SEPTEMBER 2025

ACS(I) FOR YOU(TH)

A NEWSLETTER FOR THE YOUTH BY ACSI YOUNG BRIGADE

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MESSAGE FROM ACSI PRESIDENT

Dr T Salim
President, ACS(I)

"It is a matter of pride to see how the ACS(I) Young Brigade has grown into a pillar of our association. What started as a simple vision to engage, empower, and guide the younger generation of dermatosurgeons has now become a movement that inspires us all.

This year, the Young Brigade has once again proven that passion and teamwork can create remarkable outcomes. Their initiatives, their educational activities, and their efforts in building this newsletter all reflect the dedication and energy that defines them.

The true strength of any society lies in its ability to nurture the next generation, and I firmly believe ACS(I) is in safe hands because of the brilliance and commitment of our young members.

On behalf of the association, I congratulate the Young Brigade for their achievements, and I encourage them to continue dreaming big, working hard, and leading the way into a brighter future for dermatosurgery."

MESSAGE FROM SECRETARY GENERAL

Dr Pradeep Kumari
Secretary General ACS(I)

"In a rapidly changing world and in our constantly evolving field, it is fresh ideas and new perspectives that shape progress. The ACS(I) Young Brigade has embodied this truth beautifully. They have shown us that with open minds and enthusiastic hearts, every challenge can be turned into an opportunity.

Over the past year, their activities have been filled with creativity, learning, and inspiration. The newsletter before us is yet another reflection of their hard work and commitment to excellence.

I wish to sincerely thank every member of the Young Brigade for their enthusiasm and dedication. You are not only the future of ACS(I), you are also its present strength.

Let us continue to support and encourage this team so that together we can scale new heights in dermatosurgery and create a legacy of innovation, collaboration and excellence."

EDITORIAL MESSAGE

It gives me immense joy to be a part of this vibrant initiative ACS(I) for You(th). This edition reflects the enthusiasm, creativity and collaborative spirit of our dermatosurgery community. My heartfelt gratitude to our mentors Dr. T. Salim, Dr. Pradeep Kumari, and Dr. Yogesh Bhingradia for their unwavering encouragement and support. Working alongside my co-editor Dr Shail Agarwal has been a delightful journey.

This edition is an exciting blend of knowledge and inspiration, with articles that not only inform but also spark curiosity. We would like to extend our deepest gratitude to all the authors who shared their knowledge and expertise with us. I truly hope you enjoy reading this edition as much as we enjoyed creating it.

Dr. Widhi Agrawal
MD, DNB DVL,
MNAMS

Dr. Shail Agarwal
MD DVL

It is with immense pleasure that we present this edition of ACSI For Youth by young dermato-surgeons. We extend our warm regards to Dr Pradeep Kumari ma'am and Dr Yogesh Bhingradia sir for their able guidance. From innovations and evolving approaches in aesthetic and reconstructive procedure, the contributions in this issue underscore the importance of continual learning and evidence-based practice, mixed with some elements of fun reading.

We extend our sincere gratitude to the authors and the editorial team whose efforts and insights have made this publication see the light of day!

We hope that the content within this issue refines your practice, inspires new ideas, and supports your ongoing professional development. Happy reading!

YOUNG SURGEON SPOTLIGHT

Dr Adit Mohan Garg

MBBS, MD, fellowship in dermatosurgery
Consultant Dermatosurgeon and cosmetologist
Alok Hospital, Kota
Rajasthan

1. What inspired you to pursue a career in dermatology and specifically Dermatosurgery?

I am a person of surgery and always wanted to get into one of the surgical fields. Due to longer learning and academic curve in MS and MCh, I planned to get into one of the end branches like Dermatology or ENT. As fate had it, dermatology was the final choice and after completing my MD, I actively started pursuing my interest of dermatosurgery through different channels of learning and hands-on.

2. How did your education and training shape your journey as a dermatosurgeon?

Through out my MD career, I was in constant conflict of trying to get more dermatosurgery cases from here and there. Then one fine day, we had a change in HOD-Dr Yogesh Shah. He observed and identified my passion for dermatosurgery and arranged a rotational training in General Surgery department under the then MS Residents. From there, I gained a lot of insights and developed a knack for daring and bloody cases. Then after completing MD, I pursued fellowship in Dermatosurgery, Aesthetics and Lasers from Venkat Centre, Bengaluru under the able guidance of Dr Venkatram Mysore. There, I learned many new dermatosurgery procedures like Vitiligo surgery, PRP, PRF, Fat grafting, Sclerotherapy etc. Lastly, the most impactful impression which will always stay with me is my father's. He is a senior Plastic Surgeon and still practicing in limited capacity and I could discuss and improvise my initial dermatosurgery difficult cases and suturing with him.

3. Can you share a memorable experience from your residency or early practice that influenced your approach?

Yes, why not !! I can share two incidences from my residency days. One was a case of NLCS (Nevus Lipomatosus Cutaneous Superficialis) in groin of a lady. Our APs were about to refer her to plastic surgery department for excision. But somehow after my constant persuasion, I could convince her to get her treatment from Derma dept itself via Ablative Laser. We had a recently installed Ablative Fractional CO2 laser and I was the first person to use it on something other than warts and skin tags. It was a difficult task to cut it via laser beam, but after multiple sittings I was finally able to remove all her lesions with 90% + accuracy, as it also required suturing subcutaneous and cutaneous layers. This case established my stronghold on Dermatosurgery in the Dept.

The other is during my early practice days. During those days, my grandfather developed a rather suspicious lesion on his back which was initially a CMN but developed a non-healing ulcer over it and needed excision. I got this opportunity to operate on my own grandfather where after excision, I put a full thickness skin graft over the raw area. This case was assisted by my father and father in-law both.

4. What dermatological procedure do you find most challenging, and why?

None.

YOUNG SURGEON SPOTLIGHT

5. Can you describe a complex or unusual case that taught you an important lesson?

Every case is a unique case and teaches many new things. But only to answer this question, I would say be very cautious while operating on small lesions (atrophic scars, cysts, moles etc) on highly pigmented skin. It can leave worse PIH. Also, while doing PRP or GFC, I have found field block to be better than nerve block.

6. How do you ensure precision and patient safety during procedures like laser treatments or excisions?

I am a man of fine arts and have excellent control of both right and left hands pretty equally. This is my USP. I can suture with both my hands and can maintain good steady state even in difficult situations. I keep my health top notch (most of the times) which further improves my surgical stamina and precision. Safety is ensured by being a well-read individual and maintaining good calm and composure in panic situations. Keep basics clear and things will fall into place.

7. What techniques or technologies are you most excited about in dermatosurgery today?

Nano-fat therapy for hair restoration
Liposuction via VASER technology (My future vision)

8. How do you keep yourself updated with the latest advancements in dermatology?

Attend Conferences and online CMEs. Also, by being part of different dermatosurgery forums like Dermatosurgery For You whatsapp group by Yogesh Sir. It is also an excellent platform for learning.

