



ECZEMA TITBITS

The Ceaseless Voyage

Volume 1; Issue 2; July 2023



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Message from President SES

I am delighted to write this message for the second issue of the SES bulletin. This is a dynamic endeavour under the leadership of Dr. Manjunath Shenoy (Editor-in-Chief) supported by Dr. Indrashis Poddar (Executive Editor), Dr. Sahana Srihari & Dr. Sahana P Raju (Associate Editors). They have already published a fantastic issue earlier and now embarked on this wonderful issue. I appreciate them

all for their great effort to prepare this issue. I am sure all the members and non- members of SES will benefit from it as it shares a wide variety of news on eczema and activities of our dynamic members of SES throughout the year 2023.
Happy reading.

Long Live SES !

Dr Sandipan Dhar, President, SES

Message from SES Academy Chairperson

Greetings!

It is with great pride that I pen this message for the second issue of the Society for eczema Studies bulletin. Society of Eczema Studies has had a remarkable journey over the past two years and the dedication of several experts from across India with a core interest in the field of 'Eczema and Allergy,' has facilitated a plethora of diverse activities. The past year was marked by the great success of the SES National Update held at Bhubaneswar, Odisha, that had active participation of delegates and faculty from across India. The live workshops generated heated, free-wheeling discussion with experts sharing their diverse experiences and audience seeking practical tips and key points. The international speaker programs, the focused webinars that are detailed in this bulletin all were truly satisfying and it was heartening to see the interest in this niche area of Dermatology. The ongoing research studies and the postgraduate thesis grant funding have highlighted, how much remains to be explored in this field and we hope to come out with collaborative, large, cohort Indian data on atopic eczema and beyond, that has been surprisingly missing from literature for so long. To enable our patients and their caregivers, to effectively manage their often-chronic eczemas, we have planned a patient support portal with live interaction through forum discussion platform and live virtual meetings with experts, along with a variety of patient education booklets and videos. Watch out for announcements of the same through our website and WhatsApp group messages and please join us in this endeavour to support the patients living with eczema. The one of its kind journal 'Indian Journal of Skin Allergy' that was jointly initiated with the Skin Allergy Research Society, has seen remarkable progress and it is deeply satisfying as its Editor-in-Chief to receive high quality publications from across the globe. We invite all of you to submit your research to this open-access journal that has no publication charges. We hope that you will continue to be apart of the journey of SES and help it attain its goal of improving the lives of patients living with eczema.

Dr Deepika Pandhi, Chairperson - SES Academy
Editor-in-Chief - Indian Journal of Skin Allergy

Dear Readers,

I am pleased to pen down my message for the second edition of our bulletin. In light of the growing concern surrounding eczema and its impact on daily life, this bulletin will delve into some of the topics, providing valuable insights, expert advice, and news items of our society. I'm indebted to the service of our team who worked with passion and utmost dedication.

Long live SES.

Dr Manjunath Shenoy M
Editor-in-Chief





Webinars & CMEs

3rd INTERNATIONAL SPEAKER SES WEBINAR

ONLINE CME PROGRAM

July 17, 2023, Monday
6:00 pm - 7:20 pm (IST)
8:15 pm - 9:35 pm (Singapore)

<https://eczemasociety.net>

For Registration: <https://forms.gle/4u8t8Bp9t8k9t8k9>

Click here to register: eczema.foundation@gmail.com

PROGRAM DETAILS

- 6:30 pm Introduction - Dr. Sandipan Dhar
- 6:55-8:15 pm Cyclosporine in Dermatology - a case based discussion - Dr. Sandipan Dhar
- 8:55-9:15 pm Using Cyclosporine & Methotrexate as first line systemic in severe psoriasis: atopic dermatitis: lessons from TREAT trial - Dr. Carsten Flohr
- 9:15-10:00 pm Panel Discussion: Moderator: Dr. Saubhik Talwalkar Panelists: Dr. Sandipan Dhar, Dr. Carsten Flohr, Dr. Sanjay Khandhari, Dr. Sachin Varma and Dr. Ashish Saha
- 10:00 pm Vote of thanks - Biocon Medical

OUR GUEST SPEAKERS

- Dr. Carsten Flohr, Head, Paediatric & Population-Based Dermatology Research, St John's Institute of Dermatology, London
- Dr. Saubhik Talwalkar, Consultant Dermatologist & Karim's Skin & Dental Clinic, Delhi
- Dr. Sanjay Khandhari, Associate Professor and Chief Dermatologist, Shri Chhatrapati Shivaji Maharaj Vastu Sangrahalaya, Mumbai
- Dr. Sachin Varma, Associate Professor and Chief Dermatologist, Shri Chhatrapati Shivaji Maharaj Vastu Sangrahalaya, Mumbai
- Dr. Ashish Saha, Consultant Dermatologist, Institute of Child Health (ICH), Kolkata

Visit: <https://eczemasociety.net>

Sunday 6th August, 2023
8:30-10:00 pm (IST) / 4:00-5:30pm (London)

