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News



Chronicles of A.I. Pospelov Moscow Society of Dermatovenerologists and Cosmetologists (MSDC was founded on October 4, 1891)

Bulletin of the MSDC № 1159

Alexey B. Yakovlev¹, Ivan S. Maximov², Eugenia V. Petukhova²

¹ Central State Medical Academy of Department of Presidential Affairs, Moscow, Russia;

² I.M. Sechenov First Moscow State Medical University (Sechenov University), Moscow, Russia

ABSTRACT

On October 15, 2024, the regular, 1159th meeting of the Moscow Society of Dermatovenerologists and Cosmetologists named after A.I. Pospelov was held.

The meeting was held in person, in which 110 people took part. 67 applications were submitted for membership in the MODV, 61 of which were from residents and employees of the V.A. Rakhmanov Clinic of Skin and Venereal Diseases.

The clinical part of the meeting presented two reports, the topics of which concerned skin sarcoidosis (clinical cases) and successful therapy of suppurative hidradenitis with secukinumab. The topics of the reports of the scientific part of the meeting were devoted to the expanded capabilities of broadband IPL light in dermatology, the evolution of views on comedogenesis in acne, as well as the real results of psoriasis therapy with netakimab. Suppurative hidradenitis is a chronic autoinflammatory skin disease, in the development of which a hereditary predisposition plays a leading role. Treatment depends on the severity of the process - from local therapy at the initial stage of the disease to the prescription of systemic antibiotics, drugs of genetic engineering biological therapy for moderate severity and surgical removal of the affected area with subsequent plastic surgery in severe cases. The topic of suppurative hidradenitis was also touched upon in the scientific part of the meeting - when discussing broadband IPL light, in particular, the effectiveness of its use in localizing the process in the armpit and groin areas. Other topics of scientific reports covered not only the problems of comedogenesis in acne, but also expanded the understanding of the role of drugs of genetic engineering biological therapy.

Keywords: MSDC; chronicle; history.

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Новости

Хроника Московского общества дерматовенерологов и косметологов имени А.И. Пospelова (МОДВ основано 4 октября 1891 г.)

Бюллетень заседания МОДВ № 1159

А.Б. Яковлев¹, И.С. Максимов², Е.В. Петухова²¹ Центральная государственная медицинская академия Управления делами Президента Российской Федерации, Москва, Россия;² Первый Московский государственный медицинский университет имени И.М. Сеченова (Сеченовский Университет), Москва, Россия

АННОТАЦИЯ

15 октября 2024 года состоялось очередное, 1159-е заседание Московского общества дерматовенерологов и косметологов имени А.И. Пospelова.

Заседание прошло в очном формате, в котором приняло участие 110 человек. На вступление в члены МОДВ было подано 67 заявок, из них 61 — от ординаторов и сотрудников Клиники кожных и венерических болезней имени В.А. Рахманова.

В клинической части заседания представлены два сообщения, темы которых касались саркоидоза кожи (клинические случаи) и успешной терапии гнойного гидраденита секукинумабом. Темы докладов научной части заседания были посвящены расширенным возможностям широкополосного света IPL в дерматологии, эволюции взглядов на комедоногенез при акне, а также реальным результатам терапии псориаза натакимабом.

Гнойный гидраденит — хроническое аутовоспалительное заболевание кожи, в развитии которого ведущую роль играет наследственная предрасположенность. Лечение зависит от тяжести процесса — от местной терапии на начальной стадии заболевания до назначения системных антибиотиков, препаратов генно-инженерной биологической терапии при средней тяжести и хирургического удаления поражённой области с последующей пластикой при тяжёлом течении. Тема гнойного гидраденита была затронута и в научной части заседания — при обсуждении широкополосного света IPL, в частности об эффективности его применения при локализации процесса в подмышечной и паховой зонах. Другие темы научных докладов осветили не только проблемы комедоногенеза при акне, но и расширили представление о роли препаратов генно-инженерной биологической терапии.

Ключевые слова: МОДВ; хроника; история.

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EDITORIAL NOTE

On October 15, 2024, the 1159th regular meeting of the A.I. Pospelov Moscow Society of Dermatovenereologists and Cosmetologists (MSDC) was held.

A total of 67 applications were submitted for membership in the MSDC. The meeting was attended by 110 participants.

The Presidium of the Conference included: Professor O.Yu. Olisova, a Corresponding Member of the Russian Academy of Sciences; Professor E.S. Snarskaya; and A.B. Yakovlev, Cand. Sci. (Medicine), an Associate Professor of the Department of Dermatovenereology and Cosmetology, Central State Medical Academy of the Administrative Directorate of the President of the Russian Federation.

