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Scientific Tracks & Abstracts

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**Deeptara Pathak Thapa**, Nepal Medical College and Teaching Hospital, Nepal
Glucocorticoid-induced osteoporosis: What's new?

Farrokh Khosravi and Reza F Ghohestani
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Glucocorticoid-induced osteoporosis (GIO) is one of the most challenging health issues in the aged population. Up to fifty percent of chronic glucocorticoid-treated patients will experience at least one osteoporosis-related fracture. Any attempt to prevent GIO will significantly decrease patients' morbidity and mortality. Novel drugs have been recently developed for preventing and/or treating GIO. New methods of detection, prevention and treatment of GIO will be discussed in this talk.

Biography

Farrokh Khosravi has completed his fellowship of Rheumatology at the age of 38 years from Shiraz University. He is a part-time Assistant Professor of Medicine. His field of interest is autoimmune skin disease and has published papers in fields of Behcet's disease and Multicentric Reticulohistiocytosis in reputed journals and served as a reviewer for Journal of Hormozgan University of Medical Sciences.

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Behcet’s disease: An overview and an update

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Behcet’s disease is an inflammatory disorder characterized by multiple system involvements. Oral ulcer is the major clinical finding and diagnostic criteria of the disease. As recurrent aphthous stomatitis affects 10% of the general population, we should keep in mind Behcet’s disease in the differential diagnosis. Its prevalence is higher in the countries that ancient Silk Road had passed through once upon a time. The lower incidence seen in the people who migrated from these areas suggests not only genetical factors but also environmental factors play roles for the disease.

There is no pathognomic or sensitive test for diagnosing Behcet’s disease. Even histopathology is not useful. Diagnosis relies on clinical findings. According to International Study Group 1990, recurrent oral ulcers is mandatory for diagnosis and two of the other clinical findings (recurrent genital ulcers, eye lesions, skin lesions and positive pathergy test) must be present. Not only dermatologists and ophthalmologists, but also other specialists should take part in management of these patients because cardiovascular, neurological, gastrointestinal and musculoskeletal systems may all be involved.

None of the treatments result in a cure of the disease. The aim of the treatment is to prevent irreversible damages during active early phase of the disease and to prevent exacerbations of mucocutaneous and joint involvement, usually not causing damage but affecting quality of life. The choice of the treatment mainly depends on the involvement place of the disease. European League Against Rheumatism (EULAR) published evidence based recommendations related to the eye, skin-mucosa disease and arthritis.

Biography

Luna Tanrikulu has completed her medical degree in Hacettepe University Faculty of Medicine in 1998 and her dermatology residency in Ondokuz Mayis University in 2002. She studied with Behcet’s disease patients for her thesis. She has been working in Zekai Tahir Burak’s Women Health Training and Research Hospital as a consultant dermatologist since 2003. She is aiming to complete her Ph.D. degree for “Basic Biotechnology” in Ankara University in 2015. Dr. Tanrikulu has published many interesting international and national papers since 1993.

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Three-dimensional insights into dermal tissue as a cue for cellular behavior

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Scar formation after injury is a big problem, which influences the skin function and esthetic appearances. Recent researchers have hinted many directions, one of which has shown that scar formation is related to the loss of integrity in dermal tissues. The structure of dermal tissue, which contains mostly collagen, is not only crucial for the mechanical stability of skin, but also acts as a dermal template, providing contact guidance for regulating cell behavior and restoring normal structure and function to skin that has been damaged by injury. These findings suggest a series of questions. How does contact guidance regulate cell behavior? What is the three-dimensional (3D) architecture of the dermal tissue? How does the native 3D architecture influence cell behavior in vivo? In this paper, combing our recent researches, we will review the recent advances in this field, that is, the phenomenon of contact guidance and explore the possible mechanism behind it.

Biography
Jiang has completed his Ph.D. at the age of 36 years from the Second Military Medical University and Postdoctoral studies from Shanghai Jiaotong University School of Medicine. He is the Director of Department of Trauma Repair, Ruijin Hospital. He focuses his work on scar formation and tissue engineering. He has published more than 25 papers in journals.

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Topical antioxidants for protection and reversal of environmental stress

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Even with increased sunscreen application, full UV protection is rarely achieved and exposure to UVA as well as to UVB is potentially hazardous. Although UVA is less erythrogenic and carcinogenic than UVB, increasing evidence has proven that the skin suffers synergistic damage from UVA in combination with ubiquitous pollutants generated primarily by combustion of fossil fuels and cigarette smoking. Our laboratory demonstrated that benzo[a]pyrene (a major environmental pollutant) is a photosensitizer which generates reactive oxygen species upon exposure to UVA. Evidence of this damage and the mechanisms of synergy will be presented. Our research has further shown that topical antioxidants (vitamins C, E, and selenium) can not only protect, but also reverse this photo and environmental damage. Topical antioxidants can be absorbed by the skin to give a reservoir of protection that is not lost with swimming or perspiration. The challenge is to formulate each specific antioxidant with the correct molecular form so that it is stable and is indeed absorbed and can be metabolized by the skin to give effective activity. The requirements for topical vitamin E (d-α-tocopherol), vitamin C (L-ascorbic acid), and selenium (L-selenomethionine) will be discussed in detail and scientific substantiation of efficacy will be presented. Used in conjunction with sunscreen, not only protection from and reversal of photoaging, but also protection from skin cancer can be achieved.

Biography

Karen Burke completed her Ph.D. (Biophysics, Cornell University), post-doctoral research (Rockefeller University), and her MD and Dermatology Specialty (New York University). She is Assistant Clinical Professor (Mt. Sinai Medical Center) and in private practice. She has written more than 65 scientific publications, was Medical-Science Editor of the UN Diplomatic World Bulletin, and has been in Castle-Connolly’s Guide to Best Doctors (over 10 years). She is an Honorary Life Governor of the NY Academy of Sciences, on the Boards of NY Stem Cell Foundation, Parkinson’s disease Foundation, Poly Prep Country Day School. She serves on the US FDA General and Plastic Surgery Device Advisory Panel.

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A novel chemically-modified curcumin “normalizes” impaired wound healing in experimental diabetes

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Accelerated aging in skin and impaired wound healing are among the severe complications in patients with diabetes. Prolonged or chronic inflammation in diabetes can result in elevated levels of pro-inflammatory cytokines, matrix metalloproteinases (MMPs) and other inflammatory mediators, which can lead to excessive degradation of newly-synthesized (non-crosslinked) collagen and pile-up of older cross-linked collagen (i.e., accelerated aging of the skin) and delayed wound healing. Curcumin has significant regulatory effects on inflammatory mediators, but is characterized by poor solubility and low bioactivity. Recently, we developed a series of chemically-modified-curcumin (CMCs) with increased solubility and zinc-binding activity, which greatly enhanced their therapeutic efficacy. In the current study, a novel tri-ketonic chemically-modified-curcumin, CMC2.24, (in contrast to the natural di-ketonic compound), demonstrated significant efficacy on skin atrophy and healing of standardized skin wounds in streptozotocin-induced diabetic rats. Topical application of 1% and 3% CMC 2.24 or systemic administration of CMC 2.24 significantly improved wound healing at 7, 14, and 30 days with no effect on the severe hyperglycemia, assessed by gross and histologic measurements. Densitometric analysis of gelatin zymograms revealed that MMP-9 was increased 125% in the diabetic wounds relative to non-diabetic wounds, and the topical and systemic effects of CMC2.24 on this proteinase showed the same pattern of efficacy as that seen for wound-healing.

Biography
Ying Gu has received her DDS and Ph.D. degrees and resident studies from Stony Brook University School of Dental Medicine. She is currently an Assistant Professor in the Department of General Dentistry, Stony Brook University. She has published book chapters and papers in reputed journals and serving as the reviewer of multiple journals.

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Multicentric reticulohistiocytosis and malignancy. A comprehensive review of all reported cases

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Multicentric Reticulohistiocytosis (MR) is a rare systemic disease of unknown etiology characterized by mucocutaneous nodules and a progressive destructive arthritis. A strikingly high percentage of MR cases, 25-33%, are associated with the presence of an underlying malignancy, leading many authors to believe it represents a paraneoplastic syndrome. However, due to the small overall number of cases, wide spectrum of associated malignancies, and observations that MR and the underlying malignancy do not always run parallel courses, this theory has remained debatable.

We have systematically reviewed all reported cases of MR and found 55 cases associated with underlying malignancies. The mean age of patients was 55 years-old with a female-to-male ratio of 1.9. Although a wide variety of neoplasms were found in association with MR, gynecological (26%), breast (19%), respiratory (17%), and GI (11%) neoplasms composed the majority of cases. We examined the clinical, histopathological, and laboratory characteristics in addition to treatments and outcomes in these patients. A very high proportion of malignancies (76%) had metastasized by the time of diagnosis and accounted for a poor outcome in these patients with a 51% mortality rate.

We believe that MR does represent a paraneoplastic phenomenon in a subset of patients; likely arising secondary to release of certain neoplasm-associated cytokines. Evidence also exists supporting osteoclastogenesis (both RANKL-dependent and independent mechanisms) as a potential mechanism for development of MR in these patients. It is possible that immune system-related genetic polymorphisms predispose certain individuals to develop MR in the setting of an underlying malignancy.

Biography
Sean E. Mazloom has completed his M.D. degree at Chicago Medical School and has done two years of residency training in orthopaedic surgery and currently a dermatology research fellow at CCF. He has participated in various basic science and clinical research projects, has published a book, a case report, and a book chapter.

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Lupus profundus: An Indian perspective
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Lupus profundus (LP) is a rare subset of Lupus erythematosus and clinically presents as indurated subcutaneous painful nodules and plaques. LP is an uncommon condition in India but not as rare as suggested by published literature. Contrary to findings in western literature where it occurs in late 30's and early 40's and lesions typically appears on proximal extremities including lateral upper arms, shoulders, buttocks, trunk, LP occurs at an early age and preferentially involves face in Indians. Unusual variants involving the breast, parotid gland and periocular tissue have been described in the literature. LP is reported to occur in 2-3% of patients with SLE. Diagnosis of LP can be made histopathologically with predominant involvement of subcutaneous tissue showing key features like lobular inflammation, lymphocyte predominance, fat necrosis with hyalinization, fibrinoid degeneration and lymphoid follicles. Direct immunofluorescence may show granular staining of IgG, IgM and C3 at the dermoeppidermal junction. Antimalarials are considered first line therapy. Other treatment modalities like immune-suppressants, intravenous immunoglobulin and biological agents have also been tried and were successful in few reported cases. An early diagnosis and prompt treatment may help prevent disfigurement so characteristic of this disease.

Biography
Deeptara Pathak Thapa, an Assistant Professor in Dermatology has been trained in BPKIHS, Nepal one of the finest medical college in South East Asia. She is the postgraduate coordinator in Dermatology. She has published articles on interesting topics in peer-reviewed journals and is a reviewer for many international journals including IJD. She has not only presented papers in national and international conferences but has also organized annual national conference as the scientific committee chairman. She is an active member of International societies like ICD, SARAD, DSI, IADVL and National Society, SODVELON. Her interest is in cosmetic and clinical dermatology.

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Endoscopic thoracic sympathectomy for the treatment of palmar hyperhidrosis in 2200 cases
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A retrospective study was conducted on 2200 cases of palmar hyperhidrosis who underwent bilateral sympathectomy during Jan 2003 and Jun 2013. The curative results were compared between two groups: the R$_1$ levels thoracic sympathectomy (Group A, include R$_1$ or R$_2$-4) versus the preserving R2 thoracic sympathectomy (Group B, include R$_3$ or R$_4$). (1) All operations were successfully performed under thoracoscopic without conversion to thoracotomy, severe morbidity and mortality. (2) All patients with palmar hyperhidrosis were completely dried immediate after surgery. (3) Accompanied axillary sweating and plantar sweating were improved in 68% and 51% patients respectively. (4) Side-effect of compensatory sweating were observed in 77.5% patients of group A and 62.6% of group B ($\chi^2 = 4.84$, p<0.05). (5) Endoscopic thoracic sympathectomy is an effective, safe and minimally invasive method for treatment of hyperhidrosis. (6) The method of preserving R2 (simple transaction of R3 or R4) in thoracic sympathectomy appears associated with less compensatory sweating.

Biography
Tu Yuan-rong has completed his M.D. at the age 24 from Fujian Medical University. He is the Chairman of Society of Minimally Invasive treating Palmar Hyperhidrosis in China. He is the Chief of thoracic surgery department in first affiliated hospital of Fujian Medical University. He is board director of Fujian thoracic surgery society and board member of Chinese thoracic surgery. He has published more than 30 papers in reputed journals.

