The 122nd Annual Meeting of the Japanese Dermatological Association

PROGRAM

Expanding Dermatology

Dates June 1(Thu.) - 4(Sun.), 2023

Venue Pacifico Yokohama

President Shinichi Sato, M.D., Ph.D

Department of Dermatology,
Faculty of Medicine, University of Tokyo

Program at a glance

The 122nd Annual Meeting of the Japanese Dermatological Association

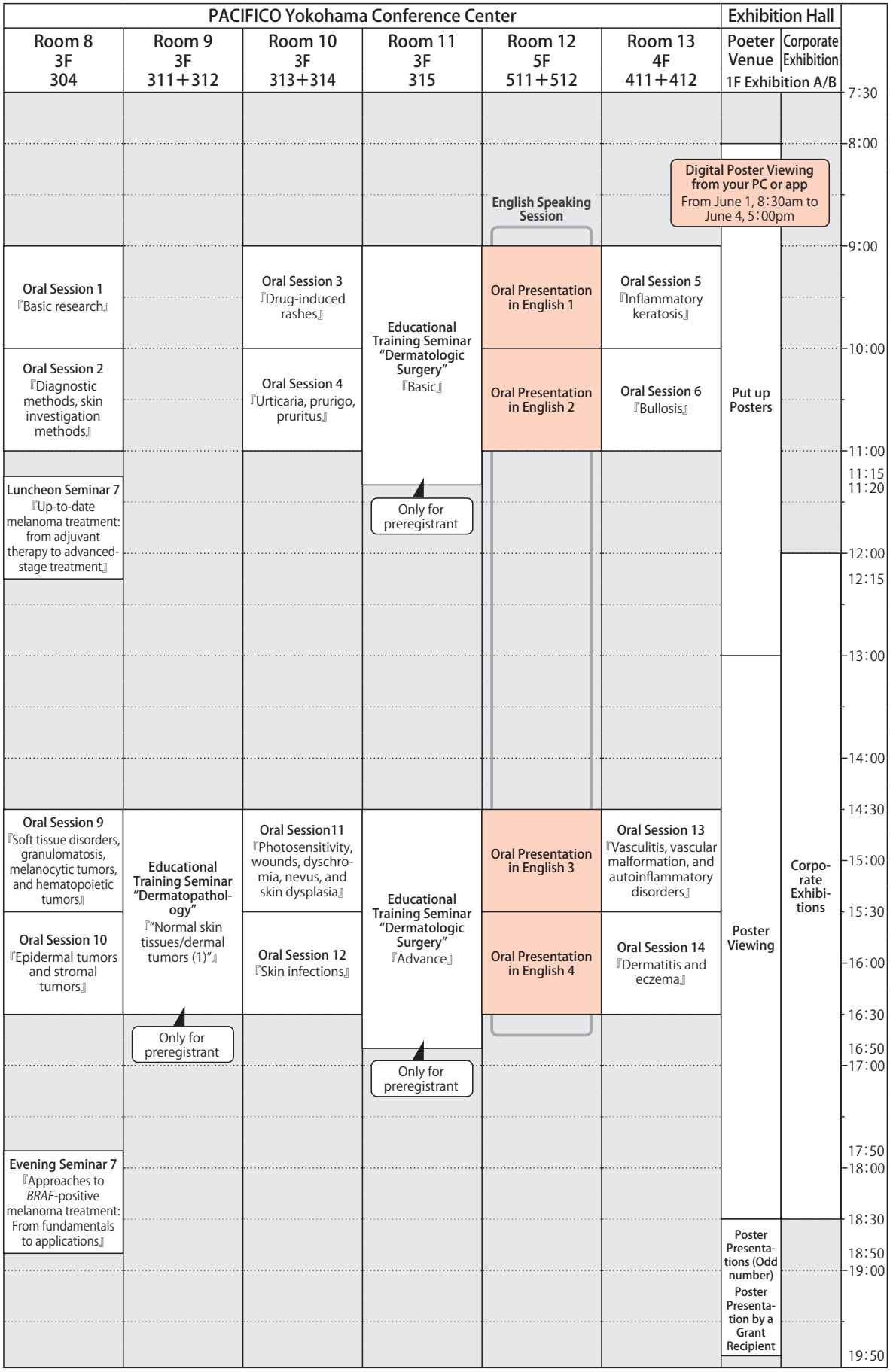
PACIFICO Yokohama Conference Center

	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							
8:00							
9:00	Basic **Educational Lecture 1** 『What dermadromes can tell us about cross-talk between the skin and systemic organs』	Basic／Advanced／Update **Educational Lecture 2** 『Enjoying the management of systemic sclerosis』	Basic **Educational Lecture 3** 『(Inflammatory) skin disorders through the lens of the "shape" of the dermis』	Basic／Advanced **Educational Lecture 4** 『Cell adhesion and skin disorders: Basic knowledge and the latest discoveries』	Basic **Educational Lecture 5** 『Clinical care and management of cutaneous parasitosis』	Advanced **Educational Lecture 6** 『Frontline of immune checkpoint inhibitor treatment for skin tumors』	Basic／Advanced **Educational Lecture 7** 『The latest on pustolosis』
10:00							
11:00							
11:15		**Luncheon Seminar 1** 『Conveying feelings and creating good relationships: The first steps in managing patients with AD』	**Luncheon Seminar 2** 『Jan Marini Skin Research - its 29-year history in the US and boasting tremendous popularity: Customized treatment to fit your own skin concerns』	**Luncheon Seminar 3** 『Latest topics in the physiopathological mechanism of atopic dermatitis』	**Luncheon Seminar 4** 『Rituximab as a practical pemphigus treatment』	**Luncheon Seminar 5** 『Kampo medication that could be used in advanced atopic dermatitis treatment』	**Luncheon Seminar 6** 『Hereditary angio-edema: Pathophysiology and treatment』
12:00							
12:15							
12:25	Master of Dermatology (Maruho) Award Ceremony and Lecture						
12:45							
13:00	**Award Ceremony**						
14:00							
14:20							
14:30	Basic／Advanced **Educational Lecture 8** 『Treatment update on atopic dermatitis: Making the best use of new drugs』	Advanced **Educational Lecture 9** 『[Clinical Practice Edition] Dermatophyte antigen kits』	Advanced **Educational Lecture 10** 『Systemic management of psoriasis patients: From epidemiology to treatment』	Basic **Educational Lecture 11** 『Vitiligo: Its pathology, differentiation, and latest treatment 2』	Advanced **Educational Lecture 12** 『The significance of autoantibodies in connective tissue disease』	Advanced **Educational Lecture 13** 『The herpes virus (HPV): basics and clinical update』	**Oral Session 7** 『Connective tissue disease』
15:00							
15:30							**Oral Session 8** 『Alopecia, adnexal disease, metabolic disorders, and others』
16:00							
16:30							
16:40	**President Special Program 1** 『Molecular diversity in systemic sclerosis: implications for clinical management』						
17:00							
17:40							
17:50							
18:00		**Evening Seminar 1** 『Urticaria treatment from the viewpoint of the latest discoveries concerning immuno-genic inflammation』	**Evening Seminar 2** 『Considering new treatment sequences for psoriasis』	**Evening Seminar 3** 『Kampo medication for feeling beautiful: The close relationship between the gastrointes-tinal tract and the skin』	**Evening Seminar 4** 『Pimple treatment to achieve a clear skin more quickly』	**Evening Seminar 5** 『Advances in hereditary angioede-ma treatment and future treatment strategies』	**Evening Seminar 6** 『The importance of the roles of nurses and other medical professionals in the everyday manage-ment of psoriasis』
18:50							
19:00							

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

Lecture in English

【Day 1】June 1 (Thu.), 2023



Program at a glance

The 122nd 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
7:30–9:00			Representative Assembly				
9:10–11:00	Basic **Educational Lecture 14** 『Considering ethics in clinical practice and research』	Basic **Educational Lecture 15** 『All about topical therapies: From theory to practice』	Basic／Advanced／Update **Educational Lecture 16** 『Update on molecular targeted therapies in dermatology』	Basic／Update **Educational Lecture 17** 『The basic knowledge needed by doctors working with skin to enable the safe use of cosmetics by patients』	Update **Educational Lecture 18** 『Update on connective tissue disease and similar diseases』	Advanced **Educational Lecture 19** 『Dermatological surgery of the near future』	Basic／Advanced **Educational Lecture 20** 『Skin barrier update』
11:10–11:20							
11:20–12:00	**Luncheon Seminar 8** 『Treatment strategies for achieving treatment goals in atopic dermatitis』	**Luncheon Seminar 9** 『Shingles and herpes zoster-associated pain』	**Luncheon Seminar 10** 『Shutting off "inflammation" in atopic dermatitis: What is the fundamental basis of treatment?』	**Luncheon Seminar 11** 『Patient concerns regarding palmar hyperhidrosis and the prospects for new treatment drugs』	**Luncheon Seminar 12** 『What is one hereditary angioedema (HAE) treatment that aims to provide a near-normal life?』	**Luncheon Seminar 13** 『Considering patients who are worried about sweating but finds it difficult to raise their concerns』	**Luncheon Seminar 14** 『The significance of IL-17A blockers』
12:20–12:30							
12:30–13:00	**Presidential Lecture** 『Expanding Dermatology』						
13:00–13:35	**Dohi Memorial Award Lecture**	『Roles of IL-17 Family Cytokines in Skin Inflammation and Immunity』					
13:35–14:05	**Minami Seigo Award Lecture**	『*Staphylococcus aureus* skin colonization promotes SLE-like autoimmune inflammation via neutrophil activation and the IL-23/IL-17 axis』					
14:05–14:35	**Award Ceremony**						
14:35–14:50	**Commemorative Photo**						
15:00–16:00	**President Special Program 2** 『Large-scale series-parallel microfluid device systems: From medical analysis to drug manufacturing』						
16:10–17:00	**President Special Program 3** 『Immunological research and clinical applications, including topics in neuro-immune-metabolic interactions』						
17:20–18:20		**Evening Seminar 8** 『Step into POSSIBILITY: Take the first step into a new future』	**Evening Seminar 9** 『A new era of psoriasis treatment with the goal of eliminating skin rash』	**Evening Seminar 10** 『Tips for the topical treatment of tinea unguium』	**Evening Seminar 11** 『Dyschromatosis treatment considered by an expert and the viewpoint of patient QOL: From vitiligo to dark patches (liver spots)』	**Evening Seminar 12** 『The frontline of anti-aging medicine: Exogenous aging prevention – Combating UV light with Fernblock Polypodium leucotomos extract』	**Evening Seminar 13** 『Diagnosis and treatment of interstitial lung disease associated with systemic sclerosis』

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

Lecture in English

【Day 2】June 2 (Fri.), 2023

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: Poeter Venue 1F Exhibition A/B	Exhibition Hall: Corporate Exhibition
							Digital Poster Viewing from your PC or app From June 1, 8:30am to June 4, 5:00pm	
Basic **Educational Lecture 21** 『Don't ever say you can't deal with them: Skin and soft tissue sarcomas』	**Educational Training Seminar "Dermoscopy" 1**	Advanced **Educational Lecture 22** 『Update on the pathological diagnosis of skin tumors based on the 2023 WHO classification』	**Sponsored Symposium 1** 『AD pocket edition: The latest treatment that induces cytokines』	Basic／Advanced **Educational Lecture 23** 『Topics in the diagnosis and treatment of neutrophilic skin disorders』	Basic **Educational Lecture 24** 『Assessment methods for skin diseases』	Basic／Advanced **Educational Lecture 25** 『All about invisible subcutaneous fat disorders』		
Luncheon Seminar 15 『Game changers: The capacity of 750 picosecond-laser treatment for benign pigmented lesions and the potential of 1726 nm for acne vulgaris treatment』	Only for preregistrant	**Luncheon Seminar 16** 『Cutaneous porphyria: Key points for its early identification and guidance on avoiding light』	**Luncheon Seminar 17** 『Rethinking the management of connective tissue diseases: Skin lesions and systemic lesions』	**Luncheon Seminar 18** 『The management of neurofibratomas in type 1 neurofibromatosis (NF1, Recklinghausen disease)』			Poster Viewing	Corporate Exhibitions
Evening Seminar 14 『Psoriasis treatment considered from the viewpoint of psoriatic disease』		**Evening Seminar 15** 『Use of the Excimer laser to treat skin disorders: Fundamentals to applications』	**Evening Seminar 16** 『Early identification and treatment of rare inflammatory skin disorders』	**Evening Seminar 17** 『Shingles as VPD』			Poster Presentations (Even number)	

7:30 8:00 8:30 9:00 9:10 10:00 11:00 11:10 11:20 12:00 12:20 13:00 14:00 15:00 16:00 17:00 17:20 18:00 18:20 18:30 19:00 19:30

Program at a glance

The 122nd 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
7:30–8:00							
8:00–9:00		**Morning Seminar 1** 『The multidisciplinary approach to psoriatic arthritis』	**Morning Seminar 2** 『Collaboration between large hospitals and small clinics in psoriasis treatment: Toward the ideal collaboration』	**Morning Seminar 3** 『What acne treatment leads to high patient satisfaction?』	**Morning Seminar 4** 『New treatment strategies for pustular psoriasis』	**Morning Seminar 5** 『Atopic dermatitis management to alleviate the disease burden in each generation』	**Morning Seminar 6** 『Vitamin C in the frontline: New methods of using multifunction-provitamin C in cosmetic procedures』
9:10–11:00	Basic／Update **Educational Lecture 26** 『The latest information on acne and rosacea』	Basic／Advanced **Educational Lecture 27** 『Basic knowledge of food allergies needed in everyday practice and the latest discoveries』	Advanced／Update **Educational Lecture 28** 『The latest information on school health and pediatric dermatology』	Advanced **Educational Lecture 29** 『All about hair disease: Progress in diagnosis and treatment and the latest research findings』	Basic **Educational Lecture 30** 『Treatment and care of the nails from various different perspectives』	Basic／Advanced **Educational Lecture 31** 『Contact dermatitis: How to avoid its being overlooked』	Advanced **Educational Lecture 32** 『Update on the pathophysiology and treatment of psoriasis』
11:10–12:20	**Luncheon Seminar 19** 『Autoimmunity: The basics and the latest in clinical practice』	**Luncheon Seminar 20** 『The value of Cibinqo, which was developed for atopic dermatitis treatment』	**Luncheon Seminar 21** 『The pathophysiology and diagnosis of psoriasis』	**Luncheon Seminar 22** 『Atopic dermatitis and the stratum corneum barrier』	**Luncheon Seminar 23** 『Up-to-date UV light therapy: Sustainable 308 nm UVB-LED therapy and 365 nm UVA1 therapy』	**Luncheon Seminar 24** 『Effective topical therapies in atopic dermatitis』	**Luncheon Seminar 25** 『Identifying the risk factors for tinea unguium and its treatment strategies』
12:30–14:30	Basic／Advanced **Educational Lecture 37** 『What you should know about COVID-19 and skin disorders』	Advanced **Educational Lecture 38** 『New drug rashes, noteworthy drug rashes』	Basic／Advanced **Educational Lecture 39** 『Emerging allergies in the dermatology field』	Basic **Educational Lecture 40** 『The idea of dermoscopy on the assumption of histopathological findings』	Basic **Educational Lecture 41** 『Understanding clinical photodermatology from the basics!』	Basic／Advanced **Educational Lecture 42** 『Learn how to manage hidradenitis suppurativa better!』	Advanced／Update **Educational Lecture 43** 『Update on skin infections (bacteria/acid-fast bacteria/rickettsia)』
14:40–15:40	**President Special Program 4** 『The future of Japanese healthcare in light of the COVID-19 pandemic』						
15:50–16:50	**President Special Program 5** 『Creating the knowledge to drive the transformation to Society 5.0』						
17:00–18:00		**Evening Seminar 18** 『Unlocking the secret of scratching in atopic dermatitis』	**Evening Seminar 19** 『Step into POSSIBILITY: Taking the first steps into a new future』	**Evening Seminar 20** 『The significance of Dovobet® foam in psoriasis vulgaris treatment』	**Evening Seminar 21** 『Considering pediatric atopic dermatitis treatment』	**Evening Seminar 22** 『Sun Dermatology Seminar』	**Evening Seminar 23** 『The power of fosravuconazole evident in actual clinical practice: The latest treatment in light of real-world evidence』
18:15–19:15	**President Special Program 6** 『Enhancer-based mechanisms direct fine and higher order chromatin organization in the nuclear space』						

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

Lecture in English

【Day 3】June 3 (Sat.), 2023

PACIFICO Yokohama Conference Center

Room 8 3F 304

Morning Seminar 7
『Up-to-date urticaria treatment that increases patient satisfaction』

Advanced

Educational Lecture 33
『How to improve at treating granulomatous disease』

Luncheon Seminar 26
『The golden standard for cosmetic skin care: An expert guide to the effective use of CO2 lasers and IPL』

Basic

Educational Lecture 44
『Diagnosis and treatment of non-melanoma skin malignancies (including rare cancers)』

Evening Seminar 24
『New skin rejuvenation treatment for Asian skin with liver spots』

Room 9 3F 311+312

Educational Training Seminar "Dermatopathology"
『"Sweat organ tumors/hair follicle and sebaceous gland tumors (1)"』

Only for preregistrant

Educational Training Seminar "Dermatopathology"
『"Normal skin tissues/dermal tumors (2)"』

Only for preregistrant

Room 10 3F 313+314

Basic

Educational Lecture 34
『Diverse career formation: The motivation and struggles of hospital doctors』

Luncheon Seminar 27
『Device treatment updates that can be put into practice immediately, from superficial skin disorders to refractory skin diseases』

Basic

Educational Lecture 45
『The overall structure of the board certification system and the future training of specialist doctors』

Evening Seminar 25
『Viral warts: The frontline treatment in 2023』

Room 11 3F 315

Sponsored Symposium 2
『Extending and combining itching management in atopic dermatitis』

Luncheon Seminar 28
『Insect bites and stings are for dealing with, not treating! Dr. Natsuaki's lecture on insect care products』

Sponsored Symposium 3
『Sweat management in dermatology』

Evening Seminar 26
『Re-Learning sunscreen』

Room 12 5F 511+512

Basic

Educational Lecture 35
『Absolute basics of genetic analysis』

Luncheon Seminar 29
『Psoriasis treatment in light of the ProLOGUE Study』

Basic／Advanced／Update

Educational Lecture 46
『The present and future management of vasculitis』

Evening Seminar 27
『New challenges in dermatological phototherapy』

Room 13 4F 411+412

Advanced

Educational Lecture 36
『Treatments and tricks that only dermatologists board-certified by the Japanese Association of Dermatologists can do』

Luncheon Seminar 30
『Elucidating the skin application mechanism of nano-size water microparticles』

Basic

Educational Lecture 47
『Learn from an expert about investigations for angioma, vascular anomaly, and varicose veins of the legs』

Evening Seminar 28
『The frontline of vitilifo treatment: Groundbreaking surgical treatment methods using regenerative medicine』

Room 14 4F 413

Sponsored Hands-on Seminar1
『The Japanese Society for Psoriasis Research and the Japan Spondyloarthritis Society Approved PsA Hands-on Education Program 9th OnPALETTE® Seminar』

Only for preregistrant

Advanced

Educational Lecture 48
『Latest knowledge of JAK inhibitors and PDE4 inhibitors』

Exhibition Hall

Poeter Venue 1F Exhibition A/B

Digital Poster Viewing from your PC or app
From June 1, 8:30am to June 4, 5:00pm

Poster Viewing

Corporate Exhibition

Corporate Exhibitions

7:30
8:00
9:00
9:10
10:00
11:00
11:10
11:20
12:00
12:20
12:30
13:00
14:00
14:30
15:00
16:00
17:00
18:00
19:00

Program at a glance

The 122nd 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							
8:00			**Morning Seminar 8** 『Up-to-date atopic dermatitis treatment』	**Morning Seminar 9** 『Palmoplantar pustulosis treatment as understood from the treatment guidelines』	**Morning Seminar 10** 『Key points for managing problems associated with itchy skin』	**Morning Seminar 11** 『What sort of recurrent herpes simplex treatment is most accessible to patients? The potential of PIT and Amenalief』	**Morning Seminar 12** 『The many forms of atopic dermatitis: Eczema and prurigo』
9:00							
9:10	Update **Educational Lecture 49** 『Health Labor and Welfare Administration that dermatologists should know about』	Advanced **Educational Lecture 50** 『The latest mechanisms and treatment of itching』	Basic／Update **Educational Lecture 51** 『Update on autoimmune bullosa』	Advanced **Educational Lecture 52** 『New technologies that will support the future of dermatology practice』	Advanced **Educational Lecture 53** 『Learn from an expert: The mysteries of psoriatic arthritis management』	Advanced **Educational Lecture 54** 『The frontline of dyshidrosis management』	Basic／Advanced **Educational Lecture 55** 『Aseptic inflammation and skin disease』
10:00							
11:00							
11:10							
11:20	**President Special Program 7** 『Outcome Measures in Systemic Sclerosis』						
12:00							
12:20							
12:40							
13:00	**Luncheon Seminar 31** 『A new era in atopic dermatitis treatment: Future treatment strategies targeting IL-13』	**Luncheon Seminar 32** 『Treatment of vascular lesions and chromatic lesions with large-aperture long-pulse color lasers and picosecond lasers』	**Luncheon Seminar 33** 『The frontline of neutrophil-associated inflammation』	**Luncheon Seminar 34** 『Managing Dyschromias with a Focus on Pre and Post Procedure Skin Conditioning』	**Luncheon Seminar 35** 『It's not in the past! It's not a dream! More and more clinics are using dupilumab for maintaining long-term remission among patients with AD』	**Luncheon Seminar 36** 『Acne and the microbiome』	**Luncheon Seminar 37** 『Preservative-containing or preservative-free? What is the best way to choose cosmetics?』
13:40							
14:00	Basic／Update **Educational Lecture 60** 『A new era of medical safety and infection control』	Basic／Advanced **Educational Lecture 61** 『Management of ulcers of the legs and feet』	Advanced **Educational Lecture 62** 『Cutaneous pruritus, rashes, and insect bites and stings: Consider treatment options with an understanding of their pathophysiology!』	Advanced **Educational Lecture 63** 『The latest information on anti-aging therapies that dermatologists should know』	**2023 psoriasis/atopic dermatitis molecular-targeted drug safety measures seminar (Video lecture)**	Basic **Educational Lecture 64** 『Wounds, pressure sores, and burns: indespensible knowledge about guidelines (GL) for board-certified specialists』	Basic **Educational Lecture 65** 『Simple psychosomatic dermatology for everyone!』
15:00							
16:00							
17:00							
18:00							
19:00							

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

Lecture in English

【Day 4】June 4 (Sun.), 2023

PACIFICO Yokohama Conference Center

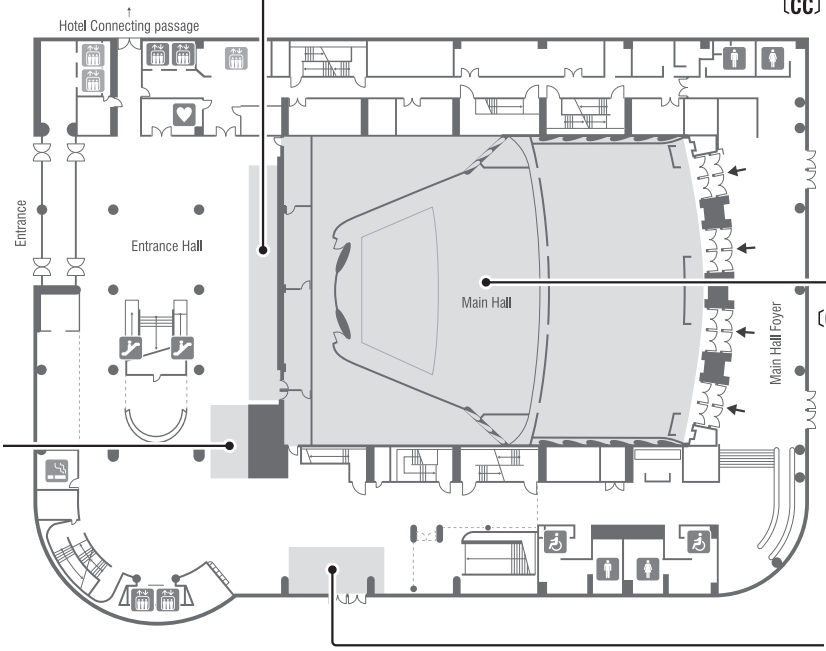
Exhibition Hall

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	Poeter Venue 1F Exhibition A/B	Corporate Exhibition	
									7:30
Morning Seminar 13 『Knowledge of dermatomyositis that you can use right away』		**Morning Seminar 14** 『The promising use of IL-23 inhibitors in dermatology in 2023: Not just skin but joints, too』		**Morning Seminar 15** 『The actions of vitamin C on skin including epi-genetics research on skin』	**Morning Seminar 16** 『An update on systemic sclerosis』		**Digital Poster Viewing from your PC or app** From June 1, 8:30am to June 4, 5:00pm		8:00
									9:00
Update **Educational Lecture 56** 『Diagnosis of cutaneous lymphoma and its future treatment』	**Educational Training Seminar "Dermoscopy" 2**	Basic／Advanced **Educational Lecture 57** 『Interpreting the treatment guide for pyoderma gangrenosum』	**Educational Training Seminar "Patch test, Prick test"**	Advanced **Educational Lecture 58** 『Deepen your understanding of immune reconstitution inflammatory syndrome: points from physiopathology to treatment』	Advanced **Educational Lecture 59** 『Environmental factors and skin disorders』	**Sponsored Hands-on Seminar2** 『Re: START: Repainting the history of ingrown nail care』 Only for preregistrant	**Poster Viewing**	**Corpo-rate Exhibi-tions**	9:10 10:00 10:10 11:00 11:10
	Only for preregistrant		Only for preregistrant						12:00
Luncheon Seminar 38 『The latest knowledge on topical therapies used by dermatologists』		**Luncheon Seminar 39** 『The future of male-pattern baldness treatment including exo-somes and LED』	**Luncheon Seminar 40** 『The importance of moisturizing cleansers, creams, and lotions』						12:40 13:00 13:40
Basic／Advanced **Educational Lecture 66** 『What genetic skin disorders should you watch out for when dealing with skin disorders in children?』	**Educational Training Seminar "Dermatopathol-ogy"** 『"Sweat organ tumors/hair follicle and sebaceous gland tumors (2)"』	Advanced **Educational Lecture 67** 『Genetic skin disorders that commonly appear in adulthood』	Basic **Educational Lecture 68** 『What we know so far about the etiology of skin cancer』	Advanced **Educational Lecture 69** 『Psoriasis treatment with non-biologics』	Advanced **Educational Lecture 70** 『Decision making in melanoma management: How to confront difficult cases』		**Remove Posters**		14:00 15:00
	Only for preregistrant								16:00
									17:00
									18:00
									19:00

