



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. Manas Chatterjee
- 👉 DermBuzz - Updates in biologics
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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 7, November 2024



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Secretary's Scribes

On behalf of IADVL West Bengal, please accept greetings for Durga Puja. May Ma Durga fill your life with happiness, prosperity, and success. Also, as the festival of light brightens our world, may It illuminate your path to joy, peace, and personal growth.

The 5th episode of Season 1 of DERMAADDHYAYAN, held on October 16th, was a resounding success! The discussion centered around the challenging topic of Cutaneous Adverse Drug Reactions, providing immense knowledge and insights. A heartfelt thank you to Dr. Lalit Kumar, Dr. Sudip Das, Dr. Anupam Das, Dr. Abhay Mani Martin, Dr. Sujata Sengupta, and Dr. Rajesh Kumar for their expert contributions to this critical discussion. Their masterful deliberations were invaluable!



We have observed World Psoriasis Day with a full day of activities. In the morning, we have organized multiple psoriasis camps, patient awareness programs at various medical colleges and facilities. In the evening, we hosted a webinar focused on difficult psoriasis, featuring detailed, most advance and insightful discussions. A heartfelt thanks to Dr Sudip Das, Dr Shreya Podder, Dr Sanjay Ghosh, Kingshuk Chatterjee, Dr Anupam Das and Dr Indrasish Podder for their masterful deliberations. The program received a positive response from the audience.

This is the month of election on central level for EC and Dermacon 2027. We request all life members to actively participate in the election voting process. Your vote plays a crucial role in shaping the future of our association.

Happy Reading,

*Dr. Suchibrata Das
Honorary Secretary
IADVL WB*



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Editors Desk

Dear Readers,

As we welcome another issue of Skintellect, I'm thrilled to highlight some of the incredible contributions and insights from our dermatology fraternity. This month, we shine a spotlight on Dr. Manas Chatterjee Sir, whose dedication and expertise in our field continue to inspire us all. Be sure to check out his interview in our Dermatologist Spotlight column.

In our DermBuzz column, eminent dermatologist Dr. Abhishek De Sir shares the latest updates on biologics. With ongoing advancements in treatment options, his insights are invaluable for anyone seeking to stay abreast of the evolving landscape of dermatological care.

We're also excited to present our Resident Corner, where we delve into the impact of social media in dermatology.

On October 29th, we observed World Psoriasis Day across various medical colleges, reinforcing our commitment to raising awareness and understanding of this condition. The accompanying webinar was a wonderful opportunity for knowledge sharing and community engagement.

Additionally, our Chalo Pathshaala program was conducted with support from our association members. It continues to foster education and outreach in dermatology, making a positive impact in our communities.

Don't miss our exciting quiz designed to test your knowledge and keep you engaged. We encourage all readers to participate and challenge themselves!

Thank you for your continued support and contributions to our newsletter. Together, let's keep pushing the boundaries of dermatological care and knowledge.

Warm regards,



Dr. Shreya Poddar

Editor, Skintellect,

The IADVL WB Monthly Newsletter

Hony. Joint Secretary, IADVL WB

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DERMATOLOGIST SPOTLIGHT: MAJOR GENERAL DR MANAS CHATTERJEE, VSM

1. ***It is our utmost privilege to have you with us in this volume of the Skintellect, Sir. We would love to hear about your journey in the field of dermatology, specially as an integral part of the Armed Forces for so many years.***

Ans: *I did my MBBS from AFMC, Pune in 1990 and thereafter, following internship at Command Hospital Kolkata in 1991, was posted to Field areas (periphery of the country near the borders) till 1995 (minimum 4 years service post internship was needed those days to be eligible for PG entrance examination). After that, I joined MD Dermatology at AFMC which I completed in 1998. After that, I was posted to Barrackpore, Jabalpur, Jodhpur (here I was awarded Chief of Army Staff Commendation) after which I got a chance to be posted as Associate Professor at AFMC, Pune. This was followed by a long stint at Command Hospital Kolkata as Head of Dermatology, after which I went as Professor and Head to INHS Asvini, the Naval Command Hospital at Colaba, Mumbai where I enjoyed teaching some of the best Dermatology minds in the country who went on to win almost every Dermatology quiz and competition in the country (ACSI, Tyza, Dermoscopy, national finalist in IADVL GSK). After that, I came back to Command Hospital Kolkata for a short while and on promotion to Brigadier, did my first executive appointment heading medical branch of a fighting Field Formation at Ladakh, where I also did a lot of interesting Dermatology work. I was awarded the Vishisht Seva Medal by the President of India for my work in that tenure. After that, I came to Delhi to the apex headquarter of the Armed Forces Medical Services (Office of the Director General Armed Forces Medical Services) as one of the Deputy Director Generals and last month, was promoted as Additional Director General on assuming the rank of Major General. Having served close to 34 years in Uniform, I feel satisfied that in addition to doing Dermatology, I have been able to serve this great nation of ours.*



2. ***Sir, your excellence in dermatology is vast, ranging from clinical dermatology to dermatosurgery as well as aesthetics. What according to you is your biggest accomplishment in this field, and how do you manage to keep up with the everchanging trends and updates in dermatology?***

Ans: *I think doing newer procedures not done by dermatologic surgeons in this part of the world and challenging myself to doing these procedures after watching videos and learning the anatomy of the respective areas is probably the thing which I feel are the major sources of satisfaction for me. I would not call them achievements as that is something which may have different benchmarks for different people but they have given me happiness. The other source of happiness for me is to teach these procedures in lectures and workshops around the country and some other parts of the world.*

Keeping up with ever changing trends and updates is something which in my case has been helped by the occasions I have been teaching either post-graduate students or to dermatologists during workshops, Fellowship courses and lectures. Every time I take up a topic, I try to read up everything on that subject till then published anywhere. That keeps me updated.

