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EDVS
Ethiopian Dermatology and Venereology Society

5th African Society of Dermatology & Venereology Congress.

April 24th–25th G.C.

Skin Health for All Africans:
Bridging Gaps, Building Futures.

Addis Ababa, Ethiopia

Welcome Message

It is with great pride and profound optimism that I welcome you all to the 5th African Society of Dermatology and Venereology Congress here in Addis Ababa, Ethiopia.

Africa is not only participating in global dermatology but actively shaping the future of global dermatology. In this booklet we have seen compelling research from innovative approaches to managing hidradenitis suppurativa in resource-limited settings, to critical insights into atopic dermatitis in African children, to the complex interplay of stigma and disease in conditions like podoconiosis and scabies. These are reflections of real lives, real challenges, and real opportunities.

They remind us of three undeniable truths:

First, African dermatology has a unique identity. Our patients, our environments, and our health systems present patterns of disease that are often underrepresented in global iterature. Whether it is pigmentary disorders in darker skin, neglected tropical diseases, or rare presentations shaped by local realities, Africa must continue to define its own dermatologic narrative.

Second, innovation thrives even in constraint. We have seen how clinicians deliver effective care despite limited access to biologics, advanced diagnostics, or specialized infrastructure. Surgical ingenuity, community-based interventions, and context-adapted strategies are not compromises, they are innovations born out of necessity and resilience.

Third, the future demands collaboration. The complexity of dermatologic disease today calls for partnership. Dermatologists must work alongside public health experts, policymakers, social scientists, and increasingly, technology innovators, including those advancing artificial intelligence in clinical care.

As we look forward, our responsibility is clear.

We must invest in research that represents our populations, ensuring that African skin is no longer underrepresented in global evidence. We must strengthen training and capacity building, empowering the next generation of dermatologists across the continent. We must advocate for equitable access to care, so that no patient is left untreated due to geography, stigma, or economic limitation. And importantly, we must embrace technology with caution and purpose, ensuring that tools like AI are inclusive, ethical, and adapted to diverse skin types and clinical contexts. This congress also symbolizes a growing unity. The collaboration between national societies, regional institutions, and international partners reflects a shared commitment: to elevate dermatologic care across Africa. Together, we are building a future where knowledge flows freely, expertise is shared generously, and progress is collective.

To our young dermatologists: you are the future of this field. Your curiosity, your courage, and your commitment will define the next era of dermatology in Africa. To our partners and supporters: your investment is in a vision for better health, dignity, and quality of life for millions of population in Africa.

Let us
Committed to research.
Committed to collaboration.
Committed to transforming dermatologic care across Africa.
Because the future of dermatology in Africa is not something we wait for
It is something we build, together.

Thank you.

Dr. Shimeles Nigussie Doni
EDVS President

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Scientific Committee

Chair

Professor Fatimata Ly

Head of the Dermatology Department at the Institute of Social Hygiene in Dakar

Professor of Dermatology /STI at the University Cheikh Anta DIOP OF Dakar.

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ABSTRACTS OF POSTER PRESENTATION

Management Of Severe Hidradenitis Suppurativa In A Resource-limited Setting: A Case Report And Review Of The Literature

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Introduction: Hidradenitis suppurativa (HS) is a chronic, recurrent, and debilitating inflammatory skin disease that, by definition, includes lesions in apocrine gland-bearing regions such as the axillae, groin, and perineum. Severe cases require surgical intervention, especially in settings where long-term pharmacologic options are limited. Management is particularly challenging in resource-limited settings due to diagnostic delays and lack of access to biologics and specialized surgical care.

Case Presentation: Herein, we report a case of a 37-year-oldmalepresenting with severe, Hurley stage III bilateral axillary HS. The patient experienced recurrent painful nodules, abscesses, and sinus tract formation over several years. Conservative management with antibiotics and wound care proved insufficient. Wide local excision of both axillae was performed, followed by secondary intention healing. Postoperative recovery was uneventful, and the patient remained recurrence-free at 36-month follow-up.

Discussion: Severe bilateral recurrent axillary hidradenitis suppurativa can be effectively managed in resource-limited settings using meticulous clinical assessment, surgical excision, and appropriate postoperative care. While biologics and advanced wound care modalities may not be available, fundamental principles of surgical management remain accessible and impactful. This case highlights the importance of adapting care strategies to local contexts and calls for increase ed awareness and training in HS management in underserved regions.

Malagasy Case Of Severe Chromoblastomycosis Complicated By Squamous Cell Carcinoma

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Introduction: Chromoblastomycosis is a chronic cutaneous and subcutaneous mycosis, considered as a neglected tropical disease, mainly caused by fungi of the genera Fonsecaea spp. and Cladophialophora spp. Madagascar is a major endemic area, with a prevalence of 14 per 100,000inhabitants. Cutaneous squamous cell carcinoma is the second most common skin cancer (7-11%) and accounts for 37%of skin cancers in Madagascar. We report a case of severe chromoblastomycosis complicated by an invasive squamous cell carcinoma.

