



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.

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Secretary's Scribes

Dear Friends,

On behalf of IADVL West Bengal, I am happy to share the 3rd edition of our monthly newsletter 'Skintellect'. IADVL WB became synonymous with activities—we are moving from one to another activities- continuously.

We have started this month with, CHALO PATHSHALA, an educational and awareness-raising activity for teenagers with special emphasis on dermatoses in that age group, such as acne, hair diseases, pigmentation, skin care routines, photo protection, etc. This is a community activity, IADVL Presidential endeavour, with the objectives of understanding skin health care and demystifying the young generation from the harmful effects of over-the-counter and social media-promoted products. This time we have conducted this awareness camp at Ramkrishna Mission School, Narendrapur. With active support from Revered Head Master Swami Ishteshanandaji Maharaj and the school administration, this programme become a grand achievement. Dr. Suchibrata Das, Hony Secretary, Dr Indrasish Podder, treasurer, IADVL WB, Dr Shreya Podder, Coordinator, Chalo Pathshala Programme, Dr Satarupa Kumar, East Zone Coordinator, Y Dermatology community and Dr Gaurav Ray, Assistant professor, STM, Kolkata were among members attended, served a large number of students with health awareness presentation, student doctor interaction and medical check up. A remarkable support from our Pharma Friends helped us to serve the students better. We are moving forward with this project further in different districts.



Our very own Derma Adhyayan webinar, a flagship endeavour of IADVL WB, season 1, Episode 5 organized on 28th July. A very interesting, updated and upgraded discussion on, CUTANEOUS ADVERSE DRUG REACTIONS, by national and state faculties like, Dr Lalit Kumar Gupta, Dr Sudip Das, Dr Abhya Mani Martin, Dr Rajesh Kumar, Dr Sujata Sengupta, Dr Anupam Das, Dr Sanjay Ghosh made this session very much interesting.

We have ended this month with Monthly Clinical Meet, on 29th July at IPGME&R and SSKM Hospital, Department of Dermatology. Interesting, rare and complicated disorders were presented by our students and discussed and explained in depth with erudite faculties.

We are trying to diversify in terms of increasing our outreach to districts by merging and keeping united various sub-branches and district chapters, as well as resource poor areas. Your active support and participation are our only impetus towards excellence. Thankyou. Happy Reading

Thank You all,

Happy Reading

Dr. Suchibrata Das
Honorary Secretary
IADVL WB



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Editors Desk

Dear Members,

We are delighted to present yet another crisp edition of Skintellect for you.

In this edition, we are privileged to interview Dr. Sandipan Dhar Sir, a distinguished academician and practitioner, in our 'Dermatologist Spotlight' column. His remarkable career insights are sure to inspire our young minds.

The 'DermBuzz' column covers recent advancements in systemic biomarkers for urticaria by Dr. Indrashis Podder.

The 'Resident corner' delves into the rise in the incidence of syphilis and other novel STIs, providing clinical perspectives into this important aspect of venereology care.

IADVL WB also conducted its first successful 'Chalo Pathshaala' program at Ramkrishna Mission Boys School, Narendrapur on the occasion of World Skin Health Day. We addressed an inquisitive and ecstatic auditorium of 1000 students followed by a health camp.

Additionally, we are pleased to present highlights from DermaAdhyan webinar conducted on Severe cutaneous adverse drug reactions by IADVL WB Academy and Clinical meeting at IPGMER, Kolkata.

We hope you find this issue enriching and enjoyable.



Warm Regards,

Dr. Shreya Poddar
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DERMATOLOGIST SPOTLIGHT: Dr. SANDIPAN DHAR

- Sir it is our esteemed privilege to be able to interview you. Our heartiest congratulations to you Sir for being recognised as one of the top 18 global leaders of atopic dermatitis and the 2nd from Asia. Please tell us about your journey as a dermatologist to being such an eminent fraternity in this profession.***

Thank you; it is my privilege too to be here with you all and answering some important questions. My journey in dermatology started way back in 1987 when I was doing my internship after passing my MBBS in 1986 from Calcutta National Medical College. During my internship I found my subject of interest and that is dermatology. Infact good number of months I spent on dermatology visiting OPDs of both CNMC and STM to learn the subject. What used to attract me was making a quick diagnosis by looking at skin, which was something that was very catchy for me. If there is any confusion, then we can do a skin biopsy which is a very simple procedure to come to a diagnosis. I felt that in other specialties like paediatrics and internal medicine, even after a long list of investigations including some of the very costly ones like USG, CT Scan and MRI, this type of diagnosis is very difficult to make often. In dermatology, definite diagnosis is much more common and that was something that attracted me. In fact I got Paediatrics during my house job and in those days it used to be important in shaping your future career. It was more or less an unwritten law that someone doing a house job in a particular specialty will be doing post graduation in the same specialty. Paediatrics was also on top at that time but I opted for dermatology. My seniors, my peers, even my parents were not very happy that I took Dermatology. Dermatology was not that well established those days and people used to look down upon dermatology as a speciality. So it became my conviction that I shall work in Dermatology and shall try to give my 100% to the subject and a day will come when people will look at the branch and dermatologists with a lot of respect. So I am very happy that over the last 3 decades or more, the scenario has changed. As I have been told now, dermatology is probably the second highest sought after speciality. I think it is a huge success for our fraternity. As far as my journey is concerned, I got into PGI Chandigarh and my whole life changed after that. I started my dermatology career in CNMC as a house job under Prof Dr. S K Panja. Then in PGI Chandigarh, I got two wonderful teachers – Prof. Surrinder Kaur and Prof A J Kanwar and they actually made my life. As a dermatologist, from the very beginning I got a direction that I shall work in the field of Paediatric dermatology. We had a department of Paediatric dermatology and my thesis was on atopic dermatitis in 1989. Subsequently, I published my work in 1992 in the Indian journal of medical research. And I had three articles accepted on atopic dermatitis in IJMR even before my MD Finals. That is how I kept moving and never lost interest in the subject. My interest kept on consolidating with each passing day. By the time I completed my senior residency, I had 80 publications to my credit. At that time, it was a record among PGI residents and I was given the highest honour – the Kataria Memorial Gold Medal as an outgoing resident across all specialties. It used to be given once every two years for four batches. My contribution for publishing in Paediatric Dermatology and atopic dermatitis had a significant impact on getting this particular honour. This gave me inspiration and I was fortunate to receive tremendous encouragement from my two teachers at PGI Chandigarh who guided me and showed me light in the huge subject of dermatology and led me to my field of interest.