3. ***Sir, you are currently the editor of the esteemed Indian Journal of Dermatology. What was your motivation to dive into the field of research and publication? What advice will you give to the budding dermatologists regarding the same?***

Ans: *During my first posting in Barrackpore, very near Kolkata, I was fortunate to have Major General Dr Ashok Jaiswal as my Senior Adviser. He started me on the path of writing and publication, which continued thereafter. Continued research was assisted by various postings seeing diverse patient populations with different kinds of dermatological conditions which needed to be explored. In all these places, trying to do more for my patients in*



limited resources and mostly as a single specialist seeing a large number of patients in places such as Jabalpur in MP, Jodhpur in Rajasthan, etc, was a motivating factor to carry out some kind of research which may be able to help patients. Eyelash transplantation, working on various earlobe repair techniques were some such efforts. Dermoscopy to reduce the burden of skin biopsy or other more expensive and not easily available investigative modalities was another attempt in this direction.

For budding dermatologists, my suggestion is to see which aspect/s of the speciality excites and interests you and try to improve the lot of patients in that area. Research and publications will follow as you think of newer ways to do things or newer methods to medically or surgically treat conditions. Basic research will then be more translatable.

4. **Recently there has been an increased interest in the field of dermatosurgery and aesthetics over clinical dermatology, specially among our young colleagues. What is your view on this, Sir?**

Ans: Without a background of clinical dermatology, one will not be able to be a sound surgical or aesthetic dermatologist. See the best aesthetic dermatologists and you will realise that they are excellent clinicians. Without sound clinical ability, aesthetic practice or dermatosurgical practice will not be sustainable, nor will it be satisfying.

5. **Thank you for being with us Sir. Lastly, we have heard that you travel a lot, Sir. How do you manage to establish a work-life balance, specially with responsibilities such as yours? Apart from dermatology, are there any hobbies that hold your interest?**

Ans: I have a very supportive family which really helps. I spend a lot of time working but when I am not working, I try to switch off and give time to my family, which I accept, is not as much as I would like. Other than dermatology, my life revolves around my cycling. I cycle about 30-40 km around 3-4 times a week which really helps to destress.

Thank you for asking me to discuss some of these issues which are close to my heart.

Long live IADVL West Bengal.

Jai Hind.

DERMBUZZ : RECENT ADVANCES IN BIOLOGIC THERAPIES IN DERMATOLOGY

Dr. Abhishek De

MD, SCE-Dermatology, FAGE, IFAAD, FRCP-Edin, PhD (Schl)

Associate Professor, CNMC

Introduction

Biologic therapies have revolutionized the management of various dermatological conditions, particularly those characterized by immunological dysregulation. Their development has been driven by a deeper understanding of the underlying pathophysiology of skin diseases, enabling targeted interventions that offer improved efficacy and safety profiles compared to traditional systemic therapies. This article explores the latest advancements in biologic therapies for atopic dermatitis, urticaria, pemphigus, and psoriasis.



The Role of Dupilumab and Abrocitinib in Atopic Dermatitis

Atopic dermatitis (AD) is a chronic inflammatory skin disease characterized by intense itching, erythema, and dry skin, primarily driven by dysregulated immune responses, particularly a Th2-dominant cytokine milieu. Traditional therapies have often fallen short in managing moderate-to-severe cases, leading to the emergence of biologic agents like dupilumab and abrocitinib, which offer targeted treatment options that have shown significant efficacy in clinical trials.

1. Dupilumab

Mechanism of Action

Dupilumab is a fully human monoclonal antibody that selectively inhibits interleukin-4 (IL-4) and interleukin-13 (IL-13) signaling by blocking the IL-4 receptor alpha subunit. This dual inhibition is crucial because IL-4 and IL-13 are key cytokines implicated in the pathogenesis of AD, contributing to the inflammatory response and the impairment of the skin barrier.

Efficacy

In clinical trials, dupilumab has demonstrated substantial improvements in the severity of atopic dermatitis as measured by the Eczema Area and Severity Index (EASI) and the Investigator's Global Assessment (IGA). In pivotal studies, a significant percentage of patients achieved EASI-75 (a 75% reduction in EASI score) and IGA scores of clear (0) or almost clear (1) after 16 weeks of treatment. Moreover, dupilumab has been shown to improve quality of life metrics significantly, reducing pruritus and the need for topical corticosteroids.

Safety Profile

Dupilumab has a generally favorable safety profile, with most adverse events being mild to moderate in nature. Commonly reported side effects include injection site reactions, conjunctivitis, and upper respiratory infections. Importantly, dupilumab is not associated with systemic immunosuppression, which reduces the risk of serious infections compared to traditional systemic therapies.