Session is sponsored by Biocon Biologics

9677200079

4th INTERNATIONAL SPEAKER SES WEBINAR

ONLINE CME PROGRAM

September 7, 2023, Thursday
8:30 pm - 10:15 pm (IST)
5:00 pm - 6:45 pm (Denmark)

<https://eczemasociety.net>

For Registration: <https://forms.gle/4u8t8Bp9t8k9t8k9>

Click here to register: eczema.foundation@gmail.com

PROGRAM DETAILS

- 8:30 pm Context setting & Introduction - Dr Sandipan Dhar
- 8:45 pm Cyclosporine in immunodermatological conditions - Dr. Christian Vestergaard (Denmark)
- 9:05 pm Case based presentation: Dr. Sandipan Dhar
- 9:25 pm Panel Discussion - Cyclosporine in Dermatology Moderator: Dr. Abir Saraswat Panelists: Dr. Christian Vestergaard, Dr. Sandipan Dhar, Dr. Bikash Kar, Dr. S G Parasramani, Dr. Sudip Das
- 10:10 pm Vote of thanks - Dr Sandipan Dhar

For registration scan or click on QR code: eczema.foundation@gmail.com

5th INTERNATIONAL SPEAKER SES WEBINAR

ONLINE CME PROGRAM

October 8, 2023, Sunday
8:00 pm - 10:00 pm (IST)
7:18 pm - 9:18 pm (Seattle)

<https://eczemasociety.net>

For Registration: <https://forms.gle/4u8t8Bp9t8k9t8k9>

Click here to register: eczema.foundation@gmail.com

PROGRAM DETAILS

- 8:00 pm Welcome & Introduction of Faculty - Dr. Neera Gupta
- 8:07 pm Context Setting - Dr. Sandipan Dhar (Kolkata)
- 8:10 pm Cyclosporine in Immuno Dermatological Conditions - Dr. Robert Sibbery, Seattle Children's Hospital, Seattle, Washington
- 8:30 pm Cyclosporine in Dermatology: a case based discussion - Dr Sandipan Dhar (Kolkata)
- 8:50 pm Panel Discussion - Role of Cyclosporine in Dermatology Moderator: Dr. Anil Ganjoo (New Delhi) Panelists: Dr. Koushik Lahiri (Kolkata), Dr. Abhishek De (Kolkata), Dr. Ajay Kedia (Mumbai), Dr. Robert Sibbery & Dr. Sandipan Dhar
- 7:15 pm Vote of thanks - Dr Sandipan Dhar

For details visit <https://eczemasociety.net>

ARE YOU THE ONE WHO IS

- An eczema enthusiast
- With the gift of the gab (impromptu speaker)

Go no further
SES Eczempore
Only PGs

THE SOCIETY FOR ECZEMA STUDIES (SES)

ECZEMPORE MASTERS

Dr. Soumya Jagadeesan | Dr. Anupam Das

TO PARTICIPATE PLEASE FILL UP THE FORM

<https://forms.office.com/r/TzkeCCJAW>

Block your date for west zone eczempore - 8th Oct 2023, Sunday, 7:00pm

Two winners from West zone get a chance to appear for SES eczempore finals at SES National update 2023 4th and 5th November 2023 At I.M.S & SUM Hospital, Bhubaneswar, Odisha Attractive prize for Winners

The World ECZEMA Day

(September 14)

TUESDAY 12 September

PUBLIC AWARENESS PROGRAM

- ✓ Patient / Parents / Caregivers / Public awareness in Atopic Dermatitis
- ✓ An endeavour of Society For Eczema Studies (SES)
- ✓ Live sharing on virtual platform by patient/parents about the story of fighting with AD for more than a decade, battling the stigma and ostracism of the society and winning over Atopia dermatitis in every aspect to return to main stream life.....

Anchor and Coordinator: **Dr. Sandipan Dhar**

12:00-1:30 pm

Don't miss the amazing journey of worst AD conquerors or warriors who emerged victorious in AD affected life of their children... Stay tuned.

Link will be provided few days before the event.

The initiative is supported through an education grant by Pfizer Limited

SES Media News

Orissa TODAY

Date 08 Nov 2023 - BHUBANESHWAR - Page 8

NEW AVENUES OF TREATING ECZEMA NOW AVAILABLE: EXPERT

Bhubaneswar, (TNTB) - The incidence of eczema, a type of dermatitis, has nearly doubled from 4 per cent to 7.5 per cent across the world in the last 20 years, but availability of new medicines and new avenues of treatment have come as a big relief, Dr. Sandipan Dhar, renowned dermatologist, said on Saturday. "Eczema can be cured with new medicines and new methods but it takes time. There is need for spreading awareness about new diagnosis and treatment methods. Prof. (Dr.) Ajay Kumar Jena, Additional Dean, IMS and SUM Hospital, Prof. (Dr.) Pradyumn Samantasinghar, Medical Superintendent of the hospital, Prof. (Dr.) Bikash Ranjan Kar, Head of Department of Dermatology and Dr. Maitreyee Panda, Professors in the department, also spoke.