- Sir you have excelled in the field of Paediatric dermatology and atopic dermatitis. Your contribution towards them has been prodigious. What motivated you Sir to pursue this particular field of Dermatology?***

As far as Paediatric Dermatology is concerned, I had a knack for Paediatrics as I told you earlier. Probably that is the reason; I got to join as a senior house staff in Paediatrics but I opted for dermatology. Probably later on



Paediatrics and Dermatology these two combined together made me a Paediatric Dermatologist or rather grew my interest in Paediatric dermatology. That is what my friends and peers tell me in a lighter vein. To be a bit serious about it, the suffering of the children from chronic, serious and genetic skin diseases used to always bother me a lot. So I thought I will work in this field and give relief to these innocent children, not only to them but also to helpless parents whose helpless faces always used to bother me a lot. So I thought that if I am able to contribute something new to this subject, that will be of immense use to the children and parents. Not that in dermatology you do not get a chance but as compared to adults, the suffering of the parents and the children used to bother me and that is why Paediatric dermatology. As far as atopic dermatitis is concerned, let me tell you that I suffered from moderate to severe atopic dermatitis from my childhood and it lasted from almost four to five years till twelve years of age. And I had suffered a lot, you know. I suffered from chronic school absenteeism, disturbed night sleep because of severe itching, all the things which we talk about atopic dermatitis today. So because of that probably I developed a kind of determination that this particular disease I must work on and I must know, and I shall try to give relief to all the children who suffer from this disease, because I know what is the pain of this suffering, because I have gone through it. This was not a kind of knowledge just by reading the book or seeing the patients. I myself, you know, have suffered from this disease, and I know how much it pinches. So that was my kind of, you know, revengeful attitude against this disease. I shall work in this field, and I shall try to work hard as much as possible. And gradually, I continued my work, and I started publishing papers on atopic dermatitis. Today I have got 75 publications only on atopic dermatitis and a good number of publications on atopic dermatitis from India by me and my colleagues. And this is because I have continuously worked on the same subject in which I did my thesis, and I had never lost interest in the subject. And that is how gradually I was known in the country for my work in atopic dermatitis. I presented papers; I gave various lectures in different national conferences. Then I got selected in International Eczema Council, and gradually I was promoted to the academic committee of International Eczema Council, which consists of 18 members across the world of 30 countries, of 136 members from 30 countries, and my work on atopic dermatitis, my keen interest on atopic dermatitis was much appreciated by giants in the field of atopic dermatitis. And that was a matter of great pleasure for me; I never imagined in my life that my work will be recognized internationally. And today I am very humbled to say that diffuse scaling of the scalp of atopic children which is now mentioned in various textbooks and journals are original observations by me and Dr. Kanwar which we published in Paediatric dermatology which is published from the United States. It is now included as a minor clinical feature of the disease.

3. ***Sir you have multiple distinguished honors as a clinician and academician to your name. You have multiple chapters in books. You have been the author of 1st Pediatric dermatology book in India. Congratulations Sir for 'Sishu Twak: Ajana Katha' another book that has been launched recently. Please tell us how you feel academics shapes up a clinician career.***

Thank you very much for the kind words. You know, my book in Bengali, 'Sishu Twak: Ajana Katha' is a venture to educate the parents, particularly mothers and more specifically the new mothers, actually mothers whose babies are first born. And the mothers are often at a loss. They do not know how to take care of the skin of their babies. They depend a lot on the pediatricians or sometimes for a disease for the pediatric dermatologist or dermatologist. So here I felt that there is a gap actually and the mothers particularly should be more educated. And that is how in vernacular I gradually wrote this book. Over a period of 15 years I used to write a column called Pedia-Derma in a very popular bengali health magazine, Ajkal Sushto. So every month it used to come and I used to write on one particular aspect of pediatric dermatology. And today's book is basically a compilation of these 15 years' regular write up. As far as the academic stepping up the career of a clinician is concerned, I think dermatology is one, you know, single specialty where you have scope of doing a lot of



academics because you get a lot of time as compared to your peers who are in internal medicine or in pediatrics. They are very busy in their hospital ward. We get relatively more time to do academics. And that's why probably dermatology is a single most specialty where people publish a lot. So we dermatologists are known for our publications. So academics is very important, over last few decades, if you have seen that those who read regularly keep themselves updated, they can give the best kind of clinical diagnosis and treatment. And nowadays, parents go to the Internet and find out about the disease and they will come to your clinic and ask you 101 questions. And if you are not updated in your subject, then, you know, patients won't come back to you. It is as simple as that. So for that also, and otherwise for understanding the disease, academics is very important. A good clinician means someone who has sharp clinical sense/eyes and ability for making good clinical diagnosis and aptitude. Basically all these can happen only when it comes from inside, I mean feeling for the patients (children) and their parents. And if you are reading a lot, then you know about the disease much more. And that knowledge of yours can help a patient and the parents a lot. It makes a world of difference when you know about a particular disease. And that knowledge you actually implement into practice for the treatment of a chronic disease or an intractable disease of a child. Some new treatment has come for something which was not known earlier. Say for example retinoids for ichthyosis and harlequin fetus, which have revolutionized the treatment of these difficult to treat conditions and were considered almost untreatable in the past. There are so many other examples where you give your best possible advice to patients. So an academician and a good clinician are two inseparable things. A good clinician without a sound academic background does not mean anything.

