



DermWorld

meeting news

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Saturday • March 28, 2026

A Publication of the American Academy of Dermatology | Association

Measles is back?

Session will break down what dermatologists need to know to prevent and diagnose the infectious disease.

NEW
F096 – Measles: Will You Know It When You See It?
3:30-5:30 p.m.
Monday, March 30
Room 301



Kathryn Schwarzenberger, MD, FAAD

According to Kathryn Schwarzenberger, MD, FAAD, measles was eradicated from the United States in 2000 after a successful public health campaign in which enough of the population was vaccinated to create herd immunity. That means anyone who has become a doctor in the last 26 years may not have witnessed the measles in person.

Unfortunately, in the last decade, the pendulum has started to swing toward a rise in cases, said Dr. Schwarzenberger, who is professor of dermatology at Oregon Health and Science University in Portland. The biggest triggers of this are an increase in vaccine hesitancy/avoidance and the COVID-19 pandemic, which hindered care for children — some of whom still haven't caught up.

Measles cases have increased gradually to the point of troubling outbreaks in parts of the country, said Dr. Schwarzenberger.

"If this trend continues, even if you have never seen measles before, you may see it in the near future. It is important that we put this disease 'back on our radar' and be prepared to diagnose and manage it when (not if) we see it," she said.

Dr. Schwarzenberger will lead Monday's session, **F096 – Measles: Will You Know It When You See It?** She will examine the epidemiology of the highly infectious viral disease, review key clinical manifestations, and present practical approaches to diagnosing, treating, and preventing measles.

"If you are able to attend my forum, I will try to make learning about the measles an entertaining and enlightening (although perhaps not encouraging) experience!" she said.

The first step to recognizing measles is to know what characteristics patients commonly exhibit so you can confirm accurate diagnoses. Because measles is so contagious, it is important to identify and treat early to prevent others from getting sick. Dr. Schwarzenberger said a community requires 95% of its population to be vaccinated to maintain ample protection against the virus.

Second, it's up to dermatologists and other physicians to educate patients on the importance of vaccination in preventing communicable diseases that can be feasibly eliminated. In addition, she said people may not understand that measles isn't necessarily a simple illness to fight.

"It can be difficult to talk about a disease we ourselves may have never seen, but we must be able to tell our patients that measles is not always benign. Measles has many potential complications, and even with the best of care, two or three out of every 1,000 infected persons will die from complications of the disease," said Dr. Schwarzenberger.

While adverse effects from a vaccine are always possible, the chance of a severe reaction compared to the actual illness are significantly lower, Dr. Schwarzenberger said.

"Many of our patients — and their parents — have unfounded fears about vaccination," she said. "It is important that we listen to them and, as much as possible, help educate them in a nonjudgmental fashion about the realities of measles and other preventable infectious diseases. We may not always succeed, but it helps to know the facts when trying to answer questions and address potential misinformation." ●

Anyone who has become a doctor in the last 26 years may not have witnessed the measles in person.



AAD measles resource center provides latest information

With measles cases in the U.S. continuing to rise, it's important for dermatologists to have the most up-to-date information to properly care for patients. The AAD's measles resource center provides tools to help recognize measles, clinical and vaccine information, and more.

aad.org/measles



New horizons

Attendees at Thursday's **Career Insights & Employment Fair** developed valuable connections and explored job opportunities with employers across the country. Continue to connect with AAD throughout the Annual Meeting to navigate the diverse paths within dermatology.



Visit **Meeting News Central** for event highlights and exclusive session coverage.



Check your inbox for **DermWorld Meeting News** and **Morning Agendas** to get daily updates on programming and more!

Inside

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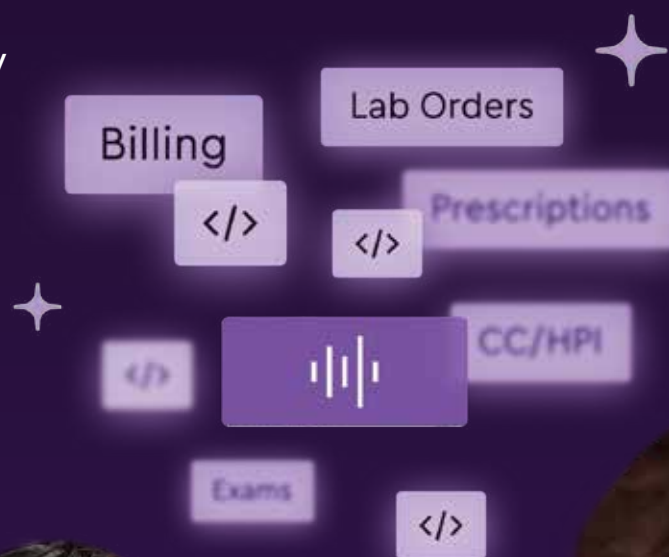
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Madeleine Prieto, PA-C, TruDerm PA



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Who will be the future leaders of the Academy?

