YUVADERMA
E-BULLETIN

November 2017, Vol. 1, Issue. 4

THE ESSENCE

The artwork reflects the essence of Yuvaderma, where young minds are nurtured and moulded into the building blocks of tomorrow.

It represents the journey to the key of enlightenment and success via the road of knowledge, team work, dedication and perseverance.

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THE EDITORS NICHE

It is with immense pleasure that Shweta and I have taken over as joint editors for the upcoming edition of YUVADERMA e-bulletin. After the grand success of our first three issues, we are delighted to release the fourth issue where we showcase a myriad of interesting articles and puzzles bound to jog your minds. The bulletin touches upon various aspects of Dermatology, Venereology and Leprosy and is a humble attempt to help residents better understand the vast expanse of our subject. We welcome on board two new associate editors, who straightaway fit right into our team. Our editorial team has been pumped ever since the beginning of our YUVADERMA journey and together we bring about this issue with equal, if not more, zest. This would not be possible without the support of IADVL KN to whom we have an immense gratitude for providing an incredible platform where residents have the freedom to express and showcase their clinical, literary and creativity skills.

We begin by exploring the life and discoveries of a historic persona- Von Hebra, and left no stone unturned. This is followed by an interactive session with another great academician, but this time of the present era, Dr Arun C Inamdhar, President of IADVL-KN. Gear up for this intense discussion, which I'm sure will leave you inspired.

Next, we steam off by stepping a little outside of Dermatology, with an interesting debate between two enthusiastic doctors who discuss about present day environmental issues. Now back to puzzling your minds, have a go at cracking our brain teaser by figuring out the clues and filling the crossword (no peaking). Readers if you like Ornithology, you will love the next section which is a spin off on various signs named after birds, in Dermatology.

July 25th is observed as World Vitiligo day and this year IADVL KN organized a massive awareness campaign that reached out to all districts of Karnataka, urban and rural alike. The movement focused on debunking myths and spreading awareness about the disease process and treatment modalities as explained in the article titled "Vitiligo Jatha : An awareness Ratha".

In the next segment, we head back to basics with "spot on"- a revelation into some of the more interesting cutaneous spots that one mustn't miss if ever encountered.

We end our issue by talking about a pressing matter on the disease than shuns- Leprosy. Leprosy deformities are a source of incredible physical, mental and emotional distress. In addition, the societal discrimination, disdain and neglect makes leading their daily lives exponentially more difficult. We must lend an empathetic ear and spend those extra few minutes in counselling affected patients and their families as reassurance makes all the difference.

To end this note we are proud of what our team has accomplished. This issue has been formulated over many months with countless discussions and many sleepless nights but it was all worth the effort. We encourage more residents to join our team and send in interesting articles and case files which we are always happy to publish.

Hope you have a great read!

Signing off!

Dr. Shweta Bhadbhade

Dr. Vaishnavi Gopal

Treasury

PRESIDENTS PREAMBLE

I am happy to note that 4th edition of 'Yuvaderma' E bulletin is going to be published online. I congratulate team led by Dr. Saloni.

The present generations of dermatologists are lucky to grow with the developing dermoscience. The armamentarium to treat myriad of skin diseases has increased and are also easily available too. Now it is time to treat skin diseases with the correct knowledge of molecular targets. In our days of dermatology learning, tuberous sclerosis manifestations use to be only for record purpose. Now effective treatment with sirolimus is available. The dramatic effect of Propranolol for treating infantile hemangiomas is history now. New small molecules in pipeline are going to change the dermatology therapeutics. The change is permanent and we all should be in run to learn best things which can improve patient's quality of life.

I wish a happy reading to all.

Warm regards,

Dr. Arun C Inamadar
President, IADVL Karnataka.

FOREWORD

SECRETARY SPEAKS

It is a matter of great pride that "YUVADERMA" has completed 2 years and released 4 issues. It is getting better every year. It has addressed residents' concerns and provided a platform for exchange of ideas. It also motivated youngsters by the inspiring stories and interviews of the seniors.

I must thank Dr Saloni who carried out the editorial work very meticulously till now. The new issue is brought out under the editorial ship of Dr Shweta Bhadbhade, a young and talented student of mine and Dr Vaishnavi Gopal. I also welcome our new talented and enthusiastic editorial team. I offer my congratulations and best wishes to the new editorial team.

I wish that this magazine will continue to resonate with fresh ideas and inspiring stories, which will motivate many young minds. I also wish, it will provide platform for many residents to know about the association and get involved with the various Activities in the future. My tenure as Honorary Secretary comes to an end; I offer my sincere thanks to all those who contributed to the success of the magazine.

Long live IADVL.

Dr. Shashikumar B M,
Hon. General Secretary,
IADVL KN

FOREWORD

PIONEERS IN DERMATOLOGY

The Father of modern Dermatology Ferdinand Karl Franz Schwarzmann, Ritter von Hebra (1816-1880)

- Hebra was born on 7th September 1816, in Bruno, Moravia.
- He was an Austrian physician and dermatologist who founded the New Vienna School of Dermatology.
- Ferdinand von Hebra was the first to introduce the new science of pathology into dermatology.
- He reclassified skin diseases using an anatomical and pathological framework, defined cutaneous fungal infections and made significant contributions to the definitions of many inflammatory disorders including eczema.
- Hebra authored one of the most acclaimed books on dermatology of all times, the Atlas der Hautkrankeiten (Atlas of skin diseases).
- In 1841 Hebra definitively separated the clinical features of psoriasis from those of leprosy.
- In 1844 Ferdinand von Hebra discovered the cause of scabies.
- Hebra described Norwegian scabies and termed it as 'scabies Norvegica Boecki'.
- Erythema Multiforme was first described by Hebra in 1860.
- Erythema multiforme minor is also known as Erythema multiforme von Hebra
- In 1860, Hebra described the clinical manifestations of Erythema nodosum and suggested 'dermatitis contusiformis' as a synonym for the disorder
- In 1868 Hebra described lichen scrofulosorum, a lichenoid eruption of minute papules occurring predominantly in children and adolescents with tuberculosis.

