NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

CONTENTS

From the Editor's Desk

Dear All,

Heartiest greetings to all members of NEIADVL.

It gives me immense pleasure to bring forth XXVIth Volume. May 2023 of **NEWSLETTER of NEIADVL** which is going to be released on 27th May, 2023 at **MID CUTICON NE States 2023,** Nagaon. This is my first newsletter as editor in my tenure.

In this newsletter, all branch activity of NEIADVL from December 2022 to April 2023 has been highlighted. Along with this, newsletter is enriched with contribution in the form of poetry, article, painting from our beloved members.

Any suggestion from readers to improve the newsletter will be highly appreciable. You can send your suggestions t o arupderma22@gmail.com

Happy Reading!
Long live NEIADVL, long live IADVL.

Regards,
Dr. Arup Paul
Editor, Newsletter, NEIADVL

Message from President

It is with the sense of immense pleasure that I learn that NEIADVL is bringing out its volume XXVI. May 2023 issue of NEWSLETTER.

I wish everyone connected with the NEIADVL all the best for this noble endeavor.

Over the years NEIADVL has been providing a quality forum to its members across the North East to keep them abreast of the recent advancements in the study of Dermatology.

Our resolve is to further raise the quality of study analysis in the diversified topics within the ambit of principled values and ethics.

In the time of rapid changes in the knowledge landscape, symmetrical sharing of knowledge among medical professionals is the best available option. NEIADVL is trying its best to maintain this communion by various workshop, CME and conferences etc.

I wish to thank the Editorial board of NEWSLETTER for creating the appropriate domain in facilitating the recent advancements of Dermatology in a well organized way.

I extend my best wishes to the entire NEIADVL fraternity.

Long Live NEIADVL, Long Live IADVL

Krishna Talukder
Honorary President, NEIADVL

Message from Secretary

Dear NEIADVLites

Warm Greetings!

It is a matter of great pleasure to present before you yet another edition of **"NEIADVL NEWSLETTER"**, the coveted mouthpiece of **NORTH EAST STATES BRANCH of IADVL at MIDCUTICON NE STATES 2023**, to be held at Nagaon.

The newsletter of NEIADVL has served as a great medium of exchange of views and knowledge among our members. Our Editor, Newsletter Dr. Arup Paul has added freshness and novelty to the publication with a new design and creative add-ons. I am sure Dr. Arup Paul has left no stone unturned in making it a grand success.

Wishing a grand success to the newsletter as well as **MIDCUTICON NE STATES 2023.**

Happy reading!!

Dr. Anushree Baishya
Secretary, NEIADVL

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

North East States Branch of IADVL(NEIADVL) Activity Report From 16th December to 30th April 2022

CUTICON NE STATES 2022 was organized at Borgos Resort Kaziranga as a two day event on the 9th and 10th of December 2022 with deliberations by dermatologists from North East States as well as other parts of India with discussions on several relevant and important aspects of dermatology, venereology and leprosy.

In the GBM held on 10th of december 2022, a new EC of NEIADVL was formed for the tenure of 2022 - 2024 with the following members.

President

Dr. Krishna Talukdar.

Vice President

Dr. Ashimav Dev Sarma | Dr. Sentila Longkumer

Secretary

Dr. Anushree Baishya

Joint Secretaries

Dr. Binod Thakur | Dr. Angshuman Bhattacharjee

Treasurer

Dr. Smrity B Das

Editor News Letter

Dr. Arup Paul

Central Council Members

Dr. Pankaj Adhicari | Dr. Biren Kr. Nath | Dr. K K Sharma Dr. Ruby Jain
Dr. Gautam Majumdar | Dr. Analjyoti bordoloi

The outgoing EC led by Dr. K K Sharma as president and Dr. Ruby Jain as secretary were applauded for their hard work and untiring efforts during their tenure.

COMMUNITY ACTIVITIES

NATIONAL LEPROSY DAY

On The 30th January 2023 National Leprosy Day was observed all over the North East through activities for public awareness. SIG Leprosy Webinar was conducted in association with North East States Branch IADVL and IADVL Academy and SIG Leprosy.

National Leprosy Day was observed by IADVL North East States Branch with active participation of members from all the member states and all chapters.

Dr. Jogesh Das (former prof. and HOD dept. of Dermatology GMCH) did an awareness video In popular news axomiya pratidin. Dr. K N Barua (former prof. and HOD dept of dermatology GMCH) wrote an article on Leprosy Awareness in Assamese Newspaper Amar Axom. Dr. Gautam Mazumdar, made public awareness video in popular news channel Headlines Tripura and FM Channel FM Ujjayanta 2026. Dr. Arup Paul wrote article in popular Newspapers Assam Tribune.

Free Health Camp for patients were conducted by respected Dr. Pankaj Adhicari prof. and HOD, dept. of dermatology at GMCH Guwahati with a talk on awareness about leprosy to patients and students. Dr. Krishna Talukdar prof. and HOD dept. of dermatology at JMCH Jorhat with talk on awareness and distribution of free footwear. Dr. Bhaskar Gupta prof. and HOD dept. of dermatology SMCH, Silchar did a health camp. Barak Chapter in Silchar also organized street play on Leprosy and UG and PG quiz for students in association with SMCH, Silchar as well as a CME on Leprosy.

Dr. Gautam Mazumdar at Tripura Medical College along with Dr. Rakesh Biswas organized health camps.

Dr. Arup Paul at DMCH, Diphu organized awareness camp.

Dr. Leishiwon Kumrah at CIHSR, Dimapur Nagaland.

Dr. Kalkambe Sangma at Shillong Civil Hospital

Dr. Debajit Dutta at Dibrugarh in his clinic.

Dr. Ruby Jain in Dimapur in her clinic

Dr. Bornali Deka at Dispur Hospitals, Guwahati

Dr. Debeeka Hazarika, Dr Urmimala Das, Dr. Smrity B Das, Dr. Anushree Baishya, participated in health camp at Ramkrishna Mission Charitable Dispensary in Guwahati. Dr. Mary Changte organized a CME at AIIMS Guwahati with participation and discussion with state NLEP officers. Dr. Kanak Ch. Talukdar organized a free health camp which was also attended by noted social activist Hem Bhai.

