

IADVL WB NEWS LETTER



Indian Association of Dermatologists, Venereologists and Leprologists (IADVL)

West Bengal State Branch

Volume 1 Number 1

March 2017

President's Address

Respected Seniors, Friends and beloved Juniors,

This gives me immense pleasure to write in the Newsletter of IADVL West Bengal Branch. I am very happy that IADVL West Bengal Branch is going to publish our Newsletter. I want to convey my sincere gratitude to Prof. Sumit Sen, our dynamic Secretary for his sincere effort in publishing the Newsletter. This Newsletter will help our members to know the activities of both IADVL West Bengal Branch and National IADVL.

IADVL West Bengal has got a long and rich heritage. We are proud that our member Prof. B. N. Banerjee was the first President of IADVL. Our Journal, "Indian Journal of Dermatology" is one of the oldest Dermatology Journal in Southeast Asia. The Journal started in the year 1955 and Dr. Ganapati Panja was the first Editor. The Journal is indexed and well acclaimed Nationally and Internationally. We must congratulate all the Editors and their team members for giving our Journal a new dimension.

We are also proud to have well decorated Branch Offices in Moon Plaza and in Creek Row. Very few state Branches have their own offices like ours. We are not lagging behind in Academics also. We have regular Clinical Meetings in different Medical colleges. We organize large number of workshops and CME for our members. Our Association also funds Research Projects for its members. Our association always stood beside the members and thought for their benefits. We must not forget the dedication and hard work of our seniors. They paved the way to our success. We can assure you that in near future we will try to give more benefits to our members but at the same time we need more young blood to join us to move our Association ahead. At the same time we need the blessings and guidance of our seniors to take IADVL West Bengal to a new height.

Thanking you,

Long live IADVL

Dr. Siddhartha Das,

President, IADVL West Bengal Branch.

Pigmented Contact Dermatitis: An Unique Entity

Sanjay Ghosh

Professor & HOD, Department of Dermatology, MGM Medical College & LSK Hospital, Kishanganj

Email: drsanjayghosh1@gmail.com

Pigmented contact dermatitis (PCD) denotes a noneczematous variant of contact dermatitis, clinically manifested by hyperpigmentation without showing any sign of dermatitis. The designation of "pigmented contact dermatitis" was first coined by a Danish dermatologist Osmundsen, while describing an epidemic of melanosis in Copenhagen. In this case series he proved by patch test that the melanosis was induced by contact dermatitis due to "optical whitener" of pyrazoline derivatives contained in a washing powder.

Many patients, especially females in Japan during post World War II phase had patchy or diffuse pigmentation on their face or even sometimes whole face. Nakayama confirmed the etiology by patch testing with different components of cosmetics and patients' own cosmetics and proposed the



Figure 1

term "pigmented contact dermatitis", which may be considered as a type of contact dermatitis.

Riehl's melanosis described after World War I in Vienna as dark pigmentation on sides of face could not be etiologically identified. However Pierini later found the cause by patch testing as aniline dye (orange II) contained in face powder. Thus Riehl's melanosis also represents one variety of pigmented contact dermatitis.

The pathogenesis of PCD is yet not specifically known. Various theories on probable mechanism have been put forward: a) idiosyncratic reaction b) cutaneous inflammation increasing number, size and enzymatic activity of melanocytes (allergens producing PCD may have special affinity for melanin) c) allergen concentrations in daily usage materials may be too minimum to produce spongiotic dermatitis, rather they are inducing cytolytic type of type IV allergy especially at the basal layer of epidermis resulting in pigmentary incontinence.

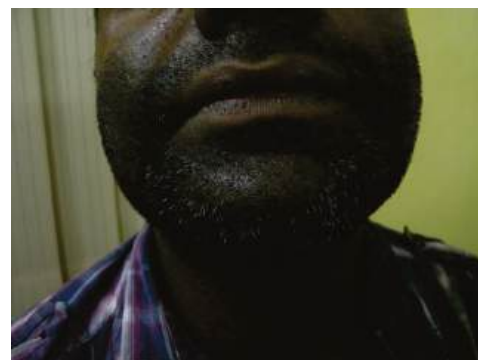


Figure 2

Face is the commonest site of involvement. Diffuse or patchy reticular or non-reticular slate grey or light to dark brown pigmentation is usually seen. Rarely mild erythema, edema and pruritus may be associated. Lip may be involved by ricinoleic acid in lipsticks. Textile dermatitis

may present as noneczematous PCD. In India red kumkum and bindi have been identified as common causes of PCD. Common differential diagnoses are melasma, post-inflammatory hyperpigmentation, lichen planus pigmentosus and erythema dyschromicum perstans from which differentiation must be done by careful history and patch test in all cases.