- The term erythroderma was introduced in 1868 by Hebra
- Epidermolysis bullosa was first described in 1870 by Hebra under the name 'erblichen pemphigus'
- In 1872, Hebra was first to describe pustular psoriasis of pregnancy – impetigo herpetiformis.
- Hebra and Kaposi in 1874 gave the initial report on 'xeroderma pigmentosum'
- Hebra introduced the term prurigo to denote papules induced by scratching.
- The term 'livedo reticularis' was first used by Hebra
- Lichen planus was previously termed as lichen ruber coined by Hebra
- The first detailed account of alopecia areata was given by Hebra along with Kaposi.
- Hebra described the flexural localization of lesions in Atopic dermatitis.
- 'Hebra nose' seen in nodular stage of Rhinoscleroma is characterized by slowly growing nodules and plaques in the nasal vestibule, the ala, the septum and the neighbouring upper lip.
- In the second half of the 19th century, Hebra introduced resurfacing and restoring skin with chemical peel. He used exfoliative agents, like phenol, croton oil, nitric acid in various cautious combination for treating freckles and skin irregularities.
- Eczema marginé of Hebra is French term for Tinea cruris.

Dr. Kirti Katwe,
PG-2, Mandya Institute of Medical sciences, Mandya.

Cognizance - Pearls of wisdom by Dr. Arunlnamadar

It is a privilege to interview Dr Arun C Inamadar, who is an epitome of knowledge, hard work, sheer will & dedication. He is an eminent teacher, researcher & pioneer in the field of Pediatric Dermatology, and has authored many books and chapters on the same. He is a fellow of the prestigious Royal College of Physicians Edinburgh and is presently working as the Prof & HOD of department of Dermatology BLDE Medical college Bijapur. He is also serving as the current president of IADVL-KN.

Sanjay Thejaswi R (SR) : Good morning sir, everyone knows you as a renowned professor & dermatologist, but our readers would like to know a little bit about your childhood life?

SIR : As a child, I was a very social person who loved being with friends and having a great time. I loved watching movies. My friends and I would watch at least one Kannada movie every weekend!

SR : Sir, as a child we all aspire to do different things when we grow up, were you a medical aspirant since childhood?

SIR : I studied in a Kannada medium government primary school in a town which was bestowed with great teachers. Who I am today is all because of them.

No, I was never a medical aspirant, in fact, I hadn't dreamt of anything in my childhood. Looking back, I loved writing; perhaps I would have become a good author and penned something worth reading.

SR : Sir, any memories from your MBBS Days that you would like to share with us?

SIR : I was more of a singer than anything else! The camaraderie amongst all of us at Govt. medical college, Bellary, now known as VIMS was very good. We didn't have any junior - senior rankings but rather we were like a family and thus had a very good time.

SR : Sir, if you get a chance to go back to your under-graduation days, which field of post-graduation would you have chosen; or was Dermatology your field of interest even then?

SIR : Actually, I wanted to do post-graduation in Surgery, but in those times Dermatology was an emerging branch, so chose it.

SR : Sir, every speciality has its own challenges. With respect to Dermatology many post graduates find it difficult to recall everything, given the volatility of the subject. Any tips to tackle this?

SIR : Very simple, make reading about the cases you have seen in the clinics a daily routine. Both vertical and lateral reading gives you the depth!! Concept of the disease and drugs need to be known thoroughly!! Discussion with colleagues helps. Always read the clinical features first, then go for investigations and then pathogenesis.....and finally treatment (as they keep changing).

SR : Sir, what qualities will make a resident an ideal dermatologist?

SIR : Inspection, inspection and inspection. Curiosity, imagination and intelligence are the keys to get the best clinical acumen.

SR : Sir, in recent times, cosmetology is turning out to be the limelight of our branch. Do you think focus is beings shifted away from clinical dermatology?

SIR : It is transitory. Your basics needs to be strong to practice even Cosmetology.

SR : Sir, Pediatric Dermatology has been your keen interest & you have even published a book on this subject? How did your venture begin?

SIR : I must thank the Neonatology book by the late Prof. Nancy B Easterly (Pioneer or grandmother of Pediatric Dermatology) which was in the cupboard of JJMMC, Bapuji hospital Dermatology OPD and my great teacher/ mentor Prof. Siddappa. I used to read it regularly and started a small observational study on "Transient neonatal skin lesions in newborns" and presented it in Mumbai National IADVL congress (1988). From then my interest continued to grow in the field of Pediatric Dermatology.

SR : Sir, do you have a guiding force/ mentor in your life who has made you the achiever you are today?

SIR : Undoubtedly Prof. K Siddappa.

SR : Sir, despite being a busy consultant, do you spare time to pursue any hobbies?

SIR : I love classical music and I tried translating Ravindranath Tagore's "Geetanjali" into Kannada. Travelling, collecting pens, reading books- especially war novels, are my favourite. Recently, after watching the movie 'Dunkirk', I was so fascinated that I purchased the books.

SR : Sir, as you said travelling has always fascinated you, any memorable traveling experience that you would like to share?

SIR : To travel and explore new places has always fascinated me but now travelling has become more of a compulsion. Trip to all the Scandinavian countries while attending EADV (Gothenburg, Sweden etc) was a great experience.

SR : Sir, in spite of coming from a non-metropolitan city, you have established yourself as an international figure. How were your initial days of practice?

SIR : Yes, as the case with any new consultant, 3-4 patients a day and then going through the "Indian Express" newspaper from 1st page to the last one. But I continued to enjoy my work with full dedication, and with time, milestones began to pour in. From my experience, I believe two things have a greater role to play to be a known-figure in any field, focus on your work and sharing the knowledge among your colleagues.

SR : Sir your message for residents who are about to start their practice?

SIR : What matters is sticking to your time and giving your best even to a single patient who visits you! Never see the patient who is not of your specialty!! Give the fee back and suggest the best specialist who can help them. Remember, honesty pays.

SR : Sir, you have perfectly mastered the roles of a clinician, administrator and academician. I'm sure it is not easy as you make it appear? Any words on this?

SIR : It is hectic I agree!! But I feel a busy person always finds more productive time than the lazy ones.

SR : What are your plans to further enhance the progress of IADVL -KN under your leadership?

SIR : To improvise more Community Outreach Programmes and create awareness amongst the general public.

SR : In the present era, does fellowship in Dermatology hold the same importance as that of super specialization in fields like Medicine or Surgery?

SIR : Yeah... now you have fellowship programmes even in our specialty.

SR: Sir, do you think is there any shift in the way of approaching patients in real practice from the one we post graduates are taught during our course?

SIR : I don't think so. Your communication skills gradually develop to address patient's issues. "Googlized" knowledge from patient is a challenge.

SR : Sir coming to the end of this session, a jewel from your vast experience of teaching several PG's your valuable piece of advice for the current residents.

SIR : Keep reading, be updated and analyse your strengths and weaknesses. I feel every human being is gifted with one or the other talent, so nurture them. Discipline, dedication and determination to be the best always should keep you going.

