



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

SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch



Issue Spotlight

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"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.

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Farewell Note from the President

Dear Esteemed Members of IADVL WB,

As my tenure as Working President draws to a close, I write to express my heartfelt gratitude for the privilege of serving this distinguished association. The journey has been both challenging and deeply rewarding.



Like every dynamic association, we encountered our share of challenges. With the unwavering support of both our junior colleagues and senior mentors, we navigated these moments together, transforming each obstacle into an opportunity for growth and collective learning.

I am particularly grateful to several key individuals and groups who have been instrumental in our collective success:

- To Dr. Suchibrata Das, our Honorary Secretary, whose relentless dedication amid a demanding professional life has been truly inspirational.
- To the entire Executive Committee, whose constructive approach, guidance and trust in the extremely committed working committees enabled them to execute conferences, CMEs, social and cultural programs with excellence.
- To our senior members, whose constant guidance and mentorship continue to be a beacon for the next generation.
- To the editorial team of Indian Journal of Dermatology and Skintellect, whose commitment has ensured high-quality publications that stand as a source of knowledge and distinctive pride.
- To our pharmaceutical partners, whose support has been crucial in our mission of alleviating human suffering.
- To our dedicated office staffs, the unsung heroes who form the backbone of our activities.

This experience has enriched me professionally and personally in ways I could not have anticipated. The connections formed, the initiatives implemented, and even the difficulties navigated have all contributed to a meaningful chapter in my life.

What began as an unexpected turn in my journey, filled with uncertainties, became a profound learning experience. The role taught me invaluable lessons about leadership.



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I am grateful for the friendships forged, the challenges overcome, and the memories created.

As I step away from this role, I carry with me cherished memories and valuable insights. I remain committed to our association's mission.

As I look forward to the coming year, I am particularly optimistic about the leadership of our incoming President, Dr. Dinesh Hawelia. His dynamic approach, soft-spoken wisdom, and widespread acceptance among our members herald an exciting new chapter for IADVL WB. With his guidance, we can confidently anticipate significant developments and continued progress for our cherished association.

Finally, to all those who supported me in ways big and small – sometimes quietly, but always meaningfully – my deepest thanks.

With profound appreciation and warm regards,

*Dr. Nilendu Sarma
Working President
IADVL WB*



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Secretary's Scribes

Dear Members,

On behalf of IADVL West Bengal, I am delighted to present the 12th edition of our monthly newsletter, Skintellect. As we celebrate the joyous occasions of Doljatra and Eid-ul-Fitr, I extend my warmest wishes to each of you.

This month has been full of vibrant activities. On March 8th, we celebrated International Women's Day across nearly all medical colleges. Our Women Doctors Forum also organized a Health Awareness and Medical Check-up Camp at the Women's Destitute Home in Durgapur. A heartfelt thank you to everyone who contributed to these initiatives.

In addition, we held a virtual Special General Body Meeting for our branch on International Justice Day and conducted a Finance Committee meeting, where we discussed several important insights. We will continue to work on these developments.

Our regular clinical meeting for the 2025-26 session was successfully flagged off from the Department of Dermatology at RG Kar Medical College, featuring a wide variety of cases.

I would also like to take a moment to congratulate Dr. Shreya Poddar for her exemplary work as the editor of Skintellect.

Happy Reading!



Dr. Suchibrata Das
Honorary Secretary
IADVL WB



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Editors Desk

As I pen down my final editorial note for Skintellect, I reflect on an enriching journey filled with learning, collaboration, and the shared passion for dermatology that binds us all. It has been a privilege to curate content that not only informs but also inspires our members.

This issue brings an exciting mix of insights—Dr. Sujata Sengupta Ma'am is featured in the Spotlight column, where she shares her expertise and experiences in dermatology over the years. DermBuzz presents valuable dermatosurgery tips by Dr. Aniruddha Ghosh, while the Resident Corner explores recent advances in androgenetic alopecia. We also highlight key takeaways from the clinical meeting at RGKAR and celebrate Women's Day events across various colleges.

As I conclude this chapter, I extend my heartfelt congratulations to the incoming President, Dr. Dinesh Kumar Hawelia Sir, Hony Secretary, Dr. Suchibrata Das Sir, and the new executive team. I am confident that under their leadership, our association will continue to grow and reach new heights.

A special note of gratitude to Nilendu Sarma Sir, our working President and Hony Secretary Suchibrata Das Sir for their continued support throughout the year, Advisory Chairs for their invaluable guidance, my fellow editorial team members for their dedication, our contributors for sharing their insightful experiences and write-ups, and our readers for their unwavering support. It has been an honor to serve as your Editor, and I look forward to witnessing Skintellect evolve in the years ahead.