9. Have you been involved in any research projects or clinical trials as a young specialist?

Yes, plenty.

Textbook Chapters: Dermatologic and Cosmetic Procedures in Pregnancy
- Chapter 140, ACS(I) Textbook of Cutaneous and Aesthetic Surgery. 3rd Edition

Articles: - The Efficacy of Intralesional Triamcinolone Acetonide (20mg/ml) in the Treatment of Keloid
- A Study of Verapamil in Treatment of Keloid
- A Study of skin Resurfacing for Atrophic Acne Scars by Needling with Dermaroller
- Dermatologic and Cosmetic procedures in Pregnancy
-Efficacy of 35% Glycolic Acid Peel in Treatment of Melasma
- A Study of Low Dose Isotretinoin in Treatment of Acne Vulgaris
- Leprosy in Pregnancy - Recommendations for Mother and Newborn

Paper Presentation: Comparative Study of ILS Triamcinolone Acetonide and ILS Verapamil in Keloids
CUTICON UP-UK 2017 (Agra)

Poster Presentation: Role of Intraoperative Dermoscopy in Excision of Nail Unit Glomus Tumor
ACSICON 2016 (Mahabaleshwar)

Case Presentation at regional IADVL meetings: - Case Report on Bacillary Angiomatosis
-Case Report on Chronic hand eczema due to bicycle handle

YOUNG SURGEON SPOTLIGHT

10. How do you manage patient anxiety or concerns prior to surgery?

By hearing them out very calmly and addressing the issue of pain which is the most distressing for patients. Giving them assurance about not to worry about complications as they are in the best of hands having great experience and precision.

11. What is your approach to handling patient dissatisfaction or unexpected outcomes?

Sometimes just hearing them complain will decrease their angst and dissatisfaction to minimum level. Other times I offer some percentage of refund. In Non genuine cases I do not deter from getting harsh or bold and tell them to do what they like. I always keep Preop pics ready with me to show the improvement, after which they accept and calm down mostly.

12. Who are your mentors or role models in dermatology, and how have they influenced your career?

Dr Yogesh Shah
Dr Nilesh Goyal
Dr Anil Garg
Dr Somesh Gupta
Dr Venkatram Mysore
Dr Amrita Shrivastav
Dr (Lt Col) K S Dhillon
Dr Manas Chatterjee
Dr Alok Garg
Dr Ajay Rai
Dr Yogesh Bhingradia

13. What advice would you give to other young doctors aspiring to become dermatosurgeons?

Associate yourself with Dermatosurgeons and Plastic Surgeons already doing plenty of stuff. Learn basic dermatosurgery skills by doing hands-on more and more. Learn how to manipulate different instrument with precision. Watch every procedure with utmost detail. Start small and do surgical cases dead cheap initially to increase hands on and lower expectations.

14. How do you envision the future of dermatosurgery, especially in India, over the next decade?

It's too bright. India doesn't have much stringent restrictions. This allows experimentation and working around different dermatosurgery models. So much population allows good hands-on. Dermatologists in general are scared of blood and intense surgeries, this opens gate for focused people to enter and make their name in this field.

Dr Abhiresh Nagaranjan
MD DVL
Fellowship in Dermatosurgery , laser & Aesthetic dermatology
Director & Chief consultant of Aramm skin clinic, Chennai .

YOUNG SURGEON SPOTLIGHT

Dr Tejaswini Salunke

MBBS DDVL
Associate Consultant
Deenanath Mangeshkar Hospital, Pune.
Consultant Dermatologist Avera Skin Clinic, Pune

1.What inspired you to pursue dermatology and specifically dermatosurgery?

Dermatology always interested me, and I chose it as my specialty because it beautifully combines clinical diagnostic skills and an opportunity to perform procedures that deliver visible life-changing results for patients. A perfect balance!
My interest in dermatosurgery began during my fellowship with Dr. Yogesh Bhingradia, whose passion and precision deeply inspired me. This experience sparked a strong dedication to the surgical side of dermatology.
I was also eager to train in hair transplantation, and under the guidance of Dr. Narendra Patwardhan, I completed a fellowship with the highly knowledgeable yet humble Dr. Amit Kerure. This further solidified my skills and interest in procedural dermatology.

2. How did your education and training shape your journey as a dermatosurgeon?

I had the privilege of working as a lecturer in the Department of Dermatology, Deenanath Mangeshkar Hospital, Pune, Maharashtra. Looking back, it was truly one of the best decisions of my professional life.
During this time, I had the opportunity to work closely with some of the finest dermatologists, whose mentorship was instrumental in shaping my career. Dr. Vinay Kulkarni, who was the Head of the Department then, gave me complete hands-on access to his patients, which allowed me to perform complex dermatological procedures early in my career. This not only enhanced my technical skills but also helped me build confidence in managing challenging cases independently.
Dr. Dhanashree Bhide played a pivotal role in advancing my procedural skills, particularly in vitiligo surgeries, excisions, and keloid surgeries. Her meticulous guidance shaped my approach to both aesthetic and surgical cases, with a strong emphasis on precision and patient care. Similarly Dr. Pradyumna Vaidya introduced me to the intricacies of laser technologies and minor dermatosurgical procedures such as cyst and lipoma excisions, scar revisions, and acne scar surgeries. Under his mentorship, I was able to refine my skills, gain hands-on experience, and build confidence in performing both advanced and routine dermatosurgical procedures, as well as in effectively utilizing energy-based devices.”

3. Can you share a memorable experience from your residency or early practice that influenced your approach?

One of my most memorable experiences from my early practice was performing a scar revision for a young girl who had lived with a prominent facial scar since childhood. She was extremely conscious about it and hesitant to even make eye contact. After the procedure and healing when she came for follow-up she smiled widely for the first-time and said that she finally felt comfortable looking in the mirror. That moment stayed with me, it reinforced that dermatosurgery isn't just about technical skills, its about giving people back their confidence.

4. What dermatological procedure do you find most challenging and why?

I believe that every dermatological procedure presents its own challenges, and each should be approached with proper planning, a strong understanding of anatomy, and mastery of the necessary techniques and suturing skills. For more complex cases, I feel a holistic approach is essential. In these instances, an interdisciplinary approach, where collaboration with specialists from other fields can bring added expertise. I'm especially cautious with facial procedures, knowing how much they matter to patients both medically and emotionally.

5.Can you describe a complex or unusual case that taught you an important lesson?

One complex case that left a lasting impact on me was a patient with lichen planus pigmentosus . She was very insistent on faster results, and in that flow I ended up treating her more aggressively. Unfortunately, this led to a post-inflammatory burn, which further worsened her pigmentation. That experience taught me an important lesson: never let the patient's pressure override your clinical judgment. It is our knowledge, instincts, and experience that must guide the choice and intensity of any procedure. To this day, I continue to treat her free of charge, a reminder of the importance of patience, caution, and standing firm when needed.

6.How do you ensure precision and patient safety during procedures like laser treatments or excisions?

