



ACS(I) for You(th)

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A Newsletter for You(th) by the ACS(I) Millennials

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MESSAGE FROM ACS(I) PRESIDENT

» DR. SHYAMANTA BARUA




 I am glad that the
 ACS(I) Millenials
 have been working
 with passion and
 earnestness to reach
 out to all young
 dermatologists with
 various innovative
 programs and
 initiatives. The ACS(I)
 Millenials Newsletter
 is one such initiative
 of the dynamic team.
 My congratulations to
 the Editors - Dr. Rohan
 Bhattacharjee and Dr.
 Komal Agarwal - and
 the entire Editorial
 Board.



The Association of Cutaneous Surgeons (I) has come a long way since its inception and has contributed substantially to the growth and promotion of the subspecialty of surgical and aesthetic dermatology in the country. However, our association has possibly not reached out enough to the young dermatologists who are in their early years of academics and practice. The ACS(I) Millenials have been constituted to fill this lacuna and it is hoped that it will serve as a bridge between the wisdom and experience of the seniors and the enthusiasm of the truly digital Generation Z.

I am glad that the ACS(I) Millenials have been working with passion and earnestness to reach out to all young dermatologists with various innovative programs and initiatives. The ACS(I) Millenials Newsletter is one such initiative of the dynamic team. My congratulations to the Editors - Dr. Rohan Bhattacharjee and Dr. Komal Agarwal - and the entire Editorial Board.

The ACS(I) Millenials has a pan India team of young and dedicated members led by Dr. Saloni Katoch as its Chairperson and Dr. Preethi B Nayak as its Convener. I am sure it will shape up further to be the driving force of our association in the coming days. I wish them all success in their endeavours.

Dr. Shyamanta Barua
 President, ACS(I)



►► Message from

ACS(I) Secretary General

We are proud of the ACS(I) Millennials team which has put in a lot of hardwork in bringing out this newsletter. The ACS(I) Millennials was formed with an idea to act as a guiding light for the young group of Dermatologists ushering into this current era. We have a dynamic team with members representing different zones from all across the country.

They have been organising interesting and interactive activities throughout the year. We hope that this will benefit all the young Dermatologists out there. I would like to congratulate Dr. Rohan Bhattacharjee and Dr. Komal Agarwal for editing this newsletter. We wish the ACS(I) Millennials team led by Dr. Saloni Katoch and Dr. Preethi B Nayak, the very best for their future endeavours.



Dr. Manas Ranjan Puhon
Secretary General, ACS(I)



►► Message from

CHAIR & CONVENER, ACS(I) MILLENNIALS

The ACS(I) Millennial committee was started with a goal to provide a platform for young cutaneous surgeons to express, learn and teach. With this novel thought ACS(I) brought together eleven millennial dermatologists from across the country to represent this generation of doctors. It also aims at connecting senior experienced cutaneous surgeons with younger ones for mentoring and capacity building for the future. And by doing the above, enhance skills of surgical and aesthetic dermatology among the younger dermatology fraternity.

After many online meets, a road map of our activities was created under the guidance of ACS(I) president Dr. Shyamanta Barua and Secretary General, Dr. Manas Ranjan Puan. We started by conducting live sessions on both Instagram and Facebook for knowledge and information sharing. A competition by the name 'Jugaad in my skin' was also organized, where innovations in Dermatosurgery were invited and judged. An informative comic strip on dermatology also features on our Instagram handle. The idea of having a newsletter was also conceived which is now coming to life. We would like to congratulate our editors Dr. Komal Agarwal and Dr. Rohan Bhattacharjee for bringing out this newsletter with an interesting compendium of articles.

Our heartfelt gratitude to the ACS(I) executive committee for their support and encouragement. We would also like to thank all the authors for their contribution towards this newsletter. Please do follow our Instagram handle acsi_insta for constant updates and information. We hope you learn, share and grow with our efforts and endeavours. Best wishes,



Dr. Saloni Katoch
Chair, ACS(I) Millennials



Dr. Preethi B Nayak
Convener, ACS(I) Millennials



►► Editorial

Hello to all the Dermatosurgeons!

It brings us immense joy to get to everyone the very first newsletter of the ACS(I) millennials, the “ACS(I) for You(th)”. I express my sincere gratitude to Dr. Shyamanta Barua, Dr. Manas Ranjan Puhan, Dr. Saloni Katoch & Dr. Preethi B Nayak for their constant guidance, support and belief in us. Heartfelt thanks to Dr. Komal Agarwal for being a wonderful co-Editor.

With this first issue, we bring you a mixed bag of articles with snippets from dermatosurgery journals and a wholesome personal experience of handling dermatosurgery on an everyday basis.

We have tried an interactive approach with this newsletter and hope you have fun reading this newsletter.

A heartfelt thanks to all the contributors.



Dr. Rohan Bhattacharjee
Editor, ACSI for You(th)



► Editorial

Hello everyone,

I feel extremely honoured to release the very first issue of ACSI for you(th), a newsletter for and by you. I express my sincere gratitude to Dr. Shyamanta Barua, Dr. Manas Ranjan Puhan, Dr. Saloni Katoch & Dr. Preethi B Nayak for the constant guidance, support and for being so approachable. Heartfelt thanks to Dr. Rohan Bhattacharjee for being a wonderful co-Editor.

With this issue we bring forth an array of informative and interactive articles.

The very first article is a journal scan by Dr. Anu Kiruba Dev G, where major highlights of recent studies are summed up. A very engaging and a must read interview with Dr. Shyamanta Barua on insta live is compiled by Dr. Bonny Rongpharpi followed by 4 innovative jugaads in Dermatosurgery. We also have wonderful comic strips by Dr. Gitika Sanodia Biyani.

We have tried to keep an amalgamation of scientific content, practice pearls and some comic strips to lighten up the mood and facilitate easy reading. Heartfelt thanks to all the authors who contributed to this issue.

We at the editorial have put in a lot of hard work, time and sweat to bring forth this master piece. Hope you have a great read!

With warm regards,



Dr. Komal Agarwal
Editor, ACSI for You(th)



The ACS(I) Millennials is a novel initiative crafted under the vision of ACS(I) President Dr. Shyamanta Barua and Secretary General Dr. Manas Ranjan Puhon. It is one of a kind endeavour under ACS(I), a forum exclusively for young cutaneous surgeons under the age of 40 years. ACS(I) Millennials aims at empowering the youth in dermatosurgery and cosmetic dermatology by providing them a platform to get involved in ACS(I) activities from the very beginning of their career. The committee was started this year under the able leadership of Chairperson Dr. Saloni Katoch and Convener Dr. Preethi B Nayak.

The young army of ACS(I) Millennials include members from all across the country namely Dr. Atoka Sumi, Dr. Atul Bothra, Dr. Deepak Jakhar, Dr. Dhanraj Chavan, Dr. Jeet Gandhi, Dr. Komal Agarwal, Dr. Rohan Bhattacharjee, Dr. Sujala Saradhya and Dr. Sunmeet Sandhu. ACS(I) Millennials are striving hard each and every day to reach out to the young cutaneous surgeons throughout India.

The programs conducted under the ACS(I) millennials from September 2021 to August 2022 are as follows :

1. Introductory Video

An introductory video was launched in January 2022 after the formation of the committee, under the guidance of Dr. Shyamanta Barua and Dr. Manas Ranjan Puhon to introduce the committee members. This was circulated on various social media platforms.



2. ACS(I) millennials Live Webinar

- Instagram Live – “A tete-a-tete with Prof. (Dr.) Shyamanta Barua” was conducted on 10th April 2022. Dr. Shymanta Barua was the guest of honor, who guided young dermatologists on the topic “Navigating the early years of surgical and aesthetic dermatology practice”. This session was hosted by Dr. Saloni Katoch.



- b) Facebook live – “Unscripted with Dr. Jaishree Sharad” conducted on 2nd June 2022. Dr. Jaishree Sharad was the guest of honor, who guided young dermatologist on the topic “Pearls & learnings on Aesthetic Dermatology”. This session was hosted by Dr. Dhanraj Chavan.
- c) Facebook Live – “Unwinding with Prof. (Dr.) Raghunatha Reddy” was conducted on 17th July 2022. Dr. Raghunatha Reddy was the guest of honor, who guided young dermatologists on the topic “Practice... Administration... Academics... Can there be a Perfect Dermatologist”. This session was hosted by Dr. Preethi B Nayak.

The ACS(I) millennials live sessions are coordinated by Dr. Dhanraj Chavan and Dr. Atul Bothra.

3. “Jugaad in my skin” Video competition by ACS(I) Millennials

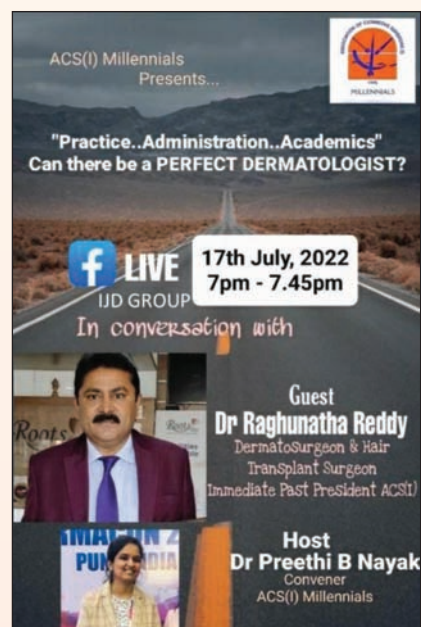
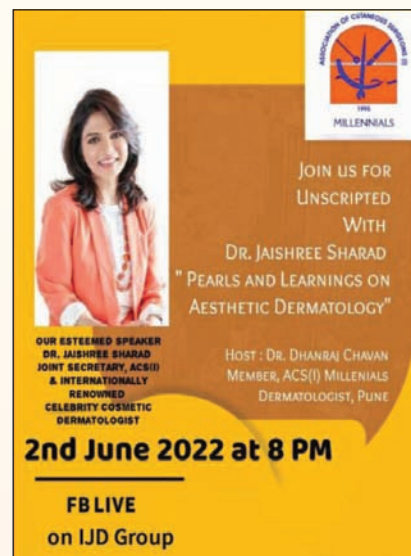
A video competition was conducted for the ACS(I) members to highlight their innovations in routine cutaneous procedures. The competition was judged by a panel of two judges, Dr. Biju Vasudevan and Dr. Ashique KT. The submissions were judged on innovation, safety, application, cost effectiveness and presentation. This competition was coordinated by Dr. Sujala S Aradhya. After a tough fight and close margins, 4 winners were selected.

