# IADVL Yuva Cell Bulletin

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IADVL 2024

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Hon. Secretary General,
IADVL 2024

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# PRESIDENT'S MESSAGE

**Dear Yuva Dermatologists,**

Entering the field of dermatology involves more than just healing skin; it involves changing people's self-perception. I believe that a young dermatologist can make a positive impact on the lives of dermatology patients by developing strong relationships with them. Maintain your curiosity, compassion, and excitement during every encounter with a patient. That one patient refers hundreds of other patients in future. You have the power to change the course of dermatology, to inspire confidence in others, and to heal. Cherish every opportunity to study, encourage one another, and never undervalue the influence of your knowledge gained during residency.

The youthful members of Yuva Cell are incredibly enthusiastic and full of energy. The committee has already engaged in some actions that we have seen with special interest. Yuva IADVL Career Scout is a cutting-edge program with lasting effects. We anticipate your ongoing involvement in the IADVL activities as we serve as brand ambassadors to enhance the brand image of IADVL.

Long live IADVL!

**Dr Manjunath Shenoy M**
**President IADVL**

# HON. SECRETARY GENERAL MESSAGE

**Namaste IADVL,**

**Dear Colleagues,**

I am delighted to commend the editorial team of the IADVL YUVA cell and the entire editorial board for their exceptional work on the latest edition of the YUVA bulletin. This edition showcases the remarkable talent and dedication of young dermatologists from across our country.

The diverse content of this bulletin reflects the creativity and scholarly pursuit of our young members. From insightful prose to captivating digital art, from thought-provoking poetry to engaging quizzes, each contribution enriches our understanding of dermatology and beyond.

I extend my heartfelt gratitude to Dr. Manjunath Shenoy for his inspiring presidential message and to Dr. Sujala S Advisor YUVA Cell, Dr. Namitha Chathra Chairperson YUVA Cell, Dr. Soumya Sachdeva Convenor YUVA Cell, Dr. Kavitha S EC Coordinator YUVA Cell for their invaluable contributions as advisors and coordinators of IADVL YUVA cell. Commendable work by Dr. Vignesh and Dr. Shwetha in editing the bulletin. Let this edition of the YUVA bulletin serve as a testament to the bright future of dermatology in India. I encourage all members to engage with this enriching compilation and continue to contribute to the growth of our specialty.

Warm regards,
**Dr. Bhumesh Kumar Katakam**
**Honorary Secretary General, IADVL**

# EC COORDINATOR MESSAGE

**Dear Members,**

It gives me immense pleasure to share with you all the latest issue of the YUVA Cell Bulletin that captures the essence and diversity of the young talents of our University. This edition contains quirkiness in several forms, ranging from humor through memes, poetry, fine art in the digital age to reading and insight. Photography, mnemonics, a crossword, critical analysis and a lot more has been contributed by our members in supplementing the bulletin. Of course, every piece represents the hard work and commitment of the authors, which makes this issue unique.

The bulletin provides procedure notes for crucial issues, the authors' cultural beliefs on skin tone, personal/narrative identity, and advancing knowledge on pigmentary dermatology. The inclusion of quizzes, trivia and riddles, the cute cover and back pages makes this bulletin a very interesting one to read. We also would like to thank the IADVL EC and the IADVL Academy for their constant support in making this bulletin possible. They have provided support that has been incredibly appreciated given their role in developing the talents that are harbored in our society and support to make new records in our society. As this edition stands in front of the readers, this is the result of such a rich and friendly community; I'd like to thank all the contributors for their efforts and imagination.

Warm regards,

**Dr. Kavitha**
**Coordinator for the IADVL EC YUVA Cell**

# CHAIRPERSON MESSAGE

**Dear IADVL YUVA members**

I congratulate Dr Vignesh Narayan and Dr Shwetha Sridhar for curating this fantastic issue which is an amalgamation of technical write ups, social commentary, poetry and art. This issue is a result of their relentless effort and the creativity of all the contributors.

I am deeply grateful to Dr Manjunath Shenoy, Dr Bhumesh Kumar Katakam, and IADVL EC for giving me this opportunity to be the chairperson of the vibrant Yuva cell. It is a matter of immense pride to lead and learn from the extremely talented and dedicated Yuva team. We have a set of wonderful initiatives that have been rolled out.

Our flagship project, Career scout, is a portal operated by us on Instagram which serves as a one stop solution for all those who are seeking a job or looking to hire. We are glad to see great response to this initiative.

On World Skin health day, Yuva cell collaborated with change.org to create awareness about discrimination based on skin colour. I am glad it has served as an inspiration to our bulletin's theme, All skin colours are beautiful, a simple yet profound statement.

A young dermatologist is often in a dilemma on what path to choose next, whether to enter the academia and be a part of medical college, or to join the corporate world, or to plunge into private practice. These concerns will be addressed by Career Genie, another flagship project of this year, a series of webinars focussing on different paths a dermatologist can take.

We do have another extremely utilitarian project on the anvil and we are working hard to release it in the latter part of the year.

I request our Yuva members to follow our insta page to know about job openings, engage in riveting crosswords and tune into insta live sessions. Do not forget to join our facebook page for useful clinical pearls.

We hope you enjoy the content of our bulletin, and it inspires you to reach out and express your views and opinions, ans show case your art.

Until next time

**Dr Namitha Chathra**

**Chairperson, YUVA Cell**

# CONVENOR MESSAGE

Proudly, I stand before you as the convenor to present to you the latest edition of the YUVA Bulletin. The criteria of quality and excellence have been not only maintained but enhanced, reflecting the pool of young derma talent, dreams and principles. As the old adage goes, “Education is painful, but its fruit is sweet.” We hope that this bulletin will officially present our hardworking and talented authors and their success stories.

This edition is a kaleidoscope of stimulating articles from dermatologists from all over the country. It embodies the energy and the progressive outlook that characterizes our society. A big applause for the YUVA team to present this creation which all of us may like to possess.

This edition would not have been possible without the continued support of IADVL President Dr. Manjunath Shenoy, Hon. Secretary General Dr. Bhumesh Kumar Kattakam, YUVA EC Coordinator Dr. Kavitha, YUVA Cell Chairperson Dr. Namitha Chathra, and Advisor Dr. Sujala S Aradhya. Their support and guidance have been invaluable in the development of this bulletin. A special note of appreciation to Dr. Vignesh Narayan R and Dr. Swetha Sridhar for a job well done in editing this issue.

Let us therefore celebrate this achievement and seek to motivate each other as we proceed in the journey that lies ahead.

Until next time
**Dr Soumya Sachdeva**
**Convenor, YUVA Cell**

# ADVISOR MESSAGE

**Dear Colleagues & Yuva Cell Members,**

It is with great enthusiasm that I present this edition of our IADVL YUVA Cell Bulletin. Our committee formed by a vibrant and dynamic group of young dermatologists, represents the future of our field. This bulletin is a testament to the dedication, innovation, and passion for dermatology.

Our mission is to empower young dermatologists by providing them with the resources, knowledge, and support necessary to excel in their careers. Through this bulletin, we aim to share the latest research, educational opportunities, and achievements within our community. It serves as a platform for collaboration, inspiration, and growth.

I am incredibly proud of the strides we have made together and the bright future that lies ahead. Let us continue to work together, learn from one another, and push the boundaries of dermatological science and practice.

Thank you for your continued commitment and contributions to our field.

**Long live IADVL!!!!**

**Sincerely,**
**Dr. Sujala Sacchidanand Aradhya**
**Advisor,**
**IADVL YUVA Cell**

# FROM THE EDITORIAL DESK

**Dr. Vignesh Narayan R** **Dr. Swetha Sridhar**

When we go out into the real world of dermatology out of our protected haven of residency, we desire a place where we can share our views or even get some direction. In that vein, this bulletin speaks for the new generation of dermatologists.

This special edition is well timed with the IADVL Guinness World Record pledge and with the fight against discrimination based on colour. Under the gracious leadership of IADVL President Dr. Manjunath Shenoy sir, Hon. Secretary General Dr. Bhumesh Kumar Kattakam sir, YUVA EC Coordinator Dr. Kavitha ma'am, YUVA Cell Chairperson Dr. Namitha Chathra ma'am, YUVA Cell Convenor Dr. Soumya Sachdeva ma'am & Advisor Dr. Sujala S Aradhya ma'am, the editorial team is pleased to bring out this issue of the YUVA Bulletin. Categorized as a plethora of the contributions of young dermatologists across the nation, this issue contains a mixture of the intellectual effect and leisure articles. We wish you would find yourself engulfed in it as much as we were engrossed in preparing this for you.

**Editors-in-Chief**
**IADVL YUVA Cell Bulletin**

# Obstacles and reforms on the path to healthy skin and embracing skin colour diversity

**One of the astounding features of humanity is our diversity. Our country is driven by the motto of unity in diversity. Each of our skin colour reflects our genetic and geographic background. In a good turn of events contrary to olden days, we are moving towards a more inclusive and progressive society but we have many obstacles to face in our path.**

**Dr. Sheba Mariam Jacob**
**Senior Resident,**
**Dept of DVL, SMCH**

**Indian scenario :** Our world has an humiliating history of colonialism and racism which gave roots to stereotyping people based on skin colour. In a country like India, skin tone is associated with caste and class. Many girls have shared their stories of not being allowed to play outdoor due to fear of being tanned. Marriage proposals depend upon the skin colour. All of us would have seen the matrimonial pages where Indian families look for fair skinned brides. Few months back a news of a father murdering his infant daughter for the sole reason of she being dark skinned has shocked our country. As we judge the father for the crime we should realize that as a society we too are responsible for this crime.

**The cosmetic industry :** This industry has been profiteering off the “fair is beautiful”mindset for many years but taking the onus of responsibility, the brand of fair and lovely has changed its brand name to glow and lovely. Even though we are unsure if it will have any impact on the mindset, we can welcome small changes which can contribute to a better tomorrow. There are few brands which have come up with foundations and concealers which would cater to all the skin tones. Nowadays the fashion and cosmetic industry campaigns and advertisements are aware and inclusive of all populations regardless of gender identity, sexual orientation or skin colour.

**Medications,misuse and regulations :** One of the leading cause of topical steroid abuse is women using it as skin whitening agents. The topical steroid creams are marketed as fairness cream.In India it is easy to procure topical steroids via pharmacy without

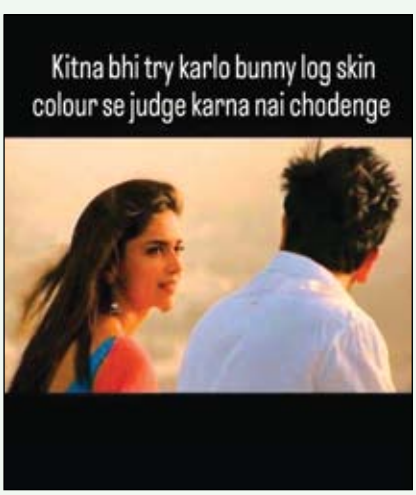
a prescription, where the pharmacists dispense medication themselves not aware of any side effects. Topicals with combination of steroids, antibiotics and antifungals are available as over the counter medications. Strict regulations controlling formulations and dispensation of drugs should be made.