For me, precision and patient safety always go hand in hand. Whether it is a laser session or a surgical excision, every procedure begins with meticulous planning. I take time to assess the patient's skin type, medical history, and expectations. During the procedure, I rely on standardized protocols, careful markings, the right choice of instruments, and strict aseptic techniques throughout. Equally important are thorough documentation and clear post-procedure care instructions. Precision comes with practice, but safety comes only from vigilance and never cutting corners.

YOUNG SURGEON SPOTLIGHT

7. What techniques or technologies are you most excited about in dermatosurgery today?

I'm particularly interested in advancing my skills in complex flap surgeries. I see it as an area where I can grow further, both technically and creatively, to improve patient outcome.

8. How do you keep yourself updated with the latest advancements in dermatology?

I like to stay updated by attending workshops and conferences, especially those with live demos, they really help connect theory to practice. I also follow the IJD Facebook page, participate in active dermatology WhatsApp groups and regularly read journals like JCAS to keep my knowledge current and evidence-based. For me learning truly never stops.

9. Have you been involved in any research projects or clinical trials as a young specialist?

Not as many as I would have liked so far, but I'm definitely open to getting involved in more research and clinical trials in the future.

- Received – Prof B N Banerjee Medal for Best Original Research Paper Award-Injection Deoxycholic acid in an innovative indication- In the National Dermatology Conference- DERMACON 2020 "
- Received Scholarship for attending World Congress of Dermatology 2023- Singapore
- Best free paper award: ACSICON 2023, NAGPUR:
- Treatment of acne keloidalis nuchae by combining ablative CO2 and injection triamcinoline in a single session.
- Award paper presentation : optimizing treatment outcome in xanthelasma by simple elliptical excision.

YOUNG SURGEON SPOTLIGHT

10. How do you manage patient anxiety or concerns prior to surgery?

I manage patient anxiety by giving them time and walking them through the procedure step by step. Showing pre- and post-treatment results helps build confidence. I make sure to listen calmly to their concerns, especially about pain, which is often their biggest fear. I reassure them that they are in safe hands, with the experience and precision needed to minimize complications and ensure the best outcome.

11. What is your approach to handling patient dissatisfaction or unexpected outcomes?

When patients are dissatisfied or outcomes aren't as expected, I believe the most important step is to be there for them and hold their hand through the process. I explain that result, especially after surgical procedures take weeks to show, and I share pre- and post-procedure photos to help them see the progress themselves. If needed, I happily offer a touch-up or redo at no extra cost. Patients really appreciate that effort, and it often turns disappointment into trust."

12. Who are your mentors or role models in dermatology, and how have they influenced your career?

1. Dr Vinay Kulkarni
2. Dr Dhanashree Bhide
3. Dr Anil Patki
4. Dr Pradyumna Vaidya
5. Dr Yogesh Bhingradia
6. Dr Amit Kerure
7. Dr Sapna Parekh

13.What advice would you give to other young doctors aspiring to become dermatosurgeons?

My advice to young doctors aspiring to be dermatosurgeons is to start procedures early in your career. Find a mentor who can guide you and help refine your skills. Participate in workshops, observerships, and fellowships, especially those by IADVL and ACSI, to discover your niche. Begin by practicing on models, then gradually move to small procedures. There is no shortcut to skill development procedure by procedure, your confidence and expertise will grow

14.How do you envision the future of dermatosurgery, especially in India, over the next decade?

With AI coming into the picture, diagnostics will undergo a huge transformation. At the same time, we are already fighting quackery and facing intense competition. In such a scenario, dermatosurgery will be our stronghold. It's a skill-based field where results speak louder than words. By developing additional surgical skills beyond what a routine dermatologist offers, one can truly create a unique identity. I believe this is what will help us stand out, sustain, and grow our practice in the coming years.

Dr Abhiresh Nagaranjan
MD DVL
Fellowship in Dermatosurgery , laser & Aesthetic dermatology
Director & Chief consultant of Aramm skin clinic, Chennai .

DERMATOSURGERY ROUNDTABLE

The most innovative tool I've used- Intralesional Radiofrequency

Dr.Pooja Kanumuru

Intralesional radiofrequency (ILRF) has emerged as a groundbreaking treatment for keloids, uniquely combining radiofrequency tissue volume reduction with enhanced drug delivery. By inserting a radiofrequency probe into the keloid, it creates controlled thermal injury and micro-channels, allowing deeper and more effective penetration of agents like triamcinolone acetonide.
In my experience with a 15-year-old patient, ILRF was the most innovative approach since I aimed to avoid multiple steroid injections and their side effects. Remarkably, just three sessions yielded outstanding results and patient satisfaction. Encouraged by this, I have since treated multiple patients with consistently excellent outcomes. ILRF offers a minimally invasive, highly effective therapy with excellent cosmetic acceptance, promising a new frontier in keloid management.

Surgical technique i swear by: Performing an 'elliptical' punch excision

Dr Monal Sadhwani

To convert a circular punch excision to an elliptical defect, stretch the skin perpendicular to the lesion's relaxed skin tension lines (RSTLs) before and during the punch removal, so that when the tension is released, the wound naturally takes on an elliptical shape along the RSTLs. This technique simplifies the closure process and avoids the potential for "dog-ears," which are small triangular flaps of skin that can form at the edges of a circular wound.
This technique is effective for excision of small moles (<5mm in diameter), where punch excision is a better alternative than conventional fusiform excision as more tissue is preserved. It is also useful for skin punch biopsies which require suturing.

My Favourite Surgical Mentor

Dr Widhi Agrawal

During my dermatosurgery training under Dr Yogesh Bhingradia, I was fortunate to learn under a mentor who shaped not just my surgical skills, but also my philosophy of patient care. What impressed me most was not the speed of his sutures or the precision of his grafts, but the calm patience with which he approached every case. He believed surgery was not just about technique, but about respect for tissue, for time, and above all, for the patient. I still remember how he would pause to explain the "why" behind every step, never dismissing even the simplest question. Watching him transform anxious patients into grateful, smiling faces taught me that empathy is as essential as a scalpel. To this day, when I hold an instrument, I carry his lessons in my hands. My mentor showed me that great surgery is art guided by science, but perfected through compassion.

DERMATOSURGERY ROUNDTABLE

Skill I Aspire to Master: Mohs Micrographic Surgery

Dr Praneeta Jain

As a dermatologist and dermatosurgeon, the skill I most aspire to master is Mohs micrographic surgery. This technique is the gold standard for treating complex skin cancers, combining complete margin control with maximum preservation of healthy tissue. Its precision and patient-centered outcomes deeply resonate with my approach to dermatosurgery. I am especially inspired by Dr. Somesh Gupta. His expertise and dedication serve as a benchmark for excellence, motivating me to pursue advanced training in Mohs surgery at AIIMS, Delhi whenever the opportunity arises. If required, I am equally open to exploring training opportunities abroad to ensure I can bring the very best of this skill back to my practice. The ability to reassure patients that their cancer is being treated effectively, while also preserving their function and appearance is very meaningful. By mastering Mohs surgery, I aim not only to elevate my own surgical precision but also to contribute to strengthening the availability of advanced skin cancer care in India.

