PERSATUAN DERMATOLOGI MALAYSIA • DERMATOLOGICAL SOCIETY OF MALAYSIA

Challenges in Skin, Hair and Nail Diseases

39th Annual Dermatology Conference

15 -18th September 2014 • G Hotel Penang

AD

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MESSAGE FROM THE
President

Greetings dear Colleagues,

It is with great pleasure that I welcome all of you to the 39th Annual Dermatology Conference & Annual General Meeting organized by the Persatuan Dermatologi Malaysia at G Hotel Penang.

The theme for this year's Conference is Challenges in Skin, Hair & Nail diseases and it is aimed at enhancing our clinical acumen as well as our investigative skills to overcome these challenges in diagnosing and managing diseases of skin, hair and nails.

We are honoured and privileged that our invitation to the Conference was accepted by Dr. Jerry Shapiro who is a world renowned expert on diseases of hair. He would be updating us on how he approaches patients presenting with various forms of alopecia including Cicatricial Alopecia and Frontal fibrosing Alopecia as a new epidemic in women.

The Committee has also lined up a host of presentations such as an Aesthetic workshop for dermatologists and trainees as well as a Hair and Nail Grand round and several presentations on common skin diseases such as Onychomycosis, Atopic Dermatitis and Acne.

I hope that all delegates will benefit greatly from this Conference as well as enjoy the many social events.

Dr. Najeeb Ahmad Mohd. Safdar
President
Dermatological Society of Malaysia
(Persatuan Dermatologi Malaysia)

39TH ANNUAL DERMATOLOGY CONFERENCE

Organising Committee

Organising Chairman	**Dr. Najeeb Ahmad Mohd. Safdar**
Co-Chairman	**Dr. Henry Foong Boon Bee**
Secretary	**Dr. Agnes Heng Yoke Hui**
Treasurer	**Dr. Noor Zalmy Azizan**

Scientific Programme Committee

Dr. Najeeb Ahmad Mohd. Safdar	**Dr. Mohd Noh bin Idris**
Dr. Henry Foong Boon Bee	**Dr. Rohna Ridzwan**
Dr. Agnes Heng Yoke Hui	**Dr. Khaw Guat Ee**
Dr. Noor Zalmy Azizan	**Dr. Koh Chuan Keng**
Dr. Chan Lee Chin	

Social Programme	**Dr. Mohd Noh bin Idris** **Dr. Khaw Guat Ee**
Trade Exhibition	**Dr. Najeeb Ahmad Mohd. Safdar**
Congress Facilities	**Dr. Henry Foong Boon Bee** **Dr. Mohd Noh bin Idris**
Honorary Auditor	**Dr. Gan Ain Tian**
Golf Convenor	**Dr. Low Seang Gip**
Souvenir	**Dr. Najeeb Ahmad Mohd. Safdar** **Dr. Khaw Guat Ee**
Malaysian Journal of Dermatology Editor	**Dr. Rohna Ridzwan**
Persatuan Dermatologi Malaysia Newsletter	**Dr. Henry Foong Boon Bee**
Secretariat	**A. Menarini Singapore Pte Ltd**

Executive Committee

EXECUTIVE COMMITTEE 2013-2014

President
Dr. Najeeb Ahmad Mohd. Safdar

Vice President
Dr. Henry Foong Boon Bee

Honorary Secretary
Dr. Agnes Heng Yoke Hui

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Dr. Noor Zalmy Azizan

Committee 2013 / 2014

Dr. Rohna Ridzwan

Dr. Mohd Noh bin Idris

Dr. Chan Lee Chin

Dr. Khaw Guat Ee

Honorary Auditor
Dr. Gan Ain Tian

Immediate Past President
Dr. Koh Chuan Keng

LIST OF Speakers

Overseas Speakers

Professor Jerry Shapiro	Canada
Professor Richard Langley	Canada
Professor Goh Chee Leok	Singapore
Associate Professor Marius Rademaker	New Zealand
Dr Rataporn Ungpakorn	Thailand
Dr Rungsima Wanitphakdeedecha	Thailand
Dr Cheong Wai Kwong	Singapore
Dr Suzanne Cheng Wei Na	Singapore
Dr Alain Briant	France

Local Speakers

Datuk Dr Roshidah Baba	Malaysia
Associate Professor Choon Siew Eng	Malaysia
Associate Professor Irene Lee Chew Kek	Malaysia
Dr Rohna Ridzwan	Malaysia
Dr Leong Kin Fon	Malaysia
Dr Chang Choong Chor	Malaysia
Dr Chow Ting Soo	Malaysia
Dr Tan Wooi Chiang	Malaysia

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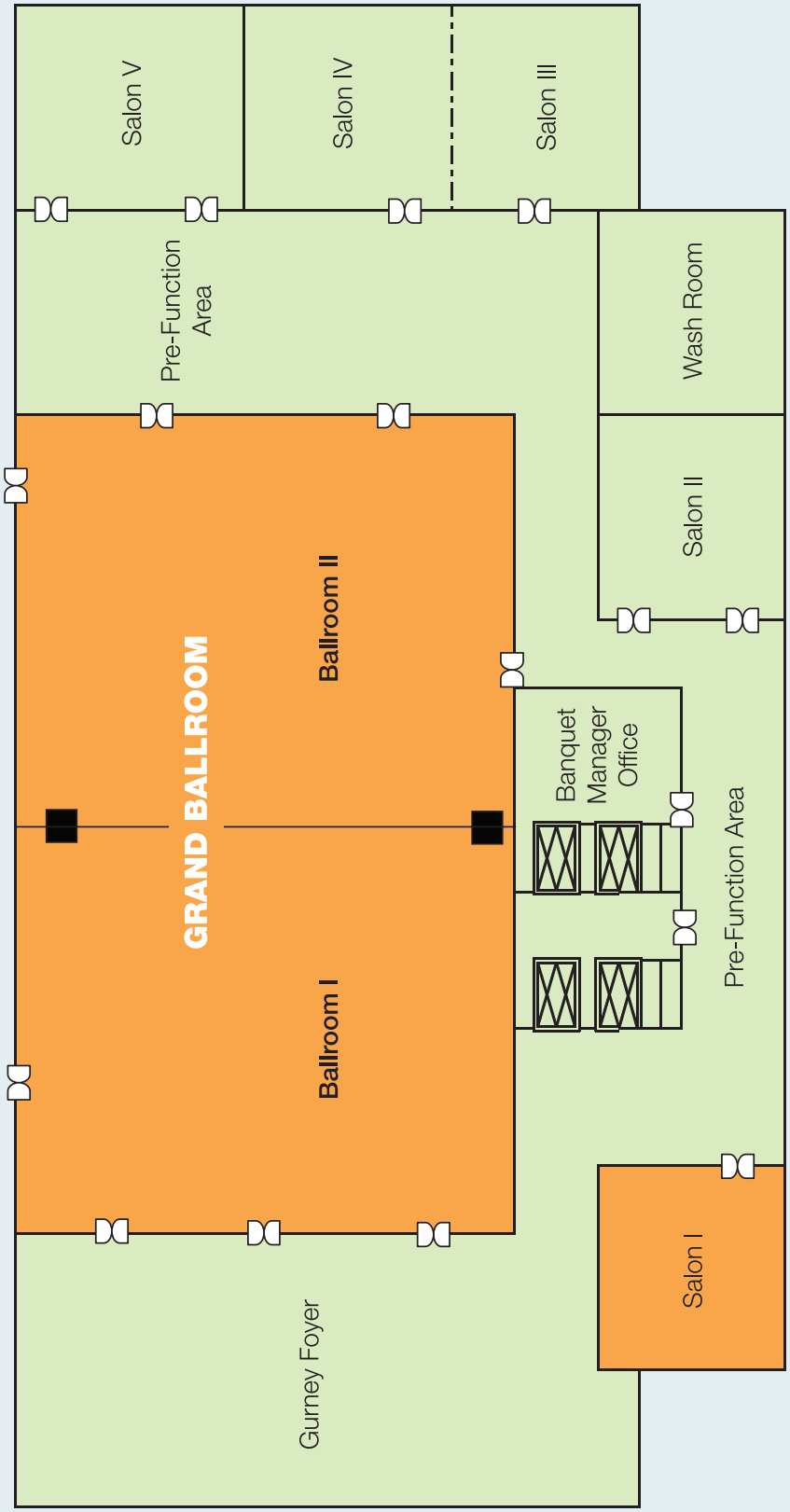
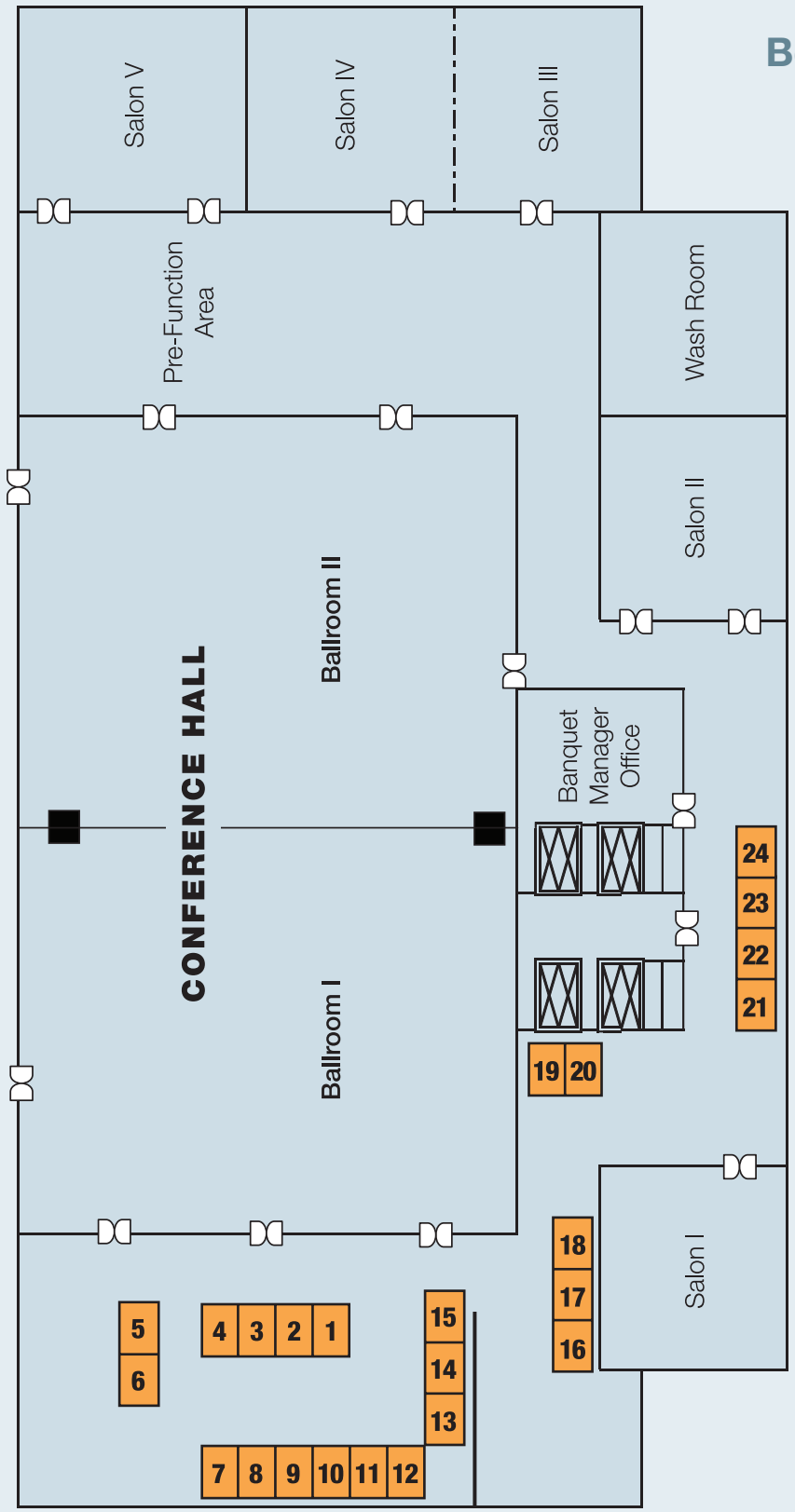
Conference Hall Layout