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Sympathicotomy for palmar hyperhidrosis: The association between the intro-operative hand temperature change and the curative effect
Liu Yan-guo, Zheng Xia, Li Xiao, Cui Jian, Li Jian-feng, Liu Jun and Wang Jun
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Sympathicotomy for palmar hyperhidrosis is safe and effective. T4 sympathicotomy was widely accepted for its least side effect of compensatory hyperhidrosis. But some patients resulted in mild moist hand after operation and some were unsatisfied. Some authors use intro-operative hand temperature change to guide procedure selection. This study aimed to investigate the association between intro-operative hand temperature change and the curative effect and to answer whether the above-mentioned guide is reasonable. From July 2011 to April 2012, 49 patients with palmar hyperhidrosis were treated with bilateral endoscopic sympathicotomy. The ipsilateral hand temperature of the patient was monitored and recorded before and 3min, 5min, 7min, 10min, 15min, 20min after the sympathetic trunk was transected. The maximum temperature elevation (Tmax) was used as the evaluation index. 49 patients had 98 sympathicotomies successfully with no mortality or morbidity. There were seventy-seven T4 sympathicotomies, fifteen T4+T5 sympathicotomies, and six T3 sympathicotomies. Tmax≤1°C in 49 hands (50.0%), 1∼1.5°C in 17 hands (17.3%), >1.5°C in 32 hands (32.7%). 46 patients were followed up, and 3 patients were lost. The curative effect was satisfied in 86 hands (93.4%), and not satisfied in 6 hands (6.6%). In the 71 hands which received T4 sympathicotomy, the curative effect was satisfied in 67 hands (94.3%), and not satisfied in 4 hands (5.7%). In those unsatisfied hands, the Tmax were all less than 1°C. But in those hands with Tmax≤1°C, 32 out of 36 (88.9%) were satisfied. We conclude that intro-operative temperature change of the hand may have certain correlation with the curative effect. But the predictive value of temperature change for curative effect is insufficient. It is not reasonable to use it to guide procedure selection.

Biography
Liu Yan-guo has completed his M.D. in 2000 and Ph.D. in 2005 from Health Science Center of Peking University. He is Associated Professor of thoracic surgery department in Peking University People’s Hospital. He is board member of Chinese thoracic surgery. He has published 16 papers in reputed journals.

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Minimally invasive thoracic sympathectomy for palmar hyperhidrosis via a single-incision approach by the pleura videoscope

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Palmar hyperhidrosis is a common disease that causes intense significant for patients. Bilateral single-port thoracoscopic sympathectomy approach is an effective surgical treatment with high success rates and improvement in quality of life. In order to reduce surgical invasion and seek for better cosmetic results, we describe a novel protocol for thoracic sympathectomy in the treatment of palmar hyperhidrosis. Between January 2012 and September 2012, bilateral thoracic sympathectomy was performed through the anterior mediastinal pleura using the pleura videoscope with a single skin incision in 10 men and 6 women. A total of 16 patients were cured and the skin temperature increased by a mean of (2.7±0.6) °C. The average operation time of was 67.9±15.8 min, with postoperative hospital stay of 1.9±0.6 days and operative bleeding of less than 20ml. All operations were successful with no severe complications or perioperative mortality. A 9.8±2.3 month (7-14 month) follow-up showed that palmar sweating improved in all patients and the effective rate was 100%. Single-incision bilateral thoracic sympathectomy through the anterior mediastinal pleura is an effective, feasible, safe and minimally invasive procedure with excellent cosmetic results.

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Overview of Chinese medicine for *Psoriasis vulgaris*

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Psoriasis is a chronic, recurring skin condition with the manifestations of scaling and erythematous plaques. The global average prevalence of psoriasis was approximately 3-4%. Despite conventional therapies are effective, undesirable side effects bring a challenge to the long-term management of psoriasis. It is estimated that 50% of psoriasis sufferers utilized complementary and alternative medicine (CAM) in Europe and America. As component of CAM, Chinese medicine (CM) has a long history treating dermatological conditions with its unique and systemic theory. CM is characterized by holistic view, balance maintenance of Yin and Yang, treatment based on syndrome differentiation, which addresses individual treatment for each patient taking the impact of climate or geographic location into consideration. Apart from definite disease diagnosis according to international guidelines, syndrome type plays a crucial role in the individual treatment, which determines the Chinese herbal medicine (CHM) formula selection and efficacy. Following rigor methodology, four systematic reviews have been completed by our team, which suggest that CHM is effective for psoriasis vulgaris, or has add-on effect when combined with conventional therapies such as acitretin and phototherapy. **YXBCM01** formula has been identified for psoriasis treatment in our clinical practice. Clinical trials and fundamental studies have been conducted in order to verify its efficacy, safety and pharmaceutical mechanism. In a case-control study, 61% of participants achieved PASI 50 after 12-week YXBCM01 treatment. Metabolomics changes have been observed among these participants post-treatment, which tend to be the status of health control. Mouse model study has shown that **YXBCM01** may promote granular cells growth and inhibit proliferation of epidermis cells.

**Biography**

Chuanjian Lu has completed her Ph.D. from Guangzhou University of Chinese Medicine. She is the Vice-President of Guangdong Provincial Hospital of Chinese Medicine. She serves as the Professor and doctoral supervisor in Guangzhou university of Chinese Medicine in China and RMIT University in Australia. Her research major is Chinese herbal medicine for psoriasis. She has published more than 20 papers in reputed journals.

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Successful treatment of extramammary Paget’s disease of the scalp with photodynamic therapy (PDT)
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Extramammary Paget’s disease (EMPD) is an unusual neoplasm that affects apocrine gland-bearing skin, such as the vulva, perianal region, scrotum, and penis. However, EMPD has been rarely observed in the non-apocrine, gland-bearing regions; such cases are referred to as “ectopic” EMPD. EMPD of the scalp is extremely rare, with few reported cases. We present a case involving an 86-year-old man in whom ectopic EMPD affected the scalp. Although the clinical appearance was suggestive of pagetoid Bowen’s disease, EMPD was confirmed by biopsy and immunohistochemical studies. This case of EMPD of the scalp has been treated successfully with photodynamic therapy (PDT).

To our knowledge, we report the third case, and the second in the English literature, of an ectopic EMPD involving the scalp and the first to be treated with PDT. A complete clinical response was maintained 12 months after last session of PDT.

No invasion occurred during a 1 year follow-up period after the first MAL-PDT procedure. No randomized studies have confirmed the efficacy of PDT on EMPD to date. 21 retrospective and 2 prospective non-comparative studies were identified and included in the review: 9 case reports with 1-2 patients and 14 case series with 1-16 patients. These reports totaled 99 patients with 133 extramammary Paget’s lesions and 3 patients (with 3 lesions) with mammary Paget’s disease. Follow-up periods were typically one year or less, with 77/133 extramammary lesions exhibiting complete response to PDT. One recurrent mammary skin lesion and two mammary lesions treated concomitantly with surgery also exhibited complete responses.

Biography
Abdullah Alyoussef has completed his Ph.D. at the age of 35 years from France University and postdoctoral studies from Marie-Curie University Paris VI and Centre Sabouraud for hair and scalp disorder. He is Assistant Professor of Dermatology, and the Head of Dermatology Department at Tabouk University. He is a reviewer for many dermatology journals mainly regarding PDT and extramammary Paget’s disease.

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Oculoplastic and periocular reconstruction

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The integrity of the globe and its function, as well as the preservation of the eyelid function and a good cosmesis is crucial factors to consider, when confronting with the reconstruction of the eyelid and periocular area. Failure to recreate free margins and anatomical landmarks will have dire consequences for the comfort and visual performance for patients. The purpose of this presentation is showing a systematic review of the basic principles and surgical repairs when confronting with eyelid defects.

Biography

Maria Alejandra Valenzuela Arellano obtained her medical and ophthalmology degree in Chile, completing four fellowships in Canada and Australia: two of them in Orbit and Oculoplastics, and the others in Pediatric Ophthalmology & Strabismus, and Pediatric Ocular Oncology. Dr. Valenzuela’s main areas of research are orbital and ocular adnexal tumors, systemic disorders with orbital/eyelid involvement, rehabilitation of the anophthalmic socket, and lacrimal outflow disturbance in children and adults. Dr. Valenzuela developed the first tertiary orbital and reconstructive periocular service for the entire east coast of Canada, until she was recruited by Tulane University in 2011. Since then, she is actively involved in residency training and continues developing her medical research and innovative surgical techniques for the southern United States. Dr. Valenzuela is a reviewer in over a dozen of scientific journals; she has over 300 presentations and more than 70 national and international publications.

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Mucocutaneous occurrences of the syphilis in pregnant and HIV positive women

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Introduction: AIDS was the major epidemic of the 20th century, and remains the epidemic of the 21st century as well” thinks Prof. Jean-François Delfraissy, the director of the National Agency for Research on AIDS (ANRS). In the early 90’s, over 50% of HIV-positive European children were living in Romania. Even today, most HIV/AIDS-positive people live in Romania – more than 7000 being children and adolescents. The purpose of my study is the correlation of the female mucocutaneous genital lesions with the clinical picture and the laboratory data, and the data correlation in pregnant women.

Matter and methods: The methodological support of the paper is represented by various materials obtained from official sources and personal research. The epidemiological analysis of the HIV infection cases was made based on data with sanitary-epidemiological indicators selected from annual records, in the time period from 2005 to 2010. To determine the eligibility criteria for developing the epidemic process, in the study were used classical methods of retrospective statistical analysis of the annual and multiannual cases. I have used a series of blood tests, of which the best known and most used are the ELISA and the Western-Blot tests. The reaction of Western-Blot is very much used in present to confirm or disprove the result of the ELISA test regarding HIV (test for specific antibodies), which sometimes can be false positive.

Results and discussions: It is interesting to note that the infected mother’s antibodies can be transmitted to the fetus and it may persist in the fetus's blood up to 18 months. A test performed during this period is positive, meaning it would indicate the presence of the infection although it is possible that the fetus was not infected (46 cases). Therefore, a positive HIV test is not significant, only after the age of 18 months. Of the total of 47 pregnant women under observation 32 of them had undergone caesarean section (the other ones quitted our service). The age of the pregnant women was between 21 and 36 years. Gestational age was, except for 2 cases (39 weeks), between 34-36 weeks. Female newborns weighed between 2100 g–3300 g, AI (Apgar Index) 8 or 9. We also detected injuries caused by syphilis in 8 of our cases.

Conclusions: The genital chancre (genital ulceration) caused by syphilis makes a person more vulnerable to sexually transmitting or acquiring the HIV infection. The existence of syphilis increases the risk of acquiring HIV by 2 to 5 times.

Biography
Anca Bordianu has completed her Ph.D. at the age of 30 years from “Carol Davila” University of Medicine and Pharmacy Bucharest, University that she graduated from in 2008. She currently works as a plastic surgeon at the Plastic and Reconstructive Surgery Department of the “Bagdasar-Arseni” Clinical Emergency Hospital Bucharest, Romania. She has published numerous papers in reputed journals and participated in national and international congresses and training courses. She is a member of Romanian Plastic and Reconstructive Surgery Society.

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What do you think of an unusual axillary mass?

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Introduction: Skin apocrine carcinoma is a rare malignancy of epidermal adnexa, most frequent in axillary seat, where apocrine sweat gland are abundant, the neoplasm can arise in groin, anogenital, lips, eyelid. Etiology and incidence are not known. The prognosis is influenced by the risk of locoregional recurrence and metastatic evolution. The slow evolution, painless caratacter leads to discover the tumor at systemic dissemination with locally invasive stage. The differential diagnosis between CAC and axillary skin metastasis adenocarcinoma, particularly breast, is sometimes difficult. In the following report we present the case of a 61-year-old man with apocrine adenocarcinoma of the left axillary area with local lymph and distant metastases, which illustrates the difficulty.

Case: We describe the case of 61 years-old man without a medical history who consulted Dermatology department presenting a left axillary slow-growing mass since 2 years ago, painless at first, becoming painful since 6 months that conducts the patient to consult. Physical examination objectified a hummocky plate full of nodules measuring 10-6 cm, erythematous, purple colour, painful at mobilization, adherent, and the plate is infiltrating surrounding tissue, and there was no bleeding or serous discharge. The member was oedematous, superficial venous maze, without neither palpable mass of breast nor supernumerary nipple. There was homolateral nodes individualized clinically, and the somatic examination was normal. The cutaneous biopsy objectified an apocrine adenocarcinoma. The paraclinic exams performed to detect primary breast were tumor negative. A thorough systemic workup for metastatic disease have performed, tomography showed lungs and nodes, scintigraphy showed bones metastases. In conclusion, the patient presented an axillary adenocarcinoma apocrine with node, bone and lung metastases. After multi-disciplinary concertation a polychimiotherapy was indicated.

Discussion: CAC constitute a rare cutaneous adenocarcinoma, commonly seen in the axilla. The primary cutaneous apocrine carcinomas are malignant adnexal tumor that develops in skin areas rich in apocrine glands. Presumptive progenitor cells for apocrine differentiation may be present along the lines joining the axillae, areolae and anogenital, and they may be responsible for giving rise to some examples of extramammary Paget's disease. They arise in the form of plaques or nodules hummcky more or less confluent, painless. Evolution is the more often indolent, slowly progressive, but can be aggressive, with a risk of local recurrence or metastatic patterns including the pulmonary, brain and bone, which can lead to death. Before treating, the difficulty of differential diagnosis between histological CAC and axillary metastasis of lobular carcinoma breast was recently highlighted or supernumerary breast carcinoma, some malignant tumor of sweat glands, the whole interest of a thorough clinical and histological study. Histologcally the ACC are organized in tubular and papillary structures or massive basophils, the diagnosis of apocrine tumor has been mentioned in presence of decapitation secretion images in a cystic structure or projections papillary, like our patient who had a sheet of cell floating in mucus, the nucleus is large, irregular, and abundant cytoplasm. The presence of a positive immunostaining may help in diagnosis but is not a sufficient argument. The GCDFP15 is expressed specifically by apocrine epithelium but may still be any positive mammary adenocarcinoma in differentiation associated with apocrine gland secretion and carcinomas of the salivary glands. In fact, many of the reported CACs have shown weak and focal expression of GCDFP-15 or have failed to demonstrate any expression of the marker. Standard treatment is surgical excision with margins of 2 to 3 cm for local tumor, for apocrine adenocarcinoma regional lymph node dissection if nodes were clinically positive is wide surgical excision. This kind of tumour is chemoresistant. In this case, adjuvant chemotherapy was indicated, before surgery to reduce tumoral volume. We need more prospective studies to define precisely prognosis of such tumors that still rare, so we can adopt a efficient diagnostic and treatment strategy.

