



SOUVENIR



DERMAZONE WEST 2026

AND

52nd CUTICON GUJARAT

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**INDIAN ASSOCIATION OF DERMATOLOGISTS,
VENEREOLOGISTS & LEPROLOGISTS
GUJARAT STATE BRANCH**

&

IADVL VADODARA CHAPTER

DERMATOLOGY 360° SCIENCE, TECH AND LIFESTYLE

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**2nd, 3rd & 4th
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DERMAZONE WEST 2026
AND
52nd CUTICON GUJARAT
OCTOBER 2nd, 3rd & 4th 2026



**ANNUAL CONFERENCE OF
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VENEREOLOGISTS AND LEPROLOGISTS
WESTZONE – VADODARA.**

VENUE

THE FERN, SARDAR SAROVAR RESORT
SERIES BY MARRIOTT,
Ekta Nagar, Gujarat.

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DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



GROUP PHOTO



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



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Dr. Sejal Thakkar, Dr Stuti Mahajan

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DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



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Disclaimer :

The contents of this souvenir have been proofread and reviewed with utmost care. Nevertheless, some inadvertent errors may have remained despite our best efforts. We sincerely apologize for any such errors and seek the kind understanding of our readers. EDITOR



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6	Dr. Nipul Vara	Dr. Rashmi Mahajan	2021
7	Dr. Nipul Vara	Dr. Rashmi Mahajan	2020
8	—	—	2019
9	—	—	2018
10	—	—	2017
11	--	—	2016
12	Dr. Kamaljit Singh	Dr. Chirayu Bardoliwala	2015
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16	Dr. Girish Gandhi	Dr. Paresh Patel	2011
17	Dr. Hitesh Patel	Dr. Kamaljit Singh	2010
18	Dr. Bela Shah	Dr. Kirtiben Parmar	2009
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21	Dr. M.D. Popat	Dr. Samir Vasavada	2006
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23	Dr. Ajay Parikh	Dr. Ravindra O Patel	2004
24	Dr. Anugrah A. Parikh	Dr. Bela J. Shah	2003
25	Dr. Mahesh P. Pancholi	Dr. Jitendra P Modi	2002
26	Dr. Janak K. Thakkar	Dr. P.M. Ramotia	2001
27	Dr. Rajesh M. Buddhadev	Dr Vikas K Desai	2000
28	Dr. Chetan N. Patel	Dr Ajay Parikh	1999
29	Dr. Ranjan C. Rawal	Dr. Deepak Parikh	1998
30	Dr. Dinesh P. Shah	Dr. Vinayak L. Vyas	1997
31	Dr. Bimal P. Choksi	Dr. Girish M. Gandhi	1996
32	Dr. Y.S. Marfatia	Dr. Chetan N. Patel	1995
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35	Dr Bharat I. Lalwala	Dr. Rajesh M. Buddhadev	1992
36	Dr. Rohit V. Desai	Dr. Y. S. Marfatia	1991
37	Dr. K.M. Acharya	Dr. Janak K. Thakkar	1990
38	Dr. Aniruddha Vyas	Dr Rohit V. Desai	1989



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2022	Surat	Dr. Jagdish Sakhiya	Dr. Yogesh Bhingradia
2021	Vadodara E- Cuticon	Dr Mahendra Dhopte	Dr. Nipul Vara
2020	Vadodara E- Cuticon	Dr. Nipul Vara	IADVL GSB EC
2019	Ahmedabad		
2018	Ahmedabad		
2017	Rajkot	Dr. P M Ramotia	Dr. Chetan Lalseta
2016	Surat		
2015	Vadodara	Dr. Hitesh Patel	Dr. Kamaljit Singh
2014	Mt. Abu	Dr. J. K. Patel	Dr. Mahesh Pancholi / Dr. J. P. Modi
2013	Rajkot	Dr. P.M. Ramotia	Dr. Chetan Lalseta
2012	Dermacon-A'bd	Dr. Suresh Joshipura	Dr. Ranjan Raval
2011	Daman	Dr. Vikas Desai	Dr. Deepak Patel
2010	Vadodara	Dr. Parag Shah	Dr. Hitesh Patel
2009	Amedabad	Dr. Suresh Joshipura	
	(1st Dermazone West)	Dr. Freny Bilimoria	Dr. Bela Shah
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2007	Bhavnagar	Dr. M.G. Desai	Dr. D.D. Muni
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2001	Daman	Dr. Bimal P. Choksi	Dr. Vikas Desai
2000	Vadodara	Dr. Chetan N. Patel	Dr. Ajay Parikh
1999	Rajkot	Dr. M.D. Popat	Dr. P.M. Ramotia
1998	Ahmedabad	Dr. Ranjan C. Rawal	Dr. Deepak Parikh
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1996	Daman	Dr. Bharat I. Lalwala	Dr. Rajesh M.Buddhadev
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1994	Vadodara	Dr. Y.S. Marfatia	Dr. Chetan N. Patel
1993	Bhavnagar	Dr. M.G. Desai	Dr. D.D. Muni
1992	Ahmedabad	Dr. S.B. Pujara	Dr. Ranjan C. Rawal
1991	Surat	Dr. Girish Shah	Dr. Vikas K. Desai
1990	Nacfiad	Dr. Rohit V Desai	Dr. Y.S. Marfatia
1989	Jamnagar	Dr. K.M. Acharya	Dr. D.P. Shah

FLASH BACK

CUTICONs held at Vadodara

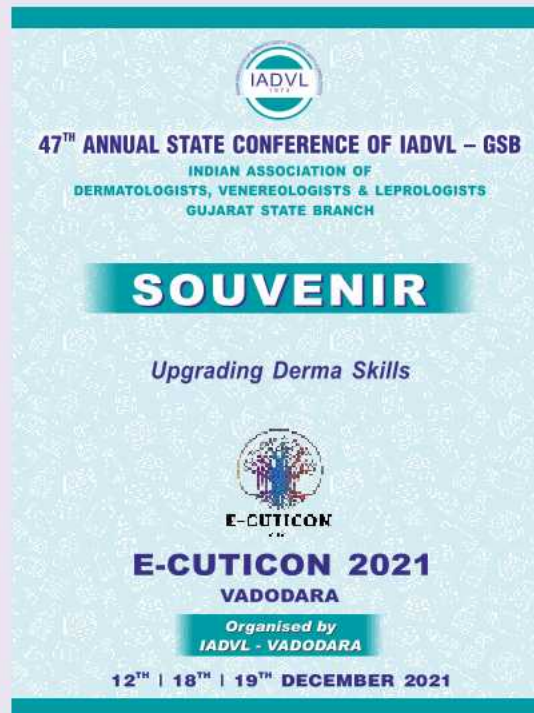
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OVER YEARS
1990 - 2021**



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



2021



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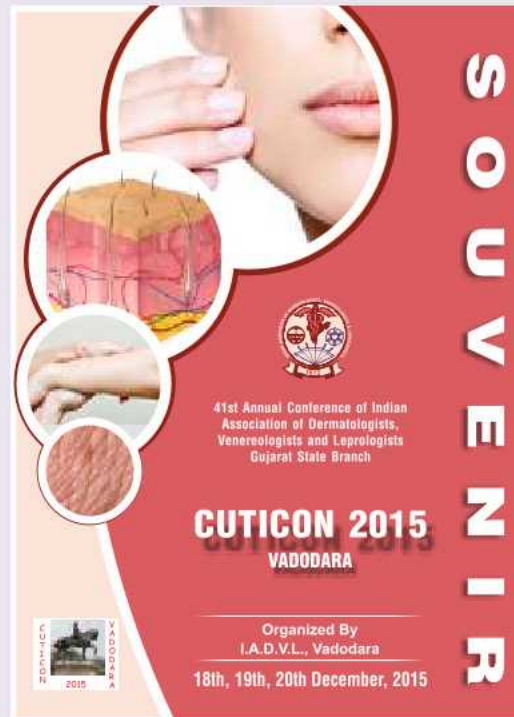
Sitting : Dr. Sejal Thakkar, Dr. Rashmi Mahajan, Dr. Nipul Vara,
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2015



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Picture Location: Medical College Baroda, Please read from L to R

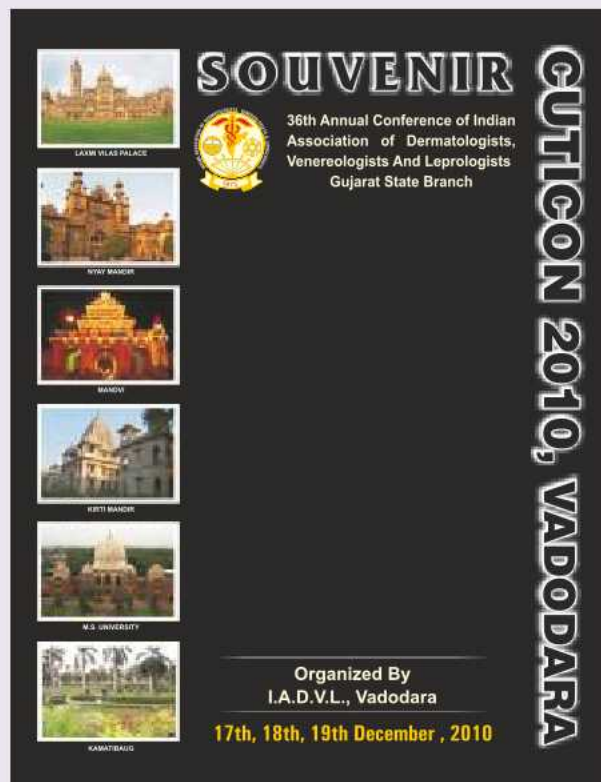
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Dr. Priyanka Iyer, Dr. Ravindra Patel, Dr. Parag Shah,
Dr. Kamal Mohnani, Dr. Shyam Verma, Dr. Nirmal Jignasu,
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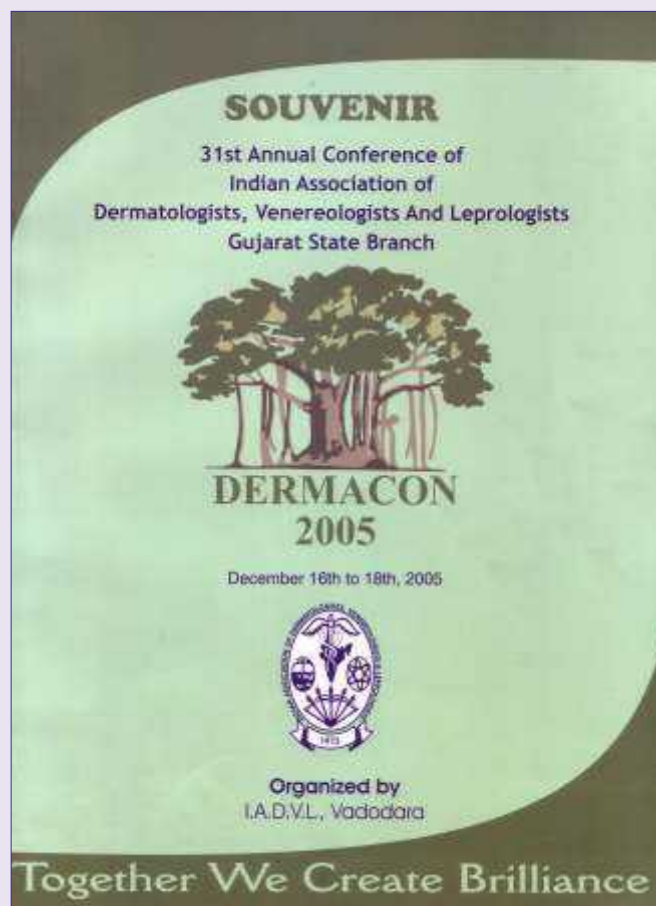
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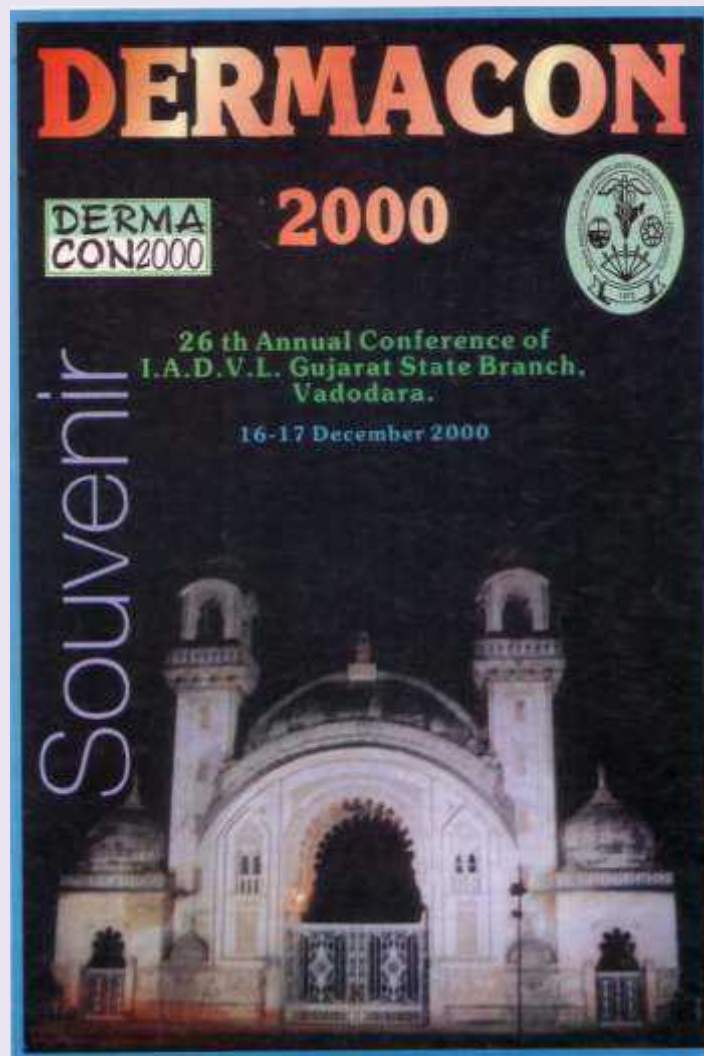
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2000

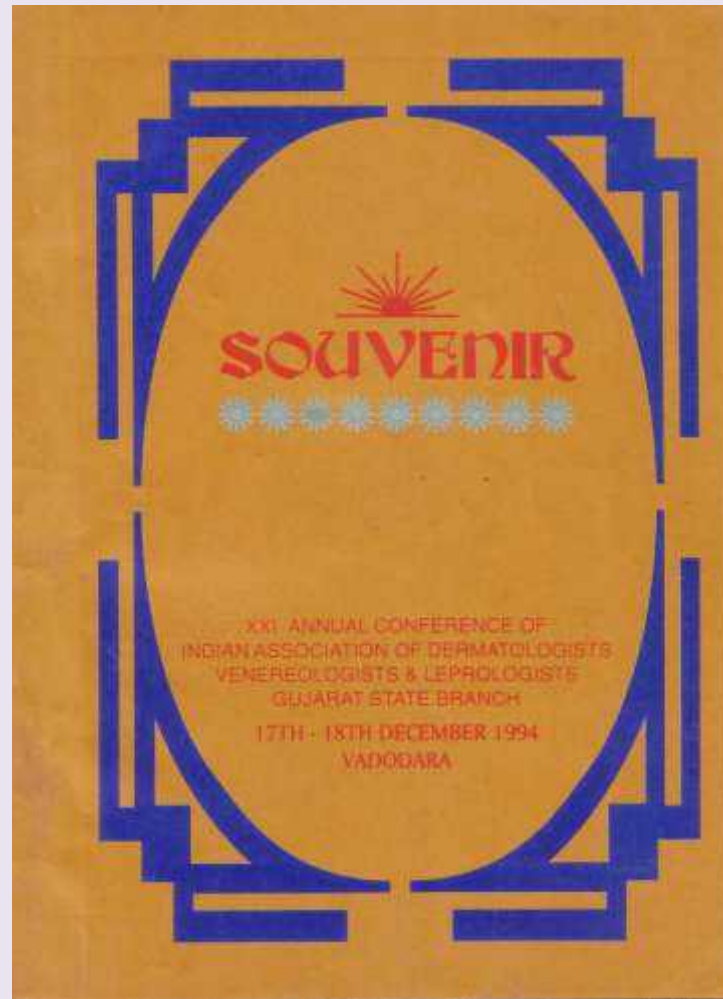




DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



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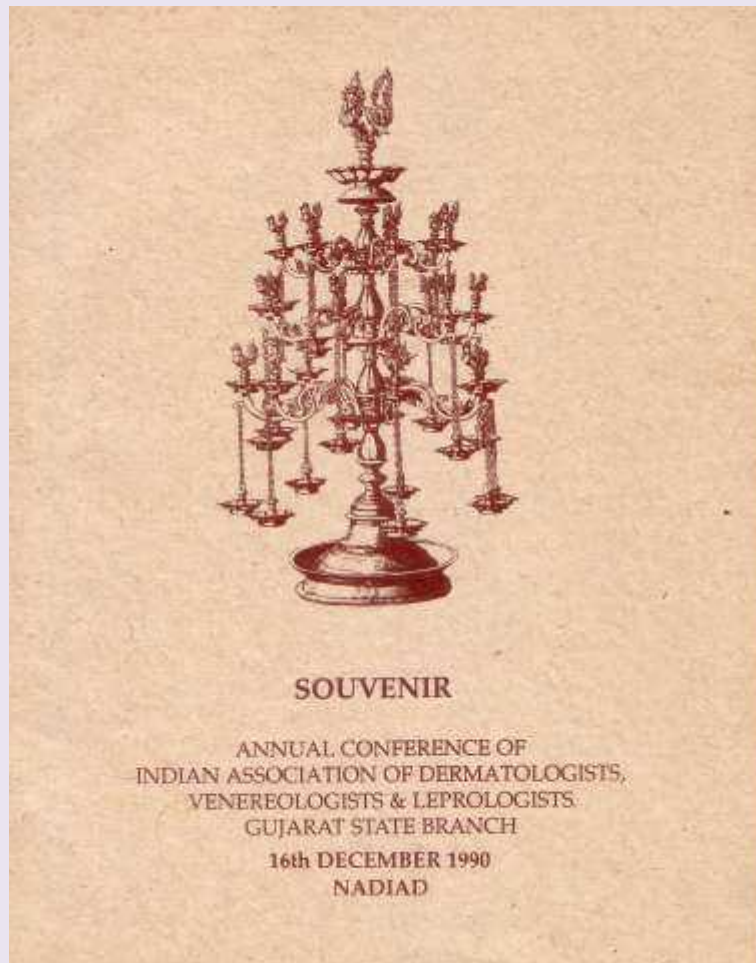




DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



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Members of Organising Committee



Sitting Left to Right : Dr. Hitendra Ghodasara, Dr. M.O. Shah, Dr. Y.S. Marfatia, Dr. B.S. Verma, Dr. Rohit Desai, Dr. Mahendra Dhoot, Dr. Raksha M. Patel, Standing Left to Right : Dr. Kamal Mohnani, Dr. Anil Mehta, Dr. Chirayu Bardoliwala, Dr. Umesh Agrawal, Dr. Rajesh Sankar, Dr. Vivek Jain, Dr. Hitesh Brehmbhatt, Dr. Seema Falnikar.

MESSAGES



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



MESSAGE FROM IADVL GSB PRESIDENT & SECRETARY

On behalf of IADVL GSB we are thrilled to invite members from the West Zone of India – Gujarat, Rajasthan, Madhya Pradesh, Goa, Maharashtra and Chattisgarh – to participate in Dermazone West and Cuticon 2026.

The two conferences combined definitely imply more learning from esteemed faculty, more interaction and certainly more memories!

At the heart of the conference is of course engaging lectures by the best in the field, panel discussions where experience and evidence meet each other, orations, paper and poster presentations, keeping core dermatology as the root on which advancements and innovations grow and develop.

Sessions engaging academicians, private practitioners and budding dermatologists will be at the forefront.

We are hosting the conference at the iconic Statue of Unity, with the promise of excellent academics and sumptuous food with a touch of Gujarati culture.

We warmly welcome all IADVL West Zone members to be a part of this memorable event.



DR. RASHMI MAHAJAN
PRESIDENT – IADVL GSB
& CO-CHAIRPERSON SCIENTIFIC



DR. MOHABATSINH BARIA
SECRETARY IADVL-GSB
& JT. ORG. SECRETARY



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



INVITATION FROM DERMAZONE ORG. CHAIRMAN & SECRETARIES

Dear Colleagues,

COUNTDOWN TO DERMAZONE WEST 2026 & 52nd CUTICON GUJARAT BEGINS

We feel privileged to welcome you all to Dermazone West & 52nd Annual Conference of Gujarat State branch - CUTICON 2026 Conference is arranged at beautiful location of Statue Of Unity Ektanagar at The Fern, Series by Marriot, just post Monsoon at the scenic beauty of India from the 2nd to 4th October 2026

SOU Ektanagar being most visited tourist destination in India and located Near Vadodara which is well connected by Rail And Air.

In going with the theme of the conference this year - "Dermatology 360° – Science Tech Lifestyle" scientific program for the conference and workshop are designed in such a way as to give maximum justice to the advancing fields of dermatology .

Not only scientific but the social and entertainment programs will surely be the events to cherish for long time We will leave no stone unturned to make this event comfortable and memorable for you and your family.

Looking forward to welcome you all !



Chairperson
Dr. Chetan Patel



Co-Chairperson
Dr. Ajay Parikh



Org. Secretary
Dr. Kamaljit Singh



Jt. Org Secretary
Dr. Nipul Vara



Jt. Org. Secretary
Dr. Mohabatsinh Baria



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



MESSAGE FROM SCIENTIFIC COMMITTEE

THEME — DERMATOLOGY 360° SCIENCE, TECH AND LIFESTYLE

The Scientific Committee is pleased to present a meticulously curated academic programme that reflects the evolving landscape of modern dermatology. Our focus remains clear — deliver practical, guideline-driven updates that can be translated directly into everyday practice.

Sessions will include 2 Zonal Orations (for members below 40 years and for those above 40 years), Award Papers, Free Papers, PG Thesis Based Award Papers and Posters. Interesting Debate sessions and Quiz for both post-graduates and practitioners will be added attractions.

The CME will include insightful sessions on Dermato-Endocrinology and a video demonstration on innovative office procedures in dermatology.

Teaching continues with interactive sessions on recent treatment guidelines, pharmacogenomics, optimum use of lab investigations, diet in dermatology, pediatric dermatology, AI in dermatology, and a focused session for PG teachers.

Innovations in dermatosurgery and cosmetic dermatology will be taught by experts, covering pigmentary disorders, management of the ageing face, and hair & nail disorders. Focused SIG and ACAD sessions will be an added highlight.

Join us for a comprehensive and engaging conference covering the latest advancements and challenges in dermatology. Mark your calendars and stay tuned for more updates!



Dr. Yogesh Marfatia
Scientific Chairman



Dr. Rashmi Mahajan
Scientific Co-Chairperson



Dr. Avani Talati
Secretary



Dr. Samriti Singh
Secretary

SCIENTIFIC PROGRAMME



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



SCIENTIFIC PROGRAMME

2ND OCTOBER 2026 (FRIDAY) – HALL : A

TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
9:00 AM	WELCOME		
9:15 AM – 11:15 AM	DR RANJAN RAVAL FREE PAPER		
11:15 AM 11:45 AM	DR P B HARIKBHAKTI ORATION A Bird's-EyeView: "Twenty-FiveYears as an AcademicClinical Dermatologist"	Dr. Pragya Nair	Dr Rashmi Mahajan Dr M D Baria
11:45 AM – 1:15 PM	DR BHARAT SHAH AWARD PAPER		Dr Jitendra Modi Dr Janak Thakkar Dr K M Acharya

LUNCH – 1:15 PM – 2:00 PM

2ND OCTOBER 2026 (FRIDAY) – HALL : A MEDICAL CME – DERMO – ENDOCRINOLOGY SESSION

2:00PM – 2:30 PM	Skin Signals: Decoding Cutaneous Clues to Endocrine Disorders	Dr Roopal Panchani (Endocrinologist)	(2-4 pm) Dr Jignesh Vaishnani Dr Sejal Thakkar
2:30PM – 3:30PM	Case based discussion on Skin conditions with endocrinal abnormalities Acanthosis Nigricans - PMOS-adult onset acne, hirsutism - Patterned hair loss- males and females - Skin conditions associated with thyroid function abnormalities - Steroid abuse: cushingoid features, striae	Moderator- Dr Sushruta Kathuria Panelists- Dr Amita Sutaria Dr Roopal Panchani Dr Nina Madnani Dr Yogesh Marfatia	
3:30PM – 4:30PM	Drugs used in dermoendocrinological diseases –		(4-6pm) Dr Brijesh Parmar Dr Roshni Vahora
3:30PM – 4:00PM	Metabolic therapeutics in Dermatoendocrinology: Journey from metformin to Semaglutide	Dr Pooja Agarwal	
4:00PM – 4:10PM	Anti androgens & androgen receptor blockers: spironolactone, clascosterone, flutamide/ bicalutamide, cyproterone acetate	Dr Sushruta Kathuria	(4-6pm) Dr Brijesh Parmar Dr Roshni Vahora



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
4:10PM - 4:20PM	5- alpha reductase inhibitors: finasteride/ dutasteride	Dr Reema Baxi	
4:20PM - 4:30PM	Role of Hormonal contraceptives	Dr Nina Madnani	
4:30PM - 5:00PM	Skin the mirror of internal body and mind	Dr Smriti Naswa	
5:00PM - 5:30PM	Lifestyle medicine and dermatology	Dr Smriti Naswa	
5:30PM - 6:00PM	Q &A session	Dr Neha Purohit	
2ND OCTOBER 2026 (FRIDAY) HALL B - AESTHETIC CME			
2:00PM - 4:30PM	THE ART OF INJECTABLES		Dr Anjum Sheikh Dr Priya Agarwal
2:00PM - 3:05PM	SESSION 1 - BASICS OF BOTOX		
2:00PM - 2:15PM	Facial anatomy for aesthetic practice (overview of facial muscles, high risk zones, practical considerations, consent taking)	Dr Hiral Patel	
2:15PM - 2:45PM	Introduction to botulinum toxin Video demonstration (basic botox, upper face, rejuvenation)	Dr Neha Shukla	
2:45PM - 3:05 PM	When drugs go wrong -patient counselling, what to do and ML aspects Management of complications	Dr Aarti Shah	
3:05PM - 3:20 PM	SESSION 2-BASICS OF FILLERS Introduction to dermal fillers for different indications and understanding the differences	Dr Janak Thakkar	
3:20PM - 3:50PM	"Geometry and Grace: A Holistic Approach Midface - the Zygomatic Arch, Tear Trough, and Nasolabial Fold"	Dr Surajit Gorai	
3:50PM - 4:10PM	Complications & how to manage them including ML aspect	Dr Jerryl Banait	
4:10PM - 4:30PM	Q &A	Dr Hiral Patel	
4:30PM - 6:00PM	ADVANCES IN NON SURGICAL HAIR RESTORATION		Dr Gunvant Mayavanshi Dr Priyanka Iyer
4:30PM - 4:45 PM	Introduction Who is the right candidate Patient counselling Tricho scopy analysis	Dr Aditya Holani	



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TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
4:45PM - 5:05 PM	PRP and its variants in hair restoration video demo	Dr Hital Patel	
5:05PM - 5:25PM	Hair exosomes, PDRN, Inj . Dutasteride, Stem cell therapy	Dr Samkit Shah	
5:25PM - 5:45PM	Energy based devices LLLT in hair loss	Dr Sheena Singh	
5:45PM - 6:00PM	Q&A	Dr Hital Patel	

2ND OCTOBER 2026 (FRIDAY) - HALL : C

NON CLINICAL ESSENTIALS FOR DERMATOLOGISTS

TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
2:00PM-6:00PM		Dr Chetan Patel (Moderator) Dr Krupal Tralsawala (Co-ordinator)	Dr Nitin S. Vora Dr Jitendra Modi
	1) Medico-legal aspects in dermatology - Clinical Documentation: - Consent Architecture: - Photo Protocols: - Crisis Management: - Indemnity Insurance:	Dr Arun Mishra	
	2) Medical ethics & regulatory compliance - Aesthetic Boundaries: - Tele-Dermatology Ethics: - NMC Code of Conduct: - Industry Relations:	Dr Nilesh Parekh	
	3) Advanced communication skills - Managing Expectations: - Error Disclosure: - Breaking Bad News: - Digital Communication:	Dr Puneet Goyal	
	4) Practice finance & risk mitigation - Taxation & Compliance: mptive tax. - Operational Finance: - Diversification:	C.A. Hitesh Thakkar	

7:30 PM ONWARDS DINNER

8:30 PM TO 9:30 PM HOUSIE

9:30 PM TO 10:30 PM KAROKE



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SCIENTIFIC PROGRAMME

3RD OCTOBER 2026 (SATURDAY) - HALL A

TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
8:30AM - 10:00AM	DERMAZONE WEST AWARD PAPERS		Dr Samriti Singh Dr Nehal Pandya
10:00AM - 10:30AM	Keynote lecture : Rewriting chronicity modern management of hidra-dentis supparativa	Dr Sharmila Patil	(10AM-11AM) Dr Bharti Patel Dr Prashant Jadhav
10:30AM - 11:00AM	Keynote lecture : Emergence of trichophyton indotineae-resistance, clinical aspect & IADVL guidelines on management	Dr Ananta Khurana	
11:00AM - 11:30AM	DZW ORATION (<40YRS) - More than skin deep diving into the ocean of cutaneous ulcers	Dr Pooja Agarwal	Dr Yogesh Marfatia Dr Rashmi Mahajan Dr Chetan patel
11:30AM - 12:30PM	PEDIATRICDERMATOLOGY		Dr Rushika Gadani Dr Raksha patel
11:30AM - 11:45AM	Biologics and small molecules in chronic pediatric dermatoses	Dr Sahana Srihari	
11:45AM - 12:00PM	Pediatric trichology	Dr Prashant Jadhav	
12:00PM - 2:15PM	Treatment of atopicdermatitis in children	Dr Asit Mittal	
12:15PM - 12:30PM	Potpourri on interesting pediatric dermatoses	Dr Geeti Khullar	
12:30PM - 2:00PM	IADVL SIG PSORIASIS		Dr Kamaljit Singh Dr Bela Padhiar
12:30PM - 12:50PM	Psoriasis therapeutics: from biologics & small molecules to precision medicine	Dr Anuradha Babu	
12:50PM - 1:10PM	Psoriasis with comorbidities: selecting the right drug for the right patient	Dr SG Parasramani	
1:10PM - 2:00PM	Panel discussion - difficult to treat psoriasis : navigating clinical challenges high impact sites and psoriasis in special population	Moderator Dr Sudha Rani Panelists Dr Anshul Warman Dr Anuradha Babu Dr S.G.Parasramani Dr Saritha Mohanan	
LUNCH - 2:00 - 2:30 PM			



