YUVADERMA

2020

RESIDENT CONNECT COMMITTEE-DELHI

Issue 01

IADVL-DSB

From the Editor's Desk

I am delighted to present to you this issue of the Resident Connect Committee (Yuvaderma) Newsletter, the first in 2020, the year that started with chaos and turmoil. I would like to express my heartfelt gratitude to this year's team members who discovered calm amidst this chaos and contributed unstintingly to this newsletter, in spite of serving as frontline warriors. I would also like to thank Dr. Sujay Khandpur, President, IADVL-Delhi State Branch and Dr. Gulhima Arora, Honorary Secretary, IADVL-Delhi State Branch & Chairperson, Resident Connect Committee for guiding us through and offering us a medium to voice ourselves as residents, as doctors and the youth of today.

In this issue, we bring forth a vast array of topics, hoping to strike a chord with each and every one of our readers. We begin this issue with a section on hair disorders and an update on the newer therapeutics in dermatology. After this academic feast, we offer you a brainstorming session with a picture quiz, crossword puzzle and match-the-following. Next, we have dedicated a segment to casting light on the road beyond residency. This current pandemic has affected our lives inexplicably and this issue couldn't have been concluded without a section devoted to COVID-19 and dermatology.

We sincerely hope that the time, effort, and dedication with which we bring forth this newsletter, is reflected in these pages and each of our readers is able to find some inspiration within these words. Above all, we look forward to your sincere feedback and suggestions.
Happy Reading!

Dr. Anuva Bansal
Editor-In-Chief

Message from the President

Dear friends,

It is a matter of great pride that the YUVADERMA letter is being released under the auspices of the Resident Connect Committee of IADVL Delhi State Branch. This document is a reflection of the immense creative talent of dermatology residents and when I see the accomplishments of our young and budding dermatologists, it gives me tremendous satisfaction and fulfilment. Dermatology residency has certainly come a long way in the last 25 years where the best academic, innovative and productive minds have started pursuing this specialty and this is truly reflected in the newsletter. They have expressed their creativity through compilation of extremely relevant dermatology literature, poetry, art , posters and photographs in a very interesting format. I am sure the readers will enjoy this newsletter as much as the contributors and editors have enjoyed bringing it to you

Best wishes

Dr Sujay Khandpur
President
IADVL-DSB

Message from the Secretary

Dear readers,

It is indeed a pleasure and matter of immense pride that the latest issue of the Yuvaderma Newsletter compiled by the Resident Connect Committee of the Delhi State Branch is being released.

This newsletter has harnessed the creative energies of this "Young" academic community, and presents an interesting compilation. It is an amalgamation of meaningful scientific content and creativity. This endeavour is even more appreciated considering its release during the unprecedented COVID-19 pandemic we are going through.

I would like to congratulate the Editor-in-Chief, the editorial team and all the contributors for successfully putting the myriad thoughts of all the young minds together.

I am sure this issue is going to make an interesting read for all of us

Best wishes

Dr. Gulhima Arora
Honorary Secretary,IADVL-DSB
Chairperson-RCC Delhi

YUVADERMA
RCC Delhi
IADVL-DSB 2020

ISSUE 1

What's inside?

Contents....

Dr Monalisa
PG-3Y
MAMC

APPROACH TO A PATIENT WITH HAIR LOSS

Hair loss (alopecia) is a common problem and is often a major source of distress for patients. A successful systematic approach for diagnosing different types of alopecia should follow the classical clinical steps: history, clinical examination, bedside tests and certain investigations

I.HISTORY:

1. PRESENTING COMPLAINTS:

a. Hair shedding- 100 telogen hair loss/day Normal,Excess fall - TE, AA, initial stages of PCA
b.Hair thinning- Noticeable after losing 50% of the normal scalp hair density
c. Changes in hair texture - Curly/ kinky hair in hair shaft disorder, end stage scarringalopeci a
d. Slower rate of hair growth- Anagen effluvium, hair shaft disorder (HSD) or non specific

2. H/O SHEDDING OF HAIRS:

a.Hair shaft breakage- TTM, Tinea capitis, Hot comb alopecia
b.Hair coming out by the roots - TE, AA, PHL, Drugs, Loose anagen syndrome

3.H/O OF REGROWTH

Present in non-scarring alopecia & early stages of scarring alopecia

4.DURATION

<6 months: Acute TE;6 months: PHL, HSD, Scarring alopecia; Unpredictable course: Alopecia areata

5. ASSOCIATED SYMPTOMS

- *Itching, pain, burning- Cicatricial alopecia> non cicatricial alopecia*
- *Trichodynia- PHL, TE*

6. MEDICAL HISTORY

- *Past h/o autoimmune disease (SLE), endocrine, malignancy, surgery, anaethesia, radiotherapy , particularly in the past 6 months*
- *Other cutaneous & extracutaneous manifestation in HSD*

7. Drug history: • Diffuse and non scarring/ TE/ AE/ accentuation of PHL
• 2-3 months after initiation of offending drug
• e.g., Mood stabilizer (lithium), antidepressant, beta blockers, retinoids etc.

8.Nutritional history:
• Low protein, iron & calorie intake- hair loss
• Eating disorders (anorexia nervosa / bulimia)- hair loss

9.Psychosocial history
• A variety of pschychiatric disorder may cause and aggravate hair loss
• TTM- Obsessive compulsive disorder (a/q DSM V Classification)

10.History of hair cismetics • Excessive use of chemical hair care products- CCCA/ hot comb alopecia

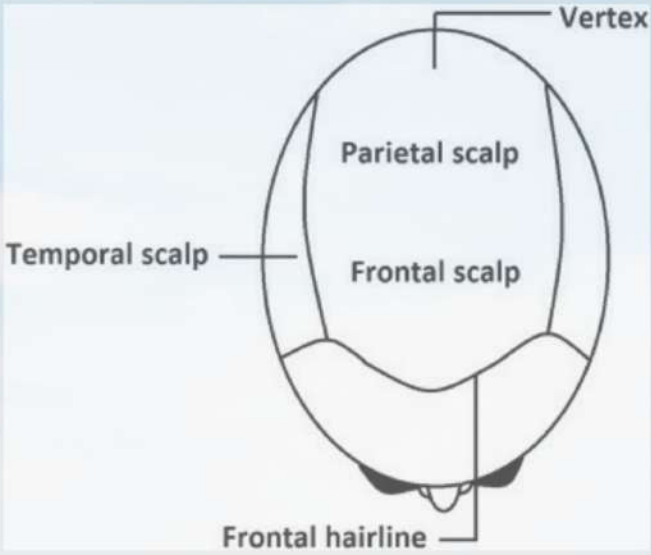
11.Family history • AA, PHL, congenital hair shaft disorders

II.EXAMINATION:

1. Proper patient positioning- so that whole of the scalp is properly exposed
2. Overall scalp examination:

a. Pattern and distribution — Diffuse hair loss- TE
Random & assymetrical- AA, TTM, Scarring alopecia

•Vertex involvement and centrifugal spread- CCCA
•Periphery- Tractional alopecia
•Frontal & crown with receeded hairline - PHL
•Frontal & frontotemporal hairline- FFA



b. Integrity and density
c. Hair color, length and caliber- regrowing vellus hair vs terminal broken hair
d. Eyebrows and eyelashes- AA, FFA, hypothyroidism
e. Close up examination (Scarring vs. nonscarring)- follicular ostia preserved in non scarring alopecia
f. Scalp epidermal changes- Erythema, dyspigmentation, scaling, telangiectasia, pustules, crust, hair tufting

APPROACH TO A PATIENT WITH HAIR LOSS

III. BEDSIDE TESTS

i) Hair pull test

A positive hair pull test- TE and in active stages of AA or different scarring alopecias
A positive pull test yielding anagen hair bulbs is highly suspicious for primary scarring alopecia

ii) Hair card test

To look for miniaturized hairs, broken hairs & regrowing hairs

iii) Tug test

Any hair breakage is a sign of hair fragility.

iv) Hair mount

Hair mount analyses the proximal, distal end and hair shaft with light microscopy

(v) Trichoscopy*

CICATRICIAL (Follicle ostia absent)

