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“DERMADRISHTI”

FIRST ISSUE FOR 2013

BANGALORE DERMATOLOGICAL SOCIETY

BANGALORE, KARNATAKA

www.bdsmembers.com



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MESSAGE FROM THE PRESIDENT, BANGALORE DERMATOLOGICAL SOCIETY

I am happy to note that Dr. Prabhakar M. Sangolli, editor for Bangalore Dermatological Society News Letter along with editorial team consisting of Dr. Harikishan and Dr. Praveen, is bringing out first edition after I assumed the office of President of Bangalore Dermatological Society.

I wish him success on bringing out this letter every quarterly. News letter “DERMA DRISHTI” will feature excerpts of scientific content of academic meets, cartoon, quiz, conferences, news, and update on various Dermatological conditions like acne. I hope, soon this letter will be indexed also. Under Dr. Sangolli's guidance the news letter will reach out to all the members at its elegant best.

Thanking you,

Dr. H.V. Nataraja
President, BDS



**MESSAGE FROM THE BDS SECRETARY, BANGALORE
DERMATOLOGICAL SOCIETY**

I wish to congratulate Dr.Prabhakar Sangolli, (our past president) Dr. Praveen and Dr. Hari Kishan on bringing out the BDS NEWS Letter, highlighting our activities and achievements.This should serve as inspiration for those involved with BDS activities and bring the best out of them.

Long live BDS

Dr.Nagaraju.T.S.

BDS Secretary



MESSAGE FROM THE EDITOR, BANGALORE DERMATOLOGICAL SOCIETY

Bangalore Dermatological Society is one the most vibrant branch of IADVL. BDS new letter “DERMA DRISHTI “ will show case the activities of BDS. It also will unearth hidden talent among BDS members by including cartoons, quiz, crosswords etc... We have young dynamic editorial team members namely Dr. Hari Kishan and Dr. Praveen. I urge all the members of BDS to actively contribute to the news letter, so that it can be indexed shortly.

Suggestions, feed back are welcome.

Dr. Prabhakar M Sangolli

Editor BDS Newsletter



INDEX

CONTENTS:

- A. Proceedings of Last three B.D.S meets
- B. Continuing medical education : Acne Update: Dr. Harikishan
- C. Controversy unleashed:“A story of two magic wands”’: DR. A.L. ShyamPrasad
- D. Doyens of Dermatology: Jumble game: Dr. K.N. Shivaswamy
- E. Case report with Quiz: Dr. Praveen Kumar S
- F. Dermacartoons: Dr. Praveen Kumar S, Dr. Apoorva Dave
- G. Answers for Jumble game, Casee report with Quiz and Dermacartoons
- H. Conference calendar
- I. News and events

A. ACADEMIC CONTENT OF BDS MEETS (LAST 3 MEETS)

DETAILS OF MEET HELD ON 21-7-13

The scientific programme was presented by Department of Dermatology, Manipal Hospital headed by Dr. Mukesh Ramnane. The programme started on 10:00 a.m. and interesting case presentations by postgraduates was well appreciated. Dr. Raghunatha Reddy gave a very informative talk on “Difficult situations and innovative methods in Dermatosurgery”. The talk was supported by rich, lucid visual treat of the photographic documentation of the cases, before and after surgery. The tips and tricks highlighted were valuable asset. Invited lecture by Dr. Krupashankar on 'current guidelines of care in Urticaria'. He highlighted on the step-wise approach in the management of urticarias, including difficult scenarios.

DETAILS OF MEET HELD ON 16-6-13

The Scientific programme was hosted by Vydehi institute of medical sciences, headed by Prof. Dr. Hanumanthaiah Keloji. The presentations included journal scan, interesting cases, case studies and protocols for patch testing in cutaneous adverse drug reactions. Dr. Bhanuprakash gave an elaborative lecture on recommendations of ARA criteria, in the prevention of glucocorticoid induced osteoporosis. The lecture was very interesting and informative, which made the audience sit through even beyond the lunch time. Prof. Dr. Rajendran, Doyen of laser, gave a authoritative lecture on Laser and lights. He covered all

aspects of Lasers in detail. Dr. T.S. Nagesh gave an invited lecture on sunscreens, including the safety issues in children and pregnancy.

