



IADVL DERMA-ACADEMIA

E-Newsletter of IADVL ACADEMY

Editors

Dr. Vishalakshi Vishwanath | Dr. Krina Patel

Message from Dr Venkataram Mysore, President IADVL



Friends,

As the year closes by, it is time to thank and pay tribute to the Academy and its Chairman, Dr Manas Chatterjee, who completes his tenure.

The Academy has had an outstanding year; starting with the Dr Larry Field Dermatosurgery workshops to the Dermagyan Lecture Series, the last one on 15th January, it has been a nonstop calendar of academic activities: lectures, workshops, online programs, newsletters, research activities, and scholarships.

This has been made possible by the outstanding leadership provided by Dr Manas Chatterjee, ably assisted by Dr Ameet Valia and Dr K A Seetharam and all members of the Academy and SIGs.

I compliment them, congratulate them and thank them

Thanks to their efforts, IADVL has achieved efficiency and eminence.

-Dr Venkataram Mysore

Message from Dr Rashmi Sarkar, Hon. Secretary General



It gives me great pleasure to congratulate the teams of DERMA-ACADEMIA for coming out with a timely bulletin. I am sure under the leadership of Dr. Manas Chatterjee, Dr. Ameet Valia and Dr. K A Seetharam this will be a wonderful endeavour.

-Dr Rashmi Sarkar

Message from Dr Manas Chatterjee, Chairman, IADVL Academy



It is with a sense of déjà vu that I pen down these few lines for the annual report at the end of my second year and my tenure as Chairman of the IADVL Academy. It seemed like yesterday that I took over from the very capable Dr Arun Inamadar. At this point, I would like to place on record my appreciation to all members of the IADVL Academy, starting with Dr Ameet Valia, Convener and Chairman Designate, on whose able shoulders the IADVL Academy would ride over the next two years. I would also like to state that the IADVL Academy functions through the various Special Interest Groups, whose co-ordinators have been the backbone of the various academic endeavours that the Academy has undertaken over the past two years.

It has been a privilege working for IADVL which is close to each of our hearts. Presidents Dr Deepak Parikh and Dr Venkataram Mysore, whom I have worked under, have been the pillars for whose farsightedness the Academy has been able to do what it had set out to achieve over the past two years. They have nurtured the Academy with their personal charisma and the Association has benefitted from the same. Various projects, detailed in this report, have been undertaken solely due to their vision and missionary zeal. As executors, we have tried to best dovetail our functioning to their larger than life goals. We have been able to achieve most of whatever we had set out to do and I attribute that to the way the members of the Academy and SIGs have warmed to the tasks at hand and accomplished them at sometimes almost impossible deadlines.

I wish that the Academy, under incoming President Dr Devesh Mishra and the new team headed by Dr Ameet Valia and Dr K A Seetharam, achieves more in the next two years than what we have achieved and am sure that the continuity that we have been able to achieve in the functioning of the Academy would go a long way in ensuring that projects taken up reach their rightful dénouement.

Long Live IADVL.

Jai Hind.

-Dr Col Manas Chatterjee, on behalf of the outgoing team of the IADVL Academy

IADVL ACADEMY 2015 ANNUAL REPORT

(Compiled by Dr KA Seetharam, Convener Designate
and Dr Ameet Valia, Convener)

ACADEMY MEETINGS

Meeting at DERMACON 2015

Academy meetings were held during DERMACON 2015 at Manglore on 13th and 15th Feb 2015. The activities done during 2014 were reviewed. Members were given specific designations and responsibilities:

1. IADVL Online Lecture Series Coordinators: Dr Manjunath Shenoy/Dr DA Satish
2. IADVL Training Fellowships Coordinators: Dr KM Ajith Tharakan/Dr Bikash Ranjan Kar
3. IADVL SIG Coordinators: Dr Sunil Dogra/Dr Iffat Hassan
4. IADVL Academy Publications Coordinators: Dr Vishalakshi Vishwanath/Dr Krina Patel
5. IADVL Research Grants Coordinators: Dr. Tanmay Padhi/Dr Biju Vasudevan
6. IADVL Research Coordinators: Dr Sandipan Dhar/Dr A J Kanwar

It was decided to bring out at least 3 Academy newsletters during this year by. Specific newsletters by SIGs and webinars were planned and discussed. Observerships for dermatologists aged above 35 yrs, multicentric studies (on vitiligo and therapy of SJS-TEN) were discussed and assigned to SIGs. Books, on Recent advances, Dermatology Atlas and Dermatopathology Atlas, were approved.

The Coordinators on two new SIGs, Dr. Murlidhar Rajgopalan for Psoriasis and Dr B S Chandrashekhar for Trichology were welcomed.



Meeting of IADVL Academy members and SIG Coordinators on 13th Feb, 2015 at Mangalore

Mid-Term Academy Meeting 2015

This meeting, held on 12th July, 2015 in Command Hospital, Kolkata, was attended by 14 members. Academy and SIG activities, including IADVL Training Fellowships and International Dermatopathology Fellowships, scholarships for attending SARCD-2015 and EADV-2015, IADVL Academy and SIG Bulletins, website, patient information leaflets, DermaGyan (IADVL Online Advanced Dermatology Lecture Series), IADVL-Torrent workshops, Hair Connect Webinars, MCI and DNB issues, IADVL-AIIMS Dermatology Resident Doctors and PG Teachers' Conference, and IADVL books, were reviewed.



Mid-Term Academy Meeting, Kolkata, 12th July 2015

SCIENTIFIC PROGRAM OF CONFERENCES

Scientific Program of the 43rd DERMACON, Mangalore, 2015

Feedback from Academy members was compiled by Dr DA Satish and forwarded to the organisers of the Mangalore and Coimbatore DERMACONS.

Scientific Program of SARCD, Mysore, 2015

The Academy Chairman and Convener participated in the formulation of the scientific program as Central Scientific Committee members

Scientific Program of the 44th DERMACON, Coimbatore, 2016

Four SIG sessions were recommended: Dermatology Clinical Trials, Dermatopathology, Genodermatoses, and Paediatric Dermatology.

Four applications for orations were assessed by 19 Academy members based on objective criteria and two that received more than 60% were recommended by the Academy Chairman and Convener to the Central Scientific Committee in its meeting in Coimbatore on 25th October.

WORKSHOPS

IADVL-AIIMS Dermatology Resident Doctors and PG Teachers' Conference

This conference was jointly organized by AIIMS, IADVL Academy and IADVL Delhi State Branch on August 1-2, 2015 in AIIMS, New Delhi, with Dr VK Sharma as Organizing Chairman and Dr Rahul Mahajan as Organizing Secretary and supported by Alkem.



It provided an opportunity for 400 postgraduate students and young PG teachers to interact and listen to lectures by senior faculty. Practical live case discussions were organized. Postgraduates were asked to express their concerns and needs and the faculty answered all their queries.

-Dr. Somesh Gupta, Scientific Chairman

IADVL Research Methodology Workshops-2015

The 2015 series of workshops, conceptualized by Dr Deepak Parikh, Immediate Past president, in 2014, was organized with him as the National Coordinator and Dr Saumya Panda as the National Scientific Coordinator in collaboration with the Gujarat, Telangana, North East and Kerala state branches and MSD. They were held at the following places, with an average attendance of more than 100 at each workshop:



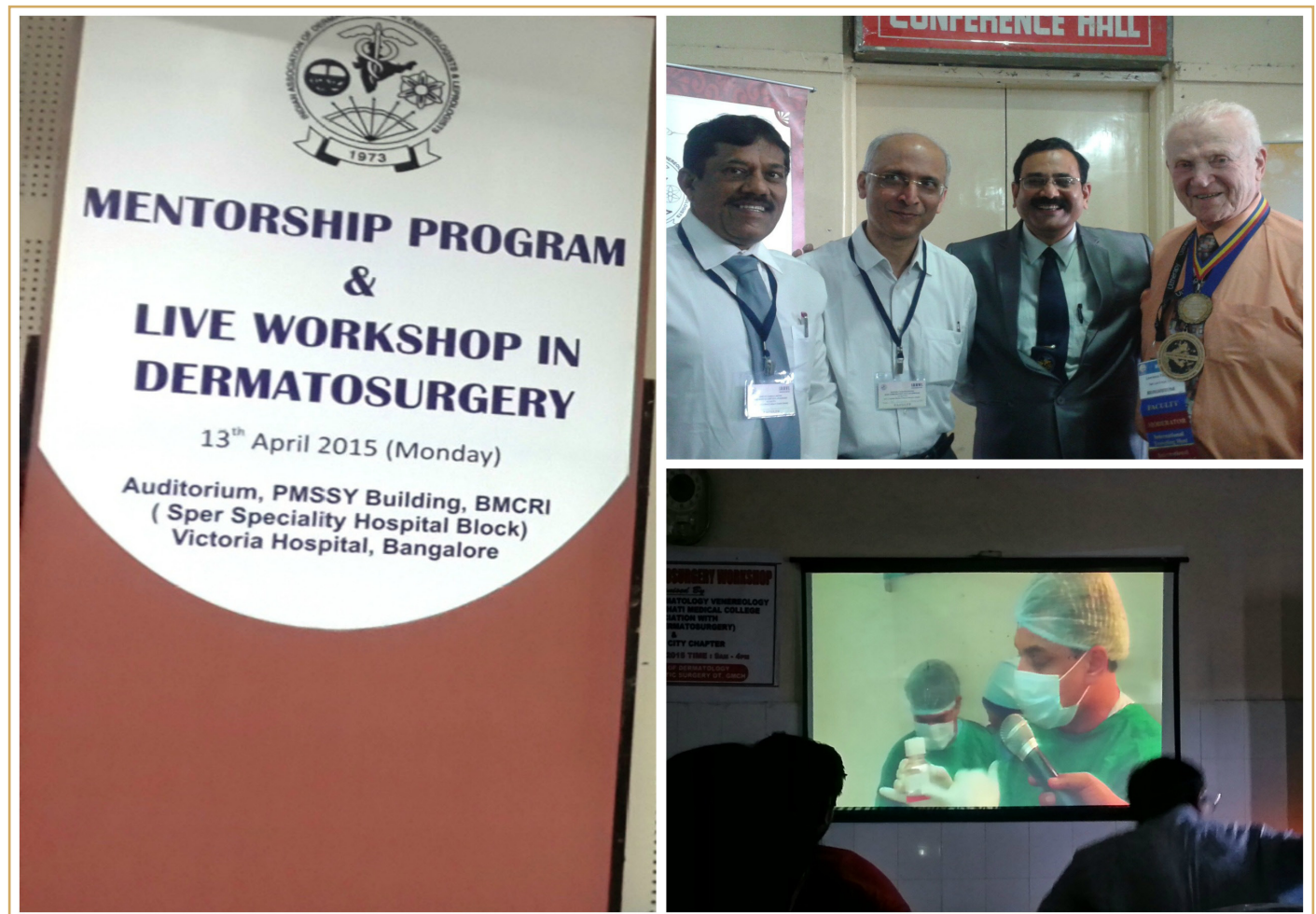
1. GMERS Medical College, Sola, Ahmedabad (June 27 and 28)
2. Deccan College of Medical Sciences, Hyderabad (July 4 and 5)
3. Guwahati Medical College & Hospital, Guwahati (August 8 and 9)
4. Government Medical College, Kozhikode, Calicut (August 22 and 23)

Dr Saumya Panda and Dr Maninder Singh Setia were the key faculty in all the workshops, complemented by Dr Yogesh Marfatia (Ahmedabad), Prof G Venkata Ramana (Hyderabad), Prof Avijit Hazra and Col Manas Chatterjee (Gauwahati), and Dr KP Aravindan (Calicut).

-Dr Saumya Panda, National Scientific Coordinator

International Mentorship Program in Dermatosenrgery

This Presidential Program was organized by the IADVL SIG Dermatosenrgery (Coordinator: Dr T Salim) in coordination with the International Training and Mentorship Program of the American Society of Dermatologic Surgery and supported by Alkem. Under the guidance of Dr. Lawrence Field, father of modern dermatosenrgery, dermatosenrgery workshops were conducted at AIIMS, New Delhi (6th April 2015), KJ Somaiya Medical College, Mumbai (8th April, 2015) and Bangalore Medical College, Bengaluru (13th April 2015) in association with the IADVL Delhi, Maharashtra & Karnataka State branches respectively and webcast. More than 3000 members viewed this.



IADVL Pan-India Laser, Aesthetics and Dermatosurgery Workshop Series

In this Presidential Program, a series of 15 workshops were organized by the IADVL SIG Lasers and Aesthetics (Coordinator: Dr Sanjeev Aurangabadkar & Convener: Dr Shehnaz Arsiwala) and IADVL SIG Dermatosurgery (Coordinator: Dr T Salim) in collaboration with the concerned state/city branch and Torrent (for the dermatosurgery and aesthetics workshops). They were generally held in nonmetro cities for IADVL members. The dermatosurgery and aesthetic workshops carried no registration fee, while the laser workshops had a nominal one. About 2000 members have attended these programs.

Dermatosurgery

1. 2nd May, Gauwahati, Organising Chairperson: Prof Debeeka Hazarika; Organising Secretary: Dr Anal Jyoti Bordoloi; and Local Co-ordinator: Dr Rajib Kumar Gogoi
2. 13th September, Mullana with IADVL Haryana state branch. Organizing secretary: Dr Sanjeev Gupta. Coordinators: Dr. Manish Pahwa & Dr. Chander Grover
3. 18th October, Bhubaneswar with IADVL Orissa state branch. Organizing Chairperson: Prof Juthika Mohanty & Organising Secretary: Dr Bikash Kar
4. 3rd January 2016, Visakhapatnam, with IADVL Andhra Pradesh branch. Organizing Chairman: Dr Anila Sunandini, Organizing Secretary: Dr P Guruprasad, Organizing Convener: Dr K Venkatachalam

Aesthetics

1. 2nd August, Bhopal with IADVL Madhya Pradesh Branch. Organising Secretary: Dr Anurag Tiwari. SIG Coordinator: Dr Shehnaz Arsiwala
2. 19th September, Madurai with IADVL Tamil Nadu Branch. Organising Secretary: Dr Krishnaram. SIG Coordinator: Dr Anurag Tiwari
3. 29th September, Bangalore with IADVL Karnataka Branch. SIG Coordinator: Dr Shehnaz Arsiwala
4. 13th December, Nellore with IADVL Andhra Pradesh Branch. Organizing Chairman: Dr Hiremath Nataraj, Organizing secretary: Dr A Vijayamohan Rao. SIG Coordinator: Dr Anurag Tiwari

Lasers

1. 10th May, Hyderabad with IADVL Telangana Branch. Organizing Chairman: Dr BN Reddy, Organizing Secretary: Dr G Manmohan, SIG Coordinator: Dr Sanjeev Aurangabadkar
2. 26th July, Belgaum with IADVL Karnataka Branch and JN Medical College. Organising Chairman: Dr AM Pandit and Organising Secretary: Dr Shivakumar Patil. SIG Coordinators: Dr Sanjeev Aurangabadkar & Dr Shehnaz Arsiwala
3. 29th September, Lucknow with IADVL Uttar Pradesh Branch. SIG Coordinators: Dr Anil Ganjoo & Dr Ankur Talwar
4. 24th October, Nagpur with IADVL Maharashtra Branch and Vidharbha Dermatology Society. SIG Coordinator: Dr Swapnil Shah
5. 17th December, Kolkata with IADVL West Bengal Branch. SIG Coordinator: Dr Abhishek De.
6. 2nd and 3rd January 2016, Delhi with IADVL Delhi Branch. SIG Coordinators: Dr Sanjeev Aurangabadkar and Dr Anil Ganjoo.

*-Dr Sanjeev Aurangabadkar (Coordinator, IADVL SIG Lasers and Aesthetics) &
Dr Shehnaz Arsiwala (Convener, IADVL SIGLA) and Dr T Salim (Coordinator, IADVL SIG Dermatosurgery)*

Research Grants

IADVL-L'Oreal Indian Hair and Skin Research Grant 2016

The IADVL-L'Oreal Indian Hair and Skin Research Grant 2016 jury meeting was held on 29th November 2015 at Hotel ITC Gardenia, Bangalore. The blinded applications were evaluated by the jury, which consisted of Dr Venkataram Mysore (Chairperson), Dr Manas Chatterjee, Dr Saumya Panda, Dr Arun Inamdar, Dr Nita Roy and Dr Michele Verschoore. Members who had a conflict of interest recused themselves from the discussion and the scoring of their projects. Dr Rashmi Sarkar, Dr Ameet Valia, Dr Tanmay Padhi and Dr Biju Vasudevan were the observers. The following recommendations were given:

1. Projects provisionally approved.

Rank	Title	Principal Investigator	Department	Amount Applied for (Rs.)
1.	To determine the efficacy of sunscreens in the treatment of melasma as assessed by MASI and Hindi melasma quality of life index	Dr Rashmi Sarkar	MAMC, New Delhi	1,16,285
2.	Immunofluorescence, immunohistochemistry and semi quantitative PCR including Foxp3, Wnt5a, IL-17, 22 and 23 paradigms in Lichen Planus Pigmentosus	Dr. M. Sendhil Kumaran	PGIMER, Chandigarh	2,06,000
3.	Quantification of levels of biotin, iron, zinc, copper and selenium in serum and hair samples of women with chronic telogen effluvium	Dr Munisamy Malathi	JIPMER, Puducherry	3,20,250
4.	Use of targeted broad band UV-B in the treatment of pityriasis alba over the face– A randomized controlled pilot study	Dr Soumya Jagadeesan	Amritha Institute of Medical Sciences & Research, Kochi	1,86,500
5.	Mesotherapy With Saline Vs Platelet Rich Plasma In Androgenetic Alopecia - A Randomized Comparative Split Scalp Study	Dr Priya Suresh	PSGIMSR, Coimbatore	1,00,020

2. The following projects were given a conditional approval with instructions for improvement to address the concerns of the jury and submission for final approval

Rank	Title	Principal Investigator	Department	Amount Applied for (Rs.)
1.	A Study of melanocyte stem cell and hair follicle stem cell markers in premature graying of hair	Dr Ranugha PSS	JSS Medical College & Hospital, Mysore	2,67,000
2.	In search of new sebostatic agents: assessment of role of H1 antihistamines and cannabidiol in sebaceous gland function	Dr Dipankar De	PGIMER, Chandigarh	5,97,400

IADVL-Galderma and IADVL-Sun Pharma Research Grants-2015

Applications for the IADVL-Galderma (Rs 15 lakhs) and IADVL-Sun Pharma Research Grants (Rs 14 lakhs) were invited. After evaluation by Dr Saumya Panda, the suggestions were passed on to applicants to improvise their protocols. 12 projects with a budget of Rs 22 lakhs were recommended by the Jury consisting of Dr Venkataram Mysore, Dr Devesh Mishra, Dr Deepak Parikh, Dr Manas Chatterjee, Dr Ameet Valia, Dr KA Seetharam, Dr Bikas Kar, Dr Tanmay Padhi, Dr Saumya Panda, Dr Manjunath Shenoy, Dr Biju Vasudevan, Dr Vishalaksi Viswanath on 11th July, 2015 in Command Hospital, Kolkata Disbursal would be in parts, depending on the progress, after all permissions and registrations are obtained. The status of last year's grants was reviewed.

Dr Saumya Panda and the SIG Clinical Trials were requested to formulate a protocol for a study on fungal infections in tinea incognito patients that could be undertaken with the excess funds.

IADVL-Galderma Grant-2015

No.	Title	Principal Worker	Department	Amount Sanctioned (Rs.)
1.	A multicentric, prospective and retrospective study of SJS, TEN & SJS-TEN overlap in Indian scenario	Ramesh Bhat M	Department of Dermatology, Father Muller Medical College Hosp, Kankanady, Mangalore	60,000
2.	Clinical and pathological characterization of lichenoid lesions in oral pemphigus vulgaris	Dipankar De	Dept of Derm, Ven and Lep; PGIMER, Chandigarh	2,39,475
3.	Estimation of hair cortisol levels as a biomarker of chronic stress in psoriasis: A pilot study.	Leelavathy B	Department of Dermatology, Bangalore Medical College and Research Institute, Bangalore	1,26,000
4.	A study of the bacteriology of acne and in vitro antibiotic susceptibility patterns of oral and topical antibiotics in treatment of acne	Rochelle C Monteiro	Fr. Muller Medical College Hospital, Mangalore	1,50,000
5.	A pilot study to assess treatment induced changes in intraepidermal nerve fibre density in leprosy patients with recent onset nerve function impairment	Tarun Narang	Dept of Dermatology, Pathology and Neurology, PGIMER, Chandigarh	1,54,500
6.	Magnitude and correlates of vitiligo in India: A multicentric cross-sectional hospital based observational study	Nilendu Sarma	Department of Dermatology, NRS Medical College, Kolkata. & multiple centres	2,38,700
Total				9,68,675

IADVL-Sun Pharma Grant-2015

No.	Title	Principal Worker	Department	Amount Sanctioned (Rs.)
1.	To determine anti-fungal susceptibility of dermatophytes causing superficial fungal infection to fluconazole, terbinafine, griseofulvin itraconazole, voriconazole	Deepika Pandhi	Department of Dermatology, UCMS & GTBH, Delhi	3,32,000
2.	In vitro assessment of the laser parameters	Kumaresan M	Department of Dermatology, PSG Hospitals, Coimbatore	2,15,000
3.	Clinical, mycological & drug susceptibility study of dermatophytes in this era of recurrent/refractory dermatophyte infections	Vishalakshi S. Pandit	Department of Dermatology, BLDEU's SBMP Medical College, Bijapur	11,000
4.	Circulating levels of chemokines in psoriasis	Seema Chhabra	Dept of Derm & Immunopathology, PGIMER, Chandigarh	98,880
5.	Antifungal drug sensitivity in treatment of dermatophytic infections	Jyothi Jayaraman	Department of Dermatology, Father Muller Medical College, Mangalore	2,23,200
6.	Utility of D-dimer as a potential biomarker for assessing the severity and response to treatment in acute and chronic urticaria	Shaurya Rohatgi	Dept of DVL, MGM Medical College and Hospital, Kamothe, Navi Mumbai	58,000
Total				9,38,080

-Dr Tanmay Padhi & Dr Biju Vasudevan, IADVL Research Grants Coordinators

IADVL Training Fellowships/Observerships

Thirty three candidates had been selected for Training Fellowships at 9 centres:

1. Dr Renu George, Dept of Dermatology, Venereology, Leprosy and Pediatric Dermatology, Christian Medical College, Vellore: Pediatric Dermatology
2. Dr Renu George, Dept of Dermatology, Venereology, Leprosy and Pediatric Dermatology, Christian Medical College, Vellore: Dermatopathology
3. Dr Pradeep Mahajan, Dr Mahajan's Dermatology and Dermatopathology Services, Pune: Dermatopathology
4. Dr DG Sable, Dept of Dermatology, Venereology and ART, Human Health Care and Research Foundation, Mumbai: HIV and AIDS
5. Dr Kiran Godse, Dept of Dermatology, DY Patil Medical College, Navi Mumbai: Urticaria
6. Dr Laxmisha Chandrashekhar, Dept of Dermatology, Venereology and Leprosy, JIPMER, Puducherry: Dermoscopy
7. Dr H V Nataraj, Department of Dermatology, STD, Leprosy, Bangalore Medical College and Research institute, Bangalore: Trichology

8. Dr Subrata Malakar, Rita Skin Foundation, Kolkata: Dermatosurgery
9. Dr Suresh Talwar, Talwar Skin, Laser and Cosmetology Centre, Lucknow: Laser and Aesthetics.

Training Fellowships in two centres were discontinued after one candidate had visited each centre because the Program Director retired (Trichology: Dr HV Nataraj) or cancellation by the institute (Dermoscopy: Dr Laxmisha Chandrashekhar). The 6 affected candidates are being accommodated in other centres.

Applications were invited from centers for recognition for IADVL Training Observerships (the new term proposed considering the duration and lack of hands on training in many centres). They were evaluated by Academy members based on objective criteria and centres that scored more than 40% were visited for verification visits. The revised list of centers for IADVL observerships is:

1. Dermatology/Cosmetology (Dr G R Ratnavel, Avinash Skin, Hair & Cosmetology Centre, Chennai)
2. Dermatopathology (Dr Renu George, Dept of Dermatology, Venereology, Leprosy and Pediatric Dermatology, Christian Medical College, Vellore)
3. Dermatosurgery (Dr Subrata Malakar, Rita Skin Foundation, Kolkata)
4. Dermatosurgery & Lasers (Dr Sumeet Gupta, Dr Gupta's Skin & Hair Hospital, Lucknow)
5. Hair transplantation (Dr Pradeep Sethi, Neu Hair Sciences, New Delhi)
6. HIV Medicine (Dr D G Saple, Dept of Dermatology, Venereology and ART, Human Health Care and Research Foundation, Mumbai)
7. HIV Medicine (Dr Vinay Kulkarni, Prayas, Pune)
8. Lasers & Aesthetics (Dr Suruchi Gupta, Aura Skin Institute, Chandigarh)
9. Lasers & Aesthetics (Dr Suresh Talwar, Talwar Skin, Laser and Cosmetology Centre, Lucknow)
10. Pediatric Dermatology (Dr Renu George, Dept of Dermatology, Venereology, Leprosy and Pediatric Dermatology, Christian Medical College, Vellore)
11. Trichology (Dr Rachita Dhurat, Dept of Dermatology, LTM Medical College, Mumbai)
12. Urticaria (Dr Kiran Godse, Dept of Dermatology, DY Patil Medical College, Navi Mumbai)

Four observerships for IADVL LMs or PLMs aged less than 35 years (for a duration of 4 weeks and a stipend of Rs 10,000), and one observership for IADVL LMs aged 35 years or above (for a duration of 2 weeks and without a stipend) were available for 2016. The list of selected candidates will be announced by DERMACON-2016.

International Dermatopathology Observerships

As part of a Presidential Project, applications were invited for four international dermatopathology fellowships/observerships of Rs 50,000 each at the following centers, with Dr M Ramam coordinating with the centers, and the active involvement of Dr Nandakumar G (Coordinator, IADVL SIG Dermatopathology):

1. University of California San Francisco (UCSF) Dermatopathology Service, California, USA
2. MD Anderson Cancer Center, Houston, Texas, USA
3. Wake Forest University, Winston-Salem, North Carolina, USA
4. Mackay Memorial Hospital, Taipei, Taiwan

A selection committee, consisting of Dr Venkataram Mysore, Dr Devesh Mishra, Dr Deepak Parikh, Dr Rashmi Sarkar, Dr Manas Chatterjee, Dr Ameet Valia, Dr Nandakumar G, and Dr M Ramam, decided to award scholarships to Dr Anisha Sethi, Dr Urmi Khanna and Dr Nidhi Sharma (University of California), and Dr Anisha George (McAnderson Cancer Centre, Texas). Dr Nidhi Sharma has completed all the formalities of University of California and is starting her fellowship from 15-6-2016

-Dr KM Ajith Tharakan/Dr Bikash Ranjan Kar, IADVL Training Fellowships Coordinators

IADVL Scholarships

Applications were invited for grants for attending the following conferences, with one-third reserved for PLMs, LMs below 35 years, and LMs above 35 years:

1. WCD-2015, Vancouver (8th-13th, June): 12 grants of Rs 50,000 each. Of 63 applicants, 13 were selected: LM aged above 35 years: Dr Imran Majid, Dr K.T. Ashique, Dr Nina Madnani, Dr Arijit Coondoo and Dr Feroze Kaliyadan. LM aged below 35 years: Dr Geeti Khullar, Dr Sidharth Sonthalia, Dr Dinesh Kumar, Dr M.A. Sandeep. PLM: Dr Riti Bhatia, Dr Anupam Das, Dr Akshita R. Shetty, Dr Teena Ramesh M
2. SARCD-2015, Mysore (4th-6th, September): 36 grants of Rs 10,000 each. As there were only 5 LM applicants, the EC gave the remaining scholarships to 31 PLMs. The scholarships of two candidates was cancelled as they were found to have received alternate funding, contravening their undertaking, and the next two on the list awarded. The final list: LM aged above 35 years: Dr Sudhir Nayak and Dr Gomathy; LMs aged below 35 years: Dr Neha Saraf and Dr Vishwaja Naik; and PLMs: Dr Parul Thakur, Dr Shashi Kant, Dr Yugandhar, Dr Surajit Gorai, Dr Kuldeep Bharadwaj, Dr Simin Muhammed Kutty, Dr Shailvi Banka, Dr Shishira R Jartarkar, Dr Arjun Ajay Shankar, Dr Mounika Ala, Dr Sneha Gandhi, Dr Y Sandya Rani, Dr Archana Meka, Dr Samatha M Swamy, Dr Abhilash A Dani, Dr Vinitha L, Dr Pihu Sethi, Dr Manu Vidhya H, Dr Anita K, Dr Pallavi B, Dr Vaishali R Makwana, Dr Jigna Barot, Dr Nithun TM, Dr Zarina Usman, Dr Reyila VP, Dr Manu Singh Walia, Dr Anuradha Jindal, Dr Akila K, Dr Parvathy Santhosh, Dr Nitin Nair, Dr Rupika Singh, and Dr Chandan KS.
3. EADV-2015, Copenhagen (7th-11th October): Six grants of Rs 30,000 each. Of the 3 applications received, two were recommended: Dr AJ Kanwar and Dr Ramesh Bhat (a third declined).
4. International symposium Dermatopathology (19th-21st November): 18 grants of Rs 10,000 each. The sole applicant, Dr Shikhar Ganjoo, was awarded.
5. DERMACON 2016: 42 scholarships of Rs15,000. All 16 applicants were given the grant. LM above 35 yrs: Dr. A. Gnaneshwar Rao. LM below 35 yrs: Dr. Madhulika A. Mhatre, Dr. Swetalina Pradhan, Dr. Aditi Chhonkar. PLMs: Dr. Akila R., Dr. Archana S.A, Dr. Bhanu Prasad B.N., Dr. Vinay Kumar Bommireddy, Dr. Divya Koppada, Dr. Gillian Roga, Dr. Navya M., Dr. Poovamma A.S., Dr. Ramya C., Dr. Ranjan Jeevannavar, Dr. Rashmi Aderao, Dr. Uddhao S. Zambare

ONLINE LECTURES & WEBINARS

Dermagyan – Online Lecture Series

Nine lectures were delivered as part of this presidential project aimed at enhancing the knowledge and competence of IADVL members by lectures delivered by expert faculty. Lectures were recorded in a studio, edited and are released on a fortnightly basis on a dedicated website (<http://dermscme.com>). The speakers were Dr CR Srinivas (Phototherapy), Dr Deepak Parikh (Approach to a child with fever and rash), Dr Arun C Inamadar (Photosensitive genodermatoses) and Dr. M. Ramam (Cutaneous tuberculosis), Dr Somesh Gupta (Evidence based treatments in genital HPV infections), Dr Sandipan Dhar (Systemic therapy in atopic dermatitis), Dr Sanjeev Handa (Hand eczema), Dr Rashmi Sarkar (Recent therapies in melasma), and Dr Venkataram Mysore (Unravelling the magical wand). They are expected to be distributed in the form of a CD to members in Coimbatore during DERMACON.



IADVL
Indian Association of Dermatologists,
Venereologists and Leprologists (IADVL)

IADVL ONLINE DERMATOLOGY LECTURE SERIES
Dermagyan

2015-16



-Dr. Manjunath Shenoy & Dr. DA Satish, IADVL Online Lecture Series Coordinators

IADVL-MSD Online Dermatopathology Lecture Series

This presidential program was organized by IADVL SIG Dermatopathology (Coordinator: Dr G Nandakumar) in collaboration with MSD. Online lectures on important topics by eminent faculty were planned. Five lectures were webcast. Dr V Ramesh (Granulomas), Dr Mithilesh Chandra (Introduction to Skin Histology ,and Virtual Microscopy), Dr Sujay Khandpur ('Vasculitis,' and Leprosy), Dr Asha Kubba (Vesiculobullous diseases') and Dr. Venkataram Mysore ('Clues in dermatopathology'). Their permanent link: <http://www.digiscan.co.in/iadvl-msd-online-dermatopathology-lecture-series.html>



-Dr G Nandakumar, Coordinator, IADVL SIG Dermatopathology

Hair Connect Trichology Webinars

Four webinars were held as a Presidential Program by the IADVL SIG Trichology (Coordinator: Dr BS Chandrashekhar) in collaboration with Janssen:

1. The first one was held on 8th March 2015. The speakers were Dr RK Joshi, Dr Venkatram Mysore, Dr BS Chandrashekhar and Dr Rekha Sheth.
2. Hair Connect 2 was held on 21st June, with Dr. Anil Abraham, Dr. Dhanashree Bhide, Dr. Kumaresan, and Dr. Madura as speakers, and Dr. Aman Dua, Dr. Radharani, Dr. Pankaj Chaturvedi, and Dr. Ragini Ghia as panelists.
3. Hair Connect 3 was held on 13th September. The faculty consisted of Dr Kavish Chouhan, Dr Uday Khopkar and Dr S Anandan. Three panel discussions were moderated by Dr Venkatram Mysore, Dr Murlidhar Rajagopalan and Dr Manas Chatterjee, with Dr BS Chandrashekhar, Dr Arun Inamadar, Dr Subrata Malakar, Dr S Criton, Dr Nirmal B, Dr KC Nischal and Dr MS Sukesh as panelists.
4. Hair Connect 4 was held on 10th January. Dr Mysore Venkataram, Dr BS Chandrasekhar, Dr Anil Abraham, Dr Maya Vedamurthy, Dr TS Vidya, and Dr Rajetha Damisetty were the faculty.

More than 3500 members participated through live meetings at 30 centres across India and through individual logins.

The web links for all recorded programs are now available at:

<http://webstream.communications.powerstream.net/008/00151/jnj/080315/>

<http://24framesdigital.com/jnj/webcast/210615/>

-Dr BS Chandrashekhar, Coordinator IADVL SIG Trichology

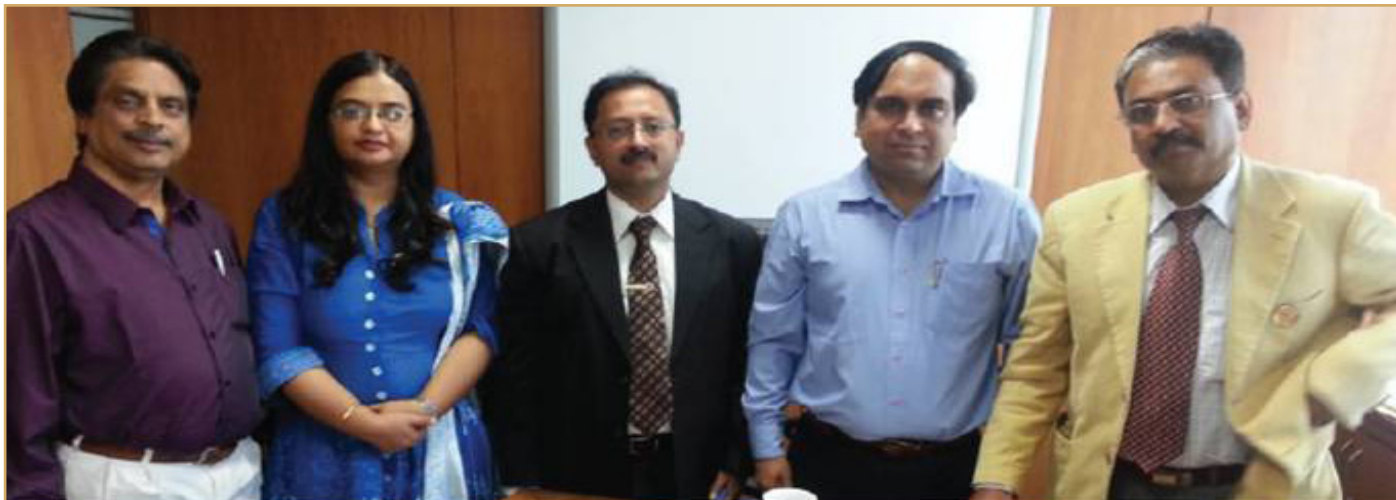
World Psoriasis Day

This was organized by IADVL SIG Psoriasis and IADVL Academy in association with Dr Reddy's Laboratory on 29th October. A webinar with Dr. Luigi Naldi from Milan, Italy and Dr Murlidhar Rajagopalan from Chennai was webcast to more than 50 centres followed by a live program with individual speakers, including SIG members. Psoriasis Patient Education Posters (prepared by the SIG last year with inputs from the Academy) and educational material were distributed to IADVL members all over India.

-Dr Murlidhar Rajagopalan, Coordinator, IADVL SIG Psoriasis

MCI AND DNB ISSUES

A delegation consisting of the President Dr Venkataram Mysore, Secretary General Dr Rashmi Sarkar, IADVL Academy Chairman Dr Manas Chatterjee, IADVL Government Liaison Cell Chairperson Dr VK Garg, and Dr Vineet Relhan met the National Board of Examinations and the Medical Council of India on 27th April 2015. It proposed starting NBE accredited Fellowships in Dermatologic Surgery, Dermatopathology, Lasers and Aesthetic Dermatology, Pediatric Dermatology, and Trichology with a syllabus prepared by the respective SIGs (Coordinators: Dr T. Salim, Dr Nandakumar Gopinath, Dr Sanjeev Augangabdkar, Dr Manish Shah and Dr B. S. Chandrashekhar). They suggested that the theory and practical examination of the Dermatology portion of Internal Medicine should be conducted by dermatologists and that the above sub-specialities should form part of a uniform curriculum of post-graduation in dermatology. Issues of non-dermatologists performing dermatological procedures, non-recognised bodies providing Fellowships and courses, and overlapping domains were discussed.



The IADVL delegation with the Executive Director of the National Board of Examinations

In pursuance to this, MCI has constituted an standing expert group in Dermatology, Venereology and Leprosy to advise the MCI in academic matters related to dermatology, venereology and leprosy from time to time. The group members are Prof Kaushal Verma as Convener, Prof Adarshalatha Singh as Co-Convener, and Dr Venkataram Mysore and Prof Rashmi Sarkar as members.

IADVL E-LIBRARY

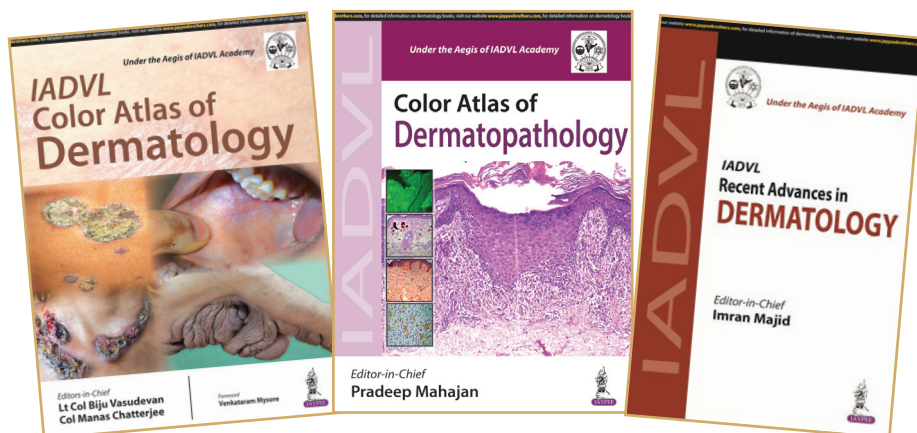
The IADVL E-library has been restarted. Seven journals from Wiley were provided to get an open access articles by writing to iadvljournals2015@gmail.com. Until September, 1796 articles had been downloaded, the maximum number from the British Journal of Dermatology.

-Dr KA Seetharam, Convener, IADVL E-library

BOOKS, PUBLICATIONS AND WEBSITE

Books

Three books, IADVL Color Atlas of Dermatology, IADVL Color Atlas of Dermatopathology, and Recent Advances in Dermatology (Indian Perspective), edited by Dr Biju Vasudevan, Dr Pradeep Mahajan and Dr Imran Majid respectively will be released during DERMACON 2016.



IADVL Derma-Academia

This year saw the publication of IADVL Derma-Academia, the IADVL Academy's e-newsletter. The first one, released in May 2015, covered Academy activities and the Top 10 News from global dermatology.

Website

The IADVL Academy website (<http://iadvl.org/beta/about-iadvl-academy-of-dermatology/>) has been revamped to provide easier access to information.

Formatting of SIG newsletters (SIG Clinical Trials, Genodermatoses, SIG Lasers and Aesthetics) was coordinated

IADVL Digital Lecture Series

The second edition of IADVL Digital Lecture Series 2015 for undergraduates has been edited by Dr Vishalakshi V and is being released during DERMACON in Coimbatore. It will be uploaded at www.iadvl.org.

The following topics are covered:

Anatomy & Basic skin lesions	Dr Vikram Mahajan	Scabies & Pediculosis	Dr Surajit Nayak
Bacterial infections	Col Rajesh Verma	Viral infections	Dr. Abhijeet Jha
Fungal infections	Dr Dimple Chopra	STI s	Gp Capt Sandeep Arora
HIV	Dr. Marfatia Yogesh	Hansen's disease	Dr. Meghana Phiske
Cutaneous TB	Dr. Archana Singal	Acne	Dr. Sanjay Khare
Eczemas	Dr. Shashikumar	Psoriasis	Dr. Iffat Hassan
Lichen planus and other papulosquamous diseases	Dr. Raghurama Rao	Pigmentary disorders	Dr. Nilendu Sarma
Vitiligo	Dr. Somesh Gupta	Urticaria and angioedema	Dr. Dipankar De
Photosensitive disorders	Dr. Abhishek De	Vesiculobullous disorders	Dr. C. Udayashankar
Collagen vascular disorders	Dr. Vinitha Varghese Panicker	Skin in systemic disease	Dr. Nirmal B
Cutaneous drug Eruptions	Dr. Lalit Gupta	Skin tumors (benign & malignant)	Dr. Chandra Sekhar Sirka
Nutritional disorders	Dr. Malcolm Pinto	Disorders of hair & nail	Col. Manas Chatterjee
Pediatric dermatology: A brief overview	Dr. D. Sudha Vani	Cosmetic dermatology	Dr. Shehnaz Arsiwala
Dermatosurgery	Dr. Venkataram Mysore	Investigations	Col. S. Radhakrishnan
Differential diagnosis	Dr. Saumya Panda	Dermatotherapeutics- Topical	Dr. Pallavi Utekar
Dermatotherapeutics- Systemic	Dr. S. K. Singh		

IADVL Patient Information Leaflets

Patient information leaflets in English for 10 common diseases (acne, adverse drug reactions, atopic dermatitis, genodermatoses, herpes zoster, molluscum contagiosum, scabies, urticaria, varicella and warts) are ready to be uploaded at www.iadvl.org. Efforts are being made to prepare them in local languages with the association of state branches.

-Dr Vishalakshi Vishwanath/Dr Krina Patel, IADVL Academy Publications Coordinators

IADVL SIG ACTIVITIES

(compiled by Dr Sunil Dogra & Dr Iffat Hassan, IADVL SIG Coordinators)

IADVL SIG Cutaneous Adverse Drug Reactions

1. Therapeutic guidelines on TEN/SJS were framed and submitted for publication to the IJDVL
2. Proforma for recording CADR designed after inputs received from several IADVL members and uploaded on the IADVL's website. The purpose was to use this proforma for a multicentric prospective study, across the nation to generate a data on CADR. The focus shall be to evaluate prospectively the treatment outcome in SJS/TEN. This was partially achieved and going on at few centers.
3. Patient information leaflet and education material on CADR in English and Hindi sent to the Academy for uploading on the website. Members have been requested to convert this in to their regional languages and submit and distribute it to their patients.
4. SIG-CADR in collaboration with IADVL Maharashtra branch conducted a CME/Workshop in Mumbai on 10th May 2015 on "Tackling the menace of Cutaneous Adverse Drug Reaction- Joining hands together". It was attended by about 200 delegates and was accredited with 2 CME points by Maharashtra Medical Council.
5. SIG – CADR conducted a 1 hour session at the DERMACON 2015 at Mangalore which included 4 short didactic lectures and a panel discussion on severe cutaneous adverse reactions.
6. SIG-CADR conducted an academic session in DERMAZONEWEST 2015 held at Udaipur from 23rd-25th Oct 15
7. SIG-CADR conducted a 90 minute scientific session on "challenges and controversies in the management of severe cutaneous adverse drug reactions (SCARs): evolving a consensus- A panel discussion" in DERMAZONE EAST 2015 held at Kolkata from 18th-20th Dec. 15
8. Contributed a chapter each on Urticaria and adverse drug reactions in the book On Recent Advances Of Dermatology published by IADVL Academy
9. Contributed a ppt. lecture on CADR for undergraduate teaching for the IADVL Digital Lecture Series.



-Dr Lalit Kumar Gupta, Coordinator, IADVL SIG Cutaneous Adverse Drug Reactions

IADVL SIG Dermatology Clinical Trials

1. Dr Saumya Panda was the National Scientific Coordinator of the IADVL Research Methodology Workshops-2015 and Dr Maninder Singh Setia, SIG member, was the key faculty. Four workshops, Ahmedabad, Hyderabad, Guwahati and Calicut were held and more than 600 members benefitted from these.
2. A protocol for a study, 'A multicentric study to evaluate the host and pathogen factors in recurrent dermatophytoses' was prepared after intensive discussion, with Dr Sunil Dogra playing a leading role. Its aim is to study the presence of resistance to topical and systemic antifungals in patients treated with topical steroids compared to that in patients not treated.
3. The SIG members gave their critical comments on the 30 proposals for the IADVL-Galderma and IADVL-Sun Pharma Research grants.

-Dr Saumya Panda, Coordinator

IADVL SIG Dermatopathology

1. The IADVL-MSD Online Dermatopathology Lecture Series was organized.
2. The dermatopathology case of the month series continues on the Acad egroup.
3. The Coordinator was part of the committee that evaluated applications for the International Dermatopathology Fellowships
4. Dermatopathology workshops
 - i) As part of DERMAZONE EAST & CUTICON WB 2015, a preconference workshop on dermatopathology was conducted at SSKM Hospital, Kolkata on 17th December. 30 delegates took part in this workshop which included direct slide viewing. Faculty included Dr Ramam, Dr Sujay Khandpur, Dr G. Nandakumar, Dr PK Dutta. The event was coordinated by Dr Kisalay Ghosh.
 - ii) Dermatopathology CME was organised at AIIMS Bhopal on 9th and 10th January, in collaboration the IADVL MP Branch and AIIMS, Bhopal by Dr Anurag Tiwari. Dr Ramam and Dr Rajiv Joshi are part of the faculty.

-Dr G Nandakumar, Coordinator

IADVL SIG Dermatosurgery

1. The SIG is organizing five of the IADVL Pan-India Laser, Aesthetics and Dermatosurgery Workshop Series mentioned earlier.
2. The SIG had prepared a curriculum for Fellowship for submission to MCI





-Dr T Salim, Coordinator

IADVL SIG Genodermatoses

1. Symposia

- a) Asram Medical College, Elluru in association with the IADVL Andhra Pradesh branch on 9th August. SIG faculty consisted of Drs Archana Singal, Deepika Pandhi and Seema Kapoor. More than 150 delegates participated.
- b) Hotel Metropolitan Nikko, Delhi on 13th September in association with IADVL Delhi State Branch. SIG members Drs Archana Singal, Deepika Pandhi, Atul Kochhar, Ankur Talwar and Seema Kapoor were among the speakers. About 120 delegates attended the workshop.

2. Three newsletters have been brought out with special focus on various genodermatoses.
3. Handouts on genodermatoses for patients and medics/paramedics have been compiled.
4. A session on genodermatoses is planned for DERMACON 2016.



Symposium at ASRAM, Eluru, AP

-Dr. Archana Singal, Coordinator

IADVL SIG Lasers and Aesthetics

1. The SIG is involved in organizing 10 of the IADVL Pan-India Laser, Aesthetics and Dermatosurgery Workshop Series. The workshops were IADVL certified and included observational and demonstrations of various lasers and aesthetics procedures, with more than 150 delegates registered for each and around 2500 IADVL members trained so far in 10 workshops across the country.
2. The SIG conducted a 2-hour laser sessions and panel discussion on new technologies at DERMAZONE SOUTH-2015 at Guntur on October 30 and at DERMAZONE East, Kolkata on December 18.
3. Two newsletters were released, on August 2 in Bhopal, and on September 29 in Bangalore.



Team SIGLA At Kolkata Workshop Dec 2015, SIGLA Aesthetics Workshop at Nellore, Team At Delhi Laser Conference With IADVL President Dr Venkataram Mysore, And SIGLA News Letter

-Dr Sanjeev Aurangabadkar, Coordinator & Dr Shehnaz Arsiwala, Convener

IADVL SIG Leprosy

1. A clinical meeting was held on 5th February, 2015 at K J Somaiya Medical College and Hospital Auditorium, organized by Dept of Dermatology, K J Somaiya Medical College and Hospital, IADVL Maharashtra Branch and Special Interest Group (SIG) Leprosy, IADVL in collaboration with Bombay Leprosy Project (BLP).



Dr. VV Pai Coordinator SIG Leprosy welcoming the gathering



PG Residents interact with the Experts and Teachers



Section of the Audience

- During the Midterm Conference of IAL, held at Gandhi Medical College (GMC), Hyderabad on 11th and 12th of April 2015, IADVLSIG Leprosy held a Quiz Competition for postgraduate students of AP and Telangana.



Dr Pai, Coordinator SIG Leprosy IADVLS and Dr Sujai Sunetha, Scientific Committee Chairman, felicitating the winners of the Quiz

- A CME on 'Hansen's disease and its challenges in the 21st century' was organized by Dr Ramesh Bhat M at Fr Muller Medical College, Mangalore in association with IADVLS Karnataka state branch on August 1. It was attended by 300 delegates and also webcast.



Dr Pai presenting on What's new in management of reactions at the meeting



Dr Nanda Kishore addressing the audience during the Inauguration ceremony



A section of the audience



Guest at the Inaugural function

- 'Relapse in leprosy' was the topic for discussion at the meeting held on Sunday, 29th November 2015 at the District Training Centre, Nanded. It was organized for dermatologists practicing in Nanded in collaboration with the Nanded Dermatologists Association and Hind Kusht Nivaran Sangh, Maharashtra Branch.

-Dr VV Pai, Coordinator

IADVL SIG Pediatric Dermatology

1. Patient information leaflets on lichen planus, molluscum contagiosum, pityriasis rosea, psoriasis, vitiligo, warts. Handouts on Eczema prepared in English, Hindi & Marathi languages. They were submitted to the Academy and were also uploaded on the IADVL app.
2. Pediatric Dermatology curriculum prepared for Fellowship in Pediatric Dermatology/DNB for submission to MCI.
3. Walk for Eczema, organized by SIG Pediatric Dermatology and Eczema Parents Support Group on Sunday, 17th May, was a run-a-way success with more than 50 participants and more than 500 information handouts distributed. There was a lot of interaction with the crowd on Equal Streets, Mumbai. Apart from SIG members Dr Manish Shah, Dr Rajesh Jadhav, Dr Manjyot Gautam and Dr Resham Vasani, Immediate Past President Dr Deepak Parikh and prominent dermatologists participated in the walk that lasted almost 2 hours. Also present were Mrs Anindita Guha Maulik Rungta, who has initiated an Eczema Parents Support Group, and patients, parents and family members of eczema patients.
4. Chapters in Recent Advances book to be brought out by IADVL in January 2016:
 - a. Alopecia areata in children- Changing paradigms- Dr Tarang Goyal and Dr Manish Shah
 - b. Understanding atopic dermatitis- Dr Manjyot Gautam
 - c. mTOR inhibitors in dermatology- Dr Resham Vasani and Dr Manish Shah
 - d. Treatment of infantile hemangiomas beyond propranolol- Dr Raghubir Bannerjee and Dr Rajib Malakar
 - e. Advances in diaper technology- Dr M S Sahan
5. 'Pediatric Dermatology Pulse' newsletter of SIG Pediatric Dermatology in January 2016



Eczema walk by SIG

-Dr. Manish K. Shah, Co-ordinator

IADVL SIG Pigmentary Disorders

1. **Vitiligo symposium:** As part of observance of World Vitiligo Day, the SIG along with IADVL (Maharashtra) held a full day symposium themed 'Understanding Vitiligo and Newer Concepts in management'. Faculty present was Dr. Somesh Gupta (Etiopathogenesis of Vitiligo), Dr. Nirmal B. Dr. Deepak Parikh, Dr. Chitra Nayak, Dr. Raghunatha Reddy, Dr. Uday Khopkar. Dr. Vinay Saraf, Dr. Davinder Parsad, Dr. T Salim, Dr. Nilendu Sharma, Dr. Sharad Mutalik. The lectures were followed by a panel discussion
2. **Session on Pigmentary diseases at DERMAZONE EAST:** There were interesting lectures by Rashmi Sarkar and Dr Sayantani Chakraborty followed by a panel discussion on 20th December.
3. **Publications:** Contributed many chapters in RECENT ADVANCES to be published by IADVL
4. **Study:** A pan-India vitiligo epidemiological study 'Magnitude and correlates of vitiligo in India: A multicentric cross-sectional hospital based observational study' was approved for IADVL-Galderma Grant-2015. It will continue for one year



SIG Pigmentary Disorders

-Dr Nilendu Sarma, Coordinator

IADVL SIG Psoriasis

1. CME events:
 - a. One was organized on 9th August in Hyderabad in association with the IADVL Telangana branch. SIG faculty consisted of Dr Murlidhar Rajagopalan and Dr Anchala Parthasaradhi. There were more than 250 delegates.
 - b. A national CME 'PSORACON 2015' was organized by the IADVL Kerala branch and Malabar Dermatology Club at Calicut on 8th October. It was attended by 200 delegates. SIG faculties were Dr Abir Saraswat, Dr Parthasaradhi and Dr Murlidhar Rajagopalan.

- c. SIG member Dr Asit Mittal organized a session on difficult psoriasis at DERMAZONE WEST-2015 in Udaipur on 24th October. It was attended by more than 200 delegates. Dr Murlidhar Rajagopalan was a speaker and the panel discussion included SIG member Dr Vinay Singh.
2. Observation of World Psoriasis Day on October 29: Dr Sraboni Ghosh, SIG member, conducted a patient support program in association with the IADVL West Bengal branch, Dr Vinay Singh conducted a patient contact program in Delhi, while Dr Parthasaradhi conducted a walk for psoriasis and a patient contact program in Hyderabad



PSORACON-2015 at Calicut

-Dr Murlidhar Rajagopalan, Coordinator

IADVL SIG Trichology

Four webinars were organized, 8th Mar, 10th June, 13th September 2015 and 10th January 2016.

About 3500 members have viewed them and participated in discussions.

The web links for all recorded programs are now available at:

<http://webstream.communications.powerstream.net/008/00151/jnj/080315/>

<http://24framesdigital.com/jnj/webcast/210615/>



-Dr BS Chandrashekar, Coordinator

Dr. Manas Chatterjee
Chairperson
IADVL Academy of Dermatology (2014-15)

Dr. Ameet Valia
Convener
IADVL Academy of Dermatology (2014-15)

(Compiled by Dr Vishalakshi Vishwanath/Dr Krina Patel, IADVL Academy Publications Coordinators)

1. Corticosteroid Misuse

Irrational combinations of steroid cocktails, steroid containing fairness creams are easily available over the counter in India and widely prescribed by various practitioners and unqualified charlatans. Public and professional ignorance, legal ambiguity, and government indifference has led to widespread misuse of steroid containing skin creams and lotions, often in irrational combinations, leading to substantial side effects.

The IADVL has formed a task force against topical steroid abuse, which seeks to raise public awareness, run media campaigns, form study groups for doctors, highlight the problem in journals, and meet with central and state authorities. There is an urgent need for the drug controller to bring topical corticosteroids under schedule H and disallow their unrestricted sale. There is a need for dermatologists to be included in union health ministry's drug technical advisory boards.

Verma SB. Topical corticosteroid misuse in India is harmful and out of control. *BMJ*. 2015;351:h6079

2. Newer Therapies in Psoriasis

With a better understanding of the pathogenesis of psoriasis, novel approaches in the form of targeted therapies and individualized treatment regimens are being developed. All these targeted therapeutic modalities offer the prospect of enhanced clinical outcomes with favourable side-effect profile. A detailed review of various topical agents, biologic treatments, and systemic therapies in phase 2 and phase 3 clinical trials in the pipeline is described.

Amongst topical therapies, Janus kinase (JAK) inhibitors, phosphodiesterase inhibitors (PDE-4) newer vitamin D analogues and combinations, cysteine protease inhibitors, lymphocyte migration inhibitors, high mobility group box antagonist (HMGB 1) are in phase 2 and 3 trials. Novel delivery systems /formulations and home based phototherapy will be increasingly used.

Amongst oral therapies, the small molecules or targeted therapies including Janus kinase (JAK) inhibitors, phosphodiesterase inhibitors (PDE-4) such as apremilast, newer calcineurin inhibitor (voclosporin) are under phase 3 trial. The newer biological therapies in the pipeline includes TNF α inhibitor (Certolizumab), inhibitors of IL 12/ IL 23 pathway (Briakinumab, Guselkumab, Tildrakisumab), IL - 17 inhibitor (Brodalumab, Ixekizumab), activator of regulatory T- cells (Tregalizumab) and GM- CSF inhibitor (Namilumab)

1. Feely MA, Smith BL, Weinberg JM. Novel psoriasis therapies and patient outcomes, part 1: topical medications. *Cutis*. 2015;95:164-8, 170.
2. Feely MA, Smith BL, Weinberg JM. Novel psoriasis therapies and patient outcomes, part 2: biologic treatments. *Cutis*. 2015;95:282-90
3. Feely MA, Smith BL, Weinberg JM. Novel psoriasis therapies and patient outcomes, Part 3: Systemic medications. *Cutis*. 2015;96 47-53

3. Platelet Rich Plasma: Systematic Review

Fourteen articles were systematically reviewed regarding the mechanism of action of PRP, its preparation methods and its therapeutic potential, including 12 articles for androgenetic alopecia and 2 for alopecia areata. It was concluded that PRP is a potentially useful therapeutic tool for non-cicatricial alopecias, without major adverse effects. Nevertheless, it is still a highly controversial form of therapy. Larger, randomized blind, controlled trials, with approved devices for PRP preparation as well as evidence-based data regarding concentration, dosing parameters and depth of injection are the need of the hour.

Gkini MA, Kouskoukis AE, Rigopoulos D, Kouskoukis K. Platelet-rich plasma as a potential treatment for noncicatricial alopecias. *Int J Trichology*. 2015;7:54-63.

4. Oral Mini Pulse Vs Methotrexate in Vitiligo

The efficacy of MTX with that of OMP in patients with unstable vitiligo vulgaris was compared in a prospective randomized open label study. 52 patients with vitiligo were divided into two groups. One group received 10 mg methotrexate weekly and the other, corticosteroid OMP (dexamethasone tablets 2.5 mg taken on 2 consecutive days in a week for a total weekly dose of 5 mg), for a period of 24 weeks. Statistical correlation between the two groups showed no significance in the number of patients who developed new lesions (increasing disease activity). A similar reduction in the vitiligo disease activity score was seen in both groups. Hence it was concluded that both drugs are equally effective in controlling the activity of vitiligo. MTX can be used in patients with active vitiligo, wherever corticosteroids are contraindicated.

Singh H, Kumaran MS, Bains A, Parsad D. A randomized comparative study of oral corticosteroid minipulse and low-dose oral methotrexate in the treatment of unstable vitiligo.

Dermatology. 2015;231:286-90.

5. Durability of Direct Immunofluorescence Slides

Direct immunofluorescence (DIF) staining of cutaneous specimens is a valuable tool in the diagnosis of immunobullous diseases, connective tissue disease, and vasculitis. In the past, DIF slides were refrigerated. However, it was observed that DIF slides can be stored at room temperature for about 30 months, albeit the data was limited.

A retrospective study to determine the durability of DIF slides stored at room temperature showed that slides retain their immunofluorescent pattern up to 5 years. Loss of reactivity was limited to cases with weak fluorescence at original diagnosis. The sites of deposition of immunoreactants did not appear to influence the loss of reactivity. Storage in a dark environment may be more critical than the temperature. DIF slides kept at room temperature for 5 years showed excellent durability, allowing them to be archived for research, teaching, and patient care.

Elbendary A, Zhou C, Truong J, Elston D. Durability of direct immunofluorescence (DIF) slides stored at room temperature. J Am Acad Dermatol. 2015;6:1021- 1024.

6. Practical guidelines to diagnose and treat SSTI infections

There is wide range of Skin and soft tissue infections (SSTIs) from common cellulitis to fulminant and life threatening infections requiring emergency care and surgical intervention. These guidelines drafted by a 10 member panel from the Infectious Diseases Society of America (IDSA) are based on a systematic weighting of the strength of recommendations and quality of evidence using the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) system.

Clinical evaluation of the type of infection, health status of the patient, and the selection and dosage of the most appropriate treatment agents are important. The guidelines recommend identification of causative agents and using appropriate antibiotics in place of practice of using newer expensive antibiotics in each and every patient. They offer a novel algorithm for the management of nonpurulent and purulent infections that aims to define a pathway for mild, moderate, and severe infections in each category. For example, no antibiotic is recommended for a purulent infection – only incision and drainage – if the patient has no signs of systemic involvement. For moderate cases of purulent infection with some systemic involvement, incision and drainage should be followed by culture and sensitivity testing; trimethoprim-sulfamethoxazole is recommended if the pathogen is found to be methicillin resistant *Staphylococcus aureus* (MRSA) and dicloxacillin or cephalexin, if it is methicillin susceptible *S. aureus* (MSSA).

In people with an abscess who have failed antibiotic treatment, are immunocompromised, or have fever and elevated WBC counts or other evidence of severe infection, prompt treatment using an antibiotic that acts against all these organisms, including resistant ones, is recommended. The newly approved agents dalbavancin and tedizolid are effective in treating SSTIs caused by MRSA in such settings.

For a recurrent abscess, search for a local cause (e.g. foreign material or pilonidal cyst), surgical drainage, antibiotics (as per the iso-

lated organism), decolonization strategies and additionally evaluation for neutrophilic disorders if recurrent abscesses began in early childhood are recommended.

The guidelines refer to the use of Gram stains for directing antimicrobial therapy before results of culture and sensitivity are available.

Stevens DL, Bisno AL, Chambers HF, Dellinger P, Goldstein EJC, Gorbach SL et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 Update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2014;59:e10-52.

7. Review of Biologics for Hidradenitis Suppurativa

Biologic medicines, proteins derived from human genes, have changed the way we treat many inflammatory disorders like psoriasis and rheumatoid arthritis. Five biologics have been used for hidradenitis suppurativa (HS): etanercept, infliximab, ustekinumab, adalimumab and anakinra.

Etanercept which is a fully humanized fusion protein which binds to transmembrane TNF-alpha. There are several studies done till date including one randomized double blind study in HS which does not show very favorable results but as these studies involved relatively few patients, cannot make any final conclusion regarding its efficacy. Infliximab is a chimeric antibody targeting both transmembrane and soluble forms of TNF-alpha. Hence it shows more favorable results in HS than etanercept. There are ten studies available, including one randomized double blind study, showing significant improvement. Ustekinumab is a human anti-p40 monoclonal antibody. By its action on T-cells it activates Th1 cytokines and downregulates TNF alpha expression. There are reports of a few treated patients showing partial to complete response, albeit slow, and without any significant adverse events. Anakinra is a recombinant IL-1 alfa receptor antagonist that binds to IL-1 receptors and reduces T-cell proliferation, PGE2 secretion and proteoglycan degradation. In HS there is IL-1 cytokine elevation. Daily subcutaneous injections of Anakinra showed good response in HS but there is a higher incidence of bacterial infections. Adalimumab is a fully humanized monoclonal antibody that binds with high affinity to both soluble and membrane bound TNF-alpha. It is one of the most well-studied biologic for HS. Retrospective analysis points to significant efficacy in treating HS. Injection site reactions and headache were common side effects.

Despite limitations of most studies determining the efficacy of biologics in the management of HS, randomized trials suggest that both infliximab and adalimumab significantly reduce HS disease severity. This is a standard that no other HS treatment, except laser therapy, meets. Regarding the safety of biologics, the authors conclude that as biologics are in general associated with the risk of infection like reactivation of tuberculosis, demyelinating disorders and risk of malignancy in the long run, additional studies are required. For patients refractory to other therapeutic modalities, infliximab and adalimumab appear to be reasonable options and can be recommended.

Lee RA, Eisen DB. Treatment of hidradenitis suppurativa with biologic medications. *J Am Acad Dermatol*. 2015;73:S82-8

8. The New SLICC Criteria for Systemic Lupus Erythematosus

The Systemic Lupus International Collaborating Clinics (SLICC) group revised and validated the American College of Rheumatology (ACR) Systemic Lupus Erythematosus (SLE) criteria in order to improve clinical relevance, meet stringent methodology requirements and incorporate new knowledge regarding immunology of SLE. These new criteria retain the simplicity of use in clinical settings and take into account current knowledge of SLE gained since the initial ACR criteria were proposed. As per SLICC rule for the classification of SLE, the patient must satisfy at least 4 criteria, including one clinical criterion, and one immunological criterion OR the patient must have biopsy proven lupus nephritis in the presence of antinuclear antibodies or anti-ds DNA antibodies. Hence neither clinical criteria alone or positive serological test alone should be considered as diagnostic of SLE, as SLE is an antibody driven disease.

Clinical and immunologic criteria used in the SLICC classification system

Clinical criteria

1. Acute cutaneous lupus, including:

Lupus malar rash (do not count if malar discoid)

Bullous lupus

Toxic epidermal necrolysis variant of SLE

Maculopapular lupus rash

Photosensitive lupus rash in the absence of dermatomyositis

OR subacute cutaneous lupus

(nonindurated psoriasiform and/or annular polycyclic lesions that resolve without scarring, although occasionally with post-inflammatory dyspigmentation or telangiectasias)

2. Chronic cutaneous lupus, including:

Classic discoid rash

Localized (above the neck)

Generalized (above and below the neck)

Hypertrophic (verrucous) lupus

Lupus panniculitis (profundus)

Mucosal lupus

Lupus erythematosus tumidus

Chilblains lupus

Discoid lupus/lichen planus overlap

3. Oral ulcers

Palate

Buccal

Tongue

OR nasal ulcers

in the absence of other causes, such as vasculitis, Behçet's disease, infection (herpesvirus), inflammatory bowel disease, reactive arthritis, and acidic foods

4. Nonscarring alopecia (diffuse thinning or hair fragility with visible broken hairs)

in the absence of other causes such as alopecia areata, drugs, iron deficiency, and androgenic alopecia

5. Synovitis involving 2 or more joints, characterized by swelling or effusion

OR tenderness in 2 or more joints and at least 30 minutes of morning stiffness

6. Serositis

Typical pleurisy for more than 1 day

OR pleural effusions

OR pleural rub

Typical pericardial pain (pain with recumbency improved by sitting forward) for more than 1 day

OR pericardial effusion

OR pericardial rub

OR pericarditis by electrocardiography

in the absence of other causes, such as infection, uremia, and Dressler's pericarditis

7. Renal

Urine protein-to-creatinine ratio (or 24-hour urine protein) representing 500 mg protein/24 hours
OR red blood cell casts

8. Neurologic

Seizures

Psychosis

Mononeuritis multiplex

in the absence of other known causes such as primary vasculitis

Myelitis

Peripheral or cranial neuropathy

in the absence of other known causes such as primary vasculitis, infection, and diabetes mellitus

Acute confusional state

in the absence of other causes, including toxic/metabolic, uremia, drugs

9. Hemolytic anemia

10. Leukopenia (<4,000/mm³ at least once)

in the absence of other known causes such as Felty's syndrome, drugs, and portal hypertension

OR

Lymphopenia (<1,000/mm³ at least once)

in the absence of other known causes such as corticosteroids, drugs, and infection

11. Thrombocytopenia (<100,000/mm³) at least once

in the absence of other known causes such as drugs, portal hypertension, and thrombotic thrombocytopenic purpura

Immunologic criteria

1. ANA level above laboratory reference range

2. Anti-dsDNA antibody level above laboratory reference range (or >2-fold the reference range if tested by ELISA)

3. Anti-Sm: presence of antibody to Sm nuclear antigen

4. Antiphospholipid antibody positivity as determined by any of the following:

a) Positive test result for lupus anticoagulant

b) False-positive test result for rapid plasma reagin

c) Medium- or high titer anticardiolipin antibody level (IgA, IgG, or IgM)

d) Positive test result for anti beta2-glycoprotein I (IgA, IgG, or IgM)

5. Low complement

a) Low C3

b) Low C4

c) Low CH50

6. Direct Coombs' test in the absence of hemolytic anemia

* Criteria are cumulative and need not be present concurrently. SLICC =Systemic Lupus International Collaborating Clinics; SLE = systemic lupus erythematosus;

ANA = antinuclear antibody; anti-dsDNA = anti-double-stranded DNA; ELISA = enzyme-linked immunosorbent assay.

Petri M, Orbai A, Alarcon GS, Gordon C, Merrill JT, Fortin PR, et al. Derivation and validation of the Systemic Lupus International Collaborating Clinics Classification Criteria for Systemic Lupus Erythematosus. *Arthritis Rheum.* 2012;64:2677-2686.

9. New and better Vaccine for Herpes Zoster

Zostavax is at present only available vaccine for prevention of herpes zoster in adults. It is a live vaccine and its efficacy declines after a few years. Studies have shown its efficacy remains significant only up to 8-year post vaccination period. (*Clin Infect Dis.* 2015;60:900-9)

The new HZ/su vaccine being developed by GlaxoSmithKline is a subunit vaccine containing varicella-zoster virus glycoprotein E and the AS01B proprietary adjuvant system. This vaccine has several distinct advantages over Zostavax. Firstly, as it is not a live vaccine, it is safer in immunocompromised patients and doesn't require a freezer for storage. Secondly, it is much superior in efficacy than Zostavax with vaccine efficacy of 97.2% in adults aged 50 and older. (*N Engl J Med.* 2015;372:2087-96). Its efficacy is independent of age and is good in persons over 70 years of age also. Studies have not shown any decline in its efficacy over years. Drawbacks are that it has to be given in two intramuscular doses 2 months apart, which might decrease compliance, and there is a high rate of mild to moderate local and systemic reactions during the first week post vaccination.

Source: <http://www.familypracticenews.com/specialty-focus/infectious-diseases/single-article-page>

10. Update on Sirolimus in dermatological diseases

Sirolimus or rapamycin is a member of mammalian target of rapamycin (mTOR) inhibitor with potent immunosuppressive, anti-angiogenic and anti-proliferative properties. It is derived as a fermentation product of *Streptomyces hygroscopicus* and was first used as an antifungal agent.

Sirolimus is FDA approved as drug to prevent graft rejection in renal transplant patients. It is available as oral tablets and solution (1 mg/ml). It has been recently compounded as topical formulation (0.05% to 2%). Its mechanism of action is through inhibition of mTOR, thereby suppressing T-lymphocyte activation and proliferation as well as antibody production. It also downregulates vascular endothelial growth factor (VEGF) and exhibits anti-angiogenic properties. Sirolimus and its newer analogues have been shown to have anti-aging and anti-cancer properties.

Compared to cyclosporine and tacrolimus, sirolimus does not affect calcineurin activity and hence has a lower side effect profile like hypertension, nephrotoxicity, neurotoxicity and lymphoproliferative actions. Major adverse effects of sirolimus are hypertriglyceridemia, hypercholesterolemia, hypertension, arthralgia, anemia and thrombocytopenia, headache, fever, edema and gastrointestinal side effects. Dermatologic complications like acne, folliculitis, exanthema, mouth ulcers and onychopathy have been reported.

Its clinical uses include prevention of melanocytic and non-melanocytic skin cancers in organ transplant patients, treatment of Kaposi's sarcoma, cutaneous T-cell lymphoma, tuberous sclerosis, Muir-Torre syndrome, pachyonychia congenital, graft versus host disease, as an anti-aging agent, blue-rubber-bleb nevus syndrome, lymphatic malformation, port-wine stains, Kaposiform hemangioendothelioma and Kasabach-Merritt syndrome.

In tuberous sclerosis, mutations in TSC1 and TSC2 genes result in dysregulation of mTOR signaling. Topical sirolimus 1% ointment reduces angiofibromas in patients with tuberous sclerosis. Apart from this, systemic treatment with sirolimus reduces renal angio-myolipomas and thereby helps preserve renal function. Similarly in Muir-Torre syndrome, sirolimus prevents the development of new lesions of sebaceous adenoma and also prevent malignant transformation of pre-existing adenomas. Sirolimus, by its action of

inhibition of keratinocyte proliferation, helps decrease skin lesions of pachyonychia congenita. The discovery that sirolimus extended the lifespan of genetically heterogenous mice was considered as among the top scientific breakthrough of 2009. Newer analogues of rapamycin like temsirolimus, everolimus and deforolimus are currently under clinical investigation as potential anti-aging medicines.

Peters T, Traboulsi D, Tibbles LA, Mydlarski PR. Sirolimus: A therapeutic advance for dermatologic disease. Skin Therapy Letter. 2014;19:1-4.

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