

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



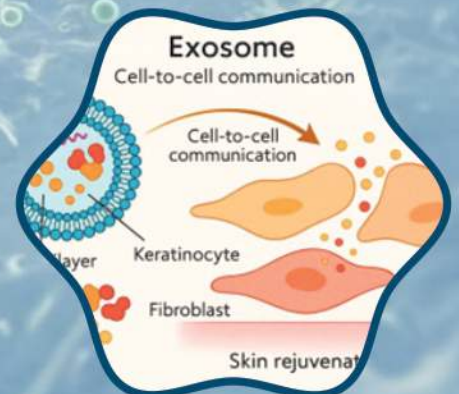
SKINTELLECT

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.

Volume 3, Issue 1, May 2025



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Volume 3 Number 1
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Note from the President

Dear Esteemed Members,

It is with immense pleasure that I connect with you through the pages of Skintellect, our beloved monthly magazine that reflects the spirit, scholarship, and solidarity of the IADVL-West Bengal.

As we turn another chapter in our journey, I would like to take a moment to express heartfelt appreciation for the unwavering dedication of our General Secretary, Dr. Suchibrata Das and past working president Dr. Nilendu Sharma, whose tireless efforts have consistently steered our society towards excellence. Their vision and commitment continue to be a source of strength and inspiration.

I also extend my deepest gratitude to our outgoing Editor, Dr. Shreya Poddar, who has nurtured Skintellect with remarkable editorial acumen and an eye for both scientific rigour and aesthetic grace. The magazine flourished under her stewardship, and her contributions will always remain an integral part of its legacy.

As we bid farewell to one chapter, we are equally excited to welcome Dr. Kaushiki Hajra as the new Editor of Skintellect. With her dynamism and editorial insight, I am confident that the magazine will continue to grow in depth, reach, and relevance.

Together, let us continue to uphold the values of learning, collaboration, and professional excellence that define our society.

Warm regards,



Dr. Dinesh Kr. Hawelia
President
IADVL WB



Secretary's Scribes

Dear Members,

Greetings from the Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL)!

I'm thrilled to connect with you through this edition of our SKINTELLECT. Our commitment to promoting academic excellence, supporting professional growth, and making meaningful contributions to healthcare remains as strong as ever.

The past one year has been a true reflection of our collective dedication, with a series of conferences, workshops, and virtual sessions that have significantly advanced Dermatology, Venereology, and Leprology. I extend my sincere gratitude to all our members, office bearers, and organizing teams for their unwavering commitment in making these initiatives a success.

As we look to the future, our priorities are clear: to ignite innovation, advance pioneering research, and strengthen our community outreach and we are moving forward with numerous programmes to fulfil our priorities. I encourage each of you to actively engage with our initiatives, contribute your unique perspectives, and work together to shape the next chapter of dermatological care in India. By continuing to nurture the culture of collaboration and knowledge-sharing that defines IADVL, we can drive meaningful change and growth.

As we embark on another exciting year, let's renew our dedication to excellence and compassion in patient care. I encourage you to seize the opportunities our association provides to learn, grow, and make a lasting impact on the field.

Thank you for your trust and support.

Long Live IADVL!

Warm Regards.



*Dr. Suchibrata Das
Honorary Secretary
IADVL WB*



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Editors Desk

Dear Readers

Greetings!

As the newly appointed editor of Skintellect, it gives me immense pleasure that I've been entrusted with the responsibility of carrying forward the legacy of this informative and wonderful monthly newsletter of IADVL WB.

At the outset, I would like to congratulate Dr Shreya Poddar for her excellent work as the editor. I'm also grateful to the entire Executive Committee of IADVL, especially respected President, Dr Dinesh Hawelia sir for considering me worthy of this opportunity.

The purpose of this newsletter is to highlight the ongoing activities and achievements of our association, knowledge sharing between members and encourage our young members to actively engage in the association's endeavours.

