“Dermoscopy Excellence International Masterclass”

Roma, 27-29 agosto 2026

Sede: NH Collection Roma Centro (Via dei Gracchi, 324 - Roma RM)

PROVIDER: MEETER CONGRESSI SRL – ID 4583

N. ore formative: 21 **N. crediti:**
Partecipanti accreditati: 87
ID ECM EVENTO RES:
Obiettivi formativi: Linee guida – Protocolli – Procedure
Area Formativa: Medico-scientifica

Professioni alle quali si riferisce l’evento formativo:

- **MEDICO CHIRURGO**
  Dermatologia e Venereologia
  Oncologia
  Chirurgia Plastica e Ricostruttiva

RAZIONALE

Dermoscopy excellence an international Masterclass on Dermoscopy by Giuseppe Argenziano and Aimilios Lallas.

General description.
Dermoscopy Excellence is an international masterclass on dermoscopy. The masterclass offers an intensive and detailed teaching of dermoscopy with 2 primary aims: first, to provide the participants with all available theoretical knowledge on dermoscopic criteria and, second, to guide them on how to integrate this knowledge and profitably use dermoscopy in their daily practice.

Content
History and basic principles of dermoscopy
Dermatoscopes and how to use them-live demonstration.
Polarized and non-polarized dermoscopy
Basic structures
Global pattern and local features
Acquired nevi
Congenital nevi
Melanoma (superficial spreading)

Nodular melanoma
Lentigo maligna
Acral melanoma
Mucosal melanoma
Nail melanoma
Seborrheic keratosis
Solar lentigo
Angioma and angiokeratoma
Dermatofibroma
Follicular tumors
Sebaceous tumors
Sweat gland tumors
Basal cell carcinoma
Actinic keratosis and Bowen's disease
Invasive squamous cell carcinoma
Merkel cell carcinoma
Other rare malignant tumors
Principles of digital monitoring
Guide on using devices for digital dermoscopy
Managing patients with multiple nevi
Managing patients according to age
Managing patients according to phototype
Managing difficult scenarios
Dermoscopy for the management of skin tumors
Dermoscopy in infectious skin diseases
Dermoscopy in inflammatory skin diseases

Spending a significant part of our everyday work on teaching activities on dermoscopy, we are commonly faced with the increasing demand of colleagues for a structured, complete and fast dermoscopy training.

Since disseminating knowledge and experience on our beloved method represents for us a supreme task, we decided to offer this masterclass to all colleagues interested in deeply learning dermoscopy. We are committed to provide a personalized training, trying to ensure that all available and essential knowledge on dermoscopy will be delivered to each one of the participants. For this reason, the number of participants in each masterclass has to remain small.

Our principal aims always were to promote dermoscopy and to offer something valuable to our colleagues and, through them, to our patients. We hope and believe that Dermoscopy excellence adequately serves both aims

SCIENTIFIC PROGRAM - Excellence version 3.0

THURSDAY - August 27th, 2026

08.30 Participants registration

09.00 Session 1

Decoding my mind - pigmented lesions – Aimilios Lallas
Decoding my mind - non pigmented lesions – Giuseppe Argenziano
Play with us - Aimilios & Geppi
10.45 Coffee Break

11.15 Session 2

What we learned in the last 2 years on melanoma diagnosis – Giuseppe Argenziano

What we learned in the last 2 years on NMSC diagnosis – Aimilios Lallas
Play with us - Geppi & Aimilios
13.00 Light Lunch

14.00 Session 3

Diving into the blue – Aimilios Lallas
Nevi I like the most – Giuseppe Argenziano
Play with us - Aimilios & Geppi

15.45 Coffee Break
16.15 Session 4

Age matters – Giuseppe Argenziano
Size matters – Aimilios Lallas
Kahoot 1 - Geppi & Aimilios

18.00 Conclusion

FRIDAY – August 28th, 2026

09.00 Session 5
Acral lesions – Giuseppe Argenziano
Nail lesions – Aimilios Lallas
Play with us - Geppi & Aimilios

10.45 Coffee Break

11.15 Session 6
Nodular melanoma – Aimilios Lallas
Rare skin tumors – Giuseppe Argenziano
Play with us - Aimilios & Geppi

