



Dear Colleagues and Friends,

On behalf of the organising committee it is a great honour to welcome you to the Joint Conference of the Baltic countries dermatovenereologists **"DIALOGUES OF DERMATOVENEREOLOGY 2024"**, which will take place on 9-10 May 2024 in Tallinn, Estonia, Nordic Hotel Forum.

Why DIALOGS OF DERMATOVENEREOLOGY?

"Dias" - "together", "logos" - "to think" (Greek language).

Dialogue means not only participation, discussion, search, but also a long-lasting emotion afterwards. It is the opposite of anxiety and haste, because it requires time, attention, being together. It is a formula of open communication, cooperation, working together, where each participant is equally valuable, who gives something that is beneficial to everyone and contributing to a successful result.

That is why, in this fragile, tension-filled period, we decided to organize the annual conference of the Estonian Society for Dermatovenereologists (ENSAS) in collaboration with the Latvian and the Lithuanian Societies of Dermatovenereologists.

The goal is to strengthen friendly relations between doctors from the Baltic countries, share experiences, practical tips and solve complex cases together.

Celebrating the sense of unity of the Baltic countries in the heart of the city Tallinn.

We hope that the time spent together will be memorable not only in a professional sense, but will become a memorable meeting with colleagues, friends and foreign guests from Germany, Great Britain, Spain, Ukraine etc.

On behalf of the ENSAS Board

Pille Konno

President of the Estonian Society for Dermatovenereologists



ISBN 978-9916-4-2325-7

Baltic Conference of Dermatovenereologists 2024 – DAY 1

09.05.2024

12:00-12:30 **Registration, welcome coffee**

12:30-12:40 **Opening of the Conference, Day 1 - Dr Pille Konno** (Tallinn, Estonia)

12:40-13:00 „Integral monitoring of psoriasis patients in treatment pathway and prevention of disease exacerbations“ **Dr Priit Kruus** (Tartu, Estonia)

13:00-14:00 **Satellite Symposia I – AbbVie: Be The Change: Advancing Care In Immune-Mediated Skin Diseases.**

Chairman: Dr Viljar Jaks (Tallinn, Estonia).

13:00-13:25 „Target the change: a new approach to aim higher in treatment goals of atopic dermatitis.“ - **Prof Spyridon Gkalpakiotis**, Department of Dermatovenereology, Charles University and University hospital of Kralovske Vinohrady, Prague, Czech Republic

13:25-13:30 QA

13:30-13:55 „Commit to change: the value of optimizing treatment decisions in psoriatic disease.“ - **Prof Spyridon Gkalpakiotis**

13:55-14:00 QA

14:00-15:00 **Satellite Symposia II – Johnson & Johnson**

Chairman: Dr Tiina Toomson (Pärnu, Estonia)

14:00-14:45 „Mapping the Path to Better Psoriasis Therapy outcomes.“ - **Prof. Khusru Asadullah**, Skin Clinic of the Charité, Berlin, Germany

14:45-15:00 QA

15:00-15:30 **Satellite Symposia III – Sanofi**

Chairman: Dr Tiia-Linda Okas (Tallinn, Estonia)

15:00-15:20 „Type 2 inflammation. A Common Mechanism for Multiple Diseases.“ - **Assoc. Prof Maris Bukovskis**, Faculty of Medicine, University of Latvia, Head of the Board of the Latvian Society of Allergists

15:20-15:30 QA

15:30-16:00 **Coffee break**

16:00-16:50 **Session I, Day I - Fungal infections- easy or difficult?**

Chairman: Helle Järv (Tallinn, Estonia)

16:00-16:25 „Rare fungal infections. Antifungal resistance and treatment options.“ - **Prof Pietro Nenoff**, Labopart Medizinische Laboratorien, Laboratory Leipzig-Mölbis (Germany)

16:25-16:40 „Are the classic diagnostic methods in mycology still state of the art?“ - **Helle Järv**, (Tallinn, Estonia)

16:40-16:50 QA

16:50-17:30 **Session II, Day I - Update on the prevention of sexually transmitted diseases**

Chairman: Dr Airi Põder (Tartu, Estonia)

16:50-17:10 „Chemsex, sexual behaviour and STI-PrEP use among HIV-PrEP users: an update for dermatovenereologists.“ - **Prof of Sexual Health & HIV medicine Daniel**

