: Dermatopatología



Detangling a Mystery - Acquired Diffuse Trichomalacia – Dra Joyce Lee (Singapur)



¡Alteraciones tricoscópicas persistentes!

La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2023.



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