WOMENS DAY

On 8th March 2023 members spread awareness on common skin problems among women. Dr. Nazneen Jahan organized Free Health Camp at her clinic in Guwahati. Dr. Jagjeet Sethi organized free health camp at hope clinic, Shillong, Meghalaya. Dr. Smrity B Das did an interactive programme at all India radio, Guwahati

WORLD SKIN HEALTH DAY

On 6th April, 2023 Awareness Activities were conducted across all regions of North East States Branch of IADVL.

Leaflets in regional languages were made for distribution to patients and public outlining skin health and hygiene.

Write ups were published in popular newspapers by our Members. Dr. Joydeep Roy and Dr. Kinnor Das wrote about General Skin Health in Bartalipi and Dainik Prantojyoti Respectively.

Awareness activities were conducted at Tripura Medical College and Dr. Bram Medical College Agartala by Dr. Gautam Majumdar and Dr. Rakesh Biswas

Health Camps were organized in

1) Diphu Medical College,

2)Silchar by members of Barak Chapter and at Silchar Medical College and Hospital

3) Nemcare Hospital Guwahati by Dr. Anita Barua maam

4) Nagaland by Dr. Ruby Jain in her clinic

5) Old age home for destitute women Seneh at Guwahati with distribution of medicines and daily essentials

HEALTH CAMPS

Health Camp was conducted at Sos childrens village, Azara with the active initiative of Dr. Debeeka Hazarika, Dr. Urmimala Das, Dr. Seujee and Dr. Dipak. Dr.. K. N. Barua sir conducted a health camp at Morigaon and did free skin health check up.

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

ACADEMIC ACTIVITIES

Guwahati Chapter

CME 11thFebruary, 2023 | Vasculitis: Dermatologists Perspective Chairperson Dr. Hiranya Talukdar | Speaker Dr. Indrani Dey |CME 8th April, 2023

The role of Cyclosporine in Immuno Dermatological Conditions | Speaker: Dr. Debeeka Hazarika | Chairperson: Dr. Hiranya Talukdar

Dibrugarh Chapter

CME on 11th February | Role of Ozenoxacin2% in acne | Chairperson Dr. Shyamanta Barua | Speaker Dr. Devankur Dutta

Barak Chapter

CME on 12th February 2023 | Naftifine and other new antifungals Chairperson Dr. Bhaskar Gupta | Speaker Dr. Farhin Mistry

Shillong Chapter

CME At Shillong on 24th March 2023, case presentations and discussion on hair loss Disorders by post graduate students of North East Indira Gandhi Regional Institute of Health and Medical Sciences. Dr. Debastuti Bharali: Inverted Follicular Keratosis presenting as Cutaneous Horn. Dr. Sakshi Singh: A case of Malignant Syphilis in an Immunocompromised Female. Dr. Gurudharshane: Scrofuloderma Mimicking as a case of Mycetoma. Dr. Chingshubam Bikash: Usage of Redensyl Procapil based shampoo in Hairfall Management. It was widely attended by members of Shillong chapter North East States Branch IADVL and presided by Dr. Kalkambe Sangma and Dr. Binod Thakur.

Nagaland Chapter

CME on 15th April 2023 | Chairperson: Dr. Kindy Sokhlet Newmai
Welcome Address: Dr Mhabemo E Ovung
Topics: 1) Current Skin Care Trends - Its impact and the science behind Speaker: Dr. Niya Kath 2) A Mixed Bag, Speaker: Dr. Sentila Longkumer

CULTURAL ACTIVITIES

Dr. Sunita Mech performed at the Dermafest during Dermacon International 2023

ACHIEVEMENTS

Dr. Basobi Barua received The IADVL Dermapractice Award at Dermacon International 2023. Dr. Indrani Dey received the IADVL volunteer Appreciation Award at Dermacon International 2023. Dr. Gautam Mazumder and Dr. Rakesh Biswas received IADVL Certificate of appreciation in Dermacon International 2023. Dr. Kinnor Das released his book "Diabetes and Dermatology" At Dermacon International 2023 where he contributed as Associate Editor

MEMBERSHIP

Total Members as of 31/3/2023, Life Members 173, PLM Members 58
New Members December to January, PLM:12, LM: 4

Regards,
Dr. Anushree Baishya
Secretary, NEIADVL






NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

Message from Organising Secretary of MIDCUTICON NE States 2023

Dear Esteemed members

I take the pleasure of informing and inviting you to the 19th MIDCUTICON NE STATES 2023 of NEIADVL on 27th May 2023 at REFRESKO at Borghat ByPass, Nagaon Assam.

For some skin is art but to us it is purely science. Like any other branches of medical science, Dermatology is also advancing a lot, be it clinical dermatology or cosmetic and aesthetic dermatology, changes are evident everywhere. From newer medications like the biologicals and JAK inhibitors to the most sophisticated and state of art lasers we have a lot in our basket now. Pigmentary disorders like Vitiligo and Melasma, hair disorders Alopecia Areata and Androgenic Alopecia have also seen newer and better management. Yet some diseases like Fungal infections, skin diseases associated with diabetes mellitus and other connective tissues disorders, light induced disorders are becoming increasingly prevalent nowadays and needs longer duration of treatment and at times multidisciplinary approach. To address these issues we have a group of experts, experienced in these fields, willing to share their views and experience with us.

No conference can be successful without the active participation and contribution of its members. As professionals in the field of Dermatology, we fully appreciate that your participation and contribution is a valuable asset to the success of this event.

Looking forward to welcome you all at Nagaon.

Dr. Prasanna Kr. Saikia
Organising Secretary
MIDCUTICON NE STATES 2023

Treasurer's Report - NE States Branch of IADVL

GST No: 18AAA9928M1ZW (opened in Feb 2020)

In Savings account as on 30th November, 2022 - Rs. 5,08,939/- | Closing Balance in NEIADVL savings Acount as on 30th April, 2023 – Rs 3, 35,399.78/-

