NEWSLETTER

DERM-CONNECT

INDIAN ASSOCIATION OF DERMATOLOGISTS,
VENEREOLOGISTS AND LEPROLOGISTS
(DELHI STATE BRANCH)

JULY-SEPTEMBER 2023 VOLUME 1 ISSUE 3

THEME:

The Rise of Subspecialties in Dermatology

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NEWSLETTER
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MESSAGE FROM PRESIDENT, IADVL-DSB - Dr. ROHIT BATRA

Dear Members of IADVL DSB

As we gather for another edition of our quarterly newsletter, I am filled with pride and gratitude for the collective efforts of our dermatology community. The Indian IADVL DSB continues to be a shining beacon of excellence and innovation in the field of dermatology.

We have adapted to new challenges, embraced teledermatology , and continued to provide top-notch care for our patients. The dedication of our members, from seasoned professionals to young enthusiasts, has been nothing short of inspiring.This newsletter serves as a platform for sharing knowledge, experiences, and the latest developments in our field. It's a testament to our commitment to lifelong learning and the betterment of patient care. I encourage each of you to actively participate, contribute, and connect with your peers through this medium.I extend my heartfelt thanks to our editor Dr. Chander Grover , volunteers, and the entire IADVL team for their unwavering support. Let us continue to rise and shine and excel in the field of dermatology and beyond. Wishing you all good health and success.

Happy Diwali!

Sincerely,
Dr. Rohit Batra
President, IADVL DSB 2

INVITING ARTICLES

Those who are interested in publishing their articles in the next issues of IADVL-DSB newsletter can mail them to: **dr_shikhaarora@yahoo.co.in , drrohitbatra@gmail.com**

MESSAGE FROM HONORARY SECRETARY, IADVL-DSB - Dr. SUMIT GUPTA

Dear esteemed members of IADVL Delhi State Branch,

I am delighted to address you all, as a caretaker of our distinguished association. Our city has a glorious history in the field of Dermatology and some of the very important dermatological advancements have been made by our forefathers. As we continue to make strides in this ever-evolving field, it is crucial to emphasize the importance of staying connected as a united community.

In the fast-paced world we inhabit, communication is key to fostering camaraderie and sharing knowledge. Our periodic newsletter serves as a vital lifeline that keeps us all connected. Through its pages, we exchange valuable insights, updates, and advances, nurturing a sense of belonging within our esteemed association.
Together, as a cohesive unit, we can achieve great accomplishments, especially in community dermatology endeavors. By supporting each other's professional growth and patient care efforts, we strengthen the very fabric of our association.

As we embrace the opportunities presented by the digital age, let us cherish the significance of our newsletter as a means to keep us united and informed. With collaboration, solidarity and your blessings, we shall continue to lead the way for our fraternity's interests, academic, practice management related or others.

With gratitude and excitement for the journey ahead,

Yours sincerely,
Dr. Sumit Gupta
Hony. Secretary, IADVL Delhi State Branch

EDITOR'S NOTE

The Delhi State Branch of IADVL is a very active branch, with a large member base and a vibrant calendar of activities. This year, under the leadership of Dr Rohit Batra and Dr Sumit Gupta, the branch has also initiated regular chronicling of its activities and achievements in the form of a quarterly newsletter. This publication activity helps reach out to each and every member of the association, keeping them abreast with the latest in the branch as well as in the Dermatology world. I am privileged to edit the third issue of our newsletter "Derm-Connect" and through it, connect with you all.

Dermatology has emerged as a preferred branch of medicine, chosen by the brightest in the field. Its own growth is phenomenal, fuelled by the growth of so many disciplines within it. It is no longer a subspecialty of Internal Medicine, but rather a super-specialised mother branch to many disciplines within itself. The theme of this issue is "The rise of sub-specialities in dermatology". A large number of articles in this issue are contributed by eminent Delhi State Branch members, who are stalwarts in their own right, in these subspecialties. They are doing pioneering work in their respective fields, and bringing laurels to our branch. We have the star panel of Dr Anil Ganjoo (lasers), Dr Vineet Relhan (onychology), Dr Soni Nanda (aesthetics), Dr Taru Garg (paediatric dermatology), Dr Vishal Gupta (dermoscopy), Dr Kavish Chauhan (trichology), Dr Surabhi Sinha (pigmentary disorders), Dr Kanika Sahni (procedural dermatology) and Dr Geeti Khullar (dermatopathology), sharing their views of the advances in these fields.

These subspecialties can rise further, only if future dermatologists are sensitised and trained in them. Hence, we at UCMS, carried out a survey among the postgraduate residents of Delhi Medical Colleges. This issue carries the result of this survey, conducted by Dr Bharti Aggarwal. It can be an eye-opener and provide us future directions towards nurturing these sciences well, under the umbrella of dermatology!
The issue carries the regular columns in the form of an interesting photo-quiz by Dr Saumya Swati. The crossword has been compiled on the theme of dermoscopy, by Dr Srishti Jain and will help you assess your knowledge and awareness in this field. Dr Amit Malhotra has contributed his skills to the "Through the lens" column.

This issue also brings you a detailed report on the activities conducted by Delhi State Branch during the third quarter of 2023- including the CME on pigmentary disorders- Melanin Matters, contributed by the Scientific Chairperson, Dr Rashmi Sarkar. This issue also showcases the events planned and coming up in the last quarter of the year.

To strengthen our parent organization, we request all Delhi State Members to register as E-voters. We also request all to join and strengthen our very own group insurance scheme, the DVL Welfare trust. We share information on these important schemes being run by IADVL.

I conclude by thanking our energetic and methodical coordinator for the newsletter activity, Dr Shikha Gupta. Her contributions to the success of this new venture are immense and her indefatigable attitude has helped it to grow to this level. As we enter the last quarter of 2023, we look forward to our Annual events and continuing interaction!

We hope you enjoy this issue and we welcome feedback on it. Happy Reading!

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Vice- President and Founder Secretary, Nail Society of India

PAEDIATRIC DERMATOLOGY: AVENUES FOR TRAINING

DR. TARU GARG, MD
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NEED AND SCOPE OF PAEDIATRIC DERMATOLOGY AS SUB-SPECIALITY

Skin disorders are common in children. Around 30% to 40% of paediatric outpatient visits are related to skin issues. Common skin disorders in children include eczemas, infections, and inflammatory dermatoses. Although most of these conditions are not life-threatening and can be easily managed, it's important for dermatologists to have the knowledge to accurately manage them.
Skin in children undergoes unique change as they grow. The spectrum of clinical disorders may be different in different age group within this subpopulation. For example, transient dermatoses may be seen in neonates, while the spectrum of skin disorders may differ in older children. Diaper dermatitis, seborrheic and atopic dermatitis, infections, naevi, haemangiomas, genodermatoses, etc. are commonly seen. Common dermatoses may have different clinical presentation in children. A specialized training in Paediatric Dermatology is essential to understand these differences and thereby to accurately diagnose and manage skin disorders in children.

Does management differ in children? Yes, it does. They are in the developmental phase with delicate skin and thereby require a tailored management approach. Dosages of medications may need to be adjusted based on a child's age and weight. Some medications used in adults might not be suitable for children due to potential side effects. Children's skin absorbs medications differently, thereby choice of topical treatments is different. Paediatric dermatologists need to carefully select treatments that are safe for a child's age. Skin disorders can have a significant psychological impact on children, affecting their self-esteem and social interactions. Management might involve addressing these emotional aspects as well. Parents play a crucial role in managing a child's dermatological condition. They need to be educated about proper skincare, medication use, and lifestyle modifications. Skin conditions might affect a child's growth and development and require constant monitoring. Good communication with both the child and the parent is mandatory for successful treatment. Explaining the condition, treatment rationale, and potential outcomes in an age-appropriate manner is the key for satisfactory result. Overall, specialized understanding of paediatric dermatology is required to ensure the best outcomes for the child's skin health and overall well-being.

