

TRIBUTE TO DR. MEGHNAD SAHA



Declaration of conflict of interest



I am also in the Indian Acne Alliance(Galderma), GSK Afford, Ranbaxy acne forum ,J & J Derma Assembly, Wockhardt Dermatology Advisory Board and Alkem Dermacare Academic Forum .

- My attendance as faculties In . various conferences has been supported by ORGANIZERS or various pharma corporate.
- The present lecture is a didactic one and is not directly/indirectly related to any of their products.

This is to clarify that I have no interest with any person or in any firm, corporation or other business entity that competes for contracts with the companies mentioned or is a current contractor, nor have I participated, directly or indirectly, by committee or as a consultant, advisor, employee, officer, director, agent, trustee, or otherwise, in the development, implementation, or administration of any competitive procurement process with any firm in which I have a interest.



- ❖ Editor , **Indian Journal of Dermatology.**
- ❖ Vice President, **Association of Cutaneous Surgeons(I)**
- ❖ Past Hony. General Secretary of **National IADVL.**
- ❖ Fellow of **IADVL Academy of Dermatology**
- ❖ Section Editor, **IADVL Textbook of Dermatology**
- ❖ Foundation Fellow , **Asian Academy of Dermato-Venerology**
- ❖ Fellow , **American Academy of Dermatology**
- ❖ Founder Council member, **ASPCR**
- ❖ Advisor, **National Vitiligo Foundation, USA.**

Koushik Lahiri

Consultant Dermatologist

Apollo Gleneagles Hospitals , Rita Skin Foundation and WIZDERM,
Kolkata, India

A case of split personality



Dermatology

&

Wanderlust

A Visual Voyage



Dr. Koushik Lahiri

www.drlahiri.org

“The sufficiency
of my
knowledge is to
know that my
knowledge is
insufficient”

-Anonymous



Koushik Lahiri

DERMATOLOGISTS

Are very powerful !



We can turn black into white!

We can turn white into black!

We can grow hair!

We can stop *itch*...

We can do anything!!!



BUT

- *With a single weapon!!!*



STEROID

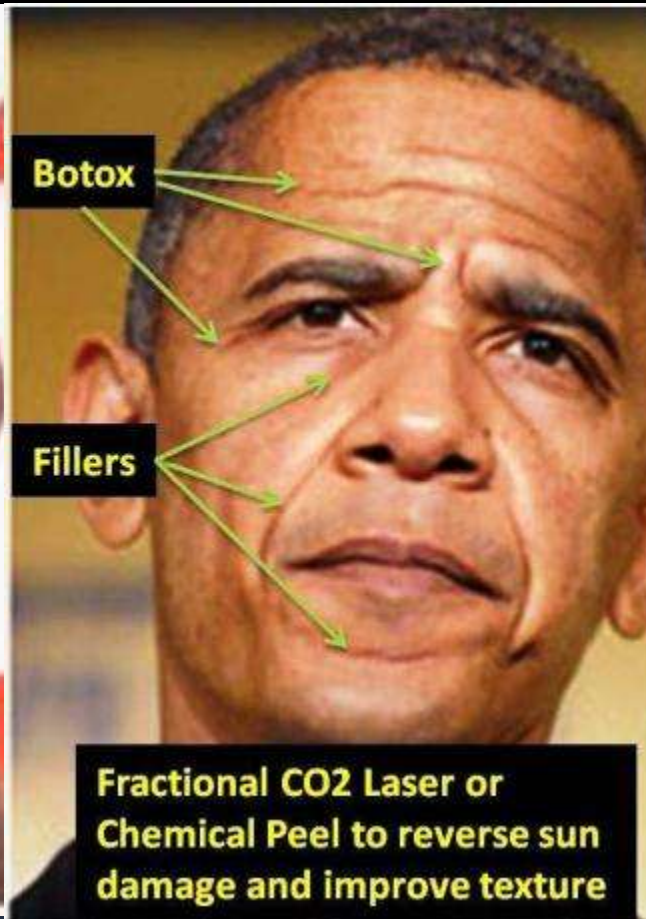


But, is that true in 2012?

Doc, can you make me young and beautiful?



Yes we can!





Der Jungbrunnen. Lucas Cranach the Elder painted this in 1546

- There has been a boom in aesthetic procedures aimed at enhancing beauty.
- These procedures such as
 - Botulinum toxin type A,
 - hyaluronic acid fillers, laser hair removal,
 - laser skin resurfacing and
 - hemical peels.

There has been a jump of **over 150% in these procedures in the last five years..**

Mushrooming of beauty parlours!!!

Map for dermatologist

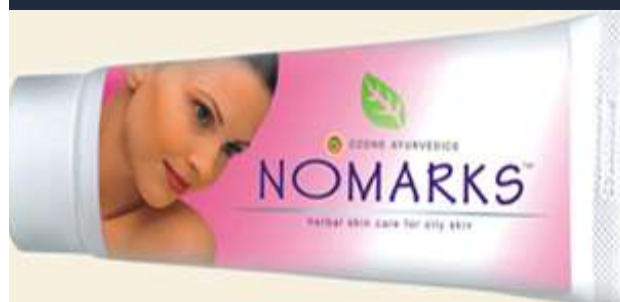
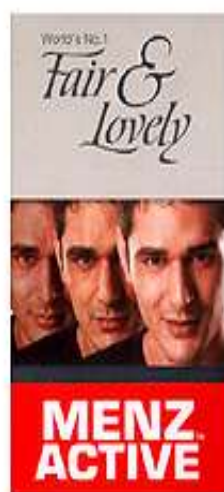


Map for beauty parlour



Yes, we can 😊











Redness of face after facial





Damage of facial skin after facial



Threading





Spread of Vitiligo after eyebrow threading



Spread of warts after eyebrow threading

A close-up photograph of a person's scalp. The hair is dark and appears to be thinning or falling out in a central area, revealing the underlying skin. The skin in this area is covered with numerous small, raised, reddish-brown bumps or papules, which are likely a manifestation of a skin condition. The text "Hair loss? Apply Betnovate!!!" is overlaid in white on the image.

Hair loss? Apply Betnovate!!!

Want to be fair? Apply Betnovate!!!



Law gets tough on ^{TOI} 254-07 miracle cure ads

Kounteya Sinha | TNN

New Delhi: Self-styled yoga gurus and charlatans promising miracle cures for cancer and AIDS, homeopaths claiming to have the secret formula for hair to sprout on bald pates and other dealers of mumbo-jumbo had better watch out. False and misleading claims about medical remedies can now mean a jail term.

Union health ministry has decided to amend Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954, and ban all advertisement of claims to treating incurable or complicated health ailments.

Punishment is being enhanced for advertising magic cures — such quacks or doctors may well land behind

bars. The penalty as of now is a paltry Rs 500. Now all advertising media — internet, TV and print — are being brought under the ambit of the Act which at present governs only print.