2. Abrocitinib

Mechanism of Action

Abrocitinib is an oral Janus kinase (JAK) inhibitor that primarily targets JAK1, a critical enzyme involved in the signaling pathways of multiple pro-inflammatory cytokines, including those involved in the immune response

associated with atopic dermatitis. By inhibiting JAK1, abrocitinib disrupts the signaling of IL-4, IL-13, and IL-31, thereby reducing inflammation and the symptoms associated with AD (Advances in Biologics f

Efficacy

Clinical trials have highlighted the rapid onset of action and effectiveness of abrocitinib in patients with moderate-to-severe atopic dermatitis. The pivotal studies have reported high response rates, with a significant number of patients achieving EASI-75 and IGA scores of clear or almost clear after only four weeks of treatment. Notably, abrocitinib has been shown to significantly improve pruritus, which is often one of the most distressing symptoms for patients.

Safety Profile

Abrocitinib's safety profile is similar to that of other JAK inhibitors, with potential risks including elevated liver enzymes, thrombosis, and infections. However, in clinical studies, most adverse events were mild to moderate, and serious adverse events were infrequent. Regular monitoring is recommended to manage these potential risks.

Both dupilumab and abrocitinib represent significant advancements in the treatment of atopic dermatitis, addressing unmet needs in patients with moderate to severe disease. Their targeted mechanisms of action provide effective symptom control, improve quality of life, and reduce reliance on traditional therapies, which often carry substantial side effects. As the understanding of atopic dermatitis evolves, ongoing research into these biologics and the potential for combination therapies will likely enhance treatment outcomes and patient satisfaction.

Review on the Role of Omalizumab and Remibrutinib in Urticaria

Urticaria, commonly known as hives, is a chronic inflammatory skin condition characterized by itchy, raised wheals and angioedema. Its management has historically been challenging, particularly in cases that do not respond to conventional treatments. Recent advances in biologic therapies, specifically omalizumab and remibrutinib, have significantly improved treatment outcomes for patients with chronic urticaria, particularly chronic spontaneous urticaria (CSU).

1. Omalizumab

Mechanism of Action

Omalizumab is a recombinant humanized monoclonal antibody that specifically targets immunoglobulin E (IgE). By binding to free IgE and preventing its interaction with high-affinity IgE receptors on mast cells and basophils, omalizumab inhibits the downstream signaling that leads to the release of inflammatory mediators, thereby reducing the severity and frequency of urticarial flares.

Efficacy

Omalizumab has emerged as a first-line biologic treatment for patients with chronic urticaria who are unresponsive to antihistamines. Clinical studies have demonstrated that a substantial proportion of patients experience significant improvement in urticaria activity scores (UAS) and quality of life metrics. In a systematic review, omalizumab showed an overall response rate of approximately 87.5% in patients with refractory urticaria, indicating its effectiveness as an add-on therapy. Furthermore, studies have reported rapid relief of pruritus and significant reduction in wheal size, with many patients achieving a complete response (UAS of 0).

Safety Profile

Omalizumab is generally well-tolerated, with a low incidence of serious adverse effects. Commonly reported side effects include injection site reactions and mild upper respiratory infections. Importantly, the risk of systemic immunosuppression is minimal, making it a safer alternative for long-term management of chronic urticaria.

2. Remibrutinib

Mechanism of Action

Remibrutinib is an oral, reversible Bruton tyrosine kinase (BTK) inhibitor. BTK plays a pivotal role in the signaling pathways of B cells and mast cells, both of which are implicated in the pathogenesis of urticaria. By inhibiting BTK, remibrutinib reduces the activation and degranulation of mast cells, subsequently decreasing the release of pro-inflammatory mediators responsible for the urticarial response.

Efficacy

Initial clinical trials have shown promising results for remibrutinib in the treatment of chronic spontaneous urticaria. Patients treated with remibrutinib reported rapid and sustained improvements in symptoms, with reductions in UAS and associated pruritus. The drug has demonstrated a favorable response rate, comparable to that of omalizumab, and is being evaluated as a potential first-line biologic therapy for CSU.

Safety Profile

The safety profile of remibrutinib appears to be favorable, with most adverse effects reported as mild to moderate. Common side effects include headaches, fatigue, and gastrointestinal disturbances. As with other BTK inhibitors, there may be a risk of infections; thus, careful monitoring is warranted during treatment.

Omalizumab and remibrutinib represent significant advancements in the therapeutic landscape for chronic urticaria. Omalizumab remains a cornerstone treatment for patients with CSU, while remibrutinib is emerging as a promising alternative that may offer additional benefits due to its unique mechanism of action. As research continues, these biologics may provide critical options for managing chronic urticaria more effectively, improving the quality of life for patients affected by this challenging condition.

Review of the Role of Rituximab in Pemphigus

Rituximab, a chimeric monoclonal antibody targeting CD20 on B cells, has emerged as a pivotal therapy in the management of pemphigus vulgaris (PV), an autoimmune blistering disorder characterized by the presence of autoantibodies against desmogleins, which are critical components of desmosomes in the epidermis. Traditionally, treatment for PV has relied heavily on systemic corticosteroids and other immunosuppressive agents, which can lead to significant side effects. The introduction of rituximab has shifted the therapeutic paradigm towards targeted B cell depletion, offering a more effective and potentially safer approach for patients suffering from this debilitating condition.

