



InfoDerma



**A NEWS BULLETIN FROM DEPARTMENT OF DERMATOLOGY
ADICHUNCHANAGIRI INSTITUTE OF MEDICAL SCIENCES
B.G.Nagara, Nagamangala, Mandya**

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DERMATOSURGERY, COSMETIC DERMATOLOGY & LASERS LIVE WORKSHOP

We, the Department of Dermatology, organized a State Level CME and Live Workshop on "Dermatosurgery, Cosmetic Dermatology and Lasers" in association with IADVL, Karnataka branch and Mandya Society of Dermatologists at Adichunchanagiri Institute of Medical Sciences on 21st December 2017. Eminent speaker Dr. Avitus John Raakesh Prasad, conducted the entire CME and Live Workshop from 8.30 am to 5.00 pm.

Registration for the workshop was done between 8.00 am to 8.30 am. The number of delegates crossed 100 in number and the event was well received by the delegates.

A brief introduction of the speaker was given by our Organizing co-chairman, Dr. M Ranga Swaroop following which the scientific session started. The first session started at 9.00 am wherein the speaker gave an insight into different types of chemical peels with emphasis on newer peels.



This was followed by live demonstration of chemical peeling on a patient. The next session started at around 10.00 am. In this session, the speaker highlighted on the techniques and applications of Fractional CO2 laser and Micro-needling Radio Frequency device, followed by live demonstration on two patients with acne scars. Then there was an inaugural function at 11.15 am, wherein our honourable Principal, Dr M G Shivaramu, was the chief guest. Other dignitaries being, the Medical Superintendent, Dr. T M Manohar; KMC Observer, Dr. Somasekharaiah D; Organising chairman and Head of Department of Dermatology, Dr. B.D. Sathyanarayana and Joint General Secretary, IADVL, Karnataka, Dr. Jayanth D P.

The inaugural ceremony started with an invocation song followed by lighting of lamp by the dignitaries. Welcome speech was delivered by Dr. B D Sathyanarayana and Presidential address by the chief guest. The speaker was felicitated by the Principal of AIMS. The inaugural function was concluded with vote of thanks by Dr. Yogesh D, Organising secretary. The inauguration ceremony was followed by a tea break of 10 minutes.

Post tea-break, the session was on Vitiligo Ultrathin epidermal grafting wherein the speaker gave a lucid description of the technique to harvest Ultrathin Epidermal graft in Vitiligo followed by live demonstration on a patient with stable vitiligo. This was followed by lunch break of 45 minutes.



In the post lunch session the speaker highlighted the techniques and application of Qs Nd:YAG laser for tattoo and pigmentary disorder which was followed by live demonstration on two patients. The last scientific session was regarding the applications of the Intense Pulsed Light (IPL) in Aesthetic Dermatology, wherein the speaker discussed extensively about IPL and gave valuable practical tips regarding its applications.

The last session was followed by a question and answer session wherein the delegates interacted with the speaker. This was followed by valedictory function at 4:45 pm.

ADULT ACNE

Introduction

Acne is defined as a chronic, self-limiting, inflammatory disease of the pilosebaceous unit, manifesting generally in adolescence with polymorphic lesions like comedones, papules, pustules, nodules and cysts. Acne vulgaris is one of the most common skin disorders worldwide with a prevalence of more than 85%. It is commonly viewed as a disorder of adolescence, however, of-late the prevalence of acne in adults is increasing.

Adult acne is defined as the presence of acne beyond the age of 25 years. There are two types of adult acne - persistent acne and late-onset acne. Adolescent acne persisting beyond the age of 25 years is called persistent adult acne (80%). Acne developing for the first time after the age of 25 years is called late-onset adult acne (20%). Adult acne is seen predominantly in females (Male: Female= 1: 4.6).

Etiopathogenesis

Acne vulgaris is a multifactorial disease of pilosebaceous units; increased sebum production, altered keratinization of ductal keratinocytes, proliferation of Propionibacterium acnes and inflammatory signaling play a major role in the pathogenesis. Androgens and innate immunity play a central role in adult acne, especially in women.

Factors which can aggravate adult acne are psychological stress, smoking, menstruation, cosmetics, sun exposure, medications (pro-androgenic progestins, oral contraceptive pills, benzodiazepines, lithium, topical and systemic steroids, isoniazid, ramipril, ciclosporin).

Clinical Features

1. Persistent acne: It is characterized by deep-seated painful inflammatory lesions, mainly papules, and nodules commonly involving jaw line, lower third of face and neck.
2. Late-onset acne: a. Chin acne b. Sporadic acne.