Reference. Shenoj SD, Rao R. Pigmented contact dermatitis. Ind J Derm Ven Leprol 2007; 73: 285-7

Legends to Figures

Fig1. Patchy slate grey pigmentation on face of a 47- year-old lady caused by paraben contained in facial moisturizer.

Fig 2. Diffuse dark brown pigmentation on face especially peri-oral zone of a 37-year- old man caused by fragrance contained in after-shave lotion.

Secretary Speaks

Dear Members,

I had always wondered why IADVL, WB was not circulating a newsletter. Going down memory lane I realized that a newsletter had indeed been brought out once in November 2005. A few pages informing members of the activities of the association mingled with pertinent news and academic articles seemed to be the correct recipe. Hence this newsletter

So let our association march ahead and let this newsletter find a place of pride in the hearts of all its members. I thank all our members for their co-operation in all matters.

Long live IADVL WB

Sumit Sen

Hony Secretary, IADVL WB

Our (Provisional) plan ahead

1. To open a welfare trust for the members of IADVL, WB
2. Professional indemnity insurance for all life members of IADVL, WB
3. To Start a legal cell for the members and provide legal assistance to any member on medico legal issue
4. To provide a paid scientific article to a life member of IADVL, WB who wants to avail of this facility
5. Up gradation of IADVL, WB Website
6. 'Skill share' - short courses, CMEs, & workshops where willing members will teach professional skills in our discipline to other members

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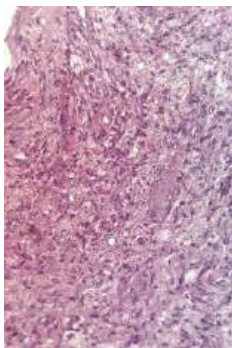
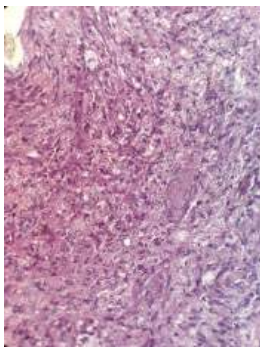
Volume 1 Number 1
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Histoplasmosis

From Department of Dermatology, BSMC, Bankura



A 45 year old Hindu mail, farmer by profession, presented with gradually developing multiple asymptomatic papules on face, trunk and proximal extremities over the past six months. None of his family members were affected. On examination there were hundreds of skin coloured to whitish shiny papular lesions of varying sizes with central umbilication or pigmented and hemorrhagic crusts. There were multiple superficial ulcers with surrounding erythema over hard palate and throat. There were no complaints related to respiratory system, CNS or joints. The person was otherwise healthy with no constitutional symptoms. Systemic examination did not



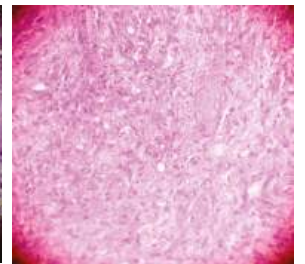
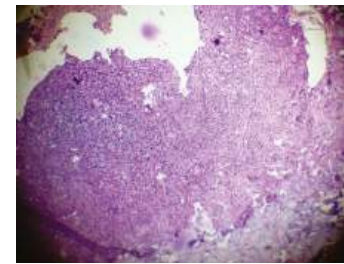
reveal any abnormality. Routine blood examination, chest X-ray were within normal limits. Tests for VDRL and HIV were non reactive. Histopathological examination (H & E stain) of a specimen obtained by punch biopsy revealed crust in the epidermis with numerous foamy

Diagnosis: Chronic disseminated histoplasmosis in an immunocompetent host.

Histoplasmosis, found worldwide, is caused by the dimorphic fungi *Histoplasma capsulatum* var. *capsulatum* and *duboisii*. The fungus is found in mold form in soil containing faeces of birds and bats. Human infection is usually through inhalation and rarely by direct inoculation into skin in which case the lesions are well circumscribed. Lungs, lymphoreticular system and skin are mostly affected by the yeast forms. The disease can be self limiting or disseminated, especially in the immunosuppressed. The clinical manifestations are divided into acute pulmonary, chronic pulmonary, disseminated and primary cutaneous histoplasmosis. Cutaneous disease may be localized or disseminated even in immunocompetent persons. In HIV infected people the disease is more florid and appears when CD4 count is $<75/\mu\text{L}$.