13.00 Light Lunch

14.00 Session 7
Special nevi – Giuseppe Argenziano
Genital lesions – Aimilios Lallas
Play with us - Geppi & Aimilios
15.45 Coffee Break

16.15 Session 8
The gray zone – Giuseppe Argenziano
Me and my robot – Aimilios Lallas (monitoring)
Kahoot 2 - Geppi & Aimilios

18.00 Conclusion

SATURDAY – August 29th, 2026

09.00 Session 9
A clinical appraisal of skin cancer treatment guidelines – Aimilios Lallas
The WHO classification of melanocytic tumors seen by the clinician – Giuseppe Argenziano
Play with us - Aimilios & Geppi
10.45 Coffee Break
11.15 Session 10
No more tumors - Aimilios & Geppi
Play with us - Geppi & Aimilios

13.00 Light Lunch
14.00 Session 11
Our brand-new rules - Aimilios & Geppi
Kahoot 3 - Geppi & Aimilios

15.45 Coffee Break
16.00 Session 12
Cases cases and cases - Geppi & Aimilios

18.00 Conclusion – Final Ceremony

NB: Tutte le discussioni sono relative agli argomenti trattati nelle relazioni della sessione di cui fanno parte.

CASES

1) A pigmented macule on the arm of a lady of 43 years old with multiple nevi. What prevalent dermoscopic features can you see? Network is prevalent. Based on the relatively regular network, this is a melanocytic nevus. There are areas of hypopigmentation that should be differentiated from true regression because of the lack of white areas whiter than the surrounding skin and blue pepper-like granules corresponding to melanophages. Melanocytic nevi are benign. No treatment is necessary.
2) A pigmented macule on the flank of a child of 12 y.o. Globules are prevalent. This is a globular nevus. These commonly have brown globules distributed regularly within the lesion. Globular nevi are benign. No treatment is necessary.

3) Flat pigmented lesion on the lower leg of a young lady of 27 y.o. with multiple nevi. Network and regression are present. The latter is seen as blue-gray pepper-like granules. This is a melanocytic nevus. Especially in patients with multiple nevi, some of them may exhibit variable degrees of regression features. Melanocytic nevi are benign but this lesion shows clear-cut features of regression and should be excised, or at least closely monitored.

4) A hyperpigmented macule on the lower leg of a child of 10 y.o. What relevant dermoscopic features can you see? Streaks are relevant. This is a Reed nevus. These commonly have starburst pattern that is typified by regular pigmented streaks at the periphery. Reed nevi are benign but should be removed in adults due to the risk of missing a melanoma with starburst pattern. Review in 3 months is possible in young children, in which the risk of missing a melanoma with starburst pattern is very low.

5) A hypopigmented nodule on the buttock of a young woman of 23 y.o. Globules and dotted vessels are present. This is a Spitz nevus. These commonly have brown globules and dotted vessels intermingled with a characteristic reticular depigmentation (whitish lines and brown to red holes). Spitz nevi are benign but surgical excision is necessary to rule out spitzoid melanoma.

6) A young man of 32 y.o. with multiple moles. Most of these lesions are typified by network. Lesion H is the ugly duckling lesion in this patient. Surgical excision of lesion H is necessary, whereas review in 3 months can be performed for the rest of the lesions showing reticular pattern.

7) A pigmented macule on the shoulder of an elderly man of 67 y.o. with sundamaged skin. None of the melanocytic criteria are present. This is a pigmented basal cell carcinoma. Sometimes the differentiation between melanoma and basal cell carcinoma can be difficult. Due to the difficult differentiation with a melanoma surgical excision is necessary.

8) A large pigmented macule on the face of an elderly woman of 72 y.o. Brown pseudonetwork and comedo-like openings are present. This a solar lentigo evolving into a seborrheic keratosis. Solar lentigos are benign. No treatment is necessary.

9) A small pigmented macule on the face of an elderly woman of 69 y.o. Gray asymmetric pigmented follicles are present within a lesion with brown pseudonetwork. This is a melanoma in situ on sun-damaged skin (lentigo maligna). These commonly have gray color, gray pseudonetwork, asymmetric pigmented follicles and/or rhomboidal structures. Melanomas are malignant. Surgical excision is necessary.

