Sr No	Speaker	TOPIC	Affiliation	Photos	Abstract
1	DR HIRAL PATEL	Facial anatomy for aesthetic practice: overview of facial muscles, high risk zones, practical considerations, consent taking	Consultant Dermatologist, Oliva Skin And Hair Clinic, Ahmedabad		A sound understanding of facial anatomy is the foundation of safe and predictable aesthetic practice. Successful aesthetic treatment requires more than memorizing injection points; it requires an appreciation of three-dimensional anatomy, muscle function, facial proportions, anatomical variation and the dynamic interaction between adjacent structures. This session will provide a practical overview of facial anatomy relevant to aesthetic practice, with particular emphasis on the muscles responsible for facial expression and their relationship to aesthetic concerns. The functional anatomy of the frontalis, glabellar complex, orbicularis oculi and other key facial muscles will be correlated with resting and dynamic facial features. Important anatomical landmarks and high-risk zones will be highlighted to help practitioners recognize areas where precision is essential and where treatment may influence adjacent structures. Rather than relying solely on standardized injection maps, the session will emphasize individualized facial assessment before treatment. Evaluation of facial proportions,

					resting asymmetry, dynamic muscle activity, brow position, compensatory movements and patient-specific aesthetic goals should form the basis of treatment planning. Practical considerations including standardized photography, documentation, patient selection, expectation setting and informed consent will also be discussed. Consent should extend beyond procedural risks to include realistic outcomes, limitations of treatment and the possibility that correcting one feature may alter overall facial balance. The session aims to bridge anatomical knowledge with clinical decision-making, helping practitioners understand not simply where to treat, but why anatomy, assessment and individualized planning must precede every aesthetic intervention.
2	DR NEHA SHUKLA	**Botulinum Toxin Basics: Principles, Planning and Practical Approach to Upper-Face Rejuvenation**	**Consultant Dermatologist, cosmetologist and laser surgeon** EYE & SKIN +		Botulinum toxin has become one of the most commonly performed aesthetic procedures, with highly predictab knowledge, and precise injection technique are combined. This session aims to provide a practical foundation fo The discussion will cover the core principles of botulinum toxin, including its mechanism of action, available for treatment outcomes. Particular emphasis will be placed on dynamic facial assessment, a detailed understandin patterns, and patient-specific aesthetic goals.

			advance hospital, chamber number 11, Siddhraj Zori, Sargaasan cross roads, Near Atria Mall, Gandhinagar-382423		Upper-face rejuvenation will be addressed through a structured approach to the treatment of the glabellar com avoiding an over-treated appearance. Key considerations such as brow position, facial asymmetry, compensator discussed. A video demonstration will complement the theoretical content, illustrating systematic facial assessment, treatr to provide a practical, reproducible framework for clinicians aiming to optimize both safety and aesthetic outcor
	DR NINA MADNANI	Drugs used in dermato-endocrinological diseases: Role of	Dermatology Consultant, P.D. Hinduja National Hospital & MRC		Hormonal contraceptives are double-edged weapons in dermatology. Various hormone-dependant disorders like acne, hirsutism, hidradenitis suppurativa, female-patternt hair loss (FPHL) may benefit from their careful use whilst others pigmentary disorders like melasma may actually get triggered or worsen. Combined oral contraceptives, particularly formulations containing progestins with lower androgenic or antiandrogenic activity, can

		Hormonal Contraceptives			improve acne through suppression of ovarian androgen production and reduction of sebaceous gland activity. Progestin-only contraceptives have a distinct dermatologic profile and may aggravate acne in some patients. Judicious use requires a depth of knowledge and understanding of the combinations available, as well as relative and absolute contraindications for their use. Contraceptive counselling and usage is also required when prescribing potentially teratogenic dermatologic therapies such as systemic retinoids, antiandrogens, and certain immunomodulatory agents. The talk today shares pearls of practice for choosing and prescribing these drugs for various indications.
	Dr Reema Baxi	Drugs used in dermato-endocrinological diseases- 5 alpha reductase inhibitors	MD DVL Consultant Dermatologist Sanjivani Skin Clinic , Vadpdara , Gujarat		Finasteride and Dutasteride were introduced in the year 1992 for Benign Prostatic Hyperplasia(BPH).They act by diseases with underlying hyperandrogenism. DHT, a more potent androgen, is formed from testosterone by the isoenzymes of 5α-reductase (types 1 and 2), decrease the intracellular production of DHT. Finasteride selectively inhibits the type 2 isoenzyme, whereas dut alpha reductase compared to finasteride and 100 times stronger inhibition of type 1 5 alpha reductase enzyme. dose for finasteride is 1 mg and for dutasteride is 0.5 mg in Androgenetic Alopecia. The reported adverse effects of 5-ARIs are primarily sexual and include erectile dysfunction, reduced ejaculator women should refrain from using these drugs. In dermatology , both are used for disorders with hyperandroger

	DR JANAK THAKKAR	Introduction to dermal fillers- for different indications and understanding the differences moderator for management of the ageing face- 35 years and beyond: case based discussion			
	DR SURAJIT GORAI	**“Geometry and Grace: A Holistic Approach Midface - the Zygomatic Arch, Tear Trough, and Nasolabial Fold”**	Adjunct Professor & Consultant Dermatologist. Apollo Multispeciality Hospital, Kolkata		“Study the science of art. Study the art of science. Develop your senses—especially learn how to see.” — Leonardo da Vinci Rejuvenating the mid-face demands much more than simply refilling lost volume. It

					requires a genuine appreciation for geometry and grace. The true goal is to restore the natural play of light and shadow, rebuilding proportion and projection without erasing the individuality of the patient's face. A successful outcome always starts with how we observe—carefully mapping the vertical thirds and horizontal fifths, and evaluating how the cheek, zygomatic arch, tear trough, and nasolabial region flow into one another. Working with the Indian face brings a fascinating set of aesthetic challenges. Because of an incredibly diverse genetic background across the subcontinent, facial structures vary dramatically. You cannot simply take Western proportions of beauty and apply them directly here. Instead of relying on rigid measurements, a practitioner must develop a trained instinct for balance, honoring the patient's age, ethnic roots, and unique character. Yet, this artistic judgment only works when grounded in strict anatomical science.

					Safe, predictable results depend entirely on understanding deeper structural relationships, retaining ligaments, and vascular anatomy. Rebuilding the mid-face is essentially architectural. It involves strategically forming the cheek apex and zygomatic contour using the five MD CODES® mid-face points, shifting between needle and cannula techniques. Rather than chasing isolated lines in the tear trough or nasolabial fold, we must treat them as connected pieces of the whole face. In the end, treating the mid-face is where science and art truly meet. Anatomy and injection principles give us the foundation, but observation, clinical restraint, and an eye for natural beauty are what create the final result.
	DR JERRYL BANAIT	**Complications in Aesthetic Medicine: From Prevention to Management and**	Consultant dermatologist at **Dr Jerryl's Cosmoryl** Nagpur, Maharashtra		The evolution of aesthetic medicine has expanded therapeutic possibilities while simultaneously introducing a s outcomes. Safe aesthetic practice therefore demands more than technical proficiency—it requires anticipation, Complications may be patient-, product- or procedure-related and include vascular occlusion, tissue necrosis, vi procedure-specific adverse outcomes. Their impact can be significantly reduced through appropriate patient sel protocols.

		Medico-Legal Preparedness			Equally important is the medico-legal framework surrounding aesthetic practice. Procedure-specific informed c expectation setting, transparent communication and structured follow-up constitute essential components of ri This presentation proposes a systematic approach to prevent, recognise and manage aesthetic complications, w aesthetic medicine is defined not merely by achieving optimal outcomes, but by the clinician's preparedness to
	DR EKTA SAHU	**Exosomes in Dermatology: Translating Extracellular Vesicles into Clinical Practice**	Director and Consultant Dermatologist, Dermaplus clinic, Bhopal		Exosomes are nanosized extracellular vesicles, typically 30–150 nm in diameter, released through the endosoma microRNA and other regulatory molecules, they can modulate multiple cellular pathways involved in inflammat properties have generated considerable interest in dermatology, particularly in photoaging, wound healing, sca Preclinical studies suggest that exosome-mediated signalling may influence fibroblast proliferation, collagen syn potential effects on dermal papilla cells and follicular cycling. Clinical studies, although increasingly available, re purification techniques, characterization, concentration, storage, route of delivery and treatment protocols. Imp This session will examine the molecular basis and mechanisms of action of exosomes, critically evaluate current Particular emphasis will be placed on product characterization, safety, standardization, regulatory consideration