Systemic features include fever, cough, pleural pain or effusion, haemoptysis, hepatosplenomegaly, headache, focal neurological deficits, etc. Pas and GMS stains accentuate the fungal elements better in HP sections. Culture and PCR techniques are used for definitive diagnosis. Treatment is done with itraconazole 200 to 400



mg/day. In severe cases and disseminated disease therapy is initiated with liposomal amphotericin B (1 mg/kg/day) followed by itraconazole. In HIV, itraconazole is continued life-long.

histiocytes containing haphazardly arranged intracellular yeasts throughout the dermis.

What is your diagnosis?

MONTHLY CLINICAL MEETING FOR THE YEAR 2017

28th February, Tuesday	IPGMER & SSKM Hospital
29th March, Wednesday	R G Kar Med. College
28th April, Friday	Association Office
29th May, Monday	NRS Med. College
28th June, Wednesday	Medical College
28th July, Friday	School of Tropical Medicine
28th August, Monday	Calcutta National Medical College
27th October, Friday	Association Office
28th November, Tuesday	R K M Seva Pratisthan

The meetings will be held at 2.30 p.m. unless specified otherwise. Any change in the above will be notified in our website. You may contact us at (www.iadvlwb.org) or (+91 33 22277553) for any queries. You are requested to attend and participate in the meetings.

IADVL, WB State Branch Executive Council (2017-18)

President	Dr. Siddhartha Das
President Elect	Dr. Santa Ghosh
Vice President	Dr. Sudip Das
Hony. Secretary	Dr. Sumit Sen
Hony. Treasurer	Dr. Nilay Kanti Das
Joint Secretaries	Dr. Gangadhar Swarnakar, Dr. Somenath Sarkar
Editor, IJD	Dr. Koushik Lahiri
Editor Elect, IJD	Dr. Dwijendra Nath Gangopadhyay

Member:

Dr. Abhishek De	Dr. Arghyaprasun Ghosh
Dr. Arun Achar	Dr. Dinesh Kumar Hawelia
Dr. Joyeeta Chowdhury	Dr. Kisalay Ghosh
Dr. Loknath Ghoshal	Dr. Manas Chatterjee
Dr. Nilendu Sarma	Dr. Sandipan Dhar
Dr. Sanjay Ghosh	Dr. Saswati Halder
Dr. Saumya Panda	Dr. Saurabh Kumar Dhara
Dr. Suchibrata Das	Dr. Sudip Kumar Ghosh

Ex Officio

Dr. Satyendra Nath Chowdhury

CROSSWORD

Horizontal

1 0.9% topical spiroxol suspension used in _____

3 Reticuloglobular pattern on dermoscopy is a feature of which pigmentary disorder?

6 School of fish' appearance under microscope is seen in which diseases?

8 Invented in 1984, this antifungal agent is the mainstay of therapy in fungal infections today

9 Hidradenitis suppurativa was classified on the basis of severity by which scientist?

14 Who was the first to describe "progressive cribriform and zosteriform hyperpigmentation" in 1978?

15 Drug of choice in impetigo herpetiformis

17 First National Conference of IADVL was held in which city?

18 The term biopsy was coined by _____

19 FDA-approved topical therapy for mycosis fungoides

20 Anti-CD6 monoclonal antibody used in psoriasis

Vertical

2 Causative organism of larva currens

4 Causative agent of botryomycosis

5 How many classes of topical corticosteroids are present, according to USA system?

7 FDA-approved topical therapy for localized Kaposi's sarcoma

10 "Doughnut sign" over the proximal interphalangeal joints is found in which condition?

11 Baltimore classification is used for _____

12 The father of modern cryosurgery

13 First Hon. General Secretary of IADVL

16 The use of this drug for leprosy began in 1945

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IMPORTANT WEBSITES FOR DERMATOLOGIST

The information technology revolution is one of the most important developments in the history of mankind. Alvin Toffler, American writer and futurist, described information technology as "The Third Wave" after the industrial revolution. It has the potential to change the perception of people and society beyond the wildest of imaginations.