PAEDIATRIC DERMATOLOGY TRAINING PATHWAYS

Dermatology Residency: Standard dermatology residency program, (MD/DNB/Diploma Dermatology) which includes a good exposure to Paediatric Dermatology cases, is the first step of learning. At places, residents from Paediatrics are posted for a few weeks in Dermatology to gain exposure, but that might not be enough to learn the vast spectrum of cases in this sub-speciality.
Paediatric Dermatology Fellowship/ Observership/ Certification courses: After Dermatology residency, one can join a fellowship/ observership focused solely on Paediatric Dermatology for specialized training. Certain instituitions have been recognized for fellowship by IADVL (Indian Association of Dermatology, Venereology and Leprology) as centres for this training, e.g. Christian Medical College, Vellore). Few universities/ colleges offer fellowship programme of 1 year duration after post-graduation. These include Rajiv Gandhi University of Health Sciences, Bangalore and Shri B. M. Patil Medical College, Hospital & Research Centre, Vijaypura. Post-Doctoral Certificate Course (PDCC) in Paediatric Dermatology (one-year duration) is also provided by JIPMER, Puducherry. Information about international fellowships is available at official websites of various Paediatric Dermatology societies across the world.
(https://www.kkh.com.sg/education-training/training-fellowships/Pages/dermatology.aspx, https://www.espd.info/training-program/online-courses)

Online Courses and Workshops: Asian Society of Paediatric Dermatology offers an Introductory Course, which is designed for family physicians, pediatricians and general Dermatologists. It aims at providing relevant knowledge and skills in diagnosing and managing common paediatric Dermatology conditions. This certificate course consists of series of lectures and live discussion sessions with the expert faculty. **(https://asianpedderm.com/events/)**. The American Academy of Dermatology also offers online course, which is accessible to members as well as non-members. One can check with devoted paediatric dermatology societies to gain information regarding various online and offline courses, organised from time to time **(eg. https://paediatric-dermatology.com/course-list/specialist-paediatric-dermatology-courses/)**

Conferences and CMEs: IADVL (SIG Paediatric Dermatology) organises various CME activities. Paediatric dermatology societies (Indian, international, European, Asian, USA etc.) organise regular conferences for training and skill enhancement in the field. Membership of these societies can aid regular enhancement of knowledge in this field.
Training in Paediatric Dermatology is crucial for healthcare professionals including dermatologists as it equips them with specialized knowledge and skills to manage skin disorders in children. Expertise is required in recognizing and managing various skin conditions unique to this age group. Proper training ensures safe and effective care, considering factors like growth, and psychological impact. It also enables professionals to address the concerns of both children and their parents in a more effective manner for ensuring best patient outcomes.

ONYCHOLOGY: AN EXPANDING SCIENCE

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Visiting Sr Consultant Apollo Hospital, New Delhi
Ex Professor MAMC

Onychology, is an expanding science that holds crucial insights into not only our dermatological health, but systemic conditions also. In various ancient civilizations, nails were considered indicators of the health and social status of an individual, and the focus was largely on their aesthetic appearance. Over time, with the advancement of medical knowledge, nails gained recognition as a valuable diagnostic tool and many therapeutic options came into existence.

Similar to the skin, the nail apparatus can be affected by a wide range of infectious and inflammatory disorders like onychomycosis, paronychia, whitlow, psoriasis, pemphigus, lichen planus, connective tissue disease etc. All these diseases present with characteristic nail changes, allowing us to reach a particular diagnosis. Severity of nail involvement can also help predict the prognosis in some diseases like pemphigus and psoriasis, which is of great clinical significance. Apart from this, nail signs like pitting, clubbing, splinter haemorrhages etc. can provide a window to the systemic health of an individual.

Despite advances in diagnostic modalities, the diagnosis of neoplastic lesions of the nail is frequently delayed or overlooked for days, months, or even years. Now as patients are becoming more aware and clinicians are becoming more vigilant about the spectrum of nail tumors and their impact on overall health of the patient, neoplastic lesions of the nail are also gaining more attention.

The advancement of technology has revolutionized onychology as well, opening new horizons for diagnosis and patient care. Techniques such as dermoscopy are enabling us to visualize the nail unit's microscopic details. Dermoscopic manifestations vary according to the characteristics of viral, bacterial, fungal, inflammatory, pigmented, traumatic nail diseases, nail tumors, and connective tissue diseases, and so on. Similarly, the utility of nail fold capillaroscopy is being increasingly recognised in various connective tissue disorders and inflammatory skin diseases. Especially in scleroderma, the findings of capillaroscopy correlate with the stage and activity of the disease, and internal organ involvement, which is again an excellent opportunity for us dermatologists to monitor the disease and treatment response, without depending on any painful or invasive investigation. Laser scanning confocal microscopy is emerging as a powerful tool to investigate nail disorders at a cellular level. This non-invasive technique permits real-time visualization of the nail bed, aiding in the diagnosis of conditions such as onychomycosis and nail psoriasis. Imaging techniques such as ultrasonography are being increasingly used to diagnose and monitor clinical features of

psoriasis and psoriatic arthritis. Findings usually include measures of thickness of the nail bed and the ventral and dorsal plates, as well as loss of definition, morphologic changes, and blood flow disturbances.

Nail biopsy, an invasive diagnostic technique includes but is not limited to nail bed, matrix, nail fold and plate. It helps to make diagnosis of many disorders of the nail apparatus. Few years ago, it was not done routinely. However, as dermatologists are becoming more familiar with this technique and the utility of the same, they are doing it routinely in their clinics.

Recently, newer therapies such as nanovesicles, nanoparticles, and nano-emulsions for onychomycosis, as well as biologicals for nail psoriasis have emerged. Recent studies have explored the genetic and proteomic basis of nail disorders. Investigating the molecular mechanisms underlying conditions like nail dystrophies and leukonychia may lead to targeted therapies and personalized treatment options. Artificial Intelligence-driven algorithms are being developed to analyze nail images and patterns, aiding in the automated diagnosis of nail conditions. These algorithms hold promise in enhancing diagnostic accuracy and efficiency.

Onychology is an emerging science, with a lot to offer. As we look at the future of onychology, exciting prospects await. Collaborations between dermatologists, geneticists and engineers are likely to yield breakthroughs in understanding nail disorders at a molecular level, revolutionizing patient care.

DERMOSCOPY: AN ESSENTIAL TOOL FOR DERMATOLOGISTS

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Dermoscopy is an in-vivo skin imaging method, which allows visualization of subsurface structures upto the depth of papillary dermis as a non-invasive tool for evaluation of malignant skin lesions in the white-skinned population, but is slowly finding its feet in other aspects of dermatology care as well. These include pigmentary diseases (pigmentaroscopy), inflammatory skin disorders (inflammoscopy), skin infestations and infections (entomodermoscopy), hair (trichoscopy) and nail diseases (onychoscopy).

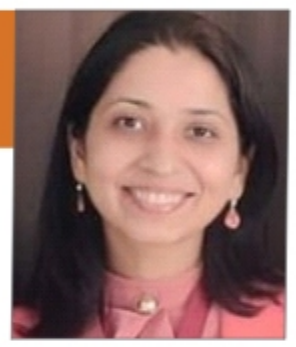
Though its first use dates back to the 17th century, dermoscopy in dermatology has become increasingly popular only recently. A quick Pubmed search shows an increasing number of publications on 'dermoscopy', with more than 500 publications every year in the last decade. Teaching of dermoscopic skills has now become an integral part of post-graduate training, and rightly so, because it has rapidly become the standard of care in many dermatologic disease. Post-graduate programs in many countries, including India, focus on dermoscopy training.

Dermoscopy adds to the clinical assessment and improves the diagnostic accuracy. This has been clearly demonstrated for melanoma as well as non-melanoma skin cancers including basal cell carcinoma and squamous cell carcinoma. It is also particularly useful in evaluation of alopecias, hair shaft disorders, and nail disorders. Apart from its applications in diagnostic dermatology, dermoscopy can contribute to enhancing patient care in other ways as well. It can guide in optimal biopsy site selection, and in monitoring disease activity and response to treatment. Demonstrating suspicious dermoscopic findings may even convince reluctant patients for further investigations, including a skin biopsy.

Dermoscopy is an evolving science, and is not without its share of challenges and limitations. There is a great deal of subjectivity and observer bias in how the dermoscopic findings are recorded and interpreted. Some efforts have been made to make its learning easier. Dermoscopic nomenclature is now largely shifted from metaphorical to descriptive terms, in a bid to standardize how the findings are recorded. This would allow sharing of findings and consulting between dermatologists more convenient, and would also help in designing dermoscopic teaching modules. The earlier data on dermoscopy was largely restricted to fair-skinned populations, but gradually the ethnic gap is getting reduced with studies on dark-skinned population from various parts of the world emerging in the literature. The external validity of the earlier reported dermoscopic findings in fair-skinned population needs to be tested in other populations. Further, the profile of skin diseases in these populations is different. For example, the diagnostic accuracy of dermoscopy in general dermatology and inflammatory skin lesions has not been tested as rigorously as has been done for malignant lesions. Most of these are isolated case reports or small case series, whereas well-designed studies including a control or comparator group are few. Dermoscopic findings in such reports only add to the quantum of publications, but do not add too much to our knowledge. Similarly, there are no formal studies exploring the variations in dermoscopic features of normal skin, according to age, site and ethnicity.