Richardson, University Hospitals Sussex NHS Foundation Trust Brighton & Sussex Medical School (UK)

17:10-17:25 „HIV- PrEP in Estonia update.“ - **Dr Kerstin Aimla** (Tartu, Estonia)

QA

17:25-17:30

Opening Ceremony – Baltic unity

17:30-18:00 *Assoc. Prof. Dr Rūta Gancevičienė, Assist.Prof Mara Rone-Kupfere, Dr Raimonds Karls, Dr Pille Konno*

17:30-17:35 „How the idea for BCDV started?“ - **Assoc. Prof. Dr Rūta Gancevičienė**, President of Lithuanian Association of Dermatovenereologists, Assoc. Prof at Vilnius University, Faculty of Medicine, Clinic of Infectious diseases and Dermatovenereology

17:35-17:40 „Latvia – connecting link between Estonia and Lithuania.“ - **Assist.Prof Mara Rone-Kupfere** Riga Stradins University, Dept. Dermatovenerology, President of Latvian Dermatovenerology Society, Vicepresident Latvian Aesthetic Medicine Association

17:40-17:45 „What really units us?“ - **Dr Raimonds Karls** (Daugamale, Latvia)

17:45-18:00 „Power to all our friends.“ - **Dr Pille Konno** (Estonia), group photo

Baltic Conference of Dermatovenereologists 2024 – DAY 2

10.05.2024

08:30-09:00 **Registration, welcome coffee**

Session I, Day II - My challenging cases

09:00-09:45 *Chairmen: Assist. Prof Kristi Abram (Estonia), Assist.Prof Mara Rone-Kupfere (Latvia), Assoc. Prof. Dr Rūta Gancevičienė (Lithuania).*

Please find BCDV 2024 Abstract book [HERE](#)

09:00-09:10 „Pyoderma Gangrenosum.“ - **Dr Laura Jõgeda** (Estonia)

09:10-09:20 „Calciophylaxis.“ - **Dr Kaisa Viljar** (Estonia)

09:20-09:30 „Use of O.S.H.M.D. (optical super-high magnification dermoscopy) for differentiation of flat pigmented lesions on the face“. - **Alise Matuzala** (Latvia)

09:30-09:40 „Itch and psoriasis. - **Demija Pleša-Bogomolova** (Latvia)

Session II, Day II - Learn from the experts

09:40-10:30 *Chairmen: Prof Matilda Bylaitė-Bučinskienė, Assist.Prof Mara Rone-Kupfere (Latvia), Assoc. Prof. Dr Rūta Gancevičienė (Lithuania)*

09:40-10:00 „Lip diseases.“ - **Prof Matilda Bylaitė-Bučinskienė** (Lithuania)

10:00-10:15 „Challenges in the diagnosis and treatment of facial skin diseases.“ - **Assoc. Prof. Dr Rūta Gancevičienė** (Lithuania)

10:15-10:30 „Scars in aesthetic dermatology.“ - **Assist.Prof Mara Rone-Kupfere** (Latvia)