Conclusion: This case illustrates the importance clinicopathological correlation of skin cancer, particularly apocrine one. Clinical particularity and careful analyses histology helps diagnosis approach. More studies will help determining there is no treatment consensus. The worrying aspect in our histological patient should prompt careful clinical monitoring to detect a possible poor outcome.

Biography
Hafsia Benzzi has completed her general medicine degree from University of Medicine of Marrakech, Morocco in 2008 and is presently working as Resident in Dermatology Department from Ibn Sina hospital, Morocco since 2009. She is a member of Association of Internal doctors of Marrakech “AMIMA” & “OUR RIGHTS, Founding member of the Association: GLIMMER OF HOPE.
Malignant cutaneous T-cell lymphoma among 1100 Iranian chemical victims, 2 decades after exposure to sulfur mustard: A long term investigation

Seyed Naser Emadi and Seyed Emad Emadi
Tehran University of Medical Sciences (TUMS), Iran

Sulfur Mustard is a potent chemical warfare agent that was widely used during First World War and Iran–Iraq conflict. This vesicant agent has a lot of acute and chronic destructive influences on the skin, eye and respiratory system. SM via the alkylation of DNA and several cellular proteins (structural, cytoplasmic and enzymes) and cell nuclei; produce several toxic, mutagenic and carcinogenic effects.

Methods: In this historical cohort, a population of 1100 veterans with documented history of exposure to Sulfur Mustard during the period of 1982-88 (all have been under the close health monitoring program) were examined.

Results: 1- The mean age of the patients was 43.3 9.8 years.
2- 12 cases amongst 1100 are found to have developed mycosis fungoides (CTCL) over the past years which were much higher than the expectation, while in general population prevalence of CTCL is 1.28/100,000/year for patient 70 to 79 years old.
3- The most common sites of lesions were folds, flexural and thin epidermis areas (The same places that were most affected by SM-induced bulla during war time between 1982-1988). 4- Most of the patients had a past history of xerosis, chronic dermatitis and itching that begun shortly after exposure to SM. 5- Most patients with CTCL presented with pigmentory and vascular changes (like SM scar).

Finally, chemical weapons are very harmful to life hence blocking of production, prevention of use and immediate treatment and long term follow up of victims are the most important measures to be taken by all scientists.

Biography
Seyed Naser Emadi has completed his Postgraduate training of dermatology in Tehran University of Medical Sciences, Iran (2000-2004). His professional experience is to manage skin diseases amongst black people especially those who are infected with HIV, AIDS and Cutaneous Leishmaniasis. He is a member of medicines without frontier since 2005 to now and has been working in Kenya, Ghana, Zimbabwe as a volunteer to serve needy people particularly HIV patients. He has published more than 15 papers in reputed journals (Arch Dermatol, CED, International Journal of Dermatology, DOJ). Now he is working on the case of Kaposi Sarcoma among HIV patients that refers to Mbagati District Hospital in Nairobi, Kenya.

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Porokeratotic eccrine ostial and dermal duct nevus

Deeptara Pathak Thapa
Nepal Medical College and Teaching Hospital, Nepal

Porokeratotic eccrine ostial dermal duct nevus (PEODDN) is a rare variant of porokeratosis with characteristic histological feature of cornoid lamella, which is a thin column of parakeratotic cells with an absent or decreased underlying granular layer and dyskeratotic cells that involve acrosyringia. The cause is still unknown. Recently it has been proposed that it is caused by somatic connexin 26 mutations. PEODDN clinically presents as either multiple linear punctuate pits with comedo like plugs on palms and soles or keratotic plaques and papules that resemble linear VEN on other areas. It can present at the time of birth or early childhood or can have a late onset. It is mostly asymptomatic but can be associated with pruritus, hyperhydrosis or anhidrosis. There is rare case reports of PEODDN associated with conditions like hyperthyroidism and sensory polyneuropathy, breast hypoplasia, Bowen's disease etc. Treatment options as mentioned in literature are few. CO laser was found effective in few cases. Recently combination of Erbium/CO₂ laser has been found effective. It is a rare disease with few case reports till date. Biopsy is essential to make diagnosis and there is a need to identify new treatment options to do justice to this cosmetically disfiguring condition with psychological impact.

Biography

Deeptara Pathak Thapa, an Assistant Professor in Dermatology has been trained in BPKIHS, Nepal one of the finest medical college in South East Asia. She is the post graduate coordinator in Dermatology. She has published articles on interesting topics in peer reviewed journals and is a reviewer for many international journals including IJD. She has not only presented papers in national and international conferences but has also organized annual national conference as the scientific committee chairman. She is an active member of International societies like ICD, SARAD, DSI, IADVL and National Society, SODVELON. Her interest is in cosmetic and clinical dermatology.

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Role of lipocalin 2, an innate immune protein, during immune-complex mediated inflammation

Rangaiah Shashidharamurthy
PCOM- School of Pharmacy, USA

Lipocalin-2 (Lcn2), an innate immune protein, predominantly secreted by neutrophils is upregulated by several logs during inflammatory conditions including autoimmune diseases. However, the defined role of Lcn2 in autoimmune diseases is largely unknown. We investigated the role of Lcn2 in an acute model of IC-mediated inflammation using Lcn2 knock out (Lcn2KO) and their wild type (WT) littermates. In an acute skin inflammation model, Lcn2KO mice demonstrated a 50% reduction in inflammation as evidenced by histopathological analysis which revealed strikingly reduced immune cell infiltration compared to WT mice. Administration of recombinant Lcn2 to Lcn2KO mice restored inflammation to levels observed in WT mice. Neutralization of Lcn2 using a monoclonal antibody significantly reduced inflammation in WT mice. In contrast, Lcn2KO mice developed more severe serum-induced arthritis compared to WT mice. Histological analysis revealed extensive tissue and bone destruction with significantly reduced neutrophil infiltration but considerably more macrophage migration in Lcn2KO mice when compared to WT. Moreover, we also observed a 16 fold increase of Lcn2 upregulation in lupus prone chronic autoimmune disease mice. Collectively, our studies demonstrate that targeting Lcn2 may be a promising approach for treating autoimmune inflammatory disorders.

Biography
Shashidharamurthy has completed his Ph.D. from University of Mysore, Karnataka, India and postdoctoral studies from Vanderbilt and Emory University. He is Assistant Professor at Department of Pharmaceutical Sciences, PCOM-School of Pharmacy, Georgia campus. He has published more than 28 papers in peer reviewed journals and also serving as an external reviewer for many of the international peer reviewed journals. Dr. Shashidharamurthy research interest is in investigating the pathogenesis of chronic autoimmune/inflammatory disorders such as vasculitis and arthritis.

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Flow cytometric and molecular studies in the diagnosis of cutaneous lymphomas

Pedro Horna
H. Lee Moffitt Cancer Center, USA

Morphologic evaluation of tissue biopsies and body fluids is often insufficient to establish a definitive diagnosis of cutaneous lymphoma. Multiparameter flow cytometry and immune receptor gene rearrangement studies provide an indispensable tool to demonstrate the neoplastic nature of lymphoid proliferations. At our Institution, we have evaluated the applicability of cell cluster analysis by flow cytometry to identify and quantify malignant T-cells separately from the reactive inflammatory background. We have demonstrated the applicability of flow cytometry on shave biopsies from patients with mycosis fungoides, revealing distinct clusters of malignant T-cells with frequent aberrant over expression of CD26. On patients with advanced stage and peripheral blood involvement, we have shown the occasional occurrence of two distinct Sézary cell subpopulations, the gradual disappearance of benign residual T-helper cells, and the feasibility of calculating absolute Sézary cell counts by flow cytometry to predict survival. Flow cytometry and gene rearrangement studies are extremely useful tools that complement morphologic assessment and support a definitive diagnosis of B-cell and T-cell cutaneous malignancies. Knowledge of the applicability and limitations of both techniques are essential for adequate test utilization and interpretation of results.

Biography
Pedro Horna is Assistant Member at H. Lee Moffitt Cancer Center and Assistant Professor at the University of South Florida, Tampa, FL. He practices as a hematopathologist in the Cancer Center, with a particular interest in cutaneous lymphomas and flow cytometry. In addition, he actively participates in basic immunology research at the H. Lee Moffitt Research Institute. Dr. Horna has authored several peer-reviewed publications and conference abstracts in immunology, flow cytometry and cutaneous lymphomas.

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Study of the cosmetic efficacy of plant active ingredients by using a 3D dermal equivalent model

F. Apone, M. Bimonte, G. Imparato, C. Casale, S. Scaramella, F. Urciuolo and M. G. Colucci

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2Arterra Bioscience srl, Napoli
3CRIB Italian Institute of Technology, Italia

Prolonged and chronic exposure to UV radiations can cause serious alterations and damages to the different cell layers which compose the skin, leading to an increase of inflammation, connective tissue degradation and oxidative stress, all accompanied by a decrease of cellular metabolism and functionality. While the monolayer tissue culture model can be a suitable system to evaluate the response to stress insults at cellular level, it does not allow to observe an overall skin response to UV treatment. Several dermal equivalent models have been proposed to analyze the entity of UV damages in more details, and to detect the protection/repairing capacity of specific compounds, but they present several limitations and most of the times they cannot reproduced the scenario occurring when real skin is exposed to UV radiations.

By using a proprietary dermal skin model, developed by inducing primary fibroblasts to synthetize their own ECM proteins and organize them in a 3D architecture, we measured the capacity of a plant extract (obtained by *Dolichos biflorus* cell suspension cultures through a biotechnological process) to assembly and correctly organize the collagen fibers in the ECM. Besides confirming all the data previously obtained by the cell based *in-vitro* bioassays, the skin equivalent model allowed to measure the entity of damages to the ECM protein organization caused by UV treatment, and the amount of damage recovery produced by the treatment with the plant cell extract.

Together with the studies on skin cultured cells and *in vivo* tests, the proposed 3D dermal equivalent model represents a very useful tool to completely characterize new compounds or extracts for cosmetic and dermatological activities, and thus to provide always more effective and safer products for the market.

Biography

Fabio Apone graduated in Biology in 1994 and obtained his Ph.D. title in Protistology (Biology of Unicellular Organisms) in 1998 at the University of Pisa, Italy. He worked for 3 years as Researcher in Italy and at the University of California San Diego, studying signal transduction mechanisms and Cell Biology. Later he was a Research Scientist at Arena Pharmaceuticals Inc., a Biotech Company located in San Diego, California, studying receptors and cell physiology in plants. Since 2004, he has been the Scientific Director and Project Coordinator at Arterra Bioscience, Italian Biotech company focused on the development of novel agrochemicals and innovative active ingredients for cosmetic and dermatological applications.

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The effect of eczema, environmental and socio-demographic factors on the development of food allergy: A nested case-control study

Ben-Shoshan\textsuperscript{1}, Soller L\textsuperscript{1}, Harrington DW\textsuperscript{2}, Knoll Megan\textsuperscript{1}, La Vieille S\textsuperscript{3}, Fragapane J\textsuperscript{1}, Joseph L\textsuperscript{4,4}, St. Pierre Y\textsuperscript{1}, Wilson K\textsuperscript{1}, Elliott SJ\textsuperscript{6} and Clarke AE\textsuperscript{1}

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The prevalence of food allergy has increased substantially over the last decade. However, factors contributing to this increase are currently unknown. We aimed to determine the influence of the socio-demographic characteristics, lifestyle habits, and atopic factors on most common food allergies. We performed a cross-Canada, random telephone survey. Cases consisted of individuals with probable food allergy (i.e. self-report of convincing symptoms and/or physician diagnosis) to peanut, tree-nut, shellfish, fish, milk, egg, wheat, soy or sesame. Controls consisted of non-allergic individuals matched for age within the same household (when available) or non-allergic households. Cases and controls were queried on dietary habits during pregnancy, lactation and infancy, day-care attendance, vaccination, infections, pet ownership, living on a farm, and personal and family atopy. Multivariate logistic regressions were used to assess potential determinants. Between September 2010 and September 2011, 480 cases and 5,271 controls completed the questionnaire. For all 9 allergens, probable allergy was associated with maternal or sibling food allergies [odds ratio=OR, 2.9 (95%CI, 2.0, 4.4), 2.8(2.1, 3.8) respectively] as well as personal history of eczema, asthma, hay fever or other food allergies [2.4(1.9, 3.0), 2.3(1.8, 3.0), 2.1(1.6, 2.6) and 1.9(1.3, 2.8)]. High income (top 20%) was associated with higher odds [1.6(1.2, 2.0)] while recent adult immigrants (< 5 years) had lower odds [0.4(0.2, 1.0)].

