



Indian Association of Dermatologists, Venereologists & Leprologists West Bengal State Branch

SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Issue Spotlight

- 🔪 Dermatologist Spotlight - Dr. Dinesh Kumar Hawelia
- 🔪 DermBuzz: Skin Boosters
- 🔪 Resident Corner: Nanotechnology in Dermatology

"Skintellect," is the online monthly newsletter of the IADVL WB, dedicated to the dynamic world of dermatology. This publication is a testament to the commitment of our members towards advancing the ever stretching horizon of the discipline, sharing knowledge, creating bonhomie and archiving our IADVL WB activities.

Volume 2, Issue 11, March 2025



SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Volume 2 Number 11
March 2025

COMMITTEE

Working President



Dr. Nilendu Sarma

President Elect



Dr. Dinesh Kumar Hawelia

Vice President



Dr. Loknath Ghoshal

Hony Secretary



Dr. Suchibrata Das

Hony Treasurer



Dr. Indrashis Podder

Hony Joint Secretary



Dr. Chinmoy Kar

Hony Joint Secretary



Dr. Shreya Poddar

Editor, IJD



Dr. (Brig) Manas Chatterjee

Ex Officio



Dr. Koushik Lahiri

Ex Officio



Dr. Kingshuk Chatterjee

Executive Council Members 2024-2025

Dr. Abhijit Saha

Dr. Anupam Das

Dr. Aniruddha Ghosh

Dr. Arghyaprasun Ghosh

Dr. Arindam Sett

Dr. Arun Achar

Dr. Dipayan Sengupta

Dr. Nilay Kanti Das

Dr. Partha Mukhopadhyay

Dr. Saikat Banerjee

Dr. Sanjay Ghosh

Dr. Saswati Halder

Dr. Saumya Panda

Dr. Saurabh Kumar Dhara

Dr. Somenath Sarkar

Dr. Subhamoy Neogi

Dr. Sudip Kumar Ghosh

Dr. Sujata Sengupta

Permanent Invitees All Past Presidents



President Writes

Dear Esteemed Members,

It is with profound pride and joy that I address you through the pages of Skintellect, our innovative monthly online journal. This unique publication, meticulously compiled by Dr. Shreya Poddar and her talented editorial team, has become a hallmark of IADVL West Bengal's commitment to knowledge sharing and community building.



The past months have witnessed remarkable achievements by our branch members across multiple fronts. Our representation at the national level continues to grow stronger, with several members assuming leadership positions in the national body and specialized interest groups. This elevation not only brings recognition to our state branch but also provides us greater opportunity to influence dermatological practice and research nationwide.

I am particularly delighted to highlight the outstanding participation of our younger members in the World Vitiligo Day drawing competition organized by our national body. This distinctive initiative—rarely seen in other international dermatological associations—combines artistic expression with social awareness. The exceptional performance of our members demonstrates their talent and commitment to the social dimensions of our specialty.

Our branch's vibrancy is evident in both academic and social endeavors. The scholarly contributions, clinical innovations, and administrative excellence demonstrated by our members have positioned IADVL West Bengal as a dynamic and forward-thinking organization. These accomplishments deserve our collective appreciation and celebration.

I would be remiss not to extend special recognition to our Honorary Secretary, whose extraordinary capacity for multitasking while maintaining unwavering composure continues to astound us all. His organizational skills and dedication have been instrumental in our branch's smooth functioning and continued success.

As we acknowledge these achievements, I hope our appreciation serves as motivation for everyone to participate enthusiastically in future endeavors. Remember, your contributions, regardless of scale, strengthen our collective identity and mission.

As the festival of colors approaches, I extend warm wishes for a joyous and vibrant Holi to all our members and their families.

With warm regards,

*Dr. Nilendu Sarma
Working President
IADVL WB*



SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Volume 2 Number 11
March 2025

Secretary's Scribes

Dear Members,

On behalf of IADVL West Bengal, I am happy to share the 8th edition of our monthly newsletter 'Skintellect'.

We are trying to diversify in terms of increasing our outreach to districts as well as resource poor areas.

Your active support and participation are our only impetus towards excellence.



Happy Reading,

Warm regards,

*Dr. Suchibrata Das
Honorary Secretary
IADVL WB*



SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Volume 2 Number 11
March 2025

Editors Desk

Dear Readers,

Welcome to another edition of Skintellect, where we bring you the latest in dermatology with insights, innovations, and community achievements.

In this issue, our Dermatologist Spotlight shines on Dr. Dinesh Halwelia Sir, our incoming President and a leading practitioner in Dermatology.

Under DermBuzz, we delve into the science behind Skin Boosters, exploring their role in skin rejuvenation and hydration.

Our Resident Corner takes a deep dive into Nanotechnology in Dermatology, a rapidly evolving field with promising implications for targeted therapies and enhanced drug delivery.

We also take immense pride in celebrating our Branch's victory in the PLM to LM Conversion at DERMACON—a testament to our collective efforts and dedication. A big congratulations to all other Awardees as well, whose hard work and excellence continue to elevate our specialty.