This year, the team Skintellect will constitute a total of 9 members namely- Dr. Bartika Sikder, Dr. Pranjal Praveen, Dr Dyuti Das, Dr Shriya Saha, Dr Ameli Sarkar, Dr Soumi Biswas, Dr Tamanna Dokania and Dr Titli Ghosh

Also, we plan to keep a section called 'Brainstorm' that features crossword and riddles on the theme of dermatology, in addition to the already exciting quiz corner.

We also plan to introduce two periodic columns - 'Dermaginations' through which we aim to highlight the creativity, talent and extracurricular activities of our members.

The second one being 'Dermatimes', which is still on the cards, will provide detailed insights into new treatments, innovations, or important developments within the dermatology field.

So, we sincerely hope that our members will enjoy the thoughtful and innovative content curated each month and actively participate in making the next chapter of skintellect a huge success, as always.

Warm Regards,



Dr. Kaushiki Hajra

Editor, Skintellect,

The IADVL WB Monthly Newsletter

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Dr. Shriya Saha



Dr. Soumi Biswas



Dr. Titli Ghosh



Dr. Tamanna Dokania

DERMATOLOGIST SPOTLIGHT: DR. GAUTAM BANERJEE

Q1. *Sir, it is truly an honour to have you with us for this edition of Skintellect. May we begin by asking—what inspired you to pursue a career in Dermatology? Could you kindly share your journey in the field with us?*

Ans) *There is a long and deeply personal story behind my journey. During my childhood, I was an extremely mischievous and carefree child. I disliked going to school and was far from being studious. In contrast, my elder brother was highly disciplined and consistently ranked among the top students in his class. Naturally, this stark difference caused considerable concern among my family members, who often worried about what the future held for me. But destiny had something else in store for me. A profound turning point came when I was in class eight—I lost my mother. That loss shook me to the core and brought about a transformation in my attitude and approach to life. From that day onward, something changed within me. I became more serious, more introspective, and I found a sense of purpose. It was then that I resolved to make something meaningful of my life. I worked hard and eventually gained admission to medical college, where I successfully completed my degree. During my time at medical college, I was posted to the Department of Dermatology, which was then headed by the remarkable Professor Ranjit Kr. Panja. His extraordinary charisma, clinical acumen, and diagnostic brilliance left a lasting impression on me. It was under his influence that I developed a deep interest in dermatology. What began as an academic exposure soon evolved into a passion, and eventually, a career. I embraced dermatology wholeheartedly, and today, I am proud to say that I love my subject.*



Q2. *You have been associated with IADVL West Bengal since its early days. How have you witnessed the evolution of the branch over the years?*

Ans) *My journey with the Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL) began when I joined the Dermatology Department at National Medical College. There, I met Dr. Paritosh Banerjee, a senior colleague and an active member of IADVL. Along with Dr. Sunil Dey, he was tirelessly carrying much of the association's responsibilities on his shoulders. Fortunately, more like-minded individuals joined in over time—Dr. Nitin Mukherjee, Dr. Dwijen Ganguly, and several others—bringing renewed energy and vision to the association. Together, we began organizing annual state conferences regularly, which helped to foster a sense of community and professional growth. In 2003, we were given the incredible opportunity to host the All India National Conference—a landmark moment that significantly raised our profile. That event proved to be a turning point. With the funds and enthusiasm generated, we were able to purchase an apartment to serve as the official office of our state association. For the first time, a state branch of IADVL had its own dedicated premises, a milestone we were all proud of. From there, IADVL WB has soared in leaps and bounds over the decades, and the journey towards excellence still continues in the able hands of its members.*

Q3. *Over time, Dermatology has undergone a significant transformation—from a predominantly clinical discipline to one that now encompasses surgical and aesthetic practices. What are your thoughts on this paradigm shift?*