Mechanism of Action

Rituximab exerts its therapeutic effects by selectively depleting CD20-positive B cells. This depletion not only reduces the production of pathogenic autoantibodies against desmogleins but also modulates the immune response in a way that promotes long-term remission of the disease. By focusing on B cell depletion rather than global immunosuppression, rituximab minimizes the adverse effects commonly associated with prolonged steroid use.

Efficacy

Numerous studies have demonstrated the effectiveness of rituximab in inducing rapid and sustained remission in patients with PV. In the landmark RITUX 3 trial, patients receiving rituximab in conjunction with low-dose corticosteroids achieved complete remission rates of 89% compared to only 34% in those treated with corticosteroids alone. Moreover, subsequent studies have shown that patients often experience significant improvement in clinical symptoms within weeks of initiating therapy, with many achieving complete resolution of skin lesions within three to four months.



Safety Profile

Rituximab is generally well-tolerated, but it is not without risks. Infusion-related reactions, including hypotension, fever, and chills, can occur, particularly during the initial infusion. The risk of serious infections, such as sepsis, has been documented, with about 30% of patients experiencing infectious complications during treatment. However, the overall incidence of severe adverse effects remains low, making rituximab a favorable option compared to conventional therapies

Cost Considerations

While rituximab offers significant therapeutic advantages, its high cost and the need for intravenous administration can pose challenges for widespread use. The expense of treatment can be a barrier for many patients, particularly given the multiple infusion sessions required. Nevertheless, some studies suggest that when considering the long-term benefits and reduced need for corticosteroids, rituximab may prove to be a cost-effective strategy for managing refractory PV.

Limitations and Future Directions

Despite its efficacy, the potential for relapse remains a significant concern, as approximately 50% of patients experience disease recurrence after rituximab treatment. The mechanisms underlying resistance and relapse are still being investigated, with factors such as the persistence of autoreactive B cell clones and the development of anti-drug antibodies being potential contributors.

Looking ahead, ongoing research is focused on exploring the efficacy of next-generation anti-CD20 monoclonal antibodies, such as veltuzumab and obinutuzumab, which may offer improved pharmacokinetics and safety profiles. Additionally, the integration of rituximab with other treatment modalities, such as intravenous immunoglobulin (IVIG), is being explored to enhance clinical outcomes and minimize the risk of infections associated with B cell depletion.

Rituximab has fundamentally changed the landscape of pemphigus vulgaris treatment by providing a targeted approach to B cell depletion that reduces the reliance on systemic corticosteroids and their associated side effects. Its ability to induce rapid and sustained remission has made it a first-line treatment for patients with refractory disease. While challenges remain, including cost and potential relapses, ongoing research and the development of newer biologics hold promise for enhancing the management of this challenging condition.

Review of the Role of Biologics in Psoriasis: Focus on IL-17 and IL-23 Blockers

Psoriasis is a chronic, immune-mediated inflammatory skin disease characterized by hyperproliferation of keratinocytes and an inflammatory infiltrate, primarily consisting of T cells. The complexity of its pathogenesis has led to the development of biologic therapies, particularly those targeting specific cytokines involved in the inflammatory cascade. Among these, IL-17 and IL-23 blockers have emerged as pivotal treatments for moderate-to-severe psoriasis, significantly improving patient outcomes.

1. IL-17 Blockers

Mechanism of Action

IL-17A is a pro-inflammatory cytokine primarily produced by Th17 cells, which plays a crucial role in the pathogenesis of psoriasis by promoting keratinocyte proliferation and the recruitment of neutrophils. Blockers of IL-17, such as secukinumab, ixekizumab, and brodalumab, have been developed to inhibit the action of this cytokine, thereby reducing inflammation and plaque formation.

Efficacy

Clinical trials have established the efficacy of IL-17 inhibitors in achieving significant skin clearance. For instance, secukinumab demonstrated PASI75 (75% improvement in the Psoriasis Area and Severity Index) response rates of approximately 81% at 12 weeks compared to placebo. Similarly, ixekizumab has shown PASI90 response rates exceeding 70% in clinical trials, indicating its robust therapeutic potential. Brodalumab, which binds to the IL-17 receptor, has also reported substantial improvements in PASI scores, achieving PASI100 (complete clearance) in a significant subset of patients.

Safety Profile

The safety profile of IL-17 blockers is generally favorable, with most adverse events being mild to moderate. Commonly reported side effects include upper respiratory infections, injection site reactions, and headaches. Serious adverse effects, such as an increased risk of candidiasis, have been noted, warranting careful monitoring.

2. IL-23 Blockers

Mechanism of Action

IL-23, a cytokine involved in the maintenance of Th17 cells, has emerged as a critical target in the management of psoriasis. IL-23 blockers, such as ustekinumab, guselkumab, tildrakizumab, and risankizumab, selectively inhibit the p19 subunit of IL-23, disrupting its signaling pathway and leading to a reduction in Th17 cell activity.

Efficacy

Studies have shown that IL-23 inhibitors are highly effective in treating moderate-to-severe psoriasis. Guselkumab, for example, has achieved PASI75 rates of over 90% at week 16 in clinical trials, significantly outperforming placebo. Risankizumab has also demonstrated superior efficacy compared to ustekinumab, with PASI90 response rates of around 75% at week 16. The long duration of action for these biologics allows for extended dosing intervals, enhancing patient compliance and convenience.