Telengiectasia, follicular plugs-DLE
Perifollicular scaling- FFA
Scales, crust, blotchy pigmentation- Tinea capitis
White dots Peripillar cast, blue grey dots -LPP
Follicles units with >5 follicles- FD
Yellow dots, dystrophic hairs- DCS

NON-CICATRICIAL (Follicle ostia present)

Short hairs, yellow dots- CTE
Black dots-
a. Curled hair, peripilllar HE, diversed hair- TTM
b.Comma hairs, scales- Tinea capitis
Yellow dots Hair dia variation >20% - AGA
Tapered hair, exclamation sign, black dots- AA/AU

*Source: Trichoscopy in alopecia. Diagnosis simplified. International Journal of Trichology.2013

IV. SCALP BIOPSY

- Horizontal sectioning- non-scarring alopecia
- Horizontal or vertical sectioning- Scarring alopecia

Scalp biopsy helps in

- o Confirmation of diagnosis
- o Stage of disease
- o Deciding the treatment & Prognostication

- *DIF can be helpful in certain scarring alopecia like DLE

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2,6diamino-4-piperidinopyrimidine. Active metabolite- Minoxidil sulphate

Minoxidil

in hair loss

Indications:

- *FDA approved-*
  - *5% Minoxidil solution (MS) and 5% Minoxidil foam (MF) for Androgenetic alopecia (AGA) in male*
  - *2% Minoxidil solution (MS) and 5% Minoxidil foam (MF) for Female patterned hair loss (FPHL)*
- *Others- Alopecia areata (AA), Hair shaft disorder, Telogen effluvium (TE), scarring alopecia, chemotherapy induced alopecia, beard & eyebrow augmentation*

MOA:

- *K+channel opener→G1 cell cycle progression*
- *Stimulates B catenin pathway, PGE2, DNA synthesis in anagen hair follicle*
- *Stimulates telogen to anagen transition*
- *Stimulates VEGF, HIF1→ Perifollicular vasculogenesis*

Adverse effects

- *Topical- ICD/ACD, hypertrichosis, staining of clothes, non responsiveness d/t indigenous decrease level of sulphotransferase, hair shedding on termination*
- *Systemic- Na+/water retention- weight gain & CHF, CVD, postural hypotension, pulsating headache, skin rash, eye itching, polymenorrhoea*

How to use:

AGA- MS (1ml) to be locally applied twice daily or MF 1/2cap local application once daily over clean, dry scalp, followed by which, there should be proper hand washing. Patient to be counseled, that the solution should not trickle down over other body parts so as to avoid the chances of hypertrichosis. Also they should be counseled regarding other possible side effects of MS. It should be continued indefinitely as minoxidil termination may result in hair shedding within 3-4months d/t delayed anagen release.

AA- 2%-5% Minoxidil solution found effective for AA (patchy type) as an adjunct.

Formulations- Minoxidil solution (1%, 2%,3%,5%,10%), Minoxidil foam (5%), Oral minoxidil (0.25-25mg

Newer formulation- Minoxidil sulphate based solution (MXS). It is the active metabolite of minoxidil i.e., Minoxidil sulphate, prepared in solution form. Thus unnecessating the presence of sulphotransferase for its activation unlike conventional minoxidil solution. It has higher efficacy in patients with low minoxidil sulphotransferase activity.

Disadvantages- HMW, poor penetrance & more degradation.

Suchonwanit P. Thammarucha S, Leerunyakul K. Minoxidil and its use in hair disorders: a review. Drug Des Devel Ther.2019;13:2777-86

Platelet rich plasma

Platelet-rich plasma (PRP) is an autogenous, liquid, platelet concentrate that is extracted from a patient's peripheral blood by a centrifugation process. D/t lack of standard guidelines, there is variation in the nomenclature used. Pure-PRP and Leucocyte-PRP are the injectable solutions used in hair restoration therapy

Indication

To date, no guidelines by a physician-led medical society or association exist for the use of PRP on hair growth. As such, most trials reviewed have used PRP in the setting of AGA or AA in an "off-label" manner, who is unresponsive to conventional treatment. The results are variable. Currently, there are 7 active clinical trials evaluating the effect of PRP on AGA and AA.

MOA

Platelets release alpha granules containing growth factors, like TGF-ß, EGF, VEGF, PDGF, IGF1, which affect hair cell growth cycle: stimulating differentiation proliferation, and hair follicle growth.

for hair loss

Adverse effects:

Erythema, pain & edema at the inj. Site, pulsatile headaches, drowsiness, and scalp sensitivity

C/I:

Coagulation disorders, platelet dysfunction, anticoagulant therapy, thrombocytopenia, hemodynamic instability, local infection, hepatitis, keloidal tendency.

Procedure:

- *Counseling regarding the procedure, possible S/E & outcome*
- *Collect the venous blood sample with a wide bore needle (16/18G) in two ACD/ (Acid citrate dextrose)/ heparin vials +/- addition of activator (10%Cacl2/ $CaCO_3$) in equal amount (around 8ml each)→ 1st cycle centrifugation (slow spin) →results in separation of RBCs and plasma→ aspiration of plasma in two separate plain vials →2nd cycle centrifugation (fast spin) → results in separation of platelet rich (at bottom) and platelet poor plasma (supernatant) →discard the platelet poor plasma→ injection of platelet rich plasma i.d/s.c into the scalp*
- *3 to 4 i.d/s.c injections of PRP into the scalp 0.8-1.5cc, spaced 4 to 5 weeks apart*
- *Re-evaluation- if response present- repeats injections at 4-6months apart. Non responders- further inj. Not recommended.*
- *Other medical hair restoration methods (finasteride, minoxidil, and similar) to be continued.*
- *Controversies: Addition of activator (10%Cacl2/ $CaCO_3$) is not recommended by some. Centrifugation frequency, PRP inj dosage, technique, interval, duration not standardized.*

Limitations:

The FIT PAAW classification of limitation of PRP: (1) Force of centrifugation; (2) Iteration or sequence of centrifugation; (3) Time (duration) of centrifugation; (4) Platelet concentration from baseline of whole blood; (5) Anticoagulant use in PRP processing; (6) Activator and (7) White blood cells composition. These technical aspects need to be standardized.

* Karam W. Badran, MDa , Jordan P. Sand. Platelet-Rich Plasma for Hair Loss Review of Methods and Results. Facial Plast Surg Clin N Am.2018;65:23-40

* Garg S, Manchanda S. Platelet-rich plasma—an 'Elixir' for treatment of alopecia: personal experience on 117 patients with review of literature. Stem Cell Investig. 2017; 4: 64.

What's New in Dermatology?

1. Risankizumab and dupilumab have been recently approved for psoriasis and atopic dermatitis respectively.
2. Minocycline lotion and Trifarotene are new topical drugs that have been recently approved for acne vulgaris.
3. Afamelanotide, melanocortin 1 receptor agonist is approved for erythropoietic protoporphyria, found to decrease phototoxicity.

