



Face Aesthetic
Dermatologist Society



FADS

International Conference on Dermatology & Cosmetology

"Dermatology & Cosmetology – Global Panorama"

**Holiday Inn Express, Kuala Lumpur,
Malaysia**

26th - 27th November, 2019

Organized by:

BioLEAGUES Worldwide

In Association with:

Face Aesthetic Dermatologist Society

Preface

This book reports the Proceedings of the “*International Conference on Dermatology and Cosmetology*” held at *Holiday Inn Express, Kuala Lumpur, Malaysia* on the 26th & 27th of **November – 2019**, organized by *BioLEAGUES Worldwide*.

The publishing department has received more than 90 abstracts. After an initial review of the submitted abstracts, 28 papers were presented at the conference and were accepted for publication in the Conference Proceedings. The topics that are covered in the conference include dermatology and Cosmetology, Medical Dermatology, Cosmetic Dermatology, Surgeries, skincare treatments, Dermatological Diseases, Dermato Oncology, Dermatology and Venerology, etc... We would like to thank all the participants for their contributions to the conference and the proceedings.

Reviewing papers of *ICDC-2019* was a challenging process that relies on the goodwill of those people involved in the field. We invited more than 10 researchers from related fields to review papers for the presentation and the publication in the *ICDC-2019* Proceeding. We would like to thank all the reviewers for their time and effort in reviewing the documents.

Finally, we would like to thank all the proceeding team members who with much dedication have given their constant support and priceless time to bring out the proceedings in a grand and successful manner. I am sure this proceeding will be a credit to a large group of people, and each one of us should be proud of its successful outcome...

ICDC-2019

From BioLEAGUES Director's Desk...

On behalf of **BioLEAGUES Worldwide**, I am delighted to welcome all the delegates and participants around the globe to the “***International Conference on Dermatology and Cosmetology***” which is going to be held at ***Holiday Inn Express, Kuala Lumpur, Malaysia*** on ***26th & 27th of November 2019***. This conference will revolve around the theme. As dermatology and cosmetology are recent growing and trend in research area. The theme of current meeting is “***Dermatology & Cosmetology – Global Panorama***”



It will be a great pleasure to join with all researchers, doctors, professors, aesthetic practitioners, nurse practitioners, dermatologists, cosmetologist, industrialists, academicians and students to attend and explore the innovation in their fields while delving into presentations surrounding transformative advances provided by a variety of disciplines.

I congratulate the Chair person, Organizing Secretary, Committee Members, coordinator BioLEAGUES and all the people involved for their efforts in organizing the **ICDC-2019** and successfully conducting the International Conference and wish all the delegates and participants a very pleasant stay at Kuala Lumpur.

A. Siddh Kumar Chhajer

Director

BioLEAGUES Worldwide

Message from Keynote speaker...

Dr. Zoya Zaidi

M.D. (Honours) Moscow

CONSULTING PHYSICIAN

Specialist in:

Chest & Respiratory Medicine and
Clinical Immunology & Rheumatology
(Arthritis & Rheumatism)

(A.I.I.M.S., New Delhi)



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SUNDAYS CLOSED

Dear friends and colleagues,

It is indeed a great honour for me to welcome you to the "International Conference of Dermatology and Cosmetology 2019" being held here in this beautiful city of Kaula Lampur, Malaysia, on 26 and 27 November, 2019.

On behalf of the organising committee and myself, I thank you all for your sincere efforts in preparing and presenting your research findings in this meeting. Your commitment is really appreciated.

I also extend a warm welcome and gratitude to other attendees, who have joined to support your colleagues and learn much from their deliberations and experience in their respective fields of research.

A diverse range of distinguished speakers promise to share their innovative research, therapeutic interventions, and vast experience, to enable us to expand upon our knowledge, and provide inspiration to explore new opportunities in our respective areas of interest.

I am sure many new and exciting collaborations will emerge from this meeting.

I wish you success with your presentations, and enjoyment during the academic deliberations, and formation of great collaborations.

Thank you,

Sincerely,

Dr Zoya Zaidi MD (Honours) Moscow,
Clinical Immunologist and Rheumatologist
AIIMS, New Delhi
Sanooper Clinic and Research Centre,
Aligarh UP
India

From BioLEAGUES CEO's Desk...

It is indeed a privilege to acknowledge and thank all the supporters and organizers of the “*International Conference on Dermatology and Cosmetology*”, who contributed greatly to organize the conference successfully.

I would like to acknowledge and thank the Chief Guest for his/her valuable contribution in the *ICDC 2019, Kuala Lumpur, Malaysia*.



My special thanks to all of our Special Guests who so graciously accepted our invitation to participate in the conference. I also wish to acknowledge and thank the sponsors of the conference whose financial support was extremely grateful.

I would like to specially thank our Advisory Committee Members from various Organization whose continuous support have helped us plan and execute the conference successfully.

I am highly indebted to the contribution given by all the Scientists, Doctorates, Research Scholars, Academicians and students to the conference.

A handwritten signature in black ink, appearing to read 'R. B. Satapathy' with a stylized flourish at the end.

Mr. R. B Satapathy
Chief Executive Officer
BioLEAGUES Worldwide

Keynote Speaker

International Conference on Dermatology & Cosmetology

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Cutaneous Manifestations in Spondyloarthropathy



Dr Zoya Zaidi

Sanoober Clinic and Research Centre, Aligarh, UP, India

Abstract

Spondyloarthropathy are a group of inflammatory arthropathies with genetic disposition involving multiple genes interacting with environmental factors. SpA have a strong association with HLA gene, especially HLA B27

Skin manifestation of SpA, especially Psoriasis display over expression of inflammatory cytokines TNF-alfa, IL-12, IL-6, IL-2 And INF gamma.

SpA attacks predominantly axial skeleton: Sacroilitis, Spine, Hip joint involvement, and Ligaments (Anthesopathy-calcification at the tendon insertion points) and other tissues). Psoriasis is associated with Human Leukocyte Antigen with increased frequency of HLA-A2, HLA-B8; HL-AB17 And HLA B44.

Psoriasis is the only inflammatory disease with strong HLA-C associations and around two third of patients carry HLA-CW*602 allele. Which is major susceptibility gene allele for Psoriatic Arthritis.

Irreversible deformities develop early in the coarse of disease in Psoriatic Arthritis. Therefore an early diagnosis and treatment is very important.

The Other arthritis of interest in SpA, is Reactive arthritis where the Clinical triad of Rheiter's Syndrome (Arthriris, Conjunctivitis/ Uveiitis and Urethritis) when accompanied with Keratoderma Blanorrohagicum, can become a serious, difficult to manage, problem; more over if they have Circinate Balanitis.

Biography:

Dr Zoya Zaidi did MD (Medicine) with Honours from Friendship University Moscow. She worked at the All India Institute of Medical was Sciences, New Delhi, as a Pool officer and Senior Research Fellow of ICMR in the Department of Medicine for 5 years, where she specialised in Rheumatology and Clinical Immunology. She has been practising since the last 35 years in the field of Clinical Immunology and Rheumatology, in Aligarh, UP, India, where she runs her own Surgery/ Clinic. Patients from all over Northern India and Nepal come to benefit from her treatment.