Floor Map

Pacifico Yokohama

1F
Conference Center



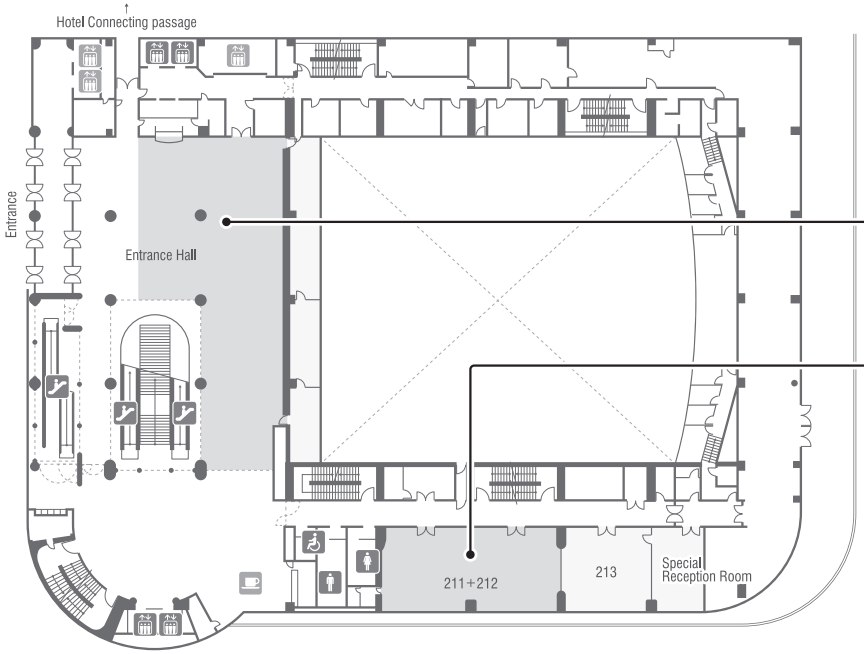
Cloak
〔CC〕1F Entrance Hall

Room 1
〔CC〕1F Main Hall

Luncheon Seminar Ticket Distribution
〔CC〕1F Entrance Hall

PC Center
〔CC〕1F Entrance Hall

2F
Conference Center



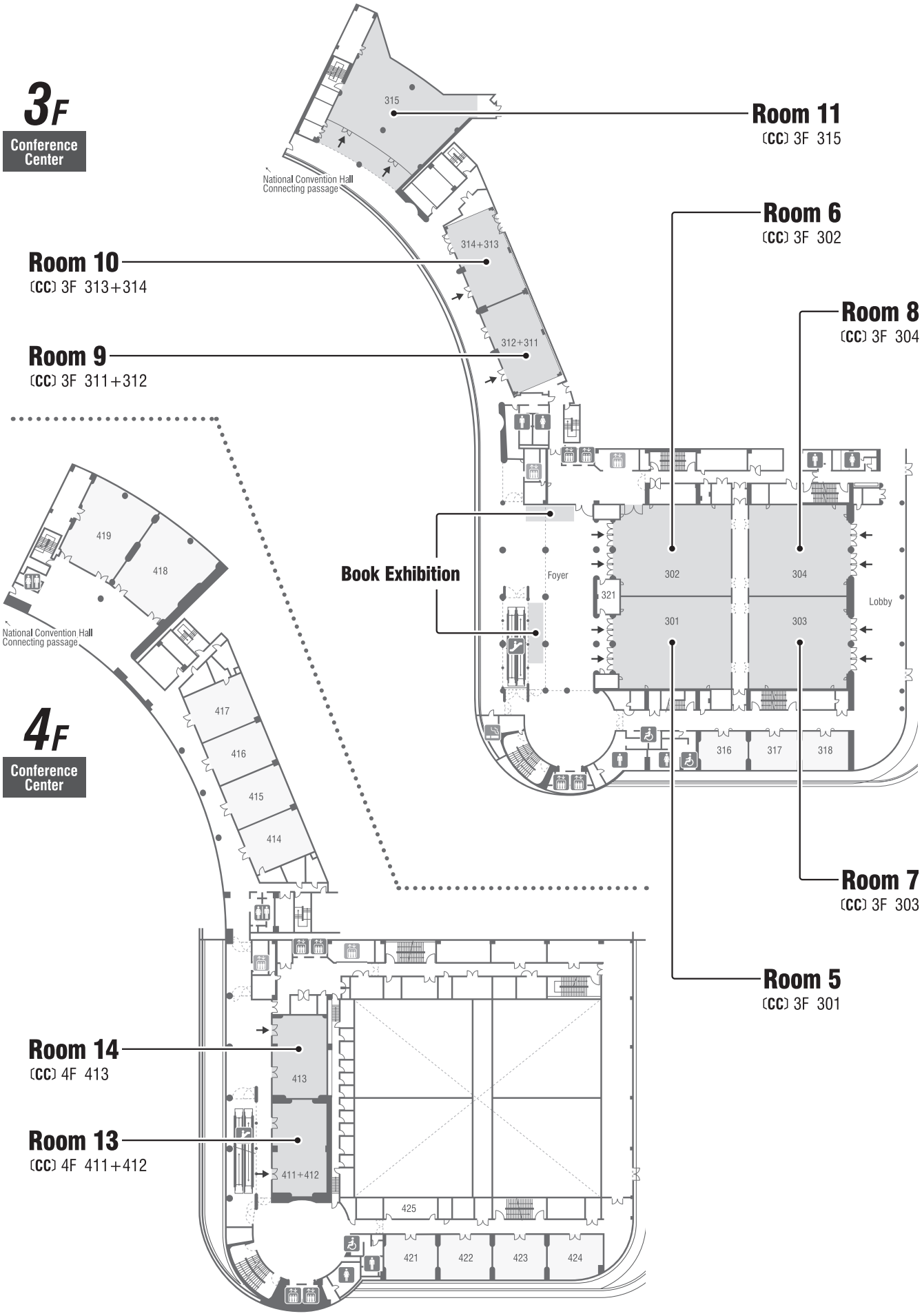
Registration
〔CC〕2F Entrance Hall

Head Office
〔CC〕2F 211+212

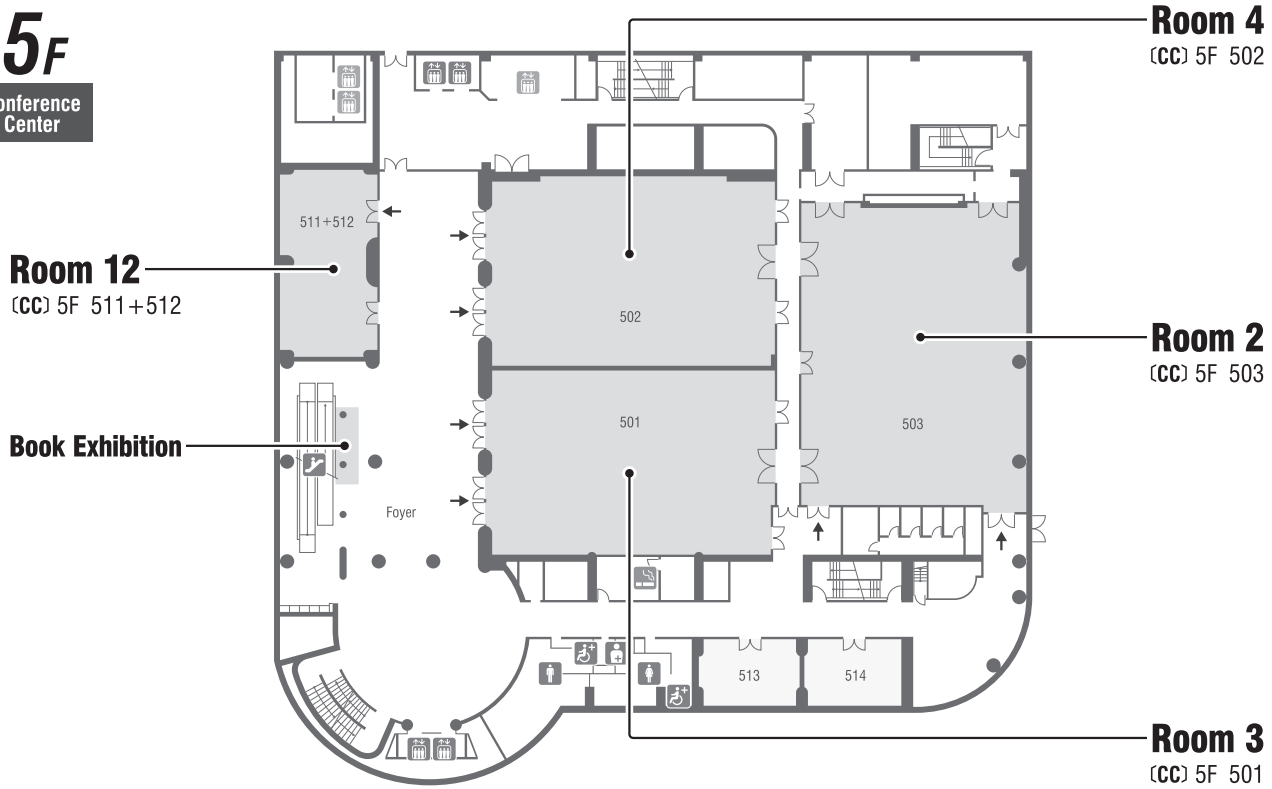
Pacifico Yokohama

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

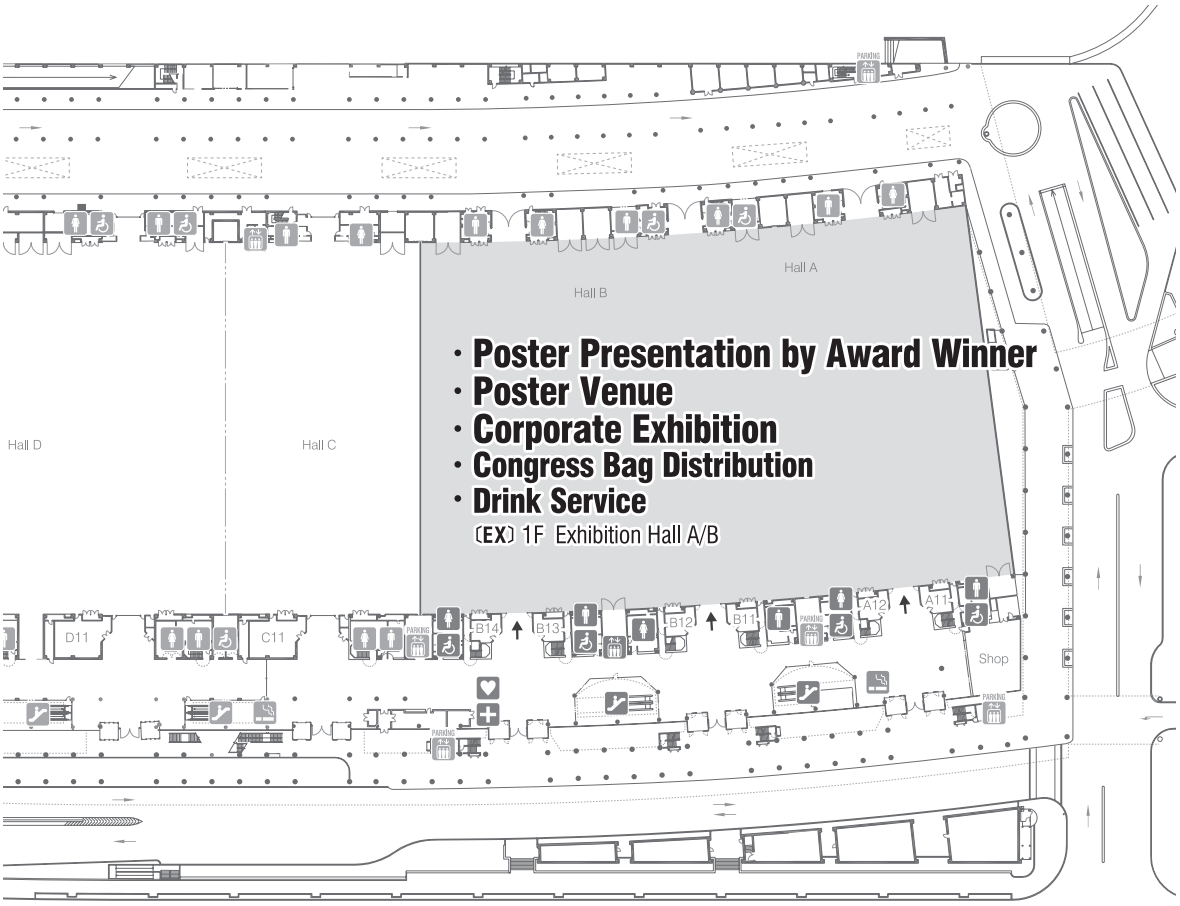
Room 1	〔CC〕1F Main Hall	**Room 9**	〔CC〕3F 311+312	**Luncheon Seminar Ticket Distribution**	〔CC〕1F Entrance Hall
Room 2	〔CC〕5F 503	**Room 10**	〔CC〕3F 313+314	**Cloak**	
Room 3	〔CC〕5F 501	**Room 11**	〔CC〕3F 315	**Poster Presentation by Award Winner**	〔EX〕1F Exhibition Hall A/B
Room 4	〔CC〕5F 502	**Room 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

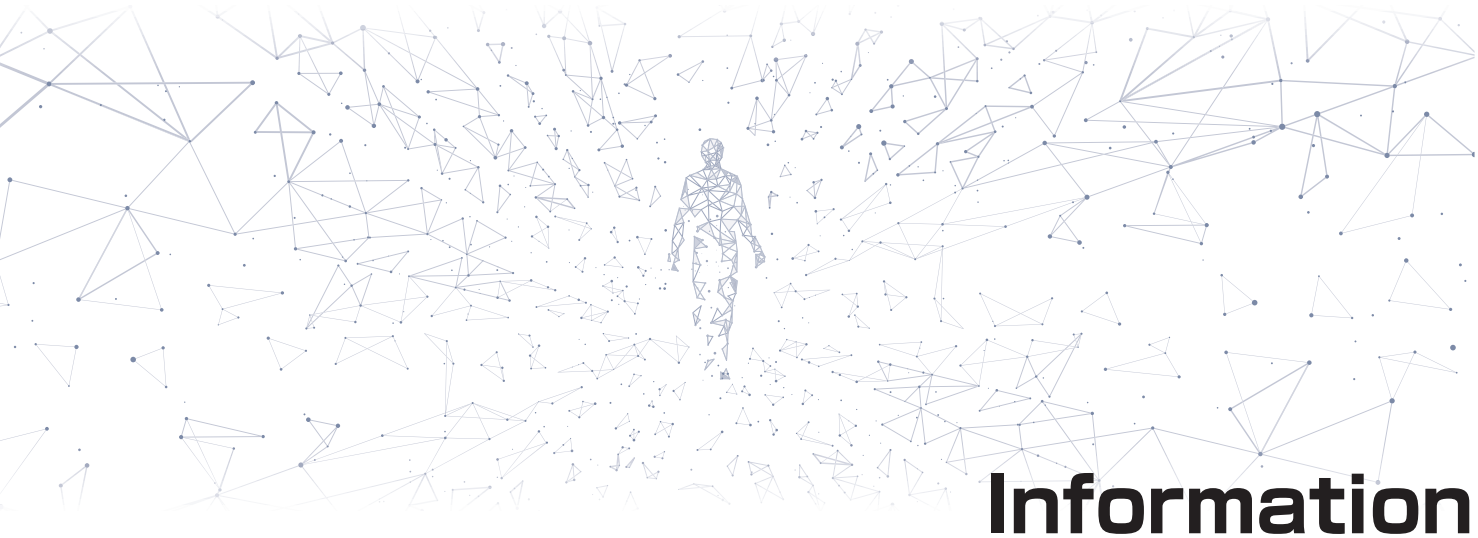

3F
Conference Center
315
Room 11
(CC) 3F 315
National Convention Hall
Connecting passage
Room 6
(CC) 3F 302
314+313
Room 10
(CC) 3F 313+314
Room 8
(CC) 3F 304
312+311
Room 9
(CC) 3F 311+312
419
418
Book Exhibition
Foyer
302
304
321
Lobby
301
303
National Convention Hall
Connecting passage
4F
Conference Center
417
416
415
414
316
317
318
Room 7
(CC) 3F 303
Room 5
(CC) 3F 301
Room 14
(CC) 4F 413
413
Room 13
(CC) 4F 411+412
411+412
425
421
422
423
424

5F
Conference Center



1F
Exhibition Hall





Information

The 122nd Annual Meeting of the Japanese Dermatological Association

The 122nd JDA YOKOHAMA 2023
The 122nd 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: June 1 (Thu.) 8:00 – 18:00
  June 2 (Fri.) 7:15 – 18:00
  June 3 (Sat.) 7:30 – 18:15
  June 4 (Sun.) 7:30 – 14:00

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 3,000

* 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 the only admission for Corporate Exhibition venue. Accompanying person cannot access to lecture rooms except for them.

(This year's Social Gathering has been cancelled.)

[Online registration]

If you cannot come to the venue in person, or if you would like to avoid a long queue at the reception desk, you can register online. Please contact the registration secretariat of 122nd JDA by e-mail (westec_op1@jtb.com) by 23, May.

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

(3) Livestreaming

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 lecture will be delivered on the same day and as per schedule.

You can browse the livestream in cooperation with the electronic abstract service (MICEnavi) described later. Please refer (5). App (MICEnavi) in this page.

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

1) Click on “122nd JDA Livestream and MICEnavi” on the meeting website (https://jda122.jp/).
2) The electronic abstract service (MICEnavi) will be displayed. Click the session being held from the schedule to display the session details.
3) Click the “LIVE” button on the screen with session details.
4) Log in with the ID printed on the registration completion notification email or mailed participation certificate (name card). (First time only)
5) You can now watch the live stream.

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

(4) Sponsored Seminar

* These are held in Japanese only except Evening seminar 6, Luncheon seminar 34 and Morning seminar 16.
  - **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:
  - June 1 (Thu.) 8:00 – 10:45 (App 9:00 – 10:45)
  - June 2 (Fri.) 7:15 – 10:50 (App 8:15 – 10:50)
  - June 3 (Sat.) 7:30 – 10:50 (App 8:30 – 10:50)
  - June 4 (Sun.) 7:30 – 12:10 (App 8:30 – 12:10)

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

From meeting App.

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

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

(5) App (MICEnavi)

The meeting app (JDA2023 can be downloaded for iOS in the App Store and for Android in the Google Play.)

The password is “yokohama2023”

**Japanese only

・Scheduled release date: Mid May 2023

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

-Compatible models: iOS: 13.0 or later. Compatible with iPhone and iPad.
Android: 6.0 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: June 1 (Thu.) 12:00 – 18:30
June 2 (Fri.) 9:00 – 18:30
June 3 (Sat.) 9:00 – 18:00
June 4 (Sun.) 9:00 – 14:00

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

Here is rest station and please enjoy snacks and drink.

We also prepare refreshment corner and corporate exhibition at Exhibition hall A/B, 1st Floor, Pacifico Yokohama.

2. Cloak Room

Location: Entrance Hall, 1st Floor, Pacifico Yokohama

Opening hours: June 1 (Thu.) 8:00 – 20:20
June 2 (Fri.) 7:15 – 20:00
June 3 (Sat.) 7:30 – 19:45
June 4 (Sun.) 7:30 – 16:20

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. Thank you for your cooperation.

[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

Social Gathering has been cancelled.

8. Please cooperate with wearing a mask while you stay at the venue.

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:	June 1 (Thu.)	8:00 – 17:50
	June 2 (Fri.)	7:15 – 17:20
	June 3 (Sat.)	7:30 – 18:00
	June 4 (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 XGA (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 “abstract number_name”.
  i.e.) E1-01_JohnBrown, LS2_MarySmith (presentation file extensions may be .ppt or .pptx)
- Use standard fonts on the OS. Use of specialized fonts may cause garbling and displacement.
  [Recommended fonts]
  Arial or Times New Roman
- Animations and movies may be used, though it is highly recommended to be used with your own notebook computer.
  When bringing them in USB memory, comply with the below:
  a. Only wmv format files are accepted. Other formats are unacceptable.
  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.

(4) If you cannot participate on-site

You can choose 2 choices from follows.

1. Pre-recorded

(1) Please prepare your lecture data movie (MP4 file or PPT file with narration).
(2) We would screenings and livestreaming your data at on-site and online.
(3) When you prepare your presentation data, please check the cautions of presentation data which described page 17. (EX. include COI, within 5 minutes, version of software)
(4) We could accept same data of oral and digital poster if you prepare your digital poster PPT with narration.

2. Online

(1) Please log in our Zoom meeting system (we will let you know the URL later) and present your slide with using “Share screens” function.
(2) After you finish your presentation, chairs will start Q&A session for your lecture. Please answer the question from chair or participants.

Instruction for Poster Presentation

(1) Poster Presentation

All accepted abstracts, including oral presentations, are requested to prepare paper and digital posters. You are required to prepare your digital poster data in advance. (If it is difficult to come to Japan due to COVID-19, you are not required to prepare a paper poster.)

Poster Venue:	Exhibition hall A/B, 1st Floor, Pacifico Yokohama
Mount posters:	June 1 (Thu.) 8:00 – 13:00
Remove posters:	June 4 (Sun.) 14:00 – 16:00

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

Poster Number- Odd numbers*:	June 1(Thu.) 18:30 – 19:50
Poster Number- Even numbers*:	June 2(Fri.) 18:30 – 19:30

*The last digit of poster number.

We would prepare “Qs and As system” by our app. We would let you know the details later.

・Participants can view these digital posters in their app during the meeting, from June 1 (Thu.) 8:30 to June 4 (Sun.) 17:00.

[Digital poster submission]

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

Deadline of Digital Poster: May 17 (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.

<PowerPoint file (no narration)>

・Please prepare your digital poster data within 20 slides (including title and COI slide) 100MB 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 34 or later, and the latest version of Chrome

-Macintosh users: Safari 9 or later, Firefox 34 or later, and the latest version of Chrome

* Registration is not possible with Internet Explorer.

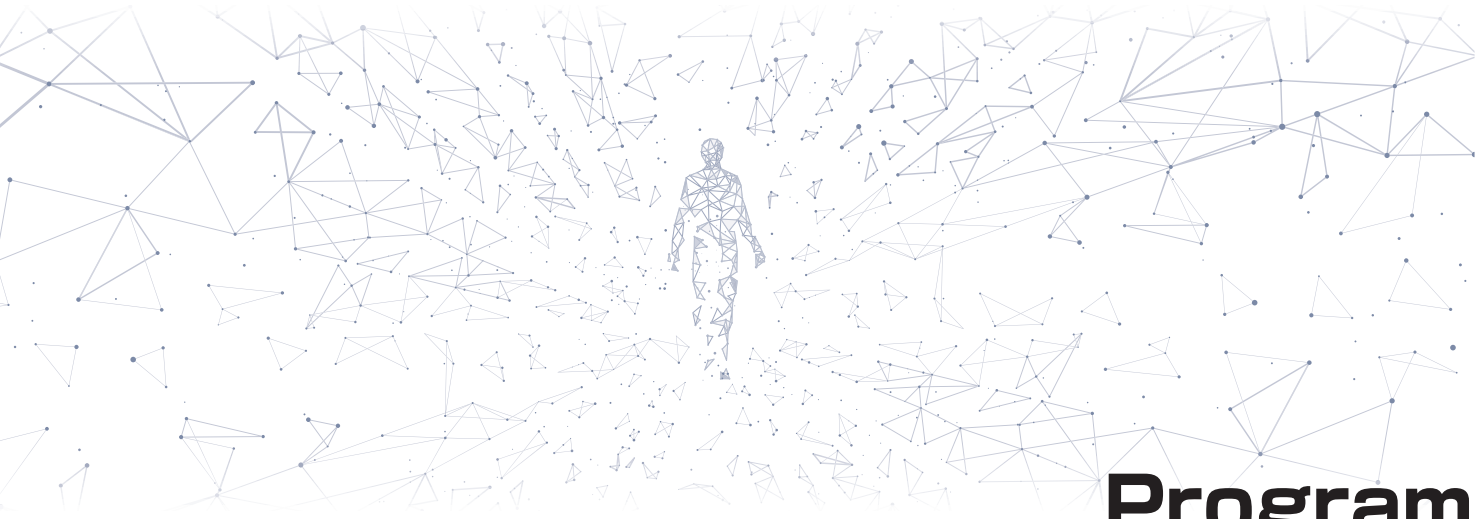
・Registered digital posters can be viewed by “MICEnavi” (Web version, application version) during the meeting.
・Digital posters can only be viewed during the meeting, and will not be released before or after the session.
・Secretariat office will delete your digital poster data responsibly after the meeting.