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TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
2:30PM – 3:15PM	Panel discussion on lab investigations in dermatology – report based discussion	Moderator– Dr Avina Jain	Dr Nipul Vara Dr Som Lakhani
		Panelists– Dr Tushar Toprani (Pathologist) Dr Udayan Kachchhi (Pathologist) Dr Krutik Brahmabhatt (General Physician)	
3:15PM – 3:50PM	LEPROSY		Dr Sameer Shah Dr Deval Vora
3:15PM – 3:30PM	Leprosy 2026 Emerging Horizons	Dr Vivek Pai	
	• Role of immunotherapy	Dr Bela Padhiar	
	• Newer diagnostic techniques	Dr Brijesh Parmar Dr Rita Vora	
3:50PM – 4:50PM	VESICULOBULLOUS DISEASES		Dr Ranjan Rawal Dr Kishan Ninama
3:50PM – 4:10PM	Targeted therapy with Intralesional rituximab in recalcitrant mucocutaneous pemphigus	Dr Vishalakshi Vishwanath	
4:10PM – 4:30PM	Low dose rituximab in pemphigus vulgaris	Dr Nayankumar Patel	
4:30PM – 4:50PM	Newer insights in bullous pemphigoid	Dr Deepika Pandhi	
4:50PM – 5:30PM	ADULT VACCINES IN DERMATOLOGY		Dr Umesh Kariya DR krunal
4:50PM – 5:10PM	Updates on HPV vaccine	Dr Sheela Godbole	
5:10PM – 5:30PM	Vaccines in the era of biologics	Dr Anuradha Babu	
5:30PM – 6:15PM	Practitioners Quiz	Dr Vishal Gaurav	Dr Chetan Vispute Dr Parag Shah
3RD OCTOBER 2026 (SATURDAY) – HALL B			
8:30AM – 9:30AM	PG THESIS BASED AWARD PAPER		Dr Dhiral Shah Dr Amit Mistry
9:30AM – 10:00AM	Redefining the skin gut axis	Dr Smriti Naswa	(9:30AM – 11AM) Dr Sunil Deshpande Dr Anitha Iyer



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TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
10:00AM – 10:30AM	What's new in ADRs	Dr Lalit Gupta	
10:30AM – 11:00AM	ACAD PEARLS	Dr Vivaswat Bakaya	
11:00AM – 11:30AM	PLENARY SESSION HALL A		
11:30AM – 12:45PM	LASER HAIR REMOVAL FROM BASICS TO NUANCES		Dr Nirmal Jignasu Dr Kirti Shah
11:30AM – 11:45AM	The roots – follicular biology principles of LHR, Machine parameters made easy Types of Laser systems available for LHR including IPL- pros and cons	Dr Sumit Jagyasi	
11:45AM – 12:00 PM	Treatment approach- (a) pre case consultation and consent Patient selection role of investigatio (b) Treatment planning by body area, pain management and scheduling of sessions Challenges in skin of colour, causes of poor outcome	Dr Sunil Kothiwala	
12:00PM – 12:15 PM	Aesthetic LHR – Eyebrow reshaping, beard reshaping, male grooming, gender affirming hair removal, ear LHR	Dr Sonia Jagyasi	
12:15PM – 12:45PM	Panel discussion- • Role of combination therapy • Complications & management • Expectation vs reality • LHR gone wrong • Your suggestions on the best laser machines	Moderator- Dr Aditya Shah Panelists- Dr Sunil Kothiwala Dr Nandita Patel Dr Sumit Jagyasi Dr Sonia Jagyasi	
12:45 PM – 2:00PM	MELANIN MATTERS: PIGMENT LASERS IN CLINICAL AND COSMETIC DERMATOLOGY		
12:45PM – 1:00PM	Basic physics of Pigmentary lesions and overview of various pigment lasers including parameters	Dr Bhavesh Dewani	Dr Pradnya Asutkar Dr Dipak Patel



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TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
1:00PM - 1:15PM	Management of dermal pigment: interesting cases from the clinic	Dr Jagdish Sakhiya	
1:15PM - 1:30PM	What's new in pigment lasers: Ultrashot laser pulses in stubborn pigmentation (sponsored by academic grant from Pyramid lasers)	Dr Priyanka Sutaria	
1:30PM - 2:00PM	Panel discussion • Complications of pigment lasers • Management of rebound pigmentation • Lasers in management of lip pigmentation • Management of PDL -do lasers have a role? • Role of lasers in melasma management Combination therapy • Role of dermoscopy in monitoring treatment progress	Moderator- Dr Arth Koshia Panelists- Dr Priyanka Sutaria Dr Bhavesh Dewani Dr Jagdish Sakhiya Dr Jayesh Sanariya	
LUNCH - 2:00 - 2:30 PM			
TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
2:30PM - 3:30PM	MANAGEMENT OF THE AGEING FACE 35 yrs and beyond- A case based discussion (Panel discussion Sponsored by Regalizpharma)	Moderator- Dr Janak Thakkar Panelists- Dr Padmavati Surapaneni Dr Kirti Shah Dr Manjari Garg Dr Reshu Sharma	Dr Bhuvnesh Shah Dr Rinku Shah
3:30PM - 4:10PM	RESTORING SKIN PIGMENTATION IN VITILIGO		Dr Satish Shah Dr Sudesh Chaudhary
3:30PM - 3:50PM	Medical management of Vitiligo- new and old treatment options	Dr Manish Gautam	
3:50PM - 4:10PM	Newer insights in Surgical Management of Vitiligo (video demo)	Dr Samkit Shah	
4:10PM - 4:40PM	MEDICOLEGAL SESSION Court cases against dermatologists & the lessons learned	Dr Arun Mishra	Dr Jitendra Modi Dr Nitin Vora Dr Chetan Patel



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TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
4:40PM – 5:40PM	PRACTITIONERS FORUM		
4:40PM – 4:50PM	Practice management	Dr Vivek Jain	
4:50PM – 5:00PM	Soft skills for clinical staff	Dr Puneet Goyal	
5:00PM – 5:15PM	Tele dermatology in private practice	Dr Vivek Kumar Dey	
5:15PM – 5:25PM	From PG to private practice	Dr Avina Jain	
5:25PM – 5:40PM	Shark tank in dermatology- innovation by dermatologist	Dr Yogesh Bhingradia	
5:40PM – 6:30PM	DERMAZONE WEST OFFICE BEARER'S MEETING		

**7:30 PM ONWARDS – BANQUET FOLLOWED BY GALA DINNER
LIVE PERFORMANCE BY MUSIC BAND : BLACK IN WHITE**

3RD OCTOBER 2026 (SATURDAY) – HALL C

TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
8:30AM – 10:00AM	DERMAZONE WEST FREE PAPER		Dr Vivek Jain Dr Mukesh Rathwa
10:00AM – 10:45AM	IADVL MEDIA CELL SESSION		Dr Vivaswat Bakaya Dr Prashant Jadhav
10:00AM – 10:15AM	From Instagram to Injections: Social Media Trends that Misguide Aesthetic Practice	Dr Poorva Shah	
10:15AM – 10:45AM	Panel discussion : social media- where do we draw the line.	Moderator- Dr Akshay Jain Panelists- Dr Aditya Shah Dr Piyush Borkhatariya Dr Sheena Singh Dr Dhiral Shah	
11:00AM – 11:30AM	PLENARY SESSION – HALL A		
11:30AM – 1:00PM	MANAGING DIFFICULT SCARS-FROM WOUND HEALING TO SOLUTIONS		Dr Bimal Choksi Dr Nitin Chhatraliya
11:30AM-11:45AM	Molecular mechanisms and clinical implications	Dr Amita Sutaria	



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TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
11:45AM – 12:00PM	Etiopathogenesis of Keloid and Hypertrophic Scars	Dr Kailash Bhatia	
12:00PM – 12:15PM	Newer advances in management of keloid and hypertrophic scars	Dr Yogesh Bhingradia	
12:15PM – 12:30PM	Energy based devices in scar reduction	Dr Piyush Borkhatariya	
12:30PM – 12:45PM	Microsurgical restoration of traumatic scars	Dr Uzzaif Mansuri	
12:45PM – 1:00PM	Newer modalities in management of burn scars	Dr Sandeep Sharma	
1:00PM – 1:15PM	Q & A	Dr Amita Sutaria	
1:15PM – 2:00PM	DEBATE		Dr Feroze Kaliyadan Dr Ananta Khuranna
1:15PM – 1:35PM	Prescription products Vs Cosmeceuticals	Dr Akshay Saxena Dr Neha Solanki	
1:35PM – 2:00PM	Multivitamins VS Neutraceuticals	Dr Vivaswat Bakaya Dr Priyanka Iyer	
LUNCH : 2:00PM – 2:30PM			
2:30PM – 3:00PM	Diet Session for accompanying person-6 steps to reboot your lifestyle	Dr Smriti Naswa	(2:30PM-3:30PM) Dr Namrata Shukla Dr Archana Oswal
3:00PM – 3:30PM	Skincare session for accompanying persons		
3:00PM – 3:15PM	Know your skin care products: what's good and what's not?	Dr Nikita Patel	
3:15PM – 3:30PM	Hair care for you: know your conditioners, serums, shampoos and hair procedures.	Dr Monal Sadhwani	
3:30PM – 4:30 PM	POTPOURRI –1		Dr G M Vinod Dr Atul Shah
3:30PM – 3:45PM	Dressing materials: How to choose the right one	Dr Karan Malhotra	
3:45PM – 4:00PM	Morphology guided Monothread implantation technique in Acne Scars	Dr Nandita Patel	
4:00PM – 4:15PM	Botulinum toxin : beyond aesthetics	Dr Nikita Wagh	



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
4:15PM - 4:30PM	Cosmetic gynaecology, what a dermatologist should know	Dr Ujjwala Verma	
4:30PM - 5:30PM	POTPOURRI-2		Dr Malti Khandar Dr Kalpesh Kharva
4:30PM - 4:45PM	Diagnostic approach to Chronic leg ulcer	Dr Shivi Nijhawan	
4:45PM - 5:00PM	Facial compound nevus- surgical vs laser removal	Dr Jay Gupte	
5:00PM - 5:15PM	Tattoo removal	Dr Jayesh Sanariya	
5:15PM - 5:30PM	Expanding Horizons: Upadacitinib across diverse dermatological indications	Dr Vishalakshi Viswanath	
5:30PM ONWARDS	IGNQPP PRELIMS QUIZ	Dr Gopalsing Rajput Dr Avani Talati (Assistant quiz master)	

**7:30PM- BANQUET FOLLOWED BY GALA DINNER
LIVE PERFORMANCE BY MUSIC BAND - BLACK IN WHITE**



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SCIENTIFIC PROGRAMME

4TH OCTOBER 2026 (SUNDAY) - HALL : A

TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
8:30AM - 9:30AM	IGNQPP- FINAL ROUND	QUIZMASTER- Dr Gopalsing Rajput Dr Avani Talati (Assistant quiz master)	Dr Neela Patel Dr Avnita Solanki
9:30AM - 10:30AM	BEYOND THE NAKED EYE: MASTERING DERMOSCOPY		Dr M O Shah Dr Jitendra K Shah
9:30AM - 9:45 AM	UV dermoscopy and other enhancements in dermoscopy	Dr Feroze Kalyadan	
9:45AM - 10:00 AM	Mucosal Dermoscopy	Dr Manish Khandare	
10:00AM - 10:15 AM	Dermoscopy as an aid in skin cancers	Dr Shikha Shivhare	
10:15AM - 10:30 AM	Nailfold capillaroscopy	Dr Vishal Gaurav	
10:30AM - 11:00 AM	DZW ORATION (>40 YRS)- Newer Viral exanthems and paraviral diseases in children: A journey of more than two decades	Dr Vijay Zawar	Dr Yogesh Marfatia Dr Suresh Joshipura
11:00AM - 12:30 PM	IADVL SIG- STD/HIV SESSION		Dr Kandarp Pandya Dr Keyur Shah
11:00AM - 11:15AM	Syphilis: recent trends	Dr Meghana Phiske	
11:15AM - 11:30AM	Genital dermoscopy: when biopsy can be avoided	Dr Dhanashree Bhide	
11:30AM - 11:45AM	Microbiome based approaches for recurrent genital infection	Dr Niti Khunger	
11:45AM - 12:00PM	Pre and post exposure Prophylaxis in STDs	Dr Binayak Dwari	
12:00PM - 12:30PM	Panel discussion on challenging cases (35) • LSA vs Vitiligo • Recurrent genital ulcers • Anogenital sinuses • Persistent anogenital warts • Recurrent balanoposthitis • Vulvodynia	Moderator- Dr Krati Mehrotra Panelists- Dr Meghana Phiske Dr Dhanashree Bhide Dr Niti Khunger Dr Binayak Dwari	



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
12:30PM - 1:45PM	REGENERATIVE MEDICINE IN DERMATOLOGY		Dr Priyank Sen Dr Dimpal Patel
12:30PM - 12:45PM	The "what and why of regenerative medicine and its role in dermatology	Dr Shuken Dashore	
12:45PM - 1:00PM	Exosomes in dermatology	Dr Ekta Sahu	
1:00PM - 1:15PM	PPR in cosmetic dermatology	Dr Smita Nagpal	
1:15 PM - 1:30PM	Newer horizons in Regenerative medicine: Stem cell therapy Growth factors Biostimulators	Dr Bushra Khan	
1:30PM - 1:45PM	Q&A	Dr Priyanka Sutaria	
1:45 PM ONWARDS - VALEDICTORY			
4th OCTOBER 2026(SUNDAY) - HALL : B			
TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
8:30AM - 9:30AM	IGNQPP - FINAL ROUND - HALL A	Dr Gopalsing Rajput	
9:30AM - 10:30AM	AI SIMPLIFIED: FROM CONCEPTS TO CLINICAL CONFIDENCE		Dr Rachisweyeta Gupta Dr Dhananjay Prajapati
9:30AM - 9:45AM	Role in academics and medical education	Dr Vishal Gaurav	
9:45AM - 10:00AM	LLMs in Dermatology	Dr Bushra Khan	
10:00AM - 10:15 AM	Eight ways AI can change your practice from tomorrow	Dr Smit Thakkar	
10:15AM - 10:30 AM	Limitations of AI:Beyond the Hype- Limitations, Risks and the Road to the Dermoverse	Dr Jay Modha	
10:30AM - 11:00AM	PLENARY SESSION HALL A		
11:00AM - 11:45AM	JOURNAL SESSION	Dr Sujay Khandpur	Dr Neela Patel Dr Hita Mehta
11:00AM - 11:15 AM	Negative Publication- Importance of publishing negative results.	Moderator- Dr Sushruta Kathuria	
11:15 AM - 11:45 AM	Panel discussion: From Manuscript to Publication: How to critically appraise a Dermatology Journal	Panelists- Dr Sujay Khandpur Dr Yogesh Marfatia Dr Deepika Pandhi	



DERMAZONE WEST 2026 AND 52nd CUTICON GUJARAT



TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
11:45AM - 12:30PM	MICROSCOPIC CLUES TO DIAGNOSIS- DERMATOPATHOLOGY		Dr Chetan Patel Dr Sanjay Patel
11:45AM - 12:00PM	Improving diagnostic accuracy of skin biopsy Lessons from experts @ UCSF, California.	Dr Ankit Bharti	
12:00PM - 12:15PM	Interesting CPC cases from Clinic	Dr Saurabh Singh	
12:15PM - 12:30PM	Decoding Mycosis Fungoides: histopathological insights and clinical correlation	Dr Dipali Rathod	
12:30PM - 1:30 PM	THE SKIN & MIND NEXUS- PSYCHODERMATOLOGY		Dr Deepak Parikh Dr Akshay Jain
12:30PM - 12:45 PM	Psychopharmacology for psychodermatological conditions	Dr Rajat Oswal (Psychiatrist)	
12:45PM - 1:00PM	Roleplay: case scenarios in psychodermatology OPD	Dr Ishan Pandya	
1:00PM - 1:30 PM	Panel discussion Common yet difficult cases in psychodermatology	Moderator- Dr Ishan Pandya Panelists- Dr Sejal Thakkar Dr Devashish Palkar (Psychiatrist) Dr Rajat Oswal Dr Neerja Seth	
1:45 PM ONWARDS - VALEDICTORY (Hall A)			
4th OCTOBER 2026(SUNDAY) - HALL : C			
TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
9:30AM - 10:30AM	PG EDUCATION		Dr Santosh Rathod Dr Krina Patel
9:30AM - 9:45AM	Issues and challenges	Dr Deepika Pandhi	
9:45AM - 10:00AM	Post Graduate learning- Changing attitude and Challenges	Dr Jayadev Betkerur	



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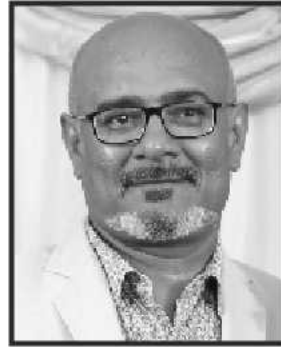


TIME	SESSION	SPEAKER	TENTATIVE CHAIRPERSON
10:00AM – 10:30AM	Panel Discussion • Is thesis evaluation during viva justified? • Theory paper evaluation – should it be separate or merge with practical examination - Periodic evaluation structured?	Moderator- Dr Deepika Pandhi Panelists- Dr Jaydev betkerur Dr Yogesh Marfatia Dr Adarshlata Singh Dr Sharmila Patil Dr Vivek Kumar Dey	
10:30AM – 11:00AM	PLENARY SESSION – HALL : A		
11:00AM-11:45AM	URTICARIA – WHAT'S NEW & WHAT'S UNKNOWN		Dr Mahendra Dhopte Dr Suresh Patel
11:00AM – 11:15AM	Remibrutinib in chronic spontaneous urticaria (sponsored by academic grant from Novartis)	Dr Bela Shah	
11:15AM – 11:45AM	Urticaria Panel discussion (sponsored session – BSV Pharma) : Difficult to treat – case based discussion • Urticarial vasculitis • Urticaria in CTD • Role of drugs – omalizumab, cyclosporine • Role of histaglobulin • Consensus on stepping up treatment (Sponsored by Academic grant from Bharat Serum Vaccine)	Moderator- Dr Krina Patel Panelists- Dr Pragya Nair Dr Pradnya R Joshi Dr Kailash Bhatia Dr Bela Shah	
11:45AM – 12:05PM	Chronic paronychia: Medical and surgical Management	Dr Vineet Relhan	
12:05PM – 12:50 PM	The Connective Tissue diseases case files: interesting cases	Moderator- Dr Rashmi Mahajan Presenters- Dr Ashish Jagati Dr Jigna Padhiyar Dr Ranjan Rawal	Dr Daxesh Patel Dr Ajay Parikh
12:50PM to 1:20PM	IADVL GSB General Body Meeting		
1:45 PM ONWARDS – VALEDICTORY (Hall A)			

FELICITATION



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FULL NAME : **DR. NIPUL VARA**

Date of Birth : **15/03/1974**

MOBILE NO. : **94260 74084**

EMAIL : **nipulvara@gmail.com**

DEGREE : **M.D.**

YEAR OF PASSING : **2001**
& NAME OF INSTITUTE **Baroda Medical College**

IADVL MEMBERSHIP NO. : **LM/G/3656**

RESIDENCE ADDRESS : **A-603, Vicenza Highdeck 2,**
Opposite C M Patel Farm, Kalali, Vadodara.

CLINIC ADDRESS : **Baroda Medical College**
Anandpura, Vadodara-390 001.

INSTITUTE AFFILIATION AND DESIGNATION : **Asst. Professor, Baroda Medical College & SSG HOSPITAL**

POST HELD IN IADVL : **EC Member, President for 2020 & 2021, Current CC member**



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FULL NAME : **DR HITESH NARSINHBHAI PATEL**

Date of Birth : **27-10-1967**

MOBILE NO. : **93762 22325**

EMAIL : **hitesh2710@gmail.com**

DEGREE : **M.D. (Skin-VD)**

YEAR OF PASSING : **1994**
& NAME OF INSTITUTE **M S University, Govt Medical College, Baroda.**

IADVL MEMBERSHIP NO. : **LM/G/562**

RESIDENCE ADDRESS : **7, Gokul Society, Sindhwaimita Road, Pratapnagar,**
Vadodara-390 004.

CLINIC ADDRESS : **Manjalpur hospital, Tulsidham Char Rasta,**
Vadodara-390010.

INSTITUTE AFFILIATION AND DESIGNATION : **Consultant Dermatologist**

POST HELD IN IADVL : **State President, 2010**



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FULL NAME : **DR BHARAT JIVANLAL TANK**

Date of Birth : **24/5/1970**

MOBILE NO. : **98242 40430**

EMAIL : **dr_tankbharat@hotmail.com**

DEGREE : **M.D (Skin) D.V &D**

YEAR OF PASSING : **1996**
& NAME OF INSTITUTE **B J MEDICAL COLLEGE**

IADVL MEMBERSHIP NO. : **G 550**

RESIDENCE ADDRESS : **A 804 Pradhyuman Royal Heights,**
Pushkardham Main Road, Kalawad Road Rajkot

CLINIC ADDRESS : **AMRUT SKIN & LASER CENTRE**
Opp. Giriraj Hospital, 150 feet Ring Road, Rajkot-360005.

INSTITUTE AFFILIATION AND DESIGNATION : **Amrut Skin & Laser Centre Private Practice Since 28 Years**

POST HELD IN IADVL : **No**



DERMAZONE WEST 2026
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FULL NAME : **DR VANDANA AVINASH DAVE**

Date of Birth : **17/05/1969**

MOBILE NO. : **98796 89092**

EMAIL : **Vandanadave17@gmail.com**

DEGREE : **M.D. Skin**

YEAR OF PASSING : **1995**
& NAME OF INSTITUTE : **V.S. Hospital, Ahmedabad .**

IADVL MEMBERSHIP NO. : **LM/G/2951**

RESIDENCE ADDRESS : **15, Green Enclave Row House,**
Nr. Gujarat Gas Circle, Adajan, Surat-395 009.

CLINIC ADDRESS : **3rd Floor, Deviplaza Complex,**
Opposite Sri Ram Petrol Pump, Adajan, Surat.

INSTITUTE AFFILIATION AND DESIGNATION : **Dermatologist & cosmetologist, Gujrat University**

POST HELD IN IADVL : **No**



DERMAZONE WEST 2026
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FULL NAME : **DR PRATIBHA SUKETU DAVE**

Date of Birth : **22/03/1970**

MOBILE NO. : **94297 79413**

EMAIL : **drprajmahendra@gmail.com**

DEGREE : **MD DVD**

YEAR OF PASSING : **1998**
& NAME OF INSTITUTE **B J Medical College**

IADVL MEMBERSHIP NO. : **LM/G/586**

RESIDENCE ADDRESS : **Sector 8C, Plot 176**
Gandhinagar-382016

CLINIC ADDRESS : **Sector 8C, Plot 176**
Gandhinagar-382016

INSTITUTE AFFILIATION AND DESIGNATION : **Kalpaseva Aarogya Kendra, Consultant**

POST HELD IN IADVL : **No**



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AND
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FULL NAME : **DR BHAVIN BHATT**

Date of Birth : **2-10-1965**

MOBILE NO. : **94266 24963**

EMAIL : **docbhavin@yahoo.com**

DEGREE : **MD DVD**

YEAR OF PASSING : **1992**
& NAME OF INSTITUTE **BJMC AMDAVAD**

IADVL MEMBERSHIP NO. : **LM/G/585**

RESIDENCE ADDRESS : **F 16, Ish Kutir , Shashwat Society, Dahej Bypass Road,**
Nandelav, Bharuch-392015.

CLINIC ADDRESS : **Shashwat Skin Clinic, First Floor,**
Adarsh Market, Panchbatti, Bharuch.

INSTITUTE AFFILIATION AND DESIGNATION : **Visiting Dermatologist & Asst. Medical Supt., welfare Hospital, Bharuch**

POST HELD IN IADVL : **No**



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FULL NAME : **Dr. ASHA C MATRAVADIA**

Date of Birth : **12/04/1975**

MOBILE NO. : **94262 25526**

EMAIL : **drashamatravadia@gmail.com**

DEGREE : **M.D.(Skin&V.D), D.NB (Dermatology)**

YEAR OF PASSING : **2001**
& NAME OF INSTITUTE : **M P Shah Medi. Coll. & Guru Govind Shingh Hosp. Jamnagar**

IADVL MEMBERSHIP NO. : **LM/G/3711**

RESIDENCE ADDRESS : **201/Aurum Elevate 2, Near Classic Party Plot,**
Shantiniketan, Avadh Road, Rajkot-360 002.

CLINIC ADDRESS : **Bliss Consulting Rooms, Shreenidhi Complex**
Near Commi. Bung., Ramkrishna Nagar Main Road, Rajkot.

INSTITUTE AFFILIATION AND DESIGNATION : **Saurashtra university and NMC**

POST HELD IN IADVL : **Treasurer IADVL GSB year 2017 to 2018**



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FULL NAME : **DR MONA JAGDISHCHANDRA PANDYA**

Date of Birth : **10/04/1968**

MOBILE NO. : **94265 66422**

EMAIL : **pandyamona9@gmail.com**

DEGREE : **D.V.D.M.D (Skin & V.D.)**

YEAR OF PASSING : **1998**
& NAME OF INSTITUTE : **B J Medical College, Ahmedabad.**

IADVL MEMBERSHIP NO. : **G 584**

RESIDENCE ADDRESS : **49/50, Nilamber Township, Nr Pitamber Township. Infront of**
Shree Kalyan Bung., Waghodia Dabhoi Ring Rd, Vadodara-25

CLINIC ADDRESS : **GMERS Medical College**
Attached General Hospital Panchmahal. Godhra.

INSTITUTE AFFILIATION : **I/c CDMO Cum Civil Surgeon & Assistant Professor**
AND DESIGNATION

POST HELD IN IADVL : **No**



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FULL NAME : **DR RAJU GISARAM CHAUDHARY**

Date of Birth : **11/12/1973**

MOBILE NO. : **98254 50433**

EMAIL : **abhijeetraju@yahoo.co.in**

DEGREE : **MD DERMATOLOGY**

YEAR OF PASSING : **2000**
& NAME OF INSTITUTE : **Smt. NHL Municipal Medical College, Ahmedabad.**

IADVL MEMBERSHIP NO. : **LM/G/3640**

RESIDENCE ADDRESS : **A/34, LuvKush Lane, Lane No.11, Green Wood Resort Phase-1,
SP Ring Rd, Nr Sardar Dham, Ahmedabad-380006, Gujarat.**

CLINIC ADDRESS : **Smt. NHL Municipal Medical College,**
:

INSTITUTE AFFILIATION
AND DESIGNATION : **Smt. NHL Municipal Medical College, A'bd. Prof. and Head**

POST HELD IN IADVL : **Vice President**



DERMAZONE WEST 2026
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FULL NAME : **DR KALPESH A SHAH**

Date of Birth : **14/02/1973**

MOBILE NO. : **98253 22767**

EMAIL : **drkalpeshshahskin@gmail.com**

DEGREE : **MBBS, MD**

YEAR OF PASSING : **1999**
& NAME OF INSTITUTE **GMC, surat**

IADVL MEMBERSHIP NO. : **LM/G/3640**

RESIDENCE ADDRESS : **13/b , Highland Park Society,**
Gulbaitekra, Ahmedabad

CLINIC ADDRESS : **7/J, 8th Floor, SUMERU CENTRE,**
PALDI, AHMEDABAD-380015.

INSTITUTE AFFILIATION AND DESIGNATION : **Private Practice, Ahmedabad**

POST HELD IN IADVL : **No**

KEYNOTE LECTURES



KEY NOTE LECTURES

NO.	SPEAKER	TOPIC
1	Dr Sharmila Patil	Rewriting Chronicity Modern Managment of Hidradenitis suppurativa
2	Dr Anantha Khurana	Recalcitrant Dlermatophytosis - A Clinician's Perspective

1) Rewriting Chronicity Modern Managment of Hidradenitis suppurativa

Dr Sharmila Patil

Background: Hidradenitis Suppurativa, also known as Verneuil's disease, is a chronic, disabling, suppurative inflammatory disorder characterized by deep tender subcutaneous nodules, recurrent abscesses, fibrosis, and extensive sinus tract formation primarily affecting apocrine gland-bearing areas. The disease commonly affects individuals in the early twenties and shows a female predominance with a ratio of approximately 3–5:1. Obesity, smoking, frictional factors, and immune dysregulation play important roles in disease pathogenesis and chronicity. Historically, the 19th-century philosopher Karl Marx suffered from hidradenitis suppurativa, highlighting the profound psychosocial and functional burden associated with the disease.

Despite increasing recognition, significant diagnostic delay persists, often ranging from 5–9 years, due to limited awareness and delayed referrals from primary care physicians. Lack of interdisciplinary and centralized care further contributes to variability in treatment approaches and unsatisfactory outcomes.

Objective: To discuss contemporary concepts in the pathogenesis and management of hidradenitis suppurativa while highlighting insights from our published articles on, clinico-epidemiological study and experience with low-dose biosimilar adalimumab therapy, multidisciplinary care, and our academic and clinical contributions toward improving disease outcomes.