DRUGS APPROVED BY FDA IN 2019-2020

Dr Meghna Gupta
PG-3Y
MAMC

1. Various biosimilars like ***Avzola (infliximab), Abrilada (adalimumab)*** *&* ***Hadlima (adalimumab)*** *have recently been approved.*

2. ***Cemiplimab*** *(anti PD-1 monoclonal antibody) and Mogamuizumab (Humanized monoclonal antibody against CCR4) were recently approved for cutaneous squamous cell carcinoma and cutaneous T cell lymphoma respectively.*

3. A new monoclonal antibody against CD4 - ***Ibalizumab*** *was approved for HIV.*

4. ***Belimumab*** *was recently approved in 2019 for its use in SLE in children more than 5 years of age.*

DRUG Brand name (Date of Approval)	INDICATION	DOSE	MECHANISM OF ACTION	EFFICACY	ADVERSE EFFECTS	COMPANY
Risankizumab SKYRIZI (April 25, 2019)	Moderate to severe Psoriasis	150 mg S/C at week 0, 4 & every 12 weeks	Humanized IgG monoclonal antibody against p19 subunit of IL-23	75% patients achieved PASI 90 at 12 weeks 81.3% maintained PASI 90 at 52 weeks[1]	Upper respiratory tract infection Headache Injection site reactions (ISR) Tinea	AbbVie
Dupilumab DUPIXENT (March 11, 2019)	Moderate to severe Atopic Dermatitis in > 12 years	600mg loading dose then 300 mg every other week	Fully human monoclonal IgG4 antibody against IL4 Rα	Improvement in Eczema area severity index (EASI) at 12 weeks[2]	Nasopharyngitis URTI ISR	Regeneron
Minocycline Topical Foam AMZEEQ (October 18, 2019)	Inflammatory non nodular moderate-severe Acne Vulgaris	4% foam Once daily application on affected site	Bind 30s subunit of ribosome in bacterial protein synthesis Anti-inflammatory	Significant reduction in inflammatory and non-inflammatory lesions seen at 3 weeks Maintained at 12 weeks	Headache	Foamix Pharma
Halobetasol Propionate & Tazarotene Lotion DUOBRII (April 25,2019)	Plaque Psoriasis	Once daily	Halobetasol propionate 0.01% and tazarotene 0.045% cream	At week 8, 35.8% (Study 1) and 45.3% (Study 2) of patients -2 grade improvement	Contact dermatitis (6%) Pain at application site Folliculitis Atrophy	Bausch Health's
Tazarotene 0.045% Lotion ARAZLO (December 19, 2019)	Acne vulgaris ≥ 9 years	Once at night	Retinoid receptor agonist	Mean percent reductions in inflammatory and non-inflammatory lesions were 59.5% and 60.0% at week 12	Erythema pruritus	Ortho Dermatologics
Trifarotene 50ug/g Cream AKLIEF (October 4, 2019)	Acne Vulgaris >/= 9 years	Once at night	Retinoid A receptor gamma (RAR- γ) agonist	Reduction in truncal and facial lesion counts, both inflammatory and non-inflammatory lesions as early as weeks 2 and 1[3]	Irritation Pruritus Sunburn	Galderma
Afamelanotide SCENESSE (October 8, 2019)	Erythropoietic Protoporphyria	Subcutaneous implant 16 mg every 2 months	Melanocortin-1 receptor agonist	Decreases pain and the number of phototoxic reactions	ISR Nausea Oro-pharyngeal pain Hyperpigmentation	Clinuvel
Prava Botulinum Toxin A JEUVEAU (February 1, 2019)	Moderate to severe Glabellar Lines	0.1ml (4 IU) I/M	Acetylcholine esterase inhibitor	Reduced wrinkles	Headache Eyelid ptosis URTI Erythropoietic protoporphyria	Evolus

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2. Tan J, Thiboutot D, Popp G, Gooderham M, Lynde C, Del Rosso J, Weiss J, Blume-Peytavi U, Weglovska J, Johnson S, Parish L. Randomized phase 3 evaluation of trifarotene 50 μg/g cream treatment of moderate facial and truncal acne. J Am Acad Dermatol. 2019

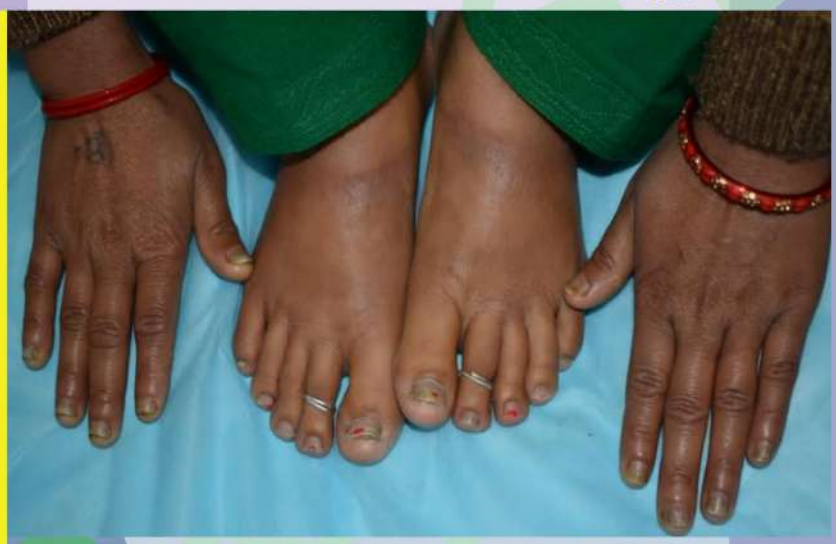
3. De Wijs LE, Bosma AL, Erler NS, Hollestein LM, Gerbens LA, Middelkamp-Hup MA, Kunkeler AC, Nijsten TE, Spuls PI, Hijnen DJ. Effectiveness of dupilumab treatment in 95 patients with atopic dermatitis: daily practice data. Br J Dermatol. 2020

PICTURE QUIZ

Q.1 A 10 days old neonate was referred to dermatology OPD with the following lesion over scalp since birth. Rest of the mucocutaneous examination was within normal limits.
What is your most likely clinical diagnosis and appropriate clinical management for the same?

Dr. Aneet Kaur
PG-2,
MAMC and LNJP

Q.2 A 56 years old female with ovarian carcinoma, received 8 cycles of chemotherapy at 3 weeks interval.
Which is the most likely agent causing painful nail changes as shown in pictures below:
1. Temozolomide
2. Carboplatin
3. Paclitaxel
4. Interferon alpha



Dr. Bhavya Swarnkar
Senior Resident
AIIMS

SIGNS IN HISTOPATHOLOGY

CROSS WORD

Across

4. _____ appearance of bacilli is seen in donovanosis
5. _____appearance is seen in DIF studies of pemphigus vulgaris
6. Epidermal changes in seborrheic keratosis leads to numerous digitate upward extensions of epidermal lined papillae giving the_____ appearance.
9. HPE- delicate digitate downgrowth of epidermis with melanocytic hyperplasia at the tip giving _____ like pattern in dowling-degos disease
11. _____appearance seen in syringoma
12. _____Seen on DIF studies of dermatitis herpetiformis

Down

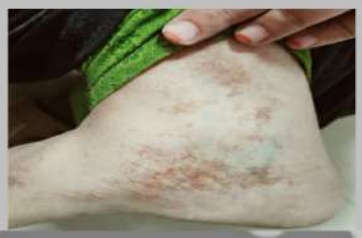
1. Appearance seen on HPE of verruca plana showing hyperkeratosis, acanthosis and vacuolization (hint- nuclei lie at centre of cells with empty shells around the nucleus)
2. HPE of lichen planus shows irregular hyperplasia of Malpighian layer in a triangular pattern giving ____ appearance
3. Proliferation of perineurium of nerve bundles leading to _____ appearance seen in borderline and polar lepromatous leprosy
6. HPE of psoriasis shows rete pegs taking a plunge in the dermis in the form of regular elongation of rete ridges giving_____appearance
7. _____ cells have a cartwheel appearance
8. Dilapidated brick wall appearance seen in _____ disease
10. The presence of bright red trichilemmal keratin bordering the club hair results in flame thrower like appearance seen in vertical section of hair

Dr Rekha Yadav
PG Resident
MAMC

Match the following

1. White dots on placenta,red dots on baby

a.



2. Hutchinson's sign

b. TuberousSclerosis

3. Annuar Elastolytic giant cell granuloma

c.

4. Pemphigusvulgaris

d. Reticulate hyperpigmentation of skin, nail dystrophy,leukokeratosis of mucosa

5. Cayenne pepper appearance

e.

6. Syringoma

f.

7. Button hole sign

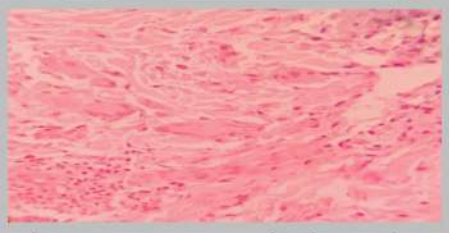
g. DLE

8. Vogt's Triad

h. Congenital Candidiasis

9. Zinsser-cole-Engmansyndrome

i.