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Research and Publications: Carried out research in the field of Auto Antibodies in Auto immune Connective Tissue Disorders, standardising the Immunofluorescent Technique of detection of AutoAntibodies, and by Counter-Immuno Electrophoresis (CIA) and Heamo-agglutination Techniques. Published and presented many papers on the topic and on Familial Aggregation in Connective tissue disorders.

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ABSTRACTS

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Skin Aging: Molecular Mechanism and Tissue Consequences



Dhelya Widasmara

Brawijaya University, Indonesia

Abstract

The aging process is driven at the cellular level by complex molecular damage that slowly accumulates with age for most living organism. The main clinical sign of skin aging includes wrinkling and irregular pigmentation, which are influenced by combination of intrinsic and extrinsic factors (e.g. UV radiation, heat, smoking, and pollutants). Like UV radiation, smoking can result in extrinsic skin aging. Skin damage from long term smoking can result “smoking face” and can cause facial skin to appear grayish and lines to develop around eyes and mouth, through damage to collagen fibers and elastin in the dermis. Significantly increased level of MMP-1 mRNA are observed in the dermal connective tissue of smokers compared with nonsmokers. Increased MMP-1 leads to the degradation of collagen and elastic fibers, which major extracellular matrix proteins in the dermis. However, there are still numerous challenges ahead in relation to understanding this complex biological process and hopefully these factors of skin aging approaches will allow detailed understanding of the mechanism underlying the hallmarks of aging and will facilitate future interventions for improving human health span and longevity.

Biography

Dhelya Widasmara got her PHd in Bacterial infection (leprosy) from Airlangga University Post Graduate program in 2015 and currently working as Staff of Dermatovenereology Department of Brawijaya University and dr. Saiful Anwar Malang Regional Hospital. She's also working as lecturer for Medical Study Program and Doctor Degree in Faculty of Medicine Brawijaya University. She has published journals and books in Dermatovenereology Field.

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Epilation Results Comparison: Diode Laser Versus Ipl. The Effectiveness of Diode Laser Epilation Following Non-Coherent Light Therapy



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Wychowania
Fizycznego
im. Bronisława Czecha
w Krakowie

Izabela Zaleska

Academy of Physical Education in Cracow , Poland

Mgdalena Atta-Motte

Academy of Physical Education in Cracow , Poland

Abstract

Lasers and IPL action is similarly based on the selective photothermolysis principle, where melanin acts as chromophore. There are, however, fundamental differences in the way they're built and in the light they emit.

Laser (Light Amplification by Stimulated Emission of Radiation) emits monochromatic light, with little discrepancy, coherent over time and distance and with significant power density.

IPL (Intense Pulse Light) on the other hand emits intense, pulsing, polychromatic light which is non-parallel and has no fixed wavelength.

Epilation has been the subject of numerous scientific papers, mostly comparing various kinds of lasers while none has defined the relation between coherent and non-coherent light.

The goal of this paper is to compare the results of epilation treatments by laser and by IPL and to rate the effectiveness of diode laser epilation following non-coherent light therapy.

The results do not surprise. A percentage average of hair loss among patients treated with diode laser is higher which indicates laser's higher effectiveness.

IPL has been shown to negatively impact the effectiveness of diode laser. This is linked with the way non-coherent light weakens and thins the hair which impedes the absorption of laser light by melanin and adversely affects treatment results.

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Biography

Izabela Zaleska – an international expert in the field of Cosmetology, specialist in the field of Aesthetic Cosmetology. She graduated from the Medical University of Lodz, PhD obtained at the Faculty of Medicine at the Jagiellonian University of Cracow. Currently, she is the Chair of the Department of Professional Cosmetology at the Academy of Physical Education in Cracow and the Coordinator of the Cosmetology at the PPWSZ in Nowy Targ. A Member of the Society of Cosmetic Scientists, British Medical Laser Association and European Laser Association. Dr Izabela Zaleska is also a court expert in the field of cosmetology and is working in clinics in Cracow and London on a daily basis. Author of over 30 scientific publications and many popular science and expert articles related to her professional specialization.

The Influence of Ectoine Over the Skin Parameters Damaged by CO₂ Laser



Akademia
Wychowania
Fizycznego
im. Bronisława Czecha
w Krakowie

Izabela Zaleska

Academy of Physical Education in Cracow , Poland

Abstract

Ectoine is a substance produced by extremophiles and is naturally used by them as a protection against adverse environmental conditions in which they live. Scientific contributions discuss its excellent effect through cosmotropic properties, prevention of secondary messengers release in a cell and transcription factors. The influence over lipid layer of cell membrane and its preventive effect as a UV filter were also demonstrated. What is more, its anti-oxidative effect was established. Ectoine works as immunostimulant and also has anti-inflammatory and anticancer properties. Those attributes are a dominating factor in the use of ectoine's properties after the skin fractionation treatment with CO₂ laser. In the following work, the influence of ectoine over skin parameters was described focusing on redness, moisturization and TEWL after prior use of CO₂ laser. The obtained result of conducted research proves the positive effect of dermocosmetics with ectoine content in the process of skin healing.

Biography

Izabela Zaleska – an international expert in the field of Cosmetology, specialist in the field of Aesthetic Cosmetology. She graduated from the Medical University of Lodz, PhD obtained at the Faculty of Medicine at the Jagiellonian University of Cracow. Currently, she is the Chair of the Department of Professional Cosmetology at the Academy of Physical Education in Cracow and the Coordinator of the Cosmetology at the PPWSZ in Nowy Targ. A Member of the Society of Cosmetic Scientists, British Medical Laser Association and European Laser Association. Dr Izabela Zaleska is also a court expert in the field of cosmetology and is working in clinics in Cracow and London on a daily basis. Author of over 30 scientific publications and many popular science and expert articles related to her professional specialization.

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Combination of IPL and Radiofrequency for Total Skin Rejuvenation. Pilot Study



Magdalena Atta-Motte

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VenusConcept UK, London, UK

Abstract

For several years an increasing demand of clients for non-invasive, effective, safe and long-lasting skin rejuvenation treatments has been noticed. For practitioners, it is important to understand exactly the nature of the devices available on the market that emit different forms of energy within the electromagnetic spectrum. In the aesthetics all of lasers (fractional, non-fractional, ablative, non-ablative, Q-switched, etc.), IPL devices, LED light, ultrasounds, acoustic waves, radio frequency waves or nanofractional, are cleared by FDA, and thus considered safe.

Devices such as IPL and lasers, work on the basis of absorption, transmission, reflection and scattering, giving effects on the tissue such as: photothermal, photomechanical, photoablative or photostimulation.

Radio Frequency (RF) devices are designed to convert the energy of radio waves into thermal energy in various layers of skin and subcutaneous tissue. Based on the number of electrodes, RF devices are classified as monopolar, bipolar, tripolar or multipolar.