The Nominating Committee voted to present the following slate of candidates (listed in random order) for the 2026 Academy election of Officers, Directors, and Nominating Committee Member Representatives.

Visit the AAD Election Connection at aad.org/election to learn about the candidates, interact with them on top issues via the online Ask the Candidates forum, or view the election ballot book.

Nominating Committee Member Representatives (West Region)



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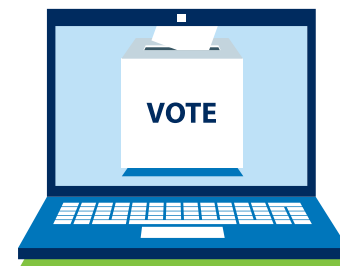
Alexandra Flamm, MD, FAAD



Lara Wine Lee, MD, PhD, FAAD



Sarah C. Jackson, MD, FAAD



Voting opens today and goes through Tuesday, March 31.

New this year, the AAD election will occur concurrent with the Annual Meeting. Eligible voting members can easily vote using the personalized voting link in their email. Election results will be announced Wednesday, April 1.

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Scan QR code to view Dr. Ted Lain's New Clinical Study Results

*Data on file, Kenvue Brands LLC © Kenvue Brands LLC 2026.

Reference: Procedures tested include Fraxel laser system, percutaneous collagen induction therapy, and a superficial chemical peel.



HAPPENING TODAY

Breakthrough therapies, surgical innovations

Panelists dissect spectrum of medical, cosmetic, and surgical dermatology.



Seemal R. Desai, MD, FAAD



April W. Armstrong, MD, MPH, FAAD



Melanie Palm, MD, FAAD

JAK inhibitors continue to lead momentum

According to Dr. Desai, one area in the spotlight is the use of JAK inhibitors to treat alopecia areata, vitiligo, atopic dermatitis (AD), and more.

This treatment represents a major advance across inflammatory and immune-mediated conditions, he said.

“Within the JAK inhibitor class, both oral and topical agents have become important options for patients who have inadequate response, intolerance, or contraindications to traditional systemic therapies,” he said. “Recognizing when to escalate to newer therapies involves assessing disease severity, impact on quality of life, treatment fatigue, comorbidities, and patient preferences. In many cases, newer targeted agents allow for earlier intervention rather than reserving them strictly for refractory disease.”

Session panelist April W. Armstrong, MD, MPH, FAAD, a professor of dermatology at the University of California Los Angeles, will also speak to the benefits of JAK inhibitors. She said the strength of ruxolitinib cream provides rapid itch relief and anti-inflammatory control in mild-to-moderate AD and reinforces the value of targeted topical therapy.

“Roflumilast cream, a highly potent topical PDE-4 inhibitor, has shown meaningful anti-inflammatory activity with favorable tolerability, including in sensitive and intertriginous areas, and offers a steroid-sparing option for mild-to-moderate disease,” Dr. Armstrong said. “Tapinarof, an aryl hydrocarbon receptor agonist, modulates inflammatory pathways and

improves barrier function. Together, these agents reflect a shift toward nonsteroidal, mechanism-based topical therapies that address both inflammation and barrier dysfunction in AD.”

Overall, she said, patients are benefiting from “a steady move toward more precise immune modulation, better tolerability, and more individualized treatment decisions across both psoriasis and atopic dermatitis.”