Individual food allergies had similar associations with personal and family atopy and especially personal history of eczema in infancy [2.3(1.5, 3.4)]. Our results reveal that atopy especially eczema, socioeconomic status, education, and immigration are associated with probable food allergy

Biography

Ben-Shoshan graduated from The Sackler School of Medicine, Tel-Aviv, Israel and completed his fellowship in Pediatric Allergy/Clinical Immunology at Montreal Children’s Hospital in 2009. Dr. Ben-Shoshan has been granted his M.Sc degree in Epidemiology in McGill in 2011. In 2011 he was granted the Emerging Clinician Scientist fellowship award by AllerGen NCE and in 2013 the FRQS junior 1 salary award. Ben-Shoshan is currently a physician in the division of Allergy/Immunology at Montreal Children's Hospital and is involved in research initiatives on anaphylaxis, chronic urticaria and immunodeficiency and has more than 30 publications related to these topics.

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Nanobiotechnological approaches to delivery of conventional antifungal drugs, DNA vaccine or peptides against fungal infection

André C. Amaral¹, Alice Melo Ribeiro², Maria Sueli Soares Felipe³ and Anamelia Lorenzetti Bocca²

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²University of Brasília, Brazil
³Universidade Católica de Brasília, Brazil

Human mycosis are infections that are usually difficult to treat, for different reasons, including the generally chronic state of the disease at the moment of diagnosis, the great resistance of the pathogens to many of the available drugs, and/or the long period of therapy that represents high costs in terms of antifungal agents. Likewise the growing number of the pathogen's resistance mechanisms to conventional drugs significantly increased in the last decade, in part because of the increase of the immune-compromised patients. In some cases, due to the resistance problem only few drugs present the potency necessary to treat these opportunistic infections however some of these drugs, such as amphotericin B, have the disadvantage of excessive toxicity. During the last years my group has been working to develop new alternatives of treatment to fungal infections. One of these strategies is the sustained delivery system based on nanotechnology. The treatment of mice experimentally infected with Paracoccidioides brasiliensis with desoxycholate amphotericin B (D-AMB) coated on poly(lactic-co-glycolic acid) (PLGA) and dimercaptosuccinic acid (DMSA) polymeric blends (Nano-D-AMB) showed the same antifungal efficacy than free D-AMB but with reduced numbers of AMB administrations and genotoxicity and cytotoxic effects. Itraconazol is another antifungal drug that has been used in fungal therapies. Our results using itraconazol entrapped in PLGA showed increased antifungal activity and lower cytotoxicity compared with free drug. Another strategy used by our group is the utilization of plasmid DNA encoding sequences to express foreign antigens as DNAhsp65 from Mycobacterium leprae. The DNAhsp65, that can elicit a powerful immune response, was entrapped within liposomes or PLGA systems to deliver DNAhsp65 to treat paracoccidioidomycosis. Both formulations modulated a protective immune response and reduced the pulmonary fungal burden even in the groups receiving less than four times the amount of the DNAhsp65. Similar results were observed when the treatment has done with combined chemotherapy and P10 nanotherapy. P10 is a 15-amino acid peptide that carries the T-cell epitope of the glycoprotein 43 kDa glycoprotein, the major diagnostic antigen secreted by Paracoccidioides brasiliensis. Our results showed a marked reduction of fungal load after the treatment. During the treatment schedule, the P10 entrapped within PLGA was more effective than 'free' P10 emulsified in Freund's adjuvant. The combination of sulfamethoxazole/trimethoprim with the P10 peptide entrapped within PLGA demonstrated increased therapeutic efficacy against paracoccidioidomycosis and dramatically reduced the peptide amount necessary to elicit a protective effect. In summary, our results suggest that nanoscale-controlled release systems represent a promising approach to deliver vaccines and present advantages over administering the conventional form of the naked plasmid DNA vaccine or conventional antifungal drugs.

Biography

André C. Amaral is adjunct professor at Universidade Federal de Goiás, Center East of Brazil, teaching Nanobiotechnology and Introduction to Biotechnology classes. He began his career as a research on the Biological Sciences while developed his graduation in Biology, and completed his Ph.D. at Catholic University of Brasilia, when he won the “2009 - Young Investigator Award” (FAP/DF, Distrito Federal, Brazil). He developed a postdoctoral stage at the University of Brasilia with the work plan “Technological development of amphotericin B-PLGA-DMSA nanoparticles: characterization (physical-chemical, morphology, biodistribution, and pharmacokinetics) and analysis for scaling up”. He has experience on investigating nanostructured sustained delivery systems for antifungal drugs and on the experimental murine models for fungal diseases (paracoccidioidomycosis and vaginal candidiasis) and bioprospection of new bioactive molecules. His interests are on nanostructured delivery systems, pharmaceutical technology, drug development, identification of bioactive molecules, and experimental murine models of infectious diseases.

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Wound healing potential of a biodegradable film from pullulan in rats

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Central Leather Research Institute, India

The aim of this study was to develop a biodegradable film from pullulan and investigate its efficacy for wound healing. Many biomaterials like collagen, fibrin, chitosan etc., have been used in the form of films to enhance wound healing. In this study, biocompatible, biodegradable films were prepared from a biopolymer, pullulan, and used to augment wound healing. A 2 cm² full-thickness excision wound was made on the back of rats and the effectiveness of pullulan scaffolds on these wounds was investigated by measuring different biochemical, biophysical and histological analyses. The mechanical properties like tensile strength, elongation at break were found to be increased in the wounds treated with pullulan films when compared to controls. Biochemical parameters like collagen, uronic acid and hexosamine were also observed to be increased in the granulation tissues of pullulan treated rats as compared to controls. Rate of contraction was found to be significantly increased. Epithelialization period was remarkably reduced from 22 days (control) to 11 days (treated). The adhesive property of the film was studied by assessing the rejoining of incision edges (3 cm long, not stitched). It was interesting to observe that the incisions treated with pullulan films healed within 6 days whereas the control wounds took more than 12 days. The tensile strength of the treated wounds was also significantly increased. Thus, our results strongly support that pullulan films could be used as a better wound dressing for both incision and excision wounds.

Biography
Lonchin Suguna has completed her Ph.D. at the age of 27 years from University of Madras. She did her postdoctoral studies at ETH-Zentrum, Zurich, Switzerland. She is working as a Scientist in the Department of Biochemistry, Central Leather Research Institute, and in a Governmental organization in India. She has published more than 48 papers in reputed journals and serving as a reviewer for 12 journals and Editorial board member for 4 journals. She has received Mr. VV Swaminathan Diamond Jubilee Research Endowment award for the outstanding contribution in the scientific evaluation of medicinal properties of plants, by Indian Association of Biomedical Scientists, 2012 (Gold Medal)

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Alternative therapies for chronic and refractory skin ulcer- Clinical managements and experience by traditional Chinese medicine

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Chronic skin ulcer (CSU), including diabetic ulcers, venous ulcers, radiation ulcers, and pressure ulcers, remains a great challenge in the clinic. It seriously affects Patients quality of life and requires long-term dedicated care, causing immense socioeconomic costs. CSU causes the loss of the integrity of large portions of the skin, even leading to morbidity and mortality. Chinese doctors have used traditional Chinese medicine (TCM) for the treatment of CSU for many years and have accumulated much experience in clinical practice by combining systemic regulation and tropical treatment of CSU. Here, we discuss the classification and pathogenic process of CSU and strategies of TCM for the intervention of CSU, according to the theories of TCM. We also present several clinical cases showing effectiveness of Traditional Chinese herbs in the management of CSU. Finally, we summarize the potential interventional strategies named as “qing-hua-bu” protocol with dynamic and combinational TCM therapies for different syndromes of CSU.

Biography
Fu-lun Li obtained his medical degree from Shanghai University of Traditional Chinese Medicine in 2004. He is specialized in dermatology and pharmacology of TCM. His research is focused on the mechanism of psoriasis, skin ulcer, wound healing and autoimmune disorders. He has been a post doctor at Colorado University for 3 years and currently is an associate chief physician of Yueyang Hospital affiliated to Shanghai University of TCM. He has published 9 papers in reputed journals including Nature medicine, American Journal of Pathology.

Bin Li obtained his medical degree from Shanghai University of Traditional Chinese Medicine in 1997. He is specialized in the dermatology of Traditional Chinese Medicine. He has been a visiting scholar at South Korea Daejeon University and currently is the Director of dermatology of Yueyang Hospital of Shanghai University. His research is focused on the mechanism of psoriasis, skin ulcer, and wound healing and autoimmune disorders.
A case of pyodermatitis-pyostomatitis vegetans

Hongmei Wang
Tianjin Academy of Traditional Chinese Medicine Affiliated Hospital, China

Pyodermatitis-pyostomatitis vegetans (PD-PSV) is a rare disorder characterized by mucocutaneous involvement and associated with inflammatory bowel disease. We describe here a 42-year-old woman with ulcerative colitis who manifested verrucous and pyogenic lesions on her scalp, neck, axillae, inguinal areas, umbilicus, trunk, and oral cavity for about 11 months. She also experienced general fatigue and swelling in her lower extremities. Histology revealed eosinophilic inflammation with microabscesses and pseudoepitheliomatous hyperplasia, but she was negative on direct immunofluorescence for IgA, IgG, and C3. She was diagnosed with PD-PSV and treated with infusions of 100 ml 20% human albumin for five days, followed by 40 mg/day methylprednisolone, with remission of lesions observed after one month. We discuss the differential diagnosis of PD-PSV and pemphigus vegetans.

Biography

Hongmei Wang received the Ph.D. in dermatology in 2006 from Shanghai University of Traditional Chinese Medicine. She is specialized in dermatology and pharmacology of TCM. Currently, she works in Tianjin Academy of Traditional Chinese Medicine Affiliated Hospital. As a dermatologist, she combines traditional Chinese and western medicine to treat the patients. At the same time, she has been conducting the research of psoriasis in immunity and epigenetic, and has published more than 20 papers in reputed journals. Besides, she has supervised postgraduates.
Acne treatment with magisterial preparations and additional therapy to various clinical overviews from different causes

Ylfete A. Shatri-Mucaj
Dermatovenerology & Clinical Pharmacology, Kosove

Considering that Albanian population is a young population, more than 70% of skin diseases deal with acne problems...

So, the purpose of this work-presentation in our professional experience is to confirm that acne beside family predisposition to the type of skin and hormonal revolution in the puberty stage, worsen as a result of various serious infections: whether urogenital, upper respiratory tract, digestive tract and hormonal disorders followed with the way of nutrition.

Time period of treatment and research was 5 years (September 2009-2013)

The genera number of treated patients was 2990:

1. Patients without problems with additional infections.
2. Patients with additional infections
3. Patients with hormonal disorders
4. Patients with infections and hormonal disorders.

Local treatment with personal magisterial preparations, such as (ANTISEPV, DIADERM, TOSKA,-GENIII, ERITROVA-GEN, ERGEN, DEPEOR-GEN, LORGEN-ER, ARON-GEN, DERMACEA, VJOLLCA, etc- these magisterial preparations named by me for personal needs that serve during patient treatment in my clinic) is done to patients of all groups and also the symptomatic therapy with Vitamin C and B6 and to some others with antibiotic: Doksicyclin and antibiotics according to antibiogram and protocol. To those with hormonal disorders and hormonal therapy and if necessary consults with colleagues of other profiles and additional treatments: physical cleaning, cryo-therapy, MKDB... We have verified the percentage of groups and as a result:

According to this work and research we have concluded that acne are much more serious problem than we think and that many of people neglect. They are mirrors of many body infections, hormonal disorders, metabolism disorders and adequate nutricism. The treatment is complex and multidisciplinary and a fact to deal more seriously with this problematic.

Biography

Ylfete A. Shatri-Mucaj, a clinical dermatovenerology and pharmacology specialist for specialization of clinical pharmacology is one of the first generations for basic specialization in this field in Balkans. She finished post-graduation and specialization studies in the University of Novi Sad. Currently, she works in UCC in Pristina from 1981; as a specialist of clinical pharmacology she has treated for 4 years patients with chemotherapy near Internal Clinic- Department of Hematology in UCC. Shielded for many years the laboratory for magisterial preparations in the Center Pharmacy and Dermatovenerology Clinic near CUU in Pristina. She worked for some years in the Institute of Biochemistry near Diagnostic Center of CUU. Since 2001 she is working as a Clinical Dermatovenerologist and Pharmacologist in KDV and now leads Dermatological polyclinic and laboratory for magisterial preparations for several skin diseases and aesthetic issues by which she treats patients in the polyclinic “GENTIANA GreLorGen”. She participated in many conferences and congresses in region and Europe with several scientific works in the field of clinical Dermatology, Oncology and Pharmacology and also as a lecturer of chemotherapy in the National Congress of Oncologists in Pristina. She is a member of EADV and Kosovo Association of Dermatovenerologists and Oncologists.

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Lymph node dissection in patients with malignant melanoma is associated with high risk of morbidity

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Introduction: Malignant melanoma is one of the most rapidly increasing cancer types globally. Patients with a melanoma ≥ 1 mm in Breslow thickness are offered sentinel node (SN) biopsy and subsequent radical lymph node dissection if the biopsy is positive. The objective in the present paper was to describe post-operative complications in this group of patients. A standard operation and drainage regime was used.

Material and Methods: This was a retrospective study based on 96 consecutive SN-positive patients with primary cutaneous malignant melanoma who underwent subsequent radical axillary or inguinal lymph node dissection.