The history of the Internet begins with the development of electronic computers in the 1950s. At that time information was shared among few persons. Sir Tim Berners-Lee, a British computer scientist in CERN (Conseil Européen pour la Recherche Nucléaire) invented www (World Wide Web) to solve the problem of information sharing. In the year 1993 he made it universal and royalty free. This sparked a global wave of creativity, collaboration and innovation never seen before. Its impact was also evident on health industry. It is constantly upgrading medical education, research, innovation, healthcare delivery, sharing and storage of health information. We can get new updates on healthcare research, can do a research sitting in any nook and corner of the world, and can deliver healthcare service to anyone. With proper teledermatology facility and development in image processing, many diseases can be diagnosed without actually seeing the patient like in dysplastic nevus and melanoma.

Websites in dermatology can be divided into few categories like

1. Websites providing information related to skin diseases
 - a. Information of diseases
 - b. Updates of new research
2. Websites for medical education and research
 - a. Journal sites
 - b. Networking sites for researchers
3. Society websites
4. Websites that help in dermatology practice
 - a. Personalized websites
 - b. Practice management sites

Elaboration on different websites -

1. Websites providing information related to skin diseases
 - a. Information of diseases

Few sites can provide authentic information of skin diseases like

emedicine.medscape.com/dermatology
www.uptodate.com
www.dermnetnz.org
www.derm101.com
www.globalskinatlas.com

Some sites are disease dedicated like

- www.acne.org gives information related to acne only.
 - b. Updates of new research

www.mdlinx.com/dermatology/news.cfm - various journal summaries

www.medaicalnewstoday.com/categories/dermatology - Latest update

www.uptodate.com/contents/whats-new-in-dermatology

2. Websites for medical education and research
 - a. Journal sites

Journals are important in searching new research findings and collecting data for research.

Oldest living dermatology journal of Asia and First dermatology journal of India to launch its website is

www.e-ijd.org - Indian journal of dermatology

www.ijdv.com - Indian journal of dermatology, Venereology and Leprology

www.jcasonline.com - Journal of cutaneous and aesthetic surgery

www.idoj.in - Indian dermatology online journal

www.ijpd.in - Indian journal of pediatric dermatology

www.ijl.org.in - Indian journal of Leprology

www.ijstd.org - Indian journal of sexually transmitted disease

www.ijdpdd.com - Indian Journal of Dermatopathology and Diagnostic Dermatology

www.ijdd.in - Indian Journal of Drugs in Dermatology, (official publication Maharashtra Branch of IADVL)

Two most important sites for literature search are

1. PUBMED - www.ncbi.nlm.nih.gov/pubmed
2. PUBMED CENTRAL (PMC) - www.ncbi.nlm.nih.gov/pmc - PMC is a free full-text archives of biomedical and life sciences journal literature at the U.S. National Institutes of Health's National Library of Medicine.

Other important journals are

www.jidonline.org - Journal of investigative dermatology

www.eblue.org - Journal of American Academy of Dermatology (AAD)

jamanetwork.com/journals/jamadermatology - Dermatology journal of American Medical Association (JAMA)

www.jaadcasereports.org - Dedicated case report journal of AAD (JAAD case report)

Few renowned publishing houses like Hindwai, Karger, MDedge publishes many important dermatology journals.

- b. Networking sites for researchers

www.researchgate.net - One of the most important platform for researchers to share and advance research

www.pubfacts.com - seeks to make the world's scientific research easy to locate, access, and collaborate on.

3. Society websites

Now almost all information regarding conferences, scholarship, grants and education are easily available on different academy and society websites

www.iadvl.com - Indian Association of Dermatologists Venereologists and Leprologists

www.aad.org - American Academy of Dermatology (AAD)

www.intsocderm.org - International Society of Dermatology

web.ilds.org - International League of Dermatological Societies (ILDS)

www.isdsworld.com - International Society for Dermatologic Surgery (ISDS)

Many other countries like Japan, South Korea, China are having useful websites.

4. Websites that help in dermatology practice

Websites and softwares have just changed the usual clinical practice of attending the patient at chamber. Now with personalized website and teledermatology sites we can easily consult, give prescriptions, follow up and even can send reminder for appointment to the patients who actually need a clinical examination! Few sites of this kind are

www.practo.com

www.healthcaremagic.com

www.lybrate.com

Information provided by Dr. Surajit Gorai, MD (Derm)

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DERMACON 2017---a journey of life

Dr. Sudip Das

It gives me immense pleasure to pen down the feelings of organising a national conference in Kolkata after 14 long years, which many stalwarts have termed as the best DERMACON in recent times.