Methods: This oration incorporates findings from our clinico-epidemiological study of 70 patients with hidradenitis suppurativa, which evaluated demographic characteristics, disease severity, clinical patterns, associated comorbidities, microbiological findings, imaging features, quality-of-life impairment, and treatment outcomes. The study demonstrated a predominance of young female patients, frequent axillary involvement, a high prevalence of overweight status and metabolic comorbidities, and significant quality-of-life impairment correlating with disease severity. These observations provide valuable insights into the clinical spectrum and burden of hidradenitis suppurativa



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in the Indian population and highlight the need for early diagnosis, comprehensive evaluation, and multidisciplinary management.

This oration also reviews current evidence regarding hidradenitis suppurativa, including insights from our review article “Hidradenitis Suppurativa: Inside and Out” and our published experience with low-dose biosimilar Adalimumab therapy in hidradenitis suppurativa (Indian Journal of Dermatology, Venereology and Leprology, 2018;84:745–747). Contemporary literature on targeted biologic therapy, systemic treatment modalities, and multidisciplinary management strategies was reviewed.

Results: In our published experience a clinico-epidemiological study of 70 patients with hidradenitis suppurativa (HS), Patil et al. observed a female predominance with a mean age of 31.47 years. Nearly half of the patients were overweight, and axillary involvement was the most common presentation (60%), followed by perineal/perianal disease (37.2%). Most patients were classified as Hurley stage II, and quality of life impairment, as measured by the DLQI, increased with disease severity. Common associations included acne (24.28%) and pilonidal sinus (11.43%), supporting the concept of the follicular occlusion spectrum. Diabetes mellitus was the most frequent comorbidity.

Ultrasonography commonly demonstrated hypoechoic fluid collections. The study highlights the significant clinical burden of HS in the Indian population and underscores the importance of early diagnosis, assessment of metabolic comorbidities, and a multidisciplinary treatment approach.

Management of hidradenitis suppurativa has evolved from symptomatic treatment toward targeted disease modification. Lifestyle interventions including weight reduction, smoking cessation, loose clothing, and hygiene measures remain fundamental components of care. Medical therapies include topical clindamycin, benzoyl peroxide wash, systemic antibiotic combinations, hormonal therapy, and immunomodulatory agents. Biologic therapy has emerged as a major therapeutic advance in moderate-to-severe disease. Adalimumab received orphan drug designation and subsequent FDA approval in 2015 for Hurley stage II and III hidradenitis suppurativa. The landmark PIONEER I and II trials demonstrated hidradenitis suppurativa clinical response rates exceeding 50% in approximately 41–58% of patients.

Our experience with low-dose biosimilar adalimumab demonstrated encouraging clinical outcomes and highlighted the feasibility of cost-effective biologic therapy in resource-limited settings. Surgical excision and procedural interventions remain important options in advanced and recalcitrant disease.

Conclusion: The management paradigm of hidradenitis suppurativa is shifting toward early diagnosis, personalized biologic therapy, and coordinated multidisciplinary care aimed at altering disease chronicity and improving quality of life. Greater awareness among healthcare professionals and patients, timely referral systems, and accessible evidence-based therapies are essential to optimize outcomes in this challenging disorder.



2)

Recalcitrant Dermatophytosis – A Clinician's Perspective



Dr Anantha Khurana

The changing domain of dermatophytic skin infections, with emergence of *T.indotineae*, has made these difficult to manage for clinicians. High invitro resistance to terbinafine, the erstwhile first line drug for tinea corporis/cruris/faciei has left clinicians with few choices. Higher doses of terbinafine (upto 500mg/day) achieves modest cure rates, but with prolonged treatment durations. While the organism remains largely susceptible to itraconazole, prolonged treatment durations are required with itraconazole too.

Doses of 100–200mg achieve high cure rates. However, despite optimum treatment, relapses commonly occur (in up to 50% of cured patients) and the reasons for the same are yet not understood. Using the existing antifungals judiciously is important to effectively manage the infection and keep the current antifungals useful in the long term.

ORATIONS



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ORATIONS

ORATION ABSTRACTS

NO.	ORATION	FACULTY	TOPIC
1	PB Hari Bhakti Oration	Dr Pragya Nair	A Birds-Eye View: "Twenty-Five Years as an Academic Clinical Dermatologist"
2	DERMAZONE WEST ORATION (< 40years)	Dr Pooja Aggarwal	More than skin deep - Diving into the ocean of cutaneous ulcers
3	DERMAZONE WEST ORATION (> 40years)	Dr Vijay Zwar	Newer Viral exanthems and paraviral diseases in children: A journey of more than two decades

PB HARIBHAKTI ORATION

1. A Birds-Eye View: "Twenty-Five Years as an Academic Clinical Dermatologist"



Dr Pragya Nair

Professor & Head Department of Dermatology Venereology & Leprosy
Pramukhswami Medical College, Bhaikaka University, Karamsad, Gujarat

Abstract:

Background: My 25-year journey as an academic clinical dermatologist, though a short story of personal growth, offers insight into the changes in clinical practice, teaching, mentorship, research, leadership and publications. This oration serves as both a retrospective of a professional career and a message to future generations of dermatologists that growth is a continuous process of learning, unlearning, and relearning.

Objective: To share my personal experiences through lessons learned, challenges faced, and moments that shaped my professional growth.

Methods: This presentation brings forth accumulated experiences of clinical practice, teaching, research, administration, interactions with patients and their relatives, colleagues, students and professional organizations. The presentation explores key milestones, obstacles encountered, and strategies adopted to navigate an evolving medical practice.



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Results: This clinical professional journey resulted in contributions to dermatological literature through more than fifty scientific articles, over one hundred case reports, and book chapters, alongside academic and administrative responsibilities. Though the journey appears smooth, it is marked with setbacks and frustrations, small steps of achievement, and moments of elation offering lessons in resilience, humility, and lifelong learning. It is a process of being humble, thankful, and non-complacent. Mentors, colleagues, students, patients, and academic bodies played an important role in overcoming challenges. There was a need for continuous adaptation and updating to accommodate the technological advancements. It is not a path, but a process of continuous balance between professional and personal life.

Conclusion: To conclude, dermatology has been a profound teacher. As in any field of medicine, success requires curiosity, adaptability, perseverance, lifelong learning, a balanced life (professional and personal), and the willingness to seek help when needed. Taking one step at a time have been essential guiding principles, thus maintaining balance and well-being.

DERMAZONE WEST ORATION (< 40years)

2) More than skin deep- diving into the ocean of cutaneous ulcers



Dr Pooja Aggarwal

Normal skin provides an effective physical as well as immunological barrier. Any breach in skin integrity leads to ulcerations, which are a reflection of the underlying disease process rather than being a diagnosis in themselves. Dermatologists encounter a wide variety of ulcers in their routine practise which serve as a diagnostic challenge in many cases. A good clinical acumen and a constant urge to find the cause help in proper diagnosis and management of both the ulcer and its underlying etiology. This presentation is a compilation of a wide variety of cutaneous ulcers seen over the years, with a focus on rare or uncommon presentations.

Cutaneous vasculitis is a diagnosis in itself and also an associated finding in many systemic diseases. We have encountered a wide range of cases where the ulcers were either due to primary cutaneous vasculitis or were an associated finding in a systemic illness. First was a case of itraconazole induced cutaneous small vessel vasculitis which presented with ulcers on legs after starting itraconazole. The lesions healed on stopping itraconazole and reappeared on inadvertent re-exposure. Second was a case of biopsy proven pigmented purpuric dermatoses which later developed an ulcer over foot. Biopsy from the ulcer showed granulomatous vasculitis and further investigations revealed asymptomatic pulmonary sarcoidosis in the patient. The third case was multiple cutaneous ulcerations seen in a patient with eosinophilic granulomatous polyangitis. Autoimmune connective tissue diseases are commonly associated with some amount of vasculitis but only uncommonly present with cutaneous ulcers. A well controlled patient of Systemic lupus erythematosus suddenly developed multiple ulcers over her back and chest with fatigue. Myositis antibody panel (including MDA 5) was found to be negative. Markers for



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SLE flare were also normal but the patient responded well to escalation of oral immunosuppression. Another case of well controlled LE presented with sudden erosions and ulcers over body after a prolonged sunexposure and a diagnosis of acute syndrome of pan epidermolysis was made with the help of histopathology. Ulcers are rarely the presenting feature in dermatomyositis but we had a patient who presented with only recurrent parotid swelling and an ulcer over pre auricular area. Poikilodermatous changes over neck were the only other cutaneous clue to the diagnosis of DM. Cutaneous ulcers in Behcets disease have multifactorial etiology like vasculitis, vascular occlusion and neutrophilic infiltration. A young boy presented with multiple ulcers in mouth

and pustular lesions over body. He did not have joint pains, genital ulcers or redness of eyes. Skin biopsy from the pustular lesion showed dense dermal neutrophilic infiltration.. The final diagnosis of Behcets disease was clinched by femoral vein Doppler which showed diameter 9 mm. A young girl presented with deep ulcers over oral and genital mucosa along with multiple cutaneous ulcers and painful nodules. The patient was managed as Behcet's disease but did not show significant improvement and also developed gastrointestinal perforation during treatment. Final diagnosis of Haploinsufficiency of A20 was made by rheumatology department and was successfully managed with TNF α antagonists. Pyoderma gangrenosum is another neutrophilic dermatoses presenting with ulcers and the primary reason for ulcers is neutrophilic infiltration along with cytokine driven inflammation. Amongst the interesting cases, there were two young females who were admitted in surgery department for ulcers over left breast in both cases. One patient had history of a bullous lesion prior to development of the ulcer and both were being managed conservatively with repeated dressings. A skin refer was sought after a few days and a wedge biopsy was performed in both. The biopsies showed characteristic features of pyoderma gangrenosum and they responded very well to tapering doses of oral corticosteroids over 2 months. Another baffling case of pyoderma gangrenosum was seen in a patient despite being on multiple immunosuppressives for refractory myasthenia gravis. We could not add much to his treatment other than regular PRFM which showed good response in healing of ulcers. Amongst the plethora of cases with infective cutaneous ulcers, we will limit to 3 interesting ones. First was a male patient admitted with COVID 19 pneumonitis and facial erythema with multiple ulcers over right elbow, left leg and left big toe. The patient was a known diabetic and had tingling sensation in both lower limbs and arms. Initial differentials were COVID 19 induced vasculitis and autoimmune vasculitis. Few days later he developed multiple erythematous lesions over limbs/lower abdomen/ buttocks and new ulcers over legs in association with joint pain in hands, elbow and feet. On probing he gave history of occasional epistaxis. There was no peripheral nerve enlargement. A deep skin biopsy revealed findings are suggestive of Erythema Nodosum Leprosum with Globi in SSS. He was diagnosed as lepromatous leprosy with necrotic ENL and promptly started on ALT. Second was an old male with multiple ulcers over lower abdomen and both upper arms since 4 months He had suffered severe COVID-19 infection 5 months ago and had been administered the MIP vaccine for 3 consecutive days at all the affected sites. Histopathology showed granulomatous inflammation and in view of lack of response to general therapy, a clinical suspicion of cutaneous atypical mycobacterial infection was raised and the patient showed complete healing of all the ulcers within 2 months with daily twice daily dose of clarithromycin. Last case was a male who presented with swelling and ulcer over left middle finger without any history of prior trauma. He also had multiple painful pinpoint pustular lesions on both palms. An initial tuberculosis workup was negative and patient was managed as atypical vasculitis. 1 month later patient developed dry cough with fever and weight loss and was reevaluated. Investigations showed features of military tuberculosis at this time and he was started on antitubercular treatment. All his skin lesions started healing and completely improved in 1 month of treatment.

Malignancy (cutaneous/ extracutaneous) also give rise to unusual ulcers. We have come across multiple presentations of basal cell carcinoma, ulcerative mycosis fungoides, mammary Paget's disease with extensive skin ulcers, operated breast cancers presenting with recurrent ulcers and nodules amongst a few notable cases.



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DERMAZONE WEST ORATION (> 40years)

**3) Newer Viral exanthems and paraviral diseases in children:
A journey of more than two decades**



Dr Vijay Zawar

Indian children do manifest with several viral exanthems, different than those were listed in standard textbooks before the year 2000.

The author wishes to touch upon the classic and atypical manifestations of different viral and paraviral diseases presented in clinical practice. These includes newer and evolving diseases such as asymmetric periflexural exanthem, Gianotti Crostii syndrome, Novel Eruptive hypomelanosis, newer atypical Pityriasis rosea and many more.

It is important for the clinicians to recognize the newer diseases in order to accurately diagnose investigate and treat so as to minimize sufferings of the affected children and allay parental anxiety.

ABSTRACTS



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DR AVINA JAIN



1. PG to Private practice.

Transitioning from postgraduate (PG) training to private practice is one of the most consequential shifts in a dermatologist's professional journey. While residency develops diagnostic reasoning, procedural competence, and academic discipline, private practice requires additional skills that are seldom formally taught: patient communication, ethical decision-making, financial literacy, team leadership, branding, and sustainable clinical systems.

This presentation explores a practical roadmap for early-career dermatologists considering or entering private practice. Key themes include defining one's clinical identity; choosing between solo, group, and institutional practice models; planning the initial investment in space, equipment, and staff; and balancing medical dermatology, aesthetics, procedures, and academic interests without compromising patient-centred care.

Special attention will be given to common early challenges: building trust in a new community, managing patient expectations in the age of social media, establishing transparent consent and documentation practices, and avoiding the pressure to overinvest or overtreat. The session will also highlight the value of mentorship, peer networks, continuing education, and deliberate boundaries to prevent burnout.

Private practice should not be viewed merely as a business venture, but as an opportunity to create a practice culture grounded in competence, compassion, safety, and integrity. For a young dermatologist, success is not defined only by patient volume or revenue, but by long-term reputation, clinical outcomes, professional fulfilment, and the ability to deliver ethical, evidence-based care. This session aims to offer realistic, actionable principles for making that transition with confidence.



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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 practical, case-oriented approach to common laboratory questions encountered in dermatology practice.

The session will begin with interpretation of the complete blood count, with emphasis on haemoglobin, patterns of anaemia, RDW, and reticulocyte count. A structured approach to further evaluation of anaemia—including peripheral smear, iron profile, vitamin B12, folate, haemolysis markers, and stool testing where appropriate—will be discussed. Liver-function testing will be reviewed, focusing on the 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 urticaria, and urinalysis findings such as proteinuria, haematuria, and casts will be addressed. Practical interpretation of ANA testing, including IF versus ELISA, will help participants avoid overdiagnosis while recognising when connective-tissue disease evaluation is warranted.

Other high-yield topics include indications for coagulation studies; interpretation and next steps after a positive IGRA by the physician, urine albumin-creatinine ratio in suspected renal involvement; and 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 in clinical context, recognising red flags, and coordinating appropriate referral or treatment. The discussion will emphasise that laboratory results support—not replace—careful history, examination, and longitudinal clinical judgement.



DR DHANASHREE BHIDE



Genital Dermoscopy: Where Biopsy Can be Avoided

Dermoscopy examination in genital area is gradually anevolving and is a useful tool in day to day practice. Performing the procedure in this area is challenging due to the anatomical contours, risk of contamination of the Dermoscope and limited literature. Due to these limitations this is under utilised tool. For premalignant and malignant conditions it is supportive in the diagnosis but in such cases biopsy 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 feasible option and dermoscopy can aid in the diagnosis.

It can be helpful in distinguishing lichen sclerosus where depigmentation is prominent from vitiligo. Warty looking growths where diagnosis can be angiokeratoma, lymphangioma circumscriptum, seborrhoea keratoses, benign vestibular papillomatosis can be easily differentiated on dermoscopy. Skin coloured or yellowish papules like Molluscum contagiosum, skin tags, milia, Steatocystoma can be differentiated on dermoscopy. Genital psoriasis and eczema can mimick each other clinically It is possible to differentiate the two conditions. Pigmented lesions like moles, pigmented SK, vulval lentigines also have distinctive features on dermoscopy

Dermoscopy of genital area can serve as important diagnostic tool for non malignant lumps, pigmented and warty lesions



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DR JAY MODHA



Artificial Intelligence in Dermatology: Beyond the Hype—Limitations, Risks and the Road to the Dermoverse

Artificial intelligence (AI) is rapidly transforming dermatology through image-based analysis, clinical decision support, generative AI, teledermatology and personalized patient engagement. However, the transition from technological capability to clinically reliable implementation requires critical appraisal of its limitations. AI performance remains dependent on training-data quality, population representation, image standardization and clinical context. Dataset shift, algorithmic bias—particularly across diverse skin phototypes—and limited external validation may result in reduced diagnostic performance in real-world practice. Generative AI introduces additional concerns, including hallucination, fabricated evidence, temporal knowledge gaps, automation bias and inappropriate clinical recommendations.

The implications extend beyond diagnostic accuracy. Patient privacy, informed consent, cybersecurity, intellectual property, explainability and medicolegal accountability remain important barriers to responsible implementation. In dermatology, where diagnosis frequently depends on integrating morphology with history, palpation, distribution and contextual information, AI outputs should therefore remain decision-supportive rather than autonomous.

Future digital ecosystems may further expand these challenges. The emerging Metaverse/Dermoverse could integrate immersive consultation, virtual patient education, digital dermatology training, AI-driven avatars and three-dimensional visualization. However, these environments will require robust standards for clinical validity, identity, data governance and patient safety.

The future of AI in dermatology should therefore move beyond technological enthusiasm toward validated, transparent, human-supervised augmentation. The dermatologist of the future will not merely use AI, but will understand its uncertainty, recognize its failure modes and determine when its recommendations should—and should not—be trusted.



DR NANDITA PATEL



Morphology - Guided Monothread Implantation Technique in acne scars

Background: Atrophic acne scars remain one of the most challenging cosmetic sequelae in dermatologic surgery because of their heterogeneous morphology and complex dermal architecture. Although several treatment modalities stimulate collagen remodeling, most employ a uniform treatment strategy that does not account for the distinct biomechanical characteristics of different scar types. Polydioxanone (PDO) monofilament threads have emerged as a promising biostimulatory modality; however, morphology-specific implantation techniques have not been systematically described.

Methods: This prospective observational study evaluated a standardized morphology-guided PDO monothread implantation protocol for the treatment of atrophic facial acne scars. Scar morphology was classified into superficial rolling, boxcar, ice-pick, or mixed types. Thread orientation was individualized according to the predominant scar morphology. The technique was designed to integrate immediate mechanical dermal support with progressive biological remodeling through PDO-induced fibroblast activation, angiogenesis, extracellular matrix remodeling, and neocollagenesis. Clinical outcomes were documented using standardized photography and validated scar assessment scales.

Conclusion: MMIT represents a novel morphology-based approach for the management of atrophic acne scars by integrating scar architecture with customized PDO monothread orientation. This technique provides a standardized procedural algorithm that may improve individualized scar management and establishes a conceptual framework for future controlled clinical studies evaluating its efficacy and long-term outcomes.



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DR PRASHANT JADAV



PAEDIATRIC DERMATOLOGY, DZW 26, VADODARA

Pediatric trichology is the study and care of **hair and scalp disorders in children and adolescents**. It differs from adult trichology mainly because children's hair problems often have different causes, patterns, and treatment priorities, and the evaluation has to account for growth, puberty, and age-appropriate safety concerns. In children, hair loss is more often linked to infections, self-pulling, congenital or genetic issues, or temporary shedding, while adult cases more often include hormonal, autoimmune, pattern, or medication-related causes. Pediatric assessment uses child-specific history and examination, and noninvasive methods like trichoscopy are especially helpful because they support diagnosis without distressing the child. Pediatric trichology is useful when a child has hair loss, patchy bald areas, broken or brittle hair, scalp itching, scaling, redness, or unusual hair texture or growth. Common examples include tinea capitis, alopecia areata, trichotillomania, seborrheic dermatitis, psoriasis of the scalp, lice-related concerns, and some congenital hair disorders.



DR SHARMILA PATEL



Rewriting Chronicity Modern Management of Hidradenitis suppurativa

Background: Hidradenitis Suppurativa, also known as Verneuil's disease, is a chronic, disabling, suppurative inflammatory disorder characterized by deep tender subcutaneous nodules, recurrent abscesses, fibrosis, and extensive sinus tract formation primarily affecting apocrine gland-bearing areas. The disease commonly affects individuals in the early twenties and shows a female predominance with a ratio of approximately 3–5:1. Obesity, smoking, frictional factors, and immune dysregulation play important roles in disease pathogenesis and chronicity. Historically, the 19th-century philosopher Karl Marx suffered from hidradenitis suppurativa, highlighting the profound psychosocial and functional burden associated with the disease.

Despite increasing recognition, significant diagnostic delay persists, often ranging from 5–9 years, due to limited awareness and delayed referrals from primary care physicians. Lack of interdisciplinary and centralized care further contributes to variability in treatment approaches and unsatisfactory outcomes.

Objective: To discuss contemporary concepts in the pathogenesis and management of hidradenitis suppurativa while highlighting insights from our published articles on, clinico-epidemiological study and experience with low-dose biosimilar adalimumab therapy, multidisciplinary care, and our academic and clinical contributions toward improving disease outcomes.

Methods: This oration incorporates findings from our clinico-epidemiological study of 70 patients with hidradenitis suppurativa, which evaluated demographic characteristics, disease severity, clinical patterns, associated comorbidities, microbiological findings, imaging features, quality-of-life impairment, and treatment outcomes. The study demonstrated a predominance of young female patients, frequent axillary involvement, a high prevalence of overweight status and metabolic comorbidities, and significant quality-of-life impairment correlating with disease severity. These observations provide valuable insights into the clinical spectrum and burden of hidradenitis suppurativa in the Indian population and highlight the need for early diagnosis, comprehensive evaluation, and multidisciplinary management.



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This oration also reviews current evidence regarding hidradenitis suppurativa, including insights from our review article “Hidradenitis Suppurativa: Inside and Out” and our published experience with low-dose biosimilar Adalimumab therapy in hidradenitis suppurativa (Indian Journal of Dermatology, Venereology and Leprology, 2018;84:745–747). Contemporary literature on targeted biologic therapy, systemic treatment modalities, and multidisciplinary management strategies was reviewed.

Results: In our published experience a clinico-epidemiological study of 70 patients with hidradenitis suppurativa (HS), Patil et al. observed a female predominance with a mean age of 31.47 years. Nearly half of the patients were overweight, and axillary involvement was the most common presentation (60%), followed by perineal/perianal disease (37.2%). Most patients were classified as Hurley stage II, and quality of life impairment, as measured by the DLQI, increased with disease severity. Common associations included acne (24.28%) and pilonidal sinus (11.43%), supporting the concept of the follicular occlusion spectrum. Diabetes mellitus was the most frequent comorbidity.

Ultrasonography commonly demonstrated hypoechoic fluid collections. The study highlights the significant clinical burden of HS in the Indian population and underscores the importance of early diagnosis, assessment of metabolic comorbidities, and a multidisciplinary treatment approach.

Management of hidradenitis suppurativa has evolved from symptomatic treatment toward targeted disease modification. Lifestyle interventions including weight reduction, smoking cessation, loose clothing, and hygiene measures remain fundamental components of care. Medical therapies include topical clindamycin, benzoyl peroxide wash, systemic antibiotic combinations, hormonal therapy, and immunomodulatory agents. Biologic therapy has emerged as a major therapeutic advance in moderate-to-severe disease. Adalimumab received orphan drug designation and subsequent FDA approval in 2015 for Hurley stage II and III hidradenitis suppurativa. The landmark PIONEER I and II trials demonstrated hidradenitis suppurativa clinical response rates exceeding 50% in approximately 41–58% of patients.

Our experience with low-dose biosimilar adalimumab demonstrated encouraging clinical outcomes and highlighted the feasibility of cost-effective biologic therapy in resource-limited settings. Surgical excision and procedural interventions remain important options in advanced and recalcitrant disease.

Conclusion: The management paradigm of hidradenitis suppurativa is shifting toward early diagnosis, personalized biologic therapy, and coordinated multidisciplinary care aimed at altering disease chronicity and improving quality of life. Greater awareness among healthcare professionals and patients, timely referral systems, and accessible evidence-based therapies are essential to optimize outcomes in this challenging disorder.

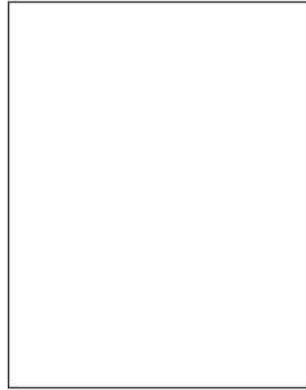


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DR SMRITI NASWA

MD (Skin-VD), Dipl. IBLM



SKIN – THE MIRROR OF INTERNAL BODY AND MIND

Skin is the outermost organ of the body in constant dialogue with the external environment. It also is the organ which shows tell-tale signs of the internal diseases of body and mind much earlier than the disease manifestation itself. Conditions like stubborn acne, acanthosis nigricans, striae distensae, hirsutism, hidradenitis suppurativa, etc, are markers of hormonal imbalance. Similarly mental stress can be the initiating or aggravating trigger of many autoimmune conditions like pemphigus, and psoriasis. Poor gut health is associated with allergic conditions like urticaria and atopic dermatitis. When we prescribe the evidence-based pillars of lifestyle medicine (diet, sleep, exercise, mental health, addiction avoidance and social connectedness) along with medications; the clinical outcomes are better than conventional medicine alone.



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DR VISHAL GAURAV



Nail Fold Capillaroscopy

Nail fold capillaroscopy is a simple, non-invasive technique that provides a unique window into the peripheral microvasculature and has become an important diagnostic tool in dermatology, particularly in the evaluation of connective tissue diseases and Raynaud phenomenon. With increasing availability of dermoscopy and videocapillaroscopy in dermatology practice, understanding its practical application is increasingly relevant.

This session will focus on a structured, dermatologist-friendly approach to nail fold capillaroscopy, beginning with patient preparation, appropriate image acquisition and identification of normal capillary architecture. Key morphological parameters—including capillary density, size, shape, arrangement, tortuosity, haemorrhages and avascular areas—will be discussed using representative clinical images.

Particular emphasis will be placed on recognizing the classical scleroderma pattern and differentiating it from non-specific capillaroscopic abnormalities encountered in systemic sclerosis, dermatomyositis and other connective tissue diseases. The role of capillaroscopy in distinguishing primary from secondary Raynaud phenomenon and identifying patients who warrant further systemic evaluation will also be highlighted.

AI in Academics and Medical Education

Artificial intelligence, particularly generative AI, is rapidly changing the landscape of dermatology education, academic writing and clinical learning. These tools offer opportunities to improve teaching, streamline academic workflows and facilitate personalized learning, but their usefulness depends on understanding both their capabilities and limitations.

This session will explore practical applications of AI in dermatology academics and medical education, including developing teaching material, creating case-based discussions, postgraduate-level MCQs and OSCE stations, preparing patient education resources, summarizing scientific literature, generating research ideas and assisting with manuscript preparation.

Particular emphasis will be placed on dermatology-specific applications and the limitations of AI in interpreting clinical and dermoscopic images. Responsible use of AI, including issues of hallucinations, bias, plagiarism, authorship, confidentiality and verification of AI-generated information, will also be discussed. The aim is to help dermatologists use AI as an academic “copilot” while retaining clinical judgement and scientific rigor.



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CA Hitesh Thakkar



Practical Finance & Risk Mitigation for Medical Professionals

Medical careers pay well, yet they begin late and carry no pension, making deliberate financial structuring essential. This financial structuring covers financial planning as well as TAX PLANNING. This session equips dermatologists and cosmetologists with practical knowledge in these areas. Key components touched upon here will be Income tax, GST and Will and succession planning.

Income tax: A taxpayer faces the challenge of making choices between maintaining books, presumptive taxation and tax audit. It has been illustrated with a side-by-side comparison for presumptive taxation-versus-books and the old-versus-new regime. This will facilitate strategic tax planning.

GST — The discussion also addresses situations where the same procedure may be classified either as exempt clinical care or as taxable cosmetic treatment attracting GST at 18%. It covers the ₹20 lakh registration threshold, the apportionment of input tax credit, and the importance of proper documentation in determining the correct classification.

Will and succession — It includes about the critical aspects of succession planning—why a nominee is not an heir, the essentials of a valid Will, and the practical considerations involved in passing on a professional practice.

It concludes with the importance of efficient tax planning and legacy management.

RANJAN RAVAL

FREE PAPERS



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RANJAN RAVAL FREE PAPERS

NO.	NAME	PLM NUMBER	TOPIC
1	Dr Pranjal Palan (R2)	PLM/G/19653	"Cutaneous Markers of Metabolic Dysfunction: A Cross-Sectional Study of Dermatological Manifestations in Obese Adults"
2	Dr Trushna Mayekar (R2)	PLM/G/19825	Topical Corticosteroid Abuse - From Skin Atrophy to Cutaneous Histoplasmosis
3	Dr krunal Bhatt	PLM/G/20381	Evaluation of Metabolic Syndrome and Its Relationship with Disease Severity in Psoriasis Patients
4	Dr Vartika Rao (R2)	PLM/G/20377	Assesment of dyslipidemia and body mass index in psoriasis vulgaris patients
5	Dr Zeal Umesh Shah (R2)	PLM/G/20486	Long-Term Clinical Outcomes and Corticosteroid Burden Following Rituximab Versus Conventional Therapy in Pemphigus: A 10-Year Real-World Retrospective Cohort Study
6	Dr Sumit Jethva (R2)	PLM/G/20411	Effectiveness of Human Normal Immunoglobulin, Histamine Dihydrochloride and Sodium Thiosulfate in Refractory Chronic Spontaneous Urticaria: A Retrospective Observational Study
7	Dr Dhruv Goenka (R2)	PLM/G/19597	Evaluating Therapeutic Efficacy of Autologous Platelet-Rich Fibrin Matrix Versus Topical Phenytoin dressing in Non-Healing foot ulcers: A Comparative Study
8	Dr Kinjal Patel (R2)	PLM/G/19806	PREVALANCE OF BENIGN AND MALIGNANT TUMOURS AT TERTIARY HEALTH CARE CENTRE
9	Dr Antra Dobariya (R1)	PLM/G/21568	The Young Face Of An Ancient Disease: Pediatric Leprosy
10	Dr Minal Choudhary (R1)		Paediatric Cutaneous Mastocytosis: Decoding the Clinical Spectrum through Histopathology and Targeted Management-A Case Series of Seven Children
11	Dr Sheerina Mukherjee (R1)		Evaluation of Intralesional 5% 5-Fluorouracil in Resistant Localized Stable Plaque Psoriasis
12	Dr Shailey Vora (R1)	PLM/G/21514	"Medium Vessel Vasculitis Presenting with Cutaneous Manifestations:Diagnostic Challenges and Clinicopathological Correlation.