The aim of this pilot study was to assess the safety and efficacy of combined face facial therapy using three technologies: IPL Smart Pulse, RF (MP) 2 and RF NanoFractional Smart Scan to allow us to compare results with CO2 laser in clinical studies in future. Pilot study presents excellent results of firming, rejuvenating, lightening the skin and reducing wrinkles with a small convalescence time. Synergistic stimulation of keratinocytes and fibroblasts at the postmodern reduction of pigment and vascular lesions allows for long-lasting, satisfactory results achieved after just one treatment. Nevertheless, according to the researchers' assessment, the described TriBella treatment protocol shows further research in a wider group of participants to confirm effectiveness. After the analysis of the pilot study, it can be unequivocally concluded that the therapy used is a great surgical alternative with a wide range of efficacy for people who do not want to decide on injection methods, as well as for those who want to apply the broadly understood anti-ageing prevention. The natural capabilities of the

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organism resulting from the immune response to microdamages caused by IPL light, radio waves or RF RF nanofractional are enhanced, which ensures long-lasting post-treatment results.

Biography

Magdalena Atta-Motte BSc, MSc, MPH, FRSPH Author of Number of publications in Cosmetology and Dermatology field with over 20 years' experience in the industry, Magdalena is a member of the British Medical Laser Association (BMLA), European Laser Aesthetic Member (ELA), Royal Society of Public Health Fellow and Society of Cosmetic Science (SCS). She is also an accredited lecturer at several academies and universities and she works as a international trainer and a Laser Protection Advisor (LPA)

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Air Pollution & Premature Aging



Dr. Rachna Singh

Dermanation Skin Clinic, India

Abstract

Skin aging process is due to Extrinsic factor as well as Intrinsic factor. Most common cause of Extrinsic factor is Sun. Recently Air pollution by traffic/factories/ is also responsible for premature aging. Therefore in prevention of premature aging Air pollution also considered

Biography

Dr. Rachna Singh has completed her MBBS and Masters in Dermatology from India and she did diploma in Botox and filler from London (UK). She is a Director of Dermanation.

Response of Laser in Toxic Melanoderma/Riehl'melanosis



Dr Seema Rani

Dr RMLH, PGIMER, New Delhi, India

Abstract

Toxic Melanoderma/Riehl'melanosis is a facial melanosis attributable to phototoxic reaction to skin contact with photoactive agents. Suspected cause could be tar derivatives, fragrances, cosmetics ingredients and drugs. It is characterized by reticulate pigmentation, typically presents as a gray-brown to black hyperpigmentation on the face and neck, may extend to the chest, scalp, and occasionally involves the hands and forearms. We successfully treated a case of Riehl' melanosis with Q switched Nd: YAG1064nm laser, which was recalcitrant to various systemic and topical treatments. Earlier studies have been found notable clinical improvements in the treatment of this condition for Intense Pulsed Light (IPL) and low-pulse energy 1,064-nm Q-switched (QS) Nd:YAG laser. We observed that Riehl's melanosis was effectively and safely treated with a low-pulse energy 1,064-nm QS Nd:YAG laser, especially in Indian population where there is chance of post inflammatory hyperpigmentation from excessive light or laser energy devices.

We report a case of 35 year female presented with bluish-grey pigmentation over face, neck, anterior chest arm and forearm for six months duration. There was preceding history of erythema and pruritus with subsequent interval hyperpigmentation developed over the skin lesions. There was no prior history of any drug intake, photosensitivity, trauma. She had history of henna application for ten year duration. Skin biopsy showed unremarkable epidermis, papillary dermis shows mild perivascular mononuclear cell infiltrate, melanin incontinence and few melanophages. She received various treatment in the form of dapsone, topical tacrolimus, hydroquinone and retinoid with mometasone mixed cream. Chemical peel with retinoic acid was done for 10-12 sittings with minimal improvement. Laser toning with Q switched Nd: YAG1064nm was given at 4 weeks interval at 2-3J/cm² spot size 6-8mm. Total 6 sittings were done with significant reduction of her pigmentation.

Can the Cream Replace the Lasers for the Melasma Removal?



Dinko Kaliterna

Poliderma Polyclinic, Croatia

Abstract

Melasma is a very common aesthetic problem which is sometimes very refractory to remove. Typically it gets worse during the summer and better during the winter. There are many different creams and treatments for melasma removal.

Melasma is not only the pigmentary disorder, but it is also a combination of the hyperpigmentation and capillaries. Under Wood lamp examination of the place of melasma, we saw an increased number of the capillaries. If we want to remove melasma successfully, we must also act on the capillaries in order to remove them. We should speak about vascular and nonvascular melasma according to the capillaries. Before the treatment, we must determine the type of melasma and adjust the therapy. We want to represent the creams based on the butylresorcinol for the melasma removal.

For the first time, there is a cream for vascular and nonvascular melasma. The butyl-resorcinol in combination with the tranexamic acid successfully removes capillaries also. The results are seen mostly after only 7 to 10 days of use and can be compared with the results of the Pico laser. It's very important that cream is suitable for any skin type and can be used during the summer.

Biography:

I was born on 10th of July, 1971 in Split/Croatia where I have finished Medical school. In 1990, I enrolled in School of Medicine, University of Zagreb and graduated at 1996. After that, I have worked 1 year as general practice doctor. In the army, I have spent 1 year as a doctor. After the army, I have spent 15 months working as a volunteer on the plastic surgeon department. My residency from dermatology started in Zagreb at 2000. and finished at 2004. During that time I have visited the best dermatological clinics in Europe to improve my education. Since that time I traveled all around the world to visit all congresses because of my education which is the most important in my job. I have opened my private clinic at 2004. which is the biggest dermatological clinic in my country and also well known. The first focus of my job is all dermatological problems and diseases, especially: skin cancers, skin moles, cosmetology, acne, psoriasis, neurodermatitis, ...

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The second focus of my job is noninvasive aesthetic procedures for the face and the body which includes: laser, radio frequency, and all other technologies. In my clinic, I use the latest technology and procedures. I handle almost all aesthetic procedures like all kind of scars, stretch marks, pigmentation, tattoo removal, wrinkles, body shaping, tightening of the skin, cellulite, reduce the stomach, skin veins, dark circles under the eyes and much more. My goal is to be first and use the latest technology. Since 2006, I work as the luminary for Alma lasers. I was one of the first who used and determined the parameters for Alma lasers: the ultrasoundlypolsis 2007, fractional radiofrequency 2007, 2009 fractional laser 1320nm, q switch neodymium with ktp laser and 2012. pulse dye technology.

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Effect of Green Tea Extract on the Extracellular Matrix of the Skin



Murat Turkoglu

Biota Laboratories R&D Center, Sancaktepe, Istanbul, Turkey

Abstract

The potential health benefits of green tea extract on the skin include: Protecting against ultraviolet radiation, improving wound healing, and cancer chemoprevention. An extract of *C. sinensis* was developed and tested chemically. The gene expression levels of selected enzymes in a human dermal fibroblast cell line treated with this phytoextract were determined. HAS-2, MMP-9 and elastase were studied. Gene expressions of the relevant enzymes and as control GAPDH were determined by RT-qPCR analysis. Green tea extract caused significant upregulation of HAS-2 gene expression ($p < 0.001$). The treatment resulted in significant downregulations of MMP-9 ($p = 0.011$) and elastase ($p < 0.001$). Green tea extract was found to have substantial anabolic effects on HA, collagen and elastin. The results obtained by this study may partially explain the molecular basis of the anti aging health benefits of *C. sinensis* on the skin.