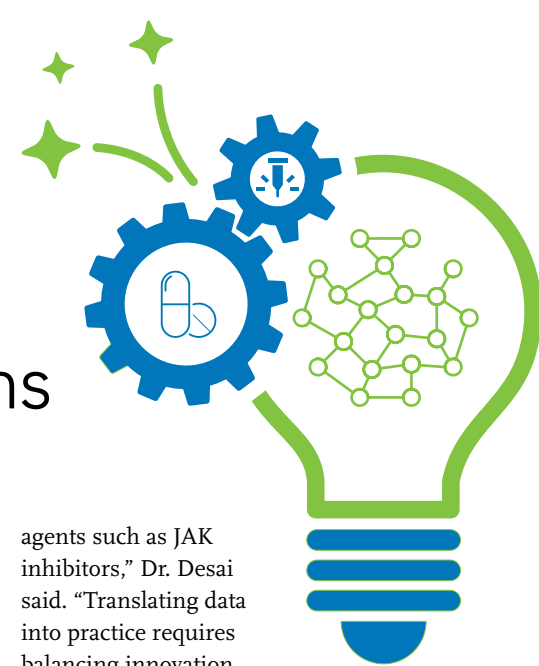
As for emerging oral treatment options, Dr. Armstrong said deucravacitinib continues to generate corroborated data as a selective TYK2 inhibitor for treating psoriasis — offering both meaningful long-term efficacy and safety.

“The next wave of oral agents is generating significant anticipation. Zascotinib and envudeucitinib, both selective TYK2 inhibitors, have phase 3 data that is expected to be unveiled at the AAD Annual Meeting. Icotrokinra, a first-in-class oral IL-23 receptor antagonist, is also drawing attention as it represents a novel mechanism that directly interferes with IL-23 signaling upstream in the Th17 pathway,” Dr. Armstrong said. “These newer oral agents could meaningfully expand our oral armamentarium for moderate-to-severe psoriasis and potentially shift how we position oral therapies relative to biologics.”

Emphasis on understanding and applying emerging research

New research continues to shape treatment options. Dr. Desai said he will use the session to describe an important framework for physicians to responsibly evaluate cutting-edge research. Key factors include:

- Understanding mechanisms of action
 - Assessing safety profiles and long-term data
 - Selecting the right patients for newer immunomodulatory therapies
 - Interpreting evolving trial designs and real-world evidence
- “Staying current with evolving trial designs, long-term extension studies, and post-marketing surveillance is critical, particularly with newer immunomodulatory



agents such as JAK inhibitors,” Dr. Desai said. “Translating data into practice requires balancing innovation with thoughtful risk-benefit assessment and discussing when these therapies would be considered on- or off-label.”

A laser-focused step forward

Melanie Palm, MD, FAAD, an assistant professor of dermatology at the University of California San Diego, will highlight research insights in both dermatologic surgery and energy-based devices. Among her talking points, she’ll dissect the findings of a recent paper published in the journal *Facial Plastic Surgery*, which provides consensus guidelines on the timing of lasers, injectables, and energy-based treatments in relation to facial surgery.

“This consensus paper of seven facial plastic surgeons and myself is an important guideline to discuss with patients undergoing nonsurgical aesthetic treatments in dermatology offices regarding planning and counseling for future surgical interventions,” she said.

A bold outlook

Dr. Desai emphasized the session will cover a lot of ground, but that it is designed to be highly practical and interactive, emphasizing real-world challenges clinicians face when incorporating new therapies.

“Our goal is to ensure attendees leave with actionable insights and a clear understanding of where therapeutic innovation is headed,” he said.

The session also includes speakers James Q. Del Rosso, DO, FAAD; Pearl E. Grimes, MD, FAAD; Joseph Merola, MD, MSc, FAAD; Darrell S. Rigel, MD, FAAD; Theodore Rosen, MD, FAAD; Jerry Shapiro, MD, FAAD; Linda F. Stein Gold, MD, FAAD; Elizabeth A. Swanson, MD, FAAD; Andrea Tesvich Murina, MD, FAAD; and Susan H. Weinkle, MD, FAAD. ●

S035 – Therapeutic Hotline

1-4 p.m. | Saturday, March 28
Bluebird 1B

Gear up for a comprehensive overview of the rapidly evolving world of dermatologic treatments that represent the latest medical, surgical, and cosmetic advancements. This afternoon’s session, **S035 – Therapeutic Hotline**, will explore novel therapeutic options for conditions such as psoriasis, acne, rosacea, melanoma, and dyspigmentation as well as rare diseases and complex hair disorders.