G Hotel
Function Room Floor Plan
LEVEL 2



Exhibition Hall Layout



Booth	Exhibitors
1	MSD
2	MSD
3	A. Menarini Singapore Pte Ltd
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5	SCHMIDT BioMedTech Sdn Bhd
6	LEO Pharma™
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12	Valeant Pharmaceuticals International
13	AbbVie Sdn Bhd
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24	ResearchBooks Asia Pte Ltd

Scientific Programme
AT A GLANCE

	15th Sept Monday	**16th Sept** Tuesday
8.15am 8.30am		8.15am - 9.00pm **Plenary 1 : Ganesapillai Memorial Lecture** • Management of Alopecia Areata - Jerry Shapiro
9.00am 9.30am	9.00am - 1.00pm **Aesthetic Workshop for Dermatologists and Trainees** • Application of Botulinum Toxin in Facial Aesthetics - Irene Lee • Application of Fillers in Facial Aesthetics - Irene Lee	9.00am - 10.00am **Symposium 1** • Simplified Approach to Common Nail Dystrophies - Rataporn Ungpakorn • Staying Relevant Amidst the Psoriasis Evolution: - Richard Langley
10.00am	• Demostration of Botulinum Toxins and Fillers - Irene Lee / Rungsima	10.00am - 10.30am **Tea**
10.30am	• How to Build and Manage a Cosmetic Practice - Rungsima	10.30am - 11.30pm **Symposium 2** • Optimizing Treatment of Tinea Capitis - Rataporn Ungpakorn • Management of Hair Loss in Women - Jerry Shapiro
11.00am 11.30am	• Fractional Laser in Asians - Ablative or Non Ablative? - Rungsima	
12.00pm	• Demonstration of Fractional Lasers - Rungsima	11.30am - 1.00pm **Symposium 3** • Pathogenesis and Management of Atopic Dermatitis - Richard Langley
12.30pm		• The Importance of Filaggrin Breakdown Products in the Current Management of Atopic Dermatitis - Cheong WK • Patient Education and Empowerment in the Management of Atopic Eczema - Leong KF
1.00pm 1.30pm	1.00pm - 2.00pm **Lunch Symposium (Beiersdorf)** • Importance of Anti-Oxidant and Anti-Inflammatory Agents in Sunscreen Products - Chang CC • Histologic Response to UVA and UVB Exposure During the Use of Sunscreen with Anti-Inflammatory and Anti-Oxidant Properties - Rungsima	1.00pm - 2.00pm **Lunch Symposium (Galderma)** • South East Asia Study Alliance Guidelines on the Management of Acne Vulgaris - Goh CL • Global Threat of Antimicrobial Resistant (AMR) - Chow TS
2.00pm	2.00pm - 2.30pm **Journal Club**	2.00pm - 5.00pm **Free**
2.30pm 3.00pm	2.30pm - 5.00pm **Hair and Nail Grand Rounds**	
5.00pm	5.00pm - 6.00pm **Opening of Trade Exhibition and Tea**	
7.00pm	7.00pm - 10.00pm **Welcome Dinner**	7.00pm - 10.00pm **Dinner (off site)**

17th Sept Wednesday

8.15am - 9.00pm
Plenary 2
- **Frontal Fibrosing Alopecia: A new epidemic in Women**
  - Jerry Shapiro

9.00am - 10.00am
Symposium 4
- **Asian Perspective and a Novel Therapy in Seborrheic Dermatitis**
  - Cheong WK
- **Cicatricial Alopecia - What I do**
  - Jerry Shapiro

10.00am - 10.30am
Tea

10.30am - 11.30am
Free Papers Presentation 1

11.30am - 1.00pm
Symposium 5
- **An innovative Breakthrough Technology in Treatment of Acne Vulgaris Without the Use of Antibiotics, Retinoids and Steroids**
  - Suzanne Cheng WN
- **Flexible Isotretinoin Dosing - Strategies for Acne**
  - Rademaker M
- **Clinical Patterns of Atopic Eczema Among Children in Malaysia - New or News**
  Leong KF

1.00pm - 2.00pm
Lunch Symposium (Alliance)
- **Sterile Cosmetics: A Bbreakthrough for the Highest Safety in Post-Procedural and Aesthetic Dermatology**
  - Alain Briant

2.00pm - 3.00pm
Photography

3.00pm - 5.00pm
39th PDM Meeting

5.00pm - 5.30pm
Tea

7.00pm - 10.00pm
Annual Dinner

18th Sept Thursday

8.30am - 9.30am
Symposium 6
- **Update on Epidermolysis Bullosa in Malaysia**
  - Leong KF
- **Malaysian Psoriasis Registry**
  - Roshidah Baba

9.30am - 10.30am
Free Papers Presentation 2

10.30am - 11.00am
Tea

11.00am - 12.30pm
Symposium 7
- **Contact Dermatitis: Past, Present and Future**
  - Rohna
- **Lucio Leprosy Revisited**
  - Choon SE
- **Preventing Herpes Zoster through Vaccination**
  - Tan WC

12.30pm
Lucky Draw

1.00pm
Lunch

2.00pm - 5.00pm
Government Dermatologists Meeting

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Social Programme

15th Sept 2014 Monday

7am onwards	**PDM Golf Challenge**
7pm - 10pm	**Welcome Dinner** **at Oriental Gurney Restaurant, Gurney Drive**

16th September 2014 Tuesday

2pm -6pm	**Tour** **Penang Hill / City Tour** Please register at Registration booth
7pm -10pm	**Golden Thai Seafood at Batu Ferringhi**

17th September 2014 Wednesday

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

18th September 2014 Thursday

12.30pm	**Lucky Draw**

AD

CONFERENCE

Scientific Programme

15th Sept 2014 Monday

9.00am - 1.00pm	Grand Ballroom, Level 2 **Aesthetic Workshop for Dermatologists and Trainees** ***Chairperson: Dr Noor Zalmy Azizan*** **1. Application of Botulinum Toxin in Facial Aesthetics** By Associate Professor Irene Lee Chew Kek **2. Application of Fillers in Facial Aesthetics** By Associate Professor Irene Lee Chew Kek **3. Demonstration of Botulinum Toxin & Fillers** By Assoc Prof Irene Lee / Dr Rungsima **4. How to Build and Manage a Cosmetic Practice** By Dr Rungsima Wanitphakdeedecha **5. Fractional Laser in Asians - Ablative or Non-Ablative?** By Dr Rungsima Wanitphakdeedecha **6. Demonstration of Fractional Lasers** By Dr Rungsima Wanitphakdeedecha
1.00pm - 2.00pm	Grand Ballroom, Level 2 **Lunch Symposium** ***Chairperson: Dr Suganthi Thevarajah*** **1. Importance of Anti-Oxidant and Anti-Inflammatory Agents in Sunscreen Products** By Dr Chang Choong Chor **2. Histologic Response to UVA and UVB Exposure During the Use of Sunscreen with Anti-Inflammatory and Anti-Oxidant Properties** By Dr Rungsima Wanitphakdeedecha
2.00pm - 2.30pm	Grand Ballroom, Level 2 **Journal Club** ***Chairperson: Dr Chan Lee Chin***
2.30pm - 5.00pm	Grand Ballroom, Level 2 **Hair and Nail Grand Rounds** ***Chairperson: Dr Azura Affandi***

16th Sept 2014 Tuesday

8.15am - 9.00am	Grand Ballroom, Level 2 **Plenary 1 Ganesapillai Memorial Lecture** ***Chairperson: Dr Najeeb Ahmad Mohd Safdar*** **Management of Alopecia Areata** By Professor Jerry Shapiro
9.00am - 10.00am	Grand Ballroom, Level 2 **Symposium 1** ***Chairperson: Dr Henry Foong Boon Bee*** **1. Simplified Approach to Common Nail Dystrophies** By Dr Rataporn Ungpakorn **2. Staying Relevant Amidst the Psoriasis Evolution: What's New, What's Relevant, What's in for the Patient?** By Professor Richard Langley
10.30am - 11.30am	Grand Ballroom, Level 2 **Symposium 2** Chairperson: Dr Mohd Noh bin Idris **1. Optimizing Treatment of Tinea Capitis** By Dr Rataporn Ungpakorn **2. Management of Hair Loss in Women** By Professor Jerry Shapiro
11.30am -1.00pm	Grand Ballroom, Level 2 **Symposium 3** ***Chairperson: Dr Rohna Ridzwan*** **1. Pathogenesis and Management of Atopic Dermatitis** By Professor Richard Langley **2. The Importance of Filaggrin Breakdown Products in the Current Management of Atopic Dermatitis** By Dr Cheong Wai Kwong **3. Patient Education and Empowerment in the Management of Atopic Eczema** By Dr Leong Kin Fon
1.00pm - 2.00pm	Grand Ballroom, Level 2 **Lunch Symposium** ***Chairperson: Datuk Dr Roshidah Baba*** **1. South East Asia Study Alliance Guidelines on the Management of Acne Vulgaris** By Professor Goh Chee Leok **2. Global Threat of Antimicrobial Resistant (AMR)** By Dr Chow Ting Soo

CONFERENCE

Scientific Programme

17th Sept 2014 Wednesday

8.15am - 9.00am	Grand Ballroom, Level 2 **Plenary 2** ***Chairperson: Datuk Dr Roshidah Baba*** **Frontal Fibrosing Alopecia - A New Epidemic in Women** By Professor Jerry Shapiro
9.00 am - 10.00 am	Grand Ballroom, Level 2 **Symposium 4** ***Chairperson: Dr Agnes Heng Yoke Hui*** **1. Asian Perspective and a Novel Therapy in Seborrheic Dermatitis** By Dr Cheong Wai Kwong **2. Cicatricial Alopecia - What I Do** By Professor Jerry Shapiro
10.30am - 11.30am	Grand Ballroom, Level 2 **Free Papers Presentation 1** ***Chairperson: Dr Noor Zalmy Azizan & Dr Tan Jyh Jong***
11.30am - 1.00pm	Grand Ballroom, Level 2 **Symposium 5** ***Chairperson: Dato' (Dr) Sushil Kumar Ratti*** **1. An Innovative Breakthrough Technology in Treatment of Acne Vulgaris without the use of Antibiotics, Retinoids and Steroids** By Dr Suzanne Cheng Wei Na **2. Flexible Isotretinoin Dosing - Strategies for Acne** By Associate Professor Marius Rademaker **3. Clinical Patterns of Atopic Eczema Among Children in Malaysia. New or News** By Dr Leong Kin Fon
1.00pm - 2.00pm	Grand Ballroom, Level 2 **Lunch Symposium** ***Chairperson: Dr Agnes Heng Yoke Hui*** **Sterile Cosmetics: A Breakthrough for the Highest Safety in Post-Procedural and Aesthetic Dermatology** By Dr Alain Briant