10. Cat Tonguesign

j. Tadpolecells

Dr Aneet Kaur
Pg-2y
MAMC

Dr Anjali Bagrodia
Pg-1y
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Dr Bhawna Solanki
Pg-1y
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BROADEN YOUR HORIZON- BECOME A LIFE MEMBER OF IADVL

Dr Anuva Bansal
Senior Resident,Dept. of Dermatology
MAMC and LNJP,
New Delhi

IADVL *is the largest representing official society of Indian dermatologists and* **2nd largest association of dermatologists in the world.** *IADVL offers three classes ofmembership-PLM (provisional life members); LM (life member) and AM (associate member). Provisional life membership is offered to all post graduate/diploma/DNB students undergoing training in dermatology in MCI recognized medical colleges. Completion of the above mentioned training/course makes one eligible to apply for IADVL life membership which opens up a world of endless opportunities and benefits.*

A. Benefits and privileges of becoming an IADVL Life Member (LM)

A sense of belonging

• All life members are provided with an identity card and a life membership certificate bearing the life membership number

Expanding your horizon

• Only a LM can apply for orations, awards, grants, scholarships, observerships

• Life Members can become members of international societies.

Power to choose

• The life membership of the associationenables you to cast your vote in the IADVL elections by becoming an E-voterand participate actively in the functioning of the association at both State and National levels.

Become a leader

• All life members are eligible for election as office Bearers (only if they meet the requirements) or as members of the Central Council. (These privileges are not applicable in cases of retired Members, Provisional Life Members, ALMs and Honorary Members).

B. How to become Life Member of IADVL

1. New Life Member

The eligibility criteria for becoming a life member of the Association :

• Postgraduate qualification in the specialty (i.e. a diploma or a degree in Dermatology) from a medical college affiliated to and awarded by an Indian University or an institution recognized by the Medical Council of India (MCI) or an equivalent organization of the Government of India

OR

• Diplomate in Dermatology (DNB) of the National Board of Examinations (NBE), New Delhi.

• Others with foreign degrees or diplomas or equivalent qualifications should have their qualifications recognized by the MCI or an equivalent organization of the Government ofIndia to become eligible.

• One can apply for life membership online at www.iadvl.org, by going to the 'Membership' section and clicking on 'Apply for membership'. Rest of the steps are similar to PLM to LM conversion as shown in flowchart 1 with an additional requirement of payment of fee.

• Documents required:

o IADVL membership form filled online

o Copy of MD/DIPLOMA/DNB Certificate in Dermatology

o Copy of registration certificate (MCI/STATE Medical Council) with additional qualification.

o Copy of reference letter in the provided format to be uploaded.

o Rs.12,399/- via online payment gateway.

2. PLM TO LM conversion

• All Provisional Life Members (PLMs) of IADVL, who have completed 5 years of provisional membership and obtained a postgraduate (PG) degree/diploma in Dermatology and registered their PG qualification with the MCI/State Medical Council are requiredto become Life Members (LMs) to avoid lapse of their membership since the IADVL Constitution grants PLM for a period of 5 years within which a PLM has to convert to LM, failing which he/she ceases to be a member of the association.

• PLM have to send their qualification certificate within 5 years of their registration for the postgraduate course to the Honorary Secretary General (National) in order to become permanent life members. In case they fail to do so, in the defined period, they will have to register once again as a Life member after following the due procedure through the state branch.

• One can apply for conversion from PLM to LM through the Online Membership Application System (OMAS) on the IADVL website (www.iadvl.org) (Flowchart 1) which redirects one to the online membership application system https://iadvl.healthconnectdigital.com/step-one/5

• Those PLMs, who have migrated to another state branch after post-graduation, can write to the Secretary of the parent State Branch (where their PLM is registered) for a No Objection Certificate (NOC) and, thereafter, apply for conversion from PLM to LM and State Branch transfer concurrently.

• Documents required:

o Copy of MD/DIPLOMA/DNB Certificate/ Proof of qualification

o Copy of registration certificate (MCI/STATE Medical Council) with additional qualification

o NOC from State of registration of PLM in case of transfer of membership to another state

o No additional fee is required to be paid.

Flowchart 1 : Steps for online application for becoming a life member of IADVL

Steps for Online Application for becoming a lifemember (PLM to LM conversion)

• Go to www.iadvl.org ; next go to the 'Membership' tab; click on 'Apply for membership'

• You are redirected to the page showing the categories of membership available (Figure 2a) and clicking on 'View details and apply' opens up a page listing the eligibility criteria and requirements.

• After going through this list, ensure that you are ready with the soft copies of all the documents (pdf or jpg). Next click on 'Apply'.

o Page 1 (Figure 2b): Enter all the details : Name, Email, Mobile Number, existing PLM number. 'Save and proceed' and enter the OTP you receive on your phone.

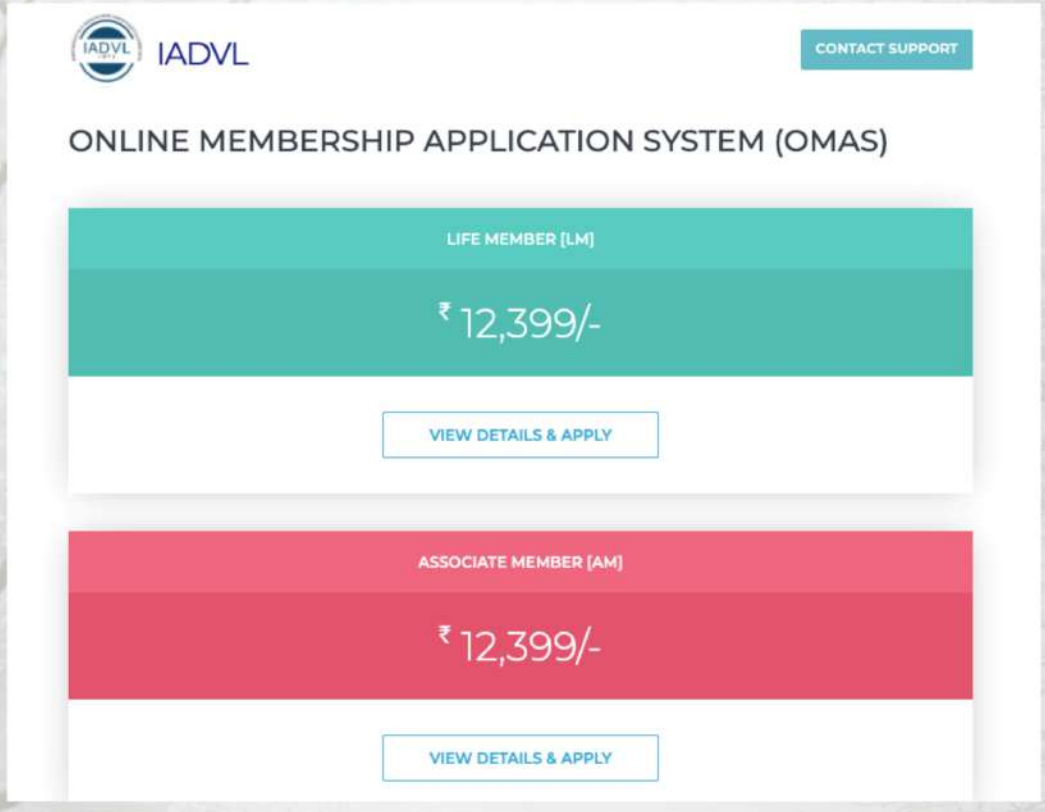
o Page 2: Upload your recent passport sized photo; choose your state branch (and if this is different from the one your PLM is registered with, an NOC from that branch will be required.

o After entering all the details, upload all the documents. Click on 'Save and proceed'.

o Page 3 : Fill in the details about your education and practice and click on 'Save and proceed'

o Page 4 : Review all the details and click on 'Submit/Proceed'.

• This completes the application process.



