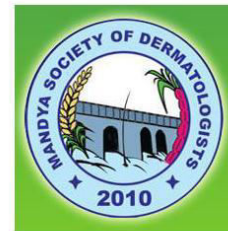




# InfoDerma



A NEWS BULLETIN FROM DEPARTMENT OF DERMATOLOGY  
ADICHUNCHANAGIRI INSTITUTE OF MEDICAL SCIENCES

Jan-June 2017; 8(1)

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## **ANTI LEPROSY DAY**

On the Eve of National Anti Leprosy day and Martyrs' day (Sarvodaya day) on 30<sup>th</sup> January 2017, we from the Department of Dermatology conducted a "Free skin camp and Leprosy Screening" at the Government General Hospital, Channarayapatna between 9am to 4pm.

The inaugural function was attended by Sri Sri Shambunatha Maha Swamiji of Adichunchanagiri Shaka mutt, Hassan; Mr C N Balakrishna, MLA Shraavanabelagola; Mrs Vedavathi – Tehsildar, Taluk office, Channarayapatna; Dr Venkatesh - District Health officer, Hassan; Dr Mahadev Prasad - Taluk health officer, Channarayapatna; Dr Sheetal Kumar - the Administrative Medical officer of Government General Hospital, Channarayapatna; Dr. T.M.Manohar - Medical Superintendent of Adichunchanagiri Hospital & Research Center; Dr B D Sathyanarayana- Professor and Head of Department of Dermatology; Dr. M. Ranga Swaroop - Associate Professor, Dr Yogesh D – Assistant Professor and Post graduates of Department of Dermatology Adichunchanagiri Institute of Medical Sciences.

Dr. T.M.Manohar addressed the gathering and highlighted the importance of early detection and prompt treatment of leprosy. He also stressed on the importance of eliminating the social stigma associated with the disease. A two-minute silence was observed from 11am to 11:02 am to pay our respect to Mahatma Gandhiji on his death anniversary.

A total of around 100 patients from Channarayapatna Taluk and surrounding villages attended the camp. All the patients were attended to by our Doctors and free drug samples were distributed to them. Patients were advised for follow up at our hospital. A rally was conducted by faculty and students of AIMS and Adichunchanagiri college of nursing, holding banners which displayed myths about leprosy and contained information about leprosy. Pamphlets containing information about leprosy were distributed among public in and around Channarayapatna.

**PRAJAVANI AND KANNADA PRABHA NEWSPAPERS  
REPORTED THE ANTI LEPROSY DAY CELEBRATION**



**JNANA VIGNANA TANTRAJNANA MELA 2017**

Our Department participated in the Jnana Vignana Tantrajnana mela 2017 held at Adichunchanagiri Mutt on 20<sup>th</sup> and 21<sup>st</sup> February 2017. The themes for this year were:

1. Leprosy is curable.
2. LASERS and light based treatments available in the Department of Dermatology.

Since Leprosy is prevalent even today and as there is still a lot of stigma attached to it, we educated the public regarding the myths and misconceptions about leprosy. We also educated them about the importance of early diagnosis and treatment so that long term deformities and disabilities can be prevented.

LASERS and light-based treatments are widely practiced in our Department owing to cosmetic consciousness among the public even in the rural area. Hence we wanted to bring to the notice of the public the various cosmetic treatments available in our Department.

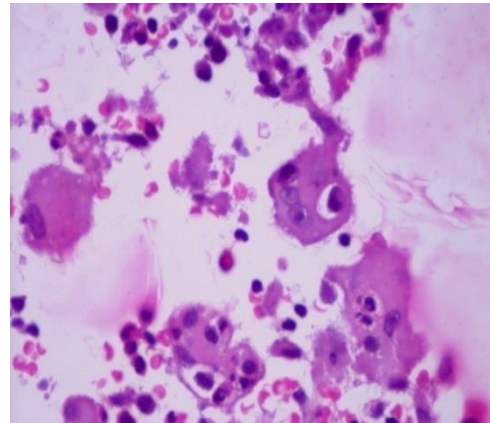
## **FACIAL CUTANEOUS ROSAI DORFMAN DISEASE: A CASE REPORT**

### **INTRODUCTION**

Rosai Dorfman syndrome is benign self-limiting histioproliferative disorder. It is also called sinus histiocytosis with massive lymphadenopathy and is a type of non-langerhan cell histiocytosis. It was described by Juan Rosai and Ronald Dorfman in 1969 as a triad of massive lymphadenopathy, expanded lymphnode sinuses and characteristic histopathological feature of emperipolesis. It presents as bilateral painless cervical and paratracheal lymphadenopathy. It can present with extranodal involvement in 43% cases involving skin, nasal cavity, paranasal sinuses, soft tissue, orbit, salivary gland, central nervous system and bone. Among these, skin is the most common extranodal organ affected in 10% of cases presenting with cutaneous features like single or multiple yellow-red to brown or purple papules, nodules or plaques