What a Patient Taught Me in the OT

Dr Nandita Patel

As dermatosurgeons, we often get absorbed in precision, the perfect graft, the ideal scar line, the exact laser setting. But every once in a while, a patient reminds us that surgery is more than science, it's an exchange of trust and hope. I still remember a young woman who came in for vitiligo surgery. As we were preparing in the OT, she looked at me and said, "Doctor, this is not just about skin for me. It's about getting my confidence back." Her words struck me deeply. In that sterile, well-lit room filled with instruments and monitors, I realized that for her, the surgery was not just medical, it was emotional, almost transformative. That day, she taught me that our work doesn't end with sutures or grafts. Our hands may perform the technical steps, but it is our empathy, patience, and presence that truly complete the healing. She reminded me to see beyond the procedure and into the life it will touch. It became my classroom, My patient was the teacher and the lesson was humility, compassion, and purpose.

How I balance Aesthetics and Ethics

Dr Shail Agarwal

In dermatology, I often find myself at the crossroads of science and beauty. Patients walk in seeking confidence, but it is my responsibility to ensure that confidence is not built on false promises. Aesthetic medicine can be transformative, yet without ethics it risks becoming exploitation. I believe in subtle enhancement, helping people look like the best version of themselves, not a copy of someone else. Every consultation is an opportunity to educate, to set realistic expectations, and sometimes to gently say "no" when the request is unsafe or unnecessary. True aesthetic practice lies in harmony: respecting natural beauty, safeguarding health and upholding integrity. For me, ethics is not a limitation but a guiding compass—it ensures that each procedure adds genuine value to a patient's life.

DERMATOSURGERY ROUNDTABLE

My innovation : POST PROCEDURE COLD COMPRESS

Dr. Minu Sunil
Dermatosurgery resident
St. Johns Medical college

Giving a cold compress post procedure is a common practice among dermatologists, especially after microneedling, fractional lasers, subcision etc. The most commonly used methods is putting ice cubes in glove/gauze or ready-made ice packs. The problem with ice cubes in glove is lack of pliability and melting of the ice that happens quite fast. The issue with ready made ice packs is sterility issues as often the patients face has blood/serum that contaminates the ice pack and these packs sometimes contain toxic materials. To tackle these issues I have come up with a simple hack combining my cooking skills and dermatosurgery experience. If you dissolve around 1 tablespoon of gelatin to 300 ml of hot water and fill it into a glove after letting it come to room temperature and let it sit in the fridge for about an hour you get a soft pliable gel inside the glove with all the features required for an ice compress.

Benefits :

1) Retains cold temperature longer. Even after 2 hours it still remains cold to touch.
2) Can be sterilized by wiping with spirit/betadine
3) Can be discarded when not required as it is cheap and eco-friendly.
4) Uses food grade ingredients that are not toxic
5) Great pliability and fingers of the glove can be used for areas like eyelid, upper lip.
6) Cheap and easy to make. 50 gms gelatin costs around 100 rupees.

CASE OF THE MONTH-I

Dr Yogesh Bhingradia

Background:

Angioma serpiginosum is a rare, benign vascular anomaly presenting as red to purple punctate macules arranged in a serpiginous pattern. Though asymptomatic, many patients seek treatment for cosmetic concerns. Energy-based devices are often used, but precision and caution are paramount given the vascular nature of the lesion and its location on cosmetically sensitive sites like the face.

Initial Approach:

In this case, the patient presented with angioma serpiginosum over the cheeks. To minimize epidermal damage, I chose an insulated needle with fulguration of the venous cavity under local anesthesia. The intention was to selectively target the abnormal vasculature while preserving the overlying epidermis.

Complication:

Despite a cautious plan, the procedure was complicated by excessive energy delivery, which resulted in unintended intravascular coagulation. This led to volume loss on the cheeks and scarring—a particularly dreaded complication in such a cosmetically sensitive area.

Corrective Management:

Once the scar had stabilized, a staged corrective protocol was implemented:

1. Pinhole ablation – Applied over the elevated part of the scar to reduce textural irregularity and soften the fibrotic tissue.

2. Fractional CO_2 laser resurfacing – Performed over the entire scarred area across 3 sessions. This modality promoted collagen remodeling, improved skin texture, and blended the scar with the surrounding skin.

Outcome:

Over time, the combined approach led to significant improvement in both appearance and texture of the scar. The patient reported improved confidence and satisfaction with the cosmetic results.

CASE OF THE MONTH-I

Learning Points:

*** Energy settings matter:** Even a well-planned procedure can go awry with higher-than-required energy delivery.
*** Cosmetic areas require extra vigilance:** Especially with vascular lesions, where overtreatment can cause collapse of tissue and scarring.
*** Complications are not the end:** With timely recognition and thoughtful intervention, cosmetic outcomes can often be restored or even improved.
*** Corrective techniques** like pinhole ablation and fractional CO_2 are valuable tools in managing post-procedure scarring.

Conclusion:

This case highlights the fine balance between effective treatment and overtreatment in dermatosurgery. While complications are an inevitable part of clinical practice, their skillful management not only salvages results but also strengthens patient trust and reinforces the clinician's commitment to comprehensive care.

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

CASE OF THE MONTH-II

Dr Somesh Gupta

Crafting an Invisible Scar: Periorbital Closure Secrets

General Principles for Periorbital Closures:

1. Undermining is Key: Extensive but careful undermining in the subcutaneous plane is crucial. This allows for tension-free advancement of the skin to cover the defect. Near the eye, be mindful of underlying structures but free the skin enough to mobilize it.

2. Tension Management: The goal is always a tension-free closure. Excessive tension can lead to dehiscence, wider scars, and tissue distortion (e.g., ectropion).

3. Layered Closure: This is fundamental.

*** Deep Dermal/Subcutaneous Sutures:** Use absorbable sutures (e.g., PDS II, Monocryl, Vicryl Rapide depending on location and desired longevity of support) to close dead space and take tension off the epidermis. These should be placed with buried knots.

*** Epidermal/ transcutaneous Sutures:** Non-absorbable sutures (e.g., Prolene, Nylon) are typically used for skin approximation, removed within 5-7 days to prevent track marks.

4. Eversion of Wound Edges: Slight eversion of the skin edges at the time of closure helps prevent a depressed scar as the wound matures and contracts.

CASE OF THE MONTH-II

Specific Tips for MOHs (or any surgical) Defects Near the Eye with Periosteal Suture:

1. Periosteal Suture Placement:

*** Secure Anchor:** Ensure the periosteal suture on the orbital rim is robustly placed. It acts as your primary anchor, providing significant support and helping to counteract the pull of gravity and tissue relaxation.