Dr. Sandipan Dhar, renowned dermatologist, said on Saturday. "Eczema can be cured with new medicines and new methods but it takes time. There is need for spreading awareness about new diagnosis and treatment methods. Prof. (Dr.) Ajay Kumar Jena, Additional Dean, IMS and SUM Hospital, Prof. (Dr.) Pradyumn Samantasinghar, Medical Superintendent of the hospital, Prof. (Dr.) Bikash Ranjan Kar, Head of Department of Dermatology and Dr. Maitreyee Panda, Professors in the department, also spoke.

आजाद सिपाही

चक्रिजना उपचार को की दिशा उपलब्ध - डॉ. संदीपन

SES NATIONAL UPDATE 2023

For Postgraduates, Practising Dermatologists and Pediatricians

Venue: SUM Annex Auditorium, I.M.S & SUM Hospital Bhubaneswar, Odisha

4th & 5th November, 2023 (Saturday & Sunday)

SESSION HIGHLIGHTS

- Basics of Atopic Dermatitis (AD)
- Skin Microbiology and Atopic Dermatitis
- Atopic Dermatitis-Therapeutic Update
- Perspectives in Allergic Dermatoses
- Regional Dermatitis
- Ultraviolet rays and eczema
- Patch Testing - Finding the culprit
- Looking Beyond Eczema
- Free Papers & Award Papers
- E-posters
- SES Eczempore

ORGANISING COMMITTEE MEMBERS

Dr. Sandipan Dhar, President, SES
Dr. Ajaya Kumar Jena, Organizing Chairperson
Dr. Bikash Ranjan Kar, Scientific Chairperson
Dr. Maitreyee Panda, Organizing Secretary
Dr. Niladri Patra, Scientific Secretary
Dr. Liza Bhattacharya, Scientific Secretary
Dr. Bhawanish Behara, Scientific Secretary

Workshops: PATCH TESTING and AST, SUAS

SES NATIONAL UPDATE 2023

For Postgraduates, Practising Dermatologists & Pediatricians

4th & 5th November, 2023 (Saturday & Sunday)

Venue: SUM Annex Auditorium, I.M.S & SUM Hospital Bhubaneswar, Odisha

8 Hours Credit

Call for Abstracts

Calling all Postgraduates, practising Dermatologists & Pediatricians to submit your abstract papers for our forthcoming SES National Update 2023

All papers related to Eczema are welcome

Submit your abstracts for award paper, free paper and e-poster. Only postgraduates are eligible for award paper session

Click to Register

Submission Deadline: 7th October, 2023 (Saturday)

How to submit your abstracts? Please send your abstract through email in a doc file with title, all authors name, institute name and mobile number of presenting author scientificupdate2023@gmail.com

Click for instructions for abstract submission

ORGANISING COMMITTEE MEMBERS

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Dr. Liza Bhattacharya, Scientific Secretary
Dr. Bhawanish Behara, Scientific Secretary

SES Patient Support Portal

Visit <https://eczemasocietyforum.net>

MANAGEMENT OF PRURITUS IN ATOPIC DERMATITIS

Dr Asit Mittal and Dr G Pooja
RNT Medical College, Rajasthan

Role of itch-scratch cycle in pathogenesis of skin disorders is most exemplified in atopic dermatitis. Atopic dermatitis is a condition with chronic cutaneous inflammation dry skin and severe pruritus. Pruritus is central to atopic dermatitis. It is often called "Itch that rashes"

Different ways to tackle itch in AD

- Limit inflammation in skin via topical and systemic immunotherapies in patients with active eczema or areas of chronic aggravation
 - Efforts to restore skin barrier in order to deny access to infection, irritants, or allergens all of which stimulate or aggravate itch
 - Dampen itch signalling and limit neuronal sensitivity. When used sufficiently early, and consistently topical and systemic neuromodulators can do the job.
 - Limit neuronal reflexes that trigger release of SP and other neuropeptides in skin
 - Limit Physical and emotional stress.
1. Emollients
 - Skin barrier protection.
 - In combination with topical CS reduce itch far better than topical CS alone
 - Adjunct Agents
 - Colloidal oatmeal
 - Ceramides
 - Oatmeal have been used for centuries to relieve itch
 - A recent review suggested that daily use of moisturizers and cleansers containing colloidal oatmeal significantly improve itch severity .
 2. Topical Corticosteroid
 - Decrease inflammatory mediators in skin some of which are direct pruritogen.
 - A 2012 systematic review of six RCTs concluded that atopic itch was reduced by approximately 34%.
 3. Topical calcineurin inhibitors
 - Anti-inflammatory properties
 - Direct anti pruritic effect by over stimulation and subsequent desensitization of TRPV1 ion channels on cutaneous nerve fibre.
 4. Anti-histamines
 - Itch in atopic dermatitis is non histaminergic, therefore anti histamines have limited role.
 - A meta analysis of 16 RCTs concluded that non sedating antihistamines are ineffective in AD itch.
 - Intermittent use of sedating antihistamines particularly in setting of sleep loss secondary to itch.
 - Doxepin - combined H1 receptor block, anxiolytic, antidepressant and sedative effect
 5. Systemic immunosuppressive agents
 - Cyclosporine
 - Azathioprine
 - MMF
 - Methotrexate

6. Neuromodulators

Topical Neuromodulators: Capsaicin - natural alkaloid, used in several itchy conditions. It activates TRPA1 ion channels on nociceptors that triggers release and depletion of neuropeptides.