Clinical history: A 43-year-old man, a farmer from the east coast of Madagascar, who had presented for 13 years with multiple verrucous lesions, ulcerated and oozing, extending from the foot to the right thigh. These were associated with a 4 × 3 cm ulcerative-verrucous tumor on the upper third of the leg, which had been evolving for 5 years, all overlying abroad scarred plaque. He had undergone two previous surgical procedures, which did not improve his clinical condition. Biopsies identified a fungus of the genus Fonsecaea, confirmed by PCR. Histological examination of the tumor confirmed a well-differentiated invasive squamous cell carcinoma. The final diagnosis was severe tumoral and verrucous chromoblastomycosis caused by Fonsecaea, complicated by invasive squamous cell carcinoma. Treatment included itraconazole 200 mg/day, local wound care, and follow-up for the carcinoma, including biological tests and imaging, which could not be performed due to limited resources. The planned monthly follow-up was not completed as the patient was lost to follow-up.

Conclusion: Chromoblastomycosis is a chronic, slowly progressing infection that is difficult to treat. Malignancy may result from delayed management, chronicity, and persistent inflammation. Environmental factors and medical monitoring influence the occurrence and progression of carcinoma. Management requires early diagnosis, prolonged antifungal treatment, and appropriate follow-up, particularly in endemic areas such as Madagascar.

A descriptive account of the clinical criteria of atopic dermatitis in black children in KwaZulu-Natal – South Africa

Sabelo Siyabonga, Gail Todd

INTRODUCTION: Various Atopic Dermatitis (AD) diagnostic criteria have been developed over time. These criteria were developed and validated primarily in the global North. Representation of African patients with AD and those from the global South is very poor. Dermatologists in Africa have observed that the existing criteria for diagnosis of AD need adaptation for African populations as certain features dominate more in Africans.

OBJECTIVE: To define the clinical features observed in black children with dermatologist diagnosed AD, aged 2 – 17 years attending King Edward VIII Hospital (KEH) in Durban, KwaZulu-Natal (KZN), South Africa and to assess the findings relative to published research diagnostic criteria.

METHODS: We conducted a cross-sectional study amongst AD children diagnosed clinically by a dermatologist, attending dermatology clinic. We prospectively recruited 165 African AD patients, between the ages of 2and 17 years over a 3-month. A data collection questionnaire developed from 4 commonly used AD diagnostic research tools was used by dermatologists to document the clinical features of AD in 128 of those recruited.

RESULTS: Pruritus, chronic relapsing eczema, course influenced by the season, itch when sweating, Denny-Morgan folds and early age of onset

less than 2 years were each seen in greater than 80%of children. Extensor eczema was seen in 63.3% (upper limb) and 60.2%(lower limbs)of cases. Perifollicular accentuations were seen in 75%of patients. Lichenification, scaling, xerosis and palmar hyper linearity were documented in more than 60% of patients. The Hanifin and Rajka diagnostic criteria was most adapted for the diagnosis of AD in our cohort, confirming positive AD cases in 85,2% of patients, followed by 70.3%using the Japanese Dermatological Association Criteria for the Diagnosis of AD, 57% with the International Study of Asthma and Allergies in Childhood (ISAAC) diagnostic criteria and 50.8% with the United Kingdom Working Party (UKWP) diagnostic criteria.

CONCLUSIONS: The results of our study were consistent with the result from other African countries, where clinical features such as extensor eczema, lichenification, Denny-Morgan folds and perifollicular accentuation are more commonly observed in AD children. Further studies are required to confirm ethnic differences in the features of AD so that we can validate and clarify features of AD that are peculiar to Africans.

Efficacy Of A 2-mng-containing Serum In The Treatment Of Melasma And Post-inflammatory Hyperpigmentation In A Population From Senegal

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INTRODUCTION: Hyperpigmentation disorders including melasma and post-inflammatory hyperpigmentation (PIH) can significantly impact quality of life. Currently, topical conventional agents remain the primary option of front-line treatment for those conditions (hydroquinone, kojic acid…) frequently combined with other procedures (chemical peels, laser therapy…). However, these common depigmenting agents can potentially trigger long-term use side effects.

OBJECTIVE: The study aims to evaluate the efficacy of a serum containing 2-mercaptonicotinoyl glycine (2-MNG) on melasma and PIH in darker phototypes.

METHODS: This study was conducted in Senegal from March2024 to April 2025 and included 19 subjects with epidermal or mixed, mild to moderate melasma (IGA 1 or 2) and 19 subjects with mild to moderate acne-induced post-inflammatory hyperpigmentation(PIH) (IGA 1 or 2) on the face. Subjects applied the serum together with a high SPF/UVA sunscreen twice daily for 3 months. Efficacy was assessed monthly by the investigator and the subjects. High quality pictures illustrated the clinical effect. This study was funded by La Roche-Posay Laboratoire Dermatologique.

