



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

SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch



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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 2, Issue 3, July 2024



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Volume 2 Number 3
July 2024

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Dear members,

Another glorious month, full of activities. We have observed WORLD VITILIGO DAY, with your active and joyful participation. We have observed this occasion in each and every corner of our state of West Bengal. We were able to reach almost every medical college. The day was observed with posters, banners, talk, patient awareness and education meet, vitiligo surgery camp, even opening of phototherapy unit. Many of our respectable members have observed such at their own set up also. At evening, we had organized one webinar with National and state faculties. Thanks and regards to all of them. Thanks to PALSON DRUGS, for their extensive support.



Our Burdwan- Birbhum Chapter had organized Mid-Cuticon 24, with commendable success. An one and half day extravaganza with extensive, latest insightful. upgraded scientific discussions; Cultural Fest and food Hungama. A real success of IADVL WB's vision of development/ upgradation of District Chapters. We hope such development in every district chapter.

We are going to organize our very own Derma addhayana- series V on 28th July. This episode will cover cutaneous Adverse Drug Reactions. We are appreciating your presence in advance.

*Thank You all,
Happy Reading*

*Dr. Suchibrata Das
Honorary Secretary
IADVL WB*



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Editors Desk

Dear Members,

June has been a month filled with notable academic events, culminating in the highly successful MID CUTICON WB hosted flawlessly by BMCH at Sinclairs, Bardhaman. This event stands out as one of the highlights among many.

In this edition, we are privileged to feature Dr. Sanjay Ghosh, a distinguished academician, in our Dermatologist Spotlight column. His insights are sure to inspire our young readers. The DermBuzz column covers recent advancements in topical therapeutics in dermatology, keeping you informed of the latest developments in the field.

The resident corner delves into the psychosocial effects of skin diseases, providing valuable perspectives on this important aspect of dermatological care.

World Vitiligo Day was commemorated across all medical colleges in West Bengal with great enthusiasm. We are delighted to share that the World Vitiligo Day competition garnered multiple insightful writeups, evaluated meticulously by a panel of esteemed judges. We are thrilled to announce that Dr. Tamanna Dokania, a resident of STM, was the highest scorer, and her exceptional writeup will be featured in this issue.

Additionally, we are pleased to present highlights from the webinar conducted on World Vitiligo Day, ensuring that the spirit and knowledge shared during the event are captured and disseminated.

We hope you find this issue enriching and enjoyable.

Warm Regards,



Dr. Shreya Poddar

Editor, Skintellect,

The IADVL WB Monthly Newsletter

Hony. Joint Secretary, IADVL WB

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DERMATOLOGIST SPOTLIGHT: Dr. Sanjay Ghosh

Q1. *It is an honour being able to interview you Sir. Please give us an insight from practitioners p.o.v, how have you seen it change over the years?*

Ans: *Thank you! "The old order changeth, yielding place to new"! That's a great writing by Alfred Tennyson, English poet and universally true. In my forty years of practice I have witnessed so many changes in the pattern of dermatology practice. If I compare my early days' practice with the present one I could notice vast changes in the patients' profile and their attitude. In recent decades patients are too much occupied in their busy schedules especially those who are in IT sectors or other similar demanding profession. They sometimes expect or demand early relief or cure. Being prompted by these attitude some of our friends attempt to prescribe second or third lines drugs at the beginning which may not be rational. In my experience I have felt that the drugs which are yielding quick result ultimately cannot maintain sustainable effects. Some patients after getting immediate response often discontinue the medicines on their own which frequently results in rebound phenomenon. Thus ultimately patients are disheartened and leave the doctor soon. In recent years doctor-hopping by the patients has been increased considerably. In our early days few senior physicians of that time had the tendency of writing for quick relief unjustified systemic steroids on which some patients used to be dependent and got various side effects. Ultimately those doctors were not successful in keeping good bond with such patients.*



Another important change in recent decades that has been surfaced is in the doctor-patients relationship. This has been very badly affected especially after involving medical practice within the jurisdiction of consumer forum. Patients often accept the doctors as a commercial person like other professions or business house. This has been intensified occasionally by approach of certain corporate medical sectors. Physicians often become over-cautious while diagnosing, prescribing or doing procedures and thus do additional investigations to become safe medicolegally. This further adds to the burden of medical cost which ultimately affects doctor-patient relationship. So the doctor should minutely think while prescribing to keep a balance between patients' concern and physician's medicolegal safety.