Topical Cooling agents- Menthol, camphor and phenol, commonly used in topical anti itch lotion, but evidence in reducing atopic itch is sparse.

Systemic neuromodulators: Gabapentin and Pregabalin are analogues of inhibitory neurotransmitter Gamma amino butyric acid.

Inhibit voltage gated sodium and calcium channels in dorsal root ganglia and spinal cord respectively

Reduction in glutamate synthesis and release

Decrease neural expression of SP and CRGP

They have been used successfully in other itches such as CKD, Post burn, prurigo, and idiopathic itches in elderly.

7. Anaesthetics

- Lidocaine and Prilocaine are both amide anaesthetics that inhibits voltage gated sodium channels and reduce firing of sensory fibres

- Limited efficacy in AD

- Polidocanol has shown some promise in reducing atopic itch

8. Anti-depressants

- Serotonin and Norepinephrine reuptake inhibitors

- SSRI's has shown promise in reducing AD related itch.

- In a prospective open level trial both paroxetine and fluoxetine decreased itch severity by approximately 50% in patients with chronic itch including subsets of patients with AD

- Mirtazipine (SSRI & SSNRI) has been reported to reduce pruritus in AD

- Exert anxiolytic and antihistamine effect which may contribute to antipruritic action particularly for nocturnal itch.

9. NK receptor blockade-Aprepitant

- MOA- inhibits effects of SP on neurokinin-1 receptors in CNS and PNS including cutaneous nerve endings.

- Shown to reduce itch in prurigo nodularis and sezary syndrome.

- No reports on efficacy in AD.

10. Opioid modulators

- Critical modulators of pain and itch transmission in CNS and PNS.

- Exert diverse actions depending on the receptor activated (MOR, KOR, δ - opioid receptors) and site of action within CNS and PNS.

Topical Naltrexone

- Studies have shown reduction in itch in AD.

- Skin biopsies have shown decreased MOR expression.

Oral Naltrexone & Nalmefene-

- MOR antagonists

- Shown promising results in management of pruritus in AD

- Reduces acute itch and allodynia in AD

- Dose of Naltrexone to be used is 25 - 50 mg daily at bed time

- S/E- dizziness, fatigue, GI upset, cramping.

- To reduce S/E- start therapy with low doses with slow titration up over a course of weeks.

Non pharmacological interventions

1. Phototherapy

- Effective, safe and well tolerated treatment of AD and atopic itch

- Phototherapy besides reducing inflammation also reduces the density of epidermal cells which may contribute to direct antipruritic effect

- Itch of AD is highly responsive to phototherapy regimens that span a broad range of wave length

2. Stress reduction

- Cognitive behavior therapy (CBT)

- Autogenic or self-suggestion relaxation therapy.

- Stress management psychotherapy

- Relaxation techniques

- Habit reversal training.

When systemic agents are used initiate low dose therapy at night to access tolerance and mitigate nocturnal itch before adding day time doses

Active disease - Topical or systemic immunosuppressive agents, Phototherapy

- Evening dosages of oral Gabapentin or sedating anti histamine, add SSRI or Mirtazipine.

Newer therapeutic approaches :

A) Targeting itch cytokines (IL-4, IL-13, IL-31)

B) Inhibiting downstream JAK STAT pathways.-
-- type-2 cytokine such as IL-4 IL-13 and IL-31 exert their efforts via JAK STAT pathways. Both oral and topical JAK inhibitions, has demonstrated potent antipruritic properties, in patient with a topic dermatitis in clinical trials.

IL-4 Inhibitors	Dupilumab (blocks shared alpha subunits of IL-4/13 receptor and profoundly dampens innate as well as adaptive inflammation in AD). Pitrakinra Pascolizumab
IL-13 Inhibitors	Leprikizumab Tralokinumab Anrukizumab
IL-31 Inhibitors	Nemolizumab
JAK-1,2,3 Inhibitors	Tofacitinib
JAK-1,2 Inhibitors	Baricitinib Ruxolitinib
JAK-1 Inhibitors	Oclacitinib Upadacitinib Fligotinib
JAK-2 Inhibitors	Pacritinib
JAK-3 Inhibitors	Abrocitinib

Delgocitinib (topical), Pan-JAK inhibitor approved in Japan for AD.

PATCH TESTING

Sathish Pai B, Purnima Gupta

Kasturba Medical College, Manipal, Karnataka

Brief history:

September 23 1895, at the 5th Congress of the German Society of Dermatology, is globally considered the date of birth of Patch test when Joseph Jadassohn, a German physician, disclosed his findings.^[1]

It was further developed by multiple scientists and soon a need for standardization of such patch tests was realized.