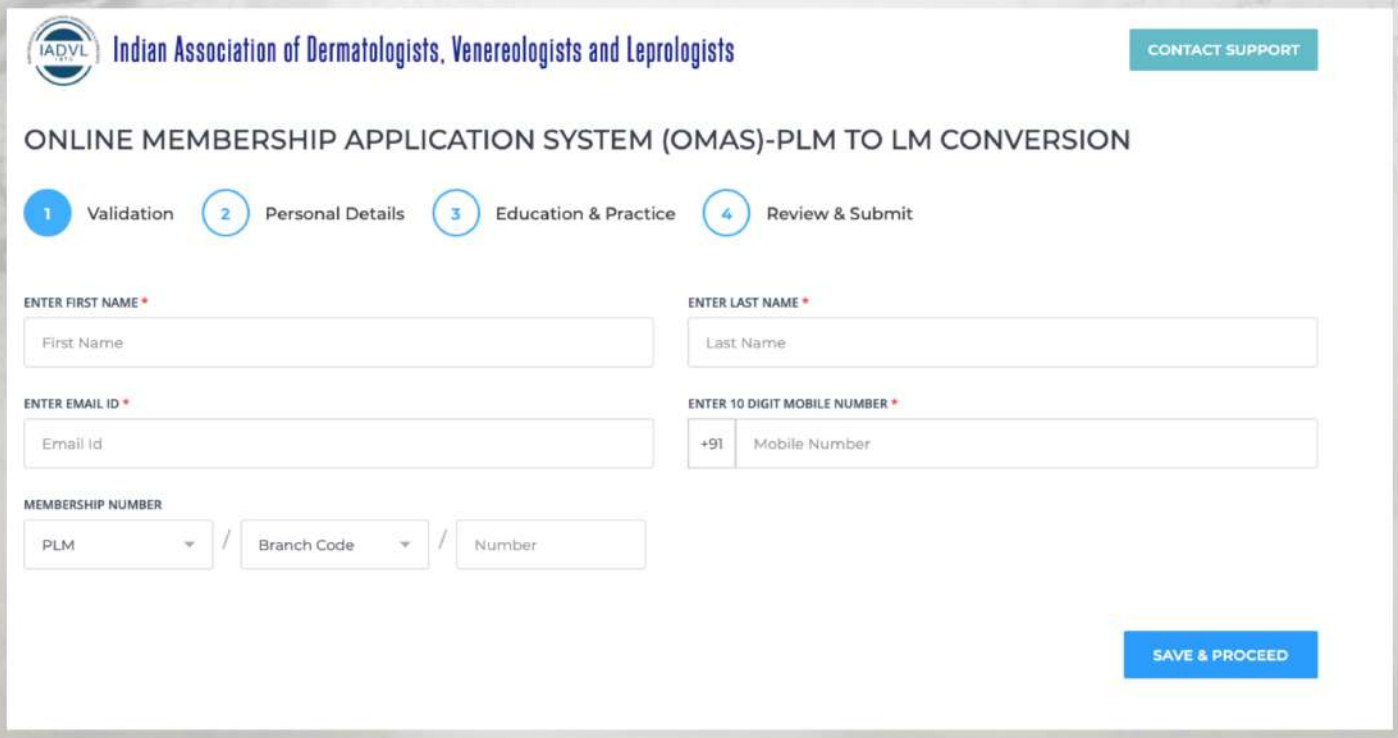


Figure 2(a, b): The online membership application system for becoming a life member of IADVL

So, if you are nearing the date of completion of your five year period of being a PLM or have already finished with your postgraduation or diploma in dermatology,
It is time to become a life member of IADVL and unlock a world of opportunities !
Best of luck !

Dr. Soumya Sachdeva
PG 2nd year,
ABVIMS and Dr. RML Hospital,
New Delhi

FELLOWSHIPS, OBSERVERSHIPS AND TRAVEL GRANTS IN DERMATOLOGY

"Education is the most powerful weapon which you can use to change the world" – Nelson Mandela

Dermatology is one of the most sought-after residency programs all over the world. After residency, young dermatologists are often interested to pursue further training in cosmetic dermatology, pediatric dermatology, dermatopathology and other sub specialties. To make your work simpler, we bring you a list of fellowships, research grants, observerships available round the world

Quick glance
1. Observerships for residents and young dermatologists.
2. Universities and institutes offering fellowships.
3. Travel grants- national and international.

OBSERVERSHIP

IADVL observership

The IADVL Academy every year offers observerships in various disciplines of dermatology like dermatopathology, dermatoscopy, HIV medicine, immunofluorescence, lasers and aesthetic dermatology, paediatric dermatology, dermatosurgery, hair transplantation, trichology. In January 2020, observerships were offered in 30 centres across India.
A stipend of Rs 15,000 is also given to the awardees.

IADVL International Dermopathology Observerships

The IADVL in association with IADVL Academy offers international dermatopathology observerships, to six life members (LMs). The application is announced every year in Nov- Jan. The IADVL will pay a maximum of six candidates in a year a scholarship/stipend of Rs 1,00,000 each. Every year these approved centres list may change, and candidates are required to keep themselves updates with IADVL updates and notices.

ACS (Association of cutaneous surgery) Dermatosurgery observerships

The ACSI offers fellowships in dermatosurgery and aesthetics for 4 weeks at various centres to its members annually. In 2020, observerships were offered under Dr Venkataraman Mysore, Dr. Niti Khunger, Dr. Koushik Lahiri, Dr. Jaishree Sharad, Dr. Dhanashree Bhide, Dr. Pradyumna Viadya, Dr. Raj Kirit and Dr. Nitin Dhepe.

Universities/institutes offering fellowships

Number	University	Institute	Fellowship	Duration
1.	AIIMS, New Delhi	AIIMS, NEW Delhi	Contact dermatitis, dermatopathology, Dermatosurgery.	Variable
2.	Maharashtra University of Health Sciences	KEM Medical College, Mumbai	Diagnostic dermatology	One year
		Institute of Skin Cosmetology and Lasers, Solapur	Basic phototherapy and lasers in clinical dermatology	One year
3.	Rajiv Gandhi University of Health Sciences	BMCRI, Bengaluru	Dermatosurgery, Pediatric dermatology	One year
		St John's Medical College, Bengaluru	Dermatosurgery	One year
		Cutis Academy of Cutaneous Sciences	Dermatosurgery	One year

International Dermatology Associations Sponsored Scholarships

Scholarship name	Agency	Awards	Time of application	Website
Strauss and Katz fund scholarship, AAD annual meeting registration scholarship program	AAD	Travel Grant of 1000-2000$, Complimentary registration, invitation to attend scholarship dinner	July-September	https://www.aad.org/members/awards/Strauss-and-katz-scholarship, https://www.aad.org/members/awards/aad-annual-meeting-registration-scholarship.
Women's Dermatological Society Travel Grants	Women's Dermatological Society	Travel Grant of 2500$, Complimentary registration, invitation to attend scholarship dinner	June – July	https://www.womensderm.org/awards/award-programs/ wc aad-international-travel-award
Imrich Sark any non-European memorial scholarship	EADV	Travel Grant of €1,000 Complimentary registration.	February-March for the annual meeting	https://www.eadv.org/scholarshi scholarship-grants
British Association of Dermatology Travel Grant	British Association of Dermatology	Travel Grant, Complimentary registration.	March	http://www.bad.org.uk/events/annualmeeting/waived-reg
Marian Duran Scholarship	ISD	Travel Grant of 1000$,	Variable	https://www.intsocderm.org
New Zealand Dermatology Society International Scholarship	New Zealand Dermatology Society	Travel Grant, Complimentary registration.	Variable	https://www.nzdsi.org/News/Scholarship.aspx
International Society of Paediatric Dermatology Travel Grant	International Society of Paediatric Dermatology	Travel Grant of 2000$, Complimentary registration	Variable	https://pedsderm.net/events
International Society of Dermatopathology Grant	International Society of Dermatopathology	Travel Grant of 2000$, Complimentary registration	Variable	http://www.intsocdermpath.org/assets/docs/tga-2018.pdf

Indian Dermatology Associations Sponsored Scholarships

1.Indian Association of Dermatology, Venereology, and Leprology sponsored scholarships

The IADVL provisional and members are eligible for only one national and one international conference scholarship in their lifetime. The national scholarship awardees receive Rs 15,000/- and international scholarship awardees receive Rs 50,000/- to attend the conference. All applications are made via the IADVL website, require submission of curriculum vitae, list of publications and poster and oral presentations.