4. **Sir you must be having a very hectic schedule being the HOD of ICH and balancing all your research works at the same time. Sir, any hobby or interests you like indulging in beyond dermatology?**

As far as my hobby is concerned, from my childhood only I have been from my school days only I have been into debate, extempore, acting on the stage and singing. This has continued till my PGI days also and this has helped me a lot for my social connection and public speaking ability. I listen to music. My days start with listening to music and ends with it late in the night. And I also try to sing along for my mental satisfaction and for my own happiness. So listening to music has been a big passion for me. You know classical, modern, both types of songs I like. My favorite singers are in both Hindi, Bengali. These are the two languages I listen to usually. You know among male voices , I like Hemant Kumar, Manna De ,Kishore Kumar and amongst female singers Lata Mangeshkar and Asha Bhosle. I also like Rupankar Bagchi a lot amongst the current day singers. When I do my work on computer, I spend a good number of hours apart from my patient examination and other things in front of computer because I have to edit papers, or books, or writing a paper, or contributing to a journal, or communicating for my International Society of Pediatric Dermatology, which is the highest body of pediatric dermatology, where I am the mentorship committee chairman and one of the member of board of directors. So continuously I have to reply to mails and other things and activities . So whenever I am in front of the computer, you can be sure that in the background there will be music continuously running, that may be a song, that maybe an instrumental music. I'm a big fan of Jagjit Singh ji and his ghazals. He had a gifted voice. I became more of his fan from my PGI Chandigarh days and it still continues.

5. **Sir to conclude, you have been known to be student friendly, nurturing young minds and indulging in medical discussions on various platforms. What piece of advice would you like to give to the budding dermatologists who are yet to make their mark in this field?**

I have always loved my juniors and students and tried my best to guide them properly, because I remember during my student days I was lucky to get some wonderful seniors who guided me to study and work hard and also to become perfect in my specialty. Similarly, I try to guide my students and juniors, to support them,



because I truly believe that they belong to our fraternity and it is my moral responsibility to help them to grow so that our fraternity grows. When someone comes into my fraternity, I try to guide them as much as possible so that they can become the torch-bearers for the future generations to come. Keeping this in mind, I have tried to promote many of my juniors in both paediatric dermatology and atopic dermatitis at national and international levels. I strongly believed in their capabilities, they only required proper direction and guidance. This is because a lot of times they are confused about the areas they need to focus on. Depending upon their area of interest, I guide and help them for my own satisfaction that I am building a bridge for the future of Indian paediatric dermatology and atopic dermatitis. I have more miles to walk, more goals to achieve, but developing the future of dermatology is one of the most important goals. So my only advice to my juniors will be to stay focussed, and not take up more than 2-3 areas of interest at a time to ensure maximum learning and contribution. "If you climb some hills then only you shall see that there are other hills to be climbed"- I strongly believe in it. There is endless knowledge in every field of dermatology. Only when you apply this knowledge practically, you will achieve wisdom. So don't get distracted by apparently lucrative aspects where you might earn more, rather work on your field of interest, make sure academics and clinics go hand in hand as our patients are our best source of knowledge. Also keep on publishing, not only to ensure depth in your favoured areas but also to build a scaffold for your career. Always keep listening to lectures given by great orators, learn their ways of giving a speech and also make sure to present topics wherever possible. So these are the things which I tell them. And I also tell them that patient service is very important. Give your best to your patients and do a lot of counselling for every chronic skin disease and explain to the parents. So spend 10 minutes extra for every patient you see particularly when you have time for the paediatric dermatology cases and also adult dermatology. Another thing is that whenever you learn something new, whenever you see a new case, go back and read about that particular case in the same night, if not possible at least the next day. Otherwise after a few days you will forget about it. So these are some of the tips which I used to do myself, and that is how I have learned the subject to some extent over a period of time. So as I have got the benefit out of it, I am giving these pieces of advice to my beloved juniors, my students who will probably benefit from these.. Another thing I must tell my juniors and students is that be proud that you are a dermatologist and you should never have any complex about your career /speciality that you are not a nephrologist, cardiologist, neurologist or a surgeon. Those days are gone. I think dermatology is a much sought after & respected specialty now. And you should develop a sense of pride in taking up this specialty. And whenever you take the specialty, your responsibility also increases towards your patients, your subject etc. So empower yourself to serve the patients as well as serve in academics. I was lucky to get some wonderful teachers like the late Dr. S. K. Panja, Late Dr. Surrinder Kaur, Dr A J Kanwar. I also got a few wonderful seniors to guide me. I would like to name a few of them: Dr. Arti Nanda, Dr. Prasanta Basak, Dr Anil Abraham who always used to tell me to study and work hard and used to teach me the subject. Dr Rajeev Sharma used to give finer tips for case based clinical dermatology, particularly for diagnosis and treatment of many tricky dermatological entities. Their contribution to my learning was no less than my designated teachers!



DERMBUZZ : NEWER AND COST-EFFECTIVE INFLAMMATORY MARKERS IN CHRONIC URTICARIA - AN UPDATE

Dr Indrashis Podder

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Chronic urticaria (CU) is an inflammatory dermatological disorder characterized by pruritic wheals with or without angioedema, occurring daily or almost daily for 6 weeks or more. Chronic spontaneous urticaria (CSU) is the most common variant, accounting for 80-90% cases, in which no specific trigger can be identified, and the occurrence of symptoms is unpredictable and spontaneous. The other variant is called Chronic inducible urticaria (CIndU), characterized by the presence of specific triggers such as touch, pressure and temperature changes.

