The 124th Annual Meeting of the Japanese Dermatological Association

PROGRAM

Dates May 29(Thu.) - June 1(Sun.), 2025

Venue Pacifico Yokohama

President Akira Ishiko, M.D., Ph.D

Department of Dermatology,
Faculty of Medicine, Toho University

Program at a glance

The 124th Annual Meeting of the Japanese Dermatological Association

PACIFICO Yokohama Conference Center

	Room 1 1F Main Hall	Room 2 5F 503	Room 3 5F 501	Room 4 5F 502	Room 5 3F 301	Room 6 3F 302	Room 7 3F 303
	Venues 1-5: Live streaming available						
8:00							
9:00	Basic **Educational Lecture 1** 『Pathology and Treatment of Atopic Dermatitis』	Basic／Advanced **Educational Lecture 2** 『Update on Understanding the Pathology of Vitiligo and Explanation of Clinical Practice Guidelines』	Advanced **Educational Lecture 3** 『HPV and Herpes Viruses: Updates in Basic and Clinical Knowledge』	Basic／Advanced **Educational Lecture 4** 『Practical Management of Scleroderma – Diagnosis and Treatment Based on Pathophysiology』	Advanced **Educational Lecture 5** 『Advanced Skin Surgery: Lymph Node Surgery – This Is How You Do the Dissections!』	Advanced **Educational Lecture 6** 『The Current Status and Future Prospects of Melanoma Treatment Strategies in Japan – From Basic to Clinical』	Basic／Advanced **Educational Lecture 7** 『Learning From Experts: Diagnosis and Treatment of Hemangiomas, Vascular Malformations, and Varicose Veins』
10:00							
11:00							
11:15			**Luncheon Seminar 1** 『Practical Guide to Treating Advanced-Stage BRAF-Positive Melanoma』	**Luncheon Seminar 2** 『Approaches to Rosacea and Facial Redness Caused by Skincare Products』	**Luncheon Seminar 3** 『Considering SDM in Psoriasis Treatment Through Patient Insights』		**Luncheon Seminar 4** 『A New Perspective on Jumihaidokuto: Applications in Acute and Chronic Disorders』
12:00							
12:15							
12:30	Basic／Advanced／Update **Educational Lecture 8** 『The Science and Future Prospects of Aesthetic Medicine』	Basic／Update **Educational Lecture 9** 『Updates on Contact Dermatitis』	Basic／Advanced **Educational Lecture 10** 『The Microbiome and Skin Diseases』	Basic／Advanced／Update **Educational Lecture 11** 『Skin Infections You're Likely to Encounter (Bacterial, Acid-fast Bacillus, Rickettsial) – Update』	Basic／Advanced **Educational Lecture 12** 『Latest Insights Into Hereditary and Inflammatory Keratodermas』	Advanced **Educational Lecture 13** 『Geriatric Dermatology Rooted in the Community』	Advanced／Update **Educational Lecture 14** 『Updates on the Pathology of Skin Tumors』
13:00							
14:00							
14:30							
14:50							
15:00	**Special Lecture 1** 『The Imminent Challenges of Community Healthcare』						
15:50							
16:00							
17:00							
17:40							
18:00	**Special Lecture 2** 『The History and Future Challenges of the New Specialized Physician System』	**Evening Seminar 1** 『Up to Date on Systemic Therapies for Atopic Dermatitis』	**Evening Seminar 2** 『New Horizons in Dermocosmetics Opened by Advances in Dermatology – Approaching Acne and Hyperpigmentation』		**Evening Seminar 3** 『Psoriasis Treatment Strategies – How to Effectively Use Biosimilars』		**Evening Seminar 4** 『Discussion with Experts: Advanced Rosacea Treatment and Skincare Guidance』
18:40		On-site only	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】May 29 (Thu.), 2025

PACIFICO Yokohama Conference Center

Room 8 3F 304	Room 9 3F 311+312	Room 10 3F 313+314	Room 11 3F 315	Room 12 5F 511+512	Room 13 4F 411+412	Exhibition Hall Poster Venue 1F Exhibition A/B	Exhibition Hall Corporate Exhibition
						Digital Poster Viewing from your PC or app From May 29, 8:00am to June 1, 5:00pm	
			Educational Training Seminar "Dermatologic Surgery"(Basic)	Oral Presentation in English 1 『Basic research, Diagnosis, Treatment』	Oral Session 7 『Metabolic Disorders, Granulomatous Diseases, and Photosensitivity Disorders』		
Oral Session 1 『Inflammatory Skin Diseases: Part 1』	Oral Session 3 『Urticaria and Pruritus』	Oral Session 5 『Bullous and Pustular Diseases』					
Oral Session 2 『Inflammatory Skin Diseases: Part 2』	Oral Session 4 『Drug Eruptions and Vasculitis』	Oral Session 6 『Collagen Diseases and Autoinflammatory Disorders』		Oral Presentation in English 2 『Dermatopathology, Dermatologic surgery, Inflammatory disease』	Oral Session 8 『Tumors 1』	Put up Posters	
			Only for preregistrant				
Luncheon Seminar 5 『Communication and the Latest Knowledge in Urticaria Treatment』	Luncheon Seminar 6 『Learn the Fundamentals! Lymphoma Diagnosis and Treatment 』						
Oral Session 9 『Research, Diagnosis, and Treatment 1』	Oral Session 11 『Infections 1』	Oral Session 13 『Hereditary Diseases, Phakomatoses, and Physical Skin Injuries』	Educational Training Seminar "Dermatologic Surgery" (Advance)	Oral Presentation in English 3 『Allergic disease, Autoimmune disease, Congenital disease』	Oral Session 15 『Tumors 2』		
Oral Session 10 『Research, Diagnosis, and Treatment 2』	Oral Session 12 『Infections 2』	Oral Session 14 『Disorders of Skin Appendages』		Oral Presentation in English 4 『Tumor, Infectious disease, Others』	Oral Session 16 『Tumors 3』	Poster Viewing	
			Only for preregistrant				Corporate Exhibitions
						Poster discussion (odd number) Poster Presentation by a Grant Recipient	
Evening Seminar 5 『New Developments in Aesthetic Medicine Using Next-Generation Phototherapy Devices in Dermatology』	Evening Seminar 6 『What to Do After Suspecting Hereditary Angioedema (HAE)』					Poster Viewing	

8:00 8:40 9:00 10:00 11:00 11:15 12:00 12:15 12:30 13:00 13:30 14:00 14:30 14:50 15:00 16:00 17:00 17:30 17:40 18:00 18:30 18:40 19:00

Program at a glance

The 124th Annual Meeting of the Japanese Dermatological Association

PACIFICO Yokohama Conference Center

	Room 1 1F Main Hall	Room 2 5F 503	Room 3 5F 501	Room 4 5F 502	Room 5 3F 301	Room 6 3F 302	Room 7 3F 303
7:30	Venues 1-5: Live streaming available						
8:00							
9:00							
9:10	President's Special Program 1 『[Part 1] The Future Direction of Dermatology in Japan [Part 2] Dermatology Around the World』	Basic／Advanced Educational Lecture 15 『Updates on Pediatric Atopic Dermatitis Treatment』	President's Special Program 2 『Recommendation for Subspecialties – Part 1』	Update Educational Lecture 16 『Updates on the Diagnosis and Treatment of Alopecia in Clinical Practice』	Basic／Update Educational Lecture 17 『Latest Information on Acne』	Basic／Advanced Educational Lecture 18 『Is Your Knowledge on Urticaria Up-to-Date?』	Advanced Educational Lecture 19 『Autoantibodies in Collagen Diseases and Bullous Disorders』
10:00							
11:00							
11:10							
11:20	Luncheon Seminar 7 『Drug Selection in Atopic Dermatitis with a View Towards Long-Term Remission』	Luncheon Seminar 8 『Decoding Dermatitis』	Luncheon Seminar 9 『Systemic Therapies for Atopic Dermatitis: Up to Date』	Luncheon Seminar 10 『Roles and Treatment Strategies for CO_2 Lasers and IPL in Cosmetic Dermatology』	Luncheon Seminar 11 『Care for Nodular Prurigo 2025』	Luncheon Seminar 12 『Practical Use and Applications of Full-Face Treatments – PicoWay and Vbeam/Nordlys』	Luncheon Seminar 13 『Health Economic Evaluation of Atopic Dermatitis Treatments – From Management Guidelines to Clinical Practice』
12:00							
12:20		On-site only	On-site only				
12:30	Minami Seigo Award Lecture	『Single-cell profiling of acral melanoma infiltrating lymphocytes reveals a suppressive tumor microenvironment』					
13:00	Award Ceremony						
13:30	Master of Dermatology (Maruho) Award Ceremony and Lecture						
13:50							
14:00	Special Lecture 3 『Tackling the Mysteries of Sleep: From Pursuing Mechanisms to Social Implementation』	Update Educational Lecture 26 『Research Integrity』					
14:50							
14:55							
15:00		Sponsored Symposium 1 『Inflammatory Skin Diseases: Treatment Strategies Aimed at Achieving Therapeutic Goals』	President's Special Program 3 『Recommendation for Subspecialties – Part 2』	English Session 『The Cutting Edge of Cutaneous Immunology』	Basic／Update Educational Lecture 27 『Keeping Hair Healthy – Practical Hair and Scalp Care for Clinical Settings』	Update Educational Lecture 28 『Pediatric Collagen Diseases and Related Disorders』	Advanced Educational Lecture 29 『Psoriatic Arthritis Update 2025』
16:00	On-site only						
16:55							
17:00							
17:05							
17:10	Miyavi Strings Orchestra	Evening Seminar 7 『The Evolution of Psoriasis Treatment – Tailoring Optimal Strategies to Individual Patients』	Evening Seminar 8 『Rethinking Atopic Dermatitis Treatment From Childhood to Adulthood』	Evening Seminar 9 『Treatment Strategies for Refractory Skin Diseases Using Excimer Laser』		Evening Seminar 10 『Shaping the Future of NF1 Treatment – Diagnosis and Management of Plexiform Neurofibromas Based on the New Guidelines』	
18:00			On-site only	On-site only			
18:05							
18:20							
19:00							

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Lecture in English

【Day 2】May 30 (Fri.), 2025

PACIFICO Yokohama Conference Center

Room 8 3F 304

Educational Lecture 20
Basic
『Understanding Clinical Photodermatology From the Fundamentals』

Luncheon Seminar 14
『New Skincare Approaches for Atopic Dermatitis Focusing on Commensal Bacteria and the Microbiome』

Sponsored Symposium 2
『Treatment Strategies for Atopic Dermatitis Based on Skin Barrier Dysfunction』

Room 9 3F 311+312

Educational Lecture 21
Basic
『Useful for Clinical Practice and Board Exams! Fundamentals of Pathophysiology and Diagnosis of Hereditary Skin Diseases』

Educational Training Seminar "Dermoscopy" 1
Only for preregistrant

Room 10 3F 313+314

Educational Lecture 22
Basic／Advanced
『Aseptic Inflammation and Skin Diseases』

Luncheon Seminar 15
『The Cutting-Edge of Disease and Treatment Burden of Hereditary Angioedema (HAE) – Insights From the Latest Patient Survey』

Educational Lecture 30
Basic
『The Case for Studying Abroad 2025 @ the Annual Meeting of the Japanese Dermatological Association』

Evening Seminar 11
『What is disease modification in the context of psoriasis, and does it exist?』

Room 11 3F 315

Educational Lecture 23
Basic
『Mastering Molecular Targeted Therapies for Inflammatory Skin Diseases (Antibodies and Small Molecules)』

Luncheon Seminar 16
『New Developments in Shingles Prevention: The Future Opened Up by Latest Information and Routine Vaccination』

Educational Lecture 31
Basic／Update
『Fundamentals of Skin Morphology Essential for Understanding Pathophysiology – Skin Morphology Workshop』

Evening Seminar 12
『Exploring the Potential of Self-Care and Self-Medication Across the Healthcare Sector』

Room 12 5F 511+512

Educational Lecture 24
Advanced
『Strengthen Your Understanding of Granulomatous Diseases!』

Luncheon Seminar 17
『Fundamentals and Clinical Practice of Itch – From Basic Science to Treatment Strategies』

Educational Lecture 32
Basic／Update
『Rethinking Aesthetic Treatments – What Is Expected of Cosmetic Dermatology?』

Evening Seminar 13
『Differential Diagnosis and Treatment Strategies for Generalized Pustular Psoriasis』

Room 13 4F 411+412

Educational Lecture 25
Basic／Advanced／Update
『Topics in School Health and Pediatric Dermatology』

Evening Seminar 14
『Aiming for Long-Term Remission in Atopic Dermatitis』

Exhibition Hall

Poster Venue 1F Exhibition A/B

Digital Poster Viewing from your PC or app
From May 29, 8:00am to June 1, 5:00pm

Poster Viewing

Poster discussion (even number)

Corporate Exhibition

Corporate Exhibitions

7:30
8:00
8:30
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19:30

Program at a glance

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	Room 1 1F Main Hall	Room 2 5F 503	Room 3 5F 501	Room 4 5F 502	Room 5 3F 301	Room 6 3F 302	Room 7 3F 303
	Venues 1-5: Live streaming available						
8:00			**Morning Seminar 1** 『Helping Patients Reclaim Their Daily Lives – Identifying Patients Best Suited for JAK Inhibitor Therapy』	On-site only	**Morning Seminar 2** 『Urticaria in the Spotlight – Ongoing Updates to Domestic and International Guidelines and the Latest Treatment Strategies』	**Morning Seminar 3** 『Expanding Horizons in Psoriasis Treatment』	**Morning Seminar 4** 『Psoriasis Treatment Up to Date』
9:00							
9:10	**Sponsored Symposium 3** 『JDA-Novartis partnership education program 2025 -Learn from Global Top Experts for Dermatology-』	Basic **Educational Lecture 33** 『The Cutting-Edge of Diagnosis and Care for Feet and Nails』	**President's Special Program 4** 『Japanese Society for Investigative Dermatology Presents: "Solve Unexplained Skin Diseases! Research Fundamentals for Clinicians"』	Basic／Advanced **Educational Lecture 34** 『Special Topics in Collagen Diseases and Related Disorders That Dermatologists Should Be Involved In』	Basic **Educational Lecture 35** 『Fundamentals of Dermoscopy』	**Sponsored Symposium 4** 『Harmonization of Art and Technique in Medicine – Visualizing and Treating Invisible Symptoms』	Update **Educational Lecture 36** 『Autoimmune Bullous Diseases – New Generation』
10:00							
11:00							
11:10							
11:20	**Luncheon Seminar 18** 『Frontiers in Dermatology – Bullous Pemphigoid and the Skin Microbiome』	**Luncheon Seminar 19** 『Four Years On: Uncovering the Potential of Dovobet® Foam』	**Luncheon Seminar 20** 『The Cutting Edge of Topical Therapy in Atopic Dermatitis – AhR Modulators and JAK Inhibitors』	**Luncheon Seminar 21** 『Skincare for Acne and Rosacea』	**Luncheon Seminar 22** 『How Nano-Sized Fine Water Particles Are Transforming the Skin Barrier Approach』	**Luncheon Seminar 23** 『The Journey of Opdivo in Skin Cancer Treatment』	**Luncheon Seminar 24** 『Fundamentals and Management of Epidermolysis Bullosa』
12:00		On-site only					
12:20							
12:30	**Presidential Lecture** 『Harmony』						
13:00	**Dohi Memorial Award Lecture** 『Skin fragility- causes, mechanisms and novel therapeutic perspectives』						
13:35							
14:00							
14:05	**EADV Session** 『The Cutting Edge of European Dermatology』	**Sponsored Symposium 5** 『Hidradenitis Suppurativa: What You Did Not Know But Should』	**President's Special Program 5** 『Towards Harmonization Between Hospitals and Clinics』	Advanced **Educational Lecture 42** 『Supervising Physicians: The Challenge of Subspecialization in Dermatology』	**Sponsored Symposium 6** 『Long-Term Treatment Strategies for Atopic Dermatitis』	Basic／Advanced **Educational Lecture 43** 『Signs & Symptoms – Diagnostic Clues You Should Know』	Basic／Advanced **Educational Lecture 44** 『New Drug Eruptions and Severe Drug Reactions』
15:00							
16:00							
16:05							
16:15	Basic／Update **Educational Lecture 50** 『Infection Control – Understand and Implement!』	Update **Educational Lecture 51** 『The Future Healthcare Delivery System and Our Role』	**President's Special Program 6** 『Understanding Yourself Through the Skin』	Basic／Update **Educational Lecture 52** 『Learning the Diagnosis, Teaching Methods, and Effective Multidisciplinary Treatment Strategies for Metal Allergy』	Basic／Advanced **Educational Lecture 53** 『Facing Necrotizing Soft Tissue Infections (Necrotizing Fasciitis) Head-On』		
17:00							
17:15							
17:30	**Evening Seminar 15** 『Considering Early Systemic Therapy in Psoriasis – The Potential of PDE4 Inhibitors』	**Evening Seminar 16** 『Makeup Guidance During Consultations to Support Treatment – Atopic and Contact Dermatitis』	**Evening Seminar 17** 『Dr. Natsuaki's Blade Against Insects – Insect Care Products Edition』	**Evening Seminar 18** 『Alopecia Areata Treatment Up to Date』	**Evening Seminar 19** 『Psoriasis Treatment Strategies from a Decade of IL-17 – A General Practitioner's Perspective』	**Evening Seminar 20** 『The Light and Shadow of Cryotherapy – The Abscopal Effect and Donut Warts』	**Evening Seminar 21** 『Reskilling in the Science of Perspiration』
18:00							
18:30				On-site only			
18:50							
19:00	18:50～20:40 **Social Gathering** **Venue: Exhibition Hall**						

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

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Lecture in English

【Day 3】May 31 (Sat.), 2025

PACIFICO Yokohama Conference Center

Exhibition Hall

Room 8 3F 304	Room 9 3F 311+312	Room 10 3F 313+314	Room 11 3F 315	Room 12 5F 511+512	Room 13 4F 411+412	Room 14 4F 413	Poster Venue 1F Exhibition A/B	Corporate Exhibition
Morning Seminar 5 『[Cutting-Edge Aesthetic Procedures] Advanced Techniques Using Provitamin C + A in Next-Generation Cosmetic Treatments』		**Morning Seminar 6** 『Urticaria Treatment Up to Date』	**Morning Seminar 7** 『Picosecond Laser: Pigmentation and Bruise Treatment with the Enlighten SR』	**Morning Seminar 8** 『Mastering the Use of Topical Antifungals for Onychomycosis』	**Morning Seminar 9** 『Updated Guidelines for Diagnosing and Treating Interstitial Lung Disease Associated with Collagen Diseases – Evaluating Fibrosis and the Role of Antifibrotic Agents』		**Digital Poster Viewing from your PC or app** From May 29, 8:00am to June 1, 5:00pm	
Student&Residency Oral session 1		Basic **Educational Lecture 37** 『What Happens When a Dermatologist Is Assigned to Government Agencies? – First-hand Experiences From Those Who Have Been Assigned to Government Agencies』	Basic **Educational Lecture 38** 『The Cutting-Edge Diagnosis and Treatment of Non-Melanoma Skin Cancers』	Basic／Advanced／Update **Educational Lecture 39** 『Fundamentals and Clinical Aspects of Phakomatoses (Tuberous Sclerosis and Neurofibromatosis Type 1)』	Basic **Educational Lecture 40** 『Overcoming the Aversion to Managing Cutaneous Lymphomas』	Basic／Update **Educational Lecture 41** 『Disaster Preparedness – Taking It Seriously』	**Poster Viewing**	
Luncheon Seminar 25 『Treatment Strategies for Seborrheic Dermatitis: Rethinking Antifungal Topicals Once Again』		**Luncheon Seminar 26** 『Fundamentals of Cosmetic Dermatology – A New Approach Based on Color and Shape』	**Luncheon Seminar 27** 『UV Protection for Preserving Barrier Function』	**Luncheon Seminar 28** 『Importance of Both Acute and Preventive Treatment in HAE Management』	**Luncheon Seminar 29** 『How I Use Phototherapy Today』			**Corporate Exhibitions**
Basic **Educational Lecture 45** 『The History of Dermatology (Part 2)』	**Educational Training Seminar "Dermatopathology"** 『"Panniculitis / Lymphoproliferative Disorders"』 Only for preregistrant	Basic／Advanced **Educational Lecture 46** 『Pigmentary Disorders – Toward Treatments Based on Newly Discovered Pathologies』	Basic **Educational Lecture 47** 『Diverse Career Paths That Lead to the Future – Embracing Each Life Stage』	Advanced **Educational Lecture 48** 『AI and Dermatology』	Advanced **Educational Lecture 49** 『A Model of Translational Research: Therapeutic Development for Extramammary Paget's Disease』		**Student & Residency Poster discussion**	
							Poster Viewing	
Student&Residency Oral session 2 『Choosing a Job That Matches Your Strengths and Can Adapt Even in the VUCA Era』		**Evening Seminar 22** 『Evolving Skin Tightening Treatments – From the Surface to the Muscle Layer』	**Evening Seminar 23** 『"Practical Phototherapy You Can Use Right Away" – Technical Features and Risks of UVB-LED』	**Evening Seminar 24** 『Understanding the Dermatopathology of Neutrophilic Dermatoses』	**Evening Seminar 25** 『Exploring the Potential of IL-17 Receptor Antibodies – Toward Patient-Centered Treatment Strategies』			

18:50～20:40
Social Gathering
Venue: Exhibition Hall

8:00
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Program at a glance

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	Venues 1-5: Live streaming available						
8:00			**Morning Seminar 10** 『Acne Treatment From the Perspective of the Laboratory and the Clinic』	**Morning Seminar 11** 『Mastering the Use of Dupilumab: A Pathophysiological and Burden-Based Approach to Urticaria』	**Morning Seminar 12** 『Harmonizing Atopic Dermatitis Treatment – From Moisturizers to Biologics』	**Morning Seminar 13** 『Comprehensive Treatment Strategy for HAE – The Significance of C1 Inhibitor Replacement and the Latest in HAE Therapy』	**Morning Seminar 14** 『The Latest Updates on Anaphylaxis』
8:55		On-site only					
9:00	Basic **Educational Lecture 54** 『The "Money" Side of Insurance-Based Medical Practice – Healthcare Economics and Insurance Reviews』						
9:10		Advanced **Educational Lecture 56** 『Is This the Right Way? Rethinking Atopic Dermatitis Treatment』	**Sponsored Symposium 7** 『Mastering the Skin Barrier』	**President's Special Program 7** 『The Cutting-Edge Treatments for Genetic Disorders』	Basic／Advanced **Educational Lecture 57** 『Essential Knowledge and Latest Insights on Food Allergies in Daily Practice』	Advanced **Educational Lecture 58** 『MelanomaB2B (Bench to Bedside and Bedside to Bench)』	Advanced **Educational Lecture 59** 『Understanding Psoriasis Research』
9:55							
10:00							
10:10	Advanced **Educational Lecture 55** 『Strengthening Organizational Management of Patient Safety – Including Perspectives from Aesthetic Medicine』						
11:00							
11:10							
11:20	**Cultural Lecture** 『Lessons Learned From the World's Best through Golf: The Power of Dedication to Compete Globally』	Update **Educational Lecture 64** 『Career Development and Work-Life Balance』	**President's Special Program 8** 『Recent Allergen Trends From a Researcher's Perspective』	Basic **Educational Lecture 65** 『Harmony of Mind and Body (Psychodermatology)』	Advanced／Update **Educational Lecture 66** 『Healing Refractory Wounds With Reference to Guidelines and Multidisciplinary Collaboration!』		
12:00							
12:20	On-site only						
12:30	**Luncheon Seminar 30** 『Latest Insights in Acne Vulgaris Treatment』	**Luncheon Seminar 31** 『Psoriasis Treatment Strategies – Exploring the Role of AhR Modulation』	**Luncheon Seminar 32** 『The Current Status of Cutting-Edge RF Technology – Treating Sagging with Innovative Monopolar RF and Redness with Patented Microneedle RF』	**Luncheon Seminar 33** 『Helping Patients Reclaim Their Daily Lives – Identifying Patients Best Suited for JAK Inhibitor Therapy』	**Luncheon Seminar 34** 『The Appeal of Chemical Peeling – Secrets to Boosting Patient Satisfaction』	**Luncheon Seminar 35** 『The Next Stage in Treating Psoriasis and Hidradenitis Suppurativa』	**Luncheon Seminar 36** 『Rethinking Clenafin on Its 10th Anniversary – Making Cure a Realistic Goal for Everyone With Onychomycosis』
13:00							
13:30		On-site only			On-site only		
13:40			**Sponsored Symposium 8** 『Considering Remission and Long-Term Maintenance of Remission in Atopic Dermatitis』	Advanced **Educational Lecture 67** 『Comprehensive Understanding of Type 2 Inflammatory Skin Diseases』	Basic **Educational Lecture 68** 『Psoriasis Treatment Strategy Update and Collaboration Between Clinics and Hospitals』	Basic／Advanced **Educational Lecture 69** 『Learning the Basics of Laser Therapy as Dermatologic Treatment – For High-Level Clinical Practice』	**President Special Symposium** 『What We Want You to Know About Patient Advocacy Activities – Striving for Harmony Between Physicians and Patients』
14:00							
14:30							
15:00	**Open Lecture** 『Easy-to-Understand Talks on Important Skin Topics – A Harmony of Dermatology Specialists from Tokyo and Three Prefectures』	**Lecture for Speciality Nurse in Dermatology**					
15:40							
16:00							
16:30	On-site only	On-site only					
17:00							
18:00							
19:00							

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Lecture in English

【Day 4】June 1 (Sun.), 2025

PACIFICO Yokohama Conference Center

Room 8 3F 304	Room 9 3F 311+312	Room 10 3F 313+314	Room 11 3F 315	Room 12 5F 511+512	Room 13 4F 411+412	Room 14 4F 413	Exhibition Hall Poster Venue 1F Exhibition A/B	Exhibition Hall Corporate Exhibition
Morning Seminar 15 『Breaking New Ground! Tackling Refractory Wound Treatment With Platelet-Rich Plasma (PRP)』		**Morning Seminar 16** 『Phototherapy Update – Breakthroughs with Excimer Light and UV Lasers』		**Morning Seminar 17** 『Using Kampo Medicine Without Knowing Kampo Theory – With Common Skin Diseases as Examples』	**Morning Seminar 18** 『Now's the Time to Treat Onychomycosis』		**Digital Poster Viewing from your PC or app** From May 29, 8:00am to June 1, 5:00pm	
Advanced **Educational Lecture 60** 『Understanding and Treating Refractory Skin Diseases: Towards the New Era』	**Educational Training Seminar "Dermatopathology"** 『"Spongiotic Dermatitis / Psoriasiform Dermatitis"』 Only for preregistrant	Basic **Educational Lecture 61** 『Super-Basic Introduction to Diagnosing Fungal Skin Infections』	**Educational Training Seminar "Prick test, Patch test"**	Basic **Educational Lecture 62** 『Dermatology's Unique Role at the Boundaries With Other Specialties』	Advanced **Educational Lecture 63** 『Chronic Suppurative Diseases / Hidradenitis Suppurativa』	**Sponsored Hands-on Seminar** 『Hands-On! Leveraging Your Dermatology Skills: Tinea Unguium Diagnostic Kits and Ingrown Toenail Correctors』 Only for preregistrant	Poster Viewing	Corporate Exhibitions
Luncheon Seminar 37 『Integrated Skincare: Clinical Applications of SkinCeuticals』		**Luncheon Seminar 38** 『For Skin With Impaired Ceramide Production – The Potential of Natural Ingredients』		**Luncheon Seminar 39** 『Treating Refractory Warts With Microwaves』	**Luncheon Seminar 40** 『Mastering the Treatment of Palmar Hyperhidrosis – Key Points in Patient-Centered Care』			
Basic／Advanced **Educational Lecture 70** 『Future Skin Barrier Treatment Strategies: Disease Management and Skin Health Revolution Using Technology』	**Educational Training Seminar "Dermoscopy" 2** Only for preregistrant	**2025 psoriasis/ atopic dermatitis molecular-targeted drug safety measures seminar (Video lecture)**	Advanced **Educational Lecture 71** 『Understanding the Pathophysiology and Cutting-Edge Management of Sweating Disorders 2025』	Basic／Advanced **Educational Lecture 72** 『What Dermatologists Should Know About the Future of Vasculitis Management』	Basic **Educational Lecture 73** 『Specialist Certification System Update 2025』		Remove Posters	

8:00
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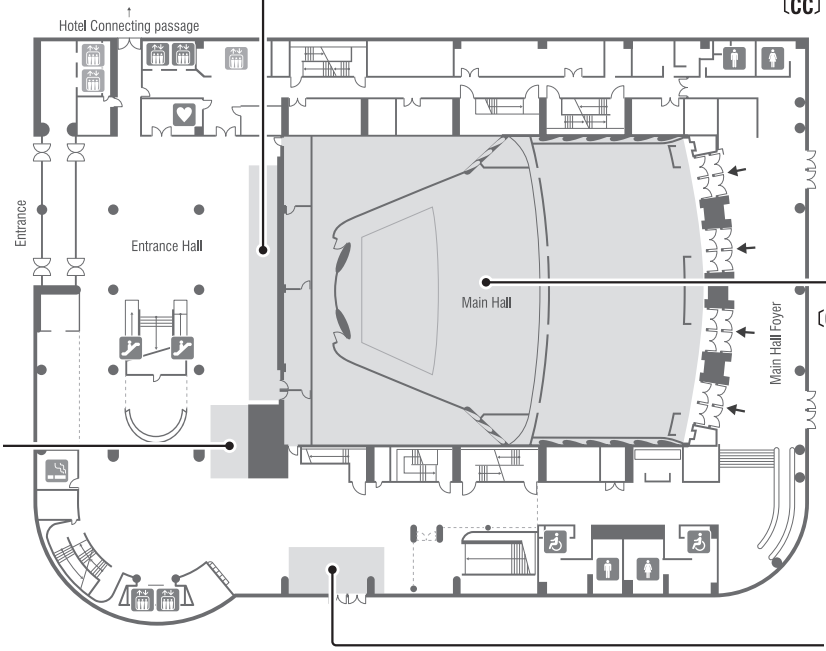
19:00