Safety Profile

IL-23 blockers generally exhibit a favorable safety profile, with lower incidences of infections compared to IL-17 inhibitors. The most common adverse effects include injection site reactions, headache, and fatigue. Serious infections are less frequently reported, making these agents suitable for long-term management of psoriasis.

The advent of biologics targeting IL-17 and IL-23 has significantly transformed the treatment landscape for psoriasis, providing effective options for patients who do not respond adequately to conventional therapies. Both classes of drugs offer rapid and sustained improvement in psoriasis severity, with favorable safety profiles. As research continues to elucidate the complexities of psoriasis pathogenesis, further developments in biologic therapies are anticipated, paving the way for even more effective and personalized treatment strategies.

Conclusion

The ongoing development and approval of biologic therapies represent a significant advancement in the management of dermatological conditions. By targeting specific immune pathways, these treatments provide effective options for patients suffering from chronic skin diseases. As research continues, the potential for new biologics to emerge offers hope for improved management strategies and outcomes for patients across the spectrum of dermatological disorders.

RESIDENT'S CORNER: SOCIAL MEDIA IN DERMATOLOGY : BANE OR BOON ?

Dr. Dipmalya Mondal,
Post graduate trainee, STM

Social media has become an integral part of the modern society. It provides a readily accessible means to promote user generated content, broaden interpersonal connections and encourage social collaboration. It has also found a place in medicine and presents new challenges and opportunities for health care professionals. Specifically in dermatology, it can be an useful tool for patient education, public outreach and networking.

Various popular apps such as Facebook, Youtube, Instagram, Twitter, Snapchat and others have dominated the social media for years. Highly prolific and popular users with huge social media followings known as "influencers" have a huge impact on information transmitted through these platforms. Especially in dermatology it provides an unique opportunity for doctors to connect and educate the public as well as promoting their brand and their practice.

Among various platforms, Facebook remains the most popular one. Various academic journals most notably Journal of American academy of Dermatology (JAAD) have a high engagement rate among users. It can be used as an educational platform for both public and healthcare providers. Groups like Dermpath, Skinsanity help providers to provide highest quality patient care by means of discussions and educational talks. It also acts as a simple interactive and inexpensive visually oriented tool to enhance patient education as well as care. Disease focussed facebook groups can also serve as a supportive community for individuals with similar skin conditions. Youtube is a video-sharing platform next best in popularity. Due to its growing presence it serves as a major source of dermatological information and a method of interaction. It has been instrumental for evaluation of emerging trends in public health issues. Twitter and Instagram has also been popularized as a way of promoting dermatology clinics and practices, share research and personal experiences, disseminating and acquiring health information and connect with patients and other physicians.

As there are minimal regulations regarding health related posts on social media, influencers can recommend treatment that are not evidence based, lack efficacy and may cause harm. Most authors who recommend dermatological advice lack credentials and information shared are often incomplete, unverified and based on personal anecdotes. Spread of misinformation and false claims may compromise patient health. Promotional or sponsored content may create conflict of interest and potentially mislead the patients. Although with regulations in place, social media also poses a challenge based on patient privacy where information shared can potentially identify the patient.

Social media is an effective method to disseminate information to a large group of people. It provides an unique opportunity to dermatologists to recommend effective, evidence based information to the public and counter misinformation. Barring the ethical concerns and potential biases, this ever-growing platform can be impactful for dermatologists for networking and promoting their practice as well as to promote public health and patient education.





Proceedings of the 5th meeting of the Executive Committee of IADVL W. B. State Branch held on 4th October 2024 at the Association office, for the year 2024-25

Members Present: Dr. Koushik Lahiri, Dr. Sudip Das, Dr. Satyendra Nath Chowdhury, Dr. Suchibrata Das, Dr. Kingshuk Chatterjee, Dr. Aniruddha Ghosh, Dr. Surajit Gorai, Dr. Subhamoy Neogi, Dr. Alok Kumar Roy, Dr. Manabbrata Majumder, Dr. Sujata Sengupta.

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

Agenda-1: Confirmation of the proceedings of the last executive committee meeting held on 05/9/2024.

The proceedings of the last executive committee meeting held on 05/9/2024 were read and confirmed unanimously.

Agenda-2: Report on -

● **Outstanding Dues of conferences/CMEs**

Dr. Suchibrata Das, Hony. Secretary informed that till date the association owes some due amounts approx. Rs. 14 lacs from few pharmaceutical companies for conferences & CMEs. After discussion the members decided that we need to collect the dues from those companies at the earliest and send the due list to org. Secretaries of conferences to collect it.

● **Statements of Nodal Executives**

Nothing discussed.

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

Nothing discussed.

● **To place statement of account for the month of August.**

To be discussed in later.

● **Status of DVL Trust and E-voter**

Nothing discussed.

● **Derma Adhyayan Webinar**

Dr. Sudip Das, Chairperson, Academy informed that till now we don't received the link from M/s Palsons Derma for the Derma Adhyayan, the flagship monthly CME of IADVLWB on 15th October, 2024. He requested to collect the link at the earliest and send it to faculties.