Q2. *Sir, your area of interest remains in the field dermatitis and urticaria. What has years of experience and expertise taught you about them that you would like the young generations to learn and imbibe particularly when managing such cases.*

Ans: *The reasons of my inclination towards these two important topics, dermatitis and urticaria are:*

- i) these are two commonest dermatological ailments in day to day dermatological practice*
- ii) if we know these topics fully especially their immuopathogenesis we will have commanding grip over the whole subject of dermatology adequately (like once it was told that if you know syphilis fully you can master the whole medicine!),*
- iii) Capturing the art of managing these two dermatoses will ultimately provide the confidence of practicing dermatology as a whole!*
- iv) These two dermatoses are mostly controllable and curable if not all!*

From my learning and observing such cases for so many years I can share: i) most of dermatitis or urticaria cases have some triggering or provocative factors whatever could be the pathomechanism pathway (like chronic spontaneous urticaria is not always spontaneous!). If we could counsel the patients to restrict those provocative factors we would be able to cure the patients permanently. Only pharmacological medicine days after days may not be that rewarding. For



example in suspected contact dermatitis whenever feasible allergic patch test is to be done to find the causative allergens. Patch test may also be beneficial in atopic dermatitis and psoriasis where impaired barrier function may lead to enhanced penetration of allergens. Similarly in urticaria avoiding NSAIDS, food additives etc. may result in remission in many cases. In refractory urticaria apart from antihistamines we can detect the rational medicine either omalizumab (if IgE is high) or cyclosporine (if CRP or Anti-TPO is high) instead of empirical or biased treatment.

Q3. Sir, among many your accomplishments, being the editor of IJD must have a special place in your repertoire. How did you Sir get introduced to the world of research and publishing, what motivated you to pursue this passion. What would you say is your biggest contribution while being the editor of such an esteemed journal?

Ans: Before becoming editor of Indian Journal of Dermatology I worked as member of its editorial board for about fifteen years. Then I become it's associate editor, when the journal first became digital. Prior to that the paper submission, acceptance, publications etc. all were manual. During the process of this transition from manual to digital we had to work hard everyday upto 2 to 3 AM most of the days. That time we had not any supportive digital workers also with us. When I became editor I had the focus of shaping the journal into an international quality. I arranged the articles in different titles as done in International journals and started grouping the articles and writing review articles by experts on that particular group. Peer review process was also introduced that time. However due to excessive exertion for the journal activity especially during this upgrading phase of the journal beside my own professional job I fell sick with severe cardiac problem and ultimately had to resign prematurely.

My research and publishing aptitude was imbibed definitely by my teacher and mentor Dr B. Haldar, who was also editor of IJD for long duration. I was greatly influenced by Dr A B Gupta, a renowned physicist, close friend of Dr B. Haldar and associate editor of IJD as well. I acquired the art of scientific writing and speaking from Prof Gupta as he was the master of those. That time from West Bengal not much innovative research papers in dermatology were either presented or published at all Indian platform. At the same time we wanted to publish and present at International level where Indian face was not much bright at that time. We attempted to fill this lacunae. I personally used to believe that without regular publishing we could not update ourselves academically.

Not only publishing, organizing national conference or workshop was not common that time at Kolkata. On behalf of CODFI (Contact and Occupational Forum of India) I organised contact dermatitis workshop for the first time in Kolkata where all the legends of this field from all over India joined alongwith my close friend Prof Dr C L Goh from Singapore, world authority of this field. Later as the first convenor of SIG psoriasis of IADVL I organised the first SIG psoriasis Workshop of India at Kolkata where all the experts from different parts of India gathered. These knowledge exchanges on focused fields had given the chance of exposure to Kolkata dermatologists that time.

Q4. Sir, nowadays students and practitioners are more focused on cosmetology/aesthetics as a career path and less on academics & teaching. Being the ex HOD in MGM Medical college, what is your take Sir on this matter and the relevance of academics in practice or continuing in medical education.

Ans: Cosmetology or aesthetic medicine or dermatosurgery are the part and parcel of Dermatology and there is no harm in practicing these if done rationally and ethically. But clinical dermatology is the basic foundation on which these branches of dermatology reside. So to have proper training and success in these subtopics of dermatology one must not ignore or bypass clinical dermatology. These were my sayings to my students while I was the professor and head of department of dermatology of my college. In fact in my early days of practice I used to do lot of surgery and various procedures. I started punch grafting in vitiligo for the first time in India and published first paper on this topic in Indian Journal of Dermatology. There is no contradiction between clinical dermatology and these procedure and probably best outcome will come if one can implement clinical

dermatology knowledge into the cosmetology or dermatosurgery or vice versa. But most important aspect is that whatever procedure you do that should be properly learned and adequate training and skill should be acquired definitely before doing these in practice. But probably a time will come in future when clinical dermatology and aesthetic medicines will be separated because of vastness of these rapidly increasing topics. Still each and every doctor engaging in cosmetology practice only should have prior adequate knowledge of clinical dermatology.