Floor Map

Pacifico Yokohama

1F
Conference Center



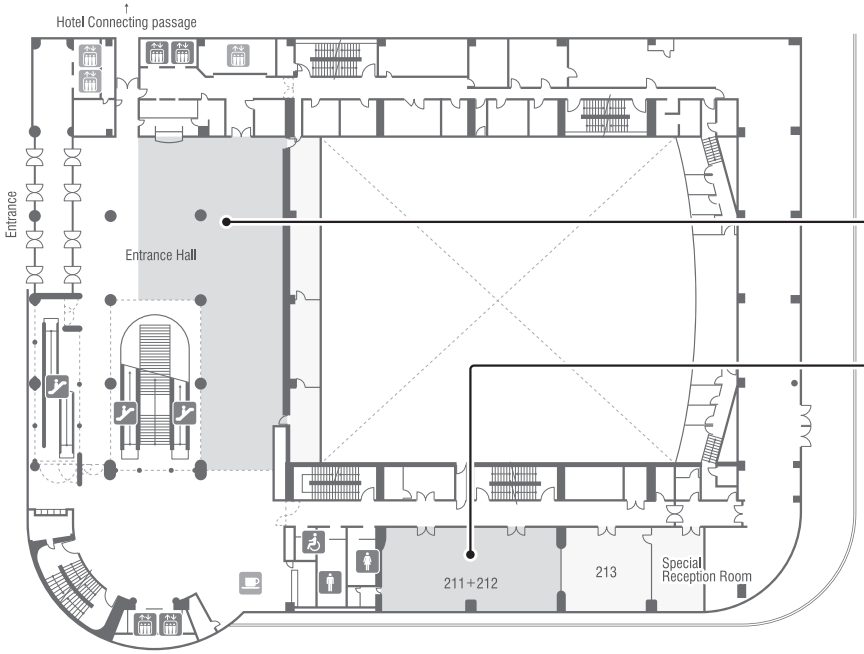
Cloak
〔CC〕1F Entrance Hall

Room 1
〔CC〕1F Main Hall

Luncheon Seminar Ticket Distribution
〔CC〕1F Entrance Hall

PC Center
〔CC〕1F Entrance Hall

2F
Conference Center



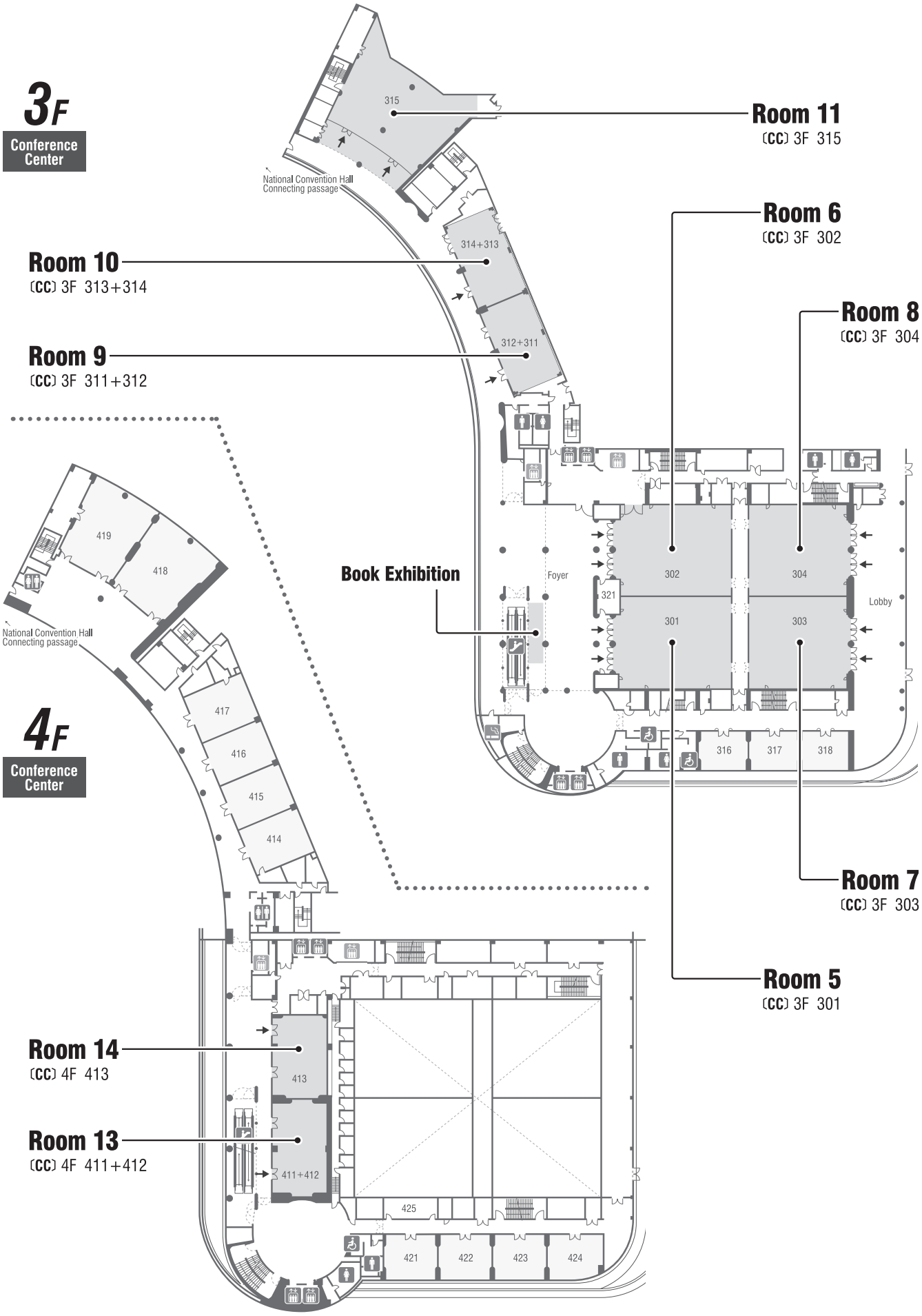
Registration
〔CC〕2F Entrance Hall

Head Office
〔CC〕2F 211+212

Pacifico Yokohama

Room 1	〔CC〕1F Main Hall	**Room 9**	〔CC〕3F 311+312	**Luncheon Seminar Ticket Distribution**	〔CC〕1F Entrance Hall
Room 2	〔CC〕5F 503	**Room 10**	〔CC〕3F 313+314	**Cloak**	
Room 3	〔CC〕5F 501	**Room 11**	〔CC〕3F 315	**Poster Presentation by Award Winner**	〔EX〕1F Exhibition Hall A/B
Room 4	〔CC〕5F 502	**Room 12**	〔CC〕5F 511+512	**Poster Venue**	
Room 5	〔CC〕3F 301	**Room 13**	〔CC〕4F 411+412	**Corporate Exhibition**	
Room 6	〔CC〕3F 302	**Room 14**	〔CC〕4F 413	**Congress Bag Distribution**	
Room 7	〔CC〕3F 303	**Registration**	〔CC〕2F Entrance Hall	**Drink Service**	
Room 8	〔CC〕3F 304	**PC Center**	〔CC〕1F Entrance Hall	**Head Office**	〔CC〕2F 211+212
				Social Gathering Venue ※5/31 Sat.	〔EX〕1F Exhibition Hall A/B

* 〔CC〕… Conference Center　* 〔EX〕… Exhibition Hall


3F
Conference Center
315
Room 11
(CC) 3F 315
National Convention Hall
Connecting passage
Room 6
(CC) 3F 302
314+313
Room 10
(CC) 3F 313+314
Room 8
(CC) 3F 304
312+311
Room 9
(CC) 3F 311+312
419
418
Book Exhibition
Foyer
302
304
321
Lobby
301
303
National Convention Hall
Connecting passage
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Conference Center
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Room 7
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Room 5
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Room 14
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Room 13
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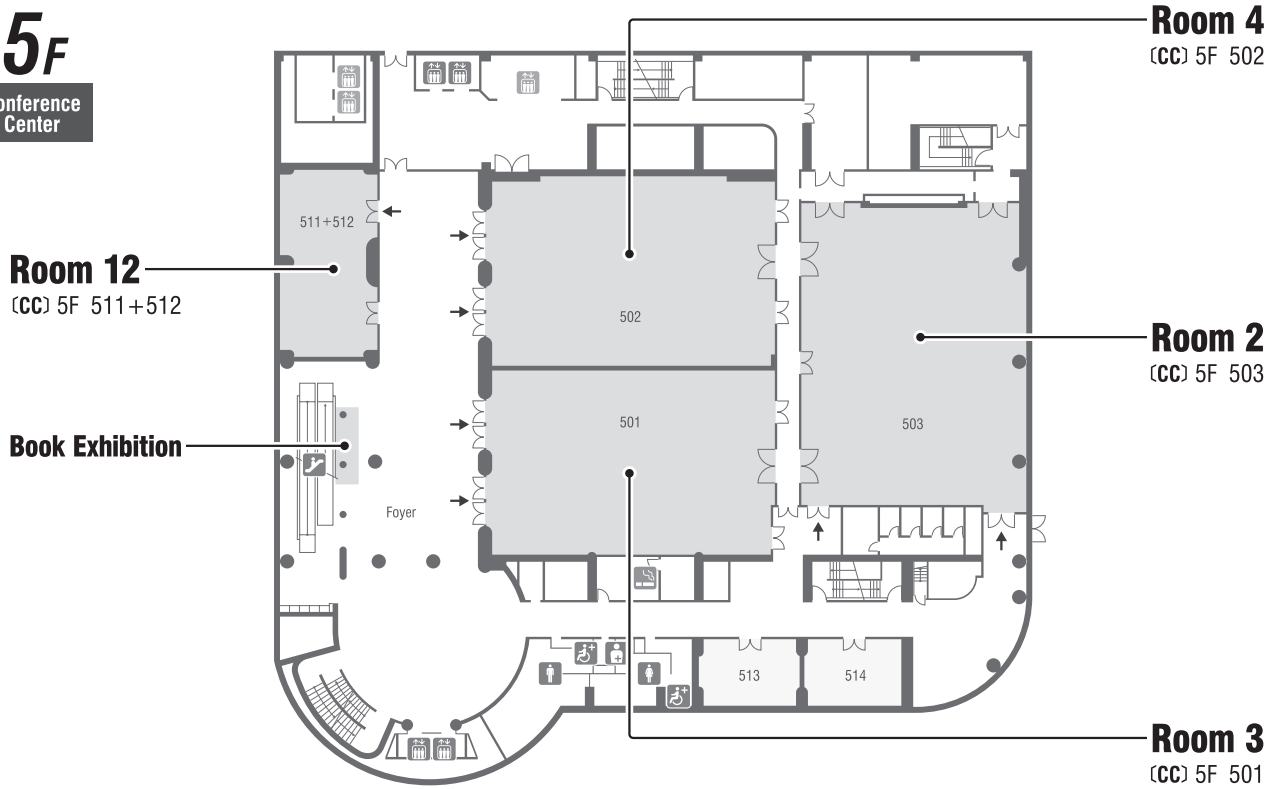
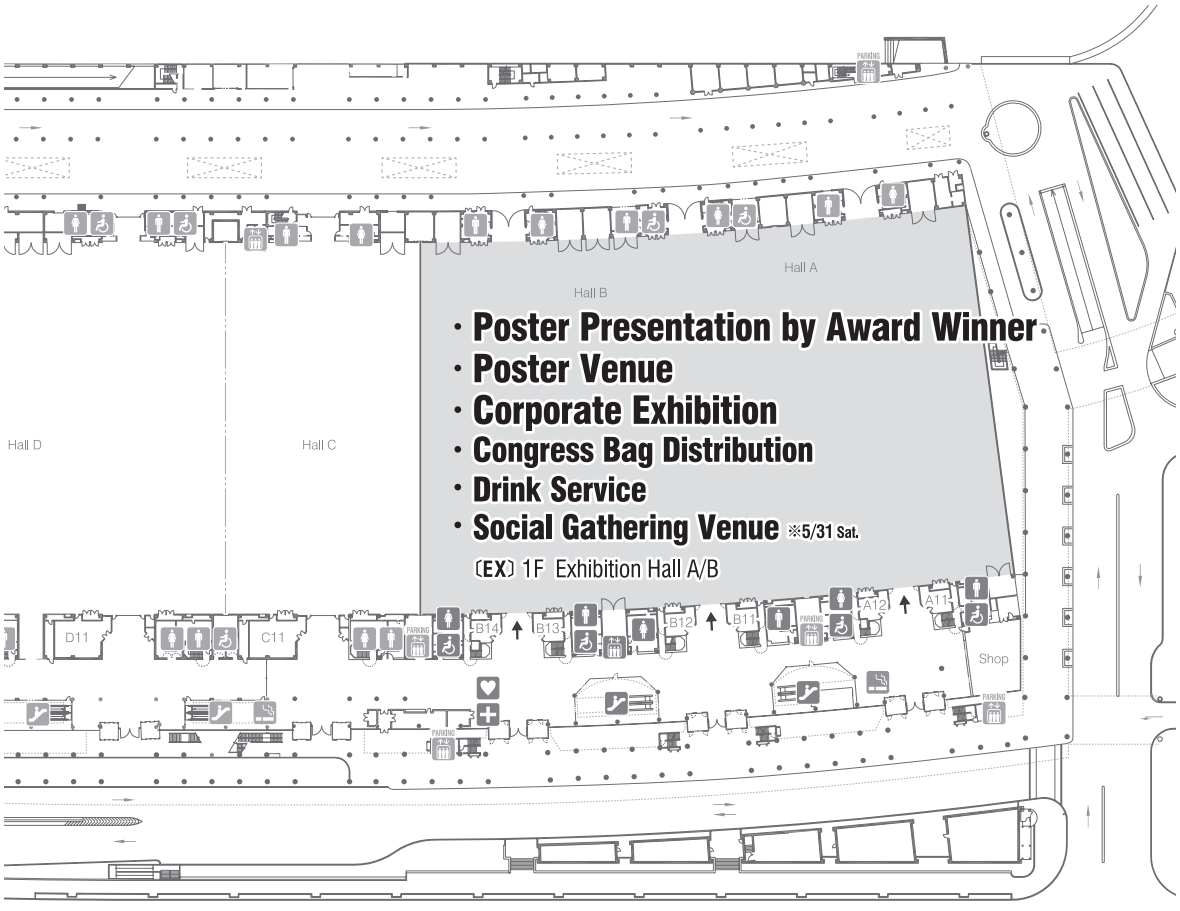
5F
Conference Center



1F
Exhibition Hall



Information

The 124th Annual Meeting of the Japanese Dermatological Association

Conference Information

(1) Registration

[On-site registration]

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

- Location: Entrance Hall, 2nd Floor, Pacifico Yokohama
- Date & Time: May 29 (Thu.) 8:00 – 17:30
  May 30 (Fri.) 7:15 – 18:00
  May 31 (Sat.) 7:30 – 18:15
  June 1 (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.

-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. Accompanying persons cannot access the lecture rooms, Corporate Exhibition venue and Miyavi Strings Orchestra.

[Registration]

Please note that we will not be accepting cash payments at the venue on the day of this conference. Please ensure you have registered online before arriving at the venue.

Please access 124th JDA website (https://jda124.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.
- 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 2nd floor, Pacifico Yokohama. And please write your name there.
  Please be sure to wear your name badge inside the venue.

(2) Program and Abstract Book

One Program and Abstract is sent in advance to members of Japanese Dermatological Association. Program and Abstract Book is also available at the venue for 2,000 yen.

The English program and abstract book will be provided together with your name badge at the JTB counter.

You can also find the English program and abstract book on the meeting website for online viewing. (Password is required.)

(3) Live streaming (For rooms 1-5 only)

Even if you cannot come to the venue (Pacifico Yokohama) on the day, you can participate online from your home or your affiliated institutions. During the meeting, the content of the lectures in rooms 1 to 5 will be live-streamed on the same day and according to the 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 “124th JDA Livestream and MICEnavi” on the meeting website (https://jda124.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 badge). (First time only)
5) You can now watch the live stream.

* Secretariat will live stream only the sessions in rooms 1 to 5 with the permission from the speaker and co-sponsoring companies.

(4) Sponsored Seminar

* These are held in Japanese only except Evening seminar 5-1, 11.
  - **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:	Entrance Hall, 1st Floor, Pacifico Yokohama	
- Time:	May 29 (Thu.)	8:00 – 10:45 (App 9:00 – 10:45)
	May 30 (Fri.)	7:15 – 10:50 (App 8:15 – 10:50)
	May 31 (Sat.)	7:30 – 10:50 (App 8:30 – 10:50)
	June 1 (Sun.)	7:30 – 12:00 (App 8:30 – 12:00)

* This ticket becomes invalid 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 (JDA2025 can be downloaded for iOS in the App Store and for Android in the Google Play.)

The password is “harmony2025”

**Japanese only

・Scheduled release date: Mid May 2025

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

- Compatible models: iOS: 14.0 or later. Compatible with iPhone and iPad.
  Android: 7.0 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:	Exhibition hall A/B, 1st Floor, Pacifico Yokohama	
Date & Time:	May 29 (Thu.)	12:00 – 18:30 (**Congress bag** 8:00 – 18:30)
	May 30 (Fri.)	9:00 – 18:30 (**Congress bag** 8:30 – 18:30)
	May 31 (Sat.)	9:00 – 17:25 (**Congress bag** 8:00 – 17:25)
	June 1 (Sun.)	9:00 – 13:30 (**Congress bag** 8:00 – 13:30)

You could get a congress bag 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 a refreshment corner and corporate Exhibition hall A/B, 1st Floor, Pacifico Yokohama.

2. Cloak Room

Location:	Entrance Hall, 1st Floor and Room 121～124, Pacifico Yokohama	
Opening hours:	May 29 (Thu.)	8:00 – 19:00
	May 30 (Fri.)	7:15 – 19:50
	May 31 (Sat.)	7:30 – 18:50 (During the social gathering, a dedicated cloakroom will be available within the venue. 18:30 – 21:00)
	June 1 (Sun.)	7:30 – 16:40

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 Pacifico Yokohama.

SSID: FREE-PACIFICO *no password

7. Social Gathering

Venue: Exhibition hall A/B, 1st Floor, Pacifico Yokohama

Date: May 31 (Sat.) 18:50-20:40

8. Miyavi Strings Orchestra

It will be held at the Room 1 (1F Main Hall) from 17:10 on Friday, May 30.

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 2021.
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:	Entrance Hall, 1st Floor, Pacifico Yokohama	
Open hours:	May 29 (Thu.)	8:00 – 17:30
	May 30 (Fri.)	7:15 – 17:00
	May 31 (Sat.)	7:30 – 17:30
	June 1 (Sun.)	7:30 – 14:00

When bringing your data in notebook computers

- Eastern Japan, including Yokohama, is on 100 V, 50 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.
- Speakers' notebook computers must be equipped with a D-Sub 15-pin output, standard monitor terminal. Some thin, light-weighted notebook computers, such as SONY VAIO Note and Apple PowerBook G4 may not have built-in ports.
- 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.) E1-1_John Brown, LS2-2_Mary Smith (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.

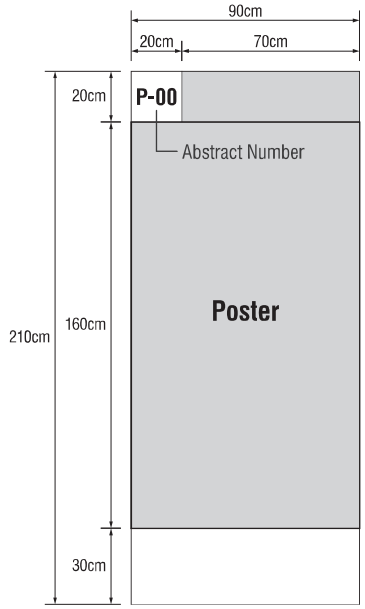
- The presentation data will be deleted by the secretariat responsibly.

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 Exhibition hall A/B, 1st Floor, Pacifico Yokohama
3. Poster mounting and removal hours are as follows:

   Mount posters: May 29 (Thu.) 8:00 – 13:00

   Remove posters: June 1 (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 Sunday, May 25th. (https://jda124.jda-conv.jp/info_author/gakupos_E.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***: May 29 (Thu.) 16:00 – 17:30

Poster Number- **Even numbers***: May 30 (Fri.) 18:30 – 19:30

*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 for Digital Posters: May 14 (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 May 29 (Odd number) and May 30 (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 124th Annual Meeting of the Japanese Dermatological Association

JDA 2025 Program

JDA2025 lectures are held in 14 locations at Pacifico Yokohama 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, May 29　Room 1 1F Main Hall

Educational Lecture 1　9:00～11:00

Pathology and Treatment of Atopic Dermatitis

••Organizers：Ken Igawa（Dokkyo Medical University）
Shin Morizane（Okayama University）

[Level：Basic]

EL1-1.　Atopic dermatitis（AD）：focusing on environmental interactions and immune regulations

9：00～9：30　Chih-Hung（Abel）Lee
Department of Dermatology, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan

Educational Lecture 8　12:30～14:30

The Science and Future Prospects of Aesthetic Medicine

••••••••••••••••••••••••••••••Organizers：Tokuya Omi（Queen's Square Medical Center）
Yuki Yamamoto（Wakayama Medical University）

[Level：Basic／Advanced／Update]

EL8-3.　Biostimulation：From Energy Based Devices to Skin Care

13：30～14：00　Hassan Galadari
College of Medicine and Health Sciences, United Arab Emirates University

Day1, Thursday, May 29 Room 8 3F 304

Evening Seminar 5 17:40～18:40

New Developments in Aesthetic Medicine Using Next-Generation Phototherapy Devices in Dermatology

Chair：Rieko Tsubouchi（Ginza Skin Clinic）

ES5-1. InMode Lumecca：A Powerful Treatment for Erythema, Acne Scars, Rosacea, and Mottled Skin Tone.

Wan-Yi Chou

Sincere Dermatology Clinic, Taiwan

Cosponsor：INMODE JAPAN K.K.

Day1, Thursday, May 29 Room 12 5F 511+512

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

Basic research, Diagnosis, Treatment

Chairs：Noriko Umegaki（Tokyo Women's Medical University）
Teruki Yanagi（University of the Ryukyus）

E1-1 (EP1-4) Mechanistic Study of the Assembly Materials of Natural Sanshool in Skin Photodamage

○Yi Yang

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

E1-2 (EP2-5) A Clinicopathological Study of Keloid Mimickers：35 Cases from a Taiwan Medical Center

○Yi-Han Chang[1)], Hsing-San Yang[1)], Ping-Hsuan Chen[2)], Chao-Kai Hsu[1)]

Department of Dermatology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan[1)], College of Medicine, National Cheng Kung University, Tainan[2)]

E1-3 (EP2-1) A Case of Stevens-Johnson Syndrome Induced by Selpercatinib

○Yuki Tone[1)], Toshihiko Hoashi[1)], Aeri Park[1)], Saki Otani[1)], Mizuki Shiba[1)], Fumisa Okano[1)], Mami Matsui[2)], Iwao Sugitani[2)], Hidehisa Saeki[1)]

Department of Dermatology, Nippon Medical School, Tokyo[1)], Department of Endocrine Surgery, Nippon Medical School, Tokyo[2)]

E1-4 (EP2-3) Unilateral laterothoracic exanthem in an adult following recombinant zoster vaccination

○Xinjin Liu, Deyu Song, Xian Jiang

Department of Dermatology West China Hospital, Sichuan University, Chengdu

E1-5 (EP3-3) Successful Treatment of Kimura Disease with Dupilumab：A Case Report

○Wenxin Zhang, Dandan Mao, Guangdong Wen, Jianzhong Zhang

Peking University Second School of Clinical Medicine, Beijing

E1-6 (EP3-5) Real-World Data on the Use of Deucravacitinib in Moderate to Severe Plaque Psoriasis

○Jiawen Chen, Rongying Chen, Beiqi Lin, Zhixun Xiao, Ting Gong, Chao Ji
Department of Dermatology, the First Affiliated Hospital of Fujian Medical University, Fuzhou

E1-7 (EP3-6) The Efficacy and Nursing of Combined Treatment of Male Pattern Hair Loss with Traditional Chinese Medicine and Western Medicine

○Yudan Wang, Tang Wen Long, Lu Yong Hong, He Lin Li, Chen Mu Yang, Huang Hui Qin, Peng Li
Department of Dermatology, Chengdu Second People's Hospital, Chengdu

E1-8 (EP3-1) Adjuvant anti-PD-1 antibody versus observation for stage III acral melanoma of the sole

○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, Tsu[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]

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

Dermatopathology, Dermatologic surgery, Inflammatory disease

Chairs：Masahito Yasuda（Gunma University）
Takeshi Fukumoto（Kobe University）

E2-1 (EP4-3) Topical Treatment of Biguanides in Atopic Dermatitis

Jiaying Lin, ○Bingxue Bai
The Second Affiliated Hospital of Harbin Medical University, Harbin

E2-2 (EP4-1) Exercise may improve atopic dermatitis via gut microbiota modulation

○Wanchen Zhao[1], Ge Peng[1], Alafate Abudouwanli[1], Quan Sun[1], Mengyao Yang[1,2], Shan Wang[1,3], Shigaku Ikeda[1], Hideoki Ogawa[1], Ko Okumura[1], Francois Niyonsaba[1,4]
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], Department of Dermatology, Beijing Children's Hospital, Capital Medical University, National Center for Children's Health, Beijing[3], Faculty of International Liberal Arts, Juntendo University, Tokyo[4]

E2-3 (EP5-5) Retrospective Evaluation of Mucosal Mapping Biopsies for Vulvar Extramammary Paget Disease

○Sayuka Arakawa[1)], Yoshio Nakamura[1)], Kazuhiro Matsumoto[2)], Takashi Iwata[3)], Takeru Funakoshi[1)]

Department of Dermatology, Keio University, Tokyo[1)], Department of Urology, Keio University, Tokyo[2)], Department of Gynecology, Keio University, Tokyo[3)]

E2-4 (EP5-1) Novel Banana Method to Comprehensive Approach for Surgical Treatment of Glomus Tumor

○Yi-Shan Liu[1,2,3)]

Department of Dermatology, E-Da Hospital, Kaohsiung, Taiwan[1)], Department of Plastic Surgery, Show-Chwan Memorial Hospital, Changhua[2)], Department of Emergency Medicine, E-Da Hospital, Kaohsiung[3)]

E2-5 (EP5-2) Complete lymph node dissection versus observation for resected stage III acral melanoma

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

E2-6 (EP6-4) Trend analysis and cross-national inequity analysis of immune-mediated inflammatory diseases in children and adolescents aged 10-24 from 1990 to 2021

○Ying Deng

Department of Epidemiology, School of Public Health, Southern Medical University, Guangzhou

E2-7 (EP6-1) Catestatin enhances skin barrier and alleviates atopic dermatitis via Notch1/PKC pathway

○Ge Peng[1)], Alafate Abudouwanli[1)], Wanchen Zhao[1)], Quan Sun[1)], Mengyao Yang[1,2)], Shan Wang[1,3)], Yi Tan[1)], Ko Okumura[1)], Hideoki Ogawa[1)], Francois Niyonsaba[1,4)]

Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo[1)], Department of Dermatology, the First Affiliated Hospital of China Medical University, Taichung[2)], Department of Dermatology, Beijing Children's Hospital, Capital Medical University, Beijing[3)], Faculty of International Liberal Arts, Juntendo University, Tokyo[4)]

E2-8 (EP6-10) Laser Speckle Imaging：An Advanced Approach for Rosacea Evaluation and Differentiation

○Hongjie Luo, Yukun Wang, Deyu Song, Xian Jiang

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

Oral Presentation in English 3　12:30～13:30

Allergic disease, Autoimmune disease, Congenital disease

Chairs：Masahiro Kamata（Teikyo University）
Takuya Takeichi（Nagoya University）

E3-1 (EP7-3)　Localized-onset and Delayed Erythema Multiforme after Influenza Vaccination

○Yuki Kobayashi, Umi Tahara, Shuhei Nishimoto
Department of Dermatology, Kawasaki Municipal Hospital, Kawasaki

E3-2 (EP7-6)　Case of Contact Urticaria to Clioquinol

○Alicia Wan Ling Lim, Yong-Kwang Tay, Shan-Xian Lee
Department of Dermatology, Changi General Hospital, Singapore

E3-3 (EP8-4)　Successful Management of Herpetiform Pemphigus with Anti-Desmocollin 3 IgG Titers

○Takumi Idetsuka[1)], Sayuka Arakawa[1)], Chiaki Takahashi[1)], Hiroto Horikawa[1)], Norito Ishii[2)], Risa Kakuta[1)], Yoshio Nakamura[1)], Takeru Funakoshi[1)], Hayato Takahashi[1)], Masayuki Amagai[1)]
Department of Dermatology, Keio University, Tokyo[1)], Department of Dermatology, Kurume University, Kurume[2)]

E3-4 (EP8-3)　Eosinophilic fasciitis associated with carpal tunnel syndrome

○Yuki Matsuyama, Shujiro Hayashi, Shown Tokoro, Ken Igawa
Department of Dermatology, Dokkyo Medical University, Shimotsuga

E3-5 (EP8-6)　The Impact of Urbanization on Psoriasis and Estimates of the Global Burden of Psoriasis

○Chang Sun[1,2,3)], Rong Xiao[1,2,3)]
Department of Dermatology, Second Xiangya Hospital of Central South University, Hunan[1)], Clinical Medical Research Center of Major Skin Diseases and Skin Health of Hunan Province, Changsha[2)], Clinical Medical Research Center for Systemic Autoimmune Diseases in Hunan Province, Changsha[3)]

E3-6 (EP8-2)　Evaluation of Venous Thromboembolism in Patients with Autoimmune Bullous Diseases

○Maho Kawamoto, Takashi Sakai, Yuriko Sho, Tomoko Yamate, Haruna Hirose, Yutaka Hatano
Department of Dermatology, Faculty of Medicine, Oita University, Yufu

E3-7 (EP10-1)　The First Japanese Case of Acral Peeling Skin Syndrome in a Challenging Diagnostic Context

○Toshihide Higashino[1)], Mayu Konomi[2)], Akiharu Kubo[3)], Hiroshi Horinosono[1)], Yoshinori Miura[1)]
Department of Dermatology, Self-Defense Forces Central Hospital, Tokyo[1)], Department of Psychiatry, Self-Defense Forces Central Hospital, Tokyo[2)], Division of Dermatology, Graduate School of Medicine, Kobe University, Kobe[3)]