Results: In all, 57 patients were male and 39 female. A total of 71 had an axillary and 25 an inguinal operation. The median drainage period was seven days (2-15 days). Forty patients developed seroma which needed puncture; three of these cases were chronic, there was no difference between the two groups. Seroma puncture was only associated with infection in the inguinal group (p = 0.04). 25% in the axillary group were diagnosed with lymphoedema after three months versus 48% in the inguinal group (p = 0.04). A body mass index ≥ 25 kg/m2 was associated with a slight, but non-significant increase in complications (p = 0.08). No association was found for smoking or co-morbidity.

Biography
Ul-Mulk finished his medical degree in 2007 from Panum Institute, Copenhagen University. He is now a third year resident in Plastic Surgery, Reconstruction and Burns at Copenhagen University Hospital. He has published several papers and at the moment he is doing a study about “Breast reconstruction in Denmark in the period 2007-2011, the frequency and methods”.

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Typical hard-to-heal chronic leg wounds and surgical approach with short case report

Tomislav Novinscak1, Marinko Filipovic1, Dubravko Huljev2 and Srecko Budi3
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3Zagreb University School of Medicine, Croatia

The vast majority of leg wounds presented in surgical clinics are chronic, particularly hard-to-heal wounds. They have been defined as ones that fail to heal with standard therapy in an orderly and timely manner independently of the wound type, time of onset and ethiology. When it comes to hard-to-heal wounds respectable incidence of odd final diagnosis could be revealed (i.e. calciphylaxis, carcinoma, pyoderma, vasculitis). Nonetheless, venous, ischaemic, decubital and diabetic ulceration are perceived as typical chronic leg wounds. There are many factors for delayed healing such as age, comorbidities, malnutrition, deficiencies, medications, reduced mobility, social environment, medical ignorance, location or wound bed bioburden. Frequently a combination of causes conducts to non-healing wound. Likewise the skill and knowledge of healthcare professionals (i.e. misdiagnose, naive physician, overtreatment), available healthcare resources, product availability and others may significantly influence prolonged healing. The concept of permanent “wounding” leads to notably poorer patient quality of life with emotional and occupational issues just as it affects the ubiquitous worldwide problem of health economics. Treatment of a non-healing wound is very demanding on both the patient and specialist, and frequently requires considerable health system resources. From the surgical rather moderate aggressive point of view, thoughtfully and multidisciplinary treatment is required. Early and comprehensive diagnostics (holistics and target approach) and rapid elimination of plausible causes is mandatory. Furthermore promptly (i.e. revascularization, phlebectomy, necrectomy, fibrinolysis) and/or regularly target surgical interventions (i.e. debridement, plastics, dressing, reassessment, evaluation) along with holistic treatment and symptoms control should inevitably alleviate suffering and achieve wound healing. Additionally the introduction of advanced therapies (NPWT, autologous full-thickness skin substitutes, components restitution (i.e. growth factors, PRP), waterjet/ultrasound debridement, modern dressings) can result in improved cost-effectiveness despite initial increased costs. Once these issues have been properly addressed, follows incontestable and certain accomplishment. In addition, rare, potentially fatal diabetic and hypertensive cruro-pedal wound is reported.

Biography

Tomislav Novinscak has graduated in 1999 from Zagreb University School of Medicine, where he was also trained and qualified for surgeon in 2006. Meanwhile he has completed his Ph.D. and postdoctoral studies from Zagreb University Faculty of Science at the age of 31 years. He is vascular surgeon and wound specialist. He was appointed in 2010, as a senior Lecturer at Varazdin Nursing Colleague. He has published numerous scientific and expert abstracts and papers in reputed journals, accomplished more postgraduate courses especially in wound healing, plastics and diabetic foot topics, participated and was invited as lecturer on more conferences. He is an active member of Croatian and European Wound Healing Associations as well as appointed Croatia representative in IDFWG. Since 2011 he is the Chief of the Board at regional Emergency County Department.
IS100-A7 protein protects the skin from fungal infections

Kyaw Zaw Hein
Shimane University Faculty of Medicine, Japan

Despite the permanent exposure and colonization by various filamentous fungi and yeasts, human skin is rarely infected. Plants and insects seem to be well protected by antimicrobial peptides, the effector molecules of the innate immune system, such as RsAFP1 and drosomycin. However, it is largely unknown, how human body surfaces resist to fungal infection. Here, we show that the keratinocyte-secreted protein, S100 calcium-bind protein A7 (S100-A7), is the principle antifungal factor of human skin. It kills various potentially pathogenic fungi, including Aspergillus, Malassezia, Microsporum, Rhizopus and Trichophyton species. To kill these pathogens, the protein needs to change its shape, i.e., the oxidized protein to the reduced protein. Site-directed mutagenesis and derivatization revealed that the cysteine thiols of S100A7 are essential for its antifungal activity. Sensitivity to Zn\(^{2+}\)-pretreatment, ultrastructural immuno-gold-analyses and functional analyses suggest that S100A7 protein kills fungi by inducing apoptosis via intracellular Zn\(^{2+}\)-depletion. S100A7 is found on the skin and the mucosa of the respiratory, aerodigestive and genital tract. In vivo, in a lethal mouse Aspergillus lung infection model, treatment with S100A7 prevented death from Aspergillus infection in immuno-compromised mice. Thus, S100A7 may represent a key component of the human innate epithelial defense system in the control of a wide range of fungal pathogens.

Biography

Kyaw Zaw Hein has completed his medical degree from University of Medicine Mandalay in 2008 and expects to graduate his Ph.D. from Shimane University Faculty of Medicine in 2014. His current research specializes on the epithelial immune system and anti-microbial peptides.

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Design of new cream formulations with natural products and assessing their effectiveness on wound healing by using \textit{in-vivo} animal model

Derya Algul, Yasemin Yağan Uzuner, Ferda Ozkan and Ertugrul Kılıç
Yeditepe University, Turkey

Since ancient times, people have utilized some plants and their preparations in order to treat their wounds. Often their use is only based on tradition, without any scientific evidence of efficacy and little knowledge about default active compounds or their mode of actions. In this study, the balsam (Levant storax), produced by injuring the oriental sweet gum trees, was formulated in a wound care cream to evaluate its wound healing effects. Another cream (Complex) was also designed to contain calendula oil, \textit{St. John’s} Wort extract, escin, freeze dried powder of \textit{Aloe vera} (L.) Burm.f. leaf juice and allantoin to evaluate its wound healing potential. Following the development of cream formulations of Levant storax, complex and placebo (without active ingredients), the characterisation and stability tests were performed at predetermined time and conditions. The wound healing potential of Levant storax and complex creams were tested against a reference cream Madecassol®, negative control and placebo cream by employing an \textit{in-vivo} excision wound model on rats. Six male Sprague–Dawley rats were used for each treatment group by making six wounds on the back of the animals with 5 mm punches (Figure 1). All groups were treated by applying the test products topically once a day till the wounds of one of the groups were completely healed. The progressive changes in wound area were measured by a standard reference ruler and analyzed by the means of the photographs taken from the wounds every other day. The wound areas were computed by using the Image J software and the wound contraction rates were calculated as a percentage of the reduction in wounded area and analyzed for statistical significance by using one way ANOVA. At the end of the treatment schedule, all groups were sacrificed by injection of high dose anesthesia and tissue specimens were isolated from the healed skin of each wound for histopathological examination. The histopathologic observations were analyzed by using Kruscall Wallis test for all histopathologic parameters and Mann–Whitney U test for variations between two groups. In statistical studies, P<0.05 was considered significant. In the stability studies, there were no noticeable changes in the organoleptic properties of the formulations in terms of appearance, colour and odour over the entire stability test period. In addition, measurement results of pH, viscosity and conductivity were not changed during stability studies. In the studies of excisional wound model, the percentage wound healing results gave significant changes. Due to the balsam of oriental sweet gum, Levant storax cream (LS) is more viscous than others and it has antimicrobial activity. Because of these properties, its effects on contraction of the wounds was the best among all groups (Figure 2). The complex cream (C) contains some very well recognized functional actives such as escin, Aloe vera, allantoin and calendula oil. All these actives bring fibroblast stimulating, anti-inflammatory and anti-oedema properties to the C which in turn resulted in statistically better contraction rates of complex cream compared to control group (Figure 2). Histopathological studies indicated that healing phase was complete for LS (Figure 3). These results indicate that histopathologically both experimental creams performed better than the reference cream, placebo cream and the control group. The studies indicated that Levant storax cream treated rats had the best healing rates compared to all the other groups, whereas the group that was treated with complex cream showed a better healing rate than control and placebo groups. However no significant difference was found between the complex and the reference groups.

Biography

Derya Algul was studied at Yeditepe University Faculty of Pharmacy. 2003-2008. Derya got a scholarship during 2007 to 2008 at Yeditepe University and graduated from the Faculty of Pharmacy among second of seventy students. The title of graduation project was ‘Resveratrol liposome incorporated into the edible film’. She started to work as a Teaching and Research Assistant in the Pharmaceutical Technology Department at Yeditepe University Faculty of Pharmacy in 2008. In the same year, Derya was started to master programme of Cosmetology and her M.Sc. thesis entitled ‘Design of New cream formulations and assessing their effectiveness on wound healing by using \textit{in-vivo} animal model’ under the supervision of Assist. Prof. Dr. Yasemin Yağan Uzuner. Derya has completed her master degree in 2011. At the same year, she was started to Ph.D. programme of Pharmaceutical Technology at Istanbul University, Faculty of Pharmacy. Derya Algül is currently employed as Research and Teaching Assistant at Yeditepe University, Department of Pharmaceutical Technology and goes on the Ph.D. programme.

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Management of psoriasis patients treated with infliximab based on the dynamics of infliximab levels and antibodies to infliximab

Andrea Kovacikova Curkova, Peter Kozub and Maria Simaljakova
Comenius University Faculty of Medicine in Bratislava, Slovakia

Infliximab is the fastest acting biologic agent due to intravenous administration and a well-conducted induction phase of treatment. The disadvantages include the risk of infusion reactions and the production of neutralizing antibodies that are responsible for loss of efficacy. The authors enrolled 30 patients with psoriasis treated with infliximab for a period of minimum 1 year at a dose of 5 mg/kg. Based on the clinical picture the patients were divided into responders (almost clear), partial responders (gradual appearance of new lesions towards the last weeks), and non-responders. Levels of infliximab and antibodies to infliximab were examined in venous blood samples taken in one maintenance interval. Infliximab levels were examined in week 0 (before infusion) and later in weeks 2, 4, 6, 7, and 8 of the maintenance interval. Antibodies to infliximab were examined only in week 8. According to the obtained data, we divided the patients into 4 groups - responders, responders with shortened period of efficacy, non-responders with production of antibodies, and non-responders without production of antibodies. The dynamics of infliximab levels and the production of antibodies to infliximab were characteristic for each group. An exact therapeutic management was created specifically for each group of patients. Monitoring of the dynamics of infliximab levels and antibodies to infliximab is not only of scientific importance, but it may be crucial in daily clinical practice enabling an objective management of infliximab treatment.

Biography
Andrea Kovacikova Curkova is a European board certified dermato-venerologist since 2012. She has completed her residency in dermatology and venerology at the Department of Dermatology and Venerology, Comenius University Faculty of Medicine, Bratislava, Slovakia. She is in her last year of Ph.D. at Comenius University Faculty of Medicine in Bratislava with the research topic Psoriasis and Comorbidities. She is involved in various research projects on psoriasis in the role of a sub-investigator. She has been active in presenting lectures at national and international meetings. She has published 5 papers in reputed journals and won multiple awards for young dermatologists.

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Efficacy of glutamic acid on cutaneous wound healing in rats

Vilvanathan Sangeetha Priya
Central Leather Research Institute, India

Wound healing occurs as a fundamental response to tissue injury. Amino acids play a key role in augmenting wound healing process. The role of some of the amino acids like arginine and proline has been well established. In this study, we have investigated the efficacy of a non-essential amino acid, glutamic acid, on cutaneous wound healing in rats. Male Wistar rats, weighing between 180 and 200 g were chosen for the study. Open excision wounds were made on the back of rats. The rats were divided into two groups comprising six rats in each group. Group I, control rats, treated with 200 µl of phosphate buffered saline (PBS), and group II rats were treated with glutamic acid (200 mg dissolved in 200 µl of PBS) topically, once daily, until complete healing. Wounds treated with glutamic acid healed much faster as indicated by improved rates of contraction and decreased period of epithelialization. The biochemical analyses such as collagen, uronic acid and hexosamine were determined in the wound tissue. An increase in cellular proliferation and collagen synthesis was evidenced by significant increase in total collagen and uronic acid content. Histological evaluation was also carried which further substantiated the results. A marked increase in tensile strength (80%) and shrinkage temperature (24%) was observed in the wound tissues of glutamic acid treated rats. These results obviously substantiate that the topical application of glutamic acid enhance the rate of healing.

Biography

Vilvanathan Sangeetha Priya has completed her Master’s degree in Biochemistry from University of Madras, Chennai. She has three years of experience as Project Assistant. Currently, she is doing her Ph.D. at University of Madras in the Department of Biochemistry, CLRI.

