

EADV 2025

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Congress Review

Review of the European Academy of Dermatology and Venereology (EADV) Congress 2025

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THIS AUTUMN, Paris, France, hosted the 34th annual European Academy of Dermatology and Venereology (EADV) Congress. For the second time in its history, the event took place in the French capital, attracting over 20,000 delegates. This is a record-breaking number, demonstrating the enduring strength and growth of the global dermatology community.

With more than 180 scientific sessions and over 600 expert speakers, the Congress delivered an exceptional platform for both cutting-edge research and practical knowledge exchange. The scientific programme, carefully curated by the Scientific Programme Committee, offered a dynamic and diverse range of session formats to engage every attendee, from residents to seasoned leaders.

The comprehensive offerings included 10 powerful plenary lectures that addressed the grand challenges facing the speciality, alongside more than 25 dedicated subspecialty tracks focusing on niche areas of dermato-venereology. In addition, abstract-based free communications and sessions devoted to late-breaking research ensured that the newest and most time-sensitive findings were immediately shared with participants. Complementing these were hands-on workshops that provided practical insights into essential clinical skills.

Key scientific topics highlighted the speciality's complexity, covering everything from the latest insights into bullous

diseases and psoriasis to advancements in dermoscopy for non-melanoma skin cancer. Attendees also engaged in deep dives into the skin microbiome and its role in conditions like acne and hidradenitis suppurativa, as well as the advanced management of nail and hair disorders. Adding an element of friendly competition, the Congress also hosted the second edition of the EADV Games, providing a spirited arena "where science meets a fun rivalry," as described by EADV President Branka Marinović.

The Opening Ceremony was launched with a warm welcome from Marinović, who reflected on the impressive turnout and expressed her profound gratitude to the Scientific Programme Committee, led by the Chair, Michel Gilliet, Lausanne University Hospital, Switzerland, for their dedication to curating such a successful and comprehensive programme. Looking to the future, Marinović optimistically expressed the hope of breaking more records when the EADV returns to Paris in 3 years.

Following the President's address, Saskia Oro, Chair of the French Society of Dermatology (SFD), extended a gracious welcome to the thousands of international attendees. Oro highlighted the rich history of the SFD, founded in 1889, and its current membership of over 2,500 dedicated dermatologists. Oro continued to detail the SFD's core mission: promoting public health, supporting evidence-based medical and scientific research, and advancing educational programmes across all areas of dermatology. She proudly announced that the SFD had awarded over 2 million EUR in 2024 to support strategic research and educational grants for young researchers. Furthermore, she revealed innovative projects, including the creation of a new evidence-based Dermatology Centre and the planned launch of a dermatological consultation truck, a novel project designed to bring expert care to underserved areas across France. These initiatives highlight the SFD's commitment to improving the quality of dermatology care and promoting solidarity within the field.

The Opening Ceremony concluded with the highly anticipated keynote lecture, introduced by Gilliet, who noted that the EADV tradition is to feature cross-disciplinary topics that challenge convention, not just in medicine, but in general thinking about the world.

Zoologist, acclaimed broadcaster, and best-selling author Lucy Cooke, Honorary Senior Research Associate, University College London, UK; and Founder, Sloth Appreciation Society, took the stage to deliver her captivating lecture entitled 'Live Like a Sloth, Think Like an Octopus'. Cooke, a graduate of Oxford University, UK, and an evolutionary biologist, used her expertise to explore the profound lessons that the animal kingdom holds for humans. She demonstrated how cultural and scientific biases have long distorted our understanding of nature, and how shedding these rigid frameworks is essential for innovation.

The lecture spotlighted the naked mole rat, a biological marvel whose extraordinary longevity and cancer immunity are linked to high molecular weight hyaluronic acid in its skin, offering a powerful parallel for dermatological research into ageing.

Critically, Cooke addressed Charles Darwin's historical bias against female biology. By highlighting the fierce, competitive nature of the female meerkat and the empathetic, post-menopausal leadership of the orca matriarchs, she powerfully dismantled long-held stereotypes about gender and power. The lecture's overarching message was an inspiring call to action: innovation happens when old beliefs are cast aside. By embracing curiosity and flexible thinking, like the nine-brained octopus, science and the dermatology community can achieve true breakthroughs in both treatment and understanding.