Q5. *Coming to the end of this interview, Sir would you like to give any concluding remarks to our young leaders of tomorrow, what qualities would you like one to develop if they are to make their mark in this field of medicine*

Ans 5. *These would my suggestions to younger dermatologists rather than advise from what I have learned during my long journey in the field of dermatology:*

- i) try to make a balance between theory and practice and do excel in both equally.*
- ii) Accept your patients as your own family members and first gain the trust of them. Then even after twenty years that patient will return back to you. Once you gain confidence of the patients they will blindly follow you whatever you advise them*
- iii) Regularly update yourself academically and try to implement your knowledge into your practice rationally and methodically.*
- iv) Believe in the proverb 'slow but steady wins the race'.*
- v) PG students should write their thesis in their own hands, then rest of the life you have not to depend on anybody for publishing papers.*
- vi) Have enough time to counsel the patients so that they can appreciate your planning and mode of treatment.*
- vii) Along with you definitely carry out innovative and fruitful researches not in quantity but in quality!*
- viii) Be honest to yourself and be honest to your patients!*
- ix) Give your 100% efforts for your patients! Never see patients half-heartedly in spite of your busy schedules!*
- x) Try to develop wisdom on the subject rather than knowledge and information only!*

ACADEMIC ACHIEVEMENTS

Dr. Sandipan Dhar and his work in **Atopic Dermatitis** is once again in the news. His name features as a contributor of **Global AD Atlas (GADA) project**, a venture by some of the most esteemed Global Societies in Eczema & in Dermatology as a whole. Incidentally he gets recognition as one of the 18 top Global leaders on AD and **only the 2nd from entire Asia**.

IADVL WB and Team Skintellect heartily congratulates Dr. Sandipan Dhar Sir for such an esteemed achievement and wishes many more laurels in years to come.



DERMBUZZ : NEW ADVANCEMENTS IN TOPICAL THERAPEUTICS IN DERMATOLOGY

Dr Subhamoy Neogi

Tutor, Department of Dermatology IPGME&R and SSKM Hospital

Topical agents have remained the cornerstone of management of various dermatological disorders since decades and with new insights into the pathogenesis of various diseases and advent of nanotechnology-based drug delivery systems topical therapeutics has been revolutionized. Following are the most significant recent advancements.



1. **First Triple drug combination in acne-** Fixed dose combination of Adapalene 0.15%, Clindamycin 1.2% and Benzoyl Peroxide 3.1% (CABTREO) approved by US-FDA in October 2023 in patients ≥ 12 years is being considered as a gamechanger in acne management.
2. **Other FDA approved novel topical agents in acne-**
 - a. Fixed dose combination of Tretinoin 0.1% and Benzoyl Peroxide 3% (TWYNEO) cream approved in July 2021 in ≥ 9 years of age.
 - b. Clascoterone- Topical androgen receptor antagonist approved in August 2020 in ≥ 12 years having unique mechanism of action.
 - c. Trifarotene- Fourth generation retinoid with selective action on RAR-gamma approved in October 2019.
3. **Microencapsulated Benzoyl Peroxide 5% cream (EPSOLAY)** is the latest topical agent to be approved (April 2022) in the management of inflammatory lesions of rosacea.
4. **Topical minocycline 1.5% foam** was FDA approved in 2020 for use in adults with moderate-to-severe rosacea.
5. **Tapinarof 1% cream (VTAMA)-** an Aryl hydrocarbon receptor agonist, is a recently approved (May 2022) topical treatment for mild-to-moderate plaque psoriasis in adults. Its mechanism of action includes suppression of inflammatory cytokines particularly IL-17, modulation of skin barrier protein expression, and antioxidant activity.
6. **Roflumilast (ZORYVE)**, a PDE4 inhibitor is very recently been approved for use in a 0.3% cream formulation for mild-moderate plaque psoriasis including intertriginous areas (6+yrs age) and 0.3% foam formulation in seborrheic dermatitis (9+yrs age).
7. **Ruxolitinib 1.5% cream (OPZELURA)**, a JAK1/JAK2 inhibitor is the first treatment to be approved for patients aged ≥ 12 years of age with non-segmental vitiligo having $< 10\%$ BSA involvement in July 2022 after its approval in the management of AD (September 2021).
8. **Degloctinib** (pan JAK inhibitor) cream for moderate-severe chronic hand eczema- Although currently not approved but has been given fast track designation by US-FDA.
9. **Topical Metformin 30% in melasma-** Trials have shown it to be similar in efficacy but better in tolerability and safety profile in comparison to triple combination cream. By reducing cAMP levels, it reduces expression of microphthalmia associated transcription factor (MITF) and melanogenic proteins thereby inhibiting melanogenesis.
10. **Other novel topical therapies in melasma-** Recent trials have shown good efficacy with 5% Methimazole, 1% Flutamide and 10% Isoniazid.