DETAILS OF MEET HELD ON 19-5-13

The Scientific meet was presented by practicing dermatologist's. The meet started with an oration by Prof. Dr. N.R. Nagabhushana on topic titled 'Dermatology: pain and pleasure', with his trademark wit and humour, with focus issue on practice in dermatology. Dr. Chethan gave a talk on 'Management of Topical steroid induced acneform eruptions over the face', which raised an alarm among the audience. The multitude of photographs were a visual treat. Dr. Nandini presented the topic 'My experience with chemical peels' covering all aspects of chemical peels. Dr. Jagadish highlighted on 'Retinoids in Dermatological practice', detailing on the finer aspects of the indications, treatment and complications. Dr. Nischal gave an over view on 'Biofilms in Acne’ and its correlation with the use of appropriate antibiotics.

B. CONTINUING MEDICAL EDUCATION: ACNE UPDATE Dr. HariKishan

Acne vulgaris is the most common skin disease of adolescents and young adults with reported prevalence being nearly 80%. Excessive sebum production, ductal hypercornification, changes in the microbial flora, as well as inflammatory and immunological host reactions have long been considered to be the four pillars of acne pathogenesis.

Molecular research has demonstrated the lipogenic role of the peroxisome proliferator-activated receptor (PPAR) subfamily in sebocytes. This prompts us towards the consideration of PPAR ligands as future options in acne management. Research on the hormonal influence on acne has revealed the importance of insulin-like growth factor 1 (IGF-1) as the final mediator of other hormones (like androgens, growth hormone and insulin), with its levels directly correlating with the production of sebum and acne.

The current standard treatment approach of acne vulgaris is targeted towards the type of the lesions and severity of acne. There is no ideal treatment for acne, although a suitable regimen targeted at reducing the number of lesions and preventing the permanent sequelae, can be made out for most patients. What's New in its therapy? Recent developments in topical treatment encompass newer formulations and combinations of conventional treatments as well as emerging therapies.

Formulation technology has focused on novel

systems for drug delivery, including microsphere/spheres, liposomes, nanoemulsions and aerosol foams. Microsphere formulations of topical tretinoin and BPO, currently in the market, have demonstrated good efficacy and tolerability. tretinoin 0.04% microsphere gel, micronized BPO particles in an emollient foam vehicle, Topical dapsone 5% gel are few to name.

Oral antibiotics, Lymecycline is another member in the tetracycline family, with similar efficacy as minocycline, but with slightly less side effects and much better cost effectiveness. Hormonal therapy is regarded as an excellent choice for women with acne who need oral contraception. The combinations of ethinylestradiol with cyproterone acetate, desogestrel or drospirenone have shown the strongest anti-acne activity and should be continued for a 6-12 month period.

Lasers therapy for acne scars. Recent innovations include non-ablative resurfacing is combined fractional laser with bipolar radiofrequency (RF) in a single hand piece followed by fractional RF. Non-laser options for acne scar reduction include peels, subcision, fillers, dermabrasion, and surgical excision, although all deserve cautious administration in our Indian skin types. Another upcoming technique is the soft tissue augmentation techniques for treating superficial atrophic scars, such as rolling scars with the recent development of non-collagen fillers.

What's New in Role of Diet? Apart from earlier reports of association with high glycemic load diets, acne vulgaris has also been linked to increased milk consumption, more with skin

milk than whole milk. Moderate to severe acne flares precipitated by whey protein supplementation in teenagers leading to the hypotheses that whey protein might be the "acnegenic" fraction of dairy products. The role of omega-3 fatty acids, anti-oxidants, zinc, vitamin A, and dietary fiber in acne vulgaris remain to be conclusively proven.

Promising Therapies - Over the past years, natural anti-microbial peptides including epinecidin and granulysin and omigananpentahydrochloride have attracted considerable interest as a new anti-microbial agent because of their selective targets (microbial membranes) and the low frequency in selecting resistant strains. The anti-inflammatory effects combined with potent anti-microbial activities and O₂-production-inhibition activities of cathelicidin also justify its anti-acne potential.

The disease occurs in a psychologically labile period when adolescents usually have a desire to look their best. Patients have reported dissatisfaction with appearance, embarrassment, self-consciousness, and lack of self confidence. Acne, also, may have negative impact on personal relationships, sports activities, and employment opportunities in teens and young adults. The management of acne must take into account the impact of acne on the patient's quality of life. This is important, in particular, because there are effective therapies of acne, and administration of these agents can cause an improvement in quality of life and psychological health. Increased awareness and early intervention for the psychological and

psychiatric sequelae of acne can benefit patients. Measurement of QoL changes gives insight into the impact of acne from a patient's perspective and can also be a measure of treatment success.