“Adding an element of friendly competition, the Congress also hosted the second edition of the EADV Games”

EMJ had the pleasure of attending this year's Congress, and is excited to share highlights from the diverse abstract sessions in our comprehensive review of EADV 2025 for this issue of *EMJ Dermatology*, alongside an exclusive interview with EADV President Branka Marinović. Continue reading for an in-depth look at the pivotal discussions and groundbreaking research from this year's Congress.

Does Vitiligo Change During Pregnancy?

ALTHOUGH the relationship between pregnancy and autoimmune disorders has been the subject of considerable investigation, the interaction between pregnancy and vitiligo has received little attention in the past. A recent study presented at the EADV Congress 2025 sought to address this, by conducting a systematic review evaluating the existing evidence on how pregnancy influences the course of vitiligo.¹

Vitiligo, a chronic autoimmune condition characterised by the loss of skin pigmentation, affects between 0.2–1.8% of the global population. For women living with vitiligo, pregnancy may bring uncertainty about whether the disease will worsen, improve, or remain stable.

Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, comprehensive searches were carried out across major databases, including MEDLINE, Embase, the Cochrane Library, and Scopus, up to December 2024. Studies were eligible if they provided data on the onset or progression of vitiligo during pregnancy. In total, seven studies were identified, though only two cross-sectional surveys specifically investigated the condition in the context of pregnancy. The remaining studies referred to vitiligo only as an incidental finding within broader analyses.

The available evidence suggests that most women with vitiligo do not experience significant changes during pregnancy. Approximately 65% of participants in the two focused surveys reported stability in their condition. Improvement and worsening of vitiligo occurred in similar proportions, affecting around 12% and 20% of women, respectively. Reports of new-onset vitiligo during pregnancy were scarce across all studies, indicating that pregnancy does not commonly trigger the condition.

These findings offer some reassurance for women with vitiligo who may be concerned about pregnancy-related disease progression. However, the small number of relevant studies and absence of prospective data limit the certainty of these conclusions. While current evidence suggests that excessive concern may not be warranted, further high-quality research is needed to provide clearer guidance and strengthen clinical recommendations.



Biologics Show Promise for Cancer Immunotherapy-Related Skin Complications

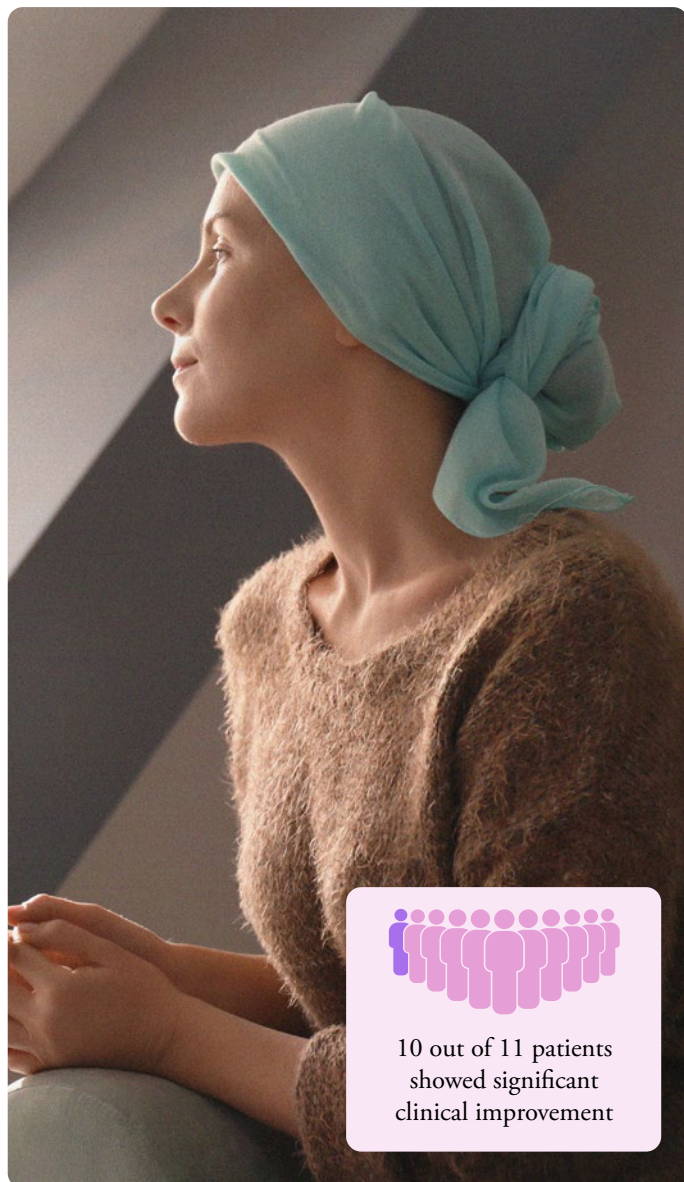
BIOLOGIC therapies may offer an effective and safe alternative for treating severe cutaneous adverse events caused by immune checkpoint inhibitors (ICI), according to the results of a single-centre cohort study presented at the EADV Congress 2025.²