**Social media :** Social media is a platform which feeds thousands of myths and facts to the minds of people. There are self proclaimed aestheticians and "skin and beauty enthusiasts" consisting of people holding no professional degree. Innocent viewers falls victim to their nonsensical skin whitening remedies believing the 'before and after images' which are obviously edited. While criticizing the myths and harmful tropes, we should be mindful of the contents we ourselves post on social media.

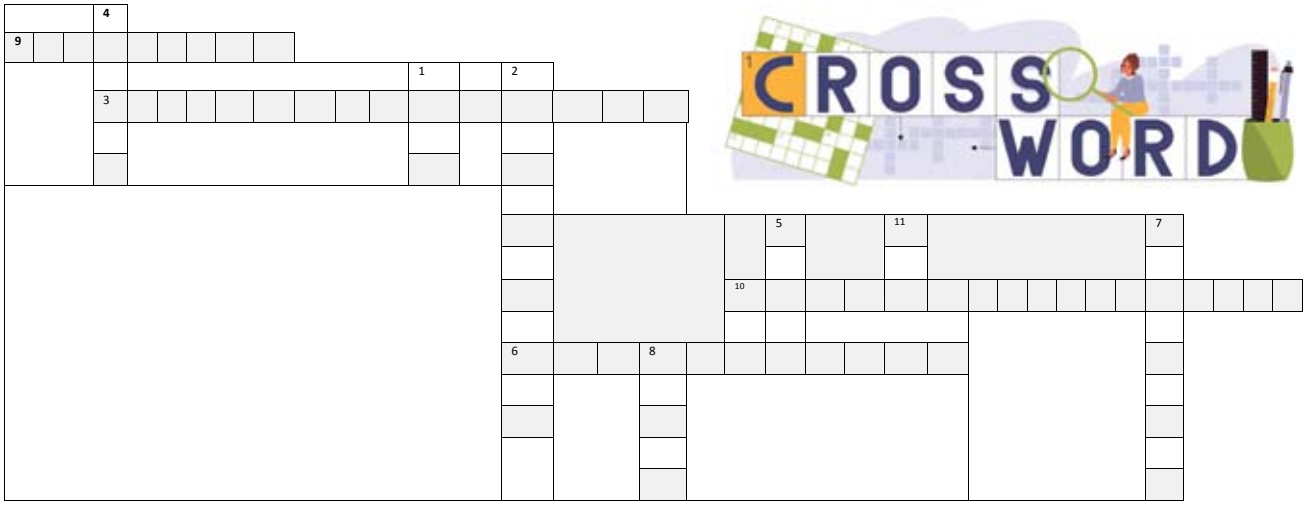
**Salons, beauty clinics and quacks :** In India, the salon or the beauty parlour is a place where most woman get their information and products on skin care. Tan removal facial, skin brightening facial are the few misleading services provided by these companies. Recently there was a news of three people contracting HIV after vampire facial in a non registered salon. As cosmetology and dermatology field has been hijacked by many other professionals and non professionals we can expect many more similar distressing news in the future. Committees like IADVL Task Force against Quackery are need of the hour.

As we strive towards an inclusive and progressive society, we as dermatologists should be in the forefront fighting against the skin colour prejudices and malpractises. We should educate patients who come to our clinics in search of skin whitening miracles. Let us not contribute to the fairness mania which has engulfed our society.

## MEMES



**Dr. Kajol Murade**
**Senior Resident, LTMMC &**
**SION Hospital, Mumbai**




## Clues

### Across

3 - Mechanism of action - tranexamic acid (16)

5 - Dermoscopy sign seen in Melasma (5)

6 - Unique role in stabilizing Avobenzone (11)

9 - Bacterial infection associated with melasma - Chlamydia (9)

10 - Licorice-another name (17)

### Down

1 - Rarely burns, tans with ease-Fitzpatrick skin type (4)

2 - FDA approved treatment for melasma (12)

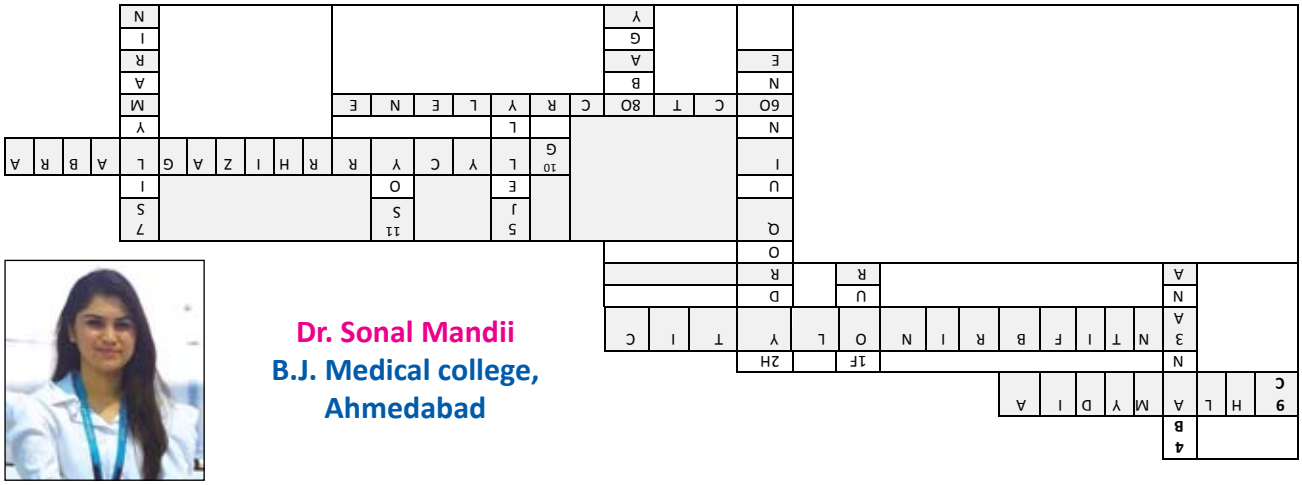
4 - Histopathological body seen in exogenous ochronosis (6)

7 - Derived from the milk thiole plant- having antioxidant property (9)

8 - Peel containing blue base (5)

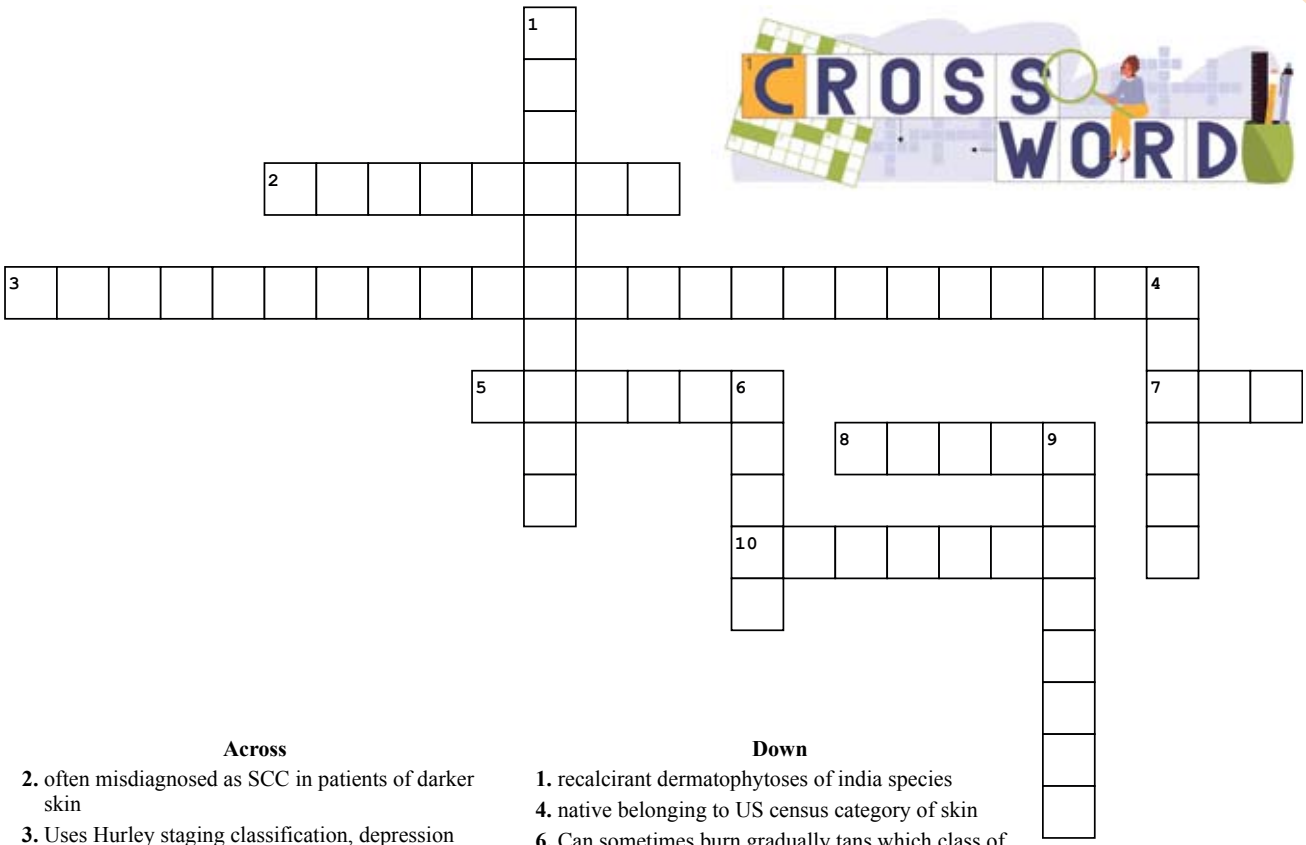
11 - Bowman-birk protease inhibitor (3)

## Answer





**Dr. Sonal Mandii**
**B.J. Medical college, Ahmedabad**



**Across**

**2.** often misdiagnosed as SCC in patients of darker skin

**3.** Uses Hurley staging classification, depression seen more in latino

**5.** Disease of silk route

**7.** includes diversity and equity in 3 year plan

**8.** All skin colour beautiful was given on which date of April

**10.** most common misinterpreted symptom in case of darker skin

**Down**

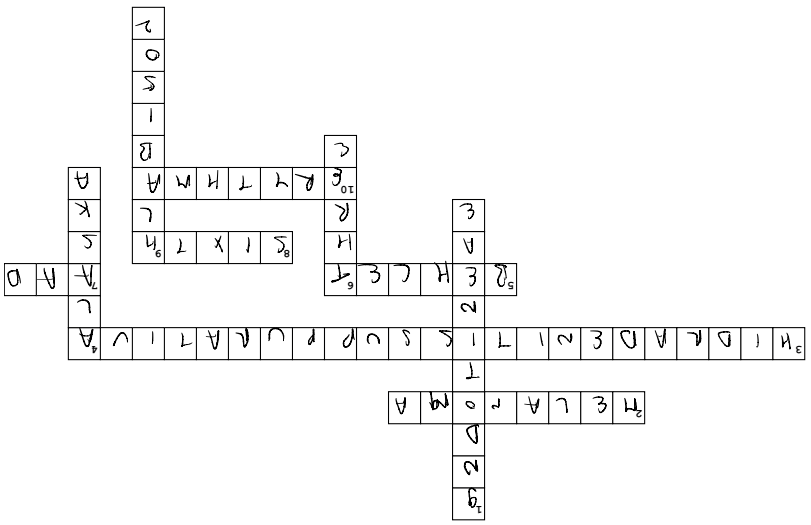
**1.** recalcirant dermatophytoses of india species