● **Community Derma Project Health Camp.**

Dr. Suchibrata Das, Hony. Secretary informed that IADVL West Bengal conducted Presidential project "Chalo Pathshala" 3rd in the series -- an awareness program for school students at Kendriya Vidyalaya, Ordnance Factory, Dum Dum on 03/10/2024. Representative Doctors were Prof Dr. Sudip Das, Prof Dr. Sujata Sengupta, Dr. Kingshuk Chatterjee, Dr. Satarupa Kumar, Dr. Mayukh Hazra, Dr. MD Azhar Khan and Dr Shatanik Bhattacharya, who conducted an informative and an interactive session to the students of 6th, to 12th standard. A total of 320 students were gathered. Information about IADVL was shared to the audience. Overview of skin, its function, and structure were explained to the students. Common skin conditions like Acne Vulgaris, Scabies and pediculosis, Fungal infections, viral infections, Vitiligo Vulgaris, Hair loss disorders were highlighted with myths and facts about these conditions. During the programme, awareness regarding the care for healthy skin, hair and nail was also created. Bad effects of social media on skin conditions were explained to the students that included usage of over the counter (OTC) drugs, steroid misuse and self-treatment. The program was well appreciated by the enthusiastic group of students and the school authority. We would like to express our gratitude to IADVL for this wonderful opportunity. A big thank you to our enthusiastic members for making this program such a success!



● **Biswa Derma (An International Webinar)**

The Biswaderma webinar, a prestigious global dermatology event, was successfully organized by our state branch. It was the brainchild of Dr. Sandipan Dhar Sir and the scientific program was expertly curated by Dr. Saumya Panda Sir while Dr. Kingshuk Chatterjee Sir served as the Organizing Secretary. All of them and the senior EC members ensured the event's smooth execution and excellence. The event witnessed an impressive total of 487 registrations, indicating widespread interest from dermatologists, researchers, and other medical professionals worldwide.

The webinar featured a lineup of 25 distinguished international speakers, delivering a total of 26 lectures. Each lecture brought forward groundbreaking discussions on dermatology, adding to the growing body of global knowledge in the field. Following the lectures, an engaging panel discussion was held with esteemed national and international faculties, fostering an enriching exchange of ideas on contemporary dermatology issues.

An exciting quiz was organized for all delegates, adding an element of engagement and learning. The winners of the quiz were: First - Dr. Megha K S Tumkur, Second Prize winner Dr. Joheb Mondal Kolkata and third Prize winner was Dr. Shivani of Patna. We have yet to receive the sponsorship amounts.

Agenda-3: Discussion regarding

● **CUTICON WB 2024 (Budget, Date, Orator)**

Dr. Surajit Gorai, Org. Secretary informed to the members that the Annual State Conference of IADVL WB (CUTICON WB 2024) has been rescheduled on 10th January 2025 for Pre-Conference Workshop and 11th & 12th January 2025 for Conference days. The members accepted it. He also placed the modified brochure, tariff & budget. He proposed that the venue of dinner at Command Hospital. He also informed that the M/s Masaya Pharmaceuticals agreed to organize a faculty dinner. He informed that 10 guest faculty will be invited for the conference and we talk to the pharma companies for booking of faculties accommodation to take corporate discount.

● **Website and Digital Platform**

Nothing discussed.

● **Indian Journal of Dermatology**

Nothing discussed.

● **IJDPDD**

Nothing discussed.

● **SIGs of 2024**

Dr. Suchibrata Das, Hony. Secretary informed that PGPDT and SIG Female Genital Disease programme are in same day, after long discussion the members was decided that we will organize both programme on 24th November, 2024.

● **DERMACON International 2027**

Dr. Sudip Das requested to all the members of bidding committee to expedite the promotion of bidding process and reach each and everyone by a phone call.

● **Selection of applicant for CODFI Award 2023.**

EC member has been decided that Dr. Sudip Das to take charge for scrutinizes the CODFI Award and he agreed and take the list of article, after review he will placed to the Academic Committee for approval.



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● **Election Officer for 2026-27.**

Nothing discussed.

● **RG Kar issue.**

Nothing discussed.

● **New Building.**

Due to fund crisis, we have paid Rs. 175000.00 for New Building to the Promoter on his request.

Agenda-4: Miscellaneous.

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





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FEATURES

- Affordable & Accountable
- For LMs & Their family members.
- Dependable companion in crisis.
- Life time Benefits to the member who contributed for 30/40 years.
- Amount of help will increase as number of members increases.
- Profit remains with DVLWT.
- The profit redistributed among members in terms of benefits.

BENEFITS

FOR SOCIAL SECURITY

- Benefites start after ONE year of joining as a member.
- Nominee of the member will get help in terms of money Rs. 450/- X N* (* Number of members)

FOR PROFESSIONAL PROTECTION

- Covers individual.
- Educative seminars for members to prevent litigation.
- Help is extended in all types of cases like civil, criminal, labour & consumer redressal fora & dispute arising out of clinical establishment act.