- a) Dr. Yogesh M Bhingradia won 1st prize for the video on “Xylocaine nozzle to prevent post op strictures in intrameatal condyloma acuminata”
- b) Dr. Vignesh Narayan R won 2nd prize for the video on “Cotton swab to facilitate suturing in hair bearing area”
- c) Dr. Govind S Mittal won 3rd prize for the video on “Buffy coat extraction for high platelet yield with whirlpool method”
- d) Dr. Jagjeet Sethi won 4th prize for the video on “Wart removal made easy by using corn caps”

The winners have featured on Instagram live sessions on our official Instagram handle [acsi_insta](#), hosted by the ACS(I) millennials; Dr. Sujala S Aradhya, Dr. Saloni Katoch, Dr. Jeet Gandhi and Dr. Preethi B Nayak respectively.

4. ACS(I) millennials Newsletter

ACS(I) millennials newsletter is in the making. It is being coordinated by Dr. Komal Agarwal and Dr. Rohan Bhattacharjee. It is expected to be an informative masterpiece with all the hard work that is being put in by the committee members, authors and the layout designer.



5. ACS(I) millennials Comic strips

Patient education comic strips are being uploaded on our social media platforms. Dr Gitika Sanodia has contributed three comic strips under the name of 'The Dermat Diaries', so far. These are brief, easy to understand, to the point and very knowledgeable.

- Our projects in the pipeline include surveys to identify lacunae in training and skill acquisition for Dermatologists in early years of practice. Identifying potential problem areas will help in better understanding and devising of workshops for this age group of doctors. We also have a few more exciting and innovative competitions in the future. We also hope to do some research work and publish the same.

We are proud and take this opportunity to announce that we currently have 591 followers on our Instagram handle within 3 months of starting our official Instagram account. We at ACS(I) millennials believe that, this is just the beginning of a revolution and there is much more to come.

We would like to take this opportunity to thank the ACS(I) Executive, our team members and each and every person who has helped and supported us. Our heartfelt gratitude to all our senior members and colleagues who have guided and provided us, with all that we needed, to create a forum, in order to voice the thoughts and opinions of young cutaneous surgeons of the country.



ACS(I) Millennials
Jugaad in my Skin
Under the aegis of
ACS(I) EC 2021-2023

A competition for ACS(I) members to highlight their jugaad (innovations) in routine cutaneous procedures.

Video guidelines

- A 1 minute good quality video, in mp4 format must be submitted.
- The video should only highlight the innovation, not the procedure.
- Only single submission per member.

- Subtitles can be displayed to explain the innovation.
- To prevent identification of the applicant, no audio must play with the video.
- There should be no logos or watermarks in the video.

- Speed of the edited video must be sufficient to be able to understand the innovation.
- You may send upto 5 photos & a 1000 words' PDF to support how &/or why your innovation is helpful.

Send your entry to
secretary@acsinet.net
& acsimillennials@gmail.com
by 15th May 2022 along with the following :

Full name - ACS(I) LM number -
Age - Designation - Affiliation -
Co-authors' names - ACS(I) LM number -
Age - Designation - Affiliation -



Dr. Saloni Katoch
Chair, ACS(I) Millennials



Dr. Preethi B Nayak
Convener, ACS(I) Millennials

JOURNAL SCAN



Dr Anu Kiruba Devi G

Senior Resident,
UCMS & GTB Hospital

JOURNAL OF CUTANEOUS AND AESTHETIC SURGERY:



In an RCT comparing epidermal graft using Jodhpur technique (autologous non-cultured non-trypsinized epidermal cell transplant) versus Split-thickness skin grafting (STSG) in patient with stable vitiligo, JT was superior to STSG in terms of re-pigmentation, colour match, side effects, patient satisfaction, and DLQI reduction.

- A review of 15 studies on Low-level light therapy (LLLT) for Androgenetic alopecia shows LLLT to be safe, non-invasive and an effective treatment for AGA. Combination of LLLT with topical minoxidil and oral finasteride may have a synergistic effect in enhancing hair growth.
- Combination of surgical excision with perioperative (preoperative, intraoperative and postoperative) steroid injections reduces the occurrence of recurrent earlobe keloids.
- Intralesional immunotherapy using Purified protein derivative (PPD) and Measles, Mumps and Rubella (MMR) vaccine showed comparable efficacy in clearance of warts as compared to placebo among patients with multiple viral warts in an RCT.
- Intralesional Vitamin D3 administered every 2 weekly for a maximum of 6 injections have been found to be effective in the treatment of cutaneous warts with complete clearance seen in 65.85% of patients.
- In a prospective study comparing intralesional bleomycin versus intralesional triamcinolone versus combination of bleomycin and triamcinolone for the treatment of infantile haemangioma with partial response or no response to propranolol therapy, it was observed that combination of bleomycin and triamcinolone injection is a safe and effective second line therapeutic option.
- Comedone extractor can be used to alleviate pain and simultaneously achieve hemostasis while administering intradermal injections over scalp.
- Normal reading glasses can be used as a low-cost magnification device for routine dermatosurgery procedures.
- Excision followed by in-step skin grafting has been used successfully for the treatment of Bowen's disease of palm.

- Dermabrasion using radio frequency cautery followed by topical 5-fluorouracil has demonstrated successful re-pigmentation of vitiligo involving angle of lip.
- In an interventional study comparing epidermal graft using Jodhpur technique (autologous non-cultured non-trypsinized keratinocyte and melanocyte grafting) versus autologous platelet rich fibrin matrix (PRFM) for the treatment of chronic non-healing ulcer, both the techniques were found to be equally efficacious and safe. However, the Jodhpur technique required a single session while the autologous PRFM technique required multiple sittings for ulcer healing.
- A retrospective study on the post-operative outcome in 7 patients with allergic reaction to red tattoo dye using various operative techniques such as complete excision or surface excision of the tattooed area with red pigment using graft/flap closure has been reported. As laser tattoo removal can result in generalized eczematous eruption in patients with allergic reaction to red tattoo, surgical excision is the preferred treatment. This study postulates that reduction of allergen load by superficial removal of the raised plaque maybe sufficient enough for healing of the allergic reaction rather than complete removal.
- In an RCT comparing epidermal graft using Jodhpur technique (autologous non-cultured non-trypsinized epidermal cell transplant) versus Split-thickness skin grafting (STSG) in patient with stable vitiligo, JT was superior to STSG in terms of re-pigmentation, colour match, side effects, patient satisfaction, and DLQI reduction.
- In an experimental animal study, Fulvic acid (0.5%) was found to be an effective therapeutic approach to improve the wound healing process because of its anti-inflammatory and neovascularization properties at the skin wound site.
- Dermal polydioxanone (PDO) threads were found to be effective as monotherapy for periorbital rejuvenation with minimal adverse effects. They may be combined with other modalities such as botulinum toxin, dermal fillers, and skin boosters to further enhance their rejuvenating potential.
- DEPA score was found to be an effective wound assessment tool in a case series including 11 patients with Diabetic foot ulcer attempting to address the benefits of Negative pressure wound therapy (NPWT) with simultaneous irrigation of normal saline for wound bed preparation before skin grafting. The wound is scored according to depth (D), extent of bacterial colonization (E), phase of healing (P), and associated etiology (A). Each component can be scored, according to its severity, from 1 to 3, and a total score ranging from 3 to 12. The outcome measure of healing was significantly associated with higher scores.
- In an open labelled randomized trial comparing the efficacy of modified autoinoculation (MAI) versus daily topical 10% KOH application, MAI was found to be a promising treatment option in treating severe, recurrent, extensive, and recalcitrant molluscum contagiosum infections. Modified autoinoculation is a safe, highly effective, and immune-stimulating mode of therapy that can cause resolution of lesions at distant sites also. In this study, the adverse reaction to the treatment was higher among the patients treated with 10% KOH (40%) compared to MAI.
- Combination of topical 5% minoxidil and intradermal PRP had higher efficacy than topical 5% minoxidil alone in Androgenetic alopecia in an RCT. It is a useful therapy in poor responders to conventional therapy.
- Empty ball pen refill can be used for chemical cauterization as an alternative to toothpick / ear buds to reduce spillage of chemicals.
- A window cut in gloves/ clothing/ socks during conventional phototherapy can be used to protect the unaffected skin.
- Botulinum toxin has been found to ameliorate the neuropathic pain seen in scalp dysesthesia in a case report and warrants further studies. The effects appear at around 8 weeks and may last up to 4 months.
- Autologous fat transplant is reported to be a new promising treatment for plantar fasciitis promoting a cushioning effect to reduce pressure and thereby decreasing heel pain.
- Truncal anaesthesia of supraorbital nerve can be used to reduce the pain and discomfort associated with hair mesotherapy.