ICIs have transformed cancer treatment, improving survival outcomes in advanced disease, but they are frequently associated with immune-related adverse events, especially those affecting the skin. Approximately 40% of patients undergoing these treatments develop dermatologic complications, and while corticosteroids are

standard management, they risk diminishing the therapeutic efficacy of immunotherapy. Biologic drugs are emerging as valuable alternatives, but formal guidelines on their use are currently limited.

In this retrospective study, 252 patients with cancer receiving both ICIs and biologics were screened. Eleven of these patients had biologics prescribed specifically to treat cutaneous immune-related adverse events. The median age was 73 years, and nine out of the 11 patients were male. The most used ICIs were pembrolizumab (seven patients), followed by nivolumab (two), combination nivolumab and ipilimumab (one), and atezolizumab (one). Median latency from ICI initiation to onset of dermatologic complications was 284 days. Bullous pemphigoid was the predominant adverse event (seven patients), and one of these cases included mucous membrane pemphigoid. Dupilumab and rituximab were the most frequently used biologics, achieving control in most cases. Other biologics that were used successfully were ustekinumab and additional courses of dupilumab. Ten out of 11 patients showed significant clinical improvement, though six required temporary discontinuation of ICIs. One patient died of sepsis before effect evaluation, and three deaths occurred later due to cancer progression.

These findings suggest that biologics can be integrated into clinical practice for selected patients with ICI-related dermatologic complications, facilitating recovery without abandoning life-prolonging cancer therapy. From an oncodermatology perspective, the ability to maintain immunotherapy while effectively managing severe cutaneous events is a critical step forward.





Dupilumab Shows Promise in Treating Refractory Hailey–Hailey Disease

A MULTICENTRE study, presented at the EADV Congress 2025, investigated the use of dupilumab in patients with familial benign chronic pemphigus, also known as Hailey–Hailey disease (HHD), a rare inherited skin disorder caused by mutations in the *ATP2C1* gene.³ The condition is characterised by recurrent flares of vesicles, blisters, erosions, and painful fissures, predominantly affecting flexural areas.

These chronic and relapsing lesions can severely impair quality of life, and despite numerous therapeutic approaches, the management of severe or treatment-resistant cases remains challenging. Dupilumab, a monoclonal antibody targeting IL-4 and IL-13 signalling, has recently emerged as a promising new option for patients with refractory HHD.

This retrospective multicentre review, conducted between 2023–2025 across five centres, assessed the effectiveness and safety of dupilumab in eight patients with refractory HHD treated off-label. Each patient received an initial subcutaneous dose of 600 mg, followed by 300 mg every 2 weeks. Data collected included demographics, previous and concomitant treatments, lesion distribution, disease severity (evaluated using Body Surface Area [BSA] and Physician Global Assessment [PGA] scores), and quality of life, measured by the Dermatology Life Quality Index (DLQI). Clinical responses and adverse events were monitored throughout follow-up.

Complete or near-complete clinical responses were achieved in five patients, with two showing partial improvement and one showing no response. Most participants experienced substantial reductions in disease severity, supported by improvements in both BSA and PGA scores. Quality of life also improved significantly, as evidenced by lower DLQI values. Dupilumab was well tolerated, with no adverse events reported. Treatment discontinuation occurred in two cases, one due to lack of efficacy and one due to loss to follow-up.