STATEMENT FROM 1ST DECEMBER, 2022 - 30TH APRIL, 2023

S.NO	EXPENDITURE	INCOME
1.	Rs 25,769.72(Payment to Past treasurer on transfer of beneficiary name of electrical connection to NE IADVL)	Rs 2,666/- + Rs3,165/- (Credit interest)
2.	Rs 15,494 (Payment to Past treasurer on Webcon, E-bill, Printing, Memento,Awards of CUTICON 2022)	Rs 22,520 /-(Tax refund AY 22-23)
3.	Rs 27,972 (NE IADVL Society fees, July 2022- March 2023)	Rs 4,500/- (IPCA LABORATORIES on GST payment MIDCUTICON NE STATES 2022)
4.	Rs 1,651 /-(Electricity bill, Nov, Dec,2022)	
5.	Rs 265.50/- (Bank charges)	
6.	Rs 1,35,238 /-(GST payment Nov 2022)	
	Total Rs 2,06,390.22/-	**Rs 32,851/-**
	Expenditure:	
1.	Payment to Past treasurer (transfer of electricity bill to NE IADVL)	Rs 25,769.72/-
2.	Payment to Past treasurer (Webcon, E bill, Printing, Memento, Awards of CUTICON2022)	Rs 15,494/-
3.	NEIADVL Society fees (July 2022- March 2023)	Rs 27,972/-
4.	Electricity bill (Nov 2022 Rs 268/- , Dec 2022 Rs 1383/-)	Rs 1,651/-
5.	Bank charges (Rs 177/- +Rs 88.50/-)	Rs 265.50/-
6.	GST payment (Nov 2022) Rs 1,35,238/-	
	Total expenditure: (Two lakhs six thousand three hundred ninety and twenty two paise only)	**Rs 2, 06,390.22/-**
	Income:	
1.	Credit interest (Rs 2666/- + 3165/-)	**Rs 5,831/-**
2.	Tax refund AY 22-23	Rs 22,520/-
3.	IPCA LABORATORIES LTD on GST payment of MIDCUTICON NE STATES 2022)	Rs 4,500/-
	Total Income: (Thirty two thousand eight hundred fifty one only) Closing Balance as on 30th April, 2023 Rs 3, 35,399.78/- (Three lakhs thirty five thousand three hundred ninety nine and seventy eight paise only)	**Rs 32,851/-**

Sd/-
Dr. Smrity Buragohain Das
Treasurer NE STATES BRANCH of IADVL

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

ARTICLE SECTION

20-20: A Cricketing Razzmatazz

18 April 2008, a red letter day in the history of Indian cricket as it was on this very day that the first ever match between two franchises, Kolkata and Bengaluru was played at the M Chinnaswamy stadium in Bangalore, thus green flagging off an era that would go on to gift us many precious moments both on and off the field in the days to come. This was something entirely new for the people of the country as franchise cricket was a concept unheard of in Indian cricket. But it didn't take long for the people to welcome it with open arms and it would soon become the favourite prime time pastime of the people. In its inaugural edition, eight teams participated representative of 8 major cities of the country which comprised of a host of Indian and overseas players. The tournament couldn't have gotten a better start than Kiwi star Brendon Mccullum smashing an unbeaten 158 runs off just 73 deliveries in the first match of the league itself for his franchise Kolkata against Bengaluru. This innings has remained etched in the memory of the cricket fans till date. The inaugural edition saw the Rajasthan franchise crowned champions led by the late Australian spin wizard Shane Warne. The tagline of the league is " Where talent meets opportunity " and truly this is what we've seen over the years with many Indian uncapped stars getting the opportunity to play in the national team after having a prolific season in the league. The digital viewership also skyrocketed like never before with the game reaching every nook and corner of the country. The months of April-May would become the most awaited months of the year for the cricket buffs so much so that even the International Cricket Council created an official window period wherein no international matches would be scheduled thereby allowing all the international players to participate in the league. The subsequent years saw the league go off shore to places like South Africa and the UAE which boosted the international viewership by manifolds. Another attraction of the league is the lucrative auction process via which players are drafted in their respective franchises. Over the years many Indian as well as overseas stars have bagged huge sums to play for their respective franchises which was unheard of before in cricket. The league strengthened the franchise concept with fan bases panning across the country. Wherever the matches couldn't be held fan parks were organised so that everyone could feel the excitement and adrenaline rush associated with this fast moving and most concise version of the game. Overall this competition revolutionised the game of cricket in the country and paved the way for a completely new perception of the game. However this cash rich league has had its fair share of ups and downs. In 2013 an allegation regarding spot fixing and betting came to limelight which led to the suspension of few cricketers. This gave rise to many reforms and a strong anti corruption unit so that similar instances could be prevented in the future. Inspite of a few hiccups the tournament has largely managed to carry on its legacy untarnished. This annual sporting extravaganza has not only given youngsters an opportunity at the highest level but also provided livelihood to a host of other people ranging from a simple paint artist to big hoteliers and ad companies which provide employment to tens of thousands of people. Overall it is no less than a festival that is celebrated every year in the months of April-May in the country uniting young and old alike while rooting for their favourite teams. A marquee sporting event that has won its place in the heart of every ardent cricket loving individual has come a long way since its inception 15 years ago and has a long and brighter future ahead.

DR. AMLAN JYOTI SHARMA
Registrar, Department of Dermatology, GMCH

Soft Skills: Can It Be Little Step Forward Towards A Better Healthcare ?

SOFT SKILLS : WHAT IS IT ?

For the sake of formal definition, soft skills are the personal qualities that enable us to communicate well with other people. And in the context of Healthcare , to communicate well with patients, caretakers and amongst the healthcare providers as well. However ,does this definition encompass all aspects of soft skills! No, certainly not. The perview of soft skills goes beyond communication and also include but not limited to related personality skills like critical thinking, emotional intelligence,team work ,time management , problem solving and a strong work ethic . This is in contrast to hard skills, which are the technical abilities or knowledge required to complete specific tasks.

Hard skills are eventually learned during the course of curriculum in health care professional course,and application of it in our day to day health care services. However, soft skills which we as Healthcare providers sometimes tend to overlook ,also plays an important part in improving the overall quality of Healthcare system and its importance cannot be denied too.

IMPORTANCE OF SOFT SKILLS IN HEALTHCARE SYSTEM

Soft skills do form an integral part of patient's care and Healthcare system as a whole . It would be great to give utmost importance to develop soft skills which in turn can potentially improve the overall Healthcare system and create a healthy doctor- patient relationship and Healthcare system as a whole.

Examples of soft skills include :

a. Good Communication skills
b. Compassion and patience
c. Flexibility, adaptability and emotional stability
d. Proactive ethical and responsible nature
e. Honesty
f. Effective team player
g. Strong work ethic
h. Time management

Soft skills affect everyone-patient, caretakers, doctors, nursing staffs, technicians and all the medical personnel as a whole . Having good communication skills or the ability to communicate effectively is one of the important aspect of Healthcare system. Good communication skills require us to be good listener first and to comprehend and communicate in clear

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

terms to patients and their caretakers. Learning to develop such skills and practicing daily can really improve the overall quality of health care system. It also influences how public view Healthcare system and in turn influences their treatment outcome, adhering to the treatment, and also follow up and most importantly establishing trust between Healthcare system and public / doctor patient relationship.