10) A small pigmented macule on the lower leg of a 50 year-old woman. Network and globules are present. This is a melanoma in situ. These commonly have one or more of the features listed in the 7-point checklist, including atypical network and asymmetric globules. Melanomas are malignant. Surgical excision is necessary.

11) A small pigmented macule on the leg of a young woman. Network, streaks and blue-white color are present. This is a melanoma in situ. These commonly have one or more of the features listed in the 7-point checklist, including atypical network, irregular streaks and blue-white color. Melanomas are malignant. Surgical excision is necessary.

12) A hyperpigmented macule on the trunk of a young man of 26 y.o. Globules, streaks, and blue-white color are present. The differential diagnosis includes melanoma and Reed nevus. Surgical excision is necessary to rule out melanoma. Histopathologic examination revealed a Reed nevus.

13) A young woman of 29 y.o. with multiple moles. Some of these lesions are reticular and some are globular. Lesion E is the ugly duckling lesion in this patient. Surgical excision of lesion E is necessary, whereas review in 3 months can be performed for the rest of the lesions showing reticular or globular pattern.

14) A pigmented macule on the back of a young lady of 33 y.o. with sun-damaged skin. Globules and regression are present. This is an early invasive melanoma. These commonly have one or more of the features listed in the 7-point checklist, including asymmetric globules and regression features. Melanomas are malignant. Surgical excision is necessary.

15) A pigmented plaque on the foot of a young man of 34 y.o. Homogeneous bluewhite color is present. This is a blue nevus. These commonly have regular homogeneous blue to blue-white color in the absence of additional features. Blue nevi are benign. No treatment is necessary especially if the patient does not report a history of change.

16) A pigmented plaque on the abdomen of a man of. 46 y.o. with multiple moles. At least an atypical network and irregular blotches can be scored in this lesion. This is a melanoma. These commonly have one or more of the features listed in the 7-point checklist, including atypical network and irregular blotches. Melanomas are malignant. Surgical excision is necessary.

17) A small pigmented macule on the foot of a young lady of 17 y.o. with multiple nevi. Irregular parallel-furrow pattern is present. This is an acral nevus. Usually acral nevi show a parallel-furrow pattern and melanoma a parallel-ridge pattern. This parallel pattern is too irregular. Surgical excision is necessary to rule out melanoma.

18) A hyperpigmented macule on the back of a young lady of 22 y.o. with multiple nevi. Network is present together with a regular black blotch in the center. This is a black nevus. These commonly have regular network at the periphery and black blotches regularly shaped in the center. Black nevi are benign. No treatment is necessary.

19) A pigmented macule on the back of an elderly lady with multiple seborrheic keratoses. None of the melanocytic criteria are present. This is a seborrheic keratosis. Sometimes the differentiation between melanoma and seborrheic keratosis can be difficult. Due to the difficult differentiation with a melanoma
surgical excision or shave biopsy is necessary.

20) A pigmented nodule on the lower leg of an elderly man of 76 y.o. Blue-white veil is the most important feature. The main differential diagnosis includes a melanoma and a melanocytic nevus because of the slightly visible network at the periphery and the blue-white veil. There is too much pigment to fit with a dermatofibroma and too few milia and comedo-like openings to fit with a seborrheic keratosis. Surgical excision is necessary to rule out melanoma. Histopathologic examination
revealed an intradermal nevus.

Europass curriculum vitae

Informazioni personali

Cognome/i e nome/i	**Argenziano Giuseppe** Prof. Ordinario e Direttore Clinica Dermatologica Università della Campania L. Vanvitelli
Indirizzo/i	Via G. Fiorelli 5, 80121 Napoli
Telefono/i	+39 335 415 093
E-mail	g.argenziano@gmail.com
Nazionalità/e	italiana
Data di nascita	11 maggio 1966
Sesso	M

Esperienza professionale

2016 ad oggi
Professore Ordinario in Dermatologia (MED/35), Università della Campania L. Vanvitelli.