E3-8 (EP10-2)　Statins for Adult Pachyonychia Congenita Patients

○Sota Itamoto[1)], Wei-Ting Tu[2)], Mika Watanabe[1)], Hideyuki Ujiie[1)], Chao-Kai Hsu[2,3)], Ken Natsuga[1)]
Department of Dermatology, Faculty of Medicine and Graduate School of Medicine, Hokkaido University, Sapporo[1)], Department of Dermatology, National Cheng Kung University Hospital, Tainan[2)], International Center for Wound Repair and Regeneration（iWRR), National Cheng Kung University, Tainan[3)]

Oral Presentation in English 4　13:30～14:30

Tumor, Infectious disease, Others

Chairs：Taku Fujimura（Tohoku University）
Motoki Nakamura（Nagoya City University）

E4-1 (EP9-3)　Invasive basal cell carcinoma after breast cancer radiation therapy

○Junna Yamada[1,2)]，Sei-ichiro Motegi[2)]，Etsuko Okada[1)]
NHO Takasaki General Medical Center, Takasaki[1)]，Department of Dermatology, Gunma University Graduate School of Medicine, Maebashi[2)]

E4-2 (EP9-4)　A Case of irAE Myocarditis Following Nivolumab Treatment for Advanced Malignant Melanoma

○Rana Tokioka，Natsuko Sasaki，Yu Sawada
Dermatology, University of Occupational and Environmental Health, Kitakyushu

E4-3 (EP9-8)　Low lymphocyte count may predict poor response to immune checkpoint inhibitors in melanoma

○Kohei Yamakawa
Department of Environmental Immuno-Dermatology, Yokohama City University Graduate School of Medicine, Yokohama

E4-4 (EP9-10)　Circulating Tumor DNA Predicts Immunotherapy Outcomes in Merkel Cell Carcinoma Patients

○Tomoko Akaike[1)]，Daniel S Hippe[2)]，Paul Nghiem[1,2)]
Department of Dermatology, University of Washington, Seattle[1)]，Fred Hutch Cancer Center, Seattle[2)]

E4-5 (EP9-11)　TGFBR2 neddylation inhibition suppresses melanoma metastasis and BRAF resistance

○Leon Tsung-Ju Lee，Yuan-Feng Lin
Graduate Institute of Clinical Medicine, College of Medicine, Taipei Medical University, Taipei

E4-6 (EP9-7)　Unveiling Gene Expression Links Between Psoriasis and Melanoma

○Quan Sun[1)]，Ge Peng[1)]，Wanchen Zhao[1)]，Alafate Abudouwanli[1)]，Mengyao Yang[1)]，Shan Wang[1)]，Yi Tan[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)]

E4-7 (EP11-5)　Erythema Induratum of Bazin：A Case Report

○Sri Haryati Ningsi，Widyawati Djamaluddin，Anni Adriani，Andi Hardianty，Khairuddin Djawad，Suci Budhiani
Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar

E4-8 (EP12-2)　A case of granuloma faciale treated with local steroid injection

○Mioka Homma，Tatsuya Katsumi，Ryoya Ohashi，Shota Uchida，Izumi Takei，Risa Hagiwara，Riichiro Abe
Department of Dermatology, Niigata University, Niigata

Day2, Friday, May 30 Room 1 1F Main Hall

President's Special Program 1 9:10～11:10

Chairs：Masayuki Amagai（Keio University）
Kenji Kabashima（Kyoto University）

[Part 2] Dermatology Around the World

SP1-3. ILDS and Global Dermatology

10 : 10～10 : 40

Henry W. Lim[1,2)]
President, International League of Dermatological Societies, London, England[1)], Dept of Dermatology, Henry Ford Health, Detroit, Michigan, USA[2)]

SP1-4. The changing landscape of scientific publishing

10 : 40～11 : 10

Erwin Tschachler
Medical University of Vienna, Vienna, Austria

Day2, Friday, May 30 Room 4 5F 502

Educational Lecture 16 9:10～11:10

Updates on the Diagnosis and Treatment of Alopecia in Clinical Practice

Organizers：Manabu Ohyama（Kyorin University）
Yutaka Shimomura（Yamaguchi University）

[Level：Update]

EL16-4. Racial Differences in Hair Loss Disease

10 : 40～11 : 10

Ncoza C Dlova
Dermatology Department, Nelson R Mandela School of Medicine, Durban, South Africa

English Session 14:55～16:55

The Cutting Edge of Cutaneous Immunology

Chairs：Hiroyuki Murota（Nagasaki University）
Naoko Okiyama（Institute of Science Tokyo）
Yukie Yamaguchi（Yokohama City University）

ENG-1. Post-Translational Tubulin Glutamylation and Glycylation Govern Langerhans Cell Morphology and Function

14 : 55～15 : 35

Björn E Clausen
Institute for Molecular Medicine, Paul Klein Center for Immune Intervention, University Medical Center of the Johannes Gutenberg-University, Mainz, Germany

ENG-2. **Tissue-resident memory T cells in skin allergic diseases**

15 : 35〜16 : 15 Marc Vocanson
Team "Epidermal Immunity & Allergy", Centre International de Recherche en Infectiologie - Inserm u1111

ENG-3. **Leveraging anti-fibrotic pathways for the treatment of dermal fibrosis**

16 : 15〜16 : 55 Carol Feghali-Bostwick
Medical University of South Carolina

Day2, Friday, May 30 Room 5 3F 301

Luncheon Seminar 11 11:20〜12:20

Chair：Takashi Hashimoto（National Defense Medical College）

LS11. **Care for Nodular Prurigo 2025**

Martin Metz
Institute of Allergology, at the Charité-Universitätsmedizin Berlin, Germany, affiliated with Fraunhofer Institute for Translational Medicine and Pharmacology ITMP, Allergology and Immunology

Cosponsor：Sanofi K.K. Specialty Care Medical

Day2, Friday, May 30 Room 7 3F 303

Educational Lecture 19 9:10〜11:10

Autoantibodies in Collagen Diseases and Bullous Disorders

Organizers：Daisuke Tsuruta（Osaka Metropolitan University）
Takashi Matsushita（Kanazawa University）

[Level：Advanced]

EL19-3. **The role of autoantibodies in the pathogenesis of lupus erythematosus**

10 : 10〜10 : 40 Benjamin Chong
Department of Dermatology, University of Texas Southwestern Medical Center

Day2, Friday, May 30 Room 8 3F 304

Sponsored Symposium 2 14:55～16:55

Treatment Strategies for Atopic Dermatitis Based on Skin Barrier Dysfunction

Chairs：Ken Igawa（Dokkyo Medical University）
Manabu Fujimoto（Osaka University）

SSY2-2. New findings on Type 2 inflammation and barrier dysfunction in atopic dermatitis in children and adults

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

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

Day2, Friday, May 30 Room 10 3F 313+314

Evening Seminar 11 17:05～18:05

Chair：Shinichi Imafuku（Fukuoka University）

ES11. What is disease modification in the context of psoriasis, and does it exist?

Kilian Eyerich
Department of Dermatology, University of Freiburg

Cosponsor：Janssen Pharmaceutical K.K.

Day3, Saturday, May 31 Room 1 1F Main Hall

Sponsored Symposium 3 9:10～11:10

JDA-Novartis partnership education program 2025 -Learn from Global Top Experts for Dermatology-

Chairs：Masayuki Amagai（Keio University）
Manabu Ohyama（Kyorin University）
Kenji Kabashima（Kyoto University）
Manabu Fujimoto（Osaka University）

SSY3-1. **Cutaneous T cell lymphoma：when a hero turns evil**
Yang Wang
Department of Dermatology, Peking University First Hospital, Beijing, China

SSY3-2. **Alopecias**
Luis A. Garza
Department of Dermatology, Johns Hopkins University School of Medicine, Baltimore, USA

SSY3-3. **Merkel cell carcinoma：Towards more effective, less toxic management via translational research**
Paul T.X. Nghiem
Department of Dermatology University of Washington, Seattle, USA

SSY3-4. **Scratching promotes allergic inflammation and host defense via neurogenic mast cell activation**
Daniel H. Kaplan
Departments of Dermatology and Immunology, University of Pittsburgh, Pittsburgh PA, USA.

Cosponsor：Novartis Pharma K.K.

Dohi Memorial Award Lecture 13:00～13:35

Chair：Manabu Fujimoto（Osaka University）

DML. **Skin fragility- causes, mechanisms and novel therapeutic perspectives**
13：00～13：35
Leena Bruckner-Tuderman
Department of Dermatology, Medical Center - University of Freiburg, Freiburg, Germany

EADV Session 14:05〜16:05

The Cutting Edge of European Dermatology

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

EADV-1. **Autoimmune blistering diseases - European perspective**
14 : 05〜14 : 35
Branka Marinović
University Hospital Centre Zagreb, School of Medicine University of Zagreb, Zagreb, Croatia

EADV-2. **Dermatology 2.0：Precision Medicine for Inflammatory Skin Diseases**
14 : 35〜15 : 05
Michel Gilliet
Department of Dermatology, Lausanne University Hospital CHUV, Lausanne, Switzerland

EADV-3. **Personalised dosing of biologicals in psoriasis**
15 : 05〜15 : 35
Jo Lambert
Department of Dermatology, Ghent University Hospital, Ghent, Belgium

EADV-4. **Precision medicine in inflammatory skin diseases：dream or reality?**
15 : 35〜16 : 05
Kilian Eyerich
Department of Dermatology and Venerology, Medical Center, University of Freiburg, Germany

Day3, Saturday, May 31 Room 4 5F 502

Educational Lecture 34 9:10〜11:10

Special Topics in Collagen Diseases and Related Disorders That Dermatologists Should Be Involved In

Organizers：Shinichi Sato（The University of Tokyo）
Naoko Okiyama（Institute of Science Tokyo）

[Level：Basic／Advanced]

EL34-4. **Cutaneous Graft-versus-Host Disease**
10 : 25〜11 : 10
Adela Rambi G. Cardones
Division of Dermatology, University of Kansas Medical Center

Day3, Saturday, May 31 Room 5 3F 301

Sponsored Symposium 6 14:05～16:05

Long-Term Treatment Strategies for Atopic Dermatitis

Chairs：Norito Katoh（Kyoto Prefectural University of Medicine）
Rei Watanabe（Juntendo University）

SSY6-2. Atopic dermatitis：recent advances of treatment targets and long-term disease control

Jan Gutermuth
Department of Dermatology, Vrije Universiteit Brussel（VUB）, Universitair Ziekenhuis Brussel（UZ Brussel）, Brussels, Belgium

SSY6-3. Global perspective：Current understanding and challenges in long-term disease control in atopic dermatitis

April W. Armstrong
David Geffen School of Medicine, University of California Los Angeles, CA, USA

Cosponsor：Pfizer Japan Inc. Medical Affairs

Day3, Saturday, May 31 Room 6 3F 302

Sponsored Symposium 4 9:10～11:10

Harmonization of Art and Technique in Medicine – Visualizing and Treating Invisible Symptoms

Chairs：Yoshiki Miyachi（Shizuoka Graduate University of Public Health/ Professor Emeritus at Kyoto University）
Akiko Sugiyama（Fukuoka National Hospital）
Toshiya Ebata（Chitofuna Dermatology Clinic）

SSY4-3. Digital Dermatology：Wearables, AI, and Beyond

Steve Xu
Northwestern University/Department of Dermatology Sibel Health

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

Day4, Sunday, June 1 Room 4 5F 502

President's Special Program 7 9:10〜11:10

The Cutting-Edge Treatments for Genetic Disorders

••••••••••••••••Chairs：Katsuto Tamai（Osaka University, Stem Cell Therapy Science）
Ken Natsuga（Hokkaido University）

SP7-1. **Improving the health and lives of patients with inherited skin diseases**
9 : 10〜9 : 50
John A. McGrath
King's College London, London, UK

SP7-2. **Gene therapy for epidermolysis bullosa**
9 : 50〜10 : 30
Peter Marinkovich
Stanford University

SP7-3. **The application of biologics and small molecule JAK inhibitors for genodermatoses**
10 : 30〜11 : 10
Chao-Kai Hsu
Department of Dermatology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan

Educational Lecture 67 13:40〜15:40

Comprehensive Understanding of Type 2 Inflammatory Skin Diseases

••••••••••••••••Organizers：Tetsuya Honda（Hamamatsu University School of Medicine）
Gyohei Egawa（Kagoshima University）

[Level：Advanced]

EL67-4. **The Latest in Chronic Itch Mechanisms**
15 : 10〜15 : 40
Gil Yosipovitch
Medical Dermatology and Miami Itch Center Dr Phillip Frost Department of Dermatology Miller School of Medicine

Day4, Sunday, June 1 Room 6 3F 302

Educational Lecture 58 9:10〜11:10

MelanomaB2B（Bench to Bedside and Bedside to Bench）

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

[Level：Advanced]

EL58-2. Impact of the tumour microenvironment on melanoma proliferation, invasion and therapy

9：40〜10：10

Nikolas K Haass, Robert J Ju, Kota Tachibana, Satoru Sugihara, Jordan Kumar, Yimeng Guan, Gisella Edny, Shahla Asgharzadeh Kangachar, Samantha J Stehbens
Frazer Institute, The University of Queensland, Brisbane, Australia

Day4, Sunday, June 1 Room 7 3F 303

Educational Lecture 59 9:10〜11:10

Understanding Psoriasis Research

Organizers：Mayumi Komine（Jichi Medical University）
Rei Watanabe（Juntendo University）

[Level：Advanced]

EL59-1. The Gut-Skin Axis in Psoriasis

9：10〜9：40

Sam T. Hwang[1)], Zhen-rui Shi[2)]
UC Davis School of Medicine[1)], Sun Yat-sen Medical University[2)]

Poster Viewing

Date and Time：
May 29（Thu.）13：00～18：30 (Discussion Time 16：00～17：30 (Order Number - Odd numbers))
May 30（Fri.）8：30～18：30 (Discussion Time 18：30～19：30 (Order Number - Even numbers))
May 31（Sat.）8：00～17：25
June 1（Sun.）8：00～13：30
Poster Venue（Exhibition Hall A・B, Pacifico Yokohama)
Participants can view these digital posters in their app during the meeting,
from May 29th（Thursday）8：00 to June 1st（Sunday）17：00.

Basic research

EP1-1 **Withdrawn**

EP1-2 **Anti-aging effects of royal jelly on skin through induction of M2 macrophage**
○Yasuaki Ikuno[1,2)], Yukie Kande[2)], Nobuaki Okumura[3)], Noriki Fujimoto[1)], Hayato Naka-Kaneda[2)]
Department of Dermatology, Shiga University of Medical Science, Otsu[1)], Department of Anatomy, Shiga University of Medical Science, Otsu[2)], Institute for Bee Products and Health Science, Yamada Bee Company, Inc., Okayama[3)]

EP1-3 **SULT1A1 SNPs and Sulfotransferase Activity in Hair Follicles of a Japanese Cohort**
○Andre Lanza, Jelca Crisostomo, Megumi Asai, Hiroshi Oka
HUMEDIT Co.,Ltd. Tokyo Sanitary Inspection, Tokyo

EP1-4 (E1-1) **Mechanistic Study of the Assembly Materials of Natural Sanshool in Skin Photodamage**
○Yi Yang
Department of Dermatology, West China Hospital, Sichuan University, Chengdu

EP1-5 **Effectiveness of Garcinia Mangostana L. Rind Extract Cream On UVB-Induced Erythema**
○Ade Rahmayani Ritonga, Novita Novita, Khairuddin Djawad, Widya Widita, Suci Budhiani
Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar

EP1-6 **A role of PHLDA3 in keloid progression**
○Mengyan Li, Akinori Kawakami, Kenji Kabashima
Department of Dermatology, Kyoto University, Kyoto

EP1-7 **Intelligent Oil Classification For Selective Cleansing：Multi-Dimensional Analysis**
○Ziyan Zhou[1)], Lifeng Tang[2)], Rongle Xiao[2)], Li Ye[3,4)]
School of Chemical Engineering and Pharmacy, Wuhan University of Technology, Wuhan[1)], Guangzhou Xika Technology Co., Ltd., Guangzhou[2)], Dermatology Hospital, Southern Medical University, Guangzhou[3)], Hygiene Detection Center, School of Public Health, Southern Medical University（NMPA Key Laboratory for Safety Evaluation of Cosmetics, Guangdong Provincial Key Laboratory of Tropical Disease Research）, Guangzhou,[4)]

EP1-8 **Effects of NADPH Oxidase Inhibitors on Collagen 17 and Keratinocyte Senescence**

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

Diagnosis

EP2-1 (E1-3) **A Case of Stevens-Johnson Syndrome Induced by Selpercatinib**

○Yuki Tone[1)], Toshihiko Hoashi[1)], Aeri Park[1)], Saki Otani[1)], Mizuki Shiba[1)], Fumisa Okano[1)], Mami Matsui[2)], Iwao Sugitani[2)], Hidehisa Saeki[1)]
Department of Dermatology, Nippon Medical School, Tokyo[1)], Department of Endocrine Surgery, Nippon Medical School, Tokyo[2)]

EP2-2 **Human-multimodal AI in Diagnosis of Lupus Erythematosus Subtypes and Similar Skin Diseases**

○Haijing Wu[1)], Qianwen Li[1)], Kaili Chen[1)], Hui Chen[1)], Yi Ji[1)], Qianjin Lu[1,2)]
The Second Xiangya Hospital of Central South University, Changsha[1)], Institute of Dermatology, Chinese Academy of Medical Sciences and Peking Union Medical College, Nanjing[2)]

EP2-3 (E1-4) **Unilateral laterothoracic exanthem in an adult following recombinant zoster vaccination**

○Xinjin Liu, Deyu Song, Xian Jiang
Department of Dermatology West China Hospital, Sichuan University, Chengdu

EP2-4 **Multimodal Model for Detection and Subtype Prediction of Basal Cell Carcinoma**

○Yukun Wang[1,2)], Jie Liu[2)]
Department of Dermatology & Venerology, West China Hospital, Sichuan University, Chengdu[1)], Department of Dermatology, Peking Union Medical College Hospital, Beijing[2)]

EP2-5 (E1-2) **A Clinicopathological Study of Keloid Mimickers：35 Cases from a Taiwan Medical Center**

○Yi-Han Chang[1)], Hsing-San Yang[1)], Ping-Hsuan Chen[2)], Chao-Kai Hsu[1)]
Department of Dermatology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan[1)], College of Medicine, National Cheng Kung University, Tainan[2)]

Treatment

EP3-1 (E1-8) Adjuvant anti-PD-1 antibody versus observation for stage III acral melanoma of the sole

○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, Tsu[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 Withdrawn

EP3-3 (E1-5) Successful Treatment of Kimura Disease with Dupilumab：A Case Report

○Wenxin Zhang, Dandan Mao, Guangdong Wen, Jianzhong Zhang

Peking University Second School of Clinical Medicine, Beijing

EP3-4 Probability of Adverse Events（AEs）With Abrocitinib in Patients With Atopic Dermatitis

○Tokuya Omi[1], Melinda J Gooderham[2,3,4], Hiroyuki Yamamoto[5], Melissa Watkins[6], Haiyun Fan[7], Tomohiro Hirose[5]

Department of Dermatology, Queen's Square Medical Center, Yokohama[1], SKiN Centre for Dermatology, Peterborough[2], Queen's University, Kingston[3], Probity Medical Research, Waterloo[4], Pfizer Japan Inc., Tokyo[5], Pfizer Inc. New York[6], Pfizer Inc. Collegeville, PA,[7]

EP3-5 (E1-6) Real-World Data on the Use of Deucravacitinib in Moderate to Severe Plaque Psoriasis

○Jiawen Chen, Rongying Chen, Beiqi Lin, Zhixun Xiao, Ting Gong, Chao Ji

Department of Dermatology, the First Affiliated Hospital of Fujian Medical University, Fuzhou

EP3-6 (E1-7) The Efficacy and Nursing of Combined Treatment of Male Pattern Hair Loss with Traditional Chinese Medicine and Western Medicine

○Yudan Wang, Tang Wen Long, Lu Yong Hong, He Lin Li, Chen Mu Yang, Huang Hui Qin, Peng Li

Department of Dermatology, Chengdu Second People's Hospital, Chengdu

Dermatopathology

EP4-1 (E2-2) **Exercise may improve atopic dermatitis via gut microbiota modulation**

○Wanchen Zhao[1)], Ge Peng[1)], Alafate Abudouwanli[1)], Quan Sun[1)], Mengyao Yang[1,2)], Shan Wang[1,3)], Shigaku Ikeda[1)], Hideoki Ogawa[1)], Ko Okumura[1)], Francois Niyonsaba[1,4)]

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)], Department of Dermatology, Beijing Children's Hospital, Capital Medical University, National Center for Children's Health, Beijing[3)], Faculty of International Liberal Arts, Juntendo University, Tokyo[4)]

EP4-2 **Visualizing Human Basophils in Hematoxylin and Eosin-Stained Skin Samples**

○Takashi Hashimoto, Satoshi Okuno, Shota Itagaki, Takahiro Satoh

Department of Dermatology, National Defense Medical College, Tokorozawa

EP4-3 (E2-1) **Topical Treatment of Biguanides in Atopic Dermatitis**

Jiaying Lin, ○Bingxue Bai

The Second Affiliated Hospital of Harbin Medical University, Harbin

Dermatologic surgery

EP5-1 (E2-4) **Novel Banana Method to Comprehensive Approach for Surgical Treatment of Glomus Tumor**

○Yi-Shan Liu[1,2,3)]

Department of Dermatology, E-Da Hospital, Kaohsiung, Taiwan[1)], Department of Plastic Surgery, Show-Chwan Memorial Hospital, Changhua[2)], Department of Emergency Medicine, E-Da Hospital, Kaohsiung[3)]

EP5-2 (E2-5) **Complete lymph node dissection versus observation for resected stage III acral melanoma**

○Sadao Inoue[1,2)], Shigeru Koizumi[1,3)], Naoya Yamazaki[4)], Yuki Ichigozaki[5)], Hiroshi Kitagawa[6)], Yukiko Kiniwa[7)], Sayuri Sato[8)], Toshihiro Takai[9)], Reiichi Doi[10)], Yasuhiro Nakamura[1)]

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EP5-3 **Complications and Recurrence in Pilonidal Sinus Surgery：Multicenter Study**

○Natsuko Saito-Sasaki[1,2], Kazuyasu Fujii[1,3], Megumi Aoki[1], Hiroshi Kato[4], Shusaku Ito[5], Takayuki Suyama[6], Yuki Yamamoto[7], Yoshihisa Fujino[8], Yu Sawada[2], Shigeto Matsushita[1]

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EP5-4 **Carbon Dot Nanozymes Enhance Reactive Oxygen Species Scavenging in Diabetic Wound Repair**

○Zhu Yan

Department of Dermatology, The Second Affiliated Hospital of Xi an Jiaotong University, Xi an

EP5-5 (E2-3) **Retrospective Evaluation of Mucosal Mapping Biopsies for Vulvar Extramammary Paget Disease**

○Sayuka Arakawa[1], Yoshio Nakamura[1], Kazuhiro Matsumoto[2], Takashi Iwata[3], Takeru Funakoshi[1]

Department of Dermatology, Keio University, Tokyo[1], Department of Urology, Keio University, Tokyo[2], Department of Gynecology, Keio University, Tokyo[3]

Inflammatory disease

EP6-1 (E2-7) **Catestatin enhances skin barrier and alleviates atopic dermatitis via Notch1/PKC pathway**

○Ge Peng[1], Alafate Abudouwanli[1], Wanchen Zhao[1], Quan Sun[1], Mengyao Yang[1,2], Shan Wang[1,3], Yi Tan[1], Ko Okumura[1], Hideoki Ogawa[1], Francois Niyonsaba[1,4]

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EP6-2 **Clinical Signs Associated with Treatment Intensity and Outcomes in Cutaneous Polyarteritis Nodosa**

○Ryo Tanaka[1,2], Keiji Tanese[1], Yoshihiro Ito[1], Sakiko Takeuchi[1], Ari Morimoto[1], Kazuyo Sujino[1], Masayuki Amagai[1], Akiko Tanikawa[1]

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EP6-3 IL-37 alleviates Th2-type cytokine-mediated impairment of skin barrier function

○Alafate Abudouwanli[1)], Ge Peng[1)], Wanchen Zhao[1)], Quan Sun[1)], Mengyao Yang[1,2)], Shan Wang[1,3)], Ko Okumura[1)], Hideoki Ogawa[1)], Francois Niyonsaba[1,4)]

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EP6-4 (E2-6) Trend analysis and cross-national inequity analysis of immune-mediated inflammatory diseases in children and adolescents aged 10-24 from 1990 to 2021

○Ying Deng

Department of Epidemiology, School of Public Health, Southern Medical University, Guangzhou

EP6-5 Bullous Pyoderma Gangrenosum Associated with Anti-phospholipid Syndrome

○Mayar A Al-Bahrani

Dermatology Resident, Oman Medical Specialty Board, Muscat

EP6-6 FOSL1-Mediated Activation of Keratinocyte Super-Enhancers in Psoriasis Pathogenesis

○Yueqi Qiu[1)], Yaqin Yu[2)], Huihui Hou[3)], Ke Sun[1)], Ming Zhao[1)]

Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences and Peking Union Medical College, Nanjing[1)], Hunan Key Laboratory of Medical Epigenomics, The Second Xiangya Hospital, Central South University, Changsha[2)], School of Public Health, Nanjing Medical University, Nanjing[3)]

EP6-7 Arctiin Alleviates Psoriasis by Modulating Gut-skin Axis and Microbiota-mediated Immunity

○Mengyao Yang[1,2)], Ge Peng[1)], Quan Sun[1)], Alafate Abudouwanli[1)], Wanchen Zhao[1)], Yi Tan[1)], Shan Wang[1,3)], Hideoki Ogawa[1)], Ko Okumura[1)], Francois Niyonsaba[1,4)]

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EP6-8 Withdrawn

EP6-9 ScRNA-seq Reveals the Features of CD45+ Cell Components and Crosstalk in Scalp Psoriasis

○Qitao Chen, Xufeng Du, Linwei Wei, Yuqian Li, Yanjun Liu

Department of Dermatology, The Affiliated Wuxi People's Hospital of Nanjing Medical University, Wuxi Medical Center, Nanjing Medical University, Wuxi

EP6-10 (E2-8) Laser Speckle Imaging：An Advanced Approach for Rosacea Evaluation and Differentiation

○Hongjie Luo, Yukun Wang, Deyu Song, Xian Jiang

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

EP6-11 **Lichen Planus Pemphigoides following COVID Vaccination - Coincidence or Consequence?**

Delwyn Zhi Jie Lim, ○Ding Yuan Wang
National Skin Centre, Singapore

EP6-12 **Successful Treatment of Refractory Pityriasis Lichenoides Chronica with Upadacitinib**

○Xueting Zeng, Chao Ji
The First Affiliated Hospital of Fujian Medical University, Fuzhou

Allergic disease

EP7-1 **Skin testing for hypersensitivity to iodinated contrast agent：case series of 17 patients**

○Yuriko Ishikawa, Nana Kamada, Emi Yoshida, Kanako Akashi, Ken Washio
Department of Dermatology, Kobe City Nishi-Kobe Medical Center, Kobe

EP7-2 **Potential alleviating effect of microbial metabolite hypoxanthine on atopic dermatitis**

○Shan Wang[1,2)], Ge Peng[1)], Ying Liu[2)], Alafate Abudouwanli[1)], Mengyao Yang[1,3)], Quan Sun[1)], Wanchen Zhao[1)], Lin Ma[2)], Francois Niyonsaba[1,4)]
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EP7-3 **Localized-onset and Delayed Erythema Multiforme after Influenza Vaccination**
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○Yuki Kobayashi, Umi Tahara, Shuhei Nishimoto
Department of Dermatology, Kawasaki Municipal Hospital, Kawasaki

EP7-4 **Biphasic Rituximab Allergy：A Case of Anaphylaxis and Serum Sickness Reactions**

○Shiori Mori[1,2)], Utako Okata-Karigane[1,2)], Chiaki Takahashi[1,2)], Umi Tahara[1,2)], Ayano Fukushima-Nomura[1,2)], Eri Matsuki[3)], Takeya Adachi[1,2)]
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EP7-5 **Emotional Distress in Atopic Dermatitis：Linking Clinical Insights to Molecular Mechanisms**

○Hanyi Zhang, Yeye Guo, Xiang Chen, Juan Su
Department of Dermatology, Xiangya Hospital, Changsha

EP7-6 **Case of Contact Urticaria to Clioquinol**
(E3-2)

○Alicia Wan Ling Lim, Yong-Kwang Tay, Shan-Xian Lee
Department of Dermatology, Changi General Hospital, Singapore

EP7-7 **Rash in a Post-vaccination Infant**

○Christy Wing Man Leung[1)], Ting Fan Leung[2)]
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Autoimmune disease

EP8-1 **Longitudinal assessment of QOL in Japanese patients with autoimmune blistering diseases**

○Risa Kakuta[1)], Yuya Tsubota[1)], Yasuko Saito[1)], Masayuki Amagai[1)], Jun Yamagami[2)], Hayato Takahashi[1)]

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EP8-2 (E3-6) **Evaluation of Venous Thromboembolism in Patients with Autoimmune Bullous Diseases**

○Maho Kawamoto, Takashi Sakai, Yuriko Sho, Tomoko Yamate, Haruna Hirose, Yutaka Hatano

Department of Dermatology, Faculty of Medicine, Oita University, Yufu

EP8-3 (E3-4) **Eosinophilic fasciitis associated with carpal tunnel syndrome**

○Yuki Matsuyama, Shujiro Hayashi, Shown Tokoro, Ken Igawa

Department of Dermatology, Dokkyo Medical University, Shimotsuga

EP8-4 (E3-3) **Successful Management of Herpetiform Pemphigus with Anti-Desmocollin 3 IgG Titers**

○Takumi Idetsuka[1)], Sayuka Arakawa[1)], Chiaki Takahashi[1)], Hiroto Horikawa[1)], Norito Ishii[2)], Risa Kakuta[1)], Yoshio Nakamura[1)], Takeru Funakoshi[1)], Hayato Takahashi[1)], Masayuki Amagai[1)]

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EP8-5 **Two Cases of Pemphigus developed after COVID-19 Vaccination**

○Yuri Fukunaga, Natsuko Sasaki, Eri Ota, Yu Sawada

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EP8-6 (E3-5) **The Impact of Urbanization on Psoriasis and Estimates of the Global Burden of Psoriasis**

○Chang Sun[1,2,3)], Rong Xiao[1,2,3)]