Therefore, understanding what soft skills are and trying to truly implement it can bring drastic change in a good way to a healthy health care system.

STRATEGIES FOR DEVELOPING SOFT SKILLS

The first step would be to find out which are lacking, and thus creating a list of 3-5 reasons, the soft skills should be learned and hence will give a framework for developing it .

The next step is to practice the skills daily. Practicing daily can quickly form a habit with some skills while some skills may take time.

However it is also important to keep in mind that mastering soft skills is an ongoing process and must be continued throughout the professional career.

Proper use of soft skills not only creates valuable health care team members, buy also creates an environment to provide the best patient care.

SOFT SKILLS IN DERMATOLOGY

Soft skills play an important part in all the healthcare areas and its importance also cant be overlooked in Dermatology. Skin diseases that we encounter in our day to day practices tend to run a chronic course and has relapsing and remitting nature, for examples leprosy, vesicobullous diseases, psoriasis, connective tissue diseases, etc . Exercising good soft skills in addition to hard skills in dealing with such patients is a key to their treatment outcomes and in overall improvement in their quality of life .

To conclude, Healthcare systems are interdependent and establishing a good and healthy balance among the Healthcare professionals forms a key role in improving the quality of patient care . Thus learning to inculcate the habit of developing a good soft skills and making an effort to exercising it daily can really bring huge positive impact on Healthcare system as a whole.

Dr. Bonnyma Rongpharpi
Registrar,Dermatology
Diphu Medical College

PAINTING

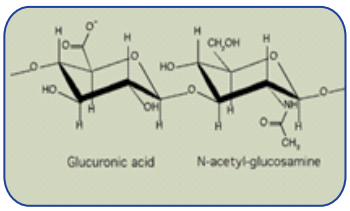
Dr. Montu Deka
Senior Dermatologist
Guwahati

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

Dermal Fillers: Focus on HA

Dr. Jagjeet Sethi
Consultant Dermatologist,
Hope Clinic, Shillong

Approach to facial aesthetics is comprehensive, it aims at restoration of facial volume, asymmetry, smooth contour and homogenous skin tone. Fat was the first pre modern filler. It was used to replace volume after trauma. Collagen was the 1st US FDA approved filler while Silicon was the 1st non FDA approved filler. With HA there has been a shift from '2D' to '3D' from lines and wrinkles to subcutaneous atrophy & fat loss. 80% of fillers used world over are HA. Non HA fillers e.g. Poly L lactic acid(PLLA), calcium hydroxyapatite (CaHa), polymethylmethacrylate (PMMA) induce host response,



endogenous collagen production rather than true volume replacement.

Hyaluronic Acid

Hyaluronic acid is a polymer with repeat disaccharide units of glucoronic acid and N Acetyl glycosamine. It is identical in all species, there is no antigenic or tissue specificity thus low incidence of allergic reactions. Hyaluronic acid stabilizes the extracellular matrix ECM where elastin and collagen lie embedded. 50% of body HA is in skin, 1/3rd of it is degraded and synthesised daily. It is obtained from animal and bacterial sources, absorbs water 1000 times its molecular weight and provides skin turgor, rigidity, hydration, cellular movement and regeneration. Hyaluronic acid protects the skin from free radical damage especially against UVA and UVB. It has short half life of 1-2 days, is digested by natural hyaluronidase and metabolised to H2O and Co2. Aging reduces HA production thus increasing lines and folds.

HA Manufacturing Process

- Dilution of HA powder in basic medium
- Crosslinking with BDDE (butanedioldiglycedylether), modifies the properties thus making it less degradable, last longer and stable
- Dilution of gel in a basic medium by adding lignocaine.
- Purification
- Mixing of purified crosslinked HA and free or mildly cross linked so that the gel can flow out easily
- Sizing into smaller domains to allow injection through needles as a homogenous gel or a suspension of particles in gel carriers
- Filling syringes
- Sterilization
- Packing

Factors Determining Product Choice

Viscosity is the fluid's resistence to flow. High molecular makeup causes a lot of internal friction and resists motion. Low molecular makeup causes low internal friction, therefore easy to flow. Elasticity is the ability to return to resting state when force is removed and recovers shape completely. Higher the G'prime, higher the elasticity, more the lift, more the rebound. G'prime decides physical differences and performance of different HA. Always MATCH the rheological and physiochemical properties to the anatomical area to correct for predictable results. Variable and flexible character of HA allows various products to be be used in various anatomic areas.

Advantages of HA fillers

- Safe
- Reliable, low potential for allergy
- Require no pretest
- Good choice for novice injectors and for treating naive patients
- Wide range of products, reproducible results
- Easily dissolved with hyaluronidase
- Can be layered, minimal downtime
- Lack of migration
- Preloaded with xylocaine and no refrigeration required.

Assessment Prior to Treatment

- Perform regional assessment
- Note which areas reflect light or shadow
- Note for tissue weakness and facial asymmetry
- Assess bone loss, fat loss, tissue quality
- Dermal ageing
- Facial contours
- Folds, lines
- Protuding musculature
- Bony landmarks
- Angularity

Changing features from youth to old age

- Temporal atrophy
- Lateral brows ptosis
- Crow's feet
- Malar bag, eye bags
- Skeletonized zygoma
- Submalar hollow , anterior cheek bunching
- Nasolabial fold (NLF) accumulation, jowls

Cranio facial changes

- Internal rotation of facial skeleton
- Deepening of Pyriform space
- Maxillary retrution
- Widening of orbits superomedial and inferolateral
- Shortening of mandibular ramus and body, mandibular angle becomes obtuse

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

Complexity of the Face

Overlying the bony base are the muscles, deep and superficial fat compartments, superficial and deep fascia, ligaments, blood vessels and nerves.

Where to inject and not to inject? What to inject? What sequence ? How much? Must be known before starting the treatment

Facial artery

Facial artery lies on the mandible border 1 cm anterior to masseter, it ascends toward glabella along nasolabial fold (NLF) with a tortuous and variable course. Angular artery anastomoses with dorsal nasal and supratrocheal arteries therfore connecting the internal and external carotid systems. Any occlusion, embolic events, high pressure can cause extensive tissue necrosis. Variability maybe seen in blood vessel but the plane or depth of injection always remains the same. Supratrochlear and Supraorbital arteries exit the orbit and course superficially from muscle to subcutaneous plane, thus injection within 1 cm must be superficial. Above 1 cm injection must be deep. Infraorbital foramen lies 1cm below orbital rim along medial limbus avoid deep injection here.