We hope you find this edition insightful and engaging. Looking forward to your feedback and continued support!

Warm Regards,



Editor, Skintellect,
The IADVL WB Monthly Newsletter
Hony. Joint Secretary, IADVL WB

Editorial Board

Advisory Chair



Dr. Koushik Lahiri

Advisory Chair



Dr. Surajit Gorai

Editor, Skintellect



Dr. Shreya Poddar

Team Member



Dr. Bartika Sikdar



Dr. Shayeri Banerjee



Dr. Pratik Dey



Dr. Pranjal Praveen

DERMATOLOGIST SPOTLIGHT: DR. DINESH KUMAR HAWELIA

1. *It is an honour to interview a dermatology stalwart like you Sir. You have been a prominent clinician and practitioner. How did you decide to start private practice and what do you feel are essential qualities one should have to start private practice?*

When I passed MD exam, I was already married and had one kid and therefore, I had no option but to start private practice to meet my expenses. I started sitting in polyclinics in different areas and it took me quite a long time to develop reasonable practice. In between morning and evening chambers. I used to go to School of Tropical Medicine Skin OPD where I got a chance to sit beside Prof. Debabrata Bandyopadhyay who was kind and generous enough to teach me the nuances of clinical dermatology and that shaped my career in this field. I shall ever be grateful to him.



Starting a private dermatology practice requires a mix of medical expertise, business acumen and interpersonal skills. One should have strong clinical knowledge with the mindset of continuous learning and keeping up with advancements in dermatology, including new treatments and technologies. Empathy and ability to build trust with patients is of great importance. Proper attire, communication skills, availability and empathy go a long way in developing sound base of practice.

2. *Sir, can you share on what you think has been your biggest achievement so far?*

Some of the achievements worth mentioning are:

- *1st rank in MD Exam*
- *Successfully conducted CUTICON WB 2009 where I was given standing ovation*
- *Received National award (IADVL Derma practice award East) during DERMACON held at Hyderabad in 2024. And most important of all, the love and trust of patients*

3. *Sir, you are the head of a dermatology clinic, what is your take on the changing trends in clinical practice, aesthetics and dermatosurgery? What will you advise to the young dermatologists be ?*

If we talk about late 1990s and early 2000s, as far as clinical dermatology is concerned, mostly steroid-based treatments for inflammatory conditions were available. Limited biologics for autoimmune diseases like psoriasis and fewer options for drug-resistant infections were at our disposal. Clinical diagnosis-based dermatology with minimal reliance on technology was being practised. Now in 2020s – 2025s, Biologics & JAK inhibitors have revolutionized treatment of psoriasis, atopic dermatitis, and alopecia areata. We are now talking about targeted therapies based on genetic profiling (precision medicine) and AI & digital dermatology equips us with automated skin lesion analysis and teledermatology. There is a growing concern for antimicrobial resistance, leading to cautious antibiotic use.

In Aesthetic Dermatology, the rise of non-invasive & regenerative treatments have come a long way recently. Now, Fillers & Botox are mainstream and used for facial contouring, skin tightening & prevention of ageing, Regenerative medicine such as PRP, exosomes, and stem cell therapy for hair growth and skin rejuvenation is being practised regularly. Non-surgical facelifts e.g., HIFU, RF microneedling, and thread lifts and advanced lasers (Q-switched, pico, fractional CO2 etc) are used frequently to treat many conditions. Preventative aesthetics in the form of "Baby Botox," collagen banking, and skin boosters for younger patients is going to be practised routinely.

In Dermatosurgery, minimally invasive & scar-free techniques are on focus. Now scarless excisions using



RF, plasma and micro-coring devices and Mohs surgery as gold standard for skin cancer removal is being thought of. There are advances in hair transplant such as FUE with DHT technique, robotic-assisted transplants. Tumescent liposuction & fat grafting for facial rejuvenation is being done by few dermatologists. There is change in patient expectations & industry trends also.

Patients now demand quick, painless, and scar-free solutions. Male aesthetic dermatology has significantly grown. Trends like "glass skin" and "fox eye lift" drive aesthetic choices due to social media influence. Online consultations and AI-assisted skin disease diagnosis has become commonplace.

