



Issue - 8

QUARTERLY PUBLICATION OF THE BANGALORE DERMATOLOGY SOCIETY

IADVL: BDS BULLETIN



BANGALORE
DERMATOLOGICAL
SOCIETY **SINCE 1998**

2016

“DERMADRISHTI”



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Dr. Praveen Kumar S

BANGALORE DERMATOLOGICAL SOCIETY
BANGALORE, KARNATAKA

www.bdsmembers.com



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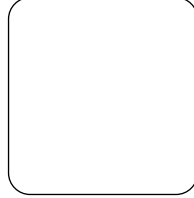
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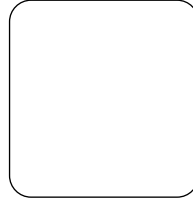
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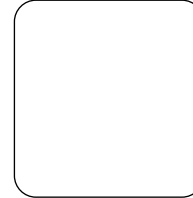
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A note from the presidential desk:

We are happy to continue with the BDS newsletter-“DERMADRISHTI”, which covers all aspects of the activities of our Bangalore Dermatological society, a vibrant branch of the IADVL. This news letter is brought out quarterly by the editorial team comprising of Dr.Prabhakar M Sangolli and Dr. Praveen Kumar S. I wish all the success to this academic activity and request all the members of BDS to contribute actively to the journal. This is an opportunity for young dermatologists and postgraduates to showcase their talent.

I wish Dr. Sangolli and Dr. Praveen all the very best to take this journal to greater heights.

Dr. T. S. Vidya
President
Bangalore Dermatological Society



Message from the Secretary

I congratulate Dr Prabhakar Sangolli- our Past BDS president and a person know for his academic excellence and Dr Praveen Kumar S on bringing out the

BDS NEWSLETTER, highlighting the activities and achievements of BDS. This should serve as an inspiration for those involved with BDS activities and as a

motivation for those contemplating to be a part of the same and bring the best out of them.

Long live BDS

Dr. Nandini A. S.
BDS Secretary



Editor's message

Bangalore Dermatological society-IADVLS is always on the forefront as far as academic and socially relevant non-academic activities are concerned. Our BDS newsletter makes a honest effort to show case various achievements of BDS and its esteemed members. It contains review articles, conference summaries, cartoons, quiz, information about various conferences etc.. I am grateful to Dr Praveen Kumar who actively designs and brings out the newsletter. I also thank our BDS President Dr Vidya TS and Secretary Dr Nandini AS for their encouragement.

I urge BDS members to contribute articles

Suggestions and feedback are welcome

Editorial Team

Dr Prabhakar M Sangolli
Dr Praveen Kumar



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CONTENTS:

PAEDIATRIC HIV – TRENDS AND CHALLENGES

Pediatric HIV disease remains a major global health issue described as the “epidemic of current century”. The burden of pediatric HIV accounts for 7.5% of the total number of people with HIV globally (India 7%). Globally an estimated 2.5 million children are living with HIV/AIDS, 10,000 becoming infected daily and 2,60,000 deaths of children under 15 occur due to AIDS related illnesses. Declining trend reflects the steady expansion of services to prevent transmission of HIV to infants, main mode of HIV transmission and an increase in access to treatment for children. Without treatment, 50% of infected children will die before age 2. Treatment and PMTCT interventions can reduce MTCT rates to <5%.

Scenario of Pediatric HIV in Karnataka: Karnataka is the first state that integrated PPTCT programme with NRHM in April 2008. In 2011, the state has an estimated 2,54,000 people living with HIV (PLHIV). HIV cases registered at ART Centres is 201790, out of which, 71550 cases are alive and on ART (66489 adults and 4701 children).

Why prioritise children?

Perinatally infected children become symptomatic by five years of age with failure to thrive being common clinical manifestation. Oral candidiasis is a significant independent risk factor for predicting HIV infection in children (80%). Recurrent bacterial infections and PCP are also more common. CNS manifestations occur in early stage in children while AIDS – dementia occurs late in adults. Malignancies are uncommon and Opportunistic infections occurs at higher CD4 counts than adults.