Warm Regards,



*Editor, Skintellect,
The IADVL WB Monthly Newsletter
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DERMATOLOGIST SPOTLIGHT: DR. SUJATA SENGUPTA

- Q1) *It is an absolute pleasure to be able to interview you ma'am. You have been a prominent figure in the practicing field of dermatology. Besides, you also have multiple publications to your name. Please enlighten us, how does academics help in building a good dermatologist in today's competitive world.*

It is an honour for me to be featured in SKINTELLECT, the official newsletter of IADVL WB branch, on the occasion of International Women's Day. It has been 21 years since I completed my postgraduation at SCB Medical College Cuttack in a department that was like a treasure house of cases. During our times Senior Residency was not compulsory and I joined RKM Seva Pratisthan immediately after my return to my hometown in Kolkata. I still consider those two years as my senior residency tenure and I was fortunate enough to learn from a teacher par excellence, Professor Asok Gangopadhyay who also encouraged me to take up publications. I feel this post-MD residency actually prepares you for the long career ahead whether you teach or practise or do both. In 2008, I joined KPC Medical College as an Assistant Professor and the academic journey continued.



To be honest, for me, practice has been a second choice after academics. As you have said, ours is a competitive specialty now and in the dynamic world of medical science, you have to embrace academics to remain up to date. Our practice should not be about just repeated penning down of an antihistamine, a steroid or an antifungal cream. Along with the residents in my department, I have been fortunate enough to have academically oriented colleagues who constantly inspire me. Lastly, a true expertise in dermatosurgery or cosmetic dermatology can only be achieved if you have a solid knowledge in clinical dermatology and that is what makes one a 'good dermatologist'.

- Q2) *Our heartiest congratulations ma'am on being appreciated for your role as member of SIG FGD at our national platform Dermacon this year. Your areas of interest have been studies on female genital dermatoses (FGD) besides others. Ma'am would you care to explain why does FGD require special emphasis at present scenario? Has there been significant evolving changes since last decades?*

Thank you. Female genital dermatoses (FGD) has been a neglected issue. Women delay visits to a doctor, self medicate and then finally consult a gynaecologist, whose lack of proper knowledge in dermatology is evidenced by a casual prescription of an antifungal or a mixed cream. Sometimes patients are prescribed even without a clinical examination. I have noticed that STIs are also commonly underdiagnosed by gynecologists and GPs. A lot of stigma is associated with genital dermatoses that affects the social and sexual life of women.

The IADVL Special Interest Group FGD has been a unique experience for me. With participating in and organising CMEs and webinars dedicated to FGD, conducting a multicentric clinical trial on vaginal discharge, publishing newsletters raising awareness about pregnancy, postmenopausal and menstrual health and learning vulvar dermoscopy, it has been a busy 2 years for all of us at SIG FGD. This year, the SIG has expanded to include male genital dermatoses, STIs and HIV.

Yes, recently there have been changes in the way FGD is approached. Of late, I have noticed that younger women are coming forth for consultation of their genital problems even when they are mild. Older women are looking for methods of vulvar rejuvenation like LASERS and reconstructive dermatosurgery. Availability of molecular PCR panels as point of care tests to diagnose STIs, will make the treatment of venereal genital dermatoses much more rewarding.



- Q3) *We observed International Women's Day in the month of March. You are the present head of the department of your college. How do you balance your academic work, personal life along with your daily hectic practice schedules being a woman?*

In my department, the majority of the of the faculty as well as the postgraduate students, has been women. In these 18 years in the department, I have been a witness to the problems faced by women at different ages and stages of life and the one thing that I have found is that ultimately, we all are 'multitaskers'. Balancing home, work and motherhood can be quite a challenge even in a speciality like ours.

Personally, i try to maintain a daily routine, set aside a time for reading, keep a written note of pending work, work towards decreasing screen time and plan the week ahead on Sundays. I try to set my goals according to my priorities, perform the balancing act as best as possible and leave the rest without any regret.

- Q4) *Any hobbies you like to indulge in, in your leisure time ma'am? Please tell us something about it.*

I do try to find some 'me-time' as you call it in my daily schedule. I love listening to music especially Rabindra Sangeet and am fond of reading books. I practice Yoga regularly. I have learnt Bharatnatyam but dance rarely now. Traveling is another of my passions and I try to travel for at least one family trip and a friends' trip every year.