Regarding my advice to young dermatologists, here are some key areas to guide them:

1. Build a Strong Clinical Foundation

- *Master the basics: Aesthetic trends come and go, but strong dermatological knowledge is timeless.*
- *Diagnose before you treat: Never rush into treatments without a thorough understanding of the condition.*
- *Keep learning: Medicine is evolving; continuous education through conferences, research, and hands-on training is a must.*

2. Balance Clinical & Aesthetic Dermatology

- *Young dermatologists often get too focused on aesthetics— and I would like to remind them that clinical dermatology is their backbone.*
- *Ethical practice: Avoid unnecessary upselling of cosmetic procedures.*
- *Long-term patient relationships: A good clinical dermatologist naturally attracts aesthetic patients.*

3. Develop Soft Skills & Patient Trust

- *Listen before you prescribe: Understanding patient concerns is as important as treatment itself.*
- *Be empathetic: Dermatological conditions can impact confidence— your words matter.*
- *Transparency wins: Clearly communicate realistic expectations and possible side effects.*

4. Business & Practice Management

- *Financial literacy: Learn about pricing, insurance, and running a profitable clinic.*
- *Digital presence: A website and social media presence can enhance credibility.*
- *Teamwork: Invest in good staff, train them well, and delegate effectively.*

5. Ethics & Legacy in Dermatology

- *our reputation is your greatest asset—never compromise it for short-term gains.*
- *Give back to the field: Teaching, mentoring, or contributing to research strengthens dermatology as a whole.*
- *Practice longevity: Avoid burnout by maintaining a work-life balance and setting realistic goals.*

4. On a lighter note, what are your hobbies and interests Sir? How do you manage your family time along with work?

I love watching movies, cricket and reading books. With such busy schedule, it is often very difficult to give time to family the way it should be. Over the years, I have made it a point to spend some quality time with the family and honestly speaking I am still learning about the work life balance.

5. Concluding the interview with a last question Sir, it is a matter of immense pride that you are the incoming



president of IADVL WB. What is your vision for the next year and any changes you wish to bring about during your tenure?

- *To continue the good work done by the previous Presidents*
- *To convert all PLMs to Lms*
- *100 % conversion to e-voters*
- *Involving brilliant junior colleagues in association activities*
- *Always seek guidance and help from seniors for smooth running of association*
- *To take collective decision regarding any issue, that may arise*
- *To serve this association selflessly*

Quiz Answer Volume-2, Issue-10

1. E. Progressive multifocal leukoencephalopathy
Explanation: The correct answer is E. The question describes the ampicillin/amoxicillin rash associated with infectious mononucleosis and EBV infection. EBV causes all of the following except for E; JC virus causes PML.
2. D.
The image shows sparsely distributed hemorrhagic vesiculopustules with erythematous bases on an acral surface. These features are characteristic of gonococemia.
3. D.
The most common presentation of intra-oral involvement of EBV infection is pinpoint petechiae of the junction of the hard and soft palate. The associated eponym is Forchheimer spots. Forchheimer spots are not pathognomonic for EBV infection, as they can be seen in measles, rubella, and scarlet fever. While oral hairy leukoplakia is associated with EBV infection, it is not the most common mucous membrane sign.
4. E.
Porphyria cutanea tarda presents with vesicles and erosions with milia and scarring on sun-exposed skin, classically the dorsal hands. There is a deficiency in uroporphyrinogen decarboxylase (UD) and urine uroporphyrinogen is elevated. The most common associated conditions are Hepatitis C, HIV, iron overload states (hemochromatosis) and environmental triggers (alcohol, estrogens, polyhalogenated hydrocarbons).
5. C.
CHRPE
Congenital hyperpigmentation of the retinal pigment (CHRPE) is an early feature of Gardner syndrome (GS). It is found in approximately 60% of patients with GS. GS is an autosomal dominant disorder characterized by precancerous intestinal polyposis and subsequent adenocarcinoma of the gastrointestinal tract. Cutaneous manifestations include epidermoid cysts, osteomas, desmoids and fibrous tumors. A mutation in the adenomatous polyposis coli (APC) gene, a tumor suppressor gene, is responsible for the disease. Most patients develop colon carcinoma by the 2nd or 3rd decade.

DERMIBUZZ : SKIN BOOSTERS

Dr Aarti Sarda

Consultant Dermatologist, Wizderm clinic

The term “skin booster” encompasses a wide array of ingredients employed to enhance and improve skin condition. Skin boosters contribute significantly to decelerating and ameliorating the skin aging process. Their specific benefits, including hydration, elasticity improvement, and wrinkle reduction.

The aging of the skin involves a decline in the levels of collagen and elastin, and a decrease in glycosaminoglycans. Additionally, heightened levels of reactive oxygen species contribute to the breakdown of antioxidants in tissues, resulting in a diminished antioxidant effect, activation of melanocytes leading to skin darkening, and an increase in pigmentation irregularities. Skin boosters enhance skin condition by fortifying the extracellular matrix (ECM) in the dermal layer. Skin boosters also ameliorating pigmentation issues, inflammation, and vasodilation to manifest their beneficial effects.



Classification of skin boosters

- Hyaluronic acid
- Poly-L-lactic acid and poly-D-lactic acid
- Deoxyribonucleic fragments (polydeoxyribonucleotide and polynucleotides)
- Platelet-rich plasma
- Growth factors
- Exosome
- Secretomes
- Chitosan

Hyaluronic acid (HA)

Hyaluronic acid (HA) fillers are delivered into the skin's dermal layer, aiming to improve skin aging and diminish wrinkles. HA, with the ability for each molecule to bind up to 218 water molecules, prevents skin dryness and augments volume in the dermis and subdermal layers.