10:30-11:00 **Coffee break**

- 11:00-11:40** **Session III, Day II - Tropical diseases.** Chairman: *Dr Helle Järv (Estonia)*
 „Travel and tropical skin diseases. Diagnostics and treatment.“ - **Prof Pietro**
- 11:00-11:20** **Nenoff**, Labopart Medizinische Laboratorien, Laboratory Leipzig-Mölbis (Germany)
- 11:20-11:30** Challenging cases from audience
- 11:30-11:40** QA
- 11:40-12:40** **Session IV, Day II - Overview HIV and AIDS**
 Chairman: *Dr Airi Põder*
 „The past, present and future: 30 years of HIV researchThe past, present and future: 30 years of HIV research.“ - **Prof of Sexual Health & HIV medicine**
- 11:40-12:05** **Daniel Richardson**, University Hospitals Sussex NHS Foundation Trust Brighton & Sussex Medical School (UK)
- 12:05-12:25** „Skin lesions: mirror images of HIV.“ - **Dr Pille Konno**, (Estonia)
- 12:25-12:30** QA
- 12:30-13:30** **Lunch. Exhibition**
- 13:30-15:30** **Session V, Day II – Skin Cancer and Melanoma**
 Chairman: *Dr Peeter Padrik*
- 13:30-13:50** „Baby melanomas.“ - **Dr Bohdan Lytvynenko** (Ukraine)
- 13:50-14:20** „Melanoma genetics. Daily practice.“ - **Prof Eduardo Nagore** (Spain)
- 14:20-14:40** „Genetics-based personalised cancer prevention.“ - **Dr Peeter Padrik**, (Estonia)
- 14:40-15:00** „Dermatoscopy of non-pigmented melanomas - how to differentiate Red Riding Hoods from Gray Wolves?“ - **Dr Raimonds Karls** (Latvia)
- 15:00-15:05** QA
- 15:05-15:25** „Moh’s surgery.“ - **Dr Bohdan Lytvynenko** (Ukraine)
- 15:25-15:30** QA
- 15:30-16:00** **Coffee break. Exhibition**
- 16:00-17:00** **Session VI, Day II – Tools and battle. How to improve diagnostics?**
 Chairman: *Dr Pille Konno*
- 16:00-16:10** „New tool on the block.“ - **Thorsten Trotzenberg** (Germany, USA)
- 16:10-16:20** „Integrated Dermoscopy Workflows.“ - **Kathrin Niemela** (Germany)
- 16:20-16:50** Dermoscopic dialogues. Battle & Kahhoot: **Dr Raimonds Karls versus Dr Bohdan Lytvynenko**
- 16:50-17:00** **The Winner Takes It All. Closing of the conference**

Conference Organizer

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Baltic Conference of Dermatovenereologists 2024

ABSTRACTS

O-01 An unexpected case of non-uremic calciphylaxis

Information about abstract submitter

1) *Kaisa Viljar**, ENSAS, Tartu University Hospital, Estonia

The main content of abstract:

Objective

In June 2019 a 87-year-old rather healthy woman with a history of osteoporosis developed a painful ulcer on the right leg after injuring her leg while walking in the woods. She presented to Tartu University Hospital Dermatology Clinic in August 2019. By that time the injury had happened two months ago and ulcer had enlarged in that time and her pain had gotten severe. Blood tests were ordered and they showed no abnormalities whatsoever. The initial diagnosis of pyoderma gangrenosum was made based on the anamnesis and clinical findings. Patient was treated with different systemic treatments one at the time, such as methylprednisolone, asatioprin, cyclosporine and dapson, none of which improved her condition. Wound on the right leg enlarged despite systemic treatment and adequate wound care. In spring 2020 patient started developing violaceous subcutaneous macules and plaques on legs and arms. Soon after that incisional biopsy was taken from the border of the ulcer on her right leg. Biopsy demonstrated narrowing of the lumen of the smaller-caliber arteries with pronounced calcinosis at the border of the subcutaneous fatty tissue. Findings were consistent with calciphylaxis. As the patient had no renal problems, diagnosis of non-uremic calciphylaxis was made. CT scan was made which showed no signs of calcification in the organs and no signs of malignancy.

Methods

Patient was hospitalized and all calcium supplements were discontinued from her medication list despite her earlier osteoporosis diagnosis. As ulcer had enlarged in size and did not respond to wound care performed in Dermatology Clinic, necrectomy of the ulcer was performed by a plastic surgeon. In June 2020 an off label intravenous therapy with sodium thiosulfate 12,5 g 4 times per week once a month was started in Tartu University Hospital Dermatology Clinic. Patient tolerated the treatment well. Wound care and pain management was performed daily.

Results

Two months after starting sodium thiosulfate her pain and the ulcer on the right leg had significantly improved. Up until today patient is being hospitalized to Tartu University Hospital Dermatology Clinic once a month to receive sodium thiosulfate intravenous infusion 4 times per week (12,5 grams of sodium thiosulfate each infusion). Patient has received altogether 50 treatment courses of sodium thiosulfate and is tolerating the treatment very well. Patient still has a persisting 6,5 cm x 6,3 cm ulcer on the right leg. She now needs only 1000 milligrams of paracetamol occasionally as pain medication.