11. **Berdazimer 10.3% gel**- Approved in January 2024 in children >1 years of age for molluscum contagiosum (MC), acts by releasing Nitric Oxide locally which has antiviral and antimicrobial properties. It has advantage of being self-administered and is applied once daily.
12. **Cantharidin 0.7% solution**- First topical agent approved for use in MC patients \geq 2 years of age (July 2023). Administered in healthcare setting once every 3 weeks, acts by releasing serine proteases which causes breakdown of desmosomal plaques and loss of intracellular tonofilaments leading to intraepidermal acantholysis.
13. **Tirbanibulin 1% ointment in actinic keratosis**- Approved in December 2020 for field treatment of AKs on face and scalp (25 square cm) has been extended for use in larger area of 100 square cm very recently (June 2024). It has anti-tumoral and anti-proliferative effect by binding to beta tubulin and also inhibits Src family kinases.
14. **Newer topical agents in pipeline for onychomycosis**- Novexatin, 10% Terbinafine solution, Amphotericin B in 30% DMSO cream.






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5	41 of 50 Years	4000
6	51 of 60 Years	5000
7	61 of 70 Years	7000
8	Above 70 Years	8000

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Plus, Optional professional indemnity annual legal fees, to be paid by those members who opt for professional indemnity.

RESIDENT'S CORNER: PSYCHOSOCIAL EFFECTS OF DERMATOLOGICAL DISEASES

Dr. Mukti Halder
1st Year PGT, CNMCH



Mental wellbeing is one of the pillars of our health and any disease condition can imbalance our physical and mental health, skin diseases being very common amongst them. Our skin speaks for ourselves and reflects our confidence and ability to handle our daily works and working productivity. There are many dermatological diseases that are known to cause significant psychosocial effects. Here are some of the most common ones:

1. **Acne Vulgaris:** Due to its visibility and post-healing sequelae, they lower self-esteem causing social anxiety and body dimorphism, particularly amongst adolescents.
2. **Psoriasis:** Due to its appearance and recurrence, leads to social stigma, depression, anxiety and decreased DLQI.
3. **Atopic Dermatitis:** itching, chronicity and visibility cause significant discomfort, sleep disturbances, and social embarrassment which restricts daily activities.
4. **Vitiligo:** Cause significant emotional and psychological distress, particularly in cultures where skin-tone is closely associated with beauty and social acceptance.
5. **Alopecia Areata:** Hair loss over scalp and beard can be devastating for self-esteem and body image.
6. **Rosacea:** Redness and photosensitivity of face cause embarrassment and social discomfort to present oneself.
7. **Chronic Urticaria:** Persistent itching cause stress and sleep disturbances hampering daily activities.
8. **Leprosy:** Untreated disease ends up with physical disabilities and deformities, severely affecting DLQI
9. **Melasma:** Cause cosmetic concerns, affecting self-esteem and social interactions.
10. **Scarring and Keloids:** When located over visible areas, affects body image and self-confidence.
11. **Fungal Infections:** Recurrence and chronicity of itching of dermatophytoses cause embarrassment and impacts social interaction.

Ichthyosis, chromhidrosis, hidradenitis suppurativa, dermatitis herpetiformis and some pigmentary disorders also affect our mental wellbeing.

Dermatological diseases can have profound psychosocial effects which impact daily life of an individual in these aspects:

1. **Emotional distress:** Chronicity and potential for flare-ups lead to stress, anxiety and depression which can sometimes exacerbate the condition itself.
2. **Social withdrawal:** Due to fear of negative judgment, embarrassment and stigmatization of certain diseases.
3. **Quality of Life:** Daily activities are restricted and sleep is hampered leading to disturbed overall well-being.
4. **Reduced self-esteem and negative body image:** Impacts personal and professional life.
5. **Economic Impact:** Financial burden and workplace challenges affect work performance and attendance.

It requires a holistic approach to correct mental health. Along with medical treatment, psychological and social interventions are also important to improve the overall well-being of patients.

Coping Mechanisms:

1. **Psychological Support:** Regular counselling, psychotherapy and participation in support groups can be beneficial. Cognitive-Behavioural Therapy (CBT), interpersonal therapy, humanistic therapy, acceptance and commitment therapy can also help to manage the psychological burden.
2. **Education and Awareness:** Educating patients and the public about the non-contagious nature of many skin conditions can reduce stigma and promote empathy.
3. **Psychotropic medications:** Helps in severe depression, sleep disturbances and anxiety

Skin diseases are not just a cosmetic issue. They also affect people's level of functioning on a psychological basis. An increased awareness about these disorders and a team approach to treatment lead to improved outcomes.

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

Members Present: Dr. Sandipan Dhar, Dr. Suchibrata Das, Dr. Indrashis Podder, Dr. Sudip Das, Dr. Kingshuk Chatterjee, Dr. Arun Achar, Dr. Sujata Sengupta, Dr. Anupam Das, Dr. Koushik Lahiri, Dr. Shreya Poddar, Dr. Manas Chatterjee, Dr. Animesh Biswas, Dr. Subhamoy Neogi, Dr. Abhishek De, Dr. Satyendra Nath Chowdhury, Dr. Pradip Laha.

Dr. Sandipan Dhar, President took the chair and called the meeting to order.

