Issue - 13

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BANGALORE DERMATOLOGICAL SOCIETY SINCE 1998

2022

"DERMADRISHTI"

Editorial Team :
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Executive Editor - **Dr. Sushant Swamy**

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BANGALORE, KARNATAKA
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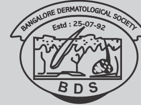

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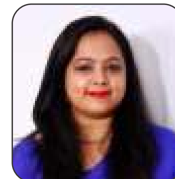

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A note from the Presidential desk:

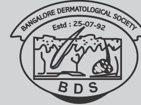
We are happy to continue with the BDS newsletter-"DERMADRISHTI", which aims to cover the activities of the Bangalore Dermatological Society- a vibrant branch of the IADVL. This newsletter is brought out biannually by the editorial team composed of Dr. Eswari. L. and Dr. Sushant Swamy.

I wish all the success to this endeavor and request all the members of the BDS to contribute actively to the journal. This is an opportunity for young dermatologists and postgraduates to showcase their talent- both academic and creative.

Dr. Nandini A. S.

President

Bangalore Dermatological Society



BANGALORE DERMATOLOGICAL SOCIETY SINCE 1998

Presidential Message

It is with immense pleasure that I accepted the role of the Presidentship of Bangalore Dermatological Society for the year 2021-2023.

I thank my senior colleagues and members of the BDS for posing faith in me to hold this prestigious post. I thank them for trusting me with the responsibility of organizing academically mind boggling CME's, workshops and conferences among other activities. 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

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

Digital

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

Rural camps

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

Memberships

6. The strength of any organization stems from its members. We aim to make all the dermatologists in Bangalore become members of the BDS.

CME's

7. To make every CME unique.

Postgraduates

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

Unique programmes

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

Non dermatology talks

11. 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.

Dr. Nandini AS

President

Bangalore Dermatological Society

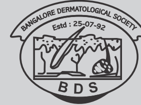
Message from the Secretary

Dear friends and colleagues,

The BDS newsletter wishes you a hearty welcome. With the mission to promote specific areas of dermatology, this newsletter is dedicated to showcase the recent developments in our field. As science and medical research are progressing at a rapid pace, it is necessary for clinicians to review and refresh their knowledge and skills.

I congratulate Dr. Eswari. L on bringing out the BDS news letter highlighting the activities and achievements of BDS. This will definitely serve as an inspiration for those involved in the BDS activities and motivation for those who want to be part of the same.

Dr. Aneesh S
Secretary
Bangalore Dermatological Society



Chief Editor's message

This year, Bangalore Dermatological Society brought the dermatologists of Bangalore closer, as a family, whilst sparing no effort in nurturing our knowledge of the subject.

The BDS members and post graduates have benefited a lot from the monthly physical meets that have been happening.

I invite contributions to our biannual BDS Bulletin "DERMADRISHTI", from one and all, including innovative ideas, original research and, of course, the occasional, but essential write up that is the perfect amalgam of humour and subject matter. It is the perfect platform for the junior residents to gain visibility and hone their writing skills. I, especially, encourage them to contribute to this magazine.

I would like to sincerely thank the President, the Secretary and EC of BDS, for giving me the opportunity to be the editor of DERMADRISHTI.

Dr. Eswari L, MD DVL, FRGUHS, FAADV

Chief Editor

Bangalore Dermatological Society

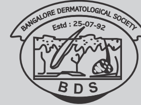
Executive Editor’s message

This is the first issue of Dermadrishti by the present executive committee of the Bangalore Dermatological Society.

To keep the members informed with the goings on in the society while providing a platform for academic and nonacademic write ups by our members is the goal of this bulletin.

It is an honour to serve as the executive editor of the BDS under the able guidance of the chief editor Dr. Eswari L, the President Dr. Nandini A.S, the Secretary Dr. Aneesh. S and the members of the executive committee of the BDS.

Dr. Sushant Swamy
Executive Editor
Bangalore Dermatological Society



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Hand Foot Mouth Disease

Introduction

Hand, foot and mouth disease is a common childhood illness affecting the hands, feet, mouth and the buttocks. Children less than five years old are commonly affected. This usually has a self limiting course.[1]

Etiology [2]

HFMD is caused by the enterovirus 71 and Coxsackievirus A16 (CVA 16). Other strains [CVA4-10, CVA24, CVB2-5 and echovirus 18] may also cause HFMD rarely.

Clinical Features [3]

Systemic features

Low grade fever with malaise which usually subsides in 48 hours of onset.

Cutaneous features

The cutaneous features can be classified as early and delayed.

Early cutaneous features:

Classic HFMD[4]

Classical findings include:

- Papules, small vesicles and erosions on the palms, soles, distal extremities and on the gluteal skin. They can be painful.
- Ulcerations of the buccal and pharyngeal mucosa. These may cause discomfort and even pain during swallowing. The presence of oropharyngeal lesions helps distinguish HFMD from other exanthems.