In the context of HA skin boosters, two types can be distinguished: non-cross-linked and low-cross-linked HA. Non-cross-linked HA fillers exhibit reduced volumizing effects and shorter durations compared to cross-linked HA. However, they diffuse well into peripheral tissues, causing fewer irregularities on the skin surface post-procedure. Therefore, they are suitable for moisturizing thin and dry areas such as the eye area. Conversely, cross-linked HA, due to its volumizing effects and prolonged duration, is more useful in areas other than the eye region. Combination of HA with glycerol has demonstrated significant and sustained improvement in skin hydration, elasticity, firmness and glow.

HA skin boosters have gained significant prominence lately. Yet, inherent limitations persist in this procedure. Primarily, its duration of effect varies in literature but typically spans around six months following three sessions. Second, discomfort during injections remains a concern. Lastly, achieving precise delivery of HA fillers to the intended site and skin layer poses a challenge.

Poly-L-lactic acid and poly-D-lactic acid

Polymers are now employed as skin boosters. However, there have been ongoing concerns related to particle irregularities, size variations, unevenness, protrusions, and the formation of granulomas. PLLA, an isomer of poly-lactic acid, has been developed. They have particle size uniformity and reduced sizes and have HA instead of carboxymethylcellulose. Whether they induce granulomas or not is uncertain.

Deoxyribonucleic fragments (polydeoxyribonucleotide and polynucleotides)

Polynucleotides (PN) have gained increasing popularity due to their exceptional biocompatibility. Derived from chum salmon or trout gonads, PN stands out from other biostimulators as it is sourced from natural origins rather than being synthetic polymer-based products.

Platelet-rich plasma

Platelet-rich plasma (PRP) is plasma with highly concentrated platelets obtained from autologous blood. Platelets in PRP contain several components such as clotting factors, GFs, chemokines, and cytokines. These components induce cellular growth and skin homeostasis, allowing PRP to benefit biological regeneration. PRP, freshly isolated from blood, exists in a noncoagulated state before activation of platelets to release GFs present within them, allowing for their beneficial utilization.

Growth factors

Renowned for their capability to stimulate diverse cells and support the healing of wounds, these factors have been administered into the skin using techniques such as PRP.

Exosomes

Exosomes, the smallest type of extracellular vesicles, with a size range of 30–110 nm, encapsulate proteins, mRNA, miRNA, and lipids within a lipid bilayer derived from the cell membrane, contributing significantly to the stages of wound healing and skin rejuvenation.

Secretosomes

The secretome refers to the comprehensive collection of soluble components that a cell releases into its surrounding environment. This includes various molecules such as GFs, cytokines, and peptides, as well as insoluble particles like extracellular vesicles and exosomes. Notably, a number of products advertised as “growth factor” are actually secretome products, which consists of exosomes. Recent scientific advancements have shed light on the critical role played by extracellular vesicles, particularly exosomes in skin repair.

Chitosan

Chitosan is a polysaccharides extracted from crabs and fungi. One of the chitosan's main regenerative mechanisms is to promote proliferation and differentiation of stem cells.

Conclusion

In conclusion, the term “skin booster” broadly encompasses all substances that, when injected or applied to penetrate the dermis, influence skin rejuvenation.

RESIDENT'S CORNER: NANOTECHNOLOGY IN DERMATOLOGY-AN EMERGING CONCEPT

Dr Shatanik Bhattacharya,

3rd year Junior Resident, Department of Dermatology,
Medical College Kolkata

INTRODUCTION: Nanotechnology or nanoscience is the field of science and engineering focused on creating, producing and utilizing structures, devices and systems by manipulating atoms and molecules at nanoscale, typically measuring 100 nm or smaller.

The first ever concept was presented in 1959 by physicist Dr. Richard Feynman. The term "nanotechnology" was coined in 1974 by Professor Norio Taniguchi.

Nanoparticles can be divided into organic and inorganic substances or as the malleable and the rigid ones. The malleable nanoparticles made from organic materials like lipids, proteins and polymers can have their shape changed by stress or surface contact. Rigid nanoparticles are composed of various forms of colloidal structure made-up of metal, metal oxide and ceramic materials such as silica, encapsulating medication in their interior.



MECHANISM OF ACTION: Our skin is a barrier to drug penetration due to its molecular architecture represented by corneocytes and by the many intercellular lipid layers. Thus, drugs and cosmetic products have to be provided with greater penetration through epidermal layers. Different mechanisms have been proposed to improve this route and facilitate solute penetration, such as: transfollicular permeation, transcellular permeation and intercellular permeation. The application of nanomedicine in dermatology and cosmetology explores new directions of utilizing these mechanisms. Nanoparticles are promising systems as they have no technological limitation, high physicochemical stability, can be incorporated in different formulations. In fact, nano particulate systems can also be used as vehicles for the modified liberation of a wide variety of active substances.