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EP8-7 **Nociceptors modulate dermal cDC1 via CGRP signaling to drive autoreactive $CD8^+$ T cell responses in vitiligo**

○Xiuli Yang, Wenxiang Ding, Fangzhou Lou, Honglin Wang

Precision Research Center for Refractory Diseases, Institute for Clinical Research, Shanghai General Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai

EP8-8 **B Cell Disease-Residual Transcriptomic Profile Drives Antibody Regeneration in Pemphigus**

○Zhi Hu[1)], Guiying Zhang[2)], Ming Zhao[1,2)]

Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences & Peking Union Medical College, Nanjing[1)], Department of Dermatology, Hunan Key Laboratory of Medical Epigenomics, the Second Xiangya Hospital, Central South University, Changsha[2)]

EP8-9 **Treatment of Erythrodermic Psoriasis Patients with Secukinumab in Indonesia：A Case Series**

○Eyleny Meisyah Fitri, Endi Novianto, Windy Keumala Budianti

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Tumor

EP9-1 **Plate-like Osteoma Cutis Along Blaschko Line：A Case Report and Review of Distribution**

○Ko Matsuoka, Yoshiyuki Nakamura, Shoichiro Ishizuki, Toshifumi Nomura
Department of Dermatology, Institute of Medicine, University of Tsukuba, Tsukuba

EP9-2 **Metastatic renal cell carcinoma：ultrasonography and dermoscopy have high predictive value**

○Takayuki Suyama, Megumi Yokoyama, Kanna Takahashi, Yasunori Matsuki, Kazumoto Katagiri
Department of Dermatology, Dokkyo Medical University Saitama Medical Center, Koshigaya

EP9-3 (E4-1) **Invasive basal cell carcinoma after breast cancer radiation therapy**

○Junna Yamada[1,2], Sei-ichiro Motegi[2], Etsuko Okada[1]
NHO Takasaki General Medical Center, Takasaki[1], Department of Dermatology, Gunma University Graduate School of Medicine, Maebashi[2]

EP9-4 (E4-2) **A Case of irAE Myocarditis Following Nivolumab Treatment for Advanced Malignant Melanoma**

○Rana Tokioka, Natsuko Sasaki, Yu Sawada
Dermatology, University of Occupational and Environmental Health, Kitakyushu

EP9-5 **Analysis of Skin Cancer Burden and Relation with Energy Consumption and Gas Emissions**

○Zhiwen Zhang
Dermatology Hospital, Southern Medical University, Guangzhou

EP9-6 **Amelanotic/hypomelanotic Melanoma in Skin of Colour：A Case Series of 4 Patients**

○Woo Chiao Tay, Hui Yi Chia, Suzanne Cheng
Department of Dermatology, National Skin Centre, Singapore

EP9-7 (E4-6) **Unveiling Gene Expression Links Between Psoriasis and Melanoma**

○Quan Sun[1], Ge Peng[1], Wanchen Zhao[1], Alafate Abudouwanli[1], Mengyao Yang[1], Shan Wang[1], Yi Tan[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]

EP9-8 (E4-3) **Low lymphocyte count may predict poor response to immune checkpoint inhibitors in melanoma**

○Kohei Yamakawa
Department of Environmental Immuno-Dermatology, Yokohama City University Graduate School of Medicine, Yokohama

EP9-9 **Global Burden of Skin Cancer in Elderly Adults from 1990 to 2021 and Projection to 2050**

○Ruiyao Wang, Jin Chen
Department of Dermatology, The First Affiliated Hospital of Chongqing Medical University, Chongqing

EP9-10 (E4-4) **Circulating Tumor DNA Predicts Immunotherapy Outcomes in Merkel Cell Carcinoma Patients**

○Tomoko Akaike[1], Daniel S Hippe[2], Paul Nghiem[1,2]
Department of Dermatology, University of Washington, Seattle[1], Fred Hutch Cancer Center, Seattle[2]

EP9-11 (E4-5) **TGFBR2 neddylation inhibition suppresses melanoma metastasis and BRAF resistance**

○Leon Tsung-Ju Lee, Yuan-Feng Lin
Graduate Institute of Clinical Medicine, College of Medicine, Taipei Medical University, Taipei

Congenital disease

EP10-1 (E3-7) **The First Japanese Case of Acral Peeling Skin Syndrome in a Challenging Diagnostic Context**

○Toshihide Higashino[1)], Mayu Konomi[2)], Akiharu Kubo[3)], Hiroshi Horinosono[1)], Yoshinori Miura[1)]
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EP10-2 (E3-8) **Statins for Adult Pachyonychia Congenita Patients**

○Sota Itamoto[1)], Wei-Ting Tu[2)], Mika Watanabe[1)], Hideyuki Ujiie[1)], Chao-Kai Hsu[2,3)], Ken Natsuga[1)]
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EP10-3 **Dupilumab Efficacy in Three Different Subtypes of Epidermolysis Bullosa**

○Hiroyuki Morisaka[1,2)], Shiho Mori[3)], Manabu Fujimoto[2)], Katsuto Tamai[3)]
Department of Stem Cell Gene Therapy Science, Graduate School of Medicine, Osaka University, Suita[1)], Department of Dermatology, Graduate School of Medicine, Osaka University, Suita[2)], Department of Stem Cell Therapy Science, Graduate School of Medicine, Osaka University, Suita[3)]

EP10-4 **A case of inflammatory linear verrucous epidermal nevus treated with a dye laser**

○Satomi Kobayashi[1)], Arisa Hirayama[1)], Kaoru Matsuda[1)], Ranko Mori[2)], Michihiro Kono[3)]
Seibo International Catholic Hospital, Tokyo[1)], Mori Children's Clinic, Tokyo[2)], Department of Dermatology and Plastic Surgery, Akita University Graduate School of Medicine, Akita[3)]

EP10-5 **Treatment with 5% Minoxidil in cases of congenital hypotrichosis**

○Can Cui, Xi Chen, Aihua Wei
Department of Dermatology, Beijing Tongren Hospital, Capital Medical University, Beijing

EP10-6 **Bart Syndrome in One of the Two：a Case Report**

○Gisca M. Tirtaonggana, Rahadi Rihatmadja
Derpartment of Dermatology and Venereology, Faculty of Medicine Universitas Indonesia, Dr. Cipto Mangunkusumo Hospital, Jakarta

EP10-7 **Skin Manifestations as Key Clues in Tuberous Sclerosis Complex Diagnosis**

○Inosensia Diajeng Kusumo, Triana Agustin, Farah Asyuri Yasmin
Department of Dermatology and Venereology, Faculty of Medicine Universitas Indonesia, Dr. Cipto Mangunkusumo Hospital, Jakarta

EP10-8 **Diagnostic Approach to Junctional Epidermolysis Bullosa：A Case Report**

○Winne I. P. Yulian, Githa Rahmayunita
Department of Dermatology and Venereology, Faculty of Medicine Universitas Indonesia, Dr. Cipto Mangunkusumo Hospital, Jakarta

Infectious disease

EP11-1 **The first case of creeping disease caused by Onchocerca takaokai in Nagasaki, Japan**

○Eri Ikenaga[1)], Yutaka Kuwatsuka[1)], Hideo Hasegawa[2)], Eiji Nagayasu[3)], Naoko Tsukazaki[4)], Hiroyuki Murota[1)]
Department of Dermatology and Allergy, Nagasaki University Hospital, Nagasaki[1)], Department of Medical Biosciences, Faculty of Medicine, Oita University, Yufu[2)], Division of Parasitology, Department of Infectious Diseases, Faculty of Medicine, Miyazaki University, Miyazaki[3)], Tsukazaki Dermatology Clinic, Nishisonogi[4)]

EP11-2 **A case of refractory hidradenitis suppurativa complicated by IgA vasculitis and nephritis**

○Ayaka Yasuda, Natsuko Sasaki, Yu Sawada
Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu

EP11-3 **Evaluation of a PCR based microarray for the diagnosis of superficial fungal infections**

○Jiun Yit Pan, Kenneth Fong
National Skin Centre, Singapore

EP11-4 **Trends and Cross Nations Inequality Analysis of Infectious Skin Diseases from 1990 to 2021**

○Xiaofeng Liang
Dermatology Hospital, Southern Medical University, Guangzhou

EP11-5 (E4-7) **Erythema Induratum of Bazin：A Case Report**

○Sri Haryati Ningsi, Widyawati Djamaluddin, Anni Adriani, Andi Hardianty, Khairuddin Djawad, Suci Budhiani
Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar

EP11-6 **Discrepancy of Clinical Manifestations with Histopathology in Leprosy：A Case Series**

○Steffanny Heronny Heldy Katuuk, Widyawati Djamaluddin, Anni Adriani, Khairuddin Djawad, Andi Nurhaerani Zainuddin, Nurul Rezki Fitriani Azis, Suci Budhiani
Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar

Others

EP12-1 **Skin manifestations of indolent ATLL cutaneous involvement and relationship to prognosis**

○Kyoko Nogami, Yotaro Nishikawa, Kosuke Mochida, Masahiro Amano
Department of Dermatology, University of Miyazaki Faculty of Medicine, Miyazaki

EP12-2 (E4-8) **A case of granuloma faciale treated with local steroid injection**

○Mioka Homma, Tatsuya Katsumi, Ryoya Ohashi, Shota Uchida, Izumi Takei, Risa Hagiwara, Riichiro Abe
Department of Dermatology, Niigata University, Niigata

EP12-3 A case of acute methotrexate toxicity causing pancytopenia and mucocutaneous erosions

○Kaori Umekage[1)], Kyoko Kanno[1)], Yuki Kobayashi[1)], Chiaki Takahashi[1)], Sawa Otsubo[1)], Mari Kishibe[1)], Yusuke Ogata[2)], Kazuhiro Kikuchi[3)]
Department of Dermatology, Asahikawa Medical University, Asahikawa[1)], Department of Internal medicine, Takikawa Municipal Hospital, Takikawa[2)], Department of Dermatology, Takikawa Municipal Hospital, Takikawa[3)]

EP12-4 Application of An Novel Non-Invasive Water Light Technology in Aesthetic Medicine

Li Ye[1)], ○Dong cui Li[3)], Eri Furuyama[4)], Nobutaka Furuyama[4)], Yuri Katsura[5)], Si Wen[1,2)], Yan hong Liu[3)], Xian Xu[3)]
Dermatology Hosptial Southern Medical University, Guangzhou[1)], Hygiene Detection Center, School of Public Health, Southern Medical University（NMPA Key Laboratory for Safety Evaluation of Cosmetics, Guangdong Provincial Key Laboratory of Tropical Disease Research）, Guangzhou[2)], Research and Development, Hua An Tang Biotech Group Co., Ltd, Guangzhou[3)], Plastic surgery/Cosmetic surgery, Jiyugaoka Clinic, Tokyo[4)], Dermatology/Cosmetic Dermatology, Jiyugaoka Clinic, Tokyo[5)]

EP12-5 huSA：A Comprehensive Database for Skin Diseases

○Meiling Zheng[1)], Bao Qian[1)], Zhi Hu[1)], Xingyu Wei[1)], Xiaoyun Chen[2)], Ke Sun[1)], Wenjuan Jiang[1)], Changxing Gao[1)], Qianjin Lu[1)], Ming Zhao[1)]
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Abstracts

The 124th Annual Meeting of the Japanese Dermatological Association

Skin fragility- causes, mechanisms and novel therapeutic perspectives

Leena Bruckner-Tuderman
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Skin fragility encompasses different conditions characterized by loss of physiological coherence of the skin layers. These include genetic, autoimmune, wound healing disorders, and skin aging ; clinical manifestations are blisters, poorly healing wounds or tendency of the skin to tear, along with pain, itch and loss of protective skin functions. Epidermolysis bullosa - a group of genetic blistering disorders - serves as a paradigm for understanding the pathology and mechanisms of skin fragility. Great progress has been made in understanding the molecular and cellular biology of dermal-epidermal coherence, disclosing the diversity of gene variants as causes of epidermolysis bullosa, unravelling disease mechanisms, and characterizing the relations between skin fragility disorders of different origins. All this has led to significantly improved diagnostic precision and to identification of evidence-based, targeted treatment approaches. The first novel therapies have already been approved for clinical use, and several are in the stage of clinical trials. This lecture describes the above developments and discusses novel therapeutic perspectives for skin fragility disorders.

［Biography］

Leena Bruckner-Tuderman is emerita professor at the Department of Dermatology, Medical Center - University of Freiburg, in Freiburg, Germany. - After medical school and an experimental dissertation in Oulu, Finland, she continued her postdoctoral work in biochemistry at Rutgers Medical School in Piscataway, N.J., USA, and in structural biology in the Biocenter, University of Basel, Switzerland. She specialized in dermatology at University of Zurich, Switzerland, and continued as *physician scientist* supported by a Score-fellowship of the Swiss National Science Foundation and later by a Heisenberg Stipend of the German Research Foundation in Muenster, Germany. From 2003 - 2021 she was professor and chair of dermatology at the University of Freiburg. Her research deals with biology of basement membranes and the extracellular matrix, with molecular causes and disease mechanisms of genetic and acquired skin fragility disorders, as well as with development of novel, biologically valid therapies. - She has engaged in furtherance of medically oriented research as the president of the European Society of Dermatological Research and the German Dermatological Society, and as the vice-president for medicine of the German Research Foundation, DFG.

SP1-3
ILDS and Global Dermatology

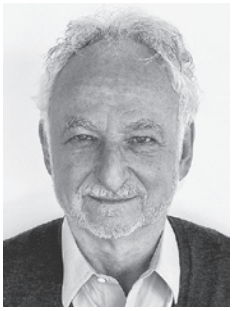
Henry W. Lim[1,2)]
President, International League of Dermatological Societies, London, England[1)], Dept of Dermatology, Henry Ford Health, Detroit, Michigan, USA[2)]

ILDS consists of over 200 member societies from over 100 countries, representing over 200,000 dermatologists. Having an official relations with WHO, ILDS works closely with WHO on multiple areas, including an annual visit to WHO headquarters. It organizes World Congress of Dermatology every 4 years, with the next one in Guadalajara, Mexico in 2027. It also organizes World Skin Summit every 4 years, in between the WCD. It sponsors and supports Reginal Dermatology Training Centre in Moshi, Tanzania, and in 2024, has established Pacific Dermatology Training Centre in Fiji. Through International Foundation of Dermatology, it provides grants to support dermatology care in low resource areas, and mentorship program. ILDS also supports education exchange among academic institutions in developed and developing countries.

［Biography］

HENRY W. LIM is the former Clarence S. Livingood chair and chairman of the Department of Dermatology（1997-2017）, Henry Ford Health, Detroit, Michigan, USA. He received his M.D.（cum laude）from SUNY Downstate Health Sciences University, Brooklyn, New York, USA, and completed his dermatology residency at New York University School of Medicine.
Dr. Lim has served as president of the American Academy of Dermatology（AAD）, American Board of Dermatology, American Dermatological Association, American Society for Photobiology, and International Union of Photobiology. In 2023, he was elected as president of the International League of Dermatological Societies, which consists of over 200 international societies from over 100 countries as members, representing over 200,000 dermatologists. He has received 16 presidential citations from the AAD, and in 2020, he was awarded an Honorary Membership of the AAD. He has been recognized with the Fred W. Whitehouse, MD, Distinguish Career Award of the Henry Ford Medical Group, European Academy of Dermatology and Venereology International Scientific Achievement Award, Finsen Medal from the International Union of Photobiology, and Alumni Achievement Award for Distinguished Service to American Medicine, College of Medicine, SUNY Downstate. Dr. Lim is honorary member of the following international dermatological societies：Austria, France, the Philippines, China, the Baltics, Spain, Taiwan, Peru and CILAD.

SP1-4
The changing landscape of scientific publishing



Erwin Tschachler
Medical University of Vienna, Vienna, Austria

The tradition of scientific publishing dates back to the 17th century and was initiated by scientific societies in England and France, nevertheless, some of the most dramatic changes have taken place in the last 30 years. Since 1995, the number of scientific articles published annually has increased by around 400%. Much of this increase is due to the advent of open access publishing. Open access publishing is based on the noble idea that the results of publicly funded research should be made freely available to the public, rather than hidden behind paywalls or made accessible via subscriptions only. Over the years, however, some unforeseen consequences have emerged. Apart from the unprecedented increase in the number of scientific journals published under this business model and a drastic increase in publication costs for authors, the fact that open access publications do not appear in expensive print versions has led to the emergence of so-called online mega-journals. While traditional scientific journals, which are mostly owned by scientific societies, publish a few hundred articles per year, mega-journals, which are owned by publishers, publish up to 20,000 articles per year. Quality control through peer review has been one of the cornerstones of responsible scientific publishing since its inception. However, in view of the ever-growing flood of scientific articles, especially in open access journals, expert reviewers are increasingly being driven to exhaustion and are no longer willing to sacrifice their time for this unappreciated activity. Taken together, the current challenges for quality scholarly publishing are unprecedented, and scholars and universities are called upon to not just passively watch but actively participate in shaping the future of scientific publishing.

［Biography］

Professor of Dermatology & Venereology emeritus
Editor in Chief Journal of Investigative Dermatology（JID）

CURRICULUM

06/1978	M.D. degree from the University of Vienna, Austria
1983-1986	Dermatology Residency, Dept of Dermatology I, Univ. of Vienna Medical School
07/1990	Associate Professor of Dermatology
11/1996	Professor of Dermatology and Venereology, Medical University of Vienna
10/2019	Retirement from University position
6/2022	Editor in Chief of the Journal of Investigative Dermatology

Relevant scholarships/awards

2020	Scientific Achievement Award of the EADV
2024	ILDS Certificate of Appreciation in International leadership.

SP7-1
Improving the health and lives of patients with inherited skin diseases

John A. McGrath
King's College London,
London, UK

Recognising and targeting unmet need is a fundamental objective in helping patients, perhaps never more so in those with the personal and family burden of inherited skin diseases. Indeed, there are more than 600 genodermatoses that affect over 6 million people worldwide and thus the medical challenge is immense. Over the last 35 years, translational research has identified genes and pathogenic variants in most of these conditions and provided insight into disease pathobiology, as well as presenting strategies and options for therapy. Researchers have also learned to listen to patients, improving understanding of quality-of-life issues and the need to focus on what matters most to patients in terms of symptoms and daily living. This lecture will provide an overview of selected seminal discoveries and advances in the journey to improving the lives of patients with inherited skin diseases. Innovative gene, cell, and protein therapies have shown what is possible although benefitting the many is logistically difficult. Improved knowledge of disease mechanisms and aberrant signalling pathways has also led to new targeted treatments involving drug repurposing, although off label prescribing and ensuring access for patients remains problematic. Tangible benefits for some patients have emerged but it is clear there is still a lot more to do, and the work to improve the lives of people living with inherited skin diseases must go on.

［Biography］
John McGrath is the academic head of St John's Institute of Dermatology in London where he also runs the Genetic Skin Disease Group. He holds the Mary Dunhill Chair in Cutaneous Medicine at King's College London and is Honorary Consultant Dermatologist to the Guy's and St Thomas' National Health Service Foundation Trust. He is also currently a Yu-Shan Fellow at the National Cheng Kung University in Tainan（Taiwan）. His expertise is in genodermatoses, discovering genes and testing experimental therapies to improve patient care. He has held several leadership positions within European dermatology including serving as President for the European Society for Dermatological Research and the European Dermatology Forum. He has published＞600 articles and is the current editor-in-chief of the British Journal of Dermatology（2024-2029）.

SP7-2
Gene therapy for epidermolysis bullosa

Peter Marinkovich
Stanford University

Epidermolysis bullosa (EB) is a rare group of genetic skin disorders characterized by skin fragility and easy blistering in response to minimal trauma. The clinical severity of EB ranges from localized blistering to widespread involvement of the skin and mucosal surfaces, with complications that may include mortality from aggressive skin cancers. Until recently, there were no specific treatments available for any subtype of EB. However, significant advances in understanding the disease's pathophysiology have led to the development of various gene and cell therapies. While many of these groundbreaking treatments are still in clinical trial phases, a topical gene therapy based on HSV-1 vector received FDA approval in 2023 for the treatment of DEB. In this talk, we aim to discuss the roles of these therapies in the treatment of EB, along with the challenges that remain, and future directions needed to further advance these promising modalities.

［Biography］
Dr. Marinkovich received his dermatology training at Oregon Health Sciences University, and his research training in the laboratory of Dr. Robert Burgeson, who discovered type VII collagen. Dr. Marinkovich's early work led to the characterization of several key basement membrane components involved in epidermolysis bullosa, including laminin-332 and laminin-311. He later joined the faculty at Stanford University and served as an attending in the National EB Registry at Stanford University. He currently directs the Stanford Autoimmune Blistering Disease Clinic. Dr. Marinkovich's laboratory has had a longstanding focus on the development of molecular therapies for autoimmune blistering diseases and epidermolysis bulllosa and he has helped to lead three programs of gene therapies for dystrophic epidermolysis bullosa from the preclinical to phase 3 stages of clinical development and the development of the first FDA approved gene therapy for epidermolysis bullosa.

SP7-3
The application of biologics and small molecule JAK inhibitors for genodermatoses

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

Genodermatoses represent a diverse group of genetic skin disorders that are often resistant to traditional treatments. The advent of biologics and small molecule JAK inhibitors has revolutionized the therapeutic landscape for these conditions. This presentation will explore the role of biologics and small molecule JAK inhibitors in managing conditions such as epidermolysis bullosa, generalized pustular psoriasis, ichthyosis and porokeratosis. We will discuss our clinical experiences with these therapies, highlighting their efficacy, safety and mechanisms. The future directions of these therapies will be also explored, with a focus on personalized medicine approaches and optimizing treatment regimens to further improve therapeutic outcomes.

［Biography］
Dr. Chao-Kai Hsu serves as 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 Hokkaido University Graduate School of Medicine in Japan（2008）and St John's Institute of Dermatology in the United Kingdom（2014-2016）. Dr. Hsu further distinguished himself by earning a Diploma in Dermatopathology from the International Committee for Dermatopathology in 2018. His primary research interests include epidermolysis bullosa（EB）and keloids, where he employs cutting-edge investigative approaches to advance both the understanding and treatment of these complex dermatological conditions. His work at the intersection of dermatopathology and genetics continues to contribute significantly to the field of dermatology.

EADV-1
Autoimmune blistering diseases - European perspective

Branka Marinović
University Hospital Centre Zagreb, School of Medicine University of Zagreb, Zagreb, Croatia

Autoimmune blistering diseases（AIBD）are heterogenous group of diseases, comprising pemphigus and pemphigoid diseases and dermatitis herpetiformis. It is a field of dermatology that developed a lot in last decades, with new more precise diagnostic methods, as well as with development of some new, but already developed therapies as well as a group of the drugs that are in the pipeline. EADV Task Force on AIBD is very active group which beside many other activities is producing guidelines on different AIBD including pemphigus, bullous pemphigoid, dermatitis herpetiformis, paraneoplasatic pemphigus, linear IgA dermatosis. Some new ones are in the phase of the production. In this lecture goal is to present most recent published ones with main messages, as well as some clinical research developed within the Task Force.

［Biography］

Education and work history

1980 - 1988 - University of Zagreb School of Medicine
1990 - 1991 - fellow at University Hospital Center Zagreb
1992 - 1995 - residency in dermatology-venereology at Department of Dermatology and Venereology, University Hospital Center Zagreb
1993 - 1994 - postgraduate study in dermatology-venereology
1998 - Master of Science
2003 - Doctor of Science
2007 - Assistant Professor of Dermatology-venereology
2010 - Chair, Department of Dermatology and Venereology
2012 - Associate Professor of Dermatology-Venereology
2017 - Ful Professor of Dermatology-Venereology

EADV-2
Dermatology 2.0：Precision Medicine for Inflammatory Skin Diseases

Michel Gilliet
Department of Dermatology, Lausanne University Hospital CHUV, Lausanne, Switzerland

Over the past two decades, dermatology has undergone a transformative shift with the discovery of immune pathways underlying inflammatory skin diseases, paving the way for targeted therapies. However, a major challenge remains：the lack of molecular approaches that can delineate these pathways at an individual patient level to guide personalized diagnosis and treatment. By cross-comparing gene expression profiles from multiple inflammatory skin diseases, including psoriasis, atopic dermatitis, lichen planus, lupus erythematosus, neutrophilic diseases (such as pyoderma gangrenosum and Sweet's disease), and Wells syndrome, we identified seven key immune pathway modules：Th17, Th2, Th1, Type I IFNs, neutrophilic, macrophagic, and eosinophilic. These modules form the basis of a molecular map with high diagnostic accuracy, particularly valuable for complex cases such as erythrodermas and clinico-pathologically undetermined conditions.

Aligning dominant immune modules with specific treatment targets provides a rational framework for therapy selection, improving response rates in both treatment-naïve patients and those who have not responded to prior targeted treatments. In my presentation, I will showcase several clinical cases to demonstrate how this precision medicine strategy is integrated into clinical practice, enhancing both diagnostic accuracy and therapeutic decision-making for patients with inflammatory skin diseases.

［Biography］

Michel Gilliet, M.D., is a Head of the Dermatology Department at the University Hospital CHUV in Lausanne, Switzerland. He completed his dermatology training at the University of Zurich and received research training in immunology at the DNAX Research Institute in Palo Alto, California. In 2004, Dr. Gilliet was recruited by MD Anderson Cancer Center in Houston, Texas, where he held clinical appointments in Dermatology, as well as basic and translational science appointments in Melanoma Oncology and Immunology.

In 2010, Dr. Gilliet returned to Switzerland as a Full Professor and Head of the Dermatology Department in Lausanne. His research primarily focuses on immune responses in inflammatory skin diseases. His laboratory has notably uncovered mechanisms by which dendritic cells initiate and sustain skin inflammation by sensing DNA in complex with antimicrobial peptides. These groundbreaking studies have led to a paradigm shift in understanding how inflammation is regulated in injured skin and in diseases such as psoriasis and lupus erythematosus. More recently, his lab has expanded its research to include the application of molecular omics technologies in clinical dermatology practice, providing a new framework for diagnosing and treating skin diseases.

Dr. Gilliet's research has led to over 140 publications and garnered 30,000 citations, with his work regularly featured in prestigious journals such as *Nature*, *Science*, *Nature Immunology*, *Nature Medicine*, and *Nature Communications*.

Dr. Gilliet has served as President of the European Society for Dermatological Research（ESDR）and is currently President of the Skin Science Foundation. He also serves on the Board of the European Academy of Dermatology and Venereology（EADV）, where he chairs the Scientific Program. In recognition of his contributions to medical research, he received the Cloetta Prize, Switzerland's most prestigious medical research award, in 2016. In 2023, he was elected to the National Academy of Sciences in Germany.

EADV-3
Personalised dosing of biologicals in psoriasis

Jo Lambert
Department of Dermatology,
Ghent University Hospital,
Ghent, Belgium

The current psoriasis therapeutic armamentarium is enriched by biologics targeting tumor-necrosis factor（TNF）-α, interleukin（IL）-17 and IL-23. Although high efficacy and real efficiency has been reported for these biologics, physicians encounter substantial variability in response in clinical practice. On one hand, a subset of patients experiences primary non-response or secondary loss-of-response to biologics, while on the other hand, dose reduction can be suggested in patients with（nearly）complete skin clearance.
These suboptimal therapeutic outcomes have urged clinicians to explore empirical dose optimization, either by adjusting the dose or by altering the administration intervals. Tightly controlled dose reduction of the first-generation biologics has proven successful for more efficient and cost-effective use of these drugs, and we are currently investigating this paradigm for the newer biologics in psoriasis.
Therapeutic drug monitoring of biologics（TDM）—encompassing the measurement of（trough）concentrations and anti-drug antibodies—is emerging as a valuable tool to guide clinical decision making. Its relevance is driven by the presence of an exposure-response relationship. Previous research demonstrated an exposure-response relationship for adalimumab, one of the first biologics approved for the treatment of psoriasis. The exposure-response relationships of the newer biologics in psoriasis was recently identified, by us and other groups.
In this talk an update on recent advances and evidence-based insights on personalized dosing of biologicals for psoriasis will be given.
Learning objectives：
- Understand the principles of TDM in psoriasis treatment management
- Identify the requirements for performing TDM in daily clinical practice
- Develop the ability to interpret TDM results and apply this knowledge to adjust biologic therapy in your practice
- Understand further steps to model-informed precision dosing of biologicals

［Biography］
Jo Lambert is a senior full professor in dermatology and venereology, and chairing the Department of Dermatology at Ghent University, Ghent, Belgium. She is current chair of the EADV Task Force Psoriasis, EADV Scientific Programme Committee member and Councilor at the International Psoriasis Council. In the 2010s she served as associate editor and editorial assistant for the Journal of Investigative Dermatology, section psoriasis and pigmentation, and is now associate editor of J European Academy Dermatology Venerology.
She specialises in the fields of immune dermatoses and pigment cell research. Her research interests lie in the improvement of care in immune-mediated inflammatory skin disorders：from advanced models of topical drug delivery to personalised dosing of biologicals. She founded the DermPlus approach, an example of a value-based integrated practice unit for immune-mediated chronic skin diseases. She has 281 publications, 6535 sum of times cited, and an H-index of 45.

EADV-4
Precision medicine in inflammatory skin diseases：dream or reality?

Kilian Eyerich
Department of Dermatology and Venerology, Medical Center, University of Freiburg, Germany

While precision medicine is realised to a great extent in dermato-oncology, best clinical practice in inflammatory skin diseases is still based on the traditional disease ontology that defines diseases such as psoriasis, atopic dermatitis, or lichen planus by phenotype and morphology only. This ontology results in a large heterogeneity of diseases with substantial overlap. Moreover, hundreds of rare inflammatory skin diseases are not well-defined and cut off from therapeutic advances. Clinically relevant questions such as prediction of an individual patient's response to therapy, risk to develop adverse events to medication or comorbidities are impossible to answer with our current system. We are in the transition from traditional to stratified medicine, where inflammatory skin diseases are grouped based on immunological signatures or immune response patterns. The next step will be to abandon the historical understanding of inflammatory skin diseases and define an objective disease ontology based on molecular events that addresses currently unmet clinical needs - pilot studies show that integration of deep clinical phenotyping and multi-OMICs data may lead to identification of inflammatory skin disease endotypes with a higher clinical utility than the traditional system.