We had belief in ourselves, and the very fact that we had a great team helped me to take this conference to logical conclusion. Yes, sleepless nights, quarrelling with family members and above all vanishing of the word rest from life was there but sheer joy and satisfaction of all this puts a balm on all you have missed in this 2 years. After initial ifs and buts, we settled down as a team and I can see almost all members of West Bengal IADVL develop a passion for hosting a great DERMACON. I had full support and encouragement from my ORGANISING CHAIRPERSON, Asokda and my treasurer, Satyenda and full cooperation from our dear Sandipanda. Obviously Koushikda, with his versatile suggestions, Sumitda with timely suggestions and affectionate comments from Gautamda were an asset. Siddharthada, Arghyada, Arijitda all were there to help me. We also had trusted and dedicated juniors in Nilay, Sudip, Abhishek, Aarti and many others. Many a senior helped me silently, including Prof Debabrata Bandyopadhyay who fully

patronised me and helped me with plenty of suggestions. The scientific team headed by mercurial Sandipanda and a dermato-robot named Colnel Manas, was an asset to any organising team. The passion of my team can be gauged by the fact, that Satyenda, our treasurer, did all his stint in DERMACON while his wife, Konikadi, was admitted operated after chemotherapy in Apollo hospitals. Our new acting president Shantadi was full of energy and participated in 90 percent of OC meetings, since she took charge. Lastly no organisation succeeds without backup staff and who can forget Khageswar, Tapas and Swapanbabu?

The highlights of our DERMACON were—

1. DERMACON ANTHEM by Rupankar Bagchi, a unique effort
2. Steroid awareness run by ITATSA
3. Hassle free registration and certificate printing
4. Practitioners quiz-----a novel concept
5. Sponsored sessions ----in line with AAD/EADV
6. quality workshops-----attended by large numbers
7. CME----By bringing the focus on clinical Dermatology and in 2 halls was a success.
8. Scientific program-----cooked by the master Sandipanda and his team. It was so delicious that people attended in large numbers. It included world leaders, national

luminaries and new guys with good potentials.

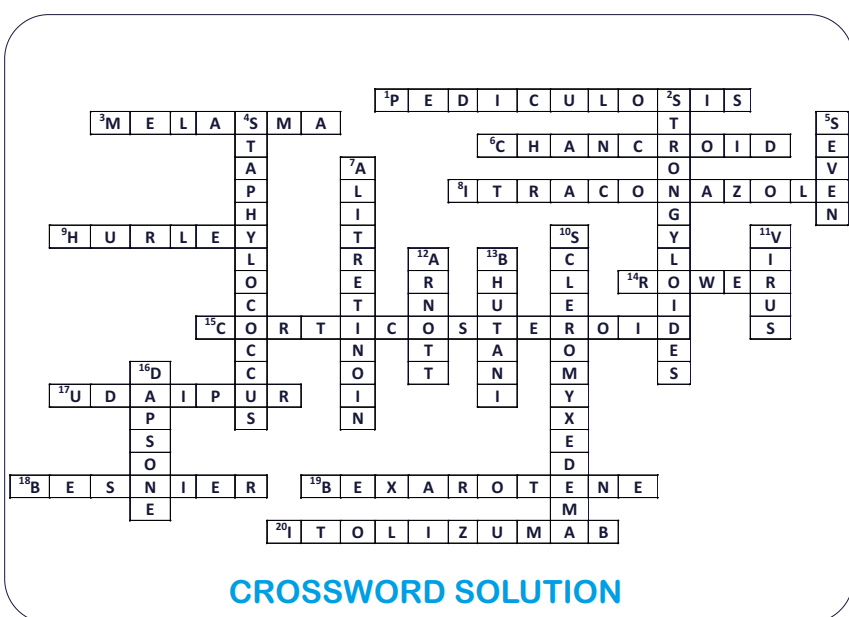
9. Flawless audiovisual, great spacious air conditioned stalls, huge food courts, large spouse and kids zone, huge internet zone, large cloak room, great cultural programmes were hugely applauded from guests all over India and abroad. The food quality was praised by all not only for hygiene and quality but also the diversity.
10. The faculty cruise on river Ganges was a great meeting and all those who attended enjoyed.

Unfortunately on CME day we lost DR S M Sinha, a senior dermatologist of a massive cardiac arrest, and we all pray - MAY HIS SOUL REST IN PEACE, But we had our ambulance ready and this helped us in a couple of occasions.

