

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. Asok Gangopadhyay
- ✦ DermBuzz: Spirituality in Dermatology
- ✦ Resident Corner: Lipolysis
- ✦ Dermaginations: Dr Arijit Coondoo



"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 2, June 2025



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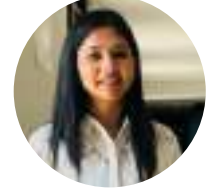
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## Note from the President

*Dear Esteemed Members,*

*As we navigate another dynamic month in our dermatologic journey, I am delighted to share a few reflections through the pages of Skintellect, our ever-evolving platform for academic and professional dialogue.*

*This month, a special spotlight shines on **Derma Brushup 3.0**—a comprehensive mock examination conducted by our postgraduate trainees under the thoughtful mentorship of their teachers. It was heartening to witness the synergy between students and faculty, culminating in a simulation that not only honed exam readiness but also celebrated the culture of learning.*

*I extend my sincere gratitude to **Dr. Sujata Sengupta**, Head of the Department at KPC Medical College and **Dr. Anupam Das** for their meticulous planning and warm hospitality that made this academic event both seamless and impactful. Their commitment to postgraduate education is exemplary and deeply appreciated by all of us at IADVL-WB.*

*Initiatives like Derma Brushup remind us that growth in medicine is not a solitary pursuit but a shared journey. As we teach, we learn; as we mentor, we evolve.*

*Let us continue nurturing this spirit of collaboration, staying rooted in knowledge and guided by wisdom. After all, it's not just about being exam-ready—it's about being future-ready.*

*With warm regards,*



*Dr. Dinesh Kr. Hawelia*  
*President*  
*IADVL WB*



## Secretary's Scribes

*Dear Members,*

*Welcome to this edition of SKINTELLECT.*

*Every month at IADVL WB is filled with vibrant academic and other engaging activities, each raising the bar of excellence. Derma Brush 3.0, organized by Prof. Sujata Sengupta, Dr. Anupam Das, and Team KPC, stands out as yet another milestone. It was a well-organized program of exceptional academic quality. Congratulations to the entire KPC team for hosting such a successful event.*

*Preparations for our Mid-Term State Conference, MID-CUTICON WB 2025, are well underway under the dynamic leadership of Organising Secretary Prof. Aniruddha Ghosh and Scientific Secretary Prof. Soumya Panda. They are leaving no stone unturned to ensure an academically enriching experience.*

*We also continue to advance our commitment to community dermatology programs, with several initiatives planned in the coming months.*

*Congratulations to Dr. Kaushiki Hajra on her wonderful debut as the new Editor of SKINTELLECT. With her innovation, artistic vision, and tireless dedication—along with her team of energetic young contributors—we look forward to reaching new heights in each issue.*

*Thank you all, and happy reading!*



*Dr. Suchibrata Das*  
*Honorary Secretary*  
*IADVL WB*



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## Editors Desk

Dear Readers,  
Greetings!

The editorial team is happy to present the second issue of Skintellect.

In this issue, we highlight the most noteworthy event of the month- *Dermatology Brush Up 3.0* held at KPC Medical College & Hospital, an academic fest with a real life simulation of the MD final examination for the PGTs of different medical colleges.

This month, the spotlight shines on respected Dr. Asok Gangopadhyay who has been kind enough to share his invaluable experiences with our beloved readers.

In the 'Dermbuzz' section, Dr Dibyendu Basu has explored the possible role of Spirituality in Dermatology - a novel thought that's quite a read!

Debalina Kanjilal, a resident of Medical College, Kolkata has discussed about injection lipolysis - a relatively new aesthetic aid for fat reduction and other diseases.

May being the 'Skin cancer awareness month', Dr Monika Kumari, a resident of NRS Medical College & Hospital, has penned down a short message about the need for identifying these silent killers and ways to prevent it.

The 'Brainstorm' section, containing the crossword, quiz zone and dermwiz is ready to tease your brains and revise some dermatology knowledge!

This time, 'Dermaginations' features the first of many humorous anecdotes by senior Dermatologist Dr. Arijit Coondoo, based on his unique personal patient interactions which he has fondly named 'Derma D'lite'

Last but not the least, we present to you 'Dermatimes' that highlights two recent developments in the field of Dermatology- spesolimab for Sweet syndrome and Vyjuvek for DEB.

Happy reading!



Dr. Kaushiki Hajra  
Editor, Skintellect,

The IADVL WB Monthly Newsletter

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## DERMATOLOGIST SPOTLIGHT: DR. ASOK GANGOPADHYAY

1. *Sir, it is truly an honour to have you with us today. Dermatology is now one of the most sought-after specialties, but the landscape was quite different during your early days. What inspired you to choose this discipline, and could you share with us your journey through the decades?*

*It's been a long and fulfilling journey. My path to becoming a doctor was set even before I was born—my grandmother was captivated by a film character named Dr. Asok, which not only gave me my name but perhaps also my destiny. My entry into Dermatology, however, was serendipitous. During my house staff days in General Medicine at SSKM Hospital, I frequented the library, where one day I stumbled upon Dermatology in General Medicine by Fitzpatrick. I was instantly fascinated, especially by the chapters on connective tissue disorders. Soon after, I had the privilege of meeting Dr. Salil K. Panja, who was visiting a scleroderma patient in our ward. Impressed by my interest in dermatology, he invited me to join his department—an offer I gladly accepted. Thus began my journey in dermatology under his guidance. Dr. Panja was a towering figure—strict yet fatherly—and I had the good fortune of also learning from Dr. Ranjit K. Panja during my MD. Their mentorship culminated in my earning a gold medal in my final exam. Post-MD, I intended to return to my ancestral home in Burdwan and begin private practice. But Dr. Ranjit Panja persuaded me to stay in Kolkata and join his department at Ramakrishna Mission Seva Pratisthan. That decision shaped the next three decades of my career. Initially Dr R. K. Panja, and later I myself built a department known not only for clinical excellence but also for academic activities like clinical studies, seminars and publications. The IADVL clinical meetings held there were widely attended and highly appreciated. I had the privilege of working alongside esteemed colleagues in my department such as Dr. Jayanta Das, Dr. Siddhartha Das, Dr. Raghubir Banerjee, Dr. Arghyaprasun Ghosh, and Dr. Nilay Kanti Das. Many postgraduate students and practitioners, including Dr. Subhabrata Mitra from Murshidabad, regularly visited us as observers. Teaching them was as much a learning experience for me. After retiring as Head of Department at RKM, I took up the same role at Jagannath Gupta Institute of Medical Sciences, where I still continue to teach and mentor with the same passion. In my early career, I spent six months in Hull Royal Infirmary in England to explore a better academic and work environment there. Though I chose to return, the time there taught me the value of meticulous case histories, thorough examinations, and integrating academic insight into practice—principles I tried to bring back to both my hospital and private practice.*