Agenda-1: Discussion regarding DERMACON INTERNATIONAL 2027 bidding related conflict of interest of office bearers.

Dr. Sudip Das, proposed Org. Secretary, DERMACON 2027 informed that there are issues related to conflict of interest for proposed office bearers of DERMACON 2027. After a long discussion it was decided that, the proposed office bearers of the bid for DERMACON 2027 will resign from their posts as IADVL WB executives with immediate effect and the final decision regarding this will be ratified by the General Body.

Agenda-2: Miscellaneous.

Dr. Suchibrata Das, honorary secretary, proposed that we need to finalize the names for the CC Meet at Delhi on 10th & 11th August, 2024. The members selected were Dr. Suchibrata Das, as Hony Secretary, Dr. Nilendu Sarma as officiating President, Dr. Sudip Das and Dr. Kingshuk Chatterjee from IADVL WB State Branch.

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



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Look for a qualified dermatologist with an MD/DNB/Diploma in Dermatology as a qualification before getting treated for your skin diseases



Proceedings of the Mid Term State Council meeting of IADVL W. B. State Branch held on 30th June 2024 at Hotel Sinclairs, Burdwan for the year 2024-25

12 Members were Present

Dr. Koushik Lahiri, Ex President took the chair and called the meeting to order.

Agenda-1: Brief report from individual council members.

Hony Secretary requested to all the council members from their district to place the brief report from their branches. They all placed a brief report to the members regarding their activities from their branches and members were appreciated it.

Agenda-2: Issues faced in the districts.

Nothing discussed.

Agenda-3: Suggestions to improve.

Hony Secretary requested to all the council members from their districts to increase the members for their individual branches and mobilize the local doctors towards IADVL membership.

Agenda-4: Any proposal for new district units.

Burdwan District council members informed that they were not involving the birbhum to organize CME. So, Hony Secretary proposed that they should discuss this matter with birbhum and they can also organize combined district CME with their zonal district. Bidhannagar District council member requested to merged Bidhannagar with Kolkata for future academic purpose. The Members accepted it.

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



DERMACON INTERNATIONAL 2027 55th National Conference of IADVL

We request you to bless KOLKATA as venue for
DERMACON International 2027



Proceedings of the Extra Ordinary General Body meeting of IADVL W. B. State Branch held on 30th June 2024 at Hotel Sinclairs, Burdwan for the year 2024-25

63 Members were Present

Dr. Koushik Lahiri, Ex President took the chair and called the meeting to order.

Agenda-1: To inspect the audited accounts of IADVL WB State Branch and Indian Journal of Dermatology for the year 2023-24 and CUTICON WB 2023.

The Audited Accounts were placed by the Honorary Treasurer, Dr. Indrashis Podder, in front of the house. They were inspected and unanimously accepted by the members

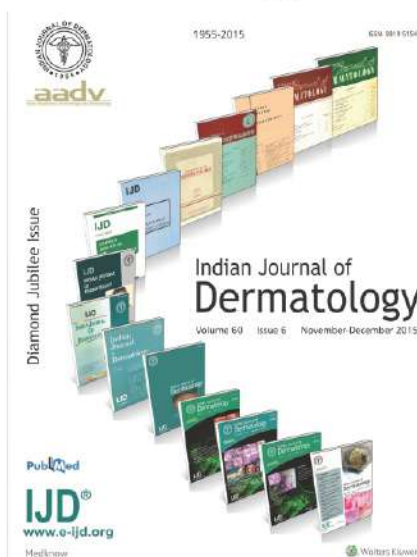
Agenda-2: Miscellaneous.

Nothing discussed.

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

Indian Journal of Dermatology

The first indexed Dermatology journal from India



Published since 1955, Indian Journal of Dermatology (IJD) (ISSN: Print- 0019-5154, Online - 1998-3611) is the oldest living journal of Dermatology in Asia which is being published uninterruptedly under the same name since its inception and continues to be one of the pioneer medical journals from India. It is, in fact, one of the oldest peer-reviewed journals dedicated to this particular discipline.

The journal publishes information relating to skin, its ailments and different modes of therapeutics. It also carries articles on Leprosy, STI and HIV/AIDS.

In 1962, it became the first indexed Dermatology Journal from India.

In 1965, it became the official organ of the then Dermatological Society of India and since 1973, it is being published on behalf of Indian Association of Dermatologists, Venerologists and Leprologists, West Bengal State branch. This is also the first Indian Dermatology journal to enter the Internet as well. The web version www.e-ijd.org was launched in November 2000. From 2011 six issues of the journal are being published in a year.