Atypical findings[5]

- **Vesiculobullous**
  - The Coxsackievirus A6 subtype infection presents as a widespread vesiculobullous eruption that extends beyond the palmar and plantar distribution typical of HFMD.
- **Periorificial erosive lesions eruption**
  - The Coxsackievirus A6 subtype infection also causes periorificial erosive lesions more than oropharyngeal lesions.
- **Eczema coxsackium**
  - The Coxsackievirus A6 subtype infection has a predilection for causing lesions in the areas that are usually affected by atopic dermatitis such as the antecubital and popliteal fossae. Hence the name eczema coxsackium.
- **Papular and petechial eruption**
  - Indistinct petechiae and purpuric lesions may be present, most typically on the acral sites.

Late cutaneous features:

- Desquamation of palms and soles can be a delayed manifestation that can persist for one to three weeks.
- Onychomadesis[6]
  - This occurs due to a transient nail matrix arrest

Risk/mitigating factors for severe disease :

- Internal disease:
  - Specific serotypes (eg, B5)
  - Age >50 years
  - Neonatal period
  - Perinatal
  - Pregnancy

- **Extensive cutaneous:**
  - Infants
  - Atopic dermatitis
  - Family member with Coxsackie infection
  - Coxsackie A6

Complications[7,8]

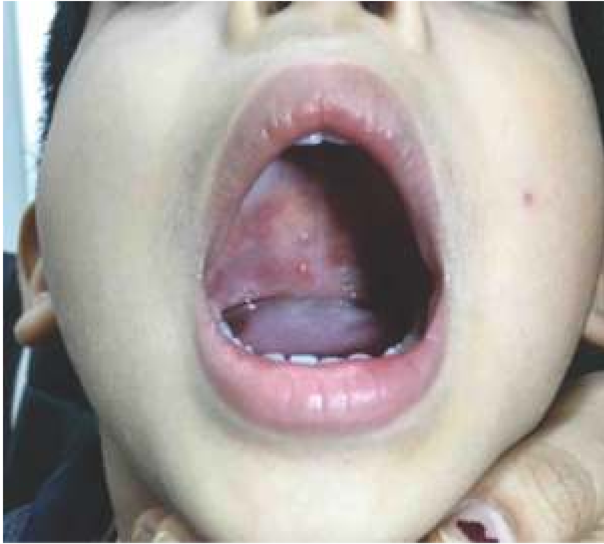
- Aseptic meningitis
- Acute flaccid paralysis
- Encephalomyelitis
- Autonomic dysregulation
- Pulmonary edema
- Myocardial impairment
- Death

The survivors may develop neurological sequelae such as cognitive and motor disorders.

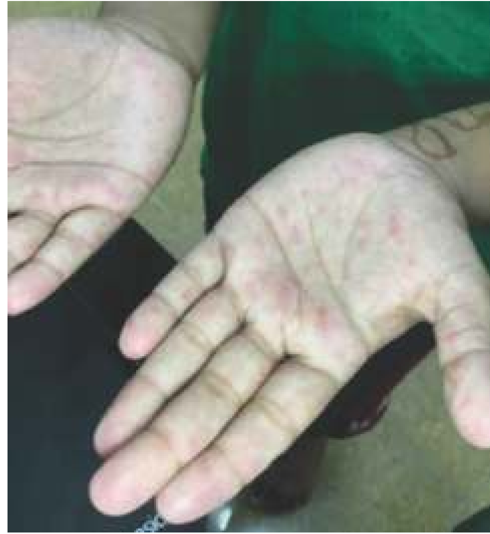
Differential Diagnosis
This includes Varicella[9], herpetic gingivostomatitis, aphthous stomatitis, viral pharyngitis, Gianotti Crosti disease and erythema multiforme.

Prevention & Management [10]
Supportive is the mainstay of the management of HFMD given its self limited nature. This includes maintenance of hydration and pain control. Hand hygiene is recommended in the households with the infection. Intravenous immunoglobulin is recommended in patients with meningitis, immunocompromised patients, patients with severe neurological symptoms and in neonatal patients. Isolation and observation of vulnerable demographics such as pregnant women is to be followed.