*** Adequate Bite:** Take a good bite of the periosteum to prevent it from tearing out.

*** Tensioning:** When tying this suture, bring the undermined skin flap superiorly and gently tension it to assess how much lift and support it provides. This is where you set the foundation for preventing eyelid malposition.

2. Matching Tissue Planes:

*** Deep to Deep:** When placing your deep dermal/subcutaneous sutures, try to align similar tissue depths. This prevents shelving and ensures good apposition.

*** Skin Edges:** Pay close attention to perfectly aligning the skin edges, especially if the defect involved the eyelid margin or extended into the brow. Even slight misalignments can be noticeable.

3. Managing Dog Ears:
* If a "dog ear" (excess skin bunching at the ends of the closure) forms, especially if the defect was somewhat elliptical or a flap was advanced, it should be carefully excised to optimize the final scar. This usually involves creating a small triangle that is then excised.

4. Stitch Techniques:

*** Buried Dermal Sutures:** Use inverted mattress or simple interrupted buried dermal sutures to take tension off the epidermal layer.

*** Epidermal or transcutaneous Sutures:** Simple interrupted or running subcuticular sutures can be used. Running subcuticular sutures can provide a very aesthetic outcome but require more experience to place well and achieve good eversion.

The success likely came from excellent undermining, judicious tensioning of the periosteal suture to prevent lower eyelid malposition, and meticulous epidermal closure.

INNOVATIONS IN DERMATOSURGERY

Innovation/ Clinical Pearls	**Description**	**Advantage**
1.Simple technique for achieving haemostasis in digital lesions	Digital artery compression is done using finger gloves or gauze strips. By creating a window to isolate the lesion and tying the glove or gauze in a figure-eight knot, effective vascular occlusion is achieved. This method is best suited for small lesions and short procedures (<20 minutes). Caution is advised in patients with absent or feeble digital artery pulses.	Preserves fine anatomy, reduces ischemia, and speeds procedure time.
2.Use of micropore tape for easy harvest and transfer of suction blister epidermal graft	Repurposing micropore tape as both harvesting support and transfer membrane.	Reduces graft handling trauma, lowers cost, improves orientation control.
3. Vacuum-assisted closure: A cost-effective technique	It's a wound-healing technique where a special dressing (usually foam or gauze) is applied to the wound. The area is sealed with an airtight adhesive film. A tube connects the dressing to a vacuum pump, which applies gentle negative pressure. Uses: 1.Chronic wounds (like diabetic ulcers, pressure sores) 2.Large surgical or traumatic wounds. 3.Skin grafts and flaps (to improve graft take).	Provides reliable wound management in resource-limited settings.
4.Innovative slit-lip dressing for optimal blister graft success in vitiligo	A customized dressing that has pre-made slits or cuts allowing it to conform closely to irregular or contoured surfaces (e.g., fingers, toes, earlobes, or periorbital areas) was designed to snugly fit around the lip area.	This dressing reduces shear forces, prevents graft displacement, and improves graft uptake.

INNOVATIONS IN DERMATOSURGERY

5.The "dumbbell" technique-an attempt to simplify nail dressing	The dumbbell-shaped dressing has two wider ends (like the round weights) and a thinner middle strip (like the handle). When applied around the nail folds: The thin middle part sits over the nail itself. The wider ends wrap around and anchor on both sides of the finger/toe.	Prevents the dressing from slipping. Reduces bulk, so it feels more comfortable. Allows some air flow to the wound. Makes nail wound care easier, stable, and more effective.
6.Aesthetic and Reconstructive Options for Earlobe Deformity	It integrates both surgical repair methods (for splits, tears, notches, keloids) and aesthetic refinements (for contour and shape enhancement). A decision-tree style approach is highlighted, making it easier for clinicians to pick the right option for each patient. **Techniques Discussed** **1.Direct Repair / Primary Closure:** For simple complete or partial earlobe tears. **2. Z-plasty or flap techniques:** To redistribute tension and prevent recurrence of splits. **3.Wedge excision and repair:** For tissue redundancy or notching. **4.Composite grafts or dermofat grafts:** For volume restoration in atrophic lobes. **Use of stents/molds:** To maintain shape during healing.	The aim is to restore symmetry, contour, and function of the earlobe, while minimizing scarring.
7. Trypsinized Suction Blister	It is a modification of the suction blister grafting technique used in vitiligo surgery. Normally, suction is applied to lift epidermal blisters which are then harvested and transplanted. In this approach, an additional controlled trypsin step is included to make the procedure more efficient and less traumatic. **Technique** Suction blisters are raised on the donor site (usually forearm or thigh). After blister formation, a controlled dose of trypsin enzyme is applied. Trypsin gently loosens the dermo-epidermal junction, making it easier to harvest the epidermal graft. The graft is then transferred to the vitiligo recipient site.	Larger, cleaner grafts Less trauma Improved success rate

INNOVATIONS IN DERMATOSURGERY

8. Scar wars: Pinhole ablation with super-pulse carbon dioxide for papular scars	Uses a CO_2 laser in "pinhole ablation" mode-creating multiple tiny, precise holes in the scar tissue. Power (W): Usually 1–3 W per pulse Pulse duration: 0.05 – 1.0 seconds depending on scar depth Spot size: 0.2 – 0.5 mm (very fine, needle-like ablation points) Spacing: Pinholes placed 1–2 mm apart to allow normal skin bridges → faster healing Depth: Just enough to reach mid-dermis (visible pinpoint bleeding is endpoint) The super-pulse mode	Delivers high power in short bursts, reducing heat spread and side effects.
9. Single-prick local anesthesia for sebaceous cyst excision	Instead of giving multiple needle pricks around the cyst for infiltration (which causes more discomfort), the surgeon uses a single-entry point. From this one injection site, the anesthetic is carefully infiltrated in a field block pattern around and under the cyst. The solution spreads in the subcutaneous plane, effectively numbing the entire operative field.	Minimizes patient discomfort Reduces tissue trauma: → lower risk of hematoma or swelling.
10. Skin-saving modification of the rotation flap	Rotation flap = a semicircular flap of skin rotated into a nearby defect, commonly used for facial and scalp reconstruction. A challenge with classic rotation flaps is that they require wide arcs of incision and large undermining. Instead of a very wide rotation arc, a small opposite incision or secondary opening is made within the flap design. This allows the flap to rotate more easily, reduces tension, and minimizes the extent of dissection.	• Preserves adjacent skin • Reduces tip necrosis risk: Less rotation tension → better vascularity. • Decreases donor-site morbidity • Makes the rotation flap more versatile in smaller defects and tight anatomical areas (e.g. face, scalp).