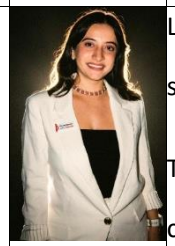
	DR HITAL PATEL	PRP and its variant in hair restoration	MD DVL		Platelet-rich plasma (PRP) has become an important regenerative modality in the management of hair loss, part leukocyte content, activation, and delivery techniques can influence its clinical application. Objective: To provide a practical visual demonstration of different PRP variants and their application in hair restoration. Video Demonstration: The video demonstrates the complete PRP workflow, including patient preparation, blood collection, centrifuga PRP preparations, including leukocyte-rich and leukocyte-poor variants, are illustrated along with variations in p and common technical pitfalls are also highlighted. Conclusion: Understanding the nuances of PRP preparation and administration is essential for achieving a consi commonly used PRP variants and their practical application, helping clinicians refine technique and optimize tre
	DR SAMKIT SHAH	Hair exosomes, PDRN, stem cell therapy, Inj dutasteride	Consultant dermatologist at Urmil Skin Clinic, Vapi		

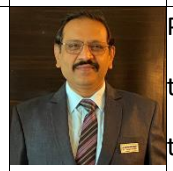
		advances in surgical management of vitiligo	Co-founder YNSculpt academy Associate Professor at Vedantaa Institute of Medical Sciences, Palghar		
	DR SHEENA SINGH	energy based devices, LLLT in hair loss	FOUNDER & CHIEF DERMATOLOGIST AT GLAMOUR SKIN STUDIO		The nonsurgical hair restoration space has seen rapid device proliferation- LLLT, fractional resurfacing lasers, RF laser light therapy (LLLT), operating in the 630-670 nm red light spectrum modulates hair follicle biology through resurfacing lasers and microneedling devices induce controlled micro-injury, triggering wound healing cascades with PRP or exosomes improving perifollicular vascularity and improved dermal papilla signalling. This talk takes a critical, evidence first approach: reviewing photo biomodulation's mitochondrial and downstrea healing stimulation and RF- driven thermal effects on the dermal papilla. Practical considerations like combinati counselling, identifying phenotypes most likely to respond (early AGA, Chronic telogen effluvium) will be addres

					small, heterogenous trials. The aim is to equip dermatologists with a practical, evidence-based approach to inco outcomes for our patients suffering with a multifactorial disorder like hair loss.
	DR JAYADEV BETKERUR	Post Graduate learning- Changing attitude and Challenges	***Professor and Head*** ***Dept of Dermatology, Dr Moopen's Medical College, Wayanad***		**Generations change over decades. We have come from old The greatest generation to Generation Alpha. As family, economic prosperity, upbringing and technological advance. These changes pose challenges to those v** **The present generation, Generation Z -Coined by Marc Prensky, to whom we are teaching is unique. They ha protected upbringing and an age of economic stability. They are restless and have questioning nature. Alway diverse in regions, cultures, and Nationalities. Attention span due to too many diversions. Are likely to exper the social environment, burnout, inexperience of handling heavy workload of PGT.** **Challenges in learning. Teaching present generation poses certain challenges .Resistance to adopting new me & burnout, high expectations & increased workload, decreased attention spans, over-reliance on shortcuts, R** **Strategies to overcome these challenges. Teach 4 Cs- Critical thinking ,Communication Collaboration,Creativit resources, Technology as enhancer —not replace thinking and hands-on skills,Emphasize soft skills, professio mentorship amidst self-directed learning, FDPs to bridge the gap between past and present teaching styles.**

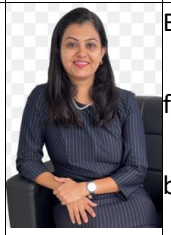
	DR DEEPIKA PANDHI	Newer insights in Bullous Pemphigoid	**Director Professor. Dept of Dermatology & STD, University College of Medical Sciences. Delhi. 110095. INDIA**		Bullous pemphigoid (BP), an autoimmune subepidermal blistering disease, most commonly presenting in the tense blisters on erythematous base, following autoantibody binding at the dermal-epidermal junction. Drug inhibitors (ICIs) have emerged as notable culprits with delineation of their clinical and serological profile to e or immunosuppressive treatment with consequent side effects being frequent and therefore limiting continua recently proteome based has identified chemokine C-C-motif ligand (CCL)13, to correlate with disease sev 13/IL-13RA1 induced amplification of the Th2 inflammatory cascade and therefore, dupilumab has emerge and Drug Administration. In a multi-center retrospective cohort of 146 BP patients treated with dupilumab (n of patients within 4 weeks and at 64 weeks, 35.6% had reached complete remission; dupilumab was well t rapid remission in the majority of BP patients and facilitate significant tapering of corticosteroids. Omaliz approximately 68% of patients achieving complete resolution. In the updated European S2k guideline for BP, IL-17 pathway is also activated and anti-IL-17 treatments have shown efficacy in BP. In a recent study two i proteome constellation demonstrating increased Th2 signature and eosinophil/ neutrophil-related markers; targeting the eosinophil axis with anti-IL-5/IL-5 R antibodies have not yielded promising therapeutic efficac FcRn antagonism by efgartigimod, and finally rituximab. Rituximab can induce remission and facilitate cor only for selected refractory cases due to its lower tolerance in the elderly BP patients. The high prevalence c

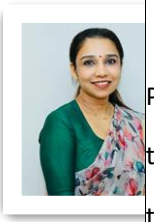
					and a holistic approach to patient care. The varied clinical phenotype, inflammatory profile, treatment respo for more precise prognosis and treatment decisions - a step towards precision medicine.
	DR ANANTA KHURANA	**Recalcitrant Dermatophytosis - A Clinician's Perspective**	**Professor, Department of Dermatology, Dr RML hospital and ABVIMS**		The changing domain of dermatophytic skin infections, with emergence of *T.indotineae*, has made these difficul corporis/cruris/faciei has left clinicians with few choices. Higher doses of terbinafine (upto 500mg/day) achieve susceptible to itraconazole, prolonged treatment durations are required with itraconazole too. Doses of 100-20 to 50% of cured patients) and the reasons for the same are yet not understood. Using the existing antifungals ju the long term.
	DR Smriti Naswa	Skin – The mirror of internal body and mind	Consultant Dermatology and Pediatric Dermatology, Fortis Hospital, Mulund, Mumbai Diplomate, International		**Skin is the outermost organ of the body in constant dialogue with the external environment. It also is the org disease manifestation itself. Conditions like stubborn acne, acanthosis nigricans, striae distensae, hirsutism, h the initiating or aggravating trigger of many autoimmune conditions like pemphigus, and psoriasis. Poor gut h** **When we prescribe the evidence-based pillars of lifestyle medicine (diet, sleep, exercise, mental health, addi than conventional medicine alone.**

			Board of Lifestyle Medicine Mentor, Indian Society of Lifestyle Medicine Ambassador India, Physicians Association for Nutrition		
	DR SONIA JAGYASI	Aesthetic LHR- eyebrow reshaping, beard reshaping, male grooming, gender affirming	**Founder & Director, Neo Lush Clinics, Nagpur**		Laser hair removal (LHR) has evolved beyond conventional hair reduction to become an important tool for aestl skin–hair interaction, and treatment parameters are well established in textbooks, the practical challenges and This presentation will provide a practical, clinic-oriented approach to aesthetic LHR, beginning with the basics o considerations in skin of colour. The major focus, however, will be on **real-world clinical experience**, illustrated Through these cases, I will discuss the nuances of **beard reshaping and male grooming, eyebrow reshaping, fa** treatment planning and laser parameters need to be customized to achieve precise, natural-looking results.

		hair removal, ear LHR			The presentation will particularly emphasize the difference between what is described in books and what is actu variations, treatment response, and aesthetic decision-making. The before-and-after results will demonstrate h The aim is to provide a **"from basics to nuances"** approach that combines evidence-based principles with real-v predictability.
	DR PRASHANT JADAV	Pediatric Trichology	Consultant - Prashant Cosmetic Laser Center, Jalgaon, Maharashtra.		Pediatric trichology is the study and care of **hair and scalp disorders in children and adolescents**. It differs from treatment priorities, and the evaluation has to account for growth, puberty, and age-appropriate safety concern temporary shedding, while adult cases more often include hormonal, autoimmune, pattern, or medication-relat methods like trichoscopy are especially helpful because they support diagnosis without distressing the child. Pe itching, scaling, redness, or unusual hair texture or growth. Common examples include tinea capitis, alopecia ar congenital hair disorders.
	DR NANDITA PATEL	Morphology guided: Monothread Implantation	Assistant Professor, Kiran Medical College, Surat, Gujarat •Primary Consultant,		**Background:** Atrophic acne scars remain one of the most challenging cosmetic sequelae in dermatologic surger treatment modalities stimulate collagen remodeling, most employ a uniform treatment strategy that does not a monofilament threads have emerged as a promising biostimulatory modality; however, morphology-specific im **Methods:** This prospective observational study evaluated a standardized morphology-guided PDO monothread into superficial rolling, boxcar, ice-pick, or mixed types. Thread orientation was individualized according to the p

		technique in acne scars	Kiran Hospital, Surat **•YNSculptAcademy**		dermal support with progressive biological remodeling through PDO-induced fibroblast activation, angiogenesis standardized photography and validated scar assessment scales. **Conclusion:** MMIT represents a novel morphology-based approach for the management of atrophic acne scars l provides a standardized procedural algorithm that may improve individualized scar management and establishe outcomes.
	DR KAILASH BHATIA	Etiopathogenesis of Keloid and hypertrophic scar	Professor & Head SAIMS, INDORE		Hypertrophic scars and keloids are fibroproliferative disorders arising from aberrant wound healing after deep d the original wound and rarely regress, whereas hypertrophic scars remains confined and may partially regress. Pathogenesis: Normal healing is regulated through inflammation, proliferation, and remodeling. In hypertrophi fibroblast/myofibroblast activity. Key molecular drivers include sustained TGF-β/Smad signaling, with additional PI3K/Akt/mTOR pathways. These signals promote fibroblast proliferation, reduce apoptosis, and enhance collag Extracellular remodeling: There is increased type I collagen, altered I:III ratio, and net extracellular matrix accur thick, haphazard "keloidal" collagen bundles, whereas hypertrophic scars displays more organized, wavy collag Etiology and risk factors: Triggers include trauma, surgery, burns, acne, piercings, and infections. High-tension si susceptibility, darker skin types, young age—and local factors (wound tension, delayed healing) further increase Clinical implication: Hypertrophic scars and keloids represent chronic, localized inflammatory states of the retic pathways informs targeted therapies (e.g., TGF-β modulation, JAK inhibitors, mechanotransduction blockade) al