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RANJAN RAVAL FREE PAPERS

NO.	NAME	PLM NUMBER	TOPIC
13	Dr Khushi J Naik (R1)	PLM/G/21403	"Bridging the Diagnostic Gap in Benign Cutaneous Tumors: A Clinico-dermoscopic and Histopathological Study.
14	Dr Riddhi Mehtha (R2)	PLM/G/20386	An Observational Cross-Sectional Study of Benign and Malignant Skin Neoplasms Presenting in Dermatology Outpatient Department
15	Dr. Khevana Bhatt (R3)	PLM/G/17842	Spectrum of facial dermatoses: A Clinico-epidemiological study from Western India

1) Cutaneous Markers of Metabolic Dysfunction: A Cross-Sectional Study of Dermatological Manifestations in Obese Adults

Dr Pranjal Palan - Parul institute of medical sciences and research

Background: Obesity is a growing global health problem associated with multiple metabolic, endocrine, and inflammatory abnormalities. Cutaneous manifestations may serve as early markers of underlying metabolic dysfunction. Understanding the spectrum of obesity-associated dermatoses can facilitate early diagnosis and multidisciplinary management.

Objectives: To evaluate the prevalence and pattern of dermatological manifestations in obese patients, assess their association with grades of obesity, and study associated metabolic and hormonal abnormalities.

Methods: A hospital-based cross-sectional observational study was conducted in the Dermatology Outpatient Department of a tertiary care teaching hospital in Gujarat, India, over 12 months. 96 obese patients (BMI ≥ 30 kg/m²) aged >18 years were enrolled. Detailed clinical examination, anthropometric assessment, and relevant investigations including blood glucose, HbA1c, lipid profile, and hormonal assays were performed wherever indicated. Statistical analysis was performed using Chi-square and Z-tests, with $p < 0.05$ considered significant.

Results: Among 96 patients, 49 (51.1%) were males and 47 (48.9%) were females, with a mean age of 40.55 years. A total of 164 dermatoses were identified. Grade I obesity was observed in 56.3%, Grade II in 36.5%, and Grade III in 7.3% of patients. The most common dermatoses were skin tags, dermatophytosis, psoriasis, acanthosis nigricans, intertrigo, plantar hyperkeratosis, and striae distensae. Other observed dermatoses were acne, folliculitis, erythrasma, hidradenitis suppurativa and candidiasis. Metabolic dermatoses demonstrated a strong association with increasing grades of obesity ($p < 0.001$), while inflammatory dermatoses also showed significant association ($p = 0.0045$). Deranged blood glucose and lipid profiles were observed in 86 and 70 dermatoses respectively and were significantly associated with increasing obesity grades and a statistically significant association was observed with inflammatory dermatoses and blood sugar abnormalities ($p = 0.023, < 0.05$).

Conclusion: Obesity is associated with a broad spectrum of dermatological manifestations, particularly metabolic and inflammatory dermatoses. Recognition of these cutaneous markers may aid in early detection of underlying metabolic abnormalities and facilitate timely multidisciplinary intervention.



2) Clinical Spectrum of Mycosis Fungoides and Cutaneous T-Cell Lymphoma: A Case Series

Dr Trushna Mayekar – SBKS MI&RC

Background: Mycosis fungoides (MF), the most common form of cutaneous T-cell lymphoma, often presents with varied clinical manifestations that can mimic benign dermatoses, leading to delayed diagnosis. Early recognition and histopathological confirmation are essential for appropriate management. This case series highlights the diverse clinical presentations of MF and related cutaneous T-cell lymphomas encountered in our clinical setting.

Methodology: Two patients presented with chronic pruritic skin lesions and two patients with plaque type lesion were evaluated clinically and investigated. Detailed history, dermatological examination, and skin biopsies were performed for all patients. Histopathological examination and immunohistochemistry were used to confirm the diagnosis.

Results:

Case 1: A 36-year-old male presented with hyperpigmented patches associated with itching noted over bilateral legs since one year, clinically suspected as ?tinea incognito ?early MF; skin biopsy confirmed patch-stage MF.

Case 2: A 58 year old female with a 1.5–2 month history of multiple erythematous plaques and nodules over the face, neck, trunk, and extremities, few ulcerated lesions over the buttocks and a palpable left inguinal lymph node; skin biopsy confirmed MF-transformation phase.

Case 3: A 67 year old female presented with pruritic erythematous plaques over bilateral crural folds, thighs, legs, and feet with yellowish crusted plaques over the nose; histopathology showed MF with immunohistochemistry revealing CD3 and CD5 positivity with predominantly CD4 positive atypical lymphoid cells.

Case 4: A 57 year old male with multiple erythematous indurated plaques over the periorbital region and erythematous plaques over the trunk and thighs, associated with ecchymotic patches and diffuse exfoliation; skin biopsy revealed peripheral cutaneous T-cell lymphoma with CD5 and CD45 positivity.

Conclusion Mycosis fungoides demonstrates a wide spectrum of clinical presentations that may resemble common dermatological conditions like atopic dermatitis, psoriasis and pigmented purpuric dermatoses. High clinical suspicion combined with histopathological and immunohistochemical evaluation is crucial for early diagnosis. Recognition of atypical presentations can aid in timely management and improved patient outcomes.

3) Evaluation of Metabolic Syndrome and Its Relationship with Disease Severity in Psoriasis Patients

Dr Krunal Bhatt- GMERS Medical College , Gandhinagar

Introduction: Psoriasis is a chronic inflammatory disorder associated with systemic comorbidities, particularly metabolic syndrome (MS). Shared inflammatory pathways may increase cardiovascular and metabolic risk in psoriasis patients. This study evaluated the association between psoriasis severity and metabolic syndrome.



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Materials and Methods: A hospital-based cross-sectional study was conducted on 100 clinically diagnosed psoriasis patients of all age groups attending the Dermatology OPD over period of 1 year. Patients with previously diagnosed diabetes, hypertension, dyslipidemia, or receiving treatment for these conditions were excluded. Disease severity was assessed using Psoriasis Area and Severity Index (PASI) and Body Surface Area (BSA). MS was diagnosed according to NCEP ATP III criteria. Statistical analysis was performed using SPSS version 26, with significance set at $p < 0.05$.

Results: The mean age of participants was 47.5 ± 15.2 years, and 59.2% were male. Psoriasis severity was mild in 8.3%, moderate in 59.2%, and severe in 32.5% of patients. Metabolic syndrome was present in 35.8% of participants. The prevalence of metabolic syndrome increased significantly with higher PASI scores and greater BSA involvement ($p < 0.001$). Significant associations were also observed between psoriasis severity and elevated blood pressure, triglycerides, fasting blood sugar, and waist circumference. Multivariate analysis identified PASI score and age as independent predictors of metabolic syndrome.

Conclusion: metabolic syndrome is highly prevalent among psoriasis patients and correlates positively with disease severity and duration. Routine screening for metabolic abnormalities in psoriasis patients is recommended to reduce long-term cardiovascular risk.

4) **Assesment of dyslipidemia and body mass index in psoriasis vulgaris patients**

Dr Virtika Rao – Sr MP Shah Medical college Jamnagar

5) **Long-Term Clinical Outcomes and Corticosteroid Burden Following Rituximab Versus Conventional Therapy in Pemphigus: A 10-Year Real-World Retrospective Cohort Study**

Dr Zeal Umesh Shah

Background: Rituximab has emerged as an effective therapeutic option for pemphigus with the potential to achieve sustained remission while reducing corticosteroid exposure. However, long-term comparative real-world data remain limited.

Objectives: To compare long-term clinical outcomes, corticosteroid burden, remission, relapse, and safety in pemphigus patients treated with rituximab versus conventional therapy.

Methods: This retrospective cohort study included 150 pemphigus patients with adequate follow-up (61 males, 89 females) managed between January 2015 and June 2026. Sixty patients received rituximab as four weekly intravenous infusions of 500 mg per cycle, with repeat induction and maintenance cycles administered when clinically indicated. Patients who declined or had contraindications to rituximab received conventional therapy with systemic corticosteroids with or without adjuvant immunosuppressants, including azathioprine. Clinical records were reviewed for cumulative corticosteroid exposure during institutional follow-up, maintenance prednisolone dose, remission, relapse, retreatment, adverse events, and follow-up duration.

Results: Of the 150 patients, 60 received rituximab and 90 received conventional therapy. Relapse occurred in 53% and 92% of patients, respectively. The mean relapse-free interval was longer in the rituximab group (14.03 vs 7.44 weeks). Patients treated with rituximab achieved earlier corticosteroid



tapering, reaching the minimum maintenance prednisolone dose significantly sooner (12 vs 37 weeks). Cumulative corticosteroid exposure was lower in the rituximab group, with fewer corticosteroid-related adverse events, including bacterial and fungal infections and diabetes mellitus. Complete remission was achieved in 11 patients

(18.3%) receiving rituximab.

Conclusion: Rituximab was associated with lower corticosteroid burden, prolonged remission, improved long-term disease control, and a favourable safety profile compared with conventional therapy in routine clinical practice.

6) Effectiveness of Human Normal Immunoglobulin, Histamine Dihydrochloride and Sodium Thiosulfate in Refractory Chronic Spontaneous Urticaria: A Retrospective Observational Study

Dr Sumit Jethva – BJ Medical College

Background: Chronic spontaneous urticaria (CSU) is a chronic dermatological condition characterized by recurrent wheals, angioedema, or both for more than six weeks. It can significantly affect the quality of life of patients. Although second-generation H1-antihistamines are the mainstay of treatment, some patients remain inadequately controlled despite standard therapy while immunomodulatory drugs and biologics are expensive. Human Normal Immunoglobulin, Histamine Dihydrochloride and Sodium Thiosulfate are affordable and has been used as a treatment option in such patients, but evidence regarding its effectiveness is limited.

Objectives: To evaluate effectiveness and safety of Human Normal Immunoglobulin, Histamine Dihydrochloride and Sodium Thiosulfate in patients with chronic spontaneous urticaria inadequately controlled with standard antihistamine therapy using the Urticaria Activity Score over 7 days (UAS7). UAS7 is measured at baseline and after completion of treatment.

Materials and Methods: This retrospective observational study was conducted at the Skin OPD/Civil Hospital, Ahmedabad, India. Fifteen patients with chronic spontaneous urticaria inadequately controlled with standard antihistamine therapy were included in the study. Patients received a total of nine doses of Human Normal Immunoglobulin, Histamine Dihydrochloride and Sodium Thiosulfate according to the institutional protocol. The first six doses were given at 5-day intervals, followed by the seventh dose after 1 month, the eighth dose after 3 months, and the ninth dose after 6 months. Disease activity was assessed using UAS7 before starting treatment and after completion of all nine doses. Adverse events were recorded during the study period. Data were analysed using descriptive statistics.

Results: A total of 15 patients were included, comprising 8 males (53.3%) and 7 females (46.7%), with a mean age of 24.1 years. The mean UAS7 score decreased from 22.67 before treatment to 5.80 after completion of treatment, showing an overall reduction of approximately 74.4%. After treatment, 1 patient (6.7%) achieved complete disease control (UAS7 = 0), 11 patients (73.3%) had well-controlled disease (UAS7 1–6), 1 patient (6.7%) had mild disease activity (UAS7 7–15), and 2 patients (13.3%) had moderate disease activity (UAS7 16–27). No patient had severe disease activity after treatment. No serious adverse events or treatment-related complications were observed.

Conclusion: Human Normal Immunoglobulin, Histamine Dihydrochloride and Sodium Thiosulfate was associated with a reduction in UAS7 scores in patients with chronic spontaneous urticaria inadequately controlled with standard antihistamine therapy. Most patients achieved good disease control after



treatment, and no serious adverse events were observed. However, the small sample size, absence of a control group and long term follow up are important limitations. Further studies with a larger number of patients are needed to confirm these findings.

7) Evaluating Therapeutic Efficacy of Autologous Platelet-Rich Fibrin Matrix Versus Topical Phenytoin dressing in Non-Healing foot ulcers: A Comparative Study

Dr Dhruv Goenka – CU Shah Medical College And Srsh Hospital

Introduction: Non-healing ulcers are a major cause of morbidity and impaired quality of life. The present study was conducted to compare the efficacy of Autologous Platelet-Rich Fibrin Matrix (PRF) and topical phenytoin dressing in non healing foot ulcers.

Materials and Methods: This retrospective comparative study evaluated twenty patients (aged 24–80) with non-healing foot ulcers who were randomly divided into two equal groups. Group A received weekly PRF therapy, while Group B applied topical phenytoin paste (100 mg crushed tablet with 3–4 drops of glycerine) once daily. Clinical outcomes were assessed at baseline and week four using ulcer surface area, Pressure Ulcer Scale for Healing (PUSH) score, and visual analogue scale (VAS) pain score. The primary healing endpoint was defined as either a >50% reduction in ulcer area or a PUSH score reduction of ≥ 4 points from baseline.

Result/discussion

This study evaluated 16 patients (n=8 per group) after 2 dropouts from each group.

At week 4, the PRF group demonstrated a greater mean reduction in wound area (58.0% vs. 35.8%, $p=0.076$) and a larger decrease in PUSH severity scores (4.1 vs. 2.1 points, $p=0.063$). Additionally, 62.5% of PRF patients met predefined healing criteria, compared to just 37.5% in the phenytoin group. VAS pain assessments also favoured PRF (mean reduction of 1.25 vs. 0.62 points).

CONCLUSION: PRF demonstrated faster wound healing, greater reduction in ulcer size, and superior improvement in PUSH scores compared to topical phenytoin dressing.

8) Prevalance of Benign And Malignant Tumours At Tertiary Health Care Centre

Dr Kinjal Patel – Dr M.K.Shah medical college and research centre

Introduction: Skin tumours are an important group of dermatoses encountered in dermatology out patient department. Skin tumour develop as a result of proliferation of a group of cells with differentiation towards single or multiple components of the skin. This study Aim to identify the prevalence of benign and malignant skin tumours in patients attending dermatology OPD of a tertiary care center.

Materials and methods: A Retrospective study was conducted using data from the clinical records of patients having benign and malignant tumours attending the dermatology Opd during 12 months period from May 2025 to April 2026. Data regarding demographic details, provisional diagnosis of patient were collected. Subsequent histopathological, Blood investigation and management were done.



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Results: Total 36 patients were enrolled. Most common age group affected was 50–59 years of age (25%) followed by 60–69 years of age (22.2%). Females (65%) were most commonly affected than Male (35%). Benign tumours were most common (70%) and among benign tumours Acrochordon was most commonly observed followed by seborrheic keratosis. Among Malignant Tumour Basal cell carcinoma was most commonly observed.

Conclusion: Benign skin tumours were found to be more prevalent than malignant skin tumours. This study emphasis to identify the benign and malignant skin tumours and their early diagnosis and management. Further large-scale studies are recommended for better understanding of epidemiological patterns and risk factors associated with skin tumours.

9) The Young Face of An Ancient Disease: Pediatric Leprosy

Dr Antra Dobariya – Pandit Dindayal Upadhyay Medical College And Hospital

Background: Leprosy, caused by Mycobacterium leprae, remains a major public health concern in India. Childhood leprosy reflects ongoing community transmission and effectiveness of early detection programs.

Aims & Objectives: To evaluate the clinico-epidemiological profile of pediatric leprosy patients attending a tertiary care center.

Materials & Methods: This Descriptive Retrospective study at our hospital included 25 patients aged ≤18 years out of 358 new patients diagnosed over period of 5 year. Clinical evaluation, SSS, skin biopsy, disability grading, and Ridley–Jopling classification were performed. All patients were given pediatric MDT.

Results: Most patients were aged 13–18 years, with male predominance (4:1). Tuberculoid leprosy was the commonest type (56%). Peripheral nerve thickening was observed in 68%, family history in 24%, and smear positivity in 25%. Hypopigmented, hypoesthetic patches were the most frequent lesions (80%), followed by plaques (12%) and nodules (4%). Grade-II deformity was present in 20% of cases. Histopathological findings were correlated simultaneously. Lepa reactions were uncommon (4%) and most patients improved with MDT.

Discussion: Occurrence of pediatric leprosy in post elimination era signifies ongoing spread of infection. Presence of Grade-II deformity (20%) highlights delayed diagnosis and underscores the need for active surveillance and early case detection. Male predominance observed is comparable to previous Indian studies, possibly due to greater outdoor exposure and healthcare accessibility among boys.

Conclusion: Pediatric leprosy remains an indicator of active transmission. Early diagnosis, prompt MDT, contact screening, and timely management are essential to prevent disability and reduce disease transmission.

10) Paediatric Cutaneous Mastocytosis: Decoding the Clinical Spectrum through Histopathology and Targeted Management– A Case Series of Seven Children

Dr Minal Choudhary – Baroda Medical College and SSG Hospital

Introduction : Paediatric cutaneous mastocytosis (CM) is a rare mast cell proliferative disorder with diverse clinical manifestations ranging from localized lesions to diffuse cutaneous involvement with



systemic symptoms. Early diagnosis and timely treatment help to prevent complications and improve outcomes. This case series highlights the diverse presentation of CM including urticaria pigmentosa (UP), diffuse CM and solitary mastocytoma.

Case History : Seven children (five girls, two boys) are reported who had manifestations since early infancy. Out of four patients of UP, three patients presented with discrete pigmented lesions between 1-7 months of age. A 5-year-old girl had recurrent urticarial wheals, flushing and three episodes of anaphylaxis. She also had diarrhoea along with hepatosplenomegaly and markedly raised serum tryptase (71 ng/mL) despite normal bone marrow examination.

Two children with diffuse CM had recurrent blisters with peau d'orange infiltration. One patient also had recurrent diarrhoea. Both the patients had hepatosplenomegaly and raised serum tryptase levels.

An 8-month-old infant presented with a solitary mastocytoma over the knee with recurrent flushing and blistering.

Pruritus predominated in all except <3 months old patients. Darier sign was positive in all patients.

Histopathology with special stain confirmed increased dermal mast cell infiltration in all cases.

All the patients were treated with emollients and H1/H2 antihistamines. Montelukast, Corticosteroids (topical, oral and/or intralesional) and mast cell stabilizers were prescribed as and when needed.

Conclusion : The combination of clinical evaluation, histopathological examination, and serum tryptase enabled an accurate diagnosis. Individualized therapy helps in effective symptom control and prevention of severe mediator-related events.

11)

Evaluation of Intralesional 5% 5-Fluorouracil in Resistant Localized Stable Plaque Psoriasis

Dr Sheerina Mukherjee – Government Medical College , Surat

Introduction: Psoriasis is a chronic inflammatory papulosquamous disorder that often requires prolonged treatment. Localized stable plaque psoriasis may be resistant to topical therapy. Intralesional 5% 5-fluorouracil (5-FU), an antimetabolite that inhibits DNA synthesis and epidermal proliferation, offers a targeted therapeutic approach by delivering higher drug concentrations directly into the lesion while minimizing systemic adverse effects.

Methodology: This prospective, open-label, placebo-controlled study was conducted at a tertiary care hospital in South Gujarat from April to August 2025. Forty-two patients aged above 18 years with resistant localized stable plaque psoriasis were enrolled after obtaining informed consent, of whom 39 completed the study. One plaque in each patient received intralesional 5% 5-FU (0.1 mL/cm²), while another plaque served as a control and received normal saline. Injections were administered weekly for three weeks, followed by clinical assessment every fortnight up to 14 weeks

Results: At the end of 14 weeks, 10.8% of treated plaques achieved complete clearance, 48.6% showed excellent improvement, and 29.7% demonstrated moderate improvement. In contrast, 83.8% of control plaques exhibited only mild or no improvement. The difference between the treatment and control groups was statistically significant ($p < 0.001$). Pain at the injection site was observed in all patients, while hyperpigmentation (89.7%) and localized necrosis (20.5%) were the most common adverse effects after Injection 5-Fluorouracil. No systemic adverse effects were reported.



Conclusion: Intralesional 5% 5-fluorouracil is an effective and well-tolerated treatment option for resistant localized stable plaque psoriasis, providing significant clinical improvement with local adverse effects.

12)

Medium Vessel Vasculitis Presenting with Cutaneous Manifestations: Diagnostic Challenges and Clinicopathological Correlation

Dr Shailey Vora – Narendra Medical College

Introduction: Medium vessel vasculitis comprises a heterogeneous group of inflammatory disorders affecting medium-sized arteries, including polyarteritis nodosa and Kawasaki disease. Cutaneous manifestations include painful papules, nodules, livedo, digital ischemia, and ulceration, often mimicking other conditions with ulcers. These features often mimic thrombotic vasculopathy, pyoderma gangrenosum, and infectious ulcers, delaying diagnosis.

We report 4 cases here.

Case Synopsis

1.A 40-year-old female presented with painful buttock ulcers preceded by papulonodular lesions, associated with digital discoloration and ulceration since 15 days.

2.A 37-year-old female had a chronic oozing lateral malleolar ulcer with preceding papulonodules and bilateral Z-deformity of the hands since 1 year.

3.A 67-year-old hypertensive female presented with multiple leg ulcers, a painful erythematous nodule, digital discoloration, and inguinal lymphadenopathy since 20 days.

4.A 75-year-old male presented with a painful necrotic plaque over the third toe despite palpable peripheral pulses since 1.5 months

Discussion: The diverse clinical presentations and ulcer morphology in this series underscored the diagnostic complexity of medium vessel vasculitis. Considerable overlap with thrombotic vasculopathy, pyoderma gangrenosum, infective ulcers, and peripheral arterial disease necessitated careful evaluation. Painful papulonodular lesions preceding ulceration were observed in three of four patients, while digital ischemia or acral discoloration occurred in two. In some cases, histopathological examination demonstrating characteristic vasculitic changes, emphasizing its indispensable role in distinguishing medium vessel vasculitis from its clinical mimics and guiding appropriate therapy. This would help in early diagnosis and appropriate management thus reducing morbidity.

13)

Bridging the Diagnostic Gap in Benign Cutaneous Tumors: A Clinico-dermoscopic and Histopathological Study

Dr Khushi J Naik – GCS medical college and research institute

Background: Benign cutaneous tumors arise from diverse tissues, including epidermal, vascular, neural, and mesenchymal structures, making accurate diagnosis challenging. Many lesions share overlapping



clinical features and may mimic inflammatory or malignant conditions. This study aimed to evaluate the concordance between clinical, dermoscopic, and histopathological diagnoses in benign cutaneous tumors.

Case Synopsis: This retrospective study included benign cutaneous tumors in 17 patients aged 12–90 years, with female predominance. Lesions comprised 5 cases of seborrheic keratosis, 3 pyogenic granulomas, 2 angiokeratomas, and 1 case each of solitary neurofibroma, keratoacanthoma, glomus tumor, bullous pilomatricoma, dermatomyofibroma, trichoepithelioma and angiofibroma. Dermoscopy revealed characteristic patterns: seborrheic keratosis showed milia-like cysts with a cerebriform pattern; pyogenic granuloma demonstrated a red homogeneous area with a peripheral white collarette; and neurofibroma appeared as a featureless pink lesion with a peripheral pigment network. Histopathology confirmed these findings, demonstrating horn cysts in seborrheic keratosis, lobular capillary proliferation in pyogenic granuloma and S-100 positive Schwann cell proliferation in the neurofibroma. Overall, clinical and final histopathological diagnoses were concordant in 13 of 17 lesions (76.5%), while 4 lesions (23.5%) showed discordance, highlighting the diagnostic overlap among benign cutaneous tumors.

Conclusion: Benign cutaneous tumors encompass a broad spectrum of lesions with overlapping clinical appearances. Integrating clinical examination with dermoscopy improves diagnostic accuracy and facilitates appropriate management. Dermoscopy is a handy first step that can avoid unnecessary biopsies, but histopathology still remains the gold standard for nailing down the diagnosis.

14) An Observational Cross-Sectional Study of Benign and Malignant Skin Neoplasms Presenting in Dermatology Outpatient Department

Dr Riddhi Mehta – NHL Municipal Medical College

Background: Skin neoplasms range from benign lesions to malignant tumors with significant morbidity. Knowledge of their clinicodemographic profile is essential for early diagnosis and improved patient outcomes.

Objectives: To evaluate the prevalence, spectrum, and demographic distribution of benign and malignant skin neoplasms among patients attending a tertiary care dermatology outpatient department.

Methods: A combined retrospective and prospective observational cross-sectional study was conducted over 18 months. Consecutive patients with clinically suspected or diagnosed skin neoplasms were included. Demographic, clinical, and histopathological data were analyzed for 164 patients.

Results: Among 164 patients, 85 (52%) were males and 79 (48%) were females. The highest frequency was observed in the 51–60 year age group. Benign neoplasms constituted 80.5% of cases, while malignant neoplasms accounted for 11.0%. Keratinocytic tumors were the commonest category (36.6%), followed by soft tissue tumors (30.5%). Seborrheic keratosis (12.8%), fibroepithelial polyps (12.2%), and keloids (11.0%) were the most frequent benign lesions. Basal cell carcinoma (5.5%) was the commonest malignancy, followed by squamous cell carcinoma (2.4%). Malignant tumors were predominantly observed in patients older than 40 years.



Conclusion: Benign skin neoplasms predominated; however, the incidence of malignancy increased with advancing age. Early recognition, regular skin examination, and preventive measures such as sun protection may reduce morbidity and improve outcomes.

15) Spectrum of facial dermatoses: A Clinico-epidemiological study from Western India

Dr Khevana Bhatt – Pramukhswami Medical college and Shree Krishna Hospital, Bhaikaka University

Introduction: Facial dermatoses comprise a heterogeneous group of disorders that pose significant diagnostic challenges and carry substantial psychosocial impact due to the conspicuous nature of facial involvement. Data on their clinico-epidemiological and dermoscopic profile from Western India remain limited.

Objectives: To evaluate the clinico-epidemiological spectrum of facial dermatoses and assess their dermoscopic features.

Materials and Methods: This hospital-based cross-sectional observational study was conducted over one year at a tertiary care center in Western India. Consecutive patients of all age groups presenting with facial dermatoses were included after informed consent. Detailed clinical evaluation was performed, and dermoscopy was utilized in diagnostically challenging cases. Data were analyzed using descriptive statistics and expressed as frequencies, percentages, mean, and standard deviation.

Results: A total of 254 patients were enrolled. The most affected age group was 11–20 years (27.6%), with a female predominance (61.8%). Most patients were from urban areas (51.2%) and belonged to the upper-lower socioeconomic class (46.5%). Appendageal disorders were the most common category (27.56%), including acne vulgaris (20.87%) and perioritis (3.15%), followed by infective dermatoses (23.23%) comprising tinea facie (9.87%) and viral infections, and pigmentary disorders (17.72%) including melasma (8.27%) and vitiligo (2.76%). Cheeks were the most commonly involved site (67.7%). Dermoscopy was performed in 22.8% of cases and commonly revealed light red and brown backgrounds, linear and dotted vessels, patchy white scales, and pigmentary structures such as brown dots and yellow-brown globules.

Conclusion: Facial dermatoses show a wide clinical spectrum, predominantly affecting adolescents and young adults. Dermoscopy serves as a valuable non-invasive adjunct, improving diagnostic accuracy and aiding comprehensive management.

BHARAT SHAH AWARD PAPERS



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BHARAT SHAH AWARD PAPERS

1) Bridging the Genetic Gap: Clinicogenetic Spectrum of Epidermolysis Bullosa

Dr Ayushi Patel – GMERS Civil Hospital Sola Ahmedabad

BACKGROUND: Epidermolysis bullosa (EB) is a heterogeneous group of genetic skin diseases characterized by skin fragility and blistering in response to minimal trauma.

CASE SYNOPSIS: We report six cases: a 17 year old male (Case 1), an 11 year old female (Case 2), an 8 year old female (Case 3), a 27 year old male (Case 4), and siblings: a 26 year old female and her 21 year old brother (Cases 5 and 6), a 10 year old female (case 7), siblings: a 8 year old male and his 5 year old sister (Cases 8 and 9), a 4 day old neonate (case 10). All presented with generalized lesions since birth and a history of blistering at friction sites. In Cases 4–6, this was limited to early childhood.

On examination: Cases 1–3: Multiple superficial erosions with crusting, plaque-type scarring, skin thickening over shoulders, elbows, gluteal region, and intact bullae at pressure sites, suggestive of junctional EB (JEB).

Cases 4–6: Asymptomatic hypopigmented macules over the body and erythematous, atrophic scarring on dorsum of hands—suggestive of Kindler syndrome.

Cases 7–10: Multiple clear to haemorrhagic fluid filled bullae and superficial erosions over trauma prone sites of body—suggestive of dystrophic epidermolysis bullosa.

Biopsy and genetic testing revealed:

- **Case 1:** Mutations in KRT10 and LAMC2– rare association of JEB with striate palmoplantar keratoderma.
- **Case 2:** LAMA2 mutation– JEB.
- **Case 3:** LAMB3 mutation– JEB.
- **Cases 4–6:** FERMT1 mutation– Kindler syndrome.
- **Case 7:** COL7A1 mutation– DEB
- **Case 8–10:** DEB (genetic testing awaited)

CONCLUSION: Although all were diagnosed with EB, clinical features and genetic mutations varied. Genetic testing is essential for accurate diagnosis, prognosis, counseling, and therapeutic planning. Very few Indian studies report genetic testing in EB cases.

