

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. Susmit Haldar
- 🔪 DermBuzz: NCMT for Vitiligo
- 🔪 Resident Corner: NLEP: Newer Updates
- 🔪 Dermaginations: Dr. Koushik Lahiri

"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 7, November 2025



SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Volume 3 Number 7
November 2025

COMMITTEE

President



Dr. Dinesh Kumar Hawelia

President Elect



Dr. Argyaprasun Ghosh

Vice President



Dr. Kingshuk Chatterjee

Vice President



Dr. Nilendu Sarma

Hony Secretary



Dr. Suchibrata Das

Hony Treasurer



Dr. Indrashis Podder

Hony Joint Secretary



Dr. Aniruddha Ghosh

Hony Joint Secretary



Dr. Shreya Poddar

Editor, IJD



Dr. (Brig) Manas Chatterjee

Executive Council Members 2025-2026

Dr. Abhijit Saha

Dr. Dipayan Sengupta

Dr. Saurabh Kumar Dhara

Dr. Animesh Biswas

Dr. Kaushiki Hajra

Dr. Shrayan Pal

Dr. Anupam Das

Dr. Kisalaya Ghosh

Dr. Somenath Sarkar

Dr. Arindam Sett

Dr. Partha Mukhopadhyay

Dr. Sujata Sengupta

Dr. Arun Achar

Dr. Prodip Sarkar

Dr. Surajit Gorai

Dr. Chinmoy Kar

Dr. Saswati Halder

Dr. Asok Gangopadhyay (Co-opted)

Permanent Invitees

All Past Presidents



Note from the President

Dear Members,

October has been a month of academic enrichment, festivities, and important organizational developments for IADVL–West Bengal.

On 12th October, we hosted another edition of our flagship webinar series, *Derma Abahan*, which focused on nail disorders and their systemic associations. We were privileged to have Dr. Chander Grover deliver an insightful talk and Dr. Vineet Relhan moderate a stimulating panel discussion. The event witnessed enthusiastic participation from our members and proved to be both informative and engaging.

This month was also marked by the joyous celebrations of Durga Puja, Diwali, and Chhath Puja, which brought a spirit of festivity and togetherness among all of us. Alongside the celebrations, we are also witnessing the ongoing e-voting process for the IADVL Election 2025, to elect the National President (Elect) for 2026 and decide the venue for the National Conference 2028. I encourage all members to actively participate and make their voices count.

As the festive season concludes, we now look forward with great anticipation to our annual state conference, *CUTICON–WB 2025*, scheduled to be held on 15th and 16th November 2025. Preparations are in full swing, and we are confident it will be a memorable and academically enriching event.

Let us continue to uphold the spirit of learning, camaraderie, and progress that defines our IADVL–WB family.

Warm regards,



Dr. Dinesh Kr. Hawelia
President
IADVL WB



Secretary's Scribes

Season's Greetings!

Wishing you all a joyous Navratri, Durga Puja, Dussehra, Diwali, and Chhath Puja! May this festive season bring happiness, prosperity, and renewed energy to all.

In keeping with our ongoing academic commitment, the Monthly IADVL Clinical Meet for October 2025 was held on 28th October 2025 at the Department of Dermatology, School of Tropical Medicine, Kolkata. The session was chaired by Dr. Jayashree Pramanik and witnessed active participation from several eminent faculties, including Dr. Sudip Kumar Ghosh and Dr. Kishalay Ghosh. Around 50 participants attended the meeting, comprising faculty members, postgraduate residents, and trainees. The October Clinical Meet was remarkable for its rich academic content, active exchange of ideas, and emphasis on integrating clinical reasoning with diagnostic precision.

To commemorate World Psoriasis Day 2025, the IADVL West Bengal State Branch organized a CME session focusing on "Recent Advances and Challenges in the Management of Psoriasis" on 29th October 2025 at the Medical College & Hospital, Kolkata. The session began with a talk on "Recent Advances in the Management of Psoriasis" by Dr. Abhishek De, followed by a panel discussion on "Navigating Difficult Scenarios in Psoriasis", moderated by Dr. Shreya Poddar, and distinguished panelists included Dr. Abhishek De, Dr. Sumit Sen, Dr. Saswati Halder, and Dr. Abanti Saha. The panel discussed complex psoriasis cases, therapeutic challenges, and management in special populations. The event saw lively interaction and valuable knowledge exchange, making it a highly successful academic exercise.

We are now deeply involved in organizing CUTICON WB 2025, our annual state conference, which promises to unite Science, Art, and Mind in the Practice of Dermatology. Both the Organizing Committee and Scientific Committee are working tirelessly to make the program a milestone event — one that brings together every facet of dermatology to foster collaboration, innovation, and shared learning.

Happy reading, and we look forward to your active participation in all our future events!



*Dr. Suchibrata Das
Honorary Secretary
IADVL WB*



SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Volume 3 Number 7
November 2025

Editors Desk

Greetings Readers,

October has been a month of joy and festivities — yet, academics continued with equal enthusiasm!

The month began with the second episode of the “Derma Abahan” webinar series, themed “Nail Disorders and Systemic Associations.” The session witnessed active participation from eminent dermatologists across the state and beyond.

On 29th October, IADVL WB organized a CME on Psoriasis at Medical College, Kolkata, to mark World Psoriasis Day. The program focused on important and challenging scenarios in psoriasis management, offering valuable insights to all attendees.

This month, the Spotlight shines on Dr. Susmit Halder, who shares his inspiring journey in the field of dermatology.

In the DermBuzz section, Dr. Priyanka Agarwal presents her experience with NCMT, providing first-hand results of the procedure. Meanwhile, Dr. Ahana Sengupta discusses recent updates on NLEP in the Residents’ Corner, and Dr. Sharmistha Panja pens a thoughtful piece on the significance of World Psoriasis Day.

Dermaginations this time features a beautifully written story by Dr. Koushik Lahiri that is sure to captivate our readers.

With the IADVL elections in full swing and CUTICON WB scheduled for next month, the excitement continues to build as we look forward to a vibrant November ahead.

Happy Reading!