Recently, researchers are exploring the role of several biological parameters, called biomarkers, which may be used to assess the disease characteristics such as severity, control and therapeutic response. Currently, the therapy of CSU involves second-generation antihistamines, omalizumab and cyclosporine in a step-wise algorithmic approach. These biomarkers are gaining importance as they may be useful in assessing disease characteristics and counselling patients, and also predict the therapeutic response to different agents, thereby paving the way for 'precision medicine.'

Several biomarkers are being explored in CSU, but many of them are expensive and available only in specialised research centres. On the other hand, there are some inflammatory parameters, which can be easily evaluated, and are gaining importance in resource-poor settings. A few inflammatory parameters, suitable for day-to-day practice are briefly mentioned below-

Neutrophil-lymphocyte ratio (NLR)

As the name suggests, NLR is the ratio between absolute neutrophil count and absolute lymphocyte count.

NLR is dependent on many conditions including age, race, medication, chronic disease like coronary heart disease, stroke, diabetes, obesity, psychiatric diagnosis, cancer of solid organs, anemia and stress.

A normal range of NLR is between 1-2, the values higher than 3.0 and below 0.7 in adults are pathological.

Role in urticaria

NLR values have been found to be significantly high in CSU patients, compared to healthy controls. However, no significant difference was detected between acute and chronic urticaria, suggesting a limited role of disease duration. NLR is also significantly raised in patients with severe CSU, suggesting its potential application as a biomarker for disease severity. Recently, raised NLR has been reported as a marker for non-response to antihistamines, however, the utility of NLR as a marker for omalizumab response remains doubtful.

Platelet-lymphocyte ratio (PLR)

As the name suggests, PLR is the ratio between absolute platelet count and absolute lymphocyte count. It has been used as a marker for various cardiovascular and autoimmune disorders.

The normal PLR value ranges from 90-210.

Role in urticaria

A raised PLR has been detected in patients with chronic and severe CSU, thus implying its utility as a marker for disease characteristics. On therapeutic grounds, PLR has been reported to be a predictor of antihistamine non-response, while its role as a marker for omalizumab response remains controversial.

Systemic immune inflammation index (SII)

Systemic immune inflammation index (SII) is calculated by $(N \times P) / L$ (N, P and L represent neutrophil counts, platelet counts and lymphocyte counts, respectively), and is associated with some malignant tumors, such as metastatic renal cell cancer and metastatic castration resistant prostate cancer (mCRPC).

Role in urticaria

Recently several authors are investigating the role of SII in urticaria. SII has been found to be elevated in patients with



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chronic urticaria (vs. acute urticaria). In CU patients, raised SII has been found to be associated with more severe disease. Interestingly, an elevated SII has been found to indicate the transition from acute to chronic urticaria in children, thereby implying its potential role as a prognostic marker. There is limited role of SII in predicting the therapeutic response to antihistamines or omalizumab.

Systemic inflammation response index (SIRI)

SIRI is calculated as $P \times N/L$ where P, N and L are the cell counts per liter of peripheral blood for platelets, neutrophils and lymphocytes. It shows a high association with mortality in patients with cancer and intracerebral hemorrhage.

Role in urticaria

There is limited evidence regarding the role of SIRI in predicting the disease severity and course of CU.

Interestingly, SIRI has been found to be a useful predictor of omalizumab's drug survival in CU patients. SIRI has also been found to be useful in predicting the therapeutic response to omalizumab, characterised by significant decline post-therapy.

Conclusion

NLR, PLR, SII and SIRI are emerging biomarkers for CU, which are cost-effective, and utilised in resource poor settings. These inflammatory markers are more useful in predicting disease characteristics, compared to therapeutic outcome. Further, large-scale multicentre studies are needed to validate the role of these inflammatory markers in CU.



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RESIDENT'S CORNER: RISE IN THE INCIDENCE OF SYPHILIS AND OTHER NOVEL STIS: A CRITICAL PERSPECTIVE

Dr. Shatanik Bhattacharya

3rd year PGT Dermatology Medical College, Kolkata

Sexually transmitted infections remain prevalent in 21st century and contributes to major health and economic burden globally. Up to 30 types of bacteria, viruses, fungus, parasites are incriminated as causative for various STIs. During the COVID 19 pandemic, there was low coverage of preventive, promotional and curative services that led to resurgence of STIs and emergence of non-classical STIs worldwide. New syphilis cases are being seen more among individuals aged 15-49 years, HIV and viral hepatitis is showing decline. European center for disease prevention and control reported 48% rise in gonorrhoea cases, 34% increase in cases of syphilis, 16% rise in chlamydia induced LGV IN 2022. As a long term goal, the World Health organization has endorsed the global STI strategies that targets to eliminate these infections by 2030.



Clinical syndromes caused by major emerging or re-emerging sexually transmissible pathogens

- Enteritis or Colitis – Shigella flexneri, shiga toxin producing E.coli, Campylobacter species, Entamoeba histolytica*
- Urethritis – Neisseria meningitidis(unencapsulated), Neisseria gonorrhoeae, Mycoplasma genitalium*
- Proctitis – Lymphogranuloma venereum, enteric pathogens causing colitis*
- Systemic infections – Neisseria meningitidis(capsulated), Zika virus, Ebola virus, Treponema pallidum.*