IJD is indexed with Abstracts on Hygiene and Communicable Diseases, CAB Abstracts, Caspur, DOAJ, EBSCO Publishing's Electronic Databases, Excerpta Medica / EMBASE, Expanded Academic ASAP, Genamics JournalSeek, Global Health, Google Scholar, Health & Wellness Research Center, Health Reference Center Academic, Hinari, Index Copernicus, IndMed, OpenJGate, ProQuest, PubMed, PubMed Central, Scimago Journal Ranking, SCOLAR, SCOPUS, SIIC databases, Tropical Diseases Bulletin, Ulrich's International Periodical Directory

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Vitiligo

Spotlight on strength: From self doubt to self love

Dr. Tamanna Dokania

2nd year PGT, DERMATOLOGY STM, KOLKATA

Vitiligo is a chronic skin condition that is characterized by the loss of skin color or pigmentation resulting in white patches on the skin. Usually, the condition is only cosmetic but can significantly impact a person's self-esteem and emotional well-being. It is an autoimmune disease in which the body's immune system attacks and destroys the melanocytes, the cells responsible for producing skin pigment. The condition is not life threatening or contagious. As a budding dermatologist, I've had the privilege of witnessing the multifaceted nature of vitiligo and its impact on people's life.



As a student in school, I had little knowledge about vitiligo. I still remember how I had so many questions in my mind when I first saw my classmate who developed vitiligo. She and I were close friends and I watched as small white patches began to appear on her face and body when we were in the sixth grade. These changes prompted her to visit a dermatologist monthly. I can recall how her condition improved initially and she was very happy about it. During one of our conversations, she expressed optimism that she would soon be completely free of the patches and reassured me that it was nothing serious. Academically, she excelled and was one of the brightest students in our class. We also shared a passion for dance and were often partners. However, as time passed, her condition worsened, with larger areas of her body being affected. Despite ongoing treatments, there was no significant improvement. She grew weary of constantly explaining her condition to others. Some classmates showed genuine concern, while others were merely curious. Unfortunately, gossip about her condition became commonplace, and she began to feel increasingly uncomfortable. This discomfort led to frequent absences; she would attend school only on exam days and often took extended sick leaves. After enduring nearly a year of this challenging period, something remarkable happened. She began attending school regularly again. Her demeanor changed, she no longer isolated herself or seemed bothered by the whispers and stares. Her renewed confidence was palpable. She became a happier and more positive person, and her resilience deeply inspired me. Her decision to focus on developing her personality was evident to all. She radiated confidence and happiness, qualities that made her even more attractive as a person. Despite the visible signs of her condition, she did not let vitiligo define her or limit her potential. Instead, she used her experience to build inner strength and character. Today, she stands as a testament to what one can achieve despite facing significant challenges. She has achieved great success in her life, both personally and professionally. Her journey with vitiligo, from initial shock and discomfort to acceptance and confidence, serves as an inspiring story for anyone dealing with a chronic condition. Her ability to transcend the cosmetic aspect of vitiligo and focus on her inner self, made her a role model for many, including me. Her story is a powerful reminder that true beauty and strength come from within and that our challenges do not define us but rather shape us into stronger individuals.

During my internship days, I encountered another poignant story about vitiligo. One of my co-interns consistently wore formal attire with long sleeves and pants, regardless of the season or temperature. I never thought much about it until one day he confided in me, revealing his secret: he had vitiligo. Despite successfully passing one of the toughest medical entrance exams, he harbored deep insecurities due to his condition. He was especially fearful that no one would marry him because of it. Coming from a small town, he faced the added pressure of societal prejudices, as people often believed vitiligo might be genetic and thus hesitated to marry their daughters to someone with the condition.

Interestingly, boys too face significant stigma in our society. This highlighted to me the urgent need for widespread counseling and education to enlighten and change such mindsets. Once I also accompanied him to visit a dermatologist. This experience motivated me to pursue dermatology. Today, he is a postgraduate trainee in orthopedics, excelling in his field. Additionally, he has found a supportive and understanding life partner. His journey is a testament to resilience and the importance of overcoming societal stigma.



SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Volume 2 Number 3
July 2024

The journey of living with vitiligo often begins with confusion and distress. One of the most challenging aspects for vitiligo patients is the social stigma and misunderstanding surrounding the conditions. As dermatologist, I've learned invaluable lessons from my patients. Firstly, the importance of empathy cannot be overstated. Understanding the emotional and psychological impact of vitiligo is crucial in providing holistic care. Secondly, education and awareness are key. Dispelling myths and providing accurate information about vitiligo can help reduce stigma and support patients more effectively. I am continually inspired by my patient's strength and am committed to supporting them through their journey. By sharing their stories, we can foster a greater understanding of vitiligo and help create a more inclusive and compassionate society.