In 1967, The International Contact Dermatitis Research Group (ICDRG) was created which was pivotal in the standardization of patch testing.^[2]

Principle:

The principle of patch test is Type IV delayed hypersensitivity reaction. Primed individuals contain antigen specific Th1 type of T lymphocytes which produce a hypersensitivity reaction to when controlled amount of antigen is applied to normal skin.

Indications:^[3]

1. Patients in whom contact dermatitis is suspected
2. Chronic eczema of unknown etiology
3. Venous eczema
4. Persistent or intermittent eczema of face, eyelids, ears and perineum

Contraindications

1. Presence of active dermatitis
2. Dermatitis at the test site - should be clear for 2 weeks
3. Immunodeficiency, autoimmune disease
4. Pts on immunosuppressive drugs
5. Pregnancy & lactation

Methodology

Patient is explained the procedure and the need to avoid wetting their back, excessive sweating and UV radiation exposure 15 days prior to patch test as it may have an immunosuppressive effect.

Patch test requires 3 main things : battery of allergens, vehicles in which they will be applied to the skin and chamber in which they will be placed.

The allergens are delivered in appropriate vehicles, most commonly, petrolatum. Other vehicles used include water, hydrophilic gel and solvents like acetone, ethanol etc.

The allergens are then applied to the skin in Finn chambers. It consists of circular aluminum chambers with acrylate based adhesive (Scanpor). Other chambers used are van der Bend (Netherlands) and IQ chambers (Chemotechnique, Sweden).

Chambers should be hypoallergenic and placed at adequate distance to avoid cross contamination

Multiple types of battery series are present including European Standard Series, T.R.U.E. test, North American Standard Series and Indian Standard Series. Most commonly used in our country is Indian standard series (ISS). This series consist of 25 allergens.

Application technique

Tests should be applied to the upper back. Another area that can be used is the upper arms and possibly the upper thighs. Hairy areas should be avoided due to low adhesion.

After application of the chambers, adhesive tape can be used to prevent detachment and loss of

adhesion of the tests, which facilitate false negative results.

The chambers are numbered and marked accordingly for easier reading later.

The allergens are removed after 48 hours and results are recorded along with the intensity of the reaction according to the ICDRG criteria. The reading is then repeated after 72 hours of application of the test and in some cases delayed reading up to 96 hours may be required.

Interpretation of the results

According to the ICDRG criteria, there are 4 possible intensity criteria according to which the results are recorded.

?+ Doubtful

+ Palpable erythema, infiltration

++ Erythema, infiltration, papules & vesicles

+++ Intense erythema, infiltration & coalescing vesicles

IR Irritant reaction (Inflammation limited to exposed area, petechiae, pustules)

NT Not tested

However, difficulty arises in interpreting the relevance of these readings. Most studies have found that reactions with (++) and (+++) are reproducible at later times which indicates sensitization of these substances. Results with (+) did not show reproducibility which makes these readings less reliable and requires re-evaluation.

Relevance of patch test

The relevance of patch testing is defined as the ratio between the response obtained in the reading and the patient's contact with the causative agent. There is no consensus on the scoring and determination of relevance of patch test. At times, repeated open application test (ROAT) can be done to determine the relevance of patch test results.

Three types of relevance are considered:

- Possible: positive result for a substance associated with the use of the material
- Probable: positive result for a substance and the material used by the patient
- Certain: re exposure to the material containing the sensitizing substance causes recurrence of contact dermatitis.

Modifications of the Patch test

Open test: applied freely on the skin either as pure or diluted form

Semi Open test : used for substances with irritating potential like detergents, shampoos, resins, cosmetics. The substance is applied in a small area of 1cm² and allowed to dry completely. The area is then covered with adhesive tape for 2 days and the readings taken at 48 and 96 hours

Repeated open application test (ROAT) : Products in which the suspected sensitizing substance is present, are applied twice daily for 7 days to the inner aspect of the arm. Reaction develops within 2-4 days indicating the presence of the sensitizing substance

Photopatch test : used for diagnosis of photoallergic contact dermatitis. The interpretation of results are multiple permutation and combinations.

References:

1. Lachapelle JM. Patch testing: historical aspects. *Ann Dermatol Venereol*. 2009;136:575-7
2. Lachapelle JM. Chapter 1 Historical aspects. In: Johansen JD, Frosch PJ, Lepoittevin JP, eds. *Contact dermatitis*. 5th Edn. Berlin, Heidelberg: Springer-Verlag, 2011:1-9
3. Tennstedt D. Patch tests: indications or when testing should be performed? *Ann Dermatol Venereol*. 2009;136:579-83.

WET WRAP THERAPY IN CHRONIC ECZEMA: A CASE REPORT EP 54

Dr Archita Bhattacharya & Dr Maitreyee Panda

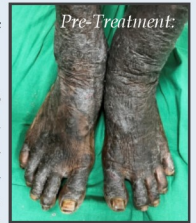
IMS & SUM Hospital, Bhubaneswar

Introduction

Wet wrap therapy, is based on skin application of a double layer of tubular bandages or gauze with a moist first inner layer and a dry second outer layer for a few days. It creates a layer of protection over patches of eczema, helping to relieve symptoms while promoting skin healing.^[2] It can also prevent scratching, which can damage fragile skin and lead to infection. It was first used as a rescue therapy to treat severe refractory atopic dermatitis.