Factors contributing to emergence, re-emergence and transmission of STIs

- Pathogen factors
 - *Bacteria- Shigella flexneri and Shigella sonnei, Methicillin Resistant Staphylococcus Aureus (MRSA), Group B Streptococcus(GBS), Neisseria meningitidis, Chlamydia trachomatis*
 - *Viruses- ZIKA, EBOLA, CMV, Dengue, HAV, HCV, Monkey pox*
 - *Fungus- Candidiasis*
 - *Parasites- Entamoeba histolytica, Giardia lamblia*
 - *Resurgence of neglected tropical diseases – LGV, Mycoplasma genitalium.*
 - *Anti-microbial resistance(AMR) in Neisseria gonorrhoeae and Mycoplasma genitalium*
- Host factors
 - *Genital fluids- semen, vaginal fluids are major reservoirs of microorganisms, they could transmit infection from infected asymptomatic persons to partners through contact.*
 - *Behavioral aspects – Chemisex- use of drugs to enhance sexual experience, condom-less sex, increased international travel*
 - *Increased connectivity among people, social network accessibility, online dating apps and pornographic material have extended the dissemination of existing and novel STIs at universal level*
 - *Co-infection with other sexually transmissible pathogens*
- Environmental factors

Access to biomedical interventions(HIV-PRE-EXPOSURE PROPHYLAXIS-PrEP)

Access to testing and treatment

Epidemiological determinants

- *Key population groups-men having sex with men, intravenous drug users, commercial sex workers, transgenders, prisoners, those in captivity and closed settings.*
- *Population explosion*



- 40% Indian population <25 years (young, sexually active group, vulnerable)
- Rural to urban migration
- Delayed marriage, more prone to unprotected sex with multiple sexual partners out of gratification needs.

Trends in syphilis

India is experiencing rising trend of syphilis particularly secondary and latent stages mainly due to changes in risk behavior, misconceptions and social stigma associated with STIs, improved laboratory diagnosis and increased public awareness.

Syphilis, the great imitator, is a multi-system sexually transmitted disease, also acquired via blood transfusion and mother to child transmission. There are multiple overlapping stages starting from painless indurated chancre, versatile manifestations of secondary syphilis and CNS, CVS features of tertiary syphilis. MSM, IVDU, CSW are the high-risk groups for syphilis. Latency of the disease, drug resistance, coexisting human immunodeficiency virus infection has altered the manifestations along with relentless use of anti-microbial leading to under diagnosis and increased transmission. In 2000, incidence was 2.1 per 1,00,000 population in United states and Europe. There was a gradual, definite increase in primary, secondary and latent syphilis cases from 2001-2009, a slight dip in 2010, 2011 then increased by 22% from 2011-2015 where the prevalence was 5.2 cases/100000 population.

South, Southeast Asian regions including India and China have recognized most dramatic change in epidemiology of syphilis, from 1991-2005. There has been 16-fold rise in caseload of total STIs. By 2008, syphilis constituted 38% of total STIs. In 2013, 44,952 syphilis cases were reported accounting for 33 cases/100000 population. There were 7.1 million new cases of syphilis globally in 2020, WHO estimates that 8 million adults between 15-49 years old acquired syphilis in 2022. Black and American Indian population bear a disproportionate share of the burden-and women are making up a rising share of cases. In 2022, cases of congenital syphilis among newborns were 10 times higher than in 2012.

Factors responsible for such epidemic are large scale migration and unorthodox sexual practices. Co-infection with HIV seems to be the key driving force. Rapidly developing economy with shift from low income to more affluent settings is also instrumental. Avoidance of condom use, multiple sexual partners, lack of accessibility to healthcare facility, lack of awareness and proper sexual education, illicit drug/substance abuse are responsible.

Early appearance of primary chancre, overlapping primary and secondary cases, telescoping of disease to later stages quickly, asymptomatic neurosyphilis, macules over palms and soles along with beitt's collarette, condyloma lata, split papules over angle of the mouth, lichenoid lesions, corymbose lesions, annular lesions, moth-eaten alopecia have increased recently.

Syphilis is a preventable disease. The best way to prevent is to practice safe sex and use condoms consistently and correctly. The CDC recommends screening of syphilis during the first prenatal visit at 28 weeks of gestation and at delivery for high risk patient. Implementing a reverse screening algorithm in routine practice EIA/CIA followed by non-treponemal test will enhance the detection of latent infection. This approach also reduces the rate of false positive. The prophylaxis by doxycycline as per endorsement by CDC for preventing bacterial STIs in groups at high risk has potential for mitigating the rise in syphilis. Home STD testing/self-testing is associated with higher testing rate for both sexes than clinic testing with an overall sensitivity of 90% and specificity of 96% (for syphilis reported sensitivity is 85% and specificity of 91%).

To conclude, the rise in incidence of syphilis necessitates a multi-disciplinary approach. Ultimately a vaccine may be required to eradicate this persistent organism.

FUTURE PERSPECTIVE in STI management

Detection of asymptomatic STI cases and cases with atypical presentation

Increasing IEC activities



SKINTELLECT

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- Decreasing social stigma*
- Regular supply of essential drugs*
- Increasing equipped labs with trained personnel*
- Integration of STI services with primary health care*
- Modification of definitions and defining approaches to emerging STIs*
- Timely testing to be made mandatory for bridge population, vulnerable groups MSM and sex workers.*
- Robust surveillance system with special attention to PLHIV*
- Organism identification (both culture and genomic based)*
- Next generation sequencing to be employed on vaginal, anal and oral fluids apart from semen to identify organisms with epidemic potential*
- Tackle microbial resistance*
- Cooperation between governmental, non-governmental and private organizations together with community contribution and engagement*

Don't TRUST ME




I'M A DUCKTOR

SAY NO TO QUACKERY IN DERMATOLOGY

quack

BEWARE OF THE FAKE DOCTORS




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 3rd meeting of the Executive Committee of IADVL W. B. State Branch held on 26th July 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. Aniruddha Ghosh, Dr. Saumya Panda, Dr. Manas Chatterjee, Dr. Saurabh Kumar Dhara, Dr. Surajit Gorai, Dr. Siddhartha Das, Dr. Nilendu Sarma, Dr. Subhamoy Neogi.