Warm regards,



*Dr. Kaushiki Hajra
Editor, Skintellect,
The IADVL WB Monthly Newsletter*

Editorial Board

Advisory Chair



Dr. Koushik Lahiri

Advisory Chair



Dr. Surajit Gorai

Editor, Skintellect



Dr. Kaushiki Hajra

Team Member



Dr. Bartika Sikdar



Dr. Dyuti Das



Dr. Ameli Sarkar



Dr. Pranjal Praveen



Dr. Shriya Saha



Dr. Soumi Biswas



Dr. Titi Ghosh



Dr. Tamanna Dokania

DERMATOLOGIST SPOTLIGHT: DR. SUSMIT HALDAR

Q1. Many see dermatology as a “skin-deep” or superficial specialty. What is one thing you wish the world understood about this field?

People often think dermatology is limited to the surface, but that's a misconception. To truly understand dermatology, one must have a broad grasp of internal medicine, because the skin is the largest organ of the human body.

It's not at all superficial — it runs deep. Many internal diseases manifest on the skin; the skin acts as a reflector of what's happening inside the body. By examining it closely, we can identify and even diagnose systemic illnesses. So, dermatology has great importance in overall medical science.



Q2. With the rise of social media and growing patient awareness, have expectations from dermatologists changed in recent years?

Yes, definitely. Ours is now a world that revolves around cosmetics and beauty. Because of social media, patients learn a lot about their skin problems and come with specific expectations.

While this awareness is good, it also means patients are more demanding — particularly regarding beauty and aesthetic procedures. As a result, dermatology and cosmetology have become equally important disciplines to meet the changing needs and aspirations of patients.

Q3. From an academic point of view — if you could redesign the dermatology curriculum for post-graduates today, what would you add?

Dermatosurgery has now evolved into a distinct and rapidly growing discipline, but unfortunately, it still doesn't receive enough emphasis in postgraduate training.

I strongly feel that surgical skills and procedural manoeuvres should be included more thoroughly in the dermatology curriculum. Postgraduate students must develop confidence in both clinical diagnosis and surgical practice — the two pillars of modern dermatology.

Q4. Over your vast career, you've seen trends rise and fall — from fairness creams to lasers and injectable treatments. Which do you think will truly stand the test of time?

That's a very interesting question. What is widely practiced today may not hold the same importance tomorrow — new discoveries and techniques constantly emerge in our field. So, it's difficult to say which particular procedure will endure.

However, I can confidently say that clinical dermatology will always remain the cornerstone. Unless you know the disease thoroughly, even the best surgical or cosmetic procedures will not help the patient.

Trends may change, but the art and science of clinical diagnosis will always stand the test of time.

Q5. As a senior IADVL member, what initiatives or developments should the association focus on in the coming years, especially from the patient's point of view?

One major challenge we face today is self-treatment. Because skin diseases are visible, people often start applying medicines on their own, or on advice from friends and relatives. This complicates the condition before they reach a dermatologist.

Dermatological diagnosis largely depends on pattern recognition — and when patients alter those patterns through self-medication, correct diagnosis becomes difficult.

So, I think our association should focus on public awareness campaigns that discourage self-treatment and



encourage patients to consult qualified dermatologists from the very beginning. This alone can prevent a lot of complications.

Q6. In your opinion, what does “ethical aesthetics” mean in today's dermatology practice?

Ethical practice, whether medical or surgical, means adhering to evidence-based treatment. Every decision should have proper scientific justification.

Trying new drugs or techniques is fine — provided there's sound reasoning behind it. If ever questioned, a dermatologist should be able to explain why that particular choice was made.

Q7. Which particular area of Dermatology interests you the most?

I'm particularly interested in contact dermatology and psychodermatology. The psychological aspects of skin diseases are often neglected. Chronic skin conditions can cause psychological distress, and conversely, psychological disorders can manifest on the skin. For example, psoriasis can both result from and cause psychological issues. So, understanding the mind-skin connection is crucial, and this area fascinates me deeply.

Q8. Outside medicine, how do you unwind? Do you have any hobbies or passions you actively pursue?

Yes, of course! I have a deep passion for photography, especially landscapes. I also enjoy mono-acting in Bengali and love to write poetry. These creative pursuits refresh me and bring a balance to my professional life.

DERMBUZZ : NON-CULTURED MELANOCYTE TRANSPLANTATION FOR VITILIGO: A SINGLE CENTER EXPERIENCE WITH LITERATURE REVIEW

Abstract: Non-cultured epidermal cell suspension technique — commonly performed as an autologous non-cultured melanocyte transplantation (NCMT) — is now an established surgical option for stable vitiligo (1). NCMT offers re-pigmentation with limited donor area requirements, relatively rapid outcomes and a favourable colour match in selected lesion sites. The outcome however, depends strongly on patient selection (stability, vitiligo type), donor graft thickness, cell suspension obtained and recipient site with or without the need for adjunctive phototherapy. This review summarizes indications, techniques, outcomes, factors influencing success, complications, along with a pictorial insight into our experience in a few cases, as a tertiary care center for vitiligo.

Keywords: Non-cultured melanocyte transplantation, Stable vitiligo, Non-cultured epidermal cell suspension

Introduction: Vitiligo is a depigmentation disorder caused by loss of melanocytes- which may be genetic or acquired. When medical therapies (topical corticosteroids, calcineurin inhibitors, and phototherapy) fail to repigment stable areas, surgical approaches to replace melanocytes are considered.

Among cell-based surgeries, non-cultured epidermal cell suspension (NCES) or NCMT has become widely adopted as a standard of care- since it avoids the time, cost, and regulatory complexity of melanocyte culture while treating relatively large areas from small donor sites (1,2).

Rationale for NCMT: Early grafting approaches (punch, split-thickness grafts) were limited by donor site size and cosmetic mismatch. In 1992 and the subsequent decades, techniques for obtaining and transplanting a suspension of autologous epidermal cells, prepared without in-vitro expansion, were introduced to broaden the treatable area and improve colour matches.

Indications: Appropriate candidates typically have stable vitiligo ($\geq 6-12$ months without new lesions or progression in prior lesions)(3,4). Segmental and focal vitiligo often show superior outcomes. Contraindications include active/unstable disease, infection at donor/recipient sites and those patients having keloidal tendencies (5,6).