DERMATOLOGIC SURGERY



- In a systematic review, it was observed that there were no differences in 5-year overall survival, disease-free survival or local recurrence among patients treated with Mohs surgery relative to wide excision for patients with melanoma on trunk and extremities.
- A systematic review on the use of platelet rich plasma (PRP) for melasma showed promising results with this treatment modality via intradermal injections and microneedling.
- Anti-MOC-31 antibody directed against epithelial cell adhesion molecule (Ep-CAM) is sensitive for BCCs in frozen specimens and permanently fixed specimen. It demonstrated comparable immunolabeling characteristics with Ber-EP4 for BCCs.
- In a prospective observational study to evaluate post-operative pain after Mohs Micrographic surgery, it was observed that the procedure was generally well tolerated. The site of the lesion and method of reconstruction are the major determinants affecting the pain perception.
- Cheek is a reliable donor site for nasal alar reconstruction using full thickness skin grafting with good aesthetic outcome and lesser complications.
- Drainage and compression is an effective first line treatment option for digital myxoid pseudocysts of proximal nail fold and distal interphalangeal joints.
- A novel tunnelling technique of intralesional steroid administration for keloids is more effective than conventional technique.
- In a pilot study, Cryolipolysis as a noninvasive method of fat reduction for pseudogynecomastia was found to be safe and effective with significant fat reduction and better tolerability.
- High-dose pulsed hyaluronidase is the mainstay recommended treatment for post-filler cutaneous vascular occlusions along with other adjuncts like hyperbaric oxygen therapy.
- Local recurrence rates of Dermatofibrosarcoma protuberans (DFSP) is less in patients treated with Mohs surgery than compared to wide local excision.
- Based on a systematic review, short term oral Benzodiazepines can be considered safe and effective for periprocedural anxiolysis in dermatological, dental, plastic and ophthalmological surgeries.
- Laser hair reduction over face and laser resurfacing associated with ocular injuries are mostly related to improper usage of ocular protection and can be avoided using proper precautions and techniques.
- Chin microgenia is common among Chinese population, particularly in women, and the prevalence and severity increase with age. In the sagittal dimension, microgenia was present in 60.7% of men and 68.6% of women. Vertical microgenia was present in 69.6% of men and 81.9% of women.
- In a study comparing the efficacy of laser-assisted delivery of methotrexate versus its intralesional injection in fingernail psoriasis, no statistically significant difference was found between the 2 groups. However, fractional CO₂ laser-assisted delivery of methotrexate can be an effective and well-tolerated alternative to intralesional injection in nail psoriasis.
- In a retrospective analysis over 11 years of serious adverse effects seen with injectable fillers given to 7659 patients, the occurrence of serious adverse effects were found to be extremely rare when performed by certified dermatologist. These

included delayed onset skin nodules in 3 patients and cutaneous microvascular occlusion seen in 1 patient.

- In a split-face trial on melasma patients comparing tranexamic acid microinjection alone or combined with fractional CO₂ laser in a sequential pattern assessed by dermoscopic evaluation, it was found that both methods are comparatively effective and safe for melasma treatment. However, no statistically significant differences were observed between the two methods.
- In a case-control study on 65 subjects with cutaneous SCC it was observed that recurrent tumours, perineural invasion, lymphovascular invasion, tumor size greater than 2cm and hypothyroidism were associated with increased risk of lymph node metastasis.
- In a randomized, split-neck trial of hyaluronic acid fillers for static horizontal neck rhytides using either a cannula or needle, there was significant improvement without any serious side effects. The side of the neck injected with a needle as having significantly greater improvement than the cannula.
- In a RCT comparing the efficacy of PRP microinjection therapy and 4% hydroquinone cream versus 4% hydroquinone cream alone in 30 patients with melasma, the PRP + HQ group had statistically significant improvement in MASI score compared to only HQ group.
- Surgical excision, followed by CT-based conformal electron beam RT, for patients with keloids ensures a high degree of local control resulting in good cosmetic outcomes and less recurrence.
- In a meta-analysis including 43 studies, enrolling Bowen's disease (BD) lesions and cutaneous SCC lesions treated with photodynamic therapy (PDT), the pooled clearance rates for BD and SCC were 76% and 51% respectively. The findings suggest that PDT has successful therapeutic outcome for BD. However, they require longterm follow-up for potential recurrence.
- In a systematic review of 18 studies to identify the body sites prone to surgical site infections (SSI), the high risk sites were lips, lower extremities, ears and hands. Further information on the risk factors can provide clinical guide for optimal perioperative antibiotic prophylaxis in dermatologic surgery.
- The existing Patient reported outcome measure (PROM) instruments for Hidradenitis suppurativa have poor content validation and poor results regarding development. Newer disease specific PROMs need to be developed and validated for future research purposes.
- Lasers and energy-based devices (EBD) are popular treatments for skin rejuvenation and resurfacing. A review of histologic analysis following skin rejuvenation and scar treatment using fractional picosecond laser, fractional radiofrequency microneedling, nonablative lasers, and ablative lasers showed that each method has different mechanisms with disparate targets in the skin. Picosecond lasers induce intraepidermal and/or dermal vacuoles from laser-induced optical breakdown; radiofrequency microneedling delivers thermal energy to the dermis while sparing the epidermis, making it safer for patients with darker skin phototypes; Fractional nonablative lasers induce conical zones of coagulation of the epidermis and upper dermis; Ablative lasers vaporize the stratum corneum down to the dermis.
- In a systematic review on treatment options for SCC of the nail unit, complete surgical excision with either Wide Surgical Excision or Mohs Micrographic Surgery is associated with lower recurrence rates than limited excision and nonsurgical therapies, regardless of degree of invasion. Digital amputation is recommended if bone invasion is present.
- Desmoplastic cutaneous squamous cell carcinoma is associated with widespread local infiltration, perineural infiltration and loco-regional recurrences.
- Topical 5% and 0.5% 5-fluorouracil delivery for 3 days after microneedling was effective for treating facial actinic keratosis and equivalent to 5% and

0.5% 5-FU alone for 15 days after 3 months of follow-up in 44 patients.

- Trauma after dermabrasion may induce significant changes in melanocytic nevi including asymmetry, with the appearance or fading of dermoscopic structures and colors.
- In a retrospective study on infection risk in vitiligo patients who underwent noncultured autologous melanocyte keratinocyte transplantation (MKTP), cryotherapy for recipient area preparation and lesions on the trunk, lower extremity, or foot was associated with an increased risk of infection.
- Pulsed-type microneedling radiofrequency could be an effective treatment option for facial pigmentary disorders like melasma or Riehl melanosis.
- Based on a Systematic review of 71 studies on local recurrence of melanoma following surgical excision, local recurrence is significantly lower after MMS (<1%) and staged excision (3%) compared with wide local excision (7%).
- In a retrospective study on 152 patients with giant congenital melanocytic nevus, 7 malignancies were found (4.6%); 4 melanomas, 2 rhabdomyosarcomas and 1 malignant peripheral nerve sheath tumor. The risk increased according to the nevus size but the difference was not statistically significant.
- In a retrospective study comparing primary lobe pexing sutures versus intraoperative triamcinolone injection as methods to prevent pincushioning in bilobed transposition flaps, participants receiving primary lobe pexing sutures had a statistically significantly lower rate of pincushioning and Intraoperative triamcinolone injections appeared to have little impact on pincushioning.
- Focal 90% TCA with a cosmetic brush applicator is safe and effective in treating boxcar and polymorphic acne scars. The clinical outcome is good-to-excellent with low rates of complication.
- Mohs micrographic surgery is not inferior to wide local excision for the treatment of Stage I Merkel cell carcinoma and is a reasonable option for anatomic locations where tissue sparing is important. Both the modalities of treatment had similar recurrence rates.
- In a study to assess the efficacy of various treatment modalities for hypopigmentation in scars, a combination of nonablative fractional or ablative fractional laser treatment with topical prostaglandin analogue with or without topical retinoid were found to result in superior repigmentation. Using lasers alone resulted in moderate improvement which was short lived.
- A systematic review and meta-analysis of 11 studies on Pulse dye laser (PDL) for treatment of acne, it was observed that treatment consisting of 4 or more sessions or longer pulse duration PDL could significantly decrease the acne severity score.
- Based on a systematic review on pain severity scales used in dermatology, the numeric rating scale is most applicable for dermatologic surgery because of reported patient and provider preferences and lowest failure rates and hence recommended for use.
- In a systematic review, it was observed that PRP via intradermal injections or microneedling alone or in combination with other modalities of treatment helps in melasma. It demonstrates a moderate grade of recommendation according to the Oxford Centre for Evidence-Based Medicine 2011 standards.
- The biopsy of Hutchinson's sign area over nail fold / hyponychium can be useful for detection of subungual melanoma.
- In a study to determine the ideal upper margin of the flap in nasal reconstruction and its correlation with aesthetic results, the most aesthetically pleasing positions were located at glabella, level of upper eyelid, intercanthal line, the line between keystone and intercanthal line and keystone. However, the authors recommend placing the upper margin of the flap at the level of intercanthal line for best cosmetic outcomes.
- In a study comparing microwave therapy versus

subcutaneous curettage for treatment of axillary osmidrosis, subcutaneous curettage was found to be more effective with longterm benefits. However, microwave therapy is recommended in patients with cosmetic concerns.

