



PERSATUAN DERMATOLOGI MALAYSIA
DERMATOLOGICAL SOCIETY OF MALAYSIA



40th

**Annual
Dermatology
Conference**

**Controversies and Challenges
in Skin Cancers and
Tropical Dermatology**

14 - 17th September 2015
Weil Hotel, Ipoh, Malaysia

AD

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MESSAGE FROM THE **President**



Welcome to our 40th Annual Dermatology Conference of the Dermatological Society of Malaysia. The scientific program had been prepared by your scientific committee and we have attempted to present you the newest information and the most relevant material to fulfill your educational needs.

The theme for this year is “Controversies and Challenges in Skin Cancers and Tropical Dermatology. Skin cancers remain an important clinical problem in Malaysia and its incidence is increasing. We included tropical dermatology as our theme as we need to update our knowledge on tropical skin infections which remains prevalent.

The annual meeting gives us an opportunity to meet and share ideas among our colleagues from various states face-to-face. The pre-congress workshop on lasers in dermatology would be attractive to those who practise aesthetic medicine. Don't miss the plenary lecture by our guest speaker on the topic.

You may want to carve out time to explore old-charm Ipoh with its Wall of Arts in Jalan Masjid and the authentic old town white coffee. Many of the attractions are accessible and make a good visit. In Ipoh you will find a countless number of restaurants, cafes, hawker stalls and fine dining restaurants to whet your appetite.

I hope you will enjoy the scientific as well as the social program. I want to extend my special appreciation to the executive committee and the secretariat for all their hard work in putting together this meeting. And finally, a word of special thanks to our local and international speakers, pharmaceutical companies and our delegates who make this meeting possible.

I look forward to meeting you at the 40th Annual Dermatology Conference in Ipoh.

Sincerely

A handwritten signature in black ink, appearing to read 'Henry Foong', with a horizontal line underneath.

Dr Henry Foong FRCP
President

Organising Committee

Organising Chairperson	Dr Henry Foong Boon Bee
Co-Chairperson	Dr Agnes Heng Yoke Hui
Secretary	Dr Rohna Ridzwan
Treasurer	Dr Noor Zalmy Azizan
Scientific Programme Committee	Dr Henry Foong Boon Bee Dr Noor Zalmy Azizan Dr Chan Lee Chin Dr Sabeera Begum Dr Rohna Ridzwan Dr Agnes Heng Yoke Hui Dr Tan Wooi Chiang Dr Khaw Guat Ee Dr Najeeb Ahmad Mohd. Safdar
Social Programme	Dr Agnes Heng Yoke Hui Dr Khaw Guat Ee
Trade Exhibition	Dr Henry Foong Boon Bee
Congress Facilities	Dr Henry Foong Boon Bee Dr Tan Wooi Chiang
Honorary Auditor	Dr Gan Ain Tian
Golf Convenor	Dato' Dr SK Ratti
Souvenir	Dr Agnes Heng Yoke Hui Dr Khaw Guat Ee
Malaysian Journal of Dermatology Editor	Assoc Prof Felix Yap Boon Bin
Persatuan Dermatologi Malaysia Newsletter	Dr Agnes Heng Yoke Hui
Secretariat	A. Menarini Singapore Pte Ltd

Executive Committee 2014-1015

President	Dr Henry Foong Boon Bee
Vice President	Dr Agnes Heng Yoke Hui
Honorary Secretary	Dr Rohna Ridzwan
Honorary Treasurer	Dr Noor Zalmy Azizan
Committee Members	Dr Chan Lee Chin Dr Khaw Guat Ee Dr Sabeera Begum Dr Tan Wooi Chiang
Immediate Past President	Dr Najeeb Ahmad Mohd Safdar
Honorary Auditor	Dr Gan Ain Tian

LIST OF **Speakers**

Overseas Speakers

Prof George Reizner	USA
Prof Sunil Dogra	India
Prof Goh Chee Leok	Singapore
Prof Pablo Fernandez-Penas	Australia
Prof Pravit Asawanonda	Thailand
Prof Gabriel Teresita	Philippines
Prof Leon Kircik	USA
Prof Mamitaro Ohtsuki	Japan
Dr Didier Guerrero	France
Dr Tarun Narang	India

Local Speakers

Dr Pubalan Muniandy	Malaysia
Dr Sabeera Begum	Malaysia
Mr Lim Yang Kwang	Malaysia
Mr Lee Kim Siea	Malaysia
Dr Leong Kin Fon	Malaysia
Dr Azura Mohd Affandi	Malaysia
Dr Noryati Mohamed	Malaysia
Dr Adrian Yong	Malaysia

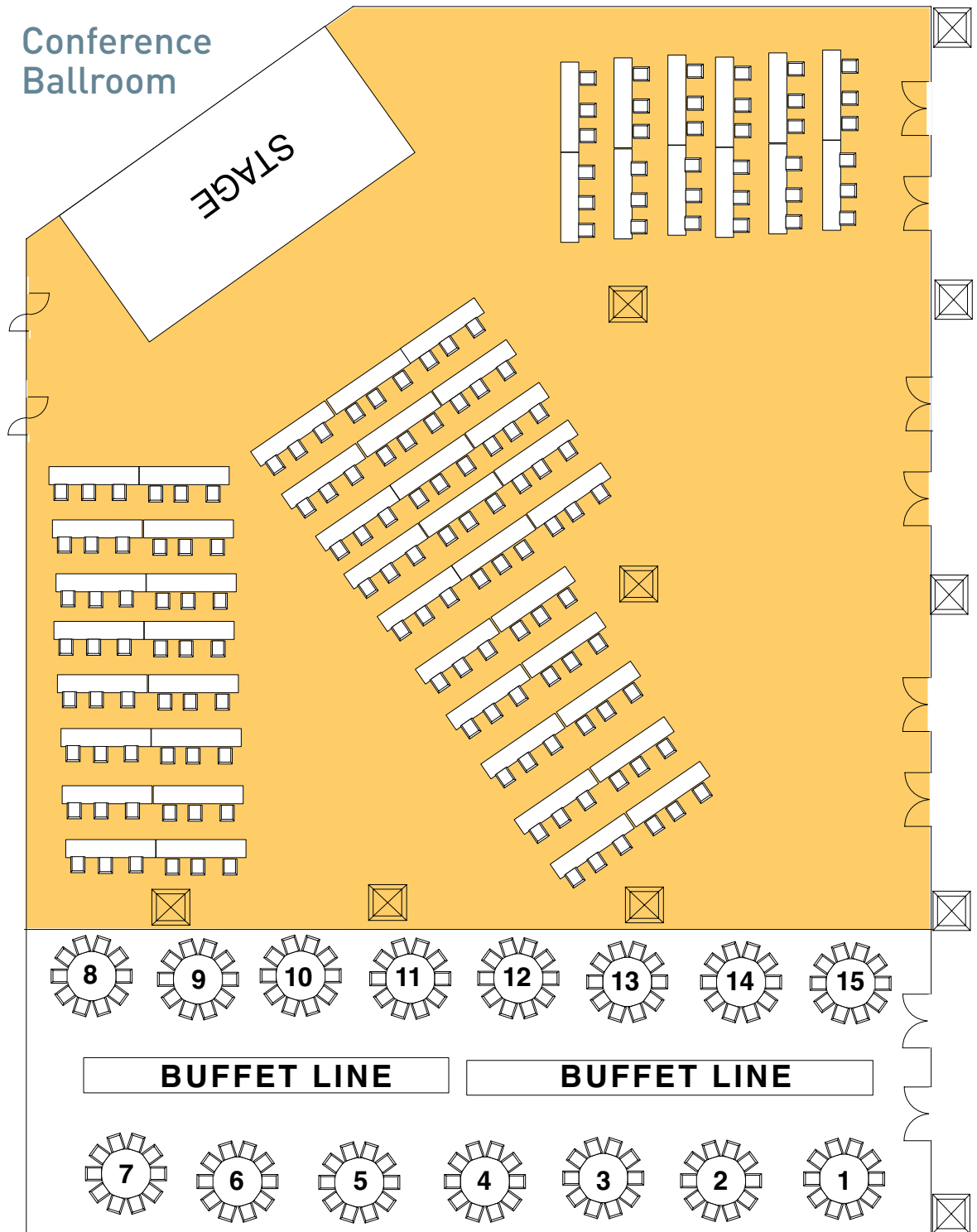
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LIST OF Sponsors