RESULTS: In the melasma group, the modified Melasma Area and Severity Index (mMASI) assessed by the investigator decreasedby65,9% at D84 (from 4,87 to 1,80; p< 0,01) and was significant as soon as D28. In the PIH group, the Post-Acne Hyperpigmentation Index (PAHPI) assessed by the investigator decreased by 26,7% at D84 (from 9,84 to 7,21; p<0,05) and was significant as soonasD56. In both groups, the efficacy was positively valued by the subjects on several criteria.

CONCLUSION: The study showed that the 2-MNG-containingserumis effective in the management of melasma and PIH over 3 months of application together with a high SPF/UVA sunscreen. These findings support the use of this serum as an effective dermo cosmetic solution for hyperpigmentation disorders and namely melasma and PIH on dark phototypes.

Stigma And Illness Management Among Podoconiosis Patients In Rural Ethiopia: An Intersectional- Hermeneutic Study

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Background: Podoconiosis, a neglected tropical skin disease causing lower-limb lymphedema, disproportionately affects rural populations in low-income countries and has profound physical and psychosocial

consequences. Despite its significant impact, the interplay between stigma and illness management in podoconiosis remains under- explored. This study examines the lived experiences of stigma and illness management pathways among patients in rural Ethiopia, highlighting the complex social determinants shaping these processes.

Methods: Using an intersectional-hermeneutic framework, we conducted in-depth interviews with 21 purposively selected patients representing diverse genders, ages, and disease stages. Data were analyzed iteratively following Gadamer's interpretive approach.

Results: Three key phases of patients' journeys emerged from the findings: overlooking initial symptoms; disfigurement, disease re-branding, stigma, and active resistance; and despair and acceptance. These phases demonstrate the dynamic trajectory of stigma and illness management as patients employ varied coping strategies throughout disease progression. The findings reveal significant disparities in stigma experiences and management strategies mediated by intersecting social determinants of health.

Conclusion: This study contributes to the understanding of podoconiosis' complex psychosocial dimensions and offers actionable insights for designing contextually appropriate public health interventions. It shows the urgent need for targeted interventions to address the root causes of stigma and the barriers to care. Community-based education to dispel misconceptions, improved healthcare accessibility, and culturally adapted support systems could improve care practices and mitigate the multifaceted impacts of podoconiosis on marginalized populations.

Quality Of Life Among Patients With Leprosy In The Dermatology Departments Of University Hospital Antananarivo

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Introduction: Leprosy is a chronic infectious disease caused by Mycobacterium leprae. Despite sustained control strategies, it remains endemic in Madagascar, with 1,713 new cases reported in 2024. Leprosy is a major cause of irreversible physical disability and disfigurement, frequently associated with social stigma and functional limitations. These complications may substantially compromise patients' quality of life (QoL). This study aimed to assess QoL among patients with leprosy and to identify demographic and clinical factors associated with impaired QoL.

Methods: A prospective cross-sectional analytical study was conducted over a two-month period in the two dermatology units of University Hospital Joseph Raseta Befelatanana Antananarivo. Patients aged≥18years with confirmed leprosy who provided informed consent were included. QoL was evaluated using two validated questionnaires : the Dermatology Life Quality Index (DLQI) and the World Health Organization Quality of Life-BREF (WHOQOL-BREF).

Results: Thirty-one patients were included, with a male-to-female ratio of 1.38. The mean age was 36.19 ± 12.33 years. Multibacillary leprosy predominated (87.10%). Grade 2 disability was observed in 22.58% of patients and grade 1 disability in 51.61%. Type 1 (reversal) reactions occurred in 35% and type 2 (erythema nodosum leprosum) reactionsin6.45%. The mean DLQI score was 6.80 ± 3.11 (range 0–30), indicating a moderate impact on HRQoL. Grade 2 disability (p=0.0138) and type1reaction (p=0.0131) were significantly associated with higher DLQI scores. The mean WHOQOL-BREF score was 60.10 ± 14.59 (range 0–100). Grade2 disability was significantly associated with severe impairment of overall quality of life (p=0.0278).

Conclusion: Leprosy exerts a substantial negative impact on QoL in Malagasy patients, particularly among those with advanced disability and reversal reactions. These findings underscore the importance of early detection, prompt management of lepra reactions, and disability prevention strategies to mitigate long-term psychosocial and functional consequences.

Community-informed Strategies For Scabies Control Among Street Children In Ethiopia: an Ethnographic Study

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INTRODUCTION: Scabies remains a significant neglected tropical skin disease with substantial dermatological, psychosocial, and public health implications. In Ethiopia, where access to dermatologic care is uneven, street-connected children face heightened vulnerability due to overcrowding, poor hygiene conditions, and limited access to health services. Despite ongoing control efforts, few interventions are informed by the lived experiences of affected children. Aligning with the mission of the Ethiopian Dermatology and Venereology Society to improve dermatologic care quality and accessibility, this study explores context-specific, community-informed strategies to control scabies among street children.

OBJECTIVES: To identify acceptable, feasible, and contextually appropriate interventions for scabies prevention and control among street-connected children in Ethiopia.