- Using OCT to observe the in-vivo, non-invasive, real time, cutaneous changes produced by devices used for topical drug delivery, microneedling and radiofrequency microneedling demonstrated no cutaneous channels. Both low-energy, low-density, fractional nonablative lasers produced transient channels, which closed within hours. The fractional nonablative 1,927-nm thulium fiber and 1,550-nm erbium fiber lasers created channels with epidermal debris within, which were still closing at 24 hours. The fractional thermomechanical ablative device and the fractional ablative CO₂ laser produced channels that were still open at 24 hours. CO₂ laser channels had thick rims of coagulated tissue and remained open for longer.
- Fractional erbium: YAG lasers are effective in the treatment of non-healing chronic ulcers.
- An inferiorly based rotation flap yields acceptable outcomes for infraorbital cheek defects and can be considered for defects as large as 5.5 cm.
- Electrosclerotherapy is a promising method of augmenting the efficacy of intralesional bleomycin injections when treating vascular malformations. It can potentially lead to a reduction in the administered dose and number of treatment sessions needed.
- Polidocanol 1% solution can be a highly effective, safe, and cost-effective sclerosant for treatment of pyogenic granulomas with no recurrences or need for special post-procedure care.
- In an RCT, use of calcium hydroxyapatite was found to be safe and effective for jawline augmentation and restoration.
- Dermal fillers are safe to use and well received by patients with autoimmune and rheumatological disorders.

JOURNAL OF COSMETIC DERMATOLOGY (JAN 2022 – JUNE 2022):



- In a review of psychodermatological aspects of alopecia areata, stress and psychological factors were involved in both the development and exacerbation of the illness.
- In a review differentiating lichenplanopilaris (LPP) with frontal fibrosing alopecia (FFA) using trichoscopy, the signs of LPP included perifollicular scaling and tubular casts, violaceous perifollicular erythema (target appearance), milky white areas of scarring in pink-red background and yellow dots. In FFA, mild perifollicular scaling and erythema, predominant single hair units (lonely hair sign) at the margin of hair-bearing area and an ivory-beige background were observed.
- In a systematic review to evaluate the efficacy of Botulinum toxin type A (BTXA) in preventing and treating postoperative cleft lip/ palate scars and improving scar quality, BTXA injection showed better results. However, the results were not statistically significant.
- In a systematic review evaluating efficacy and safety of traditional and surgical treatment modalities in segmental vitiligo, results of current evidence indicate resistance of segmental vitiligo to traditional therapies except in patients with short duration of disease. Therefore, surgical interventions are the first-line of treatment in refractory cases, long-standing disease, or in the

presence of leukotrichia in depigmented patches.

- In a case report, intralesional autologous PRP combined with topical 30% salicylic acid was successful in the treatment of multiple, resistant plantar warts.
- Sequential treatment with cryolipolysis and ATX-101 was found safe and effective for reducing extreme submental fat, resulting in approximately a 2-grade improvement.
- In an RCT, Picosecond Nd:YAG laser was found to be efficient to decrease erythema and scaling in seborrheic dermatitis and reduce pruritus incidence.
- Combination of micro-plasma radiofrequency and subcision was found to be effective for treating depressed nasal scars.
- Endolift laser is safe and effective non-invasive technique for forehead wrinkling and frown line treatment.
- In a study comparing the efficacy of 595nm pulse dye laser, microwave tissue coagulation and liquid nitrogen cryotherapy for the treatment of verruca vulgaris in 90 children, PDL was found to be the safest and most effective treatment option.
- Microneedling fractional radiofrequency is an effective option for hand rejuvenation treatment.
- Topical 30% metformin cream was observed to produce comparable reduction in MASI scores in comparison to triple combination among patients with melasma in an RCT.
- In a study on mask related facial dermatoses among healthcare professionals, most common problems noted were new onset acne and increase in existing acne. Use of N95 mask and prolonged average duration of wearing mask were the identified risk factors.
- A multicentre survey to evaluate the skincare product use and frequency of cosmetic procedures in patients with acne vulgaris, 66.7% of patients used skincare products and 26.7% patients had undergone cosmetic procedures. The use of skincare products was statistically significantly higher in women, older people, FDA severity score 2 and 3, long-term disease, facial involvement, high income levels and graduate or post-graduate degrees.
- In a retrospective study on 82 patients with BCC, it was observed that increased tumour thickness had positive correlation with an aggressive histological pattern.
- In a study comparing the use of 10% NaOH versus 88% phenol for chemical matrixectomy for ingrown toe nails, the post-operative treatment outcomes were similar for both the groups.
- Serum amyloid A1 is increased in Acne vulgaris compared to controls and this elevation may play a role in the inflammatory milieu of acne.
- In a study to investigate patient characteristics and laboratory parameters in 3028 patients with Telogen effluvium, 6.2% of the patients had iron deficiency anemia, 4.6% had thyroid dysfunction, 72.2% had vitamin D, 30.7% had vitamin B12, 4.4% had folate and 2.1% had zinc deficiency.
- Gal-3 levels were elevated and IL 17 levels were significantly reduced in patients with warts, thus providing future treatment targets.
- ACE gene polymorphism could increase the susceptibility to develop androgenetic alopecia based on an Egyptian study.
- Acute generalized exanthematous pustulosis is reported to be an adverse effect of medications used in the treatment of COVID 19; most notably Hydroxychloroquine. It is possible that an interaction between the immune system, viral infection and the medication may account for the development of AGEF.
- Increased incidence of acute inflammatory reaction to filler injections has been reported during the COVID pandemic. Possible explanation include immune system alteration caused by extensive changes in domestic and personal hygiene, prolonged and elevated stress levels and sub clinical COVID-19 infection.
- Topical finasteride has similar effects as that of oral finasteride while reducing the potential systemic

side effects and a combination with topical minoxidil enhances the efficacy. It is effective for treating male and female pattern hair loss

- Botulinum toxin A is effective for treatment of masseter muscle hypertrophy. Maximum effect after single injection is seen at 3 months and the duration may last for 6-12 months.
- Microneedling along with topical depigmenting agents was more effective than topical depigmenting agents alone for melasma, reducing MASI score with reduced recurrence rate.
- The growth and metastasis of melanoma may be influenced by the effect of estrogen and its receptors
- Adipose-derived stem cells are a potential solution for alleviating hypertrophic scars.
- Thread lifting of face for aging is usually done in the jawline, mid face, eyebrows and the neck. Patient satisfaction with the treatment was found to be independent of the patient's age, treatment area, type of thread used and the number of threads used. The most common adverse effects were edema and pain.
- Air-toxin technique (dermal injection of air with micro-doses of botulinum toxin) is a new technique for facial rejuvenation which was efficacious with no major adverse effects.
- LL body contour technique for gluteal augmentation is a minimally invasive technique with quick results and less downtime without major side effects.
- Blend diode laser with combined wavelengths of 810, 940 and 1060nm has been shown to be more efficacious and satisfactory than 810nm diode laser for hair removal on dark skin types with a good safety profile.
- 585nm PDL was effectively used for treating facial verruca plana in a case series.
- Fractional CO2 laser was effective for treatment of atrophic acne scars in a retrospective study on 121 patients with 50.4% patients reporting moderate to excellent improvement after a single

session. There were no serious adverse events.

- Atezolizumab, an anti-PDL 1 agent has been associated with induction of rupoid psoriasis in a case report
- High-intensity focused ultrasound was found to significantly reduce subcutaneous fat over abdomen and upper arms; but not in thigh in a pilot study. The procedure was non-invasive and safe.
- In a split-face RCT, to assess the efficacy of a topical epidermal growth factor containing cream on post-inflammatory hyperpigmentation (PIH), post-laser erythema, and transepidermal water loss (TEWL) after 1,064-nm Q-Switched Nd:YAG laser treatment of Hori's nevus in comparison to placebo, no significant reduction in PIH or post-procedural erythema or reduction in TEWL was observed.
- In a study to evaluate and compare fractional radiofrequency microneedling alone and in combination with autologous platelet-rich plasma (PRP) in neck rejuvenation, both treatment methods showed comparable results in terms of efficacy and side effects.
- In 14 patients with high-risk and inoperable BCC, combining ablative CO2 laser, imiquimod 5%, and diclofenac 3% as a therapeutic regimen was found to be efficacious wherein 9 patients showed marked improvement.
- The transplantation of autologous fat, stromal vascular fraction cells and PRP is an effective cell therapy for atrophic acne scars.
- 5-Fluorouracil application after microneedling is effective in the treatment of vitiligo with 75% response, 60% patient satisfaction, and tolerable side effects. The improvement in vitiligo patients by microneedling and 5-fluorouracil could be due to upregulation of MMP2 in affected vitiligo lesions.
- In a study comparing the efficacy of 10 and 20 sessions of tap water iontophoresis (TWI) in patients with palmoplantar hyperhidrosis, it was observed that 10 TWI sessions had adequate

clinical response. However, patients were more satisfied when they receive 20 sessions more than 10 TWI sessions.