SR : We will move on to the next segment, THE RAPID FIRE, so let us keep it rapid.

SIR : Sure.

1) **Any Nickname in your childhood?**
   Luckily none *laughs*
2) **Movie watched the most number of times?**
   Chitchor… because of the songs.
3) **Your favourite cuisine/ dish?**
   Jawari roti and peanut powder
4) **Your place on earth? Norway**
   In India? Bijapur
5) **Any song that you feel connected to your life?**
   Oh nanna chetana, agu nee anniketana… by Kuvempu (sings few lines)
6) **One thing you can't live without?**
   Dermatology
7) **Favourite books?**
   Alchemist
8) **A perfect day in your eyes?**
   A final diagnosis to the patient and a satisfied patient *smiles*
9) **Something you always wanted to do, but have never done?**
   Learning classical music, the flute.
10) **Describe your life in couple of words?**
    Destiny's child
11) **Least favourite beverage?**
    Artificial aerated beverages
12) **Favourite topics in Dermatology?**
    Genodermatology and critical care in Dermatology
13) List few cases which you feel it's challenging to see in daily practice?
    I feel every patient is a challenge.
14) The celebrity idol whom you dream to meet?
    Osler
15) Your favourite questions as an examiner?

Simple questions about the basics of diseases and drugs.

As we came towards the end of the interview, I felt thoroughly enlightened by the words of this master academician. He is great role model for us all and we must strive to be as dedicated and hard working.

Dr. Sanjay Thejaswi R
PG-2, KIMS, Hubballi

GO GREEN OR GO DIGITAL

GOING GREEN

Dr. Manoj Srinivas,
PG-3, KVG Medical College, Sullia.

GOING DIGITAL

Dr. K.C. Dharam Kumar
PG-2, Rajarajeshwari Medical college, Bangalore.

Manoj : I am happy that people are finally taking strides to go green more seriously. I read an informative article which illustrated the following data -

Effects of increased paper usage :

- Cutting millions of trees which is our only natural supply of oxygen.
- Excessive energy consumption and release of harmful gases from the paper industry.
- Fuel consumption for its transport and distribution.
- Increase in printers, ink and toner cartridges production.

Statistics on Paper usage :

- Paper consumption has tripled since the 1960s and America generates 85 million tons of paper into the waste stream.
- The U.S. pulp and paper industry is the 2nd largest consumer of energy.
- The Environmental Protection Agency estimates that more than 400 million ink and 100 million toner cartridges end up in landfills each year.
- The average U.S. officer worker prints 10,000 pages per year. So what's the impact of just 10 million pages?
- 2,500 trees
- 56,000 gallons of oil
- 450 cubic yards of landfill space
- 595,000 KW (kilowatts) of energy

Don't you think this move of going digital finally makes sense.

Dharam : Although "Go digital Go green" is gaining importance in the present era, it can never replace the age old hard copy format for the simple reason that the digital form has varied disadvantages and hence the printed materials have an edge over the soft copies.

Even though information can be accessed quickly and displayed through various mediums, students might not be able to remember or recall the information as the grasping capacity will be less when compared to reading from printed materials.

M : I agree with that, but is our comfort necessary at nature's cost. Due to such exponential increase in demand for paper, the benefits

what you say seem trivial. So why is there still this residual school of thought that paper is required for any form of work? Most of us still believe that legally binding documents must be signed with wet ink signatures, which leads to printing masses of paper that are signed and stored in filing cabinets and vaults. However, laws have been passed to legalize and enforce electronic signatures. Making use of software that captures your electronic signature makes more sense!

D : Yes, I agree we lose many trees and plenty of energy is being consumed in printing but the benefits do seem to outweigh the risks. We must plant more trees if deforestation is a concern and cut down the use of trees for other uses other than for reading benefits.

Our health is of utmost importance and overuse of digital devices has various adversities. In addition, the use of digital format also requires electricity which in turn adds to our carbon emissions.

An excessive use of technology or screen time reduces the amount of sleep, especially if it is used at night. Bright light decreases the levels of melatonin hormone which is known to regulate sleep. It also decreases leptin which makes us feel full and also increases ghrelin which makes an individual feel hungry. Hence there will be an imbalance in the food and sleep cycle due to this causing a negative impact on the health of an individual.

Use of modern technology for a long duration has a negative impact on the eyes as well. Visual acuity problems are appearing at a younger age and its numbers are also rising. Overuse of technology has a negative impact on the mental status leading to depression, anxiety and loss of self-confidence. The students who are dependent on the digital medium were also found to have lower concentration and grasping power when compared to those who rely on printed materials.

M : I still believe there a number of benefits of going paperless:

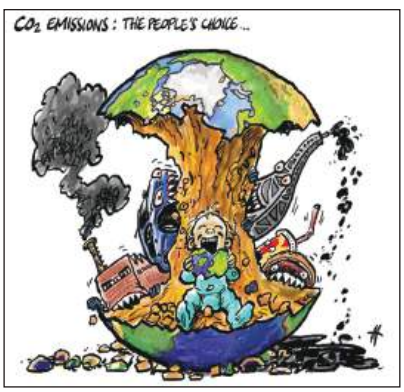
- It reduces business costs associated with paper, printers, copiers, fax machines, ink and toner cartridges
- Eliminates the need of filing cabinets and reduces office space
- Conduct business in a mobile environment resulting in faster responses to customers
- Increase efficiency of staff by eliminating the time spent searching for and sending documents
- Presents a professional image to your customers with mobile computing solutions
- Create faster business work flow by eliminating the time spent on getting paper signatures on contracts and forms that need to be hand delivered
- Secure backup of all documents
- Real time updates and delivery of documents
- Conduct environmentally friendly businesses

And much more...

D : In our country, students do not have much access to modern technology on a regular basis. For those who are not well versed with modern technology, this transformation will be a disadvantage. Students may be losing basic knowledge and reading skills by overuse of technology. It can lead to decrease in communication, cooperation and interpersonal skills that students usually develop in a classroom setting. The printed materials will be more organised and familiar when highlighters, stickers and small notes are used as per the individual's preference. This will be easier and convenient when compared to the digital copies.

If an individual is reading from a digital material, they are likely to get distracted with Facebook, Instagram, Twitter or other social forums. This results in a reduced duration of quality study.

M : Reducing paper consumption is a simple way to have a huge impact on the environment. A company can drastically reduce their carbon footprint by reducing their paper usage. A tree can only produce, on average, 17 reams of paper, and takes about 100 years to grow. Also, producing 17 reams of paper releases 110 pounds of carbon dioxide into the atmosphere. Think about how quickly your office uses that much paper in relation to how long it takes for those reams to be produced.