2. *Beyond clinical dermatology, you're also known for your deep interest in dermatopathology. What sparked this passion, and did you encounter any challenges in performing biopsies during your early years in practice?*

*My interest in dermatopathology was nurtured by Prof. Salil K. Panja and Dr. Ranjit Panja, both pioneers in the field. They taught me the critical importance of personally reviewing histopathology slides, particularly in complex cases. I often visited Dr. Subhendu Roy of Tribedi and Roy Diagnostics to discuss challenging cases—a formative part of my training. Dr. Roy had a keen interest in dermatopathology, and he and Dr Ranjit K Panja would often discuss cases in RKM, which I would silently observe. Gaining patients' trust was never an issue; in my free clinic back home in Burdwan, for nearly twenty-five years people queued overnight, confident in my care. Even biopsies were accepted without hesitation.*

3. *You have been a respected and active member of our community for many years. We would be delighted to hear about your contributions and achievements throughout your illustrious career.*

*I served as Associate Editor of the Indian Journal of Dermatology (1986–88) and later joined its Editorial Board (2000–2002), during a time when the journal struggled for submissions and even went out of print for quite some time. Under Dr. Salil Panja's leadership, we revived it. I was also on the Editorial Board of the IADVL*



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*Concise Textbook of Dermatology and have over 70 publications. I've presented in nearly all state, zonal, and national conferences and authored books such as Colour Atlas of Leprosy (2008), Recent Concepts of Dermatology (2010), and Continuing Education in Dermatology (2012). I've been honoured with the Dr. G. Panja and Dr. J. C. Shroff Memorial Awards from the national IADVL and currently serve as an Executive Council member of IADVL WB.*

4. *May we also ask about your interests beyond dermatology? How do you like to spend your time outside of your professional commitments?*

*Outside medicine, I'm an avid traveller—I've visited twenty-six countries and every continent except South America, which remains on my bucket list. I prefer solo travel with my camera, though I lost my favourite one in Australia, dampening my passion. I enjoy films—especially World War-themed, adventure, and Bengali/English classics. Tapan Sinha, Tarun Majumdar, and Satyajit Ray are my favourite directors. I also love reading short stories; Tagore's Golpoguccho accompanied me on my England trip. I remain a passionate Mohun Bagan supporter—I never miss a match.*

5. *The field of dermatology has undergone significant changes in the past decade. In particular, there has been a noticeable shift among young dermatologists from core clinical practice to cosmetic and procedural dermatology. What advice would you offer to the next generation of dermatologists in light of this trend?*

*Over four decades in practice have taught me that Dermatology can't be mastered alone—it needs a mentor or a "Guru". Most conditions can be decoded through specific signs and symptoms, making Dermatology as precise as Mathematics once understood. My advice to young doctors: never betray your patients' trust. Be honest, uphold your science and principles, and success will follow. While aesthetic dermatology has its merits, especially in life-enhancing treatments, its commercialization worries me. Many now pursue it for quick profits, compromising ethics. Thankfully, today's students seem to recognize the value of strong clinical foundations. However, the uncontrolled rise in postgraduate seats, often without adequate faculty or infrastructure, threatens the discipline's integrity. I hope the National Medical Commission addresses this before it's too late.*

## DERMBUZZ : SPIRITUALITY IN DERMATOLOGY – AN UNMET NEED.

**Dr. Dibyendu Basu**

Assistant Professor, NRS MCH

Victor Frankl, an Austrian psychiatrist and holocaust survivor wrote, “Man is not destroyed by suffering ; he is destroyed by suffering without meaning.”<sup>1</sup>

In the era of biologicals, LASERs, sophisticated aesthetic procedures and vaccines, the insouciance to spirituality as a therapeutic option is not unexpected. The focus of modern medicine have shifted toward a more technical, cure oriented model focusing on care of the patient's body and mind. However, this model does not address the spiritual aspects that are also important for health and well-being. We, Dermatologists, are well versed in the diagnosis and treatment of skin diseases, but may not consider the impact of these conditions on the spiritual well-being of our patients. Our ultimate aim of therapy is to eradicate a disease in an individual and return the person's life to normal. “However, until the day comes when this has been achieved for every skin disease and for every patient (presumably not in the lifetime of any current reader), there will be a need to support and assist many patients using additional non-pharmaceutical ways.”<sup>2</sup>



**What is spirituality** – to avoid any confusion created from jargon of words I'm quoting the exact lines from “Handbook of Religion and Health “ by HG Koenig, - “Spirituality is distinguished from all other things—humanism, values, morals, and mental health—by its connection to that which is sacred, the transcendent. The transcendent is that which is outside of the self, and yet also within the self—and in Western traditions is called God, Allah, HaShem, or a Higher Power, and in Eastern traditions may be called Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality.”