[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 Japan, please join poster discussion time on June 1 (Odd number) and June 2 (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 122nd Annual Meeting of the Japanese Dermatological Association

The 122nd JDA YOKOHAMA 2023

The 122nd Annual Meeting of the Japanese Dermatological Association

JDA 2023 Program

JDA2023 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, June 1 Room 1 1F Main Hall

President Special Program 1 16:40～17:40

Chair：Yoshihide Asano（Tohoku University）

PSP1. **Molecular diversity in systemic sclerosis：implications for clinical management**

Christopher Denton[1,2)]

Experimental Rheumatology, UCL Division of Medicine[1)], Consultant Rheumatologist, Royal Free London NHS Foundation Trust, London, UK[2)]

Day1, Thursday, June 1 Room 7 3F 303

Evening Seminar 6 17:50～18:50

The importance of the roles of nurses and other medical professionals in the everyday management of psoriasis

•••Chairs：Hidehisa Saeki（Nippon Medical School）

Gojiro Nakagami（Department of Gerontological Nursing, Tokyo University）

ES6-1. **The Team Approach to Psoriasis Management**

Chris Griffiths

King's College London and University of Manchester, UK

ES6-2. **The role of nurse specialists in the care of dermatology patients in the United Kingdom**

Lucy Moorhead[1,2)]

St John's Institute of Dermatology, Guys and St Thomas' NHS Foundation Trust, London[1)], British Dermatological Nursing Group[2)]

Cosponsor：Bristol-Myers Squibb K.K.

Day1, Thursday, June 1 Room 12 5F 511+512

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

Chairs：Sayaka Shibata（The University of Tokyo）
Ken Natsuga（Hokkaido University）

E1-1 (EP2-5) Soluble PD-L1 Predicts Severe Immune-related Adverse Events In Melanoma Patients

○Kazumasa Oya[1)], Yoshiyuki Nakamura[1)], Satoshi Matsusaka[2)], Toshifumi Nomura[1,3)], Yasuhiro Fujisawa[3)]
Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[1)], Department of Clinical Research and Regional Innovation, Faculty of Medicine, University of Tsukuba, Tsukuba[2)], Department of Dermatology, Ehime University Graduate School of Medicine, Toon[3)]

E1-2 (EP1-2) Involvement of Zinc Deficiency in Pruritus Possibly via Mu-Opioid Receptor Signal

○Hozumi Sano, Tokuko Oguro, Kimiko Nakajima, Mikiro Takaishi, Shigetoshi Sano
Department of Dermatology, Kochi Medical School, Kochi University, Nankoku

E1-3 (EP1-1) Lipid Molecular Localization Analysis of Skin Tissue by Imaging Mass Microscopy

○Shown Tokoro[1)], Tadayuki Ogawa[2)], Ken Igawa[1)]
Department of Dermatology, Dokkyo Medical University, Shimotsuga[1)], Department of Research Center for Advanced Medical Sciences, Dokkyo Medical University, Shimotsuga[2)]

E1-4 (EP2-2) Detection of human papillomavirus from cutaneous warts comparing skin surface material

○Yuko Kuriyama[1)], Mieko Kosaka[2)], Akira Kaneko[2)], Hirokazu Nishioka[2)], Kazushi Anzawa[3)], Tomoyasu Hattori[4)], Naoya Igarashi[5)], Masaaki Tamura[6)], Sei-ichiro Motegi[1)], Akira Shimizu[3)]
Department of Dermatology, Gunma University Gratuate School of Medicine, Maebashi[1)], Diagnostics Division, Maruho Co., Ltd.[2)], Department of Dermatology, Kanazawa Medical University, Kanazawa[3)], Hattori Dermatology Clinic, Takasaki[4)], Igarashi Dermatology Clinic, Maebashi[5)], Department of Dermatology, Sano Kousei General Hospital, Sano[6)]

E1-5 (EP2-4) The development of PPP-AI

○Kosuke Shido[1)], Kaname Kojima[2)], Toshiyuki Yamamoto[3)], Koremasa Hayama[4)], Arisa Hirayama[5)], Satomi Kobayashi[5)], Masahiro Okura[6)], Namiko Abe[6)], Yukari Okubo[6)], Tadashi Terui[4)]
Department of Dermatology, Graduate School of Medicine, Tohoku University, Sendai[1)], Tohoku Medical Megabank Organization, Tohoku University, Sendai[2)], Department of Dermatology, Fukushima Medical University, Fukushima[3)], Division of Cutaneous Science, Department of Dermatology, Nihon University School of Medicine, Tokyo[4)], Department of Dermatology, Seibo International Catholic Hospital, Tokyo[5)], Department of Dermatology, Tokyo Medical University, Tokyo[6)]

E1-6 (EP2-3) A Case Of Crohn's Disease Diagnosed By Persistent Lip Swelling

○Yoshinori Muto, Takashi Okamoto, Youichi Ogawa, Shinji Shimada, Tatsuyoshi Kawamura
Department of Dermatology, Faculty of Medicine, University of Yamanashi, Kofu

E1-7 (EP3-1) A case of thymoma-associated GVHD-like erythroderma effectively treated with IVIg

○Hibari Nakajima[3)], Kureha Nakagawa[1)], Shoko Watanabe[1)], Asami Takehana[1)], Sonoko Jikuya[1)], Harunari Shimoyama[1)], Tomomitsu Miyagaki[2)], Takafumi Kadono[2)], Megumi Hirabayashi[1)], Yoshihiro Kuwano[1)]
Department of Dermatology, Teikyo University Hospital, Mizonokuchi[1)], Department of Dermatology, St. Marianna University Hospital, Kawasaki[2)], Department of Dermatology, Shinmatsudo Central General Hospital, Matsudo[3)]

E1-8 (EP3-2) Subcorneal Pustular Dermatosis：A Systematic Review Of A Rare And Underdiagnosed Disease

○Mason H Crossman[1,2)], Alysha Vuong[2)], Jeffrey Weng[2)], Felix Liu[1,3)], Christopher Y Chew[1,3)], Sangho Lee[3)], Adam Lapidus[4)], Tanishq Khandelwal[5)]
Department of Dermatology, Alfred Hospital, Melbourne, Melbourne[1)], College of Medicine and Public Health, Flinders University, Adelaide[2)], Department of Medicine, Monash University, Melbourne[3)], Department of Medicine, Melbourne University, Melbourne[4)], School of Medicine and Public Health, University of Newcastle, Newcastle[5)]

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

Chairs：Yu Sawada（University of Occupational and Environmental Health）
Keitaro Fukuda（Keio University）

E2-1 (EP8-7) Single-cell immune profiling of tumor-infiltrating lymphocytes in acral melanoma

○Tomoyuki Minowa[1,2)], Kenji Murata[2)], Yoshihiko Hirohashi[2)], Sayuri Sato[1)], Kohei Horimoto[1)], Junji Kato[1)], Toshihiko Torigoe[2)], Hisashi Uhara[1)]
Department of Dermatology, Sapporo Medical University School of Medicine, Sapporo[1)], Department of Pathology, Sapporo Medical University School of Medicine, Sapporo[2)]

E2-2 (EP8-10) Utility Of Circulating Tumor DNA Testing To Detect Recurrence Of Merkel Cell Carcinoma

○Tomoko Akaike[1)], Daniel S Hippe[2)], Paul Nghiem[1)], Lisa Zaba[3)]
Division of Dermatology University of Washington, Seattle[1)], Fred Hutchinson Cancer Research Center, Seattle[2)], Stanford University Medical Center and Cancer Institute Department of Dermatology/Cutaneous Oncology, Palo Alto[3)]

E2-3 (EP4-1) A National Database Study of Sentinel Lymph Node Biopsy Performance for Melanoma in Japan

○Shogo Wada[1)], Dai Ogata[1)], Eiji Nakano[1)], Kenjiro Namikawa[1)], Tomone Watanabe[2)], Taisuke Ishii[2)], Yuichi Ichinose[2)], Ryoko Rikitake[2)], Takahiro Higashi[2)], Naoya Yamazaki[1)]
Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo[1)], Division of Health Services Research, Institute for Cancer Control, National Cancer Center, Tokyo[2)]

E2-4 (EP8-1) Two-year analysis of postoperative adjuvant therapy in 120 Japanese melanoma patients

○Yusuke Muto[1)], Taku Fujimura[1)], Hiroshi Kato[2)], Satoshi Fukushima[3)], Takamichi Ito[4)], Takeo Maekawa[5)], Shoichiro Ishizuki[6)], Hiroshi Uchi[7)], Shigeto Matsushita[8)], Yoshihide Asano[1)]

Department of Dermatology, Tohoku University Graduate School of Medicine, Sendai[1)], Department of Geriatric and Environmental Dermatology, Nagoya City University Graduate School of Medical Sciences, Nagoya[2)], Department of Dermatology and Plastic Surgery, Faculty of Life Sciences, Kumamoto University, Kumamoto[3)], Department of Dermatology, Graduate School of Medical Science, Kyushu University, Fukuoka[4)], Department of Dermatology, Jichi Medical University, Shimotsuke[5)], Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[6)], Department of Dermato-Oncology, National Hospital Organization Kyushu Cancer Center, Fukuoka[7)], Department of Dermato-Oncology/Dermatology, National Hospital Organization Kagoshima Medical Center, Kagoshima[8)]

E2-5 (EP8-6) Therapeutic effect of S-1 for locally-advanced cutaneous squamous cell carcinoma.

○Teruaki Izumi, Yukiko Teramoto, Reiichi Doi, Anna Kamimura, Sayaka Takai, Tatsuhiko Mori, Yasuhiro Nakamura

Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Hidaka

E2-6 (EP8-5) Rechallenge with Brentuximab Vedotin in Refractory Mycosis Fungoides

○Hikaru Kawahara, Yu Sawada, Etsuko Okada

Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu

E2-7 (EP8-8) Primary Dermal Melanoma Systematic Review

○Lawrence Lin[1)], Zhao Feng Liu[2)], Raaisa Islam[3)], Ibukun Oloruntoba[1)], Ojochonu Anthony[1)], Timothy Widjaja[1)], Chris Wong[1)], Firdavis Xireaili[1)], Hieu Ha[1)], Rebecca Shackle[4)], Zacch Seah[1)], Asmetha Ashok Kumar[1)], Kristian Baziotis-Kalfas[1)], Christopher Chew[1,2)]

Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne[1)], Department of Dermatology, Alfred Health, Melbourne[2)], The Skin Hospital, Sydney[3)], Concord Repatriation General Hospital, Sydney[4)]

E2-8 (EP8-2) A Case of Cutaneous Melanocytoma With *TRIM11* Gene Rearrangement

○Aiko Nambu[1)], Tomoe Nakagawa[1)], Taisuke Matsuya[1)], Mari Kishibe[1)], Isao Tandai[2)], Tadashi Hasegawa[3)], Toru Motoi[4)], Akemi Ishida-Yamamoto[1)]

Department of Dermatology, Asahikawa Medical University, Asahikawa[1)], Department of Plastic Surgery, Japanese Red Cross Asahikawa Hospital, Asahikawa[2)], Department of Diagnostic Pathology, Sapporo Medical University, Sapporo[3)], Department of Pathology, Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital, Tokyo[4)]

Oral Presentation in English 3　14:30～15:30

Chairs：Katsunari Makino（Kumamoto University）
Satoru Shinkuma（Nara Medical University School of Medicine）

E3-1 (EP5-2)　Human β-defensin-3-induced keratinocyte autophagy attenuates atopic dermatitis symptoms

○Ge Peng
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo

E3-2 (EP7-1)　No Mucous Involvement in Pemphigoid with Antibodies to the β3 Subunit of Laminin-332

○Hanako Miyahara[1)], Kazumasa Oya[1)], Noriko Kubota[1)], Norito Ishii[2)], Toshifumi Nomura[1)]
Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[1)], Department of Dermatology, Kurume University School of Medicine, Kurume[2)]

E3-3 (EP7-5)　Anifrolumab treatment for various subtypes of cutaneous lupus erythematosus in SLE cases

○Haruka Koizumi, Yoshinao Muro, Satoshi Kamiya, Norika Akashi, Satoko Imai, Yuta Yamashita, Mariko Ogawa-Momohara, Takuya Takeichi, Masashi Akiyama
Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya

E3-4 (EP7-7)　A case of non-bullous pemphigoid mimicking as intractable eczematous eruptions

○Noriko Kagawa[1)], Yoko Akamatsu[2)], Kayo Yamamoto[1)], Yu Sawada[1)], Etsuko Okada[1)]
Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu[1)], Shimonoseki Medical Center, Shimonoseki[2)]

E3-5 (EP7-8)　Melanocyte-specific T Cells Remain Active in Vitiligo after Systemic Steroid Therapy

○Kazunori Yokoi[1)], Rei Watanabe[1)], Miki Kume[1)], Saki Yamane[1)], Atsushi Tanaka[2)], Manabu Fujimoto[1)], Atsushi Tanemura[1)]
Department of Dermatology, Osaka University Graduate School of Medicine, Osaka[1)], Department of Experimental Immunology, Immunology Frontier Research Center, Faculty of Medicine, Osaka University, Osaka[2)]

E3-6 (EP5-8)　Early prognostic biomarkers in Steven-Johnson Syndrome/Toxic Epidermal Necrolysis

○Christopher Y Chew[1)], Zhao Feng Liu[1,2)], Dale Jobson[1)], Adithya Shastry[1,5)], Miki Wada[1,3)], Zhengyang Liu[1,4)], Ella Ryan[1,2)], Nidhin Kuruvilla[2)], Michelle Goh[1)], Douglas Gin[1)]
Department of Dermatology, Alfred Health, Melbourne[1)], Department of Medicine, Monash University, Melbourne[2)], Monash Health, Melbourne[3)], Royal Melbourne Hospital, Melbourne[4)], ANU College of Health and Medicine, Australian National University, Canberra[5)]

E3-7 (EP7-9)　Ultrasound Visualizes Peripheral Vascular Dysfunction I in Systemic Sclerosis

○Kazuhiro Komura[1)], Minoru Hasegawa[2)]
Department of Dermatology, Kanazawa Red Cross Hospital, Japanese Red Cross Society, Kanazawa[1)], Department of Dermatology, Division of Medicine, Faculty of Medical Sciences, University of Fukui, Fukui[2)]

E3-8 (EP7-6) Lupus panniculitis of the scalp presenting as an arc-shaped non-scarring alopecia

○Yuki Kobayashi[1)], Toyoko Inazumi[1)], Kana Tamura[1)], Yuka Shintani[1)], Akiko Tanikawa[2)]

Department of Dermatology, Tachikawa Hospital, Federation of National Public Service Personnel Mutual Aid Associations, Tokyo[1)], Samoncho Dermatology Clinic, Tokyo[2)]

Oral Presentation in English 4 15:30～16:30

Chairs：Gyohei Egawa（Kyoto University）
Takuya Takeichi（Nagoya University）

E4-1 (EP10-1) Characteristics of post-COVID-19 alopecia in hospitalized Japanese patients

○Umi Tahara[1,2)], Keitaro Fukuda[1)], Hiroshi Kawasaki[1)], Masataka Saito[1)], Hideki Terai[3)], Ho Namkoong[4)], Makoto Ishii[3,5)], Koichi Fukunaga[3)], Masayuki Amagai[1)]

Department of Dermatology, Keio University School of Medicine, Tokyo[1)], Department of Dermatology, Kawasaki Municipal Hospital, Kanagawa[2)], Division of Pulmonary Medicine, Department of Medicine, Keio University School of Medicine, Tokyo[3)], Department of Infectious Diseases, Keio University School of Medicine, Tokyo[4)], Department of Respiratory Medicine, Nagoya University Graduate School of Medicine, Nagoya[5)]

E4-2 (EP9-1) Dupilumab improved loose skin folds in a case with cutis laxa and atopic dermatitis

○Tatsuya Katsumi[1)], Ryota Hayashi[1)], Shingo Takei[1)], Rei Yokoyama[1)], Osamu Ansai[1)], Satoru Shinkuma[1,2)], Riichiro Abe[1)]

Division of Dermatology, Niigata University Graduate School of Medical and Dental Sciences, Niigata[1)], Department of Dermatology, Nara Medical University, Kashihara[2)]

E4-3 (EP10-7) Prozone Phenomenon in Primary Syphilis with HIV-positive and Penicillin Allergy

○Nahda Yaumil Chair Haq[1)], Idrianti Idrus[1)], Suci Budhiani[1)], Silvia Veronica[2)]

Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar[1)], Department of Dermatology and Venereology Gatot Soebroto Army Hospital, Jakarta[2)]

E4-4 (EP11-2) Immune Checkpoint Inhibitor Related Urticaria：A Case-Control Study with Cytokine Profiles

○Tsun-Hao Hsu, Shih-Wen Hsu, Wen-Hung Chung, Chun-Bing Chen

Department of Dermatology, Chang Gung Memorial Hospital, Linkou Branch, Taoyuan City

E4-5 (EP10-2) Two cases of Herpes zoster with Ocular symptoms due to Cranial nerve palsy

○Airi Miyazawa[1)], Keiko Takeda[1)], Sawa Ootubo[1)], Kyoko Kanno[1)], Mari Kishibe[1)], Akemi Ishida-Yamamoto[1)], Jun Sawada[2)], Kohei Kano[2)], Rui Fushitu[3)], Kouji Takarada[3)]

Department of Dermatology, Asahikawa Medical University, Asahikawa[1)], Department of Neurology, Asahikawa Medical University, Asahikawa[2)], Department of Ophthalmology, Asahikawa Medical University, Asahikawa[3)]

E4-6 (EP10-8) LEPROSY MIMICKING SINONASAL TUMOR：A CASE REPORT

○Thomas Utomo[1)], Khairuddin Djawad[2)], Anni Adriani[2)], Safruddin Amin[2)], Dirmawati Kadir[1)], Andi Nurhaerani Zainuddin[1)]
Department of Dermatology and Venereology Faculty Medicine of Hasanuddin University, Makassar[1)], Wahidin Sudirohusodo General Hospital, Makassar[2)]

E4-7 (EP10-9) Cutaneous Candidiasis in a Child with Acute Lymphoblastic Leukemia

○Aurora Pelangi Fajriana[1)], Anis Irawan Anwar[2)], Faridha Tabri[2)], Faridha Ilyas[2)], Nurelly N Waspodo[1)], Andi Hardianty[1)], Thomas Utomo[1)]
Department of Dermatology & Venereology Faculty Medicine of Hasanuddin University, Makassar[1)], Wahidin Sudirohusodo General Hospital, Makassar[2)]

E4-8 (EP11-3) N95 Mask Related Skin Disease Amongst Healthcare Workers：a Cross Sectional Study

○Raaisa Islam[1)], Nishan Amerasinghe[2)], Douglas Gin[2)], Christopher Y Chew[2,3)]
The Skin Hospital, Sydney[1)], Department of Dermatology, Alfred Health, Melbourne[2)], Department of Dermatology, Monash Health, Melbourne[3)]

Day2, Friday, June 2 Room 1 1F Main Hall

Dohi Memorial Award Lecture 13:00～13:35

Chair：Masayuki Amagai（Keio University）

DML. Roles of IL-17 Family Cytokines in Skin Inflammation and Immunity

James G. Krueger
The Rockefeller University, NY

Day3, Saturday, June 3 Room 1 1F Main Hall

President Special Program 6 18:15～19:15

Chair：Yumi Aoyama（Kawasaki Medical School）

PSP6. Enhancer-based mechanisms direct fine and higher order chromatin organization in the nuclear space

Yeguang Hu[1)], Daniela S Figueroa[2)], Zhihong Zhang[1)], Sourya Bhattacharyya[2)], Margaret Veselits[3)], Mariko Kashiwagi[1)], Marcus R Clark[3)], Bruce Morgan[1)], Ferhat Ay[2)], ○Katia Georgopoulos[1)]
Cutaneous Biology Research Center, Harvard Medical School[1)], Centers for Autoimmunity, Inflammation and Cancer Immunotherapy, La Jolla Institute for Immunology[2)], Gwen Knapp Center for Lupus and Immunology Research, The University of Chicago[3)]

Day4, Sunday, June 4 Room 1 1F Main Hall

President Special Program 7 11:20～12:20

Chair：Minoru Hasegawa（Fukui University）

PSP7. Outcome Measures in Systemic Sclerosis

Dinesh Khanna

University of Michigan, Michigan, USA

Day4, Sunday, June 4 Room 3 5F 501

Educational Lecture 51 9:10～11:10

Update on autoimmune bullosa

Organizers：Daisuke Sawamura（Hirosaki University）

Teruki Dainichi（Kagawa University）

[Level：Basic／Update]

EL51-2. Autoantibody production in pemphigus

9：40～10：10 Jong Hoon Kim

Department of Dermatology, Yonsei University College of Medicine, Seoul, Korea

Day4, Sunday, June 4 Room 4 5F 502

Educational Lecture 52 9:10～11:10

New technologies that will support the future of dermatology practice

Organizers：Manabu Fujimoto（Osaka University）

Kosuke Shido（Athnomedical CEO/Tohoku University）

[Level：Advanced]

EL52-3. Health AI and Dermatology at Google

10：10～10：40 Joe Ledsam

Google Japan

Luncheon Seminar 34 12:40～13:40

Chair：Osamu Urushibata（Uno dermatologist hospital）

LS34. **Managing Dyschromias with a Focus on Pre- and Post-Procedure Skin Conditioning**

Suzan Obagi
Department of Dermatology and Department of Plastic Surgery at the University of Pittsburgh School of Medicine, University of Pittsburgh Medical Centre（UPMC）Cosmetic Surgery ＆ Skin Health Centers

Cosponsor：PRSS Japan Co., LTD.

Day4, Sunday, June 4 Room 13 4F 411+412

Morning Seminar 16 8:00～9:00

Chair：Ayumi Yoshizaki（Tokyo University）

MS16. **An update on systemic sclerosis**

Dinesh Khanna
University of Michigan

Cosponsor：Nippon Boehringer Ingelheim Co., Ltd.

Poster Viewing

Date and Time：
June 1（Thu.）13：00～19：50 (Discussion Time 18：30～19：50 (Order Number - Odd numbers))
June 2（Fri.）8：30～19：30 (Discussion Time 18：30～19：30 (Order Number - Even numbers))
June 3（Sat.）8：00～19：00
June 4（Sun.）8：00～14：00
Poster Venue（Exhibition Hall A・B, Pacifico Yokohama)
Participants can view these digital posters in their app during the meeting,
from June 1st（Thursday）8：30 to June 4th（Sunday）17：00.