Conclusions

Calciphylaxis is a microvascular occlusion disorder characterized by metastatic arteriolar calcification and cutaneous necrosis leading to painful ulcers. This disease is predominantly seen in patients with advanced renal disease, yet non uremic cases are also described. Calciphylaxis is associated with substantial morbidity due to severe pain, non-healing wounds and frequent hospitalizations. It is a highly fatal condition with 1-year mortality rates greater than 50 percent, most frequently due to sepsis. Herein, I describe the case of nonuremic calciphylaxis in a 87-year-old woman presenting with no major risk factors of the disease. This case illustrates the diagnostic challenges of nonuremic calciphylaxis and reviews the risk factors, pathophysiology, differential diagnosis, diagnostic workup, and treatment for this disease. Histopathologic evaluation can be used to diagnose calciphylaxis. Treatment for calciphylaxis is centered on inhibiting the progression of vascular calcification and correcting the underlying etiology. Strategies to inhibit and decalcify vessels include correcting electrolyte abnormalities and utilizing medications such as vitamin K and sodium thiosulfate which proved to be effective treatment in our case. Multidisciplinary collaboration between dermatologists, nephrologists, wound care specialists, pain and palliative care physicians and surgical subspecialists is essential in management of this disease. Increased awareness of this rare disease can lead to an earlier diagnosis and improved patient outcomes.

Brief description of the abstract

A 87-year-old woman presented to the hospital with two month history of painful ulcer and retiform purpura on the right leg. No abnormalities were detected in blood tests. All findings including histology were consistent with the calciphylaxis diagnosis even though the patient had no major risk factors of this disease. In this case report I discuss the presentation of calciphylaxis and review the risk factors, pathophysiology, and interdisciplinary management approach of this rare disease.

O-02 Itch and psoriasis

Information about abstract submitter

- 1) *Demija Pleša-Bogomolova**, Riga Stradins University, SIA, Latvia
- 2) *Māra Rone-Kupfere*, Riga Stradins University, Latvia

The main content of abstract:

Objective

Psoriasis is a chronic inflammatory skin disease that manifests as whitish, sharply demarcated, erythematous, scaly, pruritic plaques. Its prevalence worldwide ranges from 0.5% to 11.4% in adults and from 0% to 1.4% in children (Michale, 2017). Psoriasis exhibits a higher prevalence with increasing distance from the equator, suggesting a potential role of latitude in the disease's distribution. The aim of the study was to determine the factors provoking and affecting itching in psoriasis patients and to assess how itching and the burden of the disease impact the patient's quality of life. This abstract does not include the results of the study regarding the relationship between pruritus and the quality of life of patients. The study sought to investigate correlations between itching and its intensity and various factors, including smoking, diet, stress, sleep patterns, weather conditions, body mass index (BMI), patient age, gender, disease duration and PSA levels.

Methods

An anonymous questionnaire with the following sections was developed: demographic data, general health, eating habits, unhealthy behaviors, pruritus and the influencing factors. The total number of psoriasis patients who filled out the questionnaire was 50, of which 49 questionnaires were recognized as valid. The patients were interviewed in an outpatient Dermatology clinic in Riga. The study adhered to ethical principles, ensuring voluntary participation and safeguarding the protection and confidentiality of individuals' physical data. Data analysis was performed using SPSS (Statistical Package for Social Sciences) for Windows version 25.0. The Mann-Whitney U, Shapiro-Wilk test, and Fisher Exact Probability test were utilized to determine statistically significant associations.

Results

The total number of respondents was 49, women (28,6%; n=14) and men (71,4%; n=35). The survey response rate was 49%. The mean age of the patients is 43.78 years (SD=13.38). The average duration of psoriasis is 8.67 years (SD=6.37). Patients without an episode of pruritus had a mean disease duration of 7.22 years (SD=0.98), while patients with an episode of pruritus had a mean disease duration of 9.13 years (SD=1.09). On average, the intensity of itching in patients with itch since the onset of psoriasis was 4 points according to the VAS scale (Reich, 2017). At least one episode of itching was reported by 40 (81,6%), while 9 (18,4%) denied experiencing such an episode. Additionally, 19 (38,8%) respondents noted that the itching was chronic, lasting at least 6 weeks. According to the obtained data, there is no statistically significant difference between the duration of psoriasis and the presence of itching ($p=0.815$, Mann-Whitney U). The mean BMI for those without pruritus is 26.48 (SD= 4.07), and for those with pruritus, the mean BMI is 27.95 (SD= 6.46). According to the obtained data, there are statistically significant differences, indicating that patients without chronic itching have a lower BMI ($p= 0.018$, Shapiro-Wilk test). Of all respondents, 17 (34.7%) are smokers, while 32 (65.3%) are non-smokers. 25 (78.1%) of the non-smokers report having had an episode of pruritus, while 7 (21.9%) deny experiencing such an episode. Similarly, 15 (88.2%) of the smokers report experiencing an episode of pruritus, while 2 (11.8%) deny it. According to the obtained data, there is no statistically significant difference between smoking and the presence of itching ($p=0.467$, Fisher Exact test). The correlation between various parameters such as diet, sleep patterns, weather, patient age, gender, and PSA value with itching intensity was assessed. However, based on the collected data and statistical analysis, no statistically significant difference was observed.