**4.** native belonging to US census category of skin

**6.** Can sometimes burn gradually tans which class of Fitzpatrick

**9.** Asian population HLA causing SJS/TEN

## Answer



**Dr. Tavneet Kaur**
**University college of medical sciences, New Delhi**

# A bird's eye view of surgeries for ingrown toe Nail

## Ingrown Toenail (Unguis Incarnatus): A Comprehensive Overview

An ingrown toenail, also known as unguis incarnatus, can be a debilitating condition that impairs physical activity. Treatment modalities vary depending on the severity of the condition. One widely used classification system is the Mozena System:

**Dr Vignesh Narayan R**
**Fellow in Dermatosurgery, Bangalore Medical College and Research Institute**

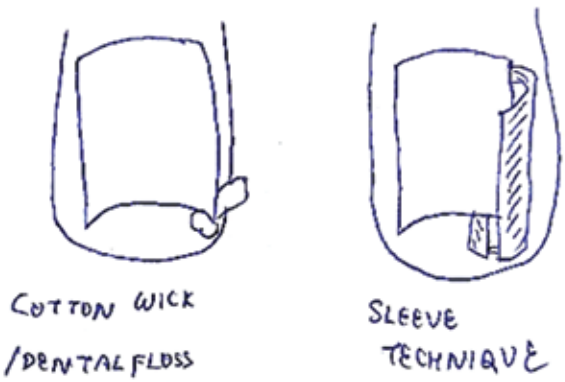
### Mozena Classification System:

- **Stage 1 : Inflammatory Stage**
  - **Features :** Erythema, mild oedema, pain upon pressure applied to the lateral nail fold, and the nail fold does not extend over the nail plate.
- **Stage 2a : Abscess Stage**
  - **Features :** Stage 1 symptoms plus oozing.
- **Stage 2b : Abscess Stage**
  - **Features :** Stage 2a symptoms plus hypertrophy of the lateral nail folds, not covering more than 3 mm of the nail plate.
- **Stage 3 : Hypertrophic Stage**
  - **Features :** Granulation tissue and hypertrophy of the lateral nail folds covering more than 3 mm of the nail plate.
- **Stage 4 : Distal Hypertrophic Stage**
  - **Features :** Chronic hypertrophy of the distal and lateral nail folds.

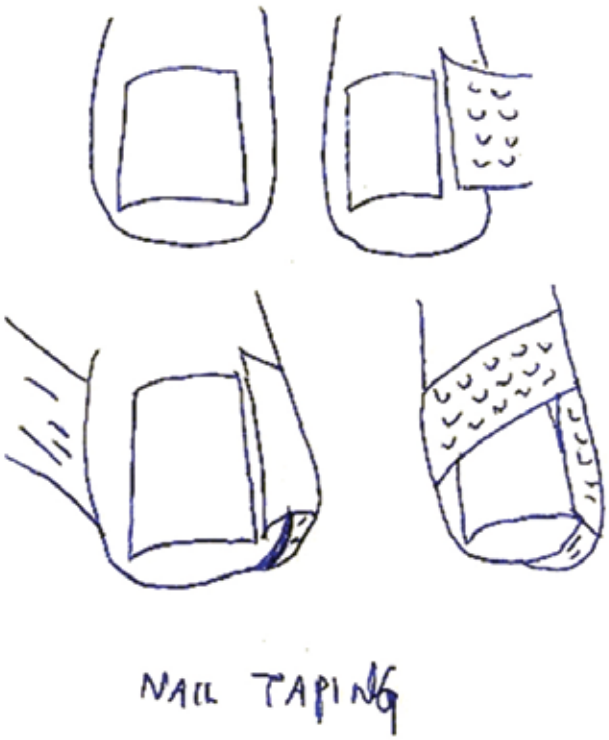
### Conservative Treatment Approaches

In the early stages of the condition, non-invasive or semi-invasive conservative treatments can provide significant relief. Some examples include:

- **Gutter Splinting and Dental Flossing :** A foreign material is inserted in the groove between the nail plate and lateral nail fold.




- **Nail Taping Technique :** Adhesive tape is applied to the lateral nail fold, stretched below the toe, and secured proximally, preventing embedding.




## Surgical Treatment Approaches

Two popular theories of causation are that the nail grows into the skin fold or that the skin folds hypertrophy into the nail. Depending on the underlying cause, different surgical procedures are employed.

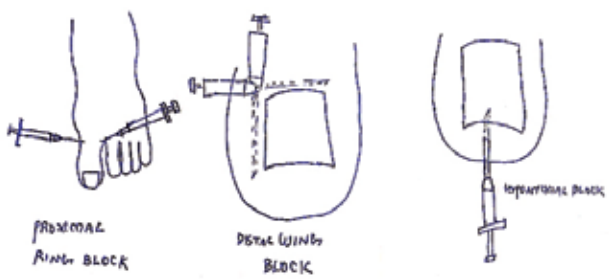
### Procedures Targeting the Nail Plate:

1. Simple Nail Avulsion
2. Matricectomy with Chemical Agents/Carbon Dioxide Laser/Electrocautery
3. Winograd's Procedure
4. Zadik's Procedure

### Procedures Targeting Hypertrophic Soft Tissue:

1. Howard–Dubois Procedure
2. Vandenbos Procedure
3. Super U Procedure
4. Noël's Procedure

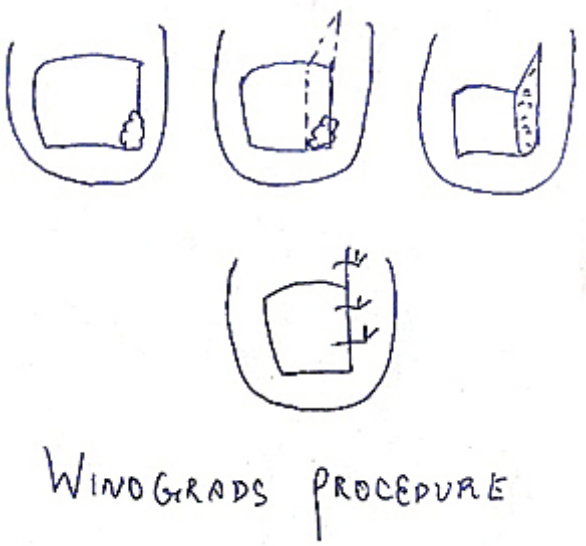
A common feature of these surgical procedures is the use of anaesthesia for the nail unit, typically achieved with proximal ring block or distal ring block, and sometimes supplemented with hyponychial block. It is advisable to avoid using adrenaline to prevent delayed bleeding.



## Detailed Description of Key Surgical Procedures :

### 1. Winograd's Procedure :

- A lateral wedge of the nail plate is resected, including the germinal matrix. The lateral nail fold is sutured to the remaining nail plate.




### 2. Zadik's Procedure :

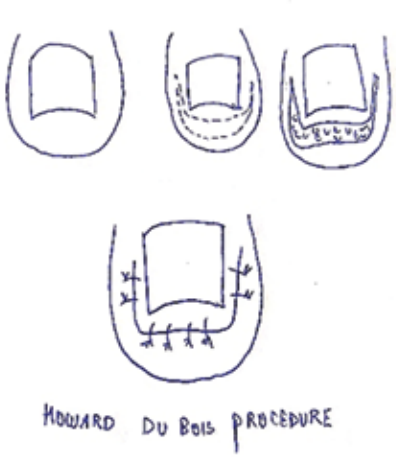
- Incisions are made on the proximal nail fold to raise it as a flap, exposing the proximal nail matrix. The exposed matrix is dissected down to the bone and removed. The proximal nail fold flap is then sutured back.

### 3. Vandenbos Technique :

- An incision paralleling the underlying matrix is made on the proximal nail fold, carried down over the lateral nail fold in an elliptical manner up to the hyponychium. The wedge of tissue within this ellipse is excised, and the wound is left to heal by secondary intention.

### 4. Howard Du Bois Procedure :

- A fish mouth-shaped incision is made on the lateral nail fold and hyponychium. The width of the incision depends on the amount of hypertrophic tissue present. The defect is then sutured with simple interrupted sutures.

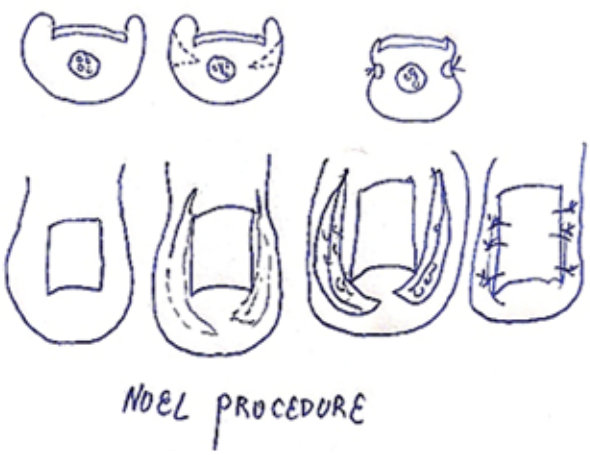


### 5. Partial Nail Avulsion and Matricectomy :

- The lateral part of the ingrowing nail plate is elevated and separated from the nail bed, cut with a nail splitter up to the nail fold, and the part beneath the nail fold is cut with sharp scissors. This lateral bit of tissue is avulsed with artery forceps, ensuring to include the part from the lateral horn. The matrix is cauterized with 88% phenol applied with a toothpick.

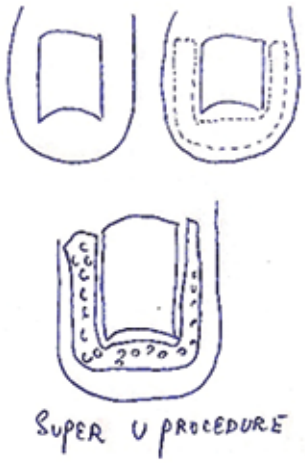
### 6. Noël's Procedure :

- This involves the resection of a large amount of soft tissue in a wedge-shaped manner from the lateral aspect of the nail fold, followed by suturing.




### 7. Super U Procedure:

- In severe cases of soft tissue hypertrophy, a U-shaped bulk of tissue is removed from the lateral aspect of the nail and the hyponychium. The wound is left to heal by secondary intention.