To conclude, dermoscopy will likely play an increasingly prominent role in improving patient outcomes in times to come. Its non-invasive nature, coupled with its ability to provide valuable insights into skin lesions, positions it as a critical tool in the dermatologist's arsenal. To ensure its effective and widespread use, ongoing education and training in dermoscopy interpretation are essential, along with continued efforts to standardize terminology and criteria.

DERMATOPATHOLOGY: A DILEMMA CRACKER



Dr GEETI KHULLAR, MD
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Dermatology, for many years, is trending as one of the most sought-after branches among postgraduation aspirants. This is partly because of the lucrative career opportunities emerging in the field of aesthetic dermatology and dermatosurgery. In contrast, the rise of Dermatopathology, a joint subspecialty of Dermatology and Pathology, has shown a relatively slow pace in India. This is because of very few qualified dermatopathologists in our country, limited training options within India, and a lack of interest among dermatologists and pathologists in general.

Skin biopsy, though a minor procedure performed in dermatology practice, remains the gold standard for diagnosis of majority of skin diseases. Its yield can be maximized by choosing the right lesion, size and technique of biopsy and most importantly, providing adequate clinical information on the request form and sharing clinical photographs with the dermatopathologist. This is important because many skin conditions have similar reaction patterns histologically, while, a single disease can have diverse histopathologic presentations, posing a diagnostic challenge. Here comes the role of clinico-pathological correlation (CPC) that forms the mainstay of diagnosis in dermatopathology, especially in difficult cases with a wide range of differential diagnoses, both clinical and histological. CPC involves communication between the clinician / dermatologist and the dermatopathologist by means of a quick phone call or a text message, which can help in reaching the correct diagnosis and lead to better patient outcomes.

Immunofluorescence, immunohistochemistry and molecular pathology are ancillary tools to conventional histopathology, enabling confirmation of diagnosis in demanding cases. Direct and indirect immunofluorescence and their modifications are an integral part of the investigations ordered for autoimmune bullous disease, connective tissue disease, and vasculitis. Immunohistochemical markers are also finding increasing application in the diagnosis and prognosis of various cutaneous neoplasms. Further, the concept of targeted therapy/ precision medicine is paving the way forward for the role of dermatopathology in understanding the molecular pathways in dermatological conditions.

Other recent advances in dermatopathology include the application of digitalized slides and artificial intelligence. The practice of using digital slides is gaining popularity in microscopy sessions at dermatopathology meetings/ workshops. This allows a large number of participants to view scanned slides with flexibility of time and place. In addition, digital slides can be easily stored and retrieved, without the risk of losing their quality with time. Digital slides are also helpful in seeking second opinion regarding challenging cases, within a matter of hours. A digital slide library of 40 classic slides has recently been made available on Indian Association of Dermatologists, Venerologists and Leprologists (IADVL) website, as a teaching tool for postgraduates. The exciting and rapidly growing field of artificial intelligence is also finding its application in dermatopathology in the diagnosis of some skin tumors.

Though dermatopathology in India is still in its infancy, it is steadily gaining momentum with a range of educational activities. Around a decade back, the Indian Journal of Dermatopathology and Diagnostic Dermatology, was launched as the only peer-reviewed online journal from India dedicated to this subspecialty. It serves as a good platform for dermatologists to report interesting cases and showcase their research in this field. To impart specialized training to members who wish to pursue dermatopathology, IADVL offers observerships and advanced training course at reputed centers in India along with some international observerships. Online Training Modules on basic dermatopathology are available on IADVL Academy webpage for access by members, especially the residents. In addition, the "IADVL Textbook on Dermatopathology" has recently been published, as a handy reference to learn dermatopathology from an Indian perspective.

To conclude, dermatopathology is a dynamic sub-specialty that has advanced way beyond the routine microscopy using hematoxylin and eosin stain, to integration of modern diagnostic techniques, so as to enable accurate diagnosis and management in challenging cases.

PIGMENTARY DISORDERS: FIGHTING THE ETERNAL BATTLE

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Most global societies assign great importance to physical appearance and skin pigmentation and this perception transcends race, age, gender, and socioeconomic status. Any condition that alters skin pigmentation may lead to a loss of privileges and opportunities, and could disturb the professional career as well as socio-personal interactions of an individual. This has been in place for many centuries, but now, social media brings with it "instant visibility" which further affects the self-esteem of persons suffering from skin pigmentary alterations, thus highlighting the need for greater emphasis on such disorders.

Pigmentary disorders include a broad variety of conditions that disproportionately impact the skin-of-color population including Indian patients. The most common subtypes of pigmentary disorders include vitiligo, post-inflammatory hyperpigmentation and melasma.

Pigmentary disorders are distinctive due to their far-reaching psychosocial implications. Vitiligo is one of the most psychologically devastating diseases in dermatology. The clinical similarity with leprosy in some cases further adds to the stigma. Hyperpigmentation disorders such as melasma and lichen planus pigmentosus (LPP) also have been shown to negatively impact the quality of life of affected individuals.

Consequent to the recognition of pigmentary disorders as significant entities requiring dedicated research and care, some centers such as the University of Southern California and National Skin Centre, Singapore have initiated research fellowships in pigmentary disorders. In India, although educational courses have not yet been approved, most tertiary care centers have specialty clinics dealing with pigmentary disorders that address the unique needs of such patients.

Professional societies and bodies focused on pigmentary disorders have been formed. Special interest group (SIG) in pigmentary disorders was formed by the IADVL in 2010 to conduct focused research and CMEs. The Pigmentary Disorders Society (PDS) came into existence in 2012 and it collaborates with the Asian Society of Pigment Cell Research (ASPCR) and Skin of Color Society (SOCS), USA to augment international interaction and discussions among the members.

Textbooks and journal issues pertaining to pigmentary disorders have been published including Pigment International journal published by PDS.

World Vitiligo Day is observed on 25th June each year, commemorating the birthday of Michael Jackson, the famous pop star who brought the spotlight on this disease by discussing his own struggles with it. There is a push for research in pigmentary disorders from the government as well. In 2020, the Wellcome Trust/DBT (Department of Biotechnology, Ministry of Science & Technology) India Alliance conferred an Intermediate Fellowship Award grant of INR 3.60 crore to researchers studying identification of novel molecular targets that critically regulate the pigmentation process. The researchers would further aim to repurpose commercially available drugs for treatment of pigmentary disorders.

Despite great strides made in this field, there is a long way to go in the holistic management of pigmentary disorders.

- Healthcare disparities still exist where melasma patients end up with topical steroid damaged facies due to incorrect use/ abuse of over-the-counter drugs.
- Psychological impact of pigmentary disorders is substantial. Anxiety disorder, depression and somatoform disorder are seen in up to 27% patients with melasma, vitiligo and acquired dermal macular hyperpigmentation (ADMH). More such studies can help estimate the needs and appropriately manage such patients.
- Hyperpigmentation disorders are common within the Indian population and many are attributed to or exacerbated by sun exposure. However, Indians are conventionally poor users of sunscreens, probably owing to the general perception that melanin is protective against all sun-induced damage. Campaigns to raise awareness of UV-induced skin hyperpigmentation would greatly help educate the public about the need for strict use of sunscreens for the prevention and management of these disorders.
- Molecular characterization of Indian skin can help develop skin products catering specifically to the Indian population. Testing of new ingredients that can modulate skin pigmentation should also be a focal point of research.
- There is a severe paucity of large-scale, well-designed, randomized, controlled trials for disorders such as melasma, vitiligo or lichen planus pigmentosus. Treatment options are often based on anecdotal reports or case series. Hence, good quality research is the need of the hour for such disorders.
- Dissertations during post-graduation in dermatology comprise a major chunk of research conducted and each institute could allot a proportion of the postgraduate students to study various aspects of human skin pigmentation and pigmentary disorders.
- There is still social stigma associated with vitiligo, and dermatologists do come across patients who would admit to even suicidal ideation owing to their skin disease. It is imperative to intensify the efforts to spread awareness about this disorder through public health initiatives.

In conclusion, pigmentary disorders comprise a substantial proportion of dermatology practice and are being increasingly recognized as an important sub-specialty of dermatology.

RISE OF TRICHOLOGY AND HAIR TRANSPLANTATION: FROM CURING TO CRAFTING!

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DR AJARA SAYYAD, MD, DVD [2.]
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Dermatology, once a medical field primarily focused on treating a range of skin diseases, has undergone a significant transformation over the years. This evolution has been driven by a societal shift towards a more aesthetic approach to healthcare, leading to the rise of various subspecialties within dermatology. One such dominant subspecialty is trichology, the study of hair and scalp disorders. Initially, trichology was confined to treating hair-related issues like alopecias and scalp infections. However, with changing times and increasing aesthetic demands, it has evolved to include hair restoration and transplantation as significant aspects of its practice.