18th Sept 2014 Thursday

8.30am - 9.30am	Grand Ballroom, Level 2 **Symposium 6** ***Chairperson: Dr Khaw Guat Ee*** **1. Update on Epidermolysis Bullosa in Malaysia** By Dr Leong Kin Fon **2. Malaysian Psoriasis Registry** By Datuk Dr Roshidah Baba
9.30am - 10.30am	Grand Ballroom, Level 2 **Free Papers Presentation 2** ***Chairperson: Dr Suganthi Thevarajah & Dr Ng Ting Guan***
11.00am - 12.30pm	Grand Ballroom, Level 2 **Symposium 7** ***Chairperson: Dr Chan Lee Chin*** **1. Contact Dermatitis: Past, Present and Future** By Dr Rohna Ridzwan **2. Lucio Leprosy Revisited** By Dr Choon Siew Eng **3. Preventing Herpes Zoster Through Vaccination** By Dr Tan Wooi Chiang

AD

ABSTRACT

Application of Botulinum Toxin in Facial Aesthetics

ASSOC PROF IRENE LEE CHEW KEK, MBBS(UM), MRCP (UK), AM (Mal), Adv M Derm (UKM)

The injection of botulinum toxin is the most common non-surgical aesthetics procedure in the United States. In Asia, the usage of botulinum toxin in facial aesthetics is escalating among dermatologists, plastic surgeons as well as aesthetics practitioners. Its application in facial aesthetics is an art and outcomes are often dependent on techniques and skills of the practitioner. It is used for dynamic wrinkle reduction, face sculpting as well as chemical lifting.

The application of botulinum toxin requires an understanding of its mechanism of action, the balance and actions of facial muscles, injection safety zone as well as the number of units required for each procedure. The actual procedure varies among injectors and is highly individualized depending on the condition of the patient.

Usual treatment areas include frown lines, horizontal forehead lines, Crow's feet, eyebrow lift, bunny lines, lip lines, gummy smile, masseter and chin. Diluted botulinum toxin is used off-label for immediate chemical lifting.

This session will discuss common facial injection techniques using botulinum toxin as well as some useful tips to be considered during the procedure. Good understanding of the science behind botulinum toxin, abundance of practice as well as a sense of art is essential to achieve good outcome with minimal side effects.

ABSTRACT

Application of Filler in Facial Aesthetics

ASSOC PROF IRENE LEE CHEW KEK, MBBS(UM), MRCP (UK), AM (Mal), Adv M Derm (UKM)

In 2011, more than 1.6 million dermal filler procedures were done in the United States. It is the second most common non-surgical aesthetics procedure in the region.

With aging, facial fullness is lost through subcutaneous fat redistribution and skeletal remodeling. Restoring this facial fullness and volume will harmonize the balance and proportions of facial features, and this creating a more youthful and healthy look. In aesthetics, dermal fillers are used for this purpose.

Hyaluronic acid had been used as dermal filler globally. Treatment areas include cheek, tear trough, nasolabial folds, temporal hollows, nose and lips. In addition to aesthetics touch, one needs to know the facial anatomy and safety precautions to avoid local necrosis and other serious adverse effects.

In this session, the speaker will discuss the techniques and safety precautions taken to achieve a desirable outcome with minimal risk of side effects.

ABSTRACT

How to Build and Manage a Cosmetic Practice

RUNGSIMA WANITPHAKDEEDECHA, MD, MA, MSc

Dermatology and cosmetic dermatology are 2 disciplines that share many common modalities. Combining the “disease” and “desire” aspects of dermatology will require integration on many levels. This is one of the ways that we distinguish between procedures that are generally medical in nature and usually are reimbursed by third-party billing insurance, and those that are cosmetic in nature, for which the payment is the patient’s own responsibility. It’s important to look at dermatology historically and remember that dermatology has always been, to some degree, a blend of disease and desire treatments. The marketplace has moved towards dermatology rather than dermatology moving towards the evolving marketplace. This session will give an in-depth perspective about how best to integrate these 2 types of practices, trends and avenues in this field, patient assessment, setting patient expectations, follow-up, and safety.

ABSTRACT

Fractional Laser in Asians-Ablative or Non-Ablative?

RUNGSIMA WANITPHAKDEEDECHA, MD, MA, MSc

For those patients who desire a less aggressive approach to photorejuvenation than ablative laser skin resurfacing, non-ablative dermal remodeling or fractional laser resurfacing represent viable alternatives for patients willing to accept modest clinical improvement in exchange for ease of treatment and a favorable side-effect profile. Treatments are typically delivered at monthly intervals with progressive clinical improvement observed after each session. Recent advances in fractional laser technology, in particular, have resulted in clinical effects approximating those of ablative laser treatment without its associated complications and risks.

This session will elaborate on current ablative and non-ablative fractional resurfacing devices. The reviews of basic sciences and clinical effects behind each of these existing and emerging technologies, patient selection, and clinical applications of each modalities will be discussed.

ABSTRACT

Importance of Anti-Oxidant and Anti-Inflammatory Agents in Sunscreen Products

CHANG CHOONG CHOR, MBBS, MRCP, Adv M Derm

Ultraviolet radiation (UVR) from the sun causes various deleterious effects to the skin, including sunburn, immunosuppression, oxidative stress, photoaging and skin cancers. UVR causes direct DNA damage by inducing DNA photoproducts, as well as indirect damage by generating reactive oxygen species (ROS) which damage DNA bases and other cellular molecules. While UVB (290-320nm) is mainly absorbed by the epidermis, UVA (320-400nm) penetrates deep into basal epidermis and dermis. UVA also activates matrix metaloproteinases (MMPs) which increase collagen breakdown and decrease collagen synthesis, as well as induces pro-inflammatory cytokines. Hence, broad-spectrum sunscreens which provide efficacious filtering of full range of UVB and UVA have been recommended for prevention of sun damage.

Antioxidants have been added to sunscreen in order to provide a more comprehensive protection from sun-induced oxidative damage. A recent study by Liebel F, et al. (2012) showed that visible light (400-700nm) induces production of ROS, pro-inflammatory cytokines and MMP-1 expression. These can be significantly reduced by applying a broad-spectrum (UVB/UVA) sunscreen containing potent antioxidants but not by sunscreen alone. The beneficial effects of antioxidants in sunscreen have also been supported by several clinical studies: Meyer TA, et al. 2008, Matsui MS, et al. 2009 and Wu Y, et al. 2010. Nevertheless, a study by Wang SQ, et al. (2011) found that a number of sunscreens with antioxidants from well-known European brands have no or minimal antioxidant power.

A number of organic UV filters in sunscreen such as salicylates and oxybenzone have mild anti-inflammatory properties. Glycyrrhetinate from Glycyrrhiza (licorice) root extract was shown in an in vitro study to reduce UV-dependent formation of cyclobutane-pyrimidine dimers (CPD) and enhance CPD repair. Licochalcone A, another compound from Glycyrrhiza, was shown to have anti-inflammatory and anti-irritative properties on human skin. A clinical study conducted in Thailand by Wanitphakdeedecha R, et al. (2013) found that the use of a broad-spectrum sunscreen containing Glycyrrhetinate and Licochalcone A following ablative fractional skin resurfacing laser therapy can decrease the incidence of post-inflammatory hyperpigmentation. Anti-inflammatory sunscreen ingredients may enhance the UV-protective effects of sunscreen. However, some authors argued that the anti-inflammatory activity of sunscreen ingredients may cause a reduction in UV-induced erythema and hence over-estimation of SPF. More studies are required to clarify the significance of this effect.

Anti-oxidants and anti-inflammatory ingredients in sunscreen seem to offer a number of advantages. Appropriate concentration, penetration of skin barrier and stability in the final formulation are important requirements to be met. Clinical efficacy and tolerability of these sunscreen compounds should be determined by randomised controlled clinical studies.

ABSTRACT

Histologic Response to UVA and UVB Exposure During the Use of Sunscreen with Anti-Inflammatory and Anti-Oxidant Properties

RUNGSIMA WANITPHAKDEEDECHA, MD, MA, MSc

Background

Previous studies reported the benefits of combining anti-oxidants with sunscreen to maximize photoprotection. Currently, there is a sunscreen available that contains Licochalcone-A and Glycyrrhetinate . The anti-irritative properties of Licochalcone-A have been proven in a post-shaving skin irritation model and on UV-induced erythema formation. Glycyrrhetinate has also been proven to have anti-inflammatory and anti-oxidative effects on the repair of UV-induced cyclobutane-pyrimidine-dimers in human skin. Unfortunately, data on histologic response of human skin with topical application of sunscreen containing Licochalcone-A and Glycyrrhetinate and its effects are limited.

Objective

The objective of this study was to investigate the preventive and corrective effects of topical application of board- spectrum sunscreen with anti-inflammatory agent and anti-oxidants at varying duration on in-vivo human skin with UVA and UVB exposure.

Methods

Two Thai females who were scheduled for abdominoplasty by plastic surgeon were recruited into the study. To study the preventive effects of sunscreen, the subjects were asked to apply sunscreen containing Licochalcone-A and Glycyrrhetinate on their abdomen once a day for 60, 45, 30, and 15 days before UVA and UVB radiation at 25 J/cm2 and 30 mJ/cm2, respectively. The biopsies have been performed immediately and 24-hour after UV radiation. To study corrective effects, UVA and UVB radiation were performed on the subjects' abdomen at 15, 30, 45, and 60 days before surgery. The subjects were asked to apply sunscreen on the radiated area once a day after radiation. The biopsies have been performed immediate before abdominoplasty. All biopsies have been stained with 8-hydroxyguanosine (8-OH-dG), tyrosinase, and matrix metalloproteinase-1 (MMP-1), representing the number of free radicals, melanin production, and collagen damage, respectively. All specimens were analyzed by a blinded dermatopathologists.

Results

Without UV exposure, 8-OH-dG and MMP-1 staining in epidermis were reduced from 3+ to 2+, and 2+ to 1+, after application of sunscreen for 15 and 45 days, respectively. Immediately after UVA radiation, tyrosinase staining on the specimen that has been applied sunscreen for 60 days was negative when comparing to 1+ in other specimens that have not been applied sunscreen or applied sunscreen less than 60 days. At 24 hours after UVA radiation, MMP-1 staining on the specimens that have been applied sunscreen for 30 days or more were 1+ when comparing to 2+ in other specimens that have not been applied sunscreen or applied sunscreen less than 30 days. Immediately after UVB radiation, 8-OH-dG staining on the specimen that has been applied sunscreen for 30 days or more were 2+ when comparing to 3+ in other specimens that have not been applied sunscreen or applied sunscreen less than 30 days. There was no difference in all staining in every specimen at 24 hours after UVB radiation.