Technique/Steps

1. Donor harvest: An ultra- thin split-thickness skin graft is obtained.
2. Cell isolation: Donor epidermis is separated using enzymatic digestion (trypsin).
3. Recipient site preparation: Epidermis at the recipient site is removed by dermabrasion, suction blistering or laser abrasion.
4. Application and dressing: Cell suspension applied, covered with a multi-layered dressing, followed by immobilization for 5 to 7 days.

Outcomes and evidence: Systematic reviews and large retrospective series report >50% repigmentation in a majority of patients, with many achieving >75-90% repigmentation (7,8,9).

Segmental vitiligo responds best, however the acral areas are reported to respond the least. Long- term studies confirm sustained re-pigmentation and no/minimal fading off, of the regained skin colour(8,9).

Adjunctive therapies: Postoperative narrowband UVB (NB-UVB) or targeted phototherapy stimulates melanocyte proliferation.

Emerging adjuncts include topical/systemic immunomodulators and JAK inhibitors.

Safety and complications: NCMT is generally safe. Complications include temporary pigmentary changes, scarring (rare), infection (rare), and occasional colour mismatch.

Limitations: Requires surgical and lab setup.

Lack of standardization in techniques/outcomes is a challenge.

Cost and training may limit access.

Dr Priyanka Aggarwal
MD (Dermatology);
Fellowship (Vitiligo Surgery).



Our Experience (A few cases depicted here)

Case 1: A 25 year old lady- stable vitiligo over the right side of the face involving the lower chin and extending till the neck. She had undergone punch grafting in 2013, elsewhere, without success. Her NCMT was done in May 2024- wherein she obtained re-pigmentation within 3 months. 6 sessions of Excimer- ensured complete re-pigmentation.

Case 2: A 32 year old lady -with segmental vitiligo over the right lower lip and chin. NCMT was done in March 2025. The picture below is at 4 months post procedure, with no need for adjunctive phototherapy.

Case 3: A 55 year old lady-suffering from vitiligo since 8 years. Vitiligo was unstable at presentation and involving both upper limbs. She was initiated on immunosuppressants to stabilize the condition. Subsequently, NCMT was done in January 2025. 90% re- pigmentation obtained (as below) at 3 months, with no phototherapy.



Conclusion: Non-cultured melanocyte-keratinocyte transplantation is an effective and safe surgical option for stable vitiligo. Success depends on patient selection, lesion site, and need for adjunctive therapies.

References

1. Van TH, et al. The Efficacy of Non-Cultured Epidermal Cell Suspension. 2024.
2. Zhang D, et al. A retrospective study of long-term follow-up of 2283 vitiligo patients treated with MKTP. Aging (Albany NY). 2021.
3. Gupta S, et al. Autologous noncultured melanocyte-keratinocyte transplantation in stable vitiligo. IJDVL. 2019.
4. Ju HJ, et al. Surgical interventions for patients with vitiligo (systematic review/meta- analysis). JAMA Dermatology. 2021.
5. Domaszewska-Szostek A, et al. Current Status of Cell-Based Therapies for Vitiligo. Int J Mol Sci. 2023.
6. Nuntawisuttiwong N, et al. Sustained repigmentation in vitiligo and leukodermas. 2024.
7. Tandon S, et al. Simplification of non-cultured epidermal cell suspension. 2021.
8. Benner J, et al. Autologous skin cell suspension plus phototherapy in vitiligo. 2025.
9. Aggarwal P et al. Non Culture Melanocyte Transplant: A Novel Tool in the Armamentarium for Vitiligo. J of Clinical and Medical images and short reports. 2018.

RESIDENT'S CORNER: NLEP: NEWER UPDATES

Birthered in 1983, the National Leprosy Eradication Programme (NLEP) is a centrally sponsored health scheme within the purview of the National Health Mission, that handles all affairs relating to diagnosis, treatment, post-treatment care and prevention of leprosy in India – a country that continues to account for more than half the leprosy cases reported annually, worldwide.

The year 2025 witnessed a revision in the classification and treatment regimen for pauci- and multibacillary leprosy cases -

1. Revised classification (now aligned with WHO guidelines):

TYPES	SKIN LESIONS	NERVES INVOLVED	AFB IN SLIT SKIN SMEAR
Paucibacillary (PB)	≤5	None	Negative
Multibacillary (MB)	>5	≥1	Positive

2. The revised protocol took effect nationwide on April 1, 2025. A unified three-drug MDT—rifampicin, dapson, and clofazimine—will now be used for both PB and MB cases, improving consistency and operational efficiency across public health facilities. Those already on treatment, i.e., treatment initiated before 1st April, 2025, will continue as per the old regimen.

3. Leprosy has been designated as a notifiable disease. All persons/establishments involved in diagnosis, follow-up or treatment of leprosy are bound to notify the appropriate authorities.

The road to eradication of leprosy is long and steeped in challenges, but also studded with milestones. Some of the more recent initiatives and achievements of NLEP include –

1. Release of National Strategic Plan and Roadmap 2023-2027 in January, 2023, which aims to achieve zero transmission of leprosy by 2027 by focusing on the following five strategic pillars:

- leadership, coordination and partnerships at national, state and district level
- accelerated case detection
- quality leprosy services encompassing access to free diagnosis, treatment, counselling, reconstructive surgery and post-treatment support through the general health system
- prevention of disease, disabilities, discrimination and violation of human rights
- maintenance of a resilient surveillance and health information system by strengthening digital platforms like NIKUSTH 2.0

2. National Guidelines for Anti-Microbial Resistance (AMR) for leprosy (January, 2023) – emphasises early detection, individualised treatment of resistant cases and evidence-based policy refinement to address the mounting concerns regarding AMR in leprosy. Also, a national AMR surveillance network has been established in key institutes across the country.

3. Leprosy Case Detection Campaign (LCDC), Active Case Detection and Regular Surveillance (ACD & RS), ASHA based Surveillance for Leprosy Suspects (ABSULS) and Focused Leprosy Campaigns (FLCs) encourage proactive and incentivised case finding thereby ensuring regular and early detection of leprosy cases.

4. Integration with other health programmes like Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishore Swasthya Karyakram (RKSK) for screening of children (0-18 years).