	DR YOGESH BHINGRADIA	Management of Keloid and hypertrophic scar; Shark tank in dermatology-innovation by dermatologist	Director at SHIVANI SKIN CARE AND COSMETIC CLINIC		Keloids remain one of the most recurrence-prone conditions in dermatosurgery, and surgical excision alone is w This presentation outlines a structured surgical protocol for keloid management, with particular emphasis on **fil** of the ear lobe — where conventional excision and primary closure would generate excessive wound tension, a technique repurposes it as a local vascularized flap: the fibrous core is excised, the residual skin is filleted and re presented alongside intralesional core excision for smaller lesions where tissue preservation is feasible. Surgical operative intralesional corticosteroids, silicone sheeting, pressure therapy, and radiotherapy or cryotherapy in h choice. Durable outcomes ultimately depend on matching reconstructive technique — particularly fillet flap sur
	DR NIKITA WAGH	Botulinum Toxin A: beyond aesthetics	Consultant Dermatologist @Deenanath Mangeshkar hospital and Dr Nitika Wagh clinic, Pune		Botulinum toxin has evolved into a key therapeutic modality beyond aesthetics, with significant functional applications in neurological and dermatological conditions. My cases highlight its role in benign essential blepharospasm, post-stroke limb spasticity, and Bell's palsy. In blepharospasm, precise orbicularis oculi injections resulted in rapid symptomatic relief, improved visual function and a better quality of life, with results achieved within 7 days. A case of post-stroke spasticity showed 60–70% functional recovery by day 15 following targeted injections combined with physiotherapy in selected muscles of forearms like Flexor digitorum profundus, flexor carpi ulnaris ,Flexor digitorum

					superficialis. Toxin was injected in prescise anatomical landmarks done with the help of key surface markings. In Bell's palsy, selective muscle injection restored facial symmetry and improved oral functions. These findings underscore the importance of anatomical precision and individualized planning to optimize therapeutic outcomes with botulinum toxin. As a presentor , I would like to elaborate on clinical indications of botulinum toxin A which will include above key cases, its methodology and key techniques. The use of B.Toxin in clinical indications as above require a thorough anatomical knowledge, individualized treatment planning, and awareness of adverse effects. Dermatologists are uniquely positioned to integrate B.toxin into multidisciplinary care for both cosmetic and therapeutic indications.
	Dr Anuradha babu	1) Psoriasis therapeutics: from biologics & small	Aster Medcity, Kochi, Kerala		Psoriasis management has evolved from broad immunosuppression to targeted therapies that selectively interr transformed treatment outcomes, enabling sustained skin clearance and improved quality of life for many patie therapeutic options by combining targeted mechanisms with the convenience of oral administration.

		molecules to precision medicine			However, the question is no longer simply *which drug works best?* Increasingly, treatment selection must consid treatment goals, safety profile, lifestyle and access to therapy. The concept of precision medicine therefore repr This talk will review the contemporary therapeutic landscape, highlighting the comparative strengths and limita managing inadequate response and secondary failure. It will further explore emerging biomarkers, molecular sig individualized therapy. The ultimate goal is to move from a treat-to-target approach toward treat-to-the-right-target, with the right dru
		2) **Adult vaccines in dermatology in the era of biologics**			The increasing use of biologics and targeted immunomodulators has transformed the management of chronic in autoimmune blistering disorders. However, targeted immune modulation also raises important questions regard comprehensive dermatologic care. This talk will provide a practical approach to vaccination in patients receiving biologics and other immunomodul will discuss the principles of live versus non-live vaccines, timing of vaccination before initiation of immunosupp attention will be given to vaccines of relevance to dermatology, including influenza, pneumococcal, herpes zoste The session will also address commonly encountered clinical dilemmas: Should biologic therapy be delayed for v Special situations such as patients on combination immunosuppression, older adults, and those with comorbidi The objective is to provide dermatologists with a simple, evidence-based vaccination framework that integrates become a missed opportunity for preventive healthcare.

	DR SHIVI NIJHAWAN	recent advances and management of chronic leg ulcers	Associate Professor, Mahatma Gandhi Medical College and Hospital, Jaipur Consultant Dermatologist, Dr. Nijhawan's Clinic, Jaipur		Leg ulcers are a common cause of morbidity among patients both in dermatology outpatient (OPD) and inpatien to heal in 6-12 weeks. The predominant etiologies include chronic venous insufficiency, peripheral arterial disea Patients typically present with non-healing wounds, pain, discharge, and surrounding skin changes. Accurate dia etiology. Wound care and infection control is of utmost importance , along with treatment of the primary cause life. This talk aims to enhance the understanding of chronic leg ulcers, discuss the effective approach in managemer
	DR SHEELA GODBOLE	**Updates on HPV Vaccines: Prevention successes & Therapeutic equipoise**	1)Director, ICMR-National Institute of Translational Virology and AIDS Research, Pune 2)Scientist C, ICMR-National Institute of		Human papillomavirus (HPV) infection, is highly prevalent and causes anogenital and cutaneous warts, & cutaneo infection with high-risk oncogenic types of HPV, is the principal precursor of HPV-related neoplasia, while non-c Prophylactic HPV vaccines, based on L1 virus-like particles (VLPs), induce strong and durable neutralizing antib is attributed to the highly immunogenic VLP structure and the susceptibility of HPV to antibody-mediated n protection against persistent HPV infection, cervical precancer and anogenital disease, with growing evidence su supporting the same. HPV & HIV coinfection and vaccination and screening strategies among PLHIV will be rev

			Translational Virology and AIDS Research, Pune		Vaccination may also reduce vaccine-type oral HPV infections and protect against other HPV-associated diseases warts, equipoise exists! Intralesional and intramuscular HPV vaccination have shown lesion clearance in small a HPV vaccination is a highly effective preventive intervention especially among naïve individuals and various adolescent age group before exposure to HPV. Further well-designed clinical trials are required to establish its p
	DR SUJAY KHANDPUR	Negative Publication- Importance of publishing negative results	Professor and Head Department of Dermatology and Venereology,AIIMS, New Delhi& Editor-in-Chief, IJDVL		Negative publications include- Studies in which final comparison on the primary study endpoint is without statistical significanceStudy favours the control/placebo armDoes not prove a hypothesis Between 1990 to 2007, there was a 22% increase in positive studies with an yearly increase by 6%. By 2007, 85% of papers published had positive results. A 2016 survey by Nature of over 1,500 researchers found that >70% researchers failed to reproduce another scientist’s experiment results. Hence, in this lecture we will dwell upon why negative studies are not getting published in medical literature, advantages of negative publication, disadvantages of not publishing a negative study, impact on AI models by not incorporating negative studies data, how to encourage meaningful rather than positive research, various rectification measures to be undertaken including to prevent publication bias.