2015 ad oggi
Responsabile UOSD di Clinica Dermatologica, Università della Campania L. Vanvitelli, a regime di tempo pieno.

2013-2014
Incarico di Dirigente Medico c/o Infrastruttura Ricerca - Qualità - Statistica, Arcispedale Santa Maria Nuova IRCCS, Reggio Emilia (art. 15 octies, D.Lgs. n. 502/1992), con responsabilità di Coordinatore Centro Oncologico ad Alta Tecnologia Diagnostica.

2012-2016
Professore Associato in Dermatologia (MED/35) e Dirigente Medico, AUP Seconda Università di Napoli.

2011-2012
Incarico di Dirigente Medico c/o Struttura Complessa di Dermatologia, Arcispedale Santa Maria Nuova IRCCS, Reggio Emilia (art. 15 septies, D.Lgs. n. 502/1992), con responsabilità di Coordinatore Centro Oncologico ad Alta Tecnologia Diagnostica.

2009-2010
Consulente per Dipartimento di Dermatologia Oncologica, Istituto San Gallicano - IRCCS, Roma.

2001- 2011
Ricercatore Universitario e Dirigente Medico di I livello, AUP Seconda Università di Napoli.

Istruzione - formazione

2001
Dottore di Ricerca in Dermatologia Sperimentale
Università Federico II, Napoli
Tesi: "La dermoscopia nella diagnosi delle lesioni pigmentate della cute".

1996
Diploma Specializzazione in Dermatologia e Venereologia
Scuola di Specializzazione in Dermatologia e Venereologia, Facoltà di Medicina e Chirurgia, Università Federico II, Napoli.
Tesi: "Melanoma cutaneo: monitoraggio delle aree di rischio".

1992
Laurea in Medicina e Chirurgia, con lode, plauso della commissione e dignità di stampa.
I Facoltà di Medicina e Chirurgia, Università di Napoli.
Tesi sperimentale: "Il melanoma cutaneo e la diagnosi differenziale non invasiva delle lesioni pigmentate della cute con microscopio ad epiluminescenza".

Capacità e competenze personali

Madrelingua/e: **italiano**

Altra/e lingua/e

	Comprensione		Parlato		Scritto
Autovalutazione	Ascolto	Lettura	Interazione	Produzione orale	Produzione scritta
Livello europeo (*)					
Lingua Inglese	eccellente	eccellente	eccellente	eccellente	eccellente

(*) *Quadro comune europeo di riferimento per le lingue*

Capacità e competenze sociali: Ritengo che la mia professionalità, le mie capacità organizzative, di coordinamento e di apprendimento si siano sviluppate in modo soddisfacente durante gli anni trascorsi nell'ambiente della ricerca universitaria, che richiede continuo scambio tecnico, culturale e di conoscenze.

Capacità e competenze organizzative: sono una persona dinamica, socievole, con buone doti organizzative, in grado di coordinare gruppi di lavoro nazionali ed internazionali.

Capacità e competenze informatiche:

- Buona conoscenza dell'ambiente Windows e Mac OS X.
- Buona conoscenza di strumenti software quali Word, Excel, Power Point, Filemaker, Photoshop.
- Ottima conoscenza di Internet Explorer, Safari e Outlook express.

Capacità e competenze artistiche: Fotografo amatoriale e batterista rock

Patente/i: B

Codice Fiscale: RGN GPP 66E11 F839H

I dati personali saranno trattati in ottemperanza a quanto richiesto dal Dlgs 196/2003. Si attesta inoltre la consapevolezza del rispetto alle responsabilità connesse a dichiarazioni mendaci (DPR 445/2000 ar. 76).