Conclusions

Psoriasis is a common disease encountered in the daily practice of dermatologists. In the study, the average intensity of itching in the patients can be evaluated according to the VAS scale as moderate intensity of itching, which corresponds to information in the scientific literature. Although no statistically significant correlation was found between itch intensity and influencing factors such as diet, smoking, stress, sweating, weather changes, fatigue, and sleep, for the majority of patients, these were provoking factors for itching exacerbations. A positive correlation was observed between increased BMI and the intensity of itching. Hence, patients with a BMI over 25 may require dietary adjustments from a nutritionist or additional physical activity.

Brief description of the abstract

Psoriasis is a chronic inflammatory skin disease, that impacts patients' quality of life profoundly.

Itching affects 60-90% of psoriasis patients with an average VAS score of 3.2-4.6 and remains undertreated with conventional therapy. The study sought to investigate correlations between itching and its intensity and various influencing factors, including smoking, diet, stress, sleep patterns, weather conditions, body mass index (BMI), patient age, gender, disease duration and PSA levels.

O-03 Pyoderma Gangrenosum

Information about abstract submitter

1) *Laura Jõgeda**, ENSAS, Estonia

The main content of abstract:

Objective

Description: On December 2022, a 52-year-old woman developed a bullous lesion on her left shin after a fall. The bulla eroded into a painful ulcer. The patient had no chronic diseases and did not take any medications. She visited her family physician, who prescribed fucidin acid cream, antibacterial wound dressings, antibiotics cefadroxil and a course of doxycycline. However, the ulcer did not improve with the treatment and she was referred to a general surgeon, who then referred her to a plastic surgeon for skin grafting consultation. On april 2023, she had an appointment with a plastic surgeon. There was an almost circular 7x12 cm ulcer with surrounding erythema and irregular purple borders. The ulcer was exudative, covered with pus and blood. The ulcer was so painful, that the patient couldn't walk normally. Her wrists and ankles were painful and swollen and she had had a 37.5-38 °C temperature for a month. A punch biopsy from the edge of the ulcer was taken, and blood analysis were ordered. A day after the biopsy was taken, new painful bullous lesions started to develop on patient's wrists, feet, legs, elbows, both metatarsophalangeal joints. All of the bullae evolved into ulcers within 2-4 days. The patient developed joint pains all over her body, with a fever of 39°C, and was hospitalized to North-Estonia Medical Centre's Rheumatology Department.

Methods

Approach taken: A clinical diagnosis of Pyoderma Gangrenosum was made. In blood analysis there was a rise of C-reactive protein (150 mg/L), erythrocyte sedimental rate (90 mm/H), there was neutrophilic leukocytosis (WBC 17.47 E9/L) and a fall of haemoglobin (96 g/L, MCV ↓, MCH ↓). Procalcitonin was normal (0.16 ng/ml). Aerobic culture from the ulcer was negative. Infections, inflammatory bowel diseases were excluded. Rheumatoid factor, anti-CCP antibodies were negative, there were nonspecific changes on ANA analysis, proteinogram was normal. Pulse therapy with 125mg methylprednisolone a day for 3 days and cyclosporine 150mg x2 was initiated (patient weighed 76 kg). Prophylactic antibiotic treatment (S. amoxicillin/clavulanic acid 1.2g x3 i.v) was given. After the 3-day course of pulse therapy, prednisolone 30mg once a day was started. Locally the ulcers were treated with clobetasol cream. A gastroscopy was performed a week after starting therapy, revealing a circular ulcerating mass in antrum. 6 biopsies were taken, non showed malignancy and pathology revealed a CMV infection. A whole-body CT scan showed enlarged lymph nodes on both sides of the diaphragm, an enlarged liver and spleen, and many cystic lesions