Basic research

EP1-1 (E1-3) **Lipid Molecular Localization Analysis of Skin Tissue by Imaging Mass Microscopy**
○Shown Tokoro[1)], Tadayuki Ogawa[2)], Ken Igawa[1)]
Department of Dermatology, Dokkyo Medical University, Shimotsuga[1)], Department of Research Center for Advanced Medical Sciences, Dokkyo Medical University, Shimotsuga[2)]

EP1-2 (E1-2) **Involvement of Zinc Deficiency in Pruritus Possibly via Mu-Opioid Receptor Signal**
○Hozumi Sano, Tokuko Oguro, Kimiko Nakajima, Mikiro Takaishi, Shigetoshi Sano
Department of Dermatology, Kochi Medical School, Kochi University, Nankoku

EP1-3 **Mangosteen Pericarp Extract（MPE）Cream As A Potential Treatment For NB-UVB Induced Erythema**
○Ghea Anisah, Olivia Wibisono, Khairuddin Djawad, Siswanto Wahab
Departement of Dermatology and Venereology Faculty Medicine of Hasanuddin University, Makassar

Diagnosis

EP2-1 **COVID-19 infection- and vaccination-related exacerbation of Darier's disease**
○Ryo Fukaura, Takuya Takeichi, Aoi Ebata, Yoshinao Muro, Masashi Akiyama
Department of Dermatology, Nagoya University, Nagoya

EP2-2 (E1-4) **Detection of human papillomavirus from cutaneous warts comparing skin surface material**
○Yuko Kuriyama[1)], Mieko Kosaka[2)], Akira Kaneko[2)], Hirokazu Nishioka[2)], Kazushi Anzawa[3)], Tomoyasu Hattori[4)], Naoya Igarashi[5)], Masaaki Tamura[6)], Sei-ichiro Motegi[1)], Akira Shimizu[3)]
Department of Dermatology, Gunma University Gratuate School of Medicine, Maebashi[1)], Diagnostics Division, Maruho Co., Ltd.[2)], Department of Dermatology, Kanazawa Medical University, Kanazawa[3)], Hattori Dermatology Clinic, Takasaki[4)], Igarashi Dermatology Clinic, Maebashi[5)], Department of Dermatology, Sano Kousei General Hospital, Sano[6)]

EP2-3 (E1-6) **A Case Of Crohn's Disease Diagnosed By Persistent Lip Swelling**

○Yoshinori Muto, Takashi Okamoto, Youichi Ogawa, Shinji Shimada, Tatsuyoshi Kawamura
Department of Dermatology, Faculty of Medicine, University of Yamanashi, Kofu

EP2-4 (E1-5) **The development of PPP-AI**

○Kosuke Shido[1)], Kaname Kojima[2)], Toshiyuki Yamamoto[3)], Koremasa Hayama[4)], Arisa Hirayama[5)], Satomi Kobayashi[5)], Masahiro Okura[6)], Namiko Abe[6)], Yukari Okubo[6)], Tadashi Terui[4)]
Department of Dermatology, Graduate School of Medicine, Tohoku University, Sendai[1)], Tohoku Medical Megabank Organization, Tohoku University, Sendai[2)], Department of Dermatology, Fukushima Medical University, Fukushima[3)], Division of Cutaneous Science, Department of Dermatology, Nihon University School of Medicine, Tokyo[4)], Department of Dermatology, Seibo International Catholic Hospital, Tokyo[5)], Department of Dermatology, Tokyo Medical University, Tokyo[6)]

EP2-5 (E1-1) **Soluble PD-L1 Predicts Severe Immune-related Adverse Events In Melanoma Patients**

○Kazumasa Oya[1)], Yoshiyuki Nakamura[1)], Satoshi Matsusaka[2)], Toshifumi Nomura[1,3)], Yasuhiro Fujisawa[3)]
Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[1)], Department of Clinical Research and Regional Innovation, Faculty of Medicine, University of Tsukuba, Tsukuba[2)], Department of Dermatology, Ehime University Graduate School of Medicine, Toon[3)]

Treatment

EP3-1 (E1-7) **A case of thymoma-associated GVHD-like erythroderma effectively treated with IVIg**

○Hibari Nakajima[3)], Kureha Nakagawa[1)], Shoko Watanabe[1)], Asami Takehana[1)], Sonoko Jikuya[1)], Harunari Shimoyama[1)], Tomomitsu Miyagaki[2)], Takafumi Kadono[2)], Megumi Hirabayashi[1)], Yoshihiro Kuwano[1)]
Department of Dermatology, Teikyo University Hospital, Mizonokuchi[1)], Department of Dermatology, St. Marianna University Hospital, Kawasaki[2)], Department of Dermatology, Shinmatsudo Central General Hospital, Matsudo[3)]

EP3-2 (E1-8) **Subcorneal Pustular Dermatosis：A Systematic Review Of A Rare And Underdiagnosed Disease**

○Mason H Crossman[1,2)], Alysha Vuong[2)], Jeffrey Weng[2)], Felix Liu[1,3)], Christopher Y Chew[1,3)], Sangho Lee[3)], Adam Lapidus[4)], Tanishq Khandelwal[5)]
Department of Dermatology, Alfred Hospital, Melbourne, Melbourne[1)], College of Medicine and Public Health, Flinders University, Adelaide[2)], Department of Medicine, Monash University, Melbourne[3)], Department of Medicine, Melbourne University, Melbourne[4)], School of Medicine and Public Health, University of Newcastle, Newcastle[5)]

EP3-3 **Successful Combination Therapy in Pediatric Alopecia Universalis**

○Fitri S Kusuma, Khairuddin Djawad, Suci Budhiani
Department of Dermatology and Venereology Hasanuddin University, Makassar

EP3-4 **A Successful Treatment of Alopecia Totalis with Methylprednisolone：Report of Two Cases**

○Widya Widita, Khairuddin Djawad
Department of Dermatology Hasanuddin University, Makassar

Dermatologic surgery

EP4-1 (E2-3) **A National Database Study of Sentinel Lymph Node Biopsy Performance for Melanoma in Japan**

○Shogo Wada[1)], Dai Ogata[1)], Eiji Nakano[1)], Kenjiro Namikawa[1)], Tomone Watanabe[2)], Taisuke Ishii[2)], Yuichi Ichinose[2)], Ryoko Rikitake[2)], Takahiro Higashi[2)], Naoya Yamazaki[1)]
Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo[1)], Division of Health Services Research, Institute for Cancer Control, National Cancer Center, Tokyo[2)]

EP4-2 **Modified Mini Incision Steatoblepharon Removal：Case Series**

○Edwin Tanihaha, Jessica Lie
Iora Dermatology Clinic, Jakarta Selatan

Inflammatory disease

EP5-1 **Eosinophilic Pustular Folliculitis with Vegetating Lesions on the Lower Legs and Feet**

○Masakazu Kakurai[1)], Kazumasa Oya[1)], Junichi Furuta[1)], Abi Amadearu[1)], Shigeruko Iijima[2)], Toshifumi Nomura[1)]
Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[1)], Department of Dermatology, Ryugasaki Saiseikai Hospital, Ryugasaki[2)]

EP5-2 (E3-1) **Human β-defensin-3-induced keratinocyte autophagy attenuates atopic dermatitis symptoms**

○Ge Peng
Atopy（Allergy）Research Center, Juntendo University Graduate School of Medicine, Tokyo

EP5-3 **A case of Acne Keloidalis Nuchae and Pseudofolliculitis Barbae**

○Toshiki Matsumoto, Haruna Nishihara, Emi Nishida
Department of Dermatology, Okazaki City Hospital, Okazaki

EP5-4 **Intractable giant skin ulcers caused by IgA vasculitis**

○Hitomi Sugino, Hikaru Kawahara, Kayo Yamamoto, Yu Sawada, Etsuko Okada
Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu

EP5-5 **Prognostic Accuracy of the SCORTEN Tool：A Systematic Review and Meta-analysis**

○Zhao Feng Liu[1,2)], Christopher Y Chew[1,2)], Nidhin Kuruvilla[2)], Douglas Gin[1)]
Department of Dermatology, Alfred Health, Melbourne[1)], Faculty of Medicine, Monash University, Melbourne[2)]

EP5-6 **Rectus Sheath Hematoma As A Vascular Complication or Concomitant Disease in Psoriasis?**

○Clinton Fransiskus, Khairuddin Djawad, Safruddin Amin, Suci Budhiani
Department of Dermatology and Venereology of Hasanuddin University, Makassar

EP5-7 **Histiocytoid Sweet Syndrome：A Systematic Review**

○Theng Chun Wong[1)], Zhao Feng Liu[1,2)], Christopher Y Chew[1,2)]
Faculty of Medicine, Monash University, Melbourne[1)], Department of Dermatology, Alfred Health, Melbourne[2)]

EP5-8 (E3-6) **Early prognostic biomarkers in Steven-Johnson Syndrome/Toxic Epidermal Necrolysis**

○Christopher Y Chew[1)], Zhao Feng Liu[1,2)], Dale Jobson[1)], Adithya Shastry[1,5)], Miki Wada[1,3)], Zhengyang Liu[1,4)], Ella Ryan[1,2)], Nidhin Kuruvilla[2)], Michelle Goh[1)], Douglas Gin[1)]

Department of Dermatology, Alfred Health, Melbourne[1)], Department of Medicine, Monash University, Melbourne[2)], Monash Health, Melbourne[3)], Royal Melbourne Hospital, Melbourne[4)], ANU College of Health and Medicine, Australian National University, Canberra[5)]

EP5-9 **Subcutaneous Granuloma Annulare：A Systematic Review**

○Sangho Lee[1)], Adam Lapidus[2)], Tanishq Khandelwal[3)], Mason H Crossman[4)], Alysha Vuong[4)], Jeffrey Weng[4)], Zhao Feng Liu[1,5)], Christopher Y Chew[1,5)]

Department of Medicine, Monash University, Melbourne[1)], Department of Medicine, Melbourne University, Melbourne[2)], School of Medicine and Public Health, University of Newcastle, Newcastle[3)], College of Medicine and Public Health, Flinders University, Adelaide[4)], Department of Dermatology, Alfred Hospital, Melbourne[5)]

Allergic disease

EP6-1 **Kounis syndrome during surgery under local anesthesia**

○Ayaka Obata, Yu Sawada, Etsuko Okada

Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu

EP6-2 **Phenythoin Induced DRESS in Adult Onset Still's Disease**

○Firyal Maulia[1)], Silvia Veronica Setiawan[2)], Suci Budhiani[1)]

Department of Dermatology Hasanuddin University Faculty of Medicine, Makassar[1)], Department of Dermatology Presidential Hospital Gatot Subroto, Jakarta[2)]

Autoimmune disease

EP7-1 (E3-2) **No Mucous Involvement in Pemphigoid with Antibodies to the β3 Subunit of Laminin-332**

○Hanako Miyahara[1)], Kazumasa Oya[1)], Noriko Kubota[1)], Norito Ishii[2)], Toshifumi Nomura[1)]

Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[1)], Department of Dermatology, Kurume University School of Medicine, Kurume[2)]

EP7-2 **Ocular complications as clinical prognostic markers in SJS/TEN**

○L Z Zhang[1)], C Y Chew[2)], D Jobson[2)], A Shastry[2)], M Wada[2,3)], Z Y Liu[2,4)], Z F Liu[1,2)], E Ryan[2)], S Smithson[2)], D Gin[2)]

Monash University, Faculty of Medicine, Nursing and Health Sciences, Melbourne[1)], Department of Dermatology, Alfred Health, Melbourne[2)], Monash Health, Melbourne[3)], Royal Melbourne Hospital, Melbourne[4)]

EP7-3 **Verruca Vulgaris Within Psoriasis Lesions During Methotrexate Treatment：A Rare Case**

○Tjahya Utami Aulia, Nurul Rezki Fitriani Aziz, Nurelly N Waspodo, Suci Budhiani, Khairuddin Djawad

Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar

EP7-4 A Case of Disseminated Morphea Complicated with Joint Contracture due to Morphea Profunda

○Yuki Nakagawa[1)], Yoshi Kawamura[2)], Kazuhisa Nakano[3)], Shingo Tanaka[4)]
Department of Dermatology, Fukuyama City Hospital, Fukuyama[1)], Department of Orthopedics, Fukuyama City Hospital, Fukuyama[2)], Department of Rheumatology, Fukuyama City Hospital, Fukuyama[3)], Tanaka Clinic, Fukuyama[4)]

EP7-5 (E3-3) Anifrolumab treatment for various subtypes of cutaneous lupus erythematosus in SLE cases

○Haruka Koizumi, Yoshinao Muro, Satoshi Kamiya, Norika Akashi, Satoko Imai, Yuta Yamashita, Mariko Ogawa-Momohara, Takuya Takeichi, Masashi Akiyama
Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya

EP7-6 (E3-8) Lupus panniculitis of the scalp presenting as an arc-shaped non-scarring alopecia

○Yuki Kobayashi[1)], Toyoko Inazumi[1)], Kana Tamura[1)], Yuka Shintani[1)], Akiko Tanikawa[2)]
Department of Dermatology, Tachikawa Hospital, Federation of National Public Service Personnel Mutual Aid Associations, Tokyo[1)], Samoncho Dermatology Clinic, Tokyo[2)]

EP7-7 (E3-4) A case of non-bullous pemphigoid mimicking as intractable eczematous eruptions

○Noriko Kagawa[1)], Yoko Akamatsu[2)], Kayo Yamamoto[1)], Yu Sawada[1)], Etsuko Okada[1)]
Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu[1)], Shimonoseki Medical Center, Shimonoseki[2)]

EP7-8 (E3-5) Melanocyte-specific T Cells Remain Active in Vitiligo after Systemic Steroid Therapy

○Kazunori Yokoi[1)], Rei Watanabe[1)], Miki Kume[1)], Saki Yamane[1)], Atsushi Tanaka[2)], Manabu Fujimoto[1)], Atsushi Tanemura[1)]
Department of Dermatology, Osaka University Graduate School of Medicine, Osaka[1)], Department of Experimental Immunology, Immunology Frontier Research Center, Faculty of Medicine, Osaka University, Osaka[2)]

EP7-9 (E3-7) Ultrasound Visualizes Peripheral Vascular Dysfunction I in Systemic Sclerosis

○Kazuhiro Komura[1)], Minoru Hasegawa[2)]
Department of Dermatology, Kanazawa Red Cross Hospital, Japanese Red Cross Society, Kanazawa[1)], Department of Dermatology, Division of Medicine, Faculty of Medical Sciences, University of Fukui, Fukui[2)]

EP7-10 A case of IgA vasculitis in a melanoma patient during nivolumab and ipilimumab therapy

○Kensuke Fukuchi, Takatoshi Shimauchi, Tomoko Sugiyama, Yurie Kitauchi, Toshiharu Fujiyama, Taisuke Ito, Tetsuya Honda
Department of Dermatology, Hamamatsu University School of Medicine, Hamamatsu

EP7-11 The relation of serum VEGF in a patient with RS3PE and high-grade serous carcinoma

○Misa Itamura, Yu Sawada, Etsuko Okada
Department of Dermatology, University of Occupational and Environmental Health, Kitakyusyu

Tumor

EP8-1 (E2-4) **Two-year analysis of postoperative adjuvant therapy in 120 Japanese melanoma patients**

○Yusuke Muto[1)], Taku Fujimura[1)], Hiroshi Kato[2)], Satoshi Fukushima[3)], Takamichi Ito[4)], Takeo Maekawa[5)], Shoichiro Ishizuki[6)], Hiroshi Uchi[7)], Shigeto Matsushita[8)], Yoshihide Asano[1)]
Department of Dermatology, Tohoku University Graduate School of Medicine, Sendai[1)], Department of Geriatric and Environmental Dermatology, Nagoya City University Graduate School of Medical Sciences, Nagoya[2)], Department of Dermatology and Plastic Surgery, Faculty of Life Sciences, Kumamoto University, Kumamoto[3)], Department of Dermatology, Graduate School of Medical Science, Kyushu University, Fukuoka[4)], Department of Dermatology, Jichi Medical University, Shimotsuke[5)], Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[6)], Department of Dermato-Oncology, National Hospital Organization Kyushu Cancer Center, Fukuoka[7)], Department of Dermato-Oncology/Dermatology, National Hospital Organization Kagoshima Medical Center, Kagoshima[8)]

EP8-2 (E2-8) **A Case of Cutaneous Melanocytoma With *TRIM11* Gene Rearrangement**

○Aiko Nambu[1)], Tomoe Nakagawa[1)], Taisuke Matsuya[1)], Mari Kishibe[1)], Isao Tandai[2)], Tadashi Hasegawa[3)], Toru Motoi[4)], Akemi Ishida-Yamamoto[1)]
Department of Dermatology, Asahikawa Medical University, Asahikawa[1)], Department of Plastic Surgery, Japanese Red Cross Asahikawa Hospital, Asahikawa[2)], Department of Diagnostic Pathology, Sapporo Medical University, Sapporo[3)], Department of Pathology, Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital, Tokyo[4)]

EP8-3 **Solitary fibrous tumor of the upper eyelid accompanied with unique ultrasound images**

○Takayuki Suyama, Megumi Yokoyama, Tokihiro Nishimura, Kazumoto Katagiri
Department of Dermatology, Dokkyo Medical University Saitama Medical Center, Koshigaya

EP8-4 **Treatment of TMB-High Metastatic Extramammary Paget's Disease with Anti-PD1 Antibody**

○Yuichi Nakayama, Dai Ogata, Shogo Wada, Seiji Tsuruta, Yoshiyuki Matsui, Mao Okumura, Kojiro Hiki, Eiji Nakano, Kenjiro Namikawa, Naoya Yamazaki
Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo

EP8-5 (E2-6) **Rechallenge with Brentuximab Vedotin in Refractory Mycosis Fungoides**

○Hikaru Kawahara, Yu Sawada, Etsuko Okada
Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu

EP8-6 (E2-5) **Therapeutic effect of S-1 for locally-advanced cutaneous squamous cell carcinoma.**

○Teruaki Izumi, Yukiko Teramoto, Reiichi Doi, Anna Kamimura, Sayaka Takai, Tatsuhiko Mori, Yasuhiro Nakamura
Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Hidaka

EP8-7 (E2-1) **Single-cell immune profiling of tumor-infiltrating lymphocytes in acral melanoma**

○Tomoyuki Minowa[1,2], Kenji Murata[2], Yoshihiko Hirohashi[2], Sayuri Sato[1], Kohei Horimoto[1], Junji Kato[1], Toshihiko Torigoe[2], Hisashi Uhara[1]
Department of Dermatology, Sapporo Medical University School of Medicine, Sapporo[1], Department of Pathology, Sapporo Medical University School of Medicine, Sapporo[2]

EP8-8 (E2-7) **Primary Dermal Melanoma Systematic Review**

○Lawrence Lin[1], Zhao Feng Liu[2], Raaisa Islam[3], Ibukun Oloruntoba[1], Ojochonu Anthony[1], Timothy Widjaja[1], Chris Wong[1], Firdavis Xireaili[1], Hieu Ha[1], Rebecca Shackle[4], Zacch Seah[1], Asmetha Ashok Kumar[1], Kristian Baziotis-Kalfas[1], Christopher Chew[1,2]
Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne[1], Department of Dermatology, Alfred Health, Melbourne[2], The Skin Hospital, Sydney[3], Concord Repatriation General Hospital, Sydney[4]

EP8-9 **Using Multi-omics Analysis to investigate Genomic Mutation Profile in Asian Melanoma**

○Yu-Jen Chiu, Teh-Ying Chou
Division of Plastic and Reconstructive Surgery, Department of Surgery, Taipei Veterans General Hospital, Taipei

EP8-10 (E2-2) **Utility Of Circulating Tumor DNA Testing To Detect Recurrence Of Merkel Cell Carcinoma**

○Tomoko Akaike[1], Daniel S Hippe[2], Paul Nghiem[1], Lisa Zaba[3]
Division of Dermatology University of Washington, Seattle[1], Fred Hutchinson Cancer Research Center, Seattle[2], Stanford University Medical Center and Cancer Institute Department of Dermatology/Cutaneous Oncology, Palo Alto[3]

Congenital disease

EP9-1 (E4-2) **Dupilumab improved loose skin folds in a case with cutis laxa and atopic dermatitis**

○Tatsuya Katsumi[1], Ryota Hayashi[1], Shingo Takei[1], Rei Yokoyama[1], Osamu Ansai[1], Satoru Shinkuma[1,2], Riichiro Abe[1]
Division of Dermatology, Niigata University Graduate School of Medical and Dental Sciences, Niigata[1], Department of Dermatology, Nara Medical University, Kashihara[2]

Infectious disease

EP10-1 (E4-1) **Characteristics of post-COVID-19 alopecia in hospitalized Japanese patients**

○Umi Tahara[1,2], Keitaro Fukuda[1], Hiroshi Kawasaki[1], Masataka Saito[1], Hideki Terai[3], Ho Namkoong[4], Makoto Ishii[3,5], Koichi Fukunaga[3], Masayuki Amagai[1]
Department of Dermatology, Keio University School of Medicine, Tokyo[1], Department of Dermatology, Kawasaki Municipal Hospital, Kanagawa[2], Division of Pulmonary Medicine, Department of Medicine, Keio University School of Medicine, Tokyo[3], Department of Infectious Diseases, Keio University School of Medicine, Tokyo[4], Department of Respiratory Medicine, Nagoya University Graduate School of Medicine, Nagoya[5]

EP10-2 (E4-5) **Two cases of Herpes zoster with Ocular symptoms due to Cranial nerve palsy**

○Airi Miyazawa[1)], Keiko Takeda[1)], Sawa Ootubo[1)], Kyoko Kanno[1)], Mari Kishibe[1)], Akemi Ishida-Yamamoto[1)], Jun Sawada[2)], Kohei Kano[2)], Rui Fushitu[3)], Kouji Takarada[3)]
Department of Dermatology, Asahikawa Medical University, Asahikawa[1)], Department of Neurology, Asahikawa Medical University, Asahikawa[2)], Department of Ophthalmology, Asahikawa Medical University, Asahikawa[3)]

EP10-3 **De Novo Histoid Leprosy（HL）With Reversal Reaction（RR）：A Rare Case**

○Aznamry Aznamry, Anni Adriani, Siti Nur Rahma
Department of Dermatology and Venereology Hasanuddin University, Makassar

EP10-4 **Rare Presentation of M. furfur Infection Mimicking Tinea Imbricata：a Case Report**

○Jennifer Michelle Widysanto, Widyawati Djamaluddin, Khairuddin Djawad, Suci Budhiani
Department of Dermatology and Venereology Hasanuddin University, Makassar

EP10-5 **Coexistence of Scrofuloderma and Tuberculosis Verrucosa Cutis：A Rare Presentation**

○Andi Amalia Nefyanti, Khairuddin Djawad, Suci Budhiani
Department of Dermatology and Venereolgy of Hasanuddin University, Makassar

EP10-6 **Successful Treatment of Ocular Syphilis in HIV-Infected Homosexual Man**

○Nur Hikmah Fajriani, Safruddin Amin, Suci Budhiani
Departement of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar

EP10-7 (E4-3) **Prozone Phenomenon in Primary Syphilis with HIV-positive and Penicillin Allergy**

○Nahda Yaumil Chair Haq[1)], Idrianti Idrus[1)], Suci Budhiani[1)], Silvia Veronica[2)]
Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar[1)], Department of Dermatology and Venereology Gatot Soebroto Army Hospital, Jakarta[2)]

EP10-8 (E4-6) **LEPROSY MIMICKING SINONASAL TUMOR：A CASE REPORT**

○Thomas Utomo[1)], Khairuddin Djawad[2)], Anni Adriani[2)], Safruddin Amin[2)], Dirmawati Kadir[1)], Andi Nurhaerani Zainuddin[1)]
Department of Dermatology and Venereology Faculty Medicine of Hasanuddin University, Makassar[1)], Wahidin Sudirohusodo General Hospital, Makassar[2)]

EP10-9 (E4-7) **Cutaneous Candidiasis in a Child with Acute Lymphoblastic Leukemia**

○Aurora Pelangi Fajriana[1)], Anis Irawan Anwar[2)], Faridha Tabri[2)], Faridha Ilyas[2)], Nurelly N Waspodo[1)], Andi Hardianty[1)], Thomas Utomo[1)]
Department of Dermatology & Venereology Faculty Medicine of Hasanuddin University, Makassar[1)], Wahidin Sudirohusodo General Hospital, Makassar[2)]

EP10-10 **Norwegian Scabies in Malnourished Children：A Case Report**

○Andi Putri Suci Ramadhani[1)], Safruddin Amin[2)], Anni Adriani[2)], Dirmawati Kadir[2)], Idrianti Idrus[1,2)]
Department of Dermatology and Venereology Faculty Medicine of Hasanuddin University, Makassar[1)], Wahidin Sudirohusodo General Hospital, Makassar[2)]

EP10-11 **Papular Pruritic Eruption as a Clinical Indicator in an Undiagnosed AIDS Patient**

○Muji Iswanty, Jonathan Wijaya, Muhlis Muhlis, Idrianti Idrus
Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar

EP10-12 Early Diagnoses and Prompt Treatment of Syphilis for Better Quality of Life in Adolescent

○Muhlis Yunus, Idrianti Idrus, Muji Iswanty
Department of Dermatology Hasanuddin University, Makassar

EP10-13 Atypical Hemorrhagic Vesicles in Varicella with Renal Dysfunction

○Airin Riskianty Nurdin[1,3], Stefan Cahyadi[1], Haerani Rasyid[2,3]
Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar[1], Department of Internal Medicine, Faculty of Medicine, Hasanuddin University Makassar, Wahidin Sudirohusodo Hospital Makassar, Hasanuddin University Hospital Makassar, Makassar[2], Siloam Hospital, Makassar[3]

EP10-14 Late Latent Syphilis In Pregnancy

○Idrianti Idrus
Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University Makassar, Makassar

Others

EP11-1 A case of acrokeratosis paraneoplastica responded to anti-ovarian cancer therapy

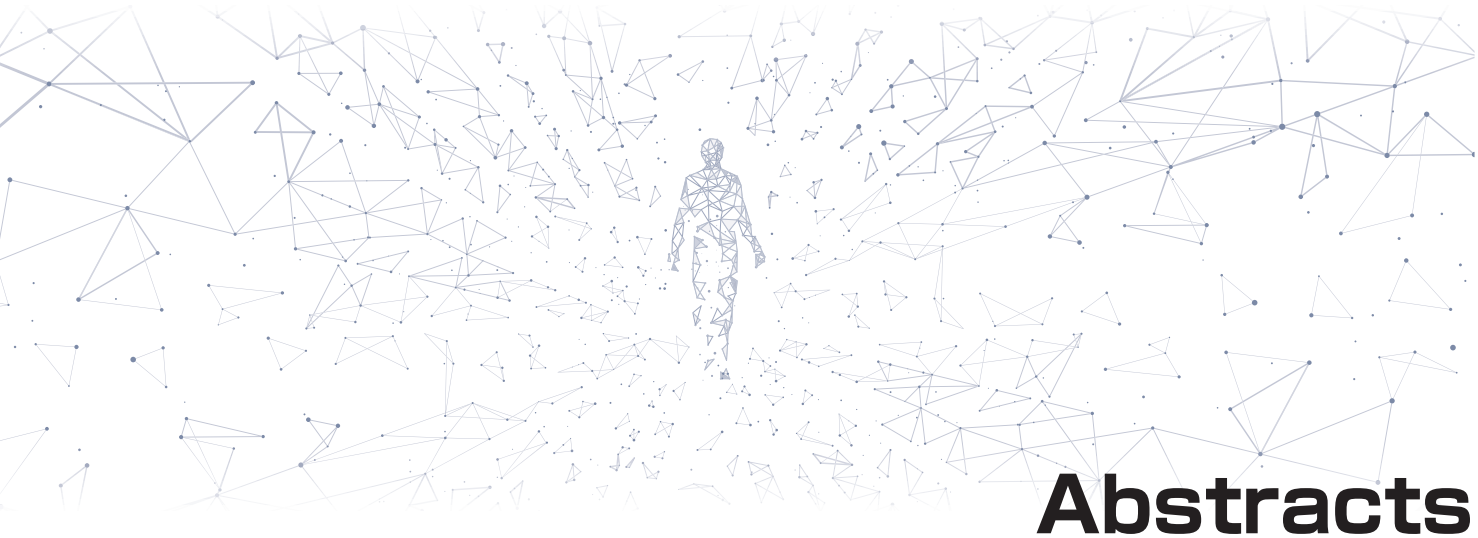
○Takumi Hasegawa[1], Noritaka Oyama[1], Hiroshi Kasamatsu[1], Takenao Chino[1], Daisuke Inoue[2], Yoshio Yoshida[2]
Department of Dermatology, University of Fukui, Fukui[1], Department of Obstetrics and Gynecology, University of Fukui, Fukui[2]