CONTACT FOR MORE DETAILS
+9179844 98361

DVL WELFARE TRUST

Shreeji Chambers, B/h Rajdhani Hotel, Brahmpuri,
Dandia Bazar, Vadodara, Gujarat, INDIA.

dvlwelfaretrust@gmail.com | www.dvlwelfaretrust.org



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Details of one time Admission fees

The Admission Fees payable shall be based on age in years of the proposed member or their family member who likes to join the scheme, as follows :

No.	Age	Rate in Rs.
1	Up to the age of 10 Year	1,000
2	11 of 20 Years	1500
3	21 of 30 Years	2000
4	31 of 40 Years	3000
5	41 of 50 Years	4000
6	51 of 60 Years	5000
7	61 of 70 Years	7000
8	Above 70 Years	8000

Member's annual contribution

- Annual membership fee of Rs. 750/- (with increment every 5 years.)
- Fraternity contribution Rs. 500 x N, where N = No. of Death of members)

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

IADVL WB SOCIAL AWARENESS HEALTH CAMP

IADVL West Bengal conducted Presidential project "Chalo Pathshala" 2nd in the series -- an awareness program for school students at Kendriya Vidyalaya, Ordnance Factory, Dum Dum on 03/10/2024. Representative Doctors were Prof Dr. Sudip Das, Prof Dr. Sujata Sengupta, Dr. Kingshuk Chatterjee, Dr. Satarupa Kumar, Dr. Mayukh Hazra, Dr. MD Azhar Khan and Dr Shatanik Bhattacharya, who conducted an informative and an interactive session for the students of 6th, to 12th standard. A total of 320 students were gathered. Information about IADVL was shared with the audience. Overview of skin, its function, and structure were explained to the students. Common skin conditions like Acne Vulgaris, Scabies and pediculosis, Fungal infections, viral infections, Vitiligo Vulgaris, Hair loss disorders were highlighted with myths and facts about these conditions. During the programme, awareness regarding the care for healthy skin, hair and nail was also created. Bad effects of social media on skin conditions were explained to the students that included usage of over the counter (OTC) drugs, steroid misuse and self-treatment. The program was well appreciated by the enthusiastic group of students and the school authority. We would like to express our gratitude to IADVL for this wonderful opportunity. A big thank you to our enthusiastic members for making this program such a success!