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Track 7, 12 & 16

7: Cosmetic Dermatology
12: Burns
16: Aging Dermatology

Session Chair
Juergen Frevert
Merz Pharmaceuticals GmbH, Germany

Session Co-Chair
Yong-Kwang Tay
Changi General Hospital, Singapore

Session Introduction

Title: Are botulinum toxin products different
Juergen Frevert, Merz Pharmaceuticals GmbH, Germany

Title: Updates in the management of melasma
Yong-Kwang Tay, Changi General Hospital, Singapore

Title: Evaluation of human melanocyte migration in vitro by a small scale but powerful method utilizing the real-time cell mobility assay device
Akira Yamauchi, Kawasaki Medical School, Japan

Title: Allergy in patients receiving antiepileptic drugs
Barbara Błaszczyk, High School of Economics and Law (WSEiP), Poland

Title: Usage of ultra-thin split thickness skin graft in the treatment of post burn hypopigmentation and vitiligo
Mehdi Ayaz, Shiraz University of Medical Sciences, Iran

Title: Lasers and light based treatments for refractory melasma in Asian patients: Where do we stand?
Zafar Iqbal Shaikh, Army Medical College, Pakistan

Title: An evolution in cosmetic dermatology & rejuvenation
Behrooz Barikbin, Shahid Beheshti University of Medical Sciences, Iran
Are botulinum toxin products different
Juergen Frevert
Merz Pharmaceuticals GmbH, Germany

Botulinum toxin type A products are widely used in aesthetic medicine, e.g., in the treatment of glabellar lines. Three botulinum toxin type A products are marketed on the European and US market: Botox (Allergan) is claimed to contain the purified 900 kD botulinum complex, Dysport (Medicis/Valeant/Ipsen) contains besides the 150 kD neurotoxin a different set of bacterial proteins. Apart from the 150 kD neurotoxin, there are no other bacterial proteins present in Xeomin. Different technical processes are used for the manufacturing of the products: Botox is produced by vacuum drying leaving a thin film as the final product whereas Dysport and Xeomin are produced by lyophilisation. Xeomin has demonstrated the highest stability allowing storage at room temperature whereas Botox and Dysport must be stored in the refrigerator. All products show a similar spread from the injected muscle provided that the dose is equivalent and the injection conditions are similar. Thus, the profile of adverse events should be comparable. Several head-to-head studies have demonstrated a 1:1 ratio between Botox and Xeomin confirmed in a recent Consensus paper. Although numerous studies are published with different ratios for Botox: Dysport a fixed ratio is not determined, yet. The load of bacterial proteins was claimed to have an impact on the immunogenic potential of the products. But it is not the protein load per se, it is the presence of complexing proteins in Botox and Dysport which influences the risk of an immune reaction.

Biography
Juergen Frevert graduated in chemistry and got his Ph.D. in Biochemistry at Philipps-University, Marburg, Germany. After a postdoctoral fellowship at the University of California, Berkeley, USA he had several research positions in biotech companies where he developed an artificial human skin for transplantation on chronic wounds and burn wounds. In cooperation with Merz Pharmaceuticals he developed the pure botulinum toxin. He is now head of botulinum toxin research of Merz Pharmaceuticals GmbH, Potsdam, Germany.

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Updates in the management of melasma

Yong-Kwang Tay
Changi General Hospital, Singapore

Melasma is very common in the Asian and Hispanic population and consists of light to dark brown symmetric patches on the face which may last for years. Predisposing factors include sunlight (major triggering factor), hormonal and genetic influences.

Topical treatment using various lightening creams (e.g. hydroquinone cream, ascorbic acid cream, tretinoin cream) and sunscreen daily remains the mainstay of treatment. Tranexamic acid (250 mg twice daily), a plasmin inhibitor with antifibrinolytic activity is a useful adjunct in refractory melasma. Tranexamic acid (TXA) inhibits melanin synthesis by interfering with the interaction of melanocytes and keratinocytes through inhibition of the plasminogen/plasmin system. It also reduces erythema, vessel numbers and mast cell activity which are elevated in melasma. TXA is well tolerated, common side effects being gastrointestinal discomfort, hypomenorrhea, with many patients improving within 3 months of starting TXA.

TXA can be used alone, or in combination with lasers (laser toning). Laser toning using low fluence (1.6 – 2.5 J/cm²), large spot size (e.g. 6 mm diameter), multiple passes QS 1064 nm Nd:YAG laser is useful for refractory melasma. Laser toning is safe, well tolerated, with multiple treatment sessions needed, the clinical end point being mild erythema. Side effects of laser toning include punctate depigmentation and rebound hyperpigmentation which can be reduced by using fewer passes and spacing out the treatment intervals (e.g. every 4 weeks). Electron microscopy studies have shown a reduction of melanosomes and melanocyte dendrites in melasma with the low fluences used in laser toning.

Biography

Yong-Kwang Tay is presently a senior consultant and was the founding Chief (2002-2012) of the department of dermatology at Changi General Hospital, Singapore. Dr. Tay did his postgraduate training at the National Skin Centre, Singapore, University of Colorado School of Medicine at Denver, the Baylor College of Medicine at Houston, the Birmingham regional skin laser centre, UK and the Laser and Vascular Anomaly Section, Malmo University Hospital, Sweden. Dr. Tay has a special interest in the fields of dermatologic laser surgery and pediatric dermatology. He has more than a hundred publications in peer-reviewed journals and is the Editor of the ‘Textbook of Laser and Light Dermatology in the Asian Skin’. He has written a chapter on hair disorders in the textbook of Pediatric Dermatology and a chapter on hypopigmentation disorders in the textbook of Neonatal Dermatology. He is a member of the editorial board of the Journal of the American Academy of Dermatology, Pediatric Dermatology and the Journal of Dermatological Treatment.

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Evaluation of human melanocyte migration *in vitro* by a small scale but powerful method utilizing the real-time cell mobility assay device

Akira Yamauchi
Kawasaki Medical School, Japan

Melanocytes are key players for homeostasis in skin and hair by producing melanin for pigmentation. Since the migration of melanocyte plays an important role for physiological and pathological status in skin, to develop assay methods for melanocyte function is useful for research in Dermatology as well as for evaluating effects of chemicals on these cells. We established a small-scale but powerful assay method for human melanocyte migration *in vitro* utilizing the real time cell motility assay device (Exp Dermatol. 22(10): 664-7) and evaluated human melanocyte migration to chemokines. We found that the melanocyte migration to CXCL12 was enhanced with extracellular matrix as a scaffolding molecule and that the migration was further enhanced by treating with chemical substances such as ciglitazone, FK506, and alpha melanocyte stimulating hormone. This method is useful for evaluation of melanocytes in various conditions and can contribute to regulation of melanocyte function.

Biography

Akira Yamauchi is the Associate Professor, Department of Biochemistry, Kawasaki Medical School, Kurashiki, Japan. Akira Yamauchi graduated from Nagasaki University, School of Medicine (Nagasaki, Japan) in 1995 and trained at the Second Tokyo National Hospital (Tokyo, Japan). He got Ph.D. degree at Nagasaki University Graduate School in 2001 and joined Herman B Wells Center for Pediatric Research, Indiana University School of Medicine (Indianapolis, USA) as a post-doctoral fellow. And then he worked at the University of Tokyo (Tokyo, Japan) as an Assistant Professor and also at ECI Inc., as a Director. Since 2010, he has been working at the current position. His major is analysis of host defense system and cell migration.

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Allergy in patients receiving antiepileptic drugs

Barbara Błaszczyk
High School of Economics and Law (WSEiP), Poland

Epilepsy is a chronic neurological disease which affects about 1% of the human population. The treatment with antiepileptic drugs (AEDs) may increase the risk of adverse reactions. In case of 15% of people receiving AEDs, symptoms of allergy, such as maculopapular or erythematous pruric rash, appear within four weeks of initiating therapy with AEDs. Around 3% of patients discontinue treatment with AEDs because of these adverse reactions. The use of aromatic AEDs, e.g. phenytoin, carbamazepine, oxcarbazepine, phenobarbital, primidone, zonisamide, and lamotrigine is more frequently associated with cutaneous eruption and other signs or symptoms of drug hypersensitivity. There is a high degree of cross-reactivity (40-80%) in patients with hypersensitivity or allergic reactions to AEDs. Asian patients with the human leukocyte antigen genotype HLA-B*1502 and Europe patients with HLA-A*3101 are more exposed to risk of carbamazepine-induced Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN). Therefore, testing before carbamazepine therapy would be effective in identifying individuals at risk of hypersensitivity.

To present the problem, own material was analyzed. Among 300 epileptic patients observed in the period between September 1989 and September 2009 in Neurological Practice in Kielce (132 males and 168 females), a skin reaction to at least one AED was found in 30 patients. As much as 95% of the reactions occurred during therapies with carbamazepine, phenytoin, lamotrigine or oxcarbazepine. One of the patients developed Stevens-Johnson syndrome.

Certain hypersensitivity problems of epileptic patients were obviously related to antiepileptic treatment. Among AEDs, gabapentin, topiramate, levetiracetam, vigabatrin, and phenobarbital were not associated with skin lesions.

Biography
Barbara Błaszczyk, MD, Ph.D., a specialist of neurology and epileptology. A graduate of the Medical University of Krakow (now Medical College of Jagiellonian University). Long-term employee, as well as the Head of the Department of Neurology at the Regional Hospital in Kielce, former regional consultant for neurology of Świętokrzyskie Province. Currently, an Associate Professor at the Faculty of Health Sciences in Kielce WSEiP. Also conducts private practice. The author of nearly 100 scientific papers. Co-organizer of many educational courses designed for physicians and patients.

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Usage of ultra-thin split thickness skin graft in the treatment of post burn hypopigmentation and vitiligo

Mehdi Ayaz
Shiraz University of Medical Sciences, Iran

One of the offensive sequel as of burn is permanent skin hypopigmentation that can occur on donor site, graft site and spontaneously healed burnt areas. These patients and also patients with vitiligo, seek many treatments that may not be perfect.

After abrasion on areas with hypopigmentation and vitiligo, we covered the iatrogenic wound with ultra-thin skin harvested from proximal thigh (nonexposed area) with surgical knife (epiderm-melanocyte with very thin derm autotransplantation). Patients and physician satisfaction were excellent and good due to serial photography and a five-point Likert scale. Due to our work, this type of vitiligo and post burn hypopigmentation treatment have many advantages: effective, fast and with nearly immediate result, less expensive, easy to do, possible with local anesthesia and in office. We recommend this procedure as effective and cost effective treatment of vitiligo and post burn hypopigmentation.

Biography
Mehdi Ayaz has graduated in General Surgery at the age of 36 from Shiraz University of Medical Sciences, Iran. He is the Chairman of Ghotbodin Burn Center & Burn Committee in Shiraz. He published several papers in ISI Journals. Shiraz Burn Research Center, Ghotbeddin Shirazi burn hospital, East Fakhr Abad St, Shiraz, Iran.

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Lasers and light based treatments for refractory melasma in Asian Patients: Where do we stand?

Zafar Iqbal Shaikh
Army Medical College, Pakistan

Melasma is acquired disorder of hypermelanosis with great psychosocial concern. The treatments with various conventional therapies are often unsatisfactory and recurrence following cessation of these treatments is frustrating both for physicians and patients. Lasers and light sources have been used to treat melasma, but in Asian skin with higher melanin content such treatments may be challenging. The pigment specific lasers such as QS Nd:YAG, QS Ruby and QS Alexandrite have shown variable results. A "confetti-like" hypopigmented macules and rebound hyperpigmentation were reported in Asian patients treated with low fluence QS Nd:YAG (1,064 nm) laser. Promising results were reported with fractional photothermolysis (1,550nm), but published data shows that this may not be the treatment of choice for darker complexions. Some studies documented favorable outcomes in melasma treated with Intense Pulsed Light but darkening and sloughing of skin at treated sites, and post-inflammatory dyspigmentation were noteworthy side effects. To improve the treatment outcome several trials combined lasers and light based therapies with topical bleaching agents like hydroquinone (modified Kligman's formula), azelaic acid and glycolic acid. Better results were observed with combination therapies than monotherapy. We conducted a clinical trial on 65 patients with refractory melasma and Fitzpatrick skin phototypes III to V, using Fluorescent Pulsed Light (570-950nm) and topical 5% magnesium ascorbyl phosphate. The results of our trial and most other studies on treatment of melasma with lasers and light based therapies demonstrated suppression of melanogenesis but the effect was not sustained and additional treatment sessions were recommended for maintenance.

Biography

Zafar Shaikh is Professor of Dermatology at Army Medical College, and Consultant Dermatologist Military Hospital Pakistan. He is trained in Dermato-Venerology at University Hospitals, London and Manchester (UK), and in Cutaneous Laser Surgery at the Skin & Laser Surgery Center Boston, USA. He is member of the faculty of Dermatology College of Physicians & Surgeons Pakistan and an associate member of the American Society of Laser Medicine & Surgery. He is also member of the editorial boards of Journal of Pakistan Association of Dermatologists and Pakistan Armed Forces Medical Journal. He has published 30 research papers in indexed journals.