EP11-2 (E4-4) Immune Checkpoint Inhibitor Related Urticaria：A Case-Control Study with Cytokine Profiles

○Tsun-Hao Hsu, Shih-Wen Hsu, Wen-Hung Chung, Chun-Bing Chen
Department of Dermatology, Chang Gung Memorial Hospital, Linkou Branch, Taoyuan City

EP11-3 (E4-8) N95 Mask Related Skin Disease Amongst Healthcare Workers：a Cross Sectional Study

○Raaisa Islam[1], Nishan Amerasinghe[2], Douglas Gin[2], Christopher Y Chew[2,3]
The Skin Hospital, Sydney[1], Department of Dermatology, Alfred Health, Melbourne[2], Department of Dermatology, Monash Health, Melbourne[3]



Abstracts

The 122nd Annual Meeting of the Japanese Dermatological Association

The 122nd JDA YOKOHAMA 2023

The 122nd Annual Meeting of the Japanese Dermatological Association

Roles of IL-17 Family Cytokines in Skin Inflammation and Immunity

James G. Krueger
The Rockefeller University, NY

The IL-17 family consists of 6 cytokines（IL-17A to F）with dimeric structures that are overall similar, but with differences in amino acid sequences, cellular sources and biological effects. This is an ancient cytokine family that evolved to protect epithelial barriers from microbial invasion, predating adaptive immunity. IL-17C, produced only by keratinocytes upon triggering, mediates production of anti-microbial proteins in keratinocytes that constitutes a direct innate "immune" response, but effects extend to modulation of innate and adaptive immunocytes. IL-17A and IL-17F are cytokines produced mainly by activated Type 17 T-cells. IL-17A&F direct key epidermal responses to skin microbes, but also trigger pathogenic skin inflammation in psoriasis vulgaris（PV）and hidradentitis suppurativa（HS）. It is proposed that Type 17 T-cells can be regulatory cells producing IL-10, but are triggered by IL-23 to become pathogenic cells in a disease context. Single cell RNA sequencing studies in PV and HS suggest 1）that at least 5 types T-cells are differentiated to produce IL-17A, IL-17F, or the heterodimer IL-17A/F, 2）that IL-17 isoforms are co-expressed with other inflammatory cytokines in T-cells, 3）that Tregs may be become pathogenic cells producing IL-17 in disease states, and 4) that pathways beyond IL-23 can regulate pathogenicity of Type 17 T-cells in skin disease. IL-17 A&F induce broad gene expression programs in the epidermis that trigger expression of other cytokines and chemokines, creating a "feed forward" response that can explain most of psoriasis cellular and molecular pathology. The IL-17 feed forward response is amplified by cytokines such as IL-17C, IL-36 isoforms, TNF and IL-1 isoforms that can produce massive neutrophilic recruitment to skin, as may occur in pustular psoriasis and HS. Conversely, cytokine antagonists that block IL-17 cytokines, IL-17 receptors, or IL-17 signaling have profound ability to reverse disease pathology in PV and HS and thus represent excellent therapeutic choices based upon the evolving understanding of IL-17 axis inflammation in skin diseases.

［Biography］

James G. Krueger, MD, PhD is Head of the Laboratory for Investigative Dermatology at The Rockefeller University in New York, NY, USA. He also serves as Physician and Co-director of the Center for Clinical and Translational Science, and as Chief Executive Officer of the Rockefeller University Hospital.

Dr Krueger is certified by the American Board of Dermatology.

His research group at The Rockefeller University was the first to conduct clinical trials with specific, targeted immune antagonists in psoriasis and this work established that elimination of pathogenic T-cells from skin lesions could reverse the full pathological phenotype of psoriasis. Since then, his group has used immune-based therapeutics to dissect inflammatory pathways in psoriasis and to conduct parallel pharmacogenomic studies that define mechanisms of targeted therapeutics in human populations. A more recent focus has been the definition of new inflammatory pathways, as well as new types of inflammatory cells in psoriasis lesions that are now being targeted with new biologic drugs. Dr Krueger has been an advocate of bidirectional translational research（bench to bedside and back）in humans using psoriasis as a model inflammatory disease to dissect pathogenic pathways that cannot be studied in animal models.

PSP1
Molecular diversity in systemic sclerosis：implications for clinical management

Christopher Denton[1,2)]
Experimental Rheumatology, UCL Division of Medicine[1)],
Consultant Rheumatologist, Royal Free London NHS Foundation Trust, London, UK[2)]

Systemic sclerosis (SSc) is clinically diverse in terms of skin involvement, underpinning classification into diffuse or limited disease subsets, and organ-based complications such as renal, lung or cardiac disease [1]. The hallmark antinuclear autoantibodies (ANA) used to diagnose systemic sclerosis also provide a valuable tool for classification and risk stratification [2]. This is possible because these ANA reactivities are generally mutually exclusive. This is determined by immunogenomics and specifically by MHC class II haplotype. Based on skin and ANA subgroups an outcome-based classification for SSc has been developed [3]. More recently molecular studies of skin and blood have linked gene and protein expression to the disease phenotype and differences between ANA subgroups have been delineated [4]. This is notable because clinical trials and outcome studies can now be aligned with the molecular differences between patient groups that underpin different responses to targeted therapies in clinical trials and practice.

In this way clinical trial cohorts may be enriched, and patients better assessed for risk of specific complications. Such integrated genomic and protein expression studies in well-defined patient groups are also providing powerful insight into pathogenesis. For example, an enriched cohort study design allowed the genetic basis for scleroderma renal crisis risk in ARA positive patients to be defined and has identified new molecular pathways and mediators that may be central to pathogenesis [5]. These include the Wnt signalling regulator CTNND2 and GPATCH2L, a putative innate immune regulator upregulated in tumours, that is also implicated as a risk allele for essential diastolic hypertension in independent genetic studies.

This is supported by recent clinical trials have demonstrated clear differences between treatment response across ANA based subgroups. For some drugs response is driven by anti-topoisomerse-1 (ATA) positive cases, such as tocilizumab (an anti-IL6 receptor neutralising antibody) in dcSSc whereas others show effect only in anti-RNA polymerase III (ARA) positive SSc (e.g. riociguat, a soluble guanylate cyclase stimulator). This shows the importance of ANA based stratification in trial design and the potential to enrich for subgroups more likely to be informative in a trial. This will help to make trials more feasible and define those most likely to benefit from future therapy. In this way modern molecular approaches and clinical subgroups are moving SSc towards precision or stratified medicine that takes account of biological and clinical heterogeneity [6].

Finally, having defined the molecular basis for clinical diversity in SSc we have been able to use single cell approaches to give greater insight. These highlight key differences between early and late-stage disease and between the major ANA based subgroups of ARA and ATA diffuse cutaneous SSc. In addition, they have helped to define relevant subpopulations of fibroblasts that determine progression of skin or lung disease in SSc and correlate findings using explant skin fibroblasts from clinical trial datasets.

[Biography]

Professor of Experimental Rheumatology at University College London (UCL) Division of Medicine, London, UK, and a consultant Rheumatologist at the Royal Free Hospital in London.

Having studied medicine at Guy's Hospital and obtained a PhD from University College London he trained in medicine, rheumatology and connective tissue disease. Following a Wellcome Trust Advanced Fellowship in molecular genetics at the M.D. Anderson Cancer Center in Houston, USA he was awarded an Arthritis Research UK Senior Research Fellowship 2000-2010. His research has generated new preclinical models, established better tools for clinical stratification, and provided fundamental insights into molecular pathogenesis of systemic sclerosis, and the potential for targeted therapy.

Professor Denton leads a large clinical and translational research programme in scleroderma at the Royal Free Hospital co-ordinates multidisciplinary care for more than 1500 patients. He is Autoimmune diseases Research Advisory Group (RAG) lead for Versus Arthritis. He currently chairs the UK Scleroderma Study Group (UKSSG). He delivered the BSR Heberden Round at the Rheumatology Conference in Birmingham, 2017.

PSP6
Enhancer-based mechanisms direct fine and higher order chromatin organization in the nuclear space

Yeguang Hu[1)], Daniela S Figueroa[2)], Zhihong Zhang[1)], Sourya Bhattacharyya[2)], Margaret Veselits[3)], Mariko Kashiwagi[1)], Marcus R Clark[3)], Bruce Morgan[1)], Ferhat Ay[2)], ○Katia Georgopoulos[1)]

Cutaneous Biology Research Center, Harvard Medical School[1)], Centers for Autoimmunity, Inflammation and Cancer Immunotherapy, La Jolla Institute for Immunology[2)], Gwen Knapp Center for Lupus and Immunology Research, The University of Chicago[3)]

It is unclear how chromatin is organized in the 3D space to provide cell specificity to nuclear functions. Here we manipulate IKAROS, a DNA binding factor required for lymphocyte differentiation, to probe how lineage-defining transcription factors organize distinct aspects of chromatin topology to support the lineage choice. We discuss how IKAROS-based enhancer interactions connect distal regulatory sites, construct lineage specific topological domains and impart euchromatic localization to associated genes that in IKAROS' absence switch into heterochromatin. In gain-of-function experiments in skin epithelial cells we confirm the ability of IKAROS as a *bona fide* regulator of chromatin organization, in conjunction with upregulation of extra-lineage genes. Analysis of the different effects on target genes more closely (neuronal) or distantly removed (lymphocyte specific) from the skin epithelial lineage suggest the rules that contribute to lineage restriction and reprogramming. While this work focuses on genome configuration in the adaptive immune system, the principles deciphered here are expected to apply broadly to skin biology and disease.

[Biography]

Education/Training

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
University of Newcastle upon Tyne, U.K.	B.Sc	1980	Biochemistry
University of Newcastle upon Tyne, U.K.	PhD	1984	Biochemistry
Harvard Medical School and Dana Farber Cancer Institute, Boston, MA	Postdoctoral	1984-1989	Pathology/Molecular Immunology
Mass. General Hospital, Boston, MA	Postdoctoral	1989-1991	Molecular Biology

Positions and Employment

1989 - 1991	Instructor Pathology Harvard Medical School
1991 - 1996	Assistant Professor of Dermatology (Anatomy and Cell Biology), Harvard Medical School
1991 - 1996	Assistant Biologist (Dermatology), Massachusetts General Hospital
1996 - 2003	Associate Professor of Dermatology (Anatomy and Cell Biology), Harvard Medical School
1996 - 2003	Associate Biologist (Dermatology), Massachusetts General Hospital
2003 -	Professor of Dermatology, Harvard Medical School
2003 -	Biologist, Massachusetts General Hospital
2003 - 2014	Director, ES Cell Core Facility, Massachusetts General Hospital, Harvard Medical School

PSP7
Outcome Measures in Systemic Sclerosis

Dinesh Khanna
University of Michigan, Michigan, USA

Systemic sclerosis（scleroderma, SSc）has seen a substantial progress in the development and validation of outcome measures over last decade. This presentation will discuss the outcome measures ready for clinical trials in SSc, including recent work by the NIH funded White Paper initiative to provide regulatory approvable outcome measures.
The presentation will focus on skin, lungs, and composite endpoints, including the ACR CRISS and Revised CRISS, which are the global outcome measures to assess stabilization/improvement. In addition, I will present preliminary outcome measures that are endorsed by the NIH funded White Paper initiative for Raynaud's phenomenon, digital ulcers, and biomarkers.

［Biography］

Education and Training

07/1990-01/1996	MBBS, University College of Medical Sciences and Guru Teg, Badahur Hospital New Delhi, India
07/1997-06/2000	Internal Medicine Internship and Residency, Wright State University, Dayton, Ohio
07/1999-06/2000	Chief Resident Internal medicine, Wright State University, Dayton, Ohio
07/2000-06/2003	Fellow, Division of Rheumatology, UCLA School of Medicine, Los Angeles, California
09/2002-06/2004	Master of Science in Clinical Research, UCLA, Los Angeles, California
2003-2004	NIH certificate in 'Principles of Clinical Pharmacology'

Academic, Administrative, and Clinical Appointments

07/2003-06/2004	Clinical Instructor, UCLA School of Medicine, Los Angeles, California
07/2004-06/2007	Assistant Professor of Medicine, University of Cincinnati, Cincinnati, Ohio
07/2004-06/2007	Staff Physician, Veterans Affairs Medical center, Cincinnati, Ohio
07/2005-06/2007	Research Fellow, Institute for the Study of Health, University of Cincinnati, Cincinnati, Ohio
07/2007-06/2008	Assistant Clinical Professor of Medicine, UCLA School of Medicine, Los Angeles, California
07/2007-06/2011	Adjunct Assistant Professor, Department of Health Services, School of Public Health at UCLA, Los Angeles, California
07/2007-06/2011	Clinical Director, UCLA Scleroderma Program, UCLA School of Medicine, Los Angeles, California
07/2008-06/2011	Assistant Professor of Medicine In-Residence, UCLA School of Medicine, Los Angeles, California
07/2011-04/2014	Associate Professor of Medicine In-Tenure, Marvin and Betty Danto Research Professor, University of Michigan, Ann Arbor, Michigan
04/2014-09/2015	Associate Professor of Medicine In-Tenure, Frederick G. L. Huetwell Professor of Rheumatology, University of Michigan, Ann Arbor, Michigan
07/2011-Present	Director, University of Michigan Scleroderma Program, University of Michigan, Ann Arbor, Michigan
09/2015-Present	Professor of Medicine In-Tenure, Frederick G. L. Huetwell Professor of Rheumatology, University of Michigan, Ann Arbor, Michigan
07/2017-02/2020	Medical Director, Ambulatory and Chronic Disease Clinical Trial Support Unit, University of Michigan
05/2017-09/2022	Chief Medical Officer, Eicos Sciences
01/2022-Present	Medical Director, Michigan Clinical Research Unit

EL51-2

Autoantibody production in pemphigus

Jong Hoon Kim
Department of Dermatology, Yonsei University College of Medicine, Seoul, Korea

Pemphigus is a type of autoimmune blistering diseases mediated by autoantibodies targeting desmoglein (DSG) 1 and 3, causing blisters and erosions on the skin and mucous membrane. Pathogenic monoclonal antibodies in patients with pemphigus are necessary and sufficient to induce blisters. These autoantibodies mechanically interfere with the adhesion of DSGs and internalize DSGs from the cell surface. In humoral immunity, the development of effective antibodies in B cells includes affinity maturation, a process whereby B cells produce higher-affinity antibodies against antigen. Pathogenic autoreactive B cells are known to undergo somatic hypermutation in patients with pemphigus despite the ability of several germline reverted monoclonal antibodies to bind DSG. Affinity maturation is driven by somatic hypermutation and requires the cognate-antigen interaction of T follicular helper (Tfh) cells. We found that Tfh cells are required for disease induction of pemphigus and that tertiary lymphoid structures resembling B-cell follicles are associated with non-healing status of blisters in patients with pemphigus.

EL52-3

Health AI and Dermatology at Google

Joe Ledsam
Google Japan

Skin conditions affect 1.9 billion people. Because of a shortage of dermatologists, most cases are seen instead by general practitioners with lower diagnostic accuracy. We present a deep learning system (DLS) to provide a differential diagnosis of skin conditions using 16,114 de-identified cases (photographs and clinical data) from a teledermatology practice serving 17 sites. The DLS distinguishes between 26 common skin conditions, representing 80% of cases seen in primary care, while also providing a secondary prediction covering 419 skin conditions. On 963 validation cases, where a rotating panel of three board-certified dermatologists defined the reference standard, the DLS was non-inferior to six other dermatologists and superior to six primary care physicians (PCPs) and six nurse practitioners (NPs) (top-1 accuracy : 0.66 DLS, 0.63 dermatologists, 0.44 PCPs and 0.40 NPs). These results highlight the potential of the DLS to assist general practitioners in diagnosing skin conditions.

Dr Joe Ledsam will discuss Google's recent work in healthcare and AI, highlighting in particular Google's work in dermatology.

MS16

An update on systemic sclerosis

Dinesh Khanna
University of Michigan

Systemic sclerosis is a multi-system autoimmune disease associated with inflammation, fibrosis, and vasculopathy. The lecture will cover recent advances in the management of systemic sclerosis, including review of the trials in interstitial lung disease. I will discuss the role of immunosuppressive and biological therapies in SSc, including mycophenolate mofetil, rituximab, tocilizumab, and stem cell transplant. I will also discuss the role of anti-fibrotic therapies in the management of interstitial lung disease.

LS34

Managing Dyschromias with a Focus on Pre- and Post-Procedure Skin Conditioning

Suzan Obagi
Department of Dermatology and Department of Plastic Surgery at the University of Pittsburgh School of Medicine, University of Pittsburgh Medical Centre（UPMC）Cosmetic Surgery & Skin Health Centers

The most common chief complaint among patients globally is the issue of hyperpigmentation and dyschromias.
The most common types of dyschromias will be discussed including Ashy Dermatosis, Erythema Dyschromicum Perstans, and Post-Inflammatory Hyperpigmentation. Evaluating and managing these patients properly is of utmost importance to allow these patients to safely undergo cosmetic procedures such as lasers and chemical peels. This lecture will focus on the factors driving pigmentation and the selection of a topical skin care regimen to address this.

ES6-1

The Team Approach to Psoriasis Management

Chris Griffiths
King's College London and University of Manchester, UK

The management of inflammatory skin disease, particularly psoriasis, is highly complex. The Manchester Specialist Psoriasis Service was founded in 1994 to manage tertiary cases of the disease and established with 2 consultant dermatologists, 2 dermatology residents and 2 dermatology nurses. At that time, nurses in the UK did not have prescribing rights, even for topical therapies. The lecture describes the journey from developing nurse-led protocols and empowering nurses to the modern-day highly evolved education and biologics service run by the Manchester and other tertiary dermatology centres. The model has been adapted and adopted by dermatology centres for other inflammatory skin diseases such as atopic dermatitis. It also incorporates clinical trial and registry recruitment.

ES6-2

The role of nurse specialists in the care of dermatology patients in the United Kingdom

Lucy Moorhead[1,2)]
St John's Institute of Dermatology, Guys and St Thomas' NHS Foundation Trust, London[1)], British Dermatological Nursing Group[2)]

The presentation introduces the role of nurse specialists in the UK and their pivotal role in the care of dermatology patients. I will review the qualifications and training that nurses need to specialize in dermatology. Common roles and responsibilities will be provided with particular attention to collaboration both with clinicians and the wider multi-disciplinary team. Examples of good practice will be provided including a dermatology day center ; a nurse-led unit that allows patients to receive intensive dermatology treatment and investigation without using a valuable hospital bed and Vital 5 - an initiative to help patients with behavior change to maximize their health. Finally, current challenges in recruitment and retention of staff in the UK will be reviewed with possible solutions.

E1-1 (EP2-5)

Soluble PD-L1 Predicts Severe Immune-related Adverse Events In Melanoma Patients

○Kazumasa Oya[1)], Yoshiyuki Nakamura[1)], Satoshi Matsusaka[2)], Toshifumi Nomura[1,3)], Yasuhiro Fujisawa[3)]
(Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[1)], Department of Clinical Research and Regional Innovation, Faculty of Medicine, University of Tsukuba, Tsukuba[2)], Department of Dermatology, Ehime University Graduate School of Medicine, Toon[3)])

Anti-PD-1 antibody therapy could lead to immune-related adverse events (irAEs), which are sometimes severe (grade 3 or more). Thus, biomarkers to predict severe irAEs are in great demand. We measured soluble PD-L1 (sPD-L1) before and after the anti-PD-1 antibody treatment in patients with melanoma to evaluate whether sPD-L1 can be a biomarker for severe irAEs. The serum of 31 patients was collected before and after the treatment and sPD-L1 levels were measured. We found that sPD-L1 level was increased in patients who developed severe irAEs. A cut-off value of 4.835 for sPD-L1 increase after the treatment was defined, yielding a 100% sensitivity and a 50% specificity for detecting severe irAEs. Our study suggests that sPD-L1 can be a useful biomarker to predict severe irAE development.

E1-2 (EP1-2)

Involvement of Zinc Deficiency in Pruritus Possibly via Mu-Opioid Receptor Signal

○Hozumi Sano, Tokuko Oguro, Kimiko Nakajima, Mikiro Takaishi, Shigetoshi Sano
(Department of Dermatology, Kochi Medical School, Kochi University, Nankoku)

Pruritus is a major and unpleasant symptom, which is either related (peripheral pruritus) or unrelated to skin inflammation (central pruritus, CP). CP frequently occurs under the condition sequel to internal organ involvements, such as liver or renal dysfunction, but otherwise, aging. We found that (1) the serum zinc levels were significantly lower in CP patients than those in pruritic dermatitis, (2) most of CP patients improved after zinc replenishment, and (3) mice with lower serum zinc levels exhibited severer scratching behavior upon morphine administration than control. We conclude that zinc deficiency exacerbates CP via mu-opioid receptor signal.

E1-3 (EP1-1)

Lipid Molecular Localization Analysis of Skin Tissue by Imaging Mass Microscopy

○Shown Tokoro[1)], Tadayuki Ogawa[2)], Ken Igawa[1)]
(Department of Dermatology, Dokkyo Medical University, Shimotsuga[1)], Department of Research Center for Advanced Medical Sciences, Dokkyo Medical University, Shimotsuga[2)])

The imaging mass spectrometry is an advanced imaging approach that can provide combined molecular mass information and spatial resolution on tissue. In this study, we conducted the matrix-assisted laser desorption/ionization mass spectrometry imaging (MALDI-IMS) to analyze the localization of lipid molecules in human skin tissue. By using 2,5-Dihydroxybenzoic acid (DHB) and 9-aminoacridine (9-AA) matrix, we succeeded in imaging and identifying a group of lipids (fatty acids, sphingolipids, phospholipids, and sterols) localized in the stratum corneum, epidermis, and dermis. The application of MALDI-IMS to skin diseases will reveal the optimal lipid Biomarker for disease assessment and treatment selection.

E1-4 (EP2-2)

Detection of human papillomavirus from cutaneous warts comparing skin surface material

○Yuko Kuriyama[1)], Mieko Kosaka[2)], Akira Kaneko[2)], Hirokazu Nishioka[2)], Kazushi Anzawa[3)], Tomoyasu Hattori[4)], Naoya Igarashi[5)], Masaaki Tamura[6)], Sei-ichiro Motegi[1)], Akira Shimizu[3)]
(Department of Dermatology, Gunma University Gratuate School of Medicine, Maebashi[1)], Diagnostics Division, Maruho Co., Ltd.[2)], Department of Dermatology, Kanazawa Medical University, Kanazawa[3)], Hattori Dermatology Clinic, Takasaki[4)], Igarashi Dermatology Clinic, Maebashi[5)], Department of Dermatology, Sano Kousei General Hospital, Sano[6)])

Cutaneous wart is sometimes difficult to differentiate from clavus or callosity. This study aims to analyze the accuracy of virological diagnosis by comparing swab samples and hyperkeratosis scales from ninety cases to evaluate the efficacy. DNA was extracted from the surface swab, hyperkeratosis scale, and post-shaved surface swab. Fifty-five cases were PCR-positive. Those types were HPV1a, 2a, 4, 27, 57, and 65. HPV1a showed the highest viral road than other HPV types. Comparing among the sample types, the removed hyperkeratosis scale showed the highest viral road. Half of the 14 cases clinically diagnosed as plantar warts were PCR-negative. Both swabs and scraped keratin scales are useful for HPV detection. The relationship between the clinical diagnosis and HPV types is discussed.

E1-5 (EP2-4)

The development of PPP-AI

○Kosuke Shido[1)], Kaname Kojima[2)], Toshiyuki Yamamoto[3)], Koremasa Hayama[4)], Arisa Hirayama[5)], Satomi Kobayashi[5)], Masahiro Okura[6)], Namiko Abe[6)], Yukari Okubo[6)], Tadashi Terui[4)]
(Department of Dermatology, Graduate School of Medicine, Tohoku University, Sendai[1)], Tohoku Medical Megabank Organization, Tohoku University, Sendai[2)], Department of Dermatology, Fukushima Medical University, Fukushima[3)], Division of Cutaneous Science, Department of Dermatology, Nihon University School of Medicine, Tokyo[4)], Department of Dermatology, Seibo International Catholic Hospital, Tokyo[5)], Department of Dermatology, Tokyo Medical University, Tokyo[6)])

We believe that quantifying and visualizing with artificial intelligence (AI) will make it easier to understand patient's own condition and grasp changes, leading to an increase in motivation for treatment. The segmentation for AI learning was performed by stratifying each color to apply multiple colors to the lesion area of palmoplantar pustulosis (PPP). Six lesions were distinguished : erythema, keratinization, pustules (white and brown), vesicle, and others. In addition, the segmentation was performed at five facilities to reduce selection bias. The AI were compared with the correct answers for the identification accuracy (recall rate was as follows ; erythema : 0.49, scale : 0.39, vesicle : 0.30, white pustule : 0.55, brown pustule : 0.07).

