14th International Conference on

Clinical and Experimental Dermatology

June 19-20, 2017 Philadelphia, USA

Scientific Tracks & Abstracts

Day 1

Kimberly Purdy Lloyd et al., J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
DOI: 10.4172/2155-9554-C1-059

A proprietary fertilized chicken egg extract significantly upregulates proliferation and migration of cultured human dermal fibroblasts and their deposition of new collagen, elastin and fibronectin

Kimberly Purdy Lloyd, Wicky Suyanto and **Aleksander Hinek**
LifePharm Inc, USA

Statement of the Problem: Fertilized avian egg extracts are used previously as a food supplement. However, their final composition and activity varied, due to chicken diet, egg incubation time, and final processing techniques. Here we report the pilot study on skin regenerative effects of the fertilized egg extract prepared from chickens fed with high quality grains (LifePharm Inc., Lake Forest, CA) and not exposed to any chemicals.

Methodology & Theoretical Orientation: The 0.5-1% solutions of this extract, prepared with our proprietary method and not exposed to heat, were added to primary cultures of dermal fibroblasts, isolated from skin biopsies derived from 6 healthy 24-43 year old women. Then, the 3 and 7 day-old cultures, maintained in the presence and absence of our egg extract were assessed with quantitative immuno-fluorescence for their ability to proliferate, migrate and produce the new extracellular matrix (ECM), containing collagen, elastin and fibronectin, as previously described.

Findings: Results showed that dermal fibroblasts incubated with 0.5-1% of the egg extract revealed a statistically significant up-regulation (60-70%) in their proliferation rate (immuno-detection of the Ki67-proliferative antigen), duplication of their migration abilities (cell culture scratch assay), as well as 2-4 times higher synthesis of fibronectin and deposition of the mature (cross-linked) elastin and collagen, as compared to untreated controls. Analysis of parallel cultures incubated with several specific inhibitors of biologically active factors that would positively modulate fibroblast proliferation and synthesis of major ECM components; revealed that our egg extract contained the active Platelet-Derived Growth factor (PDGF-BB), Transforming Growth Factor β-1 and a natural matrix cross-linker, Lysyl oxidase (LOX), but not metabolic steroid hormones or major kinases, which would potentially induce well known side effects and prohibit its use for tissue regeneration purposes.

Conclusion & Significance: In summary, we conclude that our egg extract does not induce any cytotoxic effects on the matrix-producing fibroblasts and that its described beneficial effects encourage its topical application for regeneration of the damaged skin and for the treatment of the hard-healing wounds.

Biography

Kimberly Purdy Lloyd, BS (Pre-med), MS (Welch Scholar) utilizes her expertise in Applied Biochemistry and Immunology to gain deeper understanding of how naturally derived ingredients may support health benefits. She collaborates and helps design protocols with scientific experts in basic and clinical research to understand functionality, safety and efficacy of novelty ingredients and product formulations. She is Executive Research and Development Scientist for LifePharm Inc., Lake Forest, CA, providing the liaison between academia and the company to bring quality scientific knowledge towards formulation and testing ingredients that may prove beneficial in cosmetic, medical device and dietary supplement formulations. She provides interpretation of scientific discoveries and studies for educational purposes for consumers, health-care professionals and the business community to enhance their understanding of ingredient information, use and benefit when merited.

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Notes:

Soumya Nagaraja et al., J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
DOI: 10.4172/2155-9554-C1-059

Infant with milky blood: A rare case of familial chylomicronemia presenting with infantile eruptive xanthoma

Soumya Nagaraja, Radha Nathan and **Asma El Sayed**
Brookdale University Hospital and Medical Center, USA