The ministry also plans to monitor all Indian advertisements selling medical solutions abroad. The ministry will soon circulate a Cabinet note to this effect.

Health minister Anbumani Ramadoss told TOI, “Till now, only advertising of medicines was not allowed. After the amendment comes out, advertisement of false treatment modules will also be banned. People have started to openly advertise cures for untreatable diseases. The ministry does not want citizens to be taken for a ride by such quacks. The

amendments should be through in the next six months.”

This move follows a spate of controversies including one involving yoga guru Baba Ramdev, who reportedly claimed a cure for cancer and HIV/AIDS. The ministry has issued several notices to Baba Ramdev for these claims. The amendment would seek to curb similar advertisements, officials said.

“The penalty has been enhanced. Because the offence entailed a paltry Rs 500 fine, very few offenders were made accountable. Drug controllers found it hard to enforce the Act and failed to create deterrence. Now, the amendments will empower regulators to put offenders to task,” an official said.

The ethics committee of the Indian Dermatological Association has recently submitted a petition to Union health minister Anbumani Ramadoss against advertisements proclaiming miracle cures



A TOI investigation revealed that very few city 'beauty clinics' have resident doctors — what they have instead are 'expert beauticians'. What irks city doctors is that most of these 'experts' have little medical knowledge. At best, they have a diploma in beauty therapy.

At one such clinic near Park Circus, barely educated technicians were found operating highly sophisticated laser equipment used for permanent hair removal and for treating pigmentation problems and wrinkles.

Says Dr Saumya Panda, consultant dermatologist with Woodlands and Ruby General Hospital, "If not used carefully, these machines may cause irreparable damage to the skin. One of my patients actually ended up with heightened facial hair growth after being improperly treated with a diode laser."

Dr Sachin Verma, consultant dermatologist, Apollo Gleneagles, says that the problem is compounded by the lack of strict guidelines regulating the beauty industry in the country. Since these sophisticated machines are easy to handle and come with instruction manuals, the clinics hardly consult experts.

Prakruti Pandya, a 31-year-old teacher, recounts her own horror story about the weight-loss programme she opted for. "These centres

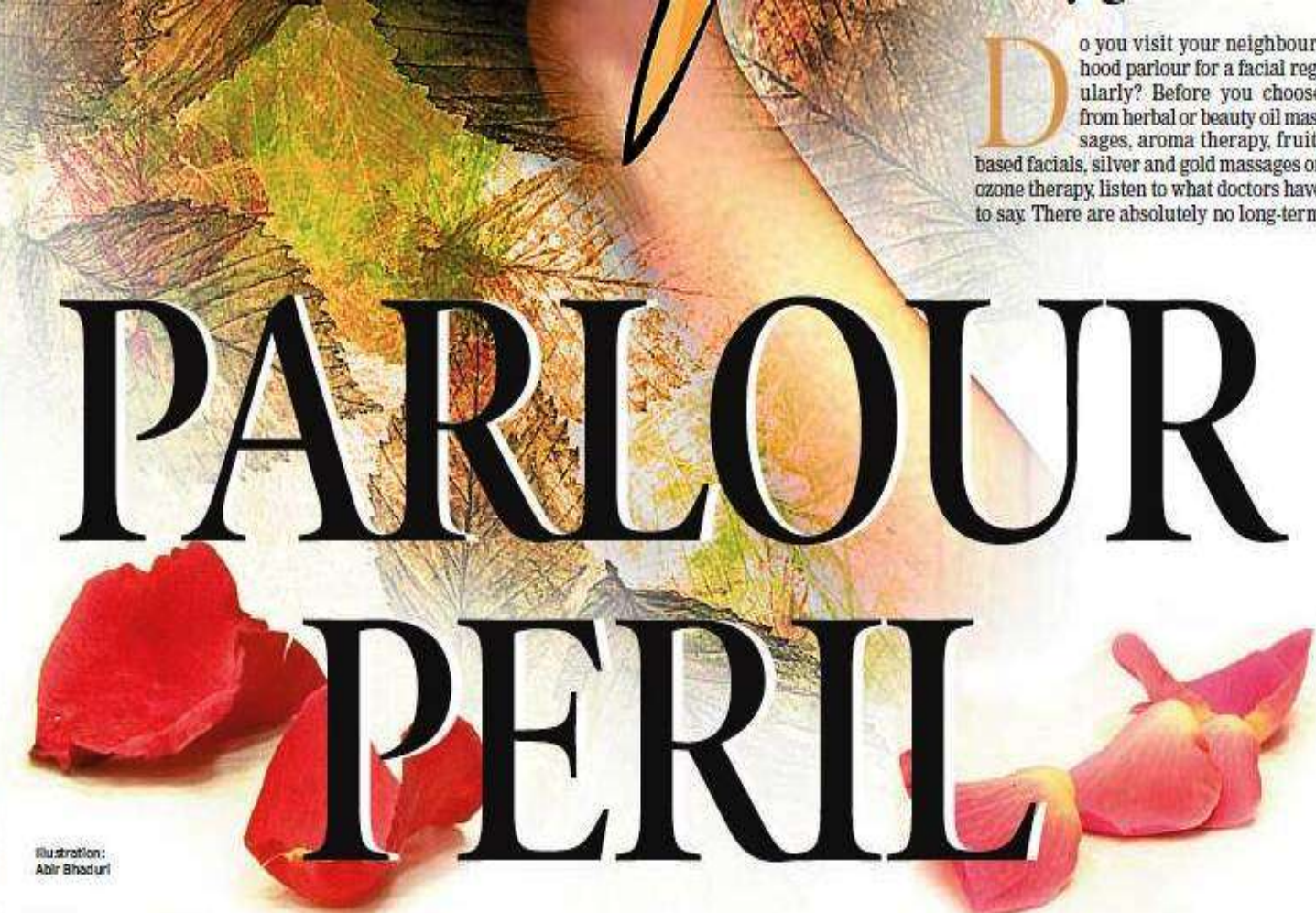


Illustration:
Abhir Bhaduri

"In many cases, though you may lose a few inches from your tummy or hips, there is no weight loss taking place," reveals Panda.

The clinics use another clever tactic. They ask the client to pass urine after each session and then weigh him/her to show a difference of around 100-200 gm as proof that the programme is effective. When these clients weigh themselves at home, things are back to square one.

Deepali Chatterjee (50) might be satisfied with her weight loss clinic after losing about 20 kg, but she points out that the machine sittings have to be followed up with a stringent diet and a disciplined workout regimen. "I don't even look at my favourite chocolate ice-cream these days," she confides.

WAS GRANDMA RIGHT?