	DR VIVASVAT BAKHAYA	**ACAD pearls In favour for Multivitamins (Multivitamin Vs Nutraceuticals)**	Consultant Dermatologist, Dr Bakaya Skin & Aesthetic Centre, Dehradun		The IADVL ACAD Forum initiated its 2026 academic programme following the formal transition to the new Execu Groups, including Trichology, Eczema and Contact Dermatitis, Psoriasis, STI and HIV/AIDS, Dermatopathology, ar designed to promote interactive learning, evidence-based practice, and exchange of practical experience among academic participation. Through sustained, specialty-driven engagement, the ACAD Forum is emerging as a dyn across IADVL.
	DR FEROZE KALIYADAN	UV dermoscopy and other enhancements in dermoscopy	MD, DNB, MNAMS, FRCP (Lond), Dip European Board DV, SCE- RCP, FAIMER fellowship in medical education Professor, Amrita Institute		Basic Concepts & Classification: UV and sub-UV dermoscopy visualize clinical clues that remain undetectable by conventional dermatoscopy. These modalities are systematically classified based on their emitted wavelengths and primary physical principles (reflectance versus excitation) into four main categories: UV reflectance dermoscopy (UVRD), sub-UV reflectance dermoscopy (sUVRD), UV-induced fluorescence dermoscopy (UVFD), and sub-UV-induced fluorescence dermoscopy (sUVFD). Clinical applications: These span a wide range of non-neoplastic and neoplastic dermatoses. Key uses include detecting white hairs in canities, differentiating scarring

			of Medical Sciences		from non-scarring alopecia by evaluating follicular fluorescence, diagnosing infectious dermatoses like scabies (via the fluorescent "ball sign"), identifying ulcers, and accurately delineating margins for melanocytic tumors or porokeratosis. Present Evidence: Current evidence positions UV dermoscopy as a highly effective non-invasive adjunct to conventional methods. For example, studies demonstrate its diagnostic accuracy in rosacea by establishing a threshold of >11 blue fluorescent dots to map Demodex density, providing a practical alternative to skin surface biopsies. However, the broader literature remains limited, and further validation studies are required. Pitfalls & Precautions: Challenges include inconsistent or misleading terminology across the limited existing literature and inherent device variability. Clinicians must also account for diagnostic artifacts caused by contact plate pressure on curved surfaces, variations in skin of color (melanin versus hemoglobin), and patient preparation factors such as recent showering or the application of sunscreens and topicals.

	DR BUSHRA KHAN	**How to use LLMs for dermatological diagnosis**	PROFESSOR AND HEAD, DEPARTMENT OF D.V.L. GMERS MEDICAL COLLEGE, GANDHINAGAR, GUJARAT		Large Language Models (LLMs) are emerging as clinical decision- support tools in dermatology when used withi dermatologic diagnosis through symptom clustering, differential generation, dermoscopy description refinemer engineering, structured data input (history, morphology, distribution, temporal evolution), bias mitigation in ski include triage support, rare disease recognition, documentation enhancement, and patient education. Limitatio critically examined to ensure safe, augmented intelligence rather than automation of clinical judgement.
	Dr Jay Modha	**<u>Artificial Intelligence in Dermatology: Beyond the Hype—Limitations, Risks and the Road to the Dermoverse</u>**	1. SHIRVA SKIN HAIR LASER CLINIC RAJKOT 2. HJ DOSHI HOSPIT		Artificial intelligence (AI) is rapidly transforming dermatology through image-based analysis, clinical decision su from technological capability to clinically reliable implementation requires critical appraisal of its limitations. AI standardization and clinical context. Dataset shift, algorithmic bias—particularly across diverse skin phototypes Generative AI introduces additional concerns, including hallucination, fabricated evidence, temporal knowledge The implications extend beyond diagnostic accuracy. Patient privacy, informed consent, cybersecurity, intellectu implementation. In dermatology, where diagnosis frequently depends on integrating morphology with history, p supportive rather than autonomous.

			AL AND REASEARCH CENTRE, RAJKOT		Future digital ecosystems may further expand these challenges. The emerging Metaverse/Dermoverse could int avatars and three-dimensional visualization. However, these environments will require robust standards for clin The future of AI in dermatology should therefore move beyond technological enthusiasm toward validated, tran but will understand its uncertainty, recognize its failure modes and determine when its recommendations shoul
	DR SHIKHA SHIVHARE	The Role of Dermoscopy in Improving Diagnostic Outcomes of Malignant and Pre-Malignant Skin Lesions	Associate Professor People's College of Medical Sciences & Research Centre, Bhopal (MP)		Introduction: Early and accurate differentiation of malignant and pre-malignant skin lesions is essential for optir invasive diagnostic tool, enhances visualization of subsurface structures and improves diagnostic precision whe Materials & Methods: An observational study was conducted in the Dermatology Outpatient Department of Pe from December 2024 to September 2025. A total of 20 patients of all age groups presenting with suspicious cut examination followed by dermoscopic evaluation using standard dermatoscopes. All lesions were subjected to b Results: Dermoscopy provided additional diagnostic information beyond naked-eye inspection, enabling more a patterns—including pigment network alterations, atypical vascular morphology, arborizing vessels, and keratin- Dermoscopic impressions showed high concordance with histopathological findings, confirming its role in corre

					Conclusion: Dermoscopy significantly enhances diagnostic accuracy in the evaluation of malignant and pre-mali characterization, guided targeted biopsies, and reduced diagnostic uncertainty. Its integration into routine derm of high-risk skin lesions..
	DR SMIT THAKKAR	AI tools for skin analysis	OrnaSkin Laser & Skin Clinic, Rajkot		Artificial intelligence (AI) in dermatology is often discussed in the context of diagnosis and image analysis. Howe of a dermatology practice. This practical session explores eight ways dermatologists can integrate generative AI into routine clinical practic histories into organized OPD notes, simplifying complex dermatological conditions into patient-friendly explana developing counselling scripts for clinic staff, generating personalized and non-intrusive patient follow-ups, crea profitability. Using common dermatology scenarios such as acne, melasma, hair loss, laser hair removal and procedural derm while improving consistency in patient communication and clinic workflows.

					Importantly, AI is presented not as a replacement for the dermatologist's clinical judgment, but as a practical as remain the responsibility of the treating physician. The objective is simple: participants should leave with practical AI workflows they can begin using in their own
	DR VISHAL GAURAV	1) Nail fold capillaroscopy	Assistant Professor, Department of Dermatology and Venereology, AIIMS-CAPFIMS		Nail fold capillaroscopy is a simple, non-invasive technique that provides a unique window into the peripheral n evaluation of connective tissue diseases and Raynaud phenomenon. With increasing availability of dermoscopy increasingly relevant. This session will focus on a structured, dermatologist-friendly approach to nail fold capillaroscopy, beginning wi architecture. Key morphological parameters—including capillary density, size, shape, arrangement, tortuosity, h Particular emphasis will be placed on recognizing the classical scleroderma pattern and differentiating it from n other connective tissue diseases. The role of capillaroscopy in distinguishing primary from secondary Raynaud p highlighted.
		2) AI in academics and			Artificial intelligence, particularly generative AI, is rapidly changing the landscape of dermatology education, aca academic workflows and facilitate personalized learning, but their usefulness depends on understanding both t

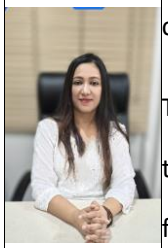
		medical education			This session will explore practical applications of AI in dermatology academics and medical education, including stations, preparing patient education resources, summarizing scientific literature, generating research ideas and Particular emphasis will be placed on dermatology-specific applications and the limitations of AI in interpreting plagiarism, authorship, confidentiality and verification of AI-generated information, will also be discussed. The a scientific rigor.
	DR ANKIT BHARTI	**Optimizing Diagnostic Accuracy in Skin Biopsy: Site-Specific and Technique-Based Recommendations**	Director, Dr. Ankit Bharti's Dermatopatholo gy Research Center, Vyara, Gujarat Consultant Dermatologist, Aura Skin clinics, Vyara,		Histopathological diagnosis in dermatology depends heavily on biopsy quality, site selection, and specimen han consolidates practical, condition-specific recommendations for improving diagnostic yield across skin, nail, muc General principles include selecting an active, representative lesion margin rather than a necrotic or chronic cer artifact; accurate labeling and orientation; and clear communication of clinical history to the dermatopathologis Condition-specific guidance covers nail pathology (site depends on suspected depth—plate, bed, or matrix; clip orientation marking); alopecia (two oblique 4-mm punches, sectioned vertically and horizontally, site chosen pe dual specimens for histology and immunofluorescence); and ulcers (biopsy from the transition edge, not the ne Further recommendations address leprosy, genital and mucosal lesions, immunobullous disorders (separate spe instruments, modified anesthesia), and melanoma (full-thickness excisional biopsy with narrow margins to pres relaxed skin tension lines, vertical cold-knife technique—are also covered. The presentation closes with practical pearls: the value of clinical photography for lesion morphology, caution a