Hypertriglyceridemia with significant elevation in triglycerides are becoming increasingly common in American children who are obese and have sedentary lifestyle. But genetic disorders, which cause hypertriglyceridemia in infants, are very rarely reported. The latter defect can be induced by an abnormality either in the lipoprotein itself, Lipoprotein lipase deficiency or lipoprotein receptor defect. Here we report a 6 weeks old female infant of Middle Eastern decent who presented with fever, cough and nasal congestion for 1 week. Physical examination was significant only for eruptive Xanthoma present around the right eyes. During blood draw for sepsis screen, patient noted to be having pink milky blood. Baby was evaluated for sepsis and acquired causes for hyperlipidemia as the baby had Eruptive Xanthomas. Though the sepsis screen was not significant, the lipid profile was alarming with very high cholesterol of 975 mg/dl (normal value: 120-200 mg/dl) and triglycerides 1580mg/dl (normal value: 40-150 mg/dl), HDL 6 mg/dl (normal value 60-80 mg/dl). Ophthalmology examination was significant for Lipemia Retinalis. Ultrasound abdomen done in view of pancreatitis due to hypertriglyceridemia was reported normal. EKG and Echo were also normal. Further evaluation of the parents and siblings revealed that the father and the older sister who is 6 years old also had pink milky blood with increase in cholesterol and triglycerides, which was undiagnosed. Due to the presence of Infantile Xanthomas, very high cholesterol, hypertriglyceridemia and familial presentation, further evaluation of genetic causes for hyperlipidemia was done. Genetic analysis showed a T108R mutation in GPIHBPI gene suggestive of Chylomicronemia due to LPL deficiency. Initially mother was advised exclusive breastfeeding with modification in her diet. This induced as sharp increase in triglycerides. Thus breastfeeding was discontinued. Baby was started on special formula with medium chain triglycerides oil. After 8 months, there has been a substantial decrease in the cholesterol to 145 mg/dl and triglyceride to 812 mg/dl without administering any lipid lowering medications. The Eruptive Xanthoma spontaneously resolved as the cholesterol and triglycerides showed decreasing trend. The child continues to closely follow with cardiologist, gastroenterologist and the lipid clinic as Chylomicronemia is associated with increased incidence of premature coronary vascular disease, pancreatitis and death. This case is being presented because of its uncommon presentation in infant. The use of lipid lowering medications in infants has not been studied because of rarity and hence much data is not available about treating familial hypercholesterolemia and hypertriglyceridemia in infants. The photos of the patient cannot be published, as parents did not consent for the photo due to religious reasons. Biopsy of the Cutaneous Xanthoma could not be performed due to cosmetic reasons as lesions were very near to the eyes. The photo of the milky blood is attached.

Biography

Soumya Nagaraja is a board certified Dermatologist with MD (Dermatology, Venereology, Leprosy) from India. Her area of interest is Pediatric Dermatology. Her research has been in the area of psychoneuroimmunology in chronic dermatological disease like psoriasis. She was working as Dermatologist and Cosmetologist in Bangalore, India before moving to USA. Currently she is pursuing MD (pediatrics) at Brookdale University Hospital and Medical Center, New York. Her current area of research has been on "Evolution of clinical and lab parameters before and after IV immunoglobulin therapy" in Kawasaki disease patients. She has also been doing her electives in Allergy and Immunology as she plans to pursue her career also as Researcher with special interest in Immune Mediated Dermatological Disorders.

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Notes:

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Anis Rahman et al., J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Terahertz multispectral reconstructive imaging of biological specimen

Anis Rahman[1], **Babar Rao**[2] and **Aunik Rahman**[1]
[1]Rutgers University, USA
[2]Applied Research & Photonics, USA

Terahertz multispectral reconstructive imaging is an effective tool for soft tissue imaging without any radiation damage kike X-ray. Here, examples of biological tissue imaging are outlined to elucidate the technique. Reconstructive imaging utilizes the technique of rasterizing a specimen over a given area. ARP's instrument allows the T-ray beam to be focused on a given layer under the surface; therefore, a 3D volume may be rasterized on a layer by layer basis. The reflected intensity is recorded preserving the exact coordinates over which measurements are done. The intensity matrix is then converted to image via inverse gridding algorithm. The algorithm is capable of accurate representation of the measured object similar to a charged couple device as has been explained previously. Here we present images of human skin under different diseased conditions as compared with healthy skin samples. Fig. 1(a) exhibits terahertz reconstructive images of a healthy skin sample where regular cellular pattern is visible. This is expected from the healthy skin tissue. Fig. 1(b) shows an image of a skin sample diagnosed for basal cell carcinoma. As evident from Fig. 1(b), diseased skin sample has lost its regular cellular pattern which is present for the healthy skin sample. This lack of systematic cellular structure may serve as an easy visual means to indicate that there is something wrong with the sample. As outlined in reference [1], a combination of presence or absence of regular cellular structure, terahertz spectral comparison, and lack or presence or layering information is expected to serve as a fool proof diagnostic tool for different kind of skin cancers.

