In an effort to encourage the participation of young dermatologists from developing countries the World Congress Fund Review Task Force of the American Academy of Dermatology awarded 35 attendance scholarships for the 2017 Annual Meeting of the American Academy of Dermatology in Orlando, Florida on March 3 to March 7.

The Annual Meeting poster Exhibit scholarship program was established with funds from the 18th World Congress of Dermatology (New York, 1992) and includes:

- Complimentary Annual Meeting registration
- One complimentary course registration
- A stipend for hotel and other expenses
- Invitation to attend the International Scholarship Recipient Reception & Dinner

To be eligible for this scholarship, applicants are required to be within three years of completion of their dermatology residency training at the time of the meeting. Applicants must be endorsed by their national dermatological society. Selected Poster Abstracts will be displayed electronically at the Annual Meeting.

For more information about the scholarship program, visit [aad.org/members/awards/strauss-and-katz-scholarship](http://aad.org/members/awards/strauss-and-katz-scholarship)
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Sweet Syndrome: Experience of a Residency Program at a University Hospital, in Buenos Aires, Argentina

Solange Golbert, Hospital Universitario Austral, Argentina

INTRODUCTION
Sweet syndrome (SS), also known as acute febrile neutrophilic dermatosis, is a rare skin disorder characterized by the appearance of papules, erythematous nodules or plaques, most commonly localized on the face, neck, and upper extremities. It is associated with malaise, fever, aching joints and muscles. It has three clinical presentations: classical (or idiopathic) Sweet’s syndrome, malignancy-associated Sweet’s syndrome, or drug-induced Sweet’s syndrome. The pathogenesis of SS may be multifactorial and still remains to be definitively established. Diagnostic criteria for SS were described in 1986. The fulfillment of two major and two minor criteria is necessary. The major criteria are two: abrupt onset of tender or painful red or purplish plaques or nodules and biopsy showing inflammation, composed mainly of neutrophils without vasculitis. The minor criteria are four: preceding fever or infection; accompanying fever, painful joints, conjunctivitis, or underlying cancer; raised white cell count on blood testing; improved with systemic steroids and not with antibiotics; and increased erythrocyte sedimentation rate (ESR).

METHODOLOGY
The database from the Residency Program in Dermatology was retrospectively revised, from January 2007 to May 2016. 18 cases of SS that fulfilled the required criteria were found.

RESULTS
The average age was 46.7 years: 78% were women and 22% were men. Eighty three percent were classified as SS classic or idiopathic, 3 patients had a proven Streptococcal infection and 1 was pregnant. The other 3 patients were classified as malignancy-associated: 2 were hematologic malignancies and 1 had a solid tumor. All showed clinical and histological typical skin lesions; 35% presented with fever, 56% had leukocytosis (only 39% neutrophilia), 50% had the erythrocyte sedimentation rate elevated, but only 28% a positive C-reactive protein. One patient showed pulmonary involvement and 1 a reversible heart failure. Regarding therapy, 83% improved with systemic corticosteroids.

CONCLUSION
The aim of this presentation is to show our experience in a rare dermatosis, highlight the association with extracutaneous manifestations scarcely described, such as lung and heart involvement, and malignancy as well.

Diffuse Necrotic Ulcerations Revealing Lepromatous Leprosy: Lucio’s phenomenon?

Traore Bekaye, Faculty of Medicine University Bamako, CNAM (ex institut marchoux), Mali

INTRODUCTION
Lepromatous leprosy represents the anergic form of the infection by Mycobacterium leprae. Immunoallergic reactions do habitually occur over the course of the disease. Lucio’s phenomenon, described in 1852 by Lucio and mostly encountered in South America, is a particular immunoallergic manifestation characterized by necrotic lesions. We report a case.

METHODOLOGY
We conducted a prospective study to research a Lucio phenomena’s on leprotic patient during one year.

RESULTS
Mr. S.F, a 62-year old farmer was referred to our department of dermatology for diffuse chronic wounds. The onset of the disease traced back to two years prior to the referral by a spontaneous depigmentation of his face, which has steadily evolved with tiny red spots that ulcerated later. The lesions, initially localized to the legs have progressively been extended to the arms and chest. A family history of leprosy was noted in the paternal aunt. At the physical exam, we found a dysphonic, non febrile and skinny (BMI= 17.32) patient. The skin on the chest and limbs was wrinkled, ulcerated and often crusted at various extinct with infiltrated bases. Infiltrated earlobes, enlarged nose, congestive nasal mucus membrane and a swelling of the wrists were also noted. Neurological exam found a hypertrophy of the trunk of several peripheral nerves (radial, ulnar, fibular and superficial auricular). The rest of the physical exam was normal. Numerous Acid fast bacilli was found at various sites (bacillary index 5+). Except an anemia with 9 g/dl, the rest of the biological exam was normal. The diagnostic of the lepromatous leprosy with Lucio’s phenomenon was mentioned. While the treatment with antiseptic plus antibiotics was unsuccessful on the ulcerations, a huge improvement was noted within 10 days with thalidomide plus WHO chemotherapy

CONCLUSION
Usually described in South America, the Lucio’s phenomenon can also be seen in Africa. Besides typical cutaneous lesions, necrotic wounds must be among the cutaneous signs that may reveal leprosy.
Nodular Colloid Milium Mimicking Keloid

Seyyede Zeinab Azimi, Guilan University of Medical Sciences, Iran, Islamic Republic Of

INTRODUCTION
Colloid milium (CM) is a degenerative cutaneous condition with deposition of colloid in dermis, producing small rounded lesions, which can be single or multiple. The pathogenesis is unknown, although it is assumed to be due to degeneration of cutaneous elastic fibers as a result of excess sun exposure. There is some evidence to suggest a genetic predisposition, and some cases have been felt to be due to exposure to petroleum products or hydroquinone.

Clinically, CM is characterized by multiple yellow or flesh colored, dome shaped papules. The areas most commonly affected are on the sun-exposed areas of the head and neck, as well as the dorsal aspects of the hands and forearms. The back can be involved in some patients. Squeezing the lesions between thumb and forefinger can sometimes extrude a lightly colored gelatinous material.

METHODOLOGY
A 52-year-old man presented with an asymptomatic slowly growing lesion on his upper lip, which had gradually developed over a year. He had sustained a very minor trauma to the area and afterward a dome shape papule developed. It gradually increased in size over a period of 4 months and remained unchanged until presentation almost a year later. The lesion had been diagnosed as a keloid by a dermatologist, but failed to respond to several intra-lesional triamcinolone injections.

Physical examination revealed a well-defined, red, firm nodule on the central area of the upper lip. The nodule was noted to be pushing the vermilion border down, but did not actually involve it. Milia like areas were observed under high power magnification. There were no other similar lesions on the lips, in the oral cavity, or anywhere else on skin examination.

RESULTS
Histopathologic examination with hematoxylin and eosin (H&E) staining showed a flattened epidermis with a large deposition of amorphous eosinophilic material containing horizontal fissures, which expanded the dermal papillae, with extension into deep dermis. Congo red, crystal violet and periodic acid Schiff (PAS) stains were positive, but polarized microscopy was negative for any signs of amyloid or birefringence, and there was no sign of foreign body material.

CONCLUSION
The differential diagnosis of CM includes a variety of entities, which can exhibit multiple small light colored papules. These include systemic and primary cutaneous amyloidosis, common milium, erythropoietic protoporphyria, syringomata, steatocystoma multiplex, lipid proteinosis, retention cysts, sarcoidosis, molluscum contagiosum, papular mucinosis, and sebaceous hyperplasia. Nodular colloid degeneration has sometimes been classified as a form of nodular amyloidosis.

Histochemistry and immunohistochemistry examinations are often necessary to distinguish CM from amyloidosis. Colloid can be differentiated from amyloid since the colloid material does not react with Pagoda-red and other cotton dyes, and immunohistochemically, colloid does not react with light-chain immunoglobulin while amyloid frequently reacts. Negative reactivity with cytokerin also distinguishes colloid from amyloid.

There are limited treatment options for CM. Modalities such as dermabrasion and ablation with the Er:YAG laser, as well as destructive procedures such as diathermy and cryotherapy have been reported to be useful in treatment. Our patient has been treated with co2 laser which led to satisfactory outcome after two sessions.

Colloid milium needs to be kept in mind when a patient is seen with a single firm skin colored lesion, or with multiple such lesions, and the important diseases included in the above differential diagnoses, which can be associated with such cutaneous displays, must be considered by the clinician.
The Prevalence of Contact Sensitization to Topical Medicaments at Phramongkutklao Hospital
Taksaorn Ubol, Somdejprapinklao Hospital, Naval Medical Department, Thailand

INTRODUCTION
Exposure to topical drugs/medication such as antibiotics, antifungals, or local anesthetics may induce contact sensitization leading to allergic contact dermatitis. The incidence of allergic reaction to topical drugs varies from country to country depending on availability of local prescription drugs, self-medication habits of the population, and many other factors that may contribute to cutaneous drug sensitization.

METHODOLOGY
All patients with suspected allergic contact dermatitis were recruited for patch testing with standard series and topical medicament series. Informed consents were obtained. The study was approved by the hospital review board. The characterization was performed according to the MOAHLFA index, duration of the disease, previous treatment and other contributing factors.

RESULTS
There were 215 patients. 59/215 (27.9%) had positive patch test reactions to at least one medicament, 22% had relevant history. Five most common positive medicament allergens were framycetin, miconazole, econazole, caine mix III and neomycin, respectively. No significant difference in demographic data between positive and negative group. History of suspected allergens in personal care products, previous topical treatment and history of any systemic drugs allergy were identified as the contributing factors to positive topical medicament allergens (p < 0.05).

CONCLUSION
The study showed a rather high rate (27.9%) of medicament sensitization in patients who required patch testing. The previous history of topical treatment, history of suspected allergens in personal care products, and history of systemic drugs allergy were important factors contributing to higher rate of medicament sensitization.