［Biography］
Kilian Eyerich is chair and professor at the Department of Dermatology and Venerology of the University of Freiburg, Germany. He was previously professor for Dermatology at the Karolinska Institute in Stockholm, Sweden, and Heisenberg professor for Dermato-Immunology at the Technical University Munich, Germany. His scientific interest is the interaction of adaptive immune cells and resident epithelial cells in inflammatory skin diseases. His vision is to revise the disease ontology of inflammatory and autoimmune skin diseases based on a clinically meaningfull molecular basis. Kilian Eyerich is PI in numerous translational research projects and clinical trials in the field. He has published more than 200 scientific articles in peer-reviewed journals such as the New England Journal of Medicine as well as journals of the Nature and Science group. His work received numerous awards such as two European Research Council grants and a Heisenberg professorship. He serves as board member and advisor of numerous academic and private scientific organisations.

ENG-1
Post-Translational Tubulin Glutamylation and Glycylation Govern Langerhans Cell Morphology and Function

Björn E Clausen
Institute for Molecular Medicine, Paul Klein Center for Immune Intervention, University Medical Center of the Johannes Gutenberg-University, Mainz, Germany

As the body's primary interface with the environment, the skin is continuously exposed to pathogens and harmless foreign antigens such as allergens and commensal bacteria. Dendritic cells (DC), including Langerhans cells (LC), form a heterogeneous family of antigen-presenting cells strategically positioned in the skin to orchestrate protective and tolerogenic immune responses. This unique ability relies on their coordinated antigen sampling, lymph node migration, and naïve T cell priming.

Microtubules (MT) are central components of the eukaryotic cytoskeleton that are dynamically assembled from α/β-tubulin heterodimers and control essential cellular processes, including morphology, motility, directed vesicle transport, and immune synapse formation. Post-translational modifications (PTM) of tubulin regulate the functional diversity of MT. While MT are known to influence DC biology, the specific role of tubulin PTM in DC and, in particular, LC function remains largely unexplored.

We recently discovered that among the tubulin tyrosine ligase-like (TTLL) enzyme family, TTLL4 and TTLL3 are selectively expressed by LC and DC. Using conditional knockout mice, we discovered that tubulin glutamylation by TTLL4 and glycylation by TTLL3 distinctly modulate LC and DC morphology, migration, and function both at steady state and during allergic skin inflammation. Our findings establish post translational tubulin glutamylation and glycylation as novel key regulators of LC and DC biology.

[Biography]

Professional career

Since 2013 Professor of Experimental Molecular Medicine (W2) and Vice Chair of the Institute for Molecular Medicine University Medical Center of the Johannes Gutenberg-University Mainz, Germany

2008 - 2013 Associate Professor (tenured), Department of Immunology Erasmus MC, University Medical Center, Rotterdam, Netherlands

2001 - 2008 Group Leader and AMC Principal Investigator, Department of Cell Biology & Histology Academic Medical Center (AMC), University of Amsterdam (UvA), Netherlands

1998 - 2000 Postdoctoral Fellow and Research Associate, Laboratory of Cellular Physiology & Immunology, The Rockefeller University, New York, USA
Mentor：Prof. Dr. Ralph M. Steinman (2011 Nobel Prize Laureate)

1992 - 1993 Visiting Scientist, Laboratories of Prof. Dr. Steffen Gay and Prof. Dr. Harry W. Schroeder/Division of Clinical Immunology & Rheumatology and Division of Developmental & Clinical Immunology, University of Alabama at Birmingham (UAB), USA

Academic education

1994 - 1998 Ph.D.(Dr. rer. nat.), Institute for Genetics, Laboratory of Prof. Dr. Klaus Rajewsky University of Cologne, Germany
Dissertation advisor：PD Dr. Irmgard Förster

1986 - 1993 M.Sc.(Dipl. Biol.), Molecular Biology, Rheinisch-Westfälische Technische Hochschule (RWTH) Aachen, Germany

ENG-2
Tissue-resident memory T cells in skin allergic diseases

Marc Vocanson
Team "Epidermal Immunity & Allergy", Centre International de Recherche en Infectiologie - Inserm u1111

Our research focuses on tissue-infiltrating lymphocytes (TILs) and tissue-resident memory T cells (TRMs), major actors in the development of chronic inflammatory and allergic skin diseases (CIADs). TILs & TRMs produce multiple inflammatory mediators (type-1, -2 or -17 cytokines and cytotoxic proteins) that initiate and shape the clinical presentation of CIADs, including eczemas (allergic contact dermatitis (ACD) and atopic dermatitis (AD)) and drug allergies (DrugA). All these diseases are frequent but neglected dermatoses with important socio-economic impact.

During this talk, I will discuss our projects aiming to decipher the mechanisms that govern the differentiation and durability of TRM subsets into the skin of ACD, AD and DrugA patients or mouse models. Using transcriptomic, spectral cytometry, immunohistology and tailored cell reporter- or cell lineage-tracing mice, we search (1) to decode the signals that are produced by the epidermis (keratinocyte subsets, Langerhans cells, etc) in response to environmental allergens, and which imprint TRM phenotype and metabolic adaptations. We are also exploring (2) the molecular circuits (key transcription factors) that govern residency programs in TRM subsets. Finally, we are seeking (3) to demonstrate the proof of concept of therapeutic strategies (small molecules, mAbs) targeting TRM subsets to prevent/limit the recurrence and/or severity of skin allergy.

[Biography]

EDUCATION

2018 Habillitation à diriger des recherches, Claude Bernard University, Lyon, France.

2016 Chargé de recherche INSERM (CR1).

2008 PhD in Immunology, Claude Bernard University, Lyon, France.

1997 MSc. in Biological Engineering, CUST/Polytech'Clermont-Ferrand, France.

1994 BSc. in Biology, Institute of Technology, Clermont-Ferrand, France.

ACADEMIC CAREER - POSITIONS

Since 2021 Head of the team "Epidermal Immunity & Allergy", CIRI-INSERM U1111, Lyon, France.

2016 - 2020 Co-head of the team "Immunology of skin allergy and vaccination", CIRI-INSERM U1111, Lyon, France.

2002 - 2015 Research associate in the same team.

2010 - 2011 Manager of the immunology/inflammation unit, GALDERMA, Biot, France.

1999 - 2000 Biological engineer, Laboratory of protein labelling, CEA, Saclay, France.

ENG-3
Leveraging anti-fibrotic pathways for the treatment of dermal fibrosis

Carol Feghali-Bostwick
Medical University of South Carolina

Organ fibrosis is a hallmark of several diseases and responsible for nearly 45% of all deaths in the developed world. Systemic sclerosis (SSc ; scleroderma) is a considered a prototypic fibrotic disease. The etiology of SSc remains unknown, and there are currently no effective therapies to stop or reverse fibrosis in SSc or other fibrotic diseases. Fibrosis of the skin occurs in SSc and other diseases such as hypertrophic scars and keloids. We identified pathogenic pathways in fibrosis and developed anti-fibrotic strategies. We identified endogenous anti-fibrotic mechanisms that are blunted or suppressed in the setting of fibrosis. We explored the anti-fibrotic effect of endostatin-derived peptides in human skin maintained in organ culture. Fibrosis was induced in normal human skin from abdominoplasty using TGF β. Skin is treated with endostatin-derived peptides and the response is monitored via measurement of pro-fibrotic marker levels. A similar approach is used in keloid skin. We measured the efficacy of the anti-fibrotic peptides and delineated the mechanism of action. Our data show that endostatin-derived peptides activate the urokinase pathway and reduce levels of the urokinase inhibitor PAI-1. Further, the peptides reduce production of extracellular matrix components and increase levels and activity of matrix-degrading enzymes, demonstrating an ability to not only prevent fibrosis, but also reverse it. Leveraging this internal anti-fibrotic pathway offers an appealing strategy for the treatment of fibrosis.

[Biography]
Dr. Carol Feghali-Bostwick is a graduate of Tulane University. She completed post-doctoral fellowship training at the University of Pittsburgh, where she subsequently joined the faculty. She was recruited to the Medical University of South Carolina in 2013 where she is a Distinguished University Professor in the Department of Medicine and holds the SmartState® and Kitty Trask Holt Endowed Chair for Scleroderma Research. She has authored/co-authored more than 170 publications focusing on the pathogenesis of fibrosis in scleroderma and related fibrotic diseases. She holds several patents and has been the recipient of multiple awards including most recently the National Scleroderma Foundation Lifetime Achievement Award. She was recently inducted as fellow in the National Academy of Inventors.

EL1-1

Atopic dermatitis (AD)：focusing on environmental interactions and immune regulations

Chih-Hung（Abel）Lee
Department of Dermatology, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan

I discuss how prenatal heavy metal exposure is associated with IgE trajectory and AD. The association of food allergy with AD, focusing on seafood allergy is shown. I summarize biomarkers for AD, our participation of clinical trials, and our editorial for venous embolisms in AD. I show the association of smoking and risk of adult-onset AD & demonstrate the role of AhR, an environmental sensor, in Langerhans cells, to regulate Th2 and Tr1 responses. The studies grant optimal AD managements.

EL8-3

Biostimulation：From Energy Based Devices to Skin Care

Hassan Galadari
College of Medicine and Health Sciences, United Arab Emirates University

Biostimulation is revolutionizing aesthetics by enhancing the body's natural regenerative processes. This presentation explores a comprehensive approach, from energy-based devices to injectables and skincare, highlighting their synergistic effects. Energy-based technologies, such as lasers and RF microneedling, stimulate collagen and elastin production, improving skin tone and texture. Biostimulatory injectables like PLLA and CaHA further support tissue regeneration, offering long-term structural benefits. Additionally, advanced skincare formulations enhance and sustain these effects. By integrating these modalities, practitioners can optimize patient outcomes, achieving natural, youthful rejuvenation with lasting results.

EL16-4

Racial Differences in Hair Loss Disease

Ncoza C Dlova
Dermatology Department, Nelson R Mandela School of Medicine, Durban, South Africa

Alopecia is one of the top five conditions that are seen by dermatologists. Hair encompasses a large variety of morphological shapes and physical properties, amongst diverse ethnic groups. This talk will highlight the unique morphological and clinical presentations of hair loss with a focus on skin of color.

EL19-3

The role of autoantibodies in the pathogenesis of lupus erythematosus

Benjamin Chong
Department of Dermatology, University of Texas Southwestern Medical Center

Autoantibodies can be found in patients with cutaneous lupus erythematosus（CLE）, and can support their diagnosis. For example, anti-SS-A antibodies are present in about 70% of patients with subacute cutaneous lupus, and over 90% in patients with neonatal lupus. These antibodies trigger pathways leading to production of inflammatory cytokines. Autoantibodies can help assess disease activity. Our group reported that anti-ribonucleoprotein antibodies correlate with skin disease activity in patients with discoid lupus erythematosus. More research is needed to understand autoantibodies in CLE, as many patients do not have detectable levels to assist with diagnosis and treatment.

EL34-4

Cutaneous Graft-versus-Host Disease

Adela Rambi G. Cardones
Division of Dermatology, University of Kansas Medical Center

Cutaneous graft-versus-host disease（GVHD）is a common complication of allogeneic hematopoietic stem cell transplantation（HSCT）. Chronic skin GVHD mimics and parallels several de novo autoimmune diseases, and the sclerodermatous form is the most morbid and challenging to treat. Novel imaging techniques demonstrate abnormal microvascular function, and quantify skin stiffness in chronic GVHD. Transcriptomic studies identify keratinocytes, immune cells, and endothelial cells as contributors to the inflammation in cutaneous GVHD and are potential therapeutic targets.

EL58-2

Impact of the tumour microenvironment on melanoma proliferation, invasion and therapy

Nikolas K Haass, Robert J Ju, Kota Tachibana, Satoru Sugihara, Jordan Kumar, Yimeng Guan, Gisella Edny, Shahla Asgharzadeh Kangachar, Samantha J Stehbens
Frazer Institute, The University of Queensland, Brisbane, Australia

Cancer cells crosstalk with their tumour microenvironment (TME) composed of the extracellular matrix (ECM) and non-neoplastic cells. This process influences survival, proliferation and dissemination of cancer cells.
We demonstrate that melanoma cell plasticity is dictated by expression and activity of the lineage-survival oncogene MITF by controlling TME composition and organization and reducing ROCK-driven mechanotransduction. The resulting structural relaxation decreases $p27^{Kip1}$ expression, ultimately reducing cell plasticity. Selective inhibition of ROCK phenocopies the effect of MITF. Our findings place tumour-TME crosstalk as a central driver of melanoma cell plasticity. We propose that reducing melanoma cell plasticity will benefit targeted therapy, while structural relaxation will improve immune therapy.
We show that the microtubule plus-end tracking proteins CLASP1/2 are essential for melanoma invasion. 'Normal' melanoma cells readily invade into the stroma by squeezing through its complex ECM, while CLASP-depleted cells cannot withstand the shear forces of the stroma, consequently they rupture and die due to nuclear damage. We revealed that 'normal' melanoma cells are resistant to this physical stress, as they form a microtubule-dependent mechanoprotective mechanism：a flexible nuclear cage that protects the nucleus from shear forces. This nuclear cage is dependent on CLASP1/2. We propose targeting CLASP1 and/or CLASP2 as a 'migrastatic' to prevent metastasis.

EL59-1

The Gut-Skin Axis in Psoriasis

Sam T. Hwang[1)], Zhen-rui Shi[2)]
UC Davis School of Medicine[1)], Sun Yat-sen Medical University[2)]

Immense epidemiologic data has demonstrated a strong connection between obesity and psoriasis (PsO). Profound changes in the microbiome of the GI tract have been reported in psoriatic patients. We have found that specific diets (i.e., Western diet (WD) or simple sugars) can make mice more susceptible to PsO-like changes in the skin and joints that is accompanied by dysbiosis of the GI tract. Lastly, of patient relevance, we show that inflammatory changes from the WD can be reversed by dietary modification and/or pharmacologic treatment.

EL67-4

The Latest in Chronic Itch Mechanisms

Gil Yosipovitch
Medical Dermatology and Miami Itch Center Dr Phillip Frost
Department of Dermatology Miller School of Medicine

Research of itch in the last decade uncovered new mechanisms behind chronic itch, particularly focusing on the role of the neuro- immune mechanisms with Type 2 cytokines such as IL31 and Il13 and OSM as key drivers. The neural sensitization phenomena has also a key factor in chronic itch in the periphery, spinal cord and up to the brain. The skin microbiome contributes to itch particularly Staph aurues can directly activate nerves and immune cells to increase itching and opens avenues for microbiome- based therapies. The better understanding of itch neuroimmune pathways already led new targeted drug therapies such as IL4- Il13 and Il31 inhibitors as well as JAK/STAT transcription factors and emerging drugs targeting MRGPRs and Oncostatin and c-Kit in Mast cells and Bruton Kinase inhibitors.
This lecture will also review our work on itch biomarkers, mechanisms of different types of itch, and treatment challenges targeting the neural system.

SSY2-2
New findings on Type 2 inflammation and barrier dysfunction in atopic dermatitis in children and adults

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

Atopic dermatitis is caused by genetic mutations in filaggrin and other proteins that lead to defects in the barrier function, and abnormal reactions of the immune system due to the activation of the immune pathway also cause inflammation and reduce the barrier function. Furthermore, it is said that environmental factors such as changes in the microbiome and air pollution also affect the skin barrier. Although many factors are involved in the destruction of the skin barrier, latest research shows that Type 2 cytokines such as IL-4, IL-13, and IL-31 are all significantly involved.
In this session, I would like to outline new findings and treatment strategies for atopic dermatitis from the perspective of the skin barrier.

［Biography］
From 05/2011
Department of Dermatology, Venereology and Allergology, University Hospital Schleswig-Holstein, Campus Kiel
Chair and Director

From 04/2011
Department of Dermatology, Venereology and Allergology, University Hospital Schleswig-Holstein, Campus Kiel
・Deputy Director
・Head, Center for Inflammatory Skin Diseases
・Steering Committee, Excellence Cluster　Precision Medicine in Inflammation

1999-2011
Department of Dermatology and Allergy
University Hospital rechts d. Isar, Tech-nische Universität Munich
・Head, Atopic Dermatitis and Psoriasis Outpatients Department
・Head, Dermatology KORA population-based surveys

2006-2011
Center for Allergy and Environment, Helmholtz Center Munich
Head Genomics and Molecular Epidemiology Work Group

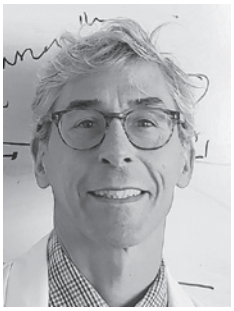
SSY3-1
Cutaneous T cell lymphoma：when a hero turns evil

Yang Wang
Department of Dermatology, Peking University First Hospital, Beijing, China

Cutaneous T-cell lymphoma（CTCL）represents a heterogeneous group of non-Hodgkin lymphomas characterized by clonal malignant T-cell infiltration in the skin. Limited insights into disease pathogenesis have impeded the development of effective therapies, resulting in poor treatment responses, especially among advanced-stage patients. Here, we characterized the distinct intrinsic features of malignant T cells, including amplified chromosomal region 7q, aberrant epigenetic modifications, and metabolic reprogramming, and developed a molecular subtyping strategy based on the intrinsic characteristics of malignant T cells across CTCL subtypes. Furthermore, we deciphered the complex crosstalk between malignant T cells and the TME, highlighting potential therapeutic vulnerabilities.

［Biography］
Prof. Yang Wang is the Department Chair, Professor, and Chief Physician at the Department of Dermatology and Venereology, Peking University First Hospital. She is also a Principal Investigator at the Peking University-Tsinghua University Center for Life Science. Prof. Wang completed her M.D. at Peking University Health Science Center and pursued a fellowship in Skin Oncology at the University of British Columbia. She is the Board of Director member of the International Society for Cutaneous Lymphoma and Vice Chairman of the Skin Tumor Committee of the Chinese Society of Dermatology under the Chinese Medical Association. Her research primarily focuses on skin pathology and oncology, and her extensive publication record includes articles in prestigious journals such as 'JAMA Oncology', 'Blood,' 'Nature Communications,' and 'JAMA Dermatol.' Prof. Wang's contributions have been recognized with the Outstanding Youth Fund from the National Natural Science Foundation of China.

SSY3-2
Alopecias



Luis A. Garza
Department of Dermatology,
Johns Hopkins University
School of Medicine, Baltimore,
USA

In this 30 minute lecture, Dr. Garza will discuss the disease pathology and treatment of androgenetic alopecia, alopecia areata, and scarring alopecias. He will focus on novel discoveries on the normal biology of hair follicles and cycling before detailing the molecular pathogenesis of these conditions and suggested therapeutic opportunities.

［Biography］
My research goals are to investigate skin function during both health and disease in an effort to define new treatments in medicine. I completed a rigorous PhD in an HHMI laboratory studying cell signaling and organelle trafficking. During residency and research training at the University of Michigan, learned and published human based clinical trials. During my post-doctoral fellowship I returned to the bench to study the hair follicle and bulge stem cells in the laboratory which re-discovered wound induced hair neogenesis（WIHN）. Since starting my own lab, I have combined translational and wet bench interests to ask clinically how regenerative medicine can benefit patients. My lab translates basic studies on in vitro and animal models to FDA IND approved clinical trials for interventional therapies such as in the work just published in *Science Magazine*.

Positions and Employment

2005-09 Instructor, Department of Dermatology, University of Pennsylvania, Philadelphia, PA.
2009-2015 Assistant Professor, Department of Dermatology, Johns Hopkins Medicine, Baltimore, MD
2011-2014 Assistant Director Hopkins Wound Clinic
2015-2021 Associate Professor, Department of Dermatology, Johns Hopkins Medicine, Baltimore, MD
2021-present Full Professor, Department of Dermatology, Johns Hopkins Medicine, Baltimore, MD

SSY3-3
Merkel cell carcinoma：Towards more effective, less toxic management via translational research

Paul T.X. Nghiem
Department of Dermatology
University of Washington,
Seattle, USA

Currently, many practitioners are unaware of how to manage Merkel cell carcinoma（MCC）, in part due to rapidly evolving best practices, and the relative rarity of this disease（3,000 new cases/year in the US）. In this lecture I will address the following issues：
Practitioners often fail to order a baseline PET-CT scan on MCC patients, 15% of whom have occult metastatic disease that is thus not detected.
Practitioners often choose inappropriate ‘surgical margins’ for MCC patients, causing delays in radiation, wound healing problems and increased risk of recurrent disease.
Physicians often do not utilize new, highly sensitive and specific blood tests that out-perform imaging studies in identifying recurrent disease.
Physicians are not aware of options for managing advanced disease that does not respond to immune therapy.

［Biography］
Dr. Paul Nghiem（*pronounced KNEE-em*）is the Founding Chair of the Department of Dermatology at the University of Washington in Seattle. He holds the George F. Odland Endowed Chair in Dermatology. He sees patients at the Fred Hutchinson Cancer Center.
He grew up in Olympia, Washington, attended Harvard College and then obtained MD and PhD degrees at Stanford University where he studied Cancer Biology and Immunology.
He did his medicine internship at Brigham and Women’s Hospital in Boston followed by Dermatology residency at Massachusetts General Hospital. He worked on UV-DNA damage responses as a Howard Hughes Post-Doctoral Fellow with Stuart Schreiber in the Department of Chemistry and Chemical Biology at Harvard University.
In 2003, he started his own lab at the Cutaneous Biology Research Center at Massachusetts General Hospital.
In 2006, together with their two young boys, he and his wife moved ‘home’ to Seattle. He has published over 170 papers that in aggregate have been cited over 18,000 times.

SSY3-4
Scratching promotes allergic inflammation and host defense via neurogenic mast cell activation

Daniel H. Kaplan
Departments of Dermatology and Immunology, University of Pittsburgh, Pittsburgh PA, USA.

Scratching is an often irresistible, stereotypical, evolutionarily conserved behavioral response to the sensation of cutaneous itch and is the dominant symptom in eczema. Scratching an itch is often a pleasurable sensation, suggesting that it may provide some benefit to the host. We found that a subset of itch-inducing neurons were required for scratching and inflammation in models of Type-2 contact hypersensitivity. Scratching was sufficient to trigger release of SP from pain-sensing neurons which synergized with Fc ε RI cross-linking, resulting in maximal TNF release from mast cells. Thus, dermal mast cells occupy a central node in cutaneous inflammation and are capable of integrating both adaptive and innate neuroimmune triggers. We also found that scratching reduced cutaneous microbial diversity and increased *S. aureus* host defense. These data exemplify how scratching can both exacerbate disease and benefit the host through a neuroimmune axis and reconciles the seemingly paradoxical role of scratching as a pathological process and evolutionary adaptation.

［Biography］
Daniel H. Kaplan, MD, PhD is a Professor within the Departments of Dermatology and Immunology, University of Pittsburgh. His laboratory is focused on understanding intracellular communication mechanisms between different types of cutaneous sensory neurons and local immune cells. Different types of pain- and itch-sensing neurons make specific contributions to the development of inflammation. The lab is currently working to define mechanisms through which neurons directly trigger or suppress the development of local inflammation and the specific contribution of behavioral responses such as scratching.

SSY4-3
Digital Dermatology：Wearables, AI, and Beyond

Steve Xu
Northwestern University/
Department of Dermatology
Sibel Health

Digital health has increasingly become an important aspect of technology innovation across the entire house of medicine. Within dermatology, the field of digital health is enabling new technologies such as wearable devices, AI, and software that can provide tremendous diagnostic and therapeutic value. In this talk, we will discuss contemporary advancements in digital health as it relates to dermatology. Specific examples will be highlighted including novel sensors for itch quantification to ambient sensors and sweat monitoring. Finally, commentary will be made on the need for stronger ecosystems to foster innovation in this space across stakeholders from academics to the pharmaceutical industry.

［Biography］
Steve Xu is a physician-engineer and board certified dermatologist. He holds an appointment as the Medical Director at the Querrey Simpson Institute for Bioelectronics at Northwestern University, and the Ruth K. Freinkel, MD, Professorship in the Department of Dermatology at Northwestern University. Dr. Xu has authored＞120 publications including works in Nature, Science, and The New England Journal of Medicine. Furthermore, he is an inventor on 15 pending and granted patents earning him an MIT 35 Under 35 honor. He is an NIH, DoD, FDA, Gates Foundation, and Wellcome LEAP funded investigator. He is currently on leave from his tenure-track position at Northwestern to serve as the CEO of Sibel Health where he is also a cofounder and board member. To date, Sibel has launched advanced medical monitoring solutions in＞20, obtained multiple FDA 510k clearances, and monitored＞16,000 individuals.

SSY6-2
Atopic dermatitis：recent advances of treatment targets and long-term disease control

Jan Gutermuth
Department of Dermatology, Vrije Universiteit Brussel (VUB), Universitair Ziekenhuis Brussel (UZ Brussel), Brussels, Belgium

[Biography]
Prof. Dr. med. Jan Gutermuth is Chairman of the Dermatology Department of the Vrije Universiteit Brussel (VUB)/ Universitair Ziekenhuis Brussel (UZ Brussel) and head of the "SKIN-laboratory" at the VUB Faculty of Medicine. He also is president of the Royal Belgian Society of Dermatology and Venerology (RBSDV) and board member of the European Academy of Dermatology and Venereology. His research focus lies in clinical and translational research in inflammatory skin diseases, especially IgE-autoreactivity in atopic dermatitis and gene-expression analysis of rare inflammatory diseases. Moreover, the department addresses the benefit of improvement of processes in health care delivery, as well as the impact of interprofessional approaches on the quality of care and patient/ coworker satisfaction. He studied medicine at the Johannes Gutenberg University University Mainz/ Germany and specialized in Dermatology and Allergy at the Charité Medical Center of the Humboldt University Berlin and the Technische Universität München (Munich/Germany).

SSY6-3
Global perspective：Current understanding and challenges in long-term disease control in atopic dermatitis

April W. Armstrong
David Geffen School of Medicine, University of California Los Angeles, CA, USA

[Biography]
Dr. April Armstrong is Professor and Chief of Dermatology at University of California Los Angeles (UCLA). She oversees and leads the dermatology division, including managing clinical operations and promoting research and education. She also serves as Co-Director for Network Resources at the UCLA Clinical and Translational Research Institute.
Dr. Armstrong is an internationally renowned dermatologist and clinical researcher in inflammatory skin diseases including psoriasis and atopic dermatitis. She is a federally funded investigator whose research focuses on (1) evaluating novel systemic and topical therapies for inflammatory skin diseases,(2) identifying treatment goals and comorbidities associated with skin diseases, and (3) increasing patient access using innovative, technology-enabled healthcare delivery methods. Dr. Armstrong has conducted over 150 clinical trials and published over 400 articles in scientific journals. Her research has been supported by the NIH, AHRQ, PCORI, Dermatology Foundation, and the National Psoriasis Foundation.

ES5-1

InMode Lumecca：A Powerful Treatment for Erythema, Acne Scars, Rosacea, and Mottled Skin Tone.

Wan-Yi Chou
Sincere Dermatology Clinic, Taiwan

There are numerous IPL machines on the market, and the Lumecca IPL is designed to offer advantages over other IPL devices. These advantages include a short pulse with high peak power, a large spot size, a versatile spectrum, 515 nm and 580 nm cut-off filters, strong sapphire cooling, a high repetition rate at all settings, and a custom low-pressure Xenon lamp. The efficient cooling system minimizes treatment discomfort, eliminating the need for local anesthesia.

The high peak power of the Lumecca IPL provides several treatment benefits, such as the ability to reach coagulation temperature in the target area at a lower fluence, higher selectivity, and the capacity to safely treat small targets. As a result, it enables effective treatment with fewer sessions compared to other IPL systems.

In Taiwan, we have performed the highest number of Lumecca treatments. With extensive experience in treating erythema, acne scars, rosacea, and mottled skin tone using Lumecca, we have achieved a high patient satisfaction rate.

ES11

What is disease modification in the context of psoriasis, and does it exist?

Kilian Eyerich
Department of Dermatology, University of Freiburg

A broadly accepted definition of disease modification in psoriasis does not exist. However, clinical trials such as GUIDE show that a subpopulation of patients respond far beyond pharmacological activity of the drug. A further hint towards disease modification comes from real-world data showing use of biologics lowers the risk to develop comorbidities such as psoriatic arthritis. Potential underlying mechanisms are elimination of tissue resident memory T cells and epigenetic modulation of inflammation. This talk will summarise our current thinking around disease modification in psoriasis.

E1-1 (EP1-4)

Mechanistic Study of the Assembly Materials of Natural Sanshool in Skin Photodamage

○Yi Yang
(Department of Dermatology, West China Hospital, Sichuan University, Chengdu)

Sanshool poses the potential of photodamage protection but lack of stability and permeability. This project proposes to construct sanshool-hyaluronic acid assembly materials to promote the application of sanshool in photoprotection by using the research basis of sanshool core efficacy and amphiphilic functional materials, and studies the photodamage protection mechanism of materials. Sanshool has a characteristic hydrophobic conjugated structure, hyaluronic acid copolymer through hydrophobic and conjugation to form micelles, encapsulate sanshool in the micelle core, thereby improving its solubility and stability. Aiming at the disease mechanism of photodamage, we applied the material to the skin to explore the mechanism of its influence on the expression of photodamage-related proteins.

E1-2 (EP2-5)

A Clinicopathological Study of Keloid Mimickers：35 Cases from a Taiwan Medical Center

○Yi-Han Chang[1)], Hsing-San Yang[1)], Ping-Hsuan Chen[2)], Chao-Kai Hsu[1)]
(Department of Dermatology, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan[1)], College of Medicine, National Cheng Kung University, Tainan[2)])

Keloids can be misdiagnosed, particularly when they are presented atypically or occur in unusual locations. To better understand potential keloid mimicker, we conducted a retrospective analysis of cases clinically diagnosed as keloids but subsequently pathologically proven otherwise. Between July 1990 and October 2024, 35 such cases (14 males and 21 females) were identified at a tertiary medical center in southern Taiwan. Anatomical distribution of lesions included the extremities (n=10), head and neck (n=9), chest (n=8), and abdomen/buttock (n=8). Pathological diagnoses showed a diverse spectrum, with dermatofibroma being the most common one (n=8). Notably, several cases involved malignant conditions. Our study highlights the importance of skin biopsy for timely and accurate diagnosis.