In addition, you can save the environment and your money at the same time. By transforming your organization into a paperless one you can save trees and forests while you save money on paper, ink and supplies. Now that to me is a fine deal. Companies can save tens, hundreds or even millions of dollars a year by automating business processes and transitioning to more eco-friendly workflow solutions. Digital documents, email and optical character recognition (OCR) technology allows organizations to reduce filing and retrieval costs, data entry costs and eliminate costs of ink, paper and associated labour costs. These savings add up and shows an impressive and substantial return of investment.

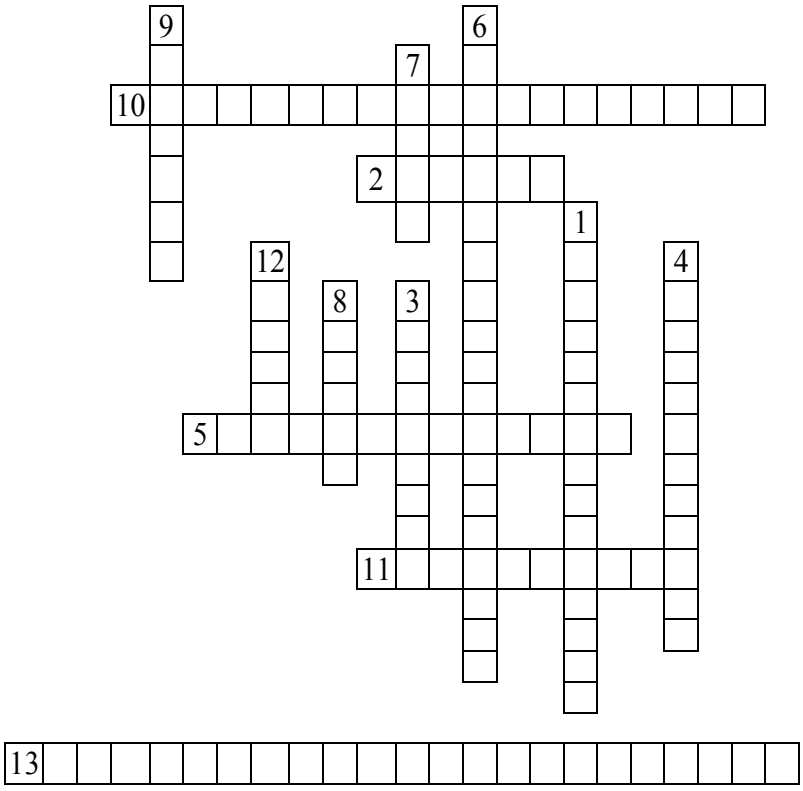
D : The printed format will consume raw materials only once but studying or referring from digital format will consume electricity again and again which will increase our carbon footprint in the long run.

Studying from printed format is more conducive for an in-depth analysis of the subject as it is easier to grasp and revise, which enhances the confidence in students. The information also tends to be memorized for longer period of time.

M : Finally I think we can at least minimize the extensive use of papers- e.g. reducing the number of hardcopies for our thesis and using paper for textbook purpose only. In nutshell, I can say that we need to cut down the dependency on paper to an extent where we can live in harmony with nature.

D : I feel the printed format has an edge over the digital material and will remain to do so in future as well. The soft copy materials should only be an adjuvant to the hard copy material and never replace them completely. The digital format has to be used to a certain limit, to increase the knowledge or to keep up with the latest additions but should never be an alternative to the hard copy.

Brain - Teaser



DOWN :

1. A syndrome characterized by multiple mat like telengiectasias seen on the face, lips, tongue, ear, hands and feet associated with internal bleeding
3. A syndrome with sebaceous neoplasia and high incidence of low grade colon cancer
4. Lentigines on lips, oral mucosa, polyps of the small intestine are seen in this syndrome
6. Benign acquired vascular hyperplasia, seen on the lower legs, often confused with Kaposi sarcoma
7. Blue psoriasis associated with SCC of the upper aeorodigestive tract
8. A tumour which is an uncommon pigmented variant of dermato fibrosarcoma
9. Blue black hyperkeratotic papules on the scrotum
12. A sign seen in dermatofibroma.

ACROSS :

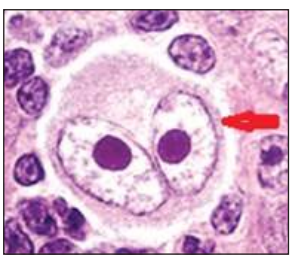
2. Triad of cutaneous erythema, lymphadenopathy and 10-15% atypical mononuclear cells
5. Angiosarcoma associated with chronic lymphedema of the upper extremity following mastectomy
10. A variant of pyoderma gangrenosum appearing in the gingiva, during pregnancy
11. Characteristic of an autoimmune disorder seen as reddish- purple erythema involving the face and eyelids
13. A platelet trapping consumption coagulopathy associated with vascular tumour

Dr. Shilpitha Srinivas
PG-2, Navodaya Medical College Hospital and Research Centre, Raichur.

BIRDS IN DERMATOLOGY

Dermatology is a tough branch to master. With most of the lesions looking alike, the residents find it difficult to recall the various signs and syndromes, and appearances of various diseases. Comparison with the simpler things seen in daily life helps us for easy remembrance of various signs and appearances. With reference to various text books, I have tried to pen down a few bird eponyms in dermatology.

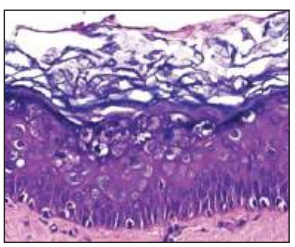
1. OWL- EYE NUCLEUS : A characteristic histological feature of Cytomegalo virus infection. The epidermal cells are enlarged two- to threefold and contain purplish, crystalline intranuclear inclusion bodies surrounded by a clear halo. Similar "owl's eye" appearance of Reed Sternberg cell (cells having either multinucleated or bilobed nucleus) is considered pathognomonic for classical Hodgkin's lymphoma.



2. OWL EYE/ RACOON SIGN/ EYE MASK : Seen in Neonatal Lupus Erythematosus. Erythematous, slightly scaly eruption on the face and periorbital skin.

3. OWL-EYED APPEARANCE OF FACE : Seen in Acrogeria. The face appears 'pinched', with a hollow-cheeked 'owl-eyed' appearance, a beaked nose and thin lips.