While some people may not believe in a specific faith, many are interested in spirituality. Spiritual experiences, such as basking in the beauty that surrounds us, viewing a beautiful piece of art, or losing one self in a song, are experienced by both religious and nonreligious people.<sup>1</sup>

**Spirituality in medical science** – There is ongoing debate within the medical profession about the appropriate place of religion and spirituality in patient care. Much of that debate turns on whether or not there is substantive evidence for a causal and beneficial relation between aspects of religion/spirituality and objective health outcomes. In fact, both proponents and critics of spiritual inquiry have grounded their arguments at least partially in the strength or weakness of the scientific evidence for a “faith-health connection.”<sup>3</sup> Several studies from abroad indicate that spiritual and religious coping is important for patients at times of personal crisis, for example during hospitalization or end of life care. Patients report that when their doctor engages in spiritual discussion, it promotes the provision of holistic care, it strengthens the doctor patient relationship, it allows the doctor to accommodate religious beliefs into management. Review of the literature has demonstrated that although patients would like their doctors to ask them about their spirituality, the practice is uncommon.<sup>4</sup>

**Spirituality in Dermatology** – The skin is the largest organ of the body. The skin is both the separator and the connector between self and others, and can affect spiritual intimacy with another, a spiritual leader, or a higher power. The main challenge of a physician is to help his patients find solace amid periods of suffering. As with other bodily conditions, visible skin disorders can have significant effects on social and psychological well-being. Although the association between spirituality and parameters of health and disease has been investigated extensively, little evidence is available for its potential role in dermatology. To share my own experiences, whenever I reveal to the parents of a vitiligo child that the course of the disease and response to treatment are unpredictable, or my inability to cure psoriasis, or that the patient of chronic urticaria has to continue antihistaminics for indefinite duration ( may be



*lifelong), a motley collection of responses wait for me. Some of them accept the inevitability of the consequences and the necessity of preparing for the new realities. Many become palpably dreaded and resent what they see as their future. These varied reactions to same phenomenon depend on the spiritual mindset of the patient or the family members. But the question of the patient that haunts me everytime is, "Why me, doctor?" For a non infectious, chronic, incurable disease it is very tedious job to cajole your patient about the treatment and course of the disease.<sup>5</sup>*

**Why it is important in India** – India is a developing country. We don't have proper compensation policy for occupational dermatoses. A mason suffering from allergic contact dermatitis to cement can't avoid the allergen. The advice of photoprotection to a farmer suffering from lupus goes in vain. The most promising biologicals are beyond the reach of common people. In these circumstances practice of spirituality can bring inconceivable results in patient management. Religion and spirituality play important roles in the lives of millions of Indians and therefore, Indian physicians need to respectfully acknowledge religious issues and address the spiritual needs of their patients. Incorporating religion and spirituality into health and medicine may also go a long way in making the practice of medicine more holistic, ethical and compassionate. It seems that there is the potential, especially in patients with chronic and/or severe diseases, of accessing inner resources for coping and healing through the use of religious and spiritual help. It is important for clinicians to routinely consider the use of methods to improve the Quality of life of patients, beyond medicines.<sup>6</sup>

**Where we are standing now** – In a study by Teixeira MEF et al A spirituality-based intervention was associated with improved control of office systolic blood pressure. In this study spirituality-based intervention included training for forgiveness, gratitude, optimism, and life purpose delivered by daily WhatsApp communications. Monod et al. reviewed literature on the instruments available for assessing spirituality and found 35 instruments. They classified them into measures of general spirituality, spiritual well-being, spiritual coping, and spiritual needs. They suggested that the proposed classifications should help clinical researchers in investigating the complex relationship between spirituality and health. Although there are isolated studies highlighting the methods of spirituality but it is beyond doubt that there is a dearth of evidence regarding assessment of spiritual well being and structured spiritual practices to be implemented for patient care. However Yoga, Mindful meditation and Music therapy have emerged in recent past as the most promising methods in the path of spirituality.

The word "yoga", in the classical Indian language Sanskrit, means "to yoke" or "to unite", hence its purpose of uniting mind, body and spirit. It has been documented that hatha yoga ashtanga (eight limbs) tradition, in which, the physical postures (asana), breathwork (pranayama) and meditation (dhyana) are three of the eight limbs are associated with increased beta endorphin, brain derived neurotrophic factor, telomerase activity, serum Ig A level and decreased level of IL 6, IL 1B, CRP, TNF – a & serum cortisol. The health benefits have been correlated with lower blood pressure, decreased pre operative stress level, decreased serum cholesterol, decreased respiratory infections, better pregnancy outcome and so on. Methodologically, there are limitations in study design as most studies are pilot single-arm studies, lacking the rigorous methodology of randomised controlled studies.<sup>7</sup>

Mindfulness is defined as "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" Mindfulness-Based Stress Reduction (MBSR) programs are based on secularized teachings from various historical mindfulness meditation traditions, especially eastern humanistic contemplative traditions rooted in the cultivation of personal insight and wisdom. MBSR is associated with increase blood level of IL 10 with reduced lipopolysaccharide stimulated TNF a production and decreased CRP in ulcerative colitis patients. A systematic review of RCTs on Mindfulness meditation and immune system identified mindfulness mediation-related effects for the following four parameters: reductions in the activity of



the cellular transcription factor NF-kB, reductions in circulating levels of CRP, increases in CD4+ T cell count (in HIV-diagnosed individuals), and increases in telomerase activity.<sup>8</sup>