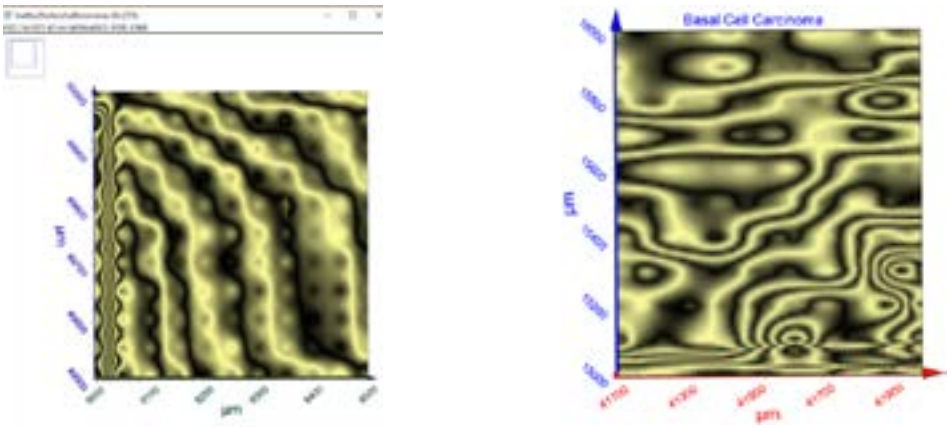

Figure 1: (a): terahertz image of healthy skin tissue. (b): Image of skin tissue diagnosed for basal cell carcinoma showing distorted cell structure

Biography

Anis Rahman is an acclaimed Scientist in the field of Nanotechnology. He is a winner of many scientific awards including NASA Nanotech Brief's "Nano-50" award twice; CLEO/Laser Focus World's "Innovation award". He is the Founder of a terahertz company in Harrisburg, Pennsylvania. He is a recognized Scientific Leader and Member of professional organizations including the American Chemical Society (ACS), The Optical Society of America (senior member), and the SPIE. He is the current Chair of Small Chemical Businesses Division of the ACS. He has been an author and co-author of more than 120 papers in peer reviewed journals and conference proceedings.

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Emily Shao et al., J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Vancomycin induced panniculitis: A rare drug reaction

Emily Shao, Sarath Bodapati, Andrew Freeman and **Ivan Robertson**
Royal Brisbane and Women's Hospital, Australia

Introduction: Panniculitis is an uncommon condition that typically presents as a non-specific area of erythema, with deep-seated nodules and plaques. There are a number of aetiologies the cause panniculitis, including infection, auto-immune, traumatic, and drug-induced. To our knowledge there have been no published cases of vancomycin-induced panniculitis.

Case Study: A 57-year-old Indigenous-Australian woman presented with a 1-month history of painful subcutaneous nodules. This coincided with commencement of vancomycin for treatment of bacteremia secondary to osteomyelitis. There were no other new medications started. On examination there were tender, firm subcutaneous nodules to the left anterior chest, bilateral flank, and back, with widespread eczematous plaques to the back. She reported a similar episode onset of development of a subcutaneous nodule 2 years ago, also after starting vancomycin. Histopathology showed eosinophilic panniculitis with dermal reaction containing frequent eosinophils. There was no histological support for either lupus or infective causes. She had a complex medical background, including type two diabetes, obesity, chronic obstructive pulmonary disease, ischemic heart disease, dyslipidaemia, osteoarthritis, pseudoseizures, atrial fibrillation, rheumatic heart disease and subsequent infectious endocarditis, requiring a mitral valve replacement.

Discussion: This is the first case of panniculitis associated with vancomycin that we have found in the literature. Medications that have been associated with panniculitis include but is not limited to leukotriene modifying agents, interferon beta therapy, potassium bromide, protease inhibitors, glatiramir acetate and corticosteroid withdrawal.

Conclusion: Panniculitis is associated with a wide range of aetiologies. Drug induced panniculitis and the mechanisms behind it are poorly understood, and features are often indistinguishable from other causes. In patients who present with panniculitis, clinicians should maintain a degree of suspicion for an adverse drug reaction, as there is a wide range of medications that can cause panniculitis.

