

qualitative assessment of the lobule content showed the presence of the millefeuille pattern in 29 (93,5%) nBCC, the presence of the lobular-granular pattern in 12 (100%) SHs and the presence of the wave-like pattern in 7 (100%) dermal/compound nevi. In the 2 nBCCs not displaying the millefeuille pattern the roof of the lobules was > 400µm deep from the skin surface, but other criteria useful for BCC diagnosis were present (data not shown).

Conclusions: Upon LC-OCT, nBCC shows well-delimited dermal lobules, non-connected with hair follicles and characterized by a laminated, cellular structure prevalently parallel to the epidermis (we named this criterion millefeuille pattern, as it resembles the eponymous French delicacy). On the other hand, SH is identified by the presence of well-defined roundish or polycyclic lobular formations connected to a hair follicle in the dermis, containing hypo/hyperreflective granular structures corresponding to sebocytes (we named this criterion lobular-granular pattern). Finally, dermal/compound nevi are characterized by ill-defined dermal lobular structures showing alternating undulated hyper/hypo-reflective lines of variable size corresponding to melanocytic strands/cords/nests in the dermis (we named this criterion wave-like pattern).

These newly described LC-OCT criteria seem extremely useful in differentiating common nodular lesions upon LC-OCT. Larger studies are warranted to corroborate this hypothesis.

LOWER LIMB ULCERS: MISTAKEN DIAGNOSIS ON RETURN FROM A ROUND-THE-WORLD TRIP

M. Mairlot (Clin. Univ. Saint-Luc, UCL)

Cutaneous leishmaniasis (CL) is a parasitic disease transmitted by sand fly bite. The incidence of CL has been increasing, especially in non-endemic countries. In Europe, CL is frequently unrecognized. We report the case of a 31-year-old man who presented with a 1,5-year history of painful and enlarging ulcerative lesions on the left leg which had appeared after he had travelled around the world, including to the Amazon. Clinical examination revealed numerous deep ulcerations of the legs with a purple border and a sporotrichoid disposition. The lesions were first mistaken as pyoderma gangrenosum, and the patient was treated with ciclosporine and topical tacrolimus, with pejorative evolution. Finally, the diagnosis was made after RT-PCR analysis on a punch biopsy specimen was positive for *Leishmania braziliensis*. The patient was treated with meglumine antimoniate (Glucontime®) 20mg/kg/day in a single intramuscular daily dose for 28 days, with a rapidly positive evolution.

CL is a parasitic disease with highly variable clinical presentations and non-specific histology (4). Physicians should consider CL in patients with chronic, non-healing skin lesions and a travel history to endemic areas, even months or years previously. RT-PCR on skin biopsies is the most sensitive diagnostic test available for CL and allows species-specific diagnosis, which may influence treatment options.

A FORGOTTEN ALTERNATIVE IN HAIR LOSS

S. Azirar (Dr. Hugo Boonen Huidziekten, Geel)

Nowadays, hair implantation with polyamide BioFibre hair is a widely used and well-known technique for a frequently asked question at the dermatologist's practice by patients with hair loss.

The synthetic hairs, which are biocompatible, are implanted on the scalp and attached in the subgaleal space where it is secured by a fibrotic process in the hypodermis.

Indications are androgenetic alopecia, hair thinning, burns and scars (Satolli et al., 2019). Exclusion criteria are diabetes mellitus, hepatitis, HIV, auto-immune diseases, atopic dermatitis, lupus, seborrheic dermatitis and other active skin diseases because of a lower successful rate to be expected.

Advantages are the use of local anaesthesia, no need for hospitalization, no scarring and a rapid recovery with immediately visible results for the patient. Besides, it can be integrated with other forms of hair transplantation. Less than 10% of the fibers are lost per year (Serdev et al., 2015).

There are 4 forms of hair structure that can be implanted (straight, wavy, curly or afro), 13 different colours and multiple lengths do exist (15, 30 or 45cm), this in contrast to transplantational options.

The hairs have to be treated life-long with specific shampoos and disinfection sprays to contain the best possible result. To prevent early infection, patients are administered antibiotics after the implantation. Because of the use of non-human fibers, there is always a risk of rejection by the body. That's why a test-set of 100 fibers are implanted to evaluate this post-implantation tolerability. After 4-8 weeks a check is performed to determine the tolerance and to proceed to a definitive implantation with more fibers.

Side effects are rare and mostly consist of inflammation or infection, but this is mostly caused by inadequate hygiene measures. A study in 133 patients by Serdev et al. showed mild infection in 5,9% of the patients and inflammation in 3,8% of the patients. It is easily resolved within 15 days by topical corticosteroids or antibiotics, often without the need for systemic therapy. If necessary at some point, the fibers can be removed without scarification.

BioFibre aftercare consists of regular follow-up to check the scalp hygiene and prevent these complications.

Obviously, the fibers do not grow along with the hair, so the hairstyle cannot be changed freely over time. Unfortunately, heating or bleaching procedures of the hair has to be avoided. Yearly touch-up of implantation is necessary to maintain the aesthetic result.

THERAPEUTIC DRUG MONITORING: THE WAY TOWARDS INDIVIDUALIZED DOSING OF SECUKINUMAB IN CHRONIC PLAQUE PSORIASIS

R. Soenen (UZ Gent, UGent)

With the introduction of newer biologics in the treatment of psoriasis, achieving optimal response has become a realistic goal. However, real life clinical