The in-depth symposium, which features a panel of physicians and two interactive Q&As, will focus on practical clinical decision making and real world application of emerging treatment paradigms. Session director Seemal R. Desai, MD, FAAD, an associate professor of dermatology at the University of Texas Southwestern Medical Center in Dallas and immediate past president of the AAD, said the session will give dermatologists a range of tools to improve patient outcomes.



“The therapeutic landscape in dermatology continues to expand rapidly, with targeted, mechanism-driven therapies reshaping how we manage both common and complex skin diseases.



These therapies allow us to more precisely modulate disease pathways, offering improved efficacy and faster onset of action for appropriately selected patients.”

– Seemal R. Desai, MD, FAAD

AAD selects 2026 Gold Medal recipient



Henry W. Lim, MD, FAAD
2026 Gold Medal Recipient

Dr. Lim accepted the esteemed award for the impact he’s made on the field of dermatology.

“I believe my greatest contribution to dermatology has been educating the next generation of dermatologists. My work has contributed to the enhancement and dissemination of photodermatology knowledge of all skin types.”

— Dr. Lim

During last night’s Opening Ceremony, Henry W. Lim, MD, FAAD, was honored as the 2026 Gold Medal recipient. Dr. Lim is senior vice president of academic affairs at Henry Ford Health in Detroit. Previously, he served as the C.S. Livingood chair and chairman of the department of dermatology.

Dr. Lim is a leading international expert on photodermatology and vitiligo, both in academia and clinical research. He established a robust clinical and laboratory research program at Henry Ford Health and advanced the understanding and treatment

of pigmentary conditions, especially in people with skin of color. Dr. Lim has published more than 700 articles and edited 11 textbooks with over 41,000 citations in Google Scholar. He has been cited by [expertscape.com](https://www.expertscape.com) as the world’s top-rated expert on sunscreen.

The Gold Medal is the AAD’s highest award and is presented on a very selective basis to acknowledge outstanding and exceptional service in the field of dermatology. Gold Medal recipients are selected by the president of the Academy and automatically become honorary members. ●

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A first look at the Plenary

Plenary

9:30 a.m.-noon
Sunday, March 28
Bellco Theatre

Tomorrow's Plenary session begins with the Annual Business Meeting and continues through the morning with an impressive lineup of dermatology experts and industry leaders. Four individuals will accept awards and give lectures on exciting clinical topics.

DermWorld Meeting News got a glimpse into each speaker's presentation.

Attendees will also hear from the outgoing and incoming AAD leaders, who will recognize accomplishments, review challenges, and look forward to the future.

John Kenney Jr., MD, Lifetime Achievement Award and Lectureship

"Running to the Pain: Dermatology Offers Hope and Results"



Iltefat H. Hamzavi, MD, FAAD, senior staff physician at Henry Ford Hospital in Detroit, associate professor at Wayne State University, and physician at Hamzavi Dermatology/Dermatology Specialists

"Our primary focus as physicians is to use our time and skills to solve problems only we can see — whether it is caring and researching diseases that are inadequately treated, improving access to care, or reducing the cost of care. These are not only worthy goals, but they are essential to maintain our profession's trust. It is a tremendous honor to accept this award; it inspires me to do what I can to advance our profession through service, education, research, and advocacy, just like Dr. Kenney did."

Lila and Murray Gruber Memorial Cancer Research Award and Lectureship

"How Science Is Delivering Less Toxic, More Effective Merkel Cell Carcinoma Management"



Paul Nghiem, MD, PhD, FAAD, professor and founding chair in the department of dermatology at University of Washington in Seattle, and the George F. Odland Endowed Chair in Dermatology

"I will describe how advances in immune biology, radiation oncology, molecular surveillance, and immunotherapy have transformed outcomes for patients with Merkel cell carcinoma. Dermatologists know more about this rare but aggressive skin cancer than any other specialty and can play a leading role in guiding patients through urgent, complex decisions. Receiving this honor reflects the collective efforts of many collaborators across disciplines and institutions and highlights the importance of translating scientific discovery into real-world benefits for patients."