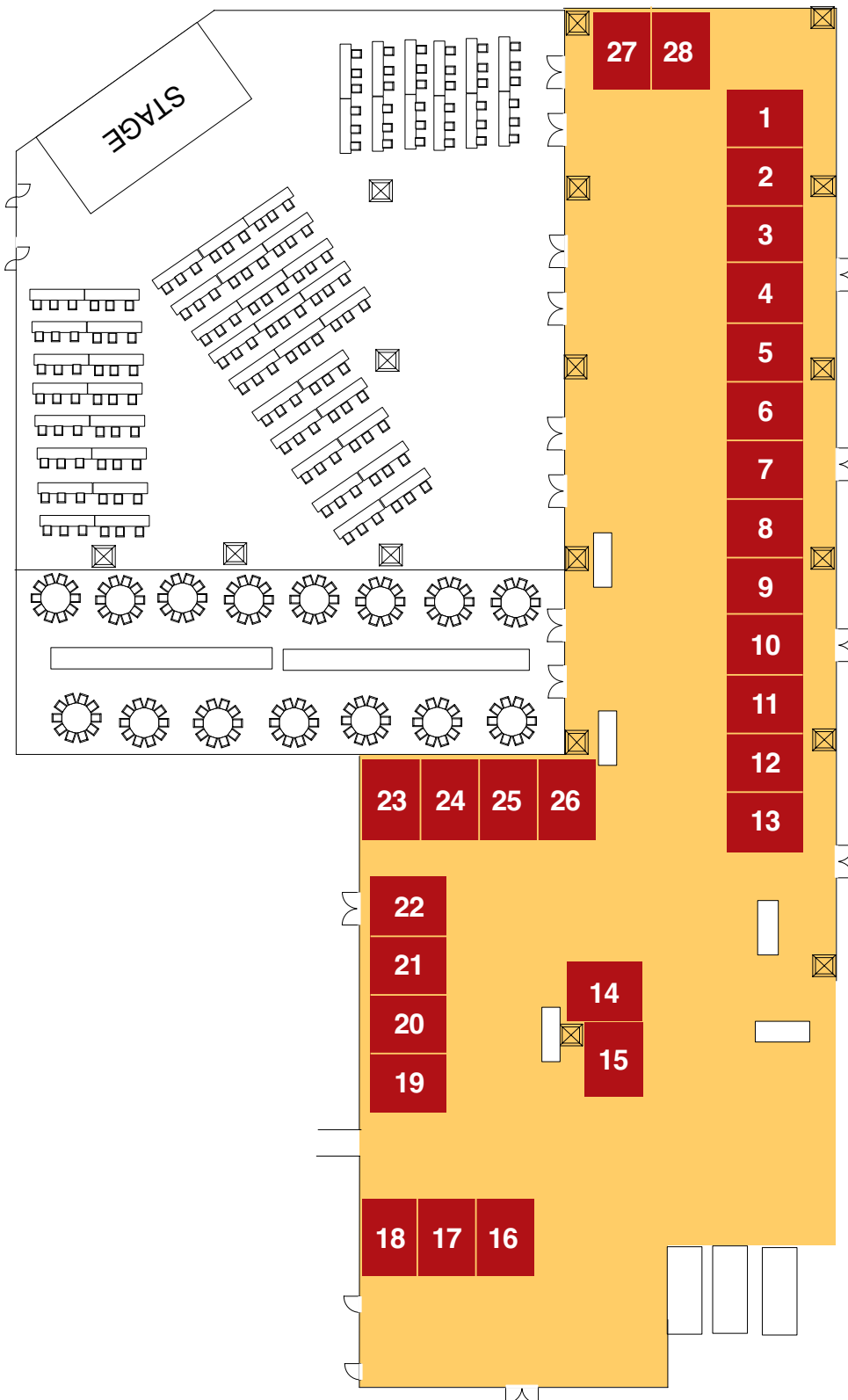
A. Menarini Singapore Pte Ltd
Abbott Laboratories Malaysia Sdn Bhd
Alliance Cosmetics Sdn Bhd
Bayer Co (M) Sdn Bhd
Beiersdorf (M) Sdn Bhd
Ego Pharma Malaysia Sdn Bhd
Galderma Sdn Bhd
Germax Sdn Bhd
Glenmark Pharmaceutical (M) Sdn Bhd
GSK Pharmaceutical Sdn Bhd
HOE Pharmaceuticals Sdn Bhd
Innomed Sdn Bhd
Johnson & Johnson Sdn Bhd
Kotra Pharma (M) Sdn Bhd
Leo Pharma
MSD (M) Sdn Bhd
Neosia (M) Sdn Bhd
Novartis Corporation Sdn Bhd
Nuvanta Sdn Bhd
Schmidt BiomedTech Sdn Bhd
Sibro (Malaysia) Sdn Bhd
Valeant Pharmaceuticals International
Venusys Medical Sdn Bhd

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Conference Hall LAYOUT



Exhibition Hall LAYOUT



BOOTH NO.

- 1 Glenmark
- 2 Sibro
- 3 HOE Pharma
- 4 Nuvanta
- 5 Abbott
- 6 Johnson & Johnson
- 7 Alliance Cosmetics
- 8 Alliance Cosmetics
- 9 Kotra
- 10 Beiersdorf
- 11 Schmidt
- 12 Menarini
- 13 Menarini
- 14 Galderma
- 15 Galderma
- 16 Venusys
- 17 GSK
- 18 GSK
- 19 Novartis
- 20 Novartis
- 21 Germax
- 22 MSD
- 23 Ego Pharma
- 24 Valeant
- 25 Leo Pharma
- 26 Neoasia
- 27 Bayer
- 28 Innomed

Congress Programme AT A GLANCE

14th Sept Monday	15th Sept Tuesday
	8.15am Plenary 1: Ganesapillai Memorial Lecture G Reizner
9.00am Government Dermatologists Meeting	9.00am Symposium 1 A Affandi / G Reizner
	10.00am Tea-break
	10.30am Free Paper Presentation 1
	11.30am Focus Session 1 M Ohtsuki / G Reizner
1.00pm Lunch Symposium - Johnson&Johnson P Fernandez-Penas	1.00pm Lunch Symposium - Beiersdorf P Asawanonda
2.00pm Journal Club	2.00pm Focus Session 2 Goh CL / G Teresita / A Yong
2.30pm Pre-congress Workshop Goh CL	3.30pm Tea
5.00pm Opening of Trade Exhibition and Welcome Reception	4.00pm Symposium 2 Lim YL / Lee KS
7.30pm Faculty Dinner by invitation only	7.30pm Dinner Symposium - Alliance Cosmetics D Guerrero

16th Sept Wednesday

8.15am
Plenary 2
S Dogra

9.00am
Symposium 3
P Muniandy / T Narang / S Dogra

10.00am
Tea-break

10.30am
Free Paper Presentation 2

11.30am
**Clinico-radiological correlation in
vascular anomalies**
S Begum / Leong KF / N Mohamed

1.00pm
Lunch Symposium - Galderma
L Kircik

2.00pm
Photography

2.30pm
PDM Annual General Meeting

7.00pm
Annual Dinner

17th Sept Thursday

8.30am
Focus Session 3
L Kircik / Leong KF

9.30am
Free and Easy

Social Programme

14th September 2015

MONDAY

- 7am – 9am **PDM Golf Challenge**
- 5pm - 6pm **Opening of Trade Exhibition and Welcome Reception**
- 7.30pm **Faculty Dinner (by invitation only)**

15th September 2015

TUESDAY

- 7.30pm - 10pm **BBQ Dinner Symposium at Malayana Ballroom,
Sunway Lost World Hotel**

16th September 2015

WEDNESDAY

- 7pm - 10pm **Annual Dinner at Grand Ballroom, Weil Hotel, Ipoh**

17th September 2014

THURSDAY

- 9.30am **Lucky Draw**
- 9.40am **Social Tours: Ipoh Heritage Walk / White Water Rafting**

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Scientific Programme

14th Sept MONDAY

- 1.00pm - 2.00pm **Lunch Symposium - Johnson&Johnson**
Chairperson: Dr Azura Mohd Affandi
- Speaker: Prof Pablo Fernandez-Penas
“The importance of quality of life and patient-reported outcomes in psoriasis management”
- 2.00pm - 2.30pm **Journal Club**
Chairperson: Dr Chan Lee Chin
- 2.30pm - 5.00pm **Pre-Congress Workshop: LASERS IN DERMATOLOGY**
Chairperson: Dr Noor Zalmy Azizan
- Speaker: Prof Goh Chee Leok
- **Laser Physics**
 - **Lasers and Light Devices for Treatment of Pigmentary Disorders in Asians - An Update**
 - **Demonstration**

15th Sept TUESDAY

- 8.15am - 9.00am **Plenary 1 : Ganesapillai Memorial Lecture**
Chairperson: Dr Henry Foong
- Speaker: Prof George Reizner
"Melanoma: diagnosis, treatment and new advances"
- 9.00am - 10.00am **Symposium 1**
Chairperson: Puan Sri Datuk Dr Suraiya Hussein
- Speakers:
- Dr Azura Mohd Affandi
"Skin Cancer in Malaysia; a local experience"
 - Prof George Reizner
"Review of non-melanoma skin cancers"
- 10.00am - 10.30am TEA
- 10.30am - 11.30am **Free Paper Presentation 1**
Chairpersons: Dr Sabeera Begum / Dr Tan Wooi Chiang
- 11.30am - 1.00pm **Focus Session 1**
Chairperson: Dato' Dr Sushil Ratti
- Speakers:
- Prof Mamitaro Ohtsuki
**"Psoriasis & Psoriatic Arthritis Treatment :
The Turning Page"**
 - Prof George Reizner
"Cutaneous Manifestations of Internal Disease"
- 1.00pm - 2.00pm **Lunch Symposium - Beiersdorf**
Chairperson: Dr Agnes Heng
- Speaker: Prof Pravitt Asawanonda
"Sunscreens and Acne : friends or foes"

15th Sept TUESDAY

2.00pm - 3.30pm

Focus Session 2

Chairperson: Dr Najeeb Safdar

Speakers

- Prof Goh Chee Leok
“The role of Polypodium Leucotomos Extract (PLE) in the treatment melasma”
- Prof Gabriel Teresita
“ Beat the itch: Updates in Urticaria”
- Dr Adrian Yong
“Mohs Micrographic Surgery: Precision in the management of skin cancer”

3.30pm - 4.00pm

TEA

4.00pm - 5.00pm

Symposium 2

Chairperson: Dr Gangaram Hemandas

Speakers

- Mr Lim Yang Kwang
“Skin cancers: The art of aesthetic reconstruction”
- Dr Lee Kim Siea
“Naso-labial fold: Gold mine or mine field”

8.00pm - 10.30pm

Dinner Symposium - Alliance Cosmetics

Chairperson: Dr Leong Kin Fon

Speaker: Dr. Didier Guerrero

“I Modulia : a new approach in the management of atopic skin and pruritus”