Biography

Emily Shao has graduated from the University of Queensland with a BSc/MBBS in 2015. She is currently working at the Royal Brisbane and Women's Hospital as an Intern and is completing a Master of Public Health at the University of Sydney. As an aspiring Dermatologist, she is actively involved with dermatology-related research.

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Notes:

Silvia Cristina Jaramillo Manzur et al., J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Metastasic tuberculous abscess of the thorax

Silvia Cristina Jaramillo Manzur, Diana Medina, Jose Angel Peerez and **Roberto Arenas**
Hospital General Dr. Manuel Gea González, Mexico

We present a 47 year-old male with a six year history of a purulent ulcer at the parasternal region. Biopsy showed a granulomatous infiltrate with giant multinucleated cells and mycobacteria was cultured in Löwenstein-Jensen medium. PCR was positive for *Mycobacterium tuberculosis*. Mantoux test was 15 mm. Chest radiography showed right apical and basal reticular infiltrate. Culture was negative and no evidence of Acid-Fast Bacilli (AFB) on sputum and urine samples. HIV was no reactive. Improvement was observed after antituberculous therapy. The patient lost his social security; we could not undertake any clinical or epidemiological monitoring. Cutaneous tuberculosis is a rare form of extrapulmonary tuberculosis (3.5% of cutaneous tuberculosis). Its incidence has increased for the emergence of AIDS, use of immunosuppressive monoclonal antibodies but also by the emergence of multi-resistant strains, lack of interest in social control programs related to antituberculous, overcrowding, promiscuity and migration of people from endemic areas. Metastatic tuberculous abscess is the result of hematogenous dissemination, which can occur in immunocompromised or immunocompetent patients. It usually affects trunk and extremities with a "cold" abscess with secondary liquefaction, sinus tracts and ulcers. Lesions can multiple in military tuberculosis. Currently, diagnosis of tuberculosis should include culture and identification of species/complexes and drug sensitivity, after probability criteria such as: Tuberculoid granuloma with or without caseous necrosis; positive PPD or tuberculosis confirmed in another organ and a therapeutic trial with success after one week. Treatment includes a scheme of four drugs Rifampicin 150 mg, Isoniazid 75 mg, Pirazinamid 400 mg and Ethambutol 300 mg. Treatment should last for six months, as well as for treating patients co-infected with HIV, regardless of the stage of viral infection and patients should have treatment restarted when cultures and diagnostic testing persist with positive results.

Biography

Silvia Cristina Jaramillo Manzur is currently studying the last year of Medical Surgeon course in Mexico. Her love for Medicine began from her childhood as her father was also a surgeon who always urged her to know more about his career. She would like to practice as a Dermatologist in the future, for what she has already taken the first step since she passed the national exam of Medical Residency to perform a year of Internal Medicine and later Dermatology.

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B B Mahajan et al., J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Premature greying of hair and role of oiling in Indian perspective

B B Mahajan, Raman Mahajan and **Richa Nagpal**
Government Medical College, Amritsar, India

Premature greying is the term used when hair turns grey prematurely. Though greying of hair is a natural process, yet in the modern era of cosmetological revolution, it has assumed a lot of aesthetic relevance, especially premature hair greying. Black, thick and shiny hair is not only sign of youthfulness and good health, but is also cosmetically appealing. Caucasian people will begin to gray in their mid-thirties, African-American people can retain their original hair color until their mid-forties, Asian people begin graying in their late thirties, whereas, as compared to South Indian population, North Indians begin to grey in their early thirties. Countless products are flooding the market everyday like, hair oils, shampoos, conditioners, gels and hair dyes which claim to slow/revert premature hair greying, but all these provide only temporary relief, if any. Before understanding the greying on hair, its etiopathogenesis is very important. There are various known causes of premature hair greying like excessive prolonged stress, thyroid deficiencies, excessive intake of tea, coffee and alcohol, fried foods, spices, sour and acidic foods, deficiency of nutrients, especially, copper reduces melanin production, deficiency of B & biotin and hereditary causes. Common hair oils used in India include Coconut oil, Amla oil (Indian Gooseberry), Mustard oil, Olive oil, Almond oil and Mineral oils, out of which Coconut oil is the most commonly used one. Coconut oil massage not only improves the blood circulation of the scalp but also gradually restores hair color & prevents further greying of hair, and thus, delays the greying process and strengthens the hair and promotes growth. Coconut oil additionally, has soothing and cooling properties. Coconut oil is owing to its low molecular weight and high affinity for hair proteins, having the capacity to penetrate the cuticle and displacing the air which has replaced the melanin. It may have a role in not only delaying the premature greying of hair, but also giving cosmetic acceptability to the hair by making them appear less grey.