Dr. Sudip Das, Ex President took the chair and called the meeting to order.

Agenda-1: Confirmation of the proceedings of the last executive committee meeting held on 30/5/2024, emergency executive committee meeting held on 13/6/2024, & State Council meeting held on 30/06/2024.

The proceedings of the last executive committee meeting held on 30/5/2024, emergency executive committee meeting held on 13/6/2024 & State Council meeting held on 30/06/2024 were read and confirmed unanimously.



Agenda-2: Report on -

Outstanding Dues of conferences/CMEs

Dr. Suchibrata Das, Honorary Secretary, informed the members that till date the association is owed approximately Rs. 25 lakhs by several pharmaceutical companies for conferences and CMEs. After discussion, it was decided that these dues should be collected promptly. The association will share a list of defaulters with the respective org. secretaries to facilitate collection.

Statements of Nodal Executives

Nothing discussed.

Activities of Sub Branch/Combined District Chapter

In the State Council Meeting, proposal from council members were to merge different sub-branches. Decision taken, for Bankura -Purulia merge and Bidhannagar- North 24 Parganas. Further proceedings will be done according to the constitution rules.

To place statement of account for the month of May & June.

The Accounts of IADVL WB Sate Branch for the month of May & June 2024 was inspected and unanimously accepted by the members.

Status of DVL Trust and E-voter

Dr. Suchibrata Das, Honorary Secretary, presented an update on the Evoter enrollment process. As of now, 349 members have registered as E-voters from our State Branch. The members have agreed to prioritize and accelerate the enrollment drive

Derma Adhyayan Webinar

Dr. Suchibrata Das, Hony. Secretary informed that Derma Adhyayan webinar will be held on 28th of this month in the topic of "Cutaneous Adverse Drug Reaction".

Vitiligo Day (25th June)

Dr. Suchibrata Das, Honorary Secretary, placed a report on the successful observance of Vitiligo Day in various



medical colleges across West Bengal. Patient awareness initiatives, including leaflet distribution, patient awareness camp, vitiligo surgery camp, opening of Phototherapy unit were done in different medical colleges in different parts of state. At evening, one webinar on Vitiligo was organized, which was widely appreciated by participants. The members appreciate it.

MID CUTICON WB 2024

Dr. Suchibrata Das, Honorary Secretary, placed the report of the MID CUTICON WB 2024, it was a highly successful conference. Dr. Dipankar De delivered the prestigious Dr. B C Lahiri Oration, while Dr. Shyamanta Barua and Dr. Vikas Shankar presented an engaging case study. Dr. Kaustav Nayek, Director of Medical Education (DME), Government of West Bengal, inaugurated the conference and graced the occasion. The conference generated approximately Rs. 4 lakhs of surplus. The members appreciate it.

Community Derma Project Health Camp (Chalo Pathshala)

On the occasion of World Skin Health Day, an awareness camp was organized at Narendrapur Ramkrishna Mission Vidyalaya. The camp was conducted by a team led by Dr. Suchibrata Das, Honorary Secretary, IADVL WB, and included Dr. Indrasish Podder, Honorary Treasurer, IADVL WB, Dr. Shreya Podder, State Coordinator of Cholo Pathshala, Dr. Shatarupa Kumar, East Zonal Coordinator of Cholo Pathshala, and Dr. Gaurav Roy, Assistant Professor, School of Tropical Medicine, Kolkata. The program commenced with an introduction to World Skin Health Day, followed by an audiovisual presentation and a panel discussion led by Dr. Shreya Podder and the other team members. A lively interactive session with students ensued, demonstrating their keen interest in skin health. The camp concluded with a skin health checkup for a large number of students. Dr. Suchibrata Das announced plans for two more Health Camps (Cholo Pathshala) in the next month. The members appreciate it and unanimously accept the proposal

Agenda-3: Discussion regarding

CUTICON WB 2024.

Dr. Surajit Gorai, Org. Secretary of CUTICON WB 2024, placed the committee, registration fees, and pharmaceutical tariff to the meeting. He suggested the conference theme, "Dermatology Beyond Conventions." Furthermore, he proposed conducting four pre-conference workshops on fillers, dermatopathology, dermatoscopy, and dermatosurgery on 29th November 2024, at the Venue. A maximum of five guest faculties will be invited. Following necessary modifications, the proposals were unanimously approved by the members. Dr. Sudip Das proposed Dr. Saumya Panda for the R.K. Panja Memorial Oration and Dr. Shibaprasad Roy Chowdhury for the B.N. Banerjee Oration for the year 2024. This matter has been forwarded to the Academic Committee of IADVL WB for consideration.

Resignation of Scientific Chairperson, CUTICON WB 2024

Dr. Suchibrata Das, Hony. Secretary informed that we have received a resignation from Dr. Koushik Lahiri as Scientific Chairperson of CUTICON WB 2024. Dr. Sudip Das proposed the name of Dr. Abhishek De as Scientific Chairperson for CUTICON WB 2024. The members accept the resignation and the proposal.

CC Meet

Dr. Suchibrata Das, Hony. Secretary informed that we have facing a problem for attending CC Meet of Dr. Nilendu Sarma on behalf of President. The member unanimously resolves that as per constitution, Dr. Nilendu Sarma, Senior Most Vice President will be acting as the working President till further development.



Website and Digital Platform

Nothing Discussed.

Indian Journal of Dermatology

Nothing Discussed.

Biswa Derma (An International Webinar)

Dr. Saumya Panda updated the members on the Biswa Derma conference preparations. He reported that the program is almost complete, with all faculty members confirmed and four video lectures already received. Regarding Web Platform, Dr. Panda informed a discussion with Mediknit concerning the conference quotation and technical requirements. Mediknit has submitted a quote of Rs. 3.95 lakh, plus GST. Dr. Kingshuk Chatterjee was unanimously selected for Org. Secretary. Dr. Panda also presented a sponsorship tariff for the conference, which was approved by the members.