The clientele for hair transplantation has also seen a remarkable transformation. Initially, the procedure was primarily sought by males, but the landscape has changed dramatically. The advent of Long Hair Follicular Unit Extraction (FUE), a groundbreaking technique, has led to a surge in female clients seeking hair restoration. Moreover, the scope of hair transplantation has expanded beyond the scalp to include other areas like eyebrows, beards, and mustaches. With the recent rise in awareness and acceptance of gender fluidity, dermatologists and trichologists are increasingly called upon to help individuals align their physical appearance with their gender identity. Who better than a dermatologist can understand the subtle differences between masculine and feminine hairlines and help individuals feel comfortable in their skin? Such patients find dermatologists more approachable than other specialties as both facial feminization or masculinization as well as gender appropriate hairline correction are taken care of by dermatologists.

The journey of hair transplantation techniques has been equally transformative and fascinating. Early methods like punch grafting, despite their limitations, served as the precursory spark that ignited the innovation of Follicular Unit Extraction (FUE). The transition to Follicular Unit Transplantation (FUT) marked a significant shift in the hair restoration narrative. This technique involved the removal of a strip of donor tissue, from which individual hair follicular units were meticulously dissected before being transplanted to the recipient area. However, the inherent desire for reduced pain, shorter healing times, and minimal scarring sowed the seeds for the ascendance of FUE. This procedure focused on extracting individual follicles, leaving neighboring follicles undisturbed—a paradigm shift that redefined the patient experience and garnered international acclaim.

In today's complex and diverse landscape, patient aspirations go far beyond mere hair restoration. They encompass a broader spectrum that involves considerations of aesthetics, psychological well-being, societal pressures, and the swift resumption of daily life. Enter Long Hair FUE, a groundbreaking technique born from the precise confluence of patient preferences and surgical innovation. It caters to those who seek transformative procedures while maintaining an aura of secrecy, such as celebrities, politicians, and public figures. This technique addresses common concerns like the visibility of crusting and healing, offering a natural camouflage that allows patients to reintegrate into their daily routines without the burden of extended downtime. The genesis of Long Hair FUE can be traced back to 2016, a turning point that introduced the concept of previewing the donor area and optimizing graft utilization.

In summation, the evolution of dermatology and its subspecialties like trichology is a testament to the adaptability and responsiveness of the medical field to societal changes and individual needs. From its initial focus on treating skin diseases to its current emphasis on aesthetic and restorative procedures, dermatology has continually adapted to meet the diverse and ever-changing needs of its clientele. Hair transplantation techniques like Long Hair FUE epitomize this adaptability, offering solutions that are not just scientifically advanced but also deeply aligned with changing societal norms and individual identities. The medical field has always evolved based on a harmonious blend of scientific knowledge and ever-changing patient needs. It is this synergy that promises to lead the way for the development of newer techniques, methods, and instruments in the future, further enriching the tapestry of dermatological care.

PROCEDURAL DERMATOLOGY: WHERE DO WE STAND

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Dermatology and Venereology, AIIMS, New Delhi

Procedural dermatology, is a relatively recently coined term. What is procedural dermatology? The

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University of North Carolina School of Medicine defines procedural dermatology as "the subspecialty within dermatology that is concerned with the study, diagnosis, and surgical treatment of diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue." However, it is now believed that this definition should be expanded to include various aesthetic procedures as well as procedures using energy based devices.

Traditionally dermatology was considered to be a subspecialty of Internal Medicine and thus, dermatologists were supposed to mainly treat tinea and scabies and pediculosis. But sometime in the not-so-ancient history, a slow and steady change started to take shape. A few dermatologists in different parts of the world began to venture into the interventional aspect of the specialty. Pioneers like Dr PN Behl, Dr Subrata Malakar, Dr Satish Savant and several others began to bring about a radical change in the way dermatology was perceived as a specialty. The first seeds of the subspecialty were sown when dermatologists started using surgical techniques for the management of vitiligo and other leukodermas. Slowly the scope widened to the introduction of excisions, flap repairs. This was followed by the advent of energy based devices including the use of electrocautery, radio frequency and later a large variety of lasers and other EBDs. So much so that as of now postgraduate dermatologists are keen on having a sufficient training and exposure to all these modalities and procedures within the short period of three years.

However, it is important to understand that procedural dermatology is a skyscraper which rests on the foundation of a strong understanding of the anatomy, physiology and pathology of the skin. Otherwise, the distinction between a beautician/aesthetician and a dermatosurgeon/ procedural dermatologist can get very blurred. It can also result in greater complication risk and inability to handle complications appropriately which can be responsible for greater medicolegal issues and litigation.

The training avenues in procedural dermatology, however, are limited. There are numerous initiatives by national associations like IADVL and ACSI and international associations including DASIL and ISDS which run fellowships and observerships for dermatologists. These trainings can often give participants only a birds eye view of the procedures over a limited and usually short period and often do not provide any hands-on exposure. A few universities do offer year long fellowships which are somewhat more comprehensive in terms of breadth of exposure and length of fellowship. Apart from the actual training received, these mentorships/ fellowships are advantageous in the establishment of long lasting association between mentees and their mentors who are often very enthusiastic and passionate teachers. The training in aesthetic procedures is often more difficult to achieve, with many centers having large volume of aesthetic work, not keen on allowing trainees or observers.

So what is expected of a recently passed out postgraduate dermatologist? Though he/she hasn't had any formal training in these procedures during the postgraduate course, suddenly he/she is expected to be an expert in performing them, due to the demands of patients in private practice. As Alexander Pope once said 'a little learning is a dangerous thing'. And so, as educators and policy makers, we are entrusted with the responsibility to include training in procedural dermatology as part of the postgraduate training. Somehow, in fact, a keenness to learn procedural dermatology is often looked down upon. Barring a few medical colleges, procedural dermatology does not routinely feature prominently in the academic and training schedules for postgraduates in most colleges. Neither is a formal evaluation of the skills gained therein is done. This is partly due to the lack of faculty having sufficient interest as well as expertise in the field of procedural dermatology. The other major reason is the cost of many of these aesthetic procedures (toxin and fillers) and equipments (lasers and other EBDs) which are prohibitively expensive for routine incorporation in public sector hospitals/ medical colleges.

A few medical colleges are taking the lead in training students in procedural dermatology. At AIIMS, New Delhi, for example, postgraduates are routinely posted with consultants in assisting in and observing a variety of dermatosurgical, aesthetic and device-based procedures. In fact, we have also recently including procedural dermatology assessment as a part of the final MD examination, ensuring students have a requisite level of skill in performing at least the basic dermatosurgical procedures.

However, we are still a long way away from bringing this awareness to the most peripheral of centers in India and also in sufficiently "training the trainers". Our focus must initially be on training mid-level faculty members from various medical colleges across the country and provide them continued supervision and mentorship in various techniques so that they can share their knowledge and skills with the many students who train under them. It is high time to bring about such a change and it is indeed the way forward.

AESTHETIC DERMATOLOGY: SEPARATING SCIENCE FROM PSEUDO-SCIENCE

DR. SONI NANDA, MD
Founder & Director, Ojas Skin Care
& Consultant Max Hospitals, Delhi

Aesthetics is currently the fastest growing subspecialty of Dermatology. It includes all procedures, which are done to increase the beauty of skin. In current times, patient's quality of life considerations have assumed an important place in deciding the priority of treatment. In this era of Instagram & Facebook, beauty is no longer optional. People start feeling depressed and suicidal if they don't look good; hence, treatment needs to be prioritized. People are seeking advice to maintain a clear and youthful face – a dermatologist is best suited for this role.

Aesthetic dermatology includes procedures like peels, microdermabrasion, microneedling radiofrequency, laser hair reduction, laser resurfacing, platelet rich plasma, toxins, fillers, threads, and non-invasive anti-ageing procedures including radiofrequency, high intensity focused ultrasounds and medifacials. Most of these procedures are done for both therapeutic and aesthetic indications.

Laser hair reduction for hirsutism, or pseudofolliculitis is therapeutic, while the same laser done for hair reduction in bikini and underarms is cosmetic. Laser hair reduction, if done in a scientific manner, can help a person get rid of waxing/ threading forever. When done under dermatologist's care, only the hair which need to be removed would be lased. Fine hair are needed for protection of skin from sun and ageing. Additionally, they do not respond to currently available laser systems; hence, should not be touched. The patients need to be aligned with the concept of reduction versus removal and the need for maintenance sessions.