16th Sept WEDNESDAY

- 8.15am - 9.00am **Plenary 2**
Chairperson: Dr Agnes Heng

Speaker: Prof Sunil Dogra
“Cutaneous Mycobacterium Infection”
- 9.00am - 10.00am **Symposium 3**
Chairperson: Dr Steven Chow

Speakers:
• Dr Pubalan Muniandy
“Overview of leprosy in Malaysia”
• Dr Tarun Narang
“Riddles in the treatment of multibacillary leprosy with WHO MDT: dermatologist perspective”
• Prof Sunil Dogra
“Deep fungal Infection”
- 10.00am - 10.30am Coffee / Tea Break
- 10.30am - 11.30am **Free Paper Presentation 2**
Chairpersons: Dr Suganthi Thevarajah / Dr Khaw Guat Ee
- 11.30am - 1.00pm **Clinico-radiological correlation in vascular anomalies**
Dr Sabeera Begum
Dr Leong Kin Fon
Dr Noryati Mohamed
- 1.00pm - 2.00pm **Lunch Symposium - Galderma**
Chairperson: Datin Dr Asmah Johar

Speaker: Prof Leon Kircik
“Acne: New findings, new approaches”

17th Sept THURSDAY

8.30am - 9.30am

Focus Session 3

Chairperson: Dr Rohna Ridzwan

Speakers:

- Prof Leon H. Kircik
“**Unsolved dilemma: Melasma**”
- Dr Leong Kin Fon
“**Itch-scratch cycle, microbiota changes and TCS
in AD management**”

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Abstract

14th Sept 2015 **Lunch Symposium**

“The importance of quality of life and patient-reported outcomes in psoriasis management”

Prof Pablo Fernandez-Penas, MD, PhD, FACD

Associate Professor in Dermatology at the University of Sydney, Head of the Department of Dermatology at Westmead Hospital and Head of Research at the Skin and Cancer Foundation Australia in Sydney, Australia

Psoriasis is a multisystemic disease, and, one of the diseases with the most profound impact in the quality of life of patients. The step of involving more than the skin in the final decision making leading to a therapeutic approach is mandatory. Patient Reported Outcomes are important assessments that we need to be familiar with. SF36, DLQI, Skindex, PDI are acronyms that hide powerful tools that can give us an insight in the impact of psoriasis in the life of our patients. The Dermatology Life Quality Index is a standard in many Departments and Clinical Trials, but have some deficiencies. Second generation instruments like Skindex have better psychometric characteristics. It is the time for all dermatologists to harness the power of Patient Reported Outcome tools and use them in their practices.

Abstract

14th Sept 2015 **Pre-Congress Workshop**

Laser Physics

CL Goh, MBBS, MD, FAMS, FRCP

Senior Consultant Dermatologist, National Skin Centre

Clinical Professor, Faculty of Medicine, National University of Singapore, Singapore

Adjunct Professor, Duke-NUS Post Graduate Medical School

Laser is an acronym for “light amplification by simulated emission of radiation”. In 1917, Einstein postulated that a photon released from an excited atom could, upon interacting with another atom that is also currently excited, trigger the second atom into de-exciting itself (losing its energy) with the release of another photon. The photon released by the second atom would be identical in wavelength, energy and direction. It would be in phase with the triggering photon and the triggering photon would then continue on its way, unchanged. If however, the process of stimulated emission occurs, it will cause an amplification of the number of photons traveling in a particular direction - a photon cascade (population inversion or chain reaction). When enough amplification occurs, a LASER beam is created.

A laser has three main components:

1. Energy source: Power supply that creates “population inversion/excitation”.
2. Lasing medium: Source of laser radiation that provides the electrons needed and has distinctive energy transitions that determine the wavelength.
3. Optical cavity: A chamber consisting of two parallel mirrors enclosing the laser medium, which is excited by the pumping system.

When an electromagnetic wave is displayed graphically, the distance between two consecutive peaks is called “wavelength”, and is denoted by the Greek letter λ (lambda). Energy is a quantity of electromagnetic radiation. Energy is expressed in Joules. Power is the rate at which energy is delivered. Power is expressed in Watts. Energy Density (Fluence) is the amount of energy delivered at the target surface per unit area by a pulsed laser, usually expressed in J/cm².

When laser beam strikes the skin, it may be reflected, scattered, transmitted, absorbed. Tissue effect occurs only when light is absorbed. The photon surrenders its energy to the chromophore - heating of chromophore and destroy the tissue.

The principle of selective photothermolysis proposed by Rox Anderson and John Parrish is used with apply on cutaneous laser treatment. Specific wavelength of laser energy is absorbed by specific target chromophores of specific absorption spectrum and is converted to heat. Heat dissipates through conduction and radiation followed by passive cooling. Hence we have lasers with difference wavelength and for use on different chromophore in human skin. Different lasers have different pulse duration to treat chromophores based on their thermal relaxation time eg. The melanin pigment has short thermal relaxation time in nanoseconds and is treated with nanosecond lasers (the Q switch lasers).

Abstract

14th Sept 2015 **Pre-Congress Workshop**

Lasers and Light Devices for Treatment of Pigmentary Disorders in Asians - An Update

CL Goh, MBBS, MD, FAMS, FRCP

Senior Consultant Dermatologist, National Skin Centre

Clinical Professor, Faculty of Medicine, National University of Singapore, Singapore

Adjunct Professor, Duke-NUS Post Graduate Medical School

There are many causes of pigmentation disorders among Asians. Some are acquired and some are congenital; some are due to epidermal, some dermal and others mixed melanin deposition; some are treatable and others not. Often a single patient has multiple pigmentation disorders. Recognition of type disorders and the location of pigmentation are important as treatment regimens and prognosis of different pigmentation disorders vary. Asian tends to have darker skin complexion due to increased melanin in the keratinocytes. They are also more prone to post-inflammatory hyperpigmentation.

Due to the shorter thermal relaxation time of the melanosomes, pigment removal lasers have very short (nanosecond) pulsed duration. These include Q switched lasers of various wavelengths. Pigment lasers include QS Ruby(694nm), QS Alexandrite(755nm) and QS Nd:YAG(1064nm) lasers. QS ruby lasers due to its shorter wavelength are not suitable for darker skin individuals as they tend to cause burn and hypopigmentation. Recently the shorter pulse duration picosecond lasers were introduced. It uses more photomechanical effects and has less photothermal effects to disperse pigment particles. It is supposed to be more efficient for removing pigmented lesions with less side effects. Trials are on the way to demonstrate their efficacy and safety.

Epidermal pigmentation including ephelides and lentigenes are usually responsive to pigment laser treatment. Melasma, café au lait macules and Becker's naevus do not respond well to pigment laser treatment and tends to recur. Dermal pigmentary disorders including tattoos, Hori's naevi, Naevus of Ota generally respond well with Q switched pigment lasers. Generally the longer wavelength lasers (1064nm) are more suitable for deeper dermal lesions and the short wavelength lasers (532nm) are more effective for epidermal pigmentary disorders.

The 532nm QS pigment laser is often associated with post inflammatory hyperpigmentation in the darker Asian skin type. The Q-switched Alexandrite and Nd:YAG laser have shown to be safe and effective pigment laser. The newer Alexandrite laser which comes with a 50ns and 100µs pulse width at 100µs seemed to cause less post inflammatory hyperpigmentation on Asian skin. Based on the predictable treatment response, Asian patients with the various predominant skin pigmentation disorders can be advised on their response to pigment laser Rx. The Q switched Alexandrite and Nd:YAG lasers remained the pigment laser of choice to treat laser responsive pigmentary lesions in Asian.

Abstract

15th Sept 2015 **Plenary 1**

Melanoma: diagnosis, treatment and new advances

George Reizner, MD

Professor of Dermatology, Department of Dermatology, University of Wisconsin,
Madison, WI, USA

Melanoma remains one of the most deadly cancers. Treatments based on research have created new options and hope for patients with advanced disease. This lecture covers the diagnosis and some of the new therapies and the underlying mechanisms they exploit.

Abstract

15th Sept 2015 **Symposium 1**

Skin Cancer: Local Experience

Azura Mohd Affandi, MBChB, MRCP, Adv M Derm
Consultant Dermatologist, Department of Dermatology, Hospital Kuala Lumpur,
Kuala Lumpur, Malaysia

Introduction:

The incidence of skin cancer in Malaysia is lower, compared to other parts of the world. According to the third report of the National Cancer Registry, Malaysia (2003-2005), skin cancer ranked the tenth commonest of all types of cancer.

Objective:

The objective of this study was to determine the types of skin cancers seen in the Department of Dermatology, Hospital Kuala Lumpur.

Method:

This is a 10-year retrospective review of all patients with skin cancers seen at the Department of Dermatology, Kuala Lumpur Hospital between 2005 - 2014. All patients confirmed to have skin cancer histologically were included in this study.

Results:

The total number of patients diagnosed to have skin cancer between the 10-year period was 340. The commonest type of skin cancer was basal cell carcinoma (36.2%), followed by cutaneous lymphoma (25.3%) and squamous cell carcinoma (21.2%). Malignant melanoma was not common and accounted for 5.3% of the patients. Other types of skin cancers such as cutaneous metastasis were seen in 4.7% of patients, extramammary Paget's disease in 3.8%, Kaposi sarcoma in 0.9% and other types of tumours accounted for 2.6% of the patients. Majority of the patients with primary cutaneous lymphomas were cutaneous T-cell lymphoma (CTCL), which accounted for 96.5% of all cases of primary cutaneous lymphomas. Mycosis fungoides was the commonest type of CTCL (80.7%). Sezary syndrome was seen in 3.6% of patients. Other types of CTCL reported were CD30+ anaplastic large cell lymphoma (8.4%), lymphomatoid papulosis (2.4%) and subcutaneous panniculitic-like T-cell lymphoma (4.8%).