E1-6 (EP2-3)

A Case Of Crohn's Disease Diagnosed By Persistent Lip Swelling

○Yoshinori Muto, Takashi Okamoto, Youichi Ogawa, Shinji Shimada, Tatsuyoshi Kawamura
(Department of Dermatology, Faculty of Medicine, University of Yamanashi, Kofu)

A-15-year-old male complained of a persistent lower lip swelling and anal fistula without diarrhea, abdominal pain, and other systemic symptoms. Lip biopsy showed non-caseating naked epithelioid granulomas in the submucosa. Although we initially diagnosed him with granulomatous cheilitis, concomitant anal fistula, past medical history of recurrent aphthous stomatitis, and childhood onset indicated the existence of underlying Crohn's Disease (CD). Biopsy of anal fistula confirmed the presence of non-caseating epithelioid granulomas. Multiple mucosal erosions and ulcers were detected in the intestine by intestinal capsule endoscopy. We finally diagnosed

this patient as intestinal CD. Lip swelling was supposed to be one of the extra-gastrointestinal symptoms of CD.

E1-7（EP3-1）

A case of thymoma-associated GVHD-like erythroderma effectively treated with IVIg

○Hibari Nakajima[3)], Kureha Nakagawa[1)], Shoko Watanabe[1)], Asami Takehana[1)], Sonoko Jikuya[1)], Harunari Shimoyama[1)], Tomomitsu Miyagaki[2)], Takafumi Kadono[2)], Megumi Hirabayashi[1)], Yoshihiro Kuwano[1)]
（Department of Dermatology, Teikyo University Hospital, Mizonokuchi[1)], Department of Dermatology, St. Marianna University Hospital, Kawasaki[2)], Department of Dermatology, Shinmatsudo Central General Hospital, Matsudo[3)]）

A 69-year-old woman with thymoma associated with myasthenia gravis had been treated with immunosuppressant by other departments in our hospital. She was referred to our department because erythema appeared on the body trunk and extremities. Remission was temporary achieved with the use of topical steroid, however, the symptom recurred and developed into erythroderma. Pathologically, She was diagnosed as thymoma-associated GVHD-like erythroderma. Because of the exacerbation of myasthenia gravis, IVIg was started, which remarkably improved the symptom. Nonetheless, 2 weeks later, the erythema recurred. Though PSL 25 mg/day was started in combination with NB-UVB, it was ineffective. 7 weeks after the hospitalization, 2nd IVIg was administered, which improved the erythema again.

E1-8（EP3-2）

Subcorneal Pustular Dermatosis：A Systematic Review Of A Rare And Underdiagnosed Disease

○Mason H Crossman[1,2)], Alysha Vuong[2)], Jeffrey Weng[2)], Felix Liu[1,3)], Christopher Y Chew[1,3)], Sangho Lee[3)], Adam Lapidus[4)], Tanishq Khandelwal[5)]
（Department of Dermatology, Alfred Hospital, Melbourne, Melbourne[1)], College of Medicine and Public Health, Flinders University, Adelaide[2)], Department of Medicine, Monash University, Melbourne[3)], Department of Medicine, Melbourne University, Melbourne[4)], School of Medicine and Public Health, University of Newcastle, Newcastle[5)]）

Subcorneal pustular dermatosis（SPD）, is a rare relapsing pustular dermatosis of unknown aetiology. A systematic review of all peer-reviewed studies reporting one or more cases of SPD was performed according to PRISMA guidelines identifying 137 studies with 159 patients. SPD exhibits a bimodal distribution with a female predilection（1.89：1）. The most common comorbidity was monoclonal gammopathy of uncertain significance（10.7%）followed by connective tissue disease（CTD）(8.2%). 44.7% of patients had rash only, the most common symptoms were pruritis（42.8%）and pain（15.7%）. No trigger was identified in 78.6% of patients. Dapsone was the most commonly used therapy（66.7%）and was more effective in patients with CTD. Biologic therapies including were effective for resistant cases.

E2-1（EP8-7）

Single-cell immune profiling of tumor-infiltrating lymphocytes in acral melanoma

○Tomoyuki Minowa[1,2)], Kenji Murata[2)], Yoshihiko Hirohashi[2)], Sayuri Sato[1)], Kohei Horimoto[1)], Junji Kato[1)], Toshihiko Torigoe[2)], Hisashi Uhara[1)]
（Department of Dermatology, Sapporo Medical University School of Medicine, Sapporo[1)], Department of Pathology, Sapporo Medical University School of Medicine, Sapporo[2)]）

Current immune checkpoint inhibitors against acral lentiginous melanoma（ALM）is not satisfactory. Although a single-cell analysis suggested that phenotypes of tumor-infiltrating lymphocytes（TILs）possibly differed among melanoma subtypes, the characteristics of TILs in ALM remain unclear. In this study, to detect suitable therapeutic molecules, we analyzed transcriptome and T cell receptor（TCR）repertoire of TILs at single-cell resolution. Eighteen clusters of CD8+ T cells were identified, and oligoclonal expansions were observed in clusters with exhaustion signatures. 15 tumor-reactive TCRs were mapped within these clusters. In the clusters, *LAG3* was strongly expressed. LAG3 on CD8 T cells may be a immunotherapy target in ALM patients.

E2-2（EP8-10）

Utility Of Circulating Tumor DNA Testing To Detect Recurrence Of Merkel Cell Carcinoma

○Tomoko Akaike[1)], Daniel S Hippe[2)], Paul Nghiem[1)], Lisa Zaba[3)]
（Division of Dermatology University of Washington, Seattle[1)], Fred Hutchinson Cancer Research Center, Seattle[2)], Stanford University Medical Center and Cancer Institute Department of Dermatology/Cutaneous Oncology, Palo Alto[3)]）

Merkel cell carcinoma（MCC）has a high recurrence rate of 40%. Detecting recurrence early is important. This prospective, multicenter study assessed the utility of circulating tumor DNA（ctDNA）for 143 MCC patients（468 blood samples）. Of them, 55 patients had clinically evident MCC, and all 55 had positive ctDNA results（sensitivity：100%；95% CI：94-100%）. Compared to ctDNA negative tests, ctDNA-positivity was associated with a significantly higher risk of recurrence during surveillance（HR=14.3, 95% CI：1.6-45, p=0.042）. To our knowledge, this is the largest study to explore ctDNA testing in MCC patients. This study demonstrates high sensitivity for detection of MCC and is a promising blood-based test for detection of MCC recurrence.

E2-3（EP4-1）

A National Database Study of Sentinel Lymph Node Biopsy Performance for Melanoma in Japan

○Shogo Wada[1)], Dai Ogata[1)], Eiji Nakano[1)], Kenjiro Namikawa[1)], Tomone Watanabe[2)], Taisuke Ishii[2)], Yuichi Ichinose[2)], Ryoko Rikitake[2)], Takahiro Higashi[2)], Naoya Yamazaki[1)]
（Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo[1)], Division of Health Services Research, Institute for Cancer Control, National Cancer Center, Tokyo[2)]）

Sentinel lymph node biopsy（SLNB）for melanoma is recommended by guidelines, but compliance has rarely been studied in Japan. We investigated the SLNB performance rate in patients with SLNB-eligible melanoma and compared it with that in breast cancer. We retrospectively reviewed the rate using a database that linked the Hospital-Based Cancer Registry and the Diagnosis Procedure Combination survey. In addition, we analyzed factors associated with the performance. A total of 849 hospitals participated, and 5,975 patients with melanoma and 297,990 patients with breast cancer, diagnosed between 2012 and 2019, were included. The rates of melanoma and breast cancer were 46.9% and 84.7%, respectively. The associated factors included age, tumor site, tumor thickness, and hospital size.

E2-4（EP8-1）

Two-year analysis of postoperative adjuvant therapy in 120 Japanese melanoma patients

○Yusuke Muto[1)], Taku Fujimura[1)], Hiroshi Kato[2)], Satoshi Fukushima[3)], Takamichi Ito[4)], Takeo Maekawa[5)], Shoichiro Ishizuki[6)], Hiroshi Uchi[7)], Shigeto Matsushita[8)], Yoshihide Asano[1)]
（Department of Dermatology, Tohoku University Graduate School of Medicine, Sendai[1)], Department of Geriatric and Environmental

Dermatology, Nagoya City University Graduate School of Medical Sciences, Nagoya[2)], Department of Dermatology and Plastic Surgery, Faculty of Life Sciences, Kumamoto University, Kumamoto[3)], Department of Dermatology, Graduate School of Medical Science, Kyushu University, Fukuoka[4)], Department of Dermatology, Jichi Medical University, Shimotsuke[5)], Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[6)], Department of Dermato-Oncology, National Hospital Organization Kyushu Cancer Center, Fukuoka[7)], Department of Dermato-Oncology/Dermatology, National Hospital Organization Kagoshima Medical Center, Kagoshima[8)])

Melanoma is a malignant skin tumor with a high risk of recurrence. We retrospectively evaluated prognosis in postoperative patients (Stage IIC/III/IV disease) treated with anti-PD-1 or BRAF+MEK inhibitors at the adjuvant setting. The primary endpoint was relapse-free survival (RFS) at 2-year period. Twenty-five high-CSD (cumulative sun damage), 37 low-CSD cutaneous, 42 acral, 12 mucosal types, and 4 with unknown primary sites were included in our cohort. Non-acral (high and low-CSD) types showed better RFS compared with the acral (the 2-year RFS：65.8 vs. 36.4%, P=0.0034). Tumor sickness, gender, and treatment were also associated with the prognosis in univariate analysis. Multivariate analysis identified the acral type and treatment as the key parameters related to the recurrence.

E2-5 (EP8-6)

Therapeutic effect of S-1 for locally-advanced cutaneous squamous cell carcinoma.

○Teruaki Izumi, Yukiko Teramoto, Reiichi Doi, Anna Kamimura, Sayaka Takai, Tatsuhiko Mori, Yasuhiro Nakamura
(Department of Skin Oncology/Dermatology, Saitama Medical University International Medical Center, Hidaka)

Background：Most cutaneous squamous cell carcinoma (SCC) is treated with surgery. However, locally-advanced SCCs (LASCCs) are difficult to excise. Oral S-1 is approved for head and neck (H&N) cancer, which has been reported to be effective for H&N LASCC. Objective：To evaluate the efficacy of S-1 for H&NLASCC. Methods：Twelve patients with H&NLASCC treated with S-1 between 2008 and 2022 were included. Co-primary outcomes are objective response rate (ORR) and overall survival (OS). Results：RR was 75% (9/12 patients) and 3 patients who did not achieve response had tumor bone spread/destruction. Median OS was not reached (95%CI：9.9 months-not reached). Conclusion：S-1 in LASCCs results in a high response rate, which supports consideration of neoadjuvant therapy prior to surgery.

E2-6 (EP8-5)

Rechallenge with Brentuximab Vedotin in Refractory Mycosis Fungoides

○Hikaru Kawahara, Yu Sawada, Etsuko Okada
(Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu)

A 70-year-old male with MF was unresponsive to skin-targeted therapies and etretinate or IFN-γ treatment for 2 years. A skin biopsy revealed a dense diffuse dermal infiltrate of atypical lymphocytes absent for large-cell transformation with less than 1% of CD30 expression. Atypical lymphoid cells were recognized in peripheral blood and lymph nodes. Brentuximab vedotin (BV) was remarkably effective against the tumors, indicating that BV might be effective for CD30-positive MF even in the case without large cell transformation. However, while undergoing maintenance bexarotene and narrowband UV-B therapy, he developed plaques, and rechallenge of BV was successfully responded. It suggests that a small number of CD30-positive tumor cells might be enough for the development of MF tumor burden.

E2-7 (EP8-8)

Primary Dermal Melanoma Systematic Review

○Lawrence Lin[1)], Zhao Feng Liu[2)], Raaisa Islam[3)], Ibukun Oloruntoba[1)], Ojochonu Anthony[1)], Timothy Widjaja[1)], Chris Wong[1)], Firdavis Xireaili[1)], Hieu Ha[1)], Rebecca Shackle[4)], Zacch Seah[1)], Asmetha Ashok Kumar[1)], Kristian Baziotis-Kalfas[1)], Christopher Chew[1,2)]
(Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne[1)], Department of Dermatology, Alfred Health, Melbourne[2)], The Skin Hospital, Sydney[3)], Concord Repatriation General Hospital, Sydney[4)])

Primary dermal melanoma (PDM) is a rare subtype of cutaneous melanoma with a relatively good prognosis.
24 studies with 317 patients were systematically reviewed following PRISMA guidelines.
Mean age of patients was 56.6 years with a male-skewed gender predisposition. Lesions were evenly distributed on extremities, trunk, and head/neck. Mean Breslow's thickness was 6.32mm. Mean mitotic count was 4.4. Most (57.7%) patients underwent nodal assessment with sentinel lymph node biopsy and 14.2% were positive. Median follow-up was 24 months and 5-year survival of patients was 73.9%. Mitotic rate and Breslow Thickness had a linear correlation, however likelihood of lymph node metastasis was lower in T4 primary tumours compared to T1 and T2 primaries (14.3% vs 20% and 20% respectively).

E2-8 (EP8-2)

A Case of Cutaneous Melanocytoma With *TRIM11* Gene Rearrangement

○Aiko Nambu[1)], Tomoe Nakagawa[1)], Taisuke Matsuya[1)], Mari Kishibe[1)], Isao Tandai[2)], Tadashi Hasegawa[3)], Toru Motoi[4)], Akemi Ishida-Yamamoto[1)]
(Department of Dermatology, Asahikawa Medical University, Asahikawa[1)], Department of Plastic Surgery, Japanese Red Cross Asahikawa Hospital, Asahikawa[2)], Department of Diagnostic Pathology, Sapporo Medical University, Sapporo[3)], Department of Pathology, Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital, Tokyo[4)])

A 56-year-old Japanese man presented with a subcutaneous nodule on the left middle finger, which had arisen six months prior. The excisional biopsy showed dermal proliferation of melanocyte marker-positive spindle-shaped cells without *EWSR1-ATF1* fusion. Although we initially diagnosed the nodule as primary dermal melanoma, the final diagnosis is led to be cutaneous melanocytoma with *TRIM11* gene rearrangement because TRIM11 staining and FISH were positive. Cutaneous melanocytoma is recently described as a melanocytic tumor with a good prognosis and is detected with *CRTC 1-TRIM11* fusion in cases analyzed by molecular biological methods. However, long-term clinical follow-up is needed to reveal the exact characteristics of this newly described tumor.

E3-1 (EP5-2)

Human β-defensin-3-induced keratinocyte autophagy attenuates atopic dermatitis symptoms

○Ge Peng
(Atopy (Allergy) Research Center, Juntendo University Graduate School of Medicine, Tokyo)

The role of autophagy in the regulation of the epidermal barrier in atopic dermatitis (AD) is poorly understood. We found that keratinocyte autophagy was restrained in the skin lesions of AD patients and mice. Interestingly, antimicrobial peptide human β-defensin-3 (hBD-3) improved the epidermal tight junction (TJ) barrier

through autophagy activation. While autophagy deficiency impaired skin barrier and exacerbated inflammation, hBD-3 attenuated inflammation and enhanced the TJ barrier in AD. Moreover, hBD-3-induced improvement was abolished in autophagy-deficient AD mice, suggesting a role of hBD-3-mediated autophagy in regulation of the epidermal barrier and inflammation in AD. Collectively, autophagy contributes the pathogenesis of AD and hBD-3 could be useful for therapeutic purposes.

E3-2 (EP7-1)

No Mucous Involvement in Pemphigoid with Antibodies to the β3 Subunit of Laminin-332

○Hanako Miyahara[1)], Kazumasa Oya[1)], Noriko Kubota[1)], Norito Ishii[2)], Toshifumi Nomura[1)]
(Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[1)], Department of Dermatology, Kurume University School of Medicine, Kurume[2)])

A 72-year-old Japanese man presented with erythema and tense blisters on his extremities without mucous lesions. He had been on sitagliptin, a dipeptidyl peptidase-4 inhibitor (DPP-4i), for diabetes mellitus. Histopathology of the left knee showed a subepidermal blister. Direct immunofluorescence examination showed a linear deposition of IgG and C3 at the BMZ. Immunoblotting of purified human laminin-332 detected IgG antibodies reacting with the 140 kDa β3 subunit of laminin-332. Cessation of DPP-4i and oral administration of prednisolone led to remission. Most pemphigoid patients with antibodies to laminin-332 manifest mucosal involvement. Given that DPP-4i skews the clinical features of bullous pemphigoid, DPP-4i may possibly have led to a lack of mucous involvement in our case.

E3-3 (EP7-5)

Anifrolumab treatment for various subtypes of cutaneous lupus erythematosus in SLE cases

○Haruka Koizumi, Yoshinao Muro, Satoshi Kamiya, Norika Akashi, Satoko Imai, Yuta Yamashita, Mariko Ogawa-Momohara, Takuya Takeichi, Masashi Akiyama
(Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya)

Anifrolumab is a novel biologic that targets subunit 1 of the type I interferon receptor. Although many reports have been available on the involvement of type I interferon in the pathogenesis of cutaneous lupus erythematosus (CLE), little is known about the efficacy and safety of anifrolumab for CLE. We report various CLE subtypes seen in three systemic lupus erythematosus (SLE) patients, successfully treated with anifrolumab, with a review of the literature. Case 1 is a Japanese woman presenting chilblain lupus. Case 2 is a Japanese man presenting nodular cutaneous lupus mucinosis on the trunk and extremities. Case 3 is a Japanese man presenting lupus erythematosus tumidus on the face. Anifrolumab might be a promising therapeutic option for various subtypes of CLE.

E3-4 (EP7-7)

A case of non-bullous pemphigoid mimicking as intractable eczematous eruptions

○Noriko Kagawa[1)], Yoko Akamatsu[2)], Kayo Yamamoto[1)], Yu Sawada[1)], Etsuko Okada[1)]
(Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu[1)], Shimonoseki Medical Center, Shimonoseki[2)])

A 53-years old female developed intractable scaly erythematous eruptions without blister on the whole body. A high frequency of peripheral eosinophils and an increased anti-BP180 antibody titer were observed in a peripheral blood examination. The histological examination showed no subepidermal blister and the massive infiltration of eosinophils with a C3 deposition at the basement membrane zone by direct immunofluorescence. Based on these examinations, we diagnosed her skin eruption as non-bullous pemphigoid. Her skin eruptions were gradually improved by steroid-pulse therapy following oral steroid treatment. We discuss the characteristics of non-bullous pemphigoid and summarize the future clinical outcomes and the possibility of "real" bullous pemphigoid occurrence.

E3-5 (EP7-8)

Melanocyte-specific T Cells Remain Active in Vitiligo after Systemic Steroid Therapy

○Kazunori Yokoi[1)], Rei Watanabe[1)], Miki Kume[1)], Saki Yamane[1)], Atsushi Tanaka[2)], Manabu Fujimoto[1)], Atsushi Tanemura[1)]
(Department of Dermatology, Osaka University Graduate School of Medicine, Osaka[1)], Department of Experimental Immunology, Immunology Frontier Research Center, Faculty of Medicine, Osaka University, Osaka[2)])

Vitiligo is often difficult to treat and recurrence is found in the same lesion after stopping the treatment. Herein, we investigated the MHC class I-restricted tyrosinase pentamer-positive $CD8^+$ skin T cells in a progressive generalized vitiligo patient who showed resistance to intravenous methylprednisolone pulse therapy. We found that HLA-A restricted tyrosinase pentamer-positive $CD8^+$ T cells remained in the lesions after the treatment and expressed interferon-γ and granzyme B. Interestingly, the expression of these cytokines in the pentamer-negative $CD8^+$ T cells was decreased after the treatment. These findings suggest that, in vitiligo patients, melanocyte-specific T cells are in a potent activation state, which may contribute to treatment resistance and local recurrence.

E3-6 (EP5-8)

Early prognostic biomarkers in Steven-Johnson Syndrome/Toxic Epidermal Necrolysis

○Christopher Y Chew[1)], Zhao Feng Liu[1,2)], Dale Jobson[1)], Adithya Shastry[1,5)], Miki Wada[1,3)], Zhengyang Liu[1,4)], Ella Ryan[1,2)], Nidhin Kuruvilla[2)], Michelle Goh[1)], Douglas Gin[1)]
(Department of Dermatology, Alfred Health, Melbourne[1)], Department of Medicine, Monash University, Melbourne[2)], Monash Health, Melbourne[3)], Royal Melbourne Hospital, Melbourne[4)], ANU College of Health and Medicine, Australian National University, Canberra[5)])

Stevens-Johnson Syndrome/Toxic epidermal necrolysis (SJS/TEN) are mucocutaneous adverse reactions with high mortality. We investigated prognostic biomarkers in a cohort of 83 patients diagnosed with SJS/TEN at a quaternary referral hospital in Melbourne, Australia between 01/07/13 to 30/6/21. Area Under Receiver Operating Characteristic curve was used to select threshold levels that maximized discrimination. Inpatient mortality was 15.7% (13/83). Threshold levels [odds ratio, p-value] for predicting mortality are urea >10 mmol/L [OR=7.6, p=0.002], bicarbonate <20 mmol/L [OR=5.8, p=0.011], initial creatinine >120 μmol/L [OR=7.0, p=0.003], initial albumin <25 g/L [OR=4.0, p=0.028], initial haemoglobin level <85 g/L [OR=4.7, p=0.046] and initial lactate >2 mmol/L [OR=6.6, p=0.007].

E3-7 (EP7-9)

Ultrasound Visualizes Peripheral Vascular Dysfunction I in Systemic Sclerosis

○Kazuhiro Komura[1)], Minoru Hasegawa[2)]
(Department of Dermatology, Kanazawa Red Cross Hospital, Japanese Red Cross Society, Kanazawa[1)], Department of Dermatology, Division of Medicine, Faculty of Medical Sciences, University of Fukui, Fukui[2)])

Recent advance of medical devices enables precise recognition of small architectures. Herein, we have demonstrated 2D and 3D color doppler ultrasonography (Aplio i700 TUS-AI700E, Canon medical systems corporation, Japan) images of peripheral blood perfusion on distal phalanx of third finger from two patients with systemic sclerosis (SSc). Evaluation was performed in baseline conditions after 30 min staying at air-conditioning room. The images were processed using ImageJ software. The signals in SSc were markedly reduced within dualized 2D ultrasound color doppler images, which were supported by 3D structure. Thus, ultrasound may have a potential to describe peripheral vascular architectures in early SSc.

E3-8 (EP7-6)

Lupus panniculitis of the scalp presenting as an arc-shaped non-scarring alopecia

○Yuki Kobayashi[1)], Toyoko Inazumi[1)], Kana Tamura[1)], Yuka Shintani[1)], Akiko Tanikawa[2)]
(Department of Dermatology, Tachikawa Hospital, Federation of National Public Service Personnel Mutual Aid Associations, Tokyo[1)], Samoncho Dermatology Clinic, Tokyo[2)])

A 20-year-old male presented with one-year history of hair loss. Physical examination revealed a 1cm wide arc-shaped, non-scarring, erythematous alopecic area on the parietal scalp, being approximately 7 cm in diameter. Trichoscopy showed numerous miniaturized hairs. Histopathology revealed lobular panniculitis. Several DLE lesions on the cheeks and violaceous erythema of the earlobes were also observed. Earlobe biopsy revealed dense lymphocytic infiltration in the deep dermis. Except anti-Ro/SSA antibody was slightly elevated, other antibody were all negative and there is no any systemic involvement. We diagnosed this case as linear and annular lupus panniculitis of the scalp, recently proposed as a variant of lupus panniculitis, and we reviewed the clinical feature.

E4-1 (EP10-1)

Characteristics of post-COVID-19 alopecia in hospitalized Japanese patients

○Umi Tahara[1,2)], Keitaro Fukuda[1)], Hiroshi Kawasaki[1)], Masataka Saito[1)], Hideki Terai[3)], Ho Namkoong[4)], Makoto Ishii[3,5)], Koichi Fukunaga[3)], Masayuki Amagai[1)]
(Department of Dermatology, Keio University School of Medicine, Tokyo[1)], Department of Dermatology, Kawasaki Municipal Hospital, Kanagawa[2)], Division of Pulmonary Medicine, Department of Medicine, Keio University School of Medicine, Tokyo[3)], Department of Infectious Diseases, Keio University School of Medicine, Tokyo[4)], Department of Respiratory Medicine, Nagoya University Graduate School of Medicine, Nagoya[5)])

Epidemiological data on post-COVID-19 alopecia in Japanese patients remain limited. Here, we analyzed the characteristics of post-COVID-19 alopecia using data from a multicentre, prospective cohort study of COVID-19 Japanese inpatients. During a 12-month follow-up of 690 patients (mean age, 58.3 years ; 62.0% male), 162 patients (mean age, 56.2 years ; 48.8% male) developed alopecia. Of these, 110 (67.9%), 78 (48.1%), 59 (36.4%), and 34 (21.0%) patients exhibited alopecia during hospitalization and 3, 6, and 12 months after discharge, respectively. Multivariate analysis revealed that female (OR 1.83) and presence of abdominal pain during COVID-19 (OR 4.59) were independent risk factors for post-COVID-19 alopecia. This is the first nationwide study of post-COVID-19 alopecia in Japan.