2) Every SCAR Tells a Story—Can AI Read It? Blinded Diagnostic Concordance Between AI and Dermatologists–A Pilot Study

Dr Niranjana Kamath – GCS Medical College and Research Centre

Background: Severe cutaneous adverse drug reactions (SCARs) — including Stevens–Johnson syndrome/toxic epidermal necrolysis (SJS/TEN), DRESS — carry substantial morbidity and mortality, yet rapid recognition and culprit–drug identification remain difficult. We assessed whether a multimodal large language model (LLM) could reproduce dermatologist diagnoses.



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Methods: In this blinded diagnostic-concordance pilot, ten consecutive patients aged 6–71 years presenting with suspected acute cutaneous adverse drug reactions were studied. Each case was read by Claude Opus 4.8 under two blinded conditions – photographs alone, then photographs plus a structured clinical vignette (history, latency, laboratory data) – and compared against the treating dermatologist's reference diagnosis and culprit. Severity and causality were graded using SCORTEN, RegiSCAR, EuroSCAR-AGEP, WHO-UMC and ALDEN.

Results: The cohort spanned DRESS (3), SJS/TEN spectrum (4), erythema multiforme major, bullous fixed drug eruption and drug induced bullous disorder. Diagnostic concordance was 80% and culprit-drug concordance was 80% (8 of 10). The sole diagnostic discordance reclassified a DRESS case as urticaria with angioedema; the single culprit miss favoured hydroxychloroquine over methotrexate in TEN. The model correctly identified non-SCAR mimics and consistently recommended confirmatory testing.

Conclusion: A multimodal LLM achieved high diagnostic and culprit-drug concordance with dermatologists across a heterogeneous drug-reaction cohort, including life-threatening SCARs. The lesson is not that AI can read the skin unaided, but that it reads best alongside a clinician who supplies the history and keeps the biopsy in reach. Multimodal LLMs merit larger, blinded evaluation as decision support in severe drug reactions, not as a replacement for dermatological judgement

3) A Intralesional Acyclovir for Palmoplantar Warts: An Emerging Therapeutic Option

Dr Gohil Amidhara Haribhai – Government Medical College, Baroda

Introduction: Palmoplantar warts are caused by human papillomavirus infection, are frequently recalcitrant, and demonstrate variable response to conventional therapies. Intralesional antiviral therapy has recently emerged as a potential alternative strategy to enhance local viral clearance.

Purpose: To evaluate the efficacy and safety of intralesional acyclovir in the treatment of palmoplantar warts.

Materials and Methods: A prospective observational study was conducted from April 2026 to June 2026 involving 35 patients with a total of 120 lesions of palmoplantar warts. Baseline clinical evaluation was performed, and dermoscopic examination was performed to confirm the diagnosis. Intralesional acyclovir was prepared by reconstituting 250 mg in 2.5 mL normal saline and 1 mL of 2% lignocaine, achieving a final volume of 3.5 mL (concentration: 71.4 mg/mL). A dose of 0.1 mL was administered intralesionally at the base of each wart at 2-week intervals. Treatment was continued until complete clinical and dermoscopic resolution.

Results: The study included 21 males (60%) and 14 females (40%). Six patients (17.1%) were lost to follow-up, leaving 29 patients with 100 lesions of palmoplantar warts for final analysis. Complete resolution was achieved in 36 warts (36%) after session 1, an additional 14 warts among remaining lesions after session 2, and 10 more warts after session 3. Overall cumulative therapeutic response was approximately 60% after three sessions. Hemorrhagic blister formation occurred in 4 warts; no other significant adverse events were noted.

Discussion and Conclusion: Intralesional acyclovir demonstrated encouraging efficacy in lesions of palmoplantar warts, potentially via enhanced local antiviral activity and host immune modulation. It represents a promising, minimally invasive therapeutic option for lesions of palmoplantar warts with an acceptable safety profile.



4) A cross-sectional observational study on skin tissue expression of Interleukin 17 in patients of dermatophytosis

Dr Jigna Padhiya – GCSMCH & RC

Introduction: IL17 plays a pivotal role against various microbes via antimicrobial peptides production and neutrophil recruitment. However, in absence of proper Th1 immune response, Th17 pathway may not be able to clear dermatophytes as both pathways are complementary in defence against dermatophytes.

Material and methods: Data of 196 patients with dermatophytosis was analysed in this prospective cross-sectional study. KOH, IgE, RBS and punch biopsy from the lesion were done and demographic data was collected. Immunohistochemistry (IHC) parameters like intensity and percentage of cells stained positively was studied. Patients were divided in to groups as per the past treatment.

Results: tinea corporis (88.21%) was commonest anatomically while commonest morphological type was eczematized and lichenified lesions (57.44%). Statistical tests showed no significance of any histopathological signs to that of the disease duration. Approximately 55% showed moderate intensity of IL17 A staining and majority (35%) patients showed <50 cells stained with IL-17A. Number of patients showing less than 50 % of cells staining with IL17A were fewer in steroid group ($p = 0.005$). The number of samples showing moderate intensity were higher in antifungal group. Similarly, the sandwich sign was seen more commonly in antifungal group ($p = 0.05$) while the follicular invasion was absent more commonly in antifungal group ($p = 0.001$).

Discussion and conclusion: Altered immune response in terms of reduced/absent Th1 response and elevated Th2 cytokines results in ineffective IL17A response in tissue from patients of dermatophytosis. Steroids adds fuel to alter the immune response further to shift the balance towards Th2 arm of the immunity in presence of which IL17A can't effectively clear the fungus resulting in chronicity of infection.

5) A clinicopathological study of papulosquamous disorders

Dr Aanshee

Introduction: Papulosquamous disorders commonly present with overlapping clinical manifestations, making precise diagnosis difficult based on clinical examination alone. Histopathological evaluation serves as an important adjunct in confirming diagnosis and differentiating among clinically similar disorders. This study was undertaken to assess and analyse the clinicopathological correlation in various papulosquamous disorders.

Materials and Methods: A cross-sectional prospective study was conducted in a tertiary care hospital in the west zone of India, for a period of 1 year. A total of 110 patients above 16 years of age with clinically diagnosed papulosquamous disorders who consented for biopsy were included.

Detailed history, demographic data, clinical examination, and provisional diagnosis were documented. Skin biopsies were performed and histopathological findings were analysed

Results and Discussion: Among 110 cases studied, clinicopathological correlation was observed in 90% of cases. The majority of patients were in the 26–55 years age group, with slight male predominance. Psoriasis was the most common (44.54%), followed by lichen planus (33.63%). Psoriasis demonstrated a high clinicopathological correlation of 95.91%, while pityriasis rosea showed comparatively lower correlation (71.42%) due to overlapping and non-specific histopathological features. Other disorders



included pityriasis lichenoides chronica (1.81%), pityriasis lichenoides et varioliformis acuta (0.9%), lichen simplex chronicus (1.81%), lichen nitidus (0.9%), lichenoid drug eruption (1.81%), and subacute cutaneous lupus erythematosus (1.81%), all of which showed excellent clinicopathological correlation

Conclusion : Clinicopathological correlation significantly improves diagnostic precision, facilitates appropriate treatment, and remains a cornerstone in managing dermatological conditions with overlapping morphology.

6) **Adjunctive Tranexamic Acid in Microneedling Radiofrequency: A Novel Combination Approach for Acne Scars**

Dr Pooja Tank – NAMO Hospital

Introduction: Atrophic acne scars impair psychosocial well-being and remain therapeutically challenging in darker phototypes. Microneedling radiofrequency (MNRF) induces dermal remodeling via collagen synthesis; however, post-procedural erythema, edema, and post-inflammatory hyperpigmentation (PIH) can delay recovery. Tranexamic acid (TXA), with anti-inflammatory and melanogenesis-inhibiting properties, offers a promising adjuvant, yet evidence supporting its use with MNRF remains limited.

Objective: To evaluate whether topical TXA post-MNRF reduces procedural downtime and PIH without compromising scar outcomes.

Methods: This prospective comparative study enrolled 40 patients with atrophic acne scars (Fitzpatrick III–V, Goodman and Baron (G&B) grade ≥ 2), divided into Group A (MNRF alone, $n=20$) and Group B (MNRF + 10% topical TXA, $n=20$). Three sessions at 4-week intervals. Primary endpoints: erythema and edema scores (0–3) at Day 3, 5, and 7; PIH incidence (Week 4); recovery kinetics. Secondary endpoints: G&B scar score, Dermatology Life Quality Index (DLQI), patient satisfaction, and days to social readiness.

Results: Both groups were comparable at baseline. Group B demonstrated significantly lower erythema at Day 3 (0.40 vs 1.45; $p<0.001$), with complete resolution by Day 5 versus persistent scores in Group A at Day 7. Edema was reduced (0.15 vs 1.30; $p<0.001$). PIH incidence was lower (30% vs 70%; $p=0.026$) and social readiness achieved 2.9 days earlier (5.1 vs 8.0 days; $p<0.001$). G&B improvement was comparable (47.1% vs 48.3%; $p=0.77$), confirming TXA does not attenuate MNRF efficacy. No adverse events were noted.

Conclusion: Topical TXA post-MNRF significantly reduces erythema, edema, and PIH while accelerating recovery without compromising scar outcomes, supporting its use as a practical adjuvant in pigment-prone skin.

7) **Topical Corticosteroid Misuse in Perineal Dermatoses: Patterns, Offending Formulations, and Clinical Outcomes**

Dr Savaliya Adarsh – MP Shah Medical College, Jamnagar

Introduction: Topical steroid-damaged skin (TSDS) is a growing dermatological challenge caused by irrational, unsupervised, or over-the-counter use of topical corticosteroids (TCS). The perineal and perianal region is particularly vulnerable to rapid cutaneous atrophy, striae, secondary infections, and recalcitrant dermatoses due to enhanced drug absorption in occluded, thin skin. This study aims to evaluate the patterns of abuse, common offending formulations, and clinical outcomes in patients presenting with corticosteroid-induced perineal damage.



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Materials and Methods: A clinical study was conducted involving 30 patients presenting with signs of corticosteroid-induced damage predominantly affecting the perineal region. Patient demographics, history of application, primary underlying dermatoses, and specific offending TCS formulations were recorded. Patients were managed with systematic steroid withdrawal, barrier repair emollients, targeted anti-infective therapies, and structured patient counseling.

Results and Analysis : The study cohort comprised 18 males (60.0%) and 12 females (40.0%). Clobetasol propionate was identified as the most frequent offending agent, accounting for 14 cases (46.7%), followed by Beclomethasone in 10 cases (33.3%) and Betamethasone in 6 cases (20.0%). The predominant clinical presentation included severe perineal atrophy, striae rubrae/albae, telangiectasia, secondary tinea incognito, and rebound erythema upon withdrawal attempts. Controlled cessation of the causative TCS combined with barrier restoration and symptomatic management led to gradual symptom resolution and clinical stabilization across the cohort.

Conclusion: Potent and super-potent corticosteroids—most notably Clobetasol—are significant contributors to perineal skin damage due to easy accessibility and inappropriate application in intertriginous areas. Clinician vigilance, stricter regulation of over-the-counter steroid sales, and proactive patient education regarding the hazards of perineal TCS misuse are essential to curb this trend.

8) **Surgical Management of Stable Vitiligo in Resource-Limited Settings: Smashed Skin Grafting versus Microneedling with 5% 5-Fluorouracil.**

Dr Archi Ranka – GMERS Medical College, Gandhinagar

INTRODUCTION: Stable vitiligo is a cosmetically distressing disorder with poor response to topical medications and significant psychosocial impact. Surgical modalities including smashed skin grafting (SSG) and microneedling with topical 5% 5-fluorouracil (5-FU) have emerged as effective options for treatment-resistant stable vitiligo. This study aimed to compare the efficacy and safety of these two modalities in a randomised controlled setting.

MATERIALS AND METHODS: An open-label interventional study was conducted at tertiary care centre in Gujarat over a period of 1 year. 40 adult patients with stable vitiligo were randomly allocated into two equal groups of 20. Group A underwent SSG, while Group B received microneedling with topical 5% 5-FU every 2 weeks for 6 months. Repigmentation was assessed monthly for 6 months using serial clinical photographs and standardised grading scores. Statistical analysis employed SPSS version 23, utilising the Mann-Whitney U test. Value of 'p' < 0.05 was considered statistically significant.

RESULTS: Mean age was 30.2 ± 9.1 years (Group A) and 32.4 ± 8.5 years (Group B). At six months, excellent repigmentation (>75%) was achieved in 56.1% of SSG patients versus 42.2% in the microneedling group; this difference was statistically insignificant (p=0.400). However, adverse effects were significantly more frequent in Group B, with early side effects in 89.8% versus 10.9% in Group A (p<0.001). Hyperpigmentation was the predominant late adverse effect in the microneedling group.

CONCLUSION: Both SSG and microneedling with 5% 5-FU are effective for stable vitiligo. SSG demonstrated superior tolerability with a significantly lower adverse effect profile and may be the preferred modality in resource-limited settings.



9) Beyond Hormones: Dermatological Manifestations of Endocrine Disorders, A Clinico-epidemiological study from Western India

Dr Dipen Dudhat – Pramukhswamy Medical College

Introduction: Cutaneous manifestations are often the earliest and most visible indicators of underlying endocrinological disorders. Hormonal imbalances influence skin through effects on metabolism, immunity, and microvasculature, resulting in diverse dermatological presentations. Early recognition of these manifestations can facilitate prompt diagnosis and management of systemic diseases.

Objectives: To study the spectrum and clinico-epidemiological profile of cutaneous manifestations in patients with endocrinological diseases and to assess their association with specific endocrine disorders.

Materials & Methods: This hospital-based cross-sectional study was conducted over 18 months at the Department of Dermatology, Venereology and Leprology, Shree Krishna Hospital, Karamsad. A total of 200 patients with confirmed endocrinological disorders presenting with cutaneous manifestations were included. Institutional Ethics Committee (IEC) approval was obtained prior to study initiation, and written informed consent was taken from all participants. Detailed history, clinical examination, and relevant investigations were recorded. Dermatological findings were classified and correlated with endocrine diagnoses. Statistical analysis was performed using appropriate tests including chi-square and logistic regression.

Results: The mean age of participants was 55.5 years, with a slight male predominance (52%) and majority from rural areas (59%). Diabetes mellitus was the most common endocrine disorder (87%), followed by hypothyroidism (15.5%). Infective dermatoses were predominant, with fungal infections being the most common (36%), followed by bacterial infections (13%). Xerosis, hair changes were more frequently observed in hypothyroid patients, while diabetic patients showed a higher prevalence of recurrent infections and microangiopathic dermatoses. Significant associations were found between duration of disease, socioeconomic status, and severity of cutaneous manifestations.

Limitations: Being a single-center, hospital-based study with a relatively small sample size, the findings may not be generalizable to the wider population. The cross-sectional design also limits causal inference.

Conclusion: Cutaneous manifestations serve as important clinical markers for underlying endocrine disorders and can aid in early diagnosis and management. Integrating dermatological evaluation into routine endocrine assessment can improve patient outcomes. Further multicentric and longitudinal studies are recommended for broader validation.

10) HORMONAL AND ULTRASONOGRAPHIC PROFILE OF FEMALE CASES HAVING POST ADOLESCENT ACNE-AN ANALYTICAL CROSS SECTIONAL STUDY

Dr Kavya Pillai – SBKS MI&RC, Vadodara

Objectives: To evaluate the hormonal and ultrasonographic profile of females with post-adolescent acne presenting with cutaneous signs of hyperandrogenism.



Materials and Methods: This analytical cross-sectional study included 67 females aged 19–45 years with post-adolescent acne attending the dermatology outpatient department of a tertiary care hospital in Gujarat. Patients with cutaneous features suggestive of hyperandrogenism underwent hormonal evaluation, including serum LH/FSH ratio, free testosterone, and DHEAS levels, along with ultrasonography (USG) pelvis for assessment of polycystic ovarian disease (PCOD).

Results: Of the 67 patients, 58 (86.6%) exhibited cutaneous signs of hyperandrogenism and were further evaluated. An elevated serum LH/FSH ratio was observed in 12.06% of cases, raised serum free testosterone in 10.34%, and elevated serum DHEAS levels in 3.45%. Ultrasonography of the pelvis revealed polycystic ovarian disease in 16.41% of patients. These findings indicate that a subset of females with post-adolescent acne has underlying hormonal abnormalities and ultrasonographic evidence of PCOD.

Conclusion: Hormonal evaluation and pelvic ultrasonography are valuable adjuncts in the assessment of post-adolescent female acne, particularly in patients with clinical features of hyperandrogenism. These investigations aid in identifying underlying endocrine abnormalities, facilitating early diagnosis and appropriate management of associated conditions such as PCOD.

11)

Beyond STI: A Clinical Insight into Non-Venereal Male Genital Dermatoses in a Tertiary Care Setting

Dr Vinay Vaja – PARUL INSTITUTE OF MEDICAL SCIENCE AND RESEARCH

Background : Male genital dermatoses refer to a variety of conditions affecting the genital region, many of which are not sexually transmitted, resulting in considerable psychological distress and stigma. This article aims to provide a thorough clinical overview, pattern and epidemiology of non venereal male genital dermatoses. This approach is essential for reducing anxiety, stigma and disease-related morbidity, resulting in improved patient outcome and quality of life.

Aim and objective : To evaluate clinical pattern of non venereal male genital dermatoses.

Material and method: The study included 100 male patients with genital dermatoses over a period of 1 year. Informed consent was taken. Patients diagnosed with venereal dermatoses, and those who tested positive for HIV or VDRL, were excluded. A standardized proforma was utilized to document patient information, examination results, and diagnoses.

Result: The majority of patients were in the 31–40 year age. The study identified 29 distinct types of nonvenereal dermatoses. The most prevalent condition was scrotal dermatitis, found in 11 cases, followed by vitiligo which were noted in 10 cases. The frequently observed symptoms included itching and altered pigmentation. Majority of lesion were erythematous followed by papules.

Conclusion : Genital lesions are often misunderstood, with many believing it to be sexually acquired. Increasing awareness and understanding of non-venereal male genital dermatoses among clinicians and patients can reduce stigma, prevent misdiagnosis and ensure appropriate and timely treatment. Addressing these conditions with clinical clarity and empathy is key to breaking the stigma and restoring patient confidence.



12)

Breaking the Itch–Scratch Cycle: A Retrospective Observational Study of Oral N–Acetylcysteine in Chronic Prurigo Nodularis

Dr Hetal – NHL–MMC

Background: Prurigo nodularis (PN) is a chronic inflammatory dermatosis characterized by intense pruritus and a self-perpetuating itch–scratch cycle that significantly impairs quality of life. Despite multiple therapeutic options, many patients experience persistent or recurrent disease, highlighting the need for safe, affordable, and effective adjunctive therapies. N-acetylcysteine (NAC), owing to its antioxidant, anti-inflammatory, and neuromodulatory properties, has emerged as a potential therapeutic option for chronic pruritic disorders.

Objectives: To evaluate the clinical outcomes and safety of oral N-acetylcysteine as an adjunctive treatment in patients with chronic prurigo nodularis.

Methods: A retrospective observational study was conducted at the Department of Dermatology of a tertiary care centre. Medical records of patients with chronic prurigo nodularis who received oral N-acetylcysteine (600 mg three times daily) in addition to standard therapy between 2023 and 2025 were reviewed. Demographic characteristics, disease profile, treatment duration, serial clinical photographs, physician-recorded clinical response, and adverse events were analysed.

Results: Nineteen patients were included. Review of serial clinical records and photographic documentation demonstrated improvement in pruritus, flattening of nodular lesions, healing of excoriations, and reduction in post-inflammatory changes among patients with available follow-up. Oral N-acetylcysteine was well tolerated, with no serious adverse events documented.

Conclusion: Oral N-acetylcysteine appears to be a safe, well-tolerated, cost-effective, and promising adjunctive therapy for chronic prurigo nodularis. The favourable outcomes observed in this real-world cohort support further prospective controlled studies to establish its efficacy. The retrospective design and incomplete follow-up in a subset of patients limited quantitative assessment of treatment response.

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1) Study of effectiveness of IVIG in Bedside Dermatology: A Real-World Experience

Dr Devda ravi dayarambhai – B.J medical college and hospital ahemdabad

Background: Intravenous immunoglobulin (IVIG) is increasingly being used in severe dermatological emergencies such as toxic epidermal necrolysis (TEN) and pemphigus vulgaris, especially in critically ill patients with sepsis where conventional immunosuppressive therapy may not be suitable. Early use of IVIG may help in disease control, stabilization of patients, and reduction in complications.

Case Synopsis: We present a case series of 15 patients treated with IVIG in bedside dermatology. Among them, 7 patients were diagnosed with TEN and 8 patients with pemphigus vulgaris. TEN was mainly drug induced due to antiepileptics, analgesics, antibiotic (septran), ayurvedic and loose medication. SCORTEN ranged from 2–4. IVIG was started within 24–72 hours of presentation and given over 5 days in divided doses along with antibiotics and supportive care. All TEN patients showed significant clinical improvement, including a pediatric patient and a PLHA patient with low CD4 count.

Patients with pemphigus vulgaris had severe mucocutaneous involvement, high PDAI scores, leukocytosis, and associated bacterial sepsis. IVIG was administered over 5 days along with culture-sensitive antibiotics. Many patients showed stabilization of disease activity and clinical improvement, which later allowed administration of rituximab. However, two patients with severe sepsis and extensive disease succumbed despite intensive care management.

Conclusion: IVIG appears to be highly effective in TEN, particularly when initiated early within 24–72 hours. In pemphigus vulgaris associated with sepsis, IVIG serves as a useful immunomodulatory and stabilizing therapy when aggressive immunosuppression is contraindicated.

2) Pediatric Systemic Lupus Erythematosus: Unraveling the Complexities of Diagnosis – A Study of 14 Cases

Dr Smeet Bhithora – PDU medical college Rajkot

Introduction : Pediatric systemic lupus erythematosus (pSLE) is a chronic multisystem autoimmune disease characterized by autoantibody production, inflammation, and progressive organ damage. Compared with adult-onset SLE, pediatric disease is often more severe, with predominant hematological, neurological, and renal involvement, leading to diagnostic challenges and delayed treatment.

Aim and Objectives

- To analyze systemic manifestations associated with pediatric SLE.
- To highlight complications and diagnostic challenges in pediatric patients.
- To emphasize early recognition and multidisciplinary evaluation.

Materials and Methods : This prospective study included 16 children younger than 16 years diagnosed with pSLE collected over period of 4 years, out of which 1 later progressed to overlap mctd disorder. Detailed clinical assessment and investigations including ANA, ENA profile, CBC, ESR, thyroid, liver, and



renal function tests were performed. Additional investigations such as ECG, echocardiography, chest radiography, ultrasonography, HRCT, and MRI were done when indicated.

Results : Females predominated (female ratio 3:1), with most patients aged 11–15 years. Malar rash (94%) and oral ulcers (88%) were the predominant mucocutaneous features. Hematological involvement was most common (70%), followed by gastrointestinal (56%), musculoskeletal (48%), respiratory (43%), neurological (28%), cardiovascular (28%), and renal involvement (14%) hypothyroidism (12.5%), RA factor positivity (12.5%), Anti-dsDNA was the most common autoantibody (82%), followed by anti-SSA/RO (58%), anti-Smith (52%), anti-RNP (37%), antiphospholipid antibodies (28%), and anti-La/SSB (4%), anti u1-RNP (6.25%),

Conclusion : Pediatric SLE presents with diverse and aggressive multisystem involvement. Early diagnosis, immunological evaluation, and multidisciplinary management are essential to reduce morbidity and mortality which improve outcomes.

3) From Pedigree to Precision Diagnosis: Clinicogenetic Spectrum and Familial Aggregation of Genodermatoses—Insights from a Three-Year Tertiary Care Experience

Dr Krupa Vaidya – Gmers medical college and hospital , Sola , Ahmedbad

Background : Genodermatoses are a heterogeneous group of inherited skin disorders with significant dermatological, systemic, and genetic implications. Early clinical recognition and molecular diagnosis are essential for accurate classification, prognostication, and genetic counseling. This study evaluated the clinicogenetic spectrum of genodermatoses at a tertiary care center, with emphasis on familial aggregation and the contribution of genetic testing.

Methods : A retrospective observational study was conducted over three years. Clinical records of patients of all ages and both sexes diagnosed with genodermatoses were reviewed. Demographic details, pedigree analysis, family history, clinical features, routine laboratory investigations, and available genetic testing reports were analyzed.

Results : Forty-three patients with diverse genodermatoses were identified. Positive family history was documented in 30 (69.8%) patients, while 13 (30.2%) had no known affected relatives. Eighteen patients belonged to nine affected sibling pairs, demonstrating marked familial clustering. Neurofibromatosis Type 1 was the most common diagnosis. Rare disorders included PNC, X-linked dominant protoporphyria, KBG syndrome, and erythrokeratoderma variabilis. Genetic testing was available in 19 patients and aided diagnostic confirmation, refinement of clinical classification, and identification of pathogenic variants. In affected sibling groups, molecular diagnosis facilitated genetic counseling, carrier detection, recurrence-risk assessment, screening of at-risk relatives, and informed reproductive planning. Variable disease expression among affected relatives reflected variable expressivity and genetic heterogeneity.

Conclusion: Familial aggregation, particularly among sibling pairs, was a prominent feature of genodermatoses. Integration of pedigree analysis with molecular diagnostics improved diagnostic accuracy, genetic counseling, family screening, and long-term management, underscoring the importance of early recognition and a multidisciplinary approach.



4) Understanding the cutaneous microbiome and our journey from antibiotics to probiotics

Dr Sujata Ambalal

For decades, scientific research focused on discovering pathogenic microbes and antimicrobial compounds to combat those microbes. Comprehensive research over the past century has shown that only a small proportion of microorganisms are associated with disease or pathogenicity. Most microbes are essential for the optimum functioning of the ecosystem and known for their beneficial interactions. The current focus is on the microbiome, its variation across body sites, across different stages of life and the interaction of the skin and gut microbiome. Associations between the gut and skin microbiome and dermatologic conditions such as psoriasis, acne, rosacea, and atopic dermatitis have been highlighted in recent research. Thus, a paradigm shift from over usage of antibiotics to the incorporation of pre, pro and post biotics in dermatological disorders may be imminent. This paper highlights research on maintaining the microbiome in dermatology, especially in the context of the ominous rise of antimicrobial resistance. Historical and current practices in the use of antibiotics and probiotics are addressed with focus on knowledge and practice gaps among dermatologists.

5) Bullous Pemphigoid: Exploring diverse Comorbidity Patterns and Drug Associations

Dr Archana Pillai – Gmers medical college and hospital, Sola, Ahmedbad

Introduction: Bullous pemphigoid (BP) is an autoimmune blistering disorder of the elderly, linked to antibodies against BP180 and BP230. It can be associated with metabolic, cardiovascular, thyroid, autoimmune, and neurological diseases and may be triggered by certain drugs. This study assesses comorbidities and drug associations in BP cases at our tertiary center.

Aim: To evaluate causes and associations of Bullous Pemphigoid in patients presenting to a tertiary care hospital.

Methodology: A retrospective analytical study was conducted on 84 histopathologically confirmed BP cases over a period of 5 years at a tertiary care hospital. Detailed clinical assessment, comorbidity profile, and drug history were recorded. Histopathology and immunofluorescence supported the diagnosis, and associated autoimmune, neuropsychiatric, and malignancies were evaluated. Data were analyzed to evaluate the clinical and associative spectrum of BP.

Results: Among 84 confirmed BP cases, most were elderly with female predominance. 21% patients had no identifiable associations with comorbidities or drug exposure. Rare instances included 2% cases of childhood and pre-bullous variants each. Among patients with identifiable associations, comorbidities were most frequent—78% diabetes and 80% hypertension. Drug-induced BP occurred in 26% cases. Neurological associations were seen in 8.5% patients, and 3% each had malignancy and other autoimmune disorders. Rare coexistence of psoriasis with BP was noted. Findings underscore BP's strong links with age, comorbidities, and polypharmacy. Patients were on treatment with antiepileptics, diuretics, and DPP-4 inhibitors. Implicated drugs were DPP-4 inhibitors and diuretics. Oral mucosal lesions occurred in 11% of patients. There's a three fold rise in cases of Bullous Pemphigoid



Conclusion: Findings highlight the need for careful evaluation, as early detection of drug triggers and comorbidities improves prognosis. Ongoing research is vital, and clinicians should recognize BP variants and tailor treatment to disease type and severity.

6) **Comparative Evaluation of Platelet-Rich Plasma versus QR678 Neo in the Treatment of Chronic Telogen Effluvium: A Prospective Randomized Two-Arm Study.**

Dr Poojaben Desai

Background: Chronic telogen effluvium is characterized by diffuse, persistent hair shedding that significantly affects patients' quality of life. Platelet-rich plasma (PRP) has demonstrated regenerative potential in various hair disorders, while QR678 Neo, a bioengineered hair growth factor formulation, has shown promising results in reducing hair fall and promoting hair regrowth.

Aim: To compare the efficacy and safety of intradermal platelet-rich plasma (PRP) and QR678 Neo in patients with chronic telogen effluvium.

Methods: This prospective, randomized, two-arm comparative study of 20 patients clinically diagnosed with chronic telogen effluvium. Participants were randomized into two groups: Group A received intradermal PRP, while Group B received intradermal QR678 Neo according to standardized treatment protocols. Clinical assessment was performed at baseline and after 3 sessions of procedure. Primary outcomes were assessed by Sinclair hair shedding scale and by the hair pull test. Secondary outcomes assessed were hair density and hair shaft diameter by trichoscopy, global photographic assessment, patient satisfaction, and adverse events.

Results: The patients were randomized equally into the PRP ($n = 10$) and QR678 Neo ($n = 10$) groups. The QR678 Neo group showed significantly superior outcomes compared with the PRP group. A negative hair-pull test, Mean hair density and clinical improvement ($>75\%$ reduction in hair shedding) were achieved more with QR678 Neo compared to the PRP.