Marion B. Sulzberger, MD, Research Award and Lectureship

"Anatomic Niches and Immune Convergence: Rethinking Skin Inflammation"



Johann E. Gudjonsson, MD, PhD, FAAD, the Arthur C. Curtis Professor of Skin Molecular Immunology at the University of Michigan, Ann Arbor, and director of the University of Michigan Skin Research Center

"Dermatology is entering a period where molecular profiling technologies are rapidly reshaping how we understand disease. As targeted and pathway-specific therapies expand, a framework based on tissue context and immune circuitry, rather than appearance alone, becomes increasingly important for selecting the right treatment for the right patient. Understanding anatomic niches and immune convergence therefore represents a necessary step toward precision dermatology and rational therapeutic decision-making. Receiving this award is deeply meaningful to me. Dr. Sulzberger helped establish the idea that careful scientific investigation should guide how we care for patients, and that principle has shaped my career."

Clarence S. Livingood, MD, Award and Lectureship

"Improving Rural Access to Care: Consider the Options"



Robert T. Brodell, MD, FAAD, tenured professor in the departments of dermatology and pathology at the University of Mississippi Medical Center

"My hope is to provide evidence demonstrating that access to dermatologic care is a problem in rural U.S. areas, which contributes to increased morbidity and mortality. I will discuss options for improving access and assess which approaches prove to be the most impactful, because now is the time to get involved. I believe Dr. Livingood would be proud of this topic in view of his humble rural upbringing, his decisions to go where he was most needed throughout his career, and his recognition that dermatologists must be devoted to each patient, their students, the science of dermatology, and the needs of the public."

Aesthetic exhibition

Yesterday, in **C005 – Live Demonstration: The State of the Art of Aesthetic Dermatology**, expert physicians from around the world shared tips, tricks, and updated techniques for cosmetic procedures. The interactive presentations included therapies such as facial rejuvenation, microneedling, and PDO thread lifts.

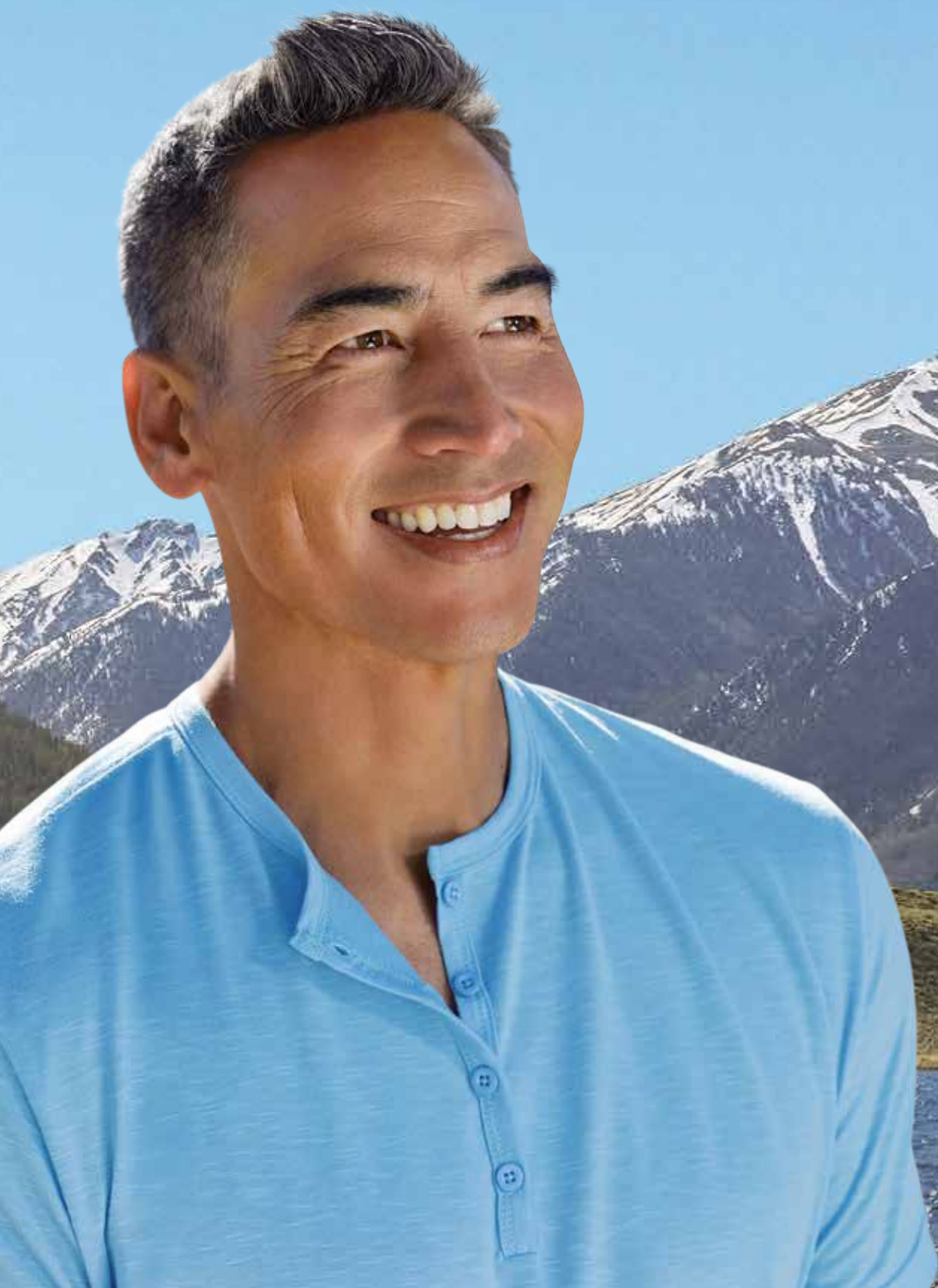
During the session, Harold J. Brody, MD, FAAD, and Kimberly J. Butterwick, MD, FAAD, explained the step-by-step process of preparing and performing a chemical peel on a Fitzpatrick type II patient. They also answered questions posed by session director Seth Matarasso, MD, FAAD, and audience members.