INNOVATIONS IN DERMATOSURGERY

11.Post sclerotherapy lower lip reconstruction with dermofat graft and labial advancement flap	It is a reconstructive approach for lower lip deformity following sclerotherapy which often leaves contour defects and volume loss. A dermofat graft restores bulk, while a labial advancement flap provides soft tissue coverage and maintains oral competence.	The combination of both offers volume restoration and functional reconstruction, giving superior esthetic and functional outcomes compared to using either technique alone
12. Customized short punches for mini punch grafting in vitiligo	Customized short punches (3–4 mm length instead of 8–10 mm) facilitate placing grafts on the recipient bed. It reduces popping-out and donor site downtime	Better control and handling during graft harvesting. Grafts sit flush with the recipient bed (less chance of "popping out"). Reduced bleeding and faster donor-site recovery.
13.Nail unit incision lines: Tool to minimize nail unit scarring	Nail surgeries (for biopsy, cyst removal, tumor excision, or nail bed repair) can often lead to scarring and nail deformities if incisions are not planned carefully. Nail Unit Incision Lines (NUIL) — standardized orientations for surgical cuts in and around the nail. Longitudinal incisions → suitable for nail bed procedures. Horizontal incisions → avoid critical areas like the lunula and matrix.	Reduce post-op scarring and deformities. Preserve nail anatomy and function. Improve cosmetic outcomes.
14. Use of ionized plasma jet therapy in the treatment of xanthelasma palpebrarum	This uses an ionized plasma jet therapy (IPJT) device. The tip is held ~2 mm above skin and ablated in a "paintbrush" motion (i.e. superficial ablation in strokes) until a thin brown crust is formed. Energy setting was "intensity 4-6" (device-specific). One or two passes/sessions as needed. Post-treatments included topical antibiotic and crust healing is expected in ~7 days.	Minimally invasive & precise superficial ablation

Dr. Kajomi Shingala

OBSERVERSHIP DIARIES -I

My experience in ACSI Observership programme under the guidance of esteemed Dr. Yogesh Bhingradia was truly transformative, offering significant professional and personal growth. The program's focus on hands-on training, with a specific attention to every minute detail and a mentorship-driven approach provided a comprehensive foundation for my career.

The core of my professional development was the practical experience gained with a variety of dermatosurgical procedures, which were instrumental in accelerating my learning curve. This environment enabled me to transition from theoretical knowledge to practical application. I gained proficiency in a diverse array of surgical and aesthetic procedures. This included common excisions, biopsies, and cryosurgery, as well as more specialized techniques like hair transplantation, vitiligo surgeries (such as punch grafting and NCES), and nail surgery. I also received extensive training in using various laser technologies (e.g., CO2, Nd-YAG, Erbium YAG).

The training wasn't limited to the operating room. I learned the entire spectrum of patient care, from initial consultations to developing treatment plans and providing post-procedure care. This comprehensive approach helped me understand the importance of patient selection, counselling, and managing patient expectations, all of which are crucial for successful outcomes in dermatosurgery.

Dr. Bhingradia's emphasis on experimentation and innovation in the field encouraged me to adopt a research-oriented perspective. I had the opportunity to carry out various research trials under his mentorship. This experience instilled in me the importance of continuous learning and contributing to the dermatology community.

The direct supervision allowed me to become more confident and decisive in my clinical judgments. Dermatosurgery requires meticulous attention to detail and patience, especially in complex cases. The training taught me the value of persistence and the importance of a calm and steady hand. I also learned to build rapport, listen attentively to patient narratives, and explain complex procedures in a clear, reassuring manner. This understanding was as valuable as the surgical skills themselves, teaching me to care for the person, and not just the skin.

Dr. Yogesh has truly been an inspiration and his mentorship is invaluable. I highly recommend this course to anyone looking to sharpen their dermatosurgery skills.

Dr. Monal Sadhwani,
Consultant Dermatologist,
Sanjivani Skin Care Clinic,
Ahmedabad, Gujarat.

OBSERVERSHIP DIARIES – II

Participating in the ACSI observership in Dermatosurgery and Aesthetics under the mentorship of Dr. Pradeep Kumari was an immensely rewarding and transformative experience in my career. The centre, renowned for its commitment to excellence, is equipped with state-of-the-art facilities and operates under stringent ethical and professional standards. Dr. Pradeep Kumari's remarkable professionalism sets the tone of the institution and her guidance extends beyond clinical and procedural proficiency, nurturing essential soft skills that are invaluable in medical practice and patient care.

Throughout the observership, I was deeply impressed by the unwavering ethical standards upheld in a high-volume professional setting. The centre demonstrated that dermatology, even in a busy practice, can be conducted with integrity and respect for both patients and the profession. This exposure has inspired me to emulate similar principles in my own future endeavours, reinforcing my confidence to initiate and manage my own clinical practice ethically and effectively.

A unique aspect of this centre is that you receive dual mentorship akin to a " 2-for-1" opportunity from 2 eminent experts, Dr Pradeep Kumari and Dr Nitin Jain .
Dr. Pradeep Kumari is not only a master of clinical dermatology and aesthetics but also deeply invests in the holistic development of her mentees, fostering both technical prowess and interpersonal skills. Equally impressive is Dr. Nitin Jain, an outstanding dermatosurgeon who performs hair transplant surgeries routinely and provides detailed, hands-on training in all major dermatosurgical procedures including vitiligo surgeries, scar surgeries and various excisions.

The centre provided exposure across the entire spectrum of dermatology with involvement in all aspects of patient care, encompassing clinical consultations, procedural dermatology, cutting-edge aesthetic treatments, advanced laser technologies, and almost daily hair transplant surgeries. Dr. Nitin's meticulous approach towards surgical training and Dr. Pradeep's patient-centric ethos provided a well-rounded, robust learning atmosphere.

My time at the centre not only honed my clinical and procedural skills but also rejuvenated my passion for dermatology. The dynamic environment fostered by Dr. Pradeep and Dr. Nitin cultivated my self-assurance and reignited my drive towards innovation and excellence. The observership has prepared me comprehensively for independent practice and instilled a lifelong commitment to ethical, patient-oriented care.

I highly recommend the ACSI observership at this centre to anyone aspiring to advance their expertise in dermatology. With the unparalleled mentorship of Dr. Pradeep Kumari, and the exceptional standard of training provided, this experience stands out as an invaluable stepping stone for those who wish to excel both clinically and professionally.