These findings add to the growing body of evidence supporting dupilumab as a safe and effective therapeutic alternative for refractory HHD. By inhibiting Th2 cytokine activity and restoring calcium-dependent keratinocyte function, dupilumab addresses key mechanisms underlying the disease. Although limited by sample size and retrospective design, this study reinforces previous reports and highlights the need for larger, prospective trials to confirm these promising results.

A New Promising Oral Therapy for Rosacea Treatment

AT THE EADV Congress 2025, new research comparing DFD-29 and doxycycline offered fresh insights into the management of rosacea, a chronic inflammatory skin condition that affects the central face and presents in multiple subtypes.⁴

Rosacea can severely impact quality of life and, if left untreated, may lead to long-term facial scarring. Oral doxycycline 40 mg, an FDA-approved anti-inflammatory therapy, has been a cornerstone of treatment for many years. However, DFD-29, an extended-release 40 mg minocycline capsule, has recently emerged as a potential alternative. The study presented at the Congress aimed to evaluate and compare the efficacy and safety of DFD-29 versus doxycycline in adults with rosacea.

A systematic review of PubMed, Scopus, and Cochrane databases identified RCTs evaluating these two treatments. Eligible participants had at least moderate disease, defined by an Investigator's Global Assessment (IGA) score of 2 or higher and a minimum of 10 facial papules and pustules. The primary outcome was treatment success, achieved when patients reached IGA Grade 0–1 with a two-grade improvement by Week 16. Secondary outcomes included serious and commonly reported adverse events such as headache, diarrhoea, and abdominal pain.

Three RCTs were analysed, including 592 patients, 298 of whom received DFD-29. The pooled data showed that patients treated with DFD-29 were more than twice as likely to achieve treatment success compared with those receiving doxycycline (odds ratio: 2.84; 95% CI: 1.98–4.09; $p < 0.00001$). The risk of serious adverse events did not differ significantly between groups, and rates of headache and diarrhoea were similar. Although abdominal pain was reported more frequently among DFD-29 recipients, this finding did not reach statistical significance.

Overall, DFD-29 demonstrated superior efficacy, with a comparable safety profile to doxycycline 40 mg. These findings suggest that DFD-29 may represent a promising new oral therapy for rosacea, though further large-scale trials are needed to confirm its benefits across different subtypes and severities.

“The primary outcome was treatment success, achieved when patients reached IGA Grade 0–1 with a two-grade improvement by Week 16”



Evaluating ChatGPT as a Patient Education Tool in Rosacea

NEW FINDINGS presented at the EADV Congress 2025 explore the potential use of AI in dermatology, specifically assessing the reliability of ChatGPT (OpenAI, San Francisco, California, USA) in providing information to patients about rosacea, a chronic inflammatory skin condition.⁵

With a growing reliance on online platforms for medical guidance, AI tools like ChatGPT offer rapid access to information. However, their accuracy and applicability in dermatology have not been extensively studied. Researchers from the Dermatology and Venereology Clinic at Ankara Bilkent Şehir Hastanesi, Türkiye, submitted 19 commonly asked questions from patients with rosacea (covering disease course, causes, differential diagnosis, treatment strategies, and prognosis) to ChatGPT version 3.5.

Responses were evaluated by 25 dermatology professionals, including 11 residents with less than 2 years of experience, 10 residents with 2–4 years of experience, and four academic staff members. Each answer was rated using a three-point scale: accurate and adequate, partially accurate or incomplete, or inaccurate/insufficient.

The study found that ChatGPT provided reliable information in 75.8% of cases. Responses to 13 of the 19 questions were



considered accurate, while six responses were insufficient. No significant agreement was observed among the majority of residents or academic evaluators, but residents with 2–4 years of experience demonstrated statistically significant concordance in their assessments, suggesting that clinical experience may influence the evaluation of AI-generated responses.

These results indicate that ChatGPT has potential as a supportive tool for patient education in dermatology. At the same time, the findings highlight the importance of expert oversight, continuous refinement of AI outputs, and standardised evaluation methods to ensure safe and effective use in clinical settings. As patients increasingly seek digital guidance, understanding the reliability and limitations of AI tools is essential for clinicians aiming to provide accurate and responsible medical information.

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- 4** academic staff members.