Measuring the Outcome of Management of Hand Dermatitis with Disease Severity Tool and Quality of Life Index
Erere Otrofanowei, Lagos University Teaching Hospital, Nigeria

INTRODUCTION
Hand dermatitis (HD) is an acute or chronic inflammation of the skin of the hands. It ranges in severity and has a significant impact on the quality of life of its sufferers. The physical and psycho-social burden of the disease is comparable with other chronic diseases such as psoriasis. Quality of life has been shown to correlate negatively with the severity of the disease. The aim of this arm of a larger study was to evaluate the outcome of management of HD with a disease severity tool by the physician and the quality of life as determined by the patient.

METHODOLOGY
This was a prospective observational study carried out in the skin clinic of the Lagos University Teaching Hospital over 24 weeks. Patients who met the inclusion criteria filled questionnaires and were clinically examined. Disease severity and the quality of life were measured using the physician global assessment (PGA) and Dermatology Life Quality Index (DLQI) respectively. These were repeated at 6 weeks follow up after necessary investigations and management. Results were collated and analysed with SPSS 17.

RESULTS
Hand dermatitis was seen in 177 (13.3 %) of 1,329 patients. There was a favourable outcome in disease management with a statistically significant difference in severity from baseline to six weeks of treatment (P <0.00001); reduction in the impact of disease on quality of life (P <0.00001) and a positive correlation of the PGA with the DLQI both at baseline and at six weeks (P <0.01).

CONCLUSION
Management of HD is rewarding if aetiologic factors are put into consideration, as evidenced by the DLQI and PGA at baseline and post management.
Exogenous Plantar Pigmentation Secondary to a Darkeling Beetle: A Blaps (Coleopteran: Tenebrionidae)

Sana Mokni, Farhat Hached University Hospital of Susa, Tunisia

INTRODUCTION

Beetle (coleoptera) is the largest insect order. Dakeling beetles (Tenebrionidae) are coleopteran prevalent in all continents that secretes a dark red hemolymph used as defensive secretions against predators. Accidental contact of humans with these chemical defences can induce dermatitis. Accidental friction or crushing the beetle over the skin provoked an unusual pigmented dermatitis in three patients in our department. We describe the clinical, histological, dermoscopic features of this contact dermatitis.

METHODOLOGY

Three patients, 4, 35 and 42 year old males presented with an unusual asymptomatic pigmented macules with a lighter margins of the plantar region in one case and the first toe in two cases. It appeared suddenly after crushing a “black beetle” at the shoe port in two cases and when walking barefoot in one case. There was no fever, and no other skin or systemic anomaly.

RESULTS

Dermatoscopic examination showed a parallel-ridge pattern suspicious of a melanoma in situ. Histopathological examination showed an exogenous epidermic pigment without atypical melanocytic proliferation. These findings thereby maked contact dermatitis due to epidermal migration of a pigmented fluid likely. Management of this condition consisted on watchful waiting. Pigmentation improved progressively within weeks. The crushed arthropod was brought in a box in one case and photographed in two cases permitting an entomological study. It concluded to a blaps (coleopteran : tenebrionidae).

CONCLUSION

Interestingly, in all our patients, the morphology and location of the dermatitis were similar with a sudden onset. The blaps releases chemical defences containing hydrocarbons and quinines. Apart from its dark colour, these two substrates are involved in pigmented disorders. All patients had well demarked pigmented area associated with a red or light brown halo. The peripheral halo might represent a specific sign. Dermoscopy is highly evocative of early acral melanoma. A beetle contact dermatitis should be considered in case of sudden onset of planter pigmented macules.
Allergic Contact Dermatitis to Natural Products

Dimitrina Guleva, Medical University of Sofia, Alexandrovska University Hospital, Dep. of Dermatology and Venereology, Bulgaria

INTRODUCTION
The use of natural products in traditional medicine and cosmetics has increased considerably in recent years. The rise has been followed by a growing number of reports of allergic contact dermatitis.

Over a 5-year period (2010-2015) we patch tested 1740 patients. What we noticed was that there is a growing number of sensitization to natural products as propolis and marigold (calendula officinalis). Positive responses were observed in 0.86% % of patch tested subjects with propolis and approximately 1% with marigold with a significantly higher frequency in women than in men. The dermatitis was localized mainly on the body, upper and lower extremities.

METHODOLOGY
From January 2010 to December 2015, a total of 1740 patients aged 34 to 86 years, with suspected allergic contact dermatitis, underwent patch tests with European Baseline Series of 30 allergens as well as also propolis, calendula officinalis, horse chestnut and vine leaves. The patient’s population comprised 542 men and 1198 women. The patch test material was applied to the healthy skin of the back for 48 hours. There were 2 patch test readings – at the 48 and 72 hour.

RESULTS
Of 1740 patients undergoing patch testing, 15 (0.86%) showed positive response to propolis, 17 (0.97%) to calendula officinalis, 2 (0.11%) to horse chestnut and 1 (0.057%) to vine leaves. Their mean age was 55.4. They were 5 men and 10 women reacting to propolis, 8 men and 9 women to calendula, 1 man and 1 woman to horse chestnut and 1 woman to vine leaves. Among propolis-positive patients, 2 patients were sensitized to propolis alone, whereas 13 showed positive reactions also to other products such as Peru balsam, colophon, nickel, paraben mix I. No notice mono-allergy to calendula was observed, whereas all 17 showed positive responses also to cobalt, nickel and colophon. All of horse chestnut-positive reactions were positive also to colophon. There was observed mono-allergy to vine leaves. The most frequently involved skin sites in natural products-allergic patients are the body and extremities.

CONCLUSION
The growing use of natural substances such as propolis and calendula officinalis in topical products reflects in growing cases of contact dermatitis in our patients. Until 2010, there were no significant positive reactions to natural products because of their limited applications. Nowadays, allergic contact reactions to natural products are in higher rate in the Bulgarian population because of their sensitizing potential. We believe that there will be an increasing in next years of the numbers of allergic contact dermatitis cases.
Successful Treatment of Recalcitrant Livedoid Vasculopathy with Rituximab: Report of Two Cases
Vishal Gupta, All India Institute of Medical Sciences, India

INTRODUCTION
Livedoid vasculopathy is a chronic occlusive vasculopathy characterized by recurrent painful leg ulcers which heal with distinctive porcelain-white stellate scars having peripheral telangiectasias and surrounding livedo reticularis. Its treatment is quite challenging.

METHODOLOGY
We report two patients with livedoid vasculopathy refractory to conventional treatment responding well to rituximab.

RESULTS
A 29-year-old female (patient 1) and 21-year-old male (patient 2) presented to us with recurrent episodes of painful leg ulcers of duration 3 and 5 years, respectively. Previous treatment, which included aspirin (75-150mg/day), pentoxyphylline (1200mg/day), variable doses of oral corticosteroids (10-40mg/day), azathioprine (100-150mg/day) and cyclosporine (100-200mg/day) along with regular wound dressings, did not produce a satisfactory response. At presentation, both the patients were found to have treatment-related side-effects: cushingoid features, hirsutism, central obesity, diabetes mellitus and hypertension in patient 1, and hypertension in patient 2.

Laboratory evaluation including work-up for connective tissue disease, antiphospholipid antibody syndrome and deep venous insufficiency was negative, while skin biopsy was compatible with the clinical diagnosis of livedoid vasculopathy. Rituximab (two injections of 1000mg given 2 weeks apart) led to a significant improvement in pain and healing of ulcers in both patients. Oral corticosteroids, cyclosporine were stopped in one month, followed by aspirin and pentoxyphylline the next month for patient 1, who continues to be in remission off all treatment at 5-month follow-up. Patient 2 experienced significant reduction in pain and size of the ulcer after 1st rituximab dose, with further improvement after the second dose. His oral corticosteroids are being tapered, while continuing aspirin and pentoxyphylline with almost complete re-epithelisation of the ulcers at 3-months follow-up.

CONCLUSION
Our experience with these two patients suggests that rituximab could be a promising new agent in the dermatologists’ armamentarium to treat livedoid vasculopathy.
Usefulness of Reflectance Confocal Microscopy in Determining Safety Surgical Margins in Non-Melanoma Skin Cancer

Miriam America Jesus-Silva, Universidad Nacional Autónoma de México, Mexico

INTRODUCTION
Non-melanoma skin cancer (NMSC) is the most frequent cancer worldwide, with an incidence of 3 million cases per year. The most frequent types are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). Reflectance confocal microscopy is a non-invasive diagnostic technique, which can also be used to determine surgical margins of cutaneous tumors.

METHODOLOGY
We present the case of an otherwise healthy 84-year-old woman with Fitzpatrick’s type IV skin phototype who was referred to our Clinic for the evaluation and treatment of a nodular, ulcerated, well circumscribed lesion, measuring approximately 20 mm × 15 mm on her left cheek. The lesion had appeared and grown in the past 3 years. She had a previous biopsy of the lesion reporting a well-differentiated invasive squamous cell carcinoma.

Reflectance confocal microscopy (RCM) was used to determine preoperative surgical margins (Vivascope 3000, Caliber I.D., N.Y., USA). The lesion was treated with surgery including the tumor removal with an 8 mm safety margin and a Mustarde cheek rotation flap for reconstruction. The histopathology revealed atypical keratinocytes with pleomorphic and nuclear atypia, prominent nucleoli and hyperchromasia, the finally report was a well-differentiated invasive squamous cell carcinoma with free lateral and deep surgical margins.

RESULTS
During the follow up, a new 4 mm pigmented lesion was identified on the right upper cutaneous lip. Polarized dermoscopy examination revealed the presence of maple leave-like areas in the periphery, central gray globules and arborizing vessels, thus suggesting the diagnosis of a superficial spreading pigmented basal cell carcinoma. RCM was also performed with the identification of various pigmented tumoral islands, elastosis and leucocyte traffic suggesting the diagnosis of pigmented basal cell carcinoma.