- In mild-to-moderate seborrheic dermatitis initial treatment followed by use of selenium sulphide based shampoo helps to rebalance the scalp microbiome.
- Tea extracts containing catechins help to prevent UV-irradiation induced hair damage.
- In a case control study it was observed that patients with rosacea may have an abnormal respiratory function compared to healthy individuals and warrant pulmonary screening in those with additional risk factors.
- Depressor supercilii muscle block can be considered when applying botulinum toxin type A in the upper third of the face, in cases where there is the subjective sensation of flattening of glabella and increased distance between the eyebrows.
- In a systematic review on the treatment of post-acne erythema (PAE), pulsed-dye lasers were the most commonly used laser devices followed by Nd:YAG laser. Topical treatments such as oxymetazoline, tranexamic acid, and brimonidine tartrate are promising treatments in reducing PAE lesions.
- Cellulite, considered to be a benign physiological isolated skin condition of only an aesthetic concern, is now considered a pathological entity with systemic associations and a negative psychological impact on patients. Laser and light therapies along with radiofrequency are useful treatment options with good safety profile. Acoustic wave therapy, subcision, and 1440-nm Nd:YAG minimally invasive laser are beneficial in cellulite reduction. Often a combined treatment approach is required for good results.
- A meta-analysis demonstrated that the pooled prevalence of idiopathic hirsutism was 7.74% and there was no difference between PCOS criteria and ethnicity subgroups.
- Combined PDL with intralesional triamcinolone injection after surgical removal of hypertrophic scar prevents recurrence and progression of hypertrophic scar.
- In a retrospective study on 150 patients, thermomechanical ablation device was effective and safe for treatment of photodamaged skin and acne scars.
- Cyperus rotundus essential oil is a safe and cost-effective treatment for post-laser pain and erythema.
- Fractional and full CO₂ laser ablation is effective for recipient area preparation before cell suspension transplantation for vitiligo.
- Laser assisted liposuction using 1470nm radial fibres provides effective reduction in adipose tissue deposits with appreciable skin tightening and aesthetic improvement.
- Topical antimicrobial peptides combined with low dose oral Isotretinoin improves the treatment efficacy in patients with mild-to-moderate acne vulgaris.
- Electrofulguration assisted dermabrasion and manual dermabrasion have comparable treatment outcome in patients undergoing NCES for stable vitiligo.
- A topical emulgel containing 3% Albizia lebbeck bark extract has significant antioxidant effects on human skin.
- CD93 is implicated in the pathogenesis of psoriasis and warrants further research.
- Calprotectin, a neutrophil activation marker, can be used as a marker of Lichen planus severity and progression. It may play a role in the pathogenesis of LP.
- High-mobility group box 1-receptor for advanced glycation end-moesin axis may be implicated in acne vulgaris pathogenesis, and it may be a promising therapeutic target. High-mobility group box 1 and moe sin serum levels in acne patients were significantly higher than the levels in control subjects. Serum levels of both markers in severe acne patients and in those with post-acne scarring were elevated.

- Topical calcineurin inhibitors like pimecrolimus and tacrolimus could be effective for rosacea. However, both of them could also induce rosacea thus having a double-edged sword effect.
- Serum survivin levels were higher in psoriasis patients than the control group in a study. This molecule, which is both immunomodulatory and an apoptosis inhibitor, may play a role in the pathogenesis of psoriasis.
- An elevated level of serum survivin was observed in patients with acne vulgaris. A significant correlation was observed between acne severity and survivin levels.
- In a study to evaluate the efficacy of hyaluronic acid fillers administered at superficial depth versus deep injection for correction of nasolabial folds, both techniques were efficacious. However, the deeper injection technique provided slight midface lifting with improved facial aesthetics.
- Transoral approach for cheek volumization with hyaluronic acid was shown as a safe, effective technique that provides more comfort and minor sensation of pain than the traditional percutaneous approach but with equivalent aesthetic outcomes.
- Combination of Fractional Erbium: Glass 1565 laser and Fractional Radiofrequency Microneedling can be used in the treatment of acne scars in skin of color with significant improvement.
- The 810 nm diode laser is safe and effective in the reduction of dark, coarse terminal hairs in Fitzpatrick skin types III–V with fluences ranging from 16 to 29 Joules/cm² with pulse width of 30 ms.
- Er: YAG laser is a safe and effective treatment method for the hypertrophic scars induced by razor blades. Also, combined treatments with other treatment modalities will provide better results.
- In a study comparing fractional CO₂ laser and 5% retinoic acid peel for the treatment of acanthosis nigricans over neck, both methods were effective. However, fractional CO₂ laser gives superior results.
- Alexandrite 755-nm picosecond and Nd:YAG 1064-nm picosecond lasers appear to be effective and safe modalities for treating UVB-induced hyperpigmentation. The outcome after the 755-nm picosecond laser treatment seemed superior to that of the 1064-nm picosecond laser treatment, in the study population.
- Follicular unit extraction technique is effective for cicatricial eyebrow restoration with good cosmetic outcomes.
- Single-hair follicular unit grafting is a useful for aesthetic eyelash restoration with good cosmetic results, relative easy maintenance, lack of complications, and long-term patient satisfaction.
- In a study evaluating the safety and efficacy of intralesional injection of MMR antigen, BCG vaccine, and candida antigen for the treatment of multiple recalcitrant warts, full clearance of warts was observed in 73.33%, 70%, and 43.33% in MMR group, BCG group and candida group respectively. All the three modalities used demonstrated a simple, safe modality with low adverse events, and with no recurrence.
- Vitamin D serum levels appear to be lower among viral wart patients, and oral vitamin D supplementation studies need to be more intensely investigated before elucidating its role; if any, in wart clearance.
- An increased serum IL-17 level was observed in patients with rosacea and is implicated in the pathogenesis.
- Higher oxidative stress is implicated in the pathogenesis of Idiopathic guttate hypomelanosis.
- In a Chinese study, patients with low tolerance of facial skin to skin care products were closely associated with increased occurrence of rosacea.
- Orsomuroid protein A (ORM), a major acute phase protein, is a new inflammatory biomarker for psoriasis which correlates with disease severity.

The serum and urine ORM levels have been measured to be elevated in psoriasis patients.

- Favipiravir, a drug used in the treatment of COVID 19, is associated with phototoxicity and induces a yellow-green fluorescence in lunulae of nails and hair.
- Erythritol, a sugar alcohol, inhibits the growth of axillary odor causing bacteria, increases the bacterial diversity to a healthy abundance ratio and reduces axillary odor.
- Pine bark extract (Pycnogenol) reduces in vitro melanin production by downregulating tyrosinase and reducing pigmentation-related mediators, such as ED1 and PPAR, contributing to the inhibition of pathways associated with hyperpigmentation.
- Salivary levels of Interleukin 1 and C-reactive protein could be used as inflammatory markers in acne vulgaris.
- In a case control study, serum insulin like growth factor-1 levels were found to be elevated among patients with adolescent acne compared to those with post-adolescent acne and is implicated in the pathogenesis of adolescent acne.
- In a cross-sectional study on 164 subjects, it was observed that AGA severity was not a risk factor for severe COVID pneumonia among hospitalized patients as opposed to previous studies suggesting unfavorable outcomes.
- In a systematic review addressing the various topical agents used for the treatment of actinic cheilitis, 3% diclofenac sodium was associated with partial remission, while 5% imiquimod and ingenol mebutate promoted complete remission. 5% fluorouracil was the drug most associated with complications during treatment. Diclofenac sodium (3%) and topical steroids showed the best acceptance by the patients, especially in terms of symptom relief and comfort provided.
- A two-dimensional fat injection is an effective and reliable method with high satisfaction and low risk of complication for tear trough deformity with no major complications.
- Based on a meta-analysis, monophasic hyaluronic acid fillers are considered better than biphasic fillers for naso-labial fold.
- In an RCT, oral tranexamic acid 250mg twice daily was found to be a tolerable effective treatment modality for mixed melasma. Combining hydroquinone 4% with oral tranexamic acid was associated with a relatively earlier and better cosmetic outcome.
- In a prospective study on changes in melanocytic nevi following laser hair removal, dermoscopic images showed alterations in nevi including changes in size in 33%, color in 63.6%, newly developed asymmetry in 12.1%, and regression in 3% of nevi. Besides, alteration in reticular and dots and globules pattern was found in 92.5% and 69.32%, respectively. Hair removal laser could induce considerable changes in appearance of acquired junctional melanocytic nevi. Dermoscopic study before and after the process could help to avoid unnecessary excision of suspected lesions.
- A handheld iontophoresis device was found to be safe and an effective adjunctive home treatment in enhancing transdermal vitamin C delivery for pore tightening and skin hydration.
- In a trial comparing the effectiveness and safety of intralesional methotrexate (MTX) versus triamcinolone acetonide (TrA) in the treatment of localized alopecia areata in adults, intralesional MTX showed promising and comparable results to intralesional TrA with the need for further controlled and extensive trials. Trichoscopy revealed early clinical response through disappearance of AA-specific trichoscopic signs.
- Psychiatric morbidities like emotion dysregulation, somatization, depression, and anxiety are implicated to be associated with alopecia areata among children and adolescents.
- Daily oral administration of 500 mg L-Cystine and 250 mg L-Glutathione is a safe treatment to effectively lighten the skin and reduce the size of facial dark spots for Asian women.
- Novel bioactive formulation derived from the conditioned medium of mesenchymal stromal

cells was found to be safe and effective to reduce under-eye dark circles.