- Q5) *Ma'am would you like to extend any advise for our young dermatologists that will help them become successful clinicians in the future?*

During PGship the top priority should be learning clinical dermatology the best one can. It is the foundation for future practice. Listening to the patient intently and complete clinical examination should be a regular practice. I have encouraged my students to occasionally visit other medical college OPDs with more patient footfalls as well as attend the monthly CMEs organized by IADVL WB. Knowledge about Dermatopathology and Research Methodology is essential during this time too. Once the degree is acquired, according to the student's interest, he or she can take up fellowships,

observerships, masterclass, workshops etc. Further, it would be advisable to choose one or two particular avenues of interest and be a master of those instead of trying your hand in anything and everything.

DERMBUZZ : DERMATOSURGERY INSIGHTS: HOW TO SAFELY REMOVE CYSTS FOR GOOD

Dr. Aniruddha Ghosh

MBBS, MD, Prof JIMSH

Mucocele Removal Simplified: Quite recently there was a post in the Facebook IADVL page about how to go about operating on a mucocele. I have operated on over a minimum of 50 patients of mucocele. Out of all the patients, in around five, the mucocele was so deep I had to remove it by approaching it from the skin margin. But here we'll discuss about the easiest approach which all of you can do- I am sure of it. All you need is your electrocautery machine. First take a gauze piece and put it inside the mouth of the patient and ask him to bite on it. This will help in two ways—1: patient's mind will be diverted, 2: the contents of the cyst and the blood won't go inside his/her mouth-hence he won't get agitated. Now give the local anaesthetic solution using an insulin syringe. Then take your electrocautery machine and use it to make a small nick over the roof of the mucocele-- you will see the thick salivary secretions coming out--squeeze it all out. Then press it from below. You'll see the entire gland pop out from the incision site you made. Get hold of it using your Allis forceps. Take it out slowly. Use your cautery machine to cut it out from the base. Remove the gauze and you are all done. As you are using your electrocautery for the entire procedure-you are using need to prescribe any oral antibiotics. Just give them Metrogyl-DG gel to apply twice or thrice a day. Ask them to avoid spicy food for a week or two. To make them feel comfortable and for a feel-good factor, ask them to suck on a popsicle on their way home. The ice will decrease the swelling and also numb any pain they experience. Try this out on your next patient instead of referring them out to any ENT or Dentist colleague of yours.



Clearing the Sebaceous Cyst: There are some other surgeries that a post graduate student should be able to do. Dermatosurgery is being moved aside by many in favour of more glamorous things like botox, fillers etc. But for me doing a good surgery gives me more satisfaction any day. "A cyst a day keeps the boredom away" is my motto. Basic of all such cysts is a small sebaceous cyst found on the face. There was a lady who operated on one such case and posted on the IADVL page. She had taken the patient in her operating theatre, used skin microscope, diligently incised the cyst and had taken out the entire wall and sutured the wound. Obvious from the post, it took over an hour and all disadvantages attached to a major surgery were there. Let me discuss a simpler technique. After giving local anaesthesia, see the punctum and give a small incision. Expose the wall-and then press the cyst from both sides. Squeeze out the contents of the cyst and you'll see the wall getting visible. Take hold of the walls using an artery forceps and manipulate it by pulling and swaying it both ways. You'll surely be able to pull out the entire wall through the small incision. Just look inside the cavity and make sure no part of the wall is left behind. The wall will be greyish and will stick out in the red background. Then give fine sutures-and you are done.

Hope this article was helpful to all of you.

Best of luck and happy operating!

Video Demonstration: <https://youtu.be/w4iaqmWjAIY>

RESIDENT'S CORNER: RECENT ADVANCES IN THE MANAGEMENT OF ANDROGENETIC ALOPECIA

Dr. Dipanjan Das

Jagannath Gupta Institute of Medical Sciences and Hospital, Kolkata

Androgenetic alopecia (AGA) management has evolved significantly, integrating pharmacologic, regenerative, and technological advancements. First-line treatments like topical minoxidil and oral finasteride remain standard, but newer formulations, such as **topical finasteride**, aim to minimize systemic exposure while effectively inhibiting androgen receptors. **Combination therapies pairing minoxidil with novel agents** have shown synergistic effects in enhancing hair regrowth. **Oral spironolactone**, traditionally used in female AGA, and **clascoterone**, a topical androgen receptor inhibitor, are gaining traction as effective antiandrogenic options with fewer systemic side effects.

A new class of non-hormonal treatments has emerged. **Pyrilutamide**, a selective nonsteroidal antiandrogen, blocks androgen action at the follicular level, demonstrating significant improvements in early-phase trials. Similarly, **CosmeRNA ARI**, utilizing Self-Assembled Micelle Inhibitory RNA (SAMiRNA) technology, selectively downregulates androgen receptor mRNA, showing promising results in clinical studies. **Mesotherapy**, an injection-based technique delivering growth factors, peptides, and vasodilators directly into the scalp, has gained attention as a complementary therapy for AGA.