The large number of available products and product combinations, and the scarcity of comparative trials, has led to disparate guidelines. Chronicity of the condition, adverse effects, poor adherence to conventional therapy and the constant need to minimize the risk of permanent scarring drives the treating physician to be well versed with the latest developments in the field of acne management.

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C. Controversy unleashed: “A story of two magic wands”

**Dr. Shyam Prasad A.L, Professor & Head,
Dept of Dermatology, M.S.Ramaiah Medical
College**

We are all familiar with the Caduceus, (even though we may not know it is called that!) - the staff with wings and a coiled pair of snakes around it (fig 1). We use it on our cars to show that we are doctors and there are various medical organisations which use it as their symbol.



Fig 1 – The Caduceus Fig 2- The Asclepian rod



But did you know that the symbol which we use so freely is actually the wrong one! The Caduceus was originally the staff of the Greek god Hermes, the winged messenger of the gods, (and later the Roman god, Mercury) who was considered to be the patron of travellers and the protector of merchants and thieves. The Caduceus came to be used by alchemists and practitioners of occultism⁽¹⁾. In the modern era, it was adopted as the symbol of the American

Medical Corps, probably mistakenly. To this day, it continues to be used by various pharmaceutical, commercial and medical organisations, including IADVL (Fig 3).

The correct symbol to be used by the medical profession is the rod of Asclepius, (Fig 2) which consists of a staff around which is entwined a single snake. Asclepius was a Greek physician, who entered the pantheon of gods, supposedly on the basis of his healing skills. He had three daughters, Hygeia (Cleanliness), Panacea (all healing) and Meditrina (Medicine) and two sons who were physicians in the Greek army at Troy. Asclepius's name is also mentioned as a physician by prominent Greeks such as Plato, Hippocrates and Galen. In fact, in the original Hippocratic oath, the incantation goes “...in the name of Apollo, Aesculapius, Hygeia and Panacea...”.⁽²⁾ Most academic and professional medical bodies, including the World Health Organisation, use the Asclepian rod as their logo.

The significance of the rod and the snake is obscure. In ancient times, all healers used to carry a staff with them, and there may have been non-venomous snakes present at healing places. Snakes could also have been the symbol of rejuvenation due to the shedding of their skin. Another theory is that the rod and snake represent the drawing out of the Guinea worm, *Dracunculus medinensis*, from the skin, as that disease was very prevalent in those times.

If we look at the origins of these symbols, therefore, which should be the proper one to be adopted by a medical organisation of repute? Should it be the Caduceus, which represents commerce, or should it be the Asclepian rod

