Indian Association of Dermatologists, Venereologists & Leprologists West Bengal State Branch

SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Issue Spotlight

"Skintellect," is the online monthly newsletter of the IADVL WB, dedicated to the dynamic world of dermatology. This publication is a testament to the commitment of our members towards advancing the ever stretching horizon of the discipline , sharing knowledge, creating bonhomie and archiving our IADVL WB activities.

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Note from the President

Dear Members,

It is my privilege to reach out to you once again through the 5th edition of Skintellect. August was a vibrant month for our association, marked by academic excellence and collaborative spirit.

On 8th August, we witnessed a remarkable Masterclass on AIBD at KPC Medical College, meticulously conducted under the guidance of Dr. Sujata Sengupta. The sessions were rich in clinical insights and proved immensely beneficial for all attendees.

This was followed by the much-awaited SIG Acne and Appendageal Diseases activity on 30th August at The Park Hotel,Kolkata. With Dr. Sanjay Rathi as the driving force behind the program, the event was a resounding success, offering valuable updates and stimulating discussions on acne management. The deliberations were thought-provoking and highlighted both established practices and newer dimensions in the management of acne and Hidradenitis suppurativa.

As we now step into September, the air is filled with the anticipation of Durga Puja, the most cherished festival of our land . On behalf of IADVL–West Bengal, I extend my warm greetings to all our members. May this Puja bring happiness, harmony, and prosperity to you and your families, and inspire us to continue our journey of academic growth and service with renewed enthusiasm.

Warm regards,

Dr. Dinesh Kr. Hawelia
President
IADVL WB

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Secretary's Scribes

Dear Members,

Season's Greetings!

Wishing you all a joyous Rakhi Bandhan, Independence Day, Janmashtami, and Ganesh Chaturthi.

In line with our ongoing academic commitment, we kicked off this month with the 3rd episode of our Master Class Series at KPC Medical College. We will conclude the month with a Clinical Meeting at Medical College and Hospital, Kolkata, followed by the Special Interest Group (SIG) session on Acne and Appendageal Disorders.

Our Central Council members participated actively in the Mid-Term CCM held in Delhi, contributing to every interactive session with heartfelt engagement and positive outcomes.

We are deeply involved in organizing the upcoming Cuticon WB 2025, our annual conference, which aims to unite Science, Art, and Mind in the Practice of Dermatology. Our goal is to bring together every facet of our discipline to foster collaboration and innovation.

Additionally, the Central Election date has been announced, and we urge all members to convert to e-voters by 23rd September. This is a vital opportunity to exercise your voting rights. Please do not delay—participation is key to shaping the future of our community. Should you need assistance in the process, our office is always available to help at any step.

Happy reading, and we look forward to your active participation.

Best wishes,

Dr. Suchibrata Das
Honorary Secretary
IADVL WB

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Editors Desk

Dear Readers,

We are delighted to present to you the August edition of Skintellect—a month that witnessed vibrant academic activities under the banner of IADVL. The month began with the IADVL Masterclass on AIBDs held at KPC Medical College on 8th August and concluded on 30th August with an engaging discussion on the management of acne, acne scars, and appendageal diseases, organized by IADVL in collaboration with the SIG (Acne and Appendageal Diseases).

This edition shines the spotlight on Dr. Ashok Ghosal, who graciously shares his invaluable experience with us. Under the DermBuzz column, Dr. Soumya Kanti Datta offers an insightful piece on the dermatological effects of Ozempic, a novel weight-loss drug. The Residents' Corner features Dr. Arindam Sarkar, who brings forth the fascinating neuroendocrine aspects of skin ageing.

Our creative section, Dermaginations, continues with the much-loved Derma D'Lites series, presenting its third story, "Spooky", by Dr. Arijit Coondoo.

With the festive season approaching, Skintellect extends its warm wishes for a joyous and blessed Durga Puja in advance.

And as we wrap up this edition, the countdown to CUTICON WB 2025 officially begins!

Happy Reading!