Biography

B B Mahajan is a Professor at the Department of Dermatology, Venereology and Leprology at Government Medical College, Amritsar. He is the fFounder of Nail Society of India. He is also the Vice President of IADVL since 2016. He was the Organizing Secretary of Dermazone 2001, Cuticon 2006 (Asr), Cuticon 2012 (Fdk) and VII MCV (Asr). His area of interest includes Psoriasis, Vitiligo, STDs, Nail Disorders, etc.

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Notes:

Sukesh Sukumaran et al., J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Dermatological manifestations in pediatric rheumatology patients - The era of new biological medications

Sukesh Sukumaran[1] and **Suprakasan Sukumaran**[2]
[1]University of Arkansas for Medical Sciences, USA
[2]KIMS Medical Center, Qatar

Rheumatic diseases have a wide variety of cutaneous manifestations especially in the pediatric population. The dermatologic manifestations may be the sole features in some of the rheumatic diseases especially at the initial presentation. The common rheumatic diseases include the pediatric systemic lupus erythematosus, juvenile dermatomyositis, systemic onset juvenile idiopathic arthritis, juvenile scleroderma and juvenile psoriasis. Dermatological manifestations are also seen with less common rheumatic diseases including the periodic fever syndrome, SAPHO syndromes, Neutrophilic dermatoses and pediatric vasculitis. The timely recognition of these rashes helps to diagnose the underlying rheumatic disease and also to start appropriate immune modulation. With the new biological management of the rheumatic disease the challenges are higher as initiation of the appropriate treatment within the therapeutic window will help to alleviate the long term damage to the joints or internal organs. The biologics commonly used in pediatric rheumatology includes different anti TNF agents (etanercept, adalimumab, infliximab), anti IL1 (anakinra, canakinumab, rilanocept), anti IL6- tocilizumab, anti B cell treatment with rituximab and belimumab, co stimulatory inhibitors like abatacept, anti IL12/23 agent and IL17 agent like secukinumab. The medications used to treat different rheumatic conditions lead to dermatological manifestations and implicated in the new onset of cutaneous lupus and drug induced lupus. The topic is very important as the field of rheumatology and dermatology is changing its face every day with the advent of new biologic medications. In this talk we are focusing on the rheumatic diseases with cutaneous manifestations and new biologic medications.

Biography

Sukesh Sukumaran completed his Pediatric Residency from UMDNJ, Camden, NJ and Pediatric Rheumatology Fellowship from USC in Los Angeles, CA. He attended his Medical School 21 years ago in University of Kerala, Trivandrum, India. He is currently an Assistant Professor of Pediatric Rheumatology at UAMS/ACH. He was the Program Director for the Pediatric Rheumatology Fellowship Program at University of Florida prior to the current position. He is currently working as the Chief Consultant at KIMS Hospital and Medical Center at Doha, Qatar. He is currently a Visiting Professor of Dermatology and Head of the Division of Dermatology and Venereology at Palana Institute of Medical Sciences. He was the Head of the Division of Dermatology and Venereology at Trivandrum Medical College and In-charge of the education for post-graduate & medical students and residents.

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Notes:

Sarath N Bodapati et al., J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Sneddon's syndrome: Livedo racemosa and cerebrovascular disease

Sarath N Bodapati, Lauren Kunde, Gregory Butler and **Daniel James**
Royal Brisbane and Women's Hospital, Australia

Introduction: Sneddon's syndrome (SS) is a rare non-inflammatory thrombotic vasculopathy characterized by the combination of cerebrovascular disease with livedo racemosa (LRC). The cerebrovascular manifestations of SS are most often due to ischemia, including transient ischemic attacks and cerebrovascular accidents (CVA).

Case: A 39-year-old women presented for routine follow-up of a net-like cyanotic discolouration over her posterior thighs and lower back. The rash had been present for 15+ years, and had previously been diagnosed as idiopathic livedo reticularis (LR). On further questioning, it was revealed that the patient had a CVA at the age of 17, assumed to be secondary to amphetamine use. As such, repeat biopsies were performed, and a diagnosis of LRC was confirmed. This lead to an eventual diagnosis of idiopathic SS.