Dr. Ahana Sengupta
2nd year PGT, STM





5. *Leprosy screening has been incorporated into the comprehensive primary health care services provided under the Ayushman Bharat Yojana, targeting individuals aged over 30 years.*
6. *Contact tracing is carried out, and eligible contacts of the index case are provided with Single Dose Rifampicin (SDR) as Post Exposure Prophylaxis (PEP) to help break the chain of transmission.*
7. *The Disability Prevention and Medical Rehabilitation (DPMR) programme offers a range of services, including reaction management, distribution of Microcellular Rubber (MCR) footwear, assistive aids and appliances, and self-care kits.*
8. *Reconstructive Surgeries (RCS) are undertaken at District Hospitals, Medical Colleges, and Central Leprosy Institutes. Patients undergoing these procedures are entitled to a welfare allowance of ₹12,000.*

It is imperative for us dermatologists to keep abreast of changing protocols and to ensure their implementation so that the vast resources and efforts that turn the wheels of such large-scale programmes, may bear fruit for those battling stigma, disease and disability alike.

In keeping with the vision of a "Leprosy Free India", the NLEP strives to successfully conclude the hefty task of eradicating leprosy – a disease as difficult to uproot from the mind as it is from the body.

DERMAGINATIONS: PAGING PASSION BEYOND PRACTICE

LUCKY

A frail, fair gentleman in his late seventies entered my chamber. A brown beret shaded nearly half his face, and his right hand gently clasped the left hand of a strikingly beautiful lady.

An elderly Anglo-Indian couple.

"Very good evening, doctor."

"Good evening—please, do take a seat."

"Thank you, doctor."

The lady settled into the chair before me and fixed her gaze upon my face.

I met a pair of eyes—bluish-green, luminous and unfathomable, like some ancient, unknown ocean.

"Your name, please?"

"Irene. Irene Gomes," she said.

Her husband, seated beside her, added with a smile, drawing out the first syllable—"Eye-rene."

"A beautiful name, and still more beautiful eyes, Ma'am," I remarked with the warm, semi-informal tone I have cultivated over the years.

"Oh, thank you, doctor," he replied on her behalf. "But she cannot see you. She cannot see anything at all."

I was stunned, and managed only two words:

"Since... when?"

"Since 1988, doctor. She was so young then—our daughter was one, our son just three. Those were hard days... very hard"

His voice trailed off into memory.

"How?"

"Retinitis pigmentosa, the doctors said." He shrugged with resignation. "First she could not see the children below her eye level, then dusk blinded her, then one day she stumbled in our own home. Within six months... total darkness. She was barely twenty-seven."

"I still remember my children," Irene smiled. "They were beautiful."

"And do you still remember Mr. Gomes? Surely he must have been very handsome then," I teased, hoping to ease the heaviness of the air.

The old couple burst into laughter—rich, wholehearted laughter.

"Yes, yes, Alvin is a very handsome man," she insisted.

She had said is, not was.

I looked at the pale, weary figure beside her—frail, yes, but his smile held no sadness.

Her ailment was slight, merely the dry skin of advancing years, easily soothed with simple treatment and advice. Our consultation ended, and they rose to leave. Then Irene paused, turned her unseeing eyes towards me.

Dr Koushik Lahiri
Ex President, IADVL WB





SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Volume 3 Number 7
November 2025

*“Oh, I’m sorry, doctor—we almost forgot. Alvin has a problem too. Please check his forehead. We’ll pay outside...”
Before I even examined him, I was moved. Her concern for her husband’s blemish—a lesion she could never see—was an act of pure devotion.*

“You are very lucky, Mr. Gomes,” I said softly. “She cares for you deeply.”

He removed his beret, and only then did I understand why he had kept it on. Across his forehead stretched a large, dark, basal cell carcinoma—a cancer creeping into the thinning strands of his golden-grey hair.

I held my composure and explained, gently, that he must consult a skilled surgeon without delay.

They thanked me, and as they turned to go, Irene once more lifted her sightless gaze.

“You know, doctor... Alvin is the unlucky one. He is unlucky. I am the lucky one. Lucky to have him as my husband. For thirty-seven years he has stayed by me. He could have left—long ago, when I went blind—just as our children have left us now. But he did not.

I am so lucky!”

PSORIASIS AWARENESS: THE ROLE OF DERMATOLOGISTS IN SHAPING UNDERSTANDING AND CARE

Psoriasis is a chronic, immune-mediated, inflammatory skin disorder affecting approximately 2–3% of the global population. Beyond its visible cutaneous manifestations, psoriasis carries a significant psychosocial, systemic, and economic burden. In recent years, heightened focus has been given not only to improving therapeutic outcomes but also to patient advocacy, education, and public awareness. **World Psoriasis Day**, observed annually on **October 29**, stands as a global initiative led by the International Federation of Psoriasis Associations (IFPA) to highlight the multifaceted challenges faced by patients and to mobilize both healthcare professionals and society towards improved care.

For dermatologists, this day represents an important opportunity to reinforce the recognition of psoriasis as a systemic disease, advocate for patient-centered approaches, and highlight emerging therapeutic advances.

World Psoriasis Day: Objectives and Themes

- **Origins:** Established in 2004 by IFPA, World Psoriasis Day is observed in over 50 countries.
- **Core Objectives:**
 - Raise awareness of psoriasis and psoriatic arthritis.
 - Address stigma and discrimination associated with visible skin disease.
 - Promote access to appropriate care and advanced therapies.
 - Highlight research gaps and the need for policy-level interventions.
- **Annual Themes:** Each year focuses on specific aspects such as inclusion, access to treatment, global unity, or mental health. Dermatologists can use these themes as frameworks for local educational campaigns, CME activities, and patient engagement.