Conclusion: These findings suggest that QR678 Neo may represent a more effective therapeutic option.

7) **Prevalence of Metabolic Syndrome In Newly Diagnosed Patients of Psoriasis and its Association with Disease Severity at Tertiary Care Hospital - A Cross Sectional Study**

Dr Prima Dalwadi

Introduction: Psoriasis is chronic inflammatory disease mainly affecting skin and joints with remission and exacerbation. It has impact on patient's quality of life and comorbidities. Compared to general population, patient with psoriasis have increased risk of Myocardial Infarction and Stroke. Therefore, the treatment of psoriasis includes skin and nail manifestation as well as associated underlying conditions to prevent serious future sequelae. Psoriasis therapies (eg. Cyclosporine, prolonged steroid use) can increase risk of comorbidities (eg. Cardiovascular and osteoporosis risk) and drugs used to treat comorbidities can exacerbate psoriasis (eg. Beta-blocker).



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Materials and method: After taking permission from scientific committee and institutional ethical committee and on the basis of inclusion and exclusion criteria, consent for the study was obtained. The patients were registered and their disease severity, PASI score and other parameters like height, weight, waist circumference, BP were recorded. Appropriate investigations were carried out to find out prevalence of metabolic syndrome. Metabolic syndrome were diagnosed by presence of three or more of criteria of National Cholesterol Education Program's Adult Panel III. Severity was assessed using PASI score: Four sites of affection, head(h), trunk (t), upper limb (u), lower limb (l) were separately scored by parameters like erythema (E), induration, (I) and desquamation (D) and graded on severity scale of 0=nil, 1=mild, 2=moderate, 3=severe and 4=very severe.

Results: Out of 73 psoriasis patients studied, 42% were found to have metabolic syndrome. The most common components of metabolic syndrome were hypertension in 41%, increased triglycerides in 39.7%, diabetes mellitus in 38%, decreased HDL in 34.2%, and increased waist circumference in 32.8% of patients. Among lifestyle factors, 5 patients were smokers and 3 of them had metabolic syndrome, while 11 patients consumed alcohol and 5 of them had metabolic syndrome.

Conclusion: Identification of the systemic consequences of psoriasis highlights the need for early and proactive MetS screening. It is strongly advised that all individual diagnosed with psoriasis undergo routine screening for associated comorbidities, regardless of their age, gender, type and severity of psoriasis. Even in cases where no comorbid conditions are identified during screening, initiating and maintaining healthy lifestyle habits from the point of diagnosis is essential to reduce development of such comorbidities in future.

8) Atypical Leprosy Revisited: Expanding the Clinical Spectrum A Case Series

Dr Geeta Shinde

Background: Hansen's disease (leprosy) remains a significant public health concern in endemic regions like India, despite advances in diagnosis and treatment. It is a chronic granulomatous disease caused by *Mycobacterium leprae*, primarily affecting the skin and peripheral nerves. Classical clinical features such as hypopigmented anesthetic patches and nerve thickening are well recognized; however, the disease is increasingly known for its diverse and atypical manifestations. These unusual presentations often mimic a wide array of dermatological and systemic conditions, leading to diagnostic dilemmas. Misdiagnosis or delayed diagnosis contributes to disease progression, irreversible disability, and continued transmission within the community.

Atypical variants such as psoriasiform lesions, verrucous plaques, nodular lesions, vasculitic presentations, and neutrophilic dermatoses-like manifestations have been described in literature. The variability in presentation is influenced by host immune response, bacillary load, and endemicity. In non-endemic settings or in cases with low clinical suspicion, these atypical forms are frequently overlooked. Hence, there is a critical need for heightened clinical awareness and a systematic diagnostic approach.

Objective: To highlight the diverse and atypical clinical presentations of Hansen's disease through a case series and to emphasize the importance of clinical suspicion, neurological examination, and appropriate investigations in establishing the diagnosis.



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Methods: This study presents a case series of six patients with atypical manifestations of leprosy who presented to a tertiary care dermatology center in Mumbai. Detailed clinical evaluation, including dermatological and neurological examination, was performed in all cases. Diagnostic workup included slit-skin smear, histopathological examination, and special staining such as Fite-Faraco stain for acid-fast bacilli. Clinicopathological correlation was done to establish the final diagnosis.

Results: The six cases demonstrated a wide spectrum of atypical presentations, each mimicking other dermatological or systemic diseases:

- **Case 1:** Presented with **annular plaques involving the face, trunk, and palms, clinically suggestive of secondary syphilis**. However, nerve thickening and histopathology showing foamy macrophages with bacilli **confirmed lepromatous leprosy with hemophagocytic lymphohistiocytosis (HLH)**.
- **Case 2:** Showed **multiple nodules and plaques** over lower limbs **resembling mycetoma** or deep fungal infection. Histopathology revealed spindle-shaped histiocytes consistent with histoid leprosy.
- **Case 3:** Presented with **chronic non-healing hand ulcers mimicking atypical mycobacterial or fungal infection**. Neurological deficits and granulomatous histology led to diagnosis of borderline tuberculoid leprosy with Type 1 reaction.
- **Case 4:** **Nodulo-ulcerative lesions following trauma clinically resembled sporotrichosis or chromoblastomycosis**. Diagnosis of multibacillary leprosy was confirmed only after slit-skin smear showed acid-fast bacilli, despite negative initial investigations.
- **Case 5:** Presented with necrotic plaques, purpura, and hemorrhagic bullae **mimicking purpura fulminans or vasculitis**. Histopathology and Fite stain confirmed lepromatous leprosy with Lucio phenomenon, a rare and severe necrotizing reaction.
- **Case 6:** Presented with fever and tender erythematous plaques with vesiculation **resembling Sweet's syndrome**. Histopathology and nerve involvement confirmed borderline tuberculoid leprosy with Type 1 lepra reaction.

These cases collectively highlight that atypical leprosy can mimic infections, inflammatory dermatoses, vasculitis, and neutrophilic dermatoses.

Discussion: This case series underscores the protean nature of Hansen's disease. Atypical presentations often lack classical features, making diagnosis challenging. Several key observations emerge:

1. **Mimicking of other diseases:** Leprosy can closely resemble conditions such as secondary syphilis, deep fungal infections, vasculitis, and Sweet's syndrome, leading to misdiagnosis.
2. **Importance of neurological examination:** Peripheral nerve thickening and sensory impairment remain crucial diagnostic clues even in atypical cases.
3. **Role of histopathology and slit-skin smear:** These remain gold-standard investigations and are essential when clinical diagnosis is uncertain.
4. **Variable bacillary load:** Some cases may show negative initial stains, necessitating repeat testing or multiple diagnostic modalities.
5. **Spectrum of immune response:** Clinical presentation varies depending on host immunity, ranging from tuberculoid to lepromatous forms and associated lepra reactions.



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The study emphasizes that reliance solely on morphology can be misleading. A high index of suspicion, especially in endemic areas, is critical. Early diagnosis ensures timely initiation of multidrug therapy (MDT), prevents complications such as nerve damage and deformities, and reduces disease transmission.

Conclusion: Leprosy continues to present as a diagnostic challenge due to its wide and atypical clinical spectrum. Dermatologists and clinicians must maintain a high level of suspicion when evaluating chronic, atypical, or treatment-resistant dermatological conditions. Comprehensive clinical evaluation, including nerve examination, along with histopathological and microbiological confirmation, is essential for accurate diagnosis.

This case series contributes to the expanding spectrum of atypical leprosy and reinforces the importance of recognizing unusual presentations to ensure early diagnosis and appropriate management.

9) Topical Steroid Damaged Face Reversal with Fractional CO₂ Laser

Dr Akshay Saxena

10) Basal cell carcinoma in elderly Indian females - highlighting periocularfacial involvement

Dr Yashika Mahatre – DR DY PATIL MEDICAL COLLEGE AND HOSPITAL NERUL NAVIMUMBAI

Introduction: BCCs are slow-growing, locally infiltrative epithelial tumor that rarely metastasizes, but can result in significant morbidity if not promptly diagnosed and managed. Approximately 75–80% of non-melanoma skin cancer are Basal Cell Carcinomas (BCCs). Clinical Variants of BCC include nodular, superficial, morpheaform, cystic, basosquamous, micronodular, and fibroepithelioma of Pinkus. A multidisciplinary approach involving clinical, dermoscopic, and histopathological evaluation enhances diagnostic accuracy, ensuring appropriate management.

Understanding how these diagnostic tools interrelate is crucial in optimizing patient management. This case series aims to explore the correlation between clinical presentation, dermoscopic features, and histopathological findings in BCC.

Methods: Five patients presenting with clinically suspected BCC were studied. Each lesion underwent thorough clinical examination, dermoscopic evaluation, and histopathological confirmation. Key clinical findings such as pearly appearance, telangiectasia, and ulceration were recorded. Dermoscopic features such as arborizing vessels, blue-gray ovoid nests, and ulceration were noted. Biopsy specimens were analyzed to confirm histopathological diagnosis and subtype.

Results: Clinically, all five cases exhibited classic features of BCC, such as pearly nodules and telangiectasia. Dermoscopy showed arborizing vessels in 3 cases, blue-gray ovoid nests in 4 cases, and ulceration in 2 cases. Histopathology confirmed the diagnosis of BCC in all cases, identifying pigmented, micronodular, nodular and basosquamous subtypes. While there was substantial overlap between the clinical, dermoscopic, and histopathological findings, certain dermoscopic features were absent in some cases, underscoring the variability of presentation.

Conclusion: This case series highlights the complementary roles of clinical, dermoscopic, and histopathological evaluation in diagnosing BCC. The findings emphasize that while each modality



contributes valuable information, no single method provides a definitive diagnosis in isolation. A combined approach remains essential for accurate diagnosis and optimal patient care.

11) **Twenty Nails, One Clue: Clinico-Onychoscopic Correlation in Twenty-Nail Dystrophy – A Case Series**

Dr Twisha Shah – Narendra Modi Medical College

BACKGROUND: Twenty-nail dystrophy (trachyonychia) is an inflammatory nail-matrix disorder in which all or most nails become uniformly rough, thin, dull and ridged, without scarring or nail loss. Described by Hazelrigg in 1977, it occurs in opaque (sandpaper) and shiny (pitted) forms and may be idiopathic or the first sign of lichen planus, psoriasis, alopecia areata or other dermatoses. Largely benign and self-limiting in childhood, it mimics onychomycosis and often prompts needless antifungal therapy. Onychoscopy magnifies the plate, bed and lunula in vivo, separating the variants and sparing an invasive matrix biopsy.

CASE SYNOPSIS: Six consecutive patients with all twenty nails involved were assessed by history, cutaneous and scalp examination, onychoscopy, blood tests and fungal culture when needed. There was a male predominance and clear paediatric bias; fingernails were affected earlier and more severely than toenails, and mycology was negative. Onychoscopy consistently showed closely spaced parallel ridging with sandpaper roughness and lost lustre, variably with superficial scaling, geometric pitting, onychoschizia and punctate leukonychia. The opaque idiopathic variant was commonest, and lichen planus the leading associated dermatosis, followed by psoriasis; pterygium, anonychia and scarring were absent. Correlation reliably excluded onychomycosis, nail psoriasis and habit-tic deformity, restricting biopsy to uncertain cases.

CONCLUSION : Onychoscopy is a rapid, inexpensive, non-invasive tool that characterises both variants, uncovers an underlying dermatosis and prevents unwarranted antifungal use. Being largely self-limiting in children, management rests on reassurance, with topical corticosteroids, tacrolimus or oral biotin reserved for persistent disease.

12) **A Study to Compare Two Therapeutic Modalities in Cases Having Alopecia Areata: Topical Tofacitinib 2% Ointment Versus Topical Halobetasol Propionate 0.05% Ointment**

Dr Dhyani Vyas – SBKS MI&RC

INTRODUCTION: Alopecia areata (AA) is a T cell-mediated autoimmune disorder characterized by temporary, non-scarring hair loss with preservation of hair follicles. It commonly affects the scalp but may also involve other hair-bearing areas. AA affects nearly 2% of the global population and is more common in children. Clinically, it presents as sudden-onset, well-circumscribed patchy hair loss that may progress to alopecia totalis or universalis.¹ Diagnosis is primarily clinical, supported by dermoscopy showing exclamation mark hairs, yellow dots, black dots, broken hairs, and short vellus hairs. Disease severity can be assessed using the Severity of Alopecia Tool (SALT) score. Counseling regarding disease course and prognosis is an important aspect of management. Topical and intralesional corticosteroids remain first-line therapy for localized AA, though adverse effects such as skin atrophy, depigmentation, and folliculitis may occur.² Tofacitinib, a first-generation Janus kinase (JAK) 1/3 inhibitor, suppresses inflammatory cytokine signaling and has emerged as a promising off-label therapy for AA. Topical



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tofacitinib 2% has also been used in other inflammatory dermatoses including vitiligo, psoriasis, and atopic dermatitis, warranting further studies to establish its efficacy and safety in AA.⁴

METHODOLOGY: This interventional comparative study was conducted in the Department of Dermatology, Venereology & Leprosy at a tertiary care hospital after ethics committee approval. Thirty-two consenting patients aged 18–45 years with scalp alopecia areata involving ≤ 3 patches or $\leq 35\%$ scalp area (SALT score), stable for at least 6 weeks, were included. Patients with alopecia totalis/universalis, lesions over non-scalp areas, prior treatment, associated chronic illnesses, or pregnant/lactating females were excluded.

Participants were randomized into two groups: Group A received topical Tofacitinib 2% ointment and Group B received topical Halobetasol propionate 0.05% ointment, both applied twice daily for 4 months. Follow-up was done monthly, with assessment using clinical photographs, dermoscopy, and SALT scoring at baseline, 8 weeks, and 16 weeks. Adverse effects were monitored throughout the study.

RESULTS: Among the 32 patients, hair regrowth was seen in 14 patients for group B patients and 8 for group A patients, with a significant reduction in mean SALT score at the end of 16 weeks. When compared between the groups the mean SALT score had a significant decline (p value < 0.05) in both the groups.

DISCUSSION: AA is a T-cell mediated autoimmune disorder causing non-scarring hair loss over hair-bearing areas, commonly presenting before 30 years of age. In our study, most patients were below 30 years, similar to findings by Sharma et al¹ and Kuldeep et al². A slight male preponderance was observed, consistent with Kuldeep et al².

Topical tofacitinib 2% demonstrated a statistically significant reduction in mean SALT scores ($p < 0.05$), comparable to Chikhalkar et al³ and Bokhari et al⁴, who also reported significant hair regrowth with topical tofacitinib. Similarly, group B showed significant SALT score reduction ($p < 0.001$), supporting the efficacy of potent topical corticosteroids in limited AA, in accordance with Tosti et al⁵. Dermoscopic improvement, including increased upright regrowing and terminal hairs with reduction in white and black dots, was more pronounced in group B.

Adverse effects with halobetasol included itching and hypopigmentation, while scalp irritation and folliculitis were noted with tofacitinib, similar to Chikhalkar et al³. Unlike Cranwell et al⁶, no skin atrophy or telangiectasia were observed with corticosteroid use. Overall, both modalities showed considerable efficacy in promoting hair regrowth highlighting variable treatment responses among patients.

CONCLUSION: For treatment of patchy alopecia areata, topical potent corticosteroid halobetasol propionate 0.05% ointment is more efficacious but topical tofacitinib 2% ointment is better tolerated.

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2	Dr Heet Ardeshta	PLM/G/17488	Unmasking the burden of non-venereal non-infectious inflammatory genital dermatoses: Clinico-demographic patterns and impact on quality of life in adults at a tertiary-care centre in Western India
3	Dr Dwija Desai	PLM/G/17416	Study of oro-facial lesions in patients of Hansen's disease
4	Dr Niranjana Kamath	PLM/G/19809	Clinical Outcomes of Upadacitinib in the management of bullous pemphigoid –A real world clinical experience
5	Dr Anjum Zahera Khoja	PLM/G/17762	Decoding Cutaneous Adverse Drug Reactions: Patterns, Predictors, and Pharmacovigilance
6	Dr Bhavna	PLM/G/15996	Clinico epidemiological study of non venereal genital dermatosis
7	Dr. Janki Gol	LM/G/17265	A Cross-sectional study of the Clinicoepidemiological profile of cutaneous adverse drug reactions at a tertiary care center of Gujarat
8	Dr Payal Choithani	PLM/M/17494	Linear Dermatoses-clinicopathological Correlation



PG THESIS BASED AWARD PAPERS

1) A CLINICOEPIDEMIOLOGICAL STUDY OF CUTANEOUS ADVERSE DRUG REACTIONS IN A TERTIARY CARE HOSPITAL

Dr Levin Hirani – BJ Medical College

An Adverse Drug Reaction may be defined as an undesirable clinical manifestation resulting from administration of a particular drug; this includes reactions due to overdose, predictable side effects and unanticipated adverse manifestations. The most common presentation of an adverse drug reaction (ADR) is a cutaneous adverse drug reaction (CADR). A CADR is defined as any undesirable change in the structure or function of the skin, its appendages, or mucous membranes caused by a drug, and it encompasses all adverse events related to drug eruption, regardless of the etiology.

MATERIALS AND METHODS

An observational prospective study was conducted after approval from the Institutional Review Board, and patients fulfilling the inclusion criteria were enrolled after obtaining written informed consent. Detailed clinical evaluation, drug history, and mucocutaneous examination were performed, and data were recorded in a predefined case proforma. Causality, severity, and preventability of cutaneous adverse drug reactions (CADRs) were assessed using the Naranjo Probability Score, Hartwig's Severity Score, and Modified Schumock and Thornton Preventability Score, respectively. Quality of life was evaluated using the DLQI questionnaire. Relevant investigations, including complete blood count, liver and renal function tests, and skin biopsy wherever indicated, were carried out. Diagnosis was established based on clinical findings and investigations, and patients were counselled regarding drugs to be avoided in the future.

RESULTS/ ANALYSIS AND DISCUSSION

A total of 200 patients with cutaneous adverse drug reactions (CADRs) were included, comprising 107 males and 93 females, with a mean age of 47.59 years. Most reactions were associated with oral medications (90.5%), while 45% were related to self-prescribed or over-the-counter drugs. The majority of reactions developed within 24 hours of drug intake, and mucosal involvement was observed in 11.5% patients. Urticaria (28.5%) was the most common CADR, followed by exanthematous eruption (23.5%) and fixed drug eruption. Rare reactions included lichenoid eruption, anaphylaxis, Stevens-Johnson syndrome, and drug-induced exfoliative dermatitis. According to Hartwig's Severity Score, most CADRs were moderate in severity (80.5%). Antimicrobial agents were the most common offending drugs (57%), followed by NSAIDs and antiepileptics, with amoxicillin-clavulanic acid being the commonest individual causative agent. Most patients showed a possible causal relationship on Naranjo assessment (76.5%), while 87% reactions were deemed non-preventable. A small to moderate impact on quality of life (DLQI) was observed in 89.5% patients.

CONCLUSION

The study highlights antimicrobial agents and self-medication as major contributors to CADRs, emphasizing the need for stricter pharmacovigilance, rational prescribing, and regulation of over-the-counter drug use.



2) Unmasking the burden of non-venereal non-infectious inflammatory genital dermatoses: Clinico-demographic patterns and impact on quality of life in adults at a tertiary-care centre in Western India

Dr HEET ARDESHNA – GMERS Medical College, Gotri, Vadodara

Introduction: Genital dermatoses could be venereal or non-venereal. Non-venereal genital dermatoses have been classified based on their pathogenesis into non-venereal infections and infestations, inflammatory disorders, congenital abnormalities, benign tumours, and premalignant and malignant tumours. Inflammatory genital dermatoses constitute 19–58% of these, reported across various studies. These are often perceived to be venereal leading to anxiety in an individual. They can also get easily complicated due to local factors such as moisture, warmth, secretions or hygiene-products associated with genital region, leading to various complications. Many such patients have symptoms persisting for longer which can affect one's self-esteem, sexual and social life if not managed optimally. Being misdiagnosed by general-practitioner, or associated stigma may lead to delay in the diagnosis and treatment of these. Proper recognition and timely optimal management are essential to improve one's Quality of life (QoL) and to prevent further complications.

Aims: To assess the QoL impact in patients with non-venereal, non-infectious inflammatory genital dermatoses and correlate it with clinical and demographic parameters.

Methods: Patients aged ≥ 18 years; diagnosed with non-venereal, non-infectious inflammatory genital dermatoses; fulfilling the study criteria were enrolled. Demographic details and clinical examination findings were recorded in the predefined forms. Patients were asked to fill dermatology life quality index (DLQI) questionnaire as per their vernacular language. The obtained data were presented in descriptive statistics and statistically analysed using the 'unpaired t-test' for two categorical datasets; and the 'analysis of variance (ANOVA)' test for a continuous variable across multiple groups. The 'p' value of < 0.05 was considered significant.

Results: Total 220 patients (133 males) were enrolled. Maximum 60.91% patients were from age group 18–49 years while the mean age remained 44.93 ± 15.26 years. Contact dermatitis was the most common dermatosis overall and among males, while lichen sclerosus was the most common among females. The mean DLQI score was 8.20 ± 2.69 and 60.45% patients showed moderate level of impact on QoL. Males showed mean DLQI values of 8.39 ± 2.84 which is slightly higher than of females being 7.90 ± 2.42 . The mean DLQI of contact dermatitis remained 7.56 ± 2.53 , whereas the highest and the lowest values were observed with immuno-bullous disorders (10.75 ± 2.87) and miscellaneous conditions (6.20 ± 2.39). The DLQI difference had also remained statistically significant ($p < 0.05$) across individual dermatoses and in clinicodemographic parameters like education status, recurrence of condition and extragenital involvement.

Conclusion: The inflammatory dermatoses of genitalia have inevitable impact on QoL. Recognition of variety of clinical presentation and potential complications of these is necessary to diagnose correctly and treat them optimally in order to prevent complications and improve one's QoL. Furthermore, there is an unmet need for the uniformity in classification of non-venereal genital dermatoses and valid genital-region specific questionnaire for both sexes.



3) Study of oro-facial lesions in patients of Hansen's disease

Dr Dwija Desai – NARENDRA MODI MEDICAL COLLEGE, AHMEDABAD

Introduction: Hansen's disease is a chronic granulomatous disease caused by Mycobacterium leprae with predilection for skin and peripheral nerves Oro-facial involvement in Hansen's disease varies from mucosal involvement to severe deformities as facial palsy and blindness causing stigma and severe psychological distress.

Aims and Objective : To study various oro-facial manifestations of Hansen's disease and correlate these findings with clinical spectrum and microbiological parameters.

Methodology : An observational cross-sectional study was conducted at a tertiary care center from July 2023 to March 2025. Patients from all age groups and gender with clinically and/or histopathologically confirmed Hansen's disease after obtaining proper consent were included. Detailed dermatological and oro-facial examination along with slit skin smear with bacteriological index and morphological index was performed.

Results: Out of 124 patients with Hansen's disease, 73 (58.87%) showed oro-facial involvement. Male predominance was observed, with a mean age of 35.5 years. Lepromatous leprosy was the most common clinical spectrum followed by Borderline Lepromatous leprosy. Cutaneous facial lesions were the most common manifestations, with plaques and diffuse infiltration being predominant findings. Nasal manifestations such as congestion and epistaxis were frequent while madarosis was the most common ocular finding. Oral cavity involvement included findings like fissured tongue, dental caries and lip involvement. Slit skin smear positivity was noted in 69.87% patients, with higher bacillary index associated with greater oro-facial involvement.

Conclusion : Oro-facial manifestations are highly prevalent in Hansen's disease especially in multibacillary forms. Routine and comprehensive evaluation of oro-facial region in leprosy patients can significantly improve early detection and prevent severe deformities and improve quality of life.

4) Clinical Outcomes of Upadacitinib in the management of bullous pemphigoid – A real world clinical experience

Dr Niranjan Kamath – GCS medical college and research centre

5) Decoding Cutaneous Adverse Drug Reactions: Patterns, Predictors and Pharmacovigilance

Dr Anjum zahera Khoja – SDH, Anjar, Kachchh

Background: Cutaneous adverse drug reactions (CADRs) present a daily diagnostic challenge. With shifting prescription trends in India, continuous epidemiological surveillance is critical to map emerging patterns and intercept life-threatening reactions.

Aims: We aimed to map the clinico-epidemiological landscape of CADRs, identify primary causative agents, and uncover clinical predictors for severe cutaneous adverse reactions (SCARs).

Methods: We conducted a prospective, observational study over 12 months at a tertiary care teaching hospital in Vadodara, enrolling 60 adult patients with clinically diagnosed CADRs. We evaluated causality using the WHO-UMC criteria and stratified severity using the Modified Hartwig scale.



Results: The cohort demonstrated a male predominance (63.33%) with a mean age of 41.2 years. Maculopapular rash (26.67%) and fixed drug eruptions (21.67%) were the most frequent patterns. SCARs accounted for 5% of cases and resulted in two mortalities. Antimicrobials were the leading causes (50%), primarily fluoroquinolones, followed by nonsteroidal anti-inflammatory drugs (23.33%). The most frequent clinical indications for drug intake were acute diarrhea and pulmonary tuberculosis. Fluoroquinolones caused 61.5% of fixed drug eruptions, while NSAIDs predominantly triggered urticaria and angioedema. A delayed onset of symptoms (>72 hours) independently predicted the development of SCARs.

Limitations: Single-center design, recall bias regarding over-the-counter medications, and the absence of human leukocyte antigen (HLA) typing.

Conclusion: Fluoroquinolones and NSAIDs remain the dominant triggers for CADR. Recognizing specific drug-morphology associations and maintaining a high index of suspicion for delayed-onset reactions helps clinicians preemptively identify SCARs.

6) Clinico epidemiological study of non venereal genital dermatosis

Dr Bhavna – SBKS, MI & RC, Sumandeep University, Vadodara, Gujarat

Introduction: Non-venereal genital dermatoses (NVGDs) are a diverse group of disorders affecting the external genitalia that are not transmitted through sexual contact. These conditions often mimic sexually transmitted infections (STIs), leading to diagnostic uncertainty, patient anxiety, social stigma, and feelings of guilt. The unique anatomical characteristics of the genital region may alter the clinical presentation of many dermatoses, making accurate diagnosis challenging. When lesions are confined to the genital area, distinguishing them from sexually transmitted diseases becomes a crucial task for a venereologist. Although genital dermatoses are often considered poorly understood and challenging to diagnose and treat, a thorough history, topical treatments, evaluation of other skin conditions, and a comprehensive dermatological examination, along with relevant tests, usually lead to an accurate diagnosis in most cases. Identifying the underlying causes can alleviate patient anxiety and mental distress.

Therefore, a thorough understanding of the various presentations, causes, and treatment options for non-venereal genital dermatoses in both sexes is essential.

Material and methods: This was a cross-sectional, clinical and observational study in 200 patients attending the department of dermatology at P.D.U. government hospital Rajkot. With non-venereal genital lesions for a period of 1.5 years from 1st March 2022 to 31st July 2024. Cases having venereal diseases were excluded from the study. As and when required, special investigation like HIV/RPR, Wood's lamp examination, HSV1/HSV2, HCV & HBsAg, KOH smear, Tzanck smear, Biopsy, Gram stain, AFB smear, Mantoux test, Chest x-ray, USG will be done accordingly.

Results: A total of 200 patients with non-venereal genital dermatoses were included in the study. Overall, 39 different types of dermatoses were identified. Vitiligo was the most common condition, affecting 32 patients (16%), followed by scabies in 25 patients (12.5%). Papulosquamous disorders accounted for 28 cases (14%). Among inflammatory dermatoses, pemphigus vulgaris was the most common, followed by plasma cell balanitis, scrotal dermatitis, and lichen simplex chronicus. Fixed drug eruption was the most frequent adverse drug reaction, occurring in 5 patients (2.5%). Steatocystoma multiplex was the most common physiological/benign variant, observed in 8 patients (4%). Other uncommon lesions included



Bartholin cyst, porokeratosis, and angiokeratoma of Fordyce. Premalignant lesions included balanitis xerotica obliterans (BXO), Bowenoid papulosis, and pseudoepitheliomatous keratotic and micaceous balanitis (PKMB), with BXO being the most frequent premalignant lesion (13 cases; 6.5%). Squamous cell carcinoma was the only malignant lesion identified.

Conclusion: Non-venereal genital dermatoses are common yet frequently mistaken for sexually transmitted diseases, underscoring the need for accurate clinical diagnosis and increased awareness. Early recognition and appropriate management can prevent unnecessary anxiety, stigma, and inappropriate treatment. Ensuring patient privacy, education, and supportive healthcare—particularly for women who may delay seeking care due to embarrassment—can improve timely diagnosis, treatment outcomes, and overall quality of life.

7) A Cross-sectional study of the Clinico-epidemiological profile of cutaneous adverse drug reactions at a tertiary care center of Gujarat

Dr Janki Gol – Porbandar

Introduction: Cutaneous adverse drug reactions (CADR), also known as toxidermia, are skin manifestations resulting from drug administration. WHO defines adverse drug reaction as “A response to a drug that is noxious and unintended and occurs at doses normally used in man for prophylaxis, diagnosis or therapy of disease or for modification of physiological function”. CADR can be caused by a wide variety of agents, affects about 10% of hospitalized patients, and are responsible for approximately 3% of all disabling injuries during hospitalization. Severe reactions (fatal outcome and severe sequelae) represent 2% of CADR. Recognition of the offending drug enables early withdrawal and improved outcomes. A cross-sectional study of CADR helps to know their pattern and the causative drugs.

Aim: To study Clinico-epidemiological pattern of different cutaneous manifestations of adverse drug reactions caused by systemically administered drugs.

Objective:

To find out

1. The clinical and morphological pattern, and the presenting symptoms and severity of CADR.
2. The proportion of different CADR presenting at a tertiary care center. Their causative agents.

Methodology

Study Design: Cross sectional study

Study Setting: patient attending or referred to dermatology Outpatient Department, SSGH, Baroda

Result: Cutaneous adverse drug reactions (CADRs) vary widely in presentation, severity, and causative drugs. This study analysed 74 patients with suspected CADRs from March 2024 to December 2024 at a tertiary care centre, focusing on clinical patterns, drug causality, and severity.