- In a review evaluating the role of nutritional supplements and antioxidants in various dermatological disorders there was varying levels of evidence with notable associations of low glycemic diet & acne, fish oil & weight loss with psoriasis, fish oils & probiotics with atopic dermatitis & vitamins & botanical extracts with vitiligo. The evidence for diet and nutrition in bullous disorders and photoageing is scarce. The role of low histamine diet in urticaria is useful in select cases of episodic urticaria. Rosacea is triggered by hot and spicy food. Apart from gluten and Dermatitis Herpetiformis, no diet can be considered disease modifying.
- In a literature review on the efficacy of microneedling for the treatment of hairloss, the evidence of microneedling as a monotherapy is lacking. However, combination treatment with minoxidil and/or PRP has shown promising results.
- Based on a review, mesotherapy with tranexamic acid, vitamin c or glutathione seems to be a good alternative or adjunctive choice in melasma patients who are refractory to first-line therapy, patients with low compliance with everyday use of topical therapy, patients with contraindication to oral tranexamic acid therapy, or who wish short downtime and fast recovery period. Further studies with large sample sizes are required to determine ideal concentrations of mesotherapy substances and intervals between sessions and to evaluate the efficacy of different substances for mesotherapy as monotherapy compared to combination therapy and other treatment modalities for melasma.
- Based on a systematic review and meta-analysis, Botulinum toxin type A is effective and safe for postoperative scar prevention and wound healing improvement, especially for facial wounds of Asians.
- Jawline enhancement using minimally invasive soft tissue filler injections produces durable, safe results.
- In a split-face study assessing the efficacy and safety of ablative fractional Er:YAG laser 2940 nm and microneedling radiofrequency for facial atrophic acne scar using optical coherence tomography, both modalities were effective. However, microneedling radiofrequency was better tolerated, with lower downtime and fewer side effects.
- Pro-yellow laser (577nm) therapy is effective in reducing the density of Demodex mites in patients with rosacea.
- In a study comparing the efficacy and safety of fractional CO2 laser and 20% trichloroacetic acid (TCA) peel in the treatment of pseudo-acanthosis nigricans, both were effective. However, the therapeutic response was significantly higher in the fractional CO2 laser group.
- Bipolar fractionated radiofrequency is a promising noninvasive intervention for midface rejuvenation.
- In a trial comparing oral tranexamic acid (TA) versus tranexamic acid mesotherapy as adjunct on melasma patients undergoing Nd:YAG laser therapy, irrespective of route of administration TA was an effective and safe treatment for melasma. Oral TA may have systemic side effects and mesotherapy is associated with pain. Therefore, it is recommended to use of this drug topically (cream or lotion) by non-invasive methods like microneedling to reduce pain in future studies.
- Combined focused radiofrequency and ultrasound is an effective and safe method for the rejuvenation of different sub-areas of the face and neck with high patient satisfaction scores.
- Pro-yellow laser (577nm) is effective and safe for treating poikiloderma of Civatte.
- Painting CROSS TCA (85%) technique has demonstrated efficacy in the treatment of atrophic acne scars after a single treatment.
- Intralesional vitamin D injection has demonstrated efficacy and safety in the treatment of keloids.
- Angiopoietin-2 is implicated in the pathogenesis of psoriasis and could be further studied as a possible biomarker for psoriasis severity.



HOW I COUNSEL MY PATIENTS FOR ACNE SCAR TREATMENT

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Introduction : Acne scars are disfiguring and affect the QOL of patients in many ways.

Patients are motivated for treatment and thus seek consultation. However, consultants face a lag when they advise for subcision before other non-invasive treatments.

So, subcision, as we know, is the prime treatment to alter the primary pathology of tethered scars (mainly grade 2 and above on the Goodman Bron quantitative scale). As soon as the procedure is explained, patients take a back seat and bid goodbye to us.

It happened to me in my initial days of residency, but I had to counsel and enrol my patients as I had my thesis topic in acne scar management.

This is what I do now-

1. Many patients, especially females, are reluctant for treatment, so I counsel patients with their attendant rather than patient alone (I ask them to bring a close attendant, maybe a wife/husband/mom/sister or friend). It helps the patient to take a mutual decision and helps build trust.
2. Make diagrams on iPad/paper, showing how the scar has formed, what we will do for the initial few sittings, and how things will work.
3. Explain adequately about different modalities that will be used as part of treatment-explaining applicable modalities if needed.
4. Most patients fear blood and injection prick; those with previous dental treatments were less apprehensive. Otherwise, I demonstrated how and where the anaesthetic would be injected in every nervous patient using a sponge model. The same sponge can be used as a model to illustrate the technique of subcision. This is tricky, as not all patients want all this detail. So, this can be gauged by an initial discussion with the patient.
5. Initially, I used to show actual videos of procedures,

but apprehensive patients used to get afraid, so I switched to diagrams and animated videos from YouTube.

6. Patients are assured of blood-free procedure and minimal changes to face post-surgery (in terms of bleeding). This assurance comes in handy as patients would know what minimal changes will be there on face and how the patient will be managed post-procedure. Putting mask post-procedure has been very easy and acceptable in acne scar treatment.
7. For 1st sitting, I usually allow the patient's close attendant to be present in the OT, where the patient can interact with the attendant (the attendant's OT dress, slippers and basic sterility are maintained and no mobile policy).
8. Pre & post-procedure photos and videos were of tremendous help in motivating patients for treatment. As the downtime with most procedures is relatively more, I always used to counsel the patients about this before the procedure.
9. My personal WhatsApp number was provided to the patient just after the first consultation (counselling session) so that they may ask their queries (time-restricted WhatsApp chat). This helped build a healthy doctor-patient relationship as I was available for hand holding throughout and after the treatment. Despite all this, patients often aren't convinced enough to undergo the procedure, which is something we cannot control.
10. A confident-looking attire, a supportive OT environment, and a polite demeanour go all the way in counselling a patient for any dermatosurgical procedure.

These are my few nuggets which have helped me in counselling patients for dermatosurgical procedures and retaining them with me.

NAVIGATING THE EARLY YEARS OF SURGICAL AND AESTHETIC DERMATOLOGY PRACTICE



Dr. Bonnymya Rongpharpi
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The first equipment one can invest in is the Hyfrecator, the EC machine as it is the bread and butter of every dermatologist.

The advantages are comparatively lower cost, easy portability and many indications. And also, one earns the cost back quite quickly. Due to its easy portability, it offers advantages to the younger dermatologist who tend to have multiple clinics in their initial years of practice and they tend to run around a bit.

On 10th April, 2022, the first ever Instagram live session was conducted by the ACS(I) Millennials on the official ACS(I) Instagram handle (acsi_insta). The topic of discussion was **“NAVIGATING THE EARLY YEARS OF SURGICAL AND AESTHETIC DERMATOLOGY PRACTICE”**. The guest of honour was Prof (Dr.) Shyamanta Barua, Professor and HOD, Department of Dermatology, Assam Medical College and Hospital, Dibrugarh, Assam. Sir is also the current President of the Association of Cutaneous Surgeons of India.

Dr. Saloni Katoch, Chair, ACS(I) Millennials hosted the session. A lot of important questions were discussed and audience queries were addressed as well. It was an insightful and interactive session. Some of the important points and pearls from the Instagram live are as follows:

Dr. Katoch : A lot of young dermatologists are worried about learning Aesthetic dermatology and Dermatosurgery due to certain issues like limited exposure or restricted resources during residency. They may feel left out or may feel that they are lagging behind especially when they see others on social media doing or learning procedures. **LEARNING DERMATOSURGERY AND AESTHETIC DERMATOLOGY DURING THE POST GRADUATION DAYS- HOW IMPORTANT IS IT?**

Dr. Barua : So, answer to this lies somewhere in the middle. Because having a successful practice in aesthetic dermatology and dermatosurgery does require a very firm grounding in clinical dermatology and therefore developing good clinical skills during the 3 years of residency is very important. Now-a-days, according to the MCI NMC curriculum, some basic training is being added to the three years of residency. And of course, there are various avenues available after post graduation where one can upscale their skills and learn the various aesthetic and dermatosurgical procedures.

Dr. Katoch : **AVENUES AVAILABLE AFTER PASSING OUT DIPLOMA/ MD/DNB?**

Dr. Barua : Now-a-days, fellowships after post graduation are available and it is important that one takes up membership of associations like ACS(I) right during their residency, so they can get access to information regarding various fellowship and observership courses available after their post graduation. There are post MD fellowships of 6 months and

mostly of 1year duration in aesthetic dermatology and dermatosurgery across the country notably the one affiliated to the Rajiv Gandhi University of Health Sciences (RGUHS). Also there are various subspecialty associations like the Nail Society of India, which serve as avenues for learning nail surgeries, procedures etc.

There are various international Societies also that offer such sort of observerships and fellowships like the European Academy of Dermatology and Venereology (EADV), American Society of Dermatologic Surgery (ASDS), South East Asian Societies like the Philippines Dermatology Society (PDS), Skin Institutes in Singapore etc.

There are also IADVL fellowships, IADVL training programmes for 3 months and ACSI observerships which are available.

Also there are various CMEs where one can learn some amount of hands on skills. If one has not been able to go for observerships and fellowships, he/she can work with a senior dermatologist. Those interested in being associated with an academic institute, can apply for senior residency after their post graduation.

Dr. Katoch : LEARNING CURVE FOR DERMATOSURGERY / AESTHETIC DERMATOLOGY?

Dr. Barua : Depends on several factors. Firstly, passion for the area. Secondly, what areas one wants to focus on. Eg –the advanced skills in dermatosurgery require certain time. Other aesthetic skills like botox/fillers also require a bit of a learning curve. While laser procedures don't actually have a great learning curve as they are machine driven parameters, and these parameters would be specific to a certain set of machines. However, it is important to have some sort of hands on training with someone and with repeated practice, one can become confident with the procedures.

Dr. Katoch : STARTING PRACTICE WITH LIMITED RESOURCES?

Dr. Barua : It is subjective to each and every

one. However, the ideal situation is if he/she can be associated with an academic institution or with a senior dermatologist and practice part time during the initial years. Being associated with a senior dermatologist offers advantages like learning to handle and talk to patients, handling complications. These soft skills are very important for a dermatologist.

Dr. Katoch : OPINION ON JOINING COSMETIC CHAINS?

Dr. Barua : In the infancy of one's career, joining cosmetic chain units is not a good option as he/she is very vulnerable and can be exploited. So after a certain grounding in practice, the chances of being exploited become very less.

Dr. Katoch : FIRST EQUIPMENTS TO INVEST IN?