Dr. Sharmistha Panja
3rd yr PGT, R G Kar, MCH



The Dermatologist's Role in Psoriasis Awareness

- **Patient Advocacy:** Dermatologists act as patient advocates by engaging in public awareness campaigns, dispelling myths, and fostering understanding of psoriasis as a systemic immune-mediated disease rather than a “mere skin problem.”
- **Education:** Beyond treating, dermatologists should educate patients on disease chronicity, treatment adherence, lifestyle modification, and comorbidity screening.
- **Policy and Access:** By contributing to guideline development and health policy, dermatologists can improve patient access to biologics and emerging therapies.
- **Research Contributions:** Continued research into pathogenesis, biomarkers, and therapeutic trials will refine management and ensure evidence-based care.
- **Interdisciplinary Collaboration:** Coordinating with rheumatologists, cardiologists, psychiatrists,

and nutritionists enhances holistic patient outcomes.

The Burden of Psoriasis: Key Points for Dermatologists

1. *Cutaneous Manifestations: Chronic plaque psoriasis remains the most prevalent form, but guttate, pustular, erythrodermic, and inverse psoriasis require equal attention for early recognition and intervention.*

2. *Systemic Comorbidities:*

- *Psoriatic arthritis (PsA).*
- *Metabolic syndrome, obesity, type 2 diabetes.*
- *Increased cardiovascular risk.*
- *Depression, anxiety, and reduced quality of life.*

3. *Psychosocial Impact: Stigma, social exclusion, and occupational disability remain under-addressed in many communities.*

4. *Therapeutic Landscape:*

- *Traditional modalities: phototherapy, methotrexate, cyclosporine, acitretin.*
- *Targeted therapies: biologics (TNF- α , IL-12/23, IL-17, IL-23 inhibitors) and small molecules (JAK inhibitors, TYK2 inhibitors).*
- *Personalized medicine approaches are increasingly important in chronic disease management.*

Leveraging World Psoriasis Day in Clinical Practice

On October 29, dermatologists can:

- *Organize patient education camps and support groups.*
- *Collaborate with local and national dermatology associations to disseminate educational material.*
- *Deliver public lectures or media interviews to reduce stigma.*
- *Advocate for screening programs for comorbidities in psoriasis patients.*
- *Share updates on emerging therapies with peers through CMEs, webinars, or journal clubs.*
- *Utilize digital platforms and teledermatology to reach underserved populations.*

Conclusion

Psoriasis extends far beyond the skin, impacting physical, emotional, and systemic health. World Psoriasis Day offers dermatologists a pivotal moment to reinforce their role not only as clinicians but also as advocates, educators, and researchers. By aligning with global awareness efforts, dermatologists can help bridge the gap between scientific advances and real-world patient experiences—ultimately improving quality of life and reducing the stigma associated with this chronic disease



World Psoriasis Day Date: 29th October, 2025

On the occasion of World Psoriasis Day on October 29, the IADVL West Bengal branch organized a CME session at the Medical College and Hospital, Kolkata, on the theme "Recent Advances and Challenges in the Management of Psoriasis."

The session commenced with a warm welcome address by Dr. Kingshuk Chatterjee, Vice President, IADVL WB. This was followed by an insightful talk by Dr. Abhishek De on the recent advances and ongoing challenges in psoriasis management.

The program continued with an engaging panel discussion on "Navigating Challenging Scenarios in Psoriasis," moderated by Dr. Shreya Poddar. The panel comprised distinguished experts — Dr. Sumit Sen, Dr. Saswati Halder, Dr. Abhishek De, and Dr. Abanti Saha — who deliberated on complex psoriasis cases, therapeutic dilemmas, the evolving role of biologics, and management strategies in special populations.

The event was highly successful, fostering vibrant academic discussions and valuable knowledge exchange among participants



Webinar on DERMA Abahan: Season 1 Episode 2

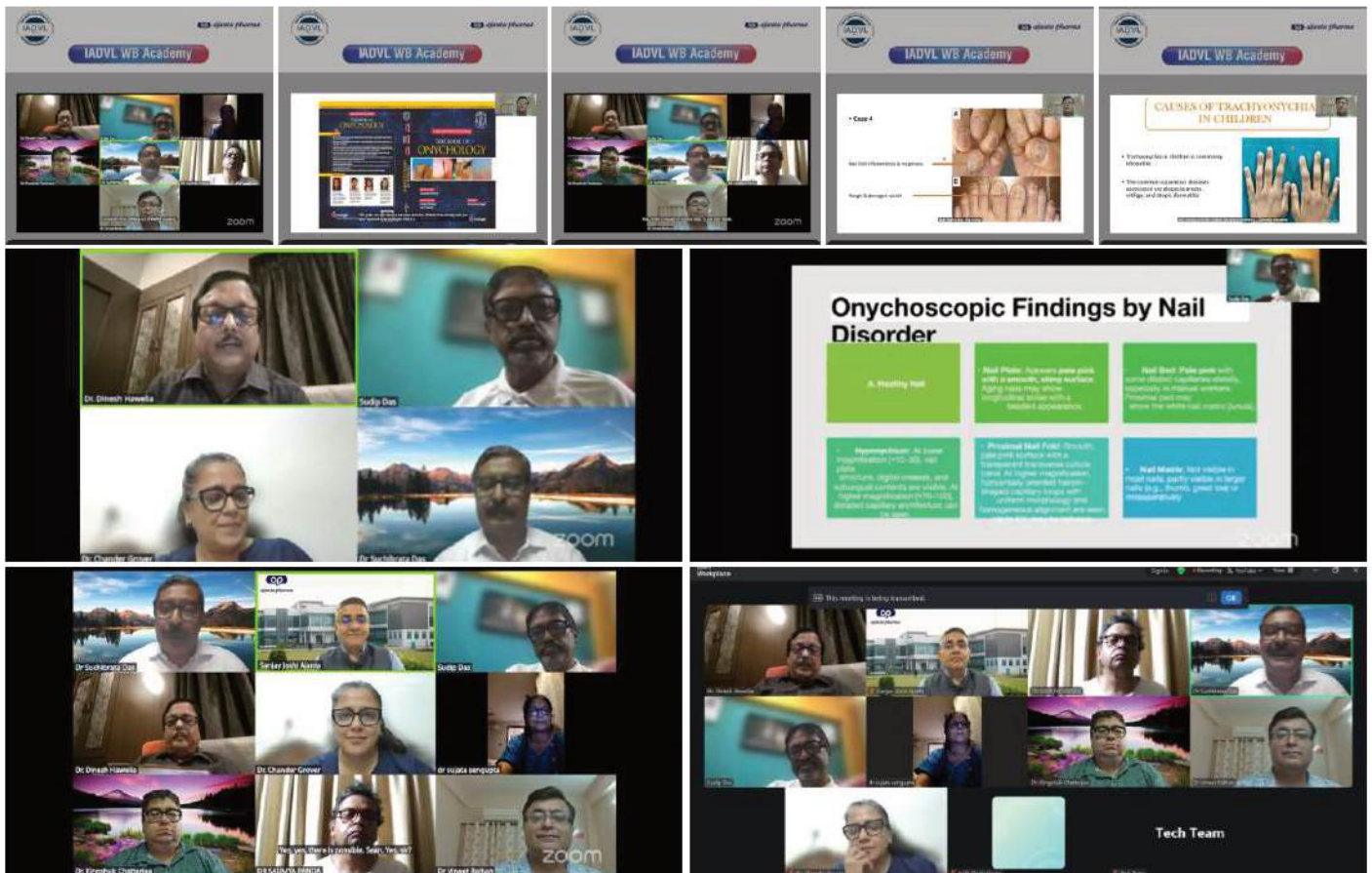
The IADVL WB Academy, in collaboration with Ajanta Pharma, organized the second episode of Derma Abahan – The Scientific Reckoner on 12th October 2025, focusing on “Nail in Dermatology.” The session began with a welcome address by Dr. Dinesh Kr. Hawelia, followed by enlightening talks by Dr. Chander Grover on “Nail and Systemic Diseases” and Dr. (Prof.) Sudip Das on “Role of Dermoscopy in Nail Disorders.” A panel discussion on “Nail as a Mirror of Skin Diseases,” moderated by Dr. Vineet Relhan, featured Dr. Dinesh Hawelia, Dr. Kingshuk Chatterjee, Dr. Sujata Sengupta, and Dr. Soumya Panda as panelists. The discussion encompassed interesting cases including nail psoriasis, nail lichen planus, lichen nitidus, trachyonychia, EGFR inhibitor-induced nail changes, SLE-associated nail findings, and chronic paronychia. The session concluded with a vote of thanks by Dr. Suchibrata Das, and was appreciated for its rich academic content and practical clinical insights into the spectrum of nail disorders.