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Vitiligo Day Observation at Different Medical Colleges in West Bengal



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WORLD VITILIGO DAY WEBINAR

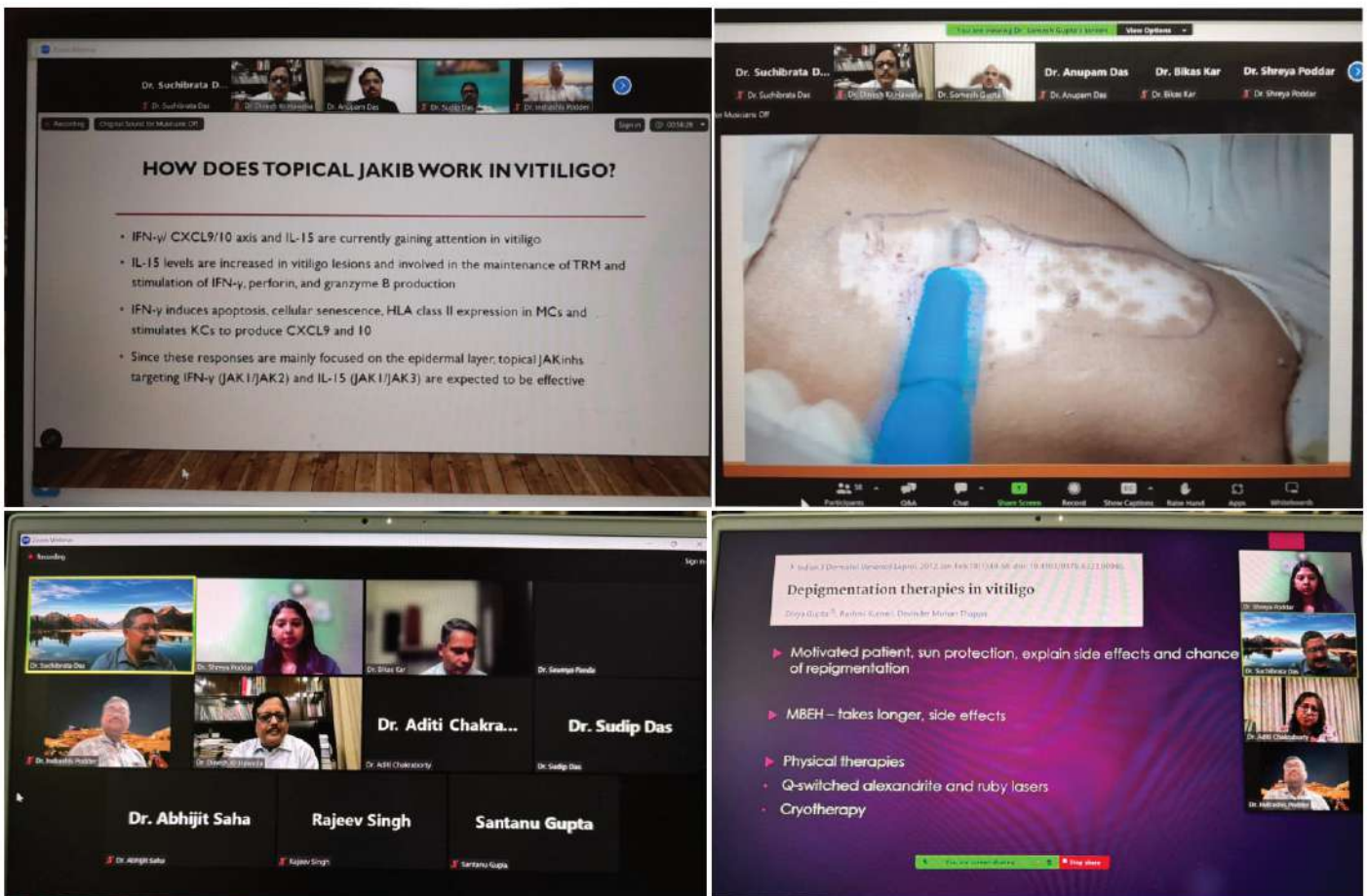
The world vitiligo day webinar was held on 25th June, 2024 with the theme "United by the skin" or "Unidos Por La Piel". The webinar started with the welcome address of Dr. Sandipan Dhar in which he welcomed all the delegates who had valued the precious day and took out time to attend the webinar. The welcome address was followed by Dr. Dinesh Kr Hawelia's speech on the importance of World vitiligo day. He explained that dermatologists and other healthcare professionals have to work worldwide, with the common aim to increase the effort for vitiligo care and education. Raising awareness of the social stigma and mental challenges faced by people suffering from vitiligo should be specifically addressed.

This was followed by learning pearls on vitiligo surgery by Dr. Somesh Gupta. Recent updates in vitiligo management were discussed by Dr. Anupam Das where use of JAK inhibitors and biologics were discussed. Newer options such as mi-RNA based therapeutics and adoptive Treg cell therapy could also have a possible role in the management of the disease.

Dr. Abhijit Saha explained the difference between pediatric vitiligo and its adult counterpart both in management and prognosis. Dr. Sudip Das explanation on the use of traditional Betamethasone oral mini-pulse to use of immune-suppressants such as Methotrexate, Cyclosporine, Tofacitinib in unstable vitiligo was also insightful.