Without sunscreen application, 8-OH-dG staining was 2+ at baseline, increased to 3+ immediately after UVA radiation, and then returned to 2+ at 60 days after UVA radiation. Tyrosinase staining was also increased from – to 1+ immediately after UVA radiation and sustained at 1+ up until 60 days after UVA radiation. With the application of sunscreen for 15 days, tyrosinase staining was reduced to –, when comparing to 1+ of controlled specimen. With the application of sunscreen for 30 days, 8-OH-dG staining was reduced to 2+, when comparing to 3+ of controlled specimen. There was no difference in MMP-1 staining between specimens that has been applied sunscreen for 60 days and controlled specimen.

Without sunscreen application, 8-OH-dG staining was 2+ at baseline, increased to 3+ at 24 hours after UVB radiation, and then returned to 2+ at 45 days after UVB radiation. There was no difference in tyrosinase staining after UVB radiation. MMP-1 staining was increased from 2+to 3+ at 60 days after UVB radiation. With the application of sunscreen for 30 days, 8-OH-dG staining was reduced to 2+, when comparing to 3+ of controlled specimen. With the application of sunscreen for 60 days, MMP-1 staining was reduced to 2+, when comparing to 3+ of controlled specimen. There was no difference in tyrosinase staining between specimens that has been applied sunscreen for 60 days and controlled specimen.

Conclusions

Topical application of board- spectrum sunscreen with anti-inflammatory agents and anti-oxidants demonstrated both preventive and corrective effects in human skin with UVA and UVB exposure.

ABSTRACT

Management of Alopecia Areata

JERRY SHAPIRO, MD, FRCPC
Clinical Professor University of British Columbia
Department of Dermatology and Skin Science
Vancouver, Canada

Treatment depends on age and severity of the patient. Treatments include intralesional, topical and systemic steroids, anthralin, diphencyprone, methotrexate, or cyclosporine.

ABSTRACT

Simplified Approach to Common Nail Dystrophies

RATAPORN UNGPAKORN, MD
Skin and Laser Clinic,
Bumrungrad International Hospital, Bangkok, Thailand

Nail dystrophies are common but difficult for diagnosis and management. Dystrophic nail or onychodystrophy includes any deviation of a normal nail ranging from varieties of color, surface, thickness, morphology, and surrounding skin tissues. Common causes may be categorized into fungal and non-fungal which include congenital, local and systemic diseases.

Following steps are simplified approach

1. Identify primary lesion - Know the basic nail anatomy and initial pathology
2. Look for hidden evidence - Identify associated positive and negative findings
3. Interpret what you see - Holistic assessment of available evidence and necessary laboratory work-up. Remember that laboratory investigations are to support and must be compatible with clinical presentation.
4. Treat like an artist - Standard evidence-based treatment with individualized variation
5. Assessment and follow-up

ABSTRACT

Staying Relevant amidst the Psoriasis Evolution: What's New, What's Relevant, What's in for the Patient?

RICHARD G.B. LANGLEY, MD, FRCPC, FACP

Psoriasis is a chronic skin condition making good advances with regards to the management of the disease state. From the trusted topicals, the treatment has evolved to a more systemic approach, with biologics springing up as the next hopefuls. This session will focusing on state of the art developments, evolution of treatment, but brings participants back to the key question of how to best manage the patient sitting right in front of them? With mild-moderate psoriasis being the bulk of the inflicted and topicals being the mainstay of treatment, how do we strike a balance between the treatment options and safety concerns, choosing the most appropriate treatment to ensure optimal adherence in the long term management of psoriasis?

ABSTRACT

Optimizing Treatment of Tinea Capitis

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Tinea capitis is common dermatophytic infection mostly seen in children. Among over 130,000 cases of dermatology patients who visited the Institute of Dermatology annually, approximately 100 new cases were identified comprising 0.5% of dermatophytosis patients with a predominant male to female ratio of 2:1. Only 5% of cases were over 14 years of age.

While Trichophyton tonsurans has been reported as the major causative organism worldwide, Microsporum canis is still the leading pathogen among outpatient cases in Thailand. The incidence of Trichophyton tonsurans and Trichophyton mentagrophytes are 4.2% and 4.12%, respectively.

Among anthropophilic species, Microsporum ferrrugineum is the most common cause of epidemic tinea capitis in Thailand. The main cause of spread was sharing beddings and combs amongst children living in charity homes. Localised grey patchy alopecia was the most common presentation with inflammatory lesions seen in less than 5% of patients. Carriers were not common, but if found were mostly in female staff.

With all available oral antifungals, griseofulvin at 20-25 mg/kg/d is still the drug of choice in most of the cases with no exception to Microsporum spp. infections. Minor disadvantage is long-term continuous daily requirement which contributes to the problem of compliance. Present data showed no superiority among newer systemic antifungals in terms of efficacy except for availability of liquid formulation such as oral solution or granules which enhances convenience in pediatric patients.

Inflammatory tinea capitis mandates immediate treatment to prevent permanent scars. The most important prognostic factor is clinical severity at the time of diagnosis. Variability of clinical presentation that may mimic other noninfectious scalp conditions and inadequate laboratory examination are main reasons for delayed diagnosis resulting in inappropriate treatment leading to unwanted complication. Whether corticosteroid is required depends on clinical judgment based on individual cases.

ABSTRACT

Management of Hair Loss in Women

JERRY SHAPIRO, MD, FRCPC
Clinical Professor University of British Columbia
Department of Dermatology and Skin Science
Vancouver, Canada

Treatments include topical minoxidil, antiandrogens, and hair transplants. Each individual has a customized form of combination therapy.

ABSTRACT

Pathogenesis and Management of Atopic Dermatitis

RICHARD GB LANGLEY, MD, FRCPC, FACP

Atopic dermatitis (AD) is a common, chronic skin disorder that can significantly impact the quality of life of affected individuals as well as their families. The prevalence of atopic dermatitis has increased over the past 30 years. It is estimated that 10-20% of children and 1-3% of adults in developed countries are affected by the disorder. This session touches on the pathophysiology of atopic dermatitis and recent advances with regards to this. What topical and systemic treatments do we select for the management of atopic dermatitis? On a general scope, how should we manage atopic dermatitis?

ABSTRACT

The Importance of Filaggrin Breakdown Products in the Current Management of Atopic Dermatitis

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Specialist Skin Clinic & Associates, Singapore

Atopic dermatitis (AD) is a common skin condition characterised by pruritus, inflammation and dryness. There have been many advances in the therapeutic agents for management of atopic dermatitis and these have led to a paradigm shift towards the use of non-steroid based treatments including topical calcineurin inhibitors. There is also a better understanding of the impaired barrier function that is central to the pathomechanism of development of atopic dermatitis. Filaggrin gene mutations that lead to filaggrin deficiency in the skin are one of the best known causes of impaired skin barrier and considered as predisposing factors for AD.

Appropriate use of therapeutic moisturisers that contain filaggrin breakdown products has been shown to improve skin barrier function, reduce skin irritation and enhance the efficacy of topical corticosteroids. Moisturisers therefore become an integral part of the therapeutic routines to be adopted by the atopic dermatitis patient. Appropriate selection of different preparations of moisturising agents, taking into consideration climactic and lifestyle factors and severity of dryness would go a long way in ensuring compliance in the use of moisturisers.

ABSTRACT

Patient Education and Empowerment in the Management of Atopic Eczema

KIN FON LEONG, MBBS, MRCPCH
Pediatric Institute HKL

Atopic eczema is the commonest skin disease in children , affecting about 15 % of school children in Malaysia. It is a chronic relapsing disease with tendency to improve over age.

A holistic approach that includes patient and parent education complementing a symptom orientated therapeutic approach are keys to effective treatment of atopic eczema

Education, empower, adequate time for explanation, clear their misconceptions and demonstration of treatments are important aspects of management. The use of visual aids like on line videos, the use of eczema action plans, eczema workshops all help to empower our patients to understand the disease better, to adhere to treatments and keep the disease in remission.

In conclusion, effective treatment and management of atopic dermatitis requires a partnership and teamwork between the patient, family members and the healthcare team.

ABSTRACT

South East Asia Study Alliance Guidelines on the Management of Acne Vulgaris

CL GOH, MBBS, MD, FRCP
National Skin Centre, Singapore

The management of acne in South East Asia differs from other region of the world. The respective acne study groups of different Asian countries have their respective treatment guidelines. Recently several dermatologists with interest in acne management in South East Asia gathered to review the various treatment guidelines in their respective countries to see if we can consolidate our acne treatment regiments and build a consensus for doctors in South East Asia to manage acne in a mutually agreed protocol to produce more consistent and improved outcome in SEA.

The rising incidence of antibiotic resistance of Propionibacterium acnes is of great concern and the need to reduce the use of topical antibiotics for treating acne. The group adopted the Acne Consensus Conference system for grading acne severity. Once classified, patients may be treated with topical medications including retinoids, BPO, salicylic acid, a combination of retinoid and BPO, or a combination of antibiotics and retinoids with or without BPO if acne is mild; oral antibiotics with topical BPO and a topical retinoid if acne is moderate; and oral isotretinoin if the patient fails a 6-week trial of combined oral antibiotics and topical retinoids with BPO if acne is severe. Maintenance acne treatment using topical retinoids with or without BPO is recommended. To prevent the development of antibiotic resistance, topical antibiotics should not be used as monotherapy or used simultaneously with oral antibiotics. Skin care, comprised of cleansing, moisturizing, and sun protection, is likewise recommended. Patient education and good communication is recommended to improve adherence, and advice should be given about the characteristics of the skin care products patients should use.

ABSTRACT

Global Threat of Antimicrobial Resistant (AMR)

CHOW TS, MD, MA, MSc

Antimicrobial resistance (AMR) is now a known global threat. It threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. Its emergence rests on inappropriate and overuse of antimicrobial in humans and agriculture areas; worsened by globalization and suboptimal infection control practices. AMR also had been noted to be associated with increase cost of hospitalization and increased mortality and morbidity of patients. In certain countries, the multi resistant gram positive organisms like Methicillin Resistant Staphylococcus aureus (MRSA) had been successfully contained with aggressive infection control measures, however the extensively resistant gram-negative organisms such as carbapenem-resistant enterobacteriaceae (CRE) and pan drug -resistant Acinetobacter spp. continue their rapid spread especially in the intensive units. In order to reduce the inappropriateness of antibiotic usages, Antimicrobial conservation/stewardship programs (ASP) need to be implemented in all health care settings. There are evidence in which ASP had been successfully reduced the overuse of antimicrobial in humans, however it is limited to acute-care settings in high-income countries. Furthermore, there is scant or no oversight of antimicrobial administration to agriculture and food-producing animals. Besides ASP and the control use of antimicrobial in agriculture areas, In order to curb the wide spread of AMR, novel antimicrobials are urgently needed; in recent decades the development of novel antimicrobials had been dwindled downwards. The pharmaceutical companies have largely abandoned antimicrobial research and development as the revenue is not great. In view of this dire emergency situation, ASP which targeting on antimicrobial prescribers and education programs on consumers must be further strengthened and supported by government and private sectors too. The general public and the prescribers must continue to be made aware of the current AMR's threat, and must preserve the antimicrobials in which it should be regarded as a non-renewable and endangered resource.