E4-2 (EP9-1)

Dupilumab improved loose skin folds in a case with cutis laxa and atopic dermatitis

○Tatsuya Katsumi[1)], Ryota Hayashi[1)], Shingo Takei[1)], Rei Yokoyama[1)], Osamu Ansai[1)], Satoru Shinkuma[1,2)], Riichiro Abe[1)]
(Division of Dermatology, Niigata University Graduate School of Medical and Dental Sciences, Niigata[1)], Department of Dermatology, Nara Medical University, Kashihara[2)])

Autosomal dominant form of cutis laxa (ADCL) is a rare connective tissue disorder characterized by generalized loose skin folds. One of the causative genes for ADCL is *ELN* gene. A 27-year-old Japanease female had presented with severe atopic dermatitis (AD) with itchy erythema and lichenification. Corticosteroid ointment did not improve her skin manifestation. We noticed that in addition to eczematous lesion there were generalized loose skin folds. We performed whole exome sequencing and identified a novel one base pair deletion mutation c.2345delG (p.Gly782fs) in exon 34 of the *ELN* gene. We diagnosed her skin symptoms as ADCL and AD, and treated with dupilumab. Her loose skin was dramatically improved. Dupilumab is considered as a treated option of loose skin induced by AD.

E4-3 (EP10-7)

Prozone Phenomenon in Primary Syphilis with HIV-positive and Penicillin Allergy

○Nahda Yaumil Chair Haq[1)], Idrianti Idrus[1)], Suci Budhiani[1)], Silvia Veronica[2)]
(Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar[1)], Department of Dermatology and Venereology Gatot Soebroto Army Hospital, Jakarta[2)])

Introduction : The Prozone Phenomenon is a very rare false negative reaction that occurs in syphilitic serology testing when undiluted serum is used. **Case report** : A 33-year-old homosexual man who tested positive for HIV presented with 4 weeks of painful anal ulcers. The initial VDRL test was negative thus repeated test with dilution was done resulting VDRL 1 : 128 and reactive TPHA yielding the diagnosis of primary syphilis. Doxycycline was prescribed due to the positive penicillin skin test and the lesion showed improvement. **Conclusion** : To rule out other sexually transmitted diseases and avoid the prozone effect, serum dilution is recommended as a routine procedure not only in areas with a high prevalence of STDs but also in HIV patients since it can sometimes complicate serologic diagnosis.

E4-4 (EP11-2)

Immune Checkpoint Inhibitor Related Urticaria : A Case-Control Study with Cytokine Profiles

○Tsun-Hao Hsu, Shih-Wen Hsu, Wen-Hung Chung, Chun-Bing Chen
(Department of Dermatology, Chang Gung Memorial Hospital, Linkou Branch, Taoyuan City)

Background : Cutaneous eruption is frequently reported immune-related adverse event (irAE). Urticarial reactions are also reported, but not well characterized.
Methods : We conducted a case-control study of 28 cases who had irAE presented as urticaria and 106 tolerant controls. Laboratory finding, survival analysis, and cytokine analysis were investigated.
Results : Urticaria cases showed higher rate of abnormal thyroid-stimulating hormone and positive antinuclear antibody, and better overall survival rate. Cytokine profiling revealed increased in serum level of IL-5, TNF-α, IL-6, IL-8, MCP-1, and IL-10 in urticaria cases.
Conclusion : Cutaneous irAEs with urticaria, showing distinct cytokines profiles, are potentially associated with subclinical hypothyroidism.

E4-5 (EP10-2)

Two cases of Herpes zoster with Ocular symptoms due to Cranial nerve palsy

○Airi Miyazawa[1)], Keiko Takeda[1)], Sawa Ootubo[1)], Kyoko Kanno[1)], Mari Kishibe[1)], Akemi Ishida-Yamamoto[1)], Jun Sawada[2)], Kohei Kano[2)], Rui Fushitu[3)], Kouji Takarada[3)]
(Department of Dermatology, Asahikawa Medical University,

Asahikawa[1)], Department of Neurology, Asahikawa Medical University, Asahikawa[2)], Department of Ophthalmology, Asahikawa Medical University, Asahikawa[3)])

We report two cases of patients with ocular symptoms due to herpes zoster which was resistant to treatment with acyclovir and prednisolone. Case 1：A 57-year-old woman who developed esotropia due to left abducens nerve palsy after 8 days of herpes zoster onset. There has been no improvement even 9 months after the onset of herpes zoster. Case 2：A 90-year-old woman who developed difficulty opening her left eye due to left oculomotor nerve palsy and left ocular motility disorder due to left trochlear nerve and oculomotor nerve palsy after 9 days of herpes zoster onset. She still has diplopia despite improvement of difficulty opening her left eye and ocular motility even 3 months passed.

E4-6（EP10-8）

LEPROSY MIMICKING SINONASAL TUMOR：A CASE REPORT

○Thomas Utomo[1)], Khairuddin Djawad[2)], Anni Adriani[2)], Safruddin Amin[2)], Dirmawati Kadir[1)], Andi Nurhaerani Zainuddin[1)]
（Department of Dermatology and Venereology Faculty Medicine of Hasanuddin University, Makassar[1)], Wahidin Sudirohusodo General Hospital, Makassar[2)]）

Paranasal sinus is the portal of entry and the earliest site of involvement in leprosy. A 29-year-old man was diagnosed with a sinonasal tumor based on history and CT-Scan findings, and was planned to undergo an operation by an otolaryngologist. Before the procedure erythematous nodules accompanied by pain noted one day prior in all over his bodies. Uncomplete MDT medication was found. Dermatology examination noted generalized erythema tender nodules. Skin histopathology confirmed the diagnosis of leprosy. High dose corticosteroids and ROM therapy was given to this patient. Three weeks later, the patient's condition significantly improved, and skin lesion and sinonasal tumor manifestation were resolved. Leprosy can mimic sinonasal tumor manifestation.

E4-7（EP10-9）

Cutaneous Candidiasis in a Child with Acute Lymphoblastic Leukemia

○Aurora Pelangi Fajriana[1)], Anis Irawan Anwar[2)], Faridha Tabri[2)], Faridha Ilyas[2)], Nurelly N Waspodo[1)], Andi Hardianty[1)], Thomas Utomo[1)]
（Department of Dermatology & Venereology Faculty Medicine of Hasanuddin University, Makassar[1)], Wahidin Sudirohusodo General Hospital, Makassar[2)]）

Candidiasis is a fungal infection of the Candida genus that usually affects the mucous membranes and skin. 2 year old boy with history of red patches and itchy rash all over his body for the past one week. 2 weeks later admit to hospital with a diagnosis of Acute Lymphoblastic Leukemia with Anemia. Immunosupresant therapy was given to reduce the ALL. KOH 10% and SDA Culture confirm candida species. ALL disease causes the patient's body to become immunocompromised which is characterized by reduced neutrophils in the body where the main task of neutrophil is as cell that helps against infections including fungal infection. Immunocompromised condition due to neutropenia and also immunosuppressant therapy for ALL is a risk for the widespread lesion of cutaneous candidiasis.

E4-8（EP11-3）

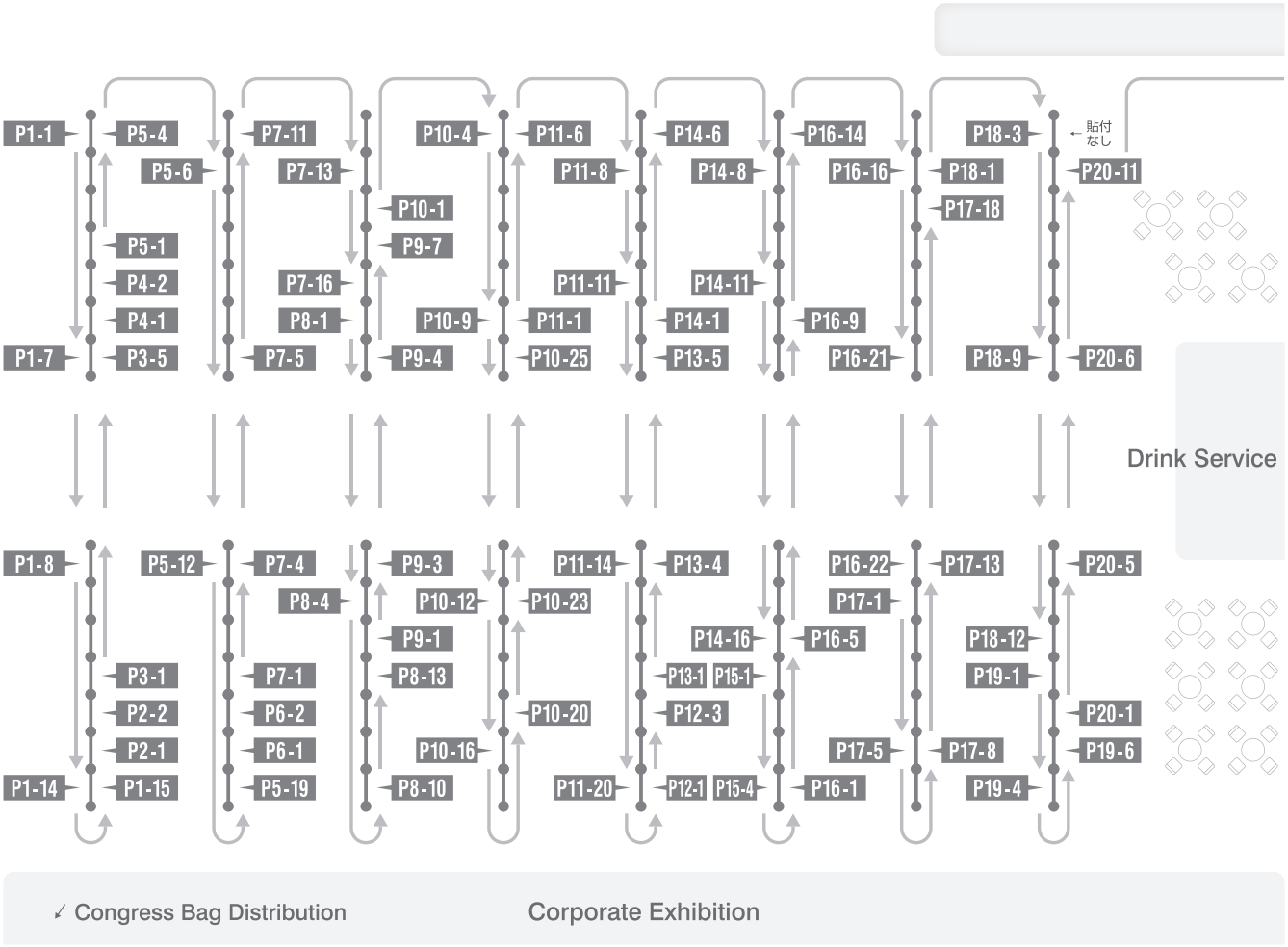
N95 Mask Related Skin Disease Amongst Healthcare Workers：a Cross Sectional Study

○Raaisa Islam[1)], Nishan Amerasinghe[2)], Douglas Gin[2)], Christopher Y Chew[23)]
（The Skin Hospital, Sydney[1)], Department of Dermatology, Alfred Health, Melbourne[2)], Department of Dermatology, Monash Health, Melbourne[3)]）

Aim：
This study analyses the association between different N95 masks, the rate and type of skin reactions reported, and the involvement of general practitioners and dermatologists in their management.
Method：
Healthcare workers at a major Australian healthcare network were sent a digital survey regarding N95 masks worn (type, frequency, and duration), skin reaction (type, frequency, and severity), use of preventative measures, and whether management was initiated by general practitioner or dermatologist.
Result and Conclusion：
Different brands of N95 masks may produce variable types, rates, and severities of adverse skin reactions. Incidence of adverse events may warrant consideration in the selection of appropriate masks that have been fit tested for healthcare workers.

Oral Presentation in English (Poster)

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



Poster Session（Oral Presentation in English）（OPiE）

Presentation number means

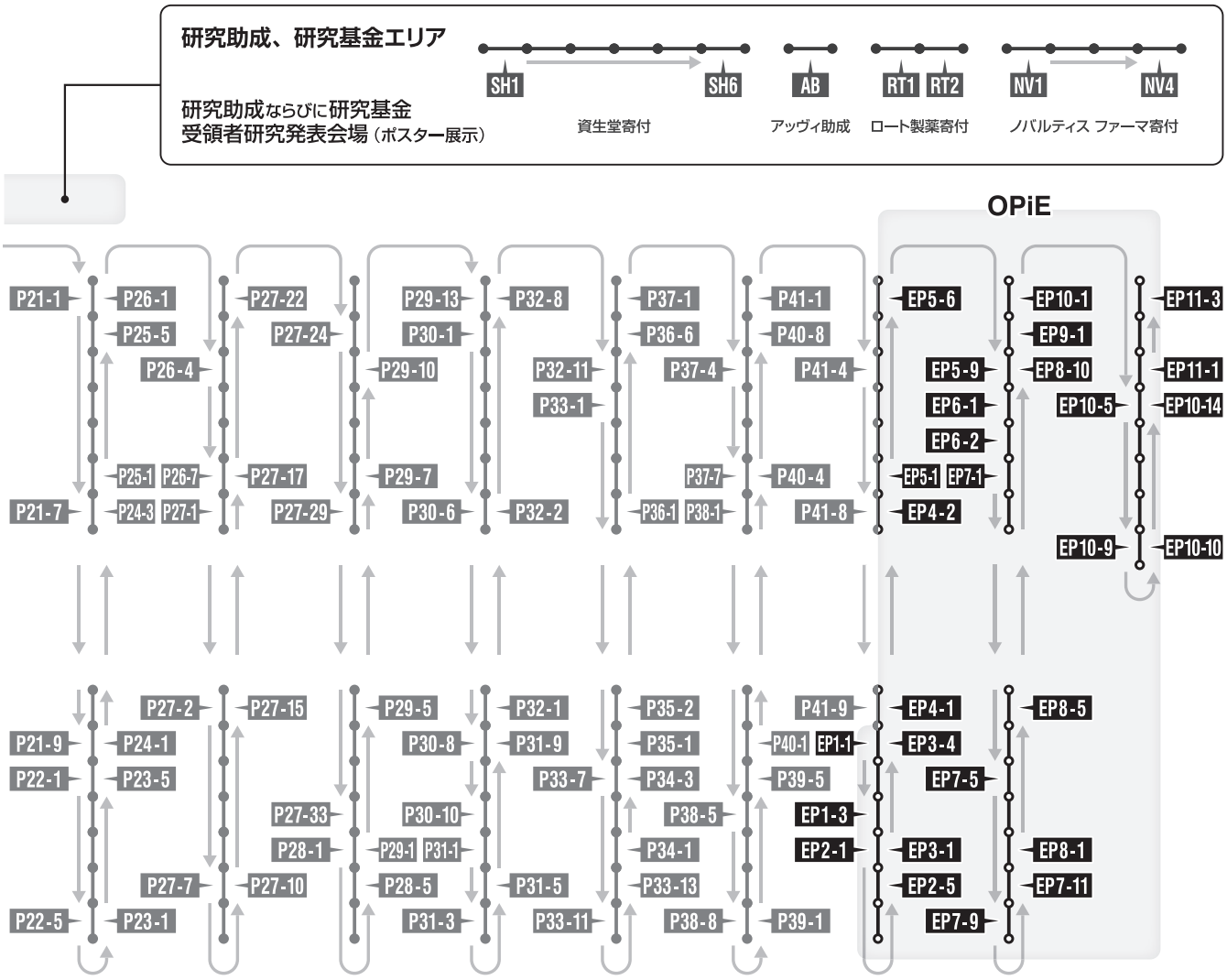
EP1-1

Category number — Order

Date and Time：
June 1 (Thu.) 13：00～19：50
June 2 (Fri.) 8：30～19：30
June 3 (Sat.) 8：00～19：00
June 4 (Sun.) 8：00～14：00

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
June 1 (Thu.) 18：30～19：50
Order Number (The last digit of poster number) - Even numbers
June 2 (Fri.) 18：30～19：30



Poster Number	Category
EP1-1～3	Basic research
EP2-1～5	Diagnosis
EP3-1～4	Treatment
EP4-1～2	Dermatologic surgery
EP5-1～9	Inflammatory disease
EP6-1～2	Allergic disease
EP7-1～11	Autoimmune disease
EP8-1～10	Tumor
EP9-1	Congenital disease
EP10-1～14	Infectious disease
EP11-1～3	Others

EP1-1（E1-3）

Please refer Oral Presentation in English

EP1-2（E1-2）

Please refer Oral Presentation in English

EP1-3

Mangosteen Pericarp Extract（MPE）Cream As A Potential Treatment For NB-UVB Induced Erythema

○Ghea Anisah, Olivia Wibisono, Khairuddin Djawad, Siswanto Wahab
（Departement of Dermatology and Venereology Faculty Medicine of Hasanuddin University, Makassar）

Introduction：UVB radiation has erythemogenic effect increase risk skin cancer. The xanthones in the mangosteen pericarp extract（MPE）shown anti-inflammatory and antioxidative properties.
Objectives：This study aimed to assess the efficacy of MPE cream to treat UVB-induced erythema.
Materials and Method：RCT Double-blinded, each subject determined their baseline minimal erythema dose（MED）and divided into five squares（5% MPE, 10% MPE, base cream, UVB-only, and non-UVB）. The erythema index was calculated using Chromameter® and assessed the increase of the a* score.
Results：The 10% MPE cream group was not significantly different compared to non-UVB group（P=0.447）. It means can prevent UVB-induced erythema.
Conclusion：The 10% MPE cream was proven effective to treat UVB-induced erythema.

EP2-1

COVID-19 infection- and vaccination-related exacerbation of Darier's disease

○Ryo Fukaura, Takuya Takeichi, Aoi Ebata, Yoshinao Muro, Masashi Akiyama
（Department of Dermatology, Nagoya University, Nagoya）

Darier's disease（DD）is a rare autosomal dominantly inherited disorder. SARS-CoV-2（COVID-19）has been implicated in various skin conditions, but only a few reports have documented DD associated with COVID-19. We report a 30-year-old male with DD whose symptoms were exacerbated following both COVID-19 vaccination and COVID-19 infection. The previously reported pathogenic variant c.2255_2257del（p.（Ile752_Tyr753delinsAsn））in ATP2A2 was detected. Oral etretinate greatly improved his DD symptoms. This is the first genetically confirmed DD case that showed both COVID-19 infection- and vaccination-related DD exacerbations independently. Further accumulation of DD cases exacerbated by COVID-19 infection/vaccination is needed to clarify the mechanisms of DD aggravation.

EP2-2（E1-4）

Please refer Oral Presentation in English

EP2-3（E1-6）

Please refer Oral Presentation in English

EP2-4（E1-5）

Please refer Oral Presentation in English

EP2-5（E1-1）

Please refer Oral Presentation in English

EP3-1（E1-7）

Please refer Oral Presentation in English

EP3-2（E1-8）

Please refer Oral Presentation in English

EP3-3

Successful Combination Therapy in Pediatric Alopecia Universalis

○Fitri S Kusuma, Khairuddin Djawad, Suci Budhiani
（Department of Dermatology and Venereology Hasanuddin University, Makassar）

Introduction：Treatment of Alopecia Universalis is relatively difficult with high failure rate, especially in children. ***Case report***：A 10 years old boy with alopecia in the area of scalp, eyebrows and eyelashes was treated with oral steroid tapered combined with topical steroid over 20 weeks and after added 5% minoxidil topical 8 weeks show significant improvement. ***Discussion***：The mechanism of action steroids in alopecia by suppresses the immune response hair follicles and minoxidil stimulates germ cells, accelerates transition from telogen to anagen phase. The combination therapy probably related to better treatment success rate. ***Conclusion***：The combination of systemic steroids, topical steroids and topical minoxidil has shown more promising results for alopecia universalis in pediatric.

EP3-4

A Successful Treatment of Alopecia Totalis with Methylprednisolone：Report of Two Cases

○Widya Widita, Khairuddin Djawad
（Department of Dermatology Hasanuddin University, Makassar）

Alopecia Totalis（AT）is a chronic, non-scarring, autoimmune hair loss that affects the entire scalp. The treatment is difficult；corticosteroids have been shown to be effective in number of cases, but the optimal regimen remains unknown. Case 1. 39-year-old female with AT treated with 30mg methylprednisolone daily for four weeks and mini pulse dose regimen thrice weekly showed almost complete hair growth after twelve months. Case 2. 5-year-old girl with AT. The patient improved markedly in four months and almost complete hair growth after eight months with adjustment dose of methylprednisolone starting 16mg a day in 2 weeks, 24mg in 2 months, tapered off every 2-8 weeks until 4mg in 5 months. No AE on them. These two cases showed that corticosteroid is a safe and effective AT treatment.

EP4-1（E2-3）

Please refer Oral Presentation in English

EP4-2

Modified Mini Incision Steatoblepharon Removal：Case Series

○Edwin Tanihaha, Jessica Lie
（Iora Dermatology Clinic, Jakarta Selatan）

Background
Prolapse of orbital fat in lower eyelids also known as steatoblepharon. Steatoblepharon removal may recreate smooth transition of lower lid cheek interface for rejuvenation of lower eyelid.
Objective
High patient satisfaction with the least complications in reducing steatoblepharon.
Methods
Steatoblepharon grade and visual analog scale（VAS）were recorded. Patients' satisfaction were evaluated using global aesthetic improvement scale（GAIS）.
Result
Twenty patients with mean age 38 years were treated. All patients

had mean VAS score of 3. Majority patients showed much improved (70%).

Conclusion

Modified mini incision steatoblepharon removal has proven to be a relative fast, esthetically acceptable procedure for rejuvenation of the lower eyelid without suture and no visible scars.

EP5-1

Eosinophilic Pustular Folliculitis with Vegetating Lesions on the Lower Legs and Feet

○Masakazu Kakurai[1)], Kazumasa Oya[1)], Junichi Furuta[1)], Abi Amadearu[1)], Shigeruko Iijima[2)], Toshifumi Nomura[1)]
(Department of Dermatology, Faculty of Medicine, University of Tsukuba, Tsukuba[1)], Department of Dermatology, Ryugasaki Saiseikai Hospital, Ryugasaki[2)])

Eosinophilic pustular folliculitis (EPF) is a form of folliculitis that typically develops on the face and back. We report an 81-year-old woman with EPF presenting as vegetating plaques and pustules. She had recurrent pruritic pustules on her face, hands, and soles. Vegetating plaques subsequently appeared on her lower legs and feet. Histopathological features of vegetating plaques on the sole included acanthosis with subcorneal eosinophilic pustules. The eosinophil infiltration around the hair follicles was also noted in the plaques on the lower leg. These findings, together with the fact that all lesions were improved with oral indomethacin, led to the diagnosis of EPF. Our case suggests that clinicians should be aware of vegetating plaques as one of the clinical manifestations of EPF.

EP5-2 (E3-1)

Please refer Oral Presentation in English

EP5-3

A case of Acne Keloidalis Nuchae and Pseudofolliculitis Barbae

○Toshiki Matsumoto, Haruna Nishihara, Emi Nishida
(Department of Dermatology, Okazaki City Hospital, Okazaki)

Acne keloidalis nuchae (AKN) and pseudofolliculitis barbae (PFB) are foreign body inflammatory reaction and granuloma which are caused by ingrown hairs. These are often seen in African American and Hispanic origin who have tightly curled hair and who shave or tweeze hairs. A 39-year old male patient was presented with 5 years history of papules in the back of head. At the first visit, he complained painful papules and we could see hard and brown papules in the back of head, which color of center is cloudy white, and dark brown papules on the anterior of neck. We considered verruca vulgaris, several types of folliculitis, acne conglobata, and sarcoidosis as the differential diagnosis. So we performed biopsy. With the histopathological and clinical findings, we diagnosed AKN and PFB.

EP5-4

Intractable giant skin ulcers caused by IgA vasculitis

○Hitomi Sugino, Hikaru Kawahara, Kayo Yamamoto, Yu Sawada, Etsuko Okada
(Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu)

A 67-year-old obese woman with Gorlin syndrome presented with palpable purpura of the lower extremities. The initial skin biopsy showed leukocytoclastic vasculitis with IgA deposits in the vessel walls of the upper dermis, which we diagnosed as IgA vasculitis. Blood test results showed negative for MPO-ANCA. Oral prednisolone 40 mg/day and colchicine suppressed new palpable purpura. During the tapering of oral prednisolone, she had small skin ulcers that spread rapidly over a few days and eventually developed refractory perforating skin ulcers all over both lower extremities. A biopsy revealed neutrophilic infiltration throughout the dermal layer, leading to the diagnosis of pyoderma gangrenosum. Treatment with antibiotics and adalimumab resulted in epithelialization of the ulcer.

EP5-5

Prognostic Accuracy of the SCORTEN Tool：A Systematic Review and Meta-analysis

○Zhao Feng Liu[1,2)], Christopher Y Chew[1,2)], Nidhin Kuruvilla[2)], Douglas Gin[1)]
(Department of Dermatology, Alfred Health, Melbourne[1)], Faculty of Medicine, Monash University, Melbourne[2)])

The SCORTEN tool was developed by Bastuji-Garin in 2000 to predict the in-hospital mortality of Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis. We systematically searched Cochrane Library, OVID Medline and Embase as per PRISMA guidelines to identify all original studies that reported SCORTEN and mortality data. Meta-analysis of odds ratios was performed using R. A total of 44 studies with 3316 patients were included. Of the 7 SCORTEN parameters (OR, 95% CI), the strongest predictor of mortality was Urea ＞10 mmol (6.50, 4.76-8.86), followed by Bicarbonate ＜20 mmol (4.85, 3.64-6.46), Total Body Surface Area＞10% (3.76, 2.81-5.03), Age≥40 (3.62, 2.72-4.81), Active Malignancy (3.36, 2.56-4.42), Glucose＞14mmol (3.01, 1.88-4.82) and Heart Rate≥120 (2.63, 1.91-3.62).