As a postoperative regimen, Dr. Brady said the patient should shower at room temperature, putting her face in and out of the water several times for two to three minutes. Then, she should apply a moisturizer or ointment with SPF and can use Aquaphor if experiencing any residual redness.




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Exhibitors and Exhibit Hall Map



Exhibit Hall hours:

10 a.m.-5 p.m. | Saturday, March 27-28
 10 a.m.-3 p.m. | Sunday, March 29

Data current as of Feb. 23, 2026.
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Small surface exposure poses big issues

How to diagnose and manage difficult-to-treat skin conditions on hands and feet.

F074 – Challenging Skin Disorders of Hands and Feet
9-11 a.m. | Monday, March 30
Mile High 1D

Dermatologic disorders of the hands and feet create the perfect storm of biologic and practical treatment obstacles for patients and dermatologists alike. The diagnostic and therapeutic challenges represent just 4% of the body’s surface area yet have a significant impact on a patient’s quality of life, said Mark Lebowhl, MD, FAAD, professor of dermatology and chairman emeritus at the Icahn School of Medicine at Mount Sinai in New York.

Dr. Lebowhl is among a panel of dermatologists who will sift through the trials and available treatments during Monday’s session, **F074 – Challenging Skin Disorders of Hands and Feet**.

The session will include a broader discussion of the clinical presentation and management of conditions, such as psoriasis, palmoplantar pustulosis, vitiligo, chronic hand eczema, recurrent actinic keratoses, and periungual warts, shedding new insight into the etiopathogenesis and therapies of each.

“Think about every time you go to shake someone’s hand, or [there’s] somebody working in a deli, and customers look at their hands; they don’t want [them] touching their food. Think about every time you button your shirt, and you get the ooze of eczema or cracking and bleeding from psoriasis or the pus of pustular psoriasis on your shirt. It has a disproportionate impact on your quality of life, not to mention the pain associated with it,” Dr. Lebowhl said.

Tough to crack

According to Dr. Lebowhl, the stubborn nature of such highly visible conditions in high impact areas — including painful manifestations like fissures, blisters, pustules, and erosions — commonly limits even basic tasks such as walking or working.

One of the reasons these disorders remain difficult to diagnose and treat, he said, is because of physical features, such as a thickened stratum corneum on palms and soles. This significantly reduces the penetration of topical medications and is one reason why therapies are slower or

less effective.

There are other reasons too, said session presenter Iltefat H. Hamzavi, MD, FAAD, a dermatologist with Henry Ford Hospital and Hamzavi Dermatology/Specialists in Detroit. This includes limited ability to regenerate pigment, especially in vitiligo affecting the fingertips, which stems from the scarcity of hair follicles that normally supply melanocytes.

“Another consideration is that many experts feel that periungual vitiligo puts you at much higher risk of developing facial vitiligo. And those are the two regional variations that have the greatest psychosocial impact,” Dr. Hamzavi said. “Managing one may help prevent it from occurring in the other location, but more evidence is needed.”