MATERIALS & METHODS: An ethnographic qualitative design was employed in three Ethiopian cities. Purposively selected participants included street-connected children, parents/caregivers, and key informants from non-governmental organizations, health, and social sectors. Data were collected through focus group discussions, in- depth interviews, key informant interviews, and participatory drawing exercises toenhance child engagement. Audio recordings were transcribed verbatim, translated into English, and thematically analyzed. Independent coding by two researchers enhanced analytical rigor and credibility.

RESULTS: Participants identified overcrowding, inadequate sanitation resources, stigma, and limited access to affordable dermatologic care as major determinants of scabies transmission and delayed treatment. Proposed interventions included peer-led dermatologic health education, capacity building for frontline healthcare providers, integration of outreach dermatology services, improved access to hygiene facilities, and community-level awareness in areas of child out-migration. Multisectoral coordination was emphasized as critical for sustainable impact.

CONCLUSION: Scabies control among street-connected children requires integrated, community informed, and health system–strengthening approaches. Interventions grounded in beneficiaries' lived realities and supported by collaborative stakeholder engagement may enhance uptake, feasibility, and long-term dermatologic health outcomes.

The Level Of Natural Moisturizing Factors In The Skin Of African Atopic Dermatitis Patients In Kwazulu Natal, South Africa

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Introduction: Atopic dermatitis (AD) is a chronic skin disease that is commonly diagnosed in early childhood. It is characterized by epidermal barrier dysfunction in which reduced filaggrin processing resulting in depletion of natural moisturizing factors (NMF) plays a crucial role. There are proven ethnic variations in skin properties and filaggrin gene expression which may explain the racial disparities seen in AD. Current literature mainly reflects data from European and Asian cohorts, limiting the ability to conclude findings that would be inclusive of populations of diverse genetic backgrounds and environmental exposures.

Objective: To quantify NMF levels in black African children with AD and to explore correlations between NMF concentrations and disease severity.

Method: African patients diagnosed with AD were recruited from hospitals around KwaZulu Natal. 28 participants (2-18 years) were included in this study, and skin swabs (n=56) were collected from lesional and non-lesional sites. Metabolites were extracted and analyzed using nuclear magnetic resonance spectroscopy. Metabolite relative abundances were quantified and NMF levels were calculated using the mean abundance of the urocanate and pyroglutamate. Paired t-tests were used to compare findings from lesional and non-lesional skin.

Results: The overall mean difference of the NMF score was approximately 13%lower in lesional skin than in non-lesional skin, consistent with impaired epidermal barrier function (paired t-test, $p = 0.0012$). A statistically significant inverse correlation was observed between NMF score and the EASI score ($p = 0.0336$), indicating that lower NMF levels are associated with greater clinical disease severity. Notably, this study contributes new data in AD patients, particularly from KwaZulu natal; a population that is currently underrepresented in the research of skin barrier biology. Ongoing work will integrate findings from this cohort and compare our findings with those of other skin types and geographical backgrounds.

Analysis Of Skin Aging In A Large Study Of 1100 Senegalese Subjects With Phototype V And Vi (Genodiag Cohort)

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Introduction: Skin aging in individuals with Fitzpatrick phototypes V–VI has been insufficiently studied in Africa. This study aimed to identify clinical signs and modulating factors of skin aging in dark-skinned populations.

Material & Methods: A cross-sectional study (April 2022 – June 2023) was conducted in Dakar on 1100 volunteers aged 30–70 years (sex ratio = 0.8). Participants completed a lifestyle questionnaire, and six standardized facial photographs were taken and analyzed using a deep learning algorithm. A "skin age score" was derived based on wrinkles, skin laxity, dark circles and enlarged pores. Associations between various factors and this score were assessed using multivariate linear regression. This study was funded by the GBCM laboratory. Expert clinical evaluation of skin characteristics and aging parameters, provision of state-of-the-art diagnostic equipment, training of study personnel in equipment use, and statistical analyses were performed by Chanel.

Results: Higher skin age scores were observed in men, individuals of lighter-skinned ethnic groups (Peul/Toucouleur), underweight men, and male smokers. Conversely, lower scores were found in darker-skinned individuals, women in intellectual or managerial professions, those consuming vegetable oils, and those engaging in physical activity. Protective associations were also identified with herbal teas and African plant-based cosmetics (in men), as well as with makeup (foundation), facial cleansers, sunglasses (in men), and sun avoidance. No significant associations were found with alcohol intake, sleep quality, or parity. Menopause showed a non-significant trend toward increased aging signs. Discussion Our findings highlight the photoprotective role of melanin in darker phototypes and the importance of healthy lifestyle habits. The anti-aging effects of traditional African cosmetics and foundation may be attributed to their moisturizing and protective properties. Socioeconomic and educational levels also appear to influence skin aging.

Conclusion: Ongoing genetic studies aim to clarify underlying mechanisms and support the development of targeted interventions.