Biography:

Prof. Dr. Murat Turkoglu is a Chemical Engineer and had M.Sc. and Ph.D. degrees in the area of cosmetic science and industrial pharmacy from the University of Cincinnati, College of Pharmacy, Ohio, USA. After serving as a university professor for more than 20 years, currently he is in charge of Biota R&D Center for the development of new natural cosmetics and food supplements.

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Fire and Ice: Punch and Blast Combination Regime for Fat Reduction in the Indian Context



Dr. Amarendra .Pandey

Consultant Aesthetic Dermatologist And Laser Surgeon, Medical And Managing Director Pandey Hospitals Pvt Ltd And Cosmeasure, India

Abstract

This Study Aims At Presenting A Definite Protocol In Indians For Targeted Fat Reduction And Body Shaping(Contouring) Using Non Invasive Methods Like Cryolipolysis, Multipolar RF, Ultrasound Energy And Ultracavitation In The Indian Context Where Truncal Obesity Is A Huge Problem We discuss Treatment Regimens And Protocols And Also Provide An In-depth Analysis On Candidate selection And Areas To Treat .the unit used has all the four aforesaid mentioned energy sources and have been used on more than 50 patients of various BMI in this study

Biography:

Dr. Amarendra Pandey Has Received His Post Graduate Education In Dermatology And Venereology After Which He Received International Hands-On Training At L.A. (U.S.A) & Georgetown (W.I) Just To Name A Few. He Is Also Registered And Qualified To Practice In Guyana, West Indies. He Has Been An Invited Faculty, Trainer And Speaker At Multiple National Conferences And Meets He Specializes In The Latest Techniques In aesthetic dermatology .

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Lasers, Lights and Related Technologies in Cosmetic Dermatology

Dr. T A Rana

Senior Consultant Dermatologist, Skin Laser Institute, India

Abstract

Lasers have been widely used in dermatology for almost 50 years. Selective targeting of the skin chromophores allowed practitioners to treat many skin condition which were difficult or had no available treatment until introduction of selective photothermolysis in the early 1980s. The demand for laser surgery has increased substantially in the past few years. Refinements in laser technology have provided patients and dermatologists with more therapeutic choices and improved clinical results. Innovations have allowed the range of conditions and the skin types suitable to treatment, including vascular and pigmented lesions, scars, tattoos, improvement of photoaging, and hair removal. More recently, fractionated laser devices were developed which contributed to higher efficacy and safety especially for higher skin types. We present the basic concepts of lasers and tissue optics and also the different laser types, which are classified according to their tissue target and tissue interactions, such as vascular, pigment, photoepilation, and resurfacing lasers. Non-laser technologies, such as intense pulsed light, radio frequency, ultrasound, and cryolipolysis, are also discussed

Keywords

Laser, Radio frequency, Photothermolysis , Intense pulsed light, Tissue interaction, Wavelength , Ultrasound, Light amplification, Fluence, Stimulated emission

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White/Grey Hair Reduction Using a Usfda Approved Diode and Fr Mode Of a Q Switched Nd Yag using the Carbon Atom Dye as an Artificial Chromophore and Lhr in Indian Skin (Type III – V) Using An 810 Diode



Dr. Amarendra .Pandey

Consultant Aesthetic Dermatologist And Laser Surgeon, Medical And Managing Director Pandey Hospitals Pvt Ltd And Cosmeasure, India

Abstract

Hair removal is an ambiguous term, as the patients believe 100 % hair will be gone, but even in the best candidate with fair skin tone and dark hair this is not usually possible. US-FDA defines it as stable decrease in the number of terminal hairs for a period longer than the complete hair cycle at a given site following a treatment regime, which may include multiple sessions. Graying/lightening of hair either physiological or pathological poses a challenge.

In this study we attempt to understand the possibilities for using a laser like diode 810 nm alongside the free running (micro second pulse) of a nano second q switched nd yag laser in white hair reduction while using an artificial chromophore to act as the target .

Grey hair caused by depletion of melanocyte stem cell and gradual reduction in the number of pigment producing melanocytes and senile white hair has absence of tyrosinase activity which makes it difficult to target and thereby hampers in the treatment by hair reduction Lasers.

We also give a detailed analysis of how to deal with LHR in skin of colour Fp type III to VI with minimal side effects

Biography:

Dr. Amarendra Pandey has received his post graduate education in Dermatology and Venereology after which he received international hands-on training at L.A. (U.S.A) & Georgetown (W.I) just to name a few. He is also registered and qualified to practice in Guyana, West Indies. He has been an invited faculty, trainer and speaker at multiple national conferences and meets. He specializes in the latest techniques in aesthetic dermatology .

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PRP(Platelet Rich Plasma) & PPP Role in Androgenetic Alopecia



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Abstract

WHair loss has a significant influence on psychological distress and is associated with low self-esteem and depression. Treatment options for androgenic alopecia are very limited and include topical minoxidil and oral finasteride (FDA approved) either alone or in combination

However, there are several reported side effects such as headache and increase in other body hairs for minoxidil whereas loss of libido has been reported with oral finasteride. Finasteride also interferes with genital development in a male fetus and is contraindicated in pregnant women and those likely to become pregnant. PRP contains high concentrations of over 20 growth factors that are actively secreted from the α -granules of platelets. (Among those thought to stimulate hair regrowth are platelet-derived growth factor, transforming growth factor, vascular endothelial growth factor (VEGF), epidermal growth factor, fibroblast growth factor, connective tissue growth factor, and insulin-like growth factor IGF-1) PRP has already attracted attention in plastic surgery, orthopaedic surgery and cardiac surgery ,we study the role of platelet rich plasma and platelet poor plasma in treatment ofAGA in borh males and females

Biography:

Dr. Amarendra Pandey Has Received His Post Graduate Education In Dermatology And Venereology After Which He Received International Hands-On Training At L.A. (U.S.A) & Georgetown (W.I) Just To Name A Few. He Is Also Registered And Qualified To Practice In Guyana, West Indies. He Has Been An Invited Faculty, Trainer And Speaker At Multiple National Conferences And Meets He Specializes In The Latest Techniques In aesthetic dermatology .

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Mesolift; Evidence Based Medicine & Therapeutic Protocols



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Canadian Board of Aesthetic Medicine, Certified Instructor.

Abstract

Introduction : In Mesorejuvenation, it is expected to achieve excellent results by considering active substances in protocols which are scheduled, based on skin type, pathology, age, photoaging stage and lifestyle. Scientific evidence, clinical experience, patient's value & Expectations are the principles of EBM. In Mesolift EBM can guide physicians to this concept:

WHAT IS SKIN SAYING?

Normal, Dryness, Roughness, Greasy, Acne, Scar, Dermatitis, Sensitive & Melasma.

It May be needs evaluation by SLEB, Skin Analyzer, Dermatoscope.