6 CHALLENGES OF PEDIATRIC HIV:

1. MOTHER TO CHILD TRANSMISSION: The risk of transmission ranges from 5-45%. A recent NACO guideline recommends initiation of 3 drug fixed combination of Tenofovir, Lamivudine and Efaviranez in pregnancy from Jan 2014 irrespective of CD4 counts and clinical staging. NVP Prophylaxis is started from birth up to 6 weeks.

2. SCREENING: The diagnosis in the exposed infants is difficult as routine screening tests {rapid test, ELISA} will detect maternal antibodies. Hence, it is useful in children > 18 months of age. Infants and children with confirmed HIV infection need a baseline CD4 testing (absolute count & CD4 %). Repeat every 6 months or earlier if clinically indicated.

3. BREAST FEEDING: Breast feeding is preferred choice in developing countries and mother should continue ART during the whole duration of breast feeding.

4. VACCINATION: NACO recommends routine immunization to all HIV exposed infants and children and avoid live-virus vaccines (CD4 % < 25% or WHO stage 3 and 4). Measles, mumps, rubella vaccine & varicella vaccines

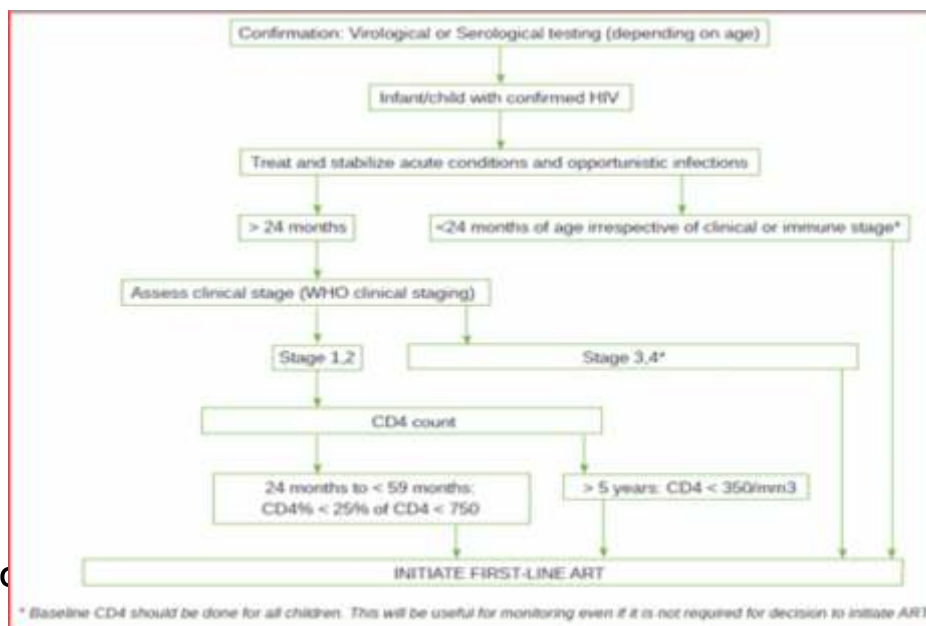
can be given if not severely immuno-compromised. WHO recommends to defer BCG until diagnostic testing results are available as disseminated BCG disease in sick infants of HIV infected mothers is a possibility. Inactivated vaccines (DPT) safe. Pneumococcal vaccination, hemophilus influenzae and meningococcal vaccines preferred. HPV vaccine is recommended -girls 9 to 26 yr, (risk of anogenital cancers in HIV infection)