Unusual Presentation Of Scleroderma In A Child

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Introduction : Scleroderma is a rare autoimmune disease characterized by either localized or widespread fibrosis of connective tissue, along with vascular damage and immune system abnormalities. The diffuse form, also known as systemic sclerosis (SSc), is extremely rare in children and has been only sparsely described in the medical literature. We report two cases.

Case 1 : A 5-year-old child presented with a four-month history of painful ulcerations of the extremities, abdominal distension, diffuse cutaneous sclerosis, mottled hypopigmentation, arthralgia, and splenomegaly (Hackett grade 3). Laboratory evaluation revealed proteinuria of 0.29 g/24 hours. Cardiac examination was unremarkable. Chest radiography demonstrated bilateral interstitial lung disease. A diagnosis of systemic sclerosis was established. Treatment with methotrexate at a dose of 5 mg per week resulted in a favorable clinical response.

Cas 2 : A 13-year-old female patient presented with diffuse cutaneous sclerosis associated with Raynaud's phenomenon, evolving over a one-year period, in a context of marked cachexia. On physical examination, there was generalized skin sclerosis, ulcerations over the elbows and fingers, areas of hypopigmentation on the trunk and lower limbs, fixed flexion contractures of multiple joints, and lumbar kyphosis. Laboratory investigations revealed anemia (hemoglobin 8.2 g/dL), proteinuria of 0.4 g/24 hours, minimal pericarditis, and no evidence of pulmonary arterial hypertension. A diagnosis of systemic sclerosis was established, and treatment with prednisone 15 mg/day and D-penicillamine resulted in favorable clinical improvement after four months. Discussion : Systemic sclerosis is confirmed by the detection of antinuclear antibodies, anti–Scl-70 (anti–topoisomerase I), and anticentromere antibodies in the serum. In the absence of immunological testing, the clinical diagnosis relies on the presence of diffuse cutaneous sclerosis associated with visceral involvement.

Conclusion : These cases are notable for the rarity, rapid progression, and severity of systemic sclerosis in the pediatric population.

Trichoscopic Features Of Scalp Involvement In Mycosis Fungoides: A Prospective Monocentric Study

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Introduction: Scalp involvement in mycosis fungoides (MF) is not uncommon, particularly in the folliculotropic variant, yet its trichoscopic profile remains poorly characterized. Data correlating trichoscopic findings with clinical subtype and disease stage are limited.

Objectives: To characterize scalp trichoscopic features in MF and assess their association with clinical subtype and disease stage.

Material & Methods: This prospective monocentric observational study was conducted between 2023 and 2025 at the Department of Dermatology, CHU Ibn Sina, Rabat. Sixteen patients with histologically confirmed MF and scalp involvement were included. Early-stage disease was defined as IA–IIA and advanced-stage as IIB–IV (TNMB classification). Clinical variables and body surface area involvement were recorded. Standardized trichoscopic examination was performed in all patients. Categorical variables were analyzed using Chi-square or Fisher's exact test.

Results: Sixteen patients were included (6 folliculotropic, 10 classic). Eight were classified as advanced stage and seven as early stage (one missing staging data). Mean age was 59 years and mean disease duration was 5.3 years. Mean body surface area involvement was 47.5%. The predominant trichoscopic pattern was inflammatory, with vellus hairs (87.5%), erythematous background and scaling (>80%), and perifollicular hyperkeratosis (56.2%). Dotted vessels were observed in 37.5% of cases. No statistically significant differences were found between folliculotropic and classic MF. Similarly, no significant association was observed between trichoscopic findings and disease stage, although vascular polymorphism and hemorrhages were more frequent in advanced disease.

Discussion and Conclusion: Scalp trichoscopy in MF demonstrates a consistent inflammatory profile across subtypes and stages. While no stage-specific markers were identified, vascular changes may be more pronounced in advanced disease. Larger prospective studies are required to validate these exploratory findings.

Beyond The Itch: Psychosocial And Economic Burden Of Scabies Among Street Children In Ethiopia

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Introduction: In Ethiopia, where equitable access to dermatologic care remains a public health priority, street-connected children are disproportionately affected due to overcrowding, poor hygiene conditions, and barriers to healthcare access. While epidemiological vulnerability is documented, limited evidence exists on the broader psychosocial and economic burden of scabies in this population. Therefore, this study examines the multidimensional impact of scabies among urban street children.

Objectives: To investigate the physical, psychosocial, and economic consequences of scabies among street-connected children in selected Ethiopian cities.

Materials & Methods: An ethnographic qualitative study, guided by the biopsychosocial framework, was conducted among purposively selected street-connected children residing in Addis Ababa, Hawassa, and Adama between May 2023 and March 2024. Data were collected through focus group discussions, in-depth interviews, and key informant interviews. Participatory drawing exercises were employed to facilitate expression around stigma and lived experiences. Audio recordings were transcribed verbatim and collaboratively coded by the research team. Thematic analysis was applied to transcripts and field notes to enhance analytic rigor and credibility.