ABSTRACT

Frontal Fibrosing Alopecia: A New Epidemic in Women

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Increasing in frequency. Treatment is based on prevention with intralesional and topical steroids, doxycycline plaquenil, methotrexate, cellcept and dapsone.

ABSTRACT

Asian Perspective and a Novel Therapy in Seborrhoeic Dermatitis

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Specialist Skin Clinic & Associates, Singapore

Seborrhoeic dermatitis (SD) affects 1 – 5% of the overall population. Infants and adults between the ages of 30 and 60 years are most commonly affected. In Asian skin, SD presents in a similar manner to that seen in Western skin. However, milder forms of the clinical lesions are often not recognized by the patient as SD, but regarded as dry skin and therefore left untreated. SD is a multifactorial skin disease that is dependent on 3 factors: sebaceous gland secretions, Malassezia infection and genetic susceptibility; M. restricta appears to be the predominant species seen in Korean patients.

It has been observed that patients in Asia tend to self treat SD. This could be related to lack of awareness among the public that SD is a chronic skin condition that can worsen without effective medical treatment. This situation is compounded by a limitation in effective treatments available to physicians. The most commonly prescribed topical treatments contain corticosteroids which are associated with potential side effects with prolonged usage. Steroid-free topical agents include calcineurin inhibitors and anti-fungals such as ketoconazole.

A new non-steroidal cream, Sebclair™ has been proven to be an effective SD treatment with superior relapse prevention rates. It has anti-inflammatory and anti-fungal activities, the latter attributed to Piroctone olamine. The presentation will discuss this novel therapy in SD.

ABSTRACT

Cicatricial Alopecia - What I do

JERRY SHAPIRO, MD, FRCPC
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Diagnosis is crucial. Infiltrate is important to determine the therapy. Lymphoctic vs. neutrophilic infiltrate require differing treatments. A comprehensive tiered algorithmic approach will be presented.

ABSTRACT

An Innovative Breakthrough Technology in Treatment of Acne Vulgaris Without the Use of Antibiotics, Retinoids and Steroids

SUZANNE CHENG WN, MBBS MRCP

Various factors contribute to the pathogenesis of acne, including increased androgen-mediated sebum production, alteration of sebum composition, hyperproliferation of the follicular keratinocytes and colonization of the pilosebaceous duct with Propionibacterium acnes. Current treatments for acne include topical and oral antibiotics, topical antimicrobials and topical and oral retinoids. All acne treatments have potential side-effects, some of which may be severe.

A study has been conducted to investigate the efficacy and tolerability of a novel topical lotion composed of triethyl citrate and ethyl linoleate as the active agent in the treatment of mild to moderate acne vulgaris. Sebum production was significantly reduced in the actively treated group, with a mean reduction of 53% in sebum production compared with baseline.

The active ingredient has shown to be an effective treatment for mild to moderate acne, with an effect on both inflammatory and non-inflammatory acne lesions. This non-antibiotic preparation will be a very useful addition to existing treatments for acne.

ABSTRACT

Flexible Isotretinoin Dosing - Strategies for Acne

PROF MARIUS RADEMAKER, MBBS, FRCP, FRACP
Hamilton, New Zealand

This paper reviews almost 60 years of experience of isotretinoin. Starting with it's discovery in 1955, the first published papers were for the treatment of disorders of keratinisation (1976). These were quickly followed by studies in acne (1979) and then approval by the FDA (1982). In the last 10 years we have learned that isotretinoin activates specific retinoid receptors on DNA and switches on/off over 500 different genes. We now appreciate that the molecular effects of isotretinoin are influenced by both the duration of treatment, as well as the daily dose.

The important questions of what dose clears acne (5-10 mg/day), how common is relapse (15-20%) and whether cumulative dose is important (it is not) have now been answered. We know that isotretinoin should be used much earlier in the management of acne, perhaps even as a first line treatment, before systemic antibiotics.

The initial regimens of isotretinoin for acne were as high as 3 mg/kg/day for 4 months and have now slowly dropped to as low as 5 mg/day, irrespective of body weight, without loss of benefit, and with almost no adverse effects. The duration of treatment should be determined by the outcome for the patient, rather than cumulative or daily dosage.

Now that we understand lower dosages of isotretinoin stimulate healing, we have found it can be used safely at the same time as acne scar treatments (e.g. laser, dermabrasion, etc).

Slow responders (e.g. PCOS, smokers, macro-comedonal disease, etc) usually just need 12-18 months of treatment, but the addition of anti-inflammatory antibiotics, dose adjustment and surgical techniques can speed the response. Rapid relapsers (e.g. younger age, PCOS, etc), may need long term, very low dose isotretinoin (10 mg x1-2/week for 2-3 years). Severe inflammatory acne requires a combination of isotretinoin, systemic corticosteroids and anti-inflammatory medicines.

Isotretinoin has truly revolutionised the management of acne vulgaris. However, the dosages used need to be flexible, and determined by the patients response, rather than following a specified protocol. Using a more flexible approach means that we can utilize isotretinoin, at suitable dosages, across a much broader range of acne grades.

ABSTRACT

Clinical Patterns of Atopic Eczema Among Children in Malaysia - New or News

KIN FON LEONG, MBBS, MRCPCH
Pediatric Institute HKL

Atopic eczema is a common disease affecting both children and adults.

Atopic eczema develops from a complex interplay between environmental, genetic, immunologic factors.

Thus Atopic eczema can present with different clinical phenotypes based on

1. Chronicity - acute, subacute, chronic
2. Pattern - Infantile, toddler and adolescent
3. Secondary factors - infection, itch scratch, malnutrition, allergens, irritants etc

ABSTRACT

Sterile Cosmetics: A Breakthrough for the Highest Safety in Post-Procedural and Aesthetic Dermatology

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Private Practice, Dermatology Practice
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Sterile Cosmetics are the result of exclusive technology developed in the last 18 years by Pierre Fabre Dermo-Cosmétique. As of today, Sterile Cosmetics is the only solution allowing completely preservative-free cosmetics. By eliminating the preservatives, the formulas in Sterile Cosmetics bring only the ingredients with direct benefit to the skin. The area of interest for Sterile Cosmetics covers several cutaneous conditions. The first range to be developed, Tolerance Extreme, is dedicated to situations requiring highest safety: allergic skin, post-procedural and esthetic dermatology.

ABSTRACT

Update on Epidermolysis Bullosa in Malaysia

KIN FON LEONG, MBBS, MRCPCH
Pediatric Institute HKL

Epidermolysis bullosa (EB) is a group of hereditary fragile skin diseases, in which blisters, erosions and ulcers easily occur by trivial mechanical trauma. Four major types of EB namely simplex, junctional, dystrophic and mixed are based on the plane of cleavage at the dermo-epidermal junction.

Although EB is genetically very heterogenous ,and different forms of the disease may be associated with the development of distinct phenotypic features over time, skin appearances in neonate are usually indistinguishable and therefore a clinical diagnosis at this stage cannot be made reliably. A skin biopsy for immunofluorescent mapping, supported by electron microscopic study in selected cases, is therefore the gold standard for diagnosing the type of EB in an affected baby. Based on this information further DNA analysis can be pursued. This test is an useful step in making definitive diagnosis of EB for the prognostic value, prenatal diagnosis and also genetic counseling. EB can affect many different aspects of a baby's health and therefore involvement of a multidisciplinary team familiar with the disease is central to management.

A range of non adherent dressings is available for erosions and ulcers related to EB. Nutritional requirement are often increased in children with severe form of EB. In 2014, DEBRA Malaysia is registered in Malaysia as a NGO that actively supporting the psychosocial aspect of about 500 EB patients (estimated) in Malaysia.

ABSTRACT

Malaysian Psoriasis Registry

DATUK DR ROSHIDAH BABA, MBBS, FRCP, FAMM
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Introduction
The Malaysian Psoriasis Registry (MPR) first started its manual data collection in the year 2000 after some preliminary work done by a group of dermatologists. Seven years later, with the support of Clinical Research Centre and Ministry of Health, the registry was upgraded to a centralized electronic database with a web application. Its first annual report, in 2009, was made available in the MPR website and there have been yearly reports since. In 2011, a biologic registry was introduced as an extension of the MPR. The notification of this registry is voluntary and by providers of dermatology services nationwide.

Objectives
The primary objective of MPR is to obtain accurate data on various aspects of psoriasis in Malaysia. Data collected is to help policy makers in the planning of dermatological services, to stimulate and facilitate research in psoriasis. This clinical registry also looks at outcomes of the disease.

Scope of MPR
MPR consists of demographic and clinical data, quality of life index, treatment modalities, indications for biologics and reasons for its cessation and adverse events due to biologics. Information on course of disease, its outcomes with treatment, how psoriasis effects quality of life and its association with other diseases can be extracted from the database.

Financial Support
The Ministry of Health helps to finance the data storage in Cyberjaya and the Persatuan Dermatologi Malaysia supports the registry coordinating centre.

Data Analysis

A total of 10,779 new patients were registered from March 2007 - June 2014 from 22 participating centres (18 public hospitals, 2 university hospitals and 2 private hospitals). The male and female ratio was 1.3 : 1 with ethnic distribution of Malays (51.9%), Chinese (21.1%), Indians (17.8%) and others (9.2%). This reflects the attendance of patients at government hospitals as most notifying centres were government hospitals. Family history of psoriasis was positive in 19.7% of patients with 35% present in siblings. More than half (54%) reported having one or more aggravating factors. Stress (66.4%) being the most common followed by sunlight (34.3%) and infections (15.9%). Beta blockers and steroid withdrawal were 2 most common drugs aggravating psoriasis. Plaque psoriasis was seen in 85.3% followed by guttate (4%), erythrodermic (1.8%) and pustular (1.2%). Most patients had mild to moderate psoriasis (39.3% with BSA < 5% & 35.6% with BSA 5-10%). Nail psoriasis was present in 59.4% of patients with nail pitting (74.8%) being the commonest followed by onycholysis (48.8%). Total nail dystrophy (4.7%) was the least common. Psoriatic arthropathy was seen in 14.2% of patients presenting as oligo / monoarthropathy (42.4%), rheumatoid-like (31.4%), and distal hand joints arthropathy (29.6%). A third (33.5%) of patients had DLQI > 10 and they were mainly affected by the itch, pain and embarrassment due to psoriasis. The co-morbidities associated with psoriasis were diabetes mellitus, hypertension, dyslipidaemia and obesity. The 2 most common causes of mortality in our psoriasis patients were cardiovascular events and infections. It is interesting to note that 74% of our patients received topical treatment alone. Topical steroids (85.0%), tar preparations (76.5%) and emollients (75.4%) were the favourites. Dithranol (2.4%) was the least popular topical preparation. Phototheraphy was used in 3.6% of patients and many chose NB-UVB (85.6%) as an option. Since most patients had mild to moderate psoriasis, the use of systemic agents was seen in only 19.2% of our patients. Methotrexate (69.8%) was the most commonly used systemic agent. To date, only 39 patients were notified to MPR for treatment with biologics. This maybe an under-reported figure. The types of biologics used were Adalimumab (13), Etanercept (8), Ustekinumab (50, Infliximab (5), Efalizumab (4), Golimumab (1) and not specified (3).