We know that besan, honey, chandan, haldi, cucumber, papaya extract or cream are good for skin care. But doctors add a word of caution:

• There's no guarantee on the purity of these 'natural' products in our chemical- and pesticide-driven times

• Unlike in medicines,

Do you visit your neighbourhood parlour for a facial regularly? Before you choose from herbal or beauty oil massages, aroma therapy, fruit-based facials, silver and gold massages or ozone therapy, listen to what doctors have to say. There are absolutely no long-term

benefits of regular facials.

A facial removes dirt and grime from the face and induces a glow, but the effect is extremely short-lived, lasting barely 24 hours. On the contrary, if the ingredients are applied arbitrarily or the massage done improperly, the results may be quite disastrous. You could end up with a host of skin problems, which include molluscum contagiosum, irritant contact dermatitis and an allergic reaction. A new term has been coined for such problems in medical parlance — beauty parlour-created dermatosis.

"In most salons in the city, proper hygiene and sterilisation techniques are bypassed, which make them a hotbed for var-



17 May 2012

Koushik Lahiri

RFA Colloquium

- **"Not everything that is faced can be changed, but nothing can be changed until it is faced."**

James Arthur Baldwin



Clop-GM for three months for acne!!!

A-2 1/2

for Axit SK

THM

Ry

1. SyA - Phenexgan.
5ml - THS X 10
2. Tas - Althracin - 125
1 Tas - 1200 X 5
3. Tas - ONE - CAN - 50
1 Tas - 1200 X 30
4. Sint - Betnovate - 0.1%
3 Time apply X 30

Betnovate

**Lobate GM for six months
for pityriasis versicolor!!!**



01.05.



**Betnovate - N-5 months
To get fair**

BETNOVATE® - N
BETAMETHASONE VALERATE AND NEOMYCIN



GlaxoSmithKline



GlaxoSmithKline

Topical steroid dependent / damaged face (TSDF)

An IADVL multicentric study



The team

Centre

- Apollo Gleneagles Hospitals, Kolkata
- Nirvana Skin Clinic, Vadodara
- St John's Medical College, Bangalore
- Indushree Skin Clinic, Lucknow
- Apollo Hospitals, Chennai
- PSG Hospitals, Peelamedu, Coimbatore
- Bishen Skin Center, Aligarh
- Vivekananda Institute of Medical Sciences, Kolkata
- AFMC, Pune
- RNT Medical college, Udaipur
- Woodlands Hospitals, Kolkata
- Assam Medical College & Hospital, Dibrugarh

Investigator

Koushik Lahiri
Shyam Verma
Anil Abraham
Abir Saraswat
M. Rajagopalan
C R Srinivas
Rajeev Sharma
Arijit Coondoo
Manas Chatterjee
Asit Mittal
Saumya Panda
Shyamanta Barua

States & Capitals INDIA



- Rosacea,
- Perioral dermatitis,
- Acne
- Skin atrophy with telangiectasia
- Tinea/impetigo/scabies incognito
- Ocular hypertension/glaucoma/cataract
- Allergic contact dermatitis
- Systemic absorption

- Burning, itching, irritation, dryness caused by vehicle (propylene glycol)
- Miliaria and folliculitis, following occlusion with plastic
- Skin blanching from acute vasoconstriction.
- Rebound phenomenon (Psoriasis becomes worse after treatment is withdrawn)
- Non healing leg ulcers
- Hypopigmentation
- Hypertrichosis of face

TSDF/1/1

Betnovate- 2 years
Beauty parlor owner!!!



TSDF/1/12

**Betnovate C- 3 months
(as an aftershave!)**



Sofradex-18 months





**Betnovate-3 months
To remove 'dark circles'!!!**



TSDF/1/35

Betnovate-C-2 months
Desowen-2 months



TSDF/1/22

Betnovate-2 months



Betnovate-C-2 months



TSDF/1/6

Betnovate -12 months For post varicella hyperpigmentation



TSDF/1/26

Lomela -7 months



Betnovate C-8 months













BETAMETHASONE AND CLIOQUINOL CREAM BP

BETNOVATE[®] - C

SKIN CREAM

30 grams



GlaxoSmithKline⁺

BETAMETHASONE VALERATE, GENTAMICIN AND MICONAZOLE NITRATE
SKIN CREAM

BETNOVATE[®] - GM

20 grams



GlaxoSmithKline⁺

BETAMETHASONE VALERATE AND NEOMYCIN
SKIN CREAM

BETNOVATE[®] - N

20 grams



GlaxoSmithKline

BETAMETHASONE VALERATE CREAM BP

BETNOVATE[®]

SKIN CREAM

20 grams



GlaxoSmithKline⁺

Topical corticosteroid abuse on the face: A prospective, multicenter study of dermatology outpatients

Abir Saraswat, Koushik Lahiri¹, Manas Chatterjee², Shyamanta Barua³, Arijit Coondoo⁴, Asit Mitta⁵, Saumya Panda⁶, Murlidhar Rajagopalan⁷, Rajeev Sharma⁸, Anil Abraham⁹, Shyam B. Verma¹⁰, C. R. Srinivas¹¹

ABSTRACT

Background: Abuse of topical corticosteroids (TC), especially over the face, is prevalent worldwide, including in India. Data about the magnitude of this problem in our country is lacking. **Aims:** The aims of this study were to ascertain the demographics, magnitude and clinical features of TC misuse on the face in the dermatology outpatient department (OPD) attendees in order to raise awareness about this problem and to analyze its causes. **Methods:** This was a prospective multicenter questionnaire-based clinical study conducted at 12 dermatology centers nationwide. Patients with relevant facial dermatoses reporting to the investigator were asked about their current use of over-the-counter topical formulations and a structured questionnaire applied in case the same was confirmed to be TC. **Results:** A total of 2926 patients with facial dermatoses were screened, of which 433 (14.8%)

Indushree Skin Clinic, Lucknow, ¹Apollo Gleneagles Hospitals, Kolkata, ²Armed Forces Medical College, Pune, ³Assam Medical College and Hospital, Dibrugarh, ⁴Vivekananda Institute of Medical Sciences, Kolkata, ⁵RNT Medical College, Udaipur, ⁶KPC Medical College, Kolkata, ⁷Apollo Hospitals, Chennai, ⁸Bishen Skin Centre, Aligarh, ⁹St. John's Medical College, Bangalore, ¹⁰Nirvana Skin



Home City India World Business Tech Sports Entertainment Life & Style Women Hot on the Web Spirituality NRI IPL 2012 Photos Times Now Videos LIVE TV

Mumbai Delhi Bangalore Hyderabad Chennai Ahmedabad Allahabad Bhubaneswar Bhopal Chandigarh Coimbatore Goa Gurgaon Guwahati Hubli Indore Jaipur Kanpur

Kolkata Kochi Kozhikode Lucknow Ludhiana Madurai Mangalore Mysore Nagpur Nashik Noida Patna Pune Rajkot Ranchi Thane Surat Thiruvananthapuram Vadodara

Varanasi

You are here: Home > Collections > Skin

Ads by Google

Get Smooth, radiant skin

Skin sol. to remove acne & pimples
Rediscover beautiful skin at Kaya.