5. DERMATOLOGIC PERSPECTIVE

Cutaneous disease may be the presenting symptom of HIV related illness. Atypical, Recurrence/ relapse and Treatment resistance lesions are a clue for evaluation of ICS. WHO Clinical staging for infants and children with established HIV infection includes papular pruritic eruptions, extensive wart virus infection, extensive molluscum contagiosum, recurrent oral ulcerations, unexplained persistent parotid enlargement, linear gingival erythema, herpes zoster, fungal nail infections in Clinical staging 2. While persistent oral candidiasis (after first 6 weeks of life), oral hairy leukoplakia, acute necrotizing ulcerative gingivitis/periodontitis under Clinical stage 3 and staging 4 includes chronic herpes simplex infection; (orolabial or cutaneous of more than one month's duration, or visceral at any site), kaposi sarcoma and oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs). Other HIV-related skin disorders includes atopic dermatitis, seborrheic dermatitis, PRP, psoriasis, ichthyosis, Generalized xerosis, alopecia, greying oh hair, trichomegaly of the eyelash, nail changes, hyperpigmentation, cutaneous neoplasms like SCC, BCC

6. PRIORITY INTERVENTIONS: Barriers of management of paediatric HIV/AIDS includes delayed infant HIV diagnosis and lack of appropriate paediatric ARV formulations. Regimen of ART is 2 NRTI + 1 NNRTI (Zidovudine, Lamivudine and Nevirapine/Efavirenz). Protease inhibitors are included in 2nd line regimen.

WHEN TO START ART?



COTRIMOXAZOL

monia (PCP) and

other common childhood infections. (Isospora & Cyclospora). Dosage: 5mg/kg of TMP/day orally once daily initiated from 6 weeks onwards up to 5 yrs.

Treatment failure: Treatment failure should be considered if the child has been on therapy for at least 24 weeks and is adequately adherent to treatment.

- Clinical: Downgrading in WHO clinical staging at the time of evaluating the infant or child on ART new or recurrent condition
- Immunologic: 30% drop of age related CD4% or value from peak post therapy (CD4 count or %) criteria levels
- Virologic: Persistent viral load above 5000 copies/ml, after at least 24 weeks on ART, in a fully treatment adherent child

SUMMARY:

Learning to live with a chronic illness is key in managing HIV comprising of counseling, adherence to ARV, growth monitoring, nutritional care and adolescent issues along with the 6 challenges of PPTCT, breast feeding, lactation, vaccination, dermatological manifestations and initiation of ART.



Presidential Message

It is with immense pleasure that I accepted the role of the President ship of Bangalore Dermatological society for the year 2015- 2017.

First of all let me thank, all my senior colleagues and all the members of the BDS for having trust in me to hold this prestigious post and also to host the academically mind boggling CME's, workshops, conferences, etc. I also thank all my colleagues and executive committee members for their support and encouragement.

To continue the good work of all my predecessors, I would like to enhance our goals.

Integrity

1. To enhance professional cohesiveness & to encourage the spirit of fraternity and the collegial spirit

Academics

3. To provide a platform for the up gradation of professional information, standards and skills
4. To guard and enhance professional and ethical standards of the members and thereby enhance the honor of the profession.

Digital

5. To make BDS completely paperless. All communication will be through mails, web site, messages, whatsapp and through other digital media.

Rural camps

6. To improve quality of life of people living in the rural areas through camps and awareness .

Memberships

7. The strength of any organization lies in the membership. So to see to it that every practicing dermatologist in Bangalore becomes a BDS member

CME's

8. To make every CME unique and worth the change.

Postgraduates

9. To encourage every PG student to participate , present cases and papers, compete, research and discuss and win laurels .

Women power

10. To encourage all women dermatologists to take up responsibilities in the social work.

Unique programs

11. To continue the tradition of introducing something unique in every term , eg. Capsules, Hand outs, Research grants etc .

Non dermatology talks

12. To introduce non dermatology talks for the benefit of all members, eg. investment, spirituality, fitness, etc to lead a better life

All this can be done only with the active participation, encouragement and support of all my team members, senior colleagues and the BDS fraternity .

I would like to thank all members for their continued co operation and to help me make BDS successful an important arm of IADVL.