Understanding the classification, treatment options, and specific surgical techniques for ingrown toenails is crucial for effective management and relief from this painful condition.

# FOLLICULAR UNIT EXTRACTION

**Dr. Swetha S**
**Assistant professor,**
**Bowring and lady Curzon Hospital**

Modern hair transplantation was introduced in the 1950s by Dr. Orentreich.He started with the help of 4 mm punches. Then the concept of mini and micrografting, and later in 1990s the Follicular Unit Hair Transplantation (FUT)took over.[1]

The FOX procedure, also known as FUE (Follicular Unit Extraction), is fast becoming an alternative method of extraction of grafts as follicular units in selected cases.

**PRINCIPLE :** In FUE, the extraction of intact follicular unit is dependent on the principle that the area of attachment of arrector muscle to the follicular unit is the tightest zone. Once this is made loose and separated from the surrounding dermis, the inferior segment can be extracted easily. Because the follicular unit is narrowest at the surface, one needs to use small micropunches of size 0.6–0.8 mm and therefore the resulting scar is too small to be recognised.[1]

**PRE- REQUISITES :**

1) Adequate experience and training of the surgeon
2) Excellent lighting
3) Adequate magnification for the surgeon and staff
4) Proper understanding of the angle of the hair below the surface of the skin; in almost all instances, the angle of the emergent hair is more acute than the angle of follicle in the dermis.
5) Punch size of 0.6-1.0 mm in diameter. This size is large enough to encompass the width of the follicular unit, yet small enough to minimise wound size and scarring.
6) Proper motion of the hand : The hand should be perfectly stable while doing short twisting motion of the punch.
7) Sharp punches/blunt punches : Some surgeons use sharp punch in two-step technique to minimise the amount of twisting needed to cut into the dermis, whereas blunt punches are used in a three-step technique to decrease the follicular transection rate.
8) Positive FOX Test : To ascertain the tightness with which follicular units are held in dermis.[1]

## INDICATIONS OF FUE : [1]

1. Patients who want to wear their hair very short
2. When a patient specifically requests an FUE procedure
3. In patients with limited hair loss or those who require small sessions.
4. In the treatment of widened scars resulting from traditional strip excision
5. Patients having inadequate laxity for a strip excision (too tight skin).
6. For scarring from dermatologic conditions, trauma or neurosurgical procedures.
7. When previous scars of strip surgeries make further strips impossible, then FUE is an indication for further extractions.
8. In patients, who tend to heal with wide or thickened linear scars.
9. In athletes, who must resume full activity immediately after the procedure.
10. For patients with an inordinate fear of pain or scars.
11. When body or beard serves as a donor area.
12. FUE technique is the only technique useful in body hair transplantation. The earlier indication of limited areas of donor site has been overcome by Body Hair Transplant

## CONTRAINDICATIONS OF FUE : [1]

1. Inexperience in performing FUE techniques
2. Unavailability of proper instrumentation
3. Unrealistic patient expectations
4. Inadequate donor supply
5. Scarring that makes both the two- and three-step procedures problematic
6. FOX grade 4 and 5 categories
7. Patient who is not willing for long sessions for several hours or multiple sessions as needed due to the slowness of the process
8. Patient who is not willing to cut his hair short and for this reason women are not good candidates for FUE
9. Large bald areas needing more than 2500 grafts

## PROCEDURE :[1,2]

1) On the day of surgery, the entire donor area from the back of the head is trimmed to 1–2 mm length.
2) The patient lies in the prone position on the operating table. Local anaesthesia with Xylocaine, 1% diluted with saline, is administered slowly over the entire donor area.
3) The grafts are then extracted from the donor area with the help of 0.8 and 1 mm special micropunches.
4) The grafts are preserved in cold 0.9% saline. Once the grafts are harvested , the recipient slits are prepared using appropriate 18–20 gauge needles or blades. Each follicular graft is then carefully transplanted in the prepared slits. Utmost care should be practiced while handling of grafts and the grafts should be kept moist at all time during the procedure.
5) Once the procedure is finished, the surgical area is thoroughly cleaned with saline. An antibiotic dressing is done on the donor area.
6) Routine antibiotics, steroid, opioid analgesics and multivitamins are prescribed along with postoperative instructions.
7) The procedure is very well tolerated by most of the patients.[2]

**Figure 1:** FUE graft[1]

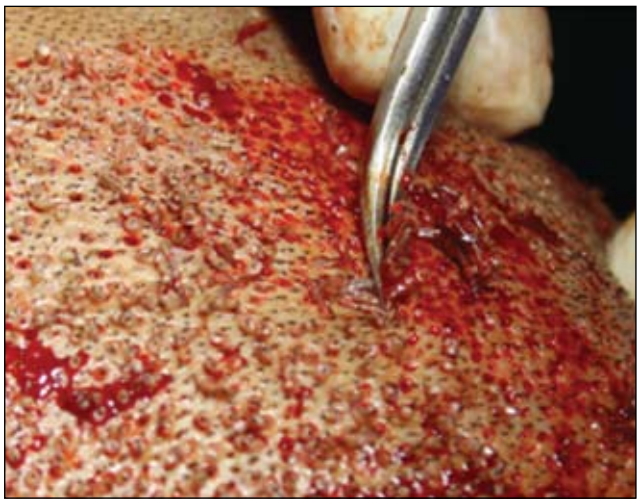


**Figure 2:** Harvesting FUE grafts[2]

## POST-OPERATIVE INSTRUCTIONS:

1. Scabs should be washed off with mild shampoo with very minimal pressure from second or third day onward. The grafts are secured to recipient site at sixth–ninth postoperative day.
2. Medications (antibiotics, opioid analgesics, steroid)
3. Sleep posture with head elevation
4. Avoid strenuous activity, head down or bending, exercise, swimming, physical trauma, harsh chemicals, alcohol, etc.
5. Saline irrigation on recipient site, ice compress on forehead and periorbital area

## ADVANTAGES OF FUE : [2]

- Less visible scar
- Shorter postoperative recovery
- Less armamentarium and staff
- Minimum graft preparation
- Body hair can be used (body hair transplantation)
- Can be done in tight scalp cases
- Minimal risk of nerve injury or excessive bleeding
- Surgeon can selectively pick grafts from donor area

## DISADVANTAGES OF FUE : [2]

- Time-consuming
- Longer learning curve
- Transection rate is higher/fragile grafts with loss of surrounding tissue
- Higher chances of buried grafts or folliculitis
- Wider donor area is required
- Multiple sessions may be needed for extensive cases
- Subsequent sessions may become difficult due to widespread tiny scars
- Very fine trimming of hair is needed

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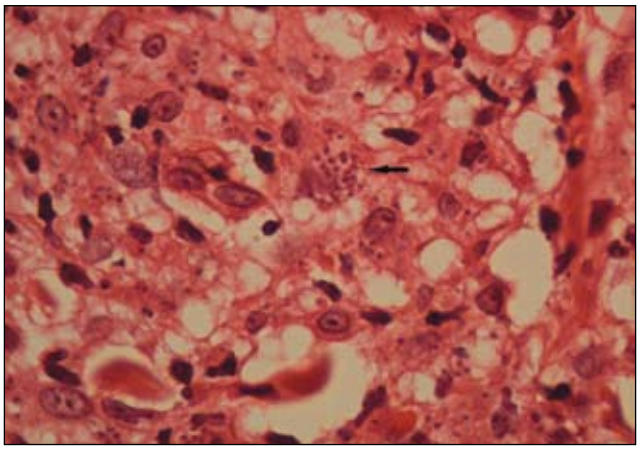
**1. Co2 laser is operated with coaxial low powered red laser guiding beam. What is this red laser?**

a. Ruby LASER
b. Krypton LASER
c. Helium Neon LASER
d. Diode LASER

**2. Corelate clinical features and histopathology. Your diagnosis?**



**3. Botox should be injected 1 cm lateral to orbital rim during treatment of crow's feet to prevent which complication?**

a. Diplopia
b. Eyelid ptosis
c. Brow ptosis
d. Mask facies

**4. What does the cutometer measure?**

a. Tensile strength of skin
b. Viscoelasticity of skin
c. Compressibility of skin
d. Water holding capacity of skin

**5. What laser is useful to remove green tattoo?**

a. Q-switched Alexandrite laser
b. Q- switched Ndyag laser
c. Ruby Laser
d. Long pulsed NdYag laser

**6. Patient with these clinical features - Growth retardation,Severetransgradienthoneycomb like PPK, Pseudoainhum, Starfish keratosis over the dorsum of hands, Sensorineural deafness. Identify the syndrome**

**7. Syphilis brephotropica refers to syphilis transmitted by?**

a. Vertical route
b. Lactation

c. Baby care

d. Crowding in schools

**8. Poradenitis inguinalis is other name of which disease?**

a. Syphilis

b. Chancroid

c. Granuloma Inguinale

d. LGV

**9. Which bones are not involved in leprosy?**

a. Metatarsals

b. Tarsals

c. Metacarpals

d. Proximal phalanx

**10. What is the full form of JCAHO?**

**Answers:**

1. C. Helium Neon LASER
2. Cutaneous Leishmaniasis
3. A. Diplopia
4. B. Viscoelasticity of skin
5. A. Q-switched Alexandrite laser
6. Vohwinkel syndrome
7. C. Baby care
8. D. LGV
9. C. Metacarpals
10. Joint Commission on Accreditation of Healthcare Organizations

**Dr. Anand Mannu**
**Asst Prof, Dept of Dermatology, AFMC, Pune**

# SHADES OF MELLOW

In the quiet aftermath of laughter and chatter, when the echoes of conversations fade, a subtle weight settles upon the soul. Surrounded by faces and voices, yet enveloped in a profound solitude, an unexpected guest shows up wrapped in a grey blanket.

Amidst the myriad interactions and shared moments, there lies a space where the innermost thoughts echo louder than any external noise. The space where the disparity between being present and feeling connected becomes palpable, where the bustling energy of the crowd fails to dispel the sense of isolation.

Perhaps it's the realisation that amidst the multitude of conversations, there was no real exchange of understanding. Or maybe it's the poignant recognition of being surrounded by people yet feeling unseen, unheard, and ultimately misunderstood.

Yet, in the midst of loneliness, there's a peculiar beauty-a space for introspection, for the soul to wander and explore its depths. A refuge for the weary traveler to rest, reflect, and find solace in the depths of their own being :).

**Dr. Twinkle Rangnani**
**Consulting Dermatologist, Ahmedabad**

# Cultural Perspectives on Skin Colour

**Dr. Ratnakar Shukla**
**Senior Resident,**
**AIIMS - GKP**

**"Beauty is not defined by skin colour;**
**it is defined by the soul shining through."**

Skin colour is not just about recognizing diversity but also about navigating the complex interplay between societal norms, health implications, and patient experiences. Skin colour has been a significant factor in shaping cultural perspectives across various societies throughout history. Skin colour holds significant cultural meaning across various societies, influencing perceptions of beauty, identity, and even health and economic opportunities. In this article we explore the diverse cultural perspectives on skin colour, examining historical roots, contemporary implications, and the intricate dynamics to provide insights that can enhance patient care and promote cultural sensitivity within dermatology.