4. OWL EYE APPEARANCE : Seen in histopathology of verruca plana. The epidermis shows hyperkeratosis and acanthosis, in additiom there is diffuse vacuolization of cells in the upper spinous and granular layer. The nuclei of the vacuolated cells lie at the centers of the cells with empty shells around the nucleus giving an Owl eye appearance.



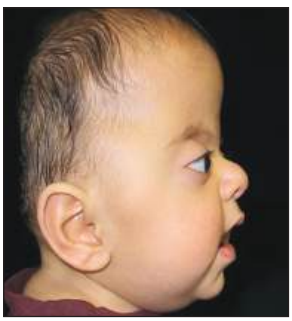
5. BIRD-LIKE FACIES : Seen in Schopf - Schulz - Passarge syndrome, Pangeria, Progeria, Progeroid syndromes, Cockayne syndrome, Rothmund Thomson syndrome. Patients have protruding ears, beaked nose and thin lips.

6. PSEUDOPARALYSIS OF PARROT : Feature of early congenital syphilis. Osteochondritis of the upper end of tibia, ulna and radius causes severe pain and tenderness leading to consequent loss of movement of the affected limb causing psuedoparalysis.

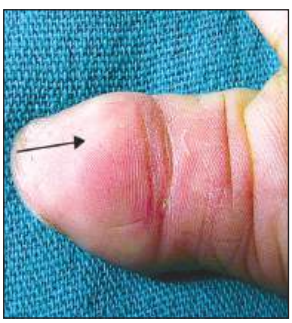
Parrot here is the person who first described it.

7. PARROT'S NODES : Seen in late congenital syphilis: A thickened, prominent forehead produced by localized periostitis of the frontal and parietal bones.

8. PARROT BEAKED NOSE : Seen in Apert syndrome, Scleroderma, Lupus vulgaris, Mucocutaneous Leishmaniasis.



9. PARROT-BEAK NAIL : Characterized by an overcurvature of the free margin of the nail over a shortened finger tip and occurs as a consequence of atrophy of the soft tissues of the finger tip in Scleroderma, PPK and leprosy. The nails have a parrot beaking in Grade III clubbing.

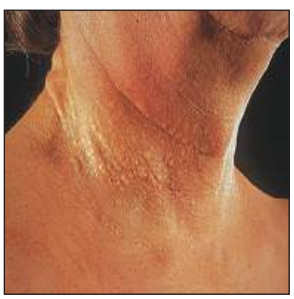


10. CHICKEN POX - Synonym for Varicella infection. Though unrelated to chicken, just for remembrance.

11. CROW'S FEET : Also called laugh lines; are the long, straight or slightly curved grooves radiating from the lateral canthus of the eye. Wrinkles is the commonly used term.

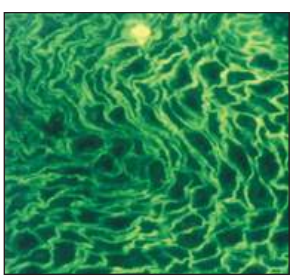
12. PLUCKED CHICKEN APPEARANCE : Seen in Psuedo Xanthoma Elasticum, an inherited connective disorder affecting elastic fibres characterized by generalized fragmentation and progressive mineralization of the elastic fibres in various tissues, involving the dermis, eye, cardiovascular system and GIT.

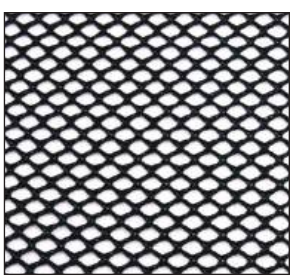
The skin is soft, lax, wrinkled and hangs in folds particularly in the axillae, neck and groin. It may have a pebbly surface that is described as "cobblestone", "Moroccan leather" or "plucked chicken" in appearance.



13. CHICKEN WIRE APPEARANCE : It is a direct immunofluorescence picture seen in Pemphigus vulgaris. The intercellular deposition of IgG and C3 between epidermal cells give a

"chicken wire" or "fish net" appearance.

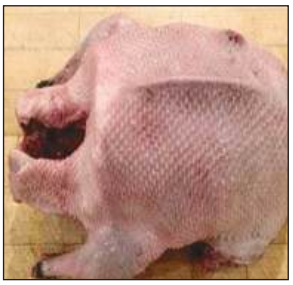




Also a feature of Myxoid liposarcoma, a low-grade tumor composed of hypocellular bland fusiform to ovoid cells in a myxoid stroma with a prominent plexiform capillary network and scattered signet-ring lipoblasts. Myxoid liposarcoma shows prominent branching pattern of capillaries throughout the tumor in a chicken-wire pattern.

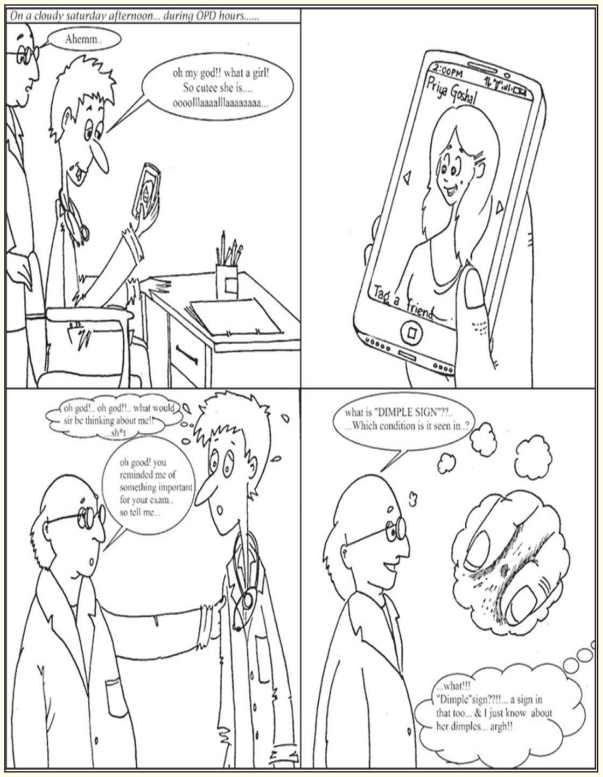
Dr. Shweta Bhadbhade
Consultant Dermatologist,
Bengaluru

14. GOOSE BUMPS/ GOOSE FLESH : Contraction of Arrector pili muscles causes the hair follicles to be pulled into a vertical position, producing the perifollicular elevations called gooseflesh/ goose bumps.