Warm regards,

Dr. Kaushiki Hajra
Editor, Skintellect,
The IADVL WB Monthly Newsletter

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DERMATOLOGIST SPOTLIGHT: DR. ASHOK GHOSAL

Q: *Hello Sir, it's a pleasure to have you with us today. May we know what inspired you to take up Dermatology?*

A: *I initially started my house job in medicine. But dermatology appealed to me because it had fewer emergencies and allowed more time for my other passions like theatre and music. Looking back, it was the right choice — I had excellent teachers like Dr. Salil Panja and Dr. Ranjit Panja, who shaped my career.*

Q: *You've witnessed decades of evolution in dermatology — from clinical to cosmetic advances. What, in your view, has been the most transformative development in the field?*

A: *Yes, there is a noticeable change. Earlier, our focus was primarily on clinical dermatology. Now, younger dermatologists are increasingly drawn towards procedures and aesthetics. This is driven partly by patient demand — especially in cities like Mumbai, Ahmedabad, Bangalore, and Chennai — and is now gradually becoming popular in Kolkata and West Bengal as well. Many patients request specific procedures, like lasers, even when they may not be clinically necessary. Ultimately, I believe the trend will be shaped by public demand and logic over time.*

Q: *From a clinical perspective, what are some of the new developments or diagnostic tools that have improved accuracy in dermatology?*

A: *There have been several significant advancements. The dermatoscope is now widely used. We have access to different types of stains that were unavailable earlier. Immunological diagnosis has improved remarkably, and basic histology has evolved. Cell and protein identification have become more precise, enabling pinpoint diagnosis in many cases.*

Q: *You served as President of IADVL West Bengal in 2014–2015. Could you share any milestones from your tenure?*

A: *During my tenure, one important step was acquiring an additional venue for our activities. This was part of a long-term plan, and the funds we generated that year helped secure a flat adjacent to our office. This space was later used for meetings and other IADVL activities.*

Q: *Could you share a memorable patient story or clinical case that left a lasting impact on you as a dermatologist?*

A: *One case from the mid-1980s still stands out. A 14-year-old girl had recurrent genital ulcers and had been given various treatments without improvement. I suspected Behçet's disease and started treatment accordingly. Her father was a well-known figure, and at that time, I was quite young, practicing with a DVD degree. Several senior dermatologists later confirmed my diagnosis. She improved significantly, and even after 40 years, she hasn't had a recurrence. We're still in touch with her family. That case gave me immense professional satisfaction.*

Q: *Having mentored so many students, what qualities do you think a dermatology resident should develop from the start to excel in their career?*

A: *A strong grounding in basic clinical signs and symptoms is essential. I have seen cases where even well-established practitioners performing advanced aesthetic procedures struggle to diagnose common conditions like tinea, eczema, or psoriasis — especially in modified or untreated presentations. Workshops in aesthetics are fine, but nothing should come at the cost of fundamental clinical training.*

Q: *Outside dermatology, you have a passion for theatre. How did this interest begin, and how have you pursued it over the years?*

A: *My first play was during my medical college days at Calcutta University Institute. I even worked briefly with a*

professional theatre group before medical duties made it difficult to continue at that level. Over the years, I participated in and directed plays at doctors' clubs and other cultural groups. I've been involved in theatre for over 25 years and still act — last year, I even performed in a play at an IADVL event. Theatre has always been a joyful counterbalance to my medical career.

Q: *Lastly sir, with so many young dermatologists entering the field today, what challenges do they face, and what would be your most important piece of advice?*

A: *The competition today is far greater than it was in my time. Back then, there were only two MD seats in West Bengal; now there are around 50. Qualified dermatologists are present in every city and even secondary towns. This makes it harder for a newcomer to establish themselves.*

My advice is simple: be patient and maintain the highest quality in your practice. Offer effective treatment, build trust, and let your work speak for itself. Success will come, but it takes time.

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DERMBUZZ : OZEMPIC AND DERMATOLOGY: AN INTEGRATED PERSPECTIVE ON MECHANISM, SKIN ADVERSE EFFECTS, AND DERMATOLOGIC IMPLICATIONS

Dr Soumya Kanti Datta
Consultant Dermatologist
Wizderm Speciality clinic

Introduction

Ozempic, the brand name for semaglutide, has emerged as a pivotal therapy for glycemic control in type 2 diabetes and, more recently, for weight management in obesity. While its metabolic effects are widely discussed in endocrinology and primary care, Ozempic's influence on the skin—both as an organ affected by diabetes and obesity and as a site of drug-related reactions—has attracted increasing attention in dermatology.

GLP-1 RAs are a novel class of medication mainly being used to manage type 2 diabetes and obesity—not only to improve glycemic control but also to promote significant weight loss and reduce cardiovascular risk—20 % risk reduction of myocardial infarction, stroke and CVS related mortality as per 2024 ESC (European society of Cardiology Guidelines).