**Historical Context :** The historical significance of skin colour dates back millennia and shaped by centuries of social, economic, and political dynamics. In many ancient civilizations, such as Egypt and India, lighter skin was often associated with wealth, social status, and aesthetic ideals. This historical preference has persisted through colonial eras and continues to influence beauty

standards in many societies today. Conversely, darker skin tones have often been stigmatized and subjected to discrimination, perpetuating stereotypes and biases that impact individuals' self-esteem and quality of life.

**Beauty Standards and Social Perception :** In many cultures today, beauty standards continue to be influenced by historical

biases towards certain skin tones. Lighter skin is often idealized as more attractive and desirable, associated with notions of purity, femininity, and sophistication. This preference is evident in media representations, where lighter-skinned individuals dominate advertisements and entertainment industries worldwide. Beauty standards vary significantly across cultures and are deeply intertwined with perceptions of skin colour. This preference can influence patient concerns and treatment expectations within dermatology.

Conversely, darker skin has often been stigmatized and associated with negative stereotypes. In some societies, darker-skinned individuals may face discrimination in employment, marriage prospects, and social interactions. This discrimination can perpetuate cycles of poverty and limited opportunities, particularly in countries where socioeconomic status is closely tied to skin colour. In cultures where darker skin tones are predominant, such as in many African and South Asian countries, there is a growing movement to celebrate natural beauty and challenge Eurocentric ideals. Dermatologists must be sensitive to these cultural nuances when discussing cosmetic procedures or recommending skincare products, ensuring that patient preferences and cultural values are respected.

**Cultural Variations :** Despite these overarching trends, cultural perspectives on skin colour vary widely across the globe. In India, for example, historical caste divisions have influenced attitudes towards skin tone, with lighter-skinned individuals historically occupying higher castes and enjoying social privilege. This has contributed to a thriving market for skin-lightening products, despite growing criticism of their harmful effects.

In East Asian countries like China and Korea, pale skin has long been associated with beauty and refinement, rooted in traditional aesthetics and historical norms. However, these perceptions are evolving with globalization and the influence of Western media, leading to a more diverse range of beauty ideals.

In Africa, where diverse skin tones are abundant, cultural perceptions often emphasize ethnic identity over skin colour alone. Traditional practices and rituals celebrate natural beauty in its various forms, highlighting the cultural richness and diversity within the continent.

**Health Implications and Misconceptions :** Beyond aesthetics, cultural perspectives on skin colour can impact perceptions of skin health and medical care. In some communities, there may be misconceptions regarding the susceptibility to certain skin conditions based on skin colour. For instance, darker-skinned individuals may be less likely to seek early treatment for skin cancer due to the misconception that they are not at risk.

Dermatologists play a critical role in educating patients about the importance of skin cancer screenings and sun protection practices regardless of skin tone. Culturally sensitive communication is essential to dispelling myths and promoting proactive skincare practices that cater to individual skin types and lifestyles.

**Cultural Competence in Dermatological Practice :** Cultural competence is increasingly recognized as essential in healthcare, including dermatology. It involves understanding and

respecting the cultural backgrounds, beliefs, and preferences of patients to deliver effective and equitable care. For dermatologists, this means recognizing how cultural perspectives on skin colour may influence patient interactions, treatment decisions, and overall healthcare outcomes.

Practicing cultural competence requires ongoing education and awareness-building within dermatological practice. It involves fostering open communication, respecting diverse perspectives, and adapting treatment approaches to meet the unique needs of each patient. By embracing cultural competence, dermatologists can build trust, enhance patient satisfaction, and improve health outcomes within multicultural communities.

**Modern Discourse and Challenges :** In recent years, there has been a growing global discourse challenging traditional perceptions of skin colour. Movements advocating for diversity and inclusion have pushed back against Eurocentric beauty standards, demanding more representation of darker-skinned individuals in media, fashion, and other influential industries.

Social media platforms have played a pivotal role in amplifying these voices and facilitating discussions about colourism and the discrimination based on skin colour within the same racial or ethnic group. Influencers and activists have used their platforms to promote self-love and acceptance, encouraging individuals to embrace their natural skin tones and celebrate their cultural heritage.

**Challenges :** Colourism, the prejudice or discrimination based on skin colour within the same racial or ethnic group, presents unique challenges in dermatology. Lighter-skinned patients may seek treatments to achieve fairer skin tones, influenced by societal pressures or personal preferences. Dermatologists must approach these requests with sensitivity, ensuring that patients are fully informed about the risks and potential side effects of such procedures.

Conversely, darker-skinned patients may face challenges accessing appropriate skincare treatments tailored to their specific needs. Dermatologists can address these disparities by advocating for inclusive skincare practices, promoting culturally relevant education, and advocating for diversity within the field of dermatology itself.

**Promoting Diversity and Inclusion :** As advocates for skin health, dermatologists have a role in promoting diversity and inclusion both within their practices and in broader healthcare

**Social media platforms have played a pivotal role in amplifying these voices and facilitating discussions about colourism and the discrimination based on skin colour within the same racial or ethnic group. Influencers and activists have used their platforms to promote self-love and acceptance, encouraging individuals to embrace their natural skin tones and celebrate their cultural heritage.**

settings. This includes advocating for policies that support equitable access to dermatological care, conducting research that reflects the diversity of patient populations, and actively participating in efforts to reduce health disparities based on race, ethnicity, or skin colour.

By embracing cultural sensitivity and promoting diversity, dermatologists can contribute to a more inclusive healthcare system where all patients feel valued, respected, and empowered to prioritize their skin health. This commitment to cultural competence not only enhances patient care but also strengthens the dermatology profession as a whole.

**Conclusion :** Cultural perspectives on skin colour are deeply rooted in history, shaped by centuries of social, economic, and political dynamics; cultural perspectives on skin colour significantly influence perceptions of beauty, health, and identity across diverse societies. while many societies continue to grapple with colourism and its impact on individuals' lives, there is also growing awareness and activism aimed at challenging these ingrained prejudices. As dermatologists, understanding these cultural dynamics is essential for providing effective, respectful, and culturally competent care to all patients. By acknowledging historical contexts, respecting cultural norms, addressing health implications, and promoting diversity, dermatologists can foster trust, promote positive patient outcomes, and contribute to a more equitable healthcare environment. Embracing cultural sensitivity in dermatological practice is not just a professional responsibility but a crucial step towards achieving health equity and social justice in skin care.

**"Cultural differences should not separate us from each other, but rather cultural diversity brings a collective strength that can benefit all of humanity"**

**- Robert Alan.**

# Stories of skin colour and identity

**Dr. Shreeparna Deb**
**Senior Resident**
**NMCH PATNA**

Colorism is a form of discrimination, typically within a racial or ethnic group, favoring people with lighter skin over darkerone. This subtle, but not so subtle,discrimination is often overshadowed in discussions about racism, but it affects a broad swath of people, specifically in our Indian society.

I personally,being a typical Indian female have been judged for being coloured. This is the first form of discrimination that starts within the walls of family. Growing up (as every brown girl/boy) can relate we were called:" Features are good, but two more shades would have done her justice!", "she must study harder Sharma jee, or else who will marry her"All these are the common encouragement we got day in and day out as budding brown children.

Several studies have documented how darker skin is associated with longer prison sentences for the same crime, lower marital rates for women, lower wages for men and immigrants, and lower perceived intelligence. While this form of discrimination changes across cultures and through time, in most cases darker skin is associated with negative attributes and lighter skin is connected to positive ones. The question is, why is more melanin seen as bad?

Casing on this insecurity, Skin-whitening cosmetics are a multi-billion dollar industry pushing the idea that beauty. With issues such as employment and relationships often resting on skin tone, people invest in skin-whitening creams in the hope of a better existence. Capitalising on this inequality, hundreds of products are peddled by corporations, for not only the face but armpit whitener, genital whitener to fairness baby oil.

Our ongoing search of being "FAIR AND LOVELY" and ending up with typical TSDF facies, are paving the way for rampant steroid abuse to unknown molecules are causing unforseen havocs. A horrifying case reported from Medicover Hospitals, Navi Mumbai with two cases reporting seperately of heavy mercury poisoning, after using non FDA approved local creams for fairness.Both the kidney biopsies indicated membranous nephropathy along, along with presence of NELL-1 antigen, associated with cancer as well as toxic and heavy metals such as found in skin-lightening cream. It real puts in the question how far are we ready to go for more fair skin?

I won't say the scenario is same today. Today, the scenario has reversed has reversed in the western world as tan skin among white people. Even Indian society has started to call brown being beautiful, but are we still there to accept this reality?

**Dr. Sheba Jacob**
**Senior Resident,**
**Dept of DVL, SMCH**

## MNEMONICS

**ABCD of depigmenting Agents**

A - Arbutin, Ascorbic acid, Aloesin, Azelaic acid
B - Boeravinone B, 1,3- Benzenediol
C - Chitin (N-acetyl glycosamine), Curcurmin, Calycosin
D - Diacetyl boldine, Dioic acid
E - Ellagic acid, Vitamin E, Embrica
F - Flavonoids
G - Glycolic acid, Glutathione, Green tea polyphenols
H - Hesperidin, Hyalorunic acid
I - Iron oxide, Indomethacin
J - Jessner peel
K - Kojic acid
L - Licorice, Linoleic acid, L-cysteine, Luteolin, Lipohydroxy acid peel, Lactic acid
M - Mequinol, Mulberry extract, Methimazole, Mandelic acid
N - Niacinamide
O - Octadecenedioic acid, Obagi blue peel
P - Phytic acid, Polypodium leucotomos, Procyanidins (Pycnogenol), Piperlonguminine, Pyruvic acid
Q - Quinolines, Q-switched laser
R - Retinoic acid, Resveratrol
S - Silymarin, Soy, Salicylic acid
T - Trichloroacetic acid, Tartaric acid, Tretinoin
U - Undecylenoyl phenylalanine
V - VC-PMG (Stable water soluble form of Vitamin C)
W - Walnut extract
X - TraneXemic acid, AstraXanthin
Y - Yogurt (Contains lactic acid), Yeast (Torula yeast)
Z - Zucchini

**Dr. Sonal Mandii**
**B.J. Medical college,**
**Ahmedabad**

# Beauty Beyond Complexion

**Dr. Pellakuru Preethi**
**Consultant dermatologist at Dr. Preethi's skin and hair clinic, Nellore**

Beauty, an elusive concept, that has been interpreted in countless ways across cultures, eras, and individual perspectives. One of the most pervasive yet superficial criteria of beauty has been complexion, often placing lighter skin tones on a pedestal. However, true beauty transcends mere physical attributes and complexion. It encompasses a spectrum of qualities that reflect inner strength, character, and individuality.