USE IN DERMATOLOGY:

- Zinc oxide and titanium dioxide nanoparticles in sunscreens show increased capacity to disperse, absorb and reflect the UV radiation in addition to being more aesthetically elegant.
- Nanoparticle barrier creams and corticosteroids are being used in diseases with skin barrier impairment such as atopic dermatitis, psoriasis and are more effective in protecting the skin against the water loss, minimizing the potential threat of contact dermatitis on the hands, as well as reducing the common steroid induced adverse effects.
- Other drugs such as Podophyllotoxin, liposomal T cell inhibitor cyclosporine A, tacrolimus, methotrexate, psoralens, chlorhexidine gluconate clotrimazole and other antifungal drugs have also yielded good results.
- Photothermal therapy (PTT) uses agitated gold nanoparticle to inhibit the tumor growth in murine SCC and melanoma. Gold nanoparticles conjugated with an anti EGFR antibodies are also being used to combat malignancy.
- Gold nanoparticles, quantic points and magnetic nanoparticles are being used in high resolution non-invasive nano images in dermoscopy, microscopy, nano-punch and spectroscopy. A variety of analytical techniques like optical absorption and fluorescence emission function act as detectors in new methods of DNA nano PCR sequencing. These diagnostic tools will be faster, highly sensitive and specific and require miniscule quantities of analytical material
- The encapsulation of medication facilitates delivering small molecules and unstable drugs through skin, nails and pilosebaceous unit, thereby helping in immunotherapy and gene therapy. For example, B cell lymphoma and

- melanoma are being treated with interferon alpha and interleukin 2 using nanotechnology*
- *Liposomes, solid lipid nanoparticles and polymerized nanoparticles have increased follicle penetration reaching much higher local drug concentration optimizing the therapeutic effect of liposomal retinol and retinoids. Adapalene with the PLGA particle encapsulation have been tested. Benzoyl peroxide microsphere cream 5.5% and a benzoyl peroxide microsphere wash 7% have also been introduced in the market with increased treatment compliance. They are also being widely used in neoplasia treatment such as melanoma and other skin cancers by delivering chemotherapies, small interference RNA's as ODN DNA and radioactive particles.*
 - *Liposomal formulations of cyclosporine A, finasteride and minoxidil are now good options for treating alopecia areata and androgenetic alopecia and are important alternatives to the oral administration of the drugs*
 - *Virosomes are viral hybrid liposomes and proteins applied in vaccines HBV and HPV.*
 - *Optical fabric and quantum dots are very promising technologies currently in development. Clothing made from fiber-optic fabric can help in mole mapping, tracking body surface area in psoriasis or atopic dermatitis as well as provide the dimensions of skin lesions by detecting the changes in skin temperature. It could also monitor the inflammatory diseases such as psoriasis, atopic dermatitis or mycosis Fungoides.*
 - *Biocompatible quantum dots can be applied for tumor location, and sentinel lymph node evaluation without using radioactive substances or disturbing the skin or tumor evolution*
 - *Fullerenes-super molecular structures investigated due to their capacity to absorb UV radiation and eliminate free radicals.*
 - *Dendrimers- to transport medication*
 - *PAMAM- increase substance skin penetration*
 - *The chitin nanofibrils of solid Lipid Nanoparticles (SLN) and nanostructured lipid carrier (NLC) activate keratinocyte and fibroblast proliferation, regulate collagen synthesis, cytokine secretion and macrophage liberation, thus reducing photo ageing, hypertrophic scars and promoting wound healing*

RISKS OF NANOTECHNOLOGY: *Nanotechnology applies unique material properties on a nanometric scale, so there is a potential risk for significant chemical volatility which brings with it an increased risk of cellular damage. The role of recent nanoparticles in human body is still uncertain. There is no unequivocal correlation between the balance of the characteristics verified in vitro and in vivo. It is essential to focus our attention on the biocompatibility, pharmacokinetics, pharmacodynamics, efficacy risks and benefits of using the nanoparticles in humans.*

CONCLUSION: *Nanotechnology is a growing focus of attention amongst many researchers for promising treatment of serious diseases like malignancy due to specificity, half-life, tissue penetration capacity, possibility of early diagnosis and better topographical location. In Dermatology, it has gained popularity especially in the cosmetics industry and in the treatment of inflammatory and the immune mediated dermatosis through more effective medications with lesser adverse effects. However, there is still no established safety standards for human use, and there are various limitations for the use of nanotechnology such as the toxicity, the tissue deposition and the long-term oncogenic potential. Therefore, it's necessary to better understand the potential of these new materials in a way that the potential negative effects of their chemistry on human health and environment can be minimized.*



Proceedings of the 8th meeting of the Executive Committee of IADVL W. B. State Branch held on 13th February 2025 at the Association office, for the year 2024-25

Members Present: (Physical) Dr. Suchibrata Das, Dr. Arun Achar, Dr. Aniruddha Ghosh, Dr. Subhamoy Neogi, Dr. Indrashis Podder. **(Virtual)** Dr. Anupam Das, Dr. Surajit Gorai, Dr. Dinesh Hawelia, Dr. Kingshuk Chatterjee, Dr. Manabbrata Majumdar, Dr. Saurabh Kumar Dhara, Dr. Somenath Sarkar, Dr. Sumit Sen, Dr. Sujata Sengupta, Dr. Nilendu Sarma, Dr. Pradip Laha, Dr. Arup De Sarkar.