IADVL WB Academy

Presents

Derma abahan

The Scientific Reckoner



Monthly Clinical Meeting of IADVL WB on 28/10/2025 at School of Tropical Medicine, Kolkata

The monthly IADVL Clinical Meet for October 2025 was held on 28th October 2025 at the Department of Dermatology, School of Tropical Medicine, Kolkata. The session was chaired by Dr. Jayashree Pramanik and witnessed active participation from several eminent faculties including Dr. Sudip kumar Ghosh and Dr. Kishalay Ghosh. Around 50 participants attended the meeting, including faculty members, postgraduate residents, and trainees. The academic proceedings began with Dr. Rubina Sultana's insightful presentation titled "The Variable Constant: An Evolutionary Change," which was a case of erythrokeratoderma variabilis. This was followed by Dr. Shilpa Mondal's engaging case discussion, "From Cough to Crusts: A Curious Mucosal Journey," illustrating a case of reactive infectious mucocutaneous eruption due to *Mycoplasma pneumoniae*. In her second presentation, "Papules with a Purpose: Unraveling a Systemic Cause Behind Itch," Dr. Rubina Sultana talked about a case of peripheral T cell lymphoma (not otherwise specified) with secondary cutaneous involvement and paraneoplastic eosinophilia. Dr. Ahana Sengupta presented two challenging cases — "A Dilemma in Chronic Dermatitis," which addressed diagnostic uncertainties in persistent eczematous dermatoses which turned out to be a case of mycosis fungoides and "A Case of Refractory Facial Nodule," focusing on a granulomatous lesion resistant to conventional therapy which later came to provisional diagnosis of Primary cutaneous follicle centre B cell lymphoma (PCFCL). Upnext, Dr. Ananya Sau presented a case of sarcoidosis. The session concluded with interactive Spotter Rounds (1-4) conducted by Dr. Kirti Yadav and Dr. Nasreen Nahar, which encouraged active participation and sharpened clinical observation skills.

The meeting concluded with a stimulating discussion moderated by the faculties, who offered valuable insights and evidence-based commentary on each case. The October 2025 Clinical Meet stood out for its rich academic content, active exchange of ideas, and emphasis on integrating clinical reasoning with diagnostic precision.



Quiz Zone

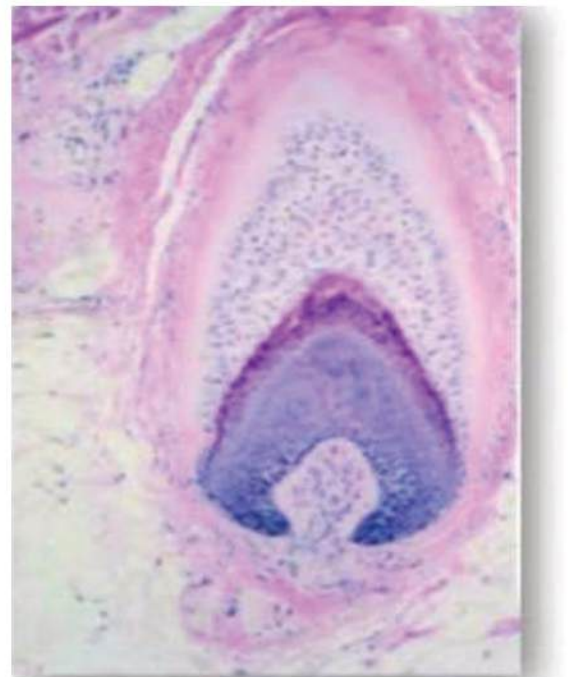
1. Name the sign and disease. (PIC 1)
2. Name the device. (PIC 2)
3. Asymptomatic papules over toes. What is the diagnosis? (PIC 3)
4. Recently approved HIV pre-exposure prophylaxis.
5. Diagnose the disease. (PIC 4)



PIC 1



PIC 2



PIC 4



PIC 3

Quiz Answer Volume-3, Issue-6

1. Diamond necklace sign, Porokeratosis.
2. Isobar sign, Pseudofolliculitis.
3. Delta jet contrail sign, scabies.
4. White rosette sign, Basal cell carcinoma.
5. Microhutchinson sign.