Success and Challenges

Since its birth in the year 2000, the MPR has seen an encouraging trend in notification from many reporting centres. There are also many studies generated from the data of MPR that were presented in regional and international meetings and they were published in high impact journals. We should take pride that MPR is a successful clinical registry in Malaysia and has been in existence earlier than some other psoriasis registries (mainly biologics registries). It has been used as an important instrument for policy makers and research in dermatology. However, the lack of notification by private dermatologists remains a challenge as data collected may not be truly representative of psoriasis in Malaysia. The financial support of MPR remains crucial in determining the viability and success of this clinical registry.

ABSTRACT

Contact Dermatitis - Past, Present and Future

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Although contact dermatitis is an entity which was documented as early as in the 1st century by Pliny the Younger, investigations to confirm the sensitizer was only noted in the 19th century. Patch test which is the current gold standard test was first performed in 1910 by Jadassohn. Occupational dermatoses and social securities made headline since 1912.

In Malaysia, before 1980's diagnosis of contact dermatitis were made based on clinical findings. Patch test was introduced in 1980's in the government hospitals using only on the European standard series. In the early 1990's, rubber additive series were added to the armamentarium. In the millennium, several other additional series were utilised to assist in detecting the sensitizers. Several local retrospective studies showed the change in the trend of sensitizers detected today when compared to those in 1990's. A substantial number of patients with contact dermatitis could have been missed had the patch test been performed using only European standard series.

In the present era where there is high emphasis on patients' safety, correct patient identification, correct procedure performed, delivering adequate patient education and informed consent is pertinent. Work process has to be reviewed, revised, documented and implemented. Should an incident occur, root cause analysis is required to ensure continuous service improvement. All staff privileged to perform patch testing need to be trained, not only to safe guard patient's safety but also to improve the yields of positive results.

A positive patch test itself is not adequate to confirm patient's condition. We need to prove beyond reasonable doubt, the source of the sensitizer especially in suspected occupational dermatoses and contact dermatitis to consumers' products. Thus we need to work in collaboration with chemist and laboratory technicians to assist us in achieving the diagnosis. The future of contact dermatitis management poses a new challenge but with time and support from the relevant authorities, we will meet this challenge and overcome it with positive results.

ABSTRACT

Lucio Leprosy Revisited

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Lucio leprosy is a variant of lepromatous leprosy found mainly in Mexico and Costa Rica. It is characterised by diffusely infiltrated and shiny skin with loss of eyebrow and eyelashes. These subtle clinical signs without the familiar nodules associated with lepromatous leprosy are easily missed by clinicians. Hence, diagnosis of Lucio leprosy is often only made when patients develop Lucio's phenomenon, a necrotising variant of erythema nodosum leprosum (ENL). Lucio's phenomenon is rarely seen outside of Mexico and Costa Rica. However, cases have been reported from Asia (India Singapore and Malaysia).

Lucio leprosy was assumed to be caused by *Mycobacterium leprae*, the only known aetiological agent for leprosy till 2008 when a new species, *Mycobacterium lepromatosis* was detected in 2 Mexican patients with Lucio leprosy. Subsequent independent reports confirmed *M. lepromatosis* as causative agent for Lucio leprosy and severe lepromatous leprosy in Mexica, Canada and Singapore. A recent analysis of archived skin biopsies of leprosy patients from 4 countries including Malaysia, revealed presence of *M. lepromatosis* in Brazil, Uganda and Myanmar. However, *M. lepromatosis* was not detected in 31 of my patients (4 lucio leprosy) although *M. leprae* was present in 26(83.9%) patients.

Treatment of Lucio leprosy is with WHO multidrug drug therapy comprising monthly rifampicin (600 mg) and clofazimine (300 mg), together with dapsone (100 mg/day) and clofazimine (50 mg/day), for a total treatment duration of 2 years. The role of corticosteroid in Lucio's phenomenon is controversial, with some authors advocating solely antimicrobials and others suggesting the use of corticosteroid only in severe reactions. Thalidomide had been reported to be less effective than in ENL.

ABSTRACT

Preventing Herpes Zoster Through Vaccination

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Herpes Zoster is a localized painful cutaneous eruption that occurs most frequently among older adults and immunocompromised persons. It is caused by reactivation of latent varicella zoster virus (VZV) decades after initial VZV infection is established. Approximately one in three persons will develop zoster during their lifetime, resulting in an estimated 1 million episodes in the United States annually.

HZ and its complications can be a psychosocial and economic burden. Common complication of zoster is post-herpetic neuralgia (PHN), a chronic, often debilitating pain condition that can last months or even years. The risk for PHN in patients with zoster is 10% - 18%. Another complication of zoster is eye involvement, which occurs in 10% - 25% of zoster episodes and can result in prolonged or permanent pain, facial scarring, and loss of vision. Superimposed skin infection is not uncommon.

Treating zoster and PHN can be difficult, often requiring a multifaceted approach. Prompt early treatment with the oral antiviral such as acyclovir, valacyclovir, and famciclovir decreases the severity and duration of acute pain from zoster. Effective antiviral treatment should be initiated within 72 hours of the appearance of skin lesions. Often our patients present late (beyond 72 hours). Although many different approaches are taken to treat patients with PHN, current strategies are only partially effective and this remains an area of unmet need. Prevention is always better than cure.

Herpes zoster vaccine is a live, attenuated strain of VZV with minimum potency of at least 14-times the potency of single-antigen varicella vaccine (Zoster Vaccine Live [Oka/Merck]). Zoster vaccine is recommended for all persons aged >60 years who have no contraindications, including persons who report a previous episode of zoster or who have chronic medical conditions.

ZOSTAVAX is indicated for:
- Prevention of herpes zoster (shingles)
- Prevention of postherpetic neuralgia (PHN)
- Reduction of acute and chronic zoster-associated pain

In a large clinical trial, zoster vaccine was partially efficacious at preventing zoster (~51%). It also was partially efficacious at reducing the severity and duration of pain (~61.1%) and at preventing PHN among those developing zoster (~66.5%).

It is administered as a single 0.65 mL dose subcutaneously in the deltoid region of the arm. A booster dose is not licensed for the vaccine. ZOSTAVAX® is generally well tolerated, with adverse events largely limited to injection-site reactions.

AD

Journal Club

1. **Effects of sun exposure on 25(OH) vitamin D concentration in urban and rural women in Malaysia**

   Author Musa Nurbazlin et al
   Journal Asia Pac J Clin Nutr.,2013; 22(3): 391-399
   Presenter Rajalingam A/L Ramalingam
   Institution Tengku Ampuan Rahimah Hospital, Klang, Malaysia

2. **Durable Remission of Pemphigus With a Fixed - Dose Rituximab Protocol**

   Author Heelan K et al
   Journal JAMA Dermatol. 2014;150(7):703-708
   Presenter Kweh Mei Wei
   Institution Penang Hospital, Penang, Malaysia

3. **Retrospective review of the Stevens-Johnson Syndrome / Toxic epidermal necrosis treatment comparing intravenous immunoglobulin with cyclosporine**

   Author Kirchhof MG et al
   Journal J Am Acad Dermatol. Jul 2014. Article in press
   Presenter Lee Hock Leng
   Institution Kuala Lumpur Hospital, Kuala Lumpur, Malaysia

4. **Sustained clinical effectiveness and favorable safety profile of topical sirolimus for tuberous sclerosis - associated facial angiofibroma**

   Author Salido R et al
   Journal J Eur Acad Dermatol Venereol. 2012, 26, 1315-1318
   Presenter Benji Teoh
   Institution Sultanah Aminah Hospital, Johor Bahru, Malaysia

AD

Poster Presentation

1 Verrucous Psoriasis - Seeing The Uncommon In The Common
Lim JL[1], Lee HL[2], Ambrose D[1]
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[2] Department of Dermatology, Kuala Lumpur Hospital, Kuala Lumpur, Malaysia

2 Clinical Profile, Morbidity And Outcome Of Adult Patients With Psoriasis At A District Hospital In Northern Malaysia
Loo CH[1], Chan YC[1], Lee KQ[1], Tharmalingam P[1], Tan WC[1]
[1] Department of Medicine, Sultan Abdul Halim Hospital, Sungai Petani, Kedah, Malaysia
[2] Department of Dermatology, Sultanah Bahiyah Hospital, Alor Setar, Kedah, Malaysia

3 A Comparative Study Of Effectiveness And Cost Between Coal Tar, Sulphur, And Salicylic Acid (Cera-Scalp) And Calcipotriol Scalp Solution (Daivonex) In Management Of Scalp Psoriasis In Selayang Hospital
Raoul RS[1], Ng HW[2], Norhasmie R[1], Noradiah J[1], Rohna R[1]
[1] Department of Dermatology, [2] Department of Pharmacy, Selayang Hospital, Selangor, Malaysia

4 Preliminary Audit On The Use Of Assessment Tools To Document The Severity Of Psoriasis Vulgaris In The Department Of Dermatology, Hospital Sultanah Aminah Johor Bahru
Nalini MN, Choon SE
Department of Dermatology, Sultanah Aminah Hospital, Johor Bahru, Johor, Malaysia

5 Correlation Between Cumulative Dose Of Methotrexate And Methotrexate Induced Hepatotoxicity In Psoriasis Patients Undergoing Liver Biopsy - A 15 Years Retrospective Study
Asha G[1], Tang J J[1], Chan LC[2]
[1] Department of Dermatology, Raja Permaisuri Bainun Hospital, Ipoh, Perak, Malaysia
[2] Department of Dermatology, Penang Hospital, Penang, Malaysia

6 Rowell's Syndrome: Systemic Lupus Erythematosus With Recurrent Steven Johnson Syndrome - Like Presentations
Khor YH[1], Noorasmaliza MP[2]
[1] Dermatology Department and CRC, [2] Pathology Department and CRC,
Tuanku Fauziah Hospital, Kangar, Perlis, Malaysia

7 Lupus Tumidus, A Rare Entity
A Bhullar[1], N Shamsudin[2], K.F. Rahim[3]
[1] Department of Dermatology, Serdang Hospital, Serdang, Malaysia
[2] Department of Dermatology / Medicine, Universiti Putra Malaysia, Serdang, Malaysia
[3] Dermatology Unit, Department of Medicine, Universiti Putra Malaysia, Malaysia

8 Urticaria Pigmentosa in a Teenager : A Case Report
Kalaikumar N, Chan LC
Department of Dermatology, Penang Hospital, Penang, Malaysia

9 Systemic Amyloidosis : A Rare Life Threatening Condition That Not To Be Missed
Mani Mala TM, Tan WC
Department of Dermatology, Sultanah Bahiyah Hospital, Alor Setar, Kedah, Malaysia

10 Perianal Basal Cell Carcinoma - Unusual Site Of The Most Common Malignancy In The World
Ochi H, Pan JY
National Skin Centre, Singapore

11 Anogenital Crohn's Disease: A Rare Manifestation
Gurcharan JS[1], Tang JJ[1], Norain K[2]
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15 Case Series Of Lucio's Phenomenon Seen In Northern Peninsular Malaysia In The Last Decade