Wearable Devices Reveal Sleep Disruption in Chronic Skin Disease

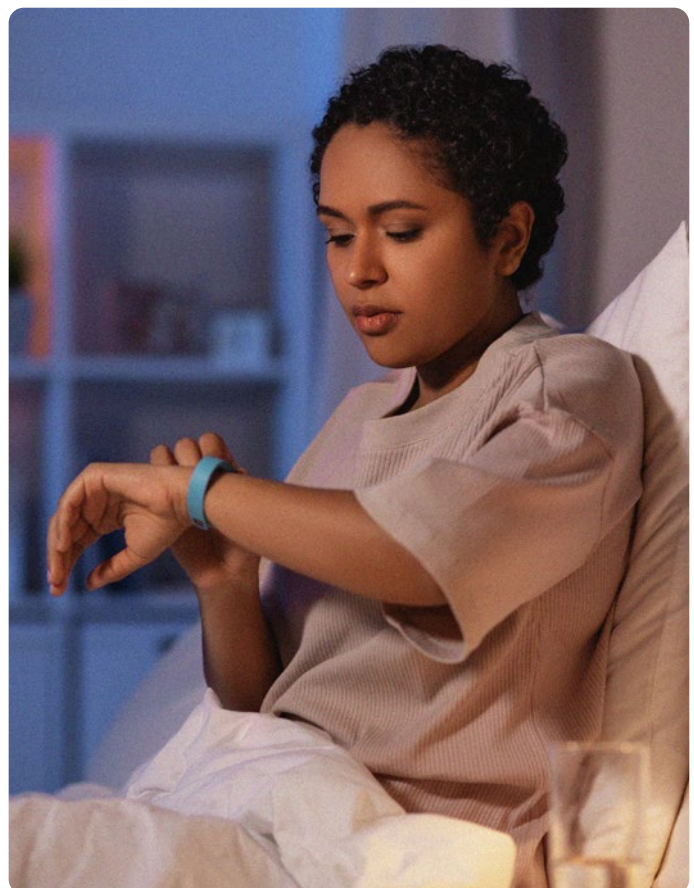
CHRONIC inflammatory skin diseases are often linked with disrupted sleep, which can, in turn, worsen inflammation and negatively affect quality of life. Conditions such as psoriasis and cutaneous T cell lymphoma (CTCL) are known to be associated with sleep difficulties, yet objective evidence comparing sleep across different dermatological conditions remains limited. A recent study, presented at the EADV Congress 2025, sought to address this gap by examining the impact of these diseases on sleep using data captured through wearable technology.⁶

The study included 75 participants, comprising 20 patients with psoriasis, 27 with CTCL, and 28 healthy volunteers. Sleep patterns were monitored using the Withings Steel HR watch (Withings, Paris, France) over a 14-day period, with measurements including total sleep time, time in bed, sleep latency, light and deep sleep, and the number of awakenings. Data were analysed with linear mixed models to assess the influence of disease group, age, and sex on sleep outcomes.

Findings revealed that patients with psoriasis and CTCL experienced significantly poorer sleep compared to healthy controls. Both groups recorded shorter total sleep time and deep sleep, alongside more frequent awakenings. Interestingly, when comparing the two disease groups, patients with CTCL showed greater impairments than those with psoriasis, including reduced total sleep time, time in bed, and light sleep, though they experienced fewer awakenings overall. Age and sex also influenced sleep patterns, with older individuals showing longer awake periods and more awakenings, while male participants recorded shorter durations across several sleep measures.

The study highlights the substantial impact of chronic inflammatory skin conditions on sleep quality and duration. It also spotlights the importance of recognising sleep disturbances as a clinically relevant factor in disease management. By demonstrating the utility of wearable devices in capturing real-world sleep data, the findings open the door for more personalised and holistic approaches to managing chronic skin disease.

“Findings revealed that patients with psoriasis and CTCL experienced significantly poorer sleep compared to healthy controls”



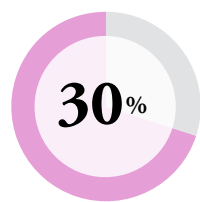


JAK Inhibitors Show Efficacy in Recalcitrant Folliculitis Decalvans

IMPROVEMENTS in scalp symptoms and disease activity with JAK inhibitors in patients with recalcitrant folliculitis decalvans have been demonstrated in a multicentre Spanish cohort study presented at the EADV Congress 2025.⁷

Folliculitis decalvans is a chronic, scarring alopecia characterised by painful pustules, crusts, and tufted hairs. Long-term inflammation leads to the destruction of hair follicles and considerable psychological distress. Standard therapies frequently fail, prompting the use of off-label interventions, including targeted small-molecule agents. JAK inhibitors have gained attention for their immunomodulatory properties, though real-world data on their effectiveness are limited.