Thank you and regards ,

Dr T S Vidya

President BDS



News letter- secretary report

Dear members,

It gives me great pleasure to give a write up of secretary's report of all the activities held by BDS from May 2015 to April 2016. Time flows fast- it seems like we- the new BDS team took over just some time back and yet when I sit to pen down there are so many activities were held in the last one year of our tenure.

We- the present team of BDS took over on 17 may 2015 at AGBM held at KBA with Dr Vidya T S as the president, myself Dr Nandini A S as the secretary, Dr Praveen kumar S as the treasurer, Dr Leelavathi B & Dr T S Nagaraju as the vice presidents, Dr D P Jayanth & Dr Mahesh Kumar as joint secretaries and Dr Prabhakar sangolli as the editor. Our EC members consist of: Dr Eshwari, Dr Jagadish , Dr Mahesh M, Dr Neelima, Dr Ravindra Babu, Dr Sunil prabhu, Dr Shivayogi, Dr Sanjana, Dr Savitha and Dr Urmila. Our advisory board includes all HODs and all our previous BDS office bearers and senior dermatologists guiding us with their vast experience.

June 2015: The first EC meeting for the tenure was held on 28-6-15 Sunday at KBA between 8.30 to 10 am. Subcommittees were formed and the schedule for the next 6 months discussed.

The first BDS CME for the tenure was held on **28-6-15** Sunday with focus on Psoriasis at KMC hall 2, Vidyabhavan, near Mahavir Jain hospital.

World Vitiligo day- 25th june: to create awareness on vitiligo, a press meet was held and also a **candle light vigil** was arranged on 25th evening at town hall.

July 2015: The second BDS CME for the tenure was held on 26-7-15 along with the BDS Founder's day celebration at KMC hall 2, Vidyabhavan, Bengaluru . This CME was hosted by Vydehi institute of medical sciences under guidance of Prof and HOD Dr Hanumanthayya Keloji . Guest talks: Discussion on Probiotics in Dermatology - Dr Shivaswamy ,Dr Krupashankar Dr Neelima Sharma and Mr Vijayraghavan. Mr Pradeep- CA: IT returns and investment for professionals. Followed by UG quiz. Founders day celebrations: we were proud to felicitate our senior colleagues: Dr H V Nataraja (Retd Prof & HOD - BMCRI),Dr Vivekanand (Prof & HOD - RRMC),Dr Hanumanthayya Krloji (Prof & HOD- VIMS) and Dr Maya Phillip (Senior Consultant - Mallya hospitals)

August 2015: Third CME- was held on 23-8-15 at Command Hospital Air Force, Bangalore under the guidance of Prof & HOD Col(Dr) S Radhakrishnan, CHAF Bangalore at Sushruta Auditorium, Command Hospital Air Force, # The first BDS rural camp for the tenure was conducted by Kempegowda institute of medical sciences on 9-8-15 at Harohalli village & was attended by Dr Nandini A S- Assist prof at KIMS & BDS secretary, Dr Soumya C S- senior resident, Dr Ramya N and Dr Chanbasappa M – PGs and Dr Neelima Sharma where 206 patients were treated, given free medicines and educated about skin hygiene including steps of hand washing.



September 2015: IADVL chalo gaon ki aur programme in Bangalore was organised at Harohalli village near kanakapura on 13/ 9/ 15 by BDS. Free dermatology camp was conducted where 156 patients were given consultation and free medicines. Health education about prevention of topical steroid abuse and photoprotection was given to all patients attending the camp. The camp was conducted by Dr Shivaswamy and 3 pgs from Ramaiah medical college and practitioners Dr Jagdish and Dr Neelima.

IADVL- TORRENT Aesthetic Workshop, Bangalore 27.9.15

The second SIG aesthetic workshop was conducted by IADVL Academy and SIG lasers and aesthetics group along with BDS - at KIMS hospital, Bangalore on Sept 27th 2015 in conjunction with IADVL Karnataka state branch. It was attended 160 delegates from bangalore and nearby places. The SIG convener Dr Shehnaz Arsiwala along with SIG members Dr Jagjeet Sethi and Dr Swapnil Shah and local faculty Dr Vidya T S , Dr Nandini, Dr Nischal, Dr Urmila, Dr Sanjana, Dr Eshwari, and Dr Ravindra babu demonstrated various aesthetic procedures like chemical peels, fillers, botox and dermaroller shown on more than 15 indicated patients.