Derived from Buddhist and Hindu traditions, mindfulness and Transcendental Meditation are, by far, the most widely researched techniques of contemplative practices, however the field of contemplative studies has overwhelmingly used secularised adaptations of it. Within Christian and Islamic traditions, which are the two largest Abrahamic religions worldwide, contemplative practices often seek to induce strong emotions, such as joy, love, and repentance, while engaging in recitation, visualisation, and breathing, with the aims of perfecting oneself and deepening one's relationship with God. There are various Christian and Islamic meditation practices that attribute particular attention to the heart. One RCT by Chung FG et al approved by the Research Ethics Committee of Coventry University on 24 October 2022 is anticipated to be published by this year. The key question of the trial is whether the regular practice of Christian or Islamic heart-centred contemplation fosters positive outcomes at the interpersonal and the individual levels, as compared to a standardised mindfulness-based stress reduction intervention (MBSR).<sup>9</sup>

**Conclusion** – Spirituality is a broader concept that can include, but is not limited to, religious beliefs and practices. It is about the individual's personal relationship with the world and their search for meaning and purpose, which can be pursued independently or alongside organized religion and its effects on health (“complete physical, mental and social well being, and not merely an absence of disease or infirmity”) is inconceivable. To date, the role of spirituality and its connection with dermatologic disease has not been explored properly. I would meekly propose that there is a need to include spirituality as an important component when caring for those with skin disease. Incorporation of spirituality within the quality of life(DLQI) questionnaires used in dermatology may act as a springboard to provide the holistic patient care. Last but most importantly, spirituality is not to replace but to reinforce the effects of modern medicine.

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## RESIDENT'S CORNER: INJECTION LIPOLYSIS

**Dr. Debalina Kanjilal**

3<sup>rd</sup> yr Resident, Medical College, Kolkata

*Obesity is a widespread and often overlooked health issue affecting both industrialized and developing countries. As per the 2012 WHO World Health Statistics Report, one in six adults globally is obese.*

*Liposuction, although commonly performed, is costly, typically requires general anesthesia, and carries potential life-threatening risks. Several non-surgical alternatives have emerged, including cryolipolysis, radiofrequency ablation, high-intensity focused ultrasound (HIFU), and injection lipolysis.*

*Injection lipolysis has been used for years in Europe and South America for body sculpting and is considered a non-invasive substitute for liposuction when combined with dietary changes, hormone therapy, physical activity, and supplements. In 2015, the U.S. FDA approved deoxycholate specifically for this use. Research has shown that combining deoxycholate with phosphatidylcholine enhances effectiveness while reducing side effects. This mixture acts synergistically and is frequently used off-label worldwide.*

*Originally, these substances were used to dissolve arterial plaques and fat emboli in the lungs. Aesthetic applications began with treating xanthelasma and under-eye bags, though they are no longer recommended for use around the eyes due to safety concerns.*

### *Mechanism of Action:*

*Deoxycholate (DC) is a bile salt and detergent that helps solubilize phosphatidylcholine (PC), a type of glycerophospholipid. Although the exact role of PC is unclear, it may activate lipases that break down triglycerides into fatty acids and glycerol, which are then processed by the liver and kidneys respectively. DC mainly disrupts fat cells due to its detergent properties, causing adipocyte breakdown and subsequent removal by the immune system.*

### *Indications for Use:*

- *Localized fat pockets unresponsive to diet and exercise, including:*
- *Abdomen*
- *Thighs*
- *Arms*
- *Lower back (love handles)*
- *Buttocks*
- *Double chin*
- *Lipomas*
- *Post-liposuction irregularities or excess fat from grafting*

### *Possible Side Effects:*

*Generally mild and temporary effects include swelling, warmth, redness, dull pain, itching, and occasional lumps at injection sites. Rarely, internal bleeding, short-term fever, or allergic reactions may occur. Incorrect administration into muscles or nerves may result in severe pain or nerve damage, treatable with NSAIDs, corticosteroids, and rest.*





## *Procedure Overview:*

*This treatment can be done under local anesthesia or even without it for pain-tolerant patients, as anesthetics may alter lesion contours. For the FDA-approved submental fat treatment, guidelines suggest 2 mg/cm<sup>2</sup>, up to 50 injections per session (0.2 ml per site, spaced 1 cm apart), with sessions at least four weeks apart. Post-treatment, patients should avoid intense activity, massages, and heat exposure for 48 hours. Pain can be managed with paracetamol, while agents that increase bleeding should be avoided.*

## *Contraindications:*

### *Absolute:*

- *Allergic reactions*
- *Pregnancy or breastfeeding*
- *Active infections at the injection site*
- *Severe skin conditions*
- *Autoimmune disorders*

### *Relative:*

- *Tendency for keloid or hypertrophic scars*
- *Unrealistic expectations*
- *Significant skin laxity*
- *Underlying health conditions (cardiovascular, liver, kidney, neurological)*
- *Weight instability*

## *Conclusion:*

*Injection lipolysis offers minimal recovery time and is less invasive, appealing to patients wary of surgery. Nonetheless, it is not a replacement for liposuction, which remains the most effective method. Positive outcomes rely on practitioner expertise and appropriate patient selection.*

## SKIN CANCER AWARENESS: OUR SKIN, OUR RESPONSIBILITY

**Dr Monika Kumari**

2<sup>nd</sup> year Resident NRS MCH

Every May, Skin Cancer Awareness Month brings a critical reminder: **your skin is speaking— are you paying attention?** First Monday of May - Melanoma Monday is observed as Melanoma Monday — a dedicated day to increase awareness about melanoma, the deadliest form of skin cancer.

Skin cancer is the most common cancer in the world, with millions of cases diagnosed every year. Despite being highly visible and largely preventable, it remains dangerously overlooked. A changing mole, a persistent sore, or a dry patch of skin might seem minor, but they can be early signs of something serious.

**The good news?** Skin cancer is also one of the most treatable cancers—when caught early. That's why awareness and regular skin checks are so important. Wearing sunscreen daily, avoiding tanning beds, dressing in UV-protective clothing, and learning to recognize warning signs can dramatically reduce your risk.