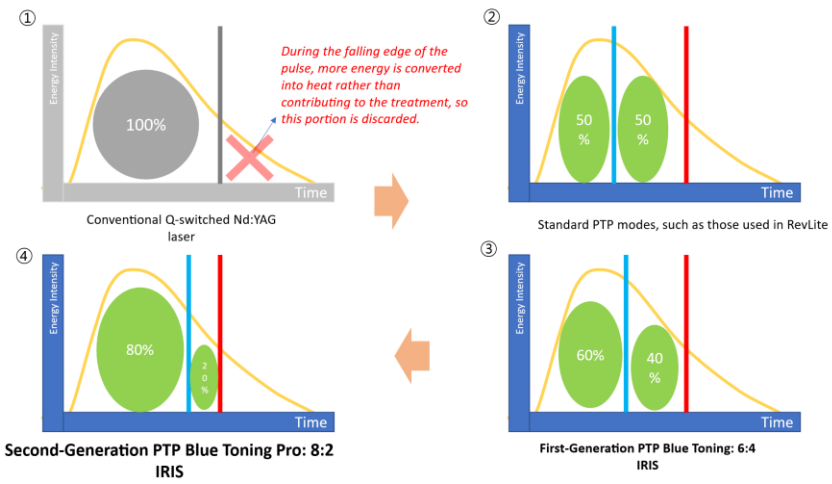
			Gujarat		In this current race of research and fast paced developments, We as clinicians fail to appreciate the importance biopsy and thus it is a synthesis drawn on standard dermatopathology texts, WHO/NCCN guidelines, and IJDVL l specimen collection and interpretation.
	DR SMITA NAGPAL	PRP in cosmetic dermatology	4TH OCTOBER 2026		Platelet-Rich Plasma (PRP) has become an important regenerative treatment in cosmetic dermatology because i growth factors such as PDGF, TGF-β, VEGF, EGF, and IGF, PRP stimulates fibroblast activity, angiogenesis, and ext scars, and as an adjunct to microneedling, lasers, and hair transplantation. In facial aesthetics, PRP improves ski enhances follicular survival, prolongs the anagen phase, and increases hair density. However, clinical outcomes treatment protocols. Careful patient selection, standardized preparation, and evidence-based protocols are ess serves as a valuable regenerative adjunct in modern cosmetic dermatology.
	DR SAURABH SINGH	Interesting CPC Cases	**Additional Professor**, Dermatology, Venereology and Leprology, AIIMS JODHPUR		

	DR RAJAT OSWAL	psychopharmacology for psychodermatological conditions Panel discussion on common yet difficult cases in psychodermatology	Associate professor , Department of Psychiatry, Medical College Baroda		Psychodermatology deals with the complex connection between the brain, immune system and skin, where psy psoriasis, atopic dermatitis, acne, vitiligo and chronic urticaria may worsen with stress, anxiety and depression. trichotillomania, skin picking disorder and body dysmorphic disorder may present mainly to a dermatologist an psychopharmacology for effective management of these conditions. This presentation focuses on the practical use of psychotropic medicines in psychodermatology. SSRIs and SNRIs disorder, and may also help in anxiety-associated pruritus. Low-dose tricyclic antidepressants such as doxepin ca as risperidone, olanzapine and aripiprazole are commonly used. Gabapentinoids and N-acetylcysteine may be u Dermatologists should be familiar with common indications, doses, adverse effects and drug interactions, and in can greatly improve quality of life of patients suffering from psychodermatological conditions.
	DR ISHAN PANDYA	**Beyond the Skin: A Multidisciplinary Panel on Practical Psychodermatology**	Consultant dermatologist and psychologist, Lumos Skinic, Memnagar, Ahmedabad.		Psychodermatology lies at the intersection of skin disease, emotional wellbeing, behaviour, and psychiatric com disturbance, compulsive behaviours, body-image concerns, anxiety, depression, and treatment expectations inf This interactive, case-based panel discussion will bring together dermatologists, psychiatrists, and psychologists the panel will examine how psychological and behavioural factors can be recognised and addressed within routi

					The discussion will focus on key clinical questions: How can dermatologists initiate conversations about emotion be incorporated into day-to-day practice? When should a psychiatric or psychological referral be considered? Ho and effective patient care? The session aims to equip delegates with clinically relevant communication approaches, referral red flags, and a practice.
	DR DHANASHREE BHIDE	Genital dermoscopy: where biopsy can be avoided	Consultant and Head Of The Department K.E.M. Hospital Pune Consultant Deenanath Mangeshkar Hospital Pune		**Dermoscopy examination in genital area is gradually anevolving and is a useful tool in day to day practice. Pe contamination of tbe Dermoscope and limited literature .Due to these limitations this is under utilised tool. F needs to be performed for confirming the diagnosis.** **There are some special situations like Pediatric population or pregnant women where biopsy may not be a fe It can be helpful In distinguishing lichen sclerosus where depigmentation is prominent from vitiligo. Warty looking growths w benign vestibular papillomatosis can be easily differentiated on dermoscopy.Skin coloured or yellowish papul dermoscopy . Genital psoriasis and eczema can mimick each other clinically It is possible to differentiate the t features on dermoscopy Dermoscopy of genital area can serve as important diagnostic tool for non malignant lumps, pigmented and v**

	DR SUMIT JAGYASI	The roots:- follicular biology, principles of LHR	FOUNDER & DIRECTOR, NEO LUSH CLINICS, NAGPUR, MH		Laser hair reduction (LHR) is one of the most widely performed aesthetic procedures, yet predictable outcomes parameter selection. This presentation takes a practical “from basics to nuances” approach, beginning with the anatomy and biology parameters will be simplified by explaining fluence, pulse duration, spot size, repetition rate, and cooling, with e treatment area, and clinical response. The session will review the major LHR technologies, including Alexandrite, Diode, Nd:YAG, and Intense Pulsed Li particularly in skin of colour. A practical section will highlight our clinical experience with a Korean triple-wavelength diode system, incorpora and skin types. The session will also discuss newer manual-mode approaches, including preset relationships bet allowing individualized treatment. The aim is to bridge the gap between textbook principles and real-world practice, helping clinicians understand reduction safely and effectively.

	DR PRIYANKA SUTARIA	What's new in pigment lasers: Ultrashot laser pulses in stubborn pigmentation	1.SKIN EXPERTS CLINIC 2. CIGS HOSPITAL 3. WOCKHARDT HOSPITAL 4.GOKUL Hsp 5. STERLING HOSPITAL		Hyperpigmentation represents one of the most challenging and frequently encountered pigmentary disorders i conditions, their success depends not merely on selecting a laser device, but on understanding pigment biology The fundamental principle underlying pigment-targeting lasers is **selective photo thermolysis**, a specific wavele to minimize injury to surrounding tissue. Depending on the device and pulse duration, laser energy may produc followed by its gradual clearance. A variety of technologies—including Q-switched, picosecond, fractional and ablative/non-ablative lasers—have lentigines, café-au-lait macules and dermal melanocytoses to post-inflammatory hyperpigmentation and melas Treatment selection should therefore be guided by **diagnosis, depth and distribution of pigment, Fitzpatrick sk** particularly important in skin of color, where excessive energy delivery can provoke post-inflammatory hyperpig The presentation discusses the physics of pigment-selective lasers, mechanisms of action, disease-specific appli Particular emphasis is placed on laser safety in darker skin phototypes, test spots, conservative parameter selec **Accurate diagnosis first, appropriate technology second, and long-term maintenance throughout** remain the

					
	Dr LALIT K GUPTA	Advances in Adverse Drug Reaction	Professor, and Head, Dermatology RNT Medical College, Udaipur, Rajasthan, India		Adverse Drug reactions (ADRs) have a wide spectrum of presentations and can practically mimick any inflamma and reproducible laboratory tests. There is a continuous felt need of biomarkers that could aid in the diagnosis, biochemical markers are now available that help in the better management of ADRs. Some infective triggers ca muco-cutaneous eruption) is often used for these cases. SCORTEN has been refined (Re-SCORTEN) now and is p diagnosis of ADRs. Cyclosporine ad TEN alfa inhibitors are now being increasingly used to treat TEN and preferre role of different regimens in TEN. The presentation shall discuss all these recent advances in the field of ADRs.

	DR NAYANKUMAR PATEL	LOW DOSE RITUXIMAB IN PEMPHIGUS VULGARIS	Professor and HOD, GCS Medical College Hospital and Research Centre, Ahmedabad		Rituximab has revolutionized the management of pemphigus vulgaris (PV), emerging as a cornerstone of treatm extrapolated from protocols developed for B-cell lymphomas and rheumatoid arthritis (RA), rather than establis important question: Are conventional rituximab doses necessary to achieve sustained disease control in PV? The biological rationale for dose optimization lies in the differential B-cell burden and therapeutic objectives acr may achieve clinically meaningful B-cell depletion and disease remission in selected patients with PV. Recent stu conditions have renewed interest in identifying the minimum effective dose. This presentation will trace the evolution of rituximab dosing from lymphoma to RA and subsequently to pemph evidence on low-dose and ultra-low-dose rituximab will be reviewed, with particular emphasis on clinical remis The discussion will explore whether individualized dosing strategies could optimize therapeutic outcomes while warrants careful interpretation, and larger prospective studies are needed to establish optimal dosing and long- The central question is no longer simply whether rituximab works in pemphigus, but how little rituximab is suffi

	DR MANJARI GARG	MANAGEMENT OF AGEING FACE	Senior Consultant at Garg Skin clinic, gwalior		
	DR KARAN MALHOTRA	Dressing materials: How to choose the right one	**CONSULTANT DERMATOLOGIST** **CMRI- CK BIRLA HOSPITALS**		Injury to the skin provides a difficult challenge, as wound healing is a complex and dynamic process. Wound he sequence of events involved in wound healing can be affected by numerous disease processes, resulting in chro the medical fraternity of enormous resources. Wound tissue never reaches its pre-injured strength and multiple the usage of correct materials for wound dressings. The development of new and effective treatments in wound knowledge about characteristics of an ideal wound dressing and guide in finding the correct dressing material.
	Dr Roopal Panchani	*Skin Signals: Decoding Cutaneous Clues to Endocrine Disorders*	**MD DNB Endocrinology (Goldmedalist)**		The skin often serves as an accessible visual window into systemic physiology, providing critical early indicators turnover, dermal structure, pigmentation, and vascular dynamics, recognition of distinct cutaneous manifestatio This lecture explores the diagnostic utility of dermatological signs across key endocrine pathologies. Classical ma dermopathy in Graves' disease, striae rubrae and hyperpigmentation in adrenal disorders like Cushing's disease pathognomonic skin lesions reflect endocrine dysfunction.