YUVADERMA ART GALLERIA

DERMATOON



Concept by
Dr. Preethi B Nayak

Art by :
Swetapadma Nayak

"She is a beautiful piece of broken pottery, put back together by her own hands, and the critical world judges her cracks; while missing the beauty of how she made herself whole again"

- J M Storm

Art by :
Dr. Shilpitha Srinivas

Vitiligo Jaatha : An Awareness Ratha

IADVL Karnataka conceptualized a unique idea to reach out to the public and create awareness amongst the people in Karnataka about Vitiligo.

A special van carrying hoardings with messages on vitiligo called as "VITILIGO JAATHA" travelled throughout Karnataka over a period of 29 days covering all the districts (travelling a total distance of 5000 km). The credit of this victorious project goes to all the dermatologists of Karnataka, whose cooperation & active participation in their respective districts added to the success of the event.

District coordinators were identified, who gave a wide publicity prior to the arrival of the vehicle and had organized various community activities. Local leaders, senior government officials like DHOs and Deputy commissioners were invited for flagging off the vehicle in the district. In each district, the vehicle stopped at prominent public places like bus stops, railway stations, markets, government hospitals, schools and colleges and distributed pamphlets.

Many events were planned in different districts like :

- Street plays/ skits
- Sharing experience by vitiligo patients
- Folk songs
- Human chains
- Processions
- Radio and TV coverage
- Newspaper articles
- Distribution of educational flyers

The journey of the jaatha began from Town hall, Bengaluru at 8:00 am on 25th June. It was flagged off by Dr. Venkatram Mysore, past president IADVL KN, Dr. Shashikumar B M, honorary general secretary IADVL KN and Dr. Umashankar N, Vice-president

IADVL KN in the presence of other members of Bangalore Dermatology Society. Press meet was held in Bengaluru on June 23rd before the event.

The vehicle headed to Kolar on 26th & then to various districts of Karnataka. Accomplishing the purpose of the event, various facts & myths about vitiligo were debunked and successfully delivered to the public. Marking the success of the jaatha, the van arrived back to Bangalore on 20th of July where it was flagged off by Dr Sharan Prakash Patil, Minister for medical education. For the next two days, the vehicle visited all prominent places and medical colleges in and around Bangalore.

This unique & remarkable endeavour provided an opportunity for youngsters to indulge themselves in various social activities such as bike rallies, street plays, etc. that left huge impact in the minds of general public. This also paved way in creating a bond amongst the dermatologists across the state, together building global awareness that left behind a significant psychological impact.

The ultimate goal was to spread the knowledge about vitiligo & thereby abolish the misconceptions from the minds of people in every nook & corner of Karnataka.

Dr. Thabassum, PG-2,
Mandya Institute of Medical Sciences, Mandya.

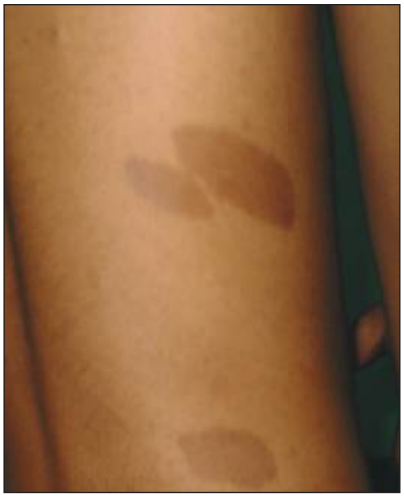
SPOT ON- Know your SPOTs

We often hear our colleagues, from other medical branches, saying many dermatoses look alike and often in awe as to how we differentiate between them. Every dermatologist needs to have a keen eye for detail and our training begins right from our first year of residency focusing on the utmost importance of inspection. Identifying subtle differences of cutaneous lesions, which include the color, configuration, number, site and associated features; thereby forms the preliminary aids in arriving at a diagnosis. Here I have focused on a few pathological spots that we must all be able to identify if we were to encounter them.

MACULAE CERULEAE

Bluish macules located over the inguinal folds, thighs and pubic area and are occasionally seen in fair skinned individuals infested with Pthirus pubis. This ectoparasite is also known as crab louse and is typically found in the pubic area although other regions with secondary hair can also be involved. Patients complain of itching and crawling sensation and infection can be transmitted through close sexual contact. The lesions vary in size between 1-2cm and the blue appearance is postulated to be due to altering blood pigments. Other secondary lesions to look for are excoriations which are often present in these areas. Dermoscopic evaluation will reveal the presence of the lice.

Maculae ceruleae on the pubic area



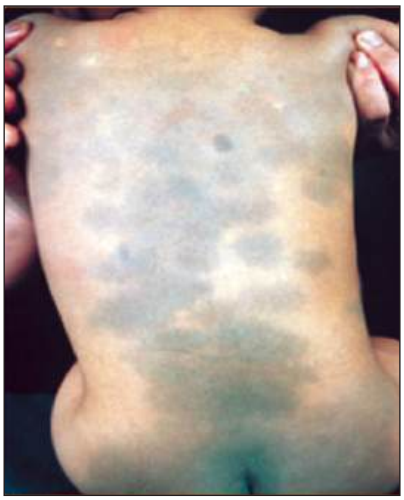
CALMs on the trunk

CAFÉ AU LAIT MACULES (CALMs)

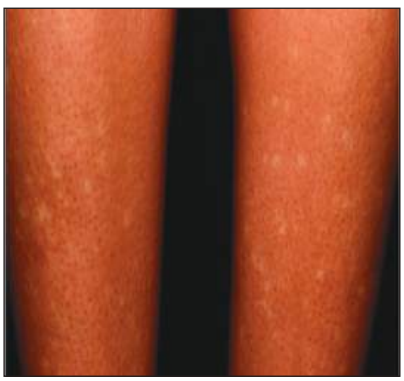
Well defined evenly pigmented coffee brown macules measuring widely between 1mm to more than 20cm. The represent heavily pigmented melanocytes of neural crest origin. The lesion can be solitary and benign which is extremely common. Presence of multiple lesions raises the possibility of a syndromic association. The margins of CALMs maybe smooth resembling the coast of California or jagged like the coast of Maine. The former is seen in Nerofibromatosis Type 1 and the latter is in Mc Cune Albright syndrome (triad of poly/mono ostotic fibrous dysplasia+ CALMs+ endocrinopathies). Histologically they have an increase in melanin content in both melanocytes and basal keratinocytes. They can also be a feature of Fanconi anemia, LEOPARD syndrome, tuberous sclerosis and familial CALMs.