This disease doesn't discriminate. Several well-known figures have opened up about their own diagnoses. **John Cena**, for instance, has undergone treatment twice after years of sun exposure and now speaks openly about prevention. Hugh Jackman, who's had multiple basal cell carcinomas removed, regularly reminds fans to “wear sunscreen.” Khloé Kardashian, who faced melanoma in her teens and more recently had a tumor removed from her face. These stories serve as powerful reminders that skin cancer can affect anyone, regardless of lifestyle, fame.

As a budding dermatologist, I see the reality behind the statistics every day. Patients who come in early often need nothing more than a simple removal and monitoring. But those who delay—who dismiss a spot as “**just a mole**” or ignore a non-healing lesion—sometimes face complex surgeries or even life-threatening outcomes. The difference is often awareness, education, and timely action.

Your skin is your body's largest organ and your first line of defense. **Protecting it isn't just a choice, it's a responsibility.** Skin cancer can affect anyone, but with vigilance, simple daily habits, and timely medical care, it is highly preventable and treatable. Don't wait for symptoms to become obvious or for others to remind you. Make skin health a priority every day. Because when it comes to skin cancer, early action can save your life.

Skin Cancer Awareness Month isn't just about facts and figures—**it's a call to act.** It's about taking five minutes to check your skin in the mirror. It's about teaching your children to put on sunscreen before leaving the house. It's about getting your annual skin check, even if everything seems fine. Because skin cancer can be silent—but your actions don't have to be.



## DERMAGINATIONS: PAGING PASSION BEYOND PRACTICE

### DERMA D'LITE: (I) DILEMMA OF AN IDENTITY

**Dr Arijit Coondoo**  
Ex-President, IADVL, WB



It was a sultry Sunday afternoon in the summer of '23.

I had just completed a sumptuous Sunday lunch. And the setting was just ideal for me to turn on the AC, curl up in bed with a Jeffrey Archer novel and gradually drift into a deep slumber.

Hardly had I started my preparations for my Sunday siesta when the cell phone started ringing.

Jerked out of my somnolence I felt quite irritated.

Unfortunately I had no inkling of what was to follow.

I looked at the number of the caller and recoiled.

It was an international number.

After all those warnings from the DoT about international unknown numbers there was no question of picking this up.

I cut off the call.

But the calls kept coming in – twice, thrice and more.

At the fifth call I looked more closely at the number. It was from Bangladesh.

I had a number of acquaintances in Bangladesh, including some patients.

Could be one of them, I thought and finally picked up the phone.

“Salam Alaikum.”, boomed a gruff voice from the other side of the border.

And before I could reply to his greetings he went on “Are you a skin specialist?”

Having confirmed my identity. he continued, “Can you please give me the name and number of a dermatologist in Kolkata?”

Somewhat taken aback I replied, “What's the problem?”

“My son is suffering from Psoriasis for the last five years.”

“So, why aren't you consulting a dermatologist in Bangladesh?”

“I have. But no one is able to cure him. The disease goes away but keeps coming back repeatedly once we stop the treatment.”

That's natural, I muttered under my breath before replying, “OK. Bring him over to Kolkata and I'll have a look at him.”

“You?” his voice was incredulous, “How can you treat him?”

“Why not? I asked, temper rising a bit.

“But you are not a dermatologist.”

“Of course I am.” Now I was really angry.

“But you said you were a skin specialist. How can you claim to be a dermatologist?”

“A dermatologist is a specialist who treats the skin.” I tried to teach him.



# SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Volume 3 Number 2  
June 2025

“Don't you try to fool me.” he admonished, “In Bangladesh we all know the difference between a skin specialist and a dermatologist.”

“I don't know about Bangladesh but here in India a dermatologist is a skin specialist.”

“Doctor, do not claim to be what you are not. You are a skin specialist and if you claim to be a dermatologist you are a fraud.” he said and abruptly hung up.

And that was the end of this somewhat macabre coffee toffee conversation.

This unwarranted attack on my professional identity completely shattered my holiday mood.

The only solace was that at least my predicament was better than that of a colleague.

A professor of dermatology in a medical college he was being interviewed on a television news channel.

Unknown to him, scrolling horizontally at the bottom of the screen and visible to hundreds of viewers was his introduction “Professor.....DRAMATOLOGIST”

## Monthly Clinical Meeting of IADVL WB on 28/05/2025 at N R S Medical College & Hospital, Kolkata

*This month's Clinical Meeting was hosted by NRS Medical College, Kolkata on 28th of May, 2025.*

*The session commenced with a warm welcome by Dr. Kingshuk Chatterjee, who introduced the day's proceedings. The meeting was chaired by the esteemed Professor Dr. Biswanath Naskar. Among the distinguished attendees were Dr. Kishalaya Ghosh and from the Department of Pathology, Dr Arghya Banerjee. Both of whom added valuable perspectives to the diagnostic discussions.*

*The meeting unfolded with a curated sequence of eight insightful cases.*

*The first case presented with blistering at photoexposed areas which healed with scarring, hyperpigmentation and milia formation and also there was hypertrichosis over face which came out to be a case of porphyria cutanea tarda.*

*The next case was made even more engaging by the presence of the patient who was diagnosed with Bowen's Disease in the Background of Chronic Arsenicosis. The third case was B-Cell Lymphoma and this case brought into focus the intersection between dermatology and hematopathology. The next case was Atypical Juvenile Pityriasis Rubra Pilaris (PRP) with ichthyosis over legs. Then a case of Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) with a high-yield discussion on this rare hematodermatologic malignancy underscored the need for early recognition and multidisciplinary management in achieving optimal outcomes.*

*Up next was a case of Zosteriform Cutaneous Metastasis Secondary to Invasive Ductal Carcinoma. The 7th case was a fascinating triad of lichen planopilaris, non-scarring alopecia, and keratotic papules, with the patient in attendance and was diagnosed as Graham Little-Piccardi-Lassueur Syndrome. Finally, the meeting concluded with a case of multisystem genodermatosis presented with facial angiofibroma, ash leaf macules over arm and was diagnosed as tuberous sclerosis complex. The meeting provided rich academic insights and highlighted the importance of interdisciplinary collaboration in dermatological diagnosis and management.*