In a patient with acne, addition of peels significantly decreases the need for medical therapy and reduces risk of scarring. The type of peel used and the frequency of these sessions is of paramount importance in achieving optimum results, without causing skin damage.

Platelet rich plasma has been proven to be a healing mix and useful in a number of conditions like hair thinning, facial rejuvenation and healing of chronic ulcers. It has been used in sports medicine and dental practice for more than two decades now. Laser resurfacing has been considered a gold standard for treatment of acne and traumatic scars for ages; in fractional mode, it is being increasingly used for anti-ageing. The procedures with lesser downtime are becoming more popular.

Botulinum toxin is increasingly being used by neurologists, who inject much higher doses than that required for aesthetic indications. However, its use for facial enhancement is still surrounded by controversies. Extensive scientific literature is available to back its efficacy and safety for upper face. The same toxin is therapeutic when masseters are treated for excessive grinding of teeth. This is also an established treatment for strabismus and some cases of facial palsy.

With the introduction of procedures like medifacials, an inadvertent direct comparison is drawn between dermatologists and salons. Their need in a dermatology clinic has often been debated. However, once we have treated our patients for acne or pigmentation, they are looking for enhancement. Sending them to a salon would mean subjecting their skin to scrubs, bleach and full face waxing, which could worsen their original condition. Hence, anything that has to be done to skin is best done under a dermatologists care.

The issue with aesthetics is that a lot of non-dermatologists have entered this field. In addition, dermatologists who are not into an aesthetic practice perceive these procedures as a means of making money. People of many other specialties and even non-medicos are doing aesthetic dermatology as this is perceived to be very lucrative. For this subspecialty to grow scientifically and for people to understand that a dermatologist is the best person to go to, more scientific data needs to be published and awareness needs to be created.

As dermatologists we are the best people to practice these procedures. With our scientific knowledge, we can give optimum results to our patients and increase the patient satisfaction many folds. It would definitely add to the revenue of the clinic, making it a win-win situation for both parties. The mushrooming of aesthetic centres is difficult to stop; however, the onus lies on us dermatologists, to practice aesthetics in a scientific manner. This will help create a difference and provide credibility to this subspecialty, that it deserves.

LASER DERMATOLOGY: A SOLUTION FOR MANY PROBLEMS

DR. ANIL GANJOO, MD
Sr Consultant Dermatologist and Laser Surgeon,
Director, Skinnovation Clinics, New Delhi;
President SAARC Association of Aesthetic Dermatology

Lasers have become a part of the regular curriculum in the dermatology PG course, and most of the young dermatologists are highly fascinated by the sheer magic that they do in a large number of dermatoses and various cosmetic concerns. The last two decades have seen a tremendous rise of the laser therapy as a subspeciality in dermatology. Doctors of many of the allied specialties like plastic surgery have also added this therapeutic modality to their armamentarium.

Lasers have now become the treatment of choice for a number of conditions that were considered untreatable about 3 to 4 decades ago. As dermatologists have ventured into this field, we have seen rapid evolution of laser technology (Fig 1). With the inception of lasers in the late 1960s, only the Ruby laser (694 nm) was available and most of the work was done with the same wavelength being used for a number of indications with change in parameters. With availability of other wave lengths like 810 nm diode, 755 nm alexandrite, 1064nm Nd:YAG, 10600 nm CO_2, 2940 nm Er:YAG etc. we started using a range of wavelengths for different indications, employing the principle of "selective photo thermolysis". It involves the targeting of a specific chromophore by a specific wave length and a tailored pulse width to produce very precise effect in and around the chromophore, sparing the surrounding tissue.

The most common laser applications in dermatology are laser hair reduction, lasers for pigmented lesions, lasers for vascular lesions, and resurfacing lasers. Each of these has seen a huge evolution over the recent past.

Laser hair removal was initially done with stand-alone wavelengths produced by conventional systems. These used a polychromatic flash lamp to send light into a medium and excite the atoms within it, from where the laser light would be produced. Later the semiconductors diode laser systems came into being, producing laser light by converting electric energy into light energy. This would typically produce a wavelength of 810 nm. Still later a technique called 'doping' was developed, wherein different types and quantities of impurities were added to the semiconductor to produce different wavelengths. Now we have diode semiconductor lasers producing all types of wavelengths like the 755nm, 810 nm, 940 nm, 1064 nm. All these can be used separately or in various combinations to improve the outcome. The diode lasers also use the newer 'in motion' technique of super hair removal (SHR) that reduces the side effects like pain associated with the conventional laser systems. It also makes the treatment much faster so that large body areas can be treated at a single session. The SHR employs the principle of "Extended selective photo-thermolysis" and "Thermal damage time" in contrast to the principle of "selective photo-thermolysis" and "Thermal relaxation time", used by the conventional lasers.

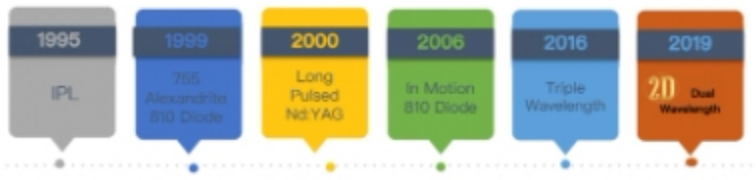

Fig 1: The evolution of Laser Hair Reduction systems

The Q switched lasers used for treatment of pigmented lesions have also evolved. From being used only for the treatment of nevi and tattoos, these are now used for a plethora of indications. They have become the most sought-after lasers both amongst the patients and doctors. The newer machines have the choice of variable spot size (2-12 mm) and variable pulse width (Pico-second to nano-second to micro-second), which increases the range of laser amenable conditions, improves efficacy and also prevents side effects. The newer additions like the dyekit hand pieces, fractional hand pieces and diffractive lens array systems, have further added to the huge number of indications that can be treated with these machines.

Fractional resurfacing has also seen a sea-change over the recent past. Starting with the conventional CO_2 laser ablation, we have many new modalities developing (Fig 2). The conventional laser dermabrasion led to a number of side effects including post-inflammatory pigmentary aberrations, erythema and scaring. Add to that the long downtime associated with the procedure. Therefore, full-face dermabrasion fell into disrepute and in came the concept of fractional resurfacing where micro-beams of laser light were used to create micro thermal zones (MTZs) of tissue coagulation, thus treating only a fraction of the skin exposed. The

MTZs induce a process of neocollagenosis and neovascularization to rejuvenate and resurface the scarred skin. The downtime and side effects were reduced drastically.

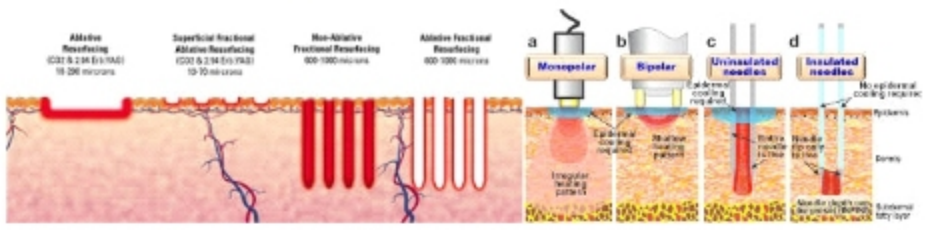

Fig 2: The resurfacing technologies evolving from convention abrasion to fractional treatments

In the quest to further decrease the side effects and improve outcome, we have evolved into energy-based devices (EBDs) like the micro-needle radiofrequency (RF), sublative fractional RF, bi-, tri- and mono-polar RF, and the high intensity focused ultrasound (HIFU) devices.

The advent of lasers as a subspeciality in dermatology has made a huge difference in the way we treat our patients with difficult dermatological and aesthetic conditions. With the fast-evolving world of lasers the future seems to be very bright.

RESIDENT'S CORNER

Post-graduate training In Different Subspecialties Of Dermatology: Are We Prepared Enough?

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Dr Chander Grover, MD, DNB, MNAMS[2]
Senior Resident, UCMS & GTB Hospital, Delhi[1]
Professor, UCMS & GTB Hospital, Delhi[2]

The rise of subspecialties in Dermatology has added to its vitality. However, we are not sure about the adequacy of training of residents in these fields. We analysed the perception of dermatology post-graduate students regarding their training experiences in various dermatology subspecialties through a survey conducted among postgraduate residents from different medical colleges in Delhi. The aim of the survey was to assess their perception regarding adequacy of training and preparedness in different dermatological subspecialities.