Conclusion:

Basal cell carcinoma was the commonest skin cancer seen at the Department of Dermatology between 2005-2014. This is consistent with the reports from other parts of the world, which reported basal cell carcinoma as the commonest type of skin cancer.

Abstract

15th Sept 2015 **Symposium 1**

Review of non-melanoma skin cancers

George Reizner, MD

Professor of Dermatology, Department of Dermatology, University of Wisconsin,
Madison, WI, USA

The incidence of skin cancer is rising globally with the highest incidence in Caucasians. Although melanoma is more deadly, the burden of disease is greater for non-melanoma skin cancers. The best treatment remains early diagnosis and complete removal. This lecture reviews the more common types of non-melanoma skin cancers, their detection and treatment options.

Abstract

15th Sept 2015 **Focus Session 1**

Psoriasis & Psoriatic Arthritis Treatment : The Turning Page

Mamitaro Ohtsuki, MD, PhD

Professor, Department of Dermatology, Jichi Medical University, Japan

Secukinumab, a fully human anti-IL-17A monoclonal antibody, neutralizes IL-17A, a key cytokine in the pathogenesis of psoriasis. Efficacy and safety of secukinumab was evaluated in Japanese patients with moderate-to-severe plaque psoriasis as part of a large Phase 3 global study (ERASURE). In this 52-week, double-blind study (ClinicalTrials.gov Identifier: NCT01365455, JapicCTI-111529), 87 patients from Japan (11.8% of 738 patients randomized in the overall study population) were equally randomized to receive secukinumab 300 mg or 150 mg, or placebo once weekly at baseline and at Weeks 1, 2, 3 and 4, then every 4 weeks. Co-primary endpoints (Week 12) were $\geq 75\%$ improvement in psoriasis area-and-severity index (PASI 75) from baseline and a score of 0 (clear) or 1 (almost clear) on a 5-point Investigator's Global Assessment scale (IGA mod 2011 0/1) versus placebo. PASI 75 and IGA mod 2011 0/1 responses at Week 12 were superior with secukinumab 300 mg (82.8% and 55.2%, respectively) or 150 mg (86.2% and 55.2%, respectively) versus placebo (6.9% and 3.4%, respectively; $P < 0.0001$ for all). Greater than 90% improvement in PASI (PASI 90) was also superior with secukinumab 300 mg (62.1%) or 150 mg (55.2%) versus placebo (0.0%) at Week 12 ($P < 0.0001$ for both). Clinical responses were sustained up to Week 52 in the majority of patients. During a 12-week induction period, adverse event incidences were 48.3% with secukinumab 300 mg, 55.2% with 150 mg, and 41.4% with placebo. Secukinumab showed robust and sustainable efficacy in symptom reduction for moderate-to-severe plaque psoriasis in the Japanese patients.

Abstract from the Secukinumab efficacy and safety in Japanese patients with moderate-to-severe plaque psoriasis: subanalysis from ERASURE, a randomized, placebo-controlled, phase 3 study.

Abstract

15th Sept 2015 **Focus Session 1**

Cutaneous manifestations of Internal Disease

George Reizner, MD

Professor of Dermatology, Department of Dermatology, University of Wisconsin,
Madison, WI, USA

Skin is a window that can hint at the body's internal diseases. Some are dramatic and others subtle. This lecture reviews some of the classic and some of the more obscure clues that suggest what's making someone ill. Knowing these can lead to early detection of underlying disease and help the dermatologist better serve their patients.

Abstract

15th Sept 2015 **Focus Session 2**

Double blind, placebo controlled trial to evaluate the effectiveness of Polypodium leucotomos extract in the treatment of melasma in Asian Skin

CL Goh, MBBS, MD, FAMS, FRCP

Senior Consultant Dermatologist, National Skin Centre

Clinical Professor, Faculty of Medicine, National University of Singapore, Singapore

Adjunct Professor, Duke-NUS Post Graduate Medical School

Objective:

The aim of this study was to evaluate the efficacy and safety of oral Polypodium leucotomos (a fern plant) extract (PLE) in the treatment of melasma in Asian patients.

Methods:

40 healthy adult patients with clinically diagnosed melasma were recruited into the study for a total duration of 12 weeks at the Singapore National Skin Centre. They were randomised to receive either oral PLE supplement or a placebo. In addition, all the patients were given topical hydroquinone 4% and a sunblock with SPF 30. Patients were assessed at baseline, day 28, day 56 and day 84 using the modified Melasma Area and Severity Index (mMASI), Mexameter (for melanin and erythema indexes), VISIA photography and Melasma Quality of Life (MelasQOL) questionnaire. Adverse events were also recorded.

Results:

At the end 12 weeks, there was significant improvement in the mMASI score for both PLE and placebo groups (p-value <0.01). The difference in mMASI score between the 2 groups was not statistically significant (p-value = 0.23). There was a trend to show that the mMASI score reduced progressively more on the PLE treated patients than that of placebo treated although the difference was not statistically significant. MelasQOL score showed improvement in the treatment group (p-value = 0.03) compared to placebo group (p-value = 0.16). There were no significant side effects reported.

Conclusions:

Oral PLE appears to be a safe and effective adjunctive option for management of melasma. Additional larger studies with higher dosages of PLE may be warranted.

Limitations: The short duration and small sample size of this study limit the observations noted in the study.

Disclosure:

The study was sponsored by Industrial Farmaceutica Cantabria, S. A., Madrid, Spain.

Abstract

15th Sept 2015 **Focus Session 2**

Beat the Itch: Updates in Urticaria

Ma. Teresita Gabriel, MD, FPDS

Chair, Department of Dermatology Research Institute for Tropical Medicine, Philippines

The latest Urticaria Guidelines was drafted during the 4th Consensus meeting in 2012 in Germany with 300 participants from 31 countries. Recommendations were that the first line treatment is modern second generation antihistamine. Second line is fourfold up-dosing of the second generation antihistamine while third line is addition of either Omalizumab, Cyclosporine A or Montelukast. Short course oral corticosteroids (maximum of 10 days) maybe used during exacerbations. Although 1st generation antihistamines have been in the market for several decades, studies showed that it has been associated with troublesome side effects such as sedation, impairment of psychomotor, learning and cognitive performance, dry mouth, tachycardia, urinary retention, blurred vision and interference with REM sleep. All these problems have been largely overcome with the use of modern second generation antihistamines. In the GALEN position paper, they recommend against the use of sedating antihistamines for the routine management of chronic urticaria.

Bilaxten is a new modern non-sedating antihistamine indicated for the symptomatic treatment of allergic rhinoconjunctivitis and urticaria in Malaysia (Bilaxten Local SmPC). It is proven to have quick onset of action (as fast as 1 hour) and long duration of action (beyond 26 hours) (Horak et al 2010). Bilaxten has high reducing urticaria's symptom scores and overall quality of life, achieving comparable result with levocetirizine 5mg. (Zuberbier et al 2010). Bilaxten also has good safety profile, demonstrated comparable rate of sedation with placebo in the urticaria study (Zuberbier et al 2010). In a study to measure the effect of Bilaxten on driving performance in healthy subjects, even at double the dose of Bilaxten 40mg there is no significant difference in terms of standard deviation of lateral position (SDLP), as a measure of weaving while driving, with placebo (Conen et al 2011). Petscan data also showed that Bilaxten virtually zero (-3.72%) penetration of the blood brain barrier (Farre et al 2014). Bilaxten is also very convenient because there's no need for dosage adjustment in special patients like renal failure, hepatic failure, and elderly patients. (Bilaxten Local SmPC).

Abstract

15th Sept 2015 **Focus Session 2**

MOHs micrographic surgery: precision in the management of skin cancer

Adrian Yong Sze Wai, BSc, MBBS, MRCP

Consultant Dermatologist and Senior Lecturer, University Malaya Medical Centre, Kuala Lumpur

University Malaya Medical Centre data between 2004 and 2010 revealed that out of 155 patients with skin cancer, basal cell carcinoma (BCC) was the commonest skin cancer (44.5%). Conventional treatments for BCC vary from cryotherapy and topical imiquimod (Aldara) for superficial subtypes to surgical options including curettage and cryotherapy (in the not too distant past) and more recently complete excision for well circumscribed nodular and nodulocystic histological subtypes. The development of Dermatological surgery as a subspecialty within Dermatology has spurred the increased sophistication and specialisation in the method of removal of skin cancers with BCC being the one most commonly used for.

Infiltrative or morpheaform BCC located on cosmetically sensitive or functionally critical sites are best managed using MOHs micrographic surgery to achieve maximal tissue-sparing effect and lowest 5-year recurrence rates. MOHs micrographic surgery, unlike conventional histological analysis of skin tumours, examines a much higher percentage of the relevant tissue sample for the presence or absence of skin malignancy. This requires close collaboration between Dermatologist, surgical assistants, lab technician, histopathologist and theatre staff and to ensure effective and efficient completion of the procedure.

I am pleased to share with you our experience of performing MOHs micrographic surgery for the first time in Malaysia, in University Malaya Medical Centre on 9th July 2015.

Abstract

15th Sept 2015 **Symposium 2**

Skin cancer: The art of aesthetic reconstruction

Yang Kwang LIM, MBBS, FRCS

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Surgical excision remains the mainstay of management of common skin cancers.

A complete excision with histologically proven negative margin offers the best chance of cure for the patient. At the same time , aesthetic reconstruction following curative resection offers the plastic surgeon an opportunity to exercise his technical expertise to achieve the most optimal outcome. The individual regional subunits of the face each possess certain characteristics that need to be taken account into, in the planning and execution of the reconstruction. Neglected tumours , incomplete excisions and recurrent tumours continue to pose challenging problems.