2. Cosmetic Dermatology Society of India

The Society offers travel grants to attend their annual congress 'CosDerma India'. The candidate must be a member of Cosmetic Dermatology Society of India and must apply via their website. Applications are invited in Aug- September every year. The selected awardees receive Rs. 50,000/- as travel grant.

There is a vast array of opportunities which can be made use by young dermatologists seeking to further their knowledge. Best of luck!

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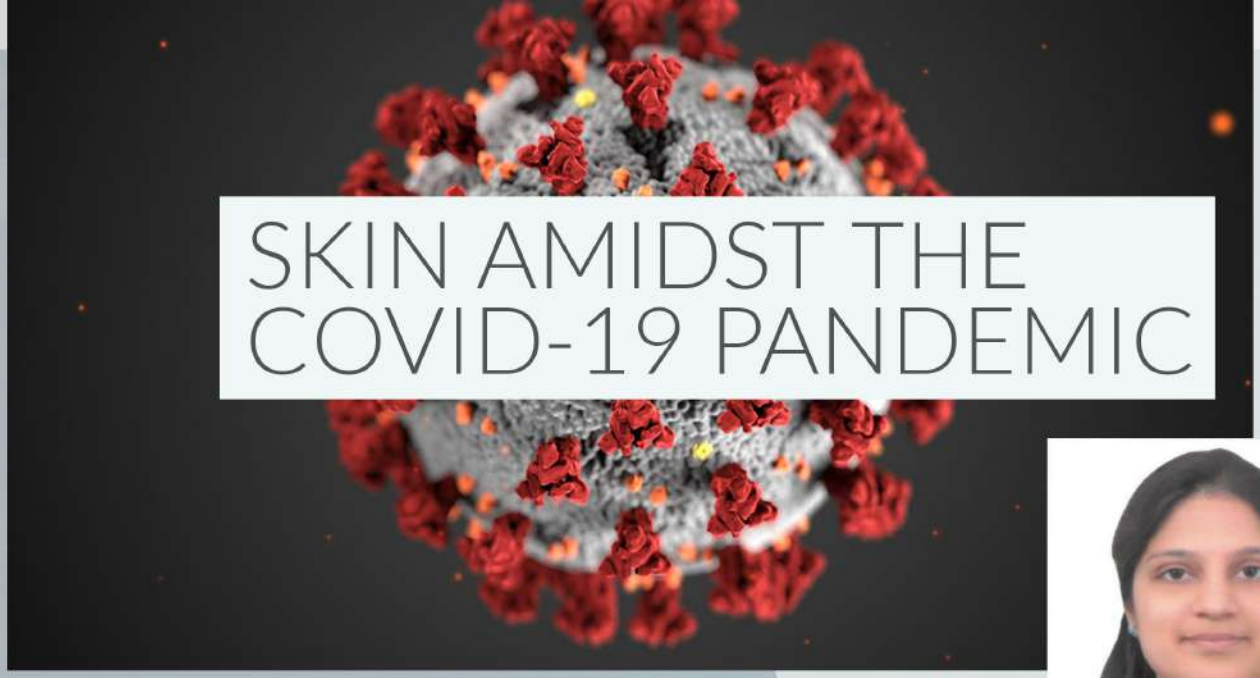
2. Kolalapudi SA, Valia AR, Pandhi D. Clinical Training and Research Opportunities for Dermatology Residents in India. Indian Dermatol Online J.2018;9 (4):231-233.

3. IADVL website news and announcements: https://iadvl.org/all-announcements.php

4. ACS website news and announcements: https://www.acsinet.net



SKIN AMIDST THE COVID-19 PANDEMIC

Dr. Bhavya Swarnkar
Senior Resident
AIIMS

Unexplained pneumonia cases were reported in Wuhan, China in December 2019. The organism, a novel coronavirus named Severe Acute Respiratory Syndrome Coronavirus 2 (SARSCoV-2), was discovered from the respiratory samples of infected patients. The disease process was named as COVID-19 (Coronavirus Disease2019). (1)The disease then rapidly spread throughout China and across the world including India. It was termed as a pandemic on March 11 byWHO. (2) COVID 19 cases are on the rise, and has led to several fatalities worldwide. Although primarily a respiratory illness, few reports exist describing the cutaneous manifestations of coronavirus.

Cutaneous Manifestations of COVID19

- *In a study amongst 88 patients of COVID-19, 18 patients (20.4%) developed cutaneous features, out of which 8 developed them at the disease onset while 10 patients developed these after hospitalization. The manifestations are tabulated below in Table 1.The most common site involved was the trunk, with minimal associated itching. Hence, the cutaneous manifestations of this novel virus are similar to those described with otherviruses. (3)*
- *In a retrospective analysis of the data of 7 critically ill COVID-19 patients, it was found that all of them had different degrees of limb ischemia, which manifested as cyanosis, blisters filled with blood, and dry gangrene. (4) of them met the diagnostic criteria for disseminated intravascular coagulation (DIC) suggesting high risk of hypercoagulation Also, limb ischemia was found to be of poor prognosticsignificance. (4)*
- *Two cases of unilateral transient livedo reticularis in COVID-19-positive non-ICU patients, possibly due to microthrombi formation/transient low-grade DIC have beenreported. (5)Similarly, reports exist of chilblain like lesions (COVID toes) in feet and hands in stable COVID-19 positive children.*
- *A case of acute haemorrhagic oedema of infancy (AHEI)in an 8-month old female infant after coronavirus infection has been recentlyreported. (6)*
- *Schneider et al studied the clinical characteristics of children with viral infections and petechiae and they found that coronavirus NL63 was associated with the petechialrash. (7) Similarly a case of immune thrombocytopenic purpura (ITP) in a COVID patient has also beenreported. (8)*
- *Goren et al hypothesized that males with androgenetic alopecia (AGA) are more likely to suffer from COVID-19 complications compared to controls probably due to involvement of TMPRSS2 gene in both AGA and corona virus attachment topneumocytes. (9)*
- *Cannon et al reported a case of feline infectious peritonitis (FIP), with multisystem involvement, including multiple erythematous nodular cutaneous lesions with partial alopecia. Immunohistology with feline coronavirus (FCoV) antigen was found to be positive inskin. (10)*
- *Acute Guillain-Barré syndrome, an autoimmunecondition has also been reported in COVID-19cases. (11)It is also noteworthy, that there can be false positive coronavirus antibody tests in samples collected from patients with autoimmune diseases like systemic lupus erythematosus andthis should be taken into consideration during the interpretation of antibody test for thevirus. (12)*

• *Apart from the cutaneous manifestations of the virus per se, there can be skin changes due to personal protective equipment (PPE) and the much needed regular, frequent hand washing exercise. These changes are presented in below (13) :*

Table 1 :Cutaneous manifestations of COVID-19

S.No.	Corona virus variant	Author	Cutaneous manifestations	Frequency
1.	Novel	Recalcati S	Erythematous rash	14
2.			Urticaria	3
3.			Varicelliform eruptions	1
4.	Novel	Zhang Y et al	Cyanosis, blood filled vesicles, dry gangrene	-
5.	Novel	Manalo et al	Unilateral transient livedo reticularis	-
6.	Novel	Zulfiqar et al	ITP	-
5.	Old	Chesser et al	AHEI	-
6.	Old	Schneider et al	Petechiae	-
7.	Old	Cannon et al	Erythematous nodules (feline)	-

Cutaneous changes

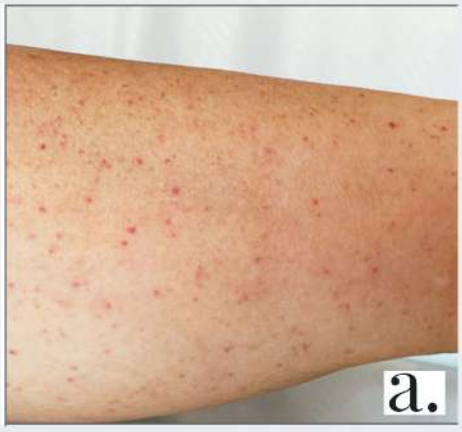
1. Excessive handwashing/hygiene induced