## Dermatology PG Exam Drill: Brush Up 3.0 in Focus

On 25th May 2025, KPC Medical College hosted Brush Up 3.0, a dynamic academic event simulating MD/DNB dermatology exit exams. Aimed at strengthening core concepts, it promoted interactive learning and knowledge exchange. The event began with a session on “Ethics in Medical Dermatology” by Dr. Arijit Coondoo, followed by the inauguration and lamp lighting ceremony. The success of the program was driven by the collaborative efforts of IADVL WB leaders, including Dr. Dinesh Kumar Hawelia, Dr. Suchibrata Das, Dr. Sudip Das, Dr. Sujata Sengupta, and Dr. Anupam Das. It was attended by enthusiastic PGs from across institutions, the event reinforced its commitment to academic excellence in dermatology.

### Event Highlights:

The academic sessions at Brush Up 3.0 offered a comprehensive learning experience for postgraduate students. The STD case on secondary syphilis was presented by NRSMCH PGs under the guidance of Dr. Sudip Das and Dr. Sujata Sengupta, followed by a CTD case on systemic sclerosis led by CNMC PGs, supported by Dr. Arghyaprasun Ghosh and Dr. Arun Achar. Dr. Aparajita Ghosh, along with STM PGs, conducted an insightful histopathology session. Dr. Partha Mukherjee curated the Spotters session, which featured key cases such as tuberous sclerosis, nevus sebaceous, mycetoma, infantile hemangioma, and alopecia areata. The “Spot the Diagnosis” quiz, led by Dr. Anupam Das, saw Dr. Sweta Singh secure the first prize. A case on pemphigus vulgaris was presented by KPCMCH PGs under the guidance of Dr. Sudip Kumar Ghosh and Dr. Suchibrata Das. A session on erythroderma was delivered by RGKMCH PGs, guided by Dr. Saswati Halder and Dr. Aditi Chakrabarti, focusing on diagnostic and therapeutic challenges. Dr. Kingshuk Chatterjee, Dr. Kakoli Mridha and Dr. Aniruddha Ghosh led a practical demonstration on dermatological instruments and drugs. Leprosy was covered by RGKMCH PGs with guidance from Dr. Saumya Panda and Dr. Sudip Ghosh. Dr. Abanti Saha and Dr. Aniruddha Ghosh guided a session on SJS TEN overlap syndrome by SSKM PGs. Dr. Abanti Saha and Dr. Sudip Ghosh conducted the Grand Viva, addressing core topics like non-venereal genital dermatoses, systemic pruritus, umbilicated papules, reticulate pigmentation, and lower leg dermatoses. The program was an outstanding success with more than 100 attendees, accomplishing all its intended goals with remarkable precision and grace.





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## Derma Times

News, Trends & Developments

### Spesolimab for Sweet syndrome

**Spesolimab received FDA approval on September 1, 2022, as the first treatment option for generalized pustular psoriasis (GPP) flares in adults. This approval was for the drug marketed as SPEVIGO (spesolimab-sbzo).**

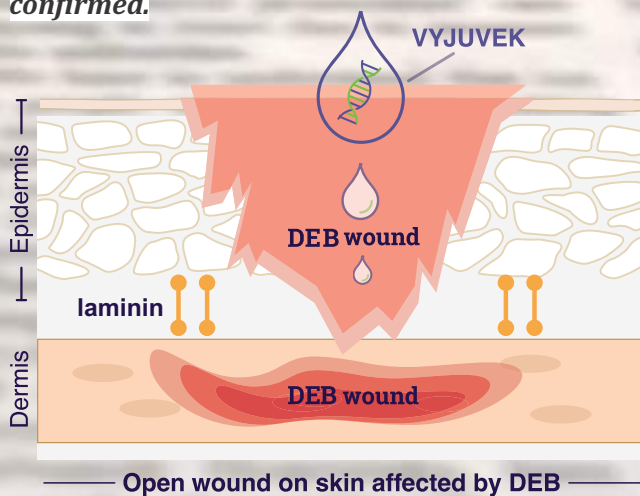
Sweet's syndrome is a neutrophilic dermatosis, and the key inflammatory pathways involve IL-1 $\beta$  and its receptor IL-1R3, which are significantly overexpressed in Sweet's syndrome. IL-36 is a member of the IL-1 family, and it plays a role in inflammation, particularly at barrier sites like the skin. IL-36 isoforms (IL-36 $\alpha$ , IL-36 $\beta$ , IL-36 $\gamma$ , and IL-36RA) can influence inflammation through their signaling pathways. The first report of treatment of Sweet syndrome with spesolimab (November 2024), an interleukin-36 receptor monoclonal antibody, describes rapid clinical improvement in a patient with Sweet syndrome who was refractory to systemic glucocorticoids. Although this report suggests spesolimab is a potentially useful treatment for refractory Sweet syndrome, efficacy and safety for this indication has not been confirmed.