The residents were presented with a structured questionnaire covering a range of subspecialties within dermatology including paediatric dermatology, dermatoscopy, onychology, dermatopathology, pigmentary disorders, trichology, procedural dermatology, aesthetics, LASERs. The questionnaire was in the form of a Google Form, shared online through WhatsApp groups. Overall, 26 postgraduate residents hailing from six different colleges in Delhi responded to this online questionnaire. It was conducted in an anonymised fashion. The questions addressed two aspects: adequacy of training, and their confidence in dealing with these cases. The responses were collected on a 5-point Likert scale.

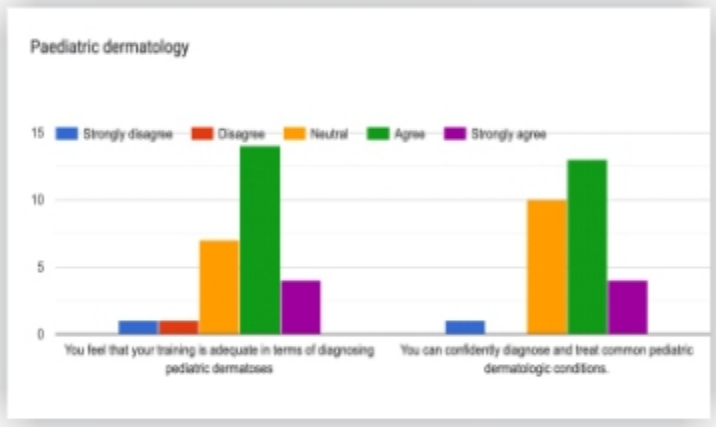


Figure 1: Results- Paediatric Dermatology survey

1. Paediatric Dermatology:

The majority of residents (approximately 69.2%) agreed that their training was adequate for diagnosing paediatric dermatoses (Figure 1). However, confidence levels in diagnosing and treating common paediatric dermatologic conditions were mixed. Out of 26 participants, 38.5% were not sure, while 65.4% felt confident in diagnosing and treating these conditions.

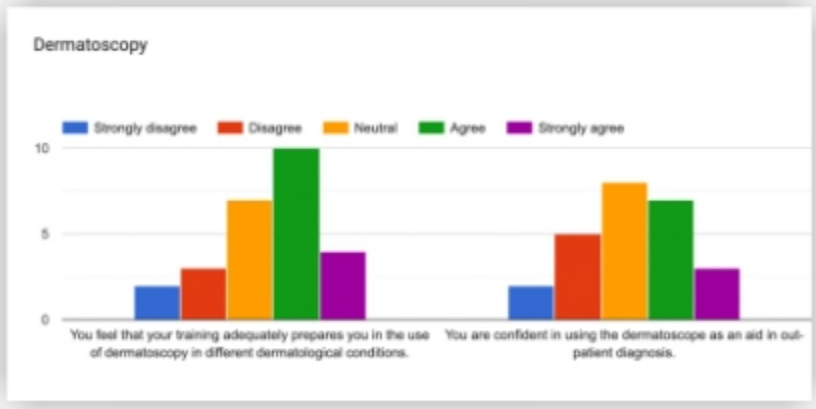


Figure 2: Results- Dermatoscopy survey

2. Dermatoscopy:

In terms of dermatoscopy training, 53.8% of residents agreed that their training prepared them for using dermatoscopes. However, 26.9% were non-committal. Around 38.5% felt confident in using dermatoscopy for outpatient diagnosis; while 30.8% were not sure (Figure 2).

3. Onychology:

Approximately 50% of residents agreed that their training adequately prepared them for dealing with nail disorders (Figure 3). Around 38.5% had a neutral stance on this aspect. However, only 30.8% residents felt confident in diagnosing and treating nail conditions, or taking nail biopsy; while 46.2% remained non-committal.

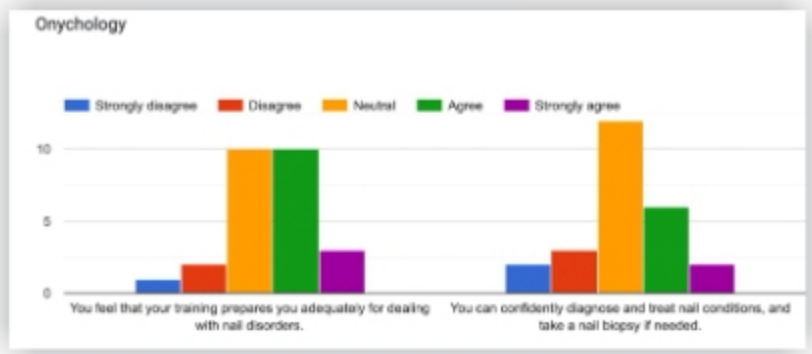


Figure 3: Results- Onychology survey

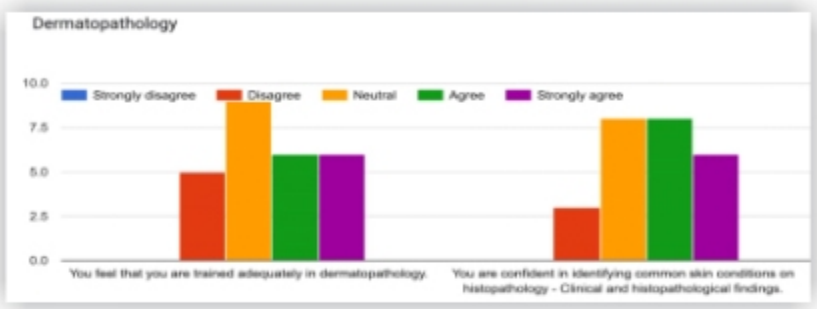


Figure 4: Results- Dermatopathology survey

4. Dermatopathology:

Regarding dermatopathology training, approximately 46.2% residents felt that their training was sufficient; however, 34.6% were not sure (Figure 4). When asked regarding their confidence in identifying histopathological features of common skin conditions, approximately 53.8% of residents felt confident, while 30.7% were not sure.

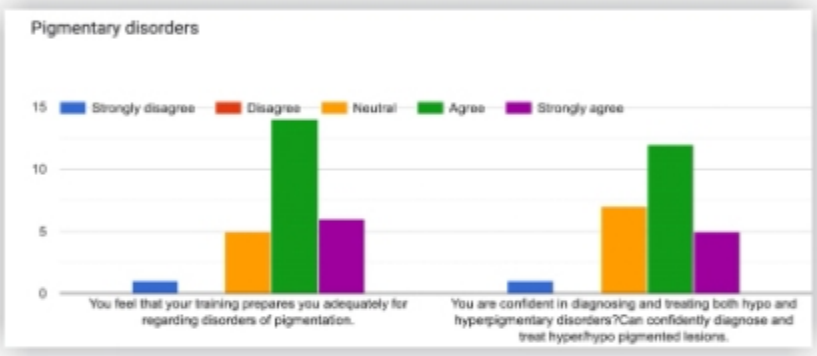


Figure 5: Results- Pigmentary Disorders survey

5. Pigmentary Disorders:

Regarding disorders of pigmentation, a significant majority of 76.9% participants opined that their training prepared them adequately for dealing with these disorders (Figure 5). Additionally, 65.4% felt confident in diagnosing and treating both hypo- and hyperpigmentary disorders.

Figure 6: Results- Trichology & Hair Transplantation survey

6. Trichology and Hair Transplantation:

Regarding adequacy of training in trichology, the residents were not sure (42.3%) while a similar number opined that their training did prepare them (Figure 6). Approximately 23.1% did not feel confident in diagnosing or surgically treating hair conditions; while 30.7% were unsure.

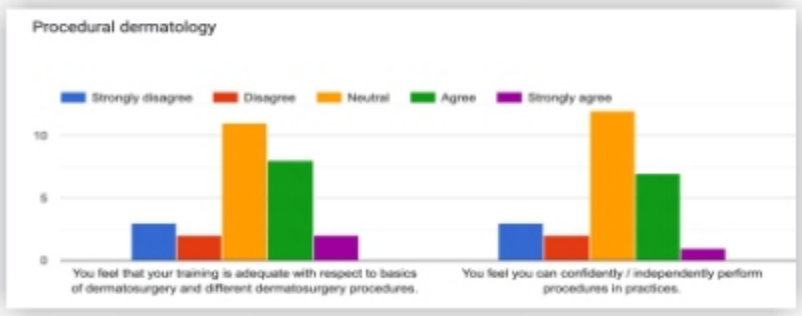


Figure 7: Results- Procedural Dermatology survey

7. Procedural Dermatology:

In terms of training in procedural dermatology, around 38.5% residents felt that their training adequately covered the basics of dermatosurgery, while 42.3% were not so sure (Figure 7). Confidence levels in independently performing dermatosurgical procedures varied, with approximately 30.8% of residents feeling confident, and 46.1% remaining neutral on this aspect.