Discussion: The distinction between LRC and LR is relatively new concept. LR is a benign, primary disorder that affects young to middle-aged females while LRC is a secondary disorder. LRC is similar to LR in appearance, but it differs in its location (more generalized and widespread), its shape (irregular, broken, circular segments), and persistence despite warmth.

Conclusion: Pathophysiology of SS is not completely understood. SS likely stems from a number of acquired or congenital hemostatic abnormalities, which preferentially involves cerebral and cutaneous vascular beds. Any patient suspected of SS should undergo various blood tests (e.g. thrombotic screen), skin biopsy, and thorough cardiovascular evaluation (e.g. MRI head).

Biography

Sarath N Bodapati graduated from James Cook University with MBBS (Hons) in 2014. He currently works at Royal Brisbane and Women's Hospital as a Resident Medical Officer. As an aspiring Dermatologist, he is interested in Medical Dermatology, and is actively involved in research.

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Notes:

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Scientific Tracks & Abstracts

Day 2

De Rossi Fattaccioli, J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
DOI: 10.4172/2155-9554-C1-059

The best neo collagen production: Histological comparison between deep depth chemical peelings: My personal formula Baker & Gordon, Fintzi formula

De Rossi Fattaccioli
Perù Dermatology Society, Peru

Chemical peeling is the most ancient procedure to remove and repair the photodamage effects (Ebers Papyrus). The newest with Erbium, Neodimiun YAG Carbon Dioxide (CO_2) Laser (ultrapulsed, fractional & others) are being used for the same i.e., remove sun damage elastotic collagen on reticular dermis, atrophic basal-malphigi stratum and hyperkeratosis cornium stratum and production of the best neoCollagen. Phenol deep chemical peelings (Backer-Gordon, Litton, Fintzi and Hetter formulas) have been used and still are being using extensively for facial skin rejuvenation. I introduce a "new" Personal Formulae (1986-2017) which use the Heat like penetration factor and Glycerine like buffer and booster at the same time in this formula. These studies have been done to compare the effects of the treatments using histologic views in different periods of time. Biopsies of facial skin treated on pre and retroauricular zone were maked: 24 hours after the application of a new adaptation of the Baker´s formula: DeRossi Fattaccioli`s formulae for deep chemical peeling. Areas near the first biopsies were biopsied after 12 hours, 24 hours, 1 week, 2 weeks, 2 and 3 months after; and 24 hours, 48 hours, 72 hours, 1 week, 1 year and 10 years after application of De Rossi Fattaccioli`s Phenol-Croton. Initial biopsies showed deep chemical peeling Phenol-Croton oil DeRossi Fattacioli`s formulae, have produced a thick zone of new collagen formation, and at 3 months comparatively with others formulae of deep chemical peeling with De Rossi Fattaccioli´s formula show a thicker and wide new collagen zone.

Biography

De Rossi Fattaccioli is the member of American Academy of Dermatology, International Society of Peeling (ISP), Argentina Dermatology Society, Cilad Coligeo Iberolatino Mericano of Dermatology, Peruvian Society of Dermatology. He is the Principal Professor of Dermatology National University of Tacna "Jorge Basadre Grossman" and University of Tacna. He is an ex-President of Peruvian Society of Dermatology.

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Michael Ibbott, J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Acne, inflammatory and non inflammatory lesions: Overview and causes on solutions with a medical aesthetic perception

Michael Ibbott
Derme& Co, Canada

This presentation focuses on the overview of acne and how to intervene and prevent this skin disorder. The lecture also focuses on: 1. Learning a different approach to treating acne. 2. Learning proper terminology to use with the clients and all the different treatment options that can be implemented in a medical spa setting. 3. Providing clients with optimum results. Lifestyle and prevention methods will be discussed. LED, IPL, new ionotherapy, supplements and all other treatment options will also be covered in this presentation.

Biography

Michael Ibbott is an International Educator and Consultant. He has been in the Esthetic field for over 23 years, and has been trained and lectured in the US, Canada, Australia and Korea. His background in medical esthetics, electrology, Shiatsu therapy and other holistic modalities, have given him a unique perspective as to current trends and treatments available to those suffering from acne, rosacea, hyperpigmentation and melasma. He incorporates a logical progression in the understanding and the implementation of treatment protocols and patient care to advance concrete results.