Dr. Barua : The first equipment one can invest in is the Hyfrecator, the EC machine as it is the bread and butter of every dermatologist. The advantages are comparatively lower cost, easy portability and many indications. And also, one earns the cost back quite quickly. Due to its easy portability, it offers advantages to the younger dermatologist who tend to have multiple clinics in their initial years of practice and they tend to run around a bit.

With regards to the aesthetic procedure, one can also invest in chemical peels. As it doesn't have a great learning curve and has low cost.

Also, if one does have the budget, one can invest in lasers, however certain points that we need to consider are the demand for that particular laser which can vary in different parts of a region, volume of patients and efficacy of the lasers.

Dr. Katoch : WHICH PROCEDURES CAN BE DONE SAFELY WITHOUT SUPERVISION DURING EARLY YEARS OF PRACTICE?

Dr. Barua : Certain procedures which can be done safely even without supervision by the younger dermatologists are punch biopsies, electrocauteries, chemical cauteries and chemical peels, as these



procedures are usually done during the residency days. Lasers also do not have a great learning curve, and after knowing the basics of Lasers, one gets to learn the tips and tricks of the machine in a matter of time. Another procedure that can also be done without supervision is the PRP.

However, certain advanced aesthetic procedures like botox, fillers, injectables do require time and training and also repeated practice. So, it's better not to do them right away. Other dermatosurgical procedures like flap surgeries, vitiligo surgeries, hair transplantation surgeries also require some amount of formal training. So it's better not to do them right away too.

Dr. Katoch : CMES AND CONFERENCES: IS IT WORTH ATTENDING? (AUDIENCE QUESTION)

Dr. Barua : Attending CMEs and Conferences does provide many benefits. One can actually learn certain tips, pearls, innovations, tips on minimizing complications, tips to overcome certain complications, doing certain things differently or looking at things differently etc. Also hands on training that forms an integral part of some workshops and CMEs offer many benefits. It can be said that no knowledge goes waste.

Dr. Katoch : COPING UP WITH LESS PATIENTS AND LESS OPPORTUNITIES FOR DOING AESTHETIC/ DERMATOLOGIC PROCEDURES:

Dr. Barua : It happens to each and everyone and it is the practice curve. Also, convincing patients for aesthetic procedures is a difficult task, especially during the first 2-3 years of practice.

Look at things in a positive way and utilize this time to do some constructive work like writing up a paper, doing some pending task which one could not do during their busy residency days, working on other projects, reading books, spending time with family and of course why not watch movies on Netflix!

However, one important thing to be kept in mind is that irrespective of whether patient is there or not, one must ensure that he/she is present in the clinic

at the specified time. The key is having patience and resilience.

Dr. Katoch : ACQUIRING PATIENTS: WORD OF MOUTH OR AGGRESSIVE SOCIAL MEDIA MARKETING?

Dr. Barua : Social media marketing is now-a-days a trending subject, which definitely has its pros, provided one does it the right way. However it is very important to remember to be wary of aggregators, who take upon themselves the responsibility of doing social media marketing but in the bargain they get access to all the data, patients' data which can go wrong sometimes.

Regarding word of mouth, it is important that one knows how to treat and manage patients, as the good word goes around and it is the good word of mouth reference which always sticks. We can of course escalate our practice with social media if we can promote ourselves ethically and with the right procedures, with the right avenues.

Dr. Katoch: OPINION ON PROMOTING LASERS AND ENERGY BASED DEVICES?

Dr. Barua : Highlighting the indications we are treating is more important than the machine, also the treatment outcomes. If we highlight the machine/go for machine advertisement, then we are opening ourselves up to be exploited by certain Laser companies. Care should be taken that not all images/procedures should be shared on social media especially with open access.

Dr. Katoch : HOW TO ACQUIRE STAFF WITH LIMITED RESOURCES?

Dr. Barua : First invest in a person who can take care of the reception, the queue of patients, who can regulate the patient flow into the consultation room, help patients with a bit of counseling and then expand staff on top of that. The key is having less number of staff initially and then once the avenues expand financially then more and more staff can be added.

Dr. Katoch : CAN WE DELEGATE PROCEDURES LIKE HAIR TRANSPLANTATION TO A TECHNICIAN? (Audience question)

Dr. Barua : It is very important to remember that one should not delegate any such procedures to technicians even if the technician is highly trained. Because, first and foremost, we run the risk of procedural mismanagement. Secondly, we are giving leverage to the technician, and now-a-days there is a phenomenon of technicians running clinics everywhere. They are freelancers and by sending friend request to doctors they try to validate themselves by being associated with the doctors.

We should supervise the technicians with our physical presence. This helps to create bonding with the patients too. Of course, we do require help especially with procedures like hair transplantation, but should not delegate it to them completely.

Dr. Katoch : HOW DOES ONE DEAL WITH DIFFICULT PATIENTS?

Dr. Barua : Patients with unrealistic expectations who require aesthetic procedures do need a lot of hand holding. In this regard, we must ensure that we be honest with patients and not promise the moon to them. Patient's often have a lot of preconceptions about the process and lose faith in it. So, convincing with pre and post photographs can help. Explaining prior to the patient what probably had gone wrong in the past and what steps will be taken this time will help in comforting the patient. Also, refer patients especially if one doesn't know how to do a procedure or isn't trained in doing it.

Dr. Katoch : HOW DOES ONE ENSURE MEDICO LEGAL SAFETY IN A PRIVATE SETUP?

Dr. Barua : We need to first equip ourselves with some sort of insurance, which covers the professional indemnity especially when we are into surgical and aesthetic procedures which does not go in the domain of illness but wellness which is then in the realm of consumer. Having good documentation in

the clinic is very important especially for aesthetic procedures and having proper consent form for each of the session. Ideally a consent form should be kept for 5 years. Having a legal cell is also very important. That is why we should associate ourselves with the professional bodies. The ACSI and IADVL have a legal cell. When the going gets tough, it goes beyond our capacity for legal sort of counsel and legal expertise, and this is where our association can help us.

Dr. Katoch : ANY FINANCIAL PEARLS FOR BEGINNERS SIR?

Dr. Barua : When you have 2 machines of slightly variable prices, it is better to go for the one with better efficacy even if it is slightly costlier because ultimately we have to invest for the future. The key is not to forego any opportunity of investing in a good machine. Planning out a loan can help now-a-days.

Dr. Katoch : HOW DOES ONE IDENTIFY 'RED FLAG PATIENTS'?

Dr. Barua : There are certain red flag patients and it is important to identify them.

"Know all" attitude kind of patients. He/she has googled all that he needed to know about his condition and has just come for sort of reaffirmations or just to test out how you deal with him. Another red flag are patients who are habitual opinion seekers, especially those who have apprehension about procedures

Dr. Katoch : GOOD CV—IS IT IMPORTANT TO BE PART OF OBSERVERSHIPS/ FELLOWSHIPS/ASSOCIATIONS?

Dr. Barua : No, because these observerships are important for initial stages of career. Till now, there have not not been any rejections of observerships in ACSI yet. However, when applying for fellowships or observerships, they look for two things. First, as to why the applicant is seeking for these observerships. Secondly how that upskilling will benefit both the candidate and the fraternity. However, engaging as members throughout the residency, attending conferences, and publishing in one or two reputed journals does help in getting selected to a particular centre. ■

Utilization of plastic nozzle of xylocaine jelly as a prosthesis to prevent meatal stenosis after removal of intra meatal condylomata accuminata with Co2 LASER.



Dr. Yogesh M. Bhingradia
Shivani Skin care and Cosmetic
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Condyloma acuminata is a sexually transmitted disease infected by Human Papilloma virus. It may present as a cauliflower-like red fleshy growth at the genital mucosa. It spreads rapidly by autoinoculation and this is why immediate treatment is mandatory. Various treatment modalities are available to remove condyloma acuminata: electrofulguration, cryotherapy, co2 laser ablation, podophyllin application, auto inoculation, etc. Even after vigorous treatment, the chances of recurrence is very high.

Here we present a case of intrameatal condylomata acuminata for six months duration. As per history, the lesion was excised by a general surgeon but with recurrence. Two session of cryotherapy was also done but with recurrence after some time. In this case, aggressive treatment with co2 laser may lead to urethral stricture, and incomplete removal of the lesion may cause recurrence of lesion.

We have removed the lesion with the help of CO2 laser in

continuous mode at 3.5 energy. The lesion was removed entirely till visibility inside the urethra. Liquid podophyllin was applied at the fulgurated base to prevent recurrence. Antibiotics and analgesics were prescribed for 5 days after the procedure and the Patient was advised to keep the plastic nozzle of xylocaine jelly at the tip of the urethra every day for one hour in the morning and in the evening after application of mupirocin cream to prevent

stricture for seven days. Fixation of the nozzle was done with the help of a micropore tape. The fulgurated wound healed completely within seven days with no stricture at the meatus.

The purpose of using the plastic nozzle of xylocaine jelly in this case was to prevent postoperative stenosis. Aggressive treatment with CO2 laser to avoid recurrence and to use a plastic nozzle to prevent stenosis is one of the Indian JUGAAD in this case.