Aims

- Install small amounts of filler in certain areas with specific placement to achieve maximum result in predictable parts of face.
- Address the emotional attributes.
- Maintain gender proportions.
- Golden ration 1.618:1.

Precautions

- Procedural hygiene.
- Always aspirate, slow injection
- Avoid large volumes
- Attention to colour change, blanching are warning signs suggesting vascular compromise.

Table D.2 Considerations in the Choice of Injection Device

Device	
Cannula	May minimize risk of intravascular injury and bruising Recommended for use in danger zone areas
Needle	May be preferred for fine, controlled injections Ideal for bolus at the supraperiosteal level

Table D.3 Details of Injection Delivery

Microaliquot	Very small droplet of injectable (0.01–0.05 mL per point)
Aliquot	Static injection of a small amount of injectable (0.1–0.2 mL)
Small bolus	Static injection of injectable (0.1–0.3 mL)
Linear	Anterograde or retrograde
Fanning	Multiple linear injections via a single-entry site creating a fan-like pattern with needles or cannulae

Location	Injection Site
Forehead	Pre-periosteal
Glabella	Intradermal
Nose	Pre-periosteal/pre-perichondrial
Temple	Pre-periosteal subdermal
Cheek	
Anterior/medial	Subcutaneous
Tear trough	Pre-periosteal
Malar eminence	Pre-periosteal
Submalar	Subcutaneous
Nasolabial fold	
Upper/pyriform aperture	Pre-periosteal
Middle	Subdermal/intradermal
Lower	Subdermal/intradermal

- Pain out of proportion
- Defer treatment if there is infection or inflammation at site or recent dental treatment
- Prophylactic treatment with oral acyclovir with a previous history of herpes
- Follow –up after 48 hours to note for early signs of vascular compromise and then after 2 weeks.

Contraindications of dermal fillers

- Pregnancy,lactation, children
- Recent treatment with other fillers within 6 months to 1 year
- Permanent fillers or implants of any kind
- Active infection at site
- Herpes simplex without prophylaxis
- Known allergy to fillers, lidocaine
- History of anaphylactic shock
- Keloid or hypertrophic scars
- Autoimmune diseases
- On drugs like aspirin/warfarin
- Epilepsy
- Body dysmorphic disorder

Complications

- Edema,pain, bruising and haematoma
- Tyndall effect
- Hypersensitivity reactions
- Beading, surface irregularity
- Nodules
- Infection
- Biofilms
- Necrosis due to Intravascular injection
- Blindness , 80% is due to injection at glabella and nose

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

Intralesional Radiofrequency(ILRF) for Papular Acne Scars

Acne vulgaris is a chronic inflammatory disorder of the pilosebaceous unit that affects majority of individuals during adolescent age group. Scarring is one of the most distressing sequelae of acne and it is associated with profound psychological morbidity leading to depression and anxiety. Acne scars can be classified into increased tissue formation (hypertrophic and keloid scars) and loss of tissue (ice pick, rolling and boxcar scars).Each category of scar requires different and may be multiple therapeutic approaches. Papular acne scar is a different subtype comprising multiple skin-colored soft papules around 2–4 mm in diameter, distributed typically over the nose and the chin. One study of 185 patients in the UK suggests that up to 95% of patients with active acne have evidence of facial scarring. Papular scars are seen in about 10–15% of the patients with acne scarring.

Different modalities such as subcision, punch excision etc. can be tried for treating these scars. Out of these intralesional RF is one easy and convenient technique. Normal radiofrequency ablation of papular acne scars can lead to scarring and PIH. Intralesional RF (ILRF) targets only the deeper reticular dermis. This minimizes the chances of scarring.

In our department, we use an intravenous (IV) cannula of 22 G for this procedure. A small window is created at the proximal end of plastic sheath. The tip of cannula is inserted into the center of the papule. Electric current is passed from RF probe to IV cannula when RF probe touches the cannula through the window created. RF ablation of dermal and subdermal tissues causes vertical breakdown of fibrotic scars. ILRF targets only the deeper reticular dermis, thus provides better cosmetic outcome with minimal scarring.

So ILRF is a minimally invasive, safe and effective way of treating papular acne scars, which can be carried out easily in dermatology procedure room.

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Dermoscopy: Aspects beyond diagnosis

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Most of us have become quite familiar and have taken a great liking to the recent addition to our armamentarium. Yes, we are talking about the dermatoscope. While it has been an immensely reliable tool in confirming and differentiating various dermatological conditions, its indications beyond diagnosis has been found to be ever growing over the past several years.

Dermoscopy, or epiluminescence microscopy is a non-invasive, in-vivo technique where the lesion to be examined gets magnified and transilluminated; thus, helping in visualisation and assessment of subtle features till the depth of the dermis. Besides the in-built illuminating system, the newest generation of dermatoscopes comes with an inbuilt cross-polarisers (which filters out the scattered light from the periphery, reduces glare and the need for linkage fluid) and photography system with software or adapters (to attach to digital cameras or smartphones) for capturing images and easier documentation.

With the help of dermoscopy the disease activity can be ascertained to a great extent. For eg, black dots, yellow dots, exclamation mark hair and clustered vellus hair are signs of active alopecia areata, whereas a treatment-responsive alopecia areata has pigtail and upright regrowing hair and the black dots start disappearing. These changes are often detected by dermoscopy before it is perceived clinically. It holds true especially for pigmentary disorders such as melasma, lichen planus pigmentosus, vitiligo, alopecia etc. Dermoscopic imaging has also helped in mapping and proper ablation of warts. Thus, one can visualise early, evaluate, compare and document the effectiveness of the treatment, including clinical studies for therapeutic modalities evaluation. Not only has dermoscopy helped to curb down the need for biopsy in several cases, but it also aids in the selection of the optimum site for biopsy, especially in various pigmentary disorders, alopecia, vasculitis and skin tumours. Furthermore, ex-vivo dermoscopy i.e., dermoscopy-guided histological sectioning has been found to allow better sectioning of the biopsy sample with more accurate and less time-consuming histological diagnosis. It has also been reported to aid in identification and removal of foreign materials impacted in skin as well as retained sutures in crusted wounds.