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Notes:

Shilpi Dhawan, J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Efficacy and safety of tretinoin (Microsphere) 0.04% and clindamycin 1% combination gel in comparison to tretinoin 0.025% gel and clindamycin 1% gel in the treatment of moderate to severe acne vulgaris

Shilpi Dhawan
Dr. Reddy's Laboratories, India

Statement of the Problem: Topical retinoids such as tretinoin are currently used as monotherapy and also in combination with clindamycin for treatment of acne. Although the effectiveness of topical tretinoin is well established, the associated skin irritation is a limiting factor in some subjects due to the availability of drug to skin in high concentration in a short period. Novel tretinoin formulation incorporating microsphere technology may improve treatment tolerability, encourage adherence, and contribute to better long-term therapeutic outcomes.

Purpose: The purpose of this study was to evaluate efficacy, safety and tolerability of novel formulation of tretinoin (Microsphere) 0.04% and clindamycin 1% combination gel (T+C) vs. tretinoin 0.025% (T) and clindamycin 1% (C) in the treatment of acne vulgaris.

Methodology & Theoretical Orientation: Eligible male and female subjects ≥12 years with clinical diagnosis of moderate to severe facial acne vulgaris and willing to provide informed consent were randomized in 2:2:1 ratio [Tretinoin (microsphere) 0.04% and clindamycin 1% combination gel (T+C): Tretinoin 0.025% (T): Clindamycin 1%(C)] and instructed to apply a pea-sized amount of the product to the entire face once daily at bedtime for 12 weeks. Efficacy was evaluated by assessing the reduction in count and severity of acne lesions at each visit. Local tolerability assessments were done at all follow-up visits.

Findings: In our study, a statistically significant reduction in acne lesion count was observed with T+C compared to both T and C showing superior efficacy with combination. An early and a higher response rate in efficacy was observed in T+C arm compared to T and C arms. The combination was well tolerated in the study.

Conclusion & Significance: The combination therapy of tretinoin with microsphere technology and clindamycin improved patient satisfaction and adherence to treatment by providing superior efficacy and faster onset of action with better tolerability.

Biography

Shilpi Dhawan has vast experience in conduct of Clinical Research in various therapeutic areas. She completed her MD in Pharmacology and has passion in improving the health and well-being of the patients by bringing innovative ideas for increasing patient compliance, adherence to treatment and safety of the patients. She believes in bringing quality and affordable medicines to the patients by doing quality research. She truly believes in generating the quality data and hence trains the sites in protocol and GCP compliance.

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Notes:

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Workshop

Day 1

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Daniel De Rossi Fattaccioli, J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Daniel De Rossi Fattaccioli

Perù Dermatology Society, Peru

Depth deep chemical peel – Phenol & Croton-new personal formula (Procedure, Technique, Performance)

Fotoaging`S treatment is the most popular in dermatology`S consult and is on constantly developing on innovation. We will show an old fashion treatment like depth deep chemical peeling (1903 Mc Kee First Publication) but I will introduce on the congerence my experience with a new formule (It's A Baker&Gordonformule`S Variation) and using heat (30-50°C Celsius Degrades) like a new strong penetration factor that produce more neocollagen that laser Co_2 ultrapulsed.

Biography

De Rossi Fattaccioli is the member of American Academy of Dermatology, International Society of Peeling (ISP), Argentina Dermatology Society, Cilad Coligeo Iberolatino Mericano of Dermatology, Peruvian Society of Dermatology. He is the Principal Professor of Dermatology National University of Tacna "Jorge Basadre Grossman" and University of Tacna. He is an ex-President of Peruvian Society of Dermatology.