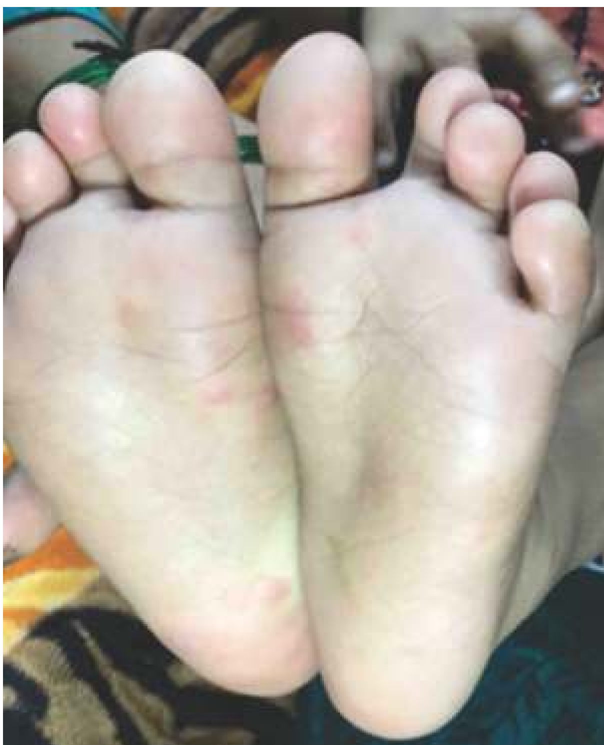
Lesions on the Hard Palate

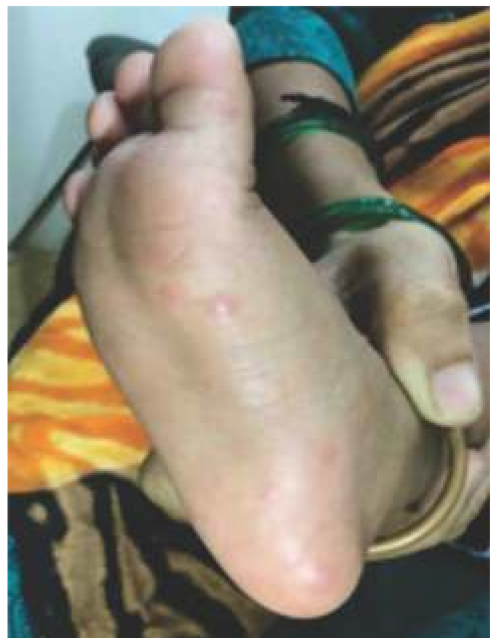


Lesions on the palms

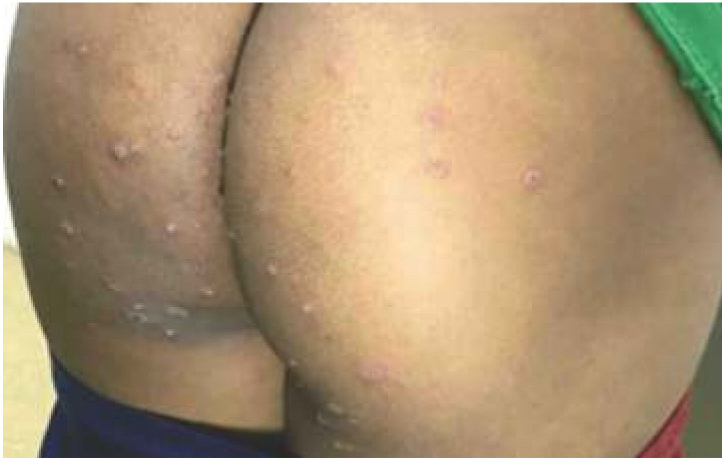


Lesions on the soles

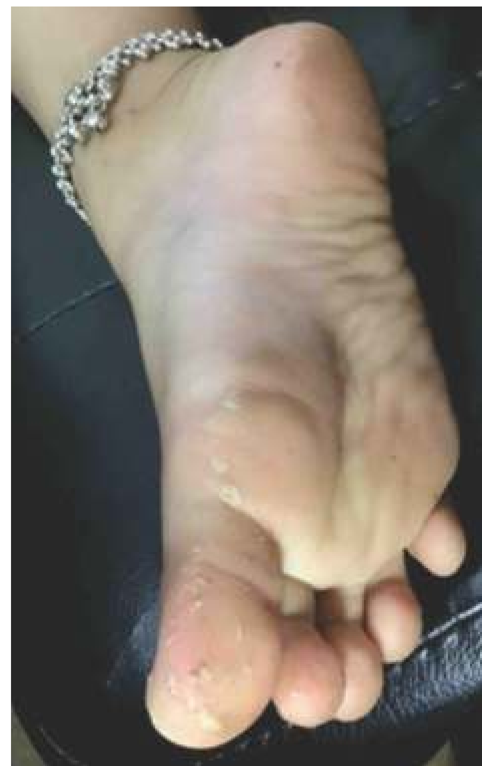




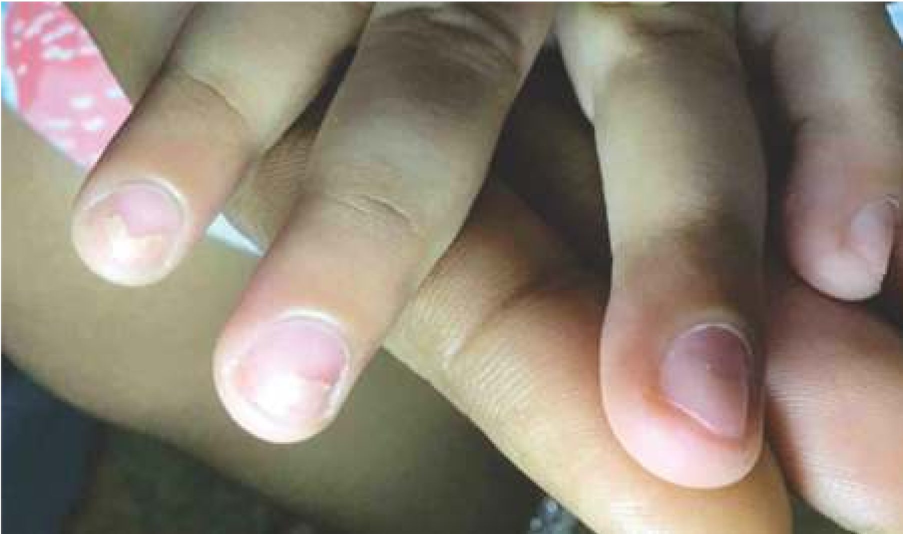
Lesions on the gluteal skin



Desquamation of palms and soles



Onychomadesis



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Monkeypox

Introduction

Monkeypox was declared " a public health emergency of international concern," on the 23rd of July 2022 by the director of the World Health Organization (WHO). A total of about 16,800 cases of monkeypox in the world was confirmed by the Centers for Disease Control and Prevention (CDC) in July 2022.[1]

In India, the outbreak was first reported on July 14, 2022. On the date of writing this article (04/09/2022), the tally for India is 4 confirmed cases, 8 suspected cases and one death[2].

What is monkeypox?[3]

It is a viral zoonotic disease. It is transmitted from animals, which are its natural host, to humans.The animal hosts include rodents and nonhuman primates. Monkeypox is endemic to central and west Africa where it affects people living near rainforests.

Etiology[4]

The Monkeypox virus is an enveloped double-stranded DNA virus that belongs to the Orthopoxvirus genus of the Poxviridae family. There are two distinct genetic clades of the monkeypox virus: the central African (Congo Basin) clade and the west African clade. The Congo Basin clade has historically caused more severe disease and was thought to be more transmissible. The geographical division between the two clades has so far been in Cameroon, the only country where both virus clades have been found.

Pathogenesis[5]

The virus when transmitted from animals to humans enters the body through lesions in the skin and mucosal membranes. The transmission between humans is usually via the respiratory route.
Viral replication occurs at the site of initial entry and then spreads via lymphatics to the regional lymph nodes, causing lymphadenopathy, after which an initial viremia ensues. This usually takes about 7 to 14 days and may take up to 21 days in some (incubation period).

Symptoms of fever, lymphadenopathy and skin lesions appear with secondary viremia. Antibodies are present in the serum by this time.

Clinical Features[6]

Monkeypox is a self limiting disease which resolves in about 2-4 weeks. It is more severe in the pediatric population.

Systemic features