Initial Symptom

A 55-year-old male patient, cement worker by occupation presented with complaints of recurrent episodes of eczema. The lesions were dry, scaly and hyperkeratotic associated intense itching predominantly involving both upper and lower extremities. There was a relapse every 3-4 months with severe pruritus



Intervention

Wet wrap therapy was considered as a potential treatment option which creates a layer of protection over patches of eczema, helping to relieve the symptoms while promoting skin healing. We used first layer of Vaseline and second layer of mometasone furoate 0.1% for 3 days consecutively where occlusion was done for 12 hours everyday.

Outcome

There was significant changes in the lesions post wrap therapy showing reduction in scaling, thickness, pigmentation and marked improvement in itching.



Discussion

Wet wrap therapy (WWT), based on skin application of a double layer of tubular bandages or gauze with a moist first inner layer and a dry second outer layer, is utilized to treat various pruritic conditions, in particular severe and refractory atopic dermatitis. Wet Wrap therapy has been advocated in patients with severe and or refractory AD as crisis intervention or as an adjunct to systemic immunomodulators. Studies show Wet wrap therapy seems to be a fast-acting treatment modality which also can be used as a maintenance therapy.

In conclusion, wet wrap therapy has demonstrated significant potential in managing chronic eczema, providing substantial relief from symptoms and enhancing the quality of life for patients as an adjunct to systemic treatment. However, it can not be used in acute eczema or eczema with secondary infection.

References

1. Sohn A, Frankel A, Patel RV, Goldenberg G. *Eczema*. *Mt Sinai J Med*. 2011 Sep-Oct;78(5):730-9.
2. Hindley D, Galloway G, Murray J, et al. A randomised study of "wet wraps" versus conventional treatment for atopic eczema. *Archives of Disease in Childhood* 2006;91:164-168.
3. Andersen RM, Thyssen JP, Maibach HI. The role of wet wrap therapy in skin disorders - a literature review. *Acta Derm Venereol*. 2015 Nov;95(8):933-9.

AUTONOMIC DENERVATION DERMATITIS - A CASE SERIES OF 4 PATIENTS

Dr Adithya Prakash & Dr Maitreyee Panda
IMS & SUM Hospital, Bhubaneswar

Introduction

Denervation Dermatitis (also known as Autonomic Denervation Dermatitis or ADD) is an uncommon **localized eczematous eruption that occurs around a surgical incision site.**

Various nomenclatures, such as post traumatic eczema SKINTED (surgery of the knee, injury to the infrapatellar branch of the saphenous nerve, traumatic eczematous dermatitis) and neuropathy dermatitis, have been used synonymously to describe different entities.^[1]

It commonly occurs after Total Knee Replacements (TKRs) and other surgeries around the knee.^[2]

Case Report

We included 4 patients (3 males and 1 female) who underwent the following surgical procedures on their lower extremities (**3- total knee replacement and 1 open reduction for fracture femur**) and presented with localized itchy, xerotic, scaly, and eczematous and oozy plaques.

The eruption exclusively occurred on the surgical incision sites and adjoining area.



The time lag to develop eczematous eruptions after surgical procedures ranged between 5 months and 2 years. 2 patients reported sensory loss of varying degree at the surgical site. The patients were treated with topical steroids and moisturizers and were maintained on topical emollients and intermittent doses of topical steroids.

Discussion

The cutaneous autonomic nervous system plays a crucial role in maintaining the barrier function of the skin by regulating sweat gland function, vasomotor activity, and skin blood flow. Acetylcholine and catecholamines secreted from autonomic nerve endings are thought to play a role in keratinocyte proliferation, adhesion, migration, and differentiation. This emphasizes the role of autonomic nerve activity in skin barrier homeostasis.^[3] Surgical incisions lead to traumatic transections of dermal nerves, causing

denervation of various autonomic organs of the skin. This denervation injury due to the transection of dermal nerve fibers during surgery and autonomic disruption may result in denervation dermatitis. Various contributing mechanisms have been speculated such as an altered epidermal barrier function, release of neuropeptides during nerve regeneration, altered behaviour of keratinocytes, and local immune dysregulation due to lymphatic trauma resulting in an inflammatory cascade.^[4]

References

1. Bhushan M, Mhatre M, Kumar P, Singh AL; Patki A. Autonomic Denervation Dermatitis: A New Type of Eczematous Dermatitis. *Clinical Dermatology Review* 1 (2):p 61-64, Jul-Dec 2017.
2. Dhopte A, Patil S, Barde N. Sympathetic dysfunction dermatitis in a revascularised upper extremity after near-total amputation - A case report and review of literature. *Indian J Plast Surg*. 2018;51(3):327-330.
3. Biswas, SK., Sil A., Panigrahi, A. et al. Autonomic Denervation Dermatitis. *Indian J Surg* 84, 234-235 (2022).
4. Dhillon MS, Jindal K, Shetty VD. et al. Autonomic Denervation Dermatitis: A Relatively Undocumented 'ADD'itional Complication of Total Knee Replacements and Other Surgeries Around the Knee. *JOIO* 55, 1068-1075 (2021).