The current treatment landscape

In addition to vitiligo, other difficult-to-treat hand and foot dermatoses include hand eczema, psoriasis (more specifically, palmoplantar pustular psoriasis [PPPP]), and bullous pemphigoid, said Thierry Passeron, MD, PhD, professor and chair of dermatology at University Hospital of Nice in France. Fortunately, he said there are new treatments in development for many of these dermatoses.

“Some are already approved, such as for hand eczema. There are others with promising preliminary results and ongoing confirmatory trials, such as for palmoplantar pustular psoriasis,” Dr. Passeron said. “Unfortunately, in some diseases, such as vitiligo, hands and feet remain the most challenging areas, and further research is warranted to provide better care for those patients.”

Several ongoing phase 2 and 3 trials, including systemic and topical JAK inhibitors and anti IL-17A/F therapies for PPPP, are currently confirming early successes, Dr. Passeron said.

For hand eczema, Dr. Passeron said researchers have seen positive results with systemic drugs. More recently, a topical JAK inhibitor that demonstrated positive results is now FDA-approved for chronic hand eczema, he said.

“This is exciting and very encouraging for patients. Unfortunately, even with



Mark Lebowhl, MD, FAAD



Iltefat H. Hamzavi, MD, FAAD



Thierry Passeron, MD, PhD

these new approaches, repigmentation of vitiligo on hands and feet (especially on the digits) remains very difficult,” Dr. Passeron said. “Periungual warts also remain very challenging to treat. For those disorders, new treatments are clearly needed.”

In addressing treatment for hand and foot vitiligo, Dr. Hamzavi emphasized the importance of early detection, aggressive management, and vigilance for periungual involvement. He has seen success with a combination of systemic immunosuppression, phototherapy two to three times a week, topical immunomodulators such as ruxolitinib or tacrolimus, and topical steroids.

An obscure outlook

Dr. Lebowhl said there’s a dramatic lag in treatments for hand psoriasis compared to body psoriasis and noted that some clinical trials show palms and soles taking years to respond to the same medications that improve trunk and limb disease within months.

Another concern, he said, is diagnostic uncertainty when skin disease is limited to the palms and soles. Dr. Lebowhl pointed to emerging molecular profiling tools that may help clinicians distinguish psoriasis from eczema, pustular variants, and other inflammatory disorders — potentially reducing misdiagnosis and guiding better therapy selection.

Although Dr. Lebowhl is hopeful about the future of managing hand and foot dermatoses, he also offers cautious optimism.

“There’s room for improvement,” he said. “Although major gaps remain, the expanding range of therapies and improved diagnostic tools offer hope that treatment for hand and foot disease will continue to advance.”

Monday’s panel will also include speakers Kendall Billick, MD, FAAD; Robert Bissonnette, MSc, MD, FAAD; Emma Guttman, MD, PhD, FAAD; Bruce Elliot Strober, MD, PhD, FAAD; and Rolf-Markus Szeimies, MD, PhD, IFAAD. ●



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Canine cuddles

Attendees are enjoying the play and pet session at the Canine Cuddle Zone, sponsored by CareCredit. The four-legged friends will be here again today and tomorrow from 11 a.m.-2 p.m. in the Exhibit Hall, Booth 1161.



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Did you hear the great news? The @AADmember Instagram account will be hosting daily giveaways all weekend long!

From Friday to Monday, the AAD will post a new question each morning that attendees can comment on to be entered to win various prizes. Each comment for each post will be an automatic entry into a random drawing. On **Tuesday, March 31**, one lucky winner will be selected from each post and will be notified on the AAD member Instagram page.

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An integrative approach to common dermatologic conditions

Nonconventional therapies combined with traditional treatments can enhance patient outcomes.

F100 – Integrative Therapies in Dermatology: What Can You Trust and Recommend?
3:30-5:30 p.m. | Monday, March 30
Bluebird 2D

Naturopathic therapies have been around for centuries, and when combined with more modern techniques, integrative dermatology can be a powerful tool in the treatment of many dermatologic conditions. But how can you know what to trust — what works and what doesn't?

Monday's session, **F100 – Integrative Therapies in Dermatology: What Can You Trust and Recommend?**, will answer some of those questions with a scientific look at integrative dermatology as a discipline, how it complements conventional care, and where it fits within contemporary, evidence-based practice.