A prodromal period lasting for about 5 days includes fever, lymphadenopathy, headache, myalgia, chills, cough and sore throat .

Lymphadenopathy with a skin rash is a differentiating feature.

Cutaneous features

Enanthem on the oral and lingual mucosae first appear. Centrifugally distributed macules appear, beginning on the face and spread to the limbs including palms and soles. The genitalia may also be involved in some.The rash goes through a macular, papular, vesicular and pustular phase. The lesions tend to be painful initially and become pruriting during the healing phase.The lesion load can be as high as 500 lesions or more.

Complications

Secondary infections, pneumonia, sepsis, encephalitis[7] and corneal involvement may lead to loss of vision.

Differential Diagnosis [8]

Varicella (Chicken pox), disseminated herpes zoster, disseminated herpes simplex, measles, chancroid, secondary syphilis, hand foot mouth disease, infectious mononucleosis, molluscum contagiosum.

Prevention & Management

The treatment is supportive. No specific clinically proven treatments exist. It is important to isolate the affected individual to prevent outbreaks

Isolate the patient in an isolation room in a hospital or at home in a separate room with separate ventilation The patient must wear a triple layer mask. Skin lesions should be covered to the maximum extent possible to reduce the risk of contact with others Isolation must be continued until all lesions have resolved and scabs have completely fallen off

Supportive management includes the following

- Protection of compromised skin and mucous membranes
    - Skin rash
        - Clean with simple antiseptic
        - Mupirocin / Fucidin Cover with light dressing if extensive lesion present
        - Do not touch/ scratch the lesions
        - In case of secondary infections relevant systematic antibiotics may be considered
    - Genital ulcers- SItz bath
    - Oral ulcers- Warm saline gargles/ oral topical anti-inflammatory gels
    - Conjunctivitis
        - Usually, self-limiting
        - Consult Ophthalmologist if symptoms persist or there are pain/ visual disturbances

- Rehydration therapy and nutritional support
    - ORS or oral fluids
    - Intravenous fluids if indicated
    - nutritious and adequate diet

- Fever- Tepid sponging and paracetamol

- Calamine lotion and antihistamines for pruritus.

Diagnosis

PPE to be donned before collecting the specimens should include- Coveralls/Gowns, N-95 mask, Face shield/safety goggles, double pair of gloves. Donning & doffing of PPE should be carefully performed as per the standard procedure .