Firma
Prof. Giuseppe Argenziano

Data
18/01/2021

Curriculum Vitae

Personal information

First name(s) / Surname(s)	**Aimilios Lallas**
Address(es)	Aigiou 3, 54643, Thessaloniki; Greece (permanent address in Greece) Vicolo Guasto 2, 42121, Reggio Emilia; Italy (temporary address in Italy)
Telephone(s)	+30 2310 277979 (Greece) Mobile: +30 6932368102 (Greece) or +39 3922666307 (Italy)
Fax(es)	+39 0697625822
E-mail	emlallas@gmail.com
Nationality	Greek
Date of birth	28 February 1980
Gender	male

Work experience

Dates	**15/10/2012 – up to date**
Occupation or position held	Consultant
Main activities and responsibilities	Research and Patients care Multidisciplinary skin cancer unit and research centre with main focus on new, non-invasive, diagnostic technologies and treatment in the field of oncology including dermoscopy, digital dermoscopic follow up, in vivo confocal microscopy and ex vivo confocal microscopy
Name and address of employer	Dermatology and Skin Cancer Unit; Arcispedale Santa Maria Nuova; IRCCS. Viale di Risorgimento 80. 42100 Reggio Emilia; Italy
Type of business or sector	Dermatology and Dermato-Oncology

Dates	**15/04/ 2009 – 15/10/2012**
Occupation or position held	Resident
Main activities and responsibilities	Specialization in Dermatology-Venereology
Name and address of employer	Hospital of Skin and Venereal Diseases. Delfon 124. 54643 Thessaloniki; Greece
Type of business or sector	General Dermatology

Education and training

Dates	**20/06/2012**
Title of qualification awarded	Board Certified Diploma in Dermatology and Venerology by the Greek Ministery of Health
Principal subjects/occupational skills covered	Specialization in Dermatology and Venereology
Name and type of organisation providing education and training	Hospital of Skin and Venereal Diseases. Delfon 124. 54643 Thessaloniki; Greece

Dates	**2005-2009**
Title of qualification awarded	PhD in Dermatology Venereology
Principal subjects/occupational skills covered	Research on chemoprevention of skin cancer
Name and type of organisation	Aristotle University of Thessaloniki, Medical School

providing education and training

Dates	**2006-2008**
Title of qualification awarded	MSc in medical research methodology
Principal subjects/occupational skills covered	Research methodology
Name and type of organisation providing education and training	Aristotle University of Thessaloniki, Medical School

Lisencesure and Certification

2012

Diploma of specialization in Dermatology-Venereology, Hospital of Skin and Venereal Diseases, Thessaloniki, Greece

2003

Full Medical License, Greece

Teaching experience

Dates	2008-2010
Title	Lecturer at the School of Health and Medical Care, Technological Educational Institute of Thessaloniki
Subject	General Dermatology
Dates	2006-2008
Title	Scientific co-operator at the School of Medicine, Aristotle University of Thessaloniki
Subject	Dermatopathology

Professional Societies

2009-present International Dermoscopy Society
2009-present Hellenic Society of Dermatology-Venereology
2009-present Hellenic Society of Evidence Based Medicine
2003-present Hellenic Medical Association

Personal skills and competences

Mother tongue(s) **Greek**

Other language(s) **English, Italian**

Self-assessment	Understanding				Speaking				Writing	
European level (*)	Listening		Reading		Spoken interaction		Spoken production			
English	B2	Independent user	C1	Proficient user	B2	Independent user	C1	Proficient user	C2	Proficient user
Italian	B1	Independent user	B1	Independent user	B2	Independent user	B2	Independent user	A2	Basic user

Social skills and competences

2011-up to date
Member of the board of the Medical association of Thessaloniki

Additional information

SCIENITIFIC PROFILE:

Main field of research:
Dermato-oncology including non-invasive diagnosis (dermoscopy, digital dermoscopic monitoring,

Titolo	Cognome	Nome	Laurea	Specializzazione	Incarico	Città
Prof.	Argenziano	Giuseppe	Medicina e Chirurgia	Dermatologia e Venereologia	Full Professor and Head of the Dermatology Unit at the University of Campania, Naples, Italy; Co-founder and former president of the International Dermoscopy Society; and Editor-in-Chief of Dermatology Practical and Conceptual Journal	Napoli
Prof.	Lallas	Aimilios	Medicina e Chirurgia	Dermatologia e Venereologia	President of the International Dermoscopy Society, is a Board-Certified Dermatologist-Venereologist at the First Department of Dermatology of Aristotle University in Thessaloniki, Greece	Salonicco (Grecia)