In the clinical part of the meeting, two reports were presented. The first was a case report on skin sarcoidosis (the State Research Center of Dermatovenereology and Cosmetology). The second was a case report on the successful treatment of hidradenitis suppurativa with secukinumab (the Sechenov First Moscow State Medical University, Sechenov University).

In the research part of the meeting, three reports were presented: one on the use of broadband intense pulsed light (IPL) in dermatology (Sechenov University); one on the evolution of views on comedogenesis in acne (Russian Biotechnological University Rosbiotech), and one on the

real-world results of psoriasis treatment with netakimab (Sechenov University).

SUCCESSFUL TREATMENT OF HIDRADENITIS SUPPURATIVA WITH SECUKINUMAB

In the clinical part of the meeting, a report on the successful treatment of hidradenitis suppurativa with secukinumab was presented by Professor O.Yu. Olisova, the head of the Rakhmanov Clinic of Skin and Sexually Transmitted Diseases, Corresponding Member of the Russian Academy of Sciences, clinic specialist E.V. Alferova (presenter), Professor N.P. Teplyuk, and Associate Professor O.V. Grabovskaya.

Hidradenitis suppurativa is a chronic inflammatory skin disease that typically manifests after puberty. It is characterized by recurrent painful nodules, abscesses, fistulas, and scars. These lesions tend to appear in areas of the skin that are rich in apocrine sweat glands, such as the armpits, groin, and anogenital regions. The global prevalence of hidradenitis varies by region, ranging from 0.1% in the United States, Japan, and Australia to 1%–4% in Europe.

Hereditary predisposition, caused by the presence of abnormal genes, plays a leading role in the pathogenesis of hidradenitis suppurativa. Hidradenitis suppurativa is



The meeting of MSDC N 1159 is held in the conference hall of the V.A. Rakhmanov Clinic of Skin and Venereal Diseases (Sechenov University).



O.Yu. Olisova, Professor, Corresponding Member of the Russian Academy of Sciences, Head of the Department of V.A. Rakhmanov Skin and Venereal Diseases (Sechenov University) congratulates A.B. Yakovlev, Associate Professor of the Department of Dermatovenereology and Cosmetology of FSBE Institution for CSMA Postgraduate Education, on his 65th birthday.

often associated with arthritis, spondylitis, pyoderma gangrenosum, severe acne, and psoriatic arthritis (PASH, PAPASH, and PsAPASH syndromes, which involve certain genes). Hidradenitis suppurativa is characterized by comorbidities, including metabolic syndrome, diabetes mellitus, spondyloarthritis, polycystic ovary syndrome, inflammatory bowel disease, Crohn disease, and mental disorders.

Clinically, hidradenitis suppurativa develops in stages: nodule, abscess, and fistula tract. A fistula tract can be either draining or non-draining.

Treatment depends on the disease severity. For example, local treatment is prescribed for early hidradenitis suppurativa (clindamycin, resorcinol, washing fistulas with antibiotic solutions, and intralesional corticosteroids). Moderate cases require a combination of systemic antibiotics, systemic corticosteroids, immunosuppressants, and retinoids. Genetically engineered biological agents are also used at this stage. In severe hidradenitis suppurativa, especially when one of the above syndromes is present, genetically engineered biologic therapy (adalimumab or secukinumab) is usually prescribed. According to the indications, which are almost always present in severe cases, the final stage involves surgical excision of the lesion, followed by plastic surgery.

The authors present two clinical cases of hidradenitis suppurativa. In both cases, the patients received clindamycin, rifampicin, and local antibiotics during the initial stages of

treatment. One patient was a 46-year-old with a history of Hirschsprung disease (colonic aganglionosis), a hereditary intestinal disease. Another patient had severe metabolic syndrome and grade 2 obesity.

In both cases, secukinumab resulted in process regression.

ADVANCED USE OF BROADBAND INTENSE PULSED LIGHT IN DERMATOLOGY

During the research part of the meeting, E.A. Morozova, Cand. Sc. (Medicine), an assistant professor in the Department of Skin and Sexually Transmitted Diseases at the Sechenov University, presented the first report on the use of IPL in dermatology.