Clinical samples to be collected from the cases as per the criteria mentioned below :

Traveller from outbreak /endemic region or Community Transmission		
Asymptomatic	• Observe for the development of any signs and symptoms for 21 days' post exposure • If signs and symptoms develop, collect specimens as per the duration of illness as mentioned below	
Symptomatic	**Rash phase****	**Recovery phase**
	• *Lesion roof- with scalpel or plastic scrapper collected in plain tube • *Lesion fluid with intradermal syringe • *Lesion base scrapings with sterile polyester swab collected in plain tube • *Lesion crust in plain tube • NPS/OPS in dry plain tube [without any bacterial medium or VTM] • Blood collected in SSGT (4-5 ml) • Blood collected in EDTA (2-3ml) • Urine in sterile urine container (3-5ml)	• Blood collected in SSGT (4-5 ml) Urine in sterile urine container (3-5ml)

*** The specimens from lesion should be collected from multiple sites**

**** A clear lesion images should be sent along with the case record form (preferably on the email ID mentioned below)**

Diagnostic modalities for Monkeypox with ICMR NIV Pune

For the confirmation of Monkeypox on the suspected clinical specimens:

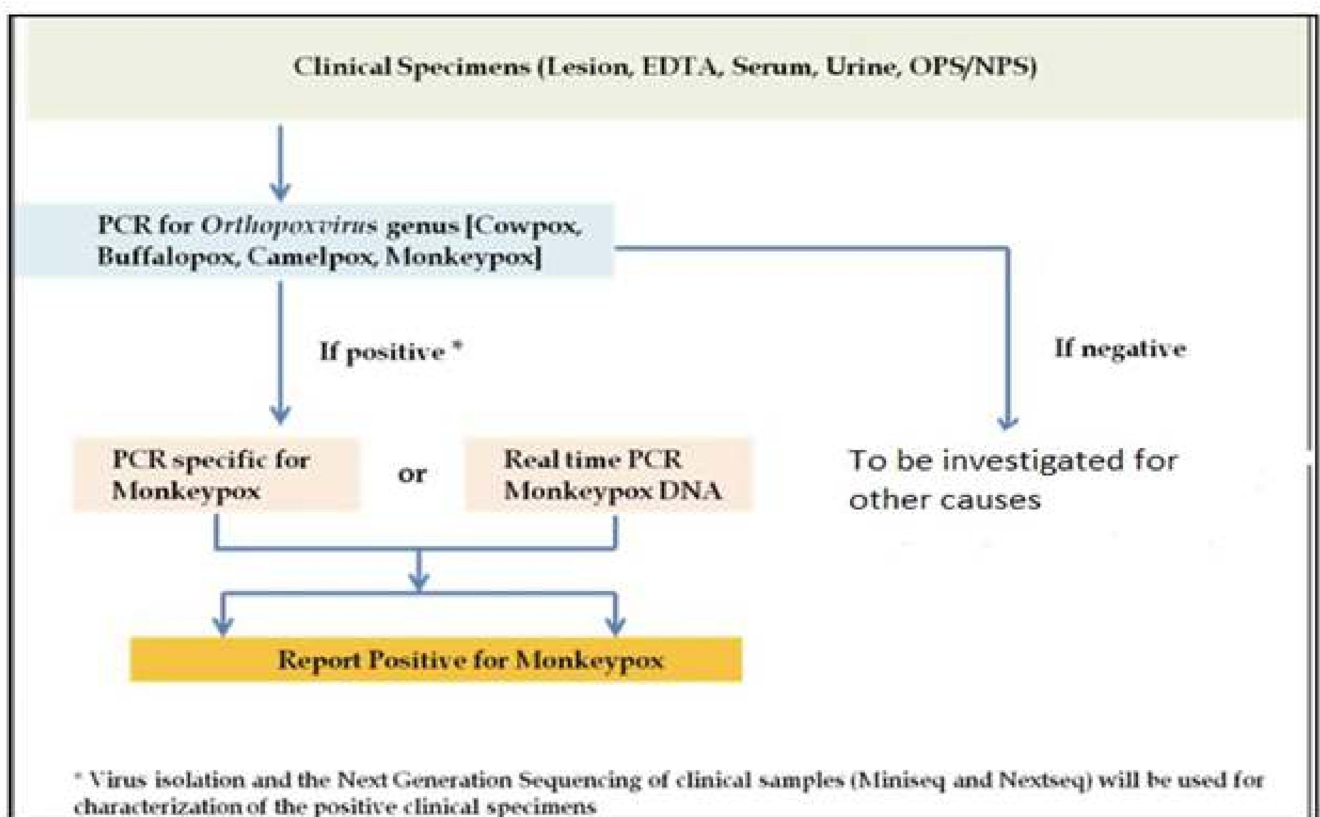
A. PCR for Orthopoxvirus genus [Cowpox, Buffalopox, Camelpox, Monkeypox] will be done

B. If specimen will show positivity for the Orthopoxvirus, it would be further confirmed by Monkeypox specific conventional PCR or real time PCR for Monkeypox DNA

C. Additionally, virus isolation and the Next Generation Sequencing of clinical samples (Miniseq and Nextseq) will be used for characterization of the positive clinical specimens.