"We want to focus on the scientific basis behind integrative therapies," said session co-director Sonal Choudhary, MD, FAAD, an assistant professor in dermatology at the University of Pittsburgh. "While not all approaches have the same depth of evidence, we want to emphasize where data exist, where evidence is emerging, and how to critically evaluate integrative modalities using the same standards

"When we can answer patients' questions about treatment options outside of the conventional toolbox, it really goes a long way toward building trust and confidence."

– Apple Bodemer, MD, FAAD



Sonal Choudhary, MD, FAAD



Lawrence Chukwudi Nwabudike, MBBS, MD, PhD, FRCP, IFAAD



Peter Lio, MD, FAAD



Apple Bodemer, MD, FAAD

dermatologists apply to conventional treatments."

"It is increasingly important for dermatologists to be familiar with integrative therapies because patients are already using them," added session co-director Lawrence Chukwudi Nwabudike, MBBS, MD, PhD, FRCP, IFAAD, senior dermatologist at the Nicolae Paulescu National Institute of Diabetes in Bucharest, Romania. "Understanding the evidence, potential benefits, limitations, and safety concerns allows dermatologists to guide patients more effectively, have more informed conversations, and integrate these approaches responsibly when appropriate."

When to use

Session presenter Peter Lio, MD, FAAD, founder of the Chicago Integrative Eczema Center, said itch and eczema are conditions that can benefit from an integrative approach to treatment. Unconventional treatments, like topical vitamin B12 cream, have been supported by compelling research in recent years.

"Topical vitamin B12 has had two well-run, randomized, vehicle-controlled trials," Dr. Lio said. "Other treatments [such as coconut oil] have less rigorous evidence, perhaps, but all of them have at least some clinical evidence to consider."

Dr. Lio echoed

Dr. Nwabudike's sentiment that patients are already using some of these therapies, adding that it is important for dermatologists to educate themselves so they can offer patients direction on proper use.

"Dermatologists who understand these approaches are better positioned to counsel patients accurately, address misconceptions, reduce harm, and integrate safe, evidence-based strategies into comprehensive treatment plans," he said. "I truly view it as another way to meet patients where they are."

Hair loss is one of the most common conditions dermatologists see in their day-to-day practice, but there are some unexpected approaches available. Session presenter Apple Bodemer, MD, FAAD, said pumpkin seed oil can be an effective supplement for treating androgenetic alopecia, or even telogen effluvium.

"Pumpkin seed oil is one of several botanical 5-alpha reductase inhibitors, and there are data supporting its use in genetic patterned hair loss," said Dr. Bodemer, who is clinical associate professor in the department of dermatology at the University of Wisconsin School of Medicine and Public Health. "It is safe, effective, inexpensive, and can easily be included as part of a hair loss treatment plan."

Because telogen effluvium is associated with stress — both physiological and psychological — Dr. Bodemer said stress relief tools like breathing exercises can be useful in managing the condition.

"Breathwork is a very simple stress management tool that can easily be taught to patients in the clinical setting, and data support its ability to decrease not only cortisol but some of the physiological manifestations of stress, including heart rate and blood pressure," she said.

Whatever the treatment, Dr. Bodemer said it is important for dermatologists to be knowledgeable about integrative therapies because

their patients are demanding more options, and dermatologists are uniquely positioned to take on a leadership role in presenting information on those options accurately and safely.

"[Patients] are bombarded with advertisements and influencers who claim to be experts, peppering them with information day in and day out," she said. "There is a lot of misinformation out there, and patients look to us to help them understand what is real and what is marketing disguised as 'expert opinion.' When we can answer patients' questions about treatment options outside of the conventional toolbox, it really goes a long way toward building trust and confidence."

Dr. Lio said that it is critical for dermatologists to take a pragmatic approach to blending new and conventional treatments.

"[Dermatologists have to know] how to evaluate integrative therapies critically, communicate clearly with patients, and apply these tools in a way that complements modern systemic and topical treatments rather than competing with them," Dr. Lio said. "I truly believe in this integrative approach, bringing the best of both conventional and unconventional medicine together in a coordinated way."

"The goal is not to replace conventional dermatology," added Dr. Choudhary, "but to expand the physician's toolkit in a thoughtful, safe, and patient-centered way." ●

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