Ans) *In the earlier days of our practice, our patients primarily came to us with disease-specific concerns. Our clinical focus was sharp and grounded in textbook knowledge, with emphasis on diagnosis through physical examination and histopathology when required. However, with time, the landscape began to shift. Corporate clinics and aesthetic-focused practices began to dominate the field. These centers often emphasized beauty treatments and advanced cosmetic procedures, backed by modern technology and marketing. While these developments brought dermatology into the limelight, they also led to an imbalanced focus on aesthetics at the cost of core clinical understanding.*

Q4. *Lastly, Sir you have taught young dermatology residents for so many years, what message or advice would you like to share with the new generation of aspiring dermatologists?*

Ans) *It is my firm belief that while aesthetic dermatology has its place and is undeniably important in modern practice, it should never overshadow the clinical foundation of our field. Unfortunately, many young dermatologists today are drawn primarily to cosmetology, sometimes neglecting the essential clinical aspects of the specialty.*

To the next generation of dermatologists, my advice is simple yet vital: strive to maintain a balance. Give equal importance to both clinical and aesthetic dermatology. The future of our specialty depends on professionals who are not only skilled in cosmetic procedures but also deeply rooted in clinical knowledge and compassionate patient care.

Do's and Don'ts of Skin care in summer

✘ Don't Do This ✘	✔ Do This Instead ✔
<ul style="list-style-type: none"> ● Stay outdoors in peak sun hours ● Consume carbonated drinks ● Wear heavy makeup ● Do excessive scrubbing of skin ● Use hot water for bathing 	<ul style="list-style-type: none"> ✔ Drink plenty of water and ORS ✔ Frequently wash face with water ✔ Eat seasonal fruits and antioxidants ✔ Use umbrella in outdoors ✔ Apply sunscreen with good SPF

by Dr. Adityendu Chakraborty

DERM BUZZ : EXOSOMES IN COSMETIC DERMATOLOGY: THE TINY TITANS REDEFINING SKIN REJUVENATION

Dr. Anusree Gangopadhyay

MD (Dermatology), SCE

As a dermatologist, I've witnessed countless trends in cosmetic dermatology—some fleeting, others transformative. But every so often, a breakthrough comes along that feels like a seismic shift. Enter exosomes, the microscopic powerhouses that are quietly revolutionizing how we approach skin rejuvenation. These tiny vesicles, once overlooked as cellular debris, are now stealing the spotlight in aesthetic medicine, and for good reason. They're not just another ingredient; they're a paradigm shift in how we harness the body's own regenerative potential.



What Are Exosomes, and Why Should We Care?

Exosomes are nano-sized vesicles—think of them as tiny bubbles—secreted by cells to shuttle proteins, lipids, and genetic material like mRNA between cells. They're the body's natural couriers, delivering messages that regulate everything from immune responses to tissue repair. In cosmetic dermatology, we're tapping into exosomes derived from stem cells, particularly mesenchymal stem cells (MSCs), because of their unparalleled ability to promote regeneration.

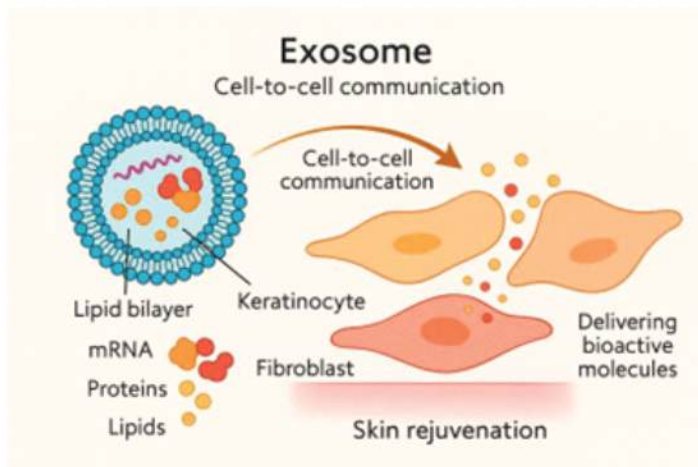


Fig 1.1: Exosome Structure

What is most exciting is their precision. Exosomes don't just dump their contents randomly; they target specific cells, delivering customized instructions to repair, rejuvenate, or calm inflammation.