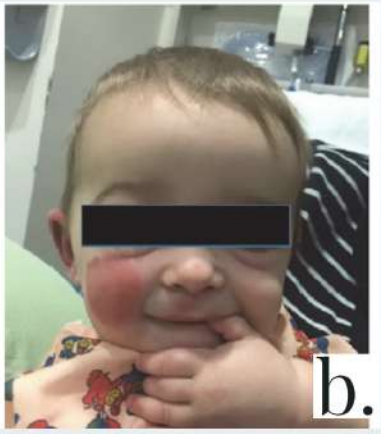
- *Xerosis,*
- *Irritation*
- *Contact dermatitis*
- *Exacerbation of pre-existing skin conditions- seborrheic dermatitis and acne*

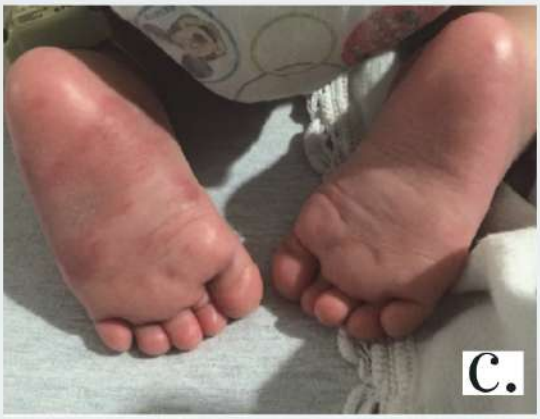
Mask- trauma, exacerbation of acne, scaling
Hat- folliculitis, seborrheic dermatitis
Gloves- maceration, contact dermatitis

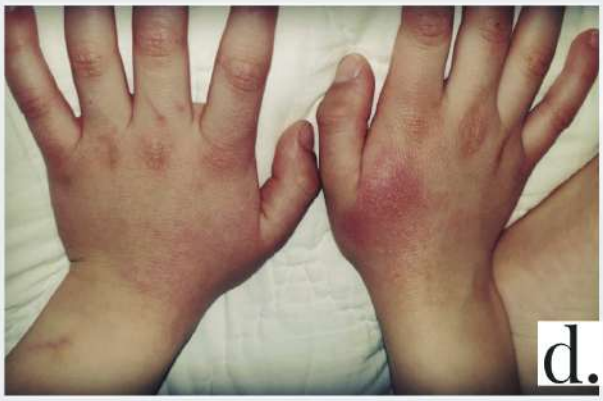
2. PPE induced:

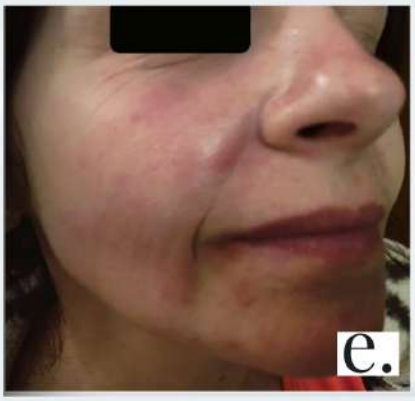
- *Contact dermatitis,*
- *Itch,*
- *Pressure urticaria,*
- *Injury,*
- *Folliculitis*

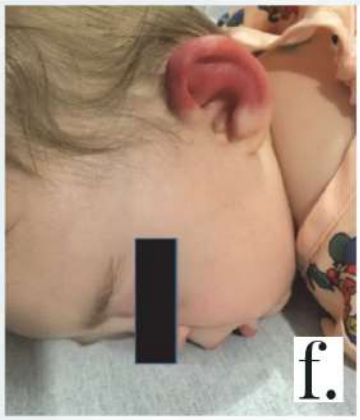












a. Petechiae over lower extremity in a covid-19 patient with ITP (Zulfiqar A-A et al)b. Purpura over right cheek. c. non-blanchable purpuric plaques over bilateral soles (Chesser H et al)d. Hand dermatitis due to excessive hand washing to prevent COVID-19 transmission. (Darlenski R et al)e.Facial erythema and papules due to disinfection with 60% ethanol 5 times a day and use of facial mask (6 hours a day) in a 42-yr old female.f. purpuric rash over theear (Chesser H et al)

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TELEDERMATOLOGY

Dr. Molisha Bhandari
PG-2Y
VMMC and Safdarjung hospital

The need of the hour; and the future?

1. Telemedicine has been a controversial subject for Indian RMPs due to lack of clear legislation on the same.
2. MCI has for the first time, released Telemedicine Practice Guidelines in view of the ongoing COVID 19 pandemic.
3. Telemedicine has a unique place in dermatology since it is one of the few specialties in which a near complete diagnosis possible via audio/video modes of communication.

Introduction

World Health Organization defines telemedicine as
"The delivery of health-care services, where distance is a critical factor, by all health-care professionals using information and communications technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and the continuing education of health-care workers, with the aim of advancing the health of individuals and communities." (1)
In light of the ongoing Covid-19 pandemic and the urgent need to restrict patient-doctor direct interaction to the minimum; the MCI have released a set of guidelines for the practice oftelemedicine. (1) This puts dermatology, a visual specialty in a unique position to diagnose and treat patients using clinical images and videoconsultations. (2)

Telemedicine – Types

Telemedicine can be divided into various types;
1. Based on the timing of information transmitted:
- Real time Video/audio/text interaction
- Asynchronous exchange of relevant information
2. Based on the purpose of consultation:
- First consult with any RMP for diagnosis/treatment/health education/ counseling
- Follow-up consult with the same RMP
- Emergency/Non- emergency
3. According to the individuals involved:
- Patient to RMP
- Caregiver to RMP
- RMP toRMP (1)
- Health worker to RMP

TELEMEDICINEIN DERMATOLOGY

Teledermatology (TD) is a subspecialty of dermatology that involves the use of information and communications technologies to diagnose, monitor, treat, prevent dermatological diseases from a distance

Teledermatologymodels (figure 1)

1. Primary teledermatology –direct communication between the patient and the general practitioner/nurse or dermatologist.

2. Secondary teledermatology- refers to the situation in which the patient goes to general practitioner/ nurse who will subsequently consult with the dermatologist.

3. Tertiary teledermatology – is communication between two specialists.

4. Patient- assisted Patient plays the central role and communicates with the specialist directly.

• This can either be a first-time consultation or follow-up consult

o In the first consult which should preferably be in person, the doctor can assess the severity, get investigations like skin biopsy done if necessary.

o Follow up may be done via teledermatology. (5)

5. Direct to consumer- patient initiates consult with health care professional using phone ortablet. (3)

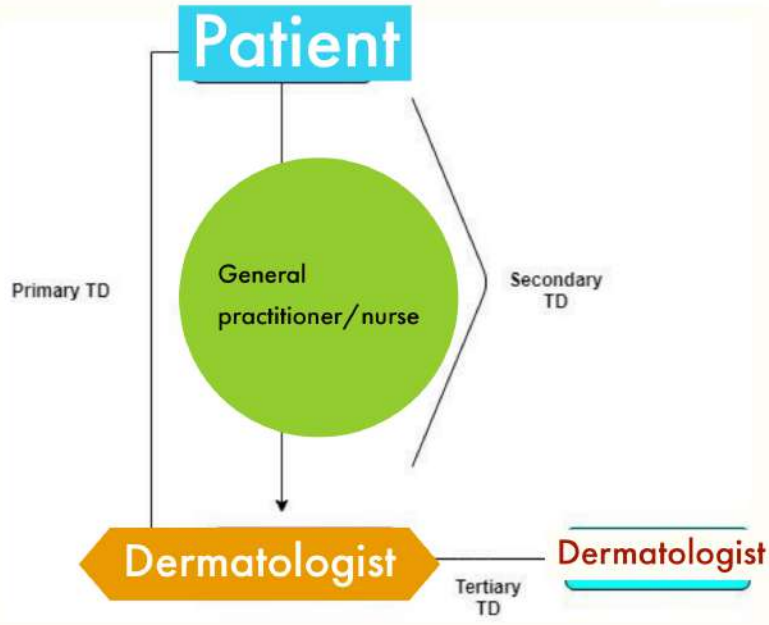
Pre-requisites for teledermatology

Landow et al enlisted some of the key factors required for successfully conducting teledermatology consultations. Some of these are-

1. Good quality images- this is by far the most important requirement.

2. Selecting the right patients- a few dermatological cases can be instantly diagnosed by a clear good quality image. There are some though that require examining the patient in person. So, selecting patients is the key.