Firstly, prepare the skin, treat pathology, hydration, then plan sessions of Mesorejuvenation.

Methods : Review Articles , Professional Aesthetic Practice by EBM .

Result : Dr.ELSA Proposes therapeutic protocols according evidence based medicine ,are classified by Skin type & Pathology with explanations of treatment, Supplement, Lab Test, Mesotherapy & Combination therapy.

- *Normal to dry & very dry skin* : Skincare , Dermoelectroporation, Epidermis & Dermis Hydration , oral consumption of Vits A,B,C,E & Do TFFest. Mesotherapy components include DMAE, Hyaluronic , D-panthenol, Silorg ,SOD,Vits ABCE & spong ;Combinated by Hyaluronic serum ,Ucerin cream & Cellur water spray .

- *Greasy, Acnosis, Seboretic* : Skincare , Microdermabrasion , AB therapy , Dezan, UVtherapy , oral consumption of Vits ABCEH & B6, Zinc & Selenium . Mesotherapy components include Salicylic, Azelaic & Mandelic acids, Zinc, Vits A,B5,H ; Combinated by IPL ,Clay mask & AntiBiotic ,Green tea tree & Propolis extract .

- *Sensitive Skin* : Skincare, Electroporation ,Hydration ,Reduce Inflammation , oral consumption of Vits ABCE(B,E) . Mesotherapy components include H.A , D-panthenol, Vits A,C,B1,2,3,5,6 ,

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Glucyrrhetic, Chamomil, Bisabolol & Allantoin; Combined by VitE serum, Spirulin & AloeVera extract.

- *Melasma, Freckle* : Skincare, Electroportion, Hydration, oral consumption of Melatonin Gluthation, Minerals, Vits ABCE; Do TFFest & Sex Hormon testes. Mesotherapy components include Gluthation, NAC, SOD, Folic acid, kojic acid, Arbutin, Vits C,E, B8, H.A, D-panthenol & DAME; Combined by PDL & Q-Switch.

- *Acne Scar, Prone, Steria* : Skincare, Microdermabrasion, Hydration, Reduce Inflammation; oral consumption of Q10, VitC, Collagen, Gluthation, Minerals. Mesotherapy components include Vits ABCE (B2,12), H.A, D-panthenol, DAME, Pyruvate & L-carnitin; Combined by Microneedling, Subcision & Carboxytherapy.

Mesolift - Mesoglow

Active substances are categorized in 7 following groups :

- Carrier solutions : Procaine, Lidocaine, NACL, Conjonctyl
- Biostimulants: HA, Na-DNA, Collagen, Elastin, Glycolic, Retinol
- Stem cell Activator : Growth factor such IGF1, bFGF, VEGF, TGF-B1
- Herbal Remedies : Ginkgobiloba, Centella asiatica, Spirulin
- Vitamins : ABCE, Provit5
- Building Blocks for Protein Synthesis: Aminoacids, Co-Q10, Gluthation, Pyruvate
- Regulation of muscle tone : POM, Argireline, DMAE

Autologous cell Therapy: Treatment of the dermis with cultured autologous fibroblasts can restore the population of fibroblasts that are reduced as a result of photodamage, aging, and scarring.

Conclusion: Enough HA concentration, Hydration & Skin Balancing are the key roles in efectiv Mesorejuvenation, also essential for fibroblasts activation & activity in cell Therapy .

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Biography:

Dr Elham Sadeghzadeh ;Dr.ELSA : has completed her MD at the age of 25 years from Qazvin University of Medical sciences, Iran. She is Medical Workshop Lecturer and practical training in Mesotherapy specially Dark Eye Circle for physicians who practice in Aesthetics field and Manager of Bright Beauty Clinic, Do Cosmetic Procedure , Skincare, Beauty and Laser. She invents new techniques for Mesotherapy of Dark Eye Circle & Enhance naturally of crows lips by filler injection; also presents Therapeutic Protocols in Mesorejuvenation, based on skin pathology; Clinical Medicine Researcher in Investigation Core Skin and Stem Cell research centre. She has published 7 papers in reputed journals & Congress.

Scalp Threading with Polydioxanone Monofilament Threads: A Novel, Effective and Safe Modality for Hair Restoration

Jyothirmay

Abstract

Background: Male androgenetic alopecia (AGA) suffers from the problem of limited therapeutic options, inadequacy of results with medical therapy, and patients' reluctance for hair transplantation. Polydioxanone (PDO) threads have emerged as a popular procedure for non-surgical face lift. Based upon the similarity in the mechanism of action of PDO threads and microneedling, which has been trial-proven as a hair growth stimulator, we performed PDO thread treatment in 5 male AGA patients.

Methods: Five male patients of AGA with unsatisfactory response to 18-months of medical therapy, were included after counseling and consent. Under topical anaesthesia, multiple monofilament PDO threads were inserted in the scalp using needles, with 1-cm spacing. Post-procedure care included oral antibiotics. Follow-up was done at week 2, 6 weeks and 12. Efficacy evaluation was done by Global Photographic Improvement (GPI), comparison of the trichoscopic hair follicular count (HFU) in a fixed target area, and patient satisfaction on Visual Analogue Score (VAS) ranging from 1-10.

Results: At 12 weeks, all patients had appreciable improvement, with a GPI of 40-75%. While the trichoscopic HFU count increment ranged from 48 HFU/cm² to 93 HFU/cm², patient satisfaction was also good with VAS ranging from 4-8. No significant adverse effects were encountered.

Conclusion: The results of this pilot study suggest scalp threading as a novel, effective and safe option for hair restoration. Owing to the limitations of this study including small sample size, limited follow-up period, and lack of histological analysis, these results warrant further validation in controlled trials with larger sample size.

Keywords:

Androgenetic alopecia, thread lift, polydioxanone, hair restoration, microneedling, PDO

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Periorbital Rejuvenation Guideline for Local Anesthesia in Use of Injectable Fillers in Use of Injectable Fillers in Periorbital

Dr T A Rana

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Abstract

Region : - Historically aneesthesia protocol constituted the pre-treatment part of the injecting regimen. Recently some physicians have started to combine anesthesia such as lido cain with injectable dermal fillers itself. The combined solution of dermal fillers and anesthesia is administer together.

Nerve Blocks: - Nerve blocks total anesthesia to the area being treated by anesthetizing the main trunk of nerve. In tissue infiltration aneesthesia is injected just below the skin in the surrounding area that is to be treated with dermal filler.

Physical Aids: - Physical aids include vibration icing and cooling (Zimmer Chiller) provide a temporary aneesthetic condition so that the pain of injection is somewhat mitigated.

Environmental Aids: - Finally, environmental aspect can be modulated so that anxieties of the patient are lessened. These include listen music and talking softly (talkesthesia) with patient throughout the injection period.

Treatment Supplies For Dermal Fillers Injection: - protocols for pre treatment aneesthesia & dermal fillers. 27G 1 ¼ inch and ½ inch needles. 30 G 1-inch or 27 G 1 ¼ inch or ½ inch needle for numbering. Non-latex-Gloves , Mirror , 4*4 or 3*3 gauze pads , Sharps container , camera for before and after photos , signed consent form , white eyeliner pencil for marking and alcohol pads for cleansing area.