MIMICKERS OF ATOPIC DERMATITIS

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A 3 year old male child presented with generalized and severe eczematous skin lesions since 6 months of age. Due to flexural and facial involvement, a clinical diagnosis of atopic dermatitis was made. The child was started on topical emollients and topical corticosteroids along with oral cyclosporine. Minimal improvement was reported. A peripheral blood smear revealed thrombocytopenia with small platelet size. His serum IgA and IgE were found to be elevated, whereas IgG and IgM were normal. Genetic analysis comprising of 12 exons and intronic flanking sequence was done, which revealed a heterozygous mutation in WAS gene. A diagnosis of Wiskott- Aldrich Syndrome (WAS) was made.

WAS is a rare X-linked immune deficiency disorder characterized by the classic triad

of micro-thrombocytopenia, eczema and recurrent bacterial infections. The child also has features of combined immune-deficiency and an increased risk of malignancy. It is caused by mutations in WAS gene which encodes WAS Protein (WASP). WASP is a regulator of actin nucleation in response to signals arising at the cell membrane, specifically of hematopoietic lineage. The life expectancy of children affected with WAS is around 15 years and the main cause of mortality is intra-cranial and intra-peritoneal hemorrhage. WAS presents with a myriad of cutaneous features. Eczema is the most frequent cutaneous manifestation followed by petechiae, ecchymosis and cutaneous infections. The eczema of WAS can be treated with topical emollients, topical corticosteroids and topical calcineurin inhibitors. IVIg has shown to markedly improve cutaneous lesions as well as the general condition of the child.

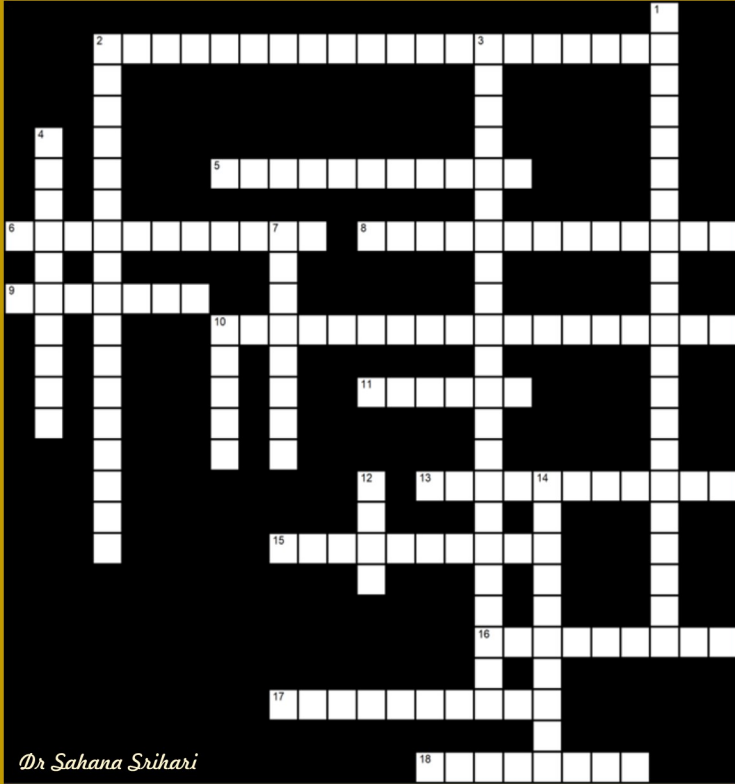
Management includes symptomatic measures like regular platelet transfusions,



antibiotics, immunoglobulin replacement, splenectomy and long term measures like hematopoietic stem cell transplantation (HSCT).

LEARNING POINTS :

1. A child with clinical features of atopic dermatitis, not responding to conventional modes of therapy must be systemically evaluated.
2. Extensive eczema combined with recurrent infections and a bleeding tendency should raise suspicion of Wiskott- Aldrich Syndrome.