Researchers reviewed clinical records from four Spanish hospitals and included 12 patients with a histologically confirmed diagnosis of folliculitis decalvans who received oral JAK inhibitors for at least 3 months. The cohort was predominantly male, with a median age of 73 years and a history of refractory disease (having failed a median of 6.5 prior treatment courses, including adalimumab in over half). Baricitinib 4 mg was prescribed in nine cases, and upadacitinib 30 mg in three, both for a median of 6.5 months. At 3 months and the last follow-up, key disease activity parameters (pustules,



The number of patients with less than 30% of affected area with erythema and hyperkeratosis increased significantly at 3 months and the last visit ($p < 0.02$).

crusts, polytrichia, erythema, and hyperkeratosis) and percentage of affected scalp showed improvement, although not all changes reached statistical significance. However, the number of patients with less than 30% of affected area with erythema and hyperkeratosis increased significantly at 3 months and the last visit ($p < 0.02$). Half of the patients experienced mild adverse effects, most commonly hypercholesterolaemia ($n=2$) and upper respiratory tract infection ($n=2$), with no severe or long-lasting complications.

The findings highlight the potential utility of JAK inhibitors in clinical practice for patients with folliculitis decalvans unresponsive to traditional therapies, including biological agents. Given the favourable safety profile and observed symptom control, JAK inhibitors may be considered as an adjunct or alternative when conventional treatments fail. Further studies are needed to establish standardised outcome measures and optimal treatment regimens to guide long-term management of this rare scalp disorder.



Teledermoscopy Improves Equity in Skin Cancer Referrals

A RECENT retrospective study, presented at the EADV Congress 2025, evaluated the impact of teledermoscopy (TD) on access to dermatological consultations for cutaneous tumours in Northern Sweden, where referral rates have risen markedly since the technology's introduction in 2014.⁸

TD enables primary care centres (PCC) to send high-quality images of suspicious skin lesions to dermatologists for assessment, improving diagnostic efficiency and potentially addressing the growing demand for dermatology services amid increasing incidences of skin cancer. Despite its long-standing use, the system had not been formally assessed until now.

The study analysed 67,137 TD referrals from PCCs to a dermatology department between 2014–2024, excluding 2,384 incomplete submissions. Each case was reviewed by a dermatologist trained in dermoscopy, and diagnoses were recorded alongside patient demographics and the referring unit. In addition, a survey completed by PCCs explored local TD routines, including organisational practices, pre-assessment procedures, and the roles of healthcare professionals involved.

Over 11 years, the mean age of referred patients increased from 50 to 61 years ($p<0.001$), while the proportion of benign lesions decreased from 79.5% to 68.2%

($p<0.001$), indicating a trend towards more targeted referrals. Referrals from private PCCs contained a higher proportion of benign lesions than those from public centres (78.4% versus 74.6%; $p<0.001$).

Similarly, PCCs located near the dermatology department referred more benign lesions than remote centres (77.4% versus 72.9%; $p<0.001$). Factors associated with increased benign referral rates included nurse-led assessments and the referral of nearly all examined lesions, whereas a lack of dermoscopy training and internal discussion of TD cases reduced benign referrals.

Overall, TD has supported earlier and more accurate tumour diagnosis, contributing to equitable access to specialist dermatology care in Northern Sweden. The findings suggest improved identification of high-risk patients, but also highlight the need to optimise TD protocols and training, particularly in private and nearby PCCs, to reduce unnecessary benign referrals.



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Are Foot Fungal Infections Predictors of Type 2 Diabetes?