It has been found to be useful in assessing stability of vitiligo and selecting patients for surgical intervention. Similarly, trichoscopy has been increasingly used to assess and record parameters, such as the size and number of hair follicles, etc of both the donor and recipient sites in hair transplant patients. The post-transplant complications could also be detected earlier. Prediction of presence of residual disease in skin tumors such as BCC by dermoscopy has been reported.

Dermoscopy-guided evaluation and identification of the predominant abnormality in peri-ocular hyperpigmentation helps to formulate

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

customised treatment protocol. Dermoscopic photoaging scale has been recently validated as a quantitative evaluation of photoaged facial skin. It has also played an important role in monitoring the response to laser hair reduction, especially in dark-skinned patients with hirsutism and fine tuning of the parameters.

Confirmation of pathergy test and patch test reaction, teledermoscopy are few of the other uses of dermoscopy that is worth mentioning. Dermoscopy with its promising applications even in facets beyond diagnosis, cannot be now considered an ancillary tool for a dermatologist. It has become a handy, versatile, and reliable tool, and a skill that has to be acquired and customised.

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Pyoderma gangrenosum in old age - A challenging case to manage

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Introduction:

Pyoderma gangrenosum (PG) is a rare inflammatory disease of unknown etiology characterized by neutrophilic infiltration of the dermis, which was first described by Brunsting et al, in 1930. The etiopathogenesis of PG is still not well understood. The most commonly seen variant is the classical pyoderma gangrenosum, which presents as a painful, rapidly progressive ulcer with an irregular, undermined, violaceous border. The lower legs are most frequently affected although PG can present at anywhere in the body. Underlying systemic conditions are found in up to 50% of cases and thus clinicians should investigate thoroughly for such conditions once a diagnosis of PG has been made.

We present a 66 years old hypertensive female patient, with a non-healing ulcerative progressive (12 cm × 8 cm) pyoderma gangrenosum (PG) of right lower leg since last 7 months. Because of her age and gastric irritation patient can not tolerate many of the common systemic medicines like, systemic steroids, dapsone or other immunosuppressive for longer duration. We managed the case in a different innovative way with PRP (Platelet rich plasma) and PRF (Platelet rich fibrin) monthly with paring of the wound margin to complete the healing process.

Case Report:

A 66-year-old hypertensive female patient, presented with an acutely painful, tender ulcer over the right lower leg, which has initially presented as a small ulcer and slowly enlarged to a size of 12 cm × 8 cm over a period of 7 months. Ulcer showed well defined, indurated, violaceous borders, and the floor showed granulation tissue with bleeding and yellowish-greenish slough (Fig 1). Mucous membranes were not involved and there was no lymphadenopathy. Apart from mild anaemia (9.1mg/dl) her routine hemogram with peripheral smear were normal. The results for Venereal Disease Research Laboratory (VDRL), antinuclear antibody (ANA), RA factor, TSH, Blood Sugar (BS), Liver function test (LFT), Kidney function test (KFT), lipid profile, HBs antigen, HCV antibody enzyme-linked immunosorbent assay (ELISA) for HIV 1 and 2 and tissue smear & culture were negative. Abdominal-pelvic ultrasonography, and upper G.I endoscopy for gastritis showed normal results. Doppler studies of the arterial and venous systems were also carried out which was not significant. Systemic examination was normal.

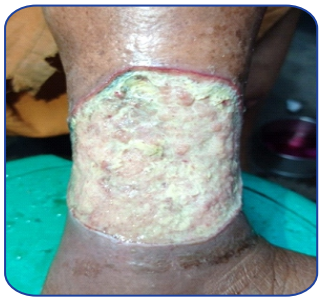

Fig 1: Before treatment

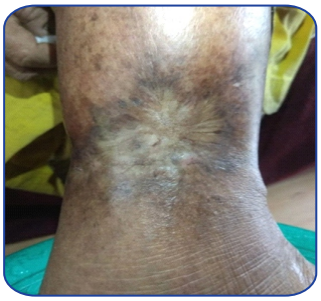

Fig 2: After treatment

A biopsy was taken from the edge of a lesion. Histopathology showed nonspecific findings of dense sterile neutrophilic infiltrate in the dermis. No signs of any vasculitis or any malignancies has been found.

Discussion:

Pyoderma gangrenosum is an inflammatory disease characterized by neutrophil infiltration involving the skin and other organs. The disease usually affects the age group of 40–60 years. The lower legs are most frequently affected although PG can present at anywhere in the body. The diagnosis is mainly clinical, with recognition of evolving clinical features, as histopathology is nonspecific mostly. Six broad disease categories that may simulate PG are vascular occlusive or venous disease, vasculitis, malignancies, infection, exogenous tissue injury, and other inflammatory disorders. These should be specifically ruled out before a diagnosis of PG is made.

In our case the patient is a 66 years old mild anaemic, hypertensive lady. Our main problem was because of her age and gastric irritation she cannot tolerate many of the common systemic medicines like, systemic steroids, dapsone or other immunosuppressive for longer duration.

So, we tried monthly PRP with PRF at the same time, with oral 50 mg dapsone and colchicine 1 mg daily but because of the extreme pain we stopped giving PRP after 3 months. The PG healed 50% of it, by the end of 8 months with PRF and oral medicines but the healing has stopped after 8 months of treatment with the same medicines. So after 1 year of treatment we started paring the edges of the wound with a surgical blade every time with PRF. Along with that we added topical beta blocker solution at day time and tacrolimus solution at night. After 4th sittings of these paring with PRF and along with low dose dapsone and colchicin the wound has healed rapidly (Fig 2)

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

In our case PG was a big non-healing ulcer on the leg, in an old patient who has multiple co-morbidities. So, It was a real challenge for us to manage the case without doing any skin grafting surgery.

Conclusion:

Pyoderma gangrenosum is a serious skin condition, frequently associated with systemic disease, and often confused with other skin diseases. Pyoderma gangrenosum should be considered when evaluating patients with ulcers and wounds specially in old ages, where the wound healing is very poor. When steroids and other immunosuppressive cannot be used, PRP and PRF is a good alternative safe option compared to a major surgical split skin grafting in case of larger PG. Treatment of PG remains largely anecdotal, with no national or international guidelines, and is selected according to severity and rate of progression. A high index of suspicion for diagnosis, continuous monitoring, and constant surveillance is essential to prevent its recurrence and prompt management.