Remember, we had WOCDI after us and ADC before, but still we were able to have a participation of 5000 plus delegates. We also did raise nearly 13.6 crore in this conference. We took care of our delegates and also the pharma people equally and this was praised by everybody.

So friends we have showcased our united prowess, so why not go for world congress of DERMATOLOGY in 2027? This will raise the prestige of WB IADVL to a new level. Together we can create HISTORY.

JAI HIND, LONG LIVE IADVL



CROSSWORD SOLUTION

[Courtesy: Dr. Anupam Das, MD(Derm)]

Money Matters

It is without any doubt that all of us are concerned about our 'money matters'. We would all like to keep a tight leash on our expenses, pay only the taxes we have to and save as much as possible. This column strives to guide its readers broadly across financial affairs pertinent to physicians.

New Income Tax, Rate (latest)

	Tax Rate
Income up to Rs. 3,00,000	Nil
Income from Rs. 3 lakh up to Rs. 5 lakh	5%
Income from Rs. 5 lakh up to Rs. 10 lakh	20%
Income from Rs. 10 lakh up to Rs. 50 lakh	30%
Income above Rs. 50 lakh up to Rs. 1 crore	30% + 10% surcharge
Income above Rs. 1 crore	30% + 15% surcharge

It is a well-known dictum- 'start saving early and consistently'. Perhaps the best way of doing so is by the 'Systematic Investment' route where you invest a portion of your savings regularly, monthly for a period of time (preferably years). This sort of investment can be achieved through banks, post office, mutual fund houses etc. This provides one with a disciplined approach to control and properly save ones money for good returns in the long run.

by wealth wizard



Staying connected

Dr. Koushik Lahiri
Editor

Indian Journal of Dermatology

Kolkata is one of the places in the country where Dermatology as a distinct medical entity bloomed during the earlier part of last century.

Other than establishing separate dedicated dermatology unit/department, this city had witnessed many other important developments in the field, unlike any other places in the country.

Individual/institutional academic endeavors and brilliances, organized and meaningful society activities and running the oldest indexed Dermatology journal in Asia are examples of earnest fervor that radiated from the wonderful efforts by our revered ancestors.

In 1973 Indian Association of Dermatologists, Venereologists and Leprologists had Prof. (Dr.) B. N. Banerjee as its founder President.

Just a couple of years back, as the first Dermatology Journal in Asia, our IJD® has celebrated the diamond Jubilee year of its existence.

It is heartening to record that as the very first state branch in the country, way back in 2005, it was IADVL, WB state branch under the inspired leadership of Dr. Arijit Coondoo as the President and Dr. Gautam Banerjee as the Honorary Secretary, we could bring out the first ever issue of a NEWS LETTER dedicated for IADVL members. Almost at the same time IADVL NEWS, our national IADVL newsletter also started to get published.

I must congratulate the present leadership of Dr. Shanta Ghosh (Working President) and Dr. Sumit Sen (Honorary Secretary) and the whole state EC to revive that pioneering heritage of the branch.

This is an era of information boom, an era of constant communication. We are always in touch with each other over different modes of communications. We have witnessed demise of handwritten letters and even telegrams with the advent of email. Now emails are also taking backseat with multifarious social media platforms like Facebook, Whatsapp etc.

Still, Newspapers are there, even more attractive than ever before. There is always a need to document the happenings of the passing time. Archiving matters.

This venture of bringing out a Newsletter for our members is an endeavor in that direction.

There are various facets of our association activity, news which cannot be placed on the pages of the journal.

The President's address, Secretary's report, year round activities for the members and for the general public, meeting reports, GB minutes and accounts all should be preserved somewhere.

Also the members should get a platform to echo their expectations and voice their need and demand.

This newsletter will surely try to reflect these.

This endeavor, I am sure, will create a strong bond of camaraderie and fellow feeling among the members and usher a new chapter in the History of IADVL, WB.

Let us stay connected with each other and let us not get disconnected with the ground realities shaping the society at large.

As Lenin once wrote, "No organization can survive without an organ of its own"

We have one already, our dear IJD.

Now, let us recreate another important legacy for the generations to come.

Let us create a strong foundation, a solid platform on which we will collectively record our celebration of existence and engrave the rhythms of our activities as a humble yet proud dermatologist from Bengal, the renaissance state of India.

Treatment of melasma: where do we stand?