E1-3 (EP2-1)

A Case of Stevens-Johnson Syndrome Induced by Selpercatinib

○Yuki Tone[1)], Toshihiko Hoashi[1)], Aeri Park[1)], Saki Otani[1)], Mizuki Shiba[1)], Fumisa Okano[1)], Mami Matsui[2)], Iwao Sugitani[2)], Hidehisa Saeki[1)]
(Department of Dermatology, Nippon Medical School, Tokyo[1)], Department of Endocrine Surgery, Nippon Medical School, Tokyo[2)])

A 50-year-old male with medullary thyroid carcinoma was administered selpercatinib and azilsartan. Based on clinical, laboratory, and pathological findings, he was diagnosed with Stevens-Johnson syndrome (SJS). Symptoms improved by the discontinuation of selpercatinib and steroid administration. A drug lymphocyte stimulation test for selpercatinib was positive, supporting the diagnosis of SJS. This is the first report of selpercatinib-induced SJS. We will present this case with discussion.

E1-4 (EP2-3)

Unilateral laterothoracic exanthem in an adult following recombinant zoster vaccination

○Xinjin Liu, Deyu Song, Xian Jiang
(Department of Dermatology West China Hospital, Sichuan University, Chengdu)

Unilateral Laterothoracic Exanthema (ULE) is a distinctive eruption that typically begins unilaterally and spreads along the affected hemibody. It primarily affects children and is believed to have a viral etiology. Herein, we present an adult case of ULE following recombinant zoster vaccination, an unreported association.

E1-5 (EP3-3)

Successful Treatment of Kimura Disease with Dupilumab：A Case Report

○Wenxin Zhang, Dandan Mao, Guangdong Wen, Jianzhong Zhang
(Peking University Second School of Clinical Medicine, Beijing)

Kimura Disease (KD) is a chronic inflammatory disorder of unknown cause with no standardized treatment guidelines. A 36-year-old woman presented with 2-year painless red nodules on her earlobes. Biopsy revealed lymphoid follicles, dense lymphocytic infiltration, eosinophils, and plasma cells. Elevated serum IgE (572.24 IU/ml) was noted. After dupilumab treatment of 4 months, both the AD rash and earlobe nodules improved significantly, with IgE decreasing to 157 IU/ml. Post-treatment biopsy showed reduced lymphoid follicles, eosinophils, and dermal blood vessel proliferation. Over 6 months of follow-up, no recurrence of earlobe masses or AD was observed.

E1-6 (EP3-5)

Real-World Data on the Use of Deucravacitinib in Moderate to Severe Plaque Psoriasis

○Jiawen Chen, Rongying Chen, Beiqi Lin, Zhixun Xiao, Ting Gong, Chao Ji
(Department of Dermatology, the First Affiliated Hospital of Fujian Medical University, Fuzhou)

Background：Deucravacitinib has been approved for the treatment of moderate-to-severe plaque psoriasis and has demonstrated favorable efficacy and safety.
Objectives：To evaluate the efficacy and safety of deucravacitinib in the Chinese population.
Method：This study analyzed 30 patients received deucravacitinib 6 mg once daily for 16 weeks. Efficacy was assessed with PASI, DLQI, and PGA scores. Safety was also analyzed.
Results：After 16 weeks, the PASI score showed significant reductions from baseline. A total of 90.00% and 26.67% patients achieved PASI 75 and PASI 90, with73.33% and 33.33% for PGA 0/1 and DLQI 0/1. With no serious adverse reactions reported.
Conclusions：Deucravacitinib notably alleviated the severity of plaque psoriasis, with no unexpected safety signals detected.

E1-7 (EP3-6)

The Efficacy and Nursing of Combined Treatment of Male Pattern Hair Loss with Traditional Chinese Medicine and Western Medicine

○Yudan Wang, Tang Wen Long, Lu Yong Hong, He Lin Li, Chen Mu Yang, Huang Hui Qin, Peng Li
(Department of Dermatology, Chengdu Second People's Hospital, Chengdu)

Objective：To study the efficacy of combined Chinese and Western medicine treatment for male pattern hair loss. **Methods**：140 subjects were randomly divided into treatment group and control group. The treatment group received acupoint implantation with microneedles, while the control group received conventional treatment. Treatments were given every 2 weeks for 6-12 times. After the course of treatment, the efficacy was compared. **Results**：The effective rate in the treatment group was 93.30%, while that in the control group was 68.78%, $P<0.05$, with statistical significance. **Conclusion**：Combined Chinese and Western medicine treatment for male pattern hair loss is a safe and effective method.

E1-8（EP3-1）

Adjuvant anti-PD-1 antibody versus observation for stage III acral melanoma of the sole

○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, Tsu[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：The efficacy of adjuvant anti- PD-1 antibody for acral melanoma（AM）has not been fully studied. Objective：To analyze the survival differences between the patients without adjuvant therapy and the patients receiving adjuvant anti-PD-1 antibody in AM of the sole（sole AM）. Methods：We retrospectively collected 139 patients with resected stage III sole AM from 44 Japanese institutions. Results：After the propensity score matching, no significant differences were observed in survival between the matched two groups（3-year recurrence-free survival：34 vs. 25%, P=0.22；3-year distant metastasis-free survival：45 vs. 46%, P=0.85；3-year overall survival：60 vs. 68%, P=0.29）. Conclusion：Adjuvant anti-PD-1 antibody did not improve the prognosis in patients with sole AM.

E2-1（EP4-3）

Topical Treatment of Biguanides in Atopic Dermatitis

Jiaying Lin, ○Bingxue Bai
（The Second Affiliated Hospital of Harbin Medical University, Harbin）

To investigate the efficacy of biguanides in treating atopic dermatitis（AD）and to formulate a more suitable therapy for AD, we evaluated the therapeutic effects of biguanides and subsequently developed a dressing allowing for continuous release of biguanides. The results showed that the biguanides dressing effectively decreased AD-like skin lesions in mice through multiple pathways. Biguanides treatment reduced mast cell degranulation and alleviated inflammatory responses. Moreover, biguanides dressing treatment substantially decreased oxidative stress and regulated the function of mitochondria. Furthermore, we are attracted by the fact that phenformin is more effective than metformin in the treatment of AD. This study could lead the development of novel therapeutics for AD.

E2-2（EP4-1）

Exercise may improve atopic dermatitis via gut microbiota modulation

○Wanchen Zhao[1)], Ge Peng[1)], Alafate Abudouwanli[1)], Quan Sun[1)], Mengyao Yang[1,2)], Shan Wang[1,3)], Shigaku Ikeda[1)], Hideoki Ogawa[1)], Ko Okumura[1)], Francois Niyonsaba[1,4)]
（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)], Department of Dermatology, Beijing Children's Hospital, Capital Medical University, National Center for Children's Health, Beijing[3)], Faculty of International Liberal Arts, Juntendo University, Tokyo[4)]）

Atopic dermatitis（AD）is a multifactorial inflammatory skin disorder influenced by epidermal barrier dysfunction, immune dysregulation, and lifestyle factors, including physical activity. Despite the clinical benefits of exercise in mitigating AD symptoms, the underlying mechanisms remain largely unresolved. Here, we demonstrated that exercise significantly alleviated AD-associated inflammation in a murine model. Notably, the beneficial effects of exercise were abrogated in mice treated with broad-spectrum antibiotics. Furthermore, transplantation of gut microbiota from exercised mice into AD mice restored the anti-inflammatory benefits of exercise. These findings suggest that exercise-mediated modulation of the gut microbiota plays a pivotal role in ameliorating AD.

E2-3（EP5-5）

Retrospective Evaluation of Mucosal Mapping Biopsies for Vulvar Extramammary Paget Disease

○Sayuka Arakawa[1)], Yoshio Nakamura[1)], Kazuhiro Matsumoto[2)], Takashi Iwata[3)], Takeru Funakoshi[1)]
（Department of Dermatology, Keio University, Tokyo[1)], Department of Urology, Keio University, Tokyo[2)], Department of Gynecology, Keio University, Tokyo[3)]）

Extramammary Paget disease（EMPD）with mucosal lesions complicates tumor border determination. The optimal surgical method for clear margins in EMPD extending over the mucocutaneous junction remains unclear. This study evaluated the efficacy of our preoperative mucosal "clock mapping" biopsy in 37 female patients with vulvar EMPD considered for radical surgery. Of these, 34 underwent biopsies from the vagina and 26 from the urethra, with 339 specimens examined histopathologically. The total number of positive biopsies was 49（14.5%）, with 8 and 6 positive cases, respectively. The complete resection rates for the initial tumor resection performed after the biopsies were 96.7% and 91.7%. Our clock mapping method served as a useful workup tool for obtaining clear mucosal margins.

E2-4（EP5-1）

Novel Banana Method to Comprehensive Approach for Surgical Treatment of Glomus Tumor

○Yi-Shan Liu[1,2,3)]
（Department of Dermatology, E-Da Hospital, Kaohsiung, Taiwan[1)], Department of Plastic Surgery, Show-Chwan Memorial Hospital, Changhua[2)], Department of Emergency Medicine, E-Da Hospital, Kaohsiung[3)]）

Introduction：Glomus tumor is a benign tumor presenting as a subungual solitary painful subcutaneous nodule. Complete surgical eradication is the only curative method. We propose a novel banana method to reveal any bony erosion as well as to eschew important digital vessels and nerve without manipulating any ligamentous structures. Methods：A longitudinal incision was made from the proximal midline nail bed to the fingertip and curved to the digital pulp with the creation of a composite hemidorso-ventral flap comprising skin, germinal tissue, and digital vessels, followed by meticulous dissection to fully expose the tumor. Conclusions：The proposed novel banana method may be a better alternative to the conventional surgical method of glomus tumor in preventing tumor recurrence.

E2-5（EP5-2）

Complete lymph node dissection versus observation for resected stage III acral melanoma

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

Background：Survival benefits of complete lymph node dissection (CLND) for acral melanoma (AM) with positive sentinel node (SN) have not been fully evaluated. Objective：To analyze the survival differences between the patients without CLND (OBS group) and the patients receiving CLND (CLND group) in AM of the sole (sole AM). Methods：In total, 154 patients with resected stage III sole AM from 44 Japanese institutions were collected. Results：The baseline characteristics after propensity score matching were similar between the two groups (n=47 in both groups). No significant differences were observed between the two groups in survival (relapse-free survival：P=0.85；distant metastasis-free survival：P=0.92；overall survival：P=0.24). Conclusion：CLND did not improve the prognosis in sole AM.

E2-6 (EP6-4)

Trend analysis and cross-national inequity analysis of immune-mediated inflammatory diseases in children and adolescents aged 10-24 from 1990 to 2021

○Ying Deng
(Department of Epidemiology, School of Public Health, Southern Medical University, Guangzhou)

Immune-mediated inflammatory diseases (IMID) are chronic inflammatory diseases. Using the latest data from global burden of disease (GBD) 2021, we analyse the burden of IMID among 10-24-year-olds from 1990 to 2021. The burden, ranked by severity, includes asthma, atopic dermatitis (AD), psoriasis, diabetes, rheumatoid arthritis (RA), inflammatory bowel disease (IBD), and multiple sclerosis (MS). Among these, asthma, AD, psoriasis, RA, and MS are more prevalent in females. Compared to 1990, the incidence rates of asthma and AD decreased in 2021, while the rates of psoriasis, diabetes, and RA increased. Concentration indices and slope indices indicate that these diseases are primarily concentrated in high SDI regions. This reminds us to propose targeted IMID prevention strategies.

E2-7 (EP6-1)

Catestatin enhances skin barrier and alleviates atopic dermatitis via Notch1/PKC pathway

○Ge Peng[1], Alafate Abudouwanli[1], Wanchen Zhao[1], Quan Sun[1], Mengyao Yang[1,2], Shan Wang[1,3], Yi Tan[1], Ko Okumura[1], Hideoki Ogawa[1], Francois Niyonsaba[1,4]
(Atopy (Allergy) Research Center, Juntendo University Graduate School of Medicine, Tokyo[1], Department of Dermatology, the First Affiliated Hospital of China Medical University, Taichung[2], Department of Dermatology, Beijing Children's Hospital, Capital Medical University, Beijing[3], Faculty of International Liberal Arts, Juntendo University, Tokyo[4])

Atopic dermatitis (AD) is a chronic skin disorder characterized by barrier dysfunction and abnormal immune response. This study explored the therapeutic effects of catestatin (CST), a peptide derived from chromogranin A, in AD. Using human keratinocytes and an AD mouse model, we found that CST improved skin barrier integrity by upregulating skin barrier-related proteins and enhancing tight junctions. CST also alleviated AD-like symptoms in a mouse model of AD, reducing ear thickness, transepidermal water loss, and itching. Mechanistically, CST interacted with the Notch1 receptor and activated the Notch1/PKC pathway, which controlled CST therapeutic effects. Thus, CST emerges as a promising treatment for AD treatment by enhancing skin barrier integrity and modulating immune responses.

E2-8 (EP6-10)

Laser Speckle Imaging：An Advanced Approach for Rosacea Evaluation and Differentiation

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

Objective： To evaluate LSI's effectiveness in quantifying blood perfusion in rosacea and distinguishing rosacea from other inflammatory dermatoses.
Methods： Patients underwent full-face imaging with VISIA® and LSI. Rosacea patients completed clinical questionnaires, including PSA, IGA, CEA, and GFSS. Associations between mean perfusion unit (mPU), VISIA Red Area Score (VRAS), and clinical severity scores were analyzed, with further stratification by rosacea subtype.
Results： A significant association between mPU and VRAS (β = 0.054, R^2=0.195, $p<0.05$) was found, with mPU correlating with clinical severity scores ($p<0.05$), especially in erythematotelangiectatic rosacea (ETR). mPU was significantly higher in ETR than in patients with sensitive skin.

E3-1 (EP7-3)

Localized-onset and Delayed Erythema Multiforme after Influenza Vaccination

○Yuki Kobayashi, Umi Tahara, Shuhei Nishimoto
(Department of Dermatology, Kawasaki Municipal Hospital, Kawasaki)

Erythema multiforme (EM) is characterized by distinctive target-like skin lesions. The cutaneous manifestations are typically fixed within days of onset and resolve spontaneously in approximately two weeks. Here we report a 26-year-old woman who developed coalesced, erythematous plaque localized symmetrically to dorsal aspects of forearms and hands. The symptoms emerged hours following influenza vaccination, without a history of recent medication or infection. After two weeks of topical steroid therapy with minimal effects, multiple target-like lesions appeared on the abdomen, suggesting a diagnosis of EM. The patient responded well to treatment with oral prednisolone. We discuss the results of examination to identify the causative agent and review similar cases in the literature.

E3-2 (EP7-6)

Case of Contact Urticaria to Clioquinol

○Alicia Wan Ling Lim, Yong-Kwang Tay, Shan-Xian Lee
(Department of Dermatology, Changi General Hospital, Singapore)

Clioquinol is a common antimicrobial agent frequently used in topical antimicrobial preparations. We present a rare case of contact urticaria to clioquinol. A 60 year old Chinese woman presented with eczema and underwent patch tests using allergens from our local standard and cosmetic series with patches applied to her back via IQ Ultra chambers (Chemotechnique Diagnostics, Vellinge, Sweden). She developed localised erythematous wheals within 30 minutes of application corresponding to quinoline (clioquinol-chlorquinaldol) mix and clioquinol. We present a case of isolated contact urticaria to clioquinol with no systemic involvement, which has not been described previously. Symptoms were limited to the areas of contact and she had clinical improvement after the use of antihistamines.

E3-3（EP8-4）

Successful Management of Herpetiform Pemphigus with Anti-Desmocollin 3 IgG Titers

○Takumi Idetsuka[1)], Sayuka Arakawa[1)], Chiaki Takahashi[1)], Hiroto Horikawa[1)], Norito Ishii[2)], Risa Kakuta[1)], Yoshio Nakamura[1)], Takeru Funakoshi[1)], Hayato Takahashi[1)], Masayuki Amagai[1)]
（Department of Dermatology, Keio University, Tokyo[1)], Department of Dermatology, Kurume University, Kurume[2)]）

A 59-year-old female presented with refractory annular erythema accompanied by vesicles. The pathology revealed eosinophilic spongiosis. DIF showed IgG depositions in the intercellular spaces. ELISA detected anti-desmocollin 3 IgG only. High-dose steroids and rituximab induced remission. However, erythema flared up on the trunk and skin ulcer persisted on the legs upon reducing steroids, despite the decrease in the antibody titers continuously evaluated by IIF. This gap let us identify drug-induced flare and herpes simplex virus-induced ulceration, respectively, which were hidden in this case and appropriately managed without necessity of additional immunosuppression. Our case highlights the importance of monitoring antibody titers even in pemphigus targeting unusual autoantigens.

E3-4（EP8-3）

Eosinophilic fasciitis associated with carpal tunnel syndrome

○Yuki Matsuyama, Shujiro Hayashi, Shown Tokoro, Ken Igawa
（Department of Dermatology, Dokkyo Medical University, Shimotsuga）

A 45-year-old woman was referred to our department because of skin induration, swelling, and pain in both upper limbs that had occurred 6 months earlier. Both upper limbs had indurations from the skin to subcutaneous area, with an orange-peel-like appearance and groove sign. Skin pathology showed fibrosis of the subcutaneous fat tissue and marked eosinophil infiltration. Treatment with prednisolone, methotrexate, and cyclophosphamide improved the symptoms, but did not result in a cure. One year after the start of treatment, the pain and numbness in both wrists worsened. An orthopedic surgeon diagnosed her with carpal tunnel syndrome, and she underwent synovectomy. Carpal tunnel syndrome is known to be a complication of eosinophilic fasciitis, and we report it here with some consideration.

E3-5（EP8-6）

The Impact of Urbanization on Psoriasis and Estimates of the Global Burden of Psoriasis

○Chang Sun[1,2,3)], Rong Xiao[1,2,3)]
（Department of Dermatology, Second Xiangya Hospital of Central South University, Hunan[1)], Clinical Medical Research Center of Major Skin Diseases and Skin Health of Hunan Province, Changsha[2)], Clinical Medical Research Center for Systemic Autoimmune Diseases in Hunan Province, Changsha[3)]）

Psoriasis impacts patients' quality of life and presents a global health challenge. The relationship between psoriasis and urbanization remains unclear. The global burden of psoriasis remained substantial, with a total of 42,983,446（95% UI：41,654,457 to 44,313,231）cases in 2021, representing an increase of 50.10% from 2000 to 2021 based on the Global Burden of Diseases database. The health inequality analysis indicated that the burden of psoriasis was positively correlated with the Socio-demographic index. Using data from the World Bank database, an urbanization index system was constructed, and the results of the panel regression models demonstrated that urbanization was significantly associated with psoriasis. Projections up to 2040 suggested increasing burden of psoriasis.

E3-6（EP8-2）

Evaluation of Venous Thromboembolism in Patients with Autoimmune Bullous Diseases

○Maho Kawamoto, Takashi Sakai, Yuriko Sho, Tomoko Yamate, Haruna Hirose, Yutaka Hatano
（Department of Dermatology, Faculty of Medicine, Oita University, Yufu）

Venous thromboembolism（VTE）is a critical complication in medical practice. Although its risk in dermatology remains unclear, we previously reported a high incidence of VTE in inpatients with autoimmune bullous diseases（AIBD）. Recently, VTE guidelines have been updated. In light of these changes, we analyzed the recent frequency of VTE in inpatients with AIBD and reassessed VTE cases with AIBD. The frequency of VTE in inpatients with AIBD decreased from 5.3%（2005-2015）to 2.7%（2018-2024, following the guideline revisions）. On the other hand, when applying the revised VTE assessment to our VTE inpatients with AIBD, all cases were categorized as requiring anticoagulant therapy. These findings suggest that VTE should be recognized as a significant systemic complication of AIBD.

E3-7（EP10-1）

The First Japanese Case of Acral Peeling Skin Syndrome in a Challenging Diagnostic Context

○Toshihide Higashino[1)], Mayu Konomi[2)], Akiharu Kubo[3)], Hiroshi Horinosono[1)], Yoshinori Miura[1)]
（Department of Dermatology, Self-Defense Forces Central Hospital, Tokyo[1)], Department of Psychiatry, Self-Defense Forces Central Hospital, Tokyo[2)], Division of Dermatology, Graduate School of Medicine, Kobe University, Kobe[3)]）

Acral peeling skin syndrome（APSS）is a rare genodermatosis with autosomal recessive inheritance, previously unreported in Japan or East Asia. We describe the first East Asian case in a 27-year-old Japanese woman with spontaneous focal skin exfoliation on the dorsal hand, triggered by prolonged glove use. Histopathologic features were compatible, and whole-genome sequencing identified compound heterozygous suspected causative variants in the *TGM5* gene, confirming the diagnosis of APSS. Her mother and uncle, showing similar symptoms, were also genetically diagnosed with Nagashima-type palmoplantar keratosis due to pathogenic *SERPINB7* variants. This report highlights the diagnostic complexity of overlapping genodermatoses in one family, emphasizing the value of comprehensive genetic testing.

E3-8（EP10-2）

Statins for Adult Pachyonychia Congenita Patients

○Sota Itamoto[1)], Wei-Ting Tu[2)], Mika Watanabe[1)], Hideyuki Ujiie[1)], Chao-Kai Hsu[2,3)], Ken Natsuga[1)]
（Department of Dermatology, Faculty of Medicine and Graduate School of Medicine, Hokkaido University, Sapporo[1)], Department of Dermatology, National Cheng Kung University Hospital, Tainan[2)], International Center for Wound Repair and Regeneration（iWRR）, National Cheng Kung University, Tainan[3)]）

Pachyonychia congenita（PC）is an autosomal dominant keratinizing disease caused by monoallelic variants in KRT6A, KRT6B, KRT6C, KRT16, or KRT17 and is subclassified according to the responsible genes（e.g., PC-K6a）. Plantar pain due to calluses is the most debilitating feature of the disease, warranting effective treatment options. Case reports have shown the efficacy of statins in PC calluses, especially for PC-K6a children, based on statins' inhibitory effects on the KRT6A promoter. Here, we present our experience with off-label statin treatment for six adult PC-K16 and PC-K17 patients. Although the treatment was tolerable, there were no significant improvements in plantar calluses in any case. Our cases highlight the necessity of

initiating treatment as early as possible.

E4-1 (EP9-3)

Invasive basal cell carcinoma after breast cancer radiation therapy

○Junna Yamada[1,2], Sei-ichiro Motegi[2], Etsuko Okada[1]
(NHO Takasaki General Medical Center, Takasaki[1], Department of Dermatology, Gunma University Graduate School of Medicine, Maebashi[2])

Breast cancer is the most common cancer in women, often treated with a combination of radiotherapy, surgical intervention, and adjuvant systemic therapy. Basal cell carcinoma (BCC), a common skin malignancy, is not usually considered a radiation-induced cancer after breast cancer treatment. A 66-year-old woman underwent breast-conserving surgery more than 20 years ago, followed by radiation therapy. Fifteen years later, she developed erythematous on the outerleft anterior thoracic region. A skin biopsy was performed, resulting in a diagnosis of trichoblastoma. After a total excision of the lesion, the diagnosis was invasive basal cell carcinoma. We will compare the occurrences of common types of cancer following radiation treatment against rarer types, such as basal cell carcinoma.

E4-2 (EP9-4)

A Case of irAE Myocarditis Following Nivolumab Treatment for Advanced Malignant Melanoma

○Rana Tokioka, Natsuko Sasaki, Yu Sawada
(Dermatology, University of Occupational and Environmental Health, Kitakyushu)

A 76-year-old female with stage IIA subungual malignant melanoma (BRAF negative) developed metastases to the inguinal and external iliac lymph nodes and lungs two years after resection. She was treated with systemic therapy and radiation. One week after the second nivolumab dose, she presented with chest pain, elevated cardiac enzymes (CK 2,743 U/L, troponin T 0.117 ng/mL), and T-wave inversion on ECG. Diagnosed with immune-related myocarditis, she received methylprednisolone pulse therapy (1,000 mg/day for 3 days), leading to clinical improvement and normalization of biomarkers. After one month of therapy, she was discharged. Immune-related myocarditis is rare (0.09%-1.14%), but potentially fatal (50% mortality), emphasizing the importance of early intervention.

E4-3 (EP9-8)

Low lymphocyte count may predict poor response to immune checkpoint inhibitors in melanoma

○Kohei Yamakawa
(Department of Environmental Immuno-Dermatology, Yokohama City University Graduate School of Medicine, Yokohama)

It is not elucidated whether peripheral lymphocyte count (PLC) is associated with progression of advanced melanoma treated with immune checkpoint inhibitors (ICIs). This study investigates the effect of low PLC on overall survival (OS) and progression-free survival (PFS) in Japanese patients. We retrospectively reviewed the clinical data of 87 patients with advanced melanoma received ICIs between 2013 to 2024 at our institution. Low PLC, defined as＜900 cells/μL, significantly associated with shorter OS (hazard ratio [HR] 2.72；p=0.004) and PFS (HR1.99；p=0.03). The Cox hazard regression model showed a significant association with OS (HR3.11, p =0.007), but non-significant association with PFS (HR1.76, p=0.123). In conclusion, low ALC may be a predictive factor in melanoma treated with ICIs.

E4-4 (EP9-10)

Circulating Tumor DNA Predicts Immunotherapy Outcomes in Merkel Cell Carcinoma Patients

○Tomoko Akaike[1], Daniel S Hippe[2], Paul Nghiem[1,2]
(Department of Dermatology, University of Washington, Seattle[1], Fred Hutch Cancer Center, Seattle[2])

About 30% of Merkel cell carcinoma (MCC) patients require immune checkpoint inhibitors (ICI) as systemic therapy, achieving 60% objective response rates. Circulating tumor DNA (ctDNA), an emerging blood-based test, shows promise for monitoring recurrence. However, reliable biomarkers for response prediction to ICI are limited. In a study of 57 advanced MCC patients, ctDNA was tested within 4 months of starting ICI. Among them, 12 were ctDNA-negative, and 45 were ctDNA-positive. Positive-ctDNA patients were significantly more likely to experience disease progression during ICI treatment compared to ctDNA-negative patients (hazard ratio：3.3, p=0.044). This finding highlights the utility of ctDNA in quantifying residual MCC disease and predicting response or progression during ICI treatment.

E4-5 (EP9-11)

TGFBR2 neddylation inhibition suppresses melanoma metastasis and BRAF resistance

○Leon Tsung-Ju Lee, Yuan-Feng Lin
(Graduate Institute of Clinical Medicine, College of Medicine, Taipei Medical University, Taipei)

Background：BRAF V600E mutations drive melanoma progression and drug resistance. TGF-β signaling contributes to this process through TGFBR2 neddylation, preventing protein degradation. We investigated targeting TGFBR2 neddylation to suppress metastasis and enhance BRAF inhibitor response. Methods：Gene Set Enrichment Analysis, site-directed mutagenesis, MTT assays, migration and immunosuppression tests, and xenograft models were used to assess cellular and tumor behaviors. Results：MLN4924 suppressed epithelial-mesenchymal transition and TGF-β signaling. TGFBR2 knockdown reduced migration and immunosuppression. Wild-type TGFBR2 restoration, but not neddylation-site mutants, recovered cellular migration and drug resistance. Conclusion：Targeting TGFBR2 neddylation may combat melanoma.

E4-6 (EP9-7)

Unveiling Gene Expression Links Between Psoriasis and Melanoma

○Quan Sun[1], Ge Peng[1], Wanchen Zhao[1],
Alafate Abudouwanli[1], Mengyao Yang[1], Shan Wang[1], Yi Tan[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])

Psoriasis, a chronic inflammatory skin disease, is linked to non-melanoma skin cancers, but its association with melanoma remains unclear. In an imiquimod-induced psoriasis model, melanoma growth was slower in psoriatic lesions. Using data from GSE79704 (psoriasis) and TCGA-SKCM/GTEx (melanoma). Weighted Gene Co-expression Network Analysis identified 8 key genes (CDH3, KRT80, IVL, TMEM79, CNFN, IL36RN, IL1RN, IL36G). These genes were upregulated in psoriasis but downregulated in melanoma, impacting melanoma prognosis. KEGG and GO enrichment analyses revealed roles of the 8 key genes in keratinocyte differentiation and interleukin-1 receptor binding. Taken together, these genes might serve as potential biomarkers for melanoma prognosis and therapeutic targets for clinical applications.

E4-7 (EP11-5)

Erythema Induratum of Bazin：A Case Report

○Sri Haryati Ningsi, Widyawati Djamaluddin, Anni Adriani, Andi Hardianty, Khairuddin Djawad, Suci Budhiani
(Department of Dermatology and Venereology, Faculty of Medicine,

Hasanuddin University, Makassar）

Introduction：Erythema Induratum（EI）has multiple etiologies, one of them is *Mycobacterium tuberculosis*（MTB）. **Case**：A 19-year-old woman with multiple erythematous nodules on lower extremities, with no history BCG vaccination, normal sputum test, and normal chest X-ray, however positive Mantoux test and lobular panniculitis on histopathology, confirming the diagnosis of Erythema Induratum of Bazin（EIB）. The patient was treated with a 6 month regiment of anti-tuberculosis drugs, result in clinical improvement. **Discussion**：In the presence of positive MTB culture, or positive Mantoux test, or positive interferon-γ release assay in EI, leading the diagnose toward EIB, hence Anti-tuberculosis therapy is recommended. **Conclusion**：Anti-tuberculosis drugs is a gold standard therapy of EIB.