The correct response given: Dr. Shatanik Bhattacharya
for Dermawiz & Crossword

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.



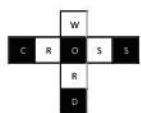
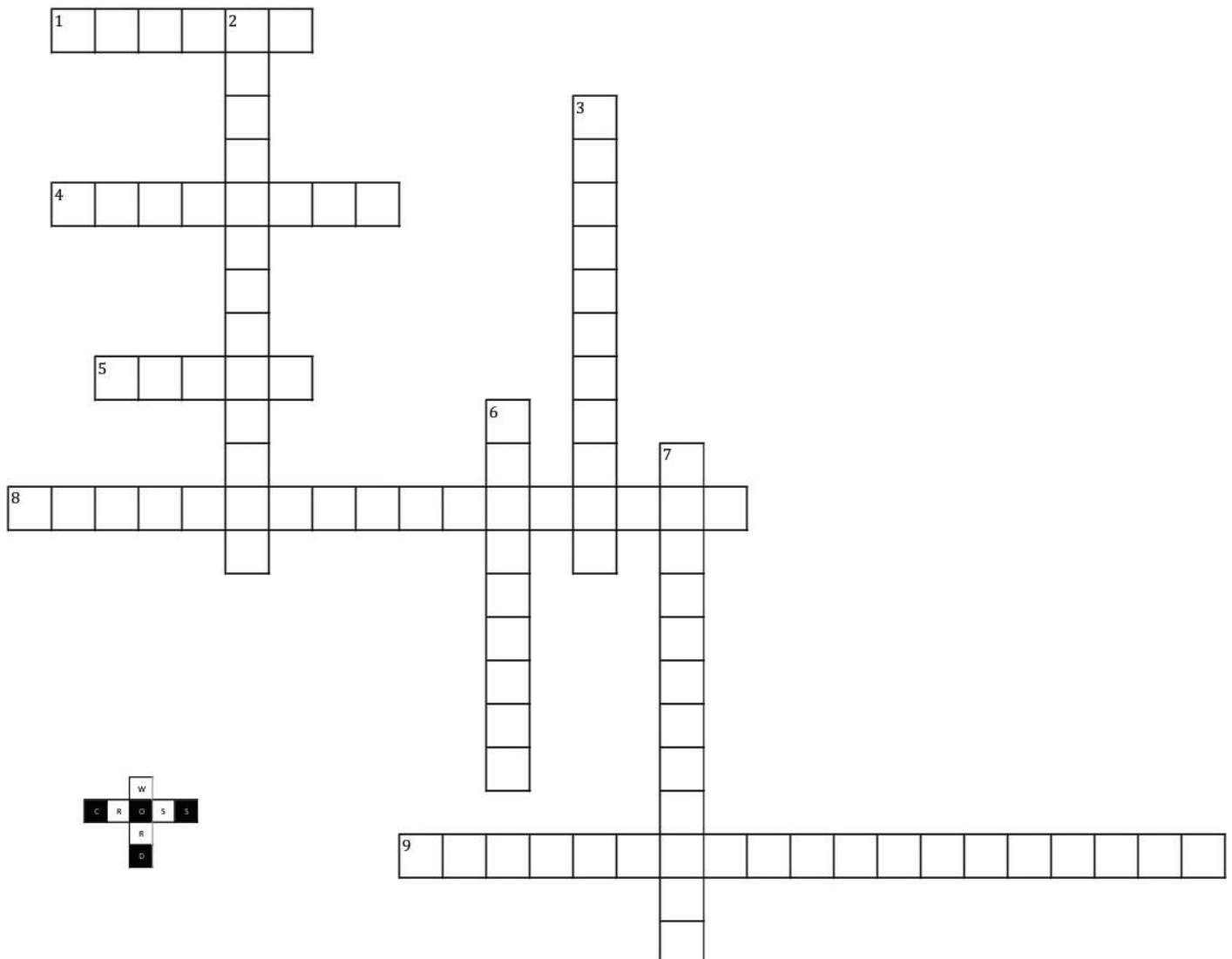
Brainstorm

Across

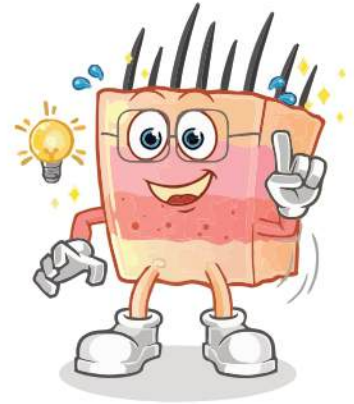
1. Benediction sign is due to involvement of which nerve in leprosy
4. Beauty and the beast sign is the dermoscopic finding of this disease
5. Gene mutation seen in Goltz syndrome
8. Sertoli cells in Tzanck smear is seen in
9. Gulliver's sign is seen in

Down

2. Cayenne pepper pus sign is seen in
3. Recently approved drug for prurigo nodularis (Aug 2024)
6. Reticulate body is the metabolically active form of which organism
7. Immunomodulator derived from Streptomyces hygroscopicus