A surgical excision was performed with a 3 mm margin (previously identified by RCM). Histopathology reported aggregated basaloid epithelial cells with peripheral palisading, atypical mitosis and necrosis, confirming a pigmented and micro-nodular basal cell carcinoma with free surgical margins. The patient has had a favorable evolution and is now free of disease (4 months follow-up).

CONCLUSION
Non-melanoma skin cancer is a worldwide public health care problem. It has had an important increase in its incidence even darker skinned populations in last decades and represents significant costs to the national health care systems throughout the world. The use of novel non invasive tools such as dermoscopy and RCM has proven useful in allowing a more precise diagnosis and earlier recognition of different types of skin cancer. Its application in the assessment of safety surgical margins reduces the risk of tumor recurrence and/or need of further surgical treatment and helps improve prognosis. In the long run, this also translates into lower health care costs. In Mexico there is no published data regarding the evidence of this technique, however our case highlights a new approach that decreases morbidity and mortality of non-melanoma skin cancer, a frequent disease commonly diagnosed at late stages in Mexico.
Comparative Study the Insect Repellency Action of Over the Counter Herbal Insect Repellents Lotions Against 7.5% DEET Lotion

Kristy Elleza Evangelista, Research Institute for Tropical Medicine, Philippines

INTRODUCTION
Dengue Fever, transmitted by a bite of female Aedes aegypti mosquitoes, when untreated, has a fatality of about 50%. Repellency is known to play an important role in preventing the vector borne diseases by reducing man-vector contact. DEET (N, N-diethyl-meta-toluamide,) is the gold standard of mosquito repellent against Aedes aegypti mosquitoes. Botanicals such as Rosemary, Citronella and Lemongrass have become increasingly popular alternatives that have been abused in our country due to the promotion and advertising that these products are equally effective as DEET. However, evidence-based trials on these commercially available herbal alternatives in the Philippines have not been done.

METHODOLOGY
This is a randomized, double-blind, comparative study with a total of 69 participants. The test products Rosemary, Citronella and Lemongrass lotions were applied on the left forearm and compared to 7.5% DEET lotion which was applied on the right forearm. The number of Aedes aegypti mosquitoes biting/landing on test sites of human subjects were counted and recorded during the eight hour observation period. Adverse cutaneous reactions during the 8-hour observation period were scored using a four-point scale and recorded hourly during each assessment period. Mann-Whitney test was used for analysis of data with a 95% confidence level.

RESULTS
Statistical analysis using Mann-Whitney test showed significant differences in the mean number of mosquitoes biting/landing from the first to the eighth hour of observation period between the different treatment groups. 7.5% DEET lotion was superior compared to botanical insect repellants Rosemary, Citronella and Lemongrass lotions based on the mean number of mosquito biting/landing throughout the 8-hour observation period. The differences were significant with a p-value of <0.01. No adverse cutaneous reactions were observed in the treatment groups during the entire duration of study.

CONCLUSION
7.5% DEET lotion is considered effective, superior and safe as an insect repellent compared to Rosemary, Citronella and Lemongrass lotions. This is based on the mean number of mosquito biting/landing throughout the 8-hour observation period. The botanical insect repellents did not provide any form of protection during the entire 8-hour observation period while 7.5% DEET lotion provided ample repellency protection against Aedes aegypti mosquitoes during the duration of the study. It is crucial to choose an effective insect repellent that offers protection from life threatening mosquito-borne diseases.
EEC Syndrome (Ectrodactyly, Ectodermal Dysplasia, Cleft Lip/Palate): A Case Report

Eric Bravo, National University of San Marcos, Peru

INTRODUCTION
The EEC syndrome (ectrodactyly, ectodermal dysplasia, cleft lip/palate) is a rare genodermatoses (about 200 cases reported) caused by the absence of the transcription factor p63, encoded in the chromosome 7q11. We describe the case of a child with clinical and histopathological signs of the syndrome.

METHODOLOGY
A three year-old male from Lima-Peru, product of full-term birth, has two siblings and parents without signs of disease. The physical examination showed thin and light hair, madarosis with bilateral loss of distal third of eyebrows, low-set ears and atrophic remnants by the absence of both nipples. Also presents diffuse xerosis cuts, cafe au lait spots in his anterior chest and patches of hypopigmentation following Blaschko’s lines in trunk and limbs. Has a scar of a cleft lip correction surgery, hypoplastic conical teeth, with the presence of diastema. On his feet presents fusion of the first and second fingers, and also the third and fourth finger forming ectrodactyly, in addition to nail dysplasia.

RESULTS
Histopathology showed thinned epidermis with no ridges and rudimentary annexes, compatible to Hypohidrotic ectodermal dysplasia.

CONCLUSION
The EEC syndrome is caused by the mutation of p63 gene (family of P53 tumor supressor gene) which is related to the development of limbs, epithelia and craniofacial region. Ectodermal dysplasia is manifested by alteration of two or more ectodermal structures (nail, sweat glands, hair or teeth). Because of its phenotypic variability, familial cases may occur uncomplete. Sporadic cases occur in a more severe form and with more expressivity of clinical signs, as our case.
A Comparative Study of Microneedling with PRP Plus Minoxidil(5%) and Minoxidil(5%) Alone in Androgenetic Alopecia

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INTRODUCTION
There are very few studies evaluating efficacy of platelet rich plasma (PRP) in hair restoration and its combination with microneedling. As far as ascertained there is no study to evaluate efficacy of microneedling with PRP plus topical minoxidil(5%) versus topical minoxidil(5%) alone in Androgenetic Alopecia.

Aims of this study were 1) To compare the efficacy of a) Topical minoxidil (5%) alone and b) Topical minoxidil (5%) + Microneedling with PRP in men between 18 to 50 years with Androgenetic Alopecia grade 3 to 5 vertex (Norwood-Hamilton scale). 2) To perform objective and subjective evaluation based on clinical improvement and photographic evidence.

METHODOLOGY
50 patients with androgenetic alopecia were selected on the basis of inclusion and exclusion criteria. These patients were randomly divided into two groups of 25 patients each and were given following treatment.

Group A: Topical Minoxidil (5%) alone

Group B: Topical Minoxidil (5%) + Microneedling with PRP (Platelet Rich Plasma)

Statistical analysis used: Patients were assessed before starting the treatment and at the end of 6 months on the basis of:

- Patient’s self-assessment based on standardized 7-point scale compared with baseline
- Physician’s assessment based on standardized 7-point scale of hair growth compared with baseline

RESULTS
There was a significant improvement (p< 0.05) in patients’ assessment in group B as compared to group A at the end of 6 months. Also there was a significant improvement (p< 0.05) in investigator’s assessment in group B as compared to group A at the end of 6 months. As shown in table 3, there is a significant improvement (p< 0.05 using paired sample t-test) in Platelet count in PRP compared to Whole Blood.

CONCLUSION
Topical minoxidil(5%) plus microneedling with PRP turned out to be better treatment modalities than topical minoxidil(5%) alone in this study. For drawing better conclusions further studies are required to be done with larger sample size and longer duration of follow up to assess the effects of these treatment in Androgenetic Alopecia. Noninvasive management for androgenetic alopecia is safe, effective and a promising tool for hair growth. These therapies should also be offered to the patients with AGA along with the existing invasive modalities like hair transplantation for faster hair re-growth and better patient compliance.
**Alopecia Areata and Vitamin D: Is There Any Association?**

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**INTRODUCTION**
Alopecia areata (AA) is the commonest cause of non-scarring alopecia affecting 0.7% to 3.8% of patients attending the dermatology clinics. Few previous studies have found a strong correlation between AA and vitamin D deficiency, suggesting that vitamin D deficiency can be a significant risk factor for AA occurrence. So, we performed this study to find serum vitamin D level in patients with AA compared to healthy controls and to assess the relation between serum vitamin D levels and AA disease severity grading.

**METHODOLOGY**
This was a hospital based case control study having 30 subjects in each group. All AA patients, not on treatment and willing to participate in the study were enrolled in this study. Relevant history and examination findings were recorded in the preset pro-forma after written consent. Their serum vitamin D (25-hydroxyvitamin D) levels were determined by competitive chemiluminescence methods; and were compared with that of age and sex matched healthy controls.

**RESULTS**
There were 30 AA patients with mean age 28.37+10.07 years. Mean Severity of Alopecia Tool (SALT) score was 3.56+3.50. Prevalence of 25-hydroxyvitamin D [25(OH)D] deficiency was significantly higher in AA group (83.3%) compared to the control group (53.3%) (P=0.01). Serum 25(OH)D level was significantly reduced in AA group (12.84, IQR=8.87-20.47) than the control group (29.5, IQR=19.85-41.27) (P=0.06). There was inverse co-relation between serum 25(OH)D level and SALT score (r=-.026, P=0.89) and AA grade (r=-.102, P=0.59) but they were statistically not significant.

**CONCLUSION**
Prevalence of serum 25(OH)D deficiency was significantly higher in AA group compared to the control group with inverse co-relation between its level and AA disease severity grading. Hence, there may be value of vitamin D supplementation in AA patients. But further multicentre studies with larger sample size are recommended before its generalization.

**Epidemiological Profile of Frontal Fibrosing Alopecia**

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**INTRODUCTION**
Frontal fibrosing alopecia (FFA) is a scarring alopecia; is clinically with progressive recession of the frontotemporal hairline and eyebrow loss, affects mainly postmenopausal women. FFA was first described in 1994 by Kossard in a series of 6 cases in postmenopausal Caucasian women. Since then, some series of cases have been reported in the world, including reports in premenopausal patients, males and familial cases, the highest one was a multicenter review carried out in Spain, with 355 pacientes. In Brazil, this is the largest reported series, where the first one was in 2007 with 6 patients.

**METHODOLOGY**
A retrospective observational study using data collected from 38 patients with the clinical diagnosis of frontal fibrosing alopecia, most of which confirmed by histopathological examination. The data collected were epidemiological, extrinsic factors, family history of hairs disorders, clinical presentation, comorbidities, drugs, histopathology, therapies used and outcome. We measure in centimeters the distance between glabella and frontal capillary implantation line. We consider the following dermatocospic signs as presence of activity: perifollicular erythema and follicular hyperkeratosis.