Results: Scabies infestation produced layered physical, psychological, and economic effects. Participants described severe itching, sleep disturbance, and visible skin lesions contributing to self-stigma and social exclusion. External stigma from peers, employers, and community members resulted in isolation and diminished self-worth. Psychosocial distress included loneliness and depressive symptoms. Economically, scabies reduced earning capacity due to missed work opportunities and treatment- related expenditures, often paid out-of-pocket. Limited access to affordable dermatologic services further exacerbated disease burden and delayed care-seeking.

Conclusion: The burden of scabies among street-connected children extends beyond dermatologic morbidity, reflecting broader structural inequities in access to care. Effective control strategies should integrate timely clinical management with psychosocial support, stigma reduction, and outreach dermatology services to improve equitable access and health outcomes.

Clinical Context Improves AI Diagnostic Accuracy In Dermatology: A Cross-sectional Study With An Emphasis On Skin Color.

Khalid Siddig, MD , Bakari Agraa, Prof., Gamal Mohamed, PhD, and Sally Dawoud, MD. Amro Mahmoud, MD; Wifag Hassan, MD; Maymana Bashir, MD; Maria Hamad, MD; and Aya Yousif, MBCH.

Background: AI is quickly gaining ground in dermatology, speeding up how we diagnose skin conditions. But there's a catch: we still don't fully understand how well these tools work across different skin tones—or whether giving them more clinical context actually helps.

Objective: This study set out to answer two questions: Does giving AI access to clinical history improve its diagnostic accuracy? And if so, does that improvement differ depending on the patient's skin tone?

Methods: We analyzed 546 dermatology cases using an AI system (Chat GPT) in two modes: one that relied only on photos (AIB) and another that combined photos with clinical history (AIA). Each diagnosis was scored on a 5-point scale. We then compared the results using agreement percentages and Cohen's Kappa, breaking things down further by skin type. Results: Context mattered. When clinical history was included, the AI's accuracy improved—but inconsistently. Overall agreement between the two methods was 48.9% (Kappa = 0.160). For fair skin (n=78), agreement came in at 48.7% (Kappa = 0.220), while for skin of color (n=468), it was 48.9% (Kappa = 0.148). Most notably, AIA scores tended to outperform AIB scores across the board.

Conclusion: Giving AI more context makes it smarter—especially when diagnosing patients with skin of color. Still, we're far from solving the equity issue. Until AI is trained on more diverse datasets, its accuracy will remain uneven.

Hyperhidrosis Management: Botulinum Toxin Versus Surgery

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Introduction: Hyperhidrosis is a frequent and often debilitating condition characterized by excessive sweating exceeding physiological needs. It most commonly affects the axillae, palms, and soles, significantly impairing social interactions, professional activities, and quality of life. Among available treatments, botulinum toxin injections and surgical procedures remain the most effective options for moderate to severe disease.

Objectives: To compare the efficacy, safety, and patient satisfaction of botulinum toxin injections with surgical approaches in the management of different forms of hyperhidrosis.

Material & Methods: This presentation is based on the author's clinical experience with botulinum toxin in the treatment of axillary, palmar, and plantar hyperhidrosis, combined with a review of the literature regarding surgical management, including endoscopic thoracic sympathectomy and axillary surgical procedures. Outcomes evaluated include reduction of sweating severity, duration of therapeutic effect, complications, and impact on patient quality of life.

Results: Botulinum toxin injections provide a rapid and significant reduction in sweating in axillary, palmar, and plantar hyperhidrosis, with high patient satisfaction and a favorable safety profile. The therapeutic effect generally lasts between 4 and 9 months and can be repeated with consistent efficacy. Surgical approaches offer long_x0002_lasting results and may be particularly effective for axillary and palmar hyperhidrosis. However, they carry potential risks such as compensatory hyperhidrosis and surgical complications.

Discussion / Conclusion: Botulinum toxin represents a minimally invasive, safe, and highly effective treatment for focal hyperhidrosis and remains a cornerstone of management in clinical practice. Surgical treatments can provide durable outcomes but should be reserved for carefully selected patients. Optimal management requires an individualized therapeutic strategy based on disease severity, affected area, and patient expectations.

Grey Meets White: An Unusual Coexistence Of Vitiligo And Ashy Dermatosis

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Background: Vitiligo and ashy dermatosis represent contrasting pigmentary disorders one characterized by melanocyte loss and depigmentation, and the other by dermal melanosis producing slate-gray macules. Their coexistence is exceedingly rare and may create diagnostic challenges.

Case Presentation: A 40-year-old man presented with a one-month history of rapidly progressive depigmented patches that initially appeared on the forearms and subsequently spread to involve the palms, axillae, trunk, extremities, and genital region. Shortly after the onset of depigmentation, the patient noticed asymptomatic grayish-brown macules developing over the trunk, axilla and extremities. There was no history of medication exposure, personal or family history of autoimmune disease. Dermatological examination revealed extensive, well-demarcated depigmented patches consistent with vitiligo affecting multiple body sites, and numerous slate- gray macules distributed over the trunk, axilla and extremities. In several areas the lesions were closely juxtaposed, producing a striking clinical contrast between depigmented and hyperpigmented skin. Wood's lamp examination accentuated the depigmented patches, supporting the diagnosis of vitiligo. Histopathological examination of gray macule demonstrated an atrophic epidermis with orthokeratosis, prominent pigment incontinence with numerous dermal melanophages containing melanin pigment, and mild superficial perivascular lymphocytic infiltrate, findings consistent with ashy dermatosis.