MONGOLIAN SPOTS

They are congenital benign macules which are round, oval or irregular in shape with size ranging from few centimetres to more than 20 cms. The colour varies from blue, green, gray-black or a combination of them. They are commonly located on the sacral region but can occur on other parts of trunk and limbs. Pigmentation is most intense at the age of one year and gradually fades thereafter. In most cases lesions regress, spontaneously during childhood and rarely seen over 6 years of age. Histologically, they are composed of spindle-shaped melanocytes in the lower dermis that have failed to migrate to the dermoepidermal junction during fetal life. Extensive Mongolian spots involving large areas of the trunk and extremities, maybe seen with inborn errors of metabolism such as GM1 gangliosidosis and mucopolysaccharidosis.



Mongolian spots



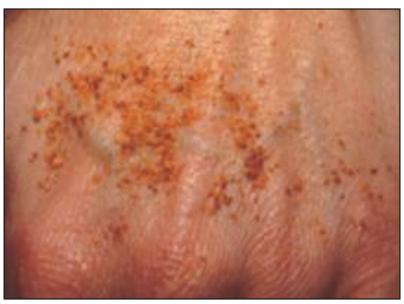
Bier spots on the lower limbs

BIER SPOTS

Multiple, small, irregular apparently hypopigmented macules, usually located on arms and legs in young adults. It gives a reticulated appearance with the surrounding skin being erythematous. Lesions disappear on blanching and limb elevation. The condition occurs due to a vascular anomaly with vasoconstriction in the pale areas and venodilatation in erythematous skin. They are idiopathic and self-limiting requiring no treatment. However, it may be associated with scleroderma renal crisis, mixed cryoglobulinemia, lymphoma, pregnancy and Marshall–White syndrome (Bier spots+ insomnia + tachycardia).

CAYENNE PEPPER SPOTS

Multiple, persistent, discrete and confluent, non-palpable purpuric lesions located on the extremities. They appear as pin head sized red brown patches with a red punctum that bears a close resemblance to grains of cayenne pepper. This is the presenting feature of a pigmented purpuric dermatosis known as Schamberg disease. It occurs as a result of acute microhemorrhages which resolve with deposition of hemosiderin, creating a dark-brown peppered appearance.



Cayenne pepper spots on the wrist

Fordyce spots on the upper lip

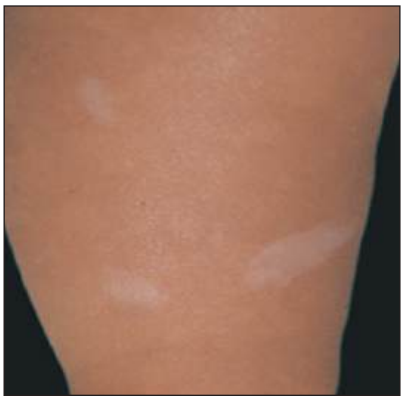
FORDYCE SPOTS

Ectopic sebaceous glands that appears on oral mucosa, penis and labia. They appear as asymptomatic grouped minute pin head sized creamy yellow discrete papules. They are benign in nature and histology reveals a group of mature sebaceous lobules with surrounding small ducts that appear at the epithelial surface.

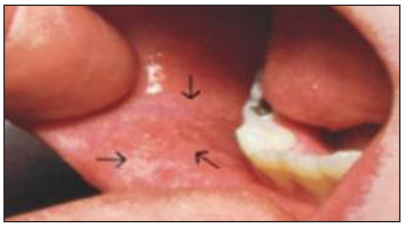
ASH LEAF SPOTS

Hypomelanotic macules that are pathognomonic for Tuberous sclerosis. They number from 1 to over 20 and can be located anywhere on the body but tend to occur most often on the trunk and buttocks. They have an oval shape at one end with a tapering end at

the other. They can cause poliosis if located on the scalp. These macules typically measure 0.5–3.0 cm in diameter and are off-white in color and not completely depigmented. Other cutaneous features to look for are angiofibromas, fibrous facial plaques, confetti macules, Koenen's tumours, shagreen patches, dental enamel pits, molluscum fibrosum and pachydermodactyly.



Ash leaf spots on the thigh



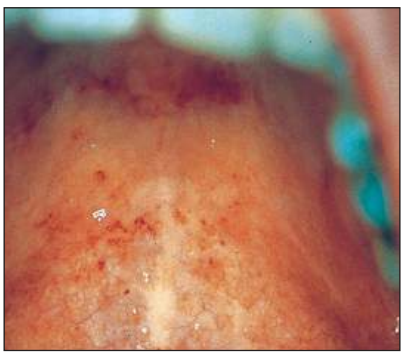
Koplik spots on the buccal mucosa

KOPLIK SPOTS

Pathognomonic enanthem of measles that appears as small bright red macules with a small blue speck within them. They are seen typically in the buccal mucosa behind the second molar 2 days before the onset of rash and disappears 2 days after. There is an accompanying prodrome of fever, malaise, coryza and conjunctivitis which may last up to 4 days.

FORCHHEIMER'S SPOTS

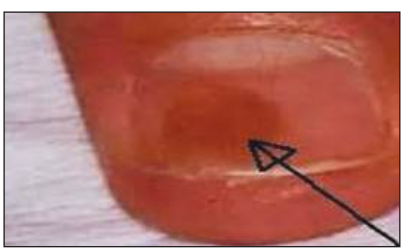
Petechiae and punctate red macules located on the soft palate and uvula in streptococcal scarlet fever. The clinical features include flushed face with circumoral pallor and tender anterior cervical lymphadenopathy. Other oral findings include edematous, erythematous tonsils covered with a yellow, gray, or white exudate. At the initial days of fever onset, the tongue has a white coat through which the red and edematous papillae project (white strawberry tongue). After 2 days, desquamation ensues, resulting in a red tongue with prominent papillae (red straw- berry tongue)



Forchheimer's spots on the palate

NAGAYAMA SPOTS

Erythematous papules on the soft palate that precedes the viral exanthem of roseola infantum (HHV-6). It is typically seen in children between 6months to 1 year of age with the onset of acute febrile illness. The cutaneous exanthem is characterized by rose red macules or papules of 2-5mm diameter surrounded by a white halo distributed on the neck and trunk.



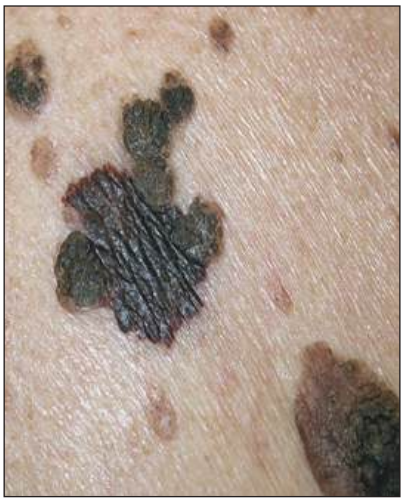
Oil drop sign on the thumb nail

OIL SPOTS

They are translucent, round yellow–red discolorations observed beneath the nail plate. They occur as a result of focal nail bed parakeratosis. Oil spotting is considered to be specific for psoriasis. They can also be occasionally seen as nail manifestations of systemic lupus erythmatosus and acropustulosis.