Advances in nanotechnology and regenerative medicine have refined AGA treatments. Nanocarrier systems, such as **nanoparticle-encapsulated formulations of minoxidil and finasteride**, enhance drug stability and follicular penetration. Regenerative approaches, including mesenchymal stem cells, adipose-derived stem cell-conditioned media, and **exosome-based therapies**, are being explored for their potential to modulate the follicular microenvironment and stimulate hair regrowth. Exosomes, derived from stem cells, are rich in growth factors and signaling molecules that promote follicular regeneration, offering a promising avenue for future treatments.

Non-pharmacologic energy-based therapies have also evolved. **Low-level laser therapy (LLLT)**, with optimized wavelengths and dosages, stimulates mitochondrial activity in follicular cells, increasing hair density and potentiating the effects of topical and oral medications when used in combination regimens. **Scalp Botox**, which reduces tension in the scalp muscles and improves blood flow to hair follicles, is being investigated as an adjunct therapy to enhance hair regrowth.

Emerging immunotherapeutic strategies are also under exploration. Therapeutic antibodies, such as **HMI-115** targeting the prolactin receptor, aim to restore hair density with minimal systemic exposure. Additionally, the novel topical agent **ET-02** has shown early promise in restoring normal hair follicle function.

Surgical techniques have also advanced. Improvements in **follicular unit extraction (FUE)** and **robotic-assisted hair transplantation** have enhanced graft survival rates and reduced patient downtime, leading to better aesthetic outcomes.

Modern diagnostics—integrating **scalp dermoscopy**, molecular techniques, **genetic profiling**, and artificial intelligence—allow for precise diagnosis and personalized treatment strategies. **AI-driven analysis of hair density and loss patterns** is improving treatment planning and monitoring outcomes.

In summary, AGA management now encompasses a range of therapeutic modalities, including pharmacologic modifications, regenerative approaches, nanotechnology-driven treatments, energy-based therapies, targeted biologics, and surgical advancements. Ongoing research is expected to refine these diverse strategies further, leading to personalized therapies that enhance cosmetic outcomes and improve patients' quality of life.



Women's Day: 8th March

Under the aegis of IADVL, various dermatology departments of medical colleges and hospitals across the state celebrated International Women's Day with great enthusiasm. The event honored the contributions of women in healthcare and dermatology and panel discussions were held on 'Women's Skin Health'. There were also special skin care awareness campaign for women conducted by the faculties with female patients in the audience. The events were a grand success.





Monthly Clinical Meeting of IADVL WB on 28/03/2025 at R G Kar Medical College & Hospital, Kolkata

It was flagged off from the Dept of Dermatology, RGKMCH. There were a wide variety of cases that were kept for the audience. Proceedings were started of with a series of depth delving cases of Dermatomyositis, its varied presentation and clinical challenges. Next up was a case of puzzling facial papules, which turned out to be FIGURE. Following that a case involving multiple entities, Reactive Perforating Dermatitis and Linear IGA Bullous disease, all stemming for a common cause, Scabies. Other cases presented were sporotrichosis with clinopathological correlate. Chromoblastomycosis, Pigmented Spitz Nevus, infantile hemangioma with intracranial extension, Pseudoxanthoma elasticum all kept the viewers wanting for more. Two other cases for CAPS and Angiokeratoma Circumscriptum Naeviformi, kept the audience guessing through various differential diagnoses. The session concluded with a set of spotters. The programme was graced by Dr Kaushik Lahiri and Dr Aniruddha Ghosh. All in all it was a grand success.



Quiz Zone

1. Name the only US FDA (Food and Drug Administration, The United States of America) approved **oncolytic viral therapeutic agent** and the malignancy for which it is used.
2. Which immunosuppressant drug is most commonly associated with sudden eruption of sebaceous hyperplasias in renal transplant recipients?
3. A 21-year-old male presented with a slow growing flesh-colored, smooth, mobile, firm, and well-circumscribed nodule on the scalp. Histopathology showed a dermal cyst lined by stratified squamous epithelium without granular layer and compact keratin as content. Diagnosis would be? (PIC 1)
4. A 50-year-old male presented with segmentally arranged firm, painful swellings on the left, lower anterior chest wall [Figure 4]. He had pain which increased on exposure to cold. What are the systemic associations that one must look for in the given clinical presentation? (PIC 2)
5. Enlist PRIDE COMPLEX!!!



PIC 1



PIC 2

Quiz Answer Volume-2, Issue-11

1. B
2. B
3. D
4. D
5. A

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.