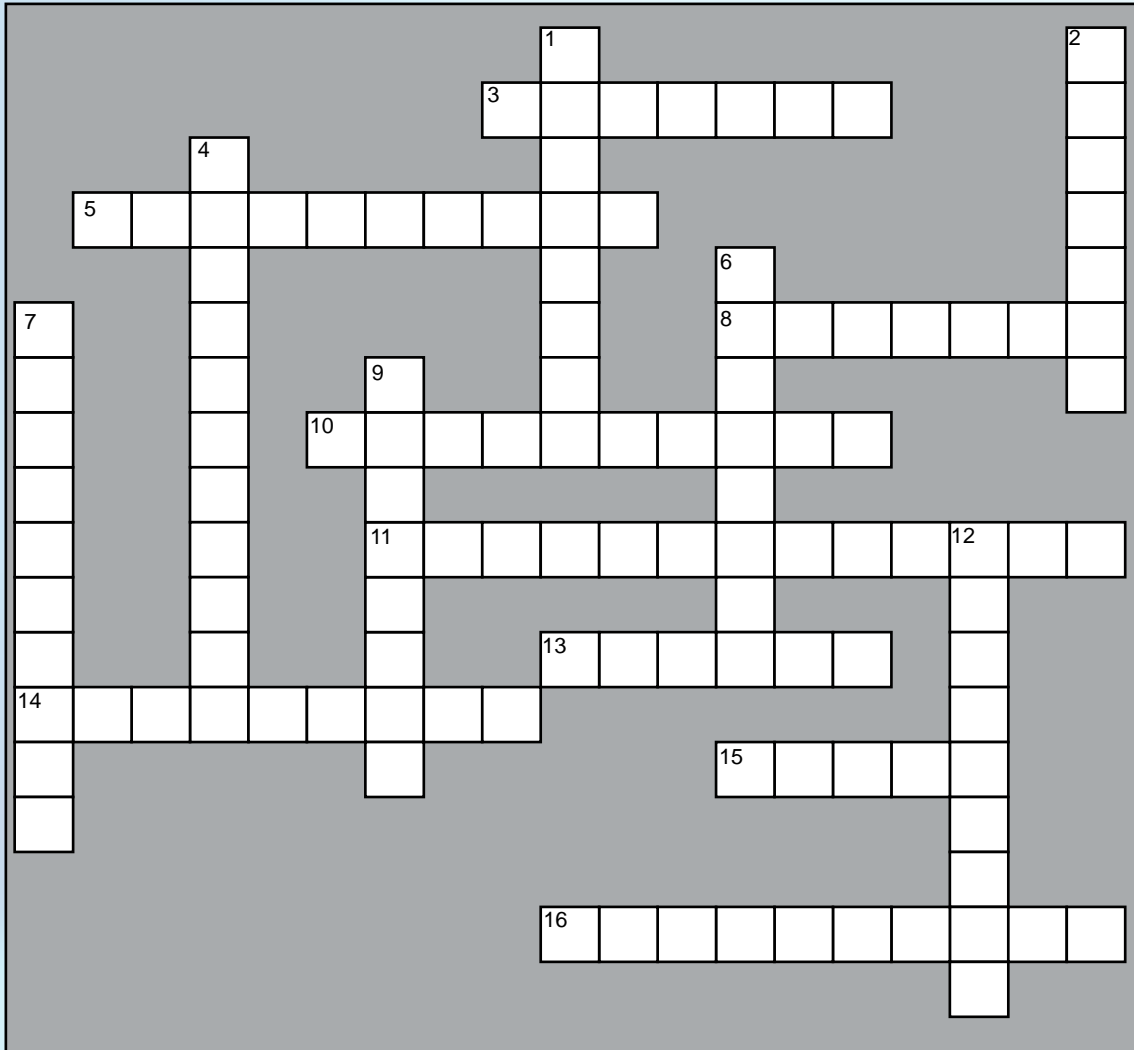
which represents healing? In a study of 242 logos of American organisations by Friedlander in 1992,⁽³⁾ it was found that while the Caduceus was used mainly by commercial medical bodies such as pharmaceutical firms, the Asclepian rod was the logo of the majority of professional medical organisations. The exceptions were hospitals, where more number used the Caduceus – quite logical, since most American hospitals are commercial entities! In fact, the American Medical Association, which was earlier using the Caduceus as its logo, has now changed it to a modified form of the Asclepian rod. Should not we, in IADVLS at least, think of replacing the logo of commercial interest with the one of healing?

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2. Nayernouri T. Asclepius, Caduceus and Simorgh as medical symbols Part I. Arch Iran Med 2010, 13(1):61-68
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D. Doyens of Dermatology: Jumble game, Dr. K.N. Shivaswamy





Across

3. He 'targeted' many skin lesions (7)
5. A type of lepromin named after him (10)
8. He discovered the aetiology of scabies (7)
10. Founder editor of Indian Journal of STD (7,3)
11. He who discovered the causative agent that results in 'flow of seeds' (6,7)
13. First independent dermatology conference was under his chairmanship (6)
14. Accurate descriptions of leprosy made by him during 600BC (9)
15. Indian who did maximum work on Donavanosis (5)
16. Founder of Association of Dermatologists and Venereologists in 1947 (7,3)

Down

1. He invented DCP Therapy (8)
2. He bled the psoriatic patches on scratching (7)
4. Arsphenamine, first synthetic drug for syphilis produced by him (4,7)
6. He described Stratum granulosum and designed boot for venous ulcers (4,4)
7. He is a triad of Ophthalmologist, surgeon, venereologist and had special interest in congenital syphilis (10)
9. "Padmashree" awardee and founder of Bombay leprosy project (8)
12. He described "Cayenne pepper" spots on legs (9)

(Answers to Jumble game on Page No.16)

E. CASE REPORT WITH QUIZ

Dr. Praveen Kumar S

Dr. Mallikarjun (Professor Pediatrics, M.S. Ramaiah Medical College)

14 years old male child born to second degree consanguineous marriage, presents with a history of hyperpigmented and hypopigmented skin lesions all over the body, since 4 years of age. History of fever on and off, since 2 months, moderate to high degree, associated with chills and rigors. History of loss of weight and appetite since 6 months. On examination, child was pale with liver palpable 2cms below



(fig- 1)

right costal margin. Facial dysmorphism with high arched palate noted. (fig- 1)



(fig- 2)

Cutaneous examination showed multiple dyschromic macules and patches all over the body. (fig- 2&3)

A patch of naevus depigmentosus on the right side of abdomen was noted.