Dermwiz



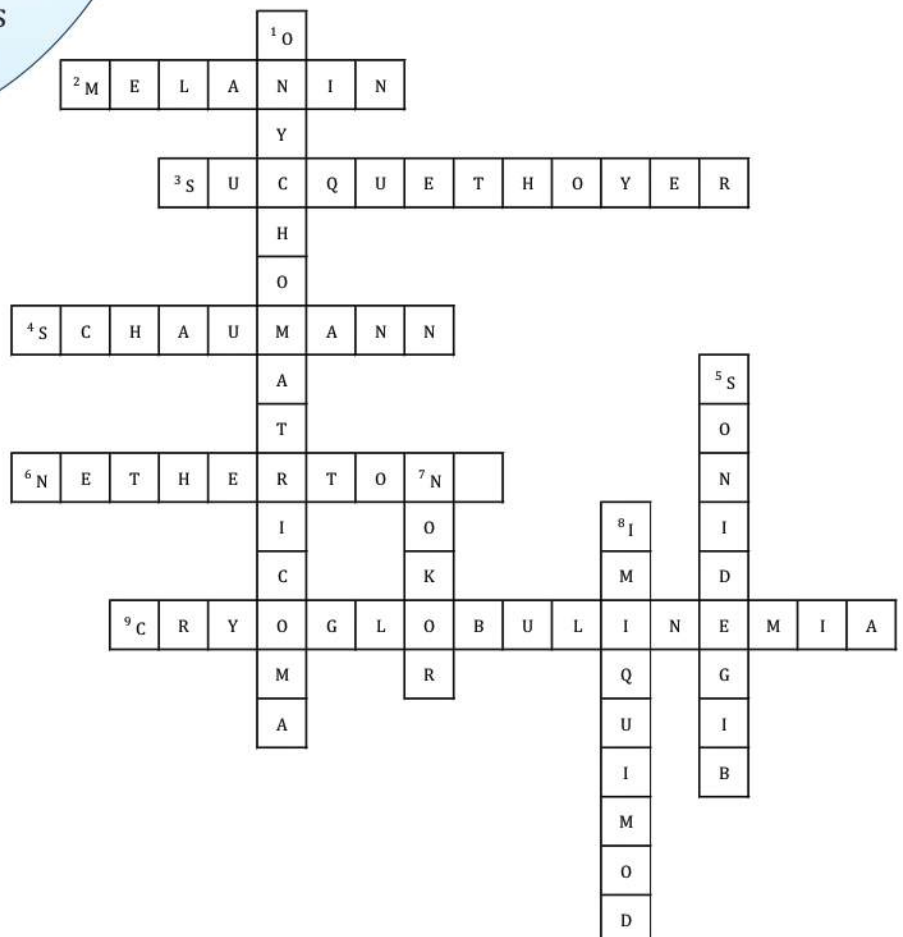
I am
a messenger of
fire where desire flows,
Silent in many, but in some, I
disclose.

I burn and I drip, a secret I leak,
Yet touch not my name, for it's sly and oblique.
I travel in rivers, yet dwell in the flesh,
Untreated, I linger, my mischief afresh.

The clap, they have called me, in
whispers of old,
A tale of passion, infection, and bold.
I hide in men, I hide in women too,
Sometimes I'm loud, sometimes not in
view.

Cure me with care, else I'll strike
again,
Who am I, that rides
where lovers have
been

Dermwiz Answer
Volume-3, Issue-6
Behçet's disease



Answer
Volume-3, Issue-6



15th & 16th
Nov, 2025

CUTICON WEST BENGAL 2025

28th Annual State Conference of IADVL WB Branch

Venue:

Viveka Tirtha

Near Eco Park, Gate No. 1,
New Town, Kolkata - 700161

Theme: Uniting Science, Art, & Mind in the Practice of Dermatology

Program Highlights

Lectures & panels:

Cutaneous infections
Psoriasis
Skin-endocrine link
Immunobullous disease

Case-based Panel discussions on:

Dermato Surgery
Dermatopathology
How should we manage common skin diseases?
Aesthetics
Drugs used in pregnancy and lactation
Pigmentary disorders
STI

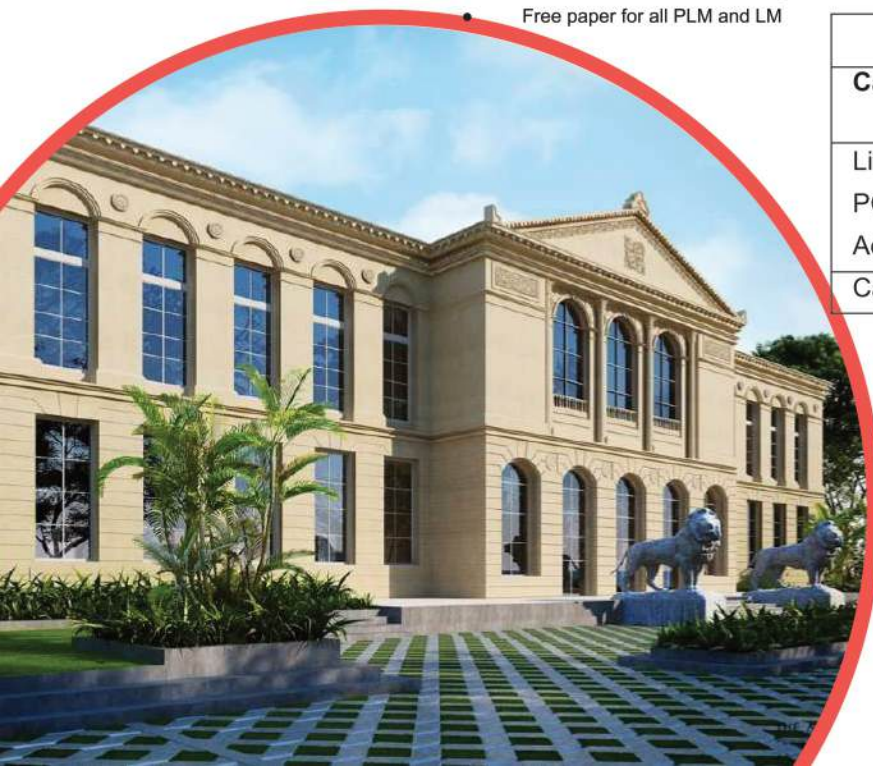
Lectures on:

History of Dermatology
Pediatric Dermatology
(genodermatoses, metabolic diseases, AICTDs)
Recent advances in Dermatology
Genital ulcer
Leprosy reaction
Hidradenitis suppurativa
Acne
Cutaneous malignancies
Hair disorders
Ethics in Dermatology
Contact dermatitis

- Dedicated sessions for PGTs by the masters in the field
- Free paper for all PLM and LM

REGISTRATION FEES

Category	16/09/2025 31/10/2025	01/11/2025 On Spot
	Life Member	₹ 3000/-
PG Student	₹ 2500/-	₹ 3500/-
Accom Person	₹ 2500/-	₹ 3500/-
Cancellation/Refund	25%	NIL



<https://www.cuticon2025.iadvlwb.org/>