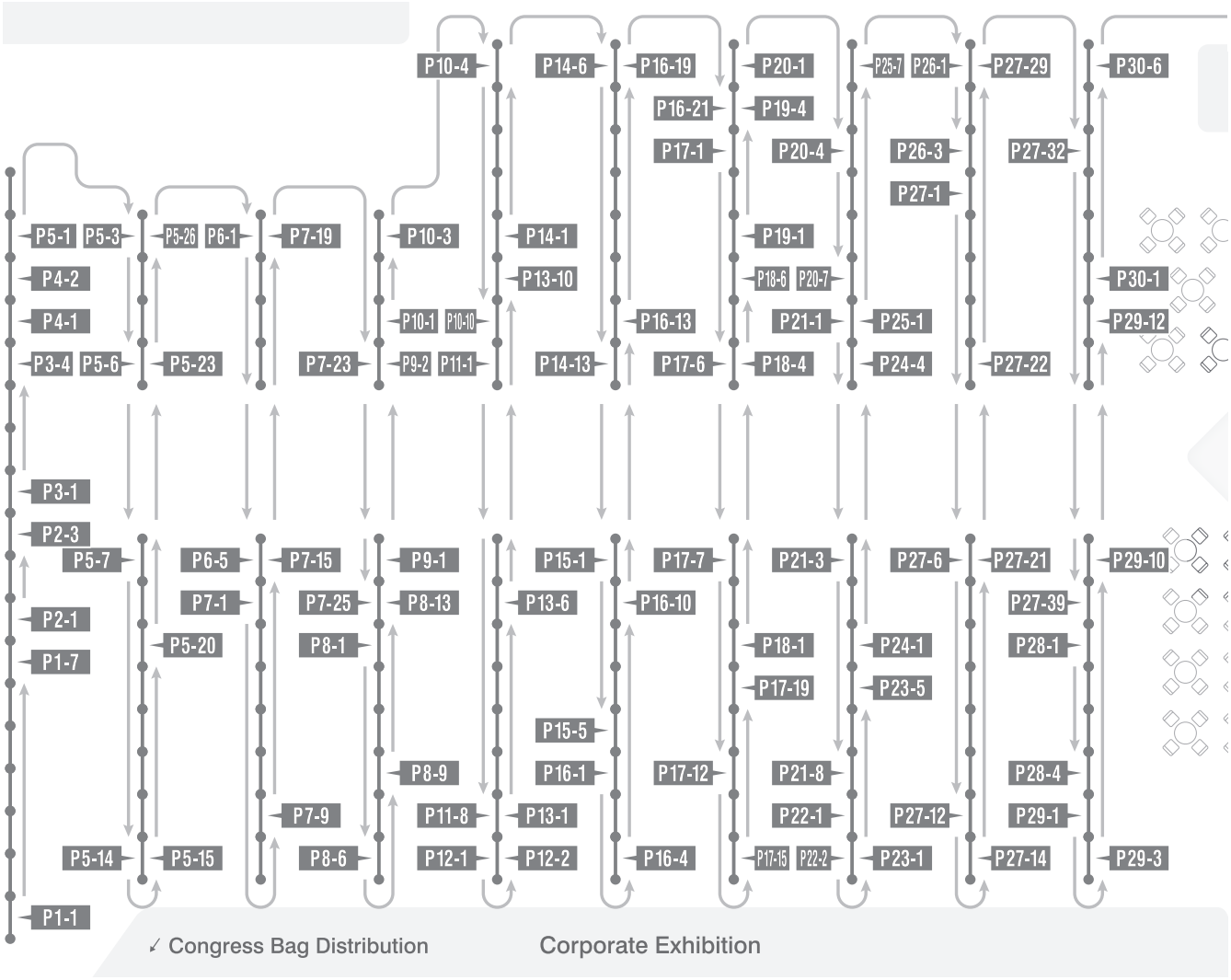
E4-8（EP12-2）

A case of granuloma faciale treated with local steroid injection

○Mioka Homma, Tatsuya Katsumi, Ryoya Ohashi,
Shota Uchida, Izumi Takei, Risa Hagiwara, Riichiro Abe
（Department of Dermatology, Niigata University, Niigata）

A 46-year-old man presented with a 1 cm-diameter, asymptomatic, dark reddish nodule on the outer side of the left nasal wing. Initially, we diagnosed with a furuncle and treated with oral antibiotics；however, the lesion was refractory to the treatment. Pathological examination revealed numerous inflammatory cell infiltrates extending throughout dermis and subcutis. The infiltrate consisted of lymphocytes, eosinophils, histiocytes, plasma cells, and neutrophils, exhibiting granulomatous changes. Based on these pathological findings, he was diagnosed of granuloma faciale. Although various treatment modalities have been attempted, the disease is often refractory to therapy. In this case, the nodule disappeared completely during one local steroid injection.

Poster Venue/Poster Session（Oral Presentation in English）（OPiE）



Poster Session（Oral Presentation in English）（OPiE）

Presentation number means

EP1-1

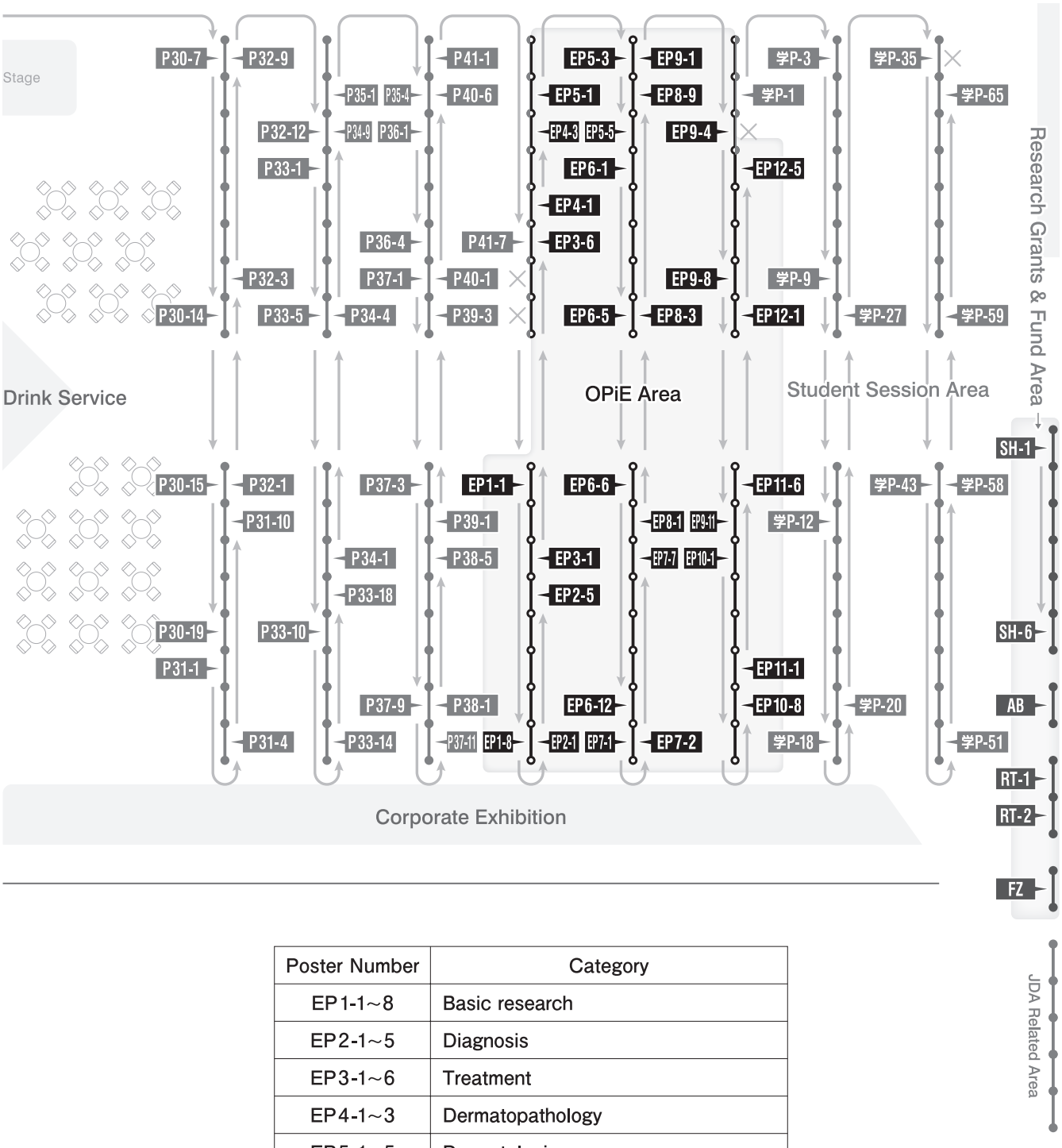
Category number — Order

Date and Time：
May 29（Thu.） 13：00～18：30
May 30（Fri.） 8：30～18：30
May 31（Sat.） 8：00～17：25
June 1（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（The last digit of poster number）- Odd numbers
May 29（Thu.） 16：00～17：30
Order Number（The last digit of poster number）- Even numbers
May 30（Fri.） 18：30～19：30

Poster Venue（Exhibition Hall A･B, Pacifico Yokohama）



Poster Number	Category
EP1-1～8	Basic research
EP2-1～5	Diagnosis
EP3-1～6	Treatment
EP4-1～3	Dermatopathology
EP5-1～5	Dermatologic surgery
EP6-1～12	Inflammatory disease
EP7-1～7	Allergic disease
EP8-1～9	Autoimmune disease
EP9-1～11	Tumor
EP10-1～8	Congenital disease
EP11-1～6	Infectious disease
EP12-1～5	Others

EP1-1

Withdrawn

EP1-2

Anti-aging effects of royal jelly on skin through induction of M2 macrophage

○Yasuaki Ikuno[1,2], Yukie Kande[2], Nobuaki Okumura[3], Noriki Fujimoto[1], Hayato Naka-Kaneda[2]
(Department of Dermatology, Shiga University of Medical Science, Otsu[1], Department of Anatomy, Shiga University of Medical Science, Otsu[2], Institute for Bee Products and Health Science, Yamada Bee Company, Inc., Okayama[3])

Royal Jelly (RJ) have been reported to prevent photoaging and improve moisturization in skin. However, little is known about the mechanism underlying anti-aging effects of RJ on skin. Here we show that RJ activates aged epidermal stem cells (EdSCs), and induces M2 macrophages. Administration of RJ inhibited hair graying, increased hair and EdSCs in old mice. Next, we identified a target gene repressed with aging and upregulated by RJ in human mesenchymal stem/progenitor cells. RJ administration upregulated expression of the gene, and induced M2 macrophages in skin of old mice. Moreover, knockout of the gene reduced M2 macrophages. These results suggest that RJ may activate EdSCs through M2 polarization via upregulation of the target gene, and subsequently improve appearance of old mice.

EP1-3

SULT1A1 SNPs and Sulfotransferase Activity in Hair Follicles of a Japanese Cohort

○Andre Lanza, Jelca Crisostomo, Megumi Asai, Hiroshi Oka
(HUMEDIT Co.,Ltd. Tokyo Sanitary Inspection, Tokyo)

Genetic variations in SULT1A1 affect sulfotransferase activity in metabolizing drug compounds. While hair follicle sulfotransferase activity predicts minoxidil response in androgenetic alopecia (AGA), its genetic basis remains unclear. In a Japanese cohort, Sanger sequencing of a fragment harboring an SNP associated with low SULT1A1 activity in blood platelets (rs1042028) identified 4 SNPs : rs 1042028, rs3176926, rs4149393, and rs201915498 (minor allele frequencies : 0.155, 0.259, 0.190, and 0.259). Subjects heterozygous for at least one SNP showed significantly lower sulfotransferase activity ($p=0.022$) compared to wild-type homozygotes. These results indicate SULT1A1 variants may reduce sulfotransferase activity, potentially affecting minoxidil treatment efficacy in AGA.

EP1-4(E1-1)

Please refer Oral Presentation in English

EP1-5

Effectiveness of Garcinia Mangostana L. Rind Extract Cream On UVB-Induced Erythema

○Ade Rahmayani Ritonga, Novita Novita, Khairuddin Djawad, Widya Widita, Suci Budhiani
(Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar)

Introduction : UVB radiation causes erythema, edema, premature aging and skin cancer. **Objective :** To assess the anti-inflammatory effect of mangosteen rind extracts after UVB irradiation. **Methods :** 34 female subjects using 6 sites on each subject's back. The areas 1-5 were given UVB exposure with 2 doses of the minimal erythema dose. Twenty-four hours after exposure, sites 1-4 were applied with cream 2.5%, 5%, 10% of mangosteen rind extracts, and base cream, consecutively, for three days. Site 5 left as positive control and site 6 as the negative control. **Results :** The decrease in the erythema at the site where the extracts were applied became evident 48 hours after UVB exposure. **Conclusion :** Mangosteen rind extract exhibits anti-inflammatory effect towards the UVB-induced skin erythema.

EP1-6

A role of PHLDA3 in keloid progression

○Mengyan Li, Akinori Kawakami, Kenji Kabashima
(Department of Dermatology, Kyoto University, Kyoto)

Keloid is a fibroproliferative disorder with unknown etiology. Patients with keloid experience pain, itch, and unpleasant appearance. A latest genome-wide association study identified a new single-nucleotide polymorphism rs192314256 that substitutes glycine for glutamic acid at 62 codon of PHLDA3 and increases keloid risk in Japanese population. PHLDA3 inhibits AKT signaling, which promotes keloid formation by increasing fibroblast collagen synthesis. By analyzing published single-cell RNA sequencing dataset, we identified *PHLDA3* mRNA level was higher in keloid fibroblasts, especially mesenchymal (POSTN&plus/ASPN&plus) fibroblasts, than those of normal scar. PHLDA3 knockdown promoted normal human dermal fibroblast proliferation and increased keloid-related gene expression levels.

EP1-7

Intelligent Oil Classification For Selective Cleansing : Multi-Dimensional Analysis

○Ziyan Zhou[1], Lifeng Tang[2], Rongle Xiao[2], Li Ye[3,4]
(School of Chemical Engineering and Pharmacy, Wuhan University of Technology, Wuhan[1], Guangzhou Xika Technology Co., Ltd., Guangzhou[2], Dermatology Hospital, Southern Medical University, Guangzhou[3], Hygiene Detection Center, School of Public Health, Southern Medical University (NMPA Key Laboratory for Safety Evaluation of Cosmetics, Guangdong Provincial Key Laboratory of Tropical Disease Research), Guangzhou,[4])

Abstract : Objective : To test the smart oil classification and elution tech in facial cleansing for healthier skin care. Methods : Used leather to mimic skin in vitro, assessing tech's efficacy on squalene peroxide and cholesterol. Monitored 30 subjects' skin oil and TEWL before, after cleansing, and 7 days post-use. Results : Tech reduced squalene peroxide by 97.2%, oil by 93.26%, and TEWL by 11.77% post-cleansing ; after 7 days, oil and TEWL dropped by 28.83% and 29.77%, respectively. Conclusion : The tech selectively cleanses, balances oil, and strengthens skin barrier, offering a new path for skincare and cleansing.

EP1-8

Effects of NADPH Oxidase Inhibitors on Collagen 17 and Keratinocyte Senescence

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

Apocynin, a NADPH oxidase inhibitor, induces COL17 and may counter UV-induced oxidative stress and senescence ; this study aimed to explore its mechanism. Ker-CT cells were pretreated with apocynin/DPI before UVB exposure, and klotho mice received apocynin for 5 weeks. To evaluate related markers, Immunofluorescence, qRT-PCR, western blot, SA-β-gal, and propidium iodide/RNase solution. UVB radiation reduced COL17, increased NOX4, γ-H2AX, p16, pP38, and Sa-β Gal, PAI-1, decreased lamin B1 and caused cell cycle arrest. Apocynin restored COL17, reduced NOX4, Sa-β Gal, PAI-1, γ-H2AX, P38 MAPK, and cell cycle arrest. DPI decreased γ-H2AX and p16 but did not affect COL17 or Sa-β Gal. Apocynin induces COL17 expression not through NADPH oxidase inhibiting activity but through other mechanisms.

EP2-1 (E1-3)

Please refer Oral Presentation in English

EP2-2

Human-multimodal AI in Diagnosis of Lupus Erythematosus Subtypes and Similar Skin Diseases

○Haijing Wu[1)], Qianwen Li[1)], Kaili Chen[1)], Hui Chen[1)], Yi Ji[1)], Qianjin Lu[1,2)]
(The Second Xiangya Hospital of Central South University, Changsha[1)], Institute of Dermatology, Chinese Academy of Medical Sciences and Peking Union Medical College, Nanjing[2)])

Lupus erythematosus (LE) is characterized by diverse skin manifestations and different levels of organ involvements, leading to difficulties for precise diagnosis. Therefore, we developed the first AI-based dermatology diagnosis assistant in China, which covers 80 skin diseases with over 600000 images, achieving 86% accuracy for LE and 84 other diseases. For more comprehensive diagnosis, we developed a multimodal deep learning system (MMDLS) on clinical skin images, multicolor-IHC images and clinical data, and MMDLS-based diagnostic-support helped improve the accuracy of dermatologists from 67% to 81%. Now, these models has an APP for clinicians to get prompt feedback on diagnostic references, and has been promoted in 5100 hospitals with over 11000 clinical doctors registered in China.

EP2-3 (E1-4)

Please refer Oral Presentation in English

EP2-4

Multimodal Model for Detection and Subtype Prediction of Basal Cell Carcinoma

○Yukun Wang[1,2)], Jie Liu[2)]
(Department of Dermatology & Venerology, West China Hospital, Sichuan University, Chengdu[1)], Department of Dermatology, Peking Union Medical College Hospital, Beijing[2)])

Basal cell carcinoma (BCC) is the most common skin cancer, yet AI diagnosis of BCC subtypes lags. We assembled a dataset from clinical and dermoscopic images of BCC and benign tumors. We fine-tuned a CLIP-based model with our dataset, using LA Loss for long-tailed data and ICB for multimodal feature integration. Performance was assessed on four-class and six-class tasks. The model achieved 0.967 accuracy, 0.970 sensitivity, and 0.990 specificity in BCC detection, scoring 0.899 accuracy, 0.880 sensitivity, and 0.910 specificity in subtype prediction, outperforming traditional models.
Our model integrates images for precise BCC diagnosis and subtype prediction. Leveraging pre-trained models and advanced fusion, it tackles long-tailed challenges and aids in early BCC detection and management.

EP2-5 (E1-2)

Please refer Oral Presentation in English

EP3-1 (E1-8)

Please refer Oral Presentation in English

EP3-2

Withdrawn

EP3-3 (E1-5)

Please refer Oral Presentation in English

EP3-4

Probability of Adverse Events (AEs) With Abrocitinib in Patients With Atopic Dermatitis

○Tokuya Omi[1)], Melinda J Gooderham[2,3,4)], Hiroyuki Yamamoto[5)], Melissa Watkins[6)], Haiyun Fan[7)], Tomohiro Hirose[5)]
(Department of Dermatology, Queen's Square Medical Center, Yokohama[1)], SKiN Centre for Dermatology, Peterborough[2)], Queen's University, Kingston[3)], Probity Medical Research, Waterloo[4)], Pfizer Japan Inc., Tokyo[5)], Pfizer Inc. New York[6)], Pfizer Inc. Collegeville, PA,[7)])

AE incidence rates (IRs) per 3 or 6 mo interval and time to event were assessed in 1997 and 1053 patients who received abrocitinib 200mg/100mg in several trials. Point estimates of IRs per 100 patient-years up to 48 mo were 0-2.9/0-3.6 (serious infection, SI), 1.8-18.3/0-6.3 (herpes zoster, HZ), 0-4.0/0-3.2 (eczema herpeticum, EH), 0-14.5/0-24.8 (herpes simplex, HS), 0-31.4/0-8.7 (acne), 0-0.3/0-0.7 (nonmelanoma skin cancer, NMSC), 0-39.8/0-19.6 (headache) and 0-78.2/0-22.2 (nausea). IRs were relatively high in the first 3-6 mo for HS, acne, headache and nausea before stabilizing later, and were higher with 200mg vs 100 mg ; SI, HZ, EH and NMSC event rates were generally consistent over time and were higher with 200mg vs 100mg for HZ and with 100 mg vs 200mg for EH ; CIs overlapped.

EP3-5 (E1-6)

Please refer Oral Presentation in English

EP3-6 (E1-7)

Please refer Oral Presentation in English

EP4-1 (E2-2)

Please refer Oral Presentation in English

EP4-2

Visualizing Human Basophils in Hematoxylin and Eosin-Stained Skin Samples

○Takashi Hashimoto, Satoshi Okuno, Shota Itagaki, Takahiro Satoh
(Department of Dermatology, National Defense Medical College, Tokorozawa)

Albeit the pivotal role of basophils in skin inflammation, the morphology of basophils in hematoxylin and eosin (H&E)-stained skin samples remains uncertain. We thus sought to visualize basophils in H&E-stained skin samples. We first identified basophils in skin samples from sites of allergic inflammation and parasitic infestation by immunofluorescence double staining for FceRI and 2D7, a basophil-specific marker. Then, the same samples were re-stained with H&E for visualizing 2D7+/FceRI+ cells by light microscopy. The observed morphologies exhibited a variety of shapes (oval, ruffled, shrunken, or irregular) with a range of sizes. Additionally, the cells displayed a cleaved, lobed, or irregular nucleus, with pale and often scant cytoplasm containing sparse or few pale-basophilic granules.

EP4-3 (E2-1)

Please refer Oral Presentation in English

EP5-1 (E2-4)

Please refer Oral Presentation in English

EP5-2 (E2-5)

Please refer Oral Presentation in English

EP5-3

Complications and Recurrence in Pilonidal Sinus Surgery：Multicenter Study

○Natsuko Saito-Sasaki[1,2)], Kazuyasu Fujii[1,3)], Megumi Aoki[1)], Hiroshi Kato[4)], Shusaku Ito[5)], Takayuki Suyama[6)], Yuki Yamamoto[7)], Yoshihisa Fujino[8)], Yu Sawada[2)], Shigeto Matsushita[1)]
(Department of Dermato-Oncology, NHO Kagoshima Medical Center, Kagoshima[1)], Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu[2)], Department of Dermatology, Kindai University, Osakasayama[3)], Department of Geriatric and Environmental Dermatology, Nagoya City University Graduate School of Medical, Nagoya[4)], Department of Dermatology, Hitachi General Hospital, Hitachi[5)], Department of Dermatology, Dokkyo Medical University Saitama Medical Center, Koshigaya[6)], Department of Dermatology, Wakayama Medical University, Wakayama[7)], Department of Environmental Epidemiology, University of Occupational and Environmental Health, Kitakyushu[8)])

Background Postoperative complications in pilonidal sinus surgery significantly impact outcomes, yet risk factors remain poorly studied. **Objective** To identify predictive factors for complications and establish individualized surgical strategies. **Methods** In this multicenter retrospective study, we analyzed 173 patients who underwent pilonidal sinus surgery between 2014 and 2023 at 14 institutions. Data collected included patient characteristics (age, sex, BMI), lesion features, and surgical factors (reconstruction technique, operation time). Primary endpoints were complications within one month (dehiscence, infection, flap necrosis) and reoperation rate. Analyses were performed to establish guidelines for surgical technique selection based on preoperative assessment.

EP5-4

Carbon Dot Nanozymes Enhance Reactive Oxygen Species Scavenging in Diabetic Wound Repair

○Zhu Yan
(Department of Dermatology, The Second Affiliated Hospital of Xi an Jiaotong University, Xi an)

Reactive oxygen species (ROS) buildup triggers oxidative stress and impedes diabetic wound healing. We successfully engineered carbon dot nanozymes (C-dots) prepared from carbon fiber via an oxidation process utilizing HNO_3 and H_2SO_4. With high SOD-like activity, C-dots protected keratinocytes, endothelial cells, and fibroblasts from oxidative stress. In a diabetic mouse model, topical C-dots application accelerated wound healing, promoting re-epithelialization and collagen deposition. C-dots potently curtailed ROS and pro-inflammatory cytokines. Moreover, They encouraged M2 macrophage polarization and neovascularization, indicating a transition from inflammation to regeneration. Hence, our research presents C-dots as an effective therapeutic strategy for diabetic wound repair.

EP5-5 (E2-3)

Please refer Oral Presentation in English

EP6-1 (E2-7)

Please refer Oral Presentation in English

EP6-2

Clinical Signs Associated with Treatment Intensity and Outcomes in Cutaneous Polyarteritis Nodosa

○Ryo Tanaka[1,2)], Keiji Tanese[1)], Yoshihiro Ito[1)], Sakiko Takeuchi[1)], Ari Morimoto[1)], Kazuyo Sujino[1)], Masayuki Amagai[1)], Akiko Tanikawa[1)]
(Department of Dermatology, Keio University School of Medicine, Tokyo[1)], Division of Dermatology, Department of Surgical Subspecialties, National Center for Child Health and Development, Tokyo[2)])

This retrospective study analyzed 36 cutaneous polyarteritis nodosa (cPN) patients to identify clinicolaboratory predictors of treatment intensity and outcomes. 64% (23/36) achieved remission without PSL ≤ 5 managed with compression therapy or observation and 18 with antiplatelet or combined vasodilator/dapsone. Among 36% (13/36) requiring PSL, 3 failed to achieve remission despite combining other drugs, leading to limb amputation. Patients requiring PSL had more skin ulcers, elevated WBC and ESR before PSL induction. The 3 with treatment failure had markedly elevated ESR over 50mm/h. Our study suggests that most cPN patients can achieve remission without PSL. Elevated WBC, ESR and skin ulcers predict PSL necessity. A markedly high ESR predicts PSL resistance, even with combination therapy.

EP6-3

IL-37 alleviates Th2-type cytokine-mediated impairment of skin barrier function

○Alafate Abudouwanli[1)], Ge Peng[1)], Wanchen Zhao[1)], Quan Sun[1)], Mengyao Yang[1,2)], Shan Wang[1,3)], Ko Okumura[1)], Hideoki Ogawa[1)], Francois Niyonsaba[1,4)]
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Interleukin-37 (IL-37) is an anti-inflammatory cytokine with unclear roles in atopic dermatitis (AD), especially in the regulation of skin barrier function. We found that IL-37 was downregulated in AD lesions, effectively distinguishing AD from healthy individuals with high specificity and sensitivity. Moreover, IL-37 levels were correlated with biologic treatment responses, indicating its potential diagnostic value. We also found that IL-37 expression was negatively correlated with pro-inflammatory cytokines and chemokines, while being positively correlated with the skin barrier-related gene filaggrin. Notably, IL-37 restored skin barrier components in IL-4/IL-13-treated human keratinocytes. These results suggest IL-37 is a promising biomarker and therapeutic target for AD treatment.

EP6-4 (E2-6)

Please refer Oral Presentation in English

EP6-5

Bullous Pyoderma Gangrenosum Associated with Anti-phospholipid Syndrome

○Mayar A Al-Bahrani
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We report the rare case of a 49-year-old Omani woman who is known to have primary anti-phospholipid syndrome (APS). She was found to develop bulla that progressed to ulcerations after cannulation. The chronicity and the abscess formation that increased after surgical intervention led to the postulation of a pathergy phenomenon. A high suspicion of pyoderma gangrenosum (PG) was considered and later confirmed with histology. Fortunately, the rapid progression of the disease was slowed down with biologic agents.
The cutaneous manifestations of APS vary from livedo reticularis to cutaneous necrosis. We reported a case of a lady known to have APS, who presents with pathergy among cannulation and subsequent formation of nonhealing ulcers that have been relatively refractory to novel treatments.

EP6-6

FOSL1-Mediated Activation of Keratinocyte Super-Enhancers in Psoriasis Pathogenesis

○Yueqi Qiu[1)], Yaqin Yu[2)], Huihui Hou[3)], Ke Sun[1)], Ming Zhao[1)]
(Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences and Peking Union Medical College, Nanjing[1)], Hunan Key Laboratory of Medical Epigenomics, The Second Xiangya Hospital, Central South University, Changsha[2)], School of Public Health, Nanjing Medical University, Nanjing[3)])

This study investigates the role of keratinocyte-specific super-enhancers (SEs) in psoriasis.
RNA-seq, H3K27ac CUT&Tag, and ATAC-seq identified active enhancers and SEs in psoriasis lesions and M5-stimulated HaCaT cells. Active enhancers were enriched in immune-related pathways linked to psoriasis development. JQ-1, an SE inhibitor, improved psoriasis-like symptoms, reduced cytokine levels, and downregulated IL1-SE activity. Motif analysis revealed FOSL1 as a key regulator of IL1-SE. CRISPR-based experiments and dual-luciferase reporter assays showed that FOSL1 activation of IL1-SE promoted the transcription of IL1 family cytokines, such as *IL1A, IL1B,* and *IL36G.* FOSL1 drives IL1 family cytokine expression by activating keratinocyte SEs, contributing to psoriasis pathogenesis.

EP6-7

Arctiin Alleviates Psoriasis by Modulating Gut-skin Axis and Microbiota-mediated Immunity

○Mengyao Yang[1,2)], Ge Peng[1)], Quan Sun[1)], Alafate Abudouwanli[1)], Wanchen Zhao[1)], Yi Tan[1)], Shan Wang[1,3)], Hideoki Ogawa[1)], Ko Okumura[1)], Francois Niyonsaba[1,4)]
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Gut microbiota imbalance contributes to systemic inflammation, affecting skin conditions such as psoriasis. This study investigates the therapeutic effects of arctiin on imiquimod-induced psoriasis-like symptoms in mice and its relationship with gut microbiota. Oral arctiin treatment significantly reduced psoriasis-like lesions, while co-treatment with antibiotics negated the effects, indicating a key role for gut microbiota regulation. Fecal microbiota transplantation from Arctiin-treated mice improved symptoms in psoriatic mice. Anti-inflammatory benefits were confirmed by reduced IL-6 and TNF-a expression and fewer CD4+ T cells and myeloperoxidase-positive neutrophils. These findings suggest arctiin's potential as a gut microbiota-targeted psoriasis therapy.

EP6-8

Withdrawn

EP6-9

ScRNA-seq Reveals the Features of CD45+ Cell Components and Crosstalk in Scalp Psoriasis

○Qitao Chen, Xufeng Du, Linwei Wei, Yuqian Li, Yanjun Liu
(Department of Dermatology, The Affiliated Wuxi People's Hospital of Nanjing Medical University, Wuxi Medical Center, Nanjing Medical University, Wuxi)

Scalp psoriasis occurs in ≈80% of patients with psoriasis, impacting their appearance and psychological well-being while showing poorer treatment responses. For the first time, we conducted single-cell sequencing on paired scalp and body lesions from patients with plaque psoriasis, combined with bioinformatics analysis and immunofluorescence validation using healthy scalp samples as controls to explore the similarities and differences between scalp and body psoriasis.
We found that IL17+IL22+CD8+ Tc17 cells were upregulated and lineage-activated in the scalp compared to the trunk and exhibited signaling crosstalk with immune cells such as dendritic cells and Trms. These findings enhance the understanding of scalp psoriasis mechanisms and provide new insights for treatment strategies.

EP6-10(E2-8)

Please refer Oral Presentation in English

EP6-11

Lichen Planus Pemphigoides following COVID Vaccination - Coincidence or Consequence?