All the clinical specimens should be transported to the Apex laboratory of ICMR-NIV Pune routed through the Integrated Disease Surveillance Programme network of the respective district/state.

Enanthem on the oral and lingual mucosae first appear. Centrifugally distributed macules appear, beginning on the face and spread to the limbs including palms and soles. The genitalia may also be involved in some.The rash goes through a macular, papular, vesicular and pustular phase. The lesions tend to be painful initially and become pruriting during the healing phase.The lesion load can be as high as 500 lesions or more.



Contact Persons from ICMR-National Institute of Virology Pune Maharashtra, India for further queries related to collection and transportation of the clinical specimens.

- Primary contact person:
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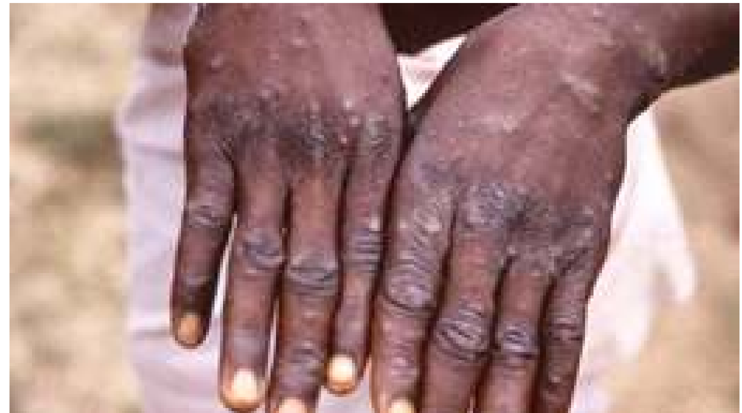
IMAGES



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BDS Get together 2022

The BDS held a family get together and CME on 27th February 2022 at Guhantara resort, Bengaluru. We had about 50 families who attended the event. The day started off with breakfast and a scientific session hosted by the Department of Dermatology, Bangalore Medical College and Research Institute. The session was chaired by Dr. Asha. G. S [Professor and HOD]. The session began with presentations made by post graduates. Col. Dr. Anuj Bhatnagar, Dr. Krupashankar D.S and Dr. Sanjana A. S. judged the presentations. Faculty presentations titled "Flap surgeries" by Dr. Shilpa K, and "A potpourri of dermatopathology cases" by Dr. Eswari. L were well received and kept the members in their chairs while their families engaged in other activities at the resort. This was followed by a short tea break.

The BDS quickly regrouped for the debate "Online aggregator platforms- Boon or Bane" between Dr. Rajdeep Mysore (boon) and Dr. Harini Thummuluri (bane). Both made equally convincing arguments. A panel discussion followed the debate. The panelists included the debaters, Dr. D.A. Satish, Dr. Shilpa Bhat, Dr. Govind Mittal and Dr. Keshav. The discussion teemed with insights, views and experiences of the panelists that kept members of the audience on the edge of their seats. The academic session was concluded by Dr. D. A. Satish and a vote of thanks by Dr. Aneesh, Secretary BDS.

This was followed by a sumptuous lunch. The venue offered to the BDS members and their families various fun activities including rain dance, cricket, zorbing, paint gun, football and more.

After lunch, the BDS members and their families regrouped for fun activities. The "couples quiz" was a hit with the couples and the audience alike. "Get me this" had the kids scurry looking for objects from the audience. "Is this your kid?" with the blindfolded moms struggling to identify their kids threw the audience into fits of laughter. The fun session ended with the "Paper Dance" where partners danced inside the confines of a sheet of newspaper that progressively got halved in size with every round. After this, the winners of the various competitions held by the BDS were awarded mementos and prizes.

The day ended with snacks and BDS members leaving with memories to be cherished.

Results of the BDS Cultural Fest

Winners

PAINTING COMPETITION

Above 15 years (7 entries) 1st place– Dr SHASHIKIRAN

2nd place - Dr RENUKA SHETTY

BELOW 15 yrs (9 entries)

1st place– NIHARIKA SHETTY (12yrs,D/O Dr RENUKA SHETTY)

2nd place -VYOMINI R (13YRS, d/o Dr MRADULA R)

PHOTOGRAPHY COMPETITION

1st place- Dr D A SATISH

2nd place- Dr SHASHIKIRAN

RANGOLI COMPETITION

1st place– RANI (mother in law OF Dr REKHA PRASAD)

2nd place – Dr RADHIKA KAUJALGI

YOGA/ EXERCISE CHALLENGE
1st place– Dr RAJESHWARI K A
2nd place– Mr G MUNISWAMY (66yrs, F/O Dr SUSHANT SWAMY)

RECITATION COMPETITION
1st place– SAI RIDDI (7yrs, D/O Dr VANI YEPURI)
2nd place- SUMEDHA SHREE (7yrs, D/O Dr NANDINI A S)

Inspiring Dermatologist

Dr. Savitha A.S is a Professor in the Department of Dermatology, Sapthagiri Institute of Medical Sciences and research institute. She is also a consultant dermatologist at Roots institute of Dermatologic Sciences, Bengaluru. She is currently serving as the Treasurer, National IADVL 2022-24. She did her MBBS in 2004 and MD in Dermatology in 2012, both, in Bangalore Medical College & Research Institute. She has obtained fellowships in Dermatosurgery from RGUHS and in Dermatopathology from CMC, Vellore. She has served in key positions in various dermatological associations at local, state and national levels. She is a most approachable teacher and guide.