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ACROSS

- 2- This chemical compound is commonly found in hair dyes and can cause severe allergic reactions on the skin, leading to dermatitis. It is often used as a patch test allergen in dermatology to diagnose contact allergies. (20)
- 5- This is a life-threatening allergic reaction that can occur rapidly, leading to symptoms such as difficulty breathing, swelling of the face and throat, and a drop in blood pressure. It often requires immediate administration of epinephrine and emergency medical attention. (11)
- 6- This therapeutic process involves a trained professional helping individuals cope with emotional, psychological, or behavioural challenges. It can be used to address mental health disorders,

- soldering fluxes, and cosmetics. It can be a potential allergen and cause contact dermatitis in sensitive individuals. (11)
- 15 - In the context of occupational and environmental health, this term is often associated with hexavalent chromium, a toxic form of chromium. Exposure to hexavalent chromium can lead to severe health problems, including lung cancer and skin irritation. (10)
- 16 - These are substances that can trigger allergic reactions in individuals who are sensitive or allergic to them. Common allergens include pollen, dust mites, pet dander, and various foods, and they can lead to symptoms ranging from sneezing and itching to severe anaphylactic reactions. (9)
- 17 - In medical and clinical contexts, this term is used to describe the simultaneous occurrence of multiple conditions or events. For

- relationship issues, and personal growth goals. (11)
- 8- This topical antimicrobial medication is used to prevent and treat bacterial infections in wounds and burns. It works by inhibiting the growth of bacteria and promoting wound healing. (13)
- 9- In pharmacology, this term refers to the substance or carrier used to deliver the active ingredient in a medication. It can impact the drug's absorption, distribution, and release within the body. (7)
- 10 - These drugs are used to suppress the body's immune system and are often prescribed to prevent organ rejection after transplant surgery and in the treatment of autoimmune disorders (18)
- 11- In dermatology, this metal is a common allergen that can cause contact dermatitis when it comes into contact with the skin. It can be found in various everyday objects such as jewellery, coins, and clothing fasteners. (6)
- 13 - Also known as rosin, this substance is derived from pine resin and is used in various products, including adhesives,

- example, a patient may have concurrent medical conditions, meaning they have more than one health issue at the same time, or a clinical trial may involve concurrent administration of multiple drugs. (10)
- 18 - This chemical compound, often associated with hexavalent chromium, is a known occupational and environmental hazard. Prolonged exposure to chromate can lead to respiratory problems, lung cancer, and skin sensitization. (8)

DOWN

- 1- This organic compound is used in the production of rubber and can be found in various rubber products such as tires, footwear, and gloves. It is known to be an allergen and can lead to contact dermatitis in individuals with sensitivities. (21)
- 2 - This term refers to the condition where an individual becomes sensitized or allergic to multiple allergens or substances. It can complicate allergy diagnosis and management, as patients may react to a wide range of potential allergens. (17)
- 3 - This chemical compound is commonly found in certain types of epoxy resins, which are used in various industries, including construction and manufacturing. It can be an allergen and lead to skin sensitization in individuals exposed to it. (22)
- 4 - In a medical context, this term describes processes or substances that originate within the body itself. For example, endogenous hormones are hormones produced by the body, as opposed to hormones taken externally. (10)
- 7- This is an antibiotic commonly used in topical preparations and in some vaccines. It can cause contact dermatitis in some individuals and is known as a potential allergen. (8)
- 12 - This is a dermatological test used to evaluate contact dermatitis and allergic reactions to substances like cosmetics, fragrances, and topical medications. It involves repeated application of the test substance to assess skin sensitivity. (4)
- 14 - Also known as petroleum jelly, this is a semi-solid mixture derived from petroleum. It is used as a moisturizer and barrier cream and is generally considered safe, but some individuals may develop sensitivities or allergies to it. (10)

Down: 1-MERCAPTOBENZOTHAZOLE; 2-POLYSENSITIZATION; 3-DIAMINODIPHENYLMETHANE; 4-ENDOGENOUS; 5-ANAPHYLAXIS; 6-COUNSELLING; 7-NITROFURAZONE; 8-NITROFURAZONE; 9-VEHICLE; 10-IMMUNOSUPPRESSANTS; 11-NICKEL; 13-COLOPHONUM; 15-HEXAVALENT; 16-ALLERGENS; 17-CONCURRENT; 18-CHROMATE; 19-ROBINID; 20-1,4-DIOXYBENZENE; 21-PETROLATUM; 22-NEOMYCIN



Society For Eczema Studies (SES)

SES is the first society of its kind in India & Subcontinent dedicated to Eczema of all kinds

Aims & Objectives

- ▶▶ To promote academic activities in the field of atopic dermatitis, contact dermatitis, occupational and environmental dermatitis, including teaching, training, CME programs, workshops, mentorship programs etc.
- ▶▶ To promote Research and Development in these fields.
- ▶▶ Start fellowship in Eczema independently, as well as in collaboration with IEC/SPIN.
- ▶▶ Create a platform to capture India specific prevalence, treatment modalities and outcomes in patients of eczema.
- ▶▶ Carry out registry of different aspects of eczema and questionnaire-based studies.
- ▶▶ Carry out high quality research work in atopic dermatitis including genetic and molecular level work.
- ▶▶ To encourage SES members to regularly publish data in reputed journals.

Any dermatologist, pediatrician, pulmonologist, and internist (Degree, Diploma or DNB) registered with their state medical council shall be eligible for life membership of the Foundation.

- However, non-dermatologists will be considered as 'Associate Member' and won't have any voting rights.
- Any dermatology / pediatrician / pulmonologist / internist postgraduate student may become Provisional life member (PLM) for five years.

Download the application form from the society website (<https://eczemasociety.net>). Fill it online and submit.