Delwyn Zhi Jie Lim, ○Ding Yuan Wang
(National Skin Centre, Singapore)

A 59-year-old female received a booster COVID mRNA vaccination (COVAX) 28 weeks after her 2-dose primary series. Two weeks later, a rash appeared on her right thigh that disseminated subsequently. Interval blistering ensued 2-3 months thereafter.
Two skin biopsies showed features of Lichen Planus (LP) and Bullous Pemphigoid. BP 180 ELISA was positive and indirect immunofluorescence showed roof localisation on salt split skin.
Based on clinicopathological correlation, LP Pemphigoides (LPP) was diagnosed. A causal relationship with COVAX was regarded as highly plausible given the tight temporal sequence.
We hope to raise awareness of LPP as a potential, albeit uncommon, sequelae of COVAX. Thorough interrogation of a patient's vaccination history is imperative in managing such patients.

EP6-12

Successful Treatment of Refractory Pityriasis Lichenoides Chronica with Upadacitinib

○Xueting Zeng, Chao Ji
(The First Affiliated Hospital of Fujian Medical University, Fuzhou)

Pityriasis lichenoides (PL), a rare inflammatory skin disorder, includes pityriasis lichenoides et varioliformis acuta (PLEVA) and pityriasis lichenoides chronica (PLC), often leaving hyper- or hypopigmented macules that impact quality of life. Conventional therapies show limited efficacy in refractory cases, but JAK inhibitors have emerged as a promising alternative.
We report a 55-year-old female with refractory PLC unresponsive to standard treatments. Upadacitinib (15 mg/day) was initiated in January 2023, leading to remarkable improvement within one month and significant remission at six months. Over a year of follow-up, no adverse effects, recurrence, or exacerbations occurred. This case underscores the potential efficacy of JAK inhibition in refractory PLC.

EP7-1

Skin testing for hypersensitivity to iodinated contrast agent：case series of 17 patients

○Yuriko Ishikawa, Nana Kamada, Emi Yoshida, Kanako Akashi, Ken Washio
(Department of Dermatology, Kobe City Nishi-Kobe Medical Center, Kobe)

Hypersensitivity to iodinated contrast agent is rare in clinical practice, but often difficult to diagnose. We performed skin testing in 17 patients in our dermatology department and collected the results. In cases of suspected immediate reaction, a prick test and/or an intradermal test was performed, and 2 of 6 cases were positive. In cases of suspected delayed reactions, patch tests were performed and 2 of 11 cases were positive. In cases finally diagnosed as non-allergic or in which the offending agent could be identified, contrast agents could be reintroduced by systemic corticosteroids or by changing

agents, and there were even some cases where their use saved critical situations. We discuss the role of the dermatologist in cases of suspected contrast hypersensitivity.

EP7-2

Potential alleviating effect of microbial metabolite hypoxanthine on atopic dermatitis

○Shan Wang[1,2], Ge Peng[1], Ying Liu[2], Alafate Abudouwanli[1], Mengyao Yang[1,3], Quan Sun[1], Wanchen Zhao[1], Lin Ma[2], Francois Niyonsaba[1,4]
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The skin microbiota metabolites are direct cause of microbiome alterations related to atopic dermatitis (AD). Through untargeted metabolomics using UHPLC-QTOF-MS on AD and healthy children's skin, we found a significant reduction in microbial metabolite hypoxanthine (Hx) that is related to the AD onset. To unravel the therapeutic potential and mechanisms of Hx on AD, we established a murine AD model using MC903 and found that both oral and topical Hx application alleviated skin lesion severity, reduced ear thickness, and lowered serum IgE levels. Furthermore, low concentration Hx upregulated the expression of barrier-related genes such as CLDN1 and TJP1 in primary human epidermal keratinocytes. These findings suggest that Hx may play a protective role in AD, warranting further research.

EP7-3 (E3-1)

Please refer Oral Presentation in English

EP7-4

Biphasic Rituximab Allergy : A Case of Anaphylaxis and Serum Sickness Reactions

○Shiori Mori[1,2], Utako Okata-Karigane[1,2], Chiaki Takahashi[1,2], Umi Tahara[1,2], Ayano Fukushima-Nomura[1,2], Eri Matsuki[3], Takeya Adachi[1,2]
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Background
Rituximab can cause anaphylaxis and rituximab-induced serum sickness (RISS), a type III hypersensitivity reaction.
Case Presentation
A 70-year-old woman with stage I MALT lymphoma received rituximab. Four days after the third dose, she developed fever, rash, and arthralgia, resolving spontaneously. One year later, during bendamustine-rituximab therapy, she had mild allergic symptoms. Eight days later, fever, urticaria, vomiting, diarrhea, and hypotension occurred. Tests revealed anti-chimeric antibodies and a positive intradermal test. She was diagnosed with RISS and IgE-mediated allergy, presenting as a biphasic hypersensitivity reaction.
Conclusions
Clinicians should remain alert for biphasic reactions. Skin testing helps identify IgE-mediated allergy, even with RISS.

EP7-5

Emotional Distress in Atopic Dermatitis : Linking Clinical Insights to Molecular Mechanisms

○Hanyi Zhang, Yeye Guo, Xiang Chen, Juan Su
(Department of Dermatology, Xiangya Hospital, Changsha)

Atopic dermatitis (AD) is common among patients with emotional distress (ED), yet the exact relationship and mechanisms are unclear. The study aims to determine if ED increases the risk or severity of AD and to explore how emotional distress exacerbates AD for potential therapy. We conducted a study using data from Xiangya Hospital and validated it with NHANES. A stress model in mice with AD was used to investigate mechanisms through various techniques. Individuals with ED had higher odds of AD. Mice under stress showed worsened AD symptoms and inflammatory environment, with neutrophils significantly altered in skin lesions and blood. ED is linked to AD onset and severity, with neutrophils playing a key role. Screening for ED may provide a low-risk strategy for managing AD.

EP7-6 (E3-2)

Please refer Oral Presentation in English

EP7-7

Rash in a Post-vaccination Infant

○Christy Wing Man Leung[1], Ting Fan Leung[2]
(Department of Paediatrics & Adolescent Medicine, Alice Ho Miu Ling Nethersole Hospital, Hong Kong[1], Department of Paediatrics, The Chinese University of Hong Kong, Hong Kong[2])

Background
Florid rash after vaccination may be explained by injection site reaction, vaccine allergy, acute flare of underlying skin conditions or DRESS syndrome.
Case Discussion
A 4-month-old female with chronically dry skin developed erythematous blanchable urticarial rash over the trunk and bilateral cheeks 10 hours after receiving routine DTaP-IPV and PCV-13 vaccinations, with lichenification and skin peeling. Previous vaccinations were uneventful and her elder sister had eczema. The rash initially worsened but then responded well to topical steroids. Vaccination may have triggered Th17 activation and IL-17 overproduction, which dermal infiltration caused active and severe eczematous lesions.
Conclusion
Post-vaccination eczematous flare may occur in children.

EP8-1

Longitudinal assessment of QOL in Japanese patients with autoimmune blistering diseases

○Risa Kakuta[1], Yuya Tsubota[1], Yasuko Saito[1], Masayuki Amagai[1], Jun Yamagami[2], Hayato Takahashi[1]
(Department of Dermatology, Keio University School of Medicine, Tokyo[1], Department of Dermatology, Tokyo Women's Medical University, Tokyo[2])

There are few studies on the quality of life (QOL) of patients with autoimmune blistering diseases (AIBD) in Japan. Here, we examined the impact of clinical symptoms of AIBD on patients' QOL using the Autoimmune Bullous Disease Quality of Life (ABQOL) and Dermatology Life Quality Index (DLQI). Twenty-one patients with AIBD were included. The clinical severity, ABQOL, and DLQI scores decreased over time after the therapy, while impaired QOL persisted without an active lesion in some cases. The two QOL scores not only correlated strongly with each other but also with clinical severity. This study revealed that patients' QOL improved as their symptoms improved, but the QOL scales were useful in identifying a negative impact on QOL, which could not necessarily be assessed by clinical findings.

EP8-2 (E3-6)

Please refer Oral Presentation in English

EP8-3 (E3-4)

Please refer Oral Presentation in English

EP8-4 (E3-3)

Please refer Oral Presentation in English

EP8-5

Two Cases of Pemphigus developed after COVID-19 Vaccination

○Yuri Fukunaga, Natsuko Sasaki, Eri Ota, Yu Sawada
(Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu)

We experienced two cases of autoimmune blistering diseases following COVID-19 vaccination. A 66-year-old man developed circular erythema on his head and back one week after his second vaccination. Diagnosed with pemphigus foliaceus (anti-Dsg1：216 U/ml), he responded well to PSL 10 mg/day. His antibody levels normalized, and no relapse occurred without further treatment. A 45-year-old woman experienced painful oral erosions and scalp lesions two months post-vaccination. Diagnosed with pemphigus vulgaris (anti-Dsg1：82.9 U/ml, anti-Dsg3：more than 1000 U/ml), she initially failed PSL 0.5mg/kg but improved with steroid pulse therapy. Her antibody levels turned negative, with no flares for two years. These cases suggest a link between COVID-19 vaccination and autoimmune blistering diseases.

EP8-6 (E3-5)

Please refer Oral Presentation in English

EP8-7

Nociceptors modulate dermal cDC1 via CGRP signaling to drive autoreactive CD8$^+$ T cell responses in vitiligo

○Xiuli Yang, Wenxiang Ding, Fangzhou Lou, Honglin Wang
(Precision Research Center for Refractory Diseases, Institute for Clinical Research, Shanghai General Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai)

Autoreactive CD8$^+$ T cells kill melanocytes in vitiligo, but the immunopathogenesis remains elusive and ideal drug targets are undiscovered. Through single-cell and spatial analysis, we found that dermal cDC1 primed CD8$^+$ T cells and highly expressed CGRP receptor as a countermark in vitiligo. Deletion of nociceptors, cDC1-specific ablation of CGRP receptor, or antagonism of CGRP receptor, prevented skin depigmentation in a vitiligo mouse model. In a 57-patient pilot study, topical application of the CGRP receptor antagonist alleviated skin depigmentation. Collectively, our results reveal that nociceptor-derived CGRP dominates cDC1-CD8$^+$ T cell interaction, highlighting CGRP receptor antagonism as a therapeutic strategy for treating vitiligo.

EP8-8

B Cell Disease-Residual Transcriptomic Profile Drives Antibody Regeneration in Pemphigus

○Zhi Hu[1)], Guiying Zhang[2)], Ming Zhao[1,2)]
(Hospital for Skin Diseases, Institute of Dermatology, Chinese Academy of Medical Sciences & Peking Union Medical College, Nanjing[1)], Department of Dermatology, Hunan Key Laboratory of Medical Epigenomics, the Second Xiangya Hospital, Central South University, Changsha[2)])

B cells are key effectors in pemphigus onset and relapse. To decode features of pathogenic B cells actuating disease relapse, we generated a B cell blueprint via single-cell transcriptomics and B cell receptor (BCR) repertoire in remissive pemphigus vulgaris (PV) with anti-Dsg 1 or anti-Dsg3 antibodies. In Dsg1+ PV, atypical B cells were enriched, while CD1c+ B cells accumulated in Dsg3+ PV. In patients with different autoantibodies, we further identified unique disease-residual transcriptomic profiles (DRTP) that orchestrate B cell perturbations. BCR lineage tracing showed plasma cells have distinct origins depending on the autoantibody type. Remissive PV with high Dsg-specific antibody titers retain a DRTP, driving aberrant B cell programs and potentially contributing to disease relapse.

EP8-9

Treatment of Erythrodermic Psoriasis Patients with Secukinumab in Indonesia：A Case Series

○Eyleny Meisyah Fitri, Endi Novianto, Windy Keumala Budianti
(Department of Dermatology and Venereology, Faculty of Medicine Universitas Indonesia, Dr. Cipto Mangunkusumo National Central General Hospital, Jakarta)

Erythrodermic psoriasis (EP), a rare and severe variant of psoriasis, can be present with systemic symptoms and comorbidities. It is potentially a life-threatening condition, particularly if not treated promptly. Treatment of EP is challenging, often resistant to conventional therapies, while biologic agents have shown promising results. However, therapeutic management of EP is not well standardized, due to its rarity and limited clinical evidence. Secukinumab, an anti-interleukin-17A monoclonal antibody, has shown long-lasting efficacy and safety in many spectra of psoriatic manifestations, but its efficacy in EP patients remains unknown and limited to isolated case reports. Here we report the experience from a tertiary-referral center hospital of EP patients treated with secukinumab.

EP9-1

Plate-like Osteoma Cutis Along Blaschko Line：A Case Report and Review of Distribution

○Ko Matsuoka, Yoshiyuki Nakamura, Shoichiro Ishizuki, Toshifumi Nomura
(Department of Dermatology, Institute of Medicine, University of Tsukuba, Tsukuba)

Plate-like osteoma cutis (POC) is a rare variant of osteoma cutis characterized by band-like distribution. However, why the lesions show such distribution remains unknown. A 60-year-old man presented with a plaque on his forehead that had initially appeared 40 years before. Physical examination revealed a firm plaque extending in a band-like distribution along the midline of the forehead. Histology revealed bony trabeculae within the dermis and subcutaneous tissue, leading to a diagnosis of acquired POC. We reviewed previous reports of POC cases and discovered that most lesions in both congenital and acquired POC followed the course of Blaschko lines. Therefore, we speculate that genetic mosaicism of epidermal cells may be involved in the pathogenesis of both congenital and acquired POC.

EP9-2

Metastatic renal cell carcinoma：ultrasonography and dermoscopy have high predictive value

○Takayuki Suyama, Megumi Yokoyama, Kanna Takahashi, Yasunori Matsuki, Kazumoto Katagiri
(Department of Dermatology, Dokkyo Medical University Saitama Medical Center, Koshigaya)

A 68-year-old Japanese man with renal cell carcinoma (RCC) history presented with a right scalp nodule that developed. Initial examination revealed a subcutaneous tumor (size, 12 x 10 mm). Dermascopy showed dilated blood vessels. Because of low renal function, only plane computed tomography and magnetic resonance imaging were performed. It was difficult to diagnose the tumor whether it would be a cystic tumor like epidermoid cyst or a metastatic tumor. Ultrasound detected a isoechoic heterogeneous mass with posterior echo enhancement；the possibility of cystic

tumor remained. However, the mass was hypervascular on color Doppler sonography, so the possibility of metastatic lesion was considered. The tumor was successfully excised and the final diagnosis was clear cell RCC metastasis.

EP9-3 (E4-1)

Please refer Oral Presentation in English

EP9-4 (E4-2)

Please refer Oral Presentation in English

EP9-5

Analysis of Skin Cancer Burden and Relation with Energy Consumption and Gas Emissions

○Zhiwen Zhang
(Dermatology Hospital, Southern Medical University, Guangzhou)

This study explores the relationship between melanoma, squamous cell carcinoma, and basal cell carcinoma burden (1990-2019) and environmental factors. Data was from the 2019 Global Burden of Disease (GBD) study and World Bank. Trends were analyzed using the Social Development Index (SDI). Linear regression and ARDL models assessed relationships. Skin cancer incidence/prevalence rose, especially melanoma in high-SDI countries. Fossil fuel consumption correlated positively with skin cancer, while renewable energy showed a negative correlation. Long-term dependencies were identified between incidence rates and environmental factors. Skin cancer in EAP is rising, linked to fossil fuel use and greenhouse emissions, highlighting the need for strategies to reduce pollution.

EP9-6

Amelanotic/hypomelanotic Melanoma in Skin of Colour：A Case Series of 4 Patients

○Woo Chiao Tay, Hui Yi Chia, Suzanne Cheng
(Department of Dermatology, National Skin Centre, Singapore)

Amelanotic/hypomelanotic melanoma (AHM), a rare type of cutaneous melanoma with little to no pigmentation, poses a great diagnostic challenge, especially in Asian countries where incidence of melanomas remains rare. We present four cases. The initial differential diagnoses for these cases included pyogenic granuloma, keloid scar or dermatofibrosarcoma protuberans. Biopsies of all cases revealed nodular melanoma, with Breslow 4.2mm, 2.8mm, 2.85mm, 1.7 mm respectively. All patients were treated according to guidelines with wide local excision and staging investigations. AHM are often advance at diagnosis with poorer prognosis. A high index of suspicion is required for prompt diagnosis and treatment.

EP9-7 (E4-6)

Please refer Oral Presentation in English

EP9-8 (E4-3)

Please refer Oral Presentation in English

EP9-9

Global Burden of Skin Cancer in Elderly Adults from 1990 to 2021 and Projection to 2050

○Ruiyao Wang, Jin Chen
(Department of Dermatology, The First Affiliated Hospital of Chongqing Medical University, Chongqing)

Data on skin cancer were obtained from the Global Burden of Diseases Study 2021. SCC exhibited the highest age-standardized rate of prevalence, deaths, and DALYs, whereas BCC displayed the highest incidence rate. The disease burden was greater in males than in females. The global burden of skin cancer among the elderly demonstrated a upward trend. Decomposition analysis indicated that population growth was the primary contributor to the increase. Countries with higher SDI shouldered higher burden. Frontier analysis identified the countries that have potential to mitigate skin cancer. It was anticipated that incidence and prevalence rates of non-melanoma skin cancer, along with DALYs rate of BCC, would increase by 2050. Prevention and management strategies are needed for high-risk groups.

EP9-10 (E4-4)

Please refer Oral Presentation in English

EP9-11 (E4-5)

Please refer Oral Presentation in English

EP10-1 (E3-7)

Please refer Oral Presentation in English

EP10-2 (E3-8)

Please refer Oral Presentation in English

EP10-3

Dupilumab Efficacy in Three Different Subtypes of Epidermolysis Bullosa

○Hiroyuki Morisaka[1,2], Shiho Mori[3], Manabu Fujimoto[2], Katsuto Tamai[3]
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Epidermolysis bullosa (EB) has limited treatment, with pruritus worsening symptoms. Dupilumab has shown efficacy in dystrophic EB pruriginosa (DEBP). We report three EB cases treated effectively with dupilumab. Case 1：A 5-year-old boy with recessive DEB. Elevated IgE (2666.6 IU/mL) and TARC (2243 pg/mL) improved to 359.7 IU/mL and 1631 pg/mL after 8 months of treatment respectively, along with erythema reduction. Case 2：An 11-year-old girl with dominant DEBP. IgE was 243.1 IU/mL, and her NRS pruritus score improved from 8 to 4 after 4 weeks of treatment. Case 3：A 7-year-old girl with EB simplex (KRT5 mutation). IgE was 329.8 IU/mL, and dupilumab improved her erythema and pruritus. Based on these cases, we explored the therapeutic potential of dupilumab in EB.

EP10-4

A case of inflammatory linear verrucous epidermal nevus treated with a dye laser

○Satomi Kobayashi[1], Arisa Hirayama[1], Kaoru Matsuda[1], Ranko Mori[2], Michihiro Kono[3]
(Seibo International Catholic Hospital, Tokyo[1], Mori Children's Clinic, Tokyo[2], Department of Dermatology and Plastic Surgery, Akita University Graduate School of Medicine, Akita[3])

An 8-year-old boy presented with keratotic skin lesions with intense pruritus on the left upper and lower extremities and neck since 6 months of age. The lesions were linearly distributed following the lines of Blaschko. Topical therapy was ineffective. Histopathological findings included hyperkeratosis, parakeratosis and psoriasiform epidermal hyperplasia, and the diagnosis of inflammatory linear verrucous epidermal nevus (ILVEN) was made. Since the effect of the carbon dioxide laser was temporary, we switched to a dye laser, and pruritus and skin lesions improved. ILVEN has multiple confirmed causative genes, and it is often difficult to treat. Since

histopathological structure of ILVEN resembles that of psoriasis, a dye laser would be one of the effective treatment options.

EP10-5

Treatment with 5% Minoxidil in cases of congenital hypotrichosis

○Can Cui, Xi Chen, Aihua Wei
(Department of Dermatology, Beijing Tongren Hospital, Capital Medical University, Beijing)

Congenital hypotrichosis is a rare hereditary hair disorder characterized by congenital hair loss. Here we report two cases. Patient 1, a 15-year-old female, presented with alopecia, ichthyosis follicularis-like lesions, and photophobia. WES identified a de novo *SREBF1* mutation (c.1579C>T, p.Arg527Cys), leading to a diagnosis of IFAP syndrome 2. Patient 2, a 4-year-old female with diffuse sparse hair (length ≤5 cm), had a de novo *HRURF* gene termination mutation c.105G>T (p.*35 Tyrext*?), leading to a diagnosis of Marie Unna hypotrichosis. To both patients, treatment with 5% minoxidil resulted in significant regrowth after 16 weeks. Currently, there is no definitive treatment for congenital hypotrichosis, but 5% minoxidil shows potential as a therapeutic option.

EP10-6

Bart Syndrome in One of the Two：a Case Report

○Gisca M. Tirtaonggana, Rahadi Rihatmadja
(Derpartment of Dermatology and Venereology, Faculty of Medicine Universitas Indonesia, Dr. Cipto Mangunkusumo Hospital, Jakarta)

A female neonate, delivered at 37-week gestational age via Caesarean section, was consulted for the absence of right lower limb skin. She was born to non-consanguineous parents. Family history was unremarkable as were laboratory and physical examinations, save for blistering following minor trauma. Notwithstanding the condition's genetic background, her twin was symptom-free. Treatment regiment consisted of antimicrobial wound dressing, semipermeable foam dressing, and retention bandage. She was monitored regularly at 2 days intervals for the first week during hospitalization and monthly for the next 4 months. Despite dermatological recovery, follow up at the 4th month revealed atrophy of the affected limb.

EP10-7

Skin Manifestations as Key Clues in Tuberous Sclerosis Complex Diagnosis

○Inosensia Diajeng Kusumo, Triana Agustin,
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Tuberous sclerosis complex (TSC) is a multisystem neurocutaneous disorder with autosomal dominant inheritance, affecting about 1 in 10,000 births. Dermatologists play a key role in diagnosis, as most patients present with characteristic skin findings. A 14-year-old girl was evaluated for brown patches on her forehead and back, facial bumps, and white patches on her back and legs. Her medical history included epilepsy, developmental delay, and learning difficulties. Clinical examination identified at least two major diagnostic criteria for TSC, including fibrous cephalic plaques, angiofibromas, hypomelanotic macules, and a shagreen patch. Multidisciplinary care is essential to assess other organ involvements and prevent complications.

EP10-8

Diagnostic Approach to Junctional Epidermolysis Bullosa：A Case Report

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Epidermolysis bullosa (EB) is a genetic disorder characterized by blisters and wounds on the skin, with an incidence 1 in 50,000 births, junctional EB (JEB) being the rarest type. A 41-day-old male infant presented with blisters and erosions, in areas subjected to friction and pressure since born. There is an erosive lesion on the oral mucosa. The nails were damaged and detached. The erosions healed without scar. Hoarseness when crying is observed. Histopathological revealed subepidermal clefts involving both the lamina lucida and lamina densa, without the formation of scarring or milia. The diagnosis is consistent with JEB, dystrophic EB (DEB) as a differential diagnosis. A gold-standard diagnostic test immunofluorescence mapping (IFM), is required to differentiate between JEB and DEB.

EP11-1

The first case of creeping disease caused by Onchocerca takaokai in Nagasaki, Japan

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We report a case of a 24-year-old man with creeping disease caused by *Onchocerca takaokai*, a filarial nematode first identified in wild boars in Oita, Japan. The patient developed migratory erythema from the left upper arm to the forearm for the past two months. Topical steroids and antihistamines were ineffective. Clinical findings revealed two raised papules (～10 mm) and irregular linear erythema on the forearm. Skin biopsy showed nematode fragments, confirming filarial infection. Oral ivermectin resolved the lesions within a few months. DNA from paraffin-embedded tissue was analyzed due to difficulty identifying the pathogen. PCR sequencing of the 12S rRNA gene confirmed *O. takaokai*. This is the first reported human infection by this species.

EP11-2

A case of refractory hidradenitis suppurativa complicated by IgA vasculitis and nephritis

○Ayaka Yasuda, Natsuko Sasaki, Yu Sawada
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A 40-year-old female with refractory hidradenitis suppurativa affecting vulvar and inguinal regions presented after failed treatment with adalimumab and antibiotics. Following staged deroofing and fistula excision procedures, she developed new symptoms after secondary infection from gluteal fistula including abdominal pain, diarrhea, palpable purpura, and knee joint pain. A skin biopsy revealed leukocytoclastic vasculitis, while renal biopsy showed crescentic formation with IgA deposition and mesangial proliferative glomerulonephritis, establishing diagnosis of IgA vasculitis with nephritis. Treatment with steroid pulse therapy followed by rituximab and mycophenolate mofetil proved resistant, necessitating cyclophosphamide administration which improved abdominal and joint symptoms.

EP11-3

Evaluation of a PCR based microarray for the diagnosis of superficial fungal infections

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This study aimed to evaluate the use of a PCR based microarray for the in vitro detection of organisms commonly implicated in superficial

fungal infections by comparing the concordance rate with conventional fungal culture from hair, skin and nail. 61 samples were analyzed.
PCR showed a higher sensitivity (93.44%) compared to fungal culture (50.82%), which was statistically significant (Chi square=22.53, p< 0.001). Dermatophytes were most commonly identified. PCR was better able to detect mixed infections compared to fungal culture. 29 samples were positive on both fungal culture and PCR. Concordant pathogens were identified in 82.76% of samples (24/29). 28 samples were positive on PCR but negative on fungal culture, comprising dermatophytic and mixed infections.

EP11-4

Trends and Cross Nations Inequality Analysis of Infectious Skin Diseases from 1990 to 2021

○Xiaofeng Liang
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Background
Infectious skin diseases (ISD) include bacterial (BSD), fungal (FSD), and viral skin diseases (VSD).
Methods
Data for ISD were sourced from the Global Burden of Disease Study 2021 (GBD 2021) and the United Nations. Average Annual Percentage Change (AAPC) was utilized to analyze trends, and cross-national inequality was assessed on the Socio-demographic Index (SDI).
Results
FSD has the highest prevalence rate. For YLDs, VSD ranks first. YLDs for FSD are primarily concentrated the elderly, while those for VSD are concentrated among children. The burden of BSD and FSD is primarily concentrated in low-SDI countries, while VSD is mainly concentrated in high.
Conclusion
The burden of ISD remains significant, necessitating tailored prevention and control strategies for each infectious agent.

EP11-5(E4-7)

Please refer Oral Presentation in English

EP11-6

Discrepancy of Clinical Manifestations with Histopathology in Leprosy：A Case Series

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Introduction：Incompatibility of clinical picture and histopathology of leprosy may lead to difficulties in establishing the correct type of leprosy. **Case report**：We present three cases of leprosy with discordances between clinical manifestation and histopathology results. **Discussion**：The various factors that can result in discrepancies including size of biopsy, age of lesions, immunological status at the time of diagnosis, occurrence of reaction, and clinically dissimilar lesion. **Conclusion**：If there is a difference between clinical and histopathology examination, the patient should be treated according to the more severe type of leprosy.

EP12-1

Skin manifestations of indolent ATLL cutaneous involvement and relationship to prognosis

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Adult T-cell leukemia/lymphoma (ATLL) has indolent subtypes, including smoldering and favorable chronic types, with relatively better prognoses. However, some cases progress to acute crisis. To identify prognostic factors, we retrospectively analyzed 43 cases of indolent ATLL, focusing on cutaneous and histopathological features. Patients were categorized into six cutaneous subgroups：patch, plaque, multipapular, nodulotumoral, erythrodermic, and purpuric, and into two histopathological groups：superficial and deeper infiltrating subtypes. Most nodular cases belonged to the deeper infiltrating group, while patch subtypes were superficial. Although histopathology did not significantly impact prognosis, the nodular subgroup progressed to acute crisis faster, suggesting a poorer prognosis.

EP12-2(E4-8)

Please refer Oral Presentation in English

EP12-3

A case of acute methotrexate toxicity causing pancytopenia and mucocutaneous erosions

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Methotrexate (MTX) -induced oral mucositis is a well-known adverse effect, but atypical presentations can complicate diagnosis. We report a 73-year-old woman with rheumatoid arthritis, treated with MTX at 6 mg/week for two months, who developed dark red erosive erythema on both lower legs, disseminated nonpalpable purpura on the trunk and extremities, and oral mucosal erosions. Laboratory tests revealed pancytopenia, consistent with acute MTX toxicity. Leucovorin rescue treatment resulted in significant symptomatic improvement. This case underscores the importance of recognizing uncommon mucocutaneous and systemic manifestations of MTX toxicity to ensure prompt diagnosis and timely intervention.

EP12-4

Application of An Novel Non-Invasive Water Light Technology in Aesthetic Medicine

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Water Light Injection delivers hyaluronic acid and actives to the dermis, enhancing multiple skin benefits, but with risks like pain and damage. This study presents a novel non-invasive water light technology to replicate injection effects. Raman spectroscopy confirmed the effective penetration to the dermis. Clinical trials revealed no significant differences (P>0.05) between the non-invasive technology and injections in improving fine lines and roughness, with reduced erythema and improved skin elasticity (P<0.05). Combined with injections, the technology accelerated skin barrier recovery and produced more pronounced and lasting improvements in fine lines, skin elasticity, and roughness. This study offers an alternative and synergistic benefits in aesthetic medicine.

EP12-5

huSA：A Comprehensive Database for Skin Diseases

○Meiling Zheng[1)], Bao Qian[1)], Zhi Hu[1)], Xingyu Wei[1)], Xiaoyun Chen[2)], Ke Sun[1)], Wenjuan Jiang[1)], Changxing Gao[1)], Qianjin Lu[1)], Ming Zhao[1)]
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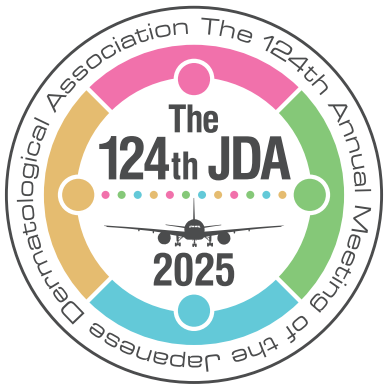
Skin diseases significantly impact health, comfort, and quality of life. The rise of high-throughput skin disease datasets calls for effective integration and analysis. We developed the human skin atlas (huSA, https://humanskinatlas.com/index.html), encompassing 17 diseases and 61 datasets, including 1411 scRNA-seq, 63 spatial transcriptomics, and 1502 bulk RNA-seq samples. huSA offers cell type annotations, DEGs analysis, cell interactions, pathway enrichment, transcription factor inference, and differentiation state analysis. It integrates datasets across similar diseases and performs uniform analyses for deeper insights. With interactive tools like 'cell×gene' and 'Cirrocumulus,' huSA enables customizable visualizations, advancing skin disease research.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