Dr. Sushant: What inspired you to take up dermatology?
Dr. Savitha
I had 2-3 options when I went for the PG seat counselling. Dermatology in BMC was one of them. I had done my UG in BMC and was therefore looking for something in BMC itself. I had taken a seat in MD in Psychiatry at NIMHANS as well. After the first round of counselling I had both the seats in hand- I just had to decide between them. My friend Dr. Dinesh was also already doing MD Dermatology in BMC- I spoke to him and once I met Dr. Sacchidanand Sir, I decided to do Dermatology. I am very happy with my choice.

Dr. Sushant: What was your first job?
Dr. Savitha:
Immediately after M.D I started working with Dr. Srinivas Murthy for about 4 months.

Dr. Sushant: What has your career path been like?
Dr. Savitha:
Initially I concentrated on working in a medical college. Becoming a teacher was my sole purpose during my post graduation. Working with Dr. Srinivas Murthy gave me a little exposure to private practice. I went back to working at a medical college at Vydehi. Then, I did my fellowship in BMCRI, worked as an SR there and later joined Sapthagiri medical college. In Sapthagiri I eventually became a professor. I would also work at a clinic in the evening. Now I have moved to private practice for the most part with Dr. Raghunath Reddy. It's been a good mix of both private practice and working in a medical college so far.

Dr. Sushant: You have 2 fellowships, more than a hundred presentations, contributed to more than 50 chapters in various dermatology books and almost 30 publications in journals. How did you achieve this? Did you plan for this?

Dr. Savitha:
No. None of this was planned. It just happened.Writing books, and chapters in them, I owe to Dr. Sachchidanand Sir. He was the one who initiated me into writing both publications as well as books. When I was in BMC, Sir had many projects lined up. One thing led to the other and we ended up editing 8-9 books till date. When you are in academics and medical college publications become a part of it all.

Dr. Sushant: You have held key positions in organisations such as the BDS, and IADVL, and been part of organising important conferences too. Tell us about your vision for IADVL as the Honorary treasurer.
Dr. Savitha:
The IADVL is pretty streamlined. There is already a track road in place that I just have to follow. Everything is well sorted here because the position has previously been held by very efficient treasurers. Since everything is in place, I'm focusing more on making investments for IADVL and trying to make the corpus that IADVL already has earn a little more.

Dr. Sushant: Tell us about your family. How do you balance your time between your family and career?
Dr. Savitha:
Somewhere, between medical college, private practice and all the association work that I do, there is a compromise in the family time. My husband is extremely supportive. The routine of the kids is managed by him. My weekends are very busy while his weekends are free. Whenever I am at home I try to spend as much time as possible with the kids. Two days a week my evenings are free, which I spend with the kids and help them with studying and homework. There is a lot of family support. My in-laws and my parents are very close. My sister is a major support. I don't have too many house responsibilities as such. I am quite lucky on that front.