**RESULTS**
38 patients, female, mean age 61.1 years, 73.6 % were postmenopausal. The involvement of the eyebrows was present in 89.47% patients, 73.68 % reported body hair involvement. Only 2 patients had nail lichen planus, a patient with lichen pigmentosum planus and a patient with papules on the forehead. 28% of patients had hypothyroidism. The measurement of the front - line glabella distance was made, with an average of 8.03 cm.

The average follow up was 2.6 years (0-11 years). We included 3 outcomes assessed clinically: 57.14 % Stability, 17.14 % Worsening and 25.71% improvement.

**CONCLUSION**
It was possible to confirm the predominance in postmenopausal women of the disease. We note the high frequency of involvement in eyebrows and body hair. The frequency of association with cutaneous lichen planus was rare. Association with hypothyroidism appears to be important. The front measure may be useful for monitoring and for early diagnosis of FFA.
Evaluation of Clinical-dermatoscopic Findings in Nail Lichen Planus: Proposal for a New Classification

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INTRODUCTION
Nail lichen planus (NLP) has a low prevalence but an aggressive behavior. The diagnosis is based on clinical findings. Confirmation with histopathology is recommended but in many cases it is not conclusive. Thus dermoscopy emerged as a noninvasive tool very useful in its diagnosis. Few studies have evaluated the dermatoscopic features of NLP. A study on this subject was done in 2009 by Nakamura et al. and published in 2013. In continuation of this study, the sample was extended until 2015. The objective was to describe the clinical-dermatoscopic characteristics in NLP and determine their frequency in order to propose a classification of the disease.

METHODOLOGY
An observational, retrospective, clinical descriptive study of a case series of patients with the clinical-dermatoscopic diagnosis of NLP was conducted.

Clinical-dermatoscopic characteristics were analyzed according to the previous published data by Nakamura et al. in 2013 and by Goettman et al in 2012. Four groups were described: Group A. Nail matrix involvement, Group B. Nail bed involvement, Group C. Lesions where the nail matrix and the nail bed were affected at the same time and Group D. Perionychial involvement. According to these findings, a NLP Classification was established. Three levels of the disease were proposed: mild, moderate and severe.

RESULTS
A total of 74 patients were included. All patients had nail matrix involvement, 63 patients (85,1%) had nail bed involvement, 62 patients (83.8%) had lesions where the nail matrix and the nail bed were affected at the same time, and 7 patients (9.5%) had perionychial involvement.

A classification in different grades of the disease was established. Two patients (2.7%) had mild disease, while 31 (41,9%) and 41 (55.4%) were included in the moderate and severe stages, respectively.

CONCLUSION
NLP is an underdiagnosed disease with low prevalence and aggressive behavior. An early diagnosis is very important in order to prevent permanent onychodystrophy and poor response to therapy. We conclude that a descriptive study about the clinical-dermatoscopic characteristics of NLP and a proposal for its classification can add a really important contribution to the early diagnosis, prognosis and treatment of the disease.
STo Compare the Sensitivity Pattern of Direct Immunofluorescence of Perilesional Skin and Plucked Hair in Pemphigus Vulgaris

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INTRODUCTION
Pemphigus vulgaris is an autoimmune intraepidermal blistering disease of skin and mucous membranes in which autoantibodies are formed against desmoglein 3 and 1. The major histopathological features is acantholysis, disruption of normal cell-cell adhesion, which leads to intraepidermal blister formation. Blisters are thin walled, flaccid which rupture easily leaving slow healing erosions. Most patients with pemphigus vulgaris demonstrate IgG autoantibodies directed against antigens located on surface of keratinocytes which is demonstrated through direct immunofluorescence of plucked hair. Because the outer root sheath (ORS) of anagen hair is structurally analogous to epidermal keratinocytes, pemphigus vulgaris specific pattern of IF may be seen in plucked hair too.

Direct immunofluorescence is a histochemical staining lab technique for demonstrating presence of antibodies bound to antigens in tissue & ORS of plucked hair. The principle of this technique is that when fluorochrome dyes are exposed to UV light, they emit fluorescent radiation, color of these dyes depend upon the fluorochrome used. These dyes are then conjugated to protein and subsequently added to tissue sections. The position of proteins can be observed microscopically by the fluorescence they emit under illumination with UV light. The fluorochrome used widely is FITC which emits a yellow green fluorescence.

METHODOLOGY
The study was conducted at Dermatology department, Mayo Hospital, Lahore. It was an experimental study with purposive sampling technique.

20 patients belonging to either sex, of age 12 to 65 years and histopathologically diagnosed as pemphigus vulgaris were enrolled. Patients of pemphigus vulgaris on long term treatment or in remission were excluded from the study.

RESULTS
Among 20 patients included in study, 15 were male and rest of them were females. IgG autoantibodies were seen against the cell surface of keratinocytes in all the 20 patients (100%). This autoantibody was also seen in the outer root sheath of the hair. 50% of the patients showed C3 autoantibodies and 30% IgA and IgM autoantibodies both on the surface of keratinocytes as well as on the outer root sheath of hair follicles.

CONCLUSION
We conclude that diagnosis of pemphigus vulgaris patients can be done using plucked hair as specific autoantibodies are seen on the outer root sheath of the hairs on direct immunofluorescence. So early diagnosis can be made and further treatment of the patients of pemphigus vulgaris can be started, thereby benefitting the patient both in treatment response and improving the prognosis of the patient.
Gnathostomiasis at the Venezuelan Plains: First Case Reported

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INTRODUCTION
Human Gnathostomiasis is a parasitic disease produced by larvae belonging to the advanced third stadium of the Gnathostoma genus, and man acquires it by ingesting raw fish or shellfish from freshwater rivers or lakes. It is endemic in the southeast of Asia, mainly in Thailand and Japan, even though cases have been seen in China, Malaysia, Singapore, Indonesia, India, Australia and Vietnam. In South America, the first cases were described in 1970 in Mexico, and more recently cases have been reported in Peru, Ecuador and Colombia. Previously, the disease rarely occurred away from endemic areas, nevertheless, during the last decade the number of cases seen in countries where it is not endemic has increased.

The reporting of this case is considered important since it is a scarcely known parasitic disease and up to the moment no case had been reported in Venezuela.

Few physicians away from the endemic zones are familiar with this disease, therefore it is often under diagnosed, which can lead to potentially serious consequences.

METHODOLOGY
25 year old male patient, originally from Caracas, Venezuela. He had no significant past medical history or known co-morbidities. He went to fishing trip to Apure State where he consumed raw freshwater fish (peacock bass). Approximately a week after ingestion, he developed nausea, intermittent epigastric pain and diarrhea. One week later he noted focal subcutaneous edema in the epigastric area, and he underwent an abdominal ultrasound which raised the concern for a cellulitis. Fifteen days later, a 3 cm edematous plaque appeared on his left upper quadrant region. The plaque was erythematous, with poorly defined borders, and accompanied by pruritus, hyperesthesia and warmth. Three days later it disappeared leaving a residual hyperpigmented nodule and a new lesion appeared, with characteristics similar to those of the first, located in an adjacent area. A complete blood count was performed which revealed an absolute eosinophil count of 510. The remaining values within normal limits.

RESULTS
Due to the occurrence of clinical manifestations suggestive of migratory eosinophilic panniculitis, a skin biopsy was obtained and a non invasive, serological evaluation was performed in tandem (for Gnathostomiasis, Paragonimiasis, Strongyloidiasis, Schistosomiasis and Fascioliasis). Gnathostomiasis The biopsy was notable for a pan dermal and subcutaneous lymphoeosinophilic infiltrate concerning for a brisk hypersensitivity reaction with no parasite or larvae identified. His serological evaluation revealed a positive Gnathostomiasis immunoblot performed at the Department of Helminthology, Faculty of Tropical Medicine at Mahidol University in Thailand. All other serologies were negative. A diagnosis of migratory eosinophilic panniculitis secondary to gnathotomiasis diagnosis was therefore made. The patient received 2 doses of ivermectin (200 mcg/kg) with resolution of his findings and without any evidence of recurrence at 9 months of follow-up.

CONCLUSION
Gnathostomiasis was initially described in humans in Thailand in 1889 by Levinson. The next case was not described until 1934. Endemic foci have been reported in Southeast Asia, predominantly in Japan and Thailand, but the disease is also endemic in Cambodia, Laos, Myanmar, Indonesia, the Philippines and Malaysia. Cases have also been reported in China, as well as in Sri Lanka, India Myanmar, Zambia, and more recently Botswana.

During the last few years it has become a growing problem in Central and South America, due to the ingestion of raw river fish “ceviche”, mainly in Guatemala, Peru, Ecuador and Colombia.

Changes in feeding habits are the main risk factors for the expansion of the geographic distribution area of the disease. Venezuela, a tropical country, has the appropriate conditions for the growth and development of Gnathostoma.

Apure State has numerous rivers which are tributaries of the Orinoco River, where artisanal and sporting fishing activities are carried out and where a freshwater fish commonly known as peacock bass is often consumed by humans.

The differential diagnosis of a migratory panniculitis is broad and includes cutaneous manifestations of strongyloidiasis, paragonimiasis and fascioliasis among others, as well as and cutaneous larva migrans, clinically appearing as erythematous and vesicular tracts with aberrant migration of larvae. This cutaneous larva migrans is endemic in Venezuela, and it can lead to confounding when considering a diagnosis of Gnathostomiasis.