Management and Outcome: To halt progression of vitiligo, the patient was treated with mini pulse oral prednisolone therapy twice weekly for two months, along with emollients and photoprotection. At two-month follow-up, vitiligo lesions appeared clinically stable without further progression and ashy dermatosis macules remained stable without new lesions. Unfortunately, the patient subsequently lost follow-up.

Discussion and conclusion: The concurrent presence of vitiligo and ashy dermatosis is rarely documented. Reports describing this coexistence are particularly scarce in African populations, where pigmentary disorders show distinctive clinical patterns. Recognition of mixed pigmentary presentations is important to avoid misdiagnosis as a single pigmentary disorder and highlights the importance of clinicopathologic correlation

Unilateral Ichthyosiform Plaques With Limb Defect In A 3-year-old Girl: A Rare Case Of Child Syndrome In Ethiopia

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Introduction: CHILD syndrome (Congenital Hemidysplasia with Ichthyosiform Erythroderma and Limb Defects) is a rare X-linked dominant genodermatosis characterized by unilateral ichthyosiform skin lesions associated with ipsilateral limb abnormalities.

We report a 3-year-old girl, the second child of non-consanguineous parents, born at term via spontaneous vaginal delivery, who presented with a congenital left-sided limb defect and progressive ipsilateral skin lesions. The lesions initially appeared on the left trunk and gradually extended to involve the upper and lower extremities and axilla while sparing the head and neck. Dermatologic examination revealed well-demarcated erythematous plaques with thick adherent brownish ichthyosiform scales involving the left half of the trunk. Linear hyperkeratotic plaques following Blaschko's lines were present over the left upper chest extending to the arm and posterior legs. Oligodactyly of the left hand was noted. Additionally, a solitary erythematous friable fungating mass measuring approximately 8 × 5 cm was observed in the presacral region extending toward the anal orifice. The patient also had difficulty standing and walking with associated failure to thrive. Histopathological examination was not performed due to resource limitations. The diagnosis was made clinically based on the characteristic unilateral distribution of ichthyosiform plaques and the presence of ipsilateral limb defect.

Discussion and Conclusion :CHILD syndrome is an extremely rare genodermatosis presenting with unilateral ichthyosiform plaques and ipsilateral limb abnormalities. Recognition of these distinctive clinical features is essential for early diagnosis and appropriate multidisciplinary evaluation. Reporting this case is important due to the rarity of the syndrome, and it contributes to increased awareness among clinicians, particularly in resource-limited settings where such cases may otherwise go unrecognized.

Lessons From A Case Of High -Risk Skin Tumour: Highlighting Fragmented Care And The Need For MDT Collaboration

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Clinical History: A 46-year-old woman living with albinism presented with a long-standing periocular lesion on a background of chronic sun exposure and inadequate photoprotection. The lesion was first noted over ten years earlier as a small coin-shaped, painless growth near the lateral aspect of the left eye. A provisional diagnosis of basal cell carcinoma was made, and she was referred for excision but was subsequently lost to follow-up. Two years later she underwent partial surgical resection at another center; however, the portion involving the orbit was left untreated due to lack of ophthalmologic support at the center. Radiotherapy was advised but was not done due to financial constraints. Over subsequent years the tumor recurred and progressed into a massive fungating hemifacial lesion covering the left eye. On re- presentation, examination revealed a large, ulcerated mass extending across the left side of the face with preauricular lymphadenopathy and severe anaemia. Dermoscopy showed multicolored pigmentation, arborising vessels, ulceration, spoke-wheel structures and pigment flecks, consistent with basal cell carcinoma. Imaging demonstrated extensive local invasion with destruction of the left globe and possible intracranial extension. Histopathology findings were consistent with the diagnosis of basal cell carcinoma

Discussion: Management consisted of chemotherapy and subsequent radiotherapy with partial tumor regression. However, it was marked by fragmented care pathways including loss to follow-up, sequential specialist involvement, delayed oncology referral, cancelled surgery, and absence of structured multidisciplinary team (MDT) meetings and inadequate psychosocial support. Prolonged delays and lack of coordinated planning contributed to advanced disease and increased treatment complexity.

Conclusion: This case highlights the vulnerability of patients with high- risk skin tumors to gaps in care delivery. Early dermatology-led multidisciplinary collaboration with defined care pathways may reduce delays, improve coordination, and enhance outcomes, particularly in resource-limited settings.