Mechanistic Links:

GLP-1 Receptor Agonism and Skin Biology

Semaglutide belongs to the class of glucagon-like peptide-1 (GLP-1) receptor agonists. These drugs mimic incretin hormones that augment glucose-dependent insulin secretion, suppress glucagon, slow gastric emptying, and promote satiety.

Beyond their metabolic actions, GLP-1 receptors are expressed in various tissues, including some cells of the skin and immune system. The skin's microenvironment is shaped by metabolic status, inflammatory pathways, adipose tissue signaling, and neuroendocrine interactions—all of which are modulated by GLP-1 signaling. In obesity and metabolic syndrome, adipose tissue releases adipokines and pro-inflammatory mediators that contribute to skin conditions such as acanthosis nigricans, dermatologic manifestations of insulin resistance, and inflammatory dermatoses. By promoting weight loss, improving insulin sensitivity, and altering inflammatory signaling, Ozempic can indirectly influence skin health.

Impact on Skin Conditions Related to Obesity and Diabetes

The dermatologic landscape in patients with obesity and diabetes is shaped by metabolic inflammation, insulin resistance, and altered skin architecture. Weight loss achieved with Ozempic can have meaningful dermatologic implications, particularly for conditions linked to metabolic dysregulation.

- ***Acanthosis Nigricans and insulin resistance:*** *Acanthosis nigricans is a striking hyper pigmented, velvety thickening of the skin, commonly found in intertriginous areas and strongly associated with insulin resistance and obesity. Weight reduction and improved glycemic control can reduce insulin resistance and may lead to stabilization or gradual improvement of acanthosis nigricans over time. While Ozempic's direct effect on acanthosis nigricans is not guaranteed, its role in successful weight management and metabolic improvement can indirectly ameliorate this dermatologic marker.*
- ***Inflammatory and immune-mediated skin diseases:*** *Obesity is linked to a pro-inflammatory milieu that can influence inflammatory skin conditions such as* ***psoriasis, atopic dermatitis (eczema), and hidradenitis suppurativa****. Weight loss and improved metabolic parameters may contribute to a more favorable skin environment. For psoriasis, even modest weight reduction has been associated with improved response to systemic therapies and reduced disease activity in some patients. The potential anti-inflammatory effects of GLP-1 receptor agonists—partly through reductions in adipose tissue–derived inflammation—could hypothetically confer added*

benefit, though robust, prospective dermatology-focused data are still evolving.

- ***Skin aging and wound healing:*** *Obesity and diabetes can impair wound healing and contribute to delayed postoperative and chronic wounds. Improved glycemic control and weight loss may enhance wound healing capacity and reduce infection risk, which has direct implications for dermatologic procedures, minor surgeries, and management of chronic ulcers.*
- ***Skin infections and barrier function:*** *Obesity and diabetes can alter skin barrier function, increasing susceptibility to infections and dermatitis. By improving systemic metabolic health, Ozempic can indirectly modulate barrier integrity and infection risk, though the exact mechanisms and clinical impact require more study.*

Dermatologic Safety Considerations in Special Populations

Certain populations require heightened dermatologic vigilance when using Ozempic:

- ***Individuals with a history of severe allergies or prior hypersensitivity reactions to peptide-based therapies*** *should be carefully evaluated before Ozempic initiation.*
- ***Patients with active dermatologic infections, eczema, or skin barrier disruption*** *may experience differential responses to injection-based therapies.*
- ***Those undergoing cosmetic dermatology procedures or skin-care regimens*** *should coordinate with their endocrinologist or primary care physician to ensure compatibility with Ozempic, particularly if procedures involve skin disruption, infection risk, or immune modulation.*

Dermatologic Adverse Effects:

What Has Been Reported As with any systemic therapy, Ozempic can be associated with adverse effects that involve the skin. The dermatologic safety profile of semaglutide is generally favorable, but cutaneous reactions have been reported in clinical trials, observational studies, and pharmacovigilance data. Reported categories include injection-site reactions, hypersensitivity and rashes, urticarial responses, pruritus, and less commonly, angioedema or bullous lesions.