- There were 40 females (54.05%) and 34 males (45.95%), showing a slight female predominance, with a mean patient age of 38 years.
- The most affected age group was 41–50 years, comprising 16 patients (21.62%), with females being the majority in this subgroup.
- According to WHO-UMC causality assessment, 48 cases (64.86%) were classified as probable, 19 (25.67%) as possible, and 7 (9.46%) as certain.



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- The most common CADR was Fixed Drug Eruption (FDE), observed in 27 patients (36.49%), followed by acute urticaria with angioedema in 11 patients (14.86%) and acute urticaria without angioedema in 11 patients (14.86%).
- Other less frequent CADRs included maculopapular rash in 6 patients (8.11%), acneiform eruptions in 4 (5.41%), DRESS in 3 (4.05%), lichenoid reaction, PRIDE complex, SDRIFE, AGEP, SJS/TEN, and erythema multiforme in 1–2 patients each (1.35%–2.70%).
- The duration of skin lesions was 1–7 days in 39 patients (52.7%), <1 day in 20 patients (27.0%), 8–14 days in 5 patients (6.8%), 15–21 days in 1 patient (1.35%), and >21 days in 9 patients (12.16%).
- Lesion morphology most commonly included patches in 36 patients (48.6%), wheals in 22 (29.7%), papules in 9 (12.2%), erosions in 12 (16.2%), bullae in 8 (10.8%), and pustules in 4 (5.4%).
- Lesions were most frequently located on the extremities in 42 patients (56.76%), trunk in 38 (51.35%), oral mucosa in 23 (31.08%), face in 38 (51.35%), and genital mucosa in 9 (12.16%).
- The most common drug classes implicated were multiple drugs/polypharmacy in 16 cases (21.62%), antipyretics/analgesics in 11 (14.86%), and antibiotics in 10 (13.51%).
- Among antifungals, fluconazole alone accounted for 5 CADRs (6.76%), making it the most common within that category.
- NSAIDs such as aceclofenac, diclofenac, etoricoxib, and paracetamol were involved in 8 cases (10.81%), with paracetamol alone causing 3 reactions (4.05%).
- The causative drug could not be identified in 16 patients (21.62%), highlighting the frequent issue of undocumented or self-medicated drug exposure.
- Drugs had been prescribed most commonly for fever in 14 cases (18.91%) and for gastrointestinal complaints in 13 cases (17.57%), followed by a variety of other indications.
- Severity assessment showed 57 patients (77.03%) had moderate reactions (Grade 3), 6 patients (8.11%) had severe reactions (Grade 4), and 1 patient (1.35%) with SJS/TEN had a fatal outcome (Grade 6).

A total of 7 patients (9.46%) required hospitalization, including 3 for DRESS (42.85% of all admissions), 2 for mucocutaneous ulceration (28.57%), 1 for FDE (14.29%), and 1 for SJS/TEN (14.29%).

There was 1 mortality out of 74 patients in a patient of SJS–TEN.

Conclusion: The present study highlights the wide clinical and morphological spectrum of cutaneous adverse drug reactions (CADRs), emphasizing their significance as a common yet potentially severe complication of pharmacotherapy.

Fixed drug eruption emerged as the most frequent presentation, followed by urticarial reactions, reflecting a diverse range of cutaneous manifestations. Extremities, face, and trunk were the predominant sites of involvement, with mucosal lesions and systemic features observed in more severe cases. Polypharmacy, antibiotics, antipyretics, and NSAIDs—particularly paracetamol and fluconazole—were the most commonly implicated drugs.

The occurrence of a fatal case of SJS/TEN and several moderate-to-severe reactions underscores the critical importance of early identification, appropriate clinical assessment, and immediate discontinuation of the offending agent.



The presence of idiopathic cases and self-medication-related reactions calls for stronger pharmacovigilance measures and public awareness initiatives. Timely intervention can significantly reduce morbidity and mortality associated with CADR, reinforcing the need for vigilance among clinicians and adherence to rational prescribing practices.

8) LINEAR DERMATOSES–CLINICOPATHOLOGICAL CORRELATION

Dr Payal Choithani – RGMC

Introduction: Dermatoses distributed along the lines of Blaschko represent a heterogeneous group of congenital, inflammatory, pigmentary, neoplastic, and mosaic disorders. Due to overlapping clinical morphology, diagnosis can be challenging. Dermoscopy serves as a valuable non-invasive diagnostic tool, while histopathology remains confirmatory. This study aimed to analyze the clinical spectrum of linear and segmental dermatoses along Blaschko's lines and evaluate clinicodermoscopic and histopathological correlation.

MATERIALS AND METHODS : Total of 60 patients were studied over a period of 18 months. The study was carried out after obtaining the permission from the Ethics Committee.

Procedure –

1. The patients satisfying the inclusion criteria were part of the study where in a detailed history was taken to obtain the epidemiological and clinical information from them which includes–
2. Detailed history and examination was done
3. Clinical photographs were taken for documentation after an informed consent
4. Dermoscopy – it is a routine procedure done in skin OPD for most patients.

RESULTS: Total **60 patients** with **linear dermatoses** were evaluated, while comparing results with previous literature. In our study showed **a predominant occurrence in younger individuals**, with 38% below 18 years. Gender distribution was equal (50% males and 50% females). The most common **morphological presentation** was **patches (55%)**, followed by **plaques** and **papules**, with nodules being rare (3%) and bullae absent. Multiple lesions were more common (86%) than solitary ones, and most patients were asymptomatic. **Hyperpigmented lesions (58%)** were the most frequent, followed by hypopigmented, erythematous, and violaceous lesions. Depigmentation was rare. **Blaschkoid band pattern** were the most frequent linear distribution patterns, together accounting for 66% of cases. **Family history** was positive in only 6% of cases, indicating a largely **sporadic presentation**. Dermoscopy revealed brown pigmentation (35%), globules (20%), and exaggerated pigment network (18%) as the most frequent findings. Histopathological examination showed a wide variety of findings, with melanophages (35%), basal vacuolisation (24%), and perivascular lymphohistiocytic infiltrate (26%) being the most frequent. The most common diagnosis was linear lichen planus (15%), followed by Becker's nevus, lichen striatus, linear morphea, and nevus depigmentosus. The identification of systemic associations such as **astrocytoma, acromegaly, tuberculosis, cataract, and nail dystrophies** underscores the necessity of a **thorough clinical examination and multidisciplinary evaluation**, especially in atypical or extensive presentations. Early recognition of such correlations can aid in timely diagnosis and management of potentially serious comorbidities.



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CONCLUSIONS : In our study, we observed few strong associations Between clinical diagnosis and histopathology. Therefore, clinico-histopathological correlation becomes essential to arrive at an accurate diagnosis, as these conditions often present in a linear pattern and can be diagnostically challenging.

To the best of our knowledge, this is one of the few comprehensive studies—and among the first in our setting—to analyze the spectrum of Blaschkoid dermatoses with detailed clinicodermoscopic and histopathological correlation, 70% cases showed clinico-dermoscopic concordance, while the rest 30% conditions. This could be due to variability in stage, morphology or inadequacy of data in literature.

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NO.	NAME	PLM NUMBER	TOPIC
1	DR HARSH MEHTA	PLM/R/20647	Dermoscopic Evaluation of Hyperpigmentary Disorders: A Hospital-Based Observational Study
2	DR ANAGHA MILIND NAGARALE	PLM/M/20139	Secondary Syphilis with Early Neurosyphilis: A Case Report
3	DR Kriti Shah (R2)	PLM/G/20691	Site-Specific Clinico-dermoscopic and Histopathological Patterns in Basal Cell Carcinoma: A single center Retrospective Analysis of 72 cases
4	DR ASTHA PATEL	PLM/G/21206	Lupus erythematosus: Spectrum, Mimicry and Multisystem Involvement
5	DR SHIVANI TRIPATHI (R2)	PLM/G/19744	Clinical Spectrum of Mycosis Fungoides and Cutaneous T-Cell Lymphoma: A Case Series
6	DR BRAHMBHATT NIKI B	PLM/G/21432	Phenotype to Genotype: Five Pediatric Cases of Syndromic Ichthyoses
7	DR MARGI HITESHKUMAR BATHANI	PLM/G/21342	Lupus Unmasked : A Study Of Cutaneous And Systemic Manifestations of Lupus Erythematosus and Their Burden on Quality of Life
8	DR JIGNA PADHIYAR	LMG-6497	Anti-Ro antibodies wearing the mask of vasculitis: a diagnostic conundrum
9	DR TANNU MITTAL (R1)		A Cross Sectional Study Of Oral Lesions Among Patients Attending Dermatology Opd At Tertiary Care Hospital
10	DR DIKSHA SINGH		What Lies Beneath The Follicle: Bridging Clinical, Dermoscopic and Histopathological Insights
11	DR GONDALIA HETA	PLM/G/19598	A Comparative Study Evaluating Efficacy of Topical Steroid Versus Topical Steroid with SOAK PUVASOL in treatment of Palmar Eczema



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1) Dermoscopic Evaluation of Hyperpigmentary Disorders: A Hospital-Based Observational Study

Dr HARSH MEHTA- MGM Jaipur

Introduction: Hyperpigmentary disorders are a common cause of dermatology consultations and significantly affect quality of life. Dermoscopy is a non-invasive tool that improves visualization of subsurface pigmentary patterns and aids diagnosis.

Aim: To evaluate dermoscopic patterns of hyperpigmentary disorders and correlate them with clinical diagnoses.

Materials and Methods: A hospital-based cross-sectional study was conducted over 12 months in the Department of Dermatology. A total of 137 patients with clinically diagnosed hyperpigmentary disorders underwent clinical examination and dermoscopic evaluation using a Dermlite DL3 dermoscope. Findings were recorded and analyzed.

Results: Among 137 patients, melasma was the commonest disorder (38, 27.7%), followed by post-inflammatory hyperpigmentation (27, 19.7%), acanthosis nigricans (17, 12.4%), and lichen planus pigmentosus (14, 10.2%). Other conditions included freckles, solar lentigines, lichen planus, Becker nevus, café-au-lait macules, seborrheic keratosis, acquired melanocytic nevi, nevus of Ota, Riehl's melanosis, morphea, and exogenous ochronosis. Melasma showed pseudoreticular pigmentation with perifollicular sparing; post-inflammatory hyperpigmentation showed an irregular pigment network; acanthosis nigricans demonstrated accentuated crista and sulcus cutis; lichen planus pigmentosus showed blue-gray to brown dots and globules in a pseudonetwork. Solar lentigines, Becker nevus, café-au-lait macules, and seborrheic keratosis also demonstrated characteristic dermoscopic features.

Conclusion: Dermoscopy is a valuable adjunct in evaluating hyperpigmentary disorders. Recognition of characteristic dermoscopic patterns improves diagnostic accuracy and helps differentiate clinically similar pigmentary conditions, facilitating appropriate patient management.

2) Secondary Syphilis with Early Neurosyphilis: A Case Report

Dr Anagaha Milind Nagarale - TNMC, Nair hospital, Mumbai

Secondary Syphilis is often referred to as the "great imitator" because of its varied mucocutaneous manifestations. Neurological involvement can occur at any stage of syphilis, and early neurosyphilis presenting with cranial neuropathy is an uncommon but clinically significant entity. Coinfection with Human Immunodeficiency Virus Infection may alter the disease course and predispose to atypical clinical presentations.

Case Synopsis: A 27-year-old male presented with multiple asymptomatic erythematous papules and plaques distributed on the face, trunk, extremities, palms, and soles for 20 days, associated with intermittent fever. He subsequently developed deviation of the angle of the mouth to the left side, drooling of saliva from the right angle of the mouth, incomplete closure of the right eye, and inability to raise the right eyebrow for 4-5 days. Cutaneous examination revealed multiple discrete-to-confluent



erythematous papules and plaques, a few with collarette scaling, involving the palms and soles. Neurological examination was suggestive of right-sided lower motor neuron facial nerve palsy. The patient had a history of unprotected high-risk heterosexual exposure. Histopathological examination demonstrated focal epidermal atrophy with dense perivascular lymphoplasmacytic infiltrate involving the upper and mid dermis. Serological investigations revealed reactive VDRL (1:32), positive TPHA, and HIV seropositivity. Cerebrospinal fluid analysis demonstrated lymphocytic pleocytosis (49 cells/mm³); however, CSF-VDRL was nonreactive. In view of the compatible clinical, histopathological, and laboratory findings, a diagnosis of secondary syphilis with probable early neurosyphilis presenting as facial nerve palsy was established. The patient was treated with intravenous ceftriaxone, oral prednisolone, acyclovir, and antiretroviral therapy, resulting in significant clinical improvement.

Conclusion: This case highlights the importance of considering early neurosyphilis in patients with secondary syphilis presenting with cranial nerve involvement, particularly in the setting of HIV coinfection. The absence of CSF-VDRL positivity does not exclude neurosyphilis when supportive clinical and cerebrospinal fluid findings are present. Early recognition and prompt institution of therapy are essential to prevent irreversible neurological sequelae.

3) **Site-Specific Clinico-dermoscopic and Histopathological Patterns in Basal Cell Carcinoma: A single center Retrospective Analysis of 72 cases**

Dr Kirti Shah – Gmers Medical College and Sola civil hospital

Background: Basal cell carcinoma (BCC) is the most common non-melanoma skin cancer. Although metastasis is rare, delayed or inadequate treatment can lead to significant local tissue destruction and disfigurement.

Aims: To evaluate the anatomical site-specific spectrum of basal cell carcinoma and determine the correlation between clinical, dermoscopic, and histopathological findings

Primary Objectives:

- To analyze different clinicodermoscopic & histopathological pattern of BCC at different sites

Secondary Objectives

- To identify the most and least common sites of BCC.
- To determine age and gender demographics
- To assess the distribution of subtypes

Materials and Methods: The clinical and histopathological data of 72 BCC cases diagnosed at a Tertiary care Hospital from August 2016 to September 2026 were retrieved and reviewed retrospectively. Age, sex, location, histopathological and clinical subtypes with dermoscopy were analyzed.

Results: A total of 72 patients were included (M:F = 1.12:1), with a mean age of 60.7 ± 16.4 years; most were farmers. The cheek was the commonest site, followed by the forehead, nose, and periorbital region, while the lower leg was the least common site. Nodular BCC was the predominant histopathological subtype (43.1%), followed by adenoid, superficial, and micronodular variants. Sebaceous differentiation, pigmentation, and inflammatory infiltrate were frequent histopathological findings. Adenoid BCC



commonly showed telangiectasia and globules on dermoscopy, whereas superficial BCC frequently demonstrated a maple leaf-like pattern. Ulceration was present in over 30% of cases at presentation.

Conclusion: Basal cell carcinoma shows site-specific clinicodermoscopic and histopathological patterns. Dermoscopy correlates well with histopathological subtype, improving early diagnosis and guiding management.

4) Lupus erythematosus: Spectrum, Mimicry and Multisystem Involvement

Dr Astha Patel – BJ Medical College

Background: Lupus Erythematosus is a chronic autoimmune disorder with diverse mucocutaneous manifestations ranging from classical cutaneous lesions to rare atypical presentations. The heterogeneous clinical spectrum often poses a diagnostic challenge and requires a high index of suspicion for diagnosis. This case series highlights the broad spectrum of mucocutaneous manifestations of lupus erythematosus, including rare variants encountered in the dermatology outpatient department over a period of one year.

Synopsis: We report a series of eleven cases highlighting the diverse and overlapping mucocutaneous manifestations of lupus erythematosus.

A 15-year-old girl presented with hemorrhagic bullae, atypical targetoid lesions, mucosal ulcers, cytopenias, hypocomplementemia, proteinuria, positive direct Coombs test, and anti-dsDNA positivity, consistent with TEN-like lupus erythematosus complicated by Evans syndrome and subsequent hemophagocytic lymphohistiocytosis.

The second and third cases were young females who presented with photosensitive eruptions, oral ulcers, arthralgia, cytopenias, and autoantibody positivity, representing severe SLE flares, including one associated with anti-ribosomal P positivity.

A 22-year-old female with longstanding acral nonhealing ulcers, photosensitivity, Raynaud's phenomenon, pancytopenia, positive direct Coombs test, and positivity for anti-Smith, anti-ribosomal P, anti-RNP, and anti-SSA/Ro antibodies had histopathological findings suggestive of SLE-associated pyoderma gangrenosum.

A 31-year-old male with psoriasiform annular plaques of 20 years duration and recurrent oral aphthae was diagnosed with subacute cutaneous lupus erythematosus (SCLE). Another young female presented with painful aphthous ulcers, fever, fatigue, urticarial vasculitis, and papular mucinosis in the setting of active SLE.

One patient presented with lupus panniculitis over the bilateral forearms associated with Raynaud's phenomenon, symmetrical arthralgia, livedo reticularis, and digital gangrene, with ANA profile positive for anti-dsDNA, anti-nucleosome, and anti-SS-A antibodies.

Additional cases included classical SCLE presenting with photosensitive polycyclic scaly plaques and hemorrhagic lip crusting, SCLE-lichen planus overlap syndrome associated with anti-SS-A/Ro positivity, discoid lupus erythematosus (DLE) presenting as a chronic violaceous plaque over the lips, and disseminated discoid lupus erythematosus (DDLE) with multiple erythematous to violaceous atrophic scarring plaques involving the face, lips, concha, trunk, and extremities.



Conclusion: This series highlights the protean and overlapping manifestations of Lupus Erythematosus and emphasizes the importance of careful clinical evaluation, histopathological examination, and immunological profiling in establishing an accurate diagnosis. Early recognition of atypical presentations is essential for timely management and prevention of systemic complications.

5) Topical Corticosteroid Abuse – From Skin Atrophy to Cutaneous Histoplasmosis

Dr Shivani Tripathi – SBKS MI & RC

Background: Topical corticosteroids (TCS) are widely used for their anti-inflammatory and immunosuppressive effects in various dermatoses. Despite being prescription drugs, they are often available over the counter, leading to misuse due to rapid symptomatic relief. Prolonged, unsupervised use can cause adverse effects such as erythema, telangiectasia, dyspigmentation, acneiform eruptions, hypertrichosis, and skin atrophy, along with steroid dependence. Chronic use may also result in systemic absorption, causing immunosuppression and hypothalamic–pituitary–adrenal (HPA) axis suppression. Histoplasmosis, caused by *Histoplasma capsulatum*, is a granulomatous fungal infection seen mainly in immunocompromised individuals, with 10–25% showing cutaneous manifestations, commonly acquired via inhalation of contaminated soil.

Case Synopsis: A male in his 70s, construction worker with uncontrolled diabetes, hypertension, dyslipidaemia and thyroid disorder, presented with asymptomatic erythematous lesions for 1 month and a lesion on left hand. He had intermittent potent TCS use for 7–8 years. Examination showed steroid-induced atrophy, telangiectasia, purpura and ecchymosis. Noduloplaque with crusting was noted on hand without lymphadenopathy. Investigations were normal except low cortisol. Dermoscopy showed linear vessels. Biopsy revealed granulomatous inflammation with PAS-positive fungal elements suggestive of histoplasmosis. Differentials included granuloma annulare and deep mycoses. Diagnosed as TCS-induced immunosuppression with cutaneous histoplasmosis, treated with fluconazole showing significant improvement.

Conclusion: Cutaneous histoplasmosis can occur due to immunosuppression from prolonged topical corticosteroid misuse, as supported by similar reported cases. Our patient had multiple risk factors including chronic TCS use and uncontrolled comorbidities. Detailed drug history and screening for adrenal suppression are essential in atypical presentations to ensure early diagnosis and appropriate management.

6) Phenotype to Genotype: Five Pediatric Cases of Syndromic Ichthyoses

Dr Brahmabhatt Nikki B – GCS MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE

Background: Syndromic ichthyoses remain underdiagnosed in India due to clinical overlap with non-syndromic variants and limited genomic testing. This case series highlights phenotypic diversity, emphasizes systematic extracutaneous evaluation with targeted molecular testing, and aims to sensitize dermatologists in resource-limited settings to look beyond the skin.



Case Synopsis:

Case 1: A 6-year-old female, born of non-consanguineous parents, presented with ichthyosis along with Blaschko's lines, scarring alopecia, scoliosis, dental caries, limb length discrepancy, freckled cataracts, and delayed milestones. Targeted sequencing identified a likely pathogenic EBP variant which confirmed Conradi-Hünemann-Happle syndrome (CDPX2).

Case 2: An 8-year-old female with X-linked dominant family history had Blaschko-linear ichthyosis, cicatricial alopecia, short stature, and asymmetric limb discrepancy. Radiology showed femur and radius shortening with bowing and brachydactyly, supporting a clinical diagnosis of CDPX2.

Case 3: A 2-year-old girl with erythematous scaly plaques, hepatomegaly, and transaminitis had whole-exome sequencing reveal a homozygous ABHD5 missense variant confirming Chanarin-Dorfman syndrome.

Case 4: A 7-year-old male from a consanguineous family presented with double-edged scaling, flexural lichenification, recurrent infections, elevated IgE, and eosinophilia; a novel SPINK5 frameshift variant confirmed Netherton syndrome.

Case 5: A 2-year-old female with ichthyotic scaling and neurological regression had SUMF1 sequencing confirm multiple sulfatase deficiency.

Conclusion: Management included emollients, keratolytics, topical anti-inflammatories, dietary modification, cataract extraction, orthopaedic support, and genetic counselling with follow-up. Molecular confirmation alongside high clinical acumen is essential in syndromic ichthyoses. Expanding rare-disease registries will reduce diagnostic odyssey in India.

7) Lupus Unmasked : A Study of Cutaneous and Systemic Manifestations of Lupus Erythematosus and Their Burden on Quality of Life

Dr Margi Hiteshkumar Bathani – SMT. NHL MUNICIPAL MEDICAL COLLEGE, AHMEDABAD

Introduction: Lupus erythematosus (LE) is a chronic autoimmune disease with a broad spectrum of cutaneous and systemic manifestations that significantly impact patients' physical, psychological, and social well-being. Understanding the relationship between skin involvement, systemic disease activity, and quality of life (QoL) is essential for patient care.

Aims and Objectives : To evaluate the spectrum of cutaneous and systemic manifestations in patients with lupus erythematosus, determine the correlation between cutaneous and systemic involvement, and assess their impact on patients' quality of life.

Methods : A retrospective observational study was conducted in the Department of Dermatology at a tertiary care teaching hospital. Data of patients diagnosed with lupus erythematosus over the last 5 years based on clinical and histopathological findings was included. Demographic details, clinical features, laboratory investigations, and disease subtype were recorded. CLASI (Cutaneous lupus erythematosus disease area and severity index) and SLEDAI (systemic lupus erythematosus disease activity index) was used to measure cutaneous and systemic disease activity . Quality of life was measured using DLQI (Dermatology Life Quality Index). Appropriate Statistical analysis was performed.



Results : A total of 50 patients were included in the study. Cutaneous manifestations were observed in all patients, with malar rash being the most common cutaneous manifestation (88%) . Renal involvement was the most common systemic manifestation (36%) .Several atypical cutaneous presentations such as LE perichondritis , atrophic annular plaques were observed . In ANA titre , most common pattern seen was nucleolar speckled with 48% and in immuno blot , anti -sm antibody was the most frequently detected antibody. Mean SLEDAI was 11.28 and Mean CLASI was 13.08. Mean DLQI score was 9.54 . SLEDAI and CLASI showed positive correlation with DLQI.

Conclusion : Cutaneous manifestations serve as important indicators of underlying systemic disease in lupus erythematosus. As dermatologists we should be aware of uncommon manifestations associated with lupus erythematosus . Greater disease severity is associated with a substantial decline in quality of life and higher DLQI score . Early recognition, evaluation leads to better management of cutaneous and systemic manifestation and decreases psychosocial burden of disease.

8) Anti-Ro antibodies wearing the mask of vasculitis: a diagnostic conundrum

Dr Jigna Padhiyar – GCSMCH&RC

Introduction: Vasculitis in cases of autoimmune connective tissue disorders (AICTDs) can be seen during the course of disease. However, when the vasculitis is the presenting symptom and sign it is difficult to establish the diagnosis of AICTDs. Here we describe a case series of vasculitis as a presenting feature in cases with Anti-Ro positivity.

Methods: Data of 10 cases of small vessel vasculitis with anti-Ro positivity were retrogradely analysed (presented in last 6 months). Patients' data was analysed for the signs and symptoms of various AICTDs. Other autoantibodies which were identified on investigations were analysed along with other blood investigations.

Results: Age ranged from 4.5 years to 70 years. Male to female ratio was found to be 1:9. Three patients presented with urticarial vasculitis while rest were having Palpable purpura (leukocytoclastic vasculitis). 2 patients had history of stroke. 6 patients were found to have associated signs and symptoms suggestive of Sjogren's syndrome. Other associated AICTDs noticed were Rheumatoid arthritis, MCTD, monogenic Lupus erythematosus (LE) or LE. Renal involvement was found in 7 out of 10 patients in terms of proteinuria and haematuria.

Discussion and conclusion: Vasculitis is a common presentation along with anti-Ro positivity and hence patients should be investigated for the associated AICTDs and in already diagnosed cases with Anti-Ro positivity one must be watchful for vasculitis and renal involvement. Earlier targeted therapy should be introduced to prevent organ damage specifically to glands as they are irreversible.

9) A Cross Sectional Study of Oral Lesions Among Patients Attending Dermatology Opd at Tertiary Care Hospital

Dr Tannu Mittal – Government Medical college, Surat, Gujarat



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INTRODUCTION: Oral mucosal lesions are common manifestations of several dermatological disorders and some systemic diseases. Early recognition of oral lesions facilitates prompt diagnosis and appropriate management. Data on the spectrum of oral lesions encountered in dermatology practice from South Gujarat are limited, necessitating this study.

METHODOLOGY: A hospital-based cross-sectional study was conducted in the Department of Dermatology of tertiary care hospital of south Gujarat from March 2024 to April 2025. A total of 140 consecutive patients with oral lesions were enrolled. Detailed history, complete mucocutaneous examination, clinical photography, and relevant investigations including biopsy, Tzanck smear and laboratory tests were performed whenever indicated. Data was analysed using descriptive statistics.

RESULT: Among 140 patients, plaque was the commonest morphology (38.6%), followed by erosion (16.4%) and macules (13.6%). Autoimmune disorders constituted the largest etiological group (54.3%), followed by infective diseases (17.1%), cutaneous adverse drug reactions (9.3%), vesiculobullous disorders (7.1%), and physiological lesions (2.9%) and rest were miscellaneous. Oral lichen planus (36%) was the single most common diagnosis, mucosal vitiligo (11%) while other conditions like herpes simplex infection, aphthous ulcers, pemphigus vulgaris, Stevens–Johnson syndrome/toxic epidermal necrolysis, erythema multiforme, fixed drug eruption, and oral candidiasis were having proportion of around 5–10%.

CONCLUSION: Oral lesions may be the earliest or only manifestation of several mucocutaneous disorders. Autoimmune diseases, particularly oral lichen planus was the predominant cause of oral lesions.

10)

What Lies Beneath The Follicle: Bridging Clinical, Dermoscopic and Histopathological Insights

Dr Diksha Singh – Rajiv Gandhi Medical College and Shivaji Hospital, Kalwa, Maharashtra

Introduction: Follicular keratotic disorders feature abnormal keratinization and overlapping symptoms, which often complicate clinical diagnosis. Dermoscopy, a noninvasive diagnostic tool, may improve diagnostic accuracy by identifying characteristic follicular changes. This study aimed to correlate clinical, dermoscopic, and histopathological findings in follicular keratotic disorders to help improve overall diagnostic accuracy.

Materials and Methods: A hospital-based observational cross-sectional study was conducted over 1.5 years. 100 patients with follicular keratotic disorders who underwent detailed clinical, dermoscopic and histopathological evaluation. Data were analysed using SPSS software.

Results: Patients were predominantly aged 11–20 years, with a slight male predominance. Phrynoderma and follicular eczema were the most commonly observed disorders. Dermoscopy frequently revealed perifollicular scaling, keratotic plugs, erythema, and dilated follicular ostia. Specific diagnostic findings included dilated plugs with perifollicular fibrosis in phrynoderma, and whitish reticular structures with blue-gray dots in follicular lichen planus. Ultimately, dermoscopy correlated with the final diagnosis in 95% of cases, whereas histopathology only achieved a 65% correlation. Although moderate agreement existed between dermoscopic and histopathological findings, dermoscopy demonstrated higher diagnostic sensitivity and was more effective in identifying subtle early changes.



Conclusion: Dermoscopy offers superior diagnostic validity and sensitivity compared to histopathology, which is prone to sampling errors and poor infundibular visualization. Integrating clinical morphology with specific dermoscopic features provides highly precise, easy, and non-invasive bedside diagnoses. Though histopathology is considered gold standard for diagnosis in most of the dermatological conditions, dermoscopy, which is non-invasive, easy and quick method is better than histopathology for diagnosis of follicular keratotic disorder.

11) A Comparative Study Evaluating Efficacy of Topical Steroid Versus Topical Steroid with SOAK PUVASOL in treatment of Palmar Eczema

Dr Gondalia Heta – C.U. SHAH MEDICAL COLLEGE & SRSH HOSPITAL

Introduction: Palmar eczema is a chronic relapsing inflammatory dermatosis that impairs quality of life and hand function. This study aimed to compare the efficacy of topical steroid monotherapy versus topical steroid combined with PUVASOL in patients with palmar eczema.

Materials and Methods: This prospective observational study enrolled 20 patients clinically diagnosed with palmar eczema attending the dermatology OPD of a tertiary care centre over 3 months. Patients were randomly divided into two groups. Group A received clobetasol propionate (0.05%) ointment with urea-containing cream daily. Group B received the same regimen along with soak PUVASOL therapy thrice weekly, using 1 ml of 8-MOP dissolved in 1 litre of water, with palmar immersion for 5 minutes followed by morning sun exposure starting at 5 minutes and increasing by 5 minutes weekly to a maximum of 15 minutes or maximum tolerable. Clinical assessment was performed at baseline and every 2 weeks using the ESIF score and photographic documentation. Treatment response was graded as mild (<50%), moderate (50–70%), marked (70–90%), or near-total clearance (>90%).