Kayaclinic.com

Dry Skin, Psoriasis ?

India's e-shop for quality Dead Sea and
organic skin care products.

www.wellnessocean.com

Beware of skin ointments with steroids

Prithvijit Mitra, TNN Apr 6, 2011, 04:07am IST

KOLKATA: Twenty-five-year-old Sucharita Sanyal had been using a common skin ointment for her pimples till they turned bigger, spread all over her face and started bleeding. She stopped using the ointment, but it aggravated the rashes even further. Sucharita lost her appetite and even had a partial loss of vision.

Her condition was eventually diagnosed as Topical Steroid Damaged Face (TSDF) which is triggered by steroids in skin ointments. Indiscriminate use of such creams have resulted in more than 30,000 people in Kolkata suffering from the disease, which is not fatal but can't be cured completely.

Ads by Google



0

0



Tweet

Recommend

Submit

Startling facts

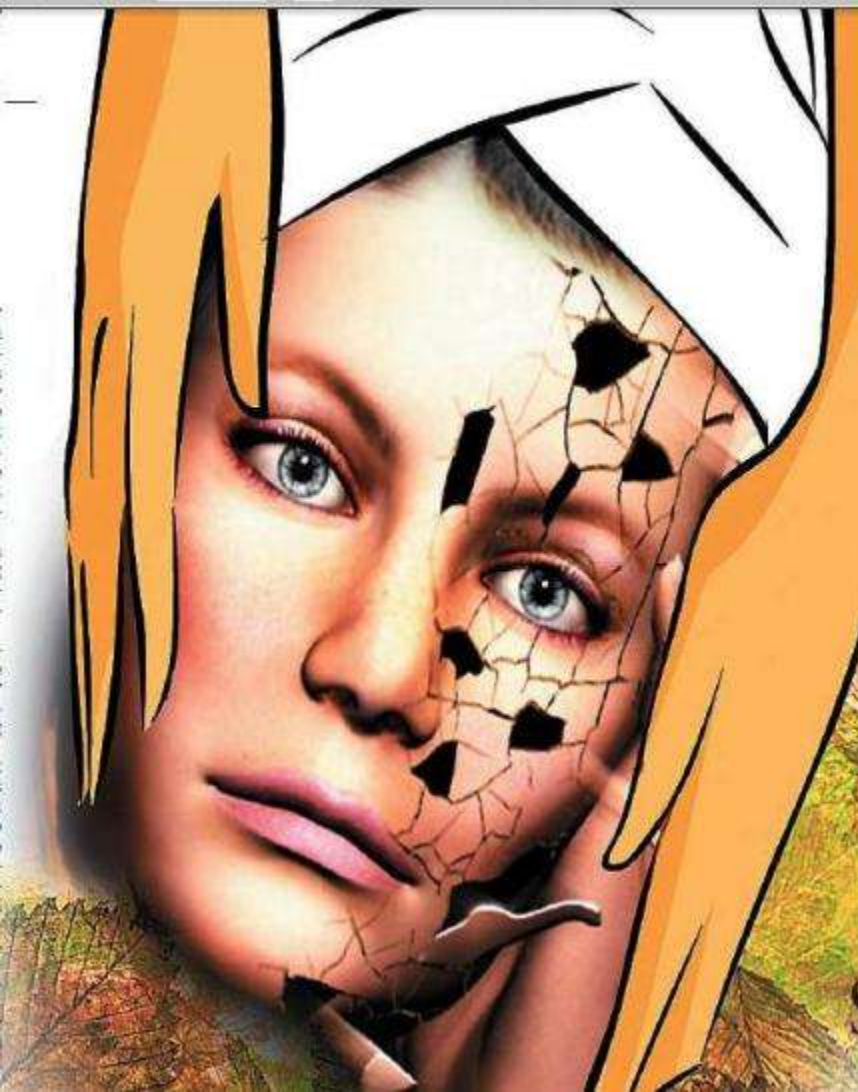
Methods:

This was a prospective multicenter questionnaire-based clinical study conducted at 12 dermatology centers nationwide. Patients with relevant facial dermatoses reporting to the investigator were asked about their current use of over-the-counter topical formulations and a structured questionnaire applied in case the same was confirmed to be TC.

Startling facts

Results:

1. A total of 2926 patients with facial dermatoses were screened, of which **433 (14.8%) were using TC.**
2. TC was used as a **fairness/general purpose cream or aftershave** in 126 (29%) and in 104 (24%) for acne.
3. Steroid combinations were used by 258 (59.6%). Potent and super-potent TC were significantly ($P = 0.05$) more frequently used by the rural/suburban population.
4. The younger age groups used more potent formulations.
5. A **non-physician recommendation** for TC use was obtainable in 257 (59.3%) patients.
6. Of these, 232 (90.3%) were for potent/super-potent steroids. Among 176 physician prescriptions, 78 (44.3%) were from non-dermatologists.
7. All non-physician prescriptions and 146 (83%) physician prescriptions for TC were inappropriately refilled.
8. **Adverse effects were seen in 392 (90.5%) TC users.**
Acne/exacerbation of acne was the most common adverse effect



Hard facts

- There is no fairness cream.
- Nobody can change the skin colour
- Beware of the self proclaimed beauty therapists
- Do NOT apply any medicinal cream on your skin without a doctor's prescription
- দই, শসা, আলু, ডিম, হলুদ খাবার জিনিস, স্কিন এ লাগাবার জন্য নয়।

Can you hide it?