Injection Technique For Facial Beauty :- The technique focus on trying to decipher objective parameters in creating a template to maximize each individual's facial beauty. The technique offered is personal and as is evidence below not a unique concept. It in no way represents the best or sole method to non-surgically release the patient's facial beauty potential.

Injection Techniques :- Kane's Technique – After evaluation and marking of the tear through topical anesthetic ointment is applied to lower eyelids at least 30 minutes before the injection. After preparation of skin with alcohol a 30 or 32 gauge needle is inserted for injection . the skin of the lower lid is spread and held at some tension with non injection hands. the skin is inspected carefully for visible vessels before catching needle stick. The deepest portion of the middle tear trough is treated first the needle is threaded below the surface of the skin above orbicularis oculi. The parallel threads of the filler are injected cephalad and caudal to the tear trough. At least the junction of the middle and

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lateral 3rd of the inferior of the rim. If the tear trough is deep the direction of the middle if change throughout the injection so taht the filler is applied to cross has fashion. Stuntman And Codner Technique – after the marking confirmed by the patient , HA in injected deep in the pre-periosteal plane, to reduce visibility of the product. The HA is palced beneath the insertion of the middle orbicularis muscle at the maxilla and continues laterally needle with care not to inject super facial. A variety of HA injection technique may be utilized depending on the indications including antigrade or retrograde. Liner threading , serial puncture , crosshatching , sub cutaneous and epi-periosteal. In tear through region inject along the inferior orbital rim in pre-periosteal plan and massage the area. The Kenneth and Samantha steinsapir technique. The goal was to place allquots of filler in the pre-periosteal tissues just inferior to the orbital rim. The bony orbital rim is free of signifiv=cant vascular structures from the base of the anterior lacrimal crest to the lateral canthal tendon. The filler was introduced by using a serial puncture technique. The orbital rim was digitally palpated and needle rotated so that the bevel was pararallel to the skin an advanced to flush on the periosteum.

Key Point For Tear Trough Injection :- Low – viscosity HA can be safely injected to correct tear trough deformity. High- viscosity HA and non-biodegradable agents should not be injected in the tear trough. Injection must be at a supra-periosteal level of the orbital rim under defect. One should be cautious around the infraorbital foramen. The HA filler should be gently massaged for even distribution strong massage should be avoided. Over correction should be avoided HA is hydrophilic and may cause a swelling due to its properties of attraction water. There is a study which shows that HA can also cause stimulation of de novo production of collagen. Hence it is best to under correction the tear trough area to prevent bulges under the eye. A touch can always be done if necessary when the patient comes for a follow up.

Post Procedure Care :- Face down sleeping should be avoided. Refrain from strenuous activite for one or two days. Apply ice periodically for 24 hrs to 48 hrs. If any correction for touch up, call after one week. If any plane lumpiness in treated area , give the finger massage itself.

Conclusions :- Tear trough deformity can be corrected with an HA filler. It is less invasive and there may be minimal downtime due to swelling and bruising. The volume injected varies from patient to patient and over correction should be avoided. Better results will be achieved if the patient is reassessed in two or four weeks and then additional treatment is performed to achieve complete correction. Care should be taken to avoid injection through the orbital septum , to avoid accentuating pseudo herniation.

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Challenges in Treating Atrophic Acne Scars In the Skin of Color

Uzma Pirzada

Elements Medispa, Pakistan

Abstract

Treating Atrophic acne scars in the patients with skin of color becomes challenging at times as patients may end up in Post inflammatory hyperpigmentation if treated aggressively. Clinical procedures including Peels, lasers, Microneedling with lightening serums, subcision and PRP are the various modalities used to treat the atrophic acne scars. Care has to be exercised in using these modalities as aggressive treatments might result into Post inflammatory hyperpigmentation.

Here I discuss 2 of my patients with different shades of skin color, using Microneedling and PRP to treat the atrophic acne scars. See the difference of result in both the patients.

Biography:

Dr Uzma Pirzada is a trained Dermatologist and Cosmetologist from Pakistan Dow University of Health Sciences Karachi and post graduate studies from Wales University, UK. She is a Consultant Dermatologist at Elements Medi Spa Karachi and the Internal Expert of Dermatology for GSK Pakistan. She has special interest in the treatment of Melasma and PIH in the skin of color. She is a member of American Academy of Aesthetic Medicine and Pakistan Association of Dermatologists. She is a writer of National Guidelines in the uses of Photodynamic Therapy. She is a Speaker in multiple National and international congresses.

On Using a Mobile Application to Support Teledermatology

Juan Pablo Sáenz

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Abstract

The use of mobile applications in dermatology to support remote diagnosis is gaining acceptance, particularly in rural areas, where dermatology services are commonly managed by healthcare personnel with no specialty training. Moreover, ontologies—sets of concepts that represent knowledge in a given domain—are increasingly being used to support medical diagnosis. A specific case is ONTODerm: an ontology to aid dermatological diagnosis. However, there is little information on the combined use of mobile applications and ontologies as support solutions in dermatology. Objective. Assessing the reliability of ONTODerm as a tool to support remote dermatological diagnosis when used together with a mobile dermatological application in underprivileged areas. Methods. A mobile application that allows characterization of skin lesions was developed, and the information about the lesions was sent to ONTODerm. An exploratory study was conducted in a remote area without access to a dermatologist. A total of 64 dermatological queries were recorded in the application and consulted with ONTODerm. Later, an experienced dermatologist evaluated the characterization and diagnosis of each query to determine the accuracy of the system. Results. The results showed that the probability of obtaining a correct diagnosis was between 64.4% and 85.6% with a confidence interval of 95%. A higher accuracy rate was obtained when the skin lesion occurred on the face or when its border was categorized as poorly demarcated. Conclusions. This study demonstrates the implementation of a teledermatology strategy based on mobile applications and domain ontology-driven knowledge base to provide timely assistance to healthcare professionals. This approach was found to be pertinent in the Colombian rural context, particularly in forest regions, where dermatology specialists are not available. The results of this article do not represent a final validation of the proposed approach; they suggest how the ontology can be improved to effectively support medical staff in marginalized regions.