(fig- 3)



(fig- 4)

Palms and soles showed “rain-drop” like pigmentation. (fig- 4)

Hyperpigmented patches on the tongue and buccal mucosa was seen. On Work-up, Hb:5.5, Tc:1990, platelet count:10,000 cells/cumm, N:5%, L:8%, E:1%. Smear for malarial parasite was negative, Serology for Dengue was normal and Mantoux reading was not significant. USG abdomen showed mild left-sided hydronephrosis and bone-marrow biopsy showed megaloblastic erythroid hypoplasia. Blood culture showed no growth.

What is your diagnosis ?

(Answer and discussion on

Page No.17)

DERMACARTOONS

Dr. Praveen Kumar S, Apoorva Dave (9th term M.B.B.S)

Identify the signs depicted by the following cartoons?

A.

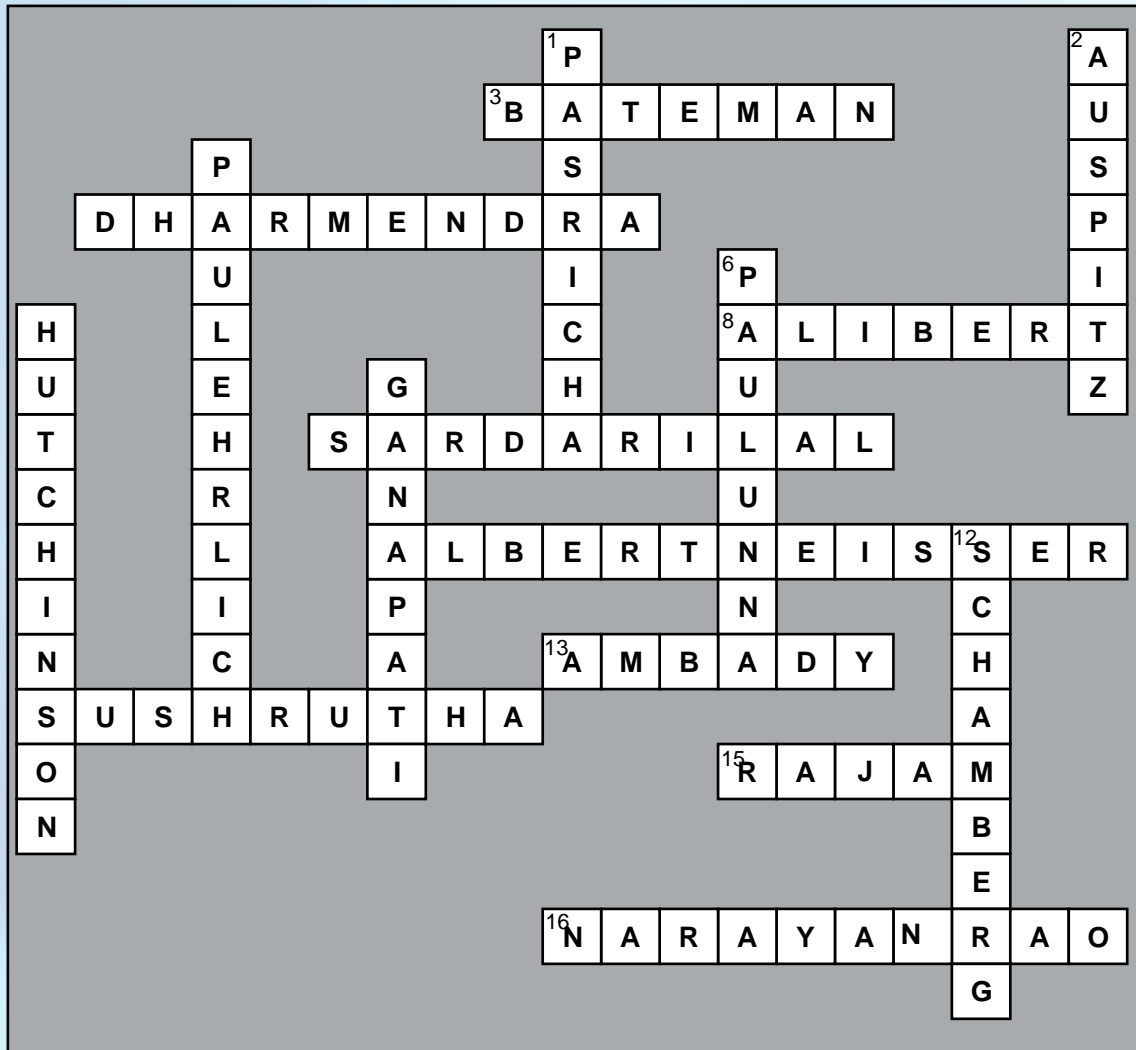


B.





Answers to Doyens of Dermatology Jumble Game



ANSWER AND DISSUSSION: CASE REPORT WITH QUIZ

Diagnosis: FANCONI'S ANEMIA

Discussion:

Fanconi's anemia is a rare inherited disorder characterized by pancytopenia, widespread mottled skin pigmentation, bone marrow failure and tendency to develop malignancy. The syndrome was first described in three brothers by Fanconi in 1927[1]. It has an autosomal recessive mode of inheritance. The lymphocytes from patients are characterized by increased chromosomal breakage, and are sensitive to cross-linking agents such as mitomycin C. Most of the Fanconi's genes have not yet been cloned. The phenotype is highly variable. The age of onset is between 4 to 10 years and either cutaneous or haematological abnormalities may be the presenting feature. Cutaneous features include dusky pigmentation distributed more over the lower trunk, flexures and neck. Typically, 'raindrop' like depigmented macules are seen distributed

among the dusky areas[2]. Rarely, only café-au-lait macules are reported. Pigmentary changes may precede the haematological manifestations. Haematological features include hypoplastic anemia, thrombocytopenia and neutropenia[3]. The pancytopenia usually causes death in 2 to 5 years. The other associated findings include hypoplasia of the radius and thumb, asymmetrical