- *Injection-site reactions can range from mild erythema and transient edema to itching and discomfort at the site of administration. These reactions are typically self-limited and improve with proper injection technique, rotation of sites, and, when needed, symptomatic topical therapy.*
- *Allergic and hypersensitivity phenomena, though relatively uncommon, can present as generalized rash, pruritus, or facial swelling.*
- *Hair loss- Telogen Effluvium*
- *Ozempic facies- facial fat loss and redistribution- A Cosmetic Dermatology & Aesthetic medicine conundrum- Rapid weight loss associated with the use of semaglutide leads to hollowing of cheeks, sunken eyes, sagging jowls & increased wrinkles*
- *Localized and diffuse rashes associated with Ozempic may overlap with common dermatologic conditions that have multifactorial etiologies in obese or diabetic patients, such as xerosis (dry skin), dermatitis, and folliculitis. In some cases, patients report pruritus without an obvious primary rash. It is essential to differentiate between a drug-induced eruption and coincidental skin conditions, and to consider a comprehensive differential diagnosis when patients present with new or worsening skin symptoms after initiating Ozempic. A novel case of progressive*

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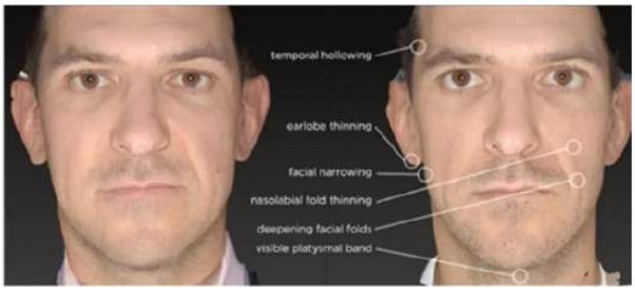
vitiligo vulgaris—spread reported after start of Semaglutide injections has been recorded in the US.

OZEMPIC FACIES- SEMAGLUTIDE FACE PHENOMENON

Ozempic facies refers to the hollow or sunken look following rapid accelerated weight loss due to facial fat redistribution and volume loss. The metabolic changes induced by GLP-1 RAs can impact the adipose and muscle tissue which can lead to changes in the facial contour & overall appearance. Semaglutide induced facial changes may resemble signs of premature ageing which is characterized by a combination of elastin, collagen, fat & muscle volume loss coupled with excessive sagging skin.

The decrease of significant weight can lead to facial skeletonization made evident by volume loss and gauntness. The areas predominantly affected by "Ozempic face "include the cheeks, temples, neck & peri-orbital regions. The characteristics include prominent deep wrinkling and skin sagging leading to marionette lines, deeper nasolabial folds and jowl formation. Semaglutide also disrupts the facial harmony by altering the size and proportions of the lips chin & cheeks leading to a noticeable change in the facial appearance. The skin barrier is also compromised as the loss of essential fatty acids, ceramides & cholesterol that make up the stratum corneum leads to dryness and lackluster appearance. The sudden decline of vitamins and minerals during weight loss can lead to malnutrition which only exacerbates the aforementioned issues.



Patient before (left) and after (right) use of Ozempic. Courtesy of Dr. Jonathan Zelken, MD [22].

FIGURE 1

THE INDIAN SCENARIO

WEGOVY- ((ONCE WEEKLY SEMAGLUTIDE INJECTIONS)) (NOVO_NORDISK- BANGALORE)

DOSES RANGING FROM 0.25 MG /WEEK UPTO 2.4 MG/ WEEK

TABLE 2 | The pros and cons of potential treatments for semaglutide "ozempic" face.

Potential treatments	Pros	Cons
Discontinuing semaglutide	Stops further volume loss. No additional costs.	Might regain weight lost. May not completely reverse esthetic changes.
Surgical interventions	Provides significant and lasting results. Address multiple areas simultaneously.	Invasive with longer recovery times. High costs.
Dermal fillers	Quick and minimally invasive. Immediate results with little to no downtime. Can be tailored to specific areas of volume loss.	Temporary requiring repeat treatments. Bruising, swelling, infection, allergic reaction, necrosis, or migration. Costs can accumulate.
RF microneedling	Minimally invasive with a short recovery time. Can improve skin texture and provide facial tightening. Stimulates collagen and elastin synthesis.	Multiple sessions needed for optimal results. Costs can accumulate.
Platelet-rich plasma	Uses patient's own cells, minimizing risk of allergic reactions. Stimulates collagen and elastin synthesis.	Requires patient blood draw which could cause discomfort or bruising.
Energy-based devices	Noninvasive. Can improve skin texture and provide facial tightening. Stimulates collagen and elastin synthesis.	Multiple sessions needed for optimal results. Costs can accumulate.