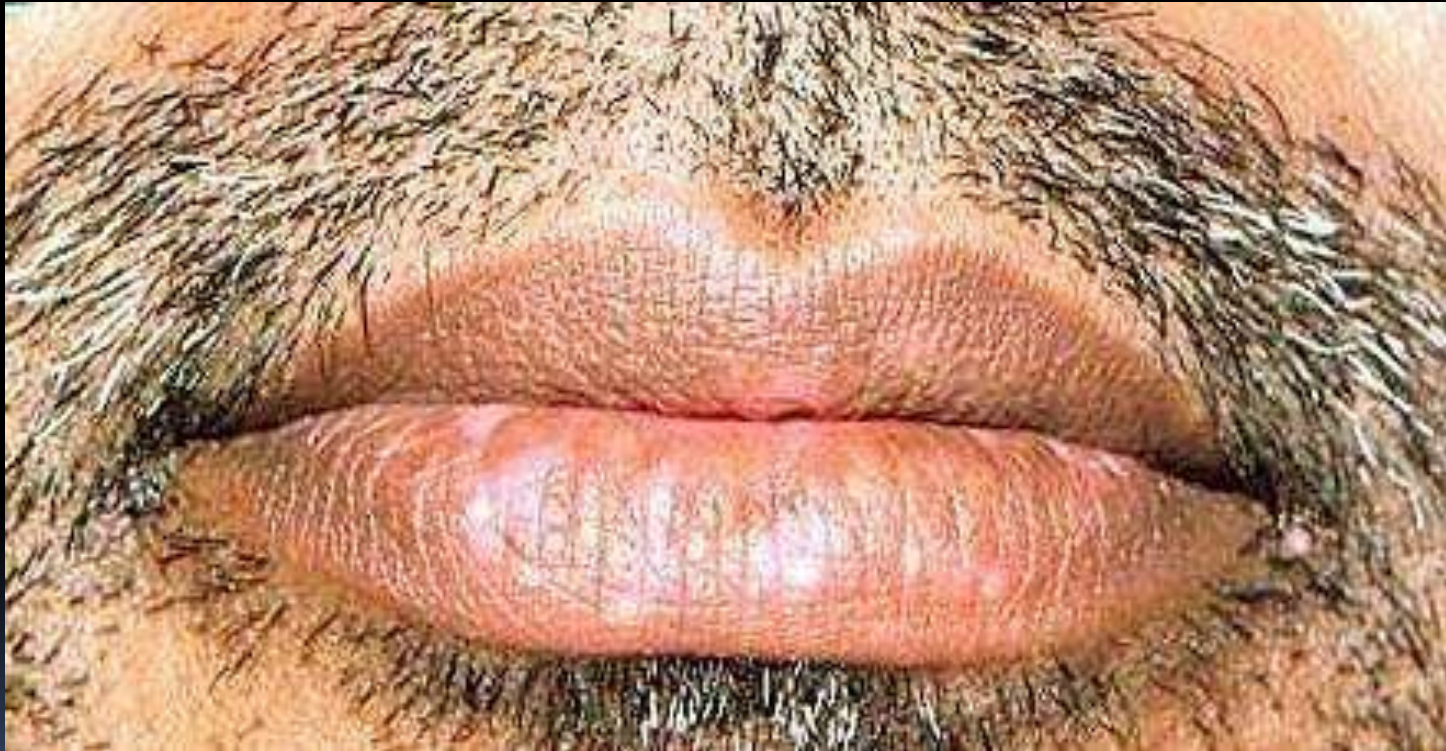
PG & NB-UVB in Segmental Vitiligo



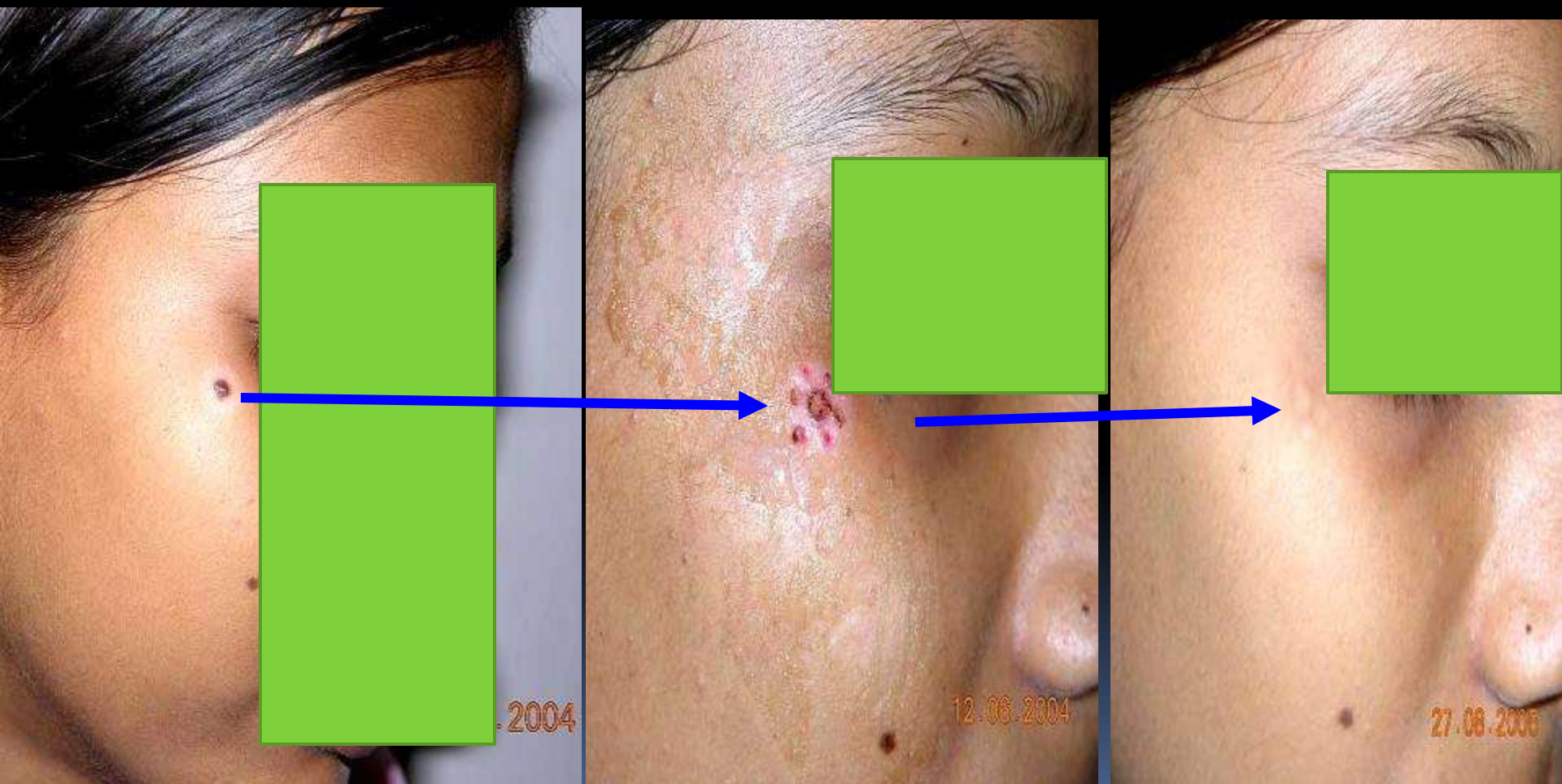
Lower lip



Complete repigmentation after 16 weeks of Phototherapy











Publications on related topic

- **Vitiligo developing on striae: an isomorphic phenomenon?**

Indian J Dermatol ,1996;41(2)70-1.

http://www.e-ijd.org/apr_jun_96_abstracts.html#12

- **Treatment of stable and recalcitrant depigmented skin conditions by autologous punch grafting.**

Indian J Dermatol Venereol Leprol, 1997,63(1)11-4.