3. A good infrastructure in place. (6)



Modalities of teledermatology:

1. Real-Time (RT) Video Consultation- via skype, facetime, whatsapp. This give the advantage of asking any relevant questions which the doctor might want to ask the patient, but provides poor image quality

2. Asynchronous Store-and- Forward -via smart phones, whatsapp and emails. In this clinical, dermoscopic images are sent and the doctor responds at his own convenience. Provides much better image quality.

3. Hybrid- combination of the two. (3)

ADVANTAGES AND DISADVANTAGES OF TELEDERMATOLOGY

Advantages

1. Makes specialist care available in far flung areas.

2. Waiting time can be effectively reduced

3. Number of patients who can be attended are more in the same time frame

Disadvantages

1.Need for robust internet connection and technology friendliness.

2. Possibility of missing a diagnosis.

Telemedicine in India

As per the telemedicine practice guidelines,

- *Only an RMP can practice telemedicine for a patient in any part of India.*

o All RMP will need to qualify a mandatory online course within 3 years of publication of these guidelines.

- *Identification of patient and doctor: Telemedicine consultation should not be anonymous. Both the patient and RMP need to know each other's identity. Teleconsultation should be initiated after confirming name, age, address, email ID, telephone number, regsitered ID or any other identification as deemed fit.*
- *Patient consent: Consent is implied if patient initiates the consult. If doctor initiates, explicit consent should be taken via email, text, audio or video message.*
- *Expectations during a tele-consult*

o Provide health education

o Counsel about do's and don'ts'

o Prescribemedicines (1)

- *Medicines which can be prescribed*

1. List O: Can be prescribed through any mode of teleconsultation and includes over- the-counter medicines.

2. List A: Can be prescribed during first consult if it is a video consultation or being re-prescribed in case of a follow-up. Eg: Ointments/Lotion like Clotrimazole, Mupirocin, Calamine Lotion, Benzyl Benzoate Lotion etc

3. List B: On follow-up, medications prescribed as 'Add-on' to ongoing chronic medications to optimize management for hypertension, diabetes etc.

- *Etiquettes*

o When conducting a consult, one must be adequately dressed, in a wel lit room and ideally in a place with no disturbance.

Present scenario

In the present scenario, the need of telemedicine is like never before. It the following advantages:

- *Can prevent the transmission of infectious diseases reducing the risks to both health care workers and patients.*
- *Unnecessary and avoidable exposure of the people involved in delivery of healthcare can to be avoided.*
- *It can provide rapid access to medical practitioners who may not be immediately available in person.*

In a survey of 104 patients, 41.3% said that they would like to approach a dermatologist via teledermatology in the present situation, but only 9.6% had actually used it. This highlights the unmet need of better access to teledermatology for the public. (7)

Summary

Telemedicine is going to be one of the significant game changers in dermatology practice and the practice of medicine as a whole and its importance can no longer be undermined. For the practice of telemedicine in India, it is recommended one go through the Telemedicine Practice Guidelines issued by MCI in march 2020. (1)

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World Vitiligo Day

Theme: Celebrate the beauty within

As a part of World Vitiligo day (June 25th 2020),RCC-Delhi,in association with IADVL-DSB, released a public vitiligo awareness video to burst the myths related to the condition

Winners!!

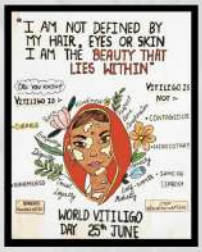
Vitiligo Poster Competition

1ST-DR ANANYA SHARMA,AIIMS

2ND- DR MONALISA,MAMC

2ND-DR RUCHIKA SINGH,VMMC

RCC - Delhi also conducted a poster competition on the occasion of vitiligo day to bring out the creative side of the residents. Here,in this issue, we present the winners, and the vibrant entries we received, from the residents across Delhi



Entries...

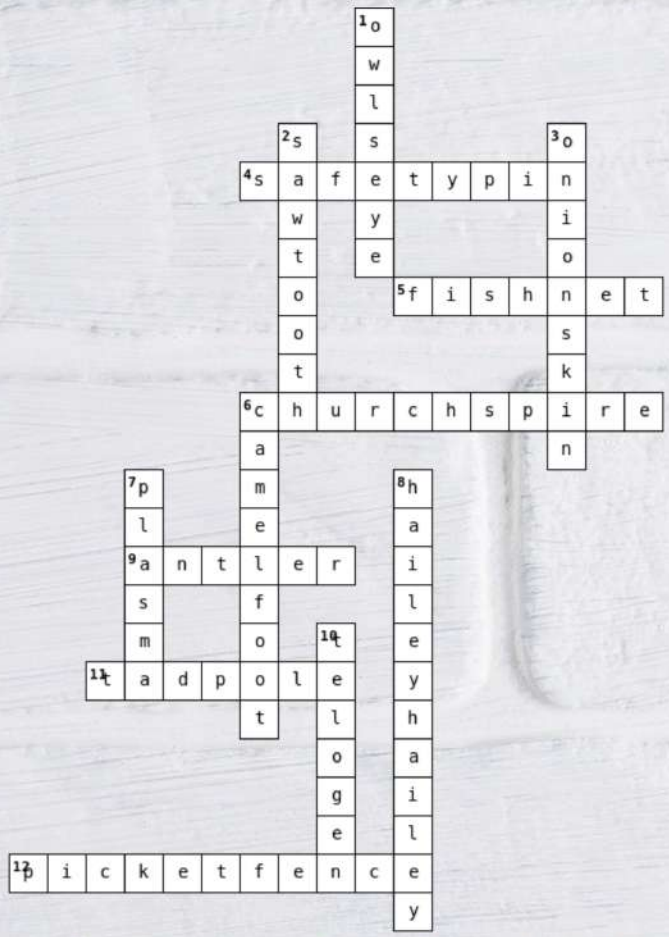
Answer key

A. Picture Quiz

A1. A. Aplasia cutis congenita. Initially, exposed vital structures and bony ridges can be protected using conservative measures if aplasia cutis is an isolated finding. Delayed definitive repair can then be performed later in life.

A.2: Paclitaxel

B. Crossword Puzzle



ACROSS

4. Safety pin appearance of bacilli seen in donovanosis.

5.Fishnet appearance is seen in DIF studies of pemphigus vulgaris.

6. Epidermal changes in seborrheic keratosis leads to numerous digitate upward extensions of epidermal lined papillae giving the churchspire appearance.

9. HPE- delicate digitate downgrowth of epidermis with melanocytic hyperplasia at the tip giving antler like pattern in dowling degos disease.

11. Tadpole appearance seen in syringoma.

12. Picket fence appearance seen on DIF studies of dermatitis herpetiformis.

DOWN

1. Owls eye appearance seen on HPE of verruca plana showing hyperkeratosis, acanthosis and vacuolization (hint- nuclei lie at center of cells with empty shells around the nucleus).

2. HPE of lichen planus shows irregular hyperplasia of malpighian layer in a triangular pattern giving sawtooth appearance.

3. Proliferation of perineurium of nerve bundles leading to onion skin appearance seen in borderline and polar lepromatous leprosy.

6. HPE of psoriasis shows rete pegs taking a plunge in the dermis in the form of regular elongation of rete ridges giving camel foot appearance.

7. Plasma cell have a cartwheel appearance

8. Dilapidated brick wall appearance is seen in Hailey Hailey disease.

10. The presence of bright red trichilemmal keratin bordering the club hair results in flame thrower like appearance seen in vertical section of telogen hair.

C. Match the Following

1.c 2.l 3.i 4.k 5.a 6.j 7.d 8.b 9.g 10.f 11.e 12.h

When you come out of the storm, you won't be the same person who walked in. That's what this storm's all about!!!

-Haruki Murakami