Abstract

15th Sept 2015 **Symposium 2**

Naso-labial fold: Gold mine or mine field

Lee Kim Siea, MBBS FRCSEd

Consultant Plastic Surgeon, Carl Corrynton Medical Centre, Penang, Malaysia

Nasolabial fold is seen as the easiest area for filler injection, however, evidence has suggested that this is the area that has the highest complication rate. Intravascular injection often causes necrosis of the nasal tip and alar and even blindness, which is disastrous if happened. A good understanding of the vascular anatomy and proper technique of injection are the keys to avoiding these potential problems of intravascular injection and its serious consequences.

Abstract

15th Sept 2015 **Dinner Symposium**

I-Modulia: a new approach in the management of atopic skin and pruritus

Didier Guerrero, MD
Dermatologist, AVENE, France

AVENE thermal spring water (ATSW) has been used for more than two centuries in the management of inflammatory skin disorders, and also to improve the healing process. Since 1990, this mineral water is available in sprays and is an active component in all the products of AVENE dermocosmetic brand. Numerous fundamental, pharmacological and clinical studies have been carried out, and have demonstrated the medical properties of ATSW in several indications, especially in atopic dermatitis.

It's well known to-day that a part of the efficacy of ATSW is linked to its specific minerality, in which the balance between the different mineral elements (especially calcium and magnesium) has an essential role in the keratinocyte differentiation and the skin barrier regulation. Focussing on new data, it has been discovered that some biological substances were present in ATSW. The origin of these substances is a microflora which live in the depth of the spring, has never been described in any other natural ecosystem, and is called *Aquaphilus Dolomiaae*

The culture of this original microflora has allowed us to work on different extracts and fractions. One of these fractions, called I-Modulia has several intriguing properties against atopic dermatitis mechanisms : modulation of inflammation via cytokines and chemokines, native immune stimulation by increasing the antimicrobial peptides synthesis, and also action on PAR2 receptors which are implicated in itching.

I-Modulia is now available by biotechnology on an industrial scale, then incorporated in moisturising products targeted on atopic skin and others situations with skin dryness and pruritus. The clinical evaluation of these products (Xeracalm A.D) has demonstrated a very significant improvement on SCORAD index, pruritus, insomnia and quality of life. At the same time, microbiological samples were taken on the skin surface, before and after treatment by Xeracalm AD, and demonstrated a decrease of *Staphylococcus aureus* colonization and a beneficial effect on natural skin.

Abstract

16th Sept 2015 **Plenary 2**

Cutaneous Mycobacterium Infection

Sunil Dogra, MBBS, MD, DNB, FRCP (London)

Additional Professor, Department of Dermatology Venereology & Leprology,
Postgraduate Institute of Medical Education & Research, Chandigarh, India

Tuberculosis (TB), one of the oldest diseases known to mankind continues to be a significant health problem even as we have entered the 21st century. Worldwide it remains the leading cause of death by an infectious disease. Infections of the skin due to Mycobacterium tuberculosis form a large part of the historic backdrop of dermatology. Scrofuloderma, the King's evil and lupus vulgaris once ravaged faces around Europe and the world. Unlike developing countries, improved living standards, effective screening, and treatment procedures have greatly reduced the prevalence of TB in industrialized countries. Extrapulmonary TB constitutes approximately 10% of all cases of TB and cutaneous TB makes up only 1.5% of all such cases. Though cutaneous TB comprises only a small proportion, bearing in mind the high prevalence of TB, these numbers become significant. Serious underreporting due to diagnostic difficulties and categorization can not be overlooked.

Skin and soft tissue infections caused by nontuberculous mycobacteria (NTM) are increasing in incidence. NTM are environmental, acid-fast bacilli that cause cutaneous infections primarily after trauma, surgery and cosmetic procedures. Skin findings include abscesses, sporotrichoid nodules or ulcers, but also less distinctive signs. Important species include Mycobacterium marinum and the rapidly growing mycobacterium: M. fortuitum, M. abscessus and M. chelonae.

Numerous attempts have been made to classify cutaneous TB based on clinical morphology, route of entry of organisms, the immune status of the host, and so forth but none of them is completely satisfactory. Diagnosing cutaneous TB is not always easy. The suggestive clinical picture, careful history of contact with a TB patient or previous tuberculous disease, tuberculin test, and histology contribute to a diagnosis. However, the definitive diagnosis can only be made by identification of M. tuberculosis on the smear and the recovery of organisms on culture, guinea pig inoculation, and their demonstration in the tissue section. Clinical diagnosis and so definite treatment is often delayed resulting in mutilating and disfiguring lesions and occasional malignant transformation. Deep fungal infections, syphilis, leprosy, sarcoidosis etc. among other diseases can produce an identical clinical picture, difficult to distinguish from the characteristic tuberculous histology. Some of the fascinating cases of cutaneous TB will be discussed to understand its wider clinical presentations.

The treatment of cutaneous TB in most cases is the same as for pulmonary TB, as lesions in the skin often represent hematogenously or lymphatically dispersed disease from the internal foci of infection. Management of NTM infection of skin often includes use of multiple antibiotics for several months and potential use of adjunctive surgery. Along with the increase in the number of patients who have both HIV/AIDS and TB, developing countries are more likely to face growing epidemiological problem of diagnosis and therapy of cutaneous TB, and even drug resistance.

Abstract

15th Sept 2015 **Symposium 2**

Overview of Leprosy in Malaysia

Dr. Pubalan Muniandy, MBBS MRCP

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Sarawak General Hospital, Kuching, Malaysia
Adjunct Professor, UNIMAS

Leprosy is a communicable disease caused by *Mycobacterium Leprae* and Malaysia has had a long history with this disease. In the late 1800's patients with leprosy were isolated and treated at Pulau Jerejak until a leprosarium at Sungai Buloh was started in 1926 and all patients in Malaya were admitted, isolated and treated at that centre.

The Leprosy Control Programme was initiated in 1969 with the aim of complete elimination of leprosy by active case detection, early diagnosis and treatment. Over the years leprosy prevalence reduced drastically with the introduction of the Multi Drug Treatment [MDT] in 1982. Sungai Buloh introduced an augmented Sungai Buloh MDT regime that differed in mainly admitting patients with leprosy into hospital and an induction phase of intensive MDT for one month for multibacillary leprosy and an extended period of time for treatment as compared to the fixed duration of treatment under the WHO treatment guidelines.

Leprosy was eliminated in Malaysia by the use of MDT in 1994 [<1 per 10,000 population] and from there on leprosy was in a post-elimination state. Care was transferred to outpatient setting at the government facilities and subsequent closure of all leprosariums. Several problems arose due to this as leprosy programmes were integrated with tuberculosis programmes.

Although leprosy was eliminated in Malaysia in 1994, there continued to be areas with high prevalence at a local level especially the orang asli settlements in West Malaysia, in the Penan areas in Sarawak and the east of Sabah. Migrant populations contribute to continued leprosy activity in West Malaysia and Sabah. Sabah has the highest incidence of leprosy in Malaysia with at least 50-60% of these cases being foreigners.

Problems associated with leprosy in Malaysia are due to low exposure to leprosy in a clinical setting, integration of leprosy into primary care, integration of leprosy with tuberculosis programmes, migrant workers screening and administrative matters.

The Leprosy Management Manual 2nd edition was introduced in 2014 with several key changes to the management of leprosy. The main difference is the introduction of the modified WHO MDT regime for both paucibacillary and multibacillary leprosy. The WHO MDT was introduced in 2012 for the whole of Malaysia so as to standardize the treatment regime and to comply with several indicators required by WHO. There are several differences with the WHO MDT regime.

In conclusion, leprosy in Malaysia has been successfully eliminated and the low incidence of leprosy requires a different treatment approach in areas of high incidence. The Leprosy Management Manual 2nd edition represents a wholesome approach to the management of leprosy in Malaysia.

Abstract

16th Sept 2015 **Symposium 2**

Riddles in the treatment of multibacillary leprosy with WHO MDT: A dermatologist perspective

Tarun Narang, MD

Assistant Professor, Department of Dermatology Venereology & Leprology,
Postgraduate Institute of Medical Education & Research, Chandigarh, India

Multidrug therapy (MDT) has been the backbone of our leprosy elimination campaign. More than 13 million leprosy cases (PB and MB) cured with MDT and low relapse rate indicate the efficacy of MDT. Over the last 20 years although the constituents of MDT have remained same there have been modifications like ;redefinition of a leprosy case and methods for leprosy classification, shortened duration of multibacillary (MB)treatment, integration, U-MDT and A-MDT. All these modifications have been implemented not only to improve operational factors in leprosy control program in the field but also, to some extent, if not predominately, to achieve elimination target. As clinicians involved in leprosy care sometimes we have to look beyond the targets and goals; our priority becomes to treat/ cure leprosy patients early and effectively with minimal side effects and with no relapses. All of us agree that leprosy can be cured by MDT and is not an incurable disease that needs lifelong chemotherapy. Although MDT has cured millions but it has not been shown to interrupt transmission of leprosy and prevent neuritis and deformities. Other important issue is fixed duration MDT which is probably inadequate for patients with high bacterial load and may lead to relapses. Another phenomenon that is being observed is "non responsiveness" to MDT; over the last five years leprologists have observed a subset of patients who have shown "clinical resistance" and these patients did not show any signs of clinical, bacteriological or microbiological improvement despite MDT. These patients can be potential reservoirs and could play an important role in resurgence of leprosy if we do not find a solution soon. We should be watchful and the simple techniques like SSS, biopsy and follow up of patients after treatment should be started again so that we can monitor these patients and intervene appropriately. With reports of rifampicin and multi drug resistance coming from India and other parts of the world; second line drugs like minocycline , ofloxacin should also be made available for this subset of patients under strict authorized utilization. Another area of concern is lack of research on the treatment front like new drugs, vaccines, immunomodulators. We have successfully eliminated leprosy and National Programs are stepping up efforts and vigil to eradicate it , at this juncture we must critically analyse our treatment guidelines and address such treatment response riddles if we do not want to witness the resurgence of leprosy.