This was followed by a panel discussion on management of difficult vitiligo. Dr. Aditi Chakraborty, Dr. Bikash Ranjan Kar, Dr. Indrashis Podder, Dr. Saumya Panda and Dr. Suchibrata Das were the esteemed panellists for the event with Dr. Shreya Poddar being the moderator.

The webinar ended with a vote of thanks from Dr. Suchibrata Das hoping to meet again next year on the same day.



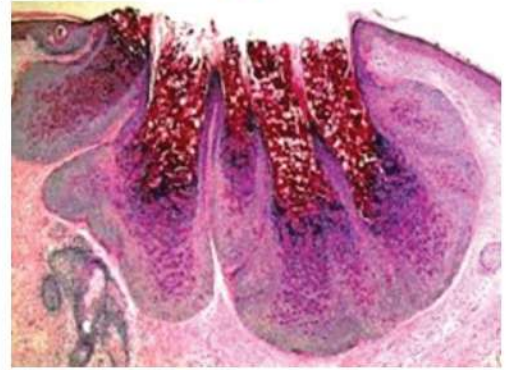
Quiz Zone

1



Identify the syndrome

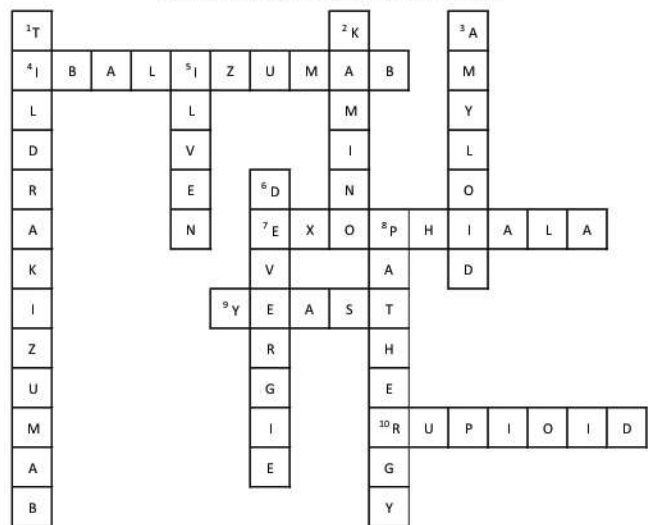
2



A 37 year old HIV positive man presented with multiple skin coloured to erythematous nodules over his face and neck. Biopsy revealed the following:

Identify the condition and its typical histopathological appearance. Can you name the recently approved drug for this condition?

Volume 2, Issue 2 Answer:



Volume 2, Issue 2 Answer:

The correct response given by
Dr. Ahana Sengupta, Dr. Shatanik Bhattacharya
Thank You for your answer and happy reading

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.



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MID CUTICON WB 2024





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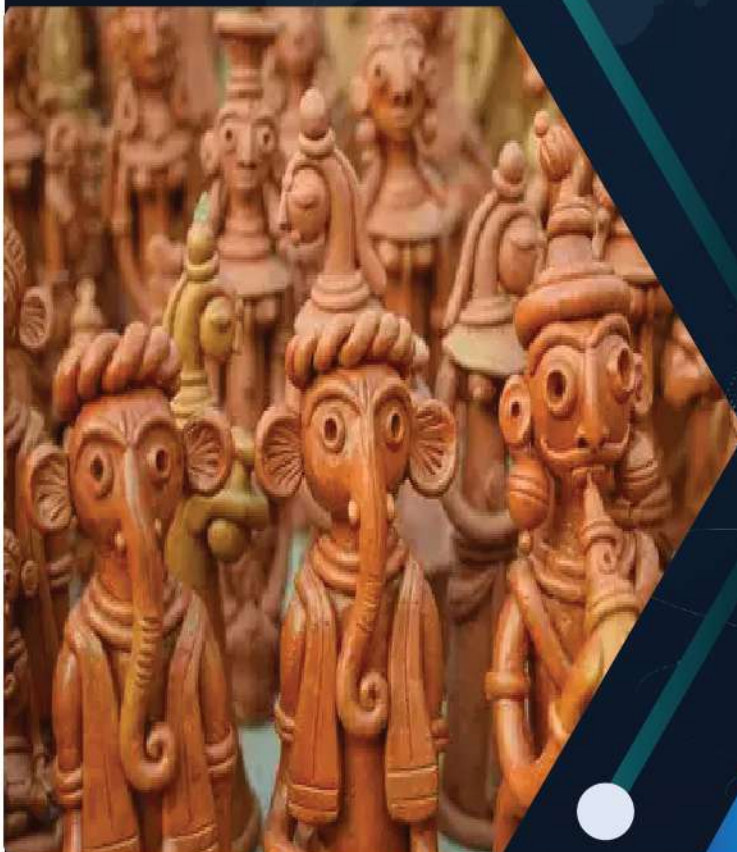


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*30th November
&
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