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20 Does Hematopoietic Stem Cell Therapy Have A Role In The Treatment Of Psoriasis? (A Systematic Structure Review)

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22 Treatment of Acne Vulgaris with Photopneumatic Therapy

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Free Paper Presentation

Free Paper 1 • Wed 17th Sept, 10.30-11.30am

1. Teoh Tze Yuen
   Sporotrichosis: A 10 year review of 13 cases in a Hospital Sultanah Aminah, Johor Bahru, Malaysia

2. Suganthy Robinson
   Acquired acrodermatitis enteropathica in a pre-term breast-fed infant

3. Kho Wee Meng
   Efficacy of Sirolimus in the treatment of a neonate with Kaposiform hemangioendothelioma with Kasabach - merritt phenomenon

4. Edwin Koh
   A Re-audit on the Use of Assessment Tools to measure the Severity of Psoriasis Vulgaris in Hospital Sultanah Aminah, Johor Bahru

5. Evelyn Yap
   Peripheral T-cell Lymphoma, NOS: More than meets the eye

6. Madiha MS
   Antibiotic Sensitivity Patterns of Neisseria gonorrhoeae in the Genitourinary Clinic Hospital Kuala Lumpur

Free Paper 2 • Thu 18th Sept, 9.30-10.30am

1. Latha Selvarajah
   Spectrum of cutaneous vasculitis in 275 patients in Johor Bahru, Malaysia

2. Ng Su Yuen
   Staphylococcus Scalded Skin Syndrome (SSSS) : A case series of 5 patients

3. Zhenli Kwan
   Bullous pemphigoid and neurological disorders: A case-control study

4. Ling Hee Nin
   Prevalence of skin malignancies in renal transplant recipients in Sarawak - preliminary report of a multi-centre single observer study

5. Yeoh CA
   Comparison of the NAAT technique, culture and gram staining microscopy for detection of Neisseria gonorrhoeae in patients with sexually transmitted infections (STI)

6. Tee Shwu Hoon
   A 5 year Retrospective Study on Clinical Patterns and Treatment Outcome of Severe Cutaneous Adverse Drug Reactions in Hospital Tengku Ampuan Rahimah, Malaysia

FREE PAPER PRESENTATION 1

Sporotrichosis: A 10 Year Review of 13 Cases in a Hospital Sultanah Aminah, Johor Bahru, Malaysia

DR TEOH TZE YUEN
Hospital Sultanah Aminah, Johor Bahru, Malaysia

Sporotrichosis is one of the most common deep cutaneous mycoses infection, yet it occurs rarely. It is endemic in certain parts of the world, and most cases are reported in the tropics and subtropics. It is caused by a thermally dimorphic aerobic fungus, Sporothrix schenckii, and mode of transmission is normally due to direct inoculation from trauma or zoonotic transmission. Three types of sporotrichosis has been classified: lymphangitic sporotrichosis, fixed cutaneous sporotricosis, and disseminated sporotricosis. In this study, we reviewed all cases diagnosed with sporotricosis in our dermatology clinic through our digital medical record from period of June 2005 to June 2014. A total of 13 cases were seen in our clinic during this period. We looked at the demographics, the clinical subtypes, the source of infection and treatment mode. One case was seen in 2005 and 2012, while 4 cases were seen in 2013, and remaining 7 cases in 2014. Our patient age group range from 3 years old to 77 years old, median age 41 years old. Male to female ration 10:3. Twelve patients had lymphagitic sporotricosis, which is the most common subtype, and 1 patient with fixed cutaneous sporotrichosis. Nine patients had exposure to cats, either domestic cats or stray cats, with 5 remembering specifically being scratch by cats. Three were unsure of exposure. Twelve patients were treated with itraconazole while one was treated with terbinafine due to itraconazole intolerability. Three patients are still currently undergoing treatment with good response in all patients.

FREE PAPER PRESENTATION 1

Acquired Acrodermatitis Enteropathica in a Pre Term Breast Fed Infant

SUGANTHY ROBINSON
Paediatric Dermatology, Department of Paediatrics, Hospital Kuala Lumpur

A 4 month old boy, who had been exclusively breast fed since birth, presented with crusted erythematous plaques and erosions over the scalp, ears, periorbital, perioral, genitalia, hands and feet for 8 weeks. He was born prematurely at 30 weeks with a birth weight of 1.23kg. Initially, he was treated for scrotal cellulitis with possible primary immunodeficiency. Although, the infection cleared with systemic antibiotics, his skin lesions worsened and spread in a periorificial distribution. A clinical diagnosis of acrodermatitis enteropathica made at our institution was confirmed with a serum zinc level of 2.7 umol/L. Oral zinc supplementation resulted in total clearing of skin lesions within 4 weeks. Acquired zinc deficiency is rare and mainly affects premature newborns with low birth weight even under conditions of adequate intake. However it can also occur in breast fed term infants. We share with you a few cases of acrodermatitis enteropathica treated at our centre to illustrate the significance of zinc and to create awareness. Diagnosis is often delayed and can lead to widespread organ failure and eventually death. For prompt diagnosis and effective treatment, recognition of dermatologic features by paediatricians and dermatologists is pertinent.

FREE PAPER PRESENTATION 1

Efficacy of Sirolimus in the Treatment of a Neonate with Kaposiform Hemangioendothelioma with Kasabach-Merritt Phenomenon

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Introduction: Kaposiform Hemangioendothelioma (KHE) are vascular tumors that causes morbidity primarily from mass effect and platelet consumption - Kasabach-Merritt Phenomenon (KMP). Sirolimus, a mammalian target of Rapamycin (mTOR) inhibitor, has anti-angiogenic activity. There is no established standard of care in this condition.

Objective: To describe a case of a neonate with KHE complicated by Kasabach-Merritt Phenomenon (KMP) who was treated with Sirolimus after failing other therapies.

Method: A term baby girl presented with a painful violaceous left chest wall mass at birth. She was initially treated as infantile hemangioma with Propanolol during the first 3 days of life. Clinical diagnosis was revised to KHE with KMP when the lesion expanded rapidly with reducing platelet counts and coagulopathy. MRA at day 5 of life was suggestive of KHE with an overall mass size of 5cm(W) x 6cm(AP) x 8cm(H). She was treated with Prednisolone 3mg/kg/day and IV Vincristine 0.05mg/kg/week for a total of 22 cycles. Initial response to first 12 cycles of Vincristine was encouraging with mass shrinkage. Unfortunately the mass re-enlarged after stopping Vincristine & did not respond to another 10 cycles of Vincristine. Repeated MRI showed no shrinkage of tumor size and increased tenderness to touch.

Tablet Sirolimus was initiated at 0.1mg/kg/day (self dilution) in divided doses, targeted to trough levels of 8-15ng/ml. Sirolimus syrup was unavailable.

Results: Vascular tumor progressively reduced in size and was no longer tender after treatment with Sirolimus. Diarrhea, hepatitis & rash was experienced when trough levels exceeded five times normal limit but no toxicity was experienced at targeted trough levels. Repeated MRA after 6 months of Sirolimus showed marked reduction in both size and number of feeding vessels.

Conclusion: Sirolimus might be effective & safe in life threatening KHE who have exhausted all other alternatives.

FREE PAPER PRESENTATION 1

A Re-audit on the Use of Assessment Tools to Measure the Severity of Psoriasis Vulgaris in Hospital Sultanah Aminah, Johor Bahru

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Department of Dermatology, Hospital Sultanah Aminah Johor Bahru

Introduction: The Malaysian Clinical Practice Guidelines (CPG) on the Management of Psoriasis (June 2013) recommends the use of either percentage of Body Surface Area (BSA) affected by psoriasis or Psoriasis Area and Severity Index (PASI) to assess the severity of disease, and Dermatology Life Quality Index (DLQI) to assess the impact of psoriasis on patient's quality of life. BSA/PASI and DLQI should be assessed on first presentation to measure severity of psoriasis, subsequently at specific time-point to measure efficacy of treatment instituted and then every 6 month to monitor maintenance of response. A preliminary audit in January 2014 showed that severity of psoriasis was assessed at least once with BSA/PASI in 73% of 164 patients analysed while 40% of patients had a DLQI assessed.

Objective: The objective of this re-audit is to determine whether i) there is an improvement in compliance in using BSA/PASI/DLQI to measure the severity of psoriasis and ii) BSA/PASI/DLQI were measured at the recommended time-points.

Methodology: A retrospective note review of all psoriasis patients who had at least one clinic visit between 1/6/14-31/7/14

Results: Of the 160 psoriasis patients seen during the study period, 52.5% were male and 47.50% female; 51.25% Malay, 29.37% Chinese, 17.50% Indian and 1.87% other ethnicities. The mean age was 43.8 years (range: 11 -84 years). A total of 134 patients (83.7%) have had either BSA or PASI done. Among them, 64.1% had mild disease (defined as BAS/PASI $\leq$ 10), 17.9% had moderate disease (BSA >10% to 30% or PASI >10 to 20) and 17.9% had severe disease (BSA > 30% or PASI > 20). DLQI was assessed in 147 patients (91.8%).Of the 26 patients who had neither BSA nor PASI documented, DLQI was assessed in 24. Hence, only 2 patients were not assessed with any of the measurement tools. Of 292 assessments performed 286 (97.95%) were done at the recommended time-points.

Conclusion: Use of recommended assessment tools to measure severity of psoriasis has improved after the first audit and its usage should be continuously encouraged and monitored to ensure 100% compliance

FREE PAPER PRESENTATION 1

Peripheral T-cell Lymphoma, NOS: More Than Meets the Eye

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Peripheral T-cell lymphomas (PTCL) represent a group of markedly heterogenous malignancies with aggressive clinical course. It is a rare condition, constituting less than 15% of all Non-Hodgkin lymphomas in the United States and Europe. Amongst these, PTCL, not otherwise specified (PTCL-NOS) is the commonest subtype, accounting for 25.9% of all PTCL.

We report a 59-year-old Malay gentleman, who presented with a nodular growth on his right lower eyelid and constitutional symptoms for 3 weeks. Concomitant submental lymphadenopathy was present. Tissue sampled from the lesion showed extensive dermal inflammatory infiltrate composed of small to medium sized neoplastic lymphoid cells. These cells are positive for CD3, CD4 and CD5 stains, but negative for CD8, CD20, CD30, CD56, TDT, TIA-1 and ALK stains. Similar immunohistochemistry profile was observed in the neoplastic cells from the lymph node biopsy as well. Based on these findings, a diagnosis of peripheral T-cell lymphoma, not otherwise specified (PTCL-NOS) was made. Patient however, chose to defer treatment. Two months after diagnosis of PTCL, the nodule had extended to the right upper eyelid with associated ulceration. Anthracycline-based chemotherapy, CHOP was initiated promptly and after 3 cyles, a dramatic reduction of tumour size was seen.

FREE PAPER PRESENTATION 1

Antibiotic Sensitivity Patterns of Neisseria Gonorrhoeae in the Genitourinary Clinic Hospital Kuala Lumpur

MADIHA MS, M Med

Background: Gonorrhea is the forth most common sexually transmitted infection after syphilis, genital warts and genital herpes in patients who attended the Genitourinary Clinic Hospital Kuala Lumpur. Intramuscular Ceftriaxone is used as the first line treatment. The objective of this review is to assess any change of antibiotic sensitivity patterns for last 3 years.