Abstract

15th Sept 2015 **Symposium 2**

Deep fungal Infection

Sunil Dogra, MBBS, MD, DNB, FRCP (London)

Additional Professor, Department of Dermatology Venereology & Leprology,
Postgraduate Institute of Medical Education & Research, Chandigarh, India

Fungal infection is a common clinical problem in dermatology. While most cases in practice are superficial infections, invasive subcutaneous mycoses are important to recognize and treat, as these conditions often have significant morbidity and mortality. Subcutaneous mycoses are caused by a variety of mostly tropical organisms, usually when they are implanted into the dermis or the subcutaneous tissue. They rarely disseminate or become systemic. Sporotrichosis, mycetoma, and chromoblastomycosis are more common subcutaneous mycoses than are rhinosporidiosis, zygomycosis, phaeohyphomycosis, and lobomycosis. Many of these conditions are associated with occupations that associate the patient with particular settings or outdoor work environments. Because of these associations, outbreaks or epidemics of these conditions are usually very locally confined.

Deep fungi demonstrate species-specific syndromes and may be identified by clinical and histological features in addition to serological evaluation and culture. Identification of the common inoculation subcutaneous mycoses, as well as those associated with pulmonary primary infection and dissemination to the skin is important, as treatments vary by organism and clinical setting. Molecular assays have the potential to become the cornerstone of diagnosis, allowing for rapid, reliable detection of minute amounts of fungal DNA in various specimens. PCR is gaining popularity as the platforms become more automated and commercially available. Treatment ranges from medical to surgical, but the subcutaneous mycoses can be difficult to control and often recur.

Abstract

16th Sept 2015 **Symposium 2**

Clinico-radiological conference for paediatric vascular anomalies

Sabeera Begum, MBBS, M Paeds, Leong Kin Fon, MBBS MRCPCH, Noryati Mohamed
Department of Paediatrics, Department of Radiology, Hospital Kuala Lumpur

Vascular anomalies represent a spectrum of disorders from a simple “birthmark” to life-threatening entities. Incorrect nomenclature and misdiagnoses are commonly experienced by patients with these anomalies. Accurate characterization of vascular anomalies is important in predicting clinical course and guiding treatment.

This Clinical-Radiological Correlation session presents a summary of the classification system for vascular anomalies and provides an imaging review of vascular anomalies, highlighting the particular imaging characteristics of hemangiomas and malformations.

Here we are sharing six children with various clinical manifestations of vascular anomalies and discussing the appropriate imaging modalities for the evaluation of the anomalies and the associated abnormalities that require further investigation.

Abstract

15th Sept 2015 **Lunch Symposium**

Acne: New findings, new approaches

Leon Kircik, MD

Associate Clinical Professor of Dermatology, Indiana University Medical Centre,
Indianapolis, Indiana, USA

This lecture will emphasize the importance of antibiotic resistance overall and how it impacts acne treatment in details with examples of *P. acnes* resistance from global sources. The role of combination treatment of BP and adaplene from POWER study will be used to illustrate how to avoid long term antibiotic treatment as well as how to manage tolerability issues balancing with high efficacy.

Abstract

16th Sept 2015 **Focus Session 3**

Unsolved dilemma: Melasma

Leon Kircik, MD

Associate Clinical Professor of Dermatology, Indiana University Medical Centre,
Indianapolis, Indiana, USA

This symposium will illustrate the difficulty of treatment of melasma and post inflammatory hyperpigmentation emphasizing preventive measures as well as different treatment options including combination treatment regimens.

Abstract

15th Sept 2015 **Focus Session 3**

Itch-scratch cycle, microbiota changes and TCS in Atopic Dermatitis management

Leong Kin Fon, MBBS MRCPCH

Consultant Paediatric Dermatologist, Department of Paediatrics, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Atopic eczema is a chronic relapsing disease that due to complex interaction between genetic and environmental factors.

The 3 basic factors in the pathogenesis of Atopic eczema are

- A. Skin barrier dysfunction
- B. Immune hyper responsive
- C. Environmental factors
 - Irritants - physical and chemical
 - Allergens - food, contact and aeroallergens
 - Microbial dysbiosis

Recent development in atopic eczema includes role of filaggrin gene mutation, skin microbiota changes during flare ups and remission etc .

The microbiota changes during disease flares has been associated with higher density of Staphylococcus and lower biodiversity. In contrast, active treatment has been associated with a recolonisation and higher cutaneous microbial diversity.

A few new targets in management of atopic eczema are

1. Anti IL4/13B
2. Restore the skin microbiota with skin repair cream

On the other hand, steroid is still the mainstay of treatment for mild to moderate atopic eczema. Therapeutic index (TI) is one of the parameter used to grade topical corticosteroid. It indicates the therapeutic effect of a drug (eg, vasoconstriction, efficacy in treatment of AD vs other TCS) in relation to its potential to induce unwanted effects (eg, skin atrophy, suppression of hypothalamic-pituitary-adrenal axis, allergenic potential).

Fluticasone propionate, prednicarbate, mehtylprednisolone aceponide and mometasone furoate are among the TCS with highest therapeutic index.

AD

Journal Club

Title & Author	Journal	Presenter	Institute
Association with Genetic Variants in the IL-23 and NF-κB Pathways Discriminates between Mild and Severe Psoriasis Skin Disease Nikamo P et al	Journal of Investigative Dermatology 2015; 135: 1969–1976	Dr How Kang Nien	Hospital Kuala Lumpur
Retinoids Bias Integrin Expression and Function in Cutaneous T-Cell Lymphoma Wang L et al	Journal of Investigative Dermatology 2015 135: 2102–2108	Dr Tee Shwu Hoon	Hospital Kuala Lumpur
Upregulated RIP3 Expression Potentiates MLKL Phosphorylation-Mediated Programmed Necrosis in Toxic Epidermal Necrolysis Kim SK et al	Journal of Investigative Dermatology 2015 135: 2021–2030	Dr Nurashikin Ahmad	Hospital Kuala Lumpur
Grading criteria for disease severity by pemphigus disease area index Shimizu T et al	Journal of Dermatology 2014 41: 969–973	Dr Ng Fei Yin	Hospital Selayang

AD

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- 2 Safety Of Channa Striatus 5 % Cream - A Natural Malaysian Resource To Improve Inflammatory Skin Conditions**
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- 3 Disseminated Subcutaneous Nocardiosis With Pulmonary Involvement : A Case Report And Literature Review**
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- 4 Infantile Fibrosarcoma Of The Wrist Mimicking A Haemangioma: A Case Report**
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- 5 3 Case Reports Of Nevoid Basal Cell Carcinoma In A Tertiary Hospital**
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- 9 Classical skin presentation of a rare pancreatic tumour**
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² Department of Dermatology, Hospital Tengku Ampuan Rahimah, Klang, Malaysia
³ Department of Pathology, Universiti Putra Malaysia, Malaysia

Free Paper PRESENTATIONS

15th September 2015

1. **Full clinical spectrum of cutaneous mastocytosis in children** Heah SS
2. **Blau Syndrome and Its Clinical Manifestations** Ling HN
3. **The Relationship between Quality of Life and the Degree of Color Contrast from Vitiliginous to Facultative Skin in Patients with Vitiligo** Madiha S
4. **25-Hydroxyvitamin D Level in Patients with Vitiligo** Rajalingam S
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1. **Metformin as an adjunct therapy for the treatment of moderate to severe acne vulgaris: a pilot study** Suganthi R
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AD

Free Paper

15th Sept 2015 Oral Presentation

A full clinical spectrum of cutaneous mastocytosis in children

Heah SS

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Cutaneous mastocytosis is characterized by increased accumulation and proliferation of mast cells in the dermis. It has a spectrum of clinical presentation, from the common form of urticaria pigmentosa, mastocytoma, diffuse cutaneous mastocytosis (DCM), to the very rare telangiectasia macularis eruptive perstans (TMEP). Childhood mastocytosis generally has a good prognosis, typically presents in children less than 2 years old and regresses spontaneously.

As a tertiary referral paediatric dermatology unit, we recorded 23 patients with biopsy proven mastocytosis from year 2007 to 2014. The onset of disease is mostly from infancy (Day 4 to 12 months-old), except one at 8 years-old (TMEP). The male to female ratio is 2:1. The most common presentation is urticaria pigmentosa (65%), followed by 5 solitary mastocytoma, 2 diffuse cutaneous type and one rare TMEP. We describe all four clinical spectrums' representative cases including clinical features, histopathological examinations and treatment progresses. Urticaria pigmentosa and solitary mastocytoma present with cutaneous lesions with occasional blistering. Diffuse cutaneous mastocytosis presents with more symptomatic blistering with higher rate of systemic manifestations from mast cell degranulation. The least common TMEP presents with faint erythematous patches with telangiectasia. None of them had any associated hematological involvement, which is frequently observed in adult mastocytosis. Darier's sign, though a reliable sign for clinical diagnosis, is not always positive. Many cases need histopathological examination for confirmation and exclusion of other differential diagnoses.

Treatment is mainly supportive, including use of H1 and H2-antihistamine, ketotifen, cromoglycate, and corticosteroid in severe cases. Avoidance of potential mast cell degranulation triggers is important. Though childhood cutaneous mastocytosis has very good prognosis, the local and systemic symptoms can be significant. Long term follow-up and monitoring for development of systemic involvement is important especially for severe disease like DCM and rare disease like TMEP.