IPL therapy uses intense pulsed light energy to treat skin conditions such as acne and rosacea, either alone or in combination with other treatments, as well as benign skin malformations. The indications for IPL are constantly expanding. For over 20 years, clinicians worldwide have used broadband IPL to improve aesthetic skin imperfections. In Russia, IPL was approved for the treatment of telangiectasias in 1995. IPL is currently used to improve freckles and other benign pigmentation, actinic keratosis and other benign skin lesions, to treat dysfunction of the sebaceous and meibomian glands, to remove body



Commentary by M.V. Ustinov, Head of the Dermatovenerology Department of the Central Polyclinic N°2 of the Ministry of Internal Affairs of Russia.

and limb hair, and to treat post-acne lesions. In rosacea, IPL inhibits the kallikrein-cathelicidin cascade and reduces matrix metalloproteinase activity. In hidradenitis suppurativa, IPL is particularly effective for lesions located

in the axillary and groin areas, possibly because of its anti-inflammatory effect and the destruction of hair follicles and sebaceous glands. The anti-inflammatory effects of IPL are used in combined therapies of cutaneous lupus



Report by I.V. Ilyina, Associate Professor of the Department of Skin and Venereal Diseases with a Course of Cosmetology (ROSBIOTECH).

erythematosus, chronic pigmented purpura (pigmented purpuric dermatosis), and necrobiosis lipoidica.

EVOLUTION OF THE VIEW ON COMEDOGENESIS IN ACNE: FROM THE PAST TO THE PRESENT

A report on the evolution of views on comedogenesis in acne was presented by Associate Professor I.V. Ilyina, Professor V.V. Gladko, and Professor S.A. Masyukova (Russian Biotechnological University Rosbiotech).

A comedo is a sebaceous plug formed at the opening of a hair follicle from a mixture of fat, dead skin cells, and environmental factors such as dust. Due to the oxidation of squalene, a component of the fat, the comedo appears black. Comedones are considered an early stage of acne.

In animals, acne is prevalent among hairless cats and short-haired dog breeds. Comedones may be caused by a decrease in hair synthesis by a pilosebaceous unit. Closed comedones are diagnosed in children at birth and well before puberty. They do not contain hair. A blackhead is a thread-like structure within the pilosebaceous follicle, which reproduces like a hair, but has a shorter life cycle. Comedones develop only in hair follicles that have completely no hair.

Coproporphyrin III, a photosensitizer, is supposed to be an additional factor to reduce excess hair during puberty. In addition, *Cutibacterium acnes* also produces porphyrins, and the yeast-like *Malassezia furfur* hydrolyzes sebum triglycerides into free fatty acids in the skin.

A comedo develops from the buildup of stagnant, lipid-saturated keratin masses in the follicle. Later, the bacterial microbiota begins to proliferate, overstraining the protective β -defensin mechanism. Pathophysiologically, this is manifested by the destruction of root sheaths by matrix metalloproteinases. Parallel reparation processes are triggered, but they are chaotic and accompany alteration processes.

Since the time of the Cro-Magnons, humans have evolved a biological removal of androgen-dependent hair. The excessive accumulation of coproporphyrins is an additional factor in this mechanism. In this context, closed and open comedones appear to be a physiological phenomenon! However, the evolutionary mechanism of biological epilation is extremely vulnerable to bacterial invasion and inflammation, so the distinction between physiological and pathological processes is very narrow.

ANALYSIS OF REAL-WORLD RESULTS OF PSORIASIS THERAPY WITH NETAKIMAB

A report on the real-world results of psoriasis treatment with netakimab was presented by D.V. Ignatyev, Head of the Department of the Rakhmanov Clinic of Skin and Sexually Transmitted Diseases.

Netakimab is a genetically engineered biologic drug. It is a recombinant humanized monoclonal antibody. At therapeutic concentrations, netakimab binds specifically



Discussion of the report by D.V. Ignatyev, Head of Inpatient Department of Skin and Venereal Diseases (Sechenov University).

to interleukin (IL)-17A, a proinflammatory cytokine that plays a key role in the pathogenesis of psoriasis. Until recently, genetically engineered biological drugs were almost exclusively used for the treatment of severe cases of psoriasis, erythroderma, and lesions covering at least 80% of the skin's surface. Now, however, these indications are expanding to include moderate rashes affecting specific areas or located in problematic sites that significantly reduce a patient's quality of life (for example, in facial skin lesions).

Psoriasis is more than just the skin disease; it can also affect the joints (arthritis), eyes (uveitis), heart (cardiovascular

disease), and nervous system (stroke). There are also reports on psoriasis-associated kidney damage.

Netakimab is prescribed to treat lesions on the face, scalp, palms, soles, and genitals.

Patients who have already received treatment with systemic corticosteroids, methotrexate, and cyclosporine A are the most common candidates for netakimab. These patients received treatment in accordance with the standard protocol: 120 mg subcutaneously in weeks 0, 1, and 2 (the initiation period), followed by one dose every four weeks. In most cases, complete skin clearing can be achieved within 1.5 months of starting genetic engineering biological therapy.