MELANOMA

The superficial spreading type of melanoma is one of the most common variety of melanoma in fair skinned individuals. They occur as a patchily pigmented macule with irregular borders that over time becomes a thin plaque. They grow radially with variegating shades of brown, gray and black and may have white areas in between, signifying regression of melanomas in these areas. Histopathologically, the telltale sign is the presence of large melanocytes arranged as nests, that display marked upward scatter within the epidermis. The key to improve the prognosis in melanoma is an early diagnosis for which the well-known ABCDE acronym (A-Asymmetry, B-Border, C-Color, D-Diameter, and E-Elevation/Evolving) is useful. A dermoscopy and histology must be sought when suspicion arises.



Superficial spreading melanoma

Dr Vaishnavi Gopal
Consultant Dermatologist
Kaya Skin Clinic

This article has touched only a few of the multitude of various kinds of spots, that you may encounter in your dermatological ventures. I encourage residents to explore wider into the world of skin and make the most of patients, you get to examine, by not only focusing on the local area of symptom but a holistic approach in performing an entire head to foot examination thereby uncovering new dermatoses.

CROSSWORD ANSWERS

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SHEDDING LIGHT ON A DISEASE THAT SHUNS

"Leprosy work is not merely a medical relief; it is transforming frustration of life into joy of dedication, personal ambition into selfless service"

– Father of the Nation

Although leprosy is not considered as a curse for evil deeds, it is one of the most disregarded diseases in today's world. The impact of leprosy on individuals, their families and society has been profound. Its effects have been seen in medical research; in literature and arts; on the concept of human rights; on belief systems; on the law since ages.

There was a time when Karnataka as a state failed to meet the aims of eradication of leprosy in the year 2000. But today, Karnataka is one of the few states in India to have achieved the following milestones and targets set under the government of India.

1. The level of "elimination" has been achieved, with the prevalence rate of less than 1 (0.4) case per 10,000 population according to Annual report 2015 - 2016 by NLEP (National Leprosy Eradication Programme).
2. The rate of Grade II disability was less than 2 per million population.
3. The proportion of child cases is less than 10% of the new cases detected for the year 2015-2016.

This feat has been achieved due to timely action and active intervention of various groups

and agencies. From the level of the primary health centre to the tertiary care hospital in both government and private sectors, the amount of dedication towards leprosy has been tremendous in Karnataka. This triumph is due to the hard work and efforts by the government bodies, leprosy hospitals, doctors, paramedics, health care workers and NGO's. Among these, a key role has been played by the dermatologists. Karnataka proudly boasts of many senior dermatologists who have given their lifetime towards making the state "leprosy free". "United we Stand" - Most of the dermatologists in Karnataka are working together as a team to fight against this dreadful disease.

IADVL – KN branch has been actively involved in circulation of brochures and banners throughout the state for public education, for many years. Free leprosy camps have been conducted on a regular basis to help the people with leprosy. Similarly, free skin check-up camps are being conducted at various schools, for the public, in collaboration with District Leprosy Office for early detection of new cases, treating, and thus avoiding deformities.

IADVL – KN has been organizing World Leprosy Day throughout Karnataka on 30th January with an objective to debunk the myths

associated with leprosy amongst the public, and to keep them updated on management and rehabilitation methods associated with leprosy. An anti-leprosy month has also been observed.

In the official IADVL-KN website there is a link for a booklet provided by WHO called "I can do it myself" which provides tips to the leprosy patients to prevent disability.

This can be downloaded by all the medical colleges, private hospitals, private practitioners and health care workers, and can be provided to all leprosy patients for better self-care.

There are various institutions in Karnataka who are working exclusively towards leprosy since many years. Few of them, worth a mention are:

- **Belgaum Leprosy Hospital :**

It began as an asylum in 1912, which got converted into a hospital in 1971. By 1984 reconstructive surgery & distribution of multi dug therapy (MDT) was started in this institution. Community-based rehabilitation was started in this institution in 1992.

- **St. Joseph Leprosy Hospital, Mangalore:**

With the motto of "serve those most in need" this hospital has been serving people with leprosy since the last 125 years. Today the hospital provides a number of modern facilities for treatment of leprosy.

- **Central leprosy hospital, Bangalore :**

But the big question is… Is this enough??

Shantha (name changed), a patient living in a leprosy hospital in Karnataka for the past 13 years, said, "I am not allowed inside my own home since people have an issue living with me in proximity. I have clawed feet and lost a limb. I am close to being blind. I keep getting ulcers for which I always need treatment and care. The MDT got over a long time ago, but once you get leprosy you suffer all your life". This is a heart-wrenching story of a woman who is still suffering.

World Health Organization (WHO) has been using the word elimination, and people confuse it with eradication. Because of this, other diseases have taken priority in public-health circles, and medical staff are being reassigned to address them. There are around 1,841 new cases in Karnataka detected during the year 2015-16. In Bengaluru Urban, 33 leprosy cases were reported in October 2015. There is a shortage of 2,144 paramedics in the health and family welfare department. These paramedics are meant to help in door-to-door identification of leprosy cases and closely monitor their medications. The government also wants to replace leprosy hospitals with general hospitals. The Central Leprosy Hospital Bangalore which treated leprosy patients solely, has recently started restricting admissions to leprosy patients.

The story elsewhere is also not so happy. Leprosy continues to cast its spell over the rest of India too. In many other states, the sufferers are barred from getting drivers licenses, traveling on trains or contesting in elections. Married women are often driven out from their own homes, lest their illness hinders their children's marriage prospects or their grandchildren's school admissions.

As said by Mother Teresa "The biggest disease is not leprosy itself, but rather the feeling of being unwanted, uncared for, and deserted by everybody." Though the incidence of leprosy has reduced by collective effort, the stigma hasn't been completely derooted from our society. Hence continued efforts are still needed. Our work has just begun!

"Give them a chance not charity"

Dr. Preethi B Nayak
PG-3, K.S. Hegde Medical Academy, Mangalore.

We hope you have liked this effort of ours.
Mail us your feedback, queries and articles at
iadvlkn.ebulletin@gmail.com

Regards,
Editorial Team

Design : Śridhar - 9036140802