Free Paper

15th Sept 2015 Oral Presentation

Blau Syndrome and its Clinical Manifestations

Ling Hee Ninh

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Introduction:

Blau Syndrome is a monogenic disease resulting from mutations in the pattern recognition receptor NOD2. Blau Syndrome & its sporadic counterpart, early-onset sarcoidosis share an indential phenotype featuring the classic triad of arthritis, dermatitis and uveitis.

Objective:

To describe Malaysian cases of Blau Syndrome; its dermatological manifestations, skin biopsy findings and data from the Blau International Registry.

Method:

A 2 year old girl with arthritis was referred for generalized follicular papules & dry skin. Examination of her 4 months old sister and father reviewed similar skin lesions.

Results:

Histopathological examination of a skin biopsy (from younger sister and father) and joint biopsy (from patient) reviewed dermal collection of non-caseating granulomas devoid of lymphocytes infiltration. Genetic studies & eye screening confirm NOD2 gene mutation & bilateral uveitis among all 3 members of the family. A subsequent case of a non-related toddler boy with similar symptoms of follicular papules with arthritis also reviewed similar findings of "naked" granulomas on skin biopsy.

Conclusion:

Dermatological manifestations are the first to appear in Blau Syndrome. The commonest finding being an erythematous maculo-micropapular fine scaly rash on trunk and extremities of an infant. Skin biopsy should be performed in patients with symptoms of arthritis and dermatitis as it offers confirmatory histology in more than 90% of the patients. Ocular screening is mandatory as two-thirds of these patients would have visual loss. Managing physicians should be on the look-out for extra-triad complications as reported in the Blau International Registry.

Free Paper

15th Sept 2015 Oral Presentation

The Relationship Between Quality of Life and The Degree of Color Contrast from Vitiliginous to Facultative Skin in Patients with Vitiligo

Madiha Muhamad Sarkan

Department of Dermatology, Hospital Kuala Lumpur

Background:

Vitiligo is a depigmenting skin disorder which has negative impact on psycho-social wellbeing and quality of life (QOL). It has been assumed that vitiligo patients with darker skin will have worse QOL compared their fairer counterparts due to the more obvious contrast in color. The relationship between vitiligo patients' natural skin color and their QOL has not been properly investigated. This may have an implication on the management of vitiligo patients with darker skin colour.

Objectives:

To determine the relationship between quality of life and the degree of colour contrast from vitiliginous skin to facultative skin in patients with vitiligo. To determine risk factors for impaired quality of life.

Methods:

A total of 90 patients with vitiligo were recruited from Pusat Perubatan Universiti Kebangsaan Malaysia and Hospital Kuala Lumpur. The Fitzpatrick's skin type were determined, measurement of skin colour were taken from the vitiliginous skin, facultative skin (exposed area) and constitutive skin (non-exposed area) using a Mexameter. QOL were evaluated using the Dermatology Life Quality Index (DLQI) questionnaire.

Results:

Of 90 vitiligo patients, 24.4% has no effect on their quality of life, 13.3% has very large effect and 2.2% has extremely large effect. The mean total DLQI score for skin type V is highest (5.81) compared to skin type III (5.68) and skin type VI (5.41) but there was no statistical significance. There was negative correlation between age and total DLQI ($r = -0.171$, $N = 90$, $p = 0.107$), which showed the QOL of older patients were better than younger patients. A negative correlation was observed between body surface area (BSA) affected by vitiligo and total DLQI ($r = -0.207$, $N = 90$, $p = 0.05$), lower total DLQI score is seen with higher BSA. There were also negative correlations between the color contrast from vitiliginous skin to facultative and constitutive skin with total DLQI in this study.

Conclusion:

Lower colour contrast from vitiliginous to facultative and constitutive skin was correlated with greater QOL impairment. Higher body surface area (BSA) was correlated with lower QOL. Despite not achieving statistical significance, these trends are unexpected and contrary to common opinion.

Free Paper

15th Sept 2015 Oral Presentation

25-Hydroxyvitamin D Level in Patients with Vitiligo

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Background:

Vitiligo is an acquired disorder of the skin and mucous membranes that is characterized by well circumscribed, depigmented macules and patches secondary to selective destruction of melanocytes. Studies have shown low serum vitamin D level may be associated with a variety of autoimmune diseases, including vitiligo. Vitamin D level has been shown to be below in certain groups in Malaysia, but the level for patients with vitiligo is not known.

Objective:

To compare the level of 25-hydroxyvitamin D in patients with vitiligo, and healthy controls, as well as to establish the correlation between the level of 25-hydroxyvitamin D with the severity and psychosocial impact of vitiligo.

Methods:

This is a case-control study carried out between 1st July 2014 to 31st December 2014 at the Dermatology Clinic of Hospital Tengku Ampuan Rahimah (HTAR), Klang, Selangor. All patients with vitiligo were age-, sex- and race-matched with healthy controls. Demographic data, vitiligo area involvement, factors that influenced vitamin D levels such as diet history and sun exposure index (SPI), laboratory parameters and serum vitamin D level were obtained and analyzed.

Results:

The average age of a patient with vitiligo was 40.43 years, and the average duration of disease was 5.84 years. Most had non-segmental type of vitiligo (90.82%), with an average body surface area involvement of 3.6% and an average DLQI of 4.16. Almost all subjects (93.88%) did not have a positive family history, and almost all (98.98%) did not have any concomitant autoimmune disorder. Significantly more Indian patients had vitiligo than the other ethnicities. Among patients with vitiligo, 14.58% and 18.07% tested positive for antithyroglobulin and thyroperoxidase antibodies respectively, and this was significantly higher than the control group ($p=0.0067$). Despite both groups having a similar SPI and average daily dietary vitamin D intake, vitamin D level was higher in patients with vitiligo. However, this difference is not significant ($p=0.062$).

Conclusions:

There was no significant difference in the serum 25-hydroxyvitamin D level in both the vitiligo and control groups. However, patients with vitiligo who had very low levels of serum vitamin D tended to have more extensive disease.

Keywords: vitiligo, 25-hydroxyvitamin D, Malaysia

Free Paper

15th Sept 2015 Oral Presentation

Langerhans Cell Histiocytosis: A case series of 4 Infants

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Langerhans Cell Histiocytosis (LCH) is a rare heterogenous group of disorders characterized by infiltrations of Langerhans cell from myeloid origin into various organs including the skin.

In this study, we reviewed all records from our paediatric dermatology clinic from Jan 2014 to June 2015. A total of 4 cases were diagnosed with LCH. Male to female ratio was 1:1. One patient presented with skin rash at birth while others presented to skin clinic at 2 months of age.

We report a 2 months old baby girl diagnosed to have LCH with multisystem involvement. She was a term baby who presented with erythematous papules and vesicles over the scalp and upper limbs, associated with anemia, multiple lung nodules, hepatosplenomegaly and lytic lesions over the skull. This was later confirmed by skin biopsy and bone marrow aspiration and trephine biopsy. Patient developed recurrent bilateral pneumothorax requiring pleurodesis. Her skin lesions resolved after 4 courses of chemotherapy.

We share another 3 patients with self-limiting LCH with only skin involvement and all confirmed by skin biopsy.

Free Paper

15th Sept 2015 Oral Presentation

Mucocutaneous manifestations and sunprotection awareness amongst renal transplant recipients in Johor Bahru, Malaysia

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Introduction:

Throughout recent decades, effective immunosuppressive regimens have rendered a rise in patients receiving and surviving solid organ transplants. Although successful transplantation promises better quality of life, the prolonged use of immunosuppressants increase graft recipients' susceptibility to cutaneous infections and malignancies, therefore, highlighting the importance of sunprotection among this group of patients

Methods:

This is a prospective study of all renal transplant recipients under the follow up of Dermatology Unit, Hospital Sultanah Aminah Johor Bahru. Information on demographics, medical histories and mucocutaneous presentations were collected. Knowledge of sunprotection was assessed using a questionnaire adopted from a study by Firooz A et al (2007). Data collected was analyzed using descriptive and analytical methods where appropriate.

Results:

Eighty-six cases were identified, with male to female ratio of 1.69:1. Median age is 53.0 years (interquartile range 15.5). Chinese patients made up the bulk, representing 80.2%. Malay and Indian patients contributed 15.1% and 4.7% respectively. Drug-related side effects (DSI) were most encountered, affecting 79.1% of patients, followed by infections in 62.8% and malignancies in 26.7%. A significant association was found between duration of transplant and occurrence of pre-malignant/malignant cutaneous lesions ($p=0.026$) Concomitant malignancies occurred in 14 patients (32.5%), the commonest being nasopharyngeal carcinoma (6 patients), followed by gastrointestinal tumours (3 patients), breast cancer (2 patients) and lymphoproliferative disorders (2 patients) and lung cancer (1 patient). Of these 14 patients, malignancies were detected in 10 patients within the first year, and 2 patients within the second year after diagnosis of DM. Two patients had malignancies diagnosed within 6 months prior to the diagnosis of DM. Malignancy accounts for 64.7% of the 17 mortalities that were recorded.

Conclusion:

Occurrence of cutaneous malignancies is higher with increased transplant duration. Sunprotection awareness is low amongst our renal transplant recipients, highlighting the need for further education by their health care providers.

Free Paper

16th Sept 2015 Oral Presentation

Metformin as an adjunct therapy for the treatment of moderate to severe acne vulgaris: a pilot study

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Background:

Acne is proposed to be an insulin-like growth factor-1 (IGF-1) mediated disease. Pharmacological down-regulation of IGF-1 and insulin resistance by metformin may be a promising new option for the treatment of acne vulgaris.

Objective:

To evaluate the efficacy and safety of metformin as an adjunct therapy to oral tetracycline 250mg bd and topical benzoyl peroxide 2.5% for the treatment of moderate to severe facial acne vulgaris.