Dr. Nilendu Sarma

Brown, greyish to dark patches, bilaterally on face (or beyond that), known as melasma is associated with darkness in our knowledge and is a cause for significant depression among the sufferers. (Fig 1) This shows an infamous tendency for poor response to treatment as well as frequent relapse. To add to this menace is the significant adverse events (AE) to many of the commonly used traditional topical drugs.

Triple combination (TC), as the name suggest, has three components- topical corticosteroid (TCS), retinoic acid (RA/tretinoin) and hydroquinone (HQ). Since this was first used by Kligman, TC is still considered the most effective therapy in melasma. However from the original combination (dexamethasone acetate 0.1%, HQ 5% and RA 0.1%), it has been modified to lower potency combinations. Flucinolone based TC are most favoured now (flucinolone 0.01%, HQ 4%, RA 0.05%). Unfortunately, its adverse effects like skin atrophy, irritation, inflammation are still causes for great concern.

To reduce the irritation and other AE, 4% HQ is often replaced with 2% HQ. Using double combinations (all possible variations) are also frequently used. There is very limited data on their efficacy and comparative safety however.

Thus, it is hardly ever recommended for more than 6-8 weeks of continuous use. While withdrawing or shifting to a less frequent schedule, other therapies like glycolic acid chemical peel can be combined to maintain the efficacy.

HQ monotherapy (2-4%) is another treatment option with known moderate to good efficacy. Higher strength or long-term use has the

potentiality of inducing irritation and exogenous ochronosis. However, its true prevalence is unknown.

Long-term safety data is lacking but efficacy been found in many studies.

Other therapies known to have mild to moderate efficacy are azelaic acid 20% cream, kojic acid cream (1-2%). Combining with other molecules may yield higher result. However, long term safety is relatively unknown.

Many other drugs and modalities have been tried like chemical peels, arbutin, vitamin C and E cream, lignin peroxidase, N-acetylgucosamine, rucinol, licorice extract, niacinamide. There is very limited experience with these.



Figure 1
Typical dark brown patches of melasma on face.

Limited studies have shown that oral tranexamic acid is effective but did not find any AE on coagulation profile.

Second, laser has been tried in melasma, mostly low fluence, Q-switched Nd YAG laser. Although it has been found to be efficacious, relapse rate was high.

Overall, management of melasma depends on severity, depth, extent, history of prior treatment and pre-existing signs of AE from the previous treatment. Generally, when strong treatment if necessary, flucinolone based TC or at least HQ (4%) may be used for a short period upto 6-8 weeks. However, it should be used cautiously as AE may develop even early in some patients. Sun screen should be always used. Reduction of HQ or TCS strength may be considered is necessary. Switching to safer options should also be considered even though these are known to be less effective.

Appropriate patient counselling has immense value. Whenever oral TXA is used, pre-existing coagulation disorder has to be ruled out. Expensive therapies are better avoided unless all other options are exhausted and patients agree for this. Finally, detailed counselling has immense value.

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PLATELET RICH PLASMA

Platelet rich plasma (PRP), also termed as autologous platelet gel, is an exciting Non Surgical therapeutic option used by dermatologist for skin rejuvenation and hair loss disorders. The procedure involves drawing of patient's blood and processing it to procure plasma that is rich in platelets, growth factors and other cytokines. It is then injected back into the targeted areas.

PRP is the most natural antiaging treatment available. When injected into the face it acts by boosting collagen remodeling, which provides elasticity and tightens the skin, thus reducing the appearance of fine lines and wrinkles. It also hydrates the skin, reduces open pores and gives a youthful look to the patient. For this reason, it is also known as a Non Surgical Face Lift.

PRP stimulates the stem cells leading to reactivation of dormant hair follicles causing new hair growth. This makes it a promising option for treatment of hair loss disorders in both males and females. It is considered as a safe procedure with no danger of hypersensitivity or foreign body reaction as it is immunologically neutral.

PRP has become a new rage in dermatology and aesthetic treatment in today's era, however according to the evidence based medicine, the level of evidence from the published data is low. Hence caution must be exercised while administering the treatment. Further studies are required to establish a long term safety and efficacy of PRP.