	Dr Sushruta Kathuria	Case based discussion on Skin conditions with endocrine abnormalities Anti androgens & androgen receptor Blockers	Specialist, Dept of Dermatology and STD VMMC and Safdarjung Hospital, New Delhi		Antiandrogens and androgen inhibitors are group of drugs which inhibit the actions of androgens in various dise inhibitors block or inhibit androgen synthesis. Antiandrogens include spironolactone, progesterone, cyproteron ketoconazole and combined oral contraceptives. They act by blocking action of circulating androgens in cutaneo is produced by Leydig cells in testes and from adrenals while in women, testosterone is produced in low quantit dihydrotestosterone which is more potent and acts on cutaneous structures. The major dermatological indicati alopecia including both female and male pattern baldness, hirsutism and hidradenitis suppurativa. Such patient hyperandrogenism where receptors are more sensitive to testosterone as well as dihydrotestosterone. Many systematic reviews have found efficacy of spironolactone, progesterones, cyproterone acetate and oral co hirsutism. In healthy females without renal and cardiac defects, hyperkalemia is not a serious adverse effect and has been found to be effective in male pattern baldness, though they have side effects like premature ejaculatio contraindications for their use.
	Dr Pooja Aggarwal	The Cutaneous - Endocrine Axis: Clinical insights into the hormones and the Skin	Professor, Dept of Dermatology Smt NHL Municipal Medical College Ahmedabad		The skin is being increasingly recognized as an active peripheral neuroendocrine organ which responds as well a relationship plays a pivotal role in maintaining skin homeostasis, pigmentation, hair growth, wound healing, imr the skin a valuable window into systemic hormonal health. Hormones such as thyroid hormone, androgens, estrogens, growth hormone, insulin, cortisol, and melanocyte-sebaceous gland activity, hair follicle biology, collagen synthesis, wound repair, skin texture, pigmentation, hair,

					Recent advances have highlighted the skin's intrinsic endocrine functions, including local synthesis of vitamin D, hormone. Cutaneous cells express receptors for multiple hormones and participate in local hormone metabolism these interactions has expanded therapeutic opportunities, including hormonal modulation in acne, hair disorde This cutaneous hypothalamus pituitary adrenal like axis enables the skin to respond to various environmental st treatment of many inflammatory pilosebaceous and pigmentary disorders.
	Dr. Manish Khandare	**Beyond the naked eye: mastering Dermoscopy**	Former Surgeon Commander (AFMS) Assistant Professor Department of Dermatology AIIMS Bhopal		Mucosal dermoscopy, or mucoscopy, is an emerging extension of dermoscopy that provides a non-invasive win cutaneous dermoscopy, interpretation of mucosal lesions is influenced by distinctive anatomical features, includ physiologic pigmentation. These characteristics generate dermoscopic patterns that may differ substantially fro Mucoscopy can enhance clinical assessment by unveiling subtle pigmentary, vascular, and structural clues, facili Patterns such as homogeneous pigmentation, globules and dots, vascular configurations, structureless areas, ar clinically equivocal lesions. Its potential role in identifying mucosal melanoma and other mucosal malignancies i However, mucosal dermoscopy is still evolving, with limited prospective validation, interobserver variability, and diagnostic criteria remains an unmet need.

	DR PUNEET GOYAL	soft skills for clinical staff	Consultant- Renova Skin & Laser Clinic		
	DR JAY GUPTE	Facial compound nevus- surgical vs laser removal	Consultant Dermatologist, Dermatosurgeon , Disha Skin and Laser Institute, Dr. Gupte's Skin Clinic.		Nevus removal can be performed using either ablation with electrocautery (EC) or radiofrequency cautery (RF), goal: either diagnostic or aesthetic. Ablation is a quick outpatient procedure which can remove or destroy the n small, raised, benign-appearing naevi. However, the heat used will damage the tissue, resulting in poor histopat Surgical excision requires good surgical planning and a reasonably high amount of expertise to result in an aesth histopathological evaluation. Providing the lowest chance of recurrence, it is a definitive treatment option for suspicious, atypical, congenital
	Dr. Reshu Sharma	MANAGEMENT OF AGEING FACE	**Consultant dermatologist, SKIN SOLUTIONS**		

	DR AARTI SHAH	When drugs go wrong- patient counselling and medicolegal aspects. Management of complications	Director – Radiant Clinic		
	Dr. Vishalakshi Viswanath	1) Targeted therapy with intralesional ritiximab in recalcitrant mucocutaneous pemphigus	**Founder Member & Medical Director:** DISHA Skin & Laser Institute, Thane (Group practice) **Consultant Dermatologist,** KIMS Hospitals, Thane		Intravenous rituximab (IV-- RTX) has proven to be invaluable in pemphigus management. However, there is limited literature on intralesional rituximab (IL-- RTX) in recalcitrant mucocutaneous pemphigus. Oral and scalp lesions heal slower than lesions at other sites, leading to an extended duration of oral corticosteroids, thereby contributing to adverse effects. A retrospective observational study in patients who received IL-- RTX was conducted in diagnosed cases of pemphigus with refractory oral and/or scalp lesions. IL-- RTX was administered at a dose of 5 mg/cm2 (10 mg/mL), two doses fortnightly with or without concomitant IV-- RTX. Data included cases of pediatric pemphigus and paraneoplastic pemphigus with Castleman's tumour. A statistically significant decrease was seen in mucosal/scalp PDAI and anti-- DSG1 and anti-- DSG3 levels at the

			Professor & Former Head, Department of Dermatology, R ajiv Gandhi Medical College, Thane		end of 6 months. Mean dose of IL-- RTX given at a time was 21.35 mg. The percentage of patients on concomitant corticosteroids decreased from 88% at baseline to 48% at 6 months. Pain was the only adverse effect (18%). Recalcitrant pemphigus lesions have lesional and perilesional ectopic lymphoid structures that contain autoreactive lymphocytes, which produce auto-- antibodies locally. Mechanism of IL RTX is proposed to be due to local immunomodulatory action. Targeted therapy with IL RTX can be a safe and cost- effective strategy to reduce systemic therapy dosage in localized recalcitrant pemphigus. Further research is needed to determine optimum dosing schedules and protocols.
		2) Expanding Horizons: Upadacitini b across diverse dermatolo gical indications.			Upadacitinib, a selective Janus Kinase 1 inhibitor, has emerged as an important therapeutic option for immune-mediated inflammatory skin conditions. It is approved for atopic dermatitis (AD) and available in India, with cost-effective formulations introduced by domestic manufacturers from October 2025. A real world experience of upadacitinib across diverse dermatological indications will be discussed. Moderate-severe AD formed the major cohort. Other diseases included alopecia areata, prurigo nodularis, chronic plaque psoriasis, pustular psoriasis, unstable vitiligo, oral lichen planus , acute

					widespread cutaneous lichen planus, hidradenitis suppurativa, acquired perforating dermatoses(APD) and recalcitrant urticaria. Concomitant diseases associated with AD included alopecia areata, psoriasis, and Crohns disease. Practical issues in switching of JAK inhibitors or conventional immunosuppresants while initiating upadacitinib will be discussed. Excellent response was noted in AD, alopecia areata and disfiguring APD. Moderate response was seen in psoriasis, vitiligo, lichen planus, hidradenitis suppurativa and poor response in recalcitrant urticaria. Adverse events included upper respiratory infections, crusted scabies and thrombocytopenia.Upadacitinib cessation was done due to thrombocytopenia in AD associated Crohns disease and poor response in urticaria cases. Temporary withdrawal during treatment of crusted scabies and re-introduction due to aggravation of acquired perforating dermatoses and pustular psoriasis resulted in excellent response. The availability of upadacitinib has revolutionised the therapeutic scenario in the ever-increasing prevalence of AD in India. The broad anti-inflammatory activity, rapid onset of action, relief of pruritus and oral formulation make upadacitinib an important therapeutic drug in settings where

					biologics are inaccessible or unaffordable, however judicious use and monitoring is mandatory.
	Dr. S.G. Parasramani	Psoriasis with co - morbidities :selecting the right drug for the right patients & Dark side of Biologics	Dermatologist and laser surgeon HOD Lilavati Hospital, Mumbai, P. D. Hinduja Hospital, Khar Mumbai		Psoriasis is a chronic, immune-mediated inflammatory disease primarily affecting the skin and is associated with psoriatic arthritis, obesity, metabolic syndrome, diabetes mellitus, cardiovascular disease, inflammatory bowel d These comorbid conditions may influence disease severity, treatment response, treatment safety, and long-term Therefore, the management of psoriasis should extend beyond achieving skin clearance and should incorporate Conventional systemic therapies, including methotrexate, cyclosporine, acitretin, and apremilast, should be use hepatic, renal, metabolic, or other organ systems. The availability of targeted oral therapies and biologic agents However, biologic therapy should be selected carefully, as certain comorbid conditions may influence the choice In patients with psoriatic arthritis, TNF-α inhibitors and IL-17 and IL-23 inhibitors are effective therapeutic optio disease because of the potential for exacerbation of intestinal inflammation. Patients with significant hepatic or or renal metabolism.
	DR AVINA JAIN	From PG To Private Practice	Chief Dermatologist, Auro Skin Clinic, Mumbai		Transitioning from postgraduate (PG) training to private practice is one of the most consequential shifts in a der competence, and academic discipline, private practice requires additional skills that are seldom formally taught sustainable clinical systems.