<http://www.ijdv.com/article.asp?issn=0378-6323;year=1997volume=63;issue=1;spage=11;epage=14;aulast=Lahiri;type=0>

- **A regionwise comparative study of post punch graft appearance of repigmentation(AOR) time in cutaneous achromia**

Indian J Dermatol 1998;43(1)13-15.

http://www.e-ijd.org/jan_mar_98_abstracts.html#05

- **A clinico-microscopic corroboration of surgical repigmentation-a study of 30 cases**

Indian J Dermatol 1998;43(3)99-101.

http://www.e-ijd.org/jul_sept_98_abstracts.html#01

Publications on related topic

- **Punch grafting (Letter)**

Indian J Dermatol 1998;43(3),144

http://www.e-ijd.org/jul_sept_98.html

- **A regionwise comparative study of the extent of post punch graft surgical repigmentation in cutaneous achromia**

Indian J Dermatol Venereol Leprol 1998;64(4):173-175.

<http://www.ijdv.com/article.asp?issn=0378-6323;year=1998;volume=64;issue=3;spage=173;epage=175;aulast=Lahiri;type=0>

- **Punch grafting in vitiligo.**

Indian J Dermatol Venereol Leprol 1998;64(6)310-311.

<http://www.ijdv.com/article.asp?issn=0378-6323;year=1998;volume=64;issue=6;spage=310;epage=311;aulast=Lahiri;type=0>

- **Relationship between donor graft area and area of surgical repigmentation.**

Indian J Dermatol 1999;44(1)11-14

http://www.e-ijd.org/jan_mar_99_abstracts.html#04

Publications on related topic

- **Correction of cobblestoning by electrosurgery.**

Indian J Dermatol 2000;45(1)46-47

http://www.e-ijd.org/jan_mar_2k.html

- **An association of vitiligo and pterygium unguis**

Indian J Dermatol 2002;47(2)127-128

http://www.e-ijd.org/apr_june_2002.html

- **Inducing repigmentation by regrafting and phototherapy (311 nm) in punch grafting failure cases of lip vitiligo: A pilot study**

Indian J Dermatol Venereol Leprol 2004;70:156-158

<http://www.ijdv.com/article.asp?issn=0378-6323;year=2004;volume=70;issue=3;spage=156;epage=158;aulast=Lahiri>

- **Familial speckled acral hypopigmentation: A new variant of reticulate acropigmentation?**

Indian J Dermatol Venereol Leprol 2005;71:131-133

<http://www.ijdv.com/article.asp?issn=0378-6323;year=2005;volume=71;issue=2;spage=131;epage=133;aulast=Malakar>

Publications on related topic

- **Stability in vitiligo? What's that?** J Cutan Aesthet Surg 2009;2:38-40
<http://www.jcasonline.com/text.asp?2009/2/1/38/53100>
- **Evolution and evaluation of autologous mini punch grafting in vitiligo.**
Indian J Dermatol 2009;54:159-67 <http://www.e-ijid.org/article.asp?issn=0019-5154;year=2009;volume=54;issue=2;spage=159;epage=167;aulast=Lahiri>

Surgical Management of Vitiligo (Willey-Blackwell)

Eds. Ortonne J P, Olsson M J,
Kanwar AJ and Gupta S

- ▣ Minigrafting for Vitiligo
- ▣ The concept of stability of Vitiligo

Surgical Management of Vitiligo



Edited by
**Somesh Gupta, Mats J. Olsson,
Amrinder J. Kanwar & Jean-Paul Ortonne**

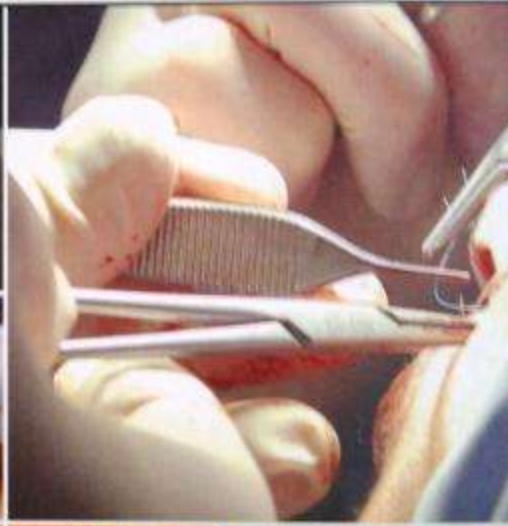
 **Blackwell
Publishing**

SURGERY OF THE SKIN

PROCEDURAL DERMATOLOGY

Edited by

June K Robinson
C William Hanke
Daniel M Siegel
Alina Fratila



**SECOND
EDITION**



Video Editors

Ashish C Bhatia
Thomas E Rohrer

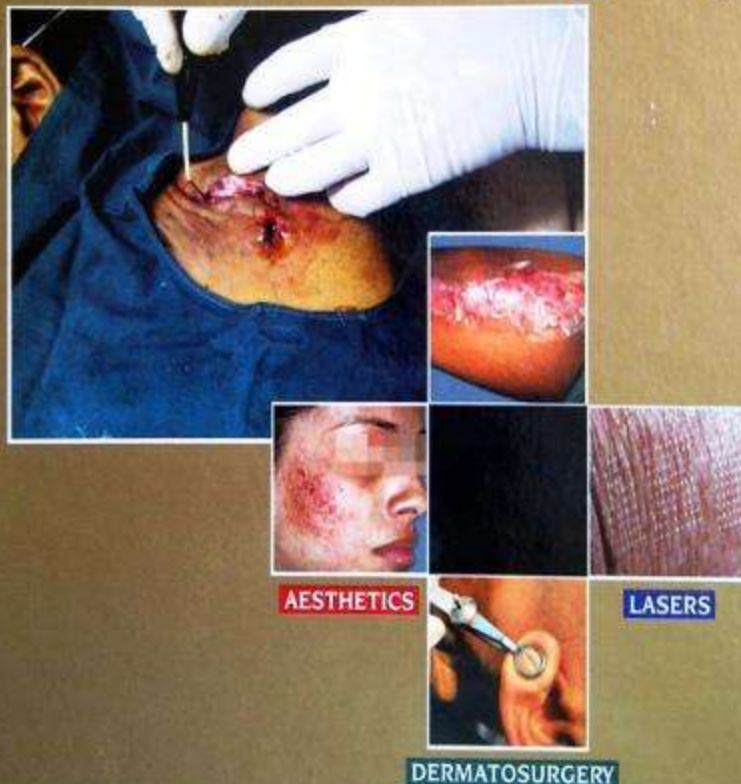


Surgery of the Skin-Procedural
Dermatology'
by Robinson, Hanke and
Siegel.(2nd Ed, Elsevier)

Co-authored a chapter of
'Surgical Treatment of Vitiligo'

ACS(I)

Textbook on Cutaneous & Aesthetic Surgery



AESTHETICS

LASERS

DERMATOSURGERY

Editor-in-Chief
Mysore Venkataram

JAYPEE

24B

Autologous Mini Punch Grafting in Vitiligo

Koushik Lahiri

KEY MESSAGES

- Mini grafting in vitiligo remains the easiest, fastest and cheapest of all surgical options in vitiligo.
- If deployed properly, it can produce excellent result.
- Stability must be assessed before opting for surgical options in vitiligo.
- Optimal punch sizes are 1, 1.2 and 1.5 mm. Punch sizes more than 1.5 mm are to be avoided.
- Cobblestoning and polka dotting remain the main complication if larger punches are used.
- Phototherapy, after minigrafting evokes encouraging results.