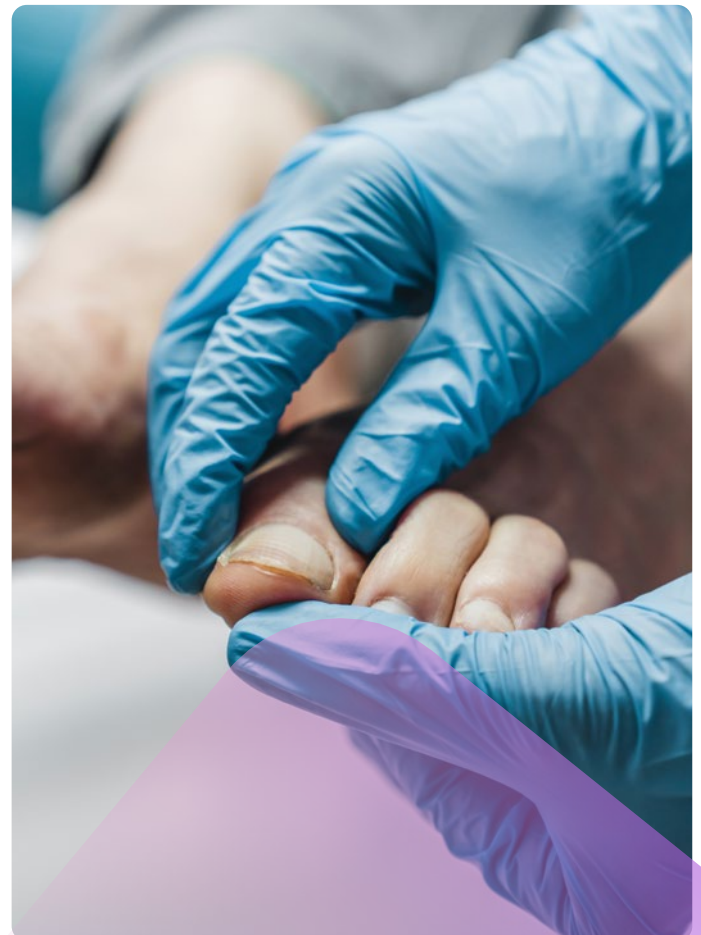
DERMATOPHYTE infections are among the most common fungal diseases, affecting around 10% of the global population. Their prevalence is notably higher in individuals with Type 2 diabetes (T2D), likely due to altered immune responses and skin barrier changes. However, it remains uncertain whether these infections might serve as early clinical indicators of undiagnosed or developing diabetes. This study, presented at the EADV Congress 2025, aimed to assess whether a positive PCR test for dermatophyte infection of the feet is associated with an increased risk of subsequent T2D diagnosis.⁹

This large, register-based cohort study included 78,752 adults tested between 2015–2021. Among them, 19,688 individuals with a positive PCR test for dermatophytes from toenails, toe web spaces, or feet were matched 1:3 by age, sex, and geographic region to 59,064 unexposed controls. Participants with pre-existing diabetes or who were aged <20 years were excluded. The primary outcome was new-onset T2D after the date of testing. Poisson regression models were used to calculate incidence rate ratios, adjusted for age, sex, and relevant comorbidities.

The median age of participants was 49 years, and 60.3% were male. The incidence of newly diagnosed T2D was 8.2 per 100 person-years in the exposed group and 8.1 in the unexposed group. The adjusted incidence rate ratio was 1.01 (95% CI: 0.96–1.07; $p=0.616$), indicating no statistically significant association between dermatophyte infection and subsequent T2D. Subgroup analyses by age and sex confirmed these results, and secondary analyses showed that repeated fungal testing was also not linked to increased diabetes risk.

Overall, PCR-confirmed dermatophyte infections of the feet were not associated with an increased likelihood of developing T2D. These findings suggest that such infections do not serve as reliable early clinical indicators of undiagnosed diabetes.

“Overall, PCR-confirmed dermatophyte infections of the feet were not associated with an increased likelihood of developing T2D”