### Vyjuvek- the first FDA-approved gene therapy treatment for Dystrophic Epidermolysis Bullosa.

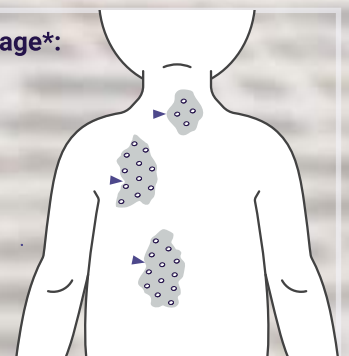
**Vyjuvek is the first topical gene therapy for DEB, utilizing a genetically modified HSV-1 (herpes simplex virus 1) vector to express human COL7 and promote wound healing. Clinical trials have shown that Vyjuvek increases the probability of complete wound healing compared to placebo.**

(May 2023)



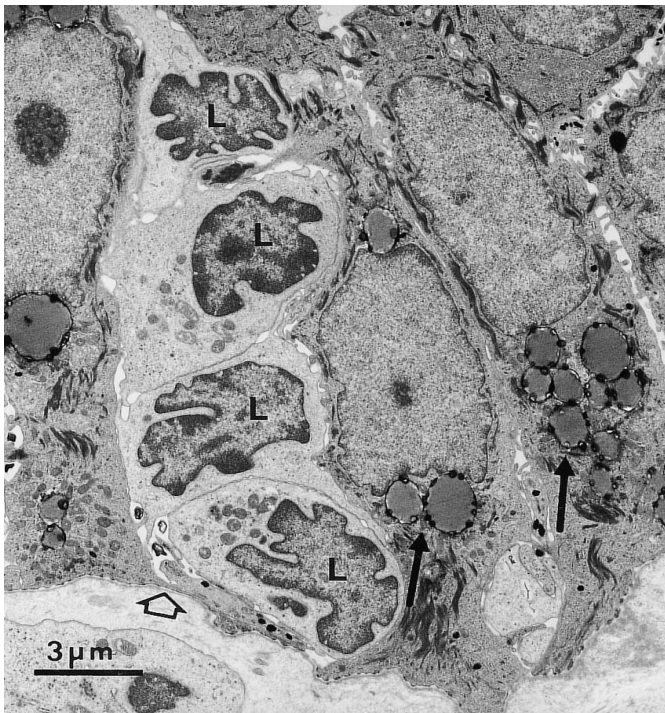
#### Patients 6 months to 3 years of age\*:

- The weekly maximum dose is up to  $1.6 \times 10^9$  plaque-forming units (PFU) of VYJUVEK, prepared with excipient gel (total volume of 0.8 mL)<sup>1</sup>
- VYJUVEK gel is applied in small droplets, evenly spaced, 1 cm  $\times$  1 cm apart, on the selected wounds to form a thin film after a hydrophobic dressing is applied



## Quiz Zone

1. What is the Phenomenon shown here and name the disease associated? **PIC 1**
2. What is **PIC 2 (a & b)** showing?
3. What is the procedure that resulted in the shown condition? **PIC 3**
4. Name the personality **PIC 4**



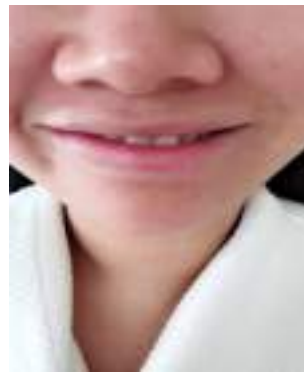
**PIC 1**



**PIC 2 (a)**



**PIC 2 (b)**



**PIC 3**



**PIC 4**

### Quiz Answer Volume-3, Issue-1

1. Plaques en prairie fauchee, Secondary syphilis.
2. Deuruxoltinib [LEQSWLVI]
3. Wart.
4. KIT-8
5. Fric test.
6. Marshall Syndrome
7. Vacuoles, E1 enzyme, X-linked, Autoinflammatory, Somatic syndrome.

The correct response given:  
Crossword: Dr. Debalina Kanjilal  
Thank You for your answer and happy reading

Kindly send your entry to [iadvlwb@gmail.com](mailto: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.

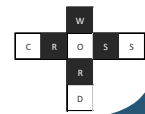
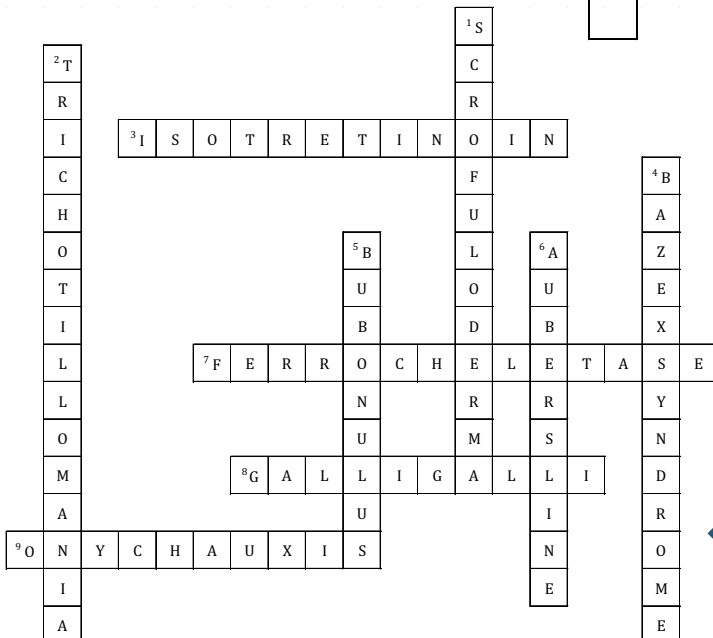
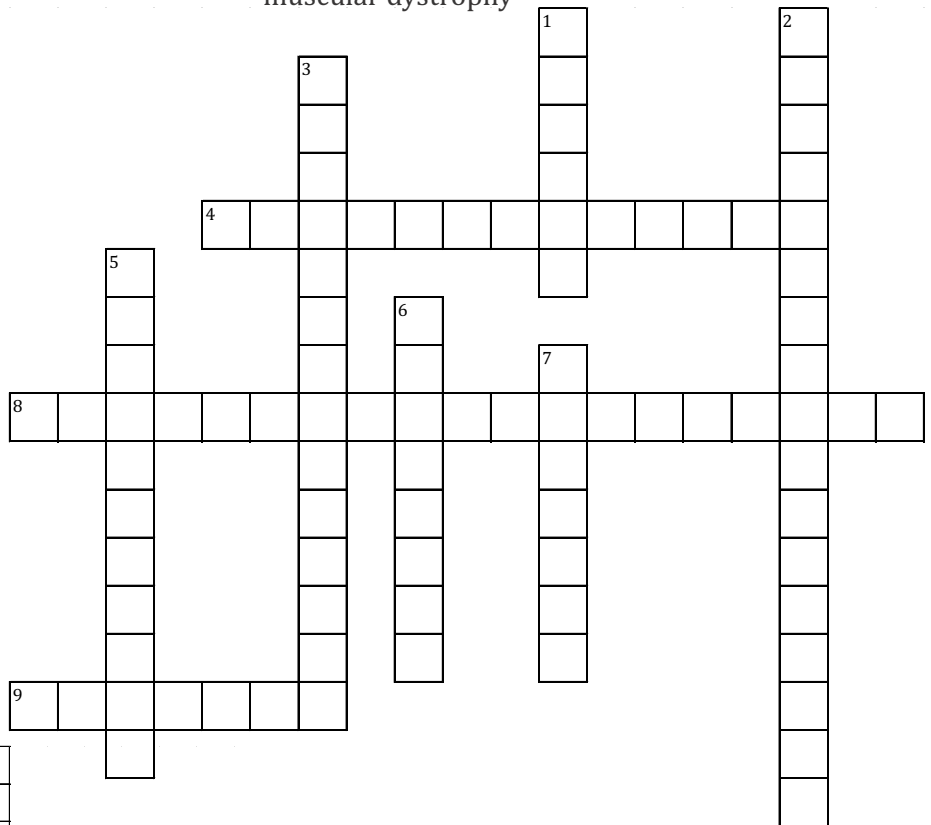
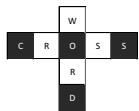
## Brainstorm