Efficacy of Immunotherapy in Patients with Metastatic Mucosal or Uveal Melanoma

Claire Mignard

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Abstract

The objective was to assess the response rate and survival of patients with metastatic Mucosal Melanoma (MM) and Uveal Melanoma (UM) treated with anti-CTLA-4 or anti-PD-1 monoclonal antibodies (mAbs). Methods. A multicenter retrospective study was performed in 25 dermatology departments in France. All patients with stage III-C to IV MM or UM who were treated with anti-CTLA-4 or anti-PD-1 mAbs between 2008 and 2016 were included and compared after adjustment for main prognostic factors with a second cohort of patients treated with chemotherapy. Tumor response was evaluated according to RECIST v. 1.1 criteria at Week 12. Results. Four-hundred-and-thirty-nine patients were included, 229 MM (151 immunotherapy, 78 chemotherapy) and 210 UM (100 immunotherapy, 110 chemotherapy). Response rates of MM patients treated with immunotherapy were 18/151 (11.9%; 95% CI:7.2%-18.2%), versus 11/78 (14.1%, 95% CI:7.3%-23.8%) in patients treated with chemotherapy ($p=0.87$). No tumor response was observed in UM patients treated with immunotherapy, versus 4/110 responses (3.6%, 95% CI:1.0-9.0%) in patients treated with chemotherapy ($p=0.15$). The adjusted Overall Survival (OS) of MM patients treated with immunotherapy was longer than that of patients treated with chemotherapy HR=0.62 (95% CI: 0.43-0.91), $p=0.014$, with an unadjusted median OS of 15.97 months [Interquartile Range (IQR)=6.89-27.11] and 8.82 months [IQR=5.02-14.92], respectively. The adjusted OS of UM patients treated with immunotherapy was not significantly different from that of patients treated with chemotherapy (HR=0.98, 95% CI: 0.66–1.44) $p=0.92$, with an unadjusted median OS of 13.38 months [IQR=6.03-29.57] and 11.02 months [IQR=6.13-23.93], respectively. Conclusion. Immunotherapy significantly improves OS for MM. The prognosis of metastatic UM remains poor.

Prevalence of Pruritus in Cutaneous Lupus Erythematosus: Brief Report of a Multicenter, Multinational Cross-Sectional Study

Adam Reich

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Abstract

P Pruritus is an important symptom frequently accompanying various inflammatory skin conditions. Some recent data have indicated that it may also be associated with autoimmune connective tissue diseases, including systemic sclerosis and dermatomyositis; however, studies on the prevalence and clinical characteristics of pruritus in CLE are limited. We have performed a multinational, prospective, cross-sectional study in order to assess the prevalence and intensity of pruritus in adult patients suffering from various subtypes of CLE. After developing a questionnaire assessing various aspects of pruritus, we have surveyed 567 patients with cutaneous involvement during the course of LE regarding the presence and intensity of pruritus. Pruritus was present in 425 of all patients and was most frequently reported by subjects with acute CLE followed by chronic CLE subacute CLE and intermittent CLE Based on the Numerical Rating Scale, the severity of itch was mild, moderate, and severe in 264 and 63 patients, respectively. The highest mean pruritus intensity was reported by subjects with hypertrophic LE (points) followed by generalized discoid LE (points), subacute CLE (points), chilblain LE (points), localized discoid LE (points), intermittent CLE (points), acute CLE (points), and lupus erythematosus profundus (points). In conclusion, pruritus is a frequent phenomenon in CLE; however, in most patients it is of mild severity. Further studies are needed to better characterize its clinical characteristics and influence on patients' well-being.

Pravastatin-Induced Eczematous Eruption Mimicking Psoriasis

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Abstract

Statins, an example of the most commonly prescribed medications to the elderly, are not without side effects. Dermatologic events are often overlooked as arising from medications, particularly those which are taken chronically. Moreover, elderly patients are prone to pharmacologic interactions due to multiple medications. In this report, we describe a case of a statin-induced eczematous dermatitis with a psoriasis-like clinical presentation and review the skin manifestations that may arise from statin therapy. Case Presentation. An 82-year-old man with gout and hypercholesterolemia presented to dermatology clinic with new onset of pruritic, scaly erythematous plaques bilaterally on the extensor surfaces of his arms. He had never had similar lesions before. Despite various topical and systemic treatments over several months, the rash continued to evolve. The patient was then advised to discontinue his long-term statin, which led to gradual resolution of his symptoms. He was subsequently diagnosed with statin-induced eczematous dermatitis. Conclusions. This case report describes an adverse cutaneous reaction to statins that is rarely reported in the literature. Medications, including longstanding therapies, should be suspected in cases of refractory dermatologic lesions.

Vitiligo Appearing after Oral Isotretinoin Therapy for Acne

Amal A. Kokandi

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Abstract

Isotretinoin is an effective therapy for severe acne. It has the best influence on the health-related quality of life in acne patients. Some side effects of isotretinoin are well known and predictable such as cheilitis and xerosis. Other side effects are known but less common such as hyperlipidemia. It is a known teratogenic medication and is contraindicated in pregnancy. Several other side effects are reported but less commonly.

Depressive symptoms and suicidal ideation are other issues for the use of isotretinoin. Vitiligo is an autoimmune disease of the skin and is thought to be of multifactorial causation. Vitiligo patients have high prevalence of other autoimmune diseases. Thyroid function tests and thyroid autoantibodies might be used for screening for vitiligo patients.

Here we report a case of vitiligo appearing after isotretinoin therapy. It is unknown whether this was a side effect of oral isotretinoin therapy or a coincidence.

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Factors Influencing Patient Decisions Regarding Treatments for Skin Growths

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Abstract

Variations in treatment modalities for skin growths contribute substantially to overall healthcare spending within dermatology. However, little is known regarding factors impacting patient decision-making when choosing a treatment modality. In this survey-based, cross-sectional study (n = 375, 81.9% response rate), we asked patients to rate the importance of different treatment parameters for a nonfacial skin growth, further classified into five domains: efficacy, appearance, financial impact, visit duration, and productivity. Although patients generally prioritized treatment efficacy when selecting a treatment modality, they emphasized different aspects of the treatment experience as a function of age, gender, race, insurance status, and history of malignancy. Patients over age 50 were less likely to consider treatment impact on finances as being “important”, but more so efficacy and visit duration. Women were more likely to value efficacy and appearance. Patients without private insurance were more likely to cite efficacy and impact on productivity as being “important”. While the underlying reasons for these variations differ across patients, these findings help explain variations in treatment selection among patients choosing between treatments for skin growths and may ultimately lead to improved shared decision-making.

The Effects of Acupuncture Combined with Auricular Acupressure in the Treatment of Chloasma

Yu Xiang

Guangzhou University of Chinese Medicine, China

Abstract

To investigate the effectiveness of acupuncture combined with auricular acupressure in chloasma treatment. Methods. A prospective, randomized controlled assessor-blind clinical trial was performed and 135 patients were assigned into acupuncture combined with auricular acupressure acupuncture and control groups, each with 45 patients. For groups A and B, body and facial acupuncture were applied for 2 months. For group A, auricular acupressure was applied concomitantly. For group C, vitamins C and E were prescribed for 3 months. Primary outcome measure was the therapeutic effects while secondary outcome measure was safety evaluation. Results. The total effective rate was 95.6%, 91.1%, and 75.6% for groups A, B, and C (between groups A and C; between groups B and C). The posttreatment estradiol levels in groups A and B were significantly decreased while the progesterone (P₄) levels were significantly increased compared to pretreatment (and , resp.). The differences were significant compared to group C (and , resp.). No adverse events occurred. Conclusion. Acupuncture combined with auricular acupressure could significantly increase the therapeutic effect of chloasma treatment and could be better than vitamins C and E.