EP5-6

Rectus Sheath Hematoma As A Vascular Complication or Concomitant Disease in Psoriasis?

○Clinton Fransiskus, Khairuddin Djawad, Safruddin Amin, Suci Budhiani
(Department of Dermatology and Venereology of Hasanuddin University, Makassar)

Introduction： Patients with Psoriasis Vulgaris have an increased risk of morbidity and mortality in the cardiovascular system. ***Case report：*** A rare phenomenon in a 55-year-old man with 2 years history of chronic plaque psoriasis and psoriatic arthritis (PsA), with the sudden appearance of violaceous patches over his abdomen and femoral region with abdominal pain 7 days prior. On Abdominal CT-Scan, a hematoma was observed in the rectus compartment and diagnosed with Rectus Sheets Hematoma. ***Discussion：*** Haemorrhage from this patient presumed pathological correlates with psoriasis and psoriatic arthritis in dysregulation of platelet function with degeneration and sclerosis of the vascular wall. ***Conclusion：*** The course of the disease in Psoriasis and PsA can lead to harmful vascular complications.

EP5-7

Histiocytoid Sweet Syndrome：A Systematic Review

○Theng Chun Wong[1)], Zhao Feng Liu[1,2)], Christopher Y Chew[1,2)]
(Faculty of Medicine, Monash University, Melbourne[1)], Department of Dermatology, Alfred Health, Melbourne[2)])

Histiocytoid Sweet Syndrome is an acute febrile neutrophilic dermatosis pathologically characterised by a monocytic histiocyte-like infiltrate. A systematic review was conducted as per PRISMA guidelines, identifying 59 studies with 181 patients. Mean age of reported cases was 49.47 years with a male predisposition (1.34：1). Lesions were common on the upper limb (73.58%) and trunk (56.60%). Fever was reported in 62.27% of cases and arthralgia in 20.75%. Most cases (60.22%) had underlying chronic disease, such as hematological malignancies (14.36%) or myelodysplastic syndrome (18.78%). Treatment of underlying disease led to complete resolution in 10/14 cases. Clinical improvement was reported in response to topical (5/6), oral (36/38) and intramuscular (5/5) steroids.

EP5-8 (E3-6)

Please refer Oral Presentation in English

EP5-9

Subcutaneous Granuloma Annulare：A Systematic Review

○Sangho Lee[1)], Adam Lapidus[2)], Tanishq Khandelwal[3)], Mason H Crossman[4)], Alysha Vuong[4)], Jeffrey Weng[4)], Zhao Feng Liu[1,5)], Christopher Y Chew[1,5)]
(Department of Medicine, Monash University, Melbourne[1)], Department of Medicine, Melbourne University, Melbourne[2)], School of Medicine and Public Health, University of Newcastle, Newcastle[3)], College of Medicine and Public Health, Flinders University, Adelaide[4)], Department of Dermatology, Alfred Hospital, Melbourne[5)])

Subcutaneous granuloma annulare is a rare granuloma annulare subtype characterized by subcutaneous nodules. 65 peer-reviewed English studies with 93 patients were systematically reviewed following PRISMA guidelines.
Most cases were ＜10 years old (60.3%). There was no overall gender predisposition, and most patients had no associated comorbidities at diagnosis. Lesions were most common on lower limbs (37.6%) and head/scalp (35.5%). Surgical excision was performed in 38.7% of patients. 12.9% of patients were conservatively managed, of whom 58.3% completely self resolved. Topical and intralesional steroids led to improvement in 25% and 83.3% of patients respectively. Intralesional steroids reduced the median days to resolution by 78.1% compared to no treatment (from 160 to 35 days).

EP6-1

Kounis syndrome during surgery under local anesthesia

○Ayaka Obata, Yu Sawada, Etsuko Okada
(Department of Dermatology, University of Occupational and Environmental Health, Kitakyushu)

Kounis syndrome is acute coronary syndrome following allergic coronary vasospasm. An 87-year-old female had a history of myocardial infarction and skin biopsy of BCC (basal cell carcinoma) under local anesthesia without an allergic reaction. At the time of total resection of BCC, she recognized itch and developed urticaria in the whole body and mucosal swelling with subsequently sudden ST segment depression on electrocardiogram 15 minutes after cefazolin administration, indicating that this was an allergic coronary vasospasm-mediated reaction possibly due to cefazolin-induced Kounis syndrome. Since antibiotics are one of the causative agents for anaphylaxis, careful observation is essential during the initial phase of perioperative management.

EP6-2

Phenythoin Induced DRESS in Adult Onset Still's Disease

○Firyal Maulia[1)], Silvia Veronica Setiawan[2)], Suci Budhiani[1)]
(Department of Dermatology Hasanuddin University Faculty of Medicine, Makassar[1)], Department of Dermatology Presidential Hospital Gatot Subroto, Jakarta[2)])

We report a case of 40 year old female patient suspected of tuberculosis meningitis with history of severe headache, prolong fever, seizure, and received phenytoin intravenous injection along with anti-tuberculosis drugs for 2 months at the previous hospital. The patient came with maculopapular exanthema reaching ≥50% of body surface area. RegiSCAR score of 6 indicated the patient met the criteria for DRESS. There was also complaint of joint pain, accompanied by hepatomegaly, elevated ferritin serum and negative rheumatoid factor. These findings supported the diagnosis of Still's disease according to Fautrel's criteria and the patient was prescribed with azathioprine 50 mg every 12 hours as take home medication and showed clinical improvement.

EP7-1 (E3-2)

Please refer Oral Presentation in English

EP7-2

Ocular complications as clinical prognostic markers in SJS/TEN

○L Z Zhang[1)], C Y Chew[2)], D Jobson[2)], A Shastry[2)], M Wada[2,3)], Z Y Liu[2,4)], Z F Liu[1,2)], E Ryan[2)], S Smithson[2)], D Gin[2)]
(Monash University, Faculty of Medicine, Nursing and Health Sciences, Melbourne[1)], Department of Dermatology, Alfred Health, Melbourne[2)], Monash Health, Melbourne[3)], Royal Melbourne Hospital, Melbourne[4)])

Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis (SJS/TEN) is a spectrum of mucocutaneous reactions known to cause Severe Ocular Complications (SOCs) and vision loss. There is limited evidence around using SOCs to predict outcomes. We conducted a single-centre retrospective cohort study (*n=83*) on adults treated for SJS/TEN. Patients were classified by disease severity on presentation and discharge into "mild" (SJS or SJS/TEN at presentation without progression to TEN), "moderate" (SJS or SJS/TEN which progressed to TEN) and "severe" (TEN at presentation). Early ocular sloughing is more common in patients with severe disease compared to mild disease (OR=5.83 95%CI=1.07-31.88 p=0.04). SOCs did not predict progression to TEN from SJS or SJS/TEN.

EP7-3

Verruca Vulgaris Within Psoriasis Lesions During Methotrexate Treatment：A Rare Case

○Tjahya Utami Aulia, Nurul Rezki Fitriani Aziz, Nurelly N Waspodo, Suci Budhiani, Khairuddin Djawad
(Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar)

Introduction：Psoriasis treated with immunosuppressive agents can result in the occurrence of other infections. **Case Report**：A 65-year-old man with psoriasis vulgaris who received systemic methotrexate for 1 year complained of warts appearing on his psoriatic lesions. Histopathological examination of the psoriatic lesion with warts revealed verruca vulgaris. Cauterization was performed to diminish warts. **Discussion**：Methotrexate is an immunosuppressive agent that can cause increased susceptibility to infection with prolonged use. **Conclusion**：Long-standing methotrexate treatment predisposed psoriasis patients to viral infection including verruca vulgaris.

EP7-4

A Case of Disseminated Morphea Complicated with Joint Contracture due to Morphea Profunda

○Yuki Nakagawa[1)], Yoshi Kawamura[2)], Kazuhisa Nakano[3)], Shingo Tanaka[4)]
(Department of Dermatology, Fukuyama City Hospital, Fukuyama[1)], Department of Orthopedics, Fukuyama City Hospital, Fukuyama[2)], Department of Rheumatology, Fukuyama City Hospital, Fukuyama[3)], Tanaka Clinic, Fukuyama[4)])

A 62-year-old male with multiple morphea was referred to us for the joint contracture of the wrist and knee. Nailfold bleeding and Raynaud's phenomenon were not seen. No specific autoantibody was detected. MRI showed signal intensity in the surface of muscles of hands and knees. Muscle biopsy showed infiltration of the lymphoid cells and few eosinophils in the subcutaneous tissue and fascia. He did not take medicine regularly. We diagnosed that his joint contracture was caused by morphea profunda. He was treated with 25mg of PSL. His joint contracture was relieved. There have been some reports of disseminated morphea complicated with joint contracture caused by morphea profunda and deeper investigation should be performed when we see a patient with multiple morphea and joint contracture.

EP7-5 (E3-3)

Please refer Oral Presentation in English

EP7-6 (E3-8)

Please refer Oral Presentation in English

EP7-7 (E3-4)

Please refer Oral Presentation in English

EP7-8 (E3-5)

Please refer Oral Presentation in English

EP7-9 (E3-7)

Please refer Oral Presentation in English

EP7-10

A case of IgA vasculitis in a melanoma patient during nivolumab and ipilimumab therapy

○Kensuke Fukuchi, Takatoshi Shimauchi, Tomoko Sugiyama, Yurie Kitauchi, Toshiharu Fujiyama, Taisuke Ito, Tetsuya Honda
(Department of Dermatology, Hamamatsu University School of Medicine, Hamamatsu)

A 54-year-old woman with melanoma on the left thigh started dabrafenib and trametinib as postoperative chemotherapy. After four months, she switched the therapy to pembrolizumab. Two months later, a metastasis in internal iliac lymph nodes was observed, and she started nivolumab and ipilimumab therapy. After two courses of the therapy, palpable purpura appeared on the left thigh. Macular papules were observed on the trunk and extremities. She also developed grade 2 hepatic dysfunction. A skin biopsy of the purpura revealed a leukocytoclastic vasculitis with IgA and C3 deposits. We diagnosed the patient with IgA vasculitis. We ceased nivolumab and ipilimumab and administered prednisolone 15 mg/day (0.25mg/kg). After the therapy, the purpura and macular papules resolved in 7 days.

EP7-11

The relation of serum VEGF in a patient with RS3PE and high-grade serous carcinoma

○Misa Itamura, Yu Sawada, Etsuko Okada
(Department of Dermatology, University of Occupational and Environmental Health, Kitakyusyu)

A 65-years old female with RS3PE syndrome due to unknown etiology for 9 years accidentally injured a large area of her left lower leg with skin ulcers. She also had comorbidity of bullous pemphigoid with the treatment of oral steroid for 1 year. Computed tomography and histological examination identified high-grade serous ovarian carcinoma with peritoneal dissemination. The serum VEGF was highly detected 1223.9 pg/ml before the treatment and her peripheral edema was decreased with the reduction of VEGF levels (675.2 pg/ml) after the chemotherapy. RNA-sequencing analysis of serous ovarian carcinoma cell line showed VEGF was highly expressed, indicating that high-grade serous ovarian carcinoma might become the source of VEGF, leading to subsequent cause of RS3PE syndrome.

EP8-1 (E2-4)

Please refer Oral Presentation in English

EP8-2 (E2-8)

Please refer Oral Presentation in English

EP8-3

Solitary fibrous tumor of the upper eyelid accompanied with unique ultrasound images

○Takayuki Suyama, Megumi Yokoyama, Tokihiro Nishimura, Kazumoto Katagiri
(Department of Dermatology, Dokkyo Medical University Saitama Medical Center, Koshigaya)

Solitary fibrous tumor (SFT) is a rare fibroblastic tumor typically involving the pleura, but there are reports of extrapleural lesions involving the visceral organs, bones, and soft tissues. Orbital SFTs are relatively rare. Our case report describes a young male with a right upper eyelid nodule. Ultrasonography revealed hypoechoic lesions with several echo-free areas ; they were not coincident with vessels, since blood flow was not observed. MRI showed small high-intensity spaces on the T2 image without enhancement. Only seven previous studies reported orbital SFT with cystic lesions. To our knowledge, there are no previous reports of orbital SFTs demonstrating intratumoral hypovascular echo-free areas with no blood flow on Doppler sonography.

EP8-4

Treatment of TMB-High Metastatic Extramammary Paget's Disease with Anti-PD1 Antibody

○Yuichi Nakayama, Dai Ogata, Shogo Wada, Seiji Tsuruta, Yoshiyuki Matsui, Mao Okumura, Kojiro Hiki, Eiji Nakano, Kenjiro Namikawa, Naoya Yamazaki
(Department of Dermatologic Oncology, National Cancer Center Hospital, Tokyo)

Extramammary Paget's disease (EMPD) is a rare cutaneous disease with metastatic potential. However, systemic therapy for metastatic EMPD has not been established. In this presentation, we report a case of metastatic EMPD treated with anti-PD1 antibody and summarize tumor mutation burden (TMB) in ten metastatic EMPDs with cancer genomic profiling (CGP) tests. The patient was 60`s years male. We performed wide local excision and lymph node dissection. Six months after postoperative radiotherapy, multiple lymph node and bone metastases occurred. Since the CGP test showed a high tumor mutation burden, we treated with pembrolizumab as a first line systemic therapy for 6 cycles, and switched to docetaxel monotherapy followed by S-1 plus docetaxel combination therapy due to progressive disease.

EP8-5 (E2-6)

Please refer Oral Presentation in English

EP8-6 (E2-5)

Please refer Oral Presentation in English

EP8-7 (E2-1)

Please refer Oral Presentation in English

EP8-8 (E2-7)

Please refer Oral Presentation in English

EP8-9

Using Multi-omics Analysis to investigate Genomic Mutation Profile in Asian Melanoma

○Yu-Jen Chiu, Teh-Ying Chou
(Division of Plastic and Reconstructive Surgery, Department of Surgery, Taipei Veterans General Hospital, Taipei)

The clinical characteristics of malignant melanoma are highly variable between patient populations of different ethnicities. Firstly, we used whole exome sequencing to analyze the mutational signatures and gene mutations of the cancer specimens from 37 patietns in our institution. The results revealed that Taiwanese and Caucasian melanomas have distinctly different mutational profiling, mutations and copy number variations. Subsequently, we explored the differences in transcriptome expression levels of 23 melanoma

patients by RNAseq, and to use Ingenuity Pathway Analysis to speculate possible signaling transductions and novel biomarkers in Taiwanese melanoma. Finally, proteins expression levels are confirmed by immunohistochemical staining and western blot analysis.

EP8-10(E2-2)

Please refer Oral Presentation in English

EP9-1(E4-2)

Please refer Oral Presentation in English

EP10-1(E4-1)

Please refer Oral Presentation in English

EP10-2(E4-5)

Please refer Oral Presentation in English

EP10-3

De Novo Histoid Leprosy (HL) With Reversal Reaction (RR) : A Rare Case

○Aznamry Aznamry, Anni Adriani, Siti Nur Rahma
(Department of Dermatology and Venereology Hasanuddin University, Makassar)

Introduction : Histoid leprosy is a variant of lepromatous leprosy, while reversal reaction is complication of tuberculoid type. Both condition appeared concomitantly is uncommon. ***Case Report :*** A 31-year-old male presented well demarcated erythematous macules, pain and swelling also had history of painless multiple skin coloured nodules on face and extremities. Physical examination revealed nerve enlargement and slit skin smear test was positive. Histopathological found histiocyte cells with spindle-shaped nucleus. Patient responded well after received MDT-MB and oral corticosteroid treatment. ***Conclusion :*** The cause of Histoid leprosy with a reversal reaction is still unknown, but considered that there is an increased immune response (both cell-mediated and humoral) against Mycobacterium leprae.

EP10-4

Rare Presentation of M. furfur Infection Mimicking Tinea Imbricata : a Case Report

○Jennifer Michelle Widysanto, Widyawati Djamaluddin, Khairuddin Djawad, Suci Budhiani
(Department of Dermatology and Venereology Hasanuddin University, Makassar)

Introduction : Most M. furfur infection gave hypo/hyper-pigmented patches with fine scale. Other clinical forms are rare. ***Case report :*** A 24-years-old male presented with black patches hyperpigmented macules with overlapping concentric scales pattern on both legs that suitable for tinea imbricata. However, skin scrapings and Vitek examination showed spaghetti and meatballs appearance and identification of M. furfur. ***Discussion :*** Variety of Malassezia infection including imbricata, atroficans or periareolar form had been reported before. ***Conclusion :*** M. furfur should be considered as the causative organism in fungal infections with concentric scales.

EP10-5

Coexistence of Scrofuloderma and Tuberculosis Verrucosa Cutis : A Rare Presentation

○Andi Amalia Nefyanti, Khairuddin Djawad, Suci Budhiani
(Department of Dermatology and Venereolgy of Hasanuddin University, Makassar)

Introduction : Cutaneous tuberculosis accounts for 1.5% of extrapulmonary tuberculosis (TB). Scrofuloderma and Tuberculosis verrucous cutis (TVC) are forms of extrapulmonary TB and have different transmission ways. The coexistence of both conditions is rare. ***Case report :*** A 24-year-old man was diagnosed with Scrofuloderma and TVC. Clinical findings noted chronic verrucous plaques, hypertrophic scar, sinuses, and skin bridge on the left leg. IFN-Gamma Release Assay (IGRA) was positive. Histopathology revealed granulomatous chronic inflammation that emphasizes the diagnosis. The Antituberculosis drug was administered and gave improvement. ***Conclusion :*** Diagnosis of chronic lesions can be challenging as they resemble other diseases. Histologic findings and IGRA can confirm the diagnosis.

EP10-6

Successful Treatment of Ocular Syphilis in HIV-Infected Homosexual Man

○Nur Hikmah Fajriani, Safruddin Amin, Suci Budhiani
(Departement of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar)

Introduction : Ocular syphilis is a rare manifestation of syphilis and the diagnosis is challenging as the condition can mimic a myriad of other ocular disorders. **Case report :** A 28-year-old homosexual man was consulted by the ophthalmology department with 3 months history of generalized erythematous rash along with blurred vision. TPHA and VDRL were reactive in addition to a positive HIV test. 2.4 million IU benzathine penicillin G was administered intramuscularly weekly for three consecutive weeks with excellent improvement. Visual acuity measured upon follow-up increased to 3/60 for both eyes. **Conclusion :** Prompt diagnosis is crucial as ocular syphilis is associated with severe progression and 7.2 million units of benzathine penicillin G was still considered give satisfactory results.

EP10-7(E4-3)

Please refer Oral Presentation in English

EP10-8(E4-6)

Please refer Oral Presentation in English

EP10-9(E4-7)

Please refer Oral Presentation in English

EP10-10

Norwegian Scabies in Malnourished Children : A Case Report

○Andi Putri Suci Ramadhani[1)], Safruddin Amin[2)], Anni Adriani[2)], Dirmawati Kadir[2)], Idrianti Idrus[1,2)]
(Department of Dermatology and Venereology Faculty Medicine of Hasanuddin University, Makassar[1)], Wahidin Sudirohusodo General Hospital, Makassar[2)])

Introduction : The Norwegian scabies variant, skin lesions were found in the form of hyperkeratotic plaques on the hands and feet, dystrophic finger and toe nails, and generalized scaling.
Case Report : 15-year-old admitted with hyperkeratotic lession in almost of his bodies especially in extremity. He diagnose as Norwegian Scabies with poor nutritional status. Diagnosis is made with a holistic approach from dermoscopy, microscopy and skin biopsy. Antiscabisid was given orally dan topically and also improve his nutritional state. ***Conclusion*** : proper dermatologic intervention and nutrition management of patient has significant results of clinical appearance, with no hyperkeratotic plaques, and no fleas were found on microscopic examination.

EP10-11

Papular Pruritic Eruption as a Clinical Indicator in an Undiagnosed

AIDS Patient

○Muji Iswanty, Jonathan Wijaya, Muhlis Muhlis, Idrianti Idrus
(Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar)

Introduction：Cutaneous disorders are common complications in Human Immunodeficiency Virus (HIV) patients. **Case Report**：A 49-year-old male patient with pruritic erythematous papules and nodules on bilateral upper and lower extremities was initially diagnosed with prurigo nodularis. HIV-RNA was positive with CD4 cell count of 45 cells/uL. Treatment includes combined antiretroviral (ARV) of dolutegravir, lamivudine and tenofovir, oral antihistamines, and topical corticosteroids that yielded significant clinical improvements. **Discussion**：Papular pruritic eruption (PPE) is a common cutaneous manifestations of HIV/AIDS occurring in patients with low count CD 4 cells (＜200 cells/uL). **Conclusion**：PPE can mimic other dermatoses as well as a clinical marker for undiagnosed HIV Infection.

EP10-12

Early Diagnoses and Prompt Treatment of Syphilis for Better Quality of Life in Adolescent

○Muhlis Yunus, Idrianti Idrus, Muji Iswanty
(Department of Dermatology Hasanuddin University, Makassar)

Introduction：Syphilis has long been a global health issue due to the lack of education. Early diagnosis and prompt treatment improve quality of life. **Case report**：19-year-old female came with erythematous patches on both palms and feet one week prior. Sexual history with multiple partners without protection. Laboratory showed reactive VDRL/TPHA with titters 1：64/1：5120, where secondary syphilis was diagnosed. Benzathine penicillin G was given intramuscularly with good clinical outcomes and no complications. **Discussion**：Poor knowledge of sexual behavior increases morbidity, where early diagnosis and prompt treatment prevent complications and improve quality of life. **Conclusion**：Knowledge and education is the most crucial key to reducing and preventing disease transmission.

EP10-13

Atypical Hemorrhagic Vesicles in Varicella with Renal Dysfunction

○Airin Riskianty Nurdin[1,3], Stefan Cahyadi[1], Haerani Rasyid[2,3]
(Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University, Makassar[1], Department of Internal Medicine, Faculty of Medicine, Hasanuddin University Makassar, Wahidin Sudirohusodo Hospital Makassar, Hasanuddin University Hospital Makassar, Makassar[2], Siloam Hospital, Makassar[3])

Introduction：Atypical haemorrhagic varicella in immunocompromised patients along with renal dysfunction are rare and can be a therapeutic challenge. **Case report**：A 77-year-old male was consulted for multiple generalized haemorrhagic vesicles and acute kidney injury (eGFR 15 mg/mmol) Tzanck smear found multinucleated giant cells confirming the diagnosis. Treatment adjustment with acyclovir 800 mg three times daily for seven days resulted in clinical improvement. **Discussion**：Complications of varicella can present in a severe form such as haemorrhagic, most notably in immunocompromised patients. Acyclovir dosage adjustment can be challenging as the drug is metabolized in the kidney. **Conclusion**：Importance of acyclovir dosage adjustment is essential in patients with renal impairment.

EP10-14

Late Latent Syphilis In Pregnancy

○Idrianti Idrus
(Department of Dermatology and Venereology, Faculty of Medicine, Hasanuddin University Makassar, Makassar)

Introduction：Syphilis in pregnancy is a worldwide problem that can be causing deformities, disability even death in newborns. **Case Report**：We report a patient with G4P3A1 who had late latent syphilis at 28 weeks of gestation. The patient received therapy with Benzathine Penicillin G 7.2 million Units divided by 3 weeks. The baby was born healthy without any congenital abnormalities. The mother showed a significant decrease in VDRL titer. **Discussion**：The prognosis of the fetus depends on the gestational age, the stage of syphilis, and the treatment. In this case, we found a woman who was pregnant with syphilis and had been treated in the late latent syphilis stage and showed a good prognosis. **Conclusion**：Prompt treatment with Benzatin Penicillin G in pregnancy with syphilis is promising.

EP11-1

A case of acrokeratosis paraneoplastica responded to anti-ovarian cancer therapy

○Takumi Hasegawa[1], Noritaka Oyama[1], Hiroshi Kasamatsu[1], Takenao Chino[1], Daisuke Inoue[2], Yoshio Yoshida[2]
(Department of Dermatology, University of Fukui, Fukui[1], Department of Obstetrics and Gynecology, University of Fukui, Fukui[2])

A 45-year-old woman with advanced stage of ovarian cancer had a month history of psoriasis-like scaly erythema on the face, trunk, and palms and soles. Clinical and histological examination suggested a provisional diagnosis of paraneoplastic acrokeratosis (PA). Topical steroid was ineffective, but preoperative combination chemotherapy and oophorectomy finally achieved a complete resolution of the skin symptoms with recurrence free, supporting the paraneoplastic phenomenon. PA thus represents a chronological link with development or recurrence of underlying malignancies, alerting its early recognition and proper treatment timing. We present a typical case of PA with updated evidence of a possible molecular crossover between tumor and keratinocytes antigens in the pathogenesis.

EP11-2(E4-4)

Please refer Oral Presentation in English

EP11-3(E4-8)

Please refer Oral Presentation in English


The 122nd JDA
YOKOHAMA 2023
The 122nd Annual Meeting of the Japanese Dermatological Association