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My Day Dreaming Episodes

Everyone dreams at night, maybe I dream the most. It comes out to be true many a time. I have been dreaming during sleep since the time I remember myself. But have you ever done day dreaming? For me - yes! I have and very significant ones.

The first day dreaming

It was 2016 or 2017.I was exposed to Yoga & meditation for the first time in my life. It was a workshop. Some followers of Sri Sri Ravi Shankar had come to impart the workshop on this subject. I was one of the people representing from our hospital. I do everything very sincerely to my best extent. "Whatever I do, should be done in the best way"- is the motto of my life. No doubt. I attended the yoga sessions very attentively. At the end of Yoga, they helped us to do meditation. In one of the meditation session they led us through our life's journey, since our birth to present to future. I remembered the incidents, moments I have been through whether good or bad, since my infancy, childhood, primary school days, high-school days, college days, marriage life, and beyond. At one point I reached a stage my daughter was around 25 years' age. I could feel my skin with some wrinkles, indicating my age. My daughter came with a boy "Mom, I want to marry this guy!" I was shocked, surprised, happy & sad. I didn't know how to react. Tears rolled down my eyes. I knew she had chosen a good human, there was nothing to deny, they were a perfect match. But it was time to share my daughter with someone else. That gave me unstoppable tears. I could not stop them. They rolled & rolled down. I knew this was not the truth. My daughter was just one and half years old then. But no, my tears did not stop!

I realised: "Oh, this is the pain my parents might have felt when I married, when my brothers & sister married". Also, I thought our parents are our need. but our children are our love. Or why did I not cry for the past events, or may be because past is past, our sub-conscious mind knows, may be that is why I did not cry for the past events.

It was a meditation or hypnotisation. For me it is a day dream. And a very significant day dream. I love to recollect now.

My second day dreaming episode

It was the year 2019. My husband had proceeded for post- graduation in radiology, in Command Hospital Air Force Bangalore (CHAFB) leaving me with my kids. Now my calculation was: if I didn't do Post Graduation (PG) at that moment and proceed after 2-3 years my Kids would be separated from their father for around 6 years. Already my daughter didn't mingle much with him due to physical separation. Now only I had the solution. It was that I had to do PG in CHAFB, preferably in Dermatology, but any subject will do, if I get in CHAFB. Actually, I thought to take only dermatology, as I thought, if I do PG in dermatology, I would be able to manage my children's care as well as studies together. And yes! That year was the last option for me to do PG. Otherwise I would not do PG for sure! So, I tried! I studied. Spent a huge amount in marrow coaching, also attended online live sessions by Dr Murali Bharadwaj and also prayed to God to open His eyes & look at me with His opened eyes.

Finally, exam approached. I could not relax much before exam. So, I slept around 3 hours only on the day before exam. It was NEET exam for PG. I entered the exam hall, sat on the seat in front of the computer system allotted to me. I think my eyes were open. I saw I was called onto the stage with the declaration, "Dermatologist. Dr Sunita Mech". I was doing namaskar & entering the stage, behind me on screen was the picture of my Krishna, my love. Whatever you call it; a vision by non- medicos; a hallucination by medicos; for me it was a day- dream. I frankly don't know if I was dozing in sleep or I was wide awake for my exam. I just wanted it to happen, and by God's grace it happened.

I have become a dermatologist!

My third day dreaming episode!

The PG days were not very easy.

In 2016 I had the experience of working more than 14 hours per day continuously for 54 days. After completion of which I felt like a soldier who had won a battle & was returning home tired but still with positive thoughts, "Oh God! You know I have done a lot, I suffered a lot, not for myself, but for others. In return, I just want, please do something good for me." I thought PG in Dermatology would be easier than this.

My expectations went in vain! Life in Dermatology in PG was not as easy as I expected it to be! Moreover, I was mother of three, needing care as per their differing ages; wife of a husband who himself was doing PG & a guardian to the two care takers of my three kids. Studying like a medico, presenting

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

cases, was a history for me. I didn't know that doing PG in dermatology can also take away all your time.

All your thoughts that you can give time to your kids plus you can study was not true. I realised. I thought, "I did a mistake. I should not have come at this moment. May be, I should have never came! May be, it would have been better if I would have declared to my parents that I don't want to be a doctor, before doing MBBS, I don't like study long-long texts, I like doing maths, but not study!"

Different thoughts came to me at different times. The faculty supported me a lot. They taught, "Every post graduate feels the same during the course, but that is not right, you can do it." They had faith in me more than myself. I learnt to give importance to the positive talks & neglect the negative ones. Every positive word towards one, I took it as an inspiration, whether it be from my faculty, my seniors, friends or juniors. One of my juniors asked my notes from which I was studying. I was very surprised, how come she ask me that, how come I give it to her before the results are out, how come one think of that I can part with the notes which will be so dear to me after the togetherness of such critical moments. But I took it positively. I thought, maybe she knows & God is sending me a message through her that I will pass with flying colours & I should part away my notes with people who really need them. Anyway, PG days were passing by & exam was approaching. I too was tensed like everyone else. Then came a beautiful day. It was 15th March 2022. I thought to pray before studies for around 10 minutes to calm my mind. I let the prayer play in You Tube in my mobile and closed my eyes. Somehow, I started dancing. Then my lord, my Krishna started to dance with me. I was enjoying the moment. But I knew I had the responsibility. I had the responsibility to study, to pass at the very first attempt. Otherwise again there would be difficult time for my family, my kids especially. I won't be able to give quality time to them. Since they came to earth through me, it is my responsibility to give quality time to them, to show them the path I think to be correct. I wanted to stop dancing, I wanted to open my eyes & start studying. But, somehow, I could not. My Krishna and I Kept dancing. I could not open my eyes even though I was trying hard. It went on for half an hour till the song ended. Amidst the exam tension I had no thought ever of dancing. How did I dream of dancing, that too when I was wide awake. I am sure I was not sleeping. I am sure I was not deprived of sleep the previous night. How was I hypnotized? Was it a hallucination again? Was it a vision? Was it a day dream? I don't know the proper answer! Whatever it be, I felt a certain happiness. I am happy from that day onwards. I have learnt that at any point of time in your life both the options for happiness & sadness exists. It is you to decide which side you want to live. May be God wanted to tell, "live like the child inside you, you would be happy."

Yes! This is the day dream that has changed my life.

Note: To my doctor friends: Yes! I sound crazy. But this is what I am! I am happy to accept anything that gives me happiness. May be there is some science behind that I or we don't reach.