Introduction

An overview of vitiligo surgery has been discussed in the previous chapter. Historical aspects have been adequately described in several references.¹⁻⁷ Among all the techniques described for surgical management of vitiligo, mini punch grafting (MPG) is the easiest, fastest, least aggressive and minimal expensive technique. Since the dermatologist is familiar with the punch, this technique is easily learnt and is usually the first technique performed by a beginner.⁹⁻²²

Punch Instrument

The skin punch or surgical punch is an instrument which is used almost exclusively by dermatologists. It is

interesting to note that originally, it was used as a trephine to cut through the skull bone. Its use was documented as abscess removal from tibia as early as in 1852.²³ In 1871 Watson described its use in the correction of accidental gunpowder disfigurement.²⁴

But it was EL Keyes in 1887, who first established the importance of punch instrument in dermatology.²⁵

The Key's punch (Figure 24B-1A) has been used in dermatology since then for diagnostic purpose. Its round sharp cutting end and thick handle make it very much appropriate for small skin biopsies. Because of the thin walls with angled sides above the cutting edge, tissue tends to be pushed away as the punch is made, causing laceration of the dermis (in diameter) to be cut through than overlying epidermis. This is also a function of the bevel, which is outside the barrel of the Key's punch.²⁶

To overcome these difficulties other punches have been developed.²⁷

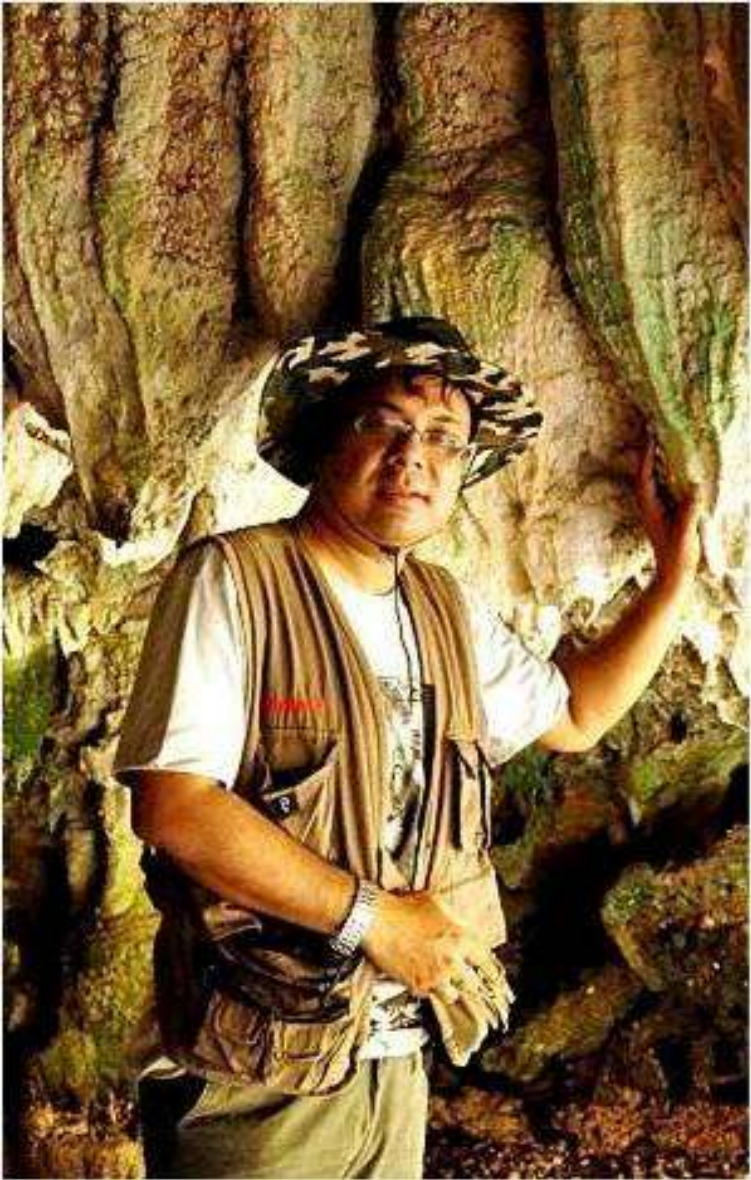
The walls of the Loo trephine (Figure 24B-1B) are thinner and less slanted than those of the Key's punch, making it advantageous to use on depressed scars or mini autotransplants (where a straight vertical incision is needed). This is difficult to do with Key's punch.

The newer disposable punches (Figure 24B-1C) are excellent for punch biopsies or excisional work on cysts. The razor-sharp edge is a great benefit. The punches are available in different dimensions.

For vitiligo surgery, now the consensus favours using miniature punches with smaller diameter of the cutting edge.