anomalies involving the lower trunk, growth retardation, renal anomalies, heart defects and gastrointestinal anomalies. Diagnosis is usually considered in any child presenting with pigmentary anomalies, pancytopenia, skeletal defects and hypogonadism. Prenatal diagnosis is also possible now, by demonstrating the increased spontaneous and induced chromosomal breakage in cultured fetal amniocytes and chorionic villous cells[4]. Prognosis is poor with an average life expectancy of 20 years. Various treatment options available are Hemopoietic stem cell gene therapy, allogeneic stem cell transplantation and umbilical cord blood transfusion[5].

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4. Grewal SS, Kahn JP, MacMillan ML et al. Successful haematopoietic stem cell transplantation for Fanconi anemia from an unaffected HLA-genotype-identical sibling selected using preimplantation genetic diagnosis. *Blood* 2004;103(3):1147-51
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ANSWERS TO THE CARTOONS

- A. Match-box sign in Delusional Parasitosis.
- B. Breakfast, lunch and dinner sign: due to CimexLectularius(Bed Bug) bites.

CONFERENCE CALENDER / NEWS AND EVENTS

EVENTS IN INDIA

CUTICON Karnataka

*26th and 27th October 2013, Shimoga
Shimoga Institute of Medical Sciences
www.cuticonshimoga2013.com*

Haircon2013 is being held on
22-24 nov 2013 at Le Meredien Hotel.

It is a joint meeting of Association
of hair Restoration Surgeons India AHRS
and Asian Association of Hair Restoration
Surgeons AAHRS and is an exclusive
conference on hair transplantation.

For details www.haircon20131.com

EVENTS ABROAD

18th International Leprosy Congress

Damien Foundation-ILEP/ILA

Date: September 16-20, 2013

Brussels, Belgium.

Email : ila@ilsl.com

Website :

<http://www.leprosy-ila.org/do.php/Home>

XI International Congress of Dermatology

&

42nd Annual National Conference of IADVL

December 4th to 7th, 2013

Hotel The Ashok, New Delhi

Email: secretariat.icd2013@gmail.com

Web: www.icddelhi2013.com

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