## Historical Perspectives on Beauty and Complexion

Throughout history, different cultures have held varying standards of beauty. In many Western societies, pale skin was historically associated with nobility and leisure, while darker skin was unfairly linked to outdoor labour and lower social status. This association entrenched a bias that lighter skin is more desirable. Conversely, in several African and South Asian cultures, darker skin tones have been celebrated for their richness and depth. Ancient civilizations like Egypt revered beauty as a holistic amalgamation of grace, wisdom, and virtue, with complexion playing only a minor role.

## The Psychological Impact of Complexion - Based Beauty Standards

Emphasis on complexion can have profound psychological effects, people often experience low self-esteem, social anxiety, and identity struggles. The cosmetics industry's promotion of skin-lightening products is a stark example of how societal pressure can lead individuals to alter their natural appearance, sometimes at the cost of their health.

Breaking free from these limiting standards requires redefining beauty in a way that values diverse attributes and encourages self-acceptance. It involves appreciating one's unique features and recognizing that true beauty is not skin-deep but is a reflection of one's inner qualities and confidence.

## The Influence of Media and Pop Culture

The media has had a significant impact on perpetuating beauty standards, often glorifying lighter skin tones and specific physical

features. Advertising, movies, and fashion industries have predominantly showcased a narrow representation of beauty, which can marginalize those who do not fit this mold. However, in recent years, there has been a noticeable shift towards inclusivity. Movements such as "Black is Beautiful" and "Body Positivity" challenge traditional beauty norms, emphasizing that beauty is not confined to a single skin tone or body type.

### Celebrating Diversity: Beauty in All Shades

One of the most significant steps towards appreciating beauty beyond complexion is embracing diversity. Every skin tone, from the fairest to the darkest, has its own unique beauty. Celebrating this diversity means acknowledging and valuing the myriads of skin tones that exist around the world. Beauty lies in the uniqueness of an individual. Freckles, moles, and scars tell stories of experiences and journeys, adding depth to one's appearance. These features, often airbrushed out in the pursuit of perfection, are what make each person distinct and beautiful.

### Inner Beauty: The Core of True Elegance

Inner beauty transcends physical appearance and reflects one's character, kindness, and empathy. Qualities such as compassion, integrity, and resilience contribute significantly to a person's overall beauty. A kind heart, a generous spirit, and an empathetic nature often leave a more lasting impression than physical attributes.

Confidence and self-assurance are also critical components of inner beauty. People who embrace their individuality and carry themselves with confidence exude a natural allure. This self-confidence, rooted in self-acceptance and self-love, shines through, making them genuinely attractive.

### Beauty is Not Complexion; it is Skin Health

In a world where societal standards of beauty often emphasize complexion, it's crucial to recognize that true beauty stems from healthy skin, not its colour. The notion that lighter skin is inherently more beautiful is not only outdated but also harmful. Instead, the focus should be on maintaining the health and vitality of our skin, regardless of its hue.

Healthy skin radiates a natural beauty that transcends complexion. Factors like hydration, elasticity, and an even texture are indicative of good skin health. These attributes are universally appealing and contribute to a youthful, vibrant appearance. Proper skincare routines that include cleansing, moisturizing, and protection from the sun are essential for maintaining these qualities. Moreover, healthy skin reflects overall well-being. A balanced diet rich in vitamins and minerals, adequate hydration, and a good night's sleep are vital components that contribute to skin health. These practices ensure that the skin functions optimally, providing a protective barrier and maintaining its regenerative properties.

It's also important to understand that skin health can be affected by various factors, including environmental pollution, stress, and lifestyle choices. So, making right choices is essential for one to achieve good skin health.

### The Role of Education and Awareness

To move beyond complexion-based beauty standards, it is essential to educate and raise awareness about the diverse expressions of beauty. This involves challenging stereotypes and

biases from an early age. Schools and communities can play a pivotal role in promoting inclusivity and teaching the value of inner qualities over physical appearance.

### Embracing a Holistic View of Beauty

Beauty beyond complexion is a celebration of diversity, individuality, and inner qualities. By embracing and celebrating this diversity, we can move towards a world where everyone feels beautiful, regardless of their complexion. True beauty lies in the harmony of one's character, confidence, and individuality, reflecting the essence of who they truly are.

**Beauty should not be confined to complexion.**

**Instead, emphasize the importance of healthy skin, which radiates true beauty from within.**

**By prioritizing skin health, we embrace a more holistic and inclusive approach to beauty.**

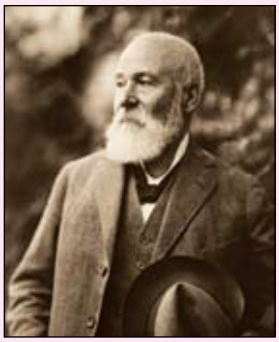
# Dermatology Trivia : Famous Dermatologists of the World

**Dr. Amina Asfiya**
**Assistant Professor Dept of Dermatology Yenepoya Medical College, Mangalore**

## Ferdinand von Hebra

- Founder of Vienna school of dermatology in 19th century
- Reported Scabies is caused by a mite
- Published a book, "attempt to classify skin diseases on the basis of pathological anatomy
- Authored a book, "Atlas of skin diseases"
- Described a skin condition, "Erythema exudativum multiforme" which is now called herpes associated erythema multiforme
- Authored first volume of "Textbook of skin diseases" which was coauthored by Moritz Kaposi
- Named crusted scabies as "Scabies Norwegi Boecki"

## Paul Gerson Unna

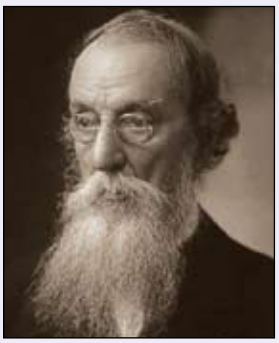


- Pioneer in dermatopathology.
- Described the Unna Thost syndrome, Coined the term 'Acanthosis Nigricans'
- Among the innovations, he proposed the use of ichthyol and resorcinol against skin diseases.
- Described several stains for fungi, plasma cells
- First to describe the Stratum granulosum
- Devised a compression gauze used to treat venous leg problems named Unna's boot.

## Moritz Kaposi

- Hungarian physician and dermatologist.
- Provided the first, or early descriptions of cutaneous and systemic lupus erythematosus (1869/1872);
- the idiopathic multiple pigmented sarcoma of the skin (1872 – Kaposi Sarcoma);
- xeroderma pigmentosum (1882); lichen ruber moniliformis (1886); and varicelliform eruption (1887)

## Jonathan Hutchinson



- English surgeon, ophthalmologist, dermatologist, venereologist, and pathologist
- Hutchinson has his name attached to these entities in medicine:
  Hutchinson's angina, Hutchinson's sign, Hutchinson's dehidrosis
  Hutchinson's disease or senile degeneration of the choroid, Hutchinson's facies
  Hutchinson's melanotic freckle, Hutchinson's mask, Hutchinson's melanotic disease, Hutchinson's patch (a corneal sign attached to syphilitic keratitis)
  Hutchinson's prurigo, Hutchinson's pupil, Hutchinson's teeth (seen in congenital syphilis), Hutchinson's triad, Hutchinson–Gilford progeria syndrome
- He had earned honorary degrees from Universities of Glasgow, Cambridge, Edinburgh, Oxford, Dublin, and Leeds.
- He was knighted in 1908.

## Ferdinand - Jean Darier

- French physician, pathologist and dermatologist
- Called the "father of modern dermatology in France"
- Discovered several diseases, most notably Darier's disease, which he identified in 1889 as psorodermose folliculaire végétante.
- The other diseases were a follicular keratosis (Darier-White syndrome), dermatofibrosarcoma (Darier-Ferrand disease), erythema annularis, subcutaneous sarcoidosis (Darier-Roussy sarcoid),
- And Darier's sign observed in mastocytosis.

# A Bridgerton inspired update on innovations in pigmentary dermatology

Dr. Mihika Noronha
Senior Resident,
KMC, Manipal

**Dearest Gentle Dermatologists.**

It has come to my attention that the field of Pigmentary Dermatology is abuzz with a new set of debutantes ready to tackle the melanin season.

Melasma has always proven a tough rake. Blushing debutants like hydroquinone, retinoids and topical steroids have almost ensnared this rake. But he can only be concealed with pretty parasols (photoprotection). The diamond of this season has proven to be cysteamine 5 percent cream. The young lady seems to be very accomplished with skills like parrying tyrosinase and peroxidase, rescuing dopaquinone, chelating iron and copper and boosting her best friend glutathione.[1] She has been seen dallying with melasma, acne pigmentation and other forms of post inflammatory hyperpigmentation. But a recent whisper suggests that she's even more formidable in giving melasma the direct cut when accompanied by nicotinamide.[1] or tranexamic acid[2] in fact this debutant has even been seen subduing formidable lentigines and is one of the first salves.[3]

At the innovation ball hosted by pigmentary enthusiasts allowing the pigments to cool has taken a new meaning. While the glamorous Lasers put up a gorgeous performance from Q-switch 532 nm Nd: YAG laser, Q-switch alexandrite laser, Q-switch ruby laser, long-pulsed 532-nm Nd: YAG laser, and picosecond laser appear to be professional pal mal players. Our friends from Hong Kong declare that their novel dermal cooling systems may be the way forward in fending away the undesirable benign pigmentary lesions.[4] Just as this author uses many a nom de plume and was unmasked, Acquired dermal macular hyperpigmentation is now considered the official title conferred upon the disorder thus far masquerading as lichen planus pigmentosa, ashy dermatosis, erythema dyschromicum persistans and Riehl's melanosis. This title was conferred upon verifying the identity via histopathology and dermoscopy and

with a majority of members at the house of Lords voting 'Aye' in a Delphi style consensus.[5] Beckers has always been an enigma for the matchmakers fond of lasers. But this season there appears to be a debutante with some potential. She is a non ablative 1927-nm fractional thulium fibre laser with some promise.[6]

Our king, Lord Hebra was known for his skill with peels and his heirs appear worthy. They have recently wielded thioglycolic acid 10 percent against Pigmented Purpuric Dermatosis with great success. They fathom that such a fantastic weapon may be wielded well against other disorders of ferric origin.[7]

Whimsy is how this author would refer to the new method of doctors treating non segmental vitiligo. Reverse perilesional irradiation, during which only the lesional areas are covered was copared with conventional narrowband ultraviolet B (NB-UVB) home phototherapy for repigmentation of non-segmental vitiligo in patients with complete leukotrichia and found to be superior.[8] With that I conclude my correspondence.

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# "JACK OF ALL, MASTER OF ONE"

## In conversation with Dr. Madhulika Mhatre By Dr. Krutika Vora

**1. Good evening Dr. Madhulika, thank you for taking time out of your busy schedule for this interview. So, how did you end up in dermatology? Did you choose it or did it choose you?**

Growing up, Medicine as a field was never on my radar, I was into arts, but it was my mother's dream for me to be a doctor. During MBBS, forensic medicine fascinated me the most. But as I evolved during internship, I realized that Dermatology is my calling as it provides a perfect mixture of medicine and surgery. It gave me freedom to pursue my other passions and I am the boss of my time.