Dr Hemant Tyagi
MBBS, DDVL
Tyagi Dermatology Skin & Hair Clinic, Delhi

PRE & POST -I

A 32 year old case with keloid on ears since few years

Dr Pooja Govindraju, 3rd year PG



PRE & POST -II

A 29 year old case of vitiligo over right eyelid since 10 years
Treated with 1.5mm Mini-Punch Grafting

Dr Sanmitra Aiholli, Assistant professor
BLDE (DU) Shri B.M Patil Medical College Hospital
Vijayapur

PRE & POST -III

Pigmented post traumatic scar on right cheek

Dr Adit M Garg

Steps

1. Marking options for rhomboid flap
2. Excision of lesion and flap creation
3. Transfer of flap to recipient area
4. Subcutaneous and cutaneous closure of flap on recipient wound using 5-0 vicryl and 5-0, 6-0 prolene respectively

PRE & POST -IV

Pre and post excision pictures of an Intradermal Melanocytic Nevus excised using an Bevelled incision on the eyebrow for better Cosmetic outcome

Dr Pooja Govindraju, 3rd year PG

PRE & POST -V

Pre and post excision pictures of xanthelasma

Dr Tithi Jain
Assistant Professor
Dr ND Desai Faculty of medical science and Research Dharmsingh Desai University Nadiad

PRE & POST -VI

Melanocytic nevus on lateral nasal bridge

Dr Adit M Garg

Steps

1.Fusiform marking of lesion
2. Incision in fusiform marking
3. Excision of lesion
4. Extensive undermining of nearby skin
5. Subcutaneous closure using 5-0 vicryl and 5-0 prolene stay suture
6. Intradermal continuous suturing using 5-0 prolene and Cutaneous closure using 6-0 prolene

PRE & POST -VII

Melanocytic nevus on left lower lid margin

Dr Adit M Garg

Steps

1. Precise size and location of lesion judgement taken
2. Incision in 'V' shape
3. Excision of lesion done with hemostasis achieved via bipolar RF electrocautery
4. Primary closure of wound in 3 layers - mucosal closure with 7-0 vicryl, muscular layer closure using 6-0 vicryl and cutaneous closure with 6-0 prolene

PRE & POST –VIII

Ear keloid

Dr Uzzaif Mansuri
Uzzaif Skin Clinic

Young female patient already had 3 piercing done. Did fourth piercing and developed keloid over left ear. She was given Intralesional steroid for over 6 – 7 months every 15 to 20 days for large keloid to subside.

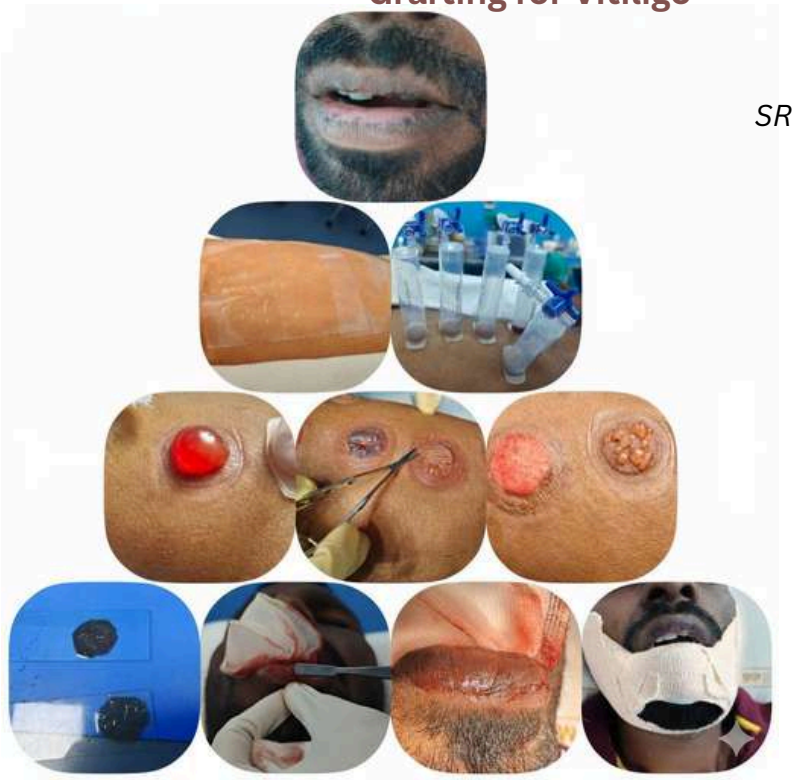
She was advised not to do further piercing, but ignoring the advice she went for piercing in both ear at the upper part of ear. Patient was counselled that rather than having I/L we can go for keloid removal. Patient agreed and we did debulking of the keloid and created exact size flap on the back side of the ear and 6 – 0 Ethilon suture taken as in picture. Patient was given I/L steroid after 6 days and was repeated 3 times every 15 days.

Its been more than 1.5 month still keloid has not developed. You can see excellent healing and such great result of such big keloid and shape of pinna nicely maintained.

PRE & POST -IX

Revitalizing Skin: A Visual Journey Through Suction Blister Grafting for Vitiligo

Dr. Suvigya Sachan
MD DVL, FRGUHS
SR AIIMS Mangalagiri,
Andhra Pradesh



Steps	Procedure/Action	Description & Key Points	Image Location in Collage
1	Patient Presentation	The patient presented with stable lip vitiligo.	Top Row
2	Donor Area Anaesthesia & Preparation	A topical anaesthetic cream was applied under occlusion for 60 minutes. Following this, the area was cleaned and local injectable anaesthetic (2% lignocaine) was administered.	Second row, Left
3	Blister Induction	Negative pressure was applied to the prepared donor site (anterolateral thigh). 20 cc syringes and a 50 cc syringe connected via a three-way cannula was used to create and maintain the suction required for dermo-epidermal separation.	Second Row, Right
4	Graft Harvesting	The roofs of the newly formed tense blisters were meticulously de-roofed. This thin epidermal sheet was rich in viable melanocytes.	Third Row, Left, Middle, & Right
5	Graft Processing	The harvested epidermal grafts were collected and teased.	Bottom Row, Left
6	Recipient Site Preparation	The depigmented recipient area is prepared by gentle dermabrasion until pinpoint bleeding is visible, creating an optimal bed for graft uptake.	Bottom Row, Middle Left.
7	Graft Application	The epidermal graft was carefully spread over the prepared site. A sterile, non-adherent pressure dressing was applied to immobilize the graft.	Bottom Row, Middle Right & Right

DERMATOSURGERY IN 2030- our vision

By 2030, dermatosurgery will stand at the intersection of precision, regeneration and intelligence.

Emerging Technologies

Femtosecond lasers promise scar free incisions and ultra fine tissue sculpting, while 3D bioprinting will enable personalized skin scaffolds for burns, vitiligo, and complex wounds.

Regenerative Medicine

Autologous cells, stem-cell derived exosomes, and bioactive scaffolds will merge into cell-device combinations, promoting true biological restoration. This complements the growing paradigm of skinspan meaning maintaining youthful, functional skin health through proactive, layered interventions.

Artificial Intelligence

AI will transform not only diagnosis but also intraoperative decision making. Algorithms trained on millions of images will assist in margin assessment during Mohs surgery, highlight risk zones in real-time video feeds, and predict complications. Surgical simulators powered by AI will become essential for training, offering haptic feedback and performance scoring. At the systems level, AI will optimize patient selection, outcome prediction, and postoperative monitoring through wearable sensors and digital wound platforms.

The India Lens

India's acceptance will be two-tiered: urban centres will adopt femtosecond lasers, bioprinters, and regenerative kits, while tier-2 and tier-3 cities embrace cost-optimized versions of portable energy devices, AI-driven teaching hubs, and simplified graft kits. With a young, aesthetics-aware population and government-backed health programs, India could emerge as a global hub for frugal yet high-quality dermatosurgery. Success will rest on three pillars: evidence in darker phototypes, regulatory clarity for regenerative therapies and AI, and robust credentialing to curb unsafe practice.