Methods: A total of 308 men with symptomatic urethritis were diagnosed to have gonorrhea between 2011 to 2013. All had urethral swabs positive for diplococci on the gram stain. 299 were sent for culture using chocolate agar. Only 169 (56.5%) cases grew positive cultures of Neisseria gonorrheae. All the isolates were tested for antibiotic sensitivity.

Results: Ceftriaxone showed the highest sensitivity patterns, which was 98.2%. The percentages of isolates resistant to tetracycline, penicillin and ciprofloxacin were 81.1%, 66.3% and 35.5% respectively.

Conclusion: Ceftriaxone remain to be the recommended first line treatment of gonorrhea. Continuous observation and surveillance of antibiotic sensitivity is highly recommended to detect the emergence of antibiotic resistance and thus ensure treatment effectiveness.

FREE PAPER PRESENTATION 2

Spectrum of Cutaneous Vasculitis in 275 Patients in Johor Bahru, Malaysia

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Objective: To determine the clinical spectrum and disease associations of patients with cutaneous vasculitis at the Dermatology Department, Sultanah Aminah Hospital.

Methodology: We retrospectively analyzed the medical records of 275 patients diagnosed with cutaneous vasculitis (based on ICD10 coding L95) from January 2008 to December 2013.

Results: The mean age of the patients was 33.7 (± 17.89) years. Females outnumbered males in a ratio of 1.9:1. The racial distribution was Malays 67.3%, Chinese 19.6%, Indians 4.4% and others 8.7%. Diagnosis was confirmed via skin biopsy in 110 (40%) patients. The commonest type of skin lesion was palpable purpura in 80 (29.1%) patients. The commonest etiologic factor was idiopathic (50.5%), followed by septic vasculitis (12.4%) and connective tissue disease (10.2%). Extracutaneous involvement was seen in 37.8% of patients, namely fever (41.3%) and joint involvement (22.1%). A raised erythrocyte sedimentation rate (ESR) was found in 72.4% of patients with available ESR. Antinuclear antibody (ANA) and anti Streptolysin O Titer (ASOT) was positive in 15.4% and 52.5% of patients respectively. Prednisolone alone was used in 55 (20%) patients, while 45 (16.4%) needed steroid sparing agents. Complete recovery was recorded in 98 (35.6%) patients while 56 (20.4%) ran a chronic relapsing course. There was 1 death (0.4%) reported due to septicaemia. Chronicity of vasculitis was associated with type of lesion (ulcerative, nodular) and ANA positivity.

Conclusion: The commonest cause for cutaneous vasculitis was idiopathic and majority of patients showed a benign course. Type of lesion and ANA positivity were associated with a chronic course.

FREE PAPER PRESENTATION 2

Staphylococcus Scalded Skin Syndrome (SSSS) : A Case Series of 5 Patients

CHAI HUEI XIAN
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Staphylococcus Scalded Skin Syndrome (SSSS) is a relatively rare toxin-mediated dermatitis caused by an exfoliative toxin producing S. Aureus that has a peak incidence during the neonatal period and early childhood.[1]

A total of 5 children diagnosed with SSSS were admitted to the paediatric ward in Hospital Pulau Pinang from March until June 2014. Male to female ratio was 4:1. The mean age of the patients was 10 ± 6.8 months (range 3-17 months) and the mean number of days of admission was 3.8 ± 1.6.

SSSS is diagnosed clinically and supported by the presence of S.aureus in nasal, conjunctival, pharyngeal, umbilical, or other swabs.[2] All 5 of our patients demonstrated typical clinical features of SSSS namely periorificial face scabs, generalized erythroderma and desquamation of friction zones.[3,4] None demonstrated mucous membrane involvement except patient 4 who had mild conjunctivitis. None were exposed to medications prior to appearance of the characteristic rash except patient 1 who was given second dose of DTP-Hib-polio vaccination. Despite classical clinical features of SSSS in all cases, misdiagnoses were made by referring doctors including adverse cutaneous drug reaction in 4 cases and erythema multiforme in 1 case. Swab culture and sensitivity was positive for S. aureus in two cases.

This study highlights the common misdiagnoses made by doctors when encountering patients with SSSS. It is important to make the correct diagnosis as treatment differs with other conditions and improper treatment may lead to increased morbidity and mortality in these patients.

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FREE PAPER PRESENTATION 2

Bullous Pemphigoid and Neurological Disorders: A Case-Control Study

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University Malaya Medical Centre

Study Objective: An association of bullous pemphigoid with neurological diseases has been reported. The objectives of this study were to review the clinical characteristics of patients with bullous pemphigoid and compare the association between bullous pemphigoid and various neurological disorders and comorbidities.

Methods / Study Design: This was a retrospective case-control study involving 43 patients with bullous pemphigoid and 43 age-, sex- and ethnicity-matched controls.

Result: There was a statistically significant association between bullous pemphigoid and neurological disorders (p=0.011) in particular, dementia (p=0.002); which may be related to a prothrombotic state, systemic inflammation and endothelial activation leading to atherosclerosis. Although stroke was more common among patients with bullous pemphigoid, this association was not statistically significant with odds ratio (OR) of 1.9 and adjusted OR of 2.1. Other neurological disorders more common among patients with bullous pemphigoid were Parkinson's disease and epilepsy. Dyslipidaemia was significantly less common among patients with bullous pemphigoid (OR 0.4; p=0.033). 11.6% of patients with bullous pemphigoid had mucosal involvement, which is higher than previous studies conducted in a neighbouring country.

Conclusion: The role of cardiovascular risk factors among patients with bullous pemphigoid needs to be further investigated in view of the higher frequency of stroke and dementia that has been reported among these patients.

FREE PAPER PRESENTATION 2

Prevalence of Skin Malignancies in Renal Transplant Recipients in Sarawak - Preliminary Report of a Multi-Centre Single Observer Study

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Sarawak General Hospital, Malaysia

Introduction: The first renal transplant (RT) in Malaysia was done in 1975. RT accounts for the main bulk of organ transplant done in Malaysia. 140 out of the 1894 Renal Transplant Recipients (RTR) in Malaysia are from Sarawak.

Objective: To describe the prevalence of cutaneous malignancies among the RTR in Sarawak.

Method: All RTR in Sarawak are followed up in 4 government hospitals namely Sarawak GH (81), Sibu GH (37), Miri GH (13) & Bintulu GH (9). RTRs with functioning grafts & active immune-suppression who consented for study inclusion had one off full skin examination together with Dermatology Life Quality Index (DLQI). Review of case notes & pathology database was also performed. Suspicious lesions were excised for histo-pathological examination.

Results: A total of 128 RTR from 4 transplant centres were surveyed. 10 RTR had skin cancers (Prevalence 7.8%); Sarawak GH (5), Sibu (3), Miri(1) & Bintulu (1). 8 of the 10 skin cancer cases were new cases. Bowen's disease (5) made up the majority of the diagnosis, followed by Squamous Cell Carcinoma (3), Basal Cell Carcinoma (2). Half of the skin cancer cases were at covered sites: Breast (2), Chest (1), Back (1) & Penis (1).

Conclusion: RTR are at high risk of skin cancers. Comprehensive skin examination which include non sun exposed areas is needed.

FREE PAPER PRESENTATION 2

Comparison of the NAAT Technique, Culture and Gram Staining Microscopy for Detection of Neisseria Gonorrhoeae in Patients with Sexually Transmitted Infection (STI)

YEOH CA
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Introduction: Neisseria gonorrhoeae infection is one of the most common sexually transmitted infections (STI) not only in Malaysia but also worldwide. In Malaysia, notified cases of gonorrhoea were also on an increasing trend with 652 cases in year 2007 to 1492 cases in year 2012. The available tests to detect N. gonorrhoeae in Malaysia government based hospital were gram staining and culture. Despite culture is traditionally considered as "gold standard", but nucleic acid amplification test (NAAT) is the recommended test of choice for N.gonorrhoeae in many latest international guidelines.

Methodology: It is prospective analytical cross sectional hospital-based multicentre study. Total of 50 newly diagnosed STI patients from STD clinics in Hospital Pulau Pinang and Hospital Sultanah Bahiyah, Kedah were recruited over a 4 months period, from February till May 2014. They must be sexually active and fulfilled inclusion and exclusion criteria of the study. Multiplex Real-time PCR detection (STI-7; Seegene), swab for N.gonorrhoeae culture and gram stain were used for the detection of N.gonorrhoeae. For female patients, endocervical swabs were obtained for all the three tests. Urine and urethral swabs were taken from male for NAAT test and culture plus gram stain, respectively.

Results: In this study, there were 30 male and 20 female patients. The mean age was 31.3 years. A total of 19 (38%) patients presented with urethral or vulvovaginal discharge with or without dysuria. 20% of the cases were detected positive for N.gonorrhoeae with NAAT technique with 5 cases each from symptomatic and asymptomatic group. Only 3 culture results were positive, which majority of the patients were symptomatic. Gram stained detection rate was the lowest with only 1 positive result. The sensitivity of NAAT was 100%. The specificity of NAAT was 82.4% and 89.2% in symptomatic and asymptomatic group respectively.

Conclusion: N.gonorrhoeae infection rate was 20% among our STI patients and 50% were asymptomatic. Overall, NAAT was a very sensitive and specific test in N.gonorrheae detection as compare with other techniques, especially in asymptomatic patients.

FREE PAPER PRESENTATION 2

A 5 year Retrospective Study on Clinical Patterns and Treatment Outcome of Severe Cutaneous Adverse Drug Reactions in Hospital Tengku Ampuan Rahimah, Malaysia

TEE SHWU HOON, MRCP

Introduction: Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN) , and drug reaction with eosinophilia and systemic symptoms (DRESS) are severe cutaneous adverse drug reactions (SCARs) related to a variety of medications. They have a significant impact on the public health in view of its high morbidity and mortality.

Objectives: To document the epidemiological features, the causative drugs and clinical outcome of patients with SCARs treated in Hospital Tengku Ampuan Rahimah (HTAR) from January 2009 to December 2013.

Materials & Methods: A retrospective review of the data of all patients with SJS, TEN and DRESS treated from January 2009 to December 2013 in HTAR.

Results: A total of 33 cases of SCARs were recorded. These included SJS (25), TEN (3) and DRESS (5). The mean age was 42.8 with a range of 7 to 81 years. The male/female ratio was 1.36 to 1. Allopurinol (11cases, 33.3%) was the commonest offending drug, followed by antibiotics (10 cases, 30.3%), anticonvulsants (4), non-steroidal anti-inflammatory drugs (NSAIDs) (3) and traditional medications (2). Eighty percents of SJS cases and all TEN and DRESS cases were treated with systemic corticosteroids. One case of TEN (33.3%) was also given intravenous immunoglobulins. All SJS patients survived. Two patients with TEN (mortality rate 66.7%) and one patient with DRESS (mortality rate 20%) succumbed due to sepsis.

Conclusions: The commonest drugs implicated for SCARs in our study were allopurinol, antibiotics, NSAIDs, and anticonvulsants. Inappropriate use of these drugs especially allopurinol will risk patients to develop SCARs. Early recognition and prompt treatment of patients with SCARs may improve their outcome.

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