I believe my Krishna came to the world in the form of Sai of Shirdi. It is in this form, that he appeared to me in the exam hall. It is in this form, that he danced with me for half an hour & blessed me with happiness & peace.

Declaration: Through these pages of my diary, I am not promoting any institute, any person or even God (I believe God is in every living being, even in the person who is reading this)! It's just my experience! Yet, I am Thankful to all my experiences which brought me to the present moment.

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The Mole Story

As doctors we have the privilege to interact and learn from our patients. Our encounters can vary from emotional to light hearted and sometimes even life changing. Humour in medicine can treat half the disease and can also sometimes control an out of hand situation. Regular doses of laughter are actually good for both the treating doctor and the patient. From the occasional "Is this cirrhosis doctor?" - for psoriasis to "I have Google diagnosed myself, just here to know if all these products (a big stash of medicines, creams, lotions and the now popular serums) work". Patients of the present era come with demands in all shapes and sizes. Gone are the days when patients diligently followed the doctors advice. A mother of an adolescent child went on and on, " Don't give this, don't give that, I don't think he needs oral medicines". I finally gave up and smiled, "Please tell me what you want me to give him, I will write it down", to which she coyly remarked " No no doctor, you know best" . Do I ? I really do wonder sometimes. When after explaining the A-Z of the pathogenesis of the disease the patient innocently asks "So what is the cause of this", I swallow my knowledge and calmly reply "Allergy/Infection". The following incident was both amusing and also gave me an insight in to how deep rooted folklore is in our community.

A young girl in her early 30's (since 30's are the new 20's) came with complaints of hair fall and some other usual concerns regarding her skin. At the end of the consult, she casually asked me if we remove moles. I said " Yes, we do" and started searching for the unwanted moles on her face, getting ready to sort the beauty spots from the not so beauty one's. I started with my " an average human has about 20 moles or more over the body and the ones around the mouth are considered to symbolise beauty and blah blah…" She immediately stuck out her hand towards me, almost as to stop my moler speech. She told me the moles were on her hand and that she was keen on removing them. I thought to myself that the patient is probably very cautious and must have googled about melanomas and hence the preventive move. After a careful clinical and dermoscopic examination I told the patient that the moles were harmless and we could just keep them under observation for now with no immediate intervention required. The patient still insisted that she wants to get rid of all the moles on her left palm. I wondered why the patient was so adamant and eventually voiced it to her. She smiled and said, " Doctor, I am a little superstitious and have been asked to get rid of these spots".

I am not a very superstitious person but my inner pundit woke up. I did remember hearing stories of how moles on the palms symbolise acquisition of wealth or how one is going to earn money and are infact considered lucky! I think the patient also figured out my confusion when I told her about these myths. She laughed at me and said, " Doctor it's all about which hand the moles are on! If the mole is on the right hand, it means money comes your way and if they are on the left , money goes away". This was the reason the patient was keen on getting all the moles on her left palm removed while the

NEIADVL
NEWSLETTER
Volume: XXVI • May 2023
Official Mouthpiece of N. E. States Branch of IADVL

ones on the right palm sat there shining brightly, waiting for some moolah to come in.

What an amusing conversation! We both had a good laugh. The moles on the left palm are responsible for one being a spendthrift while the ones on the right palm signify a healthy economical state. And removing them was the solution (Na rahega baans, na bajegi baansuri - concept). This was definitely new information for me. This conversation also reminded me of how religion, folklore and myths are intertwined with the basic thinking of our society and that truly makes generating awareness about any disease, a big challenge for the healthcare providers. With patients using magic steroid creams to whiten their face, genitals and every possible body part , we are headed into the patient knows best era. Well since that day, I have been spotting new moles on my left palm while my right palm refuses to display any signs of new income. Though I have tried my best to not look at my hands, as the saying goes " The eyes will see what the mind knows".

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POETRY

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FORGIVENESS

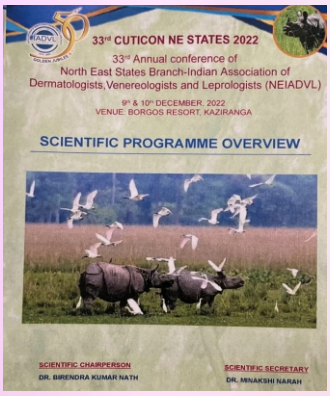
I forgive you
Long before you ask
I forgive you
You may not know it
Never care for it
May never know
You've caused pain.
Still, I forgive you.

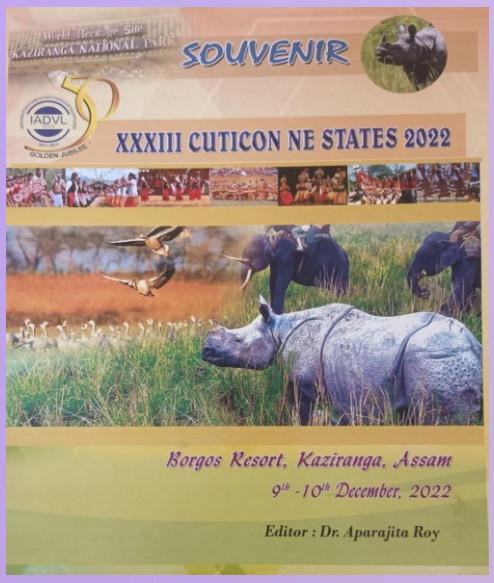
I forgive you
For it heals me
Roots out the bitterness
Within me
Doesn't matter
If you don't know care
If you don't know
Never ask.

Forgiveness
Is the answer,
The balm to pain,
The healing of brokenness,
Restoration of peace,
Lifting of regrets,
Despair,
Bitterness,
Answer to prayers,
Thank God for
Forgiveness!

EVENT PHOTO GALLERY

A GLIMPSE of CUTICON NE STATES 2022





I slept and dreamt that life was joy. I awoke and saw that life was service.
I acted and behold, service was joy - Rabindranath Tagore

COMMUNITY SERVICE







SKIN HEALTH DAY ACTIVITIES


LEPROSY DAY ACTIVITIES CONDUCTED BY MEMBERS OF NEIADVL





ACKNOWLEDGEMENT OF MEMBERS OF NEIADVL AT DERMACON INTERNATIONAL 2023

Learning is not a destination, it is a continuous process – Kevin Horsley

CME CONDUCTED BY DIFFERENT CHAPTERS OF NEIADVL

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