8. Aesthetics:

Responses indicated that 57.7% of residents felt that training in aesthetic dermatology was inadequate (Figure 8). Their confidence in handling patients with aesthetic concerns was low.

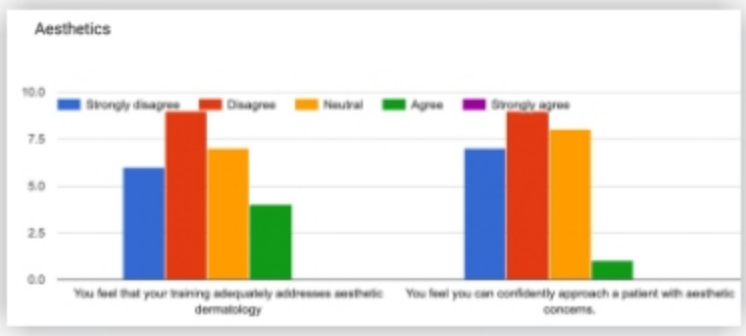


Figure 8: Results- Aesthetics survey

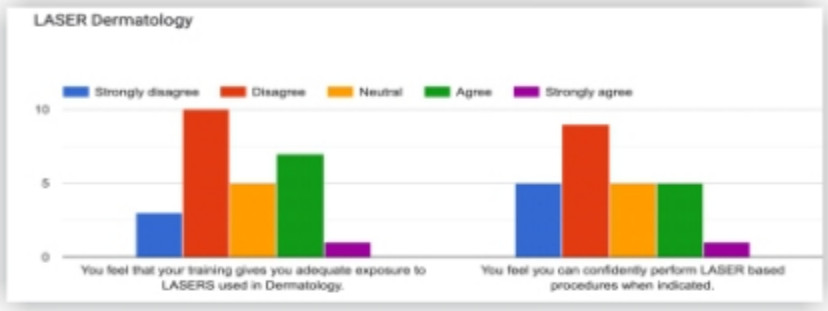


Figure 9: Results- LASERs survey

9. LASERs in Dermatology:
Regarding LASERs used in dermatology, mixed responses were received. Approximately 30.8% residents agreed that their exposure to LASERs during their training was adequate, while 50% disagreed. Confidence in performing LASER-based procedures varied, with around 23.8% feeling confident while the majority, 53.8%, did not feel confident.

Conclusion
Based on perception of resident's training in different medical colleges in Delhi, we can conclude that PG training imparts higher levels of confidence in some fields including paediatric dermatology, dermatoscopy, onychology, and pigmentary disorders. However, the training imparted needs to focus more on dermatopathology, procedural dermatology, trichology and hair transplantation, aesthetics and LASERs. Based on the insights offered by this survey, educational institutions may take strategic actions to enhance dermatology training. This can involve refining the curriculum, introducing targeted modules; maximizing clinical exposure, hands-on sessions, and use of modern learning technologies. Regular assessments and feedback loops can ensure continuous improvement, while inviting guest speakers and maintaining open communication can broaden perspectives. These measures can help in building a more comprehensive and effective dermatology training program, moulding confident and skilled dermatologists for the future.

PHOTOQUIZ

DR SAUMYA SWATI, MD
Senior Resident, Chacha Nehru Bal Chitkitsalaya, New Delhi

History
- A 6-year-old boy presented with complaints of wrinkling of bilateral hands and feet with photosensitivity since 1 year of age.
- There was a history of acral blistering over hands and feet which started on 3rd day of the neonatal
- period and persisted till 3 years of age.
- The patient has a history of gingival bleeding with halitosis. He was born into a consanguineous marriage.

Examination
- The dorsae of hands and feet showed atrophic scarring with shiny cigarette paper-like wrinkling.
- Oral mucosa showed slight gingivitis with malocclusion of teeth and limited oral opening.
- Genital examination showed phimosis.
- Scalp hair were normal in colour and growth pattern.

Figure 1: Wrinkling on dorsum of hands

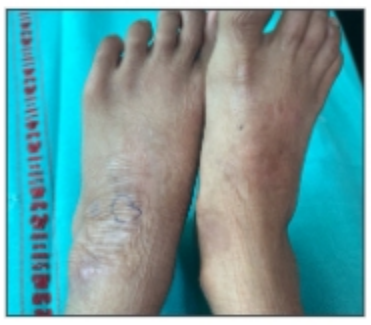


Figure 2: Wrinkling on dorsum of foot

Figure 3: Dental malocclusion

What is the diagnosis?
Kindler Syndrome

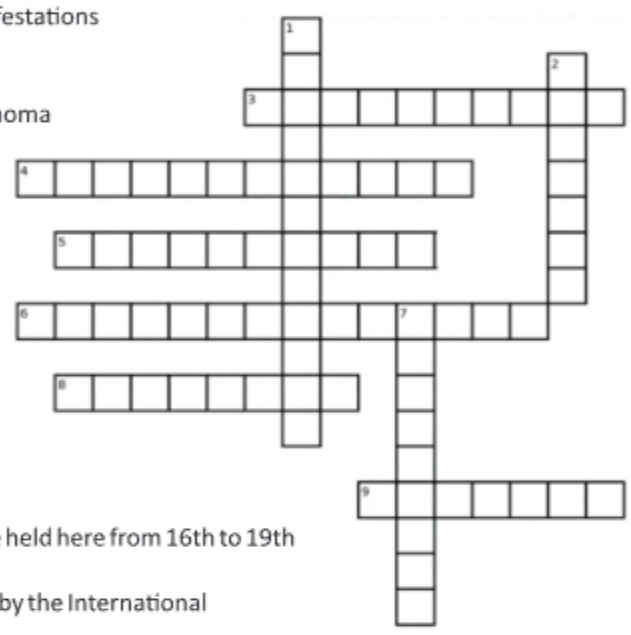
One Important History:
History of infantile acral blistering which improved wi

Discussion
- Kindler syndrome is a rare **type of Epidermolysis Bullosa**, with autosomal recessive inheritance first described by Theresa Kindler in 1954.
- The syndrome arises due to loss-of-function mutation on both the alleles of KIND1/ FERMT1 gene that encodes kindlin-1, a protein involved in the attachment of actin microfilaments to focal contact junctions at the dermo-epidermal junction.
- A set of clinical diagnostic criteria has recently been proposed for this condition to facilitate clinical diagnosis.
- The **major criteria** are acral blistering in infancy and childhood, progressive poikiloderma, skin atrophy, photosensitivity, and gingival fragility, and/or swelling.
- The **minor criteria** proposed were syndactyly and involvement of other mucosal sites.
- The **additional features** of these criteria are nail dystrophy, ectropion, palmoplantar keratoderma, leukokeratosis of lips, squamous cell carcinoma, anhidrosis, skeletal abnormalities, and dental problems.
- According to the proposed criteria, the presence of **four major criteria makes the diagnosis certain**, the presence of three major and two minor criteria makes the diagnosis probable, and diagnosis is considered to be likely if two major and two minor/additional features are present.
- According to these criteria, a **definitive diagnosis of Kindler Syndrome** was made.
- **Workup** includes mutation analysis of the KIND1 gene, histopathologic examination of atrophic skin lesions & immunostaining with anti-kindlin-1 antibody.
- **Treatment** is mainly symptomatic and preventive in nature. Avoidance of trauma, sun avoidance with strict photoprotection and good wound care with topical and systemic antibiotics should be advised.

CROSSWORD
THEME: DERMOSCOPY

DR SRISHTI JAIN
Senior Resident, NDMC Medical College & Hindu Rao Hospital, New Delhi

ACROSS
2. This named sign is seen in unstable vitiligo (5 letters, 4 letters)
4. 'Beauty and the beast sign' and 'little red riding hood sign' seen in this condition
8. This type of hair is seen in tinea capitis
9. 'Delta wing-jet with contrail sign' is the hallmark of this condition
11. Dermoscopy to diagnose infections and infestations
12. He coined the term 'dermoscopy' in 1991
13. Dermoscopy of inflammatory dermatoses
14. Areas like these are seen in basal cell carcinoma (5 letters, 4 letters)
15. This type of hair is seen in trichorrhexis invaginata



DOWN
1. This technique obviates the need for contact dermoscope and linkage fluids
3. Basic principle of dermoscopy
5. Burnt matchstick sign is seen in this condition
6. Aurora borealis pattern and Ruin pattern are seen in this condition
7. Sixth World Congress of Dermoscopy will be held here from 16th to 19th October 2024
10. Online resource for dermoscopy provided by the International Dermoscopy Society
12. This sign is seen in Traction Alopecia
14. This sign is seen in Onychomatricoma

THROUGH THE LENS

DR AMIT MALHOTRA
Chief Consultant Dermatology & Laser Services
Maple Clinic, Indirapuram, Delhi NCR

"FRIENDS ARE FOREVER"

EVENTS IN THE THIRD QUARTER (JUL-SEP) OF 2023

INDEPENDENCE DAY CELEBRATION


IADVL Delhi State Branch invited its members for a special screening of the movie 'Gadar 2' on August 15th this year. The DSB team also used this occasion to spread awareness against the misuse of steroid creams by general public.