Table 1: Clinical difference between adolescent and adult onset acne

| | Adolescent acne | Adult acne [Figure 1] |
|-----------------------|--|---|
| Age (years) | <25 | >25 |
| Sex | Male preponderance | Female preponderance |
| Distribution | Face: Cheeks and trunk | Cheek, lower third of face, jaw line Trunk: Rare |
| Morphology of lesions | Comedones and cysts: Common Inflammatory lesions: Common Scarring: Depends on severity | Comedones and cysts: Rare Inflammatory lesions: Characteristic Scarring: Common |
| Hormonal imbalance | May occur | Common |
| Premenstrual flare | Not common | Commonly seen |
| Treatment | Predictable | Resistant to therapy |

Table 2: Systemic diseases associated with adult onset acne

| |
|--|
| Endocrine diseases |
| Polycystic ovary disease |
| Cushing syndrome |
| Hyperandrogenemia, insulin resistance, and acanthosis nigricans syndrome |
| Seborrhea, acne, hirsutism, androgenetic alopecia syndrome |
| Congenital adrenal hyperplasia |
| Late onset adrenal hyperplasia |
| Androgen-secreting tumors |
| Acromegaly |
| Metabolic syndrome |
| Nonendocrine diseases |
| Apert syndrome |
| Synovitis, acne, pustulosis, hyperostosis, osteitis syndrome |
| Pyogenic arthritis, pyoderma gangrenosum, and acne syndrome |

Adult acne can cause significant negative psychosocial effect including anxiety, depression, low self-esteem, low self-confidence, unemployment, mental stress, frustration, embarrassment, social inhibition, shame, altered body image, psychosomatic symptoms (e.g., pain and discomfort), obsessive-compulsiveness, and suicidal tendencies.

Management:**Investigations:**

In the case of women with a history of irregular cycles, hirsutism, obesity, the following investigations are done: ultrasonography (abdomen & pelvis), hormonal evaluation (serum levels of total testosterone, dehydroepiandrosterones, FSH, LH and prolactin), blood sugar levels, serum lipids and serum insulin levels. Other investigations may include SHBG, ACTH stimulation test, cortisol and dexamethasone suppression test.

Treatment:

1. Topically retinoids and anti-microbial agents should be considered as a first-line therapy for mild to moderate inflammatory acne as well as comedonal acne.
2. Systemically
 - Systemic antibiotics- The preferred agents are second-generation tetracyclines (oxytetracycline, minocycline, and lymecycline) and erythromycin group of drugs, though these may show a slow response in adult acne.
 - Oral retinoids- low dose Isotretinoin 0.25 mg/kg body weight
3. Hormonal Therapy- Considered in female patients with PCOD. Hormonal agents comprise two groups:
 - Drugs acting by decreasing androgen synthesis from adrenals and ovaries - Oral Contraceptives and glucocorticoids
 - Drugs acting by blocking androgen receptors - Cyproterone acetate (CPA), spironolactone, drospirenone, and flutamide.
4. Insulin sensitizing agents: Metformin and thiazolidinediones (rosiglitazone/ pioglitazone).
5. Blue light therapy: It has a significant role in reducing mild-to-moderate inflammatory acne.

DEPARTMENT NEWS**Conferences, CMEs and Workshops:**

Faculty and post graduates of our department attended the following conferences:

1. 21st Dermazone South & 8th Cuticon, Karnataka held in Mangalore from 17th to 19th November, 2017.
2. Dermatology & Cosmetology Workshop held at Hassan Institute of Medical Sciences on 15th October, 2017.
3. PGCON, South Zone, held in Calicut, Kerala on 21st and 22nd October, 2017.

Presentations:

Dr. M.R. Swaroop, Associate Professor, delivered a talk on i) The IMG- goal, rules and competencies ii) Small Group Discussion iii) Effective clinical and practical skill teaching at Revised basic course workshop in Medical Education Technologies held between 13-15 December, 2017 at Adichunchanagiri Institute of Medical Sciences.

Paper Presentations:

Our post graduate students presented the following scientific papers at 21st Dermazone & 8th Cuticon, Karnataka, held at Mangalore between 17th and 20th November 2017:

1. Dr. Suman presented an award paper titled "Topical steroid abuse over face: A clinical study" and an e-poster on, "Basosquamous Carcinoma: A report of two cases".
2. Dr. Sindhujaa presented an award paper titled, "Assessment of Efficacy of Microneedling Fractional Radiofrequency in the treatment of facial acne scars".
3. Dr. Shruti presented an e-poster titled, "Efficacy and Safety of Autologous Serum Skin Test and Therapy in Chronic Urticaria".