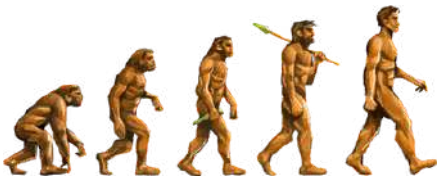
Challenges Ahead

Key hurdles include high consumable costs, regulatory gaps in regenerative therapies, AI bias in underrepresented populations, data-privacy and curbing unqualified practitioners. Evidence-based frameworks like skinspan remind us that dermatosurgery must align with long-term skin health, not just short-term aesthetic fixes.

Dr Praneeta Jain
Linaé Skin and Hair Clinic
and KIMS Hospital,
Gachibowli, Hyderabad

FUN FIESTA

DERMATOSURGERY THROUGH THE AGES



THE ORIGINAL NOSE JOB: Sushruta's Rhinoplasty

Sushruta, the father of surgery, described nasal reconstruction using cheek and forehead flaps. Techniques from over 2,500 years ago still inspire modern dermatosurgery.

FROM TEETH TO SKIN: Ernst Kromayer's Dermabrasion

Kromayer invented a rotating burr powered by a dental drill to smooth scars and tattoos.

WE HAVE COME A LONG WAY: Tattoo Removal

Before lasers, tattoos were removed with acids, sandpaper, and even pigeon droppings.

EARLY GLOW: Cleopatra's Chemical Peels
Cleopatra reportedly bathed in sour milk (lactic acid) for glowing skin.

FROM NECESSITY COMES INNOVATION: Hair Transplant Origin

Dr. Shoji Okuda pioneered hair grafting for burn victims, inspiring modern cosmetic hair transplants.

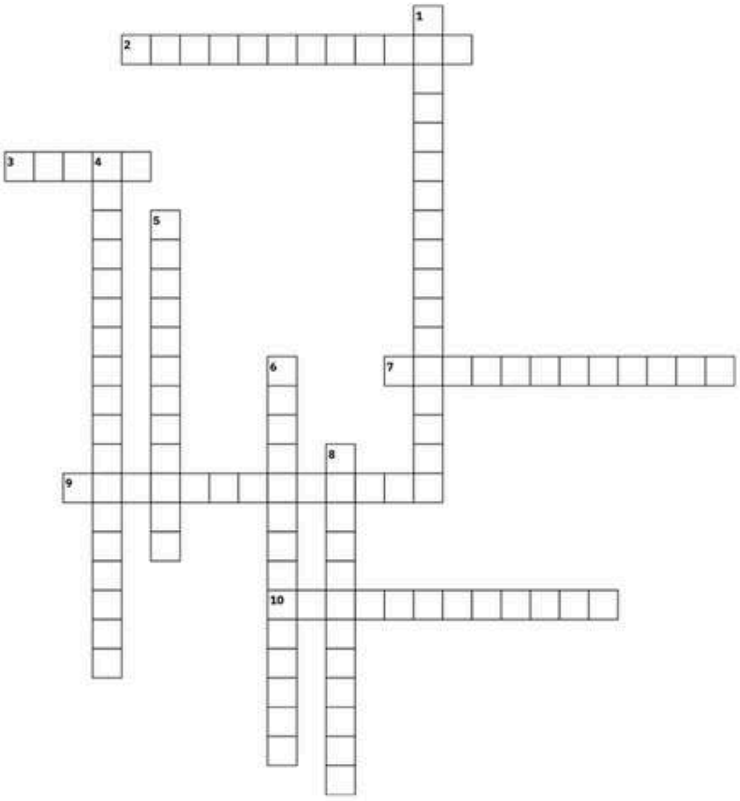
I once asked a friend, "Why did the dermatologist become a musician?"
He shrugged.
I said, "Because they really know how to handle the scales!"

My pimple started a podcast it's all about breakout stories.

My skin is shy. Every time I go outside, it gets red and hides.

FUN FIESTA

CROSSWORD



Across

2. Skin transplantation from same patient

3. resurfacing For wrinkles, scars, and pigmentation

7. Non-invasive tool guiding surgical margins

9. Injection based treatment for varicose and spider veins.

10. Therapy using photosensitizers and light

Down

1. Freezing therapy for nail disorders

4. Electrical tissue destruction + drying

5. Historic term for Mohs micrographic surgery

6. Eyelid reconstructive procedure

8. Closure technique for hairline scars

Dr. Arisha

Answers:

1. onychocryotherapy
2. autografting
3. laser
4. electrodessication
5. chemosurgery
6. blepharoplasty
7. dermatoscopy
8. trichophytic
9. sclerotherapy
10. photodynamic

FUN FIESTA

Love Life: Dermatosurgery Edition

- **Hair Transplant** → My love life: lots of grafting, but results only after months!
- **Scar Revision** → Some relationships fade beautifully, some need intervention.
- **Biopsy** → Dating: you never know what you'll find until you sample.
- **Chemical Peel** → The wrong choice burns, the right one brings a glow.
- **Keloids** → Some exes… they just don't stop coming back.
- **Fillers** → Crushes lift you up — but only temporarily.
- **Laser Hair Removal** → Commitment takes multiple sessions for permanence.
- **Dermabrasion** → Heartbreak hurts, but smoothens your future.

Don't be so derm-attic, it's just a small mark

CLOSING NOTE

Dr Yogesh Bhingradia
Joint Secretary, ACS(I)

"As my term guiding the ACS(I) Young Brigade from 2023 to 2025 comes to a close, I feel a deep sense of pride and gratitude. Over these two years, I have witnessed the remarkable growth of this team, their energy, their creativity, and their spirit of togetherness.

The Young Brigade has truly lived up to its vision of inspiring and supporting the next generation of dermatosurgeons. Every activity, every initiative, and every edition of this newsletter reflects their passion and commitment to excellence.

For me personally, it has been an immensely fulfilling journey to mentor, to guide, and most importantly, to learn from this dynamic group. I am confident that the seeds planted during this term will continue to grow and bear fruit in the years to come.

As I hand over the responsibility, I extend my heartfelt best wishes to the incoming team. May you continue to dream bigger, work harder, and take ACS(I) to even greater heights. The future belongs to you."

YOUNG BRIGADE ACS(I)

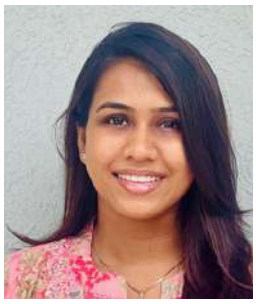
Dr.Pooja Kanumuru

Dr. Nandita Patel

Dr. Widhi Agrawal

Dr. Shail Agarwal

Dr. Abhiresh Nagaranjan



Dr. Praneeta Jain

Dr. Arisha

Dr. Monal Sadhwani

Dr. Kajomi Shingala

Dr.Ankita Choudhary

Dr.Akshay Vetal

Dr Sridevi