**2. For our Yuva readers, can you please elaborate on how to carve the path after residency?**

Residency programs are, in fact, merely the beginning of learning. The field of dermatology has expanded beyond the conventional clinical and histopathological realms, with new and newer specialized arenas like lasers, aesthetics, injectables, dermatosurgery, trichology, onychology, dermoscopy and so on, requiring an entirely distinct skill set and dedicated training, which post-graduate courses often fail to impart. So it is very overwhelming for young dermatologists to find the best fit for themselves. My suggestion is to find your own niche, sub-specialty that excites you the most and set your own pace. There's no rush and every journey is different and special in its own way. There are so many options for fresh postgraduate to go for like, joining a medical institute, Training under the preceptorship of an established dermatologist,

Corporate practice (hospital/clinic chain), Starting one's own private practice, National fellowships or International training opportunities. All of them have their own advantages and not one path is better than the other, do what suits the best for you. My journey from residency to having my own setup took 7 long years but every moment of it was worth it as it was all about improving skills and I set my own pace.

**3. How to apply for scholarships as a young dermatologist and any platforms that you recommend?**

Sure, there are many scholarships you can apply for even after residency.

- Various conference-based scholarships are available such as IADVL scholarships for attending MID-DERMACON, DERMACON, WCD, International congress of dermatology, Asian dermatology congress and many others.
- Additionally, EADV, ASPCR, American Academy of Dermatology etc also offer scholarships which are through an application process

purely based on merit and CV.

- These scholarships are a good platform for young dermatologists to get exposed to the world stage and present in front of a global audience as well as acquaint themselves to what newer advances are happening world over.

**4. What are your tips for young dermatologists?**

I feel you should know everything about dermatology, so you are able to treat all conditions but also find expertise in one particular area of dermatology, like vitiligo and pigmentary disorders are my areas of interest. You need to find your niche. Hence, be "jack of all, but master of one".

**5. You have been invited as a speaker in international conferences. How was your experience and how did you go about it?**

It feels very gratifying when you are called to speak about something you are passionate about. It is purely based on merit, which requires a strong CV and publications which reflects the work you have done in the field. Networking also helps, you should interact with seniors/colleagues in conferences. I started with presenting free papers in international conferences, then moved on to award papers and once the work got noticed, I was invited as a faculty speaker.

**6. Do you have a role model or mentor who had a significant impact on your journey?**

After residency, I joined fellowship under Dr. Venkatram Mysore for a year. Dr. Venkatram Mysore was and he continues to be a big impact in my life. The most inspiring aspect of him is he multitasks so efficiently. He is a hair transplant surgeon, also practices dermatopathology along with handling his academy. I look up to him the most.

**7. Last but most important, how do you balance personal life and career?**

I believe pursuing hobbies is very important to create balance. I go for kickboxing for my physical health and seek solace in painting and reading books in my free time. Me and my husband who is also a dermatologist, love to travel. We travel globally for conferences and for leisure, that is how we bring joy and balance in our lives.

**Dr. Krutika Vora**
**MD DVL**

# QUIZ

**Dr. Satarupa Kumar**
**Senior Resident, Medical College & Hospital, Kolkata**

1. This acronym encompasses several autoimmune conditions/phenomena that are induced following exposure to substances with adjuvant activity like bioimplants (HA fillers, silicone) etc. First described by Shoenfeld et al in 2011, as an ADR after vaccination using aluminum compounds as an adjuvant. Name this condition with heterogenous presentations and triggers.
2. FDA approved on June 2024 as a topical formulation of 12.5% gel for the treatment of Primary Axillary Hyperhidrosis in adults and children ≥ 9 years of age. Identify this drug which is a retrometabolic analog of glycopyrrolate inhibiting muscarinic receptors.
3. X is a novel recombinant monoclonal antibody designed as a once-monthly prophylactic therapy for Hereditary Angioedema targeting Factor XIIa (FXIIa initiates the kallikrein-kinin cascade of HAE attacks). Name the drug X.
4. Named after the eponymous famous character in Jonathan Swift's book where an englishman is kept captive by peculiar people using stringy ropes; this sign is used to guide the tapering of corticosteroids and other immunosuppressant therapies in the treatment of Pyoderma Gangrenosum. Name the clinical sign?

5. Multiple Onychopapillomas can be a cutaneous indicator of which cancer genodermatosis?
6. X formulated an amendment to Y's law on lupus stating that "anything happening to a patient with positive ANA that is not immediately otherwise explicable will automatically be blamed on SLE". Identify gentlemen X and Y.
7. Connect the following images:

8. Rare and aggressive hematological malignancy with early and

predominant cutaneous involvement by violaceous bruise-like lesions, plaques and nodules.

Previously known as acute agranular CD4+ natural killer (NK) cell leukemia it is characterized by monomorphous infiltration of medium-sized (CD4+/CD56+/CD123+) blasts.

Tagraxofusp, a CD123-directed cytotoxin is the only FDA approved drug for this condition. Identify this disease.

9. Which anti-hypertensive drug has demonstrated improvement in patients with dystrophic epidermolysis bullosa and is being repurposed as a novel treatment for the same?
10. A clinical sign signifying expression of

glandular contents, to assist an operator in determining the adequate depth of CO2 laser treatment for Rhinophyma.

## ANSWERS

1. Autoimmune/inflammatory syndrome induced by adjuvants (ASIA)
2. Sofpironium Bromide
3. Garadacimab
4. Gulliver's sign
5. BRCA1-associated protein (BAP1) tumor predisposition syndrome (TPDS)
   BAP1-TPDS is associated with high risk of uveal and cutaneous melanoma, BCC and multiple internal malignant neoplasms. Current research indicates polydactylous onychopapillomas as a distinct clue to the presence of a pathogenic germline variant in the BAP1 gene.
6. X: Richard D. Sontheimer
   Y: Robert A. Greenwald
   It's the Sontheimer's Corollary to Greenwald's Law of Lupus.
7. Phenolic lipids as Contact sensitizer
   Mango (leaves, bark, stem, fruit rind) contains 5-resorcinol which cross-reacts with urushiol (catechol) in toxicodendrons. In patients sensitized to rhus allergen due to prior exposure with poison ivy/oak/sumac, mango rinds can produce an intense allergic contact cheilitis/dermatitis. Other cross reactors include the cashew nut, indian marking nut, brazilian pepper tree, Ginkgo biloba.
8. Blastic plasmacytoid dendritic cell neoplasm (BPDCN)
9. Losartan, an angiotensin 1 receptor antagonist reduces transforming growth factor-beta signalling in dystrophic epidermolysis bullosa dermal fibroblasts, thereby improving clinical symptoms and QOL.
10. Gopher sign is a new and simple clinical sign which an operator can use as a guide to early sign of adequate ablation in Rhinophyma. The visible expression of the contents of the dilated glands observed is analogous to a gopher looking out of its burrow.

**Dr. Sheena Kapoor**
Consultant Dermatologist, Kokilaben Dhirubhai Ambani Hospital, Indore

**Dr. Twinkle Rangnani**
Consulting Dermatologist, Ahmedabad

# Transition from residency to clinical practice, how to and the journey

**Dr. Nidhi Sharma**
**Senior Resident,**
**Dermatology, GMC, Jammu**

Transitioning from residency to clinical practice marks a pivotal moment in the career of a dermatology resident, representing the culmination of years of rigorous training and the beginning of an independent professional life. This journey is a blend of excitement, challenges, and significant milestones, shaped by both academic preparation and personal growth.

## The Journey

The journey of a dermatology resident to clinical practice is both challenging and rewarding, requiring dedication, rigorous training and a commitment to lifelong learning. The path to becoming a dermatologist in India is arduous. This begins with completing medical school, where aspiring dermatologists gain foundational knowledge in medicine. Following this, they enter a dermatology residency program, typically lasting 2-3 years, where they receive specialized training in diagnosing and treating skin conditions.

During residency, dermatology trainees rotate through various clinical postings like OPD, dermatology wards, leprosy and STD and are exposed to various subspecialities like dermatosurgery, dermatopathology, pediatric dermatology, etc. The residency curriculum equips trainees with proficiency in clinical dermatology, diagnostic skills, formulate evidence-based treatment plans and fostering confidence in their clinical judgment and procedural expertise.

Apart from these, they engage in clinical research, thesis writing, presentations in conferences and publications. Mentorship plays a crucial role in their development, with experienced dermatologists providing guidance, support and feedback.

Upon completing their residency, dermatologists may pursue further specialization through fellowships and training, enter into practice directly or pursue senior residency. Senior residency further

polishes the skills acquired during residency and provides ample time and opportunities to enter into research, scientific writing and building Curriculum Vitae. It also opens avenues for entering into an academic post in medical colleges. Most of the medical colleges in India require 1 year of senior residency to be eligible for faculty but in some central government institutions, 3-years of senior residency are needed. After completing senior residency, new dermatologist may establish a full-time private practice, associate with some hospital or polyclinic or enter into clinical practice as academician in a medical college. Personal preferences and interests play a major role in this decision.

Central to the transition from residency to clinical practice is the acquisition of clinical competence and skill. This transition marks a transformative phase in the professional journey of dermatologists. It is a time of self-discovery, where residents evolve into confident, compassionate healthcare providers committed to delivering high-quality dermatologic care.

The journey from residency to clinical practice is also characterized by the cultivation of professional identity and ethical principles. A dermatologist should uphold the highest standards of patient care, prioritizing patient safety, confidentiality, and informed consent. This journey embraces continued learning, staying abreast of emerging research, advancements in dermatologic therapies, and evolving standards of care to provide optimal outcomes for their patients. Also, a pivotal aspect of the transition is building a patient-centric practice rooted in empathy and communication to build rapport with the patient.

As dermatologists transition to independent practice, they embrace opportunities for professional growth and leadership within the field of dermatology.

## Challenges:

The transition from residency to clinical practice is not without its challenges.