Dr. Manmit Kaur Hora
MD. Dermatology

IADVL, WB good wishes



Major upcoming events

MID CUTICON WB 2017
5th Mid Term CME
of IADVL West Bengal State Branch
2nd July 2017
Venue:
New Building Lecture Theatre
School of Tropical Medicine, Kolkata

CUTICON WB 2017
20th Annual State Conference
of IADVL, WB Branch
INFORMATION BROCHURE
16th-17th
December
2017
Venue
CII-Suresh Neotia Centre of
Excellence for Leadership
DC-36, Sector - I, Salt Lake City
Behind City Centre, Kolkata - 700 064
Conference Secretariat
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Association Report

The last annual G B meeting was held on 15th December 2016 at N R S Medical College, Kolkata. It was chaired by the President Elect Dr. Siddhartha Das and was attended by 88 members. After yours truly had placed the report for the period from 01.12.2015 to 30.11.2016, Hony Treasurer Dr. Nilay Kanti Das informed the members that the audited accounts for the year 2015-2016 had been passed in the Midterm G B held on 25.06.2016 and placed the proposed budget of IADVL, WB & IJD for the year 2017-18. He pointed out that there was a deficit of Rs. 3,84,000/- in the budget of IADVL, WB & Rs. 5,00,000/- in IJD. Dr. Asok Kumar Ghoshal & Dr. Sudip Das suggested that the deficit would be made up from the profit of DERMACON 2017, a part of which would be granted to IADVL, WB. After discussion the budget estimate for 2017-18 was passed. M/s Arabinda Ghosh & Co. Chartered Accountants was reappointed as auditor for 2016-17, for auditing the annual accounts of IADVL, WB & IJD. It was also unanimously accepted that both Mid CUTICON & CUTICON WB would be held in Kolkata in 2017. All members present were informed that from 01.09.2016 online membership had been introduced by the Central IADVL. The names of the Governing Body members for the 2017-18 were announced, and none of these members had to face any contest. The post of Editor Elect IJD 2017 was won by Dr. Dwijendra Nath Gangopadhyay after contesting an election with 3 other candidates. Next, Dr. Somenath Sarkar's name was proposed as the Organising Secretary of CUTICON WB 2017 and Dr. Kingshuk Chatterjee as Mid CUTICON WB 2017. Both the names were accepted. Dr. Pradip Laha Past President, was proposed as the election officer for 2017 and his name too was passed unanimously.

It is worth mentioning that IJD the Journal of IADVL, WB has made great progress under the able guidance of Dr. Koushik Lahiri. Lastly mention must be made that for the first time in the history of IADVL, WB we have been able to donate instrument, educational accessories worth upto Rs. 50,000/- to each of the teaching hospitals of our state from our Association.

A few rules were amended by the G B in the meeting. There will be 2 vice presidents instead of one from coming year. In case of resignation of office bearer the later would have to give a prior notice of one month before resigning. In case of eligibility criteria for different posts of the associations – President, Vice President, Hony Secretary, Hony Jt. Secretary, Hony Treasurer- all criteria must be fulfilled for each post. It was also proposed and passed that the Editor IJD shall form an Editorial Board, comprising of IADVL, WB members, in consultation with the President and Hony Secretary of IADVL, WB. The meeting finally ended with a vote of thanks to the chair.

The following days will be observed as holidays in the IADVL, WB office during the year 2017

* The Holidays declared by West Bengal Government under N I Act.

The office hours:

- Weekdays: 11.00 am to 05.00 pm
- Saturdays: 11.00 am to 03.00 pm

List of Holidays for the Year 2017

Holiday Name	Day	Date	Month
Swami Vivekananda Jayanti	Thursday	12	January
Netaji Birthday	Monday	23	January
Republic Day	Thursday	26	January
Saraswati Puja	Wednesday	01	February
Dol Yatra	Sunday	12	March
Good Friday	Friday	14	April
Dr. B R Ambedkar Jayanti	Friday	14	April
Bengali New Year Day	Saturday	15	April
Labour Day	Monday	01	May
Rabindranath Tagore Jayanti	Tuesday	09	May
Id-ul-fitar	Monday	26	June
Janmasthanami	Monday	14	August
Independence Day	Tuesday	15	August
Id-ud-zoha	Saturday	02	September
Mahalaya	Tuesday	19	September
Maha Saptami	Wednesday	27	September
Maha Asthami	Thursday	28	September
Maha Navami	Friday	29	September
Dussehra	Saturday	30	September
Muharram	Sunday	01	October
Gandhi Birthday	Monday	02	October
Laxmi Puja	Thursday	05	October
Deepavali	Wednesday	18	October
Guru Nanak's Birthday	Saturday	04	November
Christmas Day	Monday	25	December