in spleen. Spleen MRI was recommended, which showed that the cysts in spleen were most likely inflammatory lesions. There were no pathological lymph nodes regionally. Histology of the ulcer border showed abscessing inflammation in dermis, subdermis, with many neutrophils. Also histiocytes, lymphocytes, plasma cells were seen. There was fibroid necrosis and vasculitis in blood vessels around abscesses, as well as liponecrosis. No granulomas, no fungi, no mycobacteria, no malignancy was seen. Considering the clinical findings, histology supported the diagnosis of Pyoderma Gangrenosum.

Results

Results: The patient started to feel better after the first pulse therapy. Her body temperature started to normalize, and the ulcers and joint pain became less severe. Gradually the development of new lesions stopped, and the ulcers began to heal. Two weeks after the start of treatment, the ulcers were less painful, with reduced oozing, pus and blood. Granulation tissue began to grow. Three weeks after starting treatment, negative pressure wound therapy, split thickness skin grafting, and Kenalog injections were performed for the circular ulcer on the left leg. Cyclosporine 150mg x2 and prednisolone 30mg x1 were continued and not paused before the procedures. No new lesions developed at the skin grafting sites. Two months later, new lesions started to appear, and the patient developed prednisolone therapy side effects (weight gain, rounder face). Biologic therapy with Infliximab 5 mg/kg was started, cyclosporine 150mg x2 and prednisolone 20mg x1 were continued. The development of new lesions stopped, ulcers started to heal. On July 2023, the patient developed visual impairment, dizziness, and cyclosporine was in toxic concentrations. The dose was reduced to 150mg x1, prednisolone reduced to 10mg x1. On november 2023, the patient received 5th infusion of Infliximab. Two weeks after the infusion, the patient developed severe joint pains. Antibodies against Infliximab were detected. The patient was diagnosed with seronegative rheumatoidarthritis. Infliximab was switched for adalimumab, which has been effective so far. The pyoderma gangrenosum ulcers are healing, and joint pains are under control.

Conclusions

Conclusion: Pyoderma gangrenosum is a rare autoinflammatory neutrophilic dermatosis that presents with rapidly developing painful skin ulcers hallmarked by undermined borders and peripheral erythema. Pyoderma gagrenosum is often associated with a variety of other immune-mediated diseases, most commonly inflammatory bowel disease and rheumatoid arthritis. Clinicians need to be aware of pyoderma gangrenosum, because if the condition is incorrectly managed, it can lead to extensive tissue damage. Management includes wound care, local therapy and systemic therapy. For mild lesions, topical corticosteroids, topical calcineurin inhibitors, and intralesional corticosteroids are the options with the most evidence. For extensive and rapidly progressive disease, systemic therapy should be administered. Systemic corticosteroids and cyclosporine are considered first-line options. Second-line oral therapies include dapsone, mycophenolate mofetil, methotrexate, azathioprine, and minocycline. Use of infliximab, a tumor necrosis factor- α inhibitor, is supported by the results of a randomized, double-blind placebocontrolled trial. Progression of existing lesions or development of new lesions after surgery or minor trauma is reported in up to 30% of PG patients (pathergy phenomenon). Therefore, the role of surgical interventions such as split thickness skin grafting and negative pressure wound therapy is controversially discussed, as these procedures might pose a trigger and further aggravate the condition, especially if performed without immunosuppression. Negative pressure wound therapy and split thickness skin grafting, if

performed under adequate immunosuppressive therapy, comprises a valuable treatment option for pyoderma gangrenosum to accelerate healing time.

Brief description of the abstract

Case report of a 52-year-old woman with pyoderma gangrenosum, detailing her presentation, diagnosis, and treatment, which required a multidisciplinary approach. Pulse therapy, systemic therapy, negative pressure wound therapy, split skin grafting and biologic agents, resulted in significant clinical improvement. The report underscores the complexities of managing this rare dermatologic condition and highlights the importance of tailored therapy for optimal patient outcomes.