Dr. Dinesh Hawelia, President Elect took the chair and called the meeting to order.

Agenda-1: Confirmation of the proceedings of the last executive committee meeting held on 3/1/2025.

The proceedings of the last executive committee meeting held on 3/1/2025 were read and confirmed unanimously.

Agenda-2: Report on -

● CCMeet Jaipur 2025

Hony Secretary informed that a large number of IADVL WB Members will join the National committees in this year, So, he requested to all EC Members to participate in DERMACON 2025.

● CUTICON WB 2024

Dr. Surajit Gorai, the Organizing Secretary, expressed his gratitude to the members for a successful conference and highlighted its key points. He also assured that the outstanding balance would be settled shortly. The members expressed their appreciation.

● Outstanding Dues of conferences/CMEs.

Dr. Suchibrata Das, Hony. Secretary informed that till date the association owes some due amounts approx. Rs. 7.8 lacs from few pharmaceutical companies for conferences & CMEs. Dr. Somenath Sarkar assured that all dues for MID CUTICON WB 2024 will be settled within one or two months. Dr. Subhamoy Neogi has taken responsibility for clearing the outstanding amounts from Alkem and Zydus. After discussion the members decided that we need to collect the dues from those companies at the earliest and send the due list to the respective org. Secretaries of the conferences to collect it as a serious matter.

● Statements of Nodal Executives.

The Honorary Secretary informed members of the planned programs for the next year, organized under their respective Nodal Cells:

- 1. Women's Dermatologist Forum:** Dr. Sujata Sengupta, Nodal Executive, announced a program organized by women dermatologists for World Women's Day on March 8, 2025.
- 2. Community Derma Project:** Dr. Somenath Sarkar, Nodal Executive, reported that free skin health programs are regularly conducted at schools, old age homes, orphanages, and correctional homes. Plans are underway to implement these programs at the district level.
- 3. Senior Support Cell:** Dr. Santa Ghosh, Nodal Executive, proposed developing and implementing support programs for senior members, such as "Adda" and "Galpo".
- 4. Practice Management Cell:** Dr. Gaurab Roy, Nodal Executive, proposed developing and implementing programs for private practitioners.
- 5. Twokbadyir Darbar:** Dr. Sharmistha Das, Nodal Executive, announced an open call for submissions from all members for the next issue of the publication.
- 6. Dr. Suchibrata Das** proposed developing and implementing hybrid masterclass programs for PGTs. He suggested exploring hybrid clinical meetings to reach all medical colleges in West Bengal. Also, continuation DERMAADHYAYAN as previous year. Dr. Suchibrata Das suggest that we will be are involved Pharma House in these programs to secure funding, with a proposed royalty range of Rs. 50,000 to Rs. 75,000 per year.
- 7. Anti-quackery Cell:** Dr. Siddhartha Das, Dr. Satarupa Mondal, and Dr. Dinesh Kumar Hawelia, members of the Central IADVL Anti-quackery committee, have been added to the state Nodal Committee to enhance coordination between state and central initiatives

The member accepted it.



● **Activities of Sub Branch/Combined District Chapter.**

Dr. Suchibrata Das, Hony. Secretary informed that regarding creation of Bankura-Purulia District Unit. After A long discussion it was decided that the Constitution Committee drafting a letter outlining the application process and (SOPs)/guidelines. The member accepted it.

3. **To place a statement of account for the month of December 2024.**

The Accounts of IADVL WB Sate Branch for the month of December 2024 was inspected and unanimously accepted by the members.

4. **Discussion regarding**

● **MID CUTICON WB 2025**

The Honorary Secretary reported that Dr. Arup De Sarkar was selected as the Organizing Secretary for MID CUTICON WB 2025 during the Annual General Body Meeting. However, Dr. De Sarkar requested time to discuss the position with his team before accepting. Subsequently, he submitted several proposals. Following a thorough discussion, the members decided to respond to his proposals in accordance with the constitution and SOPs. Dr. De Sarkar's team will be permitted to organize the event if they agree to adhere to these guidelines. Otherwise, an alternative proposal from Dr. Aniruddha Ghosh to host MID CUTICON WB 2025 at JIMSH, Budge Budge, has been received and will be considered.

● **CUTICON WB 2025**

Org. Secretary Dr. Subhamoy Neogi informed that the tentative date for this conference is Forth week of November, 2025 or 1st week of December. He also informed that after complete of the venue inspection and selection, Dr. Neogi will submit a detailed budget, including venue specifics, committee composition, and tariff information. Hony Secretary informed that GB had sent the proposal from Dr. Kingshuk Chatterjee that can we have two org. Secretary for CUTICON WB for make it easy for approached the pharma companies. The members rejected the proposal and decided that the position of Joint Organizing Secretaries should be established to support and collaborate with the Organizing Secretary.