To date in our review of the literature, there have not yet been any reported human cases of Gnathostomiasis in Venezuela. This is an important case, that heralds the emergence and existence of this disease in our Venezuelan setting with clear public health implications. The need for further studies on the extent of this disease, its ecological niche and access to proper diagnosis and treatment will be necessary to properly manage this infection in a timely manner and to prevent potentially fatal complications. Human Gnathostomiasis is an easily preventable disease by avoiding consumption of raw or incompletely cooked freshwater fish. Additional investigations will add to further characterization of its impact in our local context.
Dermoscopic Features of Cutaneous Leishmaniasis: Study of 52 Lesions
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INTRODUCTION
Leishmaniasis includes a spectrum of mammalian diseases caused by a parasite protozoan classified as Leishmania species. Cutaneous leishmaniasis is sometimes self-limiting, however, the infection may spread causing secondary lesions of the skin, mucosal or visceral organs. Parasitological diagnostic and immunodiagnostic confirm the diagnosis of leishmaniasis.

Dermoscopy is a noninvasive technique that helps in the diagnosis of cutaneous leishmaniasis.

METHODOLOGY
A study in the Department of Dermatology and Venereology of the Hassan II hospital in Fez, between August 2014 and April 2016 including 32 patients and 52 lesions.

RESULTS
In our study, sex ratio F / H was 1/2. The average age was 38 ans. 45 lesions were located on the face. One case was located on the abdomen and 6 on the heel. 80% of patients came from rural areas.

42 lesions were papules and nodular and 15 ulcerative crusty lesions. In 60% of patients, the diagnosis was confirmed by the smear and 40% of cases biopsy was required. A detailed dermoscopic study found erythema in 100% of lesions, hyperkeratosis was present in 72% of cases. Ulceration was present in 55%. The ulceration was associated with dander 52%. Yellowish tears was present in 80%. A periphery starburst appearance was present in 66% of lesions. The most common vascular structures were comma shaped vessels present in 100%, followed by atypical linear vessels in 80% of lesions and by glomerular vessels in 72% of lesions. The rest of vascular structures found were hairpins vessels in 38% of lesions, the arborising telangiectasia found in 5% of lesions.

Dermoscopy is a non invasive technic that can support the diagnoses suspected clinically, get away some differential diagnoses and to estimate the duration of disease progression wich could help to target the treatment. Indeed, in our study and after correlating dermoscopic structures found in our patients with the duration of evolution, we have highlighted two vascular patterns, the first is a initial pattern showed yellow tears, irregular linear vessels, comma vessels and dots vessels, and advanced pattern showed white starburst, dander and hairpin vessels and arborizing telangiectasia. In 15% there was a combination of the two patterns. In the remaining cases, there were only vascular structures, Which joins literature data.

CONCLUSION
We propose that the use of dermoscopy should be encouraged, especially for the speed and specificity of information that it can provied. It could help to improve the accuracy of clinical diagnosis of the disease. Furthermore, being non-invasive, the technique is easy for doctors to undertake and can reduce, in some cases, the need for invasive diagnostic measures.
Recent Trends in Sexually Transmitted Infections: The Bangladesh Experience
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INTRODUCTION
The burden of sexually transmitted infections (STIs) is huge and is disproportionately affecting developing nations. Epidemiologically sound data on the prevalence of sexually transmitted infections are dearth in Bangladesh. To study the prevalence and pattern of STIs as seen in a tertiary care hospital of Bangladesh.

METHODOLOGY
A descriptive retrospective cross-sectional study is carried out in Chittagong Medical College Hospital from the registered records of patients attending during the period between 2003 and 2011.

RESULTS
A total 30,151 patients are analyzed. Among the patients 21,746 (72%) are male and 8,405 (28%) are female. The mean age is 30.94 ± 0.001 SEM. Common sexually transmitted infections are Non-gonococcal urethritis (NGU) (31.37%), gonorrhea (27.81%), syphilis (18.06%), genital scabies (6.56%), chancroid (5.3%), genital herpes (4.8%) and genital wart (3.62%). NGU is the most common discharging STI, while syphilis is the most common ulcerative STI. Genital herpes is the most common viral STI. Human immunodeficiency virus (HIV) (0.10%) infections are rare. Lymphogranulomavenerum and Granuloma inguinale, are not found among the attendees.

CONCLUSION
Although bacterial STIs are common findings in our study, viral STIs show also in increasing trend. Unlike HIV, many STIs can be treated and cured relatively easily and cheaply if diagnosed early enough. We hope that reporting this unique presentation of STIs in Bangladesh will be of educational value to increase awareness and offer possible options of planning and management for STIs.

Unusual Presentation of a Longstanding Mucocutaneous Leishmaniasis: A Case Report
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INTRODUCTION
Leishmaniasis is an infection caused by Leishmania protozoans and transmitted by sand flies. The three major clinical forms are cutaneous, mucocutaneous and visceral, depending on the causative genus and the host immune response. In our region, mucocutaneous leishmaniasis is caused most often by Leishmania braziliensis. We describe an unusual case of an extensive ulcer involving most of the right foot causing bone destruction and associated nasal lesions as an atypical manifestation of a longstanding leishmaniasis.

METHODOLOGY
A 76-year-old male presented with a 20-year history of a progressive and extensive ulcer which was covered with granular, friable tissue and irregular tumor-like growth; involving the dorsal, lateral and medial sides of the right foot. Also, presented a depigmented scar in the anterior aspect of the lower third of the right leg surrounded by a brown pigmentation. The foot is shortened and widened, having a cuboid appearance. The nasal mucosa presented erythema and ulceration; along with destruction of the columella, drilling of the nasal septum and downfall of the nasal tip since 2 years ago.

RESULTS
Among the clinical diagnosis were leishmaniasis and squamous cell carcinoma. Radiological examination revealed absence of the phalanges, partial loss of the fourth and fifth metatarsal and osteomyelitis. Histopathology of nasal and foot samples showed chronic granulomatous inflammatory infiltrate. Special stains were negative for microorganisms. The PCR revealed DNA fragments of leishmania in both locations. Cultures for leishmania were positive on the nose specimen. The patient underwent supracondylar amputation and received a total dose of 1.5 g of amphotericin B with good evolution.

CONCLUSION
This case illustrates the importance of having a high index of suspicion of chronic ulceration in patients with the epidemiological background, characteristic scar and compatible histological findings. Being that, when the infection persists for longer periods the diagnosis is more difficult to establish because the number of protozoa in the lesion decrease significantly. Also, reports an atypical presentation of a longstanding mucocutaneous leishmaniasis with a destructive bone involvement, rarely described in the literature.
A Case of Bacillary Angiomatosis with Bone Involvement in an HIV (Human Immunodeficiency Virus) Infected Patient

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INTRODUCTION
Bacillary angiomatosis is a disease caused by an infection with Bartonella henselae or Bartonella quintana which are small Gram-negative rods. Vascular proliferation is its predominant clinical feature. If diagnosed in a timely fashion, Bacillary Angiomatosis is a very treatable illness.

METHODOLOGY
In this case report, we present about a 34 year old female patient, who presented with painful ulcerating swellings in the right inguinal region extending to the right lower leg of 03 months duration. The swelling started as small assyptomatic reddish pea-sized masses which progressively increased in size and number becoming ulcerated and having associated yellowish and bloody discharge from the ulcers. She had similar lesion over the second digit of the right hand. She has associated fever, weight loss and night sweating but no cough. She was diagnosed to have HIV/AIDS and disseminated tuberculosis after visiting nearby hospital for these complaints and started on Anti-tuberculous drugs(RHZE), Cotrimoxazole prophylactic therapy and Antiretroviral therapy in the past 03 months. With these treatments, the lesions still continued to progress and worsen. She was referred to us and biopsy was taken from the lesions and was investigated with baseline laboratory workups and imaging.

RESULTS
Histopathology showed vacuolated epitheloid cells, angiogenesis with purplish granules which was suggestive of Bacillary Angiomatosis. Imaging revealed bone involvement aswell. With this diagnosis, Doxycycline 100 mg PO BID was added on the Rifampicin which she was already taking as part of her Anti-tuberculous drug regimen. She showed signs of improvement within two weeks of initiation of treatment and was only left with scars by six months.

CONCLUSION
In conclusion, in the era of HIV, we all consider Bacillary Angiomatosis as a very good differential for Kaposis Sarcoma but we rarely manage to diagnose it and even rarely get to report it. So this case report is meant to increase our awareness about this debilitating but highly and easily responsive disease.
Blood and Virus Detection on Barber Clippers

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INTRODUCTION

The clean-shave “Chiskop” haircut is worn by the majority of black men in South Africa. It is achieved by pressing the metal part of the electric clipper directly onto the scalp. Recently, invisible bleeding was detected from scalp swabs after a professional chiskop haircut in 37% of participants, using genetic testing for blood-specific RNA markers (albumin and hemoglobin beta - HBB)(9). Many barbers work from old shipping containers and shacks that lack running water and sterilization facilities; this raises concerns of clipper contamination with blood-borne viruses mainly Hepatitis B (HBV) and HIV. Aim was to: Detect the prevalence of barber clipper contamination with: blood, HIV and Hepatitis B virus. Compare whether there is a difference between clippers used for chiskop versus those for longer haircuts.

METHODOLOGY

This was a cross sectional study. Using an aerial map of Cape Town, three townships were selected, Gugulethu, Langa and Bonteheuwel. In total 50 barbers were invited to participate, 20 from both Langa and Gugulethu and 10 from Bonteheuwel. Two study personnel visited each barber and collected demographic data and hygiene practises using a questionnaire. Each barber then performed one chiskop haircut immediately after which they gave clipper to the investigator; in exchange they received a new clipper to keep. The clipper was then taken to the lab and submerged in a petri dish with 1.5ml of phosphate-buffered saline (PBS). The PBS solution with debris from the clipper was then aspirated for viral analysis. PCR was used to identify blood specific marker, haemoglobin beta RNA, HIV RNA and HBV DNA. Using collected data as described above; the influence of the predominant haircut on the presence of blood and viruses was investigated using multivariate analysis. Chi-square test was used to compare proportions of clippers testing positive for contamination, significance at 95%.