Method:

In total, 84 patients were randomized to a 1:1 ratio to receive metformin 850mg daily with oral tetracycline 250mg bd and topical benzoyl peroxide 2.5% or oral tetracycline 250mg bd and topical benzoyl peroxide 2.5%. Evaluations constituted lesion counts (inflammatory and noninflammatory), Cardiff Acne Disability Index (CADI) scores and treatment success rate (percentage of subjects with an Investigators Global Assessment score of 0 or 1 or improvement of two grades from the baseline score).

Results:

The mean percentage reduction from baseline in total lesion counts at week 12 in the metformin group was 69.77% compared to 65.03% in the control group ($p=0.278$). CADI scores at week 12 showed a higher mean reduction of 4.8 in the metformin group compared to 4.2 ($p=0.486$) from the baseline. However these differences were not statistically significant. Treatment success rate was significantly higher in the metformin group (66.7% vs 43.2%; $p=0.04$). None of the patients who received metformin developed hypoglycaemia but 14.5% developed mild gastrointestinal side effects.

Conclusion:

Although patients treated with metformin performed better than the control group, evidence in this study is inadequate to support its use in the treatment of moderate to severe acne.

Free Paper

16th Sept 2015 Oral Presentation

Prevalence and risk factors of genitourinary chlamydia trachomatis infection among patients attending sexually transmitted disease (STD) clinics, Malaysia

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Introduction:

Chlamydia trachomatis (CT) is one of the most common STD globally. In year 2008, WHO reported 105.7 million new cases of CT. CT infection is not the notifiable disease in Malaysia. Hence, the actual prevalence of CT infection in Malaysia is unknown. Most of CT infections are asymptomatic. But, if untreated, the infection may progress to potentially irreversible severe complications. In our study, we aimed to investigate the prevalence and risk factors of genitourinary CT infection among patients attending STD clinics in Malaysia, with nucleic acid amplification test (NAAT) technique which is the recommended test of choice.

Methodology:

A multicentre analytical cross sectional hospital-based study which was conducted in STD clinics of Hospital Pulau Pinang and Hospital Sultanah Bahiyah, Kedah. A total of 110 new patients were screened over 10 month period (January 2014 till November 2014). 83 sexually active patients who fulfilled the inclusion and exclusion criteria were enrolled into the study. All of the study participants were individually interviewed using a structured data collection form followed by physical examination. Clinical presentation considered as genital CT infection include genital discharge, dysuria, dyspareunia, lower abdominal pain and genital pain. Multiplex Real-time PCR detection (STI-7; Seegene) and direct fluorescent antibody (DFA) test were used for the detection. Endocervical swab and urine were collected from female and male patients respectively for the NAAT test. All analysis was carried out using SPSS Version 15.

Results:

In this study, there were 51 male and 32 female patients. The mean age was 30.0 years. The prevalence of genitourinary CT infection detected in the study cohort by NAAT was 21.7%, with 17.6% and 28.1% in male & female respectively. Compare with DFA test which only detected 3.7% of positive CT. Among the tested positive for CT infection patients, 44.4% showed at least one symptom of CT infection. Of these, 27.8% showed only symptoms of CT infection and the remaining 16.6% showed symptoms of CT infection and other STD. Majority (56.6%) of the infected patients did not have any symptom of genital CT infection. Co-infection of CT with other organism was common. In newly diagnosed HIV patients, the prevalence of CT infection is 14.3%. In multivariable logistic regression analysis, age under 28 years, being married, engagement in oral sex and having multiple partners had significantly increased odds of CT infection.

Conclusion:

CT infection is common among STD patients. Majority of the infected patients were asymptomatic. NAAT which is widely recommended and more sensitive test should be used for CT detection.

Free Paper

16th Sept 2015 Oral Presentation

Prevalence of undiagnosed Psoriatic Arthritis among Psoriasis patients using the Psoriatic Arthritis Screening and Evaluation Questionnaire (PASE)

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Background:

Psoriatic arthritis (PsA) is a deforming inflammatory arthritis seen in patients with psoriasis. Dermatologist see majority of the psoriasis patients and should screen psoriasis patients for evidence of joint disease.

Objective:

To screen psoriasis patients for undiagnosed PsA using the PASE questionnaire comparing with the gold standard of diagnosis by the rheumatologist using the CASPAR criteria.

Methods:

The PASE questionnaire was administered to 396 psoriasis patients not known to have PsA. Patients with a PASE score of ≥ 44 or with symptomatic joint disease was referred to the rheumatologist for evaluation. This study was conducted at the Dermatology and Rheumatology clinics of Hospital Tuanku Ja'afar, Seremban between January 2014 to June 2015.

Results:

52(13.3%) patients from the total cohort of 396 patients screened were diagnosed with PsA. The overall mean PASE value was 27.53 (± 11.92) the median PASE value for the PsA patients was 47 (40.25; 52.0) while the mean PASE value for non-PsA was 24.51 (± 9.09). At a cut off point of 44 the PASE had a sensitivity of 67.3% and a specificity of 97.9% (PPV 83.3%) and at a cut off point of 36.5 the sensitivity was 88.5% and the specificity was 88.7% (PPV 54.1%).

Conclusion:

The PASE questionnaire is a good screening tool for detecting PsA. PASE score of ≥ 44 appears to be an appropriate cut off for screening our Malaysian psoriasis patients.

Free Paper

16th Sept 2015 Oral Presentation

The Depression, Anxiety and Stress Scale (DASS) and medication adherence among psoriasis patients

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Background:

Depression, anxiety and stress have been reported among patients with psoriasis. A study by Kulkarni et al. found a negative relationship between depressive symptoms and medication adherence among older patients.

Objectives:

To investigate the frequency of depression, anxiety and stress among psoriasis patients aged 18 years and older using the Depression, Anxiety and Stress Scale (DASS) and to determine any associations between DASS scores and adherence.

Methods:

This is a cross-sectional study comprising of 100 subjects. 19 were on a combination of topical and systemic medications. Demographic data, adherence and duration of disease were obtained via interviews. Clinical assessment to determine the Psoriasis Area and Severity Index (PASI) score was performed and subjects completed a set of questionnaires including the DASS. The partial correlation coefficients were calculated.

Results:

27.0% of subjects had symptoms of depression, 37.0% had symptoms of anxiety and 25.0% had symptoms of stress. The median PASI score was 8.65 (interquartile range = 4.30-14.58). For adherence to topical medications, there was a significant positive relationship with depression ($r=0.206$, $p=0.043$) and a weak negative relationship with stress ($r=-0.193$, $p=0.059$). There was no significant correlation between adherence to systemic medications and DASS scores.

Conclusions:

Depression was associated with better adherence to topical medications, which could be related to touch as a way to alleviate depressive symptoms thus motivating patients to apply their medications. Stress was weakly associated with poorer adherence to topical medications. Thus, a holistic approach addressing psychosocial concerns is needed in the management of psoriasis.

Free Paper

16th Sept 2015 Oral Presentation

A clinico-epidermiology-mycological study of onychomycosis in population living in urban areas in Klang Valley of Malaysia: A photodocumented, single-center study in University Malaya Medical Center

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Background:

Prevalence of different pathogens of onychomycosis varies world-wide, requiring epidemiological data for different regions for selection of effective treatment.

Objective:

The aim of this study was to evaluate the predominant causative agents and clinical subtypes for onychomycosis at University Malaya Medical Center.

Methods:

This study recruited 174 patients from dermatology clinics and wards. Dystrophic nails were photodocumented and clinically classified as distal and lateral subungual (DLSO), proximal subungual (PSO), superficial white (SWO), total dystrophic nail (TND) and candidal onychomycosis (CO). Nail samples were collected, examined by direct microscopy and inoculated for culture study.

Results:

DLSO was the most frequent clinical diagnosis (95/147, 65.1%), followed by TND (34/147, 23.3%), WSO (9/147, 6.2%), CO (5/147, 3.4%) and PSO (1/147, 0.7%). Culture were positive in 147 out of 174 (85.0%). The onychomycosis causative agents were moulds in 110/147 cases (74.8%), yeasts in 41/147 cases (27.9%) and dermatophytes 5/147 (3.4%). There were mixed infections in 9/147 (6.1%) patients.

Conclusions:

The commonest causative agent are moulds, followed by yeasts and dermatophytes whilst the commonest subtype is distal and lateral subungual onychomycosis.

Free Paper

16th Sept 2015 Oral Presentation

Cryotherapy versus 20% salicylic acid ointment for the treatment of plantar warts - A randomized trial

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Objective:

To compare the clearance rate of all plantar warts at 12 weeks between cryotherapy and 20% salicylic acid ointment.

Methods:

Patients with plantar warts were randomized into cryotherapy and 20% salicylic acid groups. Patients randomized into cryotherapy group received a maximum of four treatments given two weeks apart. Patients randomized into 20% salicylic acid group were instructed to apply the salicylic acid ointment onto the wart nightly and to cover the treated area with a hypoallergenic plaster. Both groups were also provided with a personal paring kit to pare the surrounding callus daily at home. Digital pictures were taken at first visit and at 12 weeks after enrolment to assess the resolution of plantar wart.

Results:

80 patients with plantar warts were included. 39 patients were randomized into cryotherapy group and 41 patients were randomized into 20% salicylic acid ointment group. 13 (31%) patients were completely cleared of their plantar warts with cryotherapy whereas 11 (27%) patients were completely cleared of their plantar warts with topical 20% salicylic acid ointment ($P = 0.151$). 9 patients were missed to follow-up. With cryotherapy, 2 patients reported blister formation and 1 patient developed hyperpigmentation. No side effects were reported with salicylic acid treatment.

Conclusion:

There is no difference in effectiveness between 20% salicylic acid and cryotherapy in the treatment of plantar wart.