Figure 1: Condyloma Acuminata



Figure 2: Co2 laser Ablation intrameatal



Figure 3: Nozzle of Xylocaine jelly

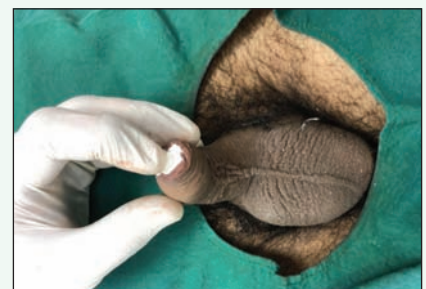


Figure 4: Nozzle in place



Figure 5: Post Op



Figure 6: Post op Day-7

USE OF COTTON SWAB TO FACILITATE SUTURING OF HAIR BEARING AREAS (SCALP)



Dr. Vignesh Narayan R
JR, PGIMER, Chandigarh

Background : Hair fibers are notorious for getting in the way of suturing, obscuring the visual field. Attempts to hold it in place or move it, often makes the situation worse, and more hairs get into the surgical field. Earlier attempts at overcoming this includes taping the hair, using hair clips and braiding the hair.^{1,2} However, taping results in pain while removal; hair clips have an additional cost and may not grasp all hairs; and braiding takes time and is unsuitable for short hair. Hair combs have also been used to hold hair away, but fare poorly with regards to stray hairs.³

Innovation : We propose a simple innovation, wherein we use a sterile cotton swab intraoperatively. The cotton is moistened with normal saline betadine and then is used to comb the hair, in the desired direction and, out of the field. The hair can then be held down to the scalp with the help of the stick end of the swab, so that the needle can easily pass without entangling the suture in the hair. In case of bleeding, the cotton end of the swab can double up as a mop.

Alternatives : Tongue depressors can also be used to part away and hold the hair down, however they cannot mop up blood.

Advantages : Provides for a clear operating field, enabling better placement and security of sutures.

Fields of application:

1. Scalp biopsy
2. Excisions on scalp

References:

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JUGAAD TO EXTRACT BUFFY COAT FOR HIGH PLATELET YIELD BY “WHIRLPOOL” METHOD



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Dermatologist & Dermatologist
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Skin Hair and ENT centre

Platelet rich plasma is an important technique with wide arena of applications in the field of Dermatology. By definition of PRP given by Marx or by national IADVL task force on PRP, a good preparation of platelet rich plasma must have about 4 to 7 times the baseline number of platelets or about 10 to 15 lakh platelets/microlitre of the PRP prepared, respectively.

The results of PRP treatments can be maximized by obtaining a high platelet yield. This can be ensured by taking the maximum quantity of the buffy coat. The buffy coat is not only rich in leukocytes, but also has maximum number of the larger platelets with high metabolic activity.

The double spin method of PRP extraction involves obtaining the plasma with buffy coat after the first step of centrifugation. Since the buffy coat is just above the layer of RBCs, many find it difficult to extract it without significant RBC contamination.

This can be avoided by the simple innovation or “jugaad” which is as follows:

While aspirating the supernatant of plasma after the first spin, keep rotating the needle in concentric circles so as to raise the buffy coat into the supernatant as though triggering a “whirlpool” and aspirate the same. Avoid aspirating the RBCs that may rise along with the buffy coat.

The plasma thus aspirated is transferred to a sterile conical tube without anticoagulant for the second spin. After the second spin, a good platelet pellet can be obtained which should then be reconstituted with the lower 1/3 of the plasma (upper 2/3 is discarded) and used for therapeutic purposes intended.

The leucocyte rich PRP thus obtained by the “whirlpool” method of buffy coat extraction has very high platelet yield.



WART REMOVAL MADE EASY BY USING CORN CAPS



Dr. Jagjeet Sethi

Consultant Dermatologist,
Hope Clinic, Shillong,
Meghalaya

Patients are instructed to wear corn caps for 36 hours and are asked to report to the clinic with the corn cap on, they may continue all their routine activities like bathing and wet work.

Due to the corn cap the warts become softer and well delineated and this facilitates easy removal either by curettage Or cautery Or cryotherapy.

Advantages:

- Less effort
- Better patient compliance
- Total sessions, treatment duration and cost are reduced
- Can be done for children too

Disadvantage:

White saggy surrounding skin may be distressing to the patient (reassurance helps)

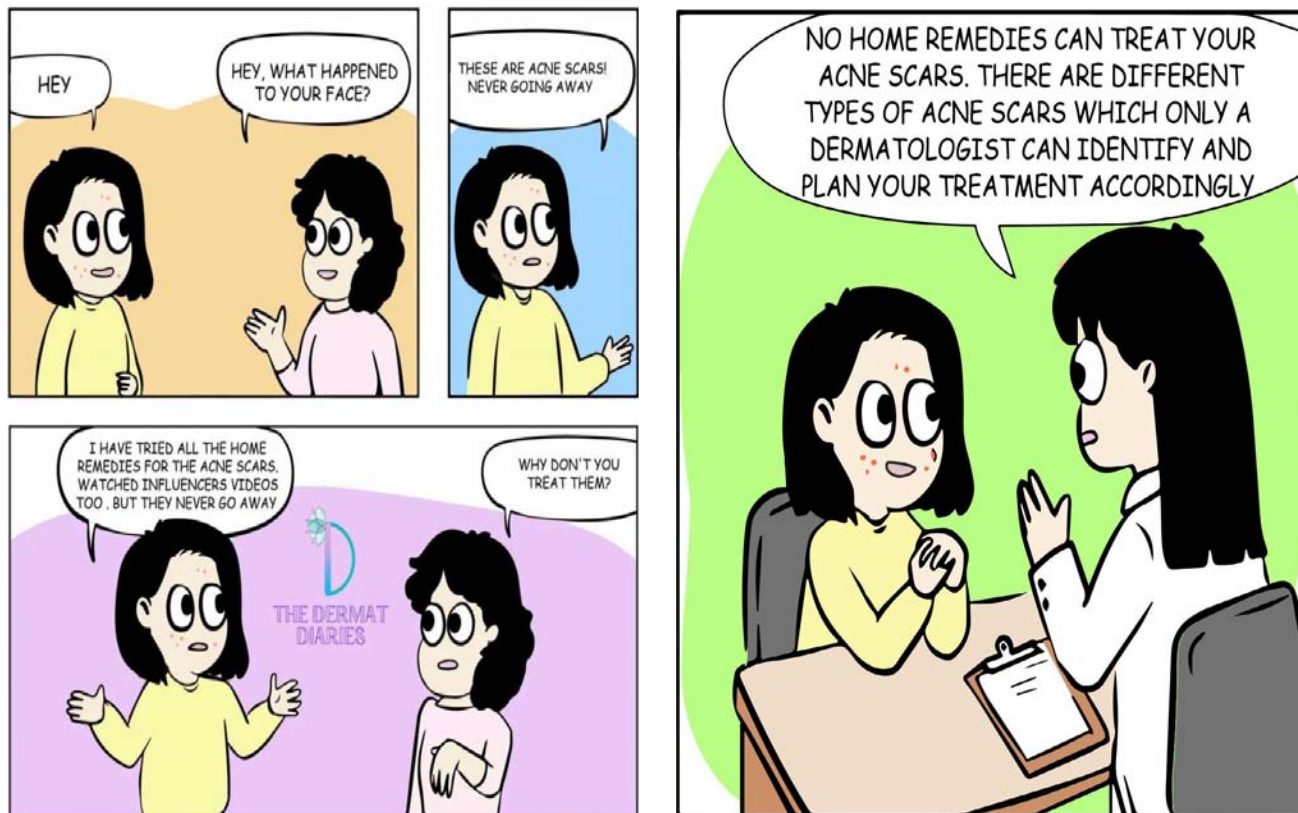
The Dermat Diaries

Dr. Gitika Sanodia Biyani

Consultant Dermatologist, Horizon prime hospital,
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Acne scars



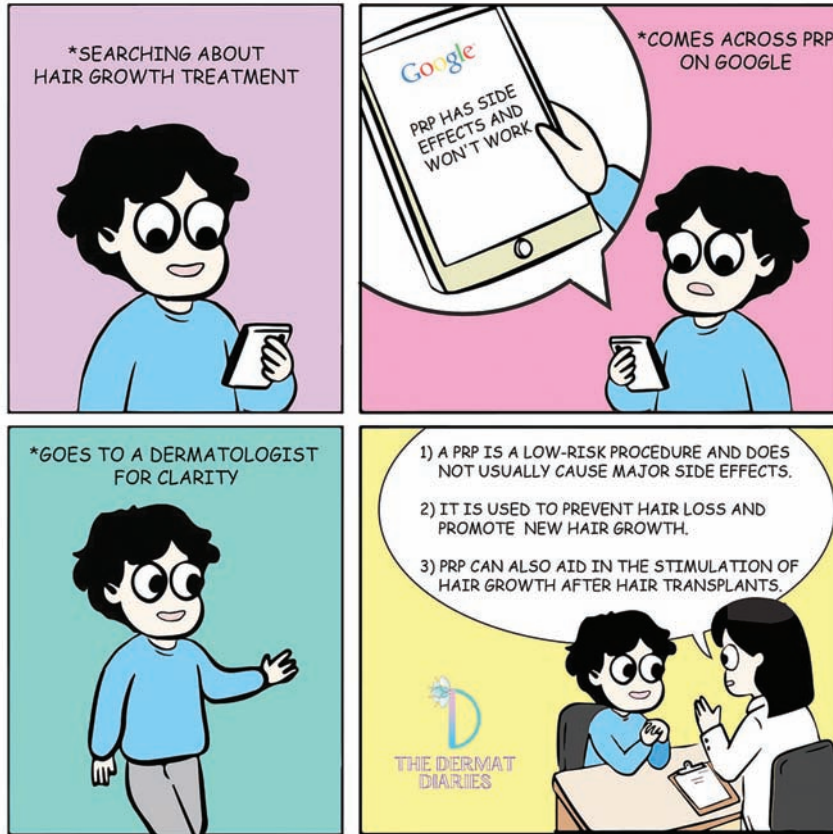
Laser hair reduction





Vitiligo surgery





Platelet Rich Plasma therapy

Patient Education



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