RESULTS

There were no differences in age, gender or numbers of clients serviced in the different townships. Most barbers from Langa and Gugulethu 95%,100% respectively reported the Chiskop haircut as the predominant haircut requested by their clients. Only 10% of clients from Bonteheuwel requested the Chiskop. Twenty one (42%) clippers were positive for HBB suggesting blood contamination. Clippers from barbers who predominantly cut longer hairstyles were more likely to have blood (72% vs. 33%; p=0.013). 4 clippers (8%) of all clippers were positive for HBV DNA, sequencing identified genotypes A and D from South Africa. No HIV was detected. Predominant disinfection was with methylated spirits & a brush, 92% (46/50) of all clippers. Of these, 8% (4/50) also reporting using additional cleaning agents (antisepsics “D-germ”, “webcol” and open flames.

CONCLUSION

This study confirms the high risk of bleeding & potential transmission of blood-borne disease when cutting the chiskop. Blood contamination was higher in the clippers used by barbers that usually cut longer haircuts than in barbers who are experienced “chiskop” cutters. One plausible explanation is that barbers who predominantly service clients with longer haircuts cause more injury when doing “chiskop” because of less experience in the skill needed to cut very close to the scalp. Low levels of HBV DNA on the clippers represent a possible public health risk. We are not aware of cases of HBV or HIV infection resulting from clipper use in our or any setting. Environmental Protection Agency (EPA) certifies the efficacy of products for infection control in the USA. South African counterpart is the South African Bureau of Standards (SABS). Barbers are encouraged to use EPA or SABS approved disinfectants for their equipment.
Buschke-Lowenstein Tumor in AIDS: Benign or Malignant Tumor?
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INTRODUCTION
Buschke-Lowenstein tumor (BLT) or Giant Condylomata Acuminata, is a verrucous, locally destructive lesion, a rare sexually transmitted virus infection, due to human papilloma virus (HPV) subtypes 6 and 11. Poor hygiene, promiscuity, and cellular immunocompromised states are often implicated in its pathogenesis. BLT has a high probability for local recurrence and considerable risk of malignant transformation into fully invasive squamous cell carcinoma (SCC). The presented case is particular due to the considerable dimensions of the tumor and hallmark of a late presentation to the hospital.

METHODOLOGY
We report a case of 35-year-old male with a 2-year history of gradually enlarging, cauliflower-like mass reaching 17.5x14.5x7cm in perineal region and 5.5x2.5x1.5cm in penoscrotal area with slightly pain and bleeding. There was a history of contact with a sex worker. He was diagnosed AIDS 1.5 years later and got Anti-Retroviral therapy. Fine Needle Aspiration Biopsy revealed condyloma acuminata not excluded well-differentiated SCC. CD4 count 94 cells/μL, VDRL/TPHA nonreactive. BLT with mild dysplasia was confirmed by histopathologic examination and finding of HPV serotype 11.

RESULTS
Complete histopathologic examination is crucial to judge the architecture of the lesion in order to establish the diagnosis, permitting to exclude SCC for which a radical aggressive surgery is mandatory. The patient underwent wide local excision and reconstruction with full thickness skin graft on the penis shaft and medial thigh septocutaneous perforator based flap for the scrotum and perineal area. These can provide a good outcome for patients with BLT, especially for cases refractory to all forms of medical therapy.

CONCLUSION
BLT is preceded by condyloma acuminatum and immunosupression such as AIDS. In this case, histopathological examination and HPV serotyping confirmed a clinical diagnosis of BLT without malignant transformation and succeed in ruling out SCC, an extremely important aspect which contributed to choosing the appropriate subsequent therapy. No gold standard currently exists for treating this extremely rare disease. Choice of treatment depends on number, size, location, the physician’s experience, and skills. Surgical excision and reconstructive surgery could be considered effective therapy.
INTRODUCTION
Primary acral melanoma represents less than 10% of all primary melanomas in the white population (the non acral melanoma being more frequent) being associated with a worse prognosis comparing to other primary melanoma subtypes. One of the most incriminated thing for its unfavorable clinical outcome is the delayed diagnosis. But there are other negative prognostic factors that contribute to the outcome like: the foot location, thickness of the tumor, ulceration, mitotic rate, Clark level of invasion and vascularization. Making the right diagnosis and providing the optimal surgical treatment is often very difficult due to their anatomical location. In an effort to establish a complex diagnosis before the surgical excision we conducted a prospective study of some primary acral melanoma cases located on the foot using dermoscopy, Doppler ultrasound and strain elastography.

METHODOLOGY
We performed a prospective evaluation of the patients diagnosed with acral melanoma of the volar skin in the Department of Dermatology “Iuliu-Hâțieganu” University of Medicine and Pharmacy, Cluj-Napoca, Romania. The aim of the study was to correlate the tumor dermoscopic appearance with the appearance on high frequency ultrasound and to compare all the data with the histopathology report. The study included only lesions who had the clinical suspicion of acral melanoma, volar skin foot location, but had no prior cutaneous biopsy or surgery at the level of the identified lesion. All cases underwent dermoscopic and high frequency ultrasound evaluation before surgical treatment. All images were obtained using Dermlite DL3N (3Gen USA) and an Ultrasonix Sonotouch scanner (Ultrasonix Medical Corporation, Richmond, Canada) with an 8-40 MHz linear transducer and the possibility to perform Doppler ultrasound and strain elastography. Due to limited sample size, only descriptive and qualitative data will be reported.

RESULTS
14 cases of acral melanoma were diagnosed in our department between October 2013 and August 2016 and 7 were primary acral foot melanoma of the volar skin. The mean age of 60 and a male to female ratio of 2:5 were found. The global dermoscopic pattern of each tumor was characterized as parallel ridge pattern, irregular diffuse pigmentation and multicomponent pattern. Data about vessel morphology and vessel arrangement were also collected. Doppler ultrasound and strain elastography of tumors in longitudinal and transverse planes was performed before surgery with sufficient gel quantity to avoid alteration of tumor thickness or blood flow. Data about Breslow index, the aspect of tumor vascularization: no/low vascularization – few color spots, medium vascularization -<50% of the tumor and hypervascularization- >50% of the tumor were collected. We also collected data about the tumor tissue appearance on strain elastography: soft, medium and high elasticity and correlated the data with the degree of vascularization. Histopathology slides were analyzed for Breslow index, ulceration, mitotic rate and level of invasion. Special immunohistochemistry stains for the detection of vessels were used: VEGFR-2, CD31 for microvessel density and D2-40 for lymphatic vessel density. All collected data were analyzed and correlated for a better understanding of the tumor biology.

CONCLUSION
To the best of our knowledge this is the first study that compares the dermoscopic, ultrasonography, Doppler and strain elastography images with the histopathological report of the patients with acral melanoma. We found a strong correlation between the Breslow index measured ultrasonographically and on histopathology with the degree of vascularization. It demonstrates that the assessment of Breslow index and tumoral vascularization of acral melanoma may contribute to a better and complex diagnosis before surgical treatment.
UV Exposure in Outdoor Workers and the Risk of Developing Non-Melanoma Skin Cancers (NMSC)

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INTRODUCTION
Outdoor workers (e.g. construction workers, agriculture workers) are exposed to more sunlight and therefore to more carcinogenic ultraviolet radiation than other workers. It is estimated that outdoor workers are exposed to an ultraviolet radiation (UVR) dose 2-3 times higher than indoor workers and there is a growing body of research linking UV radiation exposure in outdoor workers to NMSC (i.e. basal cell carcinoma, squamous cell carcinoma, actinic keratoses). This segment of population is crucial for the society and it is important to keep those adults healthy or to identify and treat as soon as possible all diseases that can remove them from work.

METHODOLOGY
It was performed a prospective, observational, analytical study of six outdoor workers (construction workers, agriculture workers), over a period of three summer months (July-September). The subjects recorded in diaries information like date, location, profession, start time and end time of the program, breaks during the day and weather conditions. Their UVR doses were measured by personal UVR dosimeters (X-2012-10 Personal UV Irradiance Dosimeter) worn on the arm. Sun-exposed areas were the face, ears, neck, forearms and hands, the remaining areas being covered by clothing.

The subjects were examined before and after the measurements to detect any changes of the skin.

RESULTS
Subject’s average daily UVR exposure on outdoor activities ranged from 1.79 SED (farm car driver) to 19 SED (agriculture worker). The maximum dose of exposure was between the hours 10:00-16:00. The measured values are very high as compared with the average exposure of general population of 130 SED/year.

On clinical examination performed at the end of the agricultural season, no skin changes have been detected; the subjects did not shown any clinical signs of melanoma or NMSC.

CONCLUSION
Our results emphasize the importance of changing the behavior of outdoor workers and the use of protective measures to reduce their personal annual UVR exposure doses, and possibly their risk of skin cancer.

Future research activities should focus on the precise definition of at-risk groups among outdoor workers through increased data gathering, including UV-dosimetry, and evaluation.
NON-MELANOMA SKIN CANCER

Giant Basal Cell Carcinoma on a Dark Skin: Anatomoclinic Study of 16 Cases

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INTRODUCTION:
Basal cell carcinoma (BCC) is the most frequent malignant tumor in dermatology. Excepted albinism and xeroderma pigmentosum, BCC occurs exceptionally in blacks and the giant forms are rarely reported. This study is aimed to describe the anatomoclinic features of giant BCC on dark skin patients.

METHODOLOGY
We conducted a retrospective study on giant BCC cases in the department of dermatology at the national center of support to fight against the disease (CNAM). We reviewed all cases of BCC using the medical charts and histological exam reports. BCC was labeled giant when the diameter of the lesion reached 5 cm in diameter. We also studied the following parameters: age, sex, the overall wellbeing, the duration of disease, the site, number, size and the clinical aspect of the lesions.