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Notes:

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Video Presentation

Day 2

conferenceseries.com

Alexandre Malek et al., J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
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Erythema gyratum repens secondary to acute myeloblastic leukemia

Alexandre Malek[1], **Patric-Eric Nasnas**[2] and **Roy Nasnas**[1]
[1]Saint Joseph University, Lebanon
[2]Lebanese American University, Lebanon

An 80 year Caucasian man was admitted to the hospital for prolonged fever, weight loss and general status alteration. He noted a pruritic skin lesion. As past medical history, he had been treated for Hodgkin lymphoma in 1994 and non-Hodgkin lymphoma in 2004. An year ago, he developed myelodysplastic syndrome. Thoraco-abdominopelvic CT scan, gastroscopy and colonoscopy were normal. PPD skin test was negative and pan cultures were sterile. The physical examination was normal except the presence of multiple, annular, rapidly growing erythematous plaques over the right thigh. Bone marrow aspirate and biopsy revealed acute myeloblastic leukemia (AML). Diagnosis of Erythema Gyratum Repens (EGR) was made on clinical ground and it was secondary to AML. EGR in 80% of cases is related to underlying malignancies most notably lung cancer. However, EGR in 20% is associated with non-neoplastic diseases such as pulmonary tuberculosis, autoimmune or connective tissue conditions.

Biography

Alexandre Malek is a Medical Doctor graduated in 2012. He then did Internal Medicine and now he is in his last year of Infectious Disease Speciality. He did his studies at Saint Joseph University, Faculty of Medicine, Beirut, Lebanon. Currently, he is doing one year internship in Infectious Disease in Paris, France.

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The use of dermatoscopy in diagnosis of scabies

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Statement of the Problem: Due to difficulties in obtaining skin scrapings from some patients and the lack of sensitivity of classical methods in diagnosis of scabies, dermatoscopy is commonly informative.

The Purpose of the Study: To evaluate the diagnostic accuracy of dermatoscopy for diagnosing scabies.

Methodology & Theoretical Orientation: A cross sectional study was carried out at Dermatology Center of Slemnai from 1st June to end of October 2015 on 202 patients with clinical suspicion of scabies. The patients had confirmed diagnosis by clinical diagnosis, dermatoscopy and skin scrapping.

Findings: Studying validity test of dermatoscopy in comparison to confirmed diagnosis revealed that the sensitivity of dermatoscopy was 91.5%, specificity 65%, and +ve predictive value 86%, -ve predictive value 76.5% and accuracy 83.6%. There was a significant association between positive dermatoscopy results and scabies patients with likely or very likely clinical diagnosis (p=<0.001).

Conclusion & Significance: Dermatoscopy is a good screening tool for scabies especially among high risk people.

Recommendations: Encouraging health directorates to start the use of dermatoscopy for screening of scabies, especially among refugees, displaced people and prisoners and the adoption of clinical diagnosis, skin scrapping and dermatoscopy as the diagnostic choice for scabies.

Biography

Hemn Ahmed is an enthusiastic board certified Dermatologist. He searches for studying more degrees, which enables him to develop new skills, while strengthening those that he possesses. He started his vocation in Dermatology and Venereology and wants to get more experience and knowledge and enjoys being part of a successful and productive team. He has years of experience in research, evaluation, teaching and administration both in hospital and education institutions.

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The divergent roles of growth differentiation factor-15 (GDF-15) in benign and malignant skin pathologies

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GDF-15 (Growth Differentiation Factor-15) is a member of the transforming growth factor β (TGF-β) superfamily. GDF-15 is not only involved in cancer development, progression, angiogenesis and metastasis, but also controls stress responses, bone formation, hematopoietic development, adipose tissue function and cardiovascular diseases. GDF-15 is regulated by p53, has shown antitumorigenic and proapoptotic activities *in vivo* and *in vitro*. Also, GDF-15 is involved in skin biology and histamine-induced melanogenesis; it is overexpressed in melanoma cells and is associated with depth of tumor invasion and metastasis. GDF-15 level is increased in patients with systemic sclerosis and is related with the degree of skin sclerosis and intensity of pulmonary fibrosis. In the future, GDF-15 may be a potential target for therapy in benign disorders with skin fibrosis and malignant lesions of the skin.

Biography

Sevil Alan has received her PhD from Ege University, Turkey during the period of 1993-1999. She completed her Dermatology Residency at the Adana Numune Education and Research Hospital in Adana, Turkey. Currently, she is working as a Dermatologist in Akdeniz University School of Medicine, Turkey. She is an Editorial Board Member of journals like *SM Dermatology, Dermatology & Pigmentation Disorders*, and *International Journal of Clinical Dermatology & Research* (IJCDR). She is serving as a Reviewer for journals like *JAMA Dermatology, International Research Journal of Public and Environmental Health, International Medical Journal of Sifa University*. She has authored many research articles.

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