Wegovy (Semaglutide 2.4 mg) is a human GLP-1 RA (94% homology to human GLP-1) that works in 2 key areas of the brain causing direct activation of the hypothalamus and the hindbrain (area postrema & nucleus tractus solitarius) to help control hunger, satiety and cravings. It has a half life of approximately 1 week. It has been researched across a large & diverse population with over 15 trials worldwide (>25000 participants) and >3500 participants from India. Transformative weight loss > 20% achieved by 1/3 trial participants and proven to reduce Cardiovascular events like stroke, MI & sudden cardiac death by> 20%.

Wegovy Flextouch pens come in 5 color-coded pens for easy dose identification- dose is already preset & can be dialed up. Low

injection force is used for smooth delivery and proper refrigeration, light & temperature control is essential to ensure efficacy (2-8 degrees Celsius)

Dosage: Once weekly Dosing – 0.25mg through weeks 1-4, 0.5 mg through weeks 5-8, 1 mg through weeks 9-12, 1.7 mg through weeks 13-16 and finally maintenance dose of 2.4 mg – week 17 onwards.

The most common side effects noted were nausea, vomiting accompanied with alteration in bowel habits (diarrhea/constipation).The patients were advised to avoid high fat, fried, oily and spicy foods, reduce meal size, to stop eating when full/ not hungry, drink plenty of water, eat fibre rich foods & cut down on carbonated or alcoholic beverages. This helped to reduce the gastrointestinal adverse effects to a large degree.

Clinical Evidence and Knowledge Gaps:

The dermatologic literature on Ozempic and semaglutide is an evolving landscape. Most robust data come from broader safety profiles of GLP-1 receptor agonists and post-marketing surveillance. There are relatively few large, dermatology-specific trials examining semaglutide's direct effects on skin diseases or long-term dermatologic safety.

- *A generally favorable cutaneous safety profile with predominantly mild injection-site reactions.*
- *Potential indirect dermatologic benefits through weight loss and improved insulin sensitivity, with possible improvements in obesity-associated dermatoses and inflammatory skin conditions, though data are not definitive.*
- *A need for more focused studies on specific dermatologic outcomes (e.g., psoriasis severity indices, atopic dermatitis activity, and hidradenitis suppurativa progression) in patients treated with Ozempic or other semaglutide formulations.*

It is important to note that while weight loss is beneficial for many dermatologic conditions, rapid or excessive weight loss, if present, can also influence skin elasticity and wound healing dynamics. Thus, dermatologists should monitor patients longitudinally to capture both positive and negative cutaneous trajectories.

Conclusion

Ozempic/ Wegovy represent an important nexus between endocrinology, metabolism, and dermatology. Its primary clinical value lies in glycemic control and weight management for individuals with diabetes mellitus and obesity. Clinicians should remain alert to dermatologic side effects and consider appropriate dermatologic consultations when needed.

For dermatologists, a practical framework involves recognizing common injection-site reactions and differentiating these from true drug-induced eruptions, understanding the dermatologic implications of systemic metabolic improvement, and collaborating with the patient's broader healthcare team to optimize both skin and metabolic outcomes. Further research is essential to optimize the safe and effective use of GLP-1 RAs ensuring therapeutic benefits are maximized while minimizing adverse dermatologic outcomes.

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RESIDENT'S CORNER: NEUROENDOCRINE ASPECTS OF SKIN AGEING

Dr. Arindam Sarkar
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IPGMER & SSKM Hospital

As dermatologists, we often view skin ageing through the lens of sun damage, oxidative stress and genetics but the reality runs deeper-----into the quiet rhythms of hormones, stress mediators and neuropeptides. Beneath the surface, our skin is wired into a larger neuroendocrine network that governs not just physiology but time itself.

Let us explore how the neuroendocrine system becomes both the pen and parchment in the story of skin ageing.

1. ***The skin as a neuroendocrine organ***
   - *Far beyond its barrier function, the skin is an active neuroendocrine interface both sensing and responding to hormonal and neuronal signals*
   - *The skin possesses its own hypothalamic-pituitary-adrenal axis analogue. Stress, UV radiation and inflammation trigger the release of corticotrophin-releasing hormone (CRH) serotonin, melatonin, ACTH and cortisol within skin.*
   - *Cells like keratinocytes and melanocytes can also generate serotonin, melatonin and neuropeptides like substance P.*
2. ***Stress and the skin-brain dialogue***

   Chronic stress is not just 'felt'- it is seen on the skin.
   - *Prolonged cortisol exposure – whether systemic or local- suppresses fibroblast activity, reduces extracellular matrix components like collagen and hyaluronic acid and inhibits wound healing. This leads to thinner, more fragile skin with decreased resilience.*
   - *Neuropeptides such as substance P, CGRP and vasoactive intestinal peptides can trigger neurogenic inflammation, leading to flares in acne, rosacea or eczema.*
3. ***The hormone clock: ticking from within***