RESULTS
In total, we have compiled 16 cases of giant BCC with a sex ratio of 1.28. The average age of patients was 48 years old. The average disease duration was 7 years. All patients were from rural areas and carried out traditional treatment before the dermatology visit. The lesion was localized to the head in 62.5% (10/16) with the other sites being the groin, neck and the back. Clinically, lesions were ulcerated in 37.5% (6/16), ulcerated, crusted with tattoo and pearl-like boundaries in 50% (8/16) and nodular in 12.5% (2/16). The diameter of the lesion was superior to 7 cm in 56% (9/16). Twenty five per cent (4/16) had a mutilation of the organ bordering the lesion. The histological picture was typical in all 16 patients.

CONCLUSION
Giant BCC risk factors in Europe are essentially the low social status and the failure of the initial treatment. Our cases were remarkable for the long delay between the onset of the disease and the first dermatology visit, crusted and tattoo-like aspect of the lesion, and its aggressive and mutilated character. The frequent localization at the sun-exposed parts of the body suggests the role of solar exposition. In our cases, the occurrence of the lesion could be explained by either the traditional therapeutic maneuvers or the ignorance of patients or the lack of appropriate medication.
Application of Topical Timolol for Treatment of Superficial Infantile Hemangiomas

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INTRODUCTION

Infantile hemangiomas (IH) are common and benign vascular tumors of the infancy. Most of them have a life cycle in which, the lesion appears around the first month, proliferates very fast in the first year of life and in the end reaches self-involutio in a process that could take years. Around a 10 – 20% of hemangiomas present complications like dysfunctions, disfigurement, ulceration and hemorrhage, depending on the location and extension. The latter are the ones that require management.

The use of timolol maleate gel, a topical nonselective betablocker, has been reported as effective and safe in pediatric population for treatment of superficial infantile hemangiomas. Our report demonstrates the improvement of these lesions treated with topical timolol.

METHODOLOGY

We report a case series of 8 patients with infantile hemangiomas treated with timolol maleate gel since they were 2 months old. A cardiological evaluation was previously done. We evaluated the evolution of the lesion with a visual analogue scale comprising color, size, extension and volume, and a Doppler ultrasound.

RESULTS

Eight patients with infantile hemangioma were included. The mean age of onset was 6.7 months old (range between 2 and 24 months). The most common location was the hands (50%), followed by the face (37.5%) and the scalp (12.5%).

It was noticed a 25% reduction of the hemangiomas in all patients during the first 4 months. Five patients that continue with the treatment reached a 36% and 57% reduction at 6 months and 8 months of treatment, respectively.

CONCLUSION

Infantile hemangiomas are benign vascular tumors that represent a cosmetic concern to the parents or can cause complications due to location or extension of the lesion. Oral corticoids, propranolol, vincristine, surgery and laser are used to treat hemangiomas, but the results are not always satisfying, additionally to the known side effects of these. Our patients showed good tolerance to timolol with significant improvement and no side effects, but further reports and randomized controlled trials are necessary.
A Study of 25-Hydroxyvitamin D Level in Vitiligo in Malaysia

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INTRODUCTION
Vitiligo is an acquired, autoimmune, depigmenting disorder of the skin and mucous membranes with significant impact on quality of life. Global studies have demonstrated a high prevalence of vitamin D deficiency among vitiligo patients, as there is a close link between vitamin D homeostasis and the pathogenesis of vitiligo. Local studies have already shown vitamin D deficiency among certain groups, but the prevalence is not known among vitiligo patients in Malaysia. Hence, we aimed to compare the level of serum 25-hydroxyvitamin D between patients with vitiligo and healthy subjects, as well as to identify variables affecting the level of 25-hydroxyvitamin D in both cohorts.

METHODOLOGY
A single-center, cross-sectional, case-control study, carried out over six months, assessed anthropometry, serum 25-hydroxyvitamin D level, autoantibodies, sun exposure, and dietary vitamin D intake in patients with vitiligo and in matched controls.

RESULTS
180 subjects in total completed the study, 93 (51.7%) with vitiligo, and 87 (48.3%) controls. Almost three times as many vitiligo subjects have antithyroid peroxidase and/or antithyroglobulin autoantibody compared to controls. There was no significant difference in the mean serum vitamin D level between the two groups. 71.0% of vitiligo patients and 74.7% of controls had vitamin D deficiency or insufficiency. The independent variables affecting vitamin D level in this study were sun exposure index and dietary vitamin D intake, the latter being extremely low in both groups. While obesity was associated with low vitamin D level, there was no association with Fitzpatrick skin phototype, body surface area involvement and Dermatology Life Quality Index score.

CONCLUSION
Serum vitamin D level is universally low in this study population, with no significant difference between vitiligo and healthy subjects. There is no correlation between the level of vitamin D and the severity of vitiligo or the Fitzpatrick phototype. However, the level of vitamin D is associated with dietary vitamin D intake, sun exposure and obesity. This study does not demonstrate a causal relationship between vitiligo and low vitamin D level, hence it is difficult to advocate the routine prescription of vitamin D as part of the standard treatment regimen. Nevertheless, this study does not intend to refute the important findings of other, almost similar studies on this matter. A larger scale, randomized, multinational, double-blind, controlled study should be encouraged in order to address this issue accurately.
Metabolic Syndrome, Cardiovascular Risk and Carotid Atherosclerosis in Children and Adolescents with Psoriasis

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INTRODUCTION
Psoriasis is an inflammatory, skin condition that affects 1-3% of the world’s population. The association between psoriasis and cardiovascular risk in children and adolescents is still unclear.

METHODOLOGY
A case-control study was conducted with children and adolescents, 2-18 years-old, with mild to moderate-severe psoriasis with clinical and biopsy proven diagnosis, and a healthy control group comprising children, matched according to age, gender and body mass index (BMI). Metabolic syndrome (MS) was defined by ATPIII modified criteria, cardiovascular risk was measured by high-sensitivity C reactive protein (hs-CRP) and atherosclerosis was determined by carotid intima-media thickness (IMT).

RESULTS
Twenty-six patients were included (77% mild psoriasis). Nine (35%) with psoriasis had MS vs. 8 (31%) of the control group (p=0.75, X2 test). There was no significant difference in HOMA-IR (p= 0.23, X2 test). Moderate cardiovascular risk (hs-CRP 1-3mg/L) was present in 12 (46%), however, no statistical significant difference was observed (p=0.16, X2 test). Moderate-high cardiovascular risk was present in 6 (100%) of moderate-severe psoriasis and 13 (65%) with mild psoriasis (p=0.04, X2 test). Twenty-five (95%) with psoriasis had carotid atherosclerosis. Bilateral carotid atherosclerosis was present in 6 (100%) of moderate-severe psoriasis and 19 (95%) with mild psoriasis (p=0.0003, X2 test).

CONCLUSION
There was no difference between groups with regard to MS prevalence. However, 95% of psoriasis patients had carotid atherosclerosis and 100% had cardiovascular risk, directly related to the severity of the psoriasis. Our lack of statistical significance difference might be due to the fact that the subjects were matched by BMI and most patients had mild psoriasis.
PSORIASIS & OTHER PAPULOSQUAMOUS DISORDERS

Experience of Application of Linoeparol and Oeparol in Treatment of Psoriasis

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INTRODUCTION
Psoriasis is nowadays one of the main problems of Dermatology. It’s a chronic systemic inflammatory disease with a prevalence of 12-15% of all dermatology cases. Its frequency varies between 2 to 10% in population worldwide.

The disease is characterized by localized or wide spread thick raised silvery-white scaling plaques.

In recent years the incidence of the number of patients wit psoriasis increases inflexibly. The research conducted in the Department of Dermatovenereology of Azerbaijan State Advanced Training Institute for Doctors have shown growth of population frequency of psoriasis in our country (2.34-2.75%).

Psoriasis treatment is also a complex therapeutic problem. In the treatment of this disease it’s necessary to take into consideration the prevalence of skin disorder, stage and severity of it, age and gender of patients, the presence of comorbidities and contraindications to different treatment methods or drugs. Psoriasis therapy should be multipurpose and combine the use of local and general medicine.

Linoeparol sensitive is an oily cream containing essential fatty acids, which are necessary for maintaining normal skin conditions and have regenerative properties. Oeparol represents capsules containing omega-6 fatty acids, which are necessary for the normal functioning of the whole organism.

METHODOLOGY
Under our observation there were 50 patients over 18 years old with psoriasis vulgaris. 20 of them were men (40%) and 30 (60%) were women. The duration of the disease varied from few months to 17 years.

The age of patients was:
18-29 years – 10 patients (20%)
30-39 years – 15 patients (30%)
40-49 years – 12 patients (24%)
Over 50 years –13 patients (26%)

16 patients (68%) from them had the exacerbation stage and 34 patients (32%) had stationary phase of the disease. Patients were divided into 3 groups:
The 1st group had Oeparol in capsules (1 capsule 2 times a day after meal) and Linoeparol sensitive cream topically 2 times a day. The 2nd group of patients had systemic therapy in combination with Oeparol and Linoeparol.

The 3rd group was control group of patients, which had only systemic therapy. The systemic therapy represented detoxification, vitamin therapy, hepatoprotection, antihistamines, sedatives and topical glucocorticosteroid ointments. All patients were subject to clinical examination before, during and after the treatment.

Evaluation of the effectiveness of therapy was carried out on day 7, 10, 30 and in the 2nd, 3rd and 4th months of treatment on PASI scale.

RESULTS
Dynamics of resolution of psoriatic eruption was increased most in patients of the 2nd group from start of treatment and in 30 days of therapy area severity decreased from 42.9% to 18.2%, and to the end of research was 1.2%.

In the 1st group PASI decreased slowly from 42.25% to 32.1%.

In the 3rd control group PASI was 41.2% in the beginning and 8.2% at the end of study, respectively.

CONCLUSION
As a conclusion it was noted that drugs Linoeparol and Oeparol showed high efficiency and safety in complex treatment of patients with psoriasis. It should be noted, that Linoeparol cream as emollient helps to reduce dryness, exfoliation and painful cracking of the skin. Its use recommended between main treatment courses to prolong remission. Simultaneous application of Linoeparol with topical glucocorticosteroid ointments improves skin hydration and reduces the use of them of up to 1 time per week.