● **Website and Digital Platform**

Dr. Suchibrata Das, Hony Secretary raised the issue of Razor pay and registration platform. Dr. Surajit Gorai inform a new vendor had been engaged to manage the conference website, aiming to streamline operations for the conference organizers. The members decided to refer the matter to the Website Committee for further clarification and to obtain information from the current vendor.

● **Indian Journal of Dermatology**

Nothing discussed.

● **IJDPDD**

The Honorary Secretary reported that the GB had decided to withdraw the MOU and clear all outstanding amounts. After long discussion, it was agreed that this decision would be followed. The Constitution Committee will review the legal implications, and a letter formalizing the MOU withdrawal will be drafted. Payment will be released after the withdrawal process is complete.

● **IADVL WB Book Proposal**

The Honorary Secretary reported that the General Body had forwarded a proposal from Dr. Asok Kumar Gangopadhyay regarding the author selection process for IADVL WB publications. Dr. Saumya Panda also explained that we should follow IADVL Central guidelines to select the editor and authors. After long discussion It was decided that a formal application notification for author/editor positions would be distributed to all members. A selection committee will be established to evaluate applications, adhering to the SOP/guidelines created by the Constitution Committee. The Honorary Secretary also announced that one book had already been published, and three additional



publications are scheduled for release by March 2025. The members expressed their appreciation for this progress.

● **To fix the date DermaAdhyayan Webinar**

Hony Secretary Informed that we shortlist some days to organising DermaAdhyayan as like previous year. We will be select the dates and informed shortly. The members accepted it.

● **To fix the date and venue of the Special GB Meeting of IADVL, WB State Branch.**

Dr. Suchibrata Das, Hony. Secretary informed the members due to unavailability of Dr. Manas Chatterjee we should call an online Special General Body Meeting of IADVL WB State Branch through Google Meet app and the date has fixed on Friday, the 14th March, 2025 at 9.00 p.m. The Members accept it.

5. **To consider the resolution to be referred by the AGBM**

Hony Secretary informed the members that GB instruct to EC the proposal send by EC and brought by the members were referred to Constitution committee for amendment of the Constitution.

The following points were referred to Constitution Committee:

1. due to rising conference expenditure, it is necessary to establish fixed budgets for various expense categories to prevent budgetary overruns during the conference.
2. The venue for the upcoming MID CUTICON WB should be a Medical College.
3. Hold two separate dinners during the conference: (a) Faculty Dinner: With alcoholic beverages available. (b) General Dinner: With no alcoholic beverages served (only mocktails permitted).
4. Updation on constitution in congruence with national.
5. Fix no of faculties in mid CUTICON, CUTICON. It was decided maximum of 5 Faculty for MID CUTICON and 7 Faculty for CUTICON and also who can be a faculty in a state conference?
6. The Scientific committee should submit final academic program 21 days ahead to academic committee and Organising committee submit the final budget to Finance committee. The modifications will be passed by respective committees and once passed will be binding to follow.
7. Powers of acting state presidents (not an elected post). if their name will be put on records as acting president or vice president officiating as president under exceptional circumstances.
8. Role of IJD EDITOR ELECT, to whom answerable?
9. Do EC think scientific chairperson / secretary have to be mailed the proceedings personally? Or in abstention it is his / her duty to know the same.
8. The collection of CUTICON & MID CUTICON from Registration Fees of 20% and pharma collection of 25% amount should be transfer (every month) as royalty to IADVL WB Account for maintain the yearly office expenses. Org. Secretary would save a minimum surplus of 20% of total income and the share of surplus amount will be distributed 30% to IADVL WB Account, 20% to IJD Account, 30% to Reserve Fund, 20% to Academy. This matter will be referred to Constitution Committee for amendment of IADVL WB Constitution.
9. Fix 7 gram (22 ct) the weight of Gold Medal for Life time Achievement Award (previously it was fixed as amount). This matter will be referred to Constitution Committee for amendment of IADVL WB Constitution.
10. The selection of Orator should a good eminent speaker.
11. The post of bidding committee should be in the proper election process for IADVL National conferences.

The following point was discussion:

1. "The organising team to be liable if minimum profit is not accrued. The organising secretary is liable to reimburse if loss accrued.", it was decided that it should be not liable for Organising team it should a proper justification from Organising committee if any loss arries.
2. Hony Secretary inform that GB instruct to EC there was no Ex officio post this year, however Dr. Sandipan Dhar name will display in Board with his term date and also his name has included permanent invitee in the previous past president category



6. **Miscellaneous.**

● **Staff Matters**

The Honorary Secretary reported that Mr. Prasenjit Das has consistently failed to meet required office attendance and has taken excessive leave. It was decided that If Mr. Das's attendance issues persist, his salary will be adjusted to a daily rate or reduced to a fixed amount. He will be ineligible for bonuses and conference allowances.

The Honorary Secretary informed the members that a 10% salary increase for the year 2025, effective April 1, 2025, was approved. Mr. Prasenjit Das's salary will remain unchanged for the next year, Mr. Khageswar Das: PPF will increase of Rs. 500.

The following Salary and allowances were approved:

	Mr. Khageswar Das	Mr. Prasenjit Das	Mr. Tapas Kayal	Mr. Subrata Sarkar
Salary	Rs. 22000/-	Rs. 16000/-	Rs. 18700/-	Rs. 1650/-
PPF	Rs.4500/-	Rs.4000/-		
MIDCUTICON WB 2024	Rs. 15500/-	Rs. 13500/-	Rs. 8000/-	
Biswaderma	Rs. 8000/-	Rs. 6000/-	Rs. 8000/-	
Dermacon Bidding	Rs. 15000/-			

● **Discussion regarding Zonal Conference**

Hony Secretary informed that this year DERMAZONE EAST 2025 will be organised at Agartala in third week of November, 2025.

● Hony Secretary informed that Dr. Sudip Das intends to apply for the Vice President position of Central IADVL and is currently serving as the Academy Chairperson of IADVL WB. The Honorary Secretary proposed Dr. Sumit Sen as the Academy Chairperson for the remaining term should Dr. Sudip Das face a conflict of interest due to his application. However, the members decided that if Dr. Sudip Das proceeds with his Vice President application, he must resign from his Academy Chairperson position immediately allowing for the immediate selection of a replacement.

As there was no other agenda, meeting ended with vote of thanks to the chair

MONTHLY CLINICAL MEETING FOR THE YEAR 2025

Organiser	Venue	Day	Date	Month
NRS	NRS Medical College	Friday	28	February
RG KAR	R G KAR Medical College	Friday	28	March
MCH	Medical College	Monday	28	April
IPGMER	IPGMER	Wednesday	28	May
Sagore Dutta	College of Medicine & Sagore Dutta Hospital	Monday	30	June
CNMC	Calcutta National Med. College	Monday	28	July
RKM	R K M Seva Pratisthan	Thursday	28	August
KPC	KPC Medical College and Hospital	Tuesday	28	October
STM	School of Tropical Medicine	Friday	28	November
JIMS	Jagannath Gupta Institute of Medical Sciences & Hospital	Monday	29	December

The meetings will be held at 2.30 p.m. unless specified otherwise. Any change in the above will be notified in our website. You may contact us at (www.iadvlwb.org) or (+91 33 22277553) for any queries. You are requested to attend and participate in the meetings.



Quiz Zone

Question 1

A 72-year-old male with a history of multiple actinic keratoses presents with a 1.5cm erythematous, infiltrated plaque with central ulceration on the left helix that has been present for 5 months. Dermoscopy reveals arborizing vessels and blue-gray ovoid nests. Which of the following histopathologic findings would you expect?

- A) Atypical keratinocytes with nuclear pleomorphism throughout the epidermis, intact basement membrane
- B) Basaloid cells with peripheral palisading, retraction artifact, and mucin
- C) Proliferation of atypical keratinocytes with dermal invasion and keratin pearls
- D) Elongated rete ridges with suprapapillary plate thinning and parakeratosis

Question 2

A 35-year-old woman with systemic lupus erythematosus develops tender, purpuric plaques on her extremities after starting a new medication. Laboratory findings include leukopenia and elevated ESR. Skin biopsy shows leukocytoclastic vasculitis. Which medication is most likely responsible?

- A) Hydroxychloroquine
- B) Hydralazine
- C) Methotrexate
- D) Mycophenolate mofetil

Question 3

A 42-year-old female with a history of lung cancer presents with a rapidly developing painful erythematous nodule on her chest. Biopsy shows atypical cells with neovascularization and lymphatic invasion. Which immunohistochemical stain would be most useful for confirming diagnosis?

- A) S100
- B) Cd30
- C) D2-40
- D) Cytokeratin AE1/AE3

Question 4

A 61-year-old male with chronic lymphocytic leukemia develops multiple pruritic papules and nodules on his trunk and extremities resembling PLEVA. Histopathology reveals eosinophilic flame figures. Which immunohistochemical marker would best characterize the infiltrate?

- A) Cd4
- B) Cd8
- C) Cd20
- D) Cd30

Question 5

A 38-year-old woman with HIV (CD4 count 150 cells/ μ L) presents with multiple violaceous plaques on her lower extremities. Biopsy reveals spindle-shaped cells with slit-like vascular spaces, extravasated erythrocytes, and hemosiderin deposition. The most appropriate initial treatment is:

- A) Antiretroviral therapy
- B) Intralesional vinblastine
- C) Radiation therapy
- D) Interferon alfa-2b

Kindly send your entry to iadvlwb@gmail.com with 'Skintellect Quiz' as subject.
The correct response of each month gets acknowledged in the next issue.
Send your entries now!
Good luck from Team Skintellect.