   As we age, levels of key hormones decline:
   - *Estrogen: After menopause, the gentle fall of estrogen leaves the skin drier, thinner and less elastic, as if time has softened its resilience.*
   - *Androgens: As DHEA and testosterone wane, sebaceous activity decreases and the dermal density reduces.*
   - *Growth hormone and IGF-1: The growth hormone/IGF-1 axis supports skin regeneration and dermal volume. As growth hormone levels diminish with age, so does the ability of skin to repair and renew itself leading to sagging, thinning and delayed wound healing.*
   - *Thyroid hormones: Thyroid hormones support epidermal proliferation and metabolism. Hypothyroidism even in subclinical forms can lead to dry, coarse skin and slowed turnover, making ageing signs more pronounced.*
4. ***Melatonin—The moonlight molecule***
   - *Produced both in pineal gland and skin, melatonin is a powerful antioxidant and mitochondrial protector. With age, melatonin levels drop which leads to increased vulnerability to ultraviolet damage and oxidative stress.*

5. ***Clinical implications and future directions***

- *Hormone replacement, topical melatonin, CRH antagonists and neuropeptide modulators represent promising strategies to slow some ageing processes when used judiciously.*
- *Mind skin therapies (mindfulness, stress management) may offer anti-ageing benefits.*
- *Personalized treatments targeting neuroendocrine pathways may soon complement traditional anti-ageing skin care*

TAKE HOME MESSAGE:

- *The skin listens-constantly to hormones, stress and the brain.*
- *Neuroendocrine ageing imbalance accelerates skin ageing from the inside out.*
- *A multidisciplinary approach – dermatological+ hormonal+ psychological+ nutritional- is key.*
- *Ageing is inevitable, but how we age, can be influenced.*

"TO CARE FOR AGEING SKIN IS
TO CARE FOR THE SILENT CONVERSATIONS BETWEEN
THE MIND, THE BODY AND THE WORLD AROUND US"

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DERMAGINATIONS: PAGING PASSION BEYOND PRACTICE

DERMA D'LITE: (3) A SPOOKY TALE

Dr Arijit Coondoo
Ex-President, IADVL, WB

One of the first subjects in our Medical College curriculum was Anatomy - the study of the structure of the human body. The voluminous Grey's Aatomy - the bible - had to be mugged up and dissection of the human body had to be performed as per instructions in Cunningham's manual. For the latter procedure our "laboratory" was the dissection room - a ghostly hall littered with cadavers all around.

We were all teenagers and It took us quite some time to get used to the sight of the bodies and the ghastly smell of putrefaction and formalin that emanated from them. Indeed on the very first day of our dissection class I heard a thud from behind me. Looking around I found that one of the girls, unable to bear the sight and smell had fallen down unconscious.

Stories about the ghosts in the dissection hall were passed down by generations of medical students. But the best I have heard was a true story about another medical college as told to me by an elderly relative.

In the hostel of that college were two friends who agreed on every aspect of life except one. While Partha (name changed) believed in the existence of ghosts, Sunil (name changed)scoffed at the idea. They would quite often get into long debates on this contentious issue; arguments which would at times even end in fist fights.

One night they decided to finally resolve the issue in a practical manner in the dissection hall.

Partha was quite firm in his belief that if there was any place where ghosts could be found roaming freely in abundance it would be the dissection hall. Hence that would be the best place to demonstrate their existence to Sunil. If the latter did not believe in ghosts he should not have any hesitation in entering that room alone on a moonless night with the electrical connection temporarily disconnected.

The challenge was accepted by Sunil with the bravado of an atheist. To prove that he had indeed been there he would have to place a rasagolla on the mouth of each cadaver. Whoever won would gift a Wing Sung pen to the other. Preparations were done by bribing the guard and obtaining the keys. Before sundown the electrical connections were cut off. A good number of bodies, partly dissected and undissected lay scattered on various tables in the dissection hall. Rasagollas were purchased and packed in a pot. The setting was perfect for the adventure.

In the pitch darkness of the moonless night at the stroke of twelve midnight our atheist friend Sunil tiptoed into the dissection hall, a pot of rasogollas in hand. A faint light came in from the streets through the glass windows and fell on the bodies making the atmosphere quite eerie. Though he did not believe in ghosts, yet the spookiness of the place was so sinister that he could almost feel his heart form a lump near his throat.