Results: Both groups demonstrated clinical improvement. Group B showed superior outcomes, with marked improvement in 40% versus 20% and near-total clearance in 30% versus 10% of patients compared to Group A.

Conclusion: PUVASOL is a safe, economical, and accessible adjunct, particularly valuable in recalcitrant palmar eczema.

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1	Dr Palak Bipin Kansagra		Papillon-Léage-Psaume Syndrome: A Rare Type I Orofacial Digital Syndrome
2	Dr Aishwarya Jawale	PLM/M/20142	When skin meets joints destruction: Multicentric reticulohistiocytosis "The calcified clue on the upper eyelid" "The face of a rare lymphoma: Atypical facial manifestations of subcutaneous panniculitis-like T-cell lymphoma"
3	Dr Anupriya S. Mishra	PLM/M/20228	Nine years on the concha- Bowen's Disease A tale of two carcinomas: Basosquamous carcinoma behind the ear Unilateral Digital Gangrene as a Cutaneous Clue to Proximal Large Vessel Occlusion: A Rare Case of Subclavian Artery Stenosis in a Chronic Smoker
4.	Dr Dhruvil Desai	PLM/G/21584	A Novel Hypomorphic [RAG1/RAG2] Variant Underlying Atypical Omenn Syndrome
5	Dr Anagha Milind Nagarale	PLM/M/20139	Glomangioma of the Knee: A Rare Extradigital Presentation Proliferating Trichilemmal Cyst at an Unusual Extracranial Site: A Rare Presentation Over the Elbow
6	Dr Riddhi Bora	PLM/M/21374	Creeping But Not Crawling: Cutaneous Pili Migrans Unmasked on the Anterior Neck
7	Dr Vaishnavi Singh	PLM/M/21458	Nevus sebaceous of jadaassohn
8	Dr Anisha Deb	PLM/M/21274	Autoerythrocyte Sensitisation Syndrome : A Rare Case of Psychogenic Purpura
9	Dr Antra Dobariya	PLM/G/21568	The Young Face Of An Ancient Disease: Pediatric Leprosy
10	Dr Sharma Mansi Sandeep	PLMG21266	Faun Tail Nevus With Spina Bifida Occulta and Tethered Cord Syndrome "clinicomycological Study And Efficacy of Antifungal Treatment In Patients of Dermatophytosis At Tertiary Care Hospital In West Zone"



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11	Dr Krma Rasik Chokshi	PLM/G/21282	Depigmented Patch: A Diagnostic Dilemma Between Piebaldism and Waardenburg Syndrome - A case study at a tertiary care hospital in Gujarat 2) A Clinical study of skin manifestations in systemic disease
12	Dr Joshi Manthan Jayeshbhai	PLM/G/21281	Idiopathic Recurrent Neutrophilic Dermatitis
13	Dr Harsh Mehta	PLM/R/20647	Beyond the Port-Wine Stain: Unraveling Klippel-Trenaunay Syndrome Through the Skin
14	Dr Neel Kotadia	PLM/G/21338	Nevus Lipomatosus Superficialis: A Rare Classical Variant Presenting as a Giant Cerebriform Pedunculated Plaque
15	Dr. Shraddha Shewalkar	PLM/G/21201	Phakomatosis Pigmentovascularis Type II: A Rare Convergence of Vascular And Pigmentary Anomalies
16	Dr Shailee Desai	LM/G/15806	Therapeutic Role of Losartan in a Case of Epidermolysis Bullosa Dystrophica - A Novel Approach
17	Dr Helcy Patel	PLM/G/21518	When Medications Mimic Disease: Nifedipine-Induced Gingival Hyperplasia in Mixed Connective Tissue Disease
18	Dr Adhipa Sreekumar	PLM/G/21190	Beyond Lepa Reaction: An Unusual Face of Dapsone Hypersensitivity
19	Dr Nidhi Patel	PLM/G/21311	Angiokeratoma Circumscriptum Neviforme with Underlying Capillary and Cavernous Hemangioma: A Rare Congenital Vascular Malformation
20	Dr Ishita Agrawal	PLM/G/21189	When Cosmetic Lasers Unmask More Than Beauty: Persistent Rosacea Following an Undocumented Facial Laser Procedure
21	Dr Goldy Jain		Fibrotic Variant of Congenital Melanocytic Nevus Mimicking Desmoplastic Melanoma
22	Dr Miti Chauhan	PLM/G/21268	Wells Syndrome(Eosinophilic Cellulitis): A rare case report



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23	Dr Yashwani Rao	PLM/M/21220	Non-Cutaneous Manifestations in Chronic Urticaria: A Clinical Profile Study
24	Dr Mubeen Ali Umatia	PLM/G/21283	The Diagnosis That Defied the Laboratory
25	Dr Rajvi Banker	PLM/G/21348	Glomangioma Beyond the Digits: A Rare Extradigital Case Presentation
26	Dr Rita Vora	LM/G/494	Clofazimine-Induced Hyperpigmentation Over Leprosy lesions in a case of Discordant Borderline Leprosy with Type-I Lepra Reaction
27	Dr Niraj Dhinoja	LM/G/14133	An unusual case of acquired trichorrhexis nodosa due to severe iron deficiency anemia
28	Dr Priyal Patel	PLM/G/21193	Knife-Cut Clues: Unmasking Metastatic Crohn's Disease in the Absence of Gastrointestinal Symptoms
29	Dr Kinjal Vasantbhai Patel	PLM/G/19806	Looking Beyond The Borders: Insight Into A Case Of Porokeratosis
30	Dr Bela B Padhiar	LM/G/563	Intralesional Polidocanol Sclerotherapy: A Novel Approach in Pyogenic Granuloma Management- a case series study
31	Dr Aanal Patel	PLM/G/20378	Vulvar Metastasis from Carcinoma Breast Mimicking Malignant Melanoma: A Rare Case Report
32	Dr Arti Patel	PLM/G/17843	Keloidal Morphea Over Vulva - A Rare Case Report
33	Dr Saloni Rajesh Modi	PLM/G/20660	Conjunctival Hypertrophy and Corneal Involvement in Pemphigus Vulgaris: A Rare Clinical Phenotype
34	Dr Saurabh Patel	PLM/G/20652	Neonatal erythroderma as an early sign of primary immunodeficiency
35	Dr Harsh Gupta	PLM/G/20998	"Annular Lichenoid Syphilis : A Rare Presentation Of Secondary Syphilis
36	Dr Patel Smit Ashokbhai	PLM/G/20812	Anti-Tubercular Therapy-Induced Erythroderma with Sequential Drug Rechallenge
37	Dr Manvi Choudhary	PLM/G/21025	Post herpetic trigeminal trophic syndrome presenting as progressive nasal ala ulceration in a 75 year old male : A case report



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38	Dr Avni Aryan	PLM/G/21385	Clinicopathological Features of Bullous Cutaneous Amyloidosis: A Rare Case Report
39	Dr Nikita Patel	G-14814	Raccoon eyes under the lens: The eyes reveal what the tongue confirms!
40	Dr Kanan Shekhaliya	PLM/G/21167	Cutaneous Lymphovascular Metastasis Masquerading As Lymphangioma Circumscriptum: A Post Mastectomy Diagnosis Pitfall in Carcinoma Breast Patient
41	Dr Janki Dave	PLM/G/21301	Calcinosis Cutis of the Sacral Region in a Middle-Aged Male: A Case Report
42	Dr Mehta Saumya Hirenghai		Beyond the Joints : Reactive Arthritis presenting to a Dermatologist
43	Dr Ananya Gopal Gupta	PLM/G/21464	Recurrent Erythema Nodosum Leprosum Presenting with Anasarca in Borderline Lepromatous Leprosy: A Rare Systemic Manifestation
44	Dr Khushbu Gandhi	PLM/G/21463	Plasma Cell Balanitis: A Case Report with Dermoscopic findings and Therapeutic Response
45	Dr Trupti Chaudhari	PLM/G/21462	Tick Removal in Dermatology Practice: A Case-Based Approach with Dermoscopic Insights
46	Dr Aashita Poddar	PLM/G/21481	Beyond the Axilla: Diverse manifestations of Hidradenitis Suppurativa
47	Dr Tanvi Jethabhai Parmar	PLM/G/21513	Dermatofibroma Masquerading As An Aggressive Soft Tissue Tumour: A Keloid- Like Atypical Presentation.
48	Dr Bipasha Panchal	PLM/G/21582	When Benign Masquerades as Malignant: A Giant Ulcerative Multifocal Pilomatricoma
49	Dr Krupa Vaidya	PLM/G/20489	Title: From Sleepless Nights to Clearer Skin: A Two-Case Experience with Upadacitinib in Adolescent Atopic Dermatitis Think Beyond Fungi: Two Cases of Chronic Neck Lesions with Unexpected Diagnoses
50	Dr Kapadia Nancy Ashish		Nevus Lipomatosus Superficialis-revisiting A Rare Adipocytic Cutaneous Hamartoma



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52	Dr Shreya Kalathia		Cowden Syndrome: A Dermatologist's Window to an Underlying PTEN Hamartoma Tumor Syndrome
53	Dr Parth Mukeshbhai Shingala	PLM/G/21608	A Diagnostic Puzzle in Infancy: Juvenile Benign Cephalic Histiocytosis - A Two-Case Series
54	Dr Ajay Gohil	PLM/G/21606	" Meralgia Paresthetica presenting as eczematous dermatitis - A Diagnostic Dilemma"
55	Dr Ajay Gohil	PLM/G/21606	Clinicopathological Spectrum of Erythema Nodosum Leprosum: A Thirty five - Case Series from a Tertiary Care Center
56	Dr Jukshi Jaysukhlal Bhimani	PLM/G/21622	The "String of Pearls": A Guide to Linear IgA Rash Clinical Spectrum of Cutaneous Vasculitis: A retrospective study of Twenty five - Case Series from a tertiary care hospital.
57	Dr Zeal Shah	PLM/G/20486	Aplasia Cutis as the Only Clue to Congenital Varicella Syndrome: A Rare Neonatal Presentation
58	Dr Ayushi patel	PLM/G/20452	Unusual presentation of Giant Congenital Nevus posing a diagnostic challenge: A Clinicoradiological and Histopathological Diagnostic Challenge Tuberous Xanthomas Revealing Homozygous Familial Hypercholesterolemia: Two Siblings with Genetically Confirmed LDLR Mutation
59	Dr Gajjar Meet Ketankumar	PLM/G/95408	Cutaneous Sarcoidosis Presenting with Livedo Racemosa, Ocular Opacity, and Submandibular Plaques: A Diagnostic Challenge
60	Dr Archana Pillai	PLM/G/20456	Rapid Clinical Response to Upadacitinib in Refractory Eczematous Dermatoses: A Three-Case Experience "Acquired Reactive Perforating Collagenosis as a Cutaneous Marker of Immune Dysregulation in Non-Hodgkin Lymphoma: A Two-Case Report"



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61	Dr Shruti	PLM-G-26722	Perforating Granuloma Annulare: A Rare Variant Presenting as Chronic Pruritic Papules - A Case Report
62	Dr Chaudhary Foramben Umeshbhai	PLM-G-94709	The Many Faces of Eccrine Poroma: A Three-Case Clinicopathological Series
63	Dr Kriti Shah	PLM/G/20691	Clinical Mimickers of Erythrokeratoderma Variabilis: Four Rare Cases Highlighting Genetic Diversity Diagnostic Triad in Autoimmune Vesiculobullous Disorders : A 15-Year Single-Center study of 452 patients
64	Dr Priyanshi Khunt	PLM/G/20159	Subcutaneous Panniculitis-like T-cell Lymphoma Presenting as Cervicofacial Induration: A Clinicopathological Challenge
65	Dr Dhiral Shah	LM/G/12259	A Gentle Yet Powerful Approach Using Low-Fluence 1064-nm Nd:YAG Laser for treatment of Facial Ephelides
66	Dr Tannu Mittal		Rhinofacial Entomophthoromycosis (conidiobolomycosis): A Diagnostic Challenge Mimicking Tuberculosis
67	Dr Sheerina Mukherjee		Segmental (Localized) Neurofibromatosis: A Rare Mosaic Variant of Neurofibromatosis Type 1
68	Dr Dhruvi Balmukund Shah	PLM/G/21512	Acute Limb Ischaemia In Sickle Cell Disease: An Unusual Macrovascular Presentation Of Vasculitis
69	Dr Kaushik Kotwal	PLM/G/20174	Expanding the Clinical Spectrum of Herpes Zoster: A Case Series of Four Unusual Complicated Presentations.
70	Dr Niranjan	PLM/G/19809	Clinical Outcomes of Upadacitinib in the management of bullous pemphigoid -A real world clinical experience
71	Dr Ayushi Patel	PLM/G/20452	Silent Yet Severe: Congenital Syphilis in Newborns.



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73	Dr Krupa Vaidya (R2)	PLM/G/20489	Genes in Tandem: A Rare Case Series of Genodermatoses in Nine Sibling Pairs
74	Dr Archana Pillai (R2)	PLM/G/20456	Diagnostic Pitfalls in Deep Mycoses: Lessons From Unusual Presentations
75	Dr Jigar Nareshbhai Patel (R1)	PLM/G/21543	Ultrasound Liver Elastography for detection of liver fibrosis in methotrexate users in Dermatological disorders
76	Dr Charmi Patel		Isotretinoin Plus IPL Versus Isotretinoin Alone in Severe Acne: Does Combination Therapy Add Value?
77	Dr Parth Mukeshbhai Shingala (R1)	PLM/G/21608	Intralesional Rituximab: An Innovative Therapeutic Option for Refractory and Recalcitrant Cutaneous and Mucosal Lesions in Pemphigus Vulgaris.
78	Dr Diksha Singh (R3)		A Rare Association Of Two Acantholytic Disorders :coexistence of Darier Disease And Pemphigus Foliaceus Cutaneous Larva Migrans at an Unusual Facial Site: A Case Report
79	Dr Prajakta Tathe		When Immunosuppression Turns Sight-Threatening: Bilateral HSV Keratitis in PF
80	Dr Payal Choithani	PLM/M/17494	Unmasking Pemphigoid Nodularis: The Crucial Role of Immunofluorescence
81	Dr Ketan Bamaniya	PLM/G/20397	Real-World Effectiveness of Oral Tofacitinib in Alopecia Areata

ANTIBIOTIC

ZELMIT CREAM AZELAIC ACID 10% CREAM	15GM	TACMIT OINT. TACROLIMUS 0.1% OINTMENT
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ANTI FUNGAL

COFFLAZ -100 & FORT CAP. ITRACONAZOLE 100MG & 200MG CAP.	30GM & 50GM	XEECONA-CREAM LULICONAZOLE 1% CREAM
LAPVOX - 250 TAB. TERBINAFINE 250MG	50GM	KETOSAN CREAM KETOCONAZOLE 2% CREAM
ZOSAN 150/400 TAB FLUCONAZOLE 150/400 MG	75GM	KETOSAN-SOAP KETOCONAZOLE 2% SOAP
FOROFINE CREAM AMOROLFINE CREAM 0.25% CREAM	20GM	CLOTRIMIT POW. CLOTRIMAZOLE DUSTING POW. 1%W/W

LOTION

CLOMIT SL LOTION CLOBETASOL PROPIONATE 0.050% SALICYLIC ACID 3.000% %	30ML	PARBEEN LOTION PERMETHRIN 5% LOTION
CALASAN -LOTION CALAMINE +ALOEVERA EXT+ZINC OXIDE+ OLIVE OIL+ TEA TREE OIL+LIQUID PARAFFIN	100ML	PEARLSCREEN-GEL INVISIBLE,MATTEFINISH, NON COMEDOGENIC ZERO WHITE CAST WATER RESISTANT SPF 50 SUNSCREEN GEL

ANTI VITILIGO

LIGOSAN CAP NEEM EXT.50MG + MANJISTHA 60MG + BAKUCHI 100MG + VANDING 40MG+ GANDHARK RASAYADIR EXT.70MG + KHADIR EXTRACT 50MG+KANODUMBER 40MG+ PANCHTIKA GHANA 50MG+ TRIFALA 40MG+	60CAP.	LIGOSAN CREAM NEEM OIL 5%+ CHALMOGRA 1%+KACHURKSHAR 0.50%+ MARICHYADI OIL 1.50%+ HARIDRA 3.00%+BAKUCHI 5% + SULPHUR 0.60%+ COCONUT OIL 10.00%+PIPERMENT OIL 0.1%
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ACNE CARE

ACNESAN- 10/20 CAPSULE ISOTRETINOIN 10MG/20MG (SOFT GELATIN) CAP.	20GM	ACNEMIT A GEL CLINDAMYCINE PHOSPHATE 1% + ADAPLENE 0.1% GEL
SALIMAD 3.5 GEL SALICYLIC ACID 3.5% GEL	20GM	ACMIT 2.5 GEL BENZOYL PEROXIDE 2.5%
ACNEMIT TZ SOAP TRICLOSAN,VITAMIN E, ZINC OXIDE, ALLANTOIN,TEA TREE OIL	75GM	ACMIT 5 LOTION BENZOYL PEROXIDE 5% LOTION
GLAMORICH FACE WASH 70GM SALICYLIC ACID, ALOEVERTA,VITAMIN-E,TEA TREE OIL, PRO VITAMIN- B5,		

FAIR SHEEN FACE WASH 75GM

KOJIC ACID DIPALMITATE, GLUTATHIONE, (VITAMIN C), VITAMIN E, SALICYLIC ACID,
GLYCOLIC ACID,NIACINAMIDE, TRANEXAMIC ACID, NICOTINAMIDE ALPNIA KATSUMADAI.
ALPHA - ARBUTIN, THYMUS SERPYLLUM EXTRACT, SCUTELLARIA BAICALENSIS ROOT EXTRACT, GERANIUM

HAIR CARE

FALLBAN -TAB. GREPE SEED EXTRACT 20MG+BIOTIN 10MG+BETA CAROTENE 10MG+GREEN TEA EXTRACT 100MG+VITAMIN B5, 5MG + L-ARGININE 50MG+ MG+NIACINAMIDE 12MG CALCIUM PANTOTHANATE 100MG+INOSITOL 10MG+ZINC 10MG+IRON 8MG +MELATONIN 1MG+MILLET SEED EXTRACT 200MG+CHOLINE 5MG+COFFE	100ML	PANDHAN HAIR OIL
PANDHAN HAIR WASH AMLA EXT, HARAR EXT,JATAMANSI EXT,BHRINGARAJ EXT,BAHERA EXT,ALOEVERA EXT, SEABUCKTHORN EXT,SLES COCODAI COCO-BETAIN C-7 AYURVE.HERBAL HAIR SHAMPOO	200ML	

IN ERECTILE DYSFUNCTION

SNOVAMAN -TAB. L-ARGININE 500MG + TRIBULUS TERRESTRIS 150MG + MUCUNA PRURIENCE 70 MG + GINGKO BILGBA EXTRACT 20 MG+ZINC SUL PHATE 10 MG + YOHIMBE BARK EXTRACT 15MG + RED KOREAN GINSENG 20MG+ MONEY WHITE ROOT EXTRACT 10+ SAFFRON EXTRACT 100MG + DHEA 25MG + DAMIANA 50 MG + TONGKAT ALI ROOT EXTRACT 30MG + GARLIC EXTRACT 20MG + SAEED MUSLI EXTRACT 100MG + JAPHAL EXTRACT 25MG +HIDARI KANDIA EXTRACT 70MG+KALARGO EXTRACT 70MG + HOWI GOAT WEEEDS 50MG + SHUDH SHILAJIT EXTRACT 80MG + GINGER POWDER EXTRACT 50MG		
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MOISTURIZERS

PEARLMOIST CREAM LIGHT LIQUID PARAFFIN 0.5%+SHEABUTTER 0.5% + ALOEVERTA, VITAMIN-E 0.20%+JOJOBA OIL 0.50%+GLYCERINE0.5%	100GM	SANMOIST - CREAM AQUA, WHITE SOFT PARAFIN 13.20% LIQUID PARAFFIN 10.20% GLYCERINE 0.1% CARBOMER 0.1%
GLYRICH SOAP GLYCERIN, ALOEVERTA, TRANSPARANT SOAP	75GM	GLOWSAN- SOAP ALOEVERTA, GLYCERINE,VITAMIN -E SOAP NOODLE

ANTI ALLERGIC

LEMIT -TAB. LEVOCETIRIZINE HCL 5 MG		HYDROMIT- 10/25 TABLETS HYDROXYZINE 10MG/25MG
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SKIN WHITENING

BEEBRITE CREAM KOJIC ACID 5%+ ALLANTOIN 0.2%+ALPHA ARBUTIN 0.5%+VITAMIN E ACETATE 0.5%+GLYCERINE 1.%+ L GLUTATHIONE 5%+ASCORBIC ACID 1.%+PINEBARK EXT 1.%+NIACINAMIDE 2.%+ MAGNESIUM ASCORBYL PHOSPHATE 4.%+OCTINOXATE 5%+TRANEXAMIC ACID BP 5.%+MULBERRY EXT.11.% CREAM BASE	20GM	
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STEROIDS

MITASONE -CREAM MOMETASONE FUROATE 0.1%	20GM	CLOMIT- CREAM CLOBETASOL PROPIONATE 0.05 W/W
MITASONE - SOLUTION MOMETASONE FUROATE 0.1%	30ML	CLOMIT -F CREAM CLOBETASOL PROPIONATE 0.05 %+ FUSIDIC ACID 2%



MITSAN PHARMACEUTICALS
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INNOVATIVE | EFFECTIVE | TRUSTED

Breaking Barriers Against
 β -Lactamase

ZENOCCLAV 625

Amoxicillin 500 mg +
Potassium Clavulanate 125 mg Tablet



- ✓ A first line choice for managing a wide range of severe infections
- ✓ An ultra broad spectrum antibiotic with activity against both Gram Positive & Gram Negative bacteria

Eliminating Infection for
Faster Recovery

ZENITHRO 500[®]

Azithromycin 500 mg Tablet



- ✓ The No.1 macrolide of choice for respiratory infections
- ✓ Excellent tissue penetration
- ✓ Soft in pediatric and elderly patients

Power of Sublingual Vitamins
for Your Health

SLB12[®] D3

Methylcobalamin 1500 mcg +
Vitamin D3 4000 IU Sublingual Tablet



- ✓ Daily tolerable limit of Vitamin D3 is 4000 IU
- ✓ Higher bio-availability due to bypassing first-pass liver metabolism
- ✓ No degradation from gastric pH, enzymes or gut flora
- ✓ Buccal mucosa is more permeable than gastric

Freedom from Pain, Fast & Effective

SYNERZEN[®]/SP

Aceclofenac 100 mg + Paracetamol 325 mg +
Serratiopeptidase 15 mg Tablet



- ✓ Aceclofenac has better gastric tolerance than diclofenac
- ✓ Serratiopeptidase has excellent anti-inflammatory, anti-edemic and fibrinolytic effects

Power of Sublingual Vitamins for Your Health

SLB12[®] PLUS

Methylcobalamin 1500 mcg + Folic Acid 5 mg +
Pyridoxine 3 mg + Vitamin D3 1000 IU
Sublingual Tablet



- ✓ Higher bio-availability due to bypassing first-pass liver metabolism
- ✓ No degradation from gastric pH, enzymes or gut flora
- ✓ All vitamins in active forms, directly enters systemic circulation via sublingual route



Trusted
Quality



Scientifically
Formulated



Patient
Centric



Healthcare Partner
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OUR COMMITMENT

Better Health,
A Healthier Tomorrow



INNOVATE
For Better Care



DELIVER
Real Value



ENABLE
Healthier Lives



GROW
Together

Better
Science
Better
Life

MELANO TX[®] ULTRA

Tranexell-V30, Hydroquinone, Niacinamide, Sepicalm[™] SWP, Allantoin, Clair Blanche-III

HQ 4% & 2% SERUM

The advanced tranexamic acid dipeptide complex Tranexell-V30 with the added benefit of hydroquinone

Perceptible Results In Stubborn Melasma & Hyperpigmentation



MELANO TX[®] ULTRA

Tranexell-V10, Kojic Acid Dipalmitate, Fision GlowPlex, Alpha Arbutin, Ethyl Ascorbic Acid, Vitamin E TPGS, Mulberry Extract, L-arginine

CREAM

With patented complex
Tranexell-V10 and Fision GlowPlex

For Dermal & Mixed Melasma with Long Term Safety

Also Available

MELANO TX[®] OD
Tranexamic Acid 500mg SR
TABLET

MELANO TX[®] 250
Tranexamic Acid 250mg
TABLET

MELANO TX[®] CREAM
Tranexamic Acid, Kojic Acid Dipalmitate, Alpha Arbutin, Mulberry Extract, Magnesium Ascorbyl Phosphate, Vit. E



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Nelupure, Tinosorb M & S, Uvinul A+ & T-150, Titanium Dioxide, Niacinamide

AQUA GEL

Nelupure: An instant sebum balancer, fortified with Niacinamide for clearer, shine-free skin

The Real Anti-acne Sunscreen



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The ideal sunscreen, powered by
Oryza Sativa Bran Extract

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Cyclic-Silicone (D4 & D5) Free Sunscreen**



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SKIN THAT FEELS

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Reveal Your Best, Naturally

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- Enhances skin clarity & glow
- Safe for all skin types
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Clearer skin, Brighter you.

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The Key JAK Inhibitor for Targeted Management of **Inflammatory Skin Conditions**

- Atopic Dermatitis
- Psoriasis
- Vitiligo
- Alopecia Areata
- Pityriasis
- Psoriatic Arthritis



5 mg

KIJAK-5
Tofacitinib 5 mg Tablets

11 mg XR

KIJAK-XR-11
Tofacitinib 11 mg XR Tablets

Targeted Relief from chronic autoimmune skin disorders

In Peripheral Neuropathic Pain,
Trigeminal Neuralgia
Postherpetic Neuralgia (PHN)

Non-Greasy
formulation

Seiztrip^{gel}

Gabapentin 6%, Lidocaine 5% & Baclofen 2% w/w

Trident of Neuropathic Pain Relief



Body Surface	One Arm	One Hand	One Leg	One Foot
FTU Required *	3 FTU	1 FTU	6 FTU	2 FTU

* Clinical and Experimental Dermatology 1991;16:444-447

Clearer Skin is Possible in Psoriasis

Emerge as you
with

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AVA

Propylene Glycol
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PSORIVA

Acitretin Capsules
10 mg / 25 mg

EPIVATE

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Cream 0.05%



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One **Regimen** at a Time.





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*IQVIA secondary sales audit - MAT i.e, May 25 - Apr 26.

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Resinol^{ultra}

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30 ml

RESINOL^{gel}

Skin Whitening Gel

20 gm

OXIAGE

Antioxidant Capsules

10 SG Cap

MELTRAX

Tranexamic acid 250 mg. Tablets

10 Tab

Meltrax Forte

Tranexamic Acid 500 mg Sustained Release Tablets

10 Tab

Antihistomine

Idbil-20

Cetirizine 20 mg Tablets

10 Tab

Nobicet-5/10

Levocetirizine 5/10 mg. Tablets

10 Tab

Hair Care

Anagene

Hair Serum

60 ml

Oxiha^{ir}

Biotin, Amino Acids, Vitamins, Minerals & Natural Extract Tablets

10 Tab

Oxiha^{ir}

Shampoo / Conditioner

100 ml

Actiket^{LOTION}

Ketoconazole & Salicylic acid

60 ml

NBFERTM

Ferrous Bisglycinate 60 mg, Zinc Bisglycinate 15 mg, Folic acid 1 mg & Methylcobalamin 500 mcg Tablets

15 Tab

DEFI-D3

Cholecalciferol 60000 IU Sachet

1 Sachet

Finobil

Finasteride 1 mg. Tablets

10 Tab

Daily Use

Uvless[®] ultra

Anhydrous Silicone Sunscreen Gel

50 gm

UV LESSTM

SILICON SUNSCREEN GEL

50 gm

ERAGLOW

FACE WASH

70 ml

NOBISOFT

Moisturising Cream

50 gm

NOBISOFT[®]

Moisturising Cream

MAX

150 gm

Nobisoft[®]

Unscented Soap

Washbasin, Vitamin E, Acetate & Glycerine Soap

75 gm

Acne Range

Nozit-AD^{gel}

Clindamycin 10 mg & Adaplene 1mg gel

20 gm

Nozit^{Gel}

Clindamycin 1%, Nicotinamide 4% with Aloe Allantoin gel base

20 gm

Isonib-10/20

Isotretinoin 10/20 mg. Capsules

10 SG Cap

Anti Fungal

Ocitra

Itraconazole 100 mg Capsules

10 Cap

Ocitra Forte

Itraconazole 200 mg Capsules

10 Cap

Nobizole-B

Beclomethasone & Clotrimazole Lotion

30 ml

Nobizole-L

Luliconazole 1%

Cream

30 gm

TERTOP

Terbinafine 1% Cream

50 gm

Others

EratofTM

Tofacitinib 5 mg Tablets

10 Tab

MOMBIL

Mometasone Furoate Cream IP 0.1 w/w

cream

30 gm

Nobi-SP

Acetofenac 100 mg + Paracetamol 325 mg + Serratiopeptidase 15 mg Tablets

10 Tab

NOBI-DSR

Rabeprazole 20 mg + Domperidone 30 mg (SR) Capsules

10 Cap

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Thinking that we are too young
to die but Mishap and Death can
occur unpredictably at any time.

**Always one step ahead,
when it comes
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FOR MEMBERS
& THIER FAMILY MEMBERS**

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- ON DEATH OF MEMBER, AMOUNT GIVEN TO NOMINEE = RS 450 X NO. OF MEMBERS OF DVL WELFARE TRUST
- LEGAL & INDEMNITY ASSISTANCE IN CASE OF LITIGATION (WHO HAVE OPTED FOR)

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