The Exosome Edge in Aesthetic Treatments

Indication:

Acne scars, photo-ageing, uneven skin tone and texture, melasma, non-healing wound, hair loss and, dull dry dehydrated skin

Method of use:

To get best possible result it is combined with microneedling, MNRF, fractional CO2 laser. After doing these procedures, the exosome product is applied topically on the skin surface. The ideal interval between two sessions is 3-4 weeks and, 3-4 sessions are needed for a sustained result.

When paired with fractional CO2 laser, exosomes accelerate healing, reduce downtime, and enhance collagen production far beyond what lasers alone achieve. Patients who once dreaded post-laser redness are now back to their routines in half the time, with skin that looks plumper and more radiant.



Fig 1.1: Androgenetic Alopecia

Exosomes also shine in tackling stubborn concerns like melasma and acne scars. Their anti-inflammatory properties calm hyperpigmented areas, while their growth factors stimulate dermal remodeling. For acne scars, exosomes seem to “rewire” the skin’s repair process, softening pitted scars and improving texture in ways that fillers or standalone microneedling can’t match.

What sets exosomes apart is their ability to amplify the body’s own repair mechanisms. Unlike platelet-rich plasma (PRP), which relies on variable platelet quality, exosomes offer consistent, lab-derived potency. They’re also less invasive—no blood draws, just a standardized product ready to enhance your treatment.

Challenges and the Road Ahead

Exosomes aren’t without hurdles. Sourcing high-quality, standardized exosomes is critical—poorly processed products can be ineffective or, worse, unsafe. Regulatory frameworks in India are still catching up and, cost is another factor; exosome therapies can be pricier than traditional options, though patients often find the results justify the investment.

Conclusion

In the past few years, stem cell derived exosomes have emerged as a novel therapeutic option for treatment of many diseases but, still more studies are needed to establish its therapeutic potential in the field of regenerative medicine.



Fig 1.2:
Melesma before-and-after Exosome therapy

RESIDENT'S CORNER: SUN'S OUT, SCREEN'S ON

Dr. Mahasweta Ghosh

2nd year Resident, NRS Medical College & Hospital

In the world of Dermatology and Cosmetology, sunscreens reign supreme. They are no longer a luxury but are daily armours against the relentless attack of the Sun.

The journey of sunscreen started with the simple aim to prevent sunburn, but they were found to be indispensable for-

- Shielding against UV induced skin cancer like squamous cell carcinoma, melanoma, basal cell carcinoma
- Managing melasma, post inflammatory hyperpigmentation, lupus
- Protecting the freshly treated skin- post laser, chemical peels, microneedling etc.
- Slowing down the relentless march of photo aging

What's new?

The sunscreen industry isn't sleeping, it's evolving very fast-

1. Broad spectrum superheroes – UVA+UVB+ visible light protection
2. DNA repair agents- having enzymes like photolyase
3. Iron oxides- for darker skin tones
Tinted sunscreens combat visible light induced pigmentation
4. Eco-friendly formulation – free from harmful chemicals like oxybenzone
5. Smart filters like tinosorb & tinosorb M

Types of Sunscreen: know your shield

Not all sunscreens are created equal

1. Physical – reflects and scatters light zinc oxide, titanium oxide
2. Chemical- absorbs UV rays and converts to heat avobenzene, oxybenzone, octocrylene
3. Hybrid – physical + chemical mixed formulation
4. Tinted- physical+ iron oxides to block visible light zinc oxide, iron oxide
5. Biological – Natural antioxidants for systemic photoprotection green tea, Vitamin C and E

Are you looking for them?