SIGs Aesthetics & Dermatopathology and PGPDT of 2024

Hony Secretary informed the members that we have a lot of problem to fix the date for organize SIG, CME. The members decided that we need to postponed the date for organize SIG, CME.

SIG Aesthetics on 23-Jun-24 coordinated by Dr. Dinesh Hawelia	Cancelled
Injectable coordinated by Dr. Ishaad Agarwal	Cancelled
Pruritus on Jan-25 coordinated by Dr. Indrashis Podder	Cancelled
SIG Dermatopathology on 12-Mar-25 coordinated by Dr. Kisalay Ghosh	Rescheduled
Female Genital Disease coordinated by Dr. Sujata Sengupta	Date not fixed

DERMACON International 2027

Nothing Discussed.

Agenda-4: Miscellaneous.

Staff Matter

Dr. Suchibrata Das, Hony. Secretary informed to the members that we have received proposal to staffs regarding release their allowance of CUTICON WB 2023. After discussion it was decided that the amount of Rs. 35000/- to Mr. Khageswar Das, Rs. 25000/- to Mr. Prasenjit Das & Rs. 10000/- to Mr Tapas Kayal will be paid.



Visit to New Office Space

Dr. Suchibrata Das, Hony. Secretary informed to the members that all member were visit to the new office space and talk with builders for fix the interior rooms. After discussion with builders the member decided that we make 1 store room, 1 kitchen, 2 toilets, 1 preview room and rest for Hall in this space. The builder committed that the possession is hand over expected in 2025.



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Dr. Suchibrata Das, Hony. Secretary Proposed regarding affiliation fees collect from Conferences (CUTICON & MID CUTICON) and reduce the conference expenses for facing the financial crisis of IADVL WB. This matter has been forwarded to the Finance Committee of IADVL WB for consideration.

Dr. Kingshuk Chatterjee Proposed regarding hire a New Auditor, and the scope of work for new auditor. This matter has been forwarded to the Finance Committee of IADVL WB for consideration.

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





WORLD SKIN HEALTH DAY 2024 , observed by IADVL WB with CHALO PATHSHALA AWARENESS CAMP

WORLD SKIN HEALTH DAY 2024 , observed by IADVL WB with CHALO PATHSHALA AWARENESS CAMP, held at NARENDRAPUR RAMKRISHNA MISSION VIDYALAYA, NARENDRAPUR. Hony Secretary IADVL WB Dr Suchibrata Das, Hony Treasurer IADVL WB Dr Indrasish Podder, STATE Coordinator of CHALO PATHSHALA, Dr Shreya Podder, EAST ZONE COORDINATOR of CHALO PATHSHALA Dr Shatarupa Kumar, Dr Gaurav Roy, Assistant Professor, School of Tropical Medicine, Kolkata, were among the members who conducted the camp. The programme was started with Gurubandana by Swami Ishteshanandaji Maharaj, Revered HeadMaster of NRKM, followed by Introduction about WORLD SKIN HEALTH DAY and IADVL by Hony Secretary, IADVL WB, then Audiovisual presentation with panel discussion by Dr Shreya Poddar and all other members, followed by interactive session with students of the school. It was an exemplary session with spontaneous student participations. The awareness camp was concluded with skin health checkup of a large number of students.



CHALO PATHSHALA

Skin Health Awareness in Children and Adolescents

Any Skin, Hair, Nail and Genital problems

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IADVL certified Dermatologists are the true experts



OUR MISSION:

Reach the underprivileged, serve the needy



Webinar on DERMA Adhyayan

IADVL WB Academy presents yet another exciting episode on "Cutaneous Adverse Drug Reactions". This episode aired on 28th July at 8.30 PM started off with a warm welcome by Dr. Sanjay Ghosh. The first session comprised of the current management updates on SJS/TEN by the esteemed Prof. Lalit K. Gupta. This was followed by a series of interesting cases on CADR by Prof. Sudip Das. The session ended with an enriching discussion on managing difficult cases of CADR, moderated wonderfully by Dr. Anupam Das, with esteemed panellists Dr. Abhay Martin, Dr. Rajesh Kumar, Dr. Lalit K. Gupta, Dr. Sudip Das, Dr. Sujata Sengupta and Dr. Dinesh Havelia.

We shall be back again with more such engaging Derma Adhyayan episodes! This episode is now available on Youtube: <https://www.youtube.com/live/cw7qNesPpXs>

IADVL WB ACADEMY PRESENTS Derma Adhyayan

Learn. Unlearn. Relearn.





Monthly Clinical Meeting of IADVL WB on 29/07/2024 at IPGMER & SSKM Hospital, Kolkata

The IADVL WB monthly clinical meet for this month under the tutelage of Prof. Dr. Kakali Mridha, Dr. Olympia Rudra, Dr. Tirthankar gayen, Dr. Subhamoy Neogi. A slew of interesting and unique cases were presented by PGTs Dr. Biswajoy, Meghdeepa, Meenakshi, Anitava, Debargha and Suparna and moderated by SR Dr. Pranjal. The meeting was attended by academic stalwarts, Prof Dr. Sumit Sen, Prof Dr. Biswanath Naskar and Dr. Kishalay Ghosh. PGTs, SRs and RMO of various medical colleges were present in the audience.

The various cases presented were-

1. Rosai Dorfman disease
2. Paraneoplastic pemphigus
3. Cloves syndrome
4. Jobs syndrome
5. Adult onset xanthogranuloma
6. Galli Galli disease

Inputs from both chairpersons and faculties and active participation of audience members made this clinical meet an enriching experience for all.