O-04 Skin lesions: mirror images of HIV

Information about abstract submitter

1) *Pille Konno**, *Confido Medical Centre, Estonia*

The main content of abstract:

Objective

In the case of HIV, there may be skin rashes that lead us to the diagnosis. Skin rashes often occur in HIV-infected patients and can be the first manifestation of HIV disease. HIV positive patients may unknowingly visit various specialists before they become aware of their diagnosis.

Methods

There are digital medical records in Estonia, and now the family doctor receives a notification if his patient has HIV indicator diseases (Diagnostic match 1.0).

Results

Data from 2014 to 2015 on new HIV infections showed that 82% of them had used health services in the two years prior to being diagnosed with HIV (the average number of visits was nine). Only 16% of them had been tested for HIV at least once. At the same time, only 5% had been tested for HIV indicator conditions. ([rj-hiv-testimine-web%20\(1\).pdf](#), RJ-A/47.1-2020)

Conclusions

Skin rashes often occur in HIV-infected patients and can be the first manifestation of HIV disease. Test for HIV in people who have had multiple casual partners and unprotected intercourse or have already been diagnosed with some STD. Test for HIV on people you notice HIV indicator diseases (https://www.eusti.ee/wp-content/uploads/2021/06/Ravijuhis_2021.pdf).

O-05 Use of O.S.H.M.D. (optical super-high magnification dermoscopy) for differentiation of flat pigmented lesions on the face

Information about abstract submitter

- 1) *Alise Matuzala**, *University of Latvia*
- 2) *Raimonds Karls*, *Derma Clinic Riga, Latvia*

The main content of abstract:

Objective

Flat pigmented lesions on the face can present in different states - they can be both benign and malignant. Sometimes conventional optical dermatoscopy cannot provide an unequivocal answer about the nature of the lesion, sometimes it is even hard to tell if it is made up from melanocytes or keratinocytes. Accurate diagnosis of lesions is necessary to apply appropriate treatment, which differs between different types of lesions. Despite the development of technology, diagnostics are still trying to catch up. The literature regarding O.S.H.M.D in diagnostics for pigmented lesions is limited and terminology used to describe findings is still in its starting stages. The aim of the study is to examine the structures of flat pigmented facial lesions at super-high magnification (400x) in order to be able to evaluate the differential diagnostic criteria between them, as a result of which a faster and more accurate diagnosis would be made. That would provide the patient with a faster and targeted choice of therapy tactics.

Methods

We present results of the prospective cross-sectional study. Inclusion criteria for participants – 45 years and older with at least one pigmented lesion on the face. For each participant a clinical examination was performed, optical dermatoscopy examination (10x and 20x) of facial lesions, photo documentation of the lesions of interest and O.S.H.M.D with a licensed digital dermatoscope device.

Results

We enrolled 32 patients between ages 47 and 93 with at least one flat pigmented lesion on the face. Between 32 patients there were 41 lesions examined with optical dermatoscope (10x and 20x) and O.S.H.M.D (400x). There were 19 solar lentigines (SLs), 7 lichen planus like keratoses (LPLKs), 9 seborrheic keratoses (SKs), 1 nevus, 1 pigmented actinic keratose (pAK) and 4 lentigo maligna (LMs). Main pigmented cell populations that were identifiable with O.S.H.M.D were keratinocytes and melanocytes. Keratinocytes are characterised as small, regular, polygonal cells in brown colour and mostly in focus that are evenly spread. Melanocytes are seen as round or dendritic cells, that are larger than keratinocytes, and which vary in colour from brown to violet/blue. When looking cell distribution, colour, shape and size regularity, LMs showed irregular arrangement of melanocytes, they were also irregular in shape and size, and showed folliculotropism when compared to other benign lesions. In comparison, SLs showed regular distribution of keratinocytes that were focused, similar in shape and size with edged papillae, with some scattered regular sized melanocytes.

Conclusions

O.S.H.M.D can identify different cell types that can be useful for differentiation of flat pigmented lesions on the face, together with conventional dermatoscopy data.

Brief description of the abstract

This study aimed to assess flat pigmented facial lesions using optical super-high magnification dermoscopy (O.S.H.M.D) to enhance diagnostic criteria. 32 patients aged 47-93 were studied, with 41 lesions examined. Main cell populations identified were keratinocytes and melanocytes. O.S.H.M.D revealed irregularities in melanocyte arrangement in malignancies compared to benign lesions. This technique complements conventional dermatoscopy for accurate diagnosis and treatment selection.