Considering the foregoing we find it possible to recommend application of Linoeparol cream as an external medicine and Oeparol capsules for oral acceptance in treatment of psoriasis vulgaris.
Analysis of Serum MicroRNA Levels in Patients with Psoriasis

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INTRODUCTION
Psoriasis is a chronic inflammatory skin disease with an overall prevalence of 2% to 3% of population worldwide. The pathogenesis of psoriasis involves genetic, environmental and immunological factors, but it is not fully understood. MicroRNAs (miRNAs) are an abundant class of highly conserved small non-coding RNA molecules that modulate gene expression post-transcriptionally. Recent studies have described a key role for microRNAs in controlling the gene expression of inflammatory proteins in skin affected by psoriasis. miRNAs have also been implicated in keratinocyte differentiation and T-cell function in psoriasis. We aimed to analyze serum miRNA expression in patient with psoriasis.

METHODOLOGY
Serum samples were obtained from 35 healthy donors and from 35 patients with chronic plaque psoriasis. The dependent variable of the study is chronic plaque psoriasis and independent variables will be increasing and decreasing genes. Blood samples was collected into sterile, anticoagulant (EDTA) coated tubes and miRNA gene expression were studied by flow genetic laboratory. miR-19a, miR-19b, miR29a, miR-29b, miR-4729, miR-23a, miR-23b, miR-23c, miR-211, miR-204, miR-2277, miR-520, mir-524 and miR 4795 expression was analyzed by using realtime quantitative polymerase chain reaction (RT-qPCR). The ∆∆ Ct method was used to determine the differences in expression between groups.

RESULTS
The amplification of hsa-miR-19a, -19b, -23a, -23b, -29a, -29b, -204 were observed in psoriasis patients and healthy control subjects. In this study, miR-19a, miR-19b, miR-23a and miR-29a expression was found significantly down-regulated in psoriatic patient comparing to healthy control (mean±SD; 0.10±0.18 vs 1.00±1.23, p<0.05, 0.26±0.49 vs 2.13±2.82, p<0.05, 0.07±0.10 vs 0.54±0.69, p<0.05 and 0.006±0.004 vs 0.07±0.08, p<0.05). There was no statistically significant difference, mean serum levels of miR-23b, -29b and -204 (p= 0.94, p=0.61, p=0.63). There was no correlation between miRNA expression levels and psoriasis area severity index (PASI) score.

CONCLUSION
In addition, miR-19a, miR-19b or -29a has been also reported to be involved in the process of cell growth or apoptosis, respectively. Our result suggest that miR-19a, miR-19b, miR-23a and miR-29a may have a role in pathogenesis of psoriasis vulgaris and also our data indicate that regulation of these miRNAs may be a potential therapeutic option in psoriasis. Also, it will be necessary to determine the correlation of the serum miR-19a, miR-19b, miR-23a and miR-29a levels with the in vivo expression levels of TNF and its receptors in psoriasis skin.
Expression of Sirtuins 1, 6, Tumor Necrosis Factor-Alpha and Interferon-Gamma in Psoriatic Patients

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INTRODUCTION
Sirtuins (SIRT) have been under the spotlight in recent years due to their potential role in anti-aging. They have been regarded as culprits in the pathogenesis of various diseases. Their exact role has not been explained. It has been previously proposed that SIRT1 and SIRT6 interact with NF-κB via different mechanisms. SIRT1 induced deacetylation of NF-κB inhibiting the latter mediated transcription of tumor necrosis factor (TNF)-α thus inhibiting TNF-α induced pro-inflammatory cytokine expression. On the other hand, SIRT6 upregulates TNF-α protein synthesis. Accordingly, modulation of SIRT1 or SIRT6 can lead to alteration of TNF-α activity, thus offering a potential role in inflammatory diseases such as psoriasis. This study aimed to assess the expression of SIRT1, SIRT6, TNF-α, and interferon (IFN)-γ in psoriatic patients.

METHODOLOGY
30 psoriatic patients and 22 controls were enrolled. Clinical examination and Psoriasis Area and Severity Index (PASI) were obtained. Two skin biopsies (lesional, peri-lesional) and one from controls were obtained. Tissue levels of SIRT1, SIRT6, TNF-α, and IFN-γ were measured using ELISA.

RESULTS
SIRT1 was significantly lower in lesional skin with gradual increase in peri-lesional followed by control skin (P <0.001). SIRT6, TNF-α, and IFN-γ were significantly higher in lesional than peri-lesional and control skin (P <0.001). No significant correlations were found in lesional or control skin. In peri-lesional skin, significant positive correlations were detected between SIRT1 and both TNF-α and IFN-γ (r= 0.451, p= 0.021), (r= 0.367, p= 0.046) respectively, and between SIRT6 and TNF-α (r= 0.377, p= 0.040).

CONCLUSION
In the current study, the possible involvement of two members of the SIRT family (SIRT1 and SIRT6) was highlighted adding to the complexity of the immune dysregulation associated with psoriasis. The expression of SIRT1 was detected to be significantly lowest in the lesional psoriatic skin followed by the peri-lesional areas and highest in the normal controls. On the other hand, the SIRT6 expression was found to be significantly increased in the psoriatic lesions compared to the peri-lesional skin, and lowest in the normal controls. The expected up-regulation of TNF-α and IFN-γ in psoriasis was further documented, however, their correlation with SIRT1 and 6 in psoriatic skin could not be verified. The positive SIRT1 correlation with TNF-α and IFN-γ existence only in the peri-lesional skin was puzzling, but could raise the speculation that SIRT1 is up-regulated in a trial to keep the balance against the pro-inflammatory cytokines, a battle lost in the immunologically mature psoriatic lesional skin. This study came as a confirmation to the advocated role of SIRT1 and we add SIRT6 as a possible culprit in psoriasis. The development of SIRT1 activating drugs and SIRT6 inhibitory drugs could offer a new therapeutic option for psoriasis.
INTRODUCTION
Melasma is a common disfiguring skin problem. Multiple modalities have been used in the treatment of melasma, such as bleaching agents, chemical peels and antioxidants, topical zinc sulphate and laser nowadays had been tried as an option of treatment.

METHODOLOGY
This comparative split face clinical study was carried out in the Laser Research Unit, College of Medicine, University of Kufa; for the period from October 2012 to December 2013. Each patient’s face was divided into two halves, right and left, each half was treated with one of the two laser devices used in this study. The total number of sessions for each patient was eight, at a two-week interval.

The laser devices are Fractional Erbium:Glass 1540nm and Nd:YAG Q-switched 1064nm. The severity of melasma was assessed before, and after treatment with the Modified Melasma Area and Severity Index Score and photographs. All patients were followed up three months after the last laser session.

RESULTS
Twenty nine patients with melasma completed the study, 25 (86.21%) females and 4 (13.79%) males, their ages ranged from (23-48) years with mean of (35.2±7.2 SD) years. The Modified MASI score was reduced in the facial halves that treated by Erbium:Glass laser from mean of (14.89±6.11 SD) before treatment to mean of (12.37±6.03 SD) after treatment with statistically highly significant P value (P=0.001). While in facial halves that treated by Nd:YAG laser the Modified MASI score also reduced from mean of (15.34±6.06 SD) before treatment to mean of (14.62±5.6 SD) but with statistically significant P value (P=0.022). There is a high difference in the degree of reduction of Modified MASI score between both laser systems that the reduction in mean Modified MASI score of Erbium:Glass laser was (2.51±1.49 SD) while of Nd:YAG laser (0.72±1.60 SD), it was statistically significant P value (P=0.015). All patients developed transient erythema and burning sensation last not more than 2 days after each session in both sides of face, while only three patients (10.3%) developed mottled postinflamatory hyperpigmentation in the facial halves that treated by Nd:YAG laser only. Three months later, the Modified MASI score elevated in most of the patients in both facial halves and reach to pre-treatment score this indicate relapse of the disease, and statistically not significant P value in both Erbium:Glass laser (P=0.477), and in Nd:YAG laser (P=0.155).

CONCLUSION
Using Erbium : Glass 1540 nm laser is more effective than Nd : YAG QSW 1064 nm laser in treatment of melasma despite the high recurrence rate of melasma reported after both of them.
SURGERY - COSMETIC

The Efficacy Of Fractional CO2 Laser Combined With Autologous Platelet Rich Plasma (PRP) Versus Fractional CO2 Laser Alone I

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INTRODUCTION
Striae are undesirable skin lesions causing major aesthetic concern. Successful treatment has always been challenging and several modalities are available, yet none of them alone is consistently effective. Laser has become a popular therapeutic alternative. The Role of Platelet rich plasma (PRP) in tissue regeneration and repair, has recently directed its therapeutic applications in many disorders including striae. The aim of this work is comparing the efficacy and safety of fractional CO2 laser combined with intradermal injection of autologous PRP to fractional CO2 laser alone in its treatment.

METHODOLOGY
20 patients were enrolled in this study. In each patient, 2 areas were randomly assigned to receive treatment by either fractional CO2 laser alone (area A) or combined fractional CO2 laser and PRP (area B). All patients received 4 laser sessions. A biopsy was taken before treatment area and 2 biopsies were taken from each treatment area 2 months after the last laser session. Evaluation was done by assessing the % of reduction of widest stria after treatment in both areas, patients’ satisfaction, blinded physician score and area % of collagen and elastin using image analysis.

RESULTS
There was a statistically significant clinical and histological improvement in both areas. The clinical improvement of the striae in area B was better than that in area A and the difference was statistically significant. Regarding the histological improvement, the percent of increase in area % of collagen was higher in area B than area A, however the difference was not statistically significant. Area% of elastin was found significantly decreased in both areas. In both areas, there was low incidence of post inflammatory hyperpigmentation, with no statistically significant difference them.

CONCLUSION
Intradermal injection of autologous PRP is a potentially effective adjuvant therapy to fractional CO2 laser in treatment of striae distensae.