A case of split personality





Dermatology & *Wanderlust* A Visual Voyage

I started early😊



First shot

1972









Nikon Coolpix 8700



Nikon D90



No more dermatology☺





© Koushik Lahiri



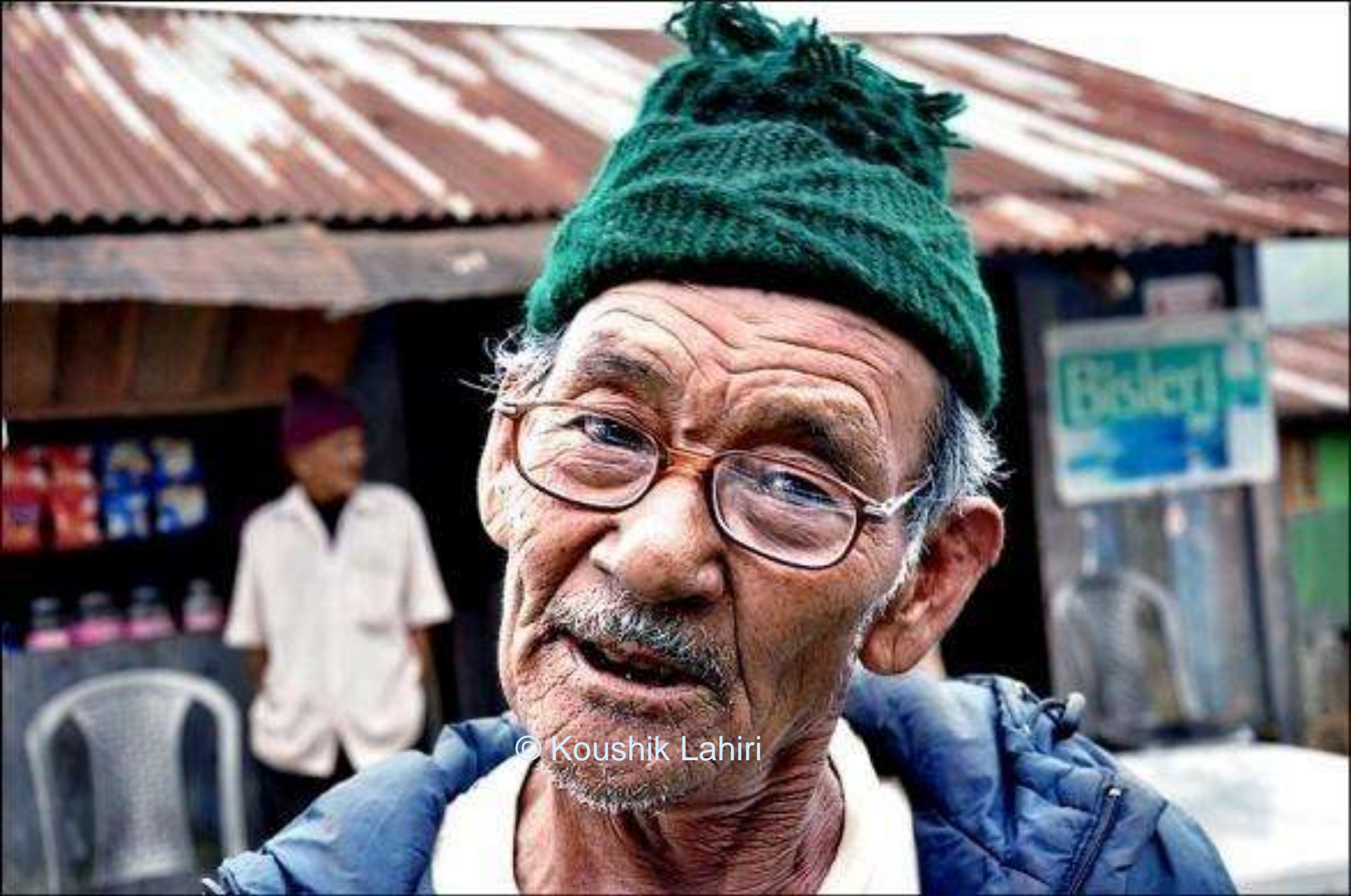
© Koushik Lahiri

Portrait

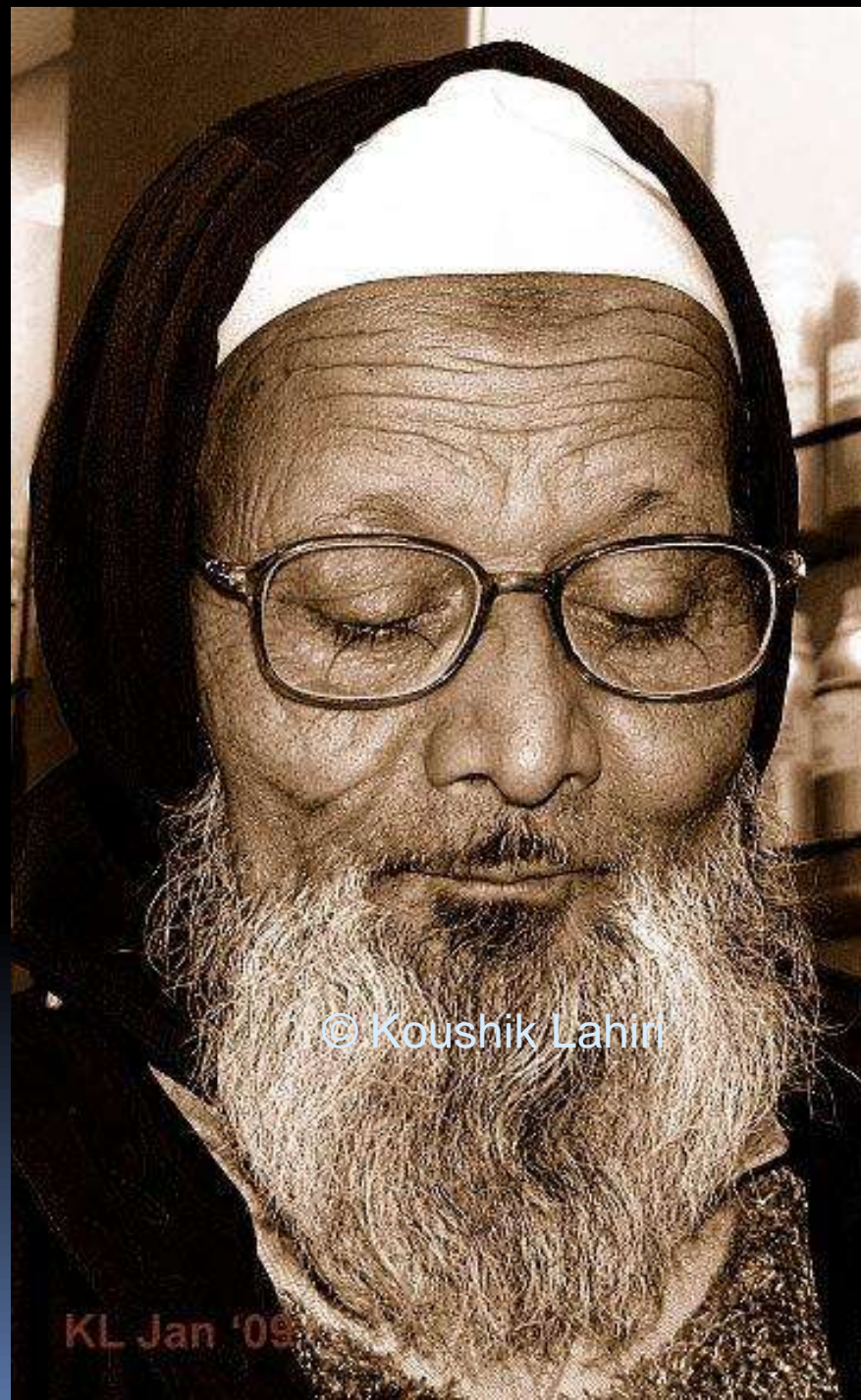
- Aperture larger than macro but smaller than landscape (it is still small)
- Background has to be out of focus
- Zoom in rather than go close



© Koushik Lahiri



© Koushik Lahiri



© Koushik Lahiri

KL Jan '09

May 2012



© Koushik Lahiri





© Koushik Lahiri



© Koushik Lahiri

Koushik Lahiri Jan 2010



© Koushik Lahiri