- The transition from a structured training environment to autonomous practice requires adaptability and resilience, as dermatologists traverse through clinical uncertainties, patient expectations, and the responsibilities of medical practice.
- Establishing a private practice is not an easy job for a newcomer as the field is already marred by people from other branches, uncertified practitioners and non-doctors who are projecting them as skin experts and actively practicing aesthetic procedures like lasers, botox, fillers, etc. IADVL anti-quackery cell is actively working towards curbing this menace of quackery. But, this should not discourage a fresher as in the long run, a quack can never replace a certified dermatologist. The difference will eventually show in the outcome and a dermatologist will always have an edge over someone who's just a quack.
- Establishing dermatology private practice is a capital-intensive affair due to increased demand for costly lasers and other equipment which may not be easy to arrange for a budding dermatologist.
- Most of the freshers are not aware of training programs available for dermatologists in India and abroad. IADVL offers observerships

and fellowships at various centers across the country and even abroad. Also IADVL provides training in various sub-specialities like trichology, hair transplant, dermatosurgery, dermatopathology, pediatric dermatology, leprosy by conducting various workshops and CMEs by special interest groups (SIGs). Some workshops offer aesthetic hands-on training too to young dermatologists. Various e-workshops and online training modules are available at IADVL-digital academy which can be accessed any-time any-where at www.iadvl.org

- Choosing 'core dermatology vs aesthetics' for a young dermatologist involves weighing interests and market demand. Both paths offer unique challenges and rewards. Core dermatology offers stable patient flow and diverse clinical cases. Aesthetic practice, while lucrative, emphasizes cosmetic treatments and requires marketing skills.
- Young dermatologist often lack information regarding medicolegal aspects associated with practice such as dealing with legal cases, consumer courts, advertisement, civil and criminal liabilities, consent, malpractice and negligence.
- Beyond clinical proficiency, transition to clinical practice requires dermatology residents to cultivate business acumen. Establishing a private practice involves understanding clinic regulations, pharmacy and dispensing, billing and taxes, and managing operational logistics such as staff management and office administration. IADVL practice management cells offers support for addressing these practical issues.
- Young dermatologists also struggle with social media management in dermatology practice. It involves monitoring trends, posting regular updates, skin care tips, treatments available, patient success stories, responding to enquiries, etc. to foster strong online presence, promote services and build trust and patient community.
- Residents often seek mentorship from experienced dermatologists or engage in practice management courses to steer the complexities of running a successful dermatology practice. IADVL provides a virtual mentorship program 'GuruDerma' to help young dermatologists and providing them valuable and lasting support from their mentors. Mentorship plays a crucial role as seasoned dermatologists provide guidance, share insights gained from years of practice, and nurture the next generation of dermatology leaders.
- Also, newly minted dermatologists may encounter the pressures of managing a busy patient schedule while maintaining work-life balance.

In conclusion, the journey from residency to clinical practice is a profound and multifaceted experience for dermatology residents. It represents the culmination of years of rigorous training, personal growth, and the acquisition of clinical expertise. As young dermatologists evolve through this transition, they embody the core values of professionalism, lifelong learning, and patient-centered care, laying the foundation for a fulfilling and impactful career in dermatology.

# Photography

**Dr. Mayank Khandelwal**
**Senior resident,**
**Tezpur medical college**
**and hospital, Assam**

# PHOENIX

I'm fair, black and brown
I don't care as
It doesn't take me down
I am not contagious
I stay courageous
I just want to bask under
The shining sun!

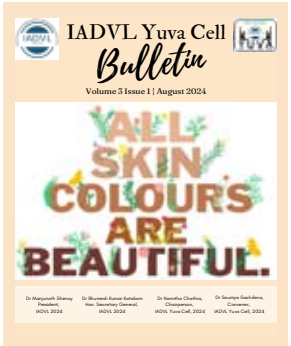
Colours doesn't define me
Remarks doesn't contain me
I want to fly high
In the crystal-clear sky
Want to Catch butterflies
And glow like a firefly!

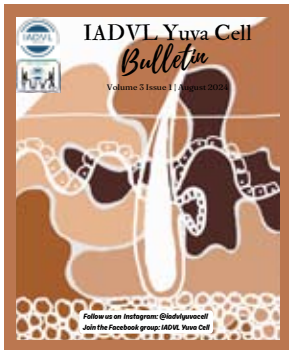
Who says I'm not beautiful
Who doesn't tell it
Is just a fool
Rainbow isn't complete
Without the seven colours
What if I compete with it
As I am multicoloured?!

Monotony is not the norm
Isn't it, nowadays?!
I come in different forms
It's okay if I don't transform
Even if I stay the same
I will be a living example
For those who think
That it's an end game!

Hate me, break me, but
You can never be like me
I am a Phoenix
Will rise from the ashes
You cannot crucifix
All my feelings!

**Dr. Nagalakshmi K**
**Senior resident, SABVMCRI, Bowring and Lady Curzon hospital, Bangalore**




**Cover page : Dr. Drashti Devani**
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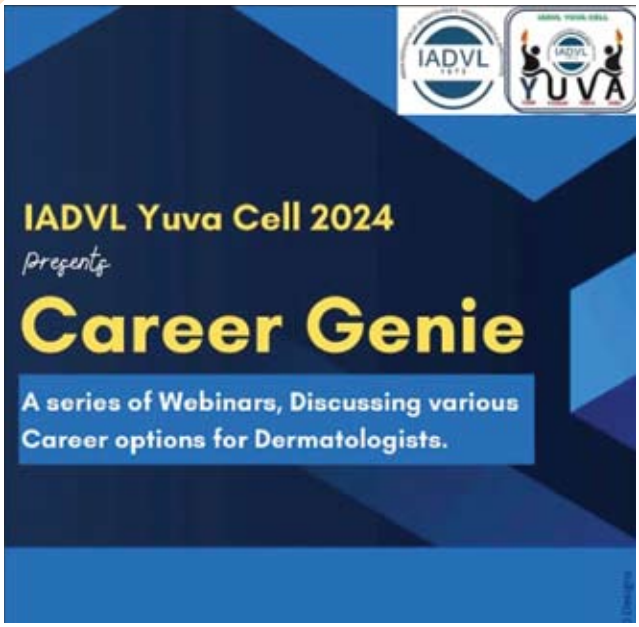


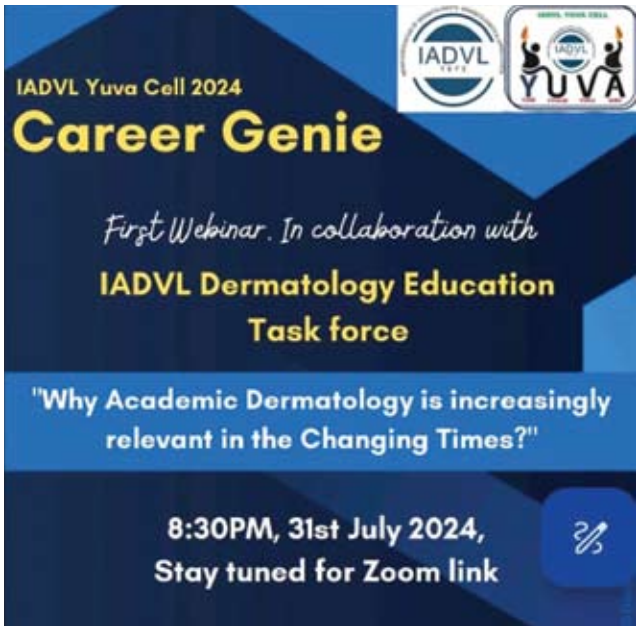


The IADVL YUVA Cell is revolutionizing career growth for dermatologists with two groundbreaking initiatives. The "IADVL YUVA Career Scout" is a one-stop portal connecting job seekers with recruiters, featuring job openings from diverse locations. Members can access this member-centric platform for effortless job searching. Furthermore, the "Career Genie" webinar series brings together experts to share insights on navigating careers in medical colleges, corporate hospitals, clinic chains, and private practice. Stay updated on job alerts through @iadvlyuvacell's Instagram stories and email recruitment requirements to iadvlyuvacell@gmail.com.

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# IADVL Yuva Cell Bulletin

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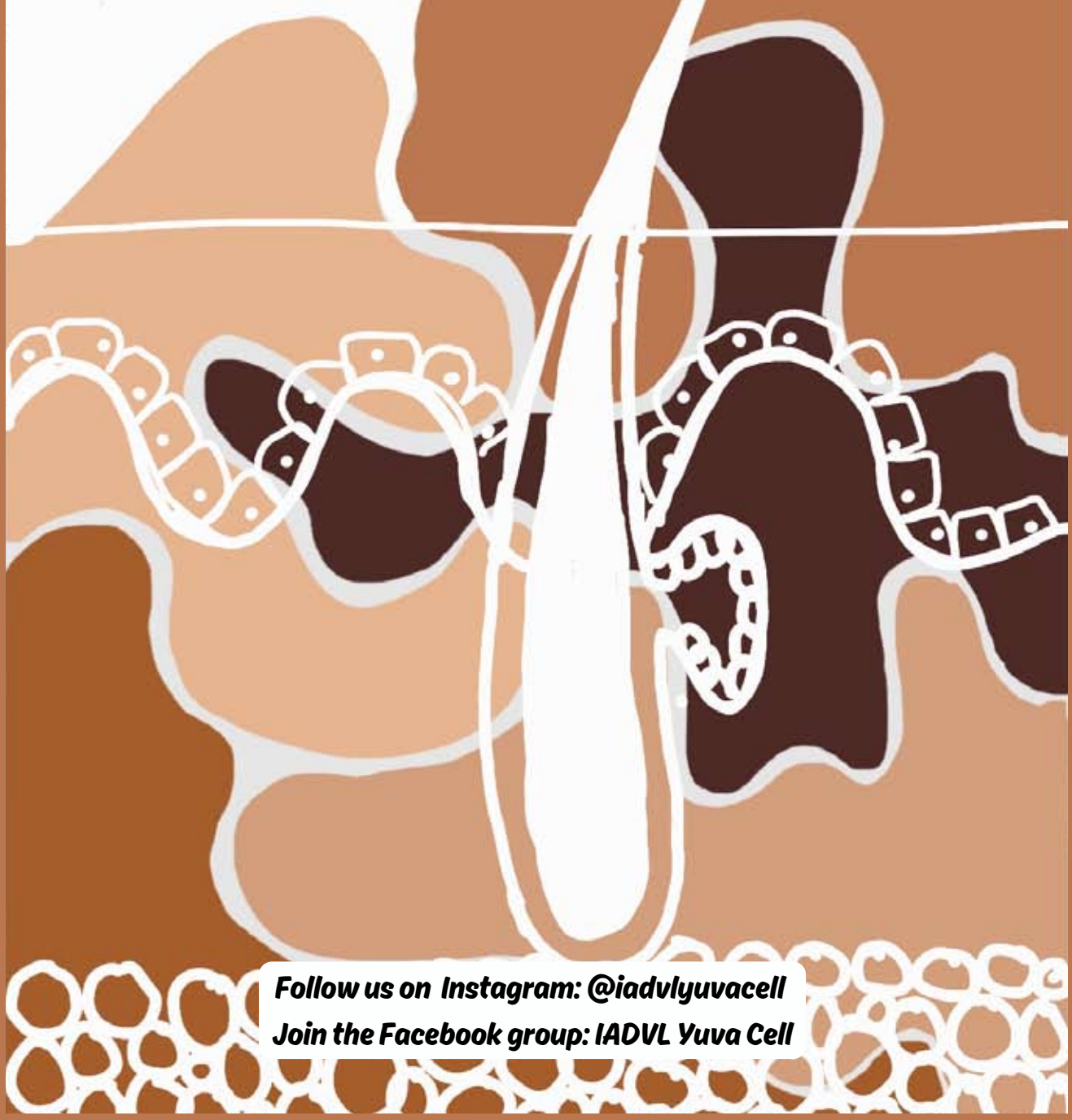

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