### **CASE REPORT**

A 53-year-old male patient presented with an asymptomatic solitary raised skin lesion on left cheek since 5 months. There was no history of fever, malaise, decreased appetite or weight loss. Cutaneous examination revealed a solitary erythematous plaque measuring 2cm x 1cm over the left cheek (fig 1). Cervical group of lymphnodes were not palpable. Systemic examination was normal. Incisional biopsy of the lesion was performed and on histopathologic examination, dermis contained diffuse inflammatory infiltrate of foamy histiocytes, mixed with plasma cells, lymphocytes and langhan's gaint cells (fig 2). Many of these histiocytes were engulfing plasma cells and lymphocytes without evidence of phagocytosis (a phenomenon called Emperipolesis). In addition, plasma cells surrounding blood vessels showed features of erythrophagocytosis. CT scan of head and neck region did not reveal any abnormalities. Based on history, cutaneous and histopathological examination, a diagnosis of cutaneous Rosai-dorfman disease was made. Complete exision of the lesion was performed.



### **DISSCUSION**

Rosai Dorfman disease is rare pseudolymphomatous disorder manifesting as bilateral cervical lymphadenopathy associated with fever, weight loss, night sweats and fatigue. The etiology of the syndrome is unknown. It is associated with viral infections like Epstein Barr virus, Human Herpes virus 6, Parvovirus B 19 or dysfunction of cell mediated immunity. Clinically it can be classified as (1) Indolent cutaneous form without systemic symptoms, (2) Nodal form with or without systemic symptoms. Skin is the most commonly affected organ and the most common site is face followed by back, chest, thigh, flank and shoulder. The lesions may be solitary or multiple and present as either, skin coloured, yellow-red, brown or purple papules, plaques, nodules or combination of these which may even ulcerate.

On histopathology, a polymorphous infiltrate of lymphocytes and macrophages with clear cytoplasm is present in the dermis. The hallmark histologic feature is **Emperipolesis** of lymphocytes. Emperipolesis differs from phagocytosis wherein the lymphocytes are taken up but not attacked and digested by enzymes, thus they appear intact. Occasionally, red cells can also be taken up. Laboratory investigations show leucocytosis with neutrophilia, elevated erythrocyte sedimentation rate and polyclonal hypergammaglobulinemia. On immunohistochemistry, histiocytes are strongly positive for S-100 and CD68, negative for CD1a.

The disease carries a benign self-limiting course. Prognosis is generally favourable and many cases heal spontaneously without treatment and do not relapse. But few patients present with a chronic progressive course. Treatment options include – topical and systemic corticosteroids, thalidomide, dapson, retinoids, methotrexate, cryotherapy, radiotherapy, surgical excision according to the site of occurrence of disease. In localized forms surgical excision is the best choice. In refractory cases, use of vincristine and imatinib have given good results.

In our patient, complete excision of the lesion was performed.

## DEPARTMENT NEWS

### ➤ **Publications:**

Our Department faculty has published the following scientific papers in indexed journals:

1. BD Sathyanarayana, Monica Dukkupati, MR Swaroop, Yogesh D, Aneesa. To study the correlation of clinical, dermoscopic and histopathological features of clinically suspected macular amyloidosis. Indian Journal of Clinical and Experimental Dermatology (IJCED). 2017;3(1):9-13.
2. B.D.Sathyanarayana, Swaroop MR, Yogesh D, Manohara BK, Shruti Bidarkar, Sindhuja S, Suman S Multiple Bilateral periorbital Eccrine hidrocystomas. International journal of Advances in case Reports,4(2),2017,93-95.
3. Swaroop MR, Sathyanarayana BD, Chaurasia PK, Devaraj Y, Dukkupati M, Sajid. A Giant solitary trichoepithelioma over the nose. Indian J Dermatopathol Diagn Dermatol 2017; 1: 1-2

### ➤ **Conference, Workshops and CMEs:**

Faculty and post graduates of our Department attended the following Conferences:

- ✓ DERMACON 2017 National conference on Indian Association of Dermatology, Venereology & Leprology held at Kolkata 11<sup>th</sup> to 15<sup>th</sup> January 2017.
- ✓ World Congress of Cosmetic Dermatology (WCOCD 2017) held at Bengaluru from 4<sup>th</sup> to 6<sup>th</sup> may 2017.
  - Dr MR Swaroop, Associate professor, delivered a talk on “Recent trends in Melasma” at World Congress of Cosmetic Dermatology (WCOCD 2017) held at Bengaluru, 4<sup>th</sup> to 6<sup>th</sup> may 2017.
  - Dr MR Swaroop delivered a talk on: 1) The IMG – goal, roles and competencies, 2) Effective clinical and practical skill teaching at revised basic courses workshop in medical education technologies held between 8<sup>th</sup> and 10<sup>th</sup> May 2017.

### ➤ **Paper presentations:**

Our post graduate student Dr Monica Dukkupati presented an **AWARD PAPER** titled “To study the correlation of clinical, dermoscopic and histopathological features of clinically suspected Macular Amyloidosis” and secured the **FIRST PLACE** at National conference **DERMACON 2017** held at Kolkata, 11<sup>th</sup> to 15<sup>th</sup> January 2017.

Post graduate student Dr Priyanka presented a free paper titled, ‘Bowen’s disease: A series of cases’ at Dermacon 2017