He started placing the rasogollas one after the other on the lifeless mouths and as he continued to do so he started gaining confidence by the minute.

But suddenly.... he had just crossed the fourth body when he heard a nasal voice call from behind, "Er. Excuse me. May I have one more rasagolla please. Now, in spite of all his courage his nerves were quite taut - and even though reasoning seemed to desert his brain ,his sense of discipline was quite up to the occasion. "Of course not." He said quite sternly, " Every body I will get only one rasagolla. No body gets an extra." And on he went completing his job with clinical precision.

Back in the hostel and relieved of the tension of the past hour Sunil felt relaxed. His ordeal was over and he had escaped unscathed from the dissection hall. But then an odd thought struck him. How could a dead body speak? How could it have eaten its allotted rasogolla and asked for one more?

Before he could figure out the mystery, his friends trooped into his room eager to hear about his encounter with the supernatural. But where was his friend with whom he laid the wager?

Someone went in search and found Partha sleeping soundly in his room. Woken up by his friends, he seemed quite surprised to hear that Sunil had indeed succeeded in his mission. He went to Sunil's room, a sheepish smile on his face and a Wing Sung pen in hand. He had lost the challenge and sportingly accepted defeat. The two friends hugged each other and promised never to fight on this issue in future. As they buried the hatchet someone brought in a pot of rasogollas to celebrate the event.

Parhta did not stay for long as he was feeling very sleepy. Gulping a rasogolla and promising their friends some more celebrations the next day, he prepared to leave the room. As he reached the door he suddenly turned around and in a nasal voice asked Sunil, "Er. Excuse me. May I have one more rasagolla, please?"

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MASTER CLASS: Season: 1 - Episode: 3, 8th August 2025
Auto Immune Blistering Diseases (AIBD)

The third masterclass was held on 8th August, 2025 at KPC Medical College. The event began with a welcome address by Dr. Sujata Sengupta, setting the stage for a series of insightful sessions. Dr. Anupam Das enlightened us all on the ethical considerations in dermatology research, highlighting the importance of integrity and responsibility in clinical studies. This was followed by Dr. Sudip Kumar Ghosh, who gave a comprehensive clinical approach to managing vesiculobullous disorders. Dr. Aditi Chakrabarti then delved into the management of pemphigus, contrasting evidence-based guidelines with real-world clinical practice. A brief quiz, conducted by Dr. Abheek Sil, added an interactive element to the program. Dr. Sudip Das then took up a session on the management of pemphigoid, similarly examining the differences between guidelines and practical scenarios. The discussions culminated in a case-based panel discussion moderated by Dr. Anupam Das, featuring expert insights from Dr. Aparajita Ghosh, and Dr. Saumya Panda. The event concluded with a vote of thanks, marking the end of a day filled with knowledge sharing and collaborative learning.

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CME on Acne, Scars and Appendageal Diseases
Venue: Park Hotel, Kolkata | Date: 30th August, 2025

On 30th August 2025, the IADVL West Bengal EC in collaboration with SIG Acne and Appendageal Diseases (IADVL Academy) organised a CME at Park Hotel, Kolkata, on the management of acne, acne scars and appendageal diseases in clinical practice. The program was graced by eminent dermatologists from across Kolkata and guest faculties Dr Sanjay Rathi and Dr Pooja Bains.

The event began with a welcome address by Dr Dinesh Kumar Hawelia (President, IADVL WB), followed by remarks from Dr Nilay Kanti Das (IADVL Academy Convenor) and an introductory note by Dr Sanjay Rathi (SIG Acne Coordinator). The inaugural lamp-lighting ceremony was conducted by the distinguished dignitaries.

Session I: Appendageal Diseases: The academic deliberations opened with Dr Indrashis Podder presenting on the association of metabolic syndrome with acne and hidradenitis suppurativa. This was followed by Dr Shreya Poddar and Dr Shahriar Ahmed, who spoke on non-biologic and biologic therapeutic options in hidradenitis suppurativa respectively. A case-based panel discussion on appendageal diseases, moderated by Dr Sanjay Rathi, featured panelists Dr Pooja Bains, Dr Saswati Halder, Dr Sudip Ghosh, Dr Sujata Sengupta, and Dr Aparajita Ghosh, who shared expert opinions and clinical pearls on managing complex cases.