			Adjunct faculty JNMC Wardha		This presentation explores a practical roadmap for early-career dermatologists considering or entering private p institutional practice models; planning the initial investment in space, equipment, and staff; and balancing med centred care. Special attention will be given to common early challenges: building trust in a new community, managing patien practices, and avoiding the pressure to overinvest or overtreat. The session will also highlight the value of ment Private practice should not be viewed merely as a business venture, but as an opportunity to create a practice c success is not defined only by patient volume or revenue, but by long-term reputation, clinical outcomes, profe realistic, actionable principles for making that transition with confidence.
		2. Laboratory Investigations in Dermatology: Interpreting Results for Practical Clinical Decisions (Moderating the session)			Laboratory investigations are central to safe, evidence-based dermatology. This moderated session provides a p practice. The session will begin with interpretation of the complete blood count, with emphasis on haemoglobin, pattern anaemia—including peripheral smear, iron profile, vitamin B12, folate, haemolysis markers, and stool testing wh significance and patterns of elevated enzymes, bilirubin, and albumin ; in relation to methotrexate etc. The role and limitations of serum IgE in urticaria, thyroid profile and thyroid antibodies in chronic spontaneous u Practical interpretation of ANA testing, including IF versus ELISA, will help participants avoid overdiagnosis while

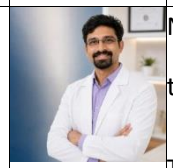
					Other high-yield topics include indications for coagulation studies; interpretation and next steps after a positive monitoring serum creatinine, blood pressure, and other parameters during cyclosporine therapy. The aim is to equip dermatologists with a concise framework for choosing the right investigation, interpreting it discussion will emphasise that laboratory results support—not replace—careful history, examination, and longit
	DR VIVEK JAIN	**PRACTICE MANAGEMENT** **The Patient-Centric Treatment Toolkit: The 80:20 Counseling-to-Prescription Protocol for Better Patient Outcomes**	Consultant at Kailash Cancer Hosp, Waghodia		Modern practice management sessions often prioritize patient footfall, procedural volume, social media visibilit rising patient-doctor conflicts and strained trust, strengthening human-centric communication is essential. Patients often arrive carrying extensive medical records, seeking clarity, empathy, and reassurance rather than a and treatment costs reduces anxiety and demonstrates genuine care. Prioritizing essential medications, simplify reinforce patient trust. Moreover, transparent communication and ethical documentation remain the most effe While building a sustainable practice is necessary, clinical success fundamentally relies on patient goodwill. Ded than merely prescribing pharmaceuticals. This presentation offers a practical, reflective roadmap for establishing a genuinely patient-centric dermatology meaning to the art of medical practice.
	Dr. Sahana Srihari	**Biologicals and small molecules in**	Assisstant Professor in		Targeted therapies have transformed the management of chronic inflammatory dermatoses in children, offering increasingly used for moderate-to-severe atopic dermatitis, psoriasis, hidradenitis suppurativa and chronic spon

		Pediatric Dermatology	tertiary care hospital		of available agents, focusing on their mechanisms, pediatric indications, age- and weight-based dosing, efficacy, Biologics targeting TNF, IL-4/13, IL-17, IL-23 and IgE have broadened therapeutic choices, while oral small molec should be individualized according to disease phenotype, severity, comorbidities, psychosocial impact, route pr screening, vaccination status, baseline investigations and drug-specific contraindications. JAK inhibitors require cardiovascular risks. Pediatric prescribing also requires consideration of growth, puberty, school schedules, injection burden, adhere discontinue therapy are essential. With rapidly evolving approvals and long-term safety data, clinicians must co deliver safe, effective and child-centred dermatologic care.
	Dr Binayak Chandra Dwari	**Pre and post exposure Prophylaxis in STDs**	HOD and Professor		Background HIV and sexually transmitted diseases (STDs) remain important global public-health concerns, necessitating effective biomedical prevention strategies in addition to conventional measures. Pre-exposure prophylaxis (PrEP) provides preventive antiretroviral therapy to individuals at substantial risk of HIV acquisition, whereas post-exposure prophylaxis (PEP) is an emergency

					intervention following a potential exposure, while doxycycline post-exposure prophylaxis (doxy-PEP) has emerged as an important strategy for selected bacterial STDs. Objective To review the recent developments in HIV PrEP and PEP and evaluate emerging evidence regarding prophylactic strategies for bacterial STDs, with an emphasis on indications, newer therapeutic options, efficacy, safety, limitations, and future perspectives. Methodology A narrative review was undertaken using the provided academic material, supported by recent recommendations and published evidence from WHO and CDC. Discussion HIV PrEP is increasingly moving towards patient-centred and long-acting prevention. Twice-yearly injectable lenacapavir has been incorporated by

					WHO as an additional PrEP choice, potentially improving adherence and expanding prevention coverage. HIV PEP remains time-sensitive and should be initiated as early as possible following a significant exposure, with appropriate baseline testing and follow-up. Pre and post-exposure prophylaxis HIV and STI.pptx For bacterial STDs, doxy-PEP has demonstrated substantial reductions in syphilis and chlamydia and moderate reductions in gonorrhoea among selected high-risk populations. Conclusion The prevention landscape for HIV and STDs is rapidly evolving. Long-acting HIV PrEP and appropriately targeted doxy-PEP represent important advances, but should be integrated with regular screening, vaccination, counselling, barrier protection, and comprehensive sexual-health services. Continued surveillance and research are essential to establish long-term effectiveness, safety, and antimicrobial-resistance implications.

	DR VIVEK KUMAR DEY	**Teledermatology in private practice**	Professor & Head People's College of Medical Sciences & Research Centre, Bhopal (MP)		Teledermatology uses digital technology to deliver skin care from a distance and serves as an optional platform A huge surge in teledermatology consultations occurred during the COVID-19 outbreak. As dermatology is a visu Teledermatology has many types, including real-time video/ audio communication and store-and-forward syste In present scenario teledermatology has a lot of scope in the field. This is a cost effective option for patients. Be faster care, bigger reach, better scheduling, reduced need of travel, workplace leave and increasing access to he Side by side there are lot of challenges also, which can be faced by patient as well as healthcare provider such a maintenance and protection etc. More and more private clinics now use teledermatology to meet rising patient demand for fast and convenient ensures high quality care, and strong patient satisfaction. But its mandatory to know and follow the telemedicine practice guidelines laid down by Govt of India, which sh teledermatology will certainly remain a successful and useful model for consultations in future.
	DR DIPALI RATHOD	**Decoding Mycosis Fungoides: Histopathological**	*Director & Chief Dermatologist- Dr Dipaali's DERRMA*		Background: Mycosis fungoides (MF), the most common form of primary cutaneous T-cell lymphoma, often pre diagnosis can therefore be challenging and requires careful integration of clinical, histopathological, immunoph Objective: To highlight the key histopathological features of MF and emphasize the importance of clinicopatholo Discussion: Characteristic histopathological findings include epidermotropism of atypical lymphocytes, dispropo lesions, atypical lymphocytes with cerebriform nuclei and Pautrier microabscesses. However, these features ma