### Across

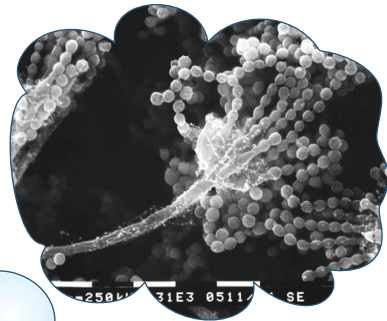
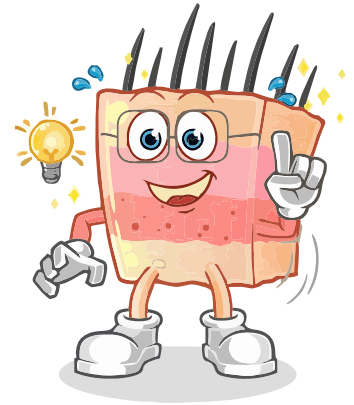
4. AD variant of keratoacanthoma seen in children
8. Pinch purpura is the characteristic dermatological finding in?
9. syndrome characterized by asymmetric and disproportionate overgrowth of limbs

### Down

1. characteristic knife cut sign is seen in
2. Premalatha sign is seen in
3. PRIDE complex occurs due to this class of drugs
5. flaky paint dermatoses is seen in which nutritional deficiency disorder?
6. systemic condition associated with clear cell syringoma
7. mutation of the gene in epidermolysis bullosa with muscular dystrophy

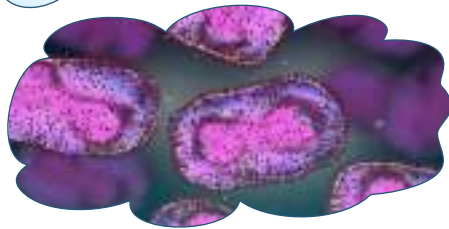


## Dermwiz



I am a **fungus** sometimes transmitted with the recent famous monkey pox in MSM **ICTC +ve patients.**

I live at many a place namely **France, Germany** and our very own **India!**



I infect genitals, peri anal area and face. In **2002** my ancestors first visited STI clinics with two heterosexuals.



In 2002 my closest in was found to cause **genital lesions**. Swollen lesions in beard but **nodules** in **groin** and **squamous circinates** of the **perineum**. All of this I could manage in the **7<sup>th</sup> grade** only.

## WHO AM I?

**Dermwiz Answer**  
**Volume-3, Issue-1**  
**rosacea**



**15<sup>TH</sup>**  
**JUNE, 2025**  
Time: 9AM - 7PM



## 13<sup>TH</sup> Mid Term Conference of IADVL WB State Branch

Venue:  
**JIMSH Auditorium, 6th Floor, Budge Budge, Kolkata - 700137**



## Programme Highlights

### Oration



Dr. B C Lahiri  
Memorial Oration

- ✓ PG Forum
- ✓ Dermatological Emergencies
- ✓ Approach to non-cutaneous diseases
- ✓ Leprosy
- ✓ Ethics and Practices of Dermatotomy
- ✓ Quiz

## REGISTRATION FEES

Category	01/04/2025 to 10/05/2025	11/05/2025 to 14/06/2025	On Spot Registration
Life Member	₹ 1000	₹ 1500	₹ 2000
Accom Person	₹ 700	₹ 1000	₹ 1200
PG Student	₹ 500	₹ 1000	₹ 1500
Cancellation/Refund	50%	25%	Nil
Senior Dermatologists Above 70 years	Nil	Nil	Nil

SCAN to PAY from any UPI app



A D V L WEST BENGAL STATE BRANCH  
UPI ID: ADVLWESTBENGAL@ib

### Bank Details for NEFT Payment:

Account Name : IADVL WEST BENGAL STATE BRANCH  
Account Number : 058601000020440  
Bank & Branch: Indian Overseas Bank (DMT, Sl. Br. - 0586)  
IFSC Code : IOBA0000586  
MICR Code : 700020023