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An evolution in cosmetic dermatology & rejuvenation

Behrooz Barikbin, Maryam Yousefi, Zahra Akbari and Somayyeh Hejazinia
Shahid Beheshti University of Medical Sciences, Iran

Despite the advancement of Laser and surgical resurfacing procedures, atrophic acne scars is still the Achilles’ heel of dermatologic surgery. According to the theory of Orentreich (1994), fibrous strands that are the consequence of inflammatory acne vulgaris result in tethering the skin surface to the hypodermis. Therefore, releasing these fibrous strands and subsequent formation of new connective tissue in the course of wound healing can lead to level up the skin which is the basis of “subcutaneous incisionless surgery” or “subcision” procedure. Tri-beveled hypodermic needle (Nokor) is the most common device to undermine atrophic acne scars. Since the introduction of subcision, several methods have been proposed in order to enhance clinical efficacy besides reduction of complications and discomforts. Although various instruments such as a tribevelled needle, triangular Nokor needle, or conventional needles (hypodermic 18 to 27G needle), cataract blade and wire with different techniques for better device controlling have been suggested, their effectiveness is a subject of controversy. Moreover, Low length of the Nokor needle, difficulty to control horizontal movements, need to multiple needle entrance sites, the high risk of needle sticking for surgeon, the possibility of neurovascular injuries and complications such as permanent discoloration, iatrogenic scars of the needle entry, bleeding and excessive fibroplasia leading to subdermal nodule formation in addition to moderate patient satisfaction has led to lose overall popularity of this type of subcision based on cutting the fibrotic bands and producing hematoma as an autologous filler.

Blunt Subcision Blade (DRBB Subcision Device): With the aim of fibrous strand release, we hypothesized that a blunt blade with narrow rim may replace sharp instruments in cutting these anchoring fibers. We suppose that the advantages of the blunt blade for undermining of atrophic scars can be a great deal such as lesser possibility of trauma to neurovascular components, and lower risk of needle sticking for surgeon. We applied "Blunt subcision blade" for subcision of the atrophic acne scars. The instrument has a unique design consist of a stainless steel blunt blade with gradually narrowing edges that gradually tapers and form two flat surfaces; but still remain blunt and non-cutting at the tip. It is long enough to reach the entire parts of a scar area. Moreover, some adjuvant techniques such as tumescent solution injection before subcision were used to allow easier blade maneuver as well as patient convenience. High volume of tumescent solution injection before subcision can promote fibrous strand release that is termed “hydrodissection”. Mild dermal-subcutaneous separation make it easier to control the blade during horizontal motion and prevent deeper penetration with risk of neurovascular injuries. It also can help reduction of the pain and patient discomfort during procedure due to widespread anesthesia after tumescent injection with rather less lidocaine consumption.

To the best of our knowledge, this is the first time using ina blunt blade to undermine atrophic acne scars. In our study a moderate to marked improvement was observed in up to 83% of the studied patients that is comparable to the previous studies with Nokor or conventional needles. It is noteworthy that other types of atrophic acne scars such as deep boxcar and pitted scars are partially leveling up.

Other applications of this device are reducing the nasolabial folds and also releasing any type of fibrotic tissue under the skin

Biography

Behrooz Barikbin, MD is a dermatologist and researcher in the field of laser and cosmetic dermatology. He was graduated from Tehran University of Medical Sciences with getting the first step of dermatology board examination in 2004. He is Assistant Professor of dermatology of Shahid Beheshti Medical University and the vice president of laser Application in Medical Sciences Research Center. He is reviewer of some medical journals such as Journal of research in medical sciences and also American journal of dermatology. He has invented some medical devices such as Blunt Subcision Blade (DRBB subcision device) which has useful application for treating atrophic acne scars and also for reducing the nasolabial fold depth. He is really keen on dermatologic cosmetic and laser procedures and his research is now focused on these area.

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### Session Introduction

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Treatment of BCC: The future of non-invasive treatments

Klara Mosterd
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Although surgical excision is still the gold standard treatment for BCC, the high incidence of BCC necessitates the use and further development of non-invasive therapies. Individual treatment may be offered based on guidelines and randomized trials, such as the trial we recently published in the Lancet Oncology comparing 3 topical treatments for superficial BCC. The choice for a treatment is not only based on response rates, but also involves practical aspects, cosmetic result and costs.

Development of topical and systemic targeted therapy, such as SMO inhibition has opened new perspectives. However the cure rate of none of those treatments equals that of surgical excision. Probably, because more pathways are involved in the development of BCC. We performed mutation analysis in tissue secondary resistant to systemic SMO inhibition. The found information may offer insight in how we can improve targeted treatments. Although second-generation SMO-antagonists have already been developed, a different option is to combine different treatments, which is common in other oncological treatments. Targeting GLI may be an option and also Itraconazole has been found to inhibit the Hh pathway. We recently performed a phase 3 trial to investigate the effects of topical application of diclofenac 3% and/or calcitriol 3ug/g on BCC. We found a good clinical response of the diclofenac cream to superficial BCC’s. Results of this trial will be presented.

The future of BCC treatment is non-invasive treatment. Combination of different agents may have the advantage of additive inhibitory effects and possibly minimizing the development of tumor resistance to a drug.

Biography

Klara Mosterd has completed her Ph.D. at the Maastricht University Medical Centre at the age of 30, one year after becoming a dermatologist. She is part of the Head and Neck team and next to her clinical work as a dermatologist specialized in oncology has conducted large phase 3 trials that have been published in reputed journals such as the Lancet Oncology. She is now focusing on translational research for BCC treatments.

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Surgical anatomical correlations in basal cell carcinoma and squamous cell carcinoma at cephalic end level

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Introduction: Skin tumor incidence is continually increasing worldwide, and the fact that it occurs more frequently in younger people, is alarming. Therefore, early detection is required, starting with the family doctor, dermatologist, oncologist, plastic surgeon, and last, but not least, the pathologist. In Romania, the occurring of BCC and SCC is not known exactly. Developing strict records of all patients with BCC and SCC would allow accurate assessment of social and financial impact of skin tumors upon society. All these, would lead to the implementation of a surgical and adjuvant treatment, one that would take into account the histopathological staging of the lesion excised, regardless of the geographic area.

Matter and Methods: The casuistry of the Plastic Surgery and Reconstructive Microsurgery Clinic of the Emergency Hospital “Badgasar-Arseni”, Bucharest, is one of the richest in Romania, in malignant lesions in the head and neck. The wide area coverage of this casuistry regarding the BCC and SCC, and the treatment methods applied in the field, often of own conception, places the successive medical teams of the clinic, among the prestigious European medical services with similar concerns. We have studied a sample consisting of 216 patients diagnosed with carcinoma (basal cell and squamous cell) in the cephalic end and neck; the patients received ambulatory treatment or they were hospitalized in the Emergency Hospital “Badgasar-Arseni”, Bucharest, Department of Plastic Surgery and Reconstructive Microsurgery, for a period of 5 years (January 1, 2008 - December 31, 2012).

Results and Discussions: The analytical indicators, in each particular case, included: age of the patient, gender, profession, origin (urban/rural), the date of tumor formation, the passed time until hospitalization, clinical form, location and type of the tumor, histological subtype, and not least, the received treatment (surgery and adjuvant).

Curative surgery was performed in 236 tumor cases (BCC and SCC), out of which 27 were recurrences (representing 10.3% of the total of 263 formations detected on the 216 patients in our study). Regarding surgical treatment, the size of the loss of initial sutured substances varied between 0.5cm - 4cm. The availability and the laxity of the tissues adjacent to the coverage defect were considered to perform suture. In cases where it was necessary, the nearby skin was removed (which allowed the use of extrinsic skin availabilities, by mobilizing skin in deeper tissues). In most cases, the excision of the lesion was performed so that the axis of the resulted scar was placed in the direction of the skin tension lines.

Conclusions: The large number of interventions performed for the diagnosis and the surgical treatment of skin carcinoma in the face or on the neck, without serious intraoperative complications, represent clear arguments in favor of surgical treatment applied as first choice.

Biography
Anca Bordianu has completed her Ph.D. at the age of 30 years from “Carol Davila” University of Medicine and Pharmacy Bucharest, University that she graduated from in 2008. She currently works as a plastic surgeon at the Plastic and Reconstructive Surgery Department of the “Bagdasar-Arseni” Clinical Emergency Hospital Bucharest, Romania. She has published numerous papers in reputed journals and participated in national and international congresses and training courses. She is a member of Romanian Plastic and Reconstructive Surgery Society.

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Endemic (African) kaposi sarcoma: Presenting with pathological fracture of the left tibia and fibula

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Background Moritz Kaposi a Hungarian dermatologist first described Kaposi sarcoma (KS), a malignant tumour of vascular origin from undifferentiated vasofrmative spindle-shaped cell in 1872. There are 4 clinical variants: classic (Mediterranean), African (endemic), immunosuppression (transplant) associated and acquired immunodeficiency syndrome (AIDS) associated KS all with identical histologic features. It presents mainly as a cutaneous lesion and musculoskeletal involvement is uncommon and occurs secondary to local extension from the skin. Case presentation of a 52-year old male farmer presented with pain and inability to walk properly with the left lower limb of 2 months duration. Three years prior to presentation, he first noticed a painless growth on the left foot, which progressed to multiple nodules with some, ulcerated at presentation. Swelling noticed initially on the foot progressed and extended to the lower part of the left leg. Prior to presentation, he had tradomedical treatment with oral and topical medications to no avail. On examination, he was chronically ill-looking, afebrile, pale, anicteric, unilateral (left) non-pitting pedal oedema, and left groin lymphadenopathy. Chest and abdominal examination were unremarkable. Left lower limb examination revealed a patient that walked with a limp with the aid of a walking stick, non-pitting oedema of the left foot extending to the middle third of the leg with a slight deformity of the lower third. Other findings were hyper pigmented patches, multiple nodules that ranged from 0.5-2.5cm with some ulcerated. Investigations revealed a packed cell volume (PCV) of 25%, white blood cell (WBC) count of 5.5 x 10^9/l, neutrophils- 70%, eosinophils-1%, and lymphocytes- 29%. Platelets 236 x 10^9/l, erythrocyte sedimentation rate (ESR) 112mm/hr, retroviral serology I&II negative. X-ray of the left foot and leg showed soft tissue swelling with lytic destruction of the distal third of the tibia as well as pathological fracture of the tibia and fibula, with an ill-defined stippled soft tissue calcification seen in the distal third of the soft tissue of the leg adjacent to the lytic bone destruction. Incision biopsy of the foot nodule mesenchymal tumour composed of spindle cells enclosing vascular channels - KS. A diagnosis of advanced KS with pathological fracture of the left tibia/fibula and dystrophic calcification of soft tissue (muscle) was made and managed with cytotoxic chemotherapy, Vincristine and Epirubicin with partial response (diminishing sizes of the nodules/oedema). Conclusion Kaposi sarcoma if neglected present with significant morbidity. Ignorance, sociocultural and poverty were underlying issues, health education on early presentation and diagnosis will improve outcome. Not all is known of the tumour biology of KS hence the need for further research.

Biography

Upon completion of the Fellowship in Surgery (FWACS) in 2000, he joined the University of Calabar as a lecturer in 2001. Today he is a Professor/Chief Consultant Surgeon, University of Calabar/University of Calabar Teaching Hospital, Calabar, Nigeria. He is a Fellow of the International College of Surgeons (FICS), and served as the Head of Department of Surgery, University of Calabar, Calabar, Nigeria and is the current Dean, Faculty of Medicine, and Dentistry. His major research interest is dermatologic oncology, Currently he is Head of the Oncology unit of the University of Calabar Teaching Hospital, Calabar, Nigeria. Attended several International and Local conferences, presented several papers on dermatologic oncology and member of Dermatology-2014 Organising Committee. He pioneered research resulting in over 80 publications with 35 publications on dermatologic oncology. Kaposi sarcoma: Changing trend in Calabar (Asuquo et al 2008) and recently, Major dermatological malignancies encountered in the University of Calabar Teaching Hospital, Calabar, South Nigeria (Asuquo et al 2012), Oculocutaneous albinism and skin cancer in Calabar, South Nigeria (Asuquo et al 2013) and Marjolin’s ulcer: mismanaged chronic cutaneous ulcers (Asuquo et al 2013).

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Tzanck test in diagnosis of skin tumors

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Tzanck Test is an effective method to complete a definitive diagnosis in Dermatology. It can be used to inflammatory disease, metabolic and cutaneous tumors. It is a very cheap exam and useful to many dermatological disease. It is not limited to Herpes virus infections. Cytology in general was discovered by Erlich in 1870 and in 1928 Papanicolaou found its application in diagnosis of uterine cancer. In Dermatology the pioneer author was Tzanck in France in 1948. In Brazil Dr. Estevam Almeida Neto completed his doutorate in Dermatology in 1960 with a thesis about Cytology of Leprosy. I was his disciple in 1984 when I was a resident in Dermatology at University of Sao Paulo in Brazil. For many years I have work hard using this wonderful practical test to help in diagnosis of many tumoral, inflammatory and metabolic cutaneous diseases. We can do a rapid diagnosis of a skin tumor and begin the treatment immediately. I have used two type of smear stain (GIEMSA and PAPANICOLAOU). We can differentiate between Pigmented Basal Cell Carcinoma to Melanoma or Pigmented Bowen Disease using Tzanck Test. It is not overcome skin biopsy but has a complementary effect. I was useful in Dermatologic Surgery when we can examine a deeper margin of a surgical ulcer before stop the surgery and seek atypical cells in that place. I would like to show at the Congress how to do this practical method and some case can be showed to demonstration usefulness of this test.