		Insights and Clinical Correlation	*REVIVAL, Mumbai*		CD4+, CD8− T-cell population, with aberrant loss of pan-T-cell markers such as CD2, CD3, CD5, or CD7, can provi cases, although results must always be interpreted in the clinical and histopathological context. Conclusion: Diagnosing MF is a process of “decoding” subtle clues. A systematic approach combining clinical mo accurate diagnosis and appropriate management.
	DR ADITYA HOLANI	**ADVANCES IN NON-SURGICAL HAIR RESTORATION: FROM RIGHT CANDIDATE SELECTION TO PERSONALIZED TREATMENT**	Asst. Prof, Bharati Hospital, Pune. Consultant dermatologist, Dermalife Skin clinic, Apollo hospitals, Sahyadri hospitals, Pune		Non-surgical hair restoration has evolved considerably, offering dermatologists a wide range of therapeutic opti treatment success depends not only on the modality chosen, but also on appropriate patient selection, accurat This workshop will provide a practical approach to evaluating a patient presenting for non-surgical hair restorati to benefit from medical or procedural therapies, and recognizing situations where expectations are unrealistic c Practical trichoscopic clues that help differentiate common causes of hair loss and guide therapeutic decisions w The session will also focus on **patient counselling**, including setting realistic expectations, explaining treatment pitfalls. Through practical tips, clinical examples and “do’s and don’ts” from routine practice, the workshop aims to prov restoration—helping them make better treatment decisions and deliver more predictable, patient-centred outc **Take-home message:** The right diagnosis, the right candidate and the right counselling are as important as the t

	DR ASIT MITTAL	**Treatment of Atopic Dermatitis**	Senior Professor, Dept. of Dermatology, RNT Medical College, Udaipur		
	DR ARUN MISHRA	Medico-Legal Dermatology: Legal Issues, Ethics, Communication and Learning Through Live Cases	PHD(Doctorate in Meditation from Mumbai University), LL.M. in Criminal Law from Mumbai University, M.D, M.A. (Philosophy), M.A. Psychology Post graduate certification. in mythology,		Dermatological and aesthetic practice involves unique medico-legal challenges arising from informed consent, d With increasing awareness among patients and the growing use of aesthetic and cosmetic procedures, dermato responsibilities associated with their practice. This session will provide a practical overview of important medico related documentation, disclosure of risks and complications, confidentiality, patient expectations and effective clear communication can help prevent misunderstandings, complaints and potential legal disputes. Particular em and outcomes can be influenced by individual perceptions. Participants will be guided on practical measures for patient trust. The session will conclude with a live case discussion, allowing participants to examine a real-world prevent or manage similar situations in clinical practice. 1

			mysticism & Yoga Diplomas in Pharmacy (D.Pharma), Medical Laboratory Technology (D.M.L.T.)		
	DR NITI KHUNGER	MICROBIOME BASED APPROACH TO TREAT GENITAL INFECTIONS	MD, DDV, DNB Professor & Consultant Dermatologist, Vardhman Mahavir Medical College,		Traditional treatment of STI focuses on eradicating the pathogens, bacteria, fungi, or viruses along with sympto antimicrobial resistance and failure to restore mucosal immunity and hence a short-term cure. The modern cor pathogen invasion. The microbiome is an ecosystem of symbiotic, commensal, pathogenic organisms and their genetic products tha substitution of the normal flora by a dysfunctional array of organisms that can promote disease states, leading nonpathogenic or commensal (beneficial) bacterial species. A healthy microbiome is important as it limits path Dysbiosis leads to increase HIV and STI susceptibility by raising inflammatory cytokines and recruiting HIV-susce

			Safdarjung Hospital, New Delhi.		**Role of microbiome in STI**: The modern concept is that the microbiome plays an important role in STI acquisitio microbiome impact genital infections to a varying degree. Bacterial vaginosis is due to dysbiosis of the vaginal n HIV infection. Similarly dysbiosis in males leads to increased risk of infections, including HIV. **Microbiome directed treatment of STI:** The principles are remove drivers of dysbiosis, reduce local inflammatio probiotics, prebiotics, synbiotics and restoration of epithelial barrier and pH. Vaginal microbiome transplantatio **Future Directions:** The future concept is microbiome testing, precision probiotics and post-biotics, along with tr
	CA HITESH THAKKAR	Practical Finance & Risk Mitigation for Medical Professionals	Practicing Chartered Accountant and Financial Consultant		Medical careers pay well, yet they begin late and carry no pension, making deliberate financial structuring esser dermatologists and cosmetologists with practical knowledge in these areas. Key components touched upon her challenge of making choices between maintaining books, presumptive taxation and tax audit. It has been illustra regime. This will facilitate strategic tax planning. GST — The discussion also addresses situations where the sam attracting GST at 18%. It covers the ₹20 lakh registration threshold, the apportionment of input tax credit, and t

			Senior Partner in a Vadodara based partnership firm M/s. Prakash Thakkar & Co		— It includes about the critical aspects of succession planning— why a nominee is not an heir, the essentials of concludes with the importance of efficient tax planning and legacy management.
	DR GEETI KHULLAR	**Potpourri of interesting paediatric Dermatoses**	**Associate Professor, Lady Hardinge Medical College, Delhi**		Pediatric dermatoses present with a myriad of clinical presentations that may often pose a diagnostic challenge accurate diagnosis. Here are four such interesting cases with unusual presentations. Case 1 was a 15-year old boy who presented with a fluctuating erythematous plaque-like swelling below the le sized vascular channels lined by flattened endothelial cells. Case 2 was a 6 month old child who presented with hypopigmented macules over trunk and extremities along v hepatosplenomegaly. Skin biopsy from both types of lesions demonstrated Langerhans cells in the epidermis an Case 3 was a 4-year-old developmentally normal female child with recurrent white plaques on tongue and fissu thick, curdy white vaginal discharge since age 1.5 years. Fungal culture of nail sample showed growth of yeast, s spectrometry as *Candida orthopsilosis*. Polymerase chain reaction and sequencing of genomic DNA revealed he

					Case 4 was a 11-year-old girl with inability to gain height and weight and hyperpigmentation over thighs and tru underlying dermis demonstrating slightly thickened hyalinized collagen. Hormonal evaluation revealed reduced (c.970C>T) on exon 6 of the SLC29A3 gene
	Dr. Uzzaif Mansuri	**Microsurgical restoration of traumatic scars.**	**DIRECTOR -** Uzzaif Skin Care - Sarkhej & Paldi		
	DR VIVEK PAI	**Leprosy 2026 Emerging Horizons**	Director , Bombay Leprosy Project Mumbai		
	Dr. Monal Sadhwani	**Hair Care Demystified: The Science of Shampoos, Conditioners,**	Consultant Dermatologist at Sanjivani Skin Care Clinic, Ahmedabad, Gujarat.		Healthy, vibrant hair plays a central role in personal wellness, yet navigating the endless shelves of hair produc non-medical attendees, this engaging session bridges the gap between clinical dermatology and daily hair care. Attendees will explore the essential biology of hair and learn how to construct a targeted routine suited to the home care: • **Shampoos & Scalp Cleansers:** Choosing the right surfactant balance for scalp health without stripping

		Serums, and In-Clinic Procedures			• **Conditioners & Deep Treatments:** Understanding cuticle repair, detangling agents, and lipid replenishm • **Serums & Leave-Ins:** Evaluating active ingredients (such as peptides, botanical oils, and thermal protec Beyond home routines, the session demystifies modern hair rejuvenation procedures. Attendees will receive p plasma (PRP), microneedling, and low-level laser therapy—as well as the benefits and risks associated with com By separating marketing trends from dermatological facts, this session equips participants with practical know
	Dr. Nikita Patel	**Know your skin care products: what's good and what's not?**	**Assistant professor, Pramukhswami medical college, Shree Krishna Hospital, Karamsad**		In an era saturated with viral beauty trends, multi-step routines, and aggressive marketing; navigating skin care p "clean" and "chemical-free" to promises of overnight glass skin. This session will focus on understanding **what the skin actually needs** and will simplify skincare and help the a The objective is to empower participants to move from **"more products" to "better choices"** and develop a sim It will provide a practical breakdown of what truly benefits the skin versus what often leads to irritation or waste • **The Good (The Essentials):** Understanding the irreplaceable triad of a gentle cleanser, a barrier-suppor ingredients such as hyaluronic acid, ceramides, niacinamide, and retinoids will be highlighted for how th • **The Not-So-Good (The Red Flags):** Identifying common culprits behind barrier disruption, including c juice or abrasive physical scrubs), and misleading "miracle" claims. • **Smart Consumer Habits:** Practical tips on decoding ingredient labels, prioritizing active concentration Attendees will leave equipped with actionable, practical knowledge to audit their vanity shelves, avoid common

	Dr.Bhavesh Devani	**Basics Physics of Pigment Lasers and its application in Clinical and Aesthetic Dermatology**	**Senior Practicing dermatologist at Drashti Skin and Ete Hospital, Rajkot and Gujarat**		Quality-switched (q-switched) laser systems are the gold standard for the treatment of benign pigmented lesions **Q-switched Nd:YAG laser therapy** utilizes Neodymium Yttrium Garnet media to deliver high-energy nanosec selectively acts on specific skin targets with minimal side effects when proper parameters are set. The laser addresses diverse pigmentary and aesthetic concerns, including **hyper melanosis, freckles, tattoo rem** **Pulsed Nd:YAG** applications cover conditions like melasma, rosacea, and carbon peels. Operating with adjustab Post-procedure care emphasizes **strict photoprotection** requiring SPF 30+ sunscreen reapplication every 2–3 ho Follow-up sessions occur every 2–3 weeks, shifting toward monthly maintenance.