- SPF (Sun protection factor)- protects from UVB; SPF 30-50 for daily use
- PA (Protection against UVA) – measures UVA protection PA +++ or PA ++++ preferred
- Broad spectrum – covers both UVA & UVB
- Water resistance – holds protection during sweating and swimming 40-80 mins of water resistance
- Visible light protection – important for pigmentation prone skin tinted sunscreens
- Non comedogenic- won't clog pores for acne prone skin

Match sunscreen according to your skin type

- Oily, acne prone skin- gel based, matte finish, non- comedogenic
- Dry/ sensitive – cream based with moisturizers (ceramide, hyaluronic acid)
- Pigment prone – tinted (melasma, PIH)
- Post procedure – physical
- Children – physical / mineral





Practical Do's and Don'ts

Do's

- Apply generously – 2 mg/cm², about half tea spoon for face
- Apply 15-20 mins before sun exposure
- Reapply every 2-3 hours
- Layer with other skin care- sunscreen comes after moisturizer and before makeup
- Use even when indoors – UVA and VL penetrates windows

Don'ts

- Don't trust makeup SPF
- Don't rely only on sunscreen – combine with hats, sunglasses etc.
- Don't use expired sunscreens
- Don't rub too harshly
- Don't skip on cloudy days

Climate matters too!

- Hot and humid – lightweight, gel based formulations
- Cold and dry- cream based
- Beach holidays- high SPF, broad spectrum, water resistant
- High altitude – SPF 50+, strong UVA protection

Quick tips to maximize protection

- ❖ Sunscreens first, makeup next
- ❖ Double cleanse if using tinted or water resistant sunscreens
- ❖ Apply on forgotten spots- neck, ears, back of hands
- ❖ Carry it in your bag

To sum up, the perfect sunscreen is not just about higher SPF values, it's about understanding your skin needs, environment and lifestyle. A thoughtful sunscreen choice today is an investment in your future skin health. Wear your sunscreen like you wear your confidence – every single day!

DERMAGINATIONS: PAGING PASSION BEYOND PRACTICE

FANTASY DREAM

I saw you in my dream last night,
you were holding on to me ever so tight.
riding towards the shining distant light,
your face glowed and looked so bright.

In the lonely path where wolf cries,
you looked up at me with those beautiful eyes,
I got lost in the depth of them,
forgot all about our fast approaching demise.

You looked so lovely like a princess,
more like an angel, human less.
so for our sake I dug my heels,
and to go faster I do press.

Our horse ran like the wind,
on her back we sat entwined.
we rode towards the manor,
while your father pursued behind.

We were too heavy for our steed,
its fast breath i didnt heed.
suddenly it dropped down panting,
in deep trouble we were indeed.

As your father & men surrounded us,
Makin so many threats and fuss.
I told you to stay behind me,
As I took out my long cutlass

I fought till my hands bled,
Till they plunged my body wth their blade.
And then they took you,
And left me lying among the dead.

As I waited patiently for my end,
I heard you screaming across the river bend.
I heard a splash &evryone shouting
Realised how you loved me till the end.

I lay crying in the forest deep.
Beside the dead, lying in a
heap.
Suddenly I get nudged &
Woke up in my sleep

Saw you staring back at me,
It filled me with so much
happiness and glee.

I hold you tight & kiss you
Promised never to set you free.

Then I woke up and fell from my bed.
Saw where my imaginations of you had led.
I saw a dream in a dream
Thoughts of you revolving in my head.

I dont know still which one is true
Really my friend I don't have a clue.
Of why in this whole vast world
In my dreams I saw only you.
Cause neither in this world,
Nor in my dreams,
Would I ever get you,
Would I ever get you.