Session II: Acne, PIH and Acne Scars: After a brief tea break, the focus shifted to acne and its sequelae. Dr Pooja Bains outlined the latest developments in acne therapy, followed by Dr Somodyuti Chandra on the pathogenesis of acne scarring and Dr Farhat Fatima on the preventive and medical management of post-inflammatory hyperpigmentation (PIH). Dr Kingshuk Chatterjee elaborated on procedural options for acne scar management, while Dr Dinesh Kumar Hawelia shared practical insights on preventing acne scars in routine practice. The session concluded with an important discussion on ethical considerations in acne scar management by Dr Shrayan Pal.

The CME concluded with a vote of thanks by Dr Dinesh Kumar Hawelia, who expressed gratitude to the speakers, panelists and delegates for their contributions in making the event a grand success.

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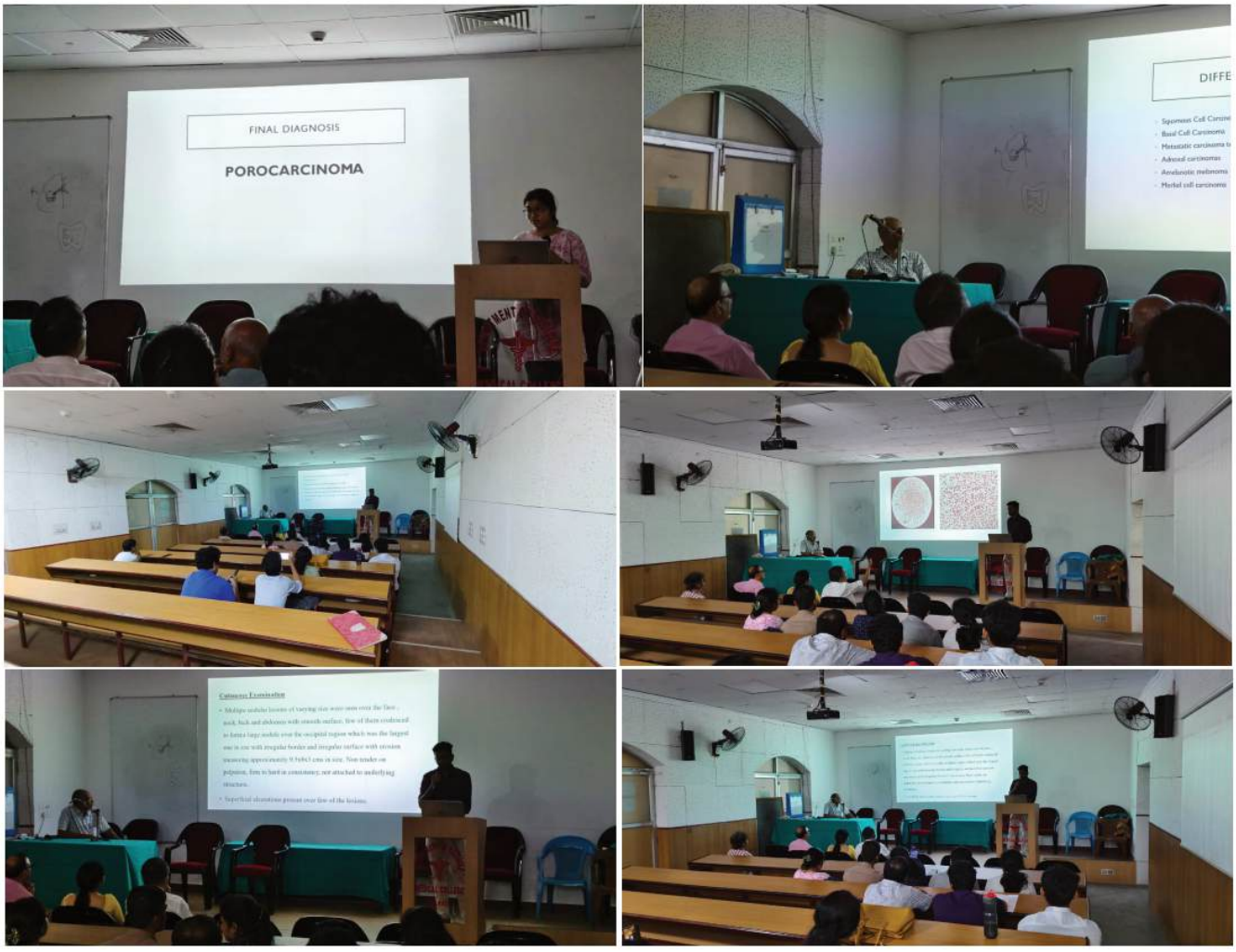
Monