RESIDREAM

Dermatology Resident Education and Motivation Bulletin

Theme:
Renaissance in Dermatology

National Resident Connect Commitee

Volume 9 Issue 1 | August-September 2022

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"To accomplish great things, we must not only act, but also dream; not only plan, but also believe."

- Anatole France

Dear Residents,

Back in my post-graduation, I discovered about Resident Committee and their publication Residream, I was eager to be a part of the team. I always had a flare for creative writing and participating in extracurricular activities to my fullest capacity. As a resident, NRCC and Residream were a perfect opportunity for me to contribute and be connected with IADVL. I was fortunate to be associate editor and North Zone Coordinator in 2020, and it was one of my dreams, to serve as a convener for NRCC and Editor in Chief for Residream one day.

Today in my capacity as Convener and Editor in chief, I feel truly humbled and grateful to be releasing the Volume 9, Issue 1 of Residream. I express my sincere gratitude and appreciation to Dr. Rashmi Sarkar Ma'am, Dr. Dinesh K Devaraj Sir and the entire IADVL EC for their constant guidance and support and for placing their trust on me. Special thanks to our advisor, Dr. Kinnor Das who was always available to help no matter how small or big the issue. The theme of this issue is 'Renaissance in Dermatology' and in this issue, you would find several brilliant academic write ups following this theme.

I am extremely fortunate to be blessed with a wonderful team, with each member outwitting the other in terms of their commitment towards NRCC. Dr. Drashti Devani has beautifully designed the cover

page, showing Mona Lisa holding a dermoscope. Dr. Drashti has also eloquently penned the proceedings of NRCC session at IADVL YUVA Utsav 2022.

The dedication and hard work of my editorial team of Dr. Vignesh Narayan R, Dr. Abirami, Dr. Shreya Deoghare, Dr. Priyanka Nawani, Dr. Anand Mannu, Dr. Prateek Nayak, Dr. Soumya Alice Mathew, Dr. Apoorva Maheshwari and Dr. Drashti Devani have to be acknowledged multifold as they are the reason why we have been able to put together a wonderful issue.

The issue contains an amalgamation of academic articles, crossword puzzle, poems, memes, who's who in dermatology and a special section on 'In conversation with the President' where Dr. Rashmi Sarkar ma'am discusses her journey and motivational message for the residents.

In the end I would like to conclude by saying "The strength of the team is each individual member. The strength of each member is the team." – Phil Jackson

Thanks to all the residents who contributed to the current issue. Hope you all have a great read!

With love and gratitude,

Soumya

Dr. Soumya Sachdeva
MBBS, MD, DNB
Convener, NRCC 2022
Editor in chief, Residream 2022

PRESIDENT'S PREAMBLE

Dear IADVL members,

It gives me great pleasure to be writing this message for Residream August/September 2022 issue, the first in my tenure as IADVL President 2022. The Residents' committee and Residream Bulletin had always been my pet project since 2014 as Secretary General IADVL in an attempt to make young residents' a part of mainstream IADVL and to nurture young minds. From a tiny implanted seed, this committee has grown into a beautiful sapling.

This committee led by Dr Dinesh Kumar Devaraj, Secretary General IADVL and the talented Convener, Dr Soumya Sachdeva has been fresh and innovative from the word "go". From simple and educative Dermapath quizzes by Dr Drashti Devani to a novel "find the answer" solution "Crazy Conundrums" on Instagram by Dr Vignesh Narayan R, show us how to use the social media effectively and intelligently. Other members like Abirami, Apoorva Maheshwari, Prateek Nayak, Priyanka Nawani, Anand Mannu, Shreya Deoghare and Soumya Alice Mathew have also contributed to the content.

We all would look forward to flipping through the colourful pages of Residream eagerly. It is the same excitement that we have to read the first Residream of this Golden Jubilee year of IADVL. More power to you Dr Soumya Sachdeva and team to keep the magic going with this and subsequent issues and making more PGs interested in working for IADVL.

Long live IADVL !

Rashmi Sarkar

Dr. Rashmi Sarkar, MD, FAMS
President IADVL 2022

HONORARY SECRETARY GENERAL SPEAKS

Let a person learn thoroughly whatever he/she may learn, and let his/ her conduct be worthy of his/her learning.

- Thirukural, Thiruvalluvar

Dear Residents,

Residents are the future of dermatology, moulding them in the right way ensures that IADVL and Dermatology is in safe hands. Being the youngest, they need ample support and guidance, and a forum for sharing their ideas and thoughts. All the contributors of Residream have done a fantastic job in maintaining the superlative quality of Residream and it is now a beautiful amalgamation of academic and practical tips for the budding dermatologist.

I congratulate NRCC Convener Dr. Soumya Sachdeva; who is also donning the hat as the Editor in chief of Residream and associate editors Dr. Vignesh Narayan R, Dr. Abirami, Dr. Shreya Deoghare, Dr. Priyanka Nawani, Dr. Anand Mannu, Dr. Prateek Nayak, Dr. Soumya Alice Mathew, Dr. Apoorva Maheshwari and Dr. Drashti Devani for successfully bringing out this issue of Residream.

IADVL as an organization is aware about the needs of post graduate students, we have created several opportunities in the form of scholarships, quizzes, conferences tailor made for post graduates. I request all the residents to stay updated by visiting our website, social media pages frequently and to make the best use of these opportunities. We are open to your feedback and encourage your involvement and contribution towards a brighter IADVL.

Long live IADVL!

Best wishes,

Dr. Dinesh Kumar Devaraj, MD, FRCP
Honorary Secretary General, IADVL
Chairperson, NRCC

MESSAGE FROM ADVISOR

Dear Residents

I am extremely delighted about the first issue of volume 9 of Residream. Since its inception, Residream has been a juncture for dermatology residents around the nation to showcase their academic and creative talents and this year too, a gamut of articles awaits you with the entire team of the IADVL National Resident Connect Committee (NRCC) having worked hard at it. Congratulations to the very super active and creative editor-in-chief, Dr. Soumya Sachdeva and the associate editors who have toiled behind the scenes to bring forth this edition. I express my heartfelt gratitude to the IADVL Secretary General and Chairperson of the NRCC, Dr. Dinesh Kumar Devaraj Sir for guiding them and to the IADVL President, Dr. Rashmi Sarkar Mam and the entire IADVL EC for all the support provided.

This is the golden jubilee celebration year of IADVL and I urge all residents to take part actively in IADVL and IADVL NRCC activities.

Regards,

Dr. Kinnor Das
Advisor

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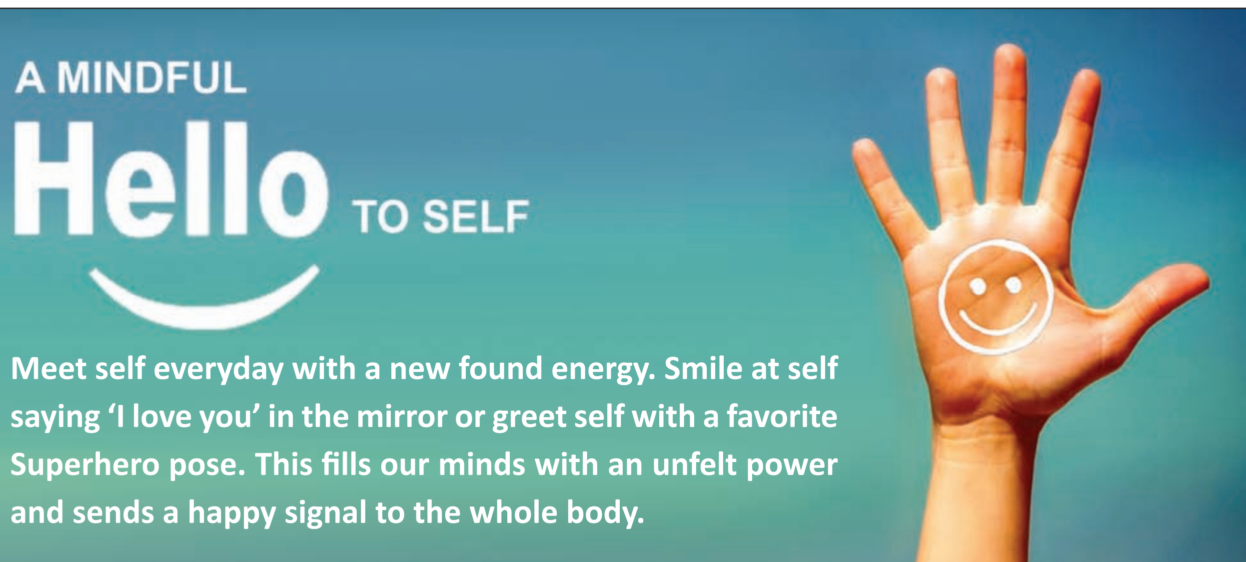


How many times do we feel we're living in the past or thinking about future and whirlwinding into uncalled for stress.

But it's in our nature, right? To fixate on the things that have been altered. So how do we handle it?

What can really help with this is - Mindfulness.

Bringing awareness to the present moment, thoughts and bodily sensations.

As an example of a mindful practice, we could try drawing freehand spirals on a sheet. With different colors, of different sizes and just feel. Being aware of what we feel, what thoughts come to mind.

This builds a positive connection to self psychologically and mentally. A sense of belonging, either with self or others is what makes us humans.

A Hello to self- Meeting self everyday with a new found energy. Smile at self saying 'I love you' in the mirror or greet self with a favorite superhero pose. This fills our minds with an unfelt power and sends a happy signal to the whole body.

Routine- We brush everyday in the morning because we were taught to do so and we learnt it as our basic form of physical hygiene.

So now we have at least one thing to look forward to which makes us get up from our beds even during our lows or the most chaotic times.

It could form new neural pathways, healthy coping mechanisms, shedding off anxious thoughts. It helps to manage space, prioritize self care and cultivate stimulating habits.

Practicing Gratitude- We can think of it as an anchor which helps us to stay grounded.

Hence developing such little habits can remove the stress and allow us to feel more in control of ourselves.

DR. TWINKLE RANGNANI
Final year post graduate (MD DVL)
LG Hospital, AMC MET Medical College, Ahmedabad

NRCC SESSION AT IADVL YUVA UTSAV - 2022, NEW DELHI

Synopsis by Dr. Drashti Devani, Member NRCC 2022
(Connect with Dr. Drashti: drashtid286@gmail.com, +918758040424)

On one fine Sunday of 5th June 2022, the first IADVL YUVA UTSAV networking event was held at Le Meridien, New Delhi. IADVL EC and YUVA CELL organised one-of-a-kind event, especially for young budding dermatologists to meet and greet each other and learn vital aspects of life after Dermatology Residency, from the experts of the field.

The day kicked off at 9:40 am in the morning and a lot of excited hearts and cheerful faces inundated the room, as the hybrid conference went underway.

As us medical students emerge out of our cocoons and into residency, we encounter new challenges and issues every day. IADVL NRCC held an hour-long session at Yuva Utsav to guide and help Residents, whom we can call the infants in the field of dermatology.

Starting with a fantastic introductory session by our Convenor Dr. Soumya Sachdeva and a trip down memory lane as to the inception of NRCC. Followed by extremely helpful and insightful talks on various fellowships and scholarships, academic guidance and the panel discussion about various challenges faced by residents, the session was a power packed ride. This in turn was followed by a powerful and visionary message by Dr. Rashmi Sarkar ma'am. The session concluded with insights about the future plans of NRCC.

Here are a few key points from the session:

1st: NRCC and ResiDREAM: Introduction, History and Impact

By Dr. Soumya Sachdeva, Convenor NRCC 2022

(Connect with Dr. Soumya: soumyasachdeva1402@gmail.com)

- Committee constituted for the residents, of the residents and by the residents, which was first conceptualized by Dr Rashmi Sarkar ma'am (Current IADVL President), back in 2014, with her zeal and enthusiasm to do something for residents in the country, during her tenure as IADVL Honorary Secretary General.
- It provides a shoulder to lean on, for all the dermatology residents and also gives voice to the residents and addresses their concerns.
- NRCC publishes a magazine called the "ResiDREAM: Dermatology Residents' Education and Motivation Bulletin" having a mixed bag of both academic and non-academic writings.
- The purpose of the bulletin is to disseminate information to residents and make them aware of the opportunities that lie ahead of them.
- NRCC also organises various wonderful competitions, throughout the year for the residents to show off their skills & talents.
- It has various dedicated social media handles to stay connected with the residents.

2nd: National and International Fellowships, Scholarships and Travel grants

By Dr. Vignesh Narayan, North Zone coordinator, NRCC 2022

(Connect with Dr. Vignesh: scienceisbest@gmail.com)

- Doing a fellowship will be useful at any stage of the career, the sooner the better. You get an opportunity to serve the society and produce work that empowers many.
- Being an expert in the field makes you a key opinion maker. Fellowship in a topic that you are interested in makes you publish more frequently and authentically.
- Find someone who has already done the fellowship in the topic you want, to guide you.
- How to choose a subject for fellowship? Finding the subject that you like and an area that interests you is important for the successful outcome of the fellowship.
- Check different IADVL SIGs and newsletters for various topics and see what interests you the most
- **National or International fellowships ?**

  Evaluate the various aspects like the time you can give, finances, your lifestyle, feasibility and your qualification required.
- **International:** Countries like USA (traditional vs non-traditional fellowships), Canada, Australia, European countries, South-east Asian countries, Africa all offer various fellowships of variable duration, that require special qualifications and entrance exams plus fees.
- **National:**

  IADVL fellowships
  ACSI fellowships
  Institutional fellowships
  Individual hospitals/Clinics
  Fellowships in various states, check websites.
- **Travel Grants/Scholarships:** IADVL, ICMR, various national/international dermatological organisations.

3rd: How to fly through Academics during Residency

Dr. Abirami C., East Zone Coordinator, NRCC 2022
(Connect with Dr. Abirami: drabiramic@gmail.com)

- You enter residency with the expectation of easy-going chill residency life, but after entering you realise that your next three years would be filled with studying extensively.
- First year, try to get adapted to local language and common cases seen in OPD. See your seniors' approach. Be Patient.
- Carry a notepad with you all the time. (Write down various cases seen, so to go back and read about that, write down questions asked to patients)
- **First year:** First one on call. Initiate Thesis. By end of the first year, identify basic spotters, skilfully assist and perform basic procedures. Present posters. Focus on reading basic sciences.
- **Second year:** Extensive thesis work, guide juniors, publish and present papers, attend conferences. Start reading standard textbooks.
- **Third year:** Completion of thesis, full-fledged exam preparation and revision. (Previous exam papers, DYP survival guide, PGCON recordings on webisite)
- Which book? Very Personal choice. Basic books which help initially vs Standard books which go a long way. Don't hurry to buy books.
  (**Rooks:** classifications and concepts,
  Fitzpatricks: Tables of DDs and treatment,
  Bolognia: pathophysiology and line diagrams which can be reproduced,
  IADVL textbook: Infections and endemic diseases,
  IAL textbook for Leprosy and
  Textbook of Sexually transmitted diseases and HIV/AIDS by Dr. VK Sharma for STDs)
- Maintain notes as multiple standard books. Digital note making can be opted.
- Take aid from the internet (YouTube videos, articles, google, various websites like DermNetNZ.com) and mnemonics.
- Practice quizzes, exams, previous papers. Expose yourself to exam-like situations.
- Set priorities and manage time. Daily reading is a must.

4th: Panel discussion: Residency Blues

Moderator: Dr. Drashti Devani, Member, NRCC 2022

Panellists: Dr Abirami C., Dr Soumya Sachdeva, Dr Monalisa Gupta, Dr Bhavya Swarnkar, Dr Anuva Bansal

- **What should be the approach to the first two years of residency?**
  Focus on development of clinical skills. Bonding with colleagues, seniors, teachers & mentors. Marking academic presence: posters, papers, presentations, publications.
- Take responsibility for the work, be sincere & Respectful. Communicate with your seniors in case of conflicts.
- **How to maintain a professional relationship with your colleague with a personal touch?**
  Set your priorities & Boundaries, Avoid Oversharing, Respect each other, Be a team member.

- Avail leaves effectively and when necessary. Consider your colleagues' schedules as well. Keep a few leaves in spare for emergencies.
- To ace the exams, read the most important areas first, don't just read- speak out loud, review past exams papers, discuss, and teach your juniors.
- **There is a rising number of suicides in residency, be it any branch. What could be the reason? How does it affect fellow residents?**
  You are not alone, just talk to someone from the department, maybe a senior or colleague. Seek help!
- Try to be better than what you were yesterday.

Journey ahead: NRCC!

Concluding talk by Dr. Soumya Sachdeva, Convenor, NRCC 2022

- Multiple interesting and educating competitions.
- Release of ResiDREAM magazine.
- Various Instagram post series on exam-oriented topics (Drugs, Instruments, Dermoscopy, basic Histopathology etc.).
- Sessions dedicated to Residents by NRCC in national conferences.
- We invite all Pan India residents in dermatology to join us and stay connected with us! Join us on our social media handles (Instagram, Facebook, Telegram, WhatsApp).
  As all great events come to an end, this wonderful one did too, with our hearts lingering for more. We eagerly await the next session, vive la IADVL!

IN DIALOGUE WITH THE PRESIDENT

Q1. Were you always passionate about being a doctor? Any inspirations?

Medicine was definitely one of my many passions. I grew up in the campus of PGI, Chandigarh where my late father was head of department of biochemistry. He was a beloved professor and was thus, one of my inspirations for the inclination towards medicine. After the untimely demise of my father, my mother, a teacher, became a social worker and has been working with cancer patients since! This further strengthened my faith in the profession. As a child, I was really inspired by Florence nightingale, Lady with the lamp, and have thence taken upon igniting and stimulating young minds.

Q2. How and why did you decide upon Dermatology, to be the branch that you would make your mark in?

Well getting into Dermatology was accidental. I cleared the post graduate entrance exam, and decided to pursue radiology or pediatrics at DMC Ludhiana, my alma mater. However, my father was diagnosed with a terminal illness, and I was unwilling to leave his side. I therefore took up a housejob in dermatology at PGI, Chandigarh, and eventually cleared the entrance exam to go on to pursue Dermatology as my specialization.

Q3. How was experience as a junior resident at such a prestigious institute? What were the hurdles you had to maneuver through?

Residency was a bag of mixed emotions! On personal front, I suffered a great loss when my father succumbed to his illness. My close mentor and teacher, Dr. Surrinder Kaur retired and I myself was diagnosed with a chronic ailment, treatment of which took great toll on me. However, professionally, learning at a top-notch institute with seasoned faculty was very rewarding. We read fervently as post graduates, which definitely gave us an edge over other residents. Our foundation was sound and we were taught to think out of the box.

Q4. Your role in IADVL is inspirational! What inspired you to become an active participant in the association?

I actively participated in free paper and award paper presentations, which got me noticed in the first place. I was very interested in attending annual general meetings and when I saw all eminent dermatologists, on the dais, discussing matters at hand, I realized that i wanted to be a part of decision making! And so began my journey in the association. I've been Joint as well as national secretary, and President of IADVL-DSB, before going on to become the President of IADVL.

Q5. You have been a pioneer in Pigmentary Dermatology. What ignited this interest?

As post graduates, we attended many special clinics as part of our curriculum, of which pigmentary and pediatric dermatology were my favorites. I greatly admired Dr. A.J Kanwar, who was an eminent name in pigmentary and pediatric dermatology. His teaching sessions were interesting, lively, highly interactive and enjoyable. Lack of an organized society to cater to the needs of vast multitudes of patients suffering from vitiligo and hyperpigmentation disorders, apart from interest instilled by Dr. Kanwar, led me to founding Pigmentary dermatology society and starting a widely acknowledged journal Pigment International.

Q6. You have numerous publications to your credit. According to you, how important is it to write and publish as a Dermatologist?

I believe that publications are like online footprints, that are archived for ages to come. I think that if you've worked on something sincerely, you should present it for the world to notice, read and learn. Not only this, but it also triggers ideas for future research. Compiling and publishing your work gets you noticed and opens up a lot of opportunities. One can start with case reports and letters to the editors and can eventually move on to writing original research papers under guidance of a mentor.

Q7. Apart from being an eminent Dermatologist, you're also a published writer. What inspired the journey?

I have always been an avid reader since childhood. I was interested not only in english literature, but also in mass communication. Since opportunities for the two, especially mass communication, were not many back then, writing my book, Bollywood Bhelpuri, helped me re-ignite my passion for the two.

Q8. How do you maintain work-life balance, given your multi-faceted and ever-growing role and involvement with IADVL, while also being a Director Professor at a leading central medical institute?

Truth be told, my work-life balance is not as balanced as I would like. With increasing responsibilities, majority of my time has gravitated professionally. However, I still try my best to spend as much quality time with my family as I can. When my son was young, I would carve out time to help him with his schoolwork, which led to special mother-son bonding, that I look back on fondly. I always make it a point that my family and I share atleast one meal in a day together, wherein we all bring each other upto speed on the events and happenings in our day-to-day lives. I try to keep in touch my my sister and few close friends, sharing with them all the good and the bad. I've started practicing Yoga few times a week, for self-care. I consider my students a part of my family

and so I always strive to ease their dilemmas and help them in whichever manner possible.

Q9. How would you describe your journey as president of IADVL?

Every journey has its ups and downs. I take the ups as encouragement to further my work and try to take downs in a good stride. I feel fortunate to have been elected the President in IADVL's 50th year of excellence. Various projects started under my stewardship, like Leadership pipeline project, mentorship project, UG level dermatology quizzes, anti-quackery cell, accreditation of stand-alone derma clinics, and the likes, have flourished and many of these have concluded to their fruition with success. All in all, it has been a very rewarding journey so far.

Q10. Any parting advice for our readers?

All I would say is, think big, dream big. Only then you can achieve something that leaves its mark for generations to witness. Compete with yourself to be a better version of you and not to bring others down. Read, learn and teach. But most importantly, dont forget to enjoy the journey!

DR. APOORVA MAHESHWARI
Senior resident
Lady Hardinge Medical College

GOING AN EXTRA MILE

What started as celebrating those children's birthdays, has now grown into an organization that offers free education, making women from less fortunate backgrounds skilled, thereby providing employment opportunities, distributing around 8000 blankets over 8 cities during winter months. The organization also emphasizes recycling through the project 'Your old is their new'.

'The smallest act of kindness is worth more than the greatest intention'

- Oscar Wilde

As doctors, we all give back to society in conventional ways. But there are organizations and committees which go an extra mile. One such NGO is 'Choti Choti Khushiyaan' which translates to 'Little Joys' based out of Delhi-NCR. This particular NGO is founded and backed by dermatologist Dr.Varun Khullar, who was inspired after a visit to a children's home during his MBBS days. A child there, on asking what his 'Choti khushi' is, stated that the celebration of his birthday is his biggest wish.

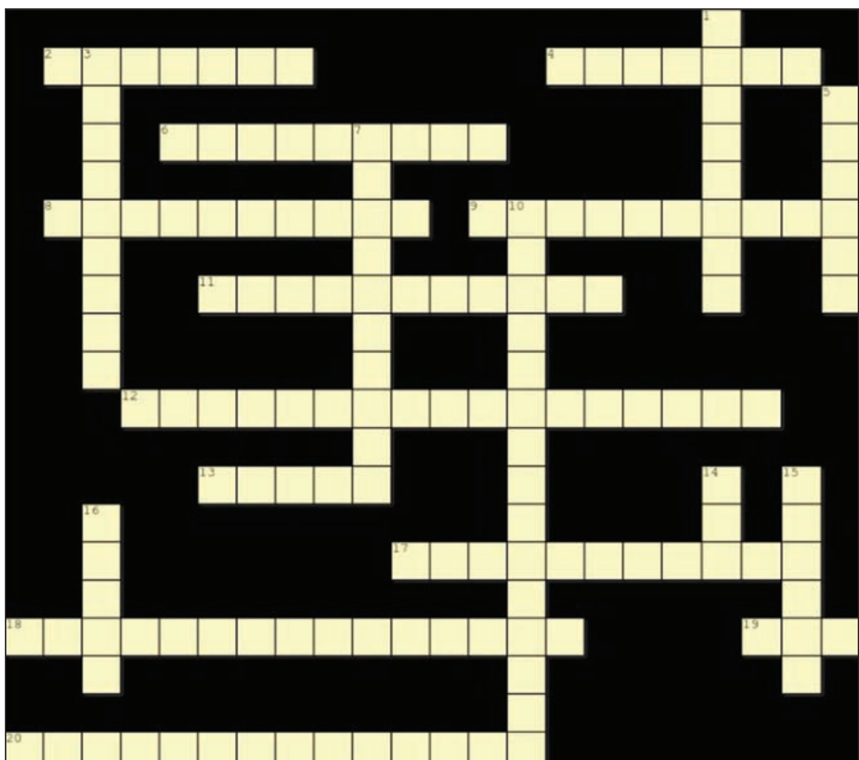
What started as celebrating those children's birthdays, has now grown into an organization that offers free education, making women from less fortunate backgrounds skilled, thereby providing employment opportunities, distributing around 8000 blankets over 8 cities during winter months. The organization also emphasizes recycling through the project 'Your old is their new'. Renovation of schools and equipping them with stationary along with 'Beti sikhao' initiative was inaugurated by Jimmy Shergill, an Indian actor, and producer. The girls who were trained by the program are now carrying forward the legacy by further teaching other students.

Even during the post-elimination era of Hansen's disease, we have been seeing a significant patient load with active disease and few with disabilities and deformities. Alongside the 'Guru ke langar sewa' organization, this NGO helps in the treatment and rehabilitation of such hansen's patients who are abandoned. During COVID times, groceries and cooked meals were provided to laborers and those in need which is continued till date. Most of these programs are powered by crowdfunding.

A good deed grows multifold; and so has this NGO and its impact! We hope that the impact of 'Choti Choti khushiyan' continues to aid society in the future.

DR. ABIRAMI C.
Senior Resident
AIIMS Nagpur

DR. VIGNESH NARAYAN R
Junior resident
PGIMER, Chandigarh



Across

2. The IADVL was formed by the union of IADV and DSI at the annual conference held at which place?
4. Who coined the term dermoscopy?
6. First biologic approved by FDA for the treatment of psoriasis
8. Syphilis sive morbus gallicus was a poem by whom
9. The first-in-class, genetically modified, herpes simplex virus type 1-based oncolytic immuno -therapy approved for melanoma
11. The plant used by Dr. Frederic Edward Mohs for chemosurgery
12. Bartolomeo Gosio isolated which crystalline product from a mold growing on spoiled maize
13. Dr. Menahem Hodara was the first to perform hair transplant surgery in which disease
17. The first FDA approved topical JAK inhibitor for short term treatment of mild to moderate atopic dermatitis
18. Who built the first operable laser?
19. Vaccine that had been developed by the National Institute of Immunology (NII) for leprosy
20. Which was the first drug to gain approval from the U.S. Food and Drug Administration for treating AIDS?

Down

1. Who was the pioneer of the Brazilian Butt lift
3. The accidentally discovered drug for psoriasis, meant initially for ring worm
5. The first filler approved by FDA for cosmetic indication
7. The couple who pioneered use of botox for cosmetic use
10. Prof. Herman Von Tappeiner and Dr. Oscar Raab, discovered photodynamic therapy using which molecule
14. Deep learning neural network designed for processing structured arrays of data such as images.
15. The combination of 'real-time' and 'store-and-forward' teledermatology is called
16. Charles Townes built this, producing coherent invisible electromagnetic waves through amplification by stimulated emission

Answer page no. 41

The Renaissance in Dermatology : A quizologue through time & person

The Renaissance is often described as a fervent period of European cultural, artistic, political and economic rebirth. The period is marked by the presence of powerful innovators, artists and philosophers who helped shape the modern day society. This quiz is framed around a similar definition, helping you identify the individuals or ideas which changed dermatology practice forever.

1. In her words, Dr Jean Carruthers was an ophthalmologist who subspecialized in misaligned eyes and paediatric ophthalmology. However, after a chance discovery of age defining nature 'X', she gave up her Ophthalmology practice and went on, with her dermatologist husband, to revolutionise the cosmetic world. What is Dr Carruthers claim to fame (X)?

2. In 1960s, Upjohn (now part of Pfizer) commissioned a research programme to investigate the gastric acid effects of a compound they had ordered from a chemical catalogue. One thing led to another and the researchers landed with a DAMN-O analogues which was given FDA approval for drug-refractory hypertension. As this analogue became popular amongst physicians, a peculiar adverse effect caught public attention, which eventually changed lives of millions of young men. What was this serendipitous adverse effect?

3. "You have probably never heard of him. Yet because he lived you may be alive and well today, because he lived you may live longer" is an apt obituary to this legendary Indian biochemist, who rarely got the limelight he deserved. While working in Lederle Laboratories, he discovered Methotrexate, diethylcarbamazine and contributed to the discovery of various other important medicines. Which forgotten hero am I talking about?

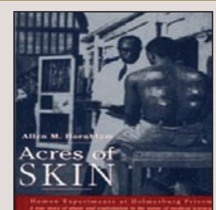
4. 'Control of keratinization with 'X' and related compounds. 'Topical treatment of ichthyotic disorders', was the title of one the papers and early research work on 'X' by EJ Van Scott and RJ Yu. Identify 'X', a class of agents, which now largely influences aesthetic medicine and Instagram generation.

5. Chandra Kumar Naranbhai Patel is an electrical engineer who served as Vice Chancellor for research at the University of California, Los Angeles. In 1996, President Bill Clinton awarded him the National Medal of Science for the invention of 'X' which has had a significant impact on industrial, scientific, medical, and defence applications. How do we dermatologists remember his contribution?

6. 'Treatment of vitiligo with autologous thin Thiersch's grafts' was one of the pioneering works by 'X'. He is considered as the father of dermatologic surgery in India and is widely credited as the original describer of vitiligo surgery. Which 'RISHI' am I talking about?

7. Dr X, who laid the foundation, explained the physiological basis of Y, which revolutionized dermatology. He also established OFAS, a biomedical research organization to develop interventions to improve the quality of a patient's life. Along with the Lauder family, the foundation developed the Clinique product line, the first dermatologist-guided, allergy tested, 100% fragrance-free cosmetic brand. Identify Dr X and his claim to fame or contribution to the field of dermatology.

8. "All I saw before me were acres of skin" ... "It was like a farmer seeing a fertile field for the first time" were the words used by a legendary dermatologist when he visited a prison. However, this visit and the events which followed, became a textbook example of unethical experiment, eventually leading to academic boycott of this dermatologist. Who was he ?



9. Physicist Stephen Hawking's father, Frank Hawking, a pharmacologist by profession, was a renowned researcher in the field of parasitology. Hawking proposed and investigated use of DEC (diethylcarbamazine) in a special form that could effectively eliminate Lymphatic Filariasis from large populations. This field research of Hawking apparently helped eliminate or control Lymphatic Filariasis, especially from China. What did the less famous hawking experiment work on? (Hint: India uses similar health programmes albeit for different group of disorders)

10. 'X': precise microsurgery by selective absorption of pulsed radiation' published in 1983 by Rox Anderson and J. A. Parrish changed the face of dermatology forever. What watershed discovery in dermatology history does this paper describe?

Answers:

1. Dr. Jean Carruthers pioneered the use of botulinum toxin for cosmetic purposes and brought upon a true renaissance in dermatology pratice.
2. Minoxidil was a DAMN-O analogue used for drug-refractory hypertension. A short article in 1980 in NEJM 'Reversal of Baldness in Patient Receiving Minoxidil for Hypertension' brought in the public attention to hypertrichosis and the rest is history.
3. Yellapragada SubbaRaow. He also discovered the function of adenosine triphosphate (ATP) as an energy source in the cell.
4. Alpha Hydroxy Acids. Their research on AHA led to the establishment of a multibillion-dollar industry. Dr. Eugene Van Scott and Dr. Ruey Yu also founded the famous Neostrata company.
5. Chandra Kumar Naranbhai Patel discovered CO2 Laser.
6. Dr. P.N. Behl is considered as the father of dermatologic surgery in India. He had a deep concern for the poor and started a free clinic at his institute and founded "RISHI"-Rural, Industrial, Skin and Health Institute at Dasna, Uttar Pradesh.
7. Dr. Norman Orentreich proposed the theory of donor dominance and thus he is known as The Father of Hair Transplantation.
8. Dr. Albert Klingman and his experiment on inmates of Holmesburg Prison (Terrordome).
9. Frank Hawkins pioneered the use of table salts fortified with DEC.
   in order to eliminate Lymphatic filariasis from communities where it was endemic.
10. Selective Photo-thermolysis.

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Who's who in Dermatology?

DERMATOLOGIST	IMAGE	ACHIEVEMENT AND EPONYMS
Dr. Lawrence M Field (1930-)		**Father of Dermatologic Plastic Surgery.** He is the **first international dermatologic surgeon.**
Dr. Ferdinand Ritter Von Hebra (1816-1880)		**Father of Dermatology** Austrian physician and dermatologist Hebra disease I - Impetigo herpetiformis **Circle of Hebra-** scabies discovered cause of scabies Introduced chemical peels.
Dr. Gerhard Hendrik Amauri Hansen (1814-1912)		Norwegian physician identified Mycobacterium leprae as a causative agent of leprosy. **(Hansen's disease)**
Dr. Dharmendra		Director of leprosy control work for government of India. He reported **Dharmendra antigen** in 1941.
Dr. Albert Kligman (1916-2010)		American Dermatologist, CO invented Retin -A for the treatment of acne. **Kligman formula-** 5%hydroquinone ,0.1% tretinoin &0.1% dexamethasone.
Dr. Ferdinand Jean Darier (1856-1938)		French physician, Dermatologist, pathologist. Discovered **Darier's disease** **Darier sign** **Darier white disease** **Keratosis follicularis**
Dr. Paul Gerson Unna (1850-1929)		German physician described Unna's **disease- seborrheic** dermatitis. **Unna-Thost syndrome-** palmoplantar. keratoderma. **Unna's boot.** **Band of Unna-** Grenz zone.

Dr. Prem Nath Behl		**Father of Indian Dermatology.** **Described thin Thiersch graft** for stable vitiligo in 1963.
Dr. Albert Ludwig Sigismund Neisser (1855-1916)		German Physician **Discovered causative agent of gonorrhea.**
Dr. Abraham Buschke (1868-1943)		Jewish German dermatologist **Buschke Ollendorff syndrome** **Buschke Lowenstein tumour** **Scleredema of Buschke**
Dr. Vittorio Mibelli (1860 – 1910)		Italian dermatologist **Mibelli porokeratosis** **Mibelli angiokeratoma**
Dr. Helen Ollendroff Curth (1868-1943)		German- Jewish dermatologist **Curth's criteria for paraneoplastic acanthosis nigricans Curth Macklin ichthyosis** **Ollendroff probe sign-** pin point tenderness in secondary syphilis **Buschke Ollendroff syndrome**
Dr. Lilane Schnitzler		French dermatologist **Schnitzler's syndrome-**
Dr. Virginia Sybert		**Sybert type Palmoplantar keratoderma**
Dr. Achilles Civatte (1877-1956)		French dermatologist **Civatte bodies** **Poikiloderma of Civatte**

Name		Contributions
Dr. Heinrich Koebner (1838-1904)		German-Jewish Dermatologist **Koebner phenomenon** **Proposed the term Epidermolysis bullosa** **Epidermolysis bullosa -Koebner type**
Dr. Wilhelm Lutz (1822-1923)		Swiss dermatologist, 1888-1958 **Lutz sign-** bulla spread sign in autoimmune blistering diseases **Lewandowsky and Lutz dysplasia** (epidermodysplasia verruciformis)
Dr. Felix Lewandowsky (1879-1921)		German dermatologist **Jadassohn - Lewandowsky syndrome** **Lewandowsky and Lutz dysplasia**
Dr. Josef Jadassohn (1863-1936)		German dermatologist **Jadassohn Dossekker disease-** atypical tuberous myxedema **Tieche Jadassohn nevus-** blue nevus **Jadassohn Lewandowsky syndrome-** onychogryphosis , pachyonychia congenita **Borst Jadassohn phenomenon** **Naegeli Franceschetti Jadassohn syndrome** **Discovered granulosa rubra nasi**
Dr. Louis-Anne Jean Brocq (1856-1923)		French dermatologist **Duhring Brocq disease** (dermatitis herpetiformis) **Pseudopelade of Brocq Brocq Pautrier syndrome** (Median rhomboid glossitis)
Dr. François Henri Hallopeau (1842-1919)		French dermatologist Coined trichotillomania **Pemphigus vegetans - Hallopeau type** **Hallopeau Siemens syndrome- Recessive dystrophic epidermolysis bullosa** **Acrodermatitis continua of Hallopeau**
Dr. Moritz Kaposi (1837-1902)		Hungarian physician and dermatologist credited with the description of xeroderma pigmentosum Kaposi was the first to study Lichen scrofulosorum and Lupus erythematosus. Discovered **Kaposi sarcoma**

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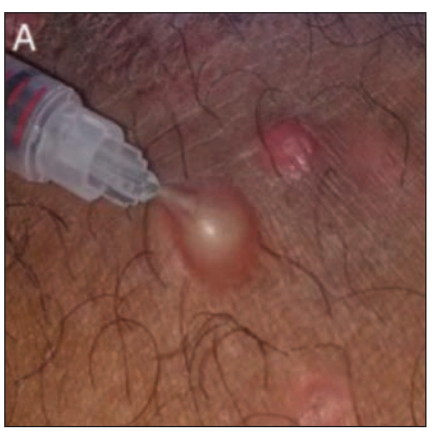
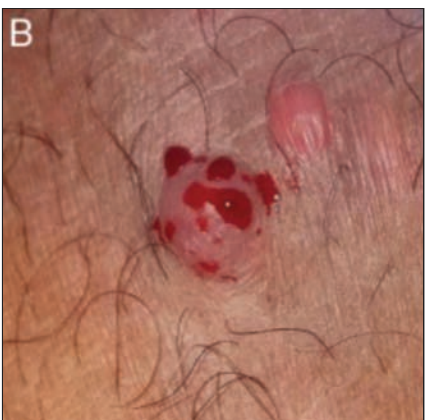
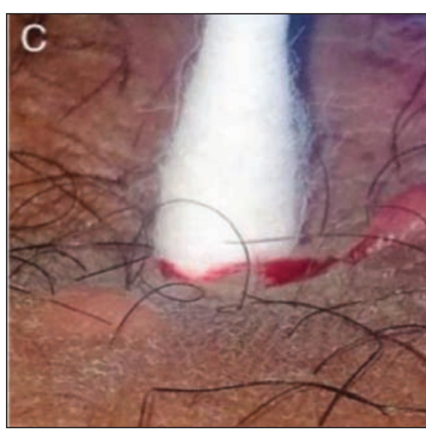
Dermatosurgery and Cosmetic Dermatology Pearls

1. Modified autoinoculation technique involves doing multiple punctures along all the axis and planes of the lesion to direct the content of molluscum body into the dermis. To enhance the successful exposure of viral antigens to the immunological surveillance system, a mild compression by rotatory movements with a cotton swab can also be done.
   Samagani A, Raveendra L, Raju BP. A Therapeutic Trial Comparing Modified Autoinoculation, a Novel Approach with Topical Potassium Hydroxide Application in the Treatment of Molluscum Contagiosum. J Cutan Aesthet Surg. 2022 Jan-Mar;15(1):65-70.

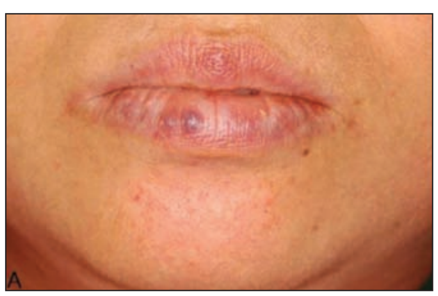


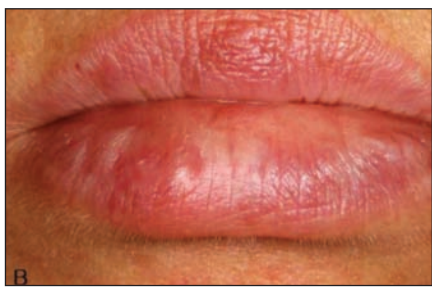




A. An insulin syringe used to puncture MC lesion deep into the dermis, along all the axes and planes of a fully developed lesion.
B. Multiple bleeding points from the site of entry.
C. A mild compression by rotatory movements with a cotton swab

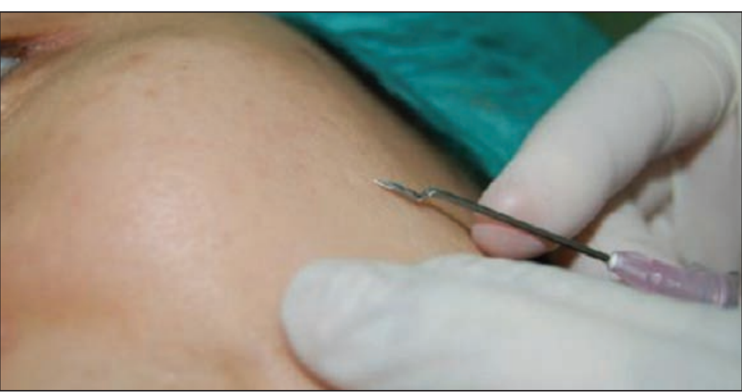
2. Venous lakes due to arterio-venous malformations can be treated with sclerotherapy using intravascular injections of sodium tetradecyl sulphate
   Jung SJ, Seo YJ, Park EJ, Kim CW, Cho HJ, Kim KH, Kim KJ. The Effect of 0.5% Sodium Tetradecyl Sulfate on a Venous Lake Lesion. Ann Dermatol. 2008 Dec;20(4):179-83.



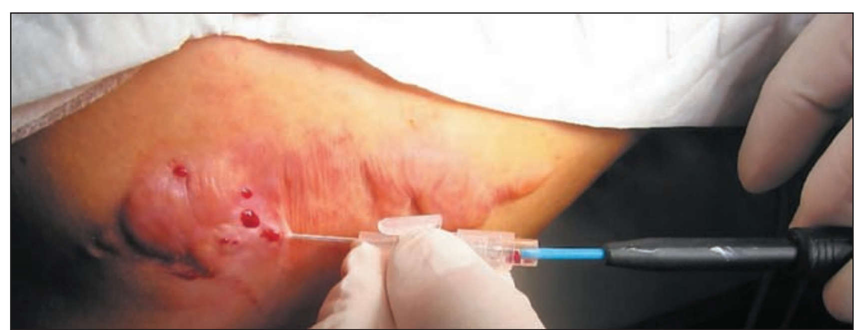


A. The venous lake on the lower lip before sclerotherapy
B. The clinical appearance 5 weeks after the initial sclerotherapy

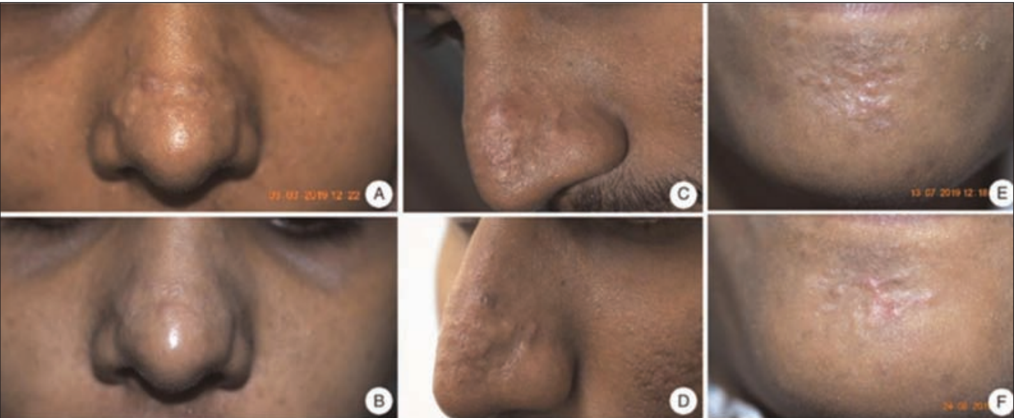
3. Skin Staplers should be avoided when the distance between the skin and underlying bone, blood vessel or any viscera is less than 4-6.5 mm.
   Hiniduma Lokuge, Prasanga Damayanthi. Design of remote endoscopic suturing device. Diss. Massachusetts Institute of Technology, 2003.
4. Skin hooks are always preferred over forceps for easy accessibility to the surgical site and better visualization during suturing and tissue handling, since it causes minimal trauma to delicate skin tissue margins.
   T R M, Bhat P. Customised, disposable skin hook: a technical note. Br J Oral Maxillofac Surg. 2020 Feb;58(2):234-235.
5. The triangular tip of the Nokor needle should be kept in parallel to the skin surface to cut the fibrotic bands at the level of mid or deeper dermis and to avoid injuring deeper structures.
   AlGhamdi KM. A better way to hold a Nokor needle during subcision. Dermatol Surg. 2008 Mar;34(3):378-9. doi:]]]]]]]]10.1111/j.1524-4725.2007.34073.x. Epub 2008 Jan 7. Erratum in: Dermatol Surg. 2008 Apr;34(4):584. Al Ghamdi, Khalid M [corrected to AlGhamdi, Khalid M]. PMID: 18190548.



6. Vertical mattress suture for elliptical excision can provide maximum approximation of margin to give best aesthetic outcome. Also the chances of secondary infection and pressure necrosis due to suture is minimised.
   Zuber TJ. The mattress sutures: vertical, horizontal, and corner stitch. American family physician. 2002 Dec 15;66(12):2231.
7. Radiofrequency tissue volume reduction combined with intralesional steroids is an effective treatment modality for keloids.
   Weshay AH, Abdel Hay RM, Sayed K, El Hawary MS, Nour-Edin F. Combination of radiofrequency and intralesional steroids in the treatment of keloids: a pilot study. Dermatol Surg. 2015 Jun;41(6):731-5.



8. Neither Positive Nor Negative Aspiration Before Filler Injection Should Be Relied Upon as a Safety Maneuver.
   Goodman GJ, Magnusson MR, Callan P, Roberts S, Hart S, McDonald CB, Liew S, Porter C, Corduff N, Clague M. Neither Positive Nor Negative Aspiration Before Filler Injection Should Be Relied Upon as a Safety Maneuver. Aesthet Surg J. 2021 Mar 12;41(4):NP134-NP136.
9. During micro-pigmentation, it is always advisable to prepare a slightly darker shade as compared to the surrounding skin as the color fades by approximately 30% after the first sitting.
   Kaliyadan, Feroze, and Ambika Kumar. "Camouflage for patients with vitiligo." Indian Journal of Dermatology, Venereology and Leprology 78 (2012): 8.
10. Papular acne scars responds excellently to pinhole ablation by CO2 laser.
   Fonseka S, Wickramaarachchi DC, Bandara DD. Ablative carbon dioxide laser treatment for papular scars of nose and chin due to acne: a case series. International Journal of Dermatology and Venereology. 2021 Sep 30;4(03):182-4.



Pre-treatment (A, C, E) and post treatment (B, D, F) photographs of patients with papular scars of nose after one session of ablative CO2 laser.

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MEMES

DR. AISHWARYA N
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THE GREAT IMITATOR

Long back, It was Stokes who defined me
Tuskegee & Oslo- where I was studied..
I knew by then I was rich
Be it in terms of laws or signs
Colle's, Profeta's, Kassowits , Dubois'
Silex's ,Higoumenaki's- what not!
I was pretty too, Slender and spiral!
Capsulated and close- coiled
I may angulate, buckle, undulate !
Would compress myself and expand
Just like people having dimple,
I too had one - my own d'emblee..
'Moth eaten' was my hair style,
Like the Mulberry, were my molars
I am not a friend to anyone
Would rather make you blind or deaf
I hate love- I'll weaken your heart
I hate knowledge - I'll kill your brain
He who knows me, knows medicine
Yes! I am syphilis -The great imitator.

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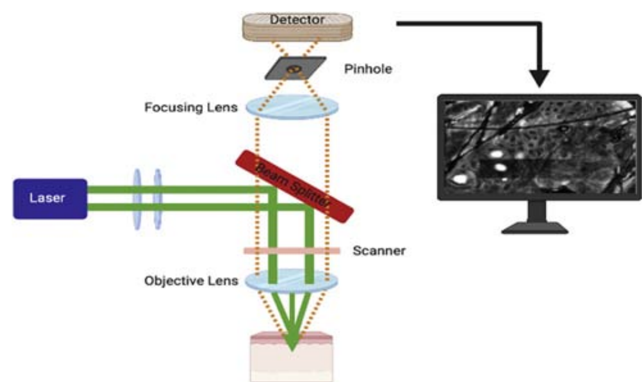
REFLECTIVE CONFOCAL MICROSCOPY

RCM is a noninvasive imaging tool used for in vivo visualization of the skin which is being extensively used for evaluation of equivocal cutaneous neoplasm to decrease the number of biopsies for benign lesions. Its uses are also expanding to include stratification of inflammatory diseases, tumour recurrence tracking, monitoring of ablative and noninvasive therapy and presurgical cancer margin mapping.

OPTICALS AND IMAGE ACQUISITION PRINCIPLES

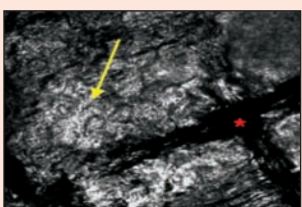
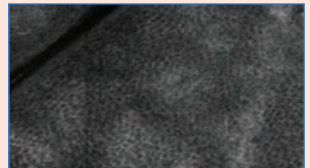
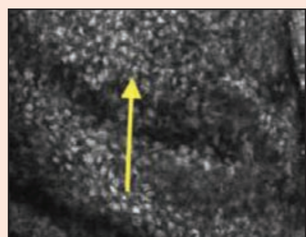
A near-infrared low-power laser (830 nm diode, power 35 mW) that creates monochromatic coherent light is the light source employed in RCM. Initially, the light's journey to the tissue from its source as it passes through various mirrors and lenses. The light scans a focal point in the tissue. while the reflected light is blocked. RCM images appear in grayscale and are based on relative refractive indices of tissue elements. Eg. those with a higher refractive index appear brighter like melanin. The basic RCM image is a single ''optical section'' that instantaneously displays a 0.5- x 0.5-mm2 field of view at the horizontal (X-Y) plane. By moving the objective lens toward the skin, the focal plane is moved progressively deeper (on the Z-axis).



There are two types of RCM devices : the wide-probe and handheld

- Wide-probe RCM requires fixation of the probe to the skin and is therefore limited to flat surfaces (e.g., the cheek). The wide-probe RCM device simulates a shave biopsy procedure. It allows stitching together of 16 x 16 adjacent optical sections at the same image depth, creating mosaic images up to 8- x 8-mm2 in field of view.
- Handheld device has a smaller probe that does not require fixation to the skin. After applying a drop of immersion oil to the surface, movement in the X-Y plane depends on manually sliding the RCM probe on the skin. The handheld RCM therefore enables imaging of curved anatomic sites (e.g., ears). Its field of view is limited to 0.75 x 0.75 mm2.

RCM OF NORMAL SKIN

Stratum Corneum 	Linear dark fissures, representing the dermatoglyphs, separate ''islands'' of keratinocytes (*) Thickness of the stratum ranges from 0 to 15 micrometers.
Stratum Granulosum	The granular layer is located 15 to 20 micrometers below the surface, ''honeycomb'' pattern resulting from the back-to back arrangement of keratinocytes that display polygonal bright cellular outlines.
Stratum Spinolusum 	The spinous layer is located at a depth of 20 to 100 micrometers and has a higher keratinocytic density than the granular layer. Honeycomb pattern(consisting of bright polygonal keratinocytes with refractile cytoplasm and dark central nucleus).
Stratum Basale and dermoepidermal junction 	At a depth of 50 to 100 micrometers. It displays opposite refractivity pattern: cells are brighter at the center than at the peripheral cytoplasm because melanin caps encase the nuclei. Cobblestone pattern formed by clusters of numerous bright round basal keratinocytes above the dermal papilla.

Superficial dermis	At a depth of 100 to 150 micrometers, collagen fibers forming a reticulated pattern can be seen. In the deeper reticular dermis, collagen appears as parallelly arranged thicker bundles. Melanophages may appear as plump.

USES

- Presurgical margin evaluation of skin cancers to facilitate surgical planning.
- Monitoring of ablative and noninvasive therapy
- Tumour recurrence surveillance
- Inflammatory disorders – eg lichen planus, psoriasis, contact dermatitis, DLE

LIMITATIONS

- Related to its optical, mechanical and software properties – illumination artifacts, mosaic stitching artifacts, increased depth and limited field of view.
- Patient related – artifacts due to patient movements, hyperkeratotic thick lesions cause back scattering of light causing oversaturation.
- Anatomic site related- palmoplantar skin and hair causing visualisation difficult due to enhanced thickness and backscattering of light.

CONCLUSION - Use of RCM is increasing for the diagnosis of equivocal neoplasms which reduces unnecessary biopsy procedures but the high cost and learning curve warrents its use in many centers.

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JAK-STAT inhibitors in dermatology

Janus Kinase signaling pathway

Janus kinases mediate the intracellular signal transduction of numerous cytokines. The steps include:

1. Cytokines stimulate the JAK proteins, leading to dimerization and autophosphorylation.
2. Recruitment of the STAT proteins followed by phosphorylation.
3. These are translocated into the nucleus where they induce the transcription of target genes.
4. The result is proliferation and differentiation of cells of the innate and acquired immunity.

The JAK family of kinases includes four proteins, namely JAK1, JAK2, JAK3-, and TYK2, which selectively associate with different receptors, but each member is used by multiple different receptors. There are seven family members of STAT (STAT1, STAT2, STAT3, STAT4, STAT5a, STAT5b-, and STAT6.

Depending on the type of cytokines that stimulate them, the JAK can form homodimers or heterodimers. Type 1 interferons transmit their response via the JAK1-TYK2 heterodimer, while IL-4 acts via the JAK1-JAK3 heterodimer.

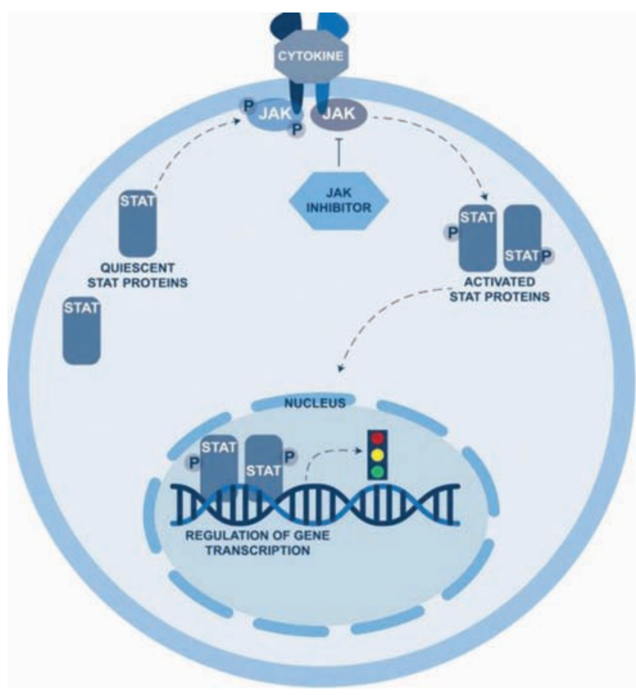

Figure 1: JAK-STAT pathway

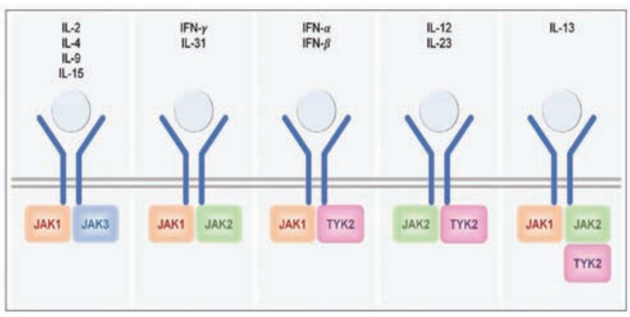

Figure 2: Cytokines binding specific janus kinases receptors, which leads to heterodimer and heterotrimer formation. After this, intracellular signal transduction and transcription of target gene is initiated.

Janus kinase inhibitors (JAKi)

JAKi are small molecules, with a short half-life, and can be used orally or topically, and offer a steroid-sparing approach.

The first generation less selective JAKi (for example, tofacitinib, peficitinib) can be differentiated from selective JAKi, such as upadacitinib (JAK1i), abrocitinib (JAK1i), or deucravacitinib (TYK2i).

First generation JAK inhibitors

Drug	Inhibits	FDA approved indications & dosing	
Tofactinib	JAK1/3	Rheumatoid arthritis	5mg twice daily
Ruxolitiniib	JAK1/2	Myelofibro-sis	5–25mg twice daily
		Polycythemia vera	5–25mg twice daily
Baricitinib	JAK1/2	None	None
Oclacitinib	JAK1		

Second generation / selective JAKi		
Drug	Inhibits	FDA approved indications
Upadacitinib	JAK 1	Rheumatoid arthritis, Atopic dermatitis
Filgotinib	JAK 1	Rheumatoid arthritis
Itacitinib	JAK 1	Used off-label only
Solcitinib	JAK 1	Used off-label only
Abrocitinib	JAK 1	Used off-label only
Deucravacitinib	TY 2	Used off-label only
Brepocitinib	TY 2	Used off-label only
Ritlecitinib	JAK 3	Used off-label only

FDA approved indications of JAKi

1) Rheumatoid arthritis (tofacitinib, baricitinib).
2) Myelofibrosis and polycythemia rubra vera (ruxolitinib).

Indications of JAKi in dermatology with mechanism of action

In atopic dermatitis, tofacitinib and oclacitinib antagonizes the JAK-STAT signalling pathway that enhances release of interleukin (IL)-4, IL-5 and IL-13, which play an important role in stimulating TH2 differentiation.

In alopecia areata, JAKi prevent the release of JAK-STAT-dependent cytokines along with interferon (IFN) γ and IL-15.

In psoriasis, blockade of IL-23 by JAKi reduces IL-17. IL-12 and IL-23 are JAK-STAT-dependent cytokines which majorly serve as inflammatory mediators in psoriasis. Further, IL-23 stimulates TH17 cells to produce IL-17, another important pathogenic molecule in psoriasis.

In vitiligo, JAKi inhibits IFN γ signaling, thereby downregulating CXCL 10 expression, leading to return in pigmentation. Depigmentation in vitiligo is mediated by IFN γ-induced expression of C-X-C motif chemokine 10 (CXCL 10) in keratinocytes.

Other uses are dermatomyositis, lichen planopilaris, lupus erythematosus.

Adverse effects

1. Risk of urinary tract infection, nasopharyngitis, and upper respiratory tract infections.
2. Varicella-zoster virus reactivation.
3. Impaired response to vaccination.
4. Thrombocytopenia, anemia.
5. Diarrhea, fatigue, dizziness, and headache.
6. Increased risk of malignancies.

Investigations		
Baseline	After 1 month	Once every 3 months
Complete blood count Renal function tests Liver function tests Fasting lipid profile HBsAg Anti-HCV Testing for tuberculosis (to be done at baseline and then once every year) HIV status	Complete blood count Renal function tests Liver function tests Fasting lipid profile.	Complete blood count Renal function tests Liver function tests Fasting lipid profile.

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MBBS, MD Dermatology

THE RODENT ULCER

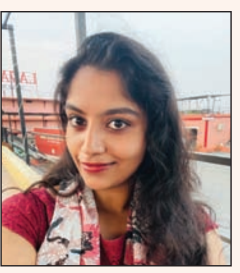
Though I am Mr BCC,
With respect they call me “Rodent Ulcer”
For I am the most common tumour you will ever see.

White males are my real buddies
UV radiation is what linked us together,
Learnt to grow slow because 'slow and steady wins the race' is what I believe in.

Aggressive I look
But I stay where I am,
To hide is not my trait
Always like to roll out on face.

Micronodular sometimes
Pigmented other times,
Superficial few times
I am not the same always.

Not to forget the 2 mm margin
So that you can keep me away
Not to forget to treat me with respect,
Only then shall I give you good prognosis.



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Kurnool medical college

ALL COLORS ARE BEAUTIFUL

Two colors of the skin
It pains those who have it !
It is like the two sides of the coin,
Or the two sides of an oreo biscuit,
Yet these black and white
And different shades of grey brown;
They are God's gift;
So, don't listen to what anyone else says!

Different colors of the skin
Is not a disease
They may exist in your kin,
It is just the melanin gone wrong,
The oxidative stress, immunity
And multiple factors akin,
Act as a trigger
And bring it to him or her
But its not a sin,
It's just a color,
And for those who mock and grin,
Need to be educated,
And all must do their part
To help throw such ideologies
In the bin.

People who treat it as a grave disease,
Rather than a skin colour;
Need to learn
Need to understand,
The different colors of skin are beautiful,
And yes! It doesn't spread.
The bread may be brown or white
But it is still the bread,
And so is the skin.
Vitiligo is not a disease,
Its just a shade of the skin
Embrace it,
For it's a creation of God
The beauty of it,
The sensible seeker beholds,
Alas! the bitter truth;
The stigma and the discrimination,
They need to stop;
For it is not the disease we fight
But the mindset!!

For every hater,
Compassion needs to be met,
For the creatures of God
Are just one;
Spreading the message
And removing apathy
Is the message on the run.

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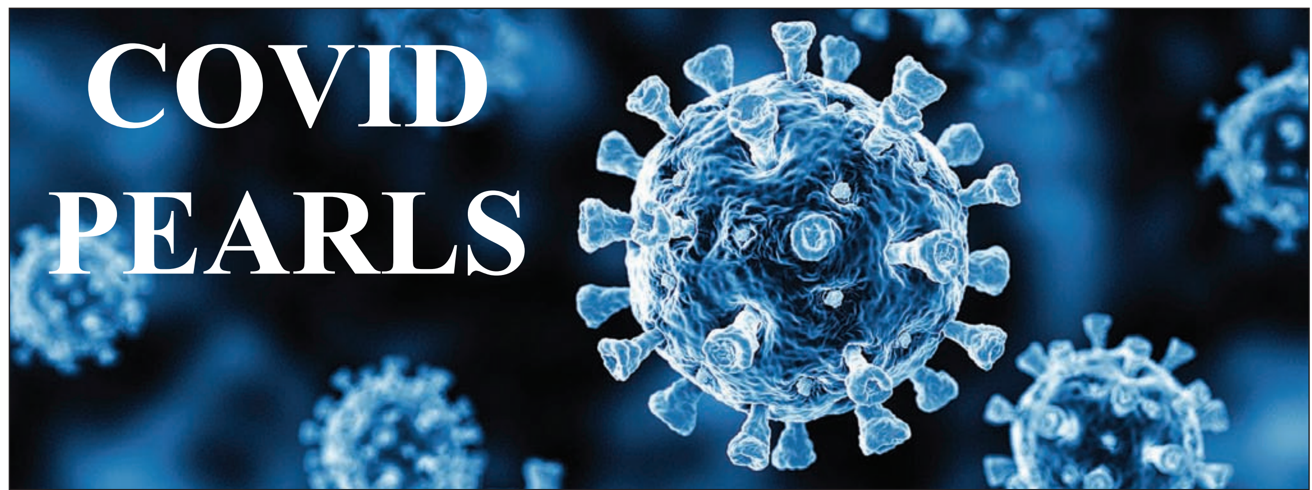

COVID – 19 is the biggest pandemic we witnessed in this century which taught lessons to humankind on many fronts and continues beyond the third wave. COVID presented with a plethora of clinical features, and it includes various skin manifestations. As per a AAD news release on up to 20% will develop rash either as the only sign and symptom of COVID or as their first symptom. Here, we just enumerate the various skin manifestations caused by COVID directly or indirectly for a quick recap.

COVID - Skin Manifestation :

- Urticarial rash
- Erythematous/ maculopapular/ morbilliform rash
- Papulovesicular exanthema
- Chill blain like acral pattern
- Livido reticularis/ racemosa
- Purpuric vasculitis
- Vesiculo bullous eruptions
- Erythema Multiforme like lesions

COVID – Mucosal involvement: [1]

- Enanthem
- Petichiae
- Apthous ulcers
- Herpetiform lesions
- Candidiasis
- Oral lesions associated with Kawasaki diseases

COVID – Hair manifestation:

- Telogen effluvium
- Anagen effluvium
- Alopecia areata
- Androgenic alopecia

COVID – Nail manifestation [2]

- Polydactylous erythronychia / COVID red half moon
- Transverse orange lines
- Beau lines

COVID – associated dermatological conditions - case reports available

- Purpura fulminans
- Schamberg pupura
- Palmoplantar erythrodysesthesia
- Unilateral exanthema
- Unilateral livedo
- P rosea like eruptions
- Grover's disease
- Melkerson –Rosenthal syndrome
- Gianotti-Crosti syndrome
- Erythema annulare centrifugum
- Erythema nodosum
- Granuloma annulare

COVID – new findings:

- Purpuric heel may be a cutaneous sign of COVID [3]
- Type III Pityriasis Rubra pilaris

COVID Treatment associated conditions

- SDRIFE
- Eruthema multiforme
- SJS-TEN
- AGEP
- Fluorescence of hair and nail as side effect of favipravir

COVID Vaccine associated case reports: [4]

COVID Vaccination is safe and very less adverse events reported. However few case reports available are enumerated below:

- New onset lichen planus
- Psoriasis exacerbation
- New onset Pemphigus vulgaris
- PLEVA
- Bullous pemphigoid
- P Rosea
- Herpes zoster

COVID – Change in Dermatology practice / teaching

As the whole world was subjected to mass isolation and lockdown, people were anxious to come out, many suffered stress due to illness or loss of dear ones. Initially, there was a big drop in the normal practice since dermatology is a non-emergency field. Post-emergence of online consultation, the situation changed, and it was found that during COVID period, the number of online consultations for skin diseases experienced a surge.

Dermatology is a visual learning subject, but COVID brought a decline in the learning curve of the dermatology residents due to a decrease in the number of patients and also the residents were posted in various COVID centers. But, thanks to the online lectures and many learning videos, and online conferences organized by IADVL and the availability of all these as the digital library in Mediknit, improved the learning curve of residents.

COVID – Lessons to humankind:

- Nothing is permanent in this world
- Invest in family and friends and spend quality time with them.
- Inter and intra professional relationship is very important for a successful career.
- Change is the only constant.

Articles to read:

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NEW TRICKS WITH THE OLD PICKS

Dermatology is a fast growing field and to keep up with the therapeutic needs, clinicians seek new applications of known and researched medicines. Below are some of the old remedies with revived dermatological uses.

#1 Beta blockers were developed in the 1960s for cardiac uses but have paved their way into dermatology.1They shows benefit in preventing the formation of keloids in autoimmune blistering disorders. Vascular endothelial growth factor is highly expressed in the dermis, keratinocytes and fibroblasts of keloids, thereby increasing the vascular permeability and deposition of extracellular fibrin matrix. Beta blockers have demonstrated an inhibitory action on vascular endothelial growth factor thereby preventing keloid formation.2,3

#2 Bleomycin was discovered in Japan (1962) when culture filtrates of the bacterium Streptomyces Verticillus showed anticancer activity.4 Currently it shows additional antibacterial, antiviral and antiangiogenic activity. It breaks the backbone of DNA by generating free radicals. Off label uses include recalcitrant warts, keloids, hypertrophic scars, hemangiomas, vascular malformations, telangiectasias, cutaneous malignancies, condyloma accuminata and cutaneous leishmaniasis. Due to the sclerosant action on endothelial cells, it has been used intralesionally for lymphangioma circumscriptum.5,6

#3 Cetirizine, a second generation antihistamine, has been FDA approved for allergic rhinitis and urticaria. Topically, promising results have been noted in androgenetic alopecia by inhibiting prostaglandin D2 and inflammation in the bald scalp.7

#4 Gentian violet has been shown to induce apoptosis and kill lymphoma cells in cutaneous T cell lymphoma topically. Intralesionally, it has shown usefulness in primary cutaneous diffuse B cell lymphoma. It has antibacterial, antifungal, anthelminthic, antitrypanosomal, antiangiogenic and antitumor properties. Initially it was popular as an antibacterial agent but the discovery of sulfa drugs; caused it to lose importance. With the emergence of antibiotic resistance, gentian violet is regaining its importance for its antisepsis property.8,9

#5 Hydrogen peroxide is another formulation which was initially used to bleach hats, following which it was used to disinfect tools, bleach hair, clean surfaces and for wound cleaning. In a concentration of 40%, it is FDA approved to treat seborrheic keratoses.10

#6 Iodine was originally discovered in seaweeds around two centuries ago. The conventional form is a saturated solution of potassium iodide. Primarily used for the treatment of thyroid disorders; with newer uses like sporotrichosis, erythema nodosum, neutrophilic dermatoses, Wegeners' granulomatoses etc.11

#7 Tranexamic acid is another such drug originally used a fibrinolytic agent. Oral tranexamic acid is useful in refractory cases of melasma.12 Today the drug is used even to reduce the oral mucosal haemorrhage in Stevens Johnson syndrome-toxic epidermal necrolysis and also to reduce post acne erythema; in addition to its use in surgery to reduce bleeding and need of blood transfusions.13,14

#8 A first generation antihistamine, Ranitidine, has been found to be an effective alternative for widespread molluscum contagiosum in immunocompetent children.15

#9 Medicinal plants have proven to be useful time and again; along with being a source of many of the modern drugs. India tops the list in being the producer, exporter and consumer of turmeric (Curcuma longa L.), a popular condiment and coloring agent. Amongst the various traditional uses, turmeric may be the first known cosmetic ever used to reduce growth of facial hair, reduce acne and improve complexion. An active ingredient, curcuminoids have been used as cosmeceuticals working as an antioxidant, anti-inflammatory and skin lightening agent; proving beneficial in pigmentary conditions, solar elastoses, actinic keratosis and various other conditions associated with photodamage. Curcumin has found potential in inflammatory and neoplastic disorders of the skin like oral lichen planus, psoriasis,

basal cell carcinoma and cutaneous T cell lymphoma. In scleroderma, selective apoptosis of disease affected lung fibroblasts have been observed. This age-old spice will always find a way to be useful.16

With the expansion of dermatology as a field, it is important to take a look at these old drugs with newer and surprising uses.

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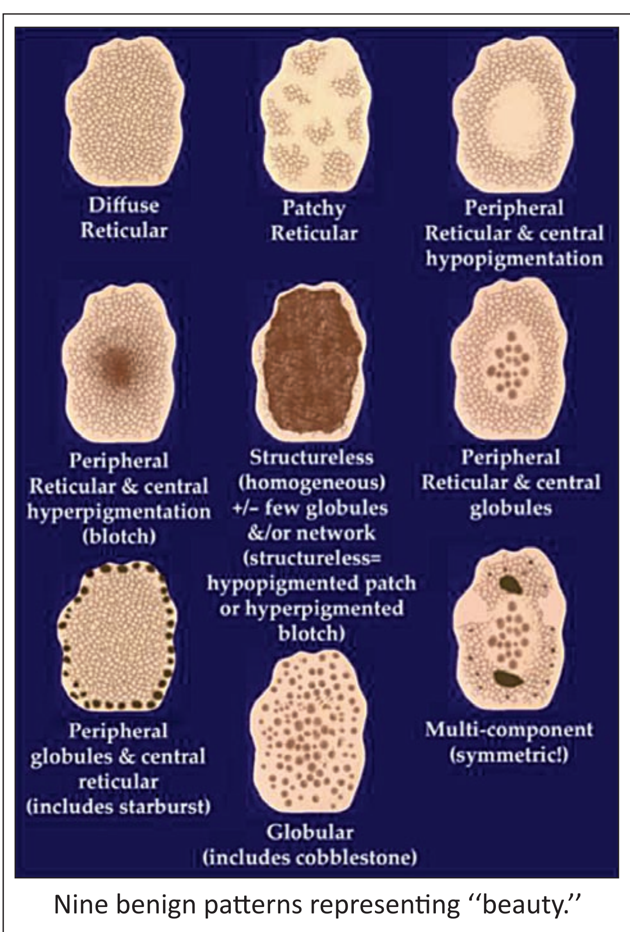
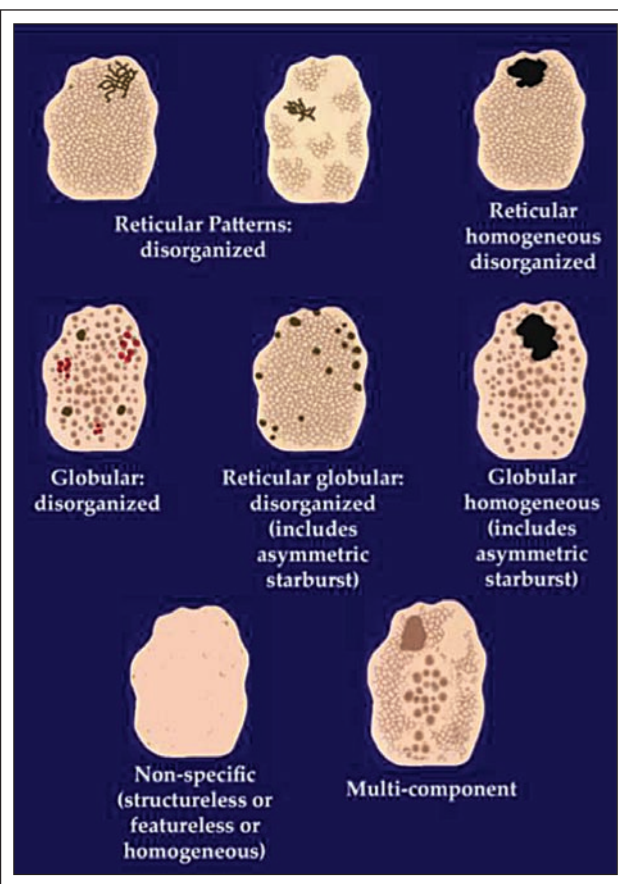
EPONYMOUS SIGNS IN DERMOSCOPY

Beauty and the beast sign

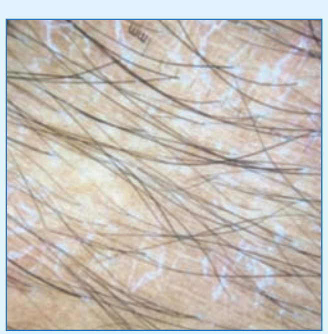
Differentiate benign naevi and melanoma : Beauty refers to those lesions where the dermoscopic appearance is pleasing to the eyes, ie. there is symmetry in color and form and thus, the lesion is not worrisome. Whereas, beast refers to those lesions which lack an overall symmetry of color and form and are thus worrisome.



Nine benign patterns representing ''beauty.''



Melanoma (''beast'') will deviate from the nine benign patterns and will often reveal one of the eight global dermoscopic patterns



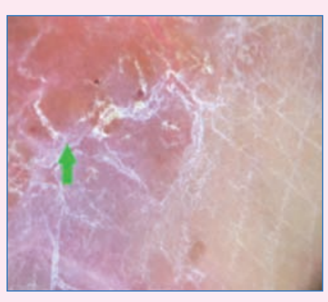
Ring scales sign

Polymorphic light eruption

Dermoscopy reveals white-colored circular scales which are continuous, arranged in a ring-shaped manner with central clearing

against an ochre to light brown background.

These correspond histopathologically to the scale crust seen atop the stratum corneum.

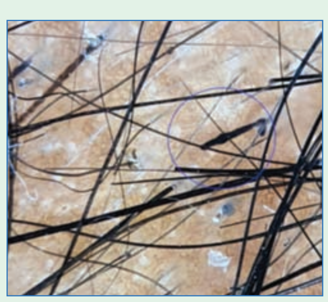


Yellow clod sign

Nummular eczema

Serum exudates (green arrow) are seen as yellow clods with a diameter of 1 to 2 mm, differentiating it from psoriasis and dermatophytosis.

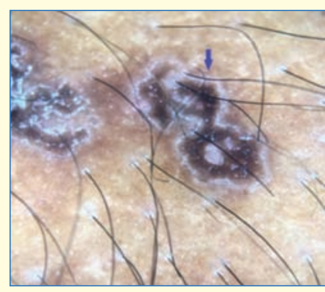
These yellow clods are better seen with immersion fluid.



Yellow clod sign

Trichotillomania

Proximal end of hair shaft becoming dark and bulbous resembling a burnt match stick (blue circle)

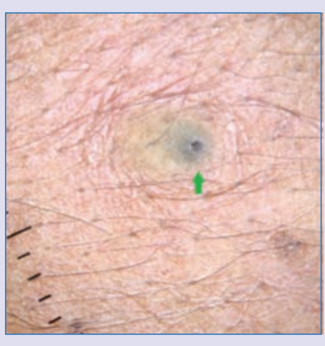


Diamond necklace sign

Porokeratosis of Mibelli

The presence of peripheral white border, often double-marginated, corresponding histologically to the cornoid lamella.

It has been metaphorically called 'white track' or 'lines of volcanic crater,' and 'diamond necklace'



Pore sign

Epidermal cyst

Corresponds to the central crater and follicular opening.

The area where the pore sign appears is filled with keratin and it can be of white, yellow, brown or black colour.

It also helps to differentiate ruptured from unruptured cyst. In the former peripheral erythema with linear vessels and ivory white color is seen while branching vessels with bluish areas in the centre indicate an unruptured cyst.

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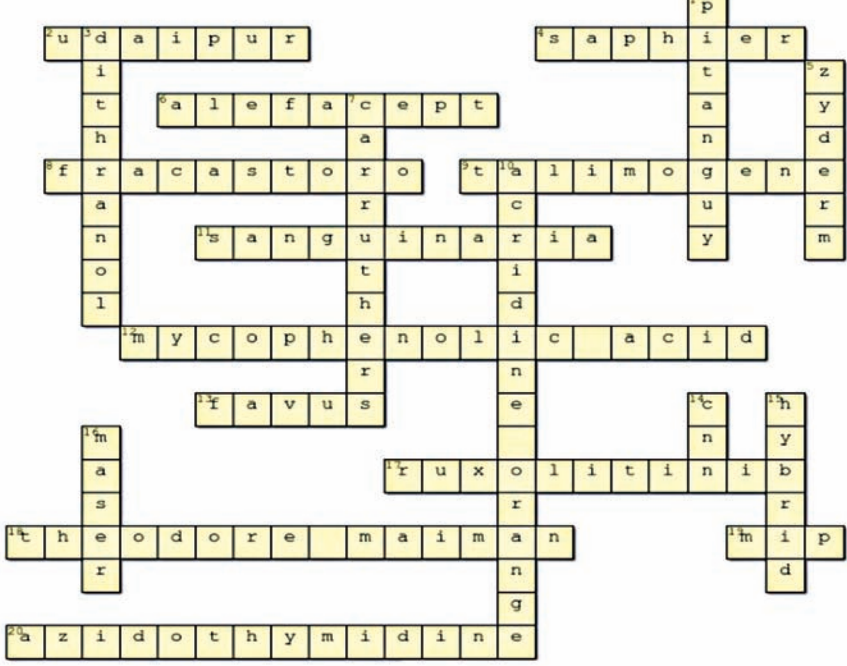


Across

2. The IADVL was formed by the union of IADV and DSI at the annual conference held at which place? (udaipur)
4. Who coined the term dermoscopy? (saphier)
6. First biologic approved by FDA for the treatment of psoriasis (alefacept)
8. Syphilis sive morbus gallicus was a poem by whom (fracastoro)
9. The first-in-class, genetically modified, herpes simplex virus type 1-based oncolytic immunotherapy approved for melanoma (talimogene)
11. The plant used by Dr. Frederic Edward Mohs for chemosurgery (sanguinaria)
12. Bartolomeo Gosio isolated which crystalline product from a mold growing on spoiled maize (mycophenolic acid)
13. Dr. Menahem Hodara was the first to perform hair transplant surgery in which disease (favus)
17. The first FDA approved topical JAK inhibitor for short term treatment of mild to moderate atopic dermatitis (ruxolitinib)
18. Who built the first operable laser (Theodore Maiman)
19. Vaccine that had been developed by (theodore maiman) the National Institute of Immunology (NII) for leprosy (mlp)
20. Which was the first drug to gain approval from the U.S. Food and Drug Administration for treating AIDS? (azidothymidine)

Down

1. Who was the pioneer of the Brazilian Butt lift (pitanguy)
3. The accidentally discovered drug for psoriasis, meant initially for ring worm (dithranol)
5. The first filler approved by FDA for cosmetic indication (zyderm)
7. The couple who pioneered use of botox for cosmetic use (carruthers)
10. Prof Herman Von Tappeiner and Dr. Oscar Raab, discovered photodynamic therapy using which molecule (acridine orange)
14. Deep learning neural network designed for processing structured arrays of data such as images. (cnn)
15. The combination of 'real-time' and 'store-and-forward' teledermatology is called (hybrid)
16. Charles Townes built this, producing coherent invisible electromagnetic waves through amplification by stimulated emission (maser)

WINNING ENTRIES OF THE GREAT MNEMONIC CONTEST HELD ON WORLD SKIN HEALTH DAY, APRIL 6 2022

PITYRIASIS LICHENOIDES ET VARIOLIFORMIS ACUTA (PLEVA)

HISTO-PATHOLOGY

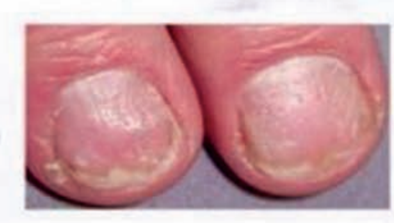
- P-Parakeratosis (confluent)
- L-Lichenoid infiltrate (wedge shape)
- E-Endothelial swelling/edema of dermis
- V-Vacuolization of basal cell layer
- A-Vasculitis absent

DIFFERENTIAL DIAGNOSES

- P-Papulonecrotic tuberculid
- L-Lymphomatoid papulosis/ Leucocytoclastic vasculitis
- E-Erythema multiforme
- V-Varicella zoster
- A-Arthropod bite reaction

WINNING MNEMONIC

Dr. Samridhi Gulati
GMC, Patiala



NAIL 'POLISH'

- P- Pitting
- O- Oil drop sign, Onycholysis
- L- Leuconychia
- I- Irregular pits
- S- Splinter hemorrhages
- H- Hyperkeratosis

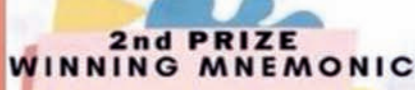
3RD PLACE

Dr.N AISHWARYA
urnool Medical College

DYSKERATOSIS CONGENITA

"BORN WITH A TRADE MARK"

- B- BONE MARROW DYSPLASIA
- O- ORAL LEUKOPLAKIA
- R- RETICULATED SKIN PIGMENTATION
- N- NAIL DYSTROPHY
- T- TELOMERE DYSFUNCTION
- M- MALIGNANCIES ASSOCIATED-HEMATOLOGICAL AND EPITHELIAL



2nd PRIZE WINNING MNEMONIC

Dr Sreevidya Suresh M
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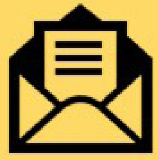

Regards,
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