ATOPIC MASTERCLASS

The IADVL DSB, in association with Pfizer pharma, organized a masterclass on Atopic Dermatitis at Aerocity, New Delhi on September 24, 2023.
In the CME, discussion encompassed various aspects of atopic dermatitis, including quality of life impairment, topical and systemic management of the disease.

MELANIN MATTERS


It was held on 23rd July 2023 at Aerocity under the expert guidance of Dr Rashmi Sarkar, Professor, Lady Hardinge Medical College & Associated Hospitals, New Delhi. It was attended by over 50 Delegates.

MESSAGE FROM THE SCIENTIFIC CHAIRPERSON: Dr. (Prof.) RASHMI SARKAR

The MELANIN MATTERS CME, Delhi, was targeted CME based on hyperpigmentation, held on Sunday 23rd July 2023, at Pride Plaza, Aerocity, New Delhi. Immense planning and hardwork was put in by Dr. Rashmi Sarkar (Scientific Chairperson), Dr Rohit Batra (President-IADVL DSB) and Dr Sumit Gupta (Hon . Secretary- IADVL DSB) in the framing of this targeted CME on pigmentation. The execution was very well carried out by Dr. Deepak Jakhar (Programme coordinator) and Dr. Ridhima Lakhani (Scientiic Secretary). The Master of cerermonies Dr. Ashna Jain and Dr Anukriti Yadav did an amazing work of tying up the programme together. The program was divided into various sessions comprising of short talks, debates, and panel discussions. Each session was moderated by one or two chairpersons. A tea break and a lunch break were given at appropriate intervals, to rekindle the energy and interest of the audience.

This enthralling CME on pigmentation began with welcome address by scientific chairperson and then the master of ceremonies took over. They started the CME and introduced the quiz masters Dr. Aishwarya Dua and Dr. Vishal Gaurav. Both the quiz masters carried out a very interesting quiz session in which many post graduated participated. A brief inaugural Ceremony was carried out by Dr. Rashmi Sarkar (Scientific Chairperson), Dr Rohit Batra (President- IADVL DSB) and Dr Sumit Gupta (Hon. Secretary- IADVL DSB) and other senior dermatologists present. There was beautiful lamp lighting and invocation of goddess Saraswati. And later felicitation of the scientific chairperson by IADVL DSB president and Secretary.

There were 5 sessions in total which were based on different aspects of hyperpigmentation. All the sessions were intricately woven by dr. Rashmi Sarkar, Scientific chairperson of this CME, who has a special interest in pigmentation. She drafted a programme covering all aspects of pigmentation and she was well assisted by Dr. Ridhima Lakhani, the scientific secretary.

The first session 'AN INSIGHT INTO HYPERPIGMENTARY DIOSRDER' started on time was chaired by Dr. Naveen Saith. There was an insightful start with a very interactive and informative lecture on classification of hyperpigmentary disorder and its clinical relevance by Dr. Manas Chatterjee. Next came the very knowledgeable talk by Dr. Vishal Gupta who address on Acquired Dermal macular hyperpigmentation. In the third talk, Dr. Deepak Jakhar enlightened the audience about dermoscopic aspects of hyperpigmentary disorder. And the final talk of this session, covered the systemic causes of hyperpigmentation, which was delivered by Dr. Ridhima Lakhani. All the lectures were very enthralling and informative for the postgraduate students, PG teachers as well as practicing dermatologists.

The second session 'UPDATES ON MELASMA' revolved around a very common and stubborn pigmentary disorder i.e. Melasma. The session was moderated by Dr. Krishna Deb Barman and Dr. VK Upadhyaya. The first talk was on updates on melasma which was very beautifully delivered by Dr. Surabhi Sinha covering all the aspects of pathogenesis in detail. Second session was yet another interesting lecture by Dr. Pooja Arora Mrig on updates on topical agents used in melasma. Next was a very enthralling session on updates on oral agents in Melasma which was given by none other the scientific chair herself Dr. Rashmi Sarkar. The final talk of the session covered the procedural updates in melasma, like microneedling and chemical peeling in melasma and it was delivered by Dr. Sonali Langar. The second session was also very descriptive and illuminative for the audience.

The third session was focused on 'FACIAL MELANOSIS' and it was a panel discussion chaired by Dr. Anil Chopra and Dr. Alka Gupta. Dr. Soni Nanda was the wonderful moderator for this case based discussion on facial melanosis covering various aspects like refractory melasma, LPP, Riehl's melanosis, etc. The panelists for this discussion were Dr. Mukesh Girdhar, Dr. Meghna Gupta, Dr. Seema Oberoi Lall and Dr. Shikha Gupta. These experienced dermatologists shared their knowledge and clinical acumen in management of different cases. This panel was a knowledge extravaganza and covered many cases well in time and was very insightful for the houseful dermatology audience.

The fourth session was the most interesting and controversial debates 'YAY OR NAY'. This session was well moderated by Dr. Munish Paul and Dr. Satish Sangwan. The first debate was PLATELET RICH PLASMA WORKS FOR MELASMA and Dr. Gulhima Arora stood FOR the notion. She very beautifully kept her point that PRP can be used for melasma by stating recent years evidences. It was strongly yet humbly defended by Dr. Himanshu Gupta who kept his point that PRP still needs more research to have its place in treatment ladder for melasma. The second debate was on use of GLUTATHIONE AS AN ADJUVANT IN HYPERPIGMENTARY DISORDER. Dr Sachin Dhawan very interestingly kept his point of view that glutathione is a boon for pigmentary disorder and is used by most practicing dermatologists. Dr. Swati Agarwal then defended and stated it still lacks evidences and ended the notion with her self written poem. All the speakers gave excellent compelling arguments, leaving the audience mesmerized.

The last session of the day started well on time and it was another panel discussion on 'RARE HYPERPIGMENTARY DISORDERS' by Dr. Soumya Sachdeva. The session was chaired by Dr. Pritam Pankaj. The panelist for this discussion were Dr. Manas Chatterjee, Dr. Ishmeet Kaur, Dr. Rashmi Sharma, Dr. Nupur Jain. There was a thorough discussion on unusual facial and extra facial hyperpigmentary disorders and the panelists shared their experience and insights for handling the different case scenarios. The last session was definitely another academic roller coaster and the audience thoroughly enjoyed and learnt from the discussion.

This insightful CME was concluded by IADVL DSB Secretary Dr. Sumit Gupta, who delivered the vote of thanks and also announced the winners of the PG quiz.
The CME had record breaking attendance by dermatologists with a jam-packed hall in most of the sessions. The speakers, chairpersons and the audience all acknowledged this concept of targeted CMEs which is a wonderful initiative by IADVL DSB.

Prepared by: Dr. Ridhima Lakhani

UPCOMING EVENTS

- DIWALI MILAN (29 OCT)
- IADVL DSB SPORTS DAY at Jesus & Mary College, Chanakyapuri (19 NOV)
- IADVL MARATHON at Pusa Complex (26 NOV)
- ANNUAL CUTICON (16, 17 DEC)
- ANNUAL DINNER (JAN 2024)

SOLUTION TO THE CROSSWORD

ACROSS

2. Comet tail 4. Melanoma 8. Corkscrew 9. Scabies
11. Entomodermoscopy 12. Friedman 13. Inflammoscopy 14. Maple leaf 15. Bamboo

DOWN

1. Polarization 3. Transillumination 5. Trichotillomania 6. Onychomycosis
7. Argentina 10. Dermoscopedia 12. Flambeau 14. Mirror

DVL TRUST

IADVL has launched a mutual benefit scheme coupled with professional legal protection in 2011 and named it **DVL welfare trust**. It is an important financial benefit scheme aimed at securing financial security for the family members of our association. Any life member of IADVL, irrespective of age is eligible to become a Regular Member of the scheme. Family members of Life members of IADVL can also join the scheme as Beneficiary Members. You can log into **https://dvlwelfaretrust.org** to get more information.

HOW TO REGISTER FOR E-VOTING?

The link for registration of E-voting is there on the homepage of IADVL website.

For any assistance, contact
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