Quiz Zone

1



- A young female presents with minimally itchy lesions on the trunk.
- KOH was negative.
- HPE: hyperkeratosis, acanthosis and papillomatosis.
- Responded well to doxycycline.
- Identify the condition?
- An actinomycete, has been isolated from lesional skin, although it is unknown if it is causative. Name the organism?

2

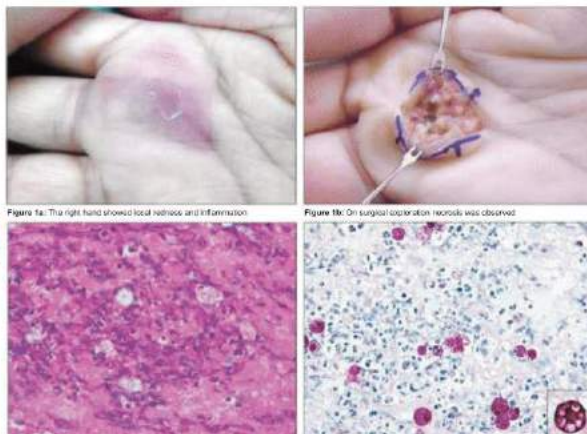


Figure 1a: The right hand showed local redness and inflammation

Figure 1b: On surgical debridement necrosis was observed

Figure 2: Spore-like microorganisms were found in necrotic debris (H and E, x400)

Figure 3: The periodic acid-Schiff stain revealed numerous spore-like microorganisms (x400). The endospores with typical floret-like arrangement are identified (Inset)

A 60-year-old woman with a history of trigger finger presented with a 2-week history of a swollen right middle finger, received local steroid injections twice for trigger finger 1 month before the visit. The injection site became red, swollen and painful. On incision, there was serosanguinous discharge and necrotic synovitis of the volar side of the right third metacarpal head region. HPE revealed numerous spore-like microorganisms in the necrotic debris. Numerous endospores with occasional floret-like arrangement were identified on periodic acid-Schiff and silver stains. Tissue cultures were set up on blood agar plate and SDA. The wet mount revealed round-to-oval spores of varying sizes (about 10–20 μ) with varying number of endospores inside.

What is the diagnosis?

3



Figure 1: lithiopsis

Figure 3: lithiopsis

Figure 2: Keratopathy, ectropion and coloboma

Figure 4: Lipid accumulation in the neutrophils (Jordan's anomaly)

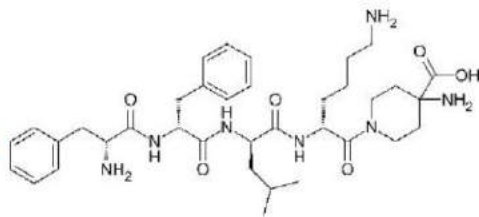
A 38-year old male patient presented with laboratory findings as follows: high AST; 203 U/L, ALT; 151 U/L, GGT; 167 U/L, CK; 1127 U/L levels and low platelet levels (108000). After ultrasonography and gastroscopy, the patient was diagnosed with liver cirrhosis. Bilateral mixed-type hearing loss on audial tests and bilateral punctate keratopathy, ectropion, and cataract in the left eye on ophthalmological tests were found. Peripheral smear revealed lipid accumulation in the neutrophils

Identify the syndrome?

NOW APPROVED

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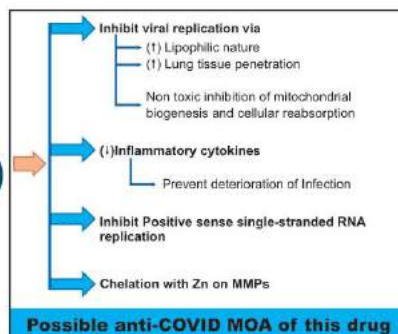
4



FDA APPROVED

- A 58-year-old patient presented with complaints of severe pruritus. He had been diagnosed with ESRD and was undergoing dialysis.
- Initially, he was prescribed an oral drug, nalfurafine, but it posed a problem for the patient receiving dialysis due to the restricted fluid intake and since he was already on a lot of oral medication.
- Consequently, his doctor prescribed a new drug that is administered intravenously directly into the dialysis circuit. The patient experienced slight somnolence and dizziness, for which he was counselled and treatment was continued. Remarkably the patient showed significant improvement.
- **Identify the drug?**

5



Malaria Carriers

Female Anopheles Mosquito



This heavy duty drug is also used for malaria prophylaxis

- A 28 year old male with no known comorbidities presented to Emergency department with sudden onset of odynophagia, retrosternal burning pain, dysphagia and chest tightness.
- On initial evaluation, cardiovascular conditions were ruled out and patient was treated symptomatically.
- A closer look at patient's ongoing medicines for inflamed lesions on face suggested a possibility, which was confirmed by esophagogastroduodenoscopy.
- Which commonly prescribed drug by dermatologists could possibly have this specific adverse effect? What specific instructions can prevent this adverse effect?

Volume 2, Issue 3 Answer:

Ans 1

PAPASH SYNDROME
Pyogenic arthritis
Pyoderma gangrenosum
Acne vulgaris
Hidradenitis Suppurativa

Ans 2

Molluscum contagiosum
Cup shaped indentation of epidermis into dermis with intracytoplasmic eosinophilic inclusion bodies on keratinocytes
Henderson Paterson Bodies/ molluscum bodies
New drug - Berdazimer gel 10.3%

The correct response given by
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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Indian Association of Dermatologists, Venereologists & Leprologists West Bengal State Branch



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CUTICON WB 2024

27th Annual State Conference of IADVL, WB Branch



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

Theme: "Dermatology beyond Conventions"

30th November
&
1st December 2024

Conference Secretariat

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