October 2015: BDS 2nd EC meet was held at 8 am at KBA on oct 18th

The fifth CME for the tenure was held on 18-10-15 at KMC bhavan, 16/F millers tank bed area, Vasanthnagar, Bangalore. The CME was hosted by St John's medical college under the guidance of Prof and HOD Dr Sujatha harshad. Followed by guest lectures by Prof Dr Nagaraja: science and spirituality, Dr Narasimha Rao: Leprosy update, Dr Krupashankar- biosimilars in psoriasis. UG quiz- final round of zonal level was conducted. #From the month of October 2015 no hard copies were sent. Only e communication through e mails and whats app and if any member requires- through msgs were sent.

November 2015: BDS in association with Bangalore rheumatological society had organized " Dermatology Rheumatology interface " on Sunday 8/ 11/ 2015 at KMC - II, Millers tank bund area, Vasanthnagar.

December 2015: BDS conducted "DERMA EVA - BENGALURU" at Western Premier La Marvella South End Circle, 2nd Block Jayanagar. An unique IADVL Presidential programme supported by the Women's Dermatologic Society. It was a full day programme with focus on academic and non academic issues, 2 KMC credit points, Padmashri Dr Kamini Rao as chief guest and was well attended with 130 plus members. I on behalf of BDS would like to thank our immediate past IDVL president Dr Venkataram Mysore for conceptualizing a programme like Derma Eva and also giving us an opportunity to conduct the same in Bangalore.

January 2016: The 3rd BDS EC meeting was on 17/ 1/ 2016 Sunday at shangrila hote, Vasanth Nagar, Bengaluru. In view of Dermacon being held in January there was no BDS CME in jan 2016



BDS rural camp for January held on 10-1-16 at Harohalli village was conducted by MVJ medical college by Dr Aneesh. S - Asst prof, PGs- Dr Soumil Khare, Dr Anoop Gopal, Dr Uday Kumar.S and Dr Muneer Mohammed where 122 patients attended the skin camp.

February 2016: The eighth CME was held on 21-02-16 at KMC II vidyabhavan, vasanthnagar, Bangalore. The CME was hosted by Bangalore medical college under the guidance of Prof and HOD Dr Leelavathi. Guest lectures: Dr leelavathi- Biologics and Secukinumab in psoriasis, Dr Nirmala Markandeya- Ageing and Yoga & Dr Sangolli- management of reactions in leprosy.

March 2016: # BDS rural camp for march on 13-3-16 at Harohalli village was attended by 56 patients and conducted by Vydehi medical college by Dr Rajesh, Dr Priyanka and Dr Ritika. The ninth CME for the tenure - SPADE programme with focus on Atopic dermatitis was held on 20/3/2016 at ITC WINDSOR, windsor square, golf course road Bengaluru. It was a well appreciated programme with all the senior dermatologists delivering well tailored talks followed by a good interactive session and was attended by 156 BDS members.

April 2016: BDS meet scheduled on 17/04/2016 from the team of Dermatology, M.S.Ramaiah Medical College under the guidance of, Sr. Prof. & Head Dr. T. K. Sumathy. The annual PG quiz and guest lectures: Dr. MuralidharRajgopal- Emergencies in Dermatology, Dr. LaxmishaChandrashekar- Clinical predictors of herpetic co-infections in patients with pemphigus are also scheduled Looking forward to conduct regular CMEs with interesting, needful topics which would help our members enrich in dermatology and also in life as a whole in the coming year may 2016 to April 2017.

[“Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning”.- Albert Einstein](#)

Regards

Dr Nandini A S

Secretary BDS