Hidradenitis Suppurativa Linked to Increased Risk of Endometriosis

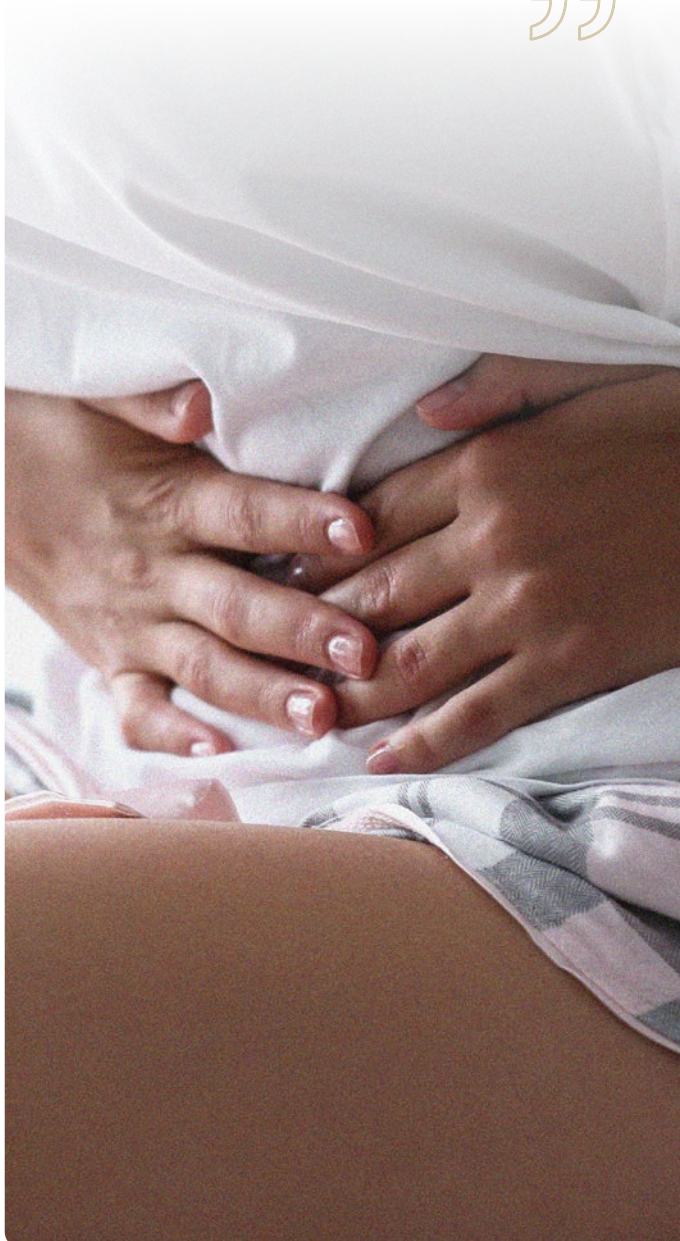
NEW RESEARCH presented at the EADV Congress 2025 highlights a significant association between hidradenitis suppurativa (HS), a chronic immune-mediated skin disorder, and endometriosis, a condition characterised by ectopic endometrial growth and chronic pelvic inflammation.¹⁰

“The results emphasise the importance of considering gynaecologic comorbidities in the clinical management of patients with HS”

The study was conducted by researchers using the US Collaborative Network within the TriNetX Research Platform (TriNetX, Cambridge, Massachusetts, USA). Female patients diagnosed with HS were compared to non-HS counterparts through propensity score matching, accounting for demographic variables (age, sex, race) and a wide range of clinical factors. These included metabolic and autoimmune comorbidities, psychiatric conditions, corticosteroid usage, hormonal status, pregnancy history, and prior gynaecologic surgeries. Time-to-event analyses using Cox regression were employed to estimate hazard ratios (HR) and 95% CIs for incident endometriosis, with additional models examining different wash-out periods (6 and 24 months) and follow-up durations (5 and 15 years).

In unadjusted analyses, results showed that individuals with HS had nearly double the risk of developing endometriosis compared to controls (HR: 1.891; 95% CI: 1.719–2.079). After adjusting for core demographic factors, the association remained statistically significant (HR: 1.278; 95% CI: 1.109–1.474). Risk estimates were consistent when early cases of endometriosis within 6 months (HR: 1.204; 95% CI: 1.017–1.424) and 24 months (HR: 1.209; 95% CI: 1.009–1.448) post-index were excluded. Stratification by follow-up duration further confirmed elevated risk over intermediate (5 years; HR: 1.306; 95% CI: 1.126–1.514) and extended periods (15 years; HR: 1.183; 95% CI: 1.072–1.306).

These findings suggest that HS is significantly associated with an increased likelihood of developing endometriosis, highlighting a potential shared pathophysiologic mechanism involving chronic inflammation and hormonal dysregulation. The results emphasise the importance of considering gynaecologic comorbidities in the clinical management of patients with HS, and may inform future research into overlapping inflammatory and hormonal pathways.



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