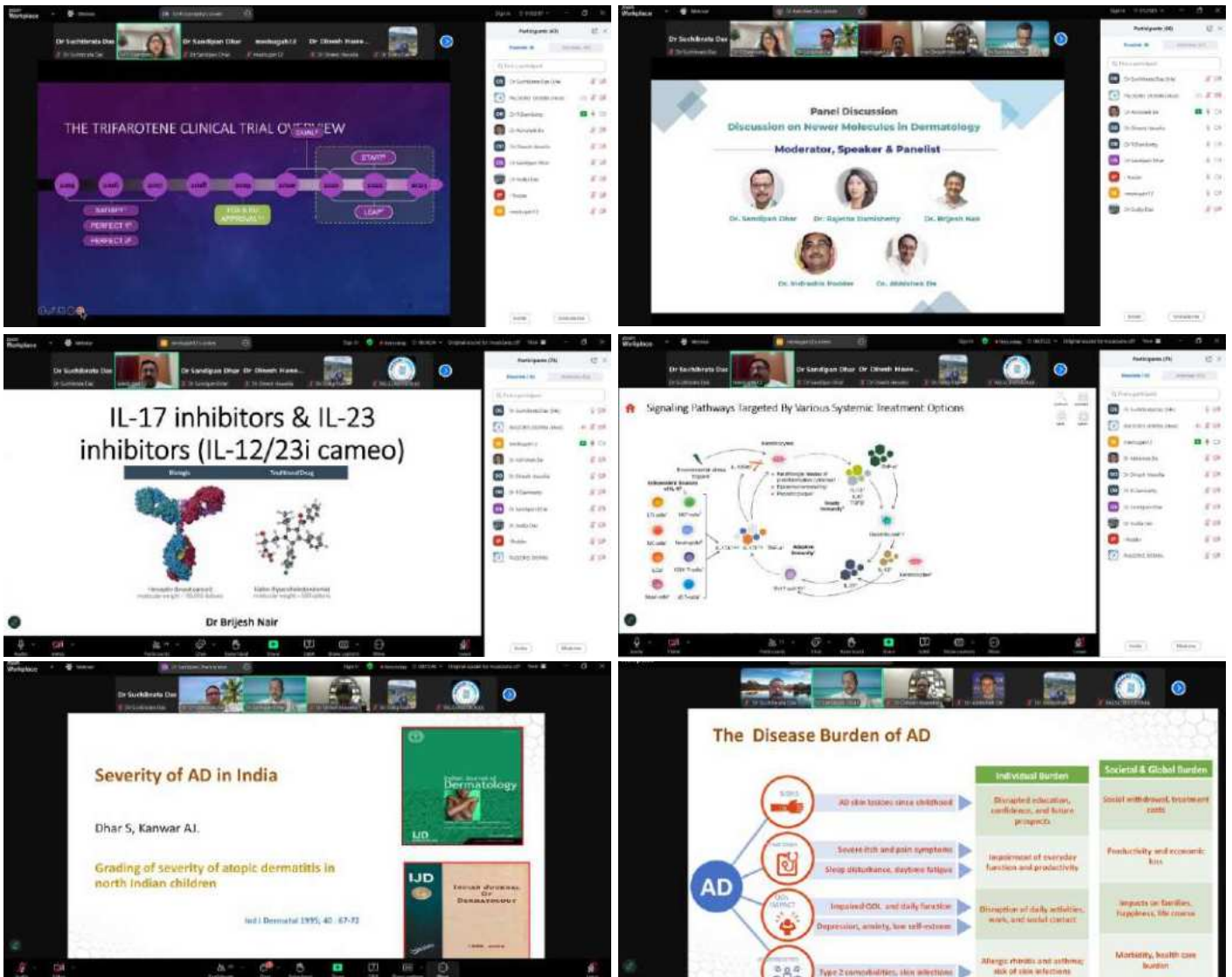


Webinar on DERMA Adhyayan

IADVL-WB Academy is once again back with another episode of the popular series “Dermadhyayan”. This episode, aired on 15th October 2024 at 8:30pm focused on the Newer Molecules in Dermatology. This episode kicked off with a warm welcome by Dr Dinesh Hawelia and Dr. Sudip Das. This was followed by enriching and lucid presentations on Emerging Novel Therapies for Atopic Dermatitis by Dr Sandipan Dhar, IL-17 & IL-23 blockers in Dermatology by Dr. Brijesh Nair and Newer Therapeutics in Acne by Dr. Rajetha Damishetty. The episode ended with a panel discussion on the Newer Molecules moderated wonderfully by Dr Abhishek De, where erudite panelists Dr Brijesh Nair, Dr Sandipan Dhar, Dr Rajetha Damishetty and Dr Indrasis Poddar shed some much needed light on the practical aspects of using such molecules.

Stay tuned for more such exciting episodes of Dermadhyayan!

IADVL WB ACADEMY
PRESENTS
**Derma
Adhyayan**
Learn. Unlearn. Relearn.





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WORLD PSORIASIS DAY: 29TH OCTOBER 2024

On account of world Psoriasis Day, IADVL West Bengal arranged webinar included various eminent dermatologists. Dr. Suchibrata Das, Secretary IADVL WB introduced Dr. Sudip Das who gave a crisp presentation on Pustular psoriasis and various immune markers. It was followed by a panel discussion moderated by Dr. Shreya Poddar where 7 difficult to manage scenarios of psoriasis were discussed in length with valuable inputs from the esteemed panelists Dr. Sanjay Ghosh, Dr. Kingshuk Chatterjee, Indrashish Poddar and Dr. Anupam Das. The webinar was well attended with active participation from attendees. The webinar concluded with vote of thanks from Secretary.



IADVL WEST BENGAL PRESENTS WEBINAR



WORLD PSORIASIS DAY

29th OCTOBER
9.00 - 10.00 pm



Speaker
Dr. Sudip Das
Pustular Psoriasis:
New updates
20 Min



Panelist
Dr. Sanjay Ghosh



Panelist
Dr. Kingshuk Chatterjee



Panelist
Dr. Anupam Das



Panelist
Dr. Indrashis Podder



Moderator
Dr. Shreya Poddar
Difficult Psoriasis:
How you manage
40 Min

Click / Scan to join

Meeting ID: 999 1386 8899
Passcode: 044568



WORLD PSORIASIS DAY Observation at different Medical Colleges in West Bengal

IADVL WB celebrated World Psoriasis Day with a full day of activities. In the morning, we organized multiple psoriasis camps, patient awareness programs at various medical colleges and facilities. In the evening, we hosted a webinar focused on difficult psoriasis, featuring detailed, most advance and insightful discussions that received a positive response from the audience.



Quiz Zone

- Hirsutism is the development of terminal hair in women in areas where this type of hair is not normally found. All of the following drugs are associated with hirsutism except?*

 - Minocycline
 - Phenytoin
 - Minoxidil
 - Diazoxide
 - Cyclosporin
- Which of the following factors is most strongly associated with a negative prognosis in the condition depicted?*

 - Onset in adulthood
 - Atopic dermatitis
 - Short duration of disease
 - Limited extent of disease
 - Absent nail changes
- Which of the following is not a cause of red lunulae?*

 - Endocarditis
 - Psoriasis
 - CO Poisoning
 - Azathioprine
 - Rheumatoid arthritis
- A patient with focal absence of epidermis in scalp (Aplasia Cutis Congenita) may have the following?*

 - Adams Oliver syndrome
 - Parry Romberg syndrome
 - Cicatrical pemphigoid
 - Mastocytosis
 - Epidermal nevi
- What is the causative agent for this condition in a 9 year old boy?*

 - Herpes Simplex Virus
 - Varicella Zoster Virus
 - Epstein Barr Virus
 - Cytomegalovirus
 - Parvovirus B19



Volume 2, Issue 6 Answer:

- Correct choice: **B. 9 WEEKS**
- Correct choice: **A. Ginkgo fruit**
- Correct choice: **A. Branchial Cleft cyst**
- Correct choice: **E. Goltz Syndrome**
- Correct choice: **C. Crandall Syndrome**

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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CUTICON WEST BENGAL '24

27th Annual State Conference
of IADVL, WB State Branch



**11th & 12th
Jan, 2025**

Theme:
**Dermatology
Beyond
Conventions**



Dhono Dhanyo Auditorium
1, Thackeray Road,
Alipore Police Line
Alipore, Kolkata - 700027

Conference Secretariat

Dr. Surajit Garai,
Org. Secretary
IADVL, WB State Branch
Moon Plaza, Flat-2E, 62 Lenin Sarani,
Kolkata - 700013 Ph: +91 33 22277553
E-mail : iadvlwb@gmail.com
Website : www.iadvlwb.org