Biography

Thomas Paulo MD, has completed his graduate course in Medicine at the age of 25 years from Federal University of State of Rio Grande do Norte and completed (one year) Residency in Internal Medicine in Rio de Janeiro and Dermatology at University of Sao Paulo - Brazil (USP) for two years (1984 and 1985). He concluded his Board in Dermatology in 1986 by Brazilian Society of Dermatology. He is Assistant Professor of Dermatology since 1994 at Department of Dermatology of the Rio Grande do Norte University in Northeast of Brazil. He has a Board in Hansen Disease at Brazilian Association of Leprosy. He is a teacher in Dermatopathology to Residents Doctors at Department of Dermatology. He has made a short Atlas of Cutaneous Cytology in 2009 with support from Galderma Laboratories and had published some articles about Cutaneous Cytology and Skin Cancer on Dermatology Online Journal in March 2007 about Diffuse Melanosis in Malignant Melanoma. He has written half of chapters at two more famous books of Dermatology in Brazil in sections about Diagnosis Tests in General Dermatology.

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Chinese herbal medicine for atopic dermatitis: A systematic review

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Atopic dermatitis is a chronic, itching skin disease which highly impacts on quality-of-life. Increasingly, atopic dermatitis sufferers are turning to Chinese medicine. However, the current state of evidence of Chinese herbal medicine treatment for atopic dermatitis remains unknown. This study systematically evaluates the clinical evidence of the efficacy and safety of oral Chinese herbal medicine for atopic dermatitis. Searches were conducted on major electronic databases using the keywords “randomized controlled trials”, “atopic dermatitis”, “traditional Chinese medicine”, “traditional East Asian medicine”, “herbal medicine”, “Chinese herbal drugs”, “medicinal plants”, “phytotherapy”, “Kampo medicine”, and “Korean traditional medicine”. Results were screened to include English/Chinese randomized controlled trials. Meta-analysis was conducted on suitable outcome measures. A total of 1014 articles were yielded from electronic searches. After screening, seven studies were included - one comparing Chinese herbal medicine and western medicine with western medicine alone; and six placebo-controlled trials. Treatment with integrated Chinese herbal medicine and western medicine was superior to western medicine alone; while significant treatment efficacy was shown in three placebo-controlled trials and two showed significantly reduced concurrent therapy with Chinese herbal medicine. No abnormalities in safety profile or severe adverse events were reported. Risk of bias assessment showed that the overall quality of studies were poor. Chinese herbal medicine was reported as well-tolerated and significantly improved symptom severity. However, the poor quality of studies denied valid conclusions to support its tolerability and routine use. Further studies addressing the methodological issues are warranted to determine the therapeutic benefits of Chinese herbal medicine for atopic dermatitis.

Biography

George Lenon has completed his Ph.D. in 2004 from RMIT University. He is currently a lecturer of TCM as well as an avid researcher at RMIT University. His research focuses on atopic diseases and obesity. His works have been presented in numerous local and international conferences. He has published over 15 papers in peer-reviewed journals.

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Ptosis complicating an ophtalmicus herpes zoster: About a case and revue of literature

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Ophthalmic zoster is a viral infection of the fifth cranial nerve by HZ (herpes-zona) virus, potentially severe by its complication that can impair visual function such as oculomotor palsy. Once organism is infected, the virus still latent in sensitive ganglion during life. There is a large distribution of the virus around the world so we identify more than 1 million cases occurring each year in the U.S. That major every year the cost of medical care. Among the US population, more than 90% of adults have a Varicella-zoster virus (VZV) positive serology. Ophthalamic Herpes zoster is a common infection; but occurrence of oculomotor palsy still unusual, and regressive most of times, its early management helps the patient to recuperate visual function. We report the case of patient presenting an oculomotor palsy concomitant to a herpes zoster.

Case-report: Mr. AA, 50 years old, without medical history presented to dermatologic consultation for painful erythematous vesicular rash on left-side of his forehead. The patient could not open his left eye, this symptom was preceded by headache and photophobia. On physical examination, the patient had an unilateral vesicular rash, surrounded by some brown crusts on dermatome of trigeminal nerve. This areas was hyperesthesic, without necrosis, or extension to another dermatome. Ophthalmologic examination showed a pupillary symmetry, without keratoconjunctivitis or uveitis, intraocular pressure was normal, and there was no pain on palpation of the temporal arteries bilaterally. Neurological examination objectified paralysis of the levator palpebrae superioris, without a chemosis or palpebral oedemas, with a negative sign of hutschinson, examination of other cranial pairs showed unremarkable anomaly. Brain MRI was normal. We treated our patient with oral acyclovir 4g per day, initiated 48 hours after onset of symptoms, for ten days. We obtained a complete improvement of skin lesions in 10 days with persistent of ptosis.

The patient was seen in a month with a persistent ptosis, then after 03 months, with a relative improvement of the muscle function after physic rehabilitation indicated by neurologists.

Discussion: Varicella zoster is a DNA virus, belongs to Herpesviridae family of viruses. The first infection in childhood is varicella, the virus still latent in sensitive nodes, controlled by cellular immunity, that maintain the infection asymptomatic. The reactivation is caused by a regression of cellular immunity, even if humoral immunity still the first defense but don’t preserve a stable state. The mechanism of oculomotor palsy still discussed, it might be direct by direct cythopatic virus.

The frequency of this complication is relatively high in several old series: hackneyed and al, Edgerton Neverobserved paralysis oculomotor in 12%, 15%, 10% ophthalmic herpes. The nerve most frequently affected was the ipsilateral III. Risk factors for the development of HZO are related to advancing age with cell-mediated immunity decrease.

Conclusion: Ophthalmicus herpeticus zoster with oculomotor palsy is uncommon affection by, its clinic presentation and its mobidity, it alters quality of life. Our case-report stress on necessity of precoce diagnosis, to treat and to keep monitoring, till resolution of the pathology is potentially serious, by its complication such as oculomotor palsy that taint visual prognosis, then quality of life. Each physician must search it while physical examination, it might regress in few months but close monitoring is always necessary.

Biography
Hafsa Benzzi has completed her general medicine degree from University of medicine of Marrakech, Morocco in 2008 and is presently working as Resident in Dermatology Department from Ibn Sina hospital, Morocco since 2009. She is a member of Association of Internal doctors of Marrakech “AMIMA” & “OUR RIGHTS, Founding member of the Association: GLIMMER OF HOPE.

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Observation on therapeutic effects and safety of combined surrounding needling, moxibustion and hot compress therapy for Scleroderma

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Objective: To determine the therapeutics and safety of combined surrounding needling, moxibustion with Hot Compress Therapy on treating Scleroderma.

Methods: 42 cases of patients with scleroderma were randomized into two groups, a treatment group (23 cases) and a control group (19 cases). In the treatment group, surrounding needling, moxibustion and Hot Compress therapy were used locally. In the control group heparin sodium cream was applied externally. Centella triterpenes tablets were taken orally, 24mg each time and VitE 0.1g three times in two groups. In 6 months treatment, the skin sclerosis score, joint pain score, and joint function score were compared before and after treatment for patients between two groups. The efficacy on Chinese medicine symptoms and safety were evaluated between two groups.

Results: In the treatment groups, the score of skin sclerosis, joint pain, and joint function were superior to those in the control groups with statistical significant differences (P<0.05). Concerning to the comparison of the effective rate of Chinese medicine symptoms, the total effective rate was 86.4% in the treatment group and the total effective rate was 52.6% in the control group. The differences were significant statistically between two groups (P<0.05), for the safety evaluation, it is safe.

Conclusion: The integrations of surrounding needling, moxibustion and Hot Compress therapy were effective in significantly improving the severity of scleroderma. It is relatively safe and deserves to be promoted in clinic.

Biography
Yan Xiaoning has completed his M.D at the age of 34 years from Xi'an JiaoTong University. He is the Director of Shaanxi Provical TCM Hospital, a premier Bio-Soft service organization. He has published more than 22 papers in reputed journals and serving as an editorial board member of repute.

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Ataxia telangiectasia with abnormal cellular immunity

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Ataxia telangiectasia (AT) is an autosomal recessive syndrome characterized by progressive cerebellar ataxia, immunodeficiency, which usually takes the form of sinopulmonary infectious, oculocutaneous telangiectasia, X-ray hypersensitivity, and predisposition to lymphoid malignancies. Ataxia telangiectasia should be suspected in the presence of progressive gait deterioration, recurrent sinopulmonary infections, inverted T4/T8 ration, reduced B-cell count and ocular/oculocutaneous telangiectasia and abnormal cellular immunity. Elevated alpha-feto protein is a confirmatory test and should be done in all patients with AT.

Biography
Omar Al-Amro Alkaloby has finished his medical school training in 1989 from King Faisal University. He completed the Dermatology Program from King Faisal University in 1994 and Fellowship in Dermatopathology from Boston University in 1997. He was the Chairman of Department of Dermatology for 12 years from 2000–2012. He is currently a Professor and Consultant Dermatologist in University of Dammam/King Fahd Hospital of the University. He has published several papers in reputed journals and also a member of editorial board in four journals.

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Specific dermatoses of pregnancy - A practical clinical approach

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Pemphigoid gestationis, impetigo herpetiformis, polymorphic eruption of pregnancy, and the papular dermatoses of pregnancy (prurigo of pregnancy, pruritic folliculitis of pregnancy, or the new atopic eruption of pregnancy) are skin conditions - directly and indissolubly linked with the state of gestation or with the products of conception - that fall under the pregnancy-specific dermatoses conceptual umbrella. Intrahepatic cholestasis of pregnancy-a condition with secondary skin manifestations - defined as pruritus with onset during pregnancy, associated with abnormal liver function but in the absence of other liver conditions - is commonly linked with the pregnancy-specific dermatoses group (with some authors actually including it within the group itself).

However, the existence of several classification schemes - each delineating specific clinical algorithms and medical criteria and, in some cases, still subject to academic controversies and debates as to lacking sufficient etiopathogenetic data required to support a certain theoretical architecture - can lead to terminological and nosological confusion.

This article offers updated information on pregnancy dermatoses and provides a practical clinical algorithm for their diagnosis and management. Subsequently it offers effective treatment strategies for each of the conditions, with the main aim to contribute to the decreasing of maternal and fetal mortality and/or other associated risks, like prematurity.

Biography

Maria-Magdalena Roth is a dermatologist, researcher and head of the Dermatology Department at Hospital & Clinic Balear, Palma de Mallorca, Spain. Dr Roth earned her doctoral degree in medical sciences in 2007 at “Victor Babes” University of Medicine and Pharmacy in Timisoara, Romania, where she also received her medical education and residency training in dermato-venereology. She published more than 40 peer-reviewed publications, book chapters or conference papers, with her work being published in academic journals such as American Journal of Clinical Dermatology, Journal of the European Academy of Dermatology and Venereology, Acta Dermato-venereologica Alpina, Pannonica et Adriatica, Dermatology Nursing. She is a member of the “Dermatoses of Pregnancy” European Task Force, European Women’s Dermatologic Society, International Dermatoscopy Society, Romanian Association Society of Dermatology, and Romanian South-West Dermatology Association.

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Isolation and molecular characterization of the dandruff sample and its inhibition by medicinal plants

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With dandruff being a common everyday problem and the market loaded with antidandruff shampoos and such skin care products; it is obvious to assume resourceful research into this area. Medicinal plants have some natural Antimicrobial property and therefore such combination could be a potential antidandruff activity. To check its antidandruff activity, experiments have been conducted on Malassezia furfur the causal organism for seborrhoeic dermatitis or dandruff, which has been cultured for such study in our lab and its molecular characterization, is done by SDS and Agarose gel electrophoresis method. Malassezia spp. is lipophilic unipolar yeasts recognized as commensals of skin that may be pathogenic under certain conditions. The medicinal plants are natural and it has no or fewer side effects. Through synthetic and semi synthetic drugs are available in today's market; there is need for new ones from natural origin like phytoconstituents. Spices are the natural constituent who has contained more amounts of chemical constituents is helpful for antimicrobial or antifungal activity.

Biography
Parthasarathi Barik is currently working as a project fellow at CSIR Centre for Mathematical Modeling and Computer Simulation (CSIR C-MMACS) which is repositioned as CSIR Fourth Paradigm Institute, Bangalore, India. His research and professional career spans about 2 years of research and capacity building in modeling and computer simulation, health data mining, Data assimilation, disease modeling knowledge in biotechnology and subjects related to life science.

He obtained his M.Sc. (Biotechnology) from Bangalore University during 2010 and then joined as a researcher at Robust Materials Technology Pvt. Ltd, Bangalore where he carried out extensive research to understand inhibition of human dandruff by medicinal plants using the human dandruff sample. He also position in physics Olympiad in national level. He has published one paper and two more papers are in review in international journal. He also presented few papers in the conferences and also contributed the research articles to conference proceedings.

Currently Mr Partha is involved in the disease modeling group at CSIR C-MMACS where he uses the multi-source weather and climate data and develops the empirical models for the estimation as well as prediction of diseases like Malaria, Diarrhea, etc. at regional scale. He has basic knowledge of computational biology where he uses the software's for the data analysis. He is also good in experimental works in laboratory along with related software exposures.

Apart from his scientific credential he is very much active in the academic capacity building and human resource development where he discussed and helped the college students for the better understanding of life sciences. He is also a good sportsman and played carrom and net ball at national level.

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