Alopecia Neoplastic As The Initial Manifestation Of Advanced Metastatic Breast Carcinoma

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Introduction: Male breast cancer is rare, and alopecia neoplastica is an exceptionally uncommon presenting feature. Male breast cancer accounts for less than 1% of all breast cancers. Alopecia neoplastica is a rare manifestation of metastatic cancer to the scalp, usually associated with female breast carcinoma, but extremely uncommon in men. It presents as focal or diffuse alopecia caused by tumor infiltration of the dermis and destruction of hair follicles.

We report a 40-year-old male with diffuse non-scarring alopecia, visual blurring, and a right breast mass, later confirmed as metastatic male breast carcinoma with widespread systemic, pulmonary, dural, orbital, pleural, bone, and scalp involvement. A 40-year-old male presented with diffuse scalp alopecia, visual blurring, and weight loss. Examination revealed non-scarring alopecia with scalp induration, nodular right breast lesions with nipple retraction, and cervical lymphadenopathy. Biopsy of the right breast skin lesion confirmed cutaneous metastasis of breast carcinoma. CT scan demonstrated malignant right breast mass, extensive nodal metastasis, bilateral pulmonary nodules, lymphangitic carcinomatosis, pleural effusions with pleural metastasis, and diffuse sclerotic bone lesions. MRI showed a left frontal dural-based metastatic lesion, multiple enhancing scalp lesions consistent with alopecia neoplastica, and orbital/optic nerve involvement Diagnosis: Stage IV metastatic male breast carcinoma with cutaneous, scalp, dural, orbital, pulmonary, pleural, lymphatic, and bone metastases.

Conclusion: Alopecia neoplastica, though rare, can be an early clue to underlying metastatic disease. Recognition of atypical dermatologic findings is essential for early diagnosis of systemic malignancy.

A Case Of Endemic Kaposi Sarcoma Mimicking Morphea

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Introduction: Kaposi Sarcoma is a Vascular neoplasm with variable clinical morphology. In endemic settings atypical clinical presentations may mimic fibrosing or infiltrative dermatosis and delay the diagnosis.

Clinical History: A 28-year-old HIV-negative male presented with bilateral inguinal skin hardening of 4 months' duration. Initially, the lesions were asymptomatic and small but later caused sensations of burning, tightness, and restricted movement. The patient also complained of 2 months of penile and scrotal swelling with a sensation of heaviness. Clinical examination revealed hyper pigmented corrugated plaques with woody induration over the inguinal region bilaterally, along with grossly swollen scrotum and penis. The patient's clinical history and physical exam suggested a differential diagnosis that included mycosis fungoides, morphea, and scleromyxedema. A 6 mm punch biopsy of the plaques on the right and left inguinal areas were performed.

Histopathology demonstrated aggregates of neo-formed blood vessels and irregular slit-like vascular spaces with variable caliber size interstitially between collagen bundles through the reticular dermis associated with aggregates (nodules) of spindle cells at several loci. The vascular spaces contained red blood cells and were lined by spindle shaped endothelial cells. A promontory sign was appreciated. the diagnosis was determined to be Kaposi Sarcoma.

Discussion and Conclusion: This case underscores the importance of recognition of atypical morphology of Kaposi Sarcoma in endemic settings.

Impact of Atopic Dermatitis on the Quality of Life of Children in Ethiopia: A Multicenter Prospective Cohort Study

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Introduction: Atopic dermatitis (AD) is a chronic, relapsing inflammatory skin disorder affecting children's quality of life (QoL). Despite rising global prevalence, data on its impact on QoL in low-resource settings remain limited.

Objective: To assess the impact of AD and associated factors on the QoL of children and assesses the effect of educational intervention in Ethiopia.

Methods: A prospective cohort study was conducted among 461 AD children and their caregivers across four randomly selected dermatology clinics in central and Southern regions from October 2022 to March 2024. Assessments included AD Severity using Scoring AD (SCORAD), Infants' Dermatitis Quality of Life Index (IDLQI) for children aged 0–4, Children's Dermatology Life Quality Index (CDLQI) for children aged 5 to 16. Participants received educational guidance from trained nurses during follow-up beyond routine AD treatment. Trained nurses collected clinical and sociodemographic data. AD severity and QoL were reassessed after 6 months. Descriptive, univariate, and linear regression analyses identified factors influencing QoL, with significance set at $p < 0.05$.

Result: Of 461 children, 424 (92%) completed follow-up. Most were under five (67%) with a median age of 3 years; 72.2% had AD onset before age two. Most caregivers were female (68.9%). After six months, clinical signs of AD, including dryness, erythema, excoriation, and lichenification, improved notably. Mild AD increased by 33.5%, while moderate and severe cases decreased by 17.5% and 16%, respectively. QoL significantly improved across all domains (p=0.001). Baseline disease severity (β=0.11), change in severity (ΔSCORAD) (β=0.043), number of dependents (β=–0.71), and age at disease onset (β=0.005) as significant predictors of QoL.

Conclusion: AD significantly impairs QoL in Ethiopian children, with greater severity causing more disruption. Routine treatments with educational interventions significantly improve disease severity and QoL. Integrated clinical and psychosocial care approaches for pediatric AD are crucial in resource-limited settings.