Dr Aniruddha Ghosh
Professor, JIMSH



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Dr Nirjhar Mondal
SR, BC Roy, PGIPS



The great migration.
The largest annual land mammal migration across the African continent in search of water.
Serengeti national park, Tanzania

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

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IADVL 1973

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অভিনন্দন ও শুভেচ্ছা


Dr. Dinesh Kr Hawelia
President, IADVL WB


Dr. Suchibrata Das
Honorary Secretary, IADVL WB

Monthly Clinical Meeting of IADVL WB on 28/04/2025 at R K M Seva Pratisthan, Kolkata

This month's clinical meet at Ramakrishna Mission Seva Sadan provided an enriching platform for dermatological learning and discussion. The event brought together over 40 participants, including senior dermatologists, postgraduate residents, and eminent faculties, to deliberate on intriguing live cases and foster academic growth.

The very first case was a challenging case of a 19-year-old boy presented with scarring alopecia on the scalp, loss of both eyebrows, and excoriated papules on the legs. The case was kept open for further discussion. The patient was diagnosed as perforating disorder and started on systemic retinoids for treatment.

The second one was a follow-up from a previous meet featured a case of basal cell carcinoma (BCC) on the face. The patient underwent successful flap surgery for definitive treatment.

The third case included two patients with similar presentations but different ages had multiple hypopigmented patches on the back. The first patient was initially treated for parapsoriasis, this young patient was later diagnosed with mycosis fungoides (MF) at an early stage after repeated biopsies and the second patient was an older individual treated with PUVA therapy was later confirmed to have cutaneous T-cell lymphoma (CTCL) through follow-up biopsies and immunohistochemistry (IHC).

And finally the last case was of a female patient presented with an ulcerated lesion on the leg. Differential diagnoses included atypical mycobacterial infection, deep fungal infection, and panniculitis. The initial biopsy was inconclusive, prompting a recommendation for a deeper biopsy and Mantoux test for further evaluation.

The event concluded successfully with the presence of Dr. Ashok Ganguly, Dr. Chinmay Kar and was conducted under the guidance of RKM Team Dr. Siddhartha Das, Dr. Jayanta Das, Dr. Raghubir Banerjee, Dr. Shreya Poddar and Dr. Preksha Dugar who shared their vast knowledge and inspired the young dermatologists with their insights.

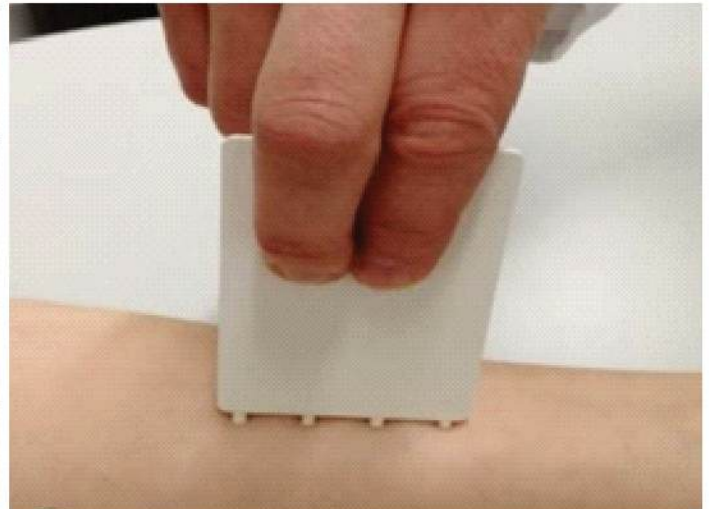


Quiz Zone

1. A 25 years old HIV positive male developed painful white mucous coated tongue with red macules within it. What is this tongue is called and what disease is it associated with? **PIC 1**
2. Name the New JAK inhibitor in severe alopecia areata approved by FDA in 2024.
3. Frog-Spawn appearance in dermoscopy seen in which disease?
4. In anorectal discharge what kit is being used?
5. Name the following test. **PIC 2**
6. A 12 year old child visited the OPD with papules expanding to urticarial plaques, which started like papules few were targetoid lesions .later on patient developed cutis laxa like lesions . Name the disease? **PIC 3 (a & b)**
7. Enlist VEXAS syndrome!

