ABSTRACT BOOK ABSTRACTS



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PHOTOTHERAPY, PHOTODYNAMIC THERAPY

## DISSEMINATED SUPERFICIAL ACTINIC POROKERATOSIS TREATED WITH PHOTODYNAMIC THERAPY AND IMIQUIMOD 3.75%

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BACKGROUND: Disseminated superficial actinic porokeratosis (DSAP) is clinically characterized by a large number of small, brownish, annular lesions with scaly borders, most commonly located on sun-exposed areas. No standard treatment for DSAP is currently available, although different therapies have proven to be effective as imiquimod 5% cream, topical 5-fluorouracil 5%, topical vitamin D analogs, cryotherapy, laser ablation, and photodynamic therapy (PDT).

OBSERVATION: We describe a 61-year-old man with multiple, pruritic, erythematous, scaly macules on the legs, of 2-year duration. The diagnosis of porokeratosis was confirmed by histological examination of a skin biopsy specimen. The patient was initially treated with once daily topical vitamin D analogues, applied continuously for 6 months with no clinical benefit. Then, the patient was treated with two sessions, one week apart, of conventional methyl aminolevulinate (MAL) PDT. Three months after treatment, the patient showed a partial response with a significant reduction of erythema and desquamation. Residual lesions were then treated with once daily application of imiquimod 3.75% cream for two consecutive weeks, followed by two-week suspension and, subsequently, two additional weeks of application. After one month the patient showed a clinical remission of about 80% of the lesions compared to baseline.

KEY MESSAGE: Combination of red light MAL-PDT followed by imiquimod 3.75% cream has been shown to be a good therapeutic choice in treatment of DSAP.



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