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Decolonization of Staphylococcus Aureus in Healthcare

Drew Kuraitis

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Abstract

The bacterium *Staphylococcus aureus* is responsible for significant morbidity, mortality, and financial burden in healthcare. It easily colonizes susceptible patients and can cause recurrent infections, especially in populations at risk. In addition to treating sequelae of infections, there is a growing body of literature aimed at decolonizing susceptible patients in order to prevent infection and also to prevent spread. Such strategies are widely employed in surgical, intensive care, and hospitalist fields. *Staphylococcus aureus* involvement has been implicated in the pathogenesis and persistence of many dermatologic diseases that are treated in the outpatient setting. This review serves to summarize current evidence for the management of *Staphylococcus aureus* colonized patients, as well as the evidence available for decolonization. We further characterize the role that colonization may play in atopic dermatitis, recurrent infections, hand eczema, cutaneous T-cell lymphoma, and also in surgical infections after Mohs surgery.

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The Use of Adipose-Derived Stem Cells in Selected Skin Diseases (Vitiligo, Alopecia, and Nonhealing Wounds)

Agnieszka Owczarczyk-Saczonek

University of Warmia and Mazury in Olsztyn, Poland

Abstract

Brown and white adipose tissue is a source of mesenchymal stem cells, specifically Adipose-Derived Stem Cells (ADSCs). It is an inexpensive, unlimited reservoir of stem cells. From 300 ml of adipose tissue, $2-3 \times 10^8$ ADSCs can be obtained. This is between 100 and 1000 times more than the mesenchymal stem cells from the bone marrow. In addition, they can be easily obtained with no ethical dilemmas pertaining to their use. Moreover, the high content of ADSCs in adipose tissue precludes the need for long in vitro culture, which reduces the risk of chromosomal abnormalities.

Experience with Treating Lentigo Maligna with Definitive Radiotherapy

Alex Economides

Melanoma Institute, Australia

Abstract

Lentigo Maligna (LM) is a form of melanoma in situ that occurs on exposed, sun-damaged skin; LM can progress to invasive melanoma. Conventional surgical treatment is the preferred management option as it is usually a one-treatment episode and generates a histopathology report that records completion of excision. Some patients may not be surgical candidates due to comorbidities, patient preference, impact on function, and cosmesis or they have failed surgery with a positive margin. Other therapies, including radiotherapy (RT) and topical medicines, may then become appropriate. There is a currently accruing multi-institutional randomized trial of imiquimod versus definitive RT for this population (NCT02394132). This review is about the experience from the centre that has generated the trial and enrolled the most patients to date. The purpose of the review is to pass on experience to other centers who may want to join the trial, especially to supplement the experience of local radiation oncologists. The review covers decisions that need to be made in RT planning and treatment and how to manage side effects and other common scenarios including LM in immunosuppressed patients and in poorly vascularised tissue, after surgery, of the eyelid and of mucous membrane (mouth and nose) that are in the radiation field.

A Newly Authenticated Compound from Traditional Chinese Medicine Decoction Induces Melanogenesis in B16-F10 Cells by Increasing Tyrosinase Activity

Li Yun Sun

East China University of Science and Technology, China

Abstract

Vitiligo is a kind of skin dysfunction on melanogenesis. The highly prevalent, chronic, and distinctive complexion changes on patients have imposed enormous psychic and economic burden on both individuals and society. Traditional Chinese Medicine (TCM) is a kind of precious source on chronic disease treatment, including skin dysfunctional diseases. In our previous study, a new compound named apigenin-7-butylene glucoside has been authenticated and purified from a prescription of Chinese traditional medicine formula which has been used clinically in vitiligo treatment. The aim of this work is to evaluate the effects of this compound on melanogenesis using melanoma cell B16-F10 in vitro. The results showed that apigenin-7-butylene glucoside had almost no cytotoxicity on B16-F10 cells within a lower dose of 5.0 μg and enhanced the melanin level to about 41% and tyrosinase activity to 1.32-fold when compared with controls. The compound showed minor cytotoxicity to B16-F10 cells at the higher concentration of 10 μg and 50 μg , the inhibition rate was 8.4% and 11.8%, and the melanin level and tyrosinase activity showed a decreased trend because of the lower cell number at the higher concentrations. The results indicated that apigenin-7-butylene glucoside was safe to B16-F10 cells within a lower concentration, <5.0 μg . Incubated with 5.0 μg of apigenin-7-butylene glucoside for 48 hours, the mRNA and protein levels of Tyr, Trp-1, and Trp-2 genes were all increased except Mitf in B16-F10 cells. The stimulation of apigenin-7-butylene glucoside on melanogenesis of B16-F10 cells through Tyr, Trp-1, and Trp-2 pathway highlighted the potential usage of the compound in vitiligo treatment.

Autologous Fat Grafting in the Treatment of Facial Scleroderma

Nikoo Mozafari

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Abstract

Systemic sclerosis (SSc) is a rare systemic autoimmune disease, characterized by progressive cutaneous and internal organ fibrosis. Orofacial manifestations of systemic sclerosis are extremely disabling and treatment options are limited. In this study, we aimed to assess the safety and efficacy of autologous fat grafting in the face of patients with systemic sclerosis. We enrolled 16 SSc patients suffering from facial sclerosis and limited mouth opening capacity. Autologous fat injection ranging from 15 to 40 ml was administered per patient, based on their face morphology. The patients were evaluated at baseline and 3 months after fat injection. Evaluations included mouth opening capacity, mouth handicap in systemic sclerosis (MHIS), Rodnan skin sclerosis score, skin biophysical properties using a sensitive biometrologic device with the assessment of cutaneous resonance running time (CRRT), volumizing and aesthetic effects based on pre- and posttreatment photographs, possible side effects, and global patient satisfaction. Clinical assessment showed autologous fat transfer significantly improved mouth opening capacity and the MHIS and Rodnan score of patients with facial scleroderma (p value <.001). The aesthetic and/or functional results of fat injection were satisfying to about 80% of the patients. The changes in CRRT values were not significant. Our findings support the possible therapeutic role of autologous fat grafting in improving facial scleroderma both in aesthetic and in functional aspects. This trial is registered with IRCT20180209038677N1.

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Surgical Treatment with Locoregional Flap for the Nose

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Abstract

Non Melanotic Skin Cancers (NMSCs) are the most frequent of all neoplasms and nasal pyramid represents the most common site for the presentation of such cutaneous malignancies, particularly in sun-exposed areas: ala, dorsum, and tip. Multiple options exist to restore functional and aesthetic integrity after skin loss for oncological reasons; nevertheless, the management of nasal defects can be often challenging and the best “reconstruction” is still to be found. In this study, we retrospectively reviewed a total of 310 patients who presented to our Department of Plastic and Reconstructive Surgery for postoncological nasal reconstruction between January 2011 and January 2016. Nasal region was classified into 3 groups according to the anatomical zones affected by the lesion: proximal, middle, and distal third. We included an additional fourth group for complex defects involving more than one subunit. Reconstruction with loco regional flaps was performed in all cases. Radical tumor control and a satisfactory aesthetic and functional result are the primary goals for the reconstructive surgeon. Despite tremendous technical enhancements in nasal reconstruction techniques, optimal results are usually obtained when “like is used to repair like.” Accurate evaluation of the patients clinical condition and local defect should be always considered in order to select the best surgical option.