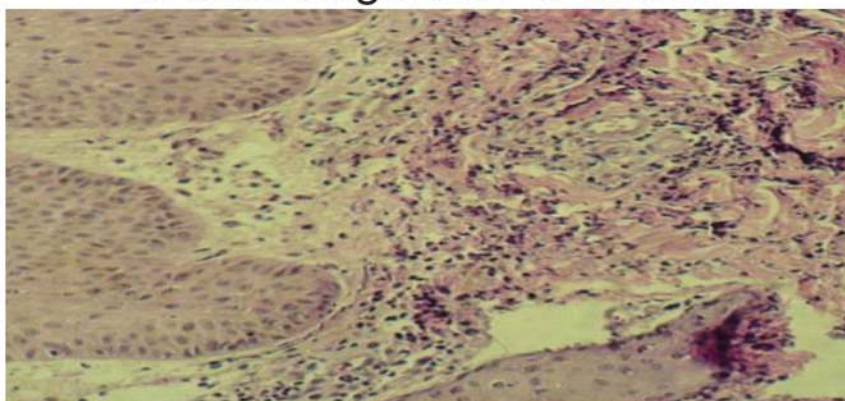


PIC 1



PIC 2

HPE shows Neutrophils and broken fragments of elastin

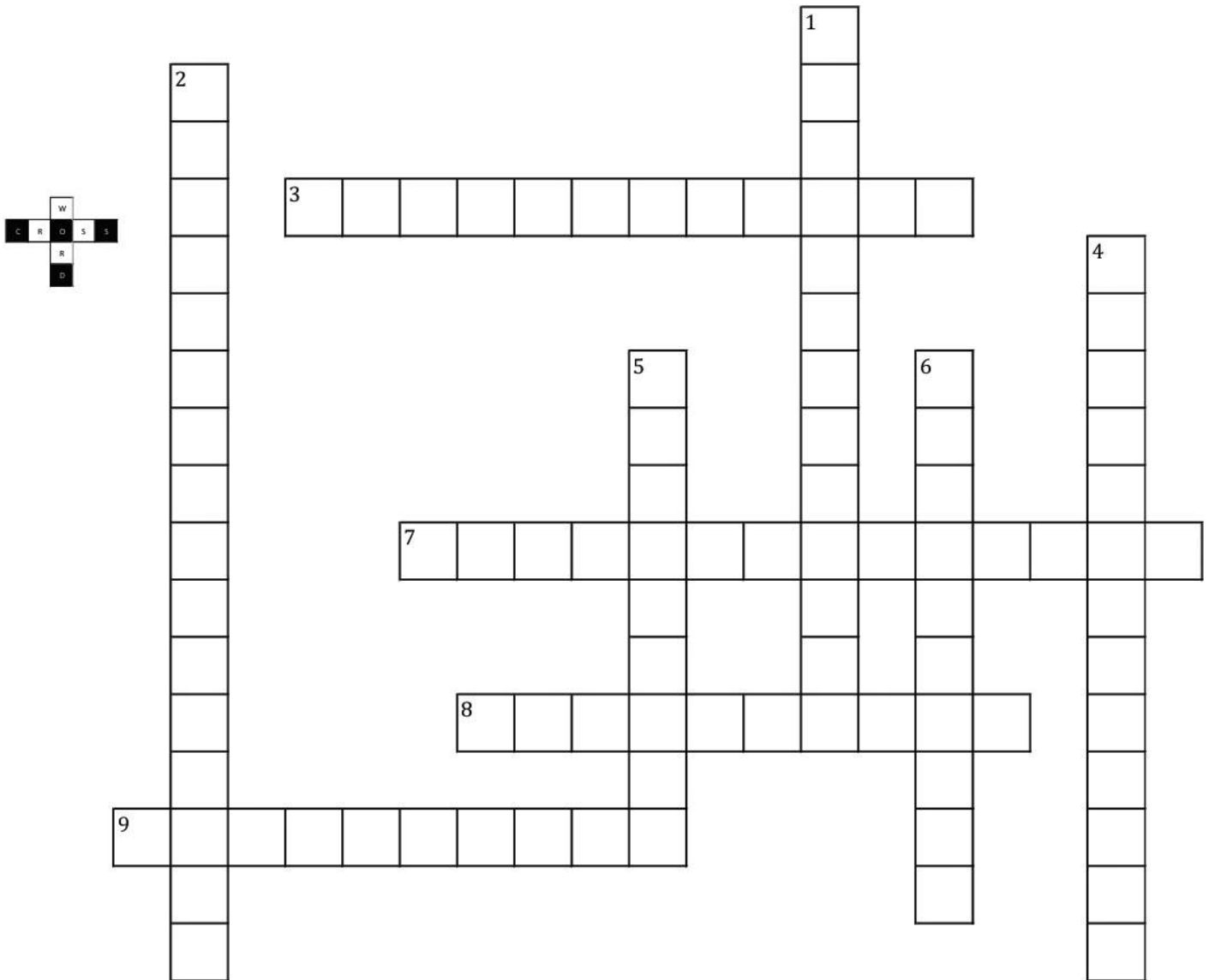


PIC 3 (a)



PIC 3 (b)

Brainstorm



Across

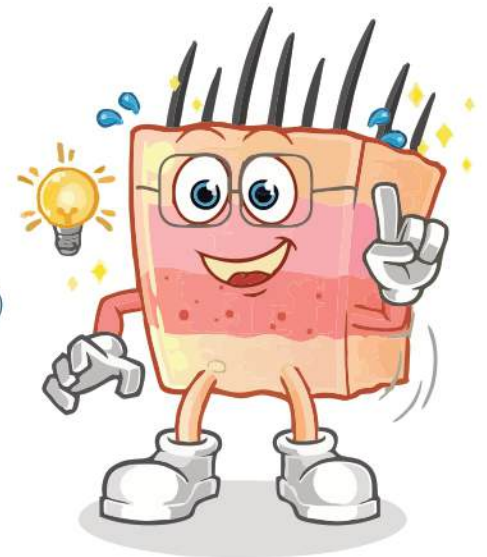
3. drug of choice in Gram negative folliculitis
7. defect in erythropoietic protoporphyria
8. acantholytic variant of Dowling Degos disease
9. thickening of nail plate

Down

1. most common form of cutaneous TB in children in India
2. hamburger sign is seen in
4. A paraneoplastic condition
5. bubo like abscess in LGV
6. imaginary line passing through the maximum diameter of dermal papilla

Dermwiz

A blushing mask I wear with pride, Yet oft my flare will not subside. Wine and heat, my secret foes, Across the cheeks my ember glows. What am I, a burning face, Locked within a crimson embrace?



Quiz Answer Volume-2, Issue-12

1. Talimogene laherparepvec in metastatic melanoma. This technique involves intra-tumoral injection of oncolytic virus which specifically and effectively destroys malignant cells without much immune-related adverse events.
2. Cyclosporine
Mechanism postulated is hyperproliferation of undifferentiated sebocytes and differentiation arrest leading to enlargement of sebaceous glands.
3. Trichilemmal/pilar cyst.
4. The picture depicts segmental leiomyoma. Systemic associations are uterine leiomyomatosis, and renal cell carcinoma. Reed's syndrome, a genetic disorder with an AD pattern of inheritance, manifests cutaneous and uterine leiomyomas. A subgroup of patients with Reed's syndrome develops renal cell cancer ("hereditary leiomyomatosis and renal cell cancer").
5. The PRIDE complex refers to a constellation of cutaneous side effects, including papulopustules or paronychia, regulatory abnormalities of hair growth, itching, and dryness, that can occur due to the use of epidermal growth factor receptor (EGFR) inhibitors.

*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.*