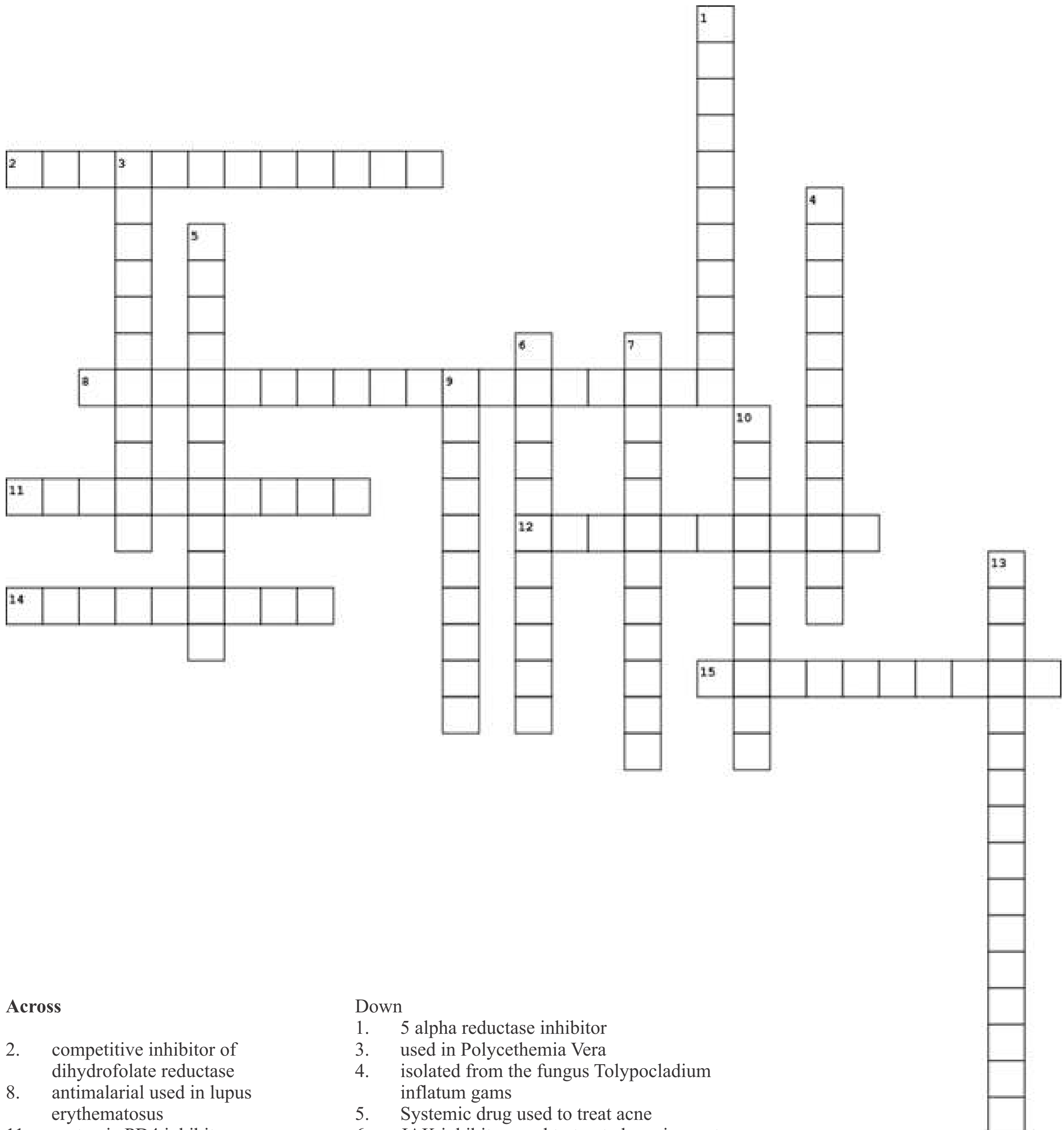
Dr. Sushant: Who do you look upto as your mentor?
Dr. Savitha: Dr. Sacchidanand.

Dr. Sushant: Tell us about your experience in setting up Roots?
Dr. Savitha:
Roots is the vision of Dr. Raghunath Reddy Sir. He did all the planning and set it up. I have been with him since the beginning. Then, we started fellowship programmes. We are trying to make it grow now.

Dr. Sushant: Advice to young dermatologists who are just starting out?
Dr. Savitha:
I think you need to have a clear focus about what you want to do: whether you want to concentrate more on academics or be more into private practice. What I have realised now is that it's a little difficult to manage both and excel in both - especially for women because you have so many other factors which are at play. Decide what you want to do. There is nothing wrong in setting up your own practice and starting your practice immediately. It's not necessary that you need to work with somebody and then start. If you have done your PG in a good institute and you have a good exposure you can start your practice immediately- set up a clinic or join a multispecialty hospital. Probably, you could visit a few senior dermatologists for a week or so for an observership. You are always going to learn something new from every other dermatologist- be it your seniors or your contemporaries. As your practice builds up, don't become stagnant, try and keep learning new things. Incorporate new things into your practice. Try and upgrade your skills, attend workshops, learn new things and then inculcate them in your practice. That's how you improve your practice. If you are in a medical college there is a set path. Take time out for your family and yourself. Don't make work your sole purpose. Try and balance everything. After a while all of this will matter as well.

CROSSWORD

"Drugs in Dermatology"



Across

2. competitive inhibitor of dihydrofolate reductase
8. antimalarial used in lupus erythematosus
11. systemic PD4 inhibitor
12. Oral antiscabeitic
14. anti CD20 monoclonal antibody
15. topical PD4 inhibitor

Down

1. 5 alpha reductase inhibitor
3. used in Polycethemia Vera
4. isolated from the fungus Tolypocladium inflatum gams
5. Systemic drug used to treat acne
6. JAK inhibitor used to treat alopecia areata
7. topical calcineurin inhibitor
9. anti IgE monoclonal antibody
10. topical Vitamin D analogue
13. Used to treat Pemphigus as part of pulse therapy

Answers on the next page...

Crossword Answers

1. Dutasteride
2. Methotrexate
3. hydroxyurea
4. cyclosporine
5. Isotretinoin
6. Tofacitinib
7. Pimecrolimus
8. Hydroxychloroquine
9. Omalizumab
10. Calcitriol
11. Apremilast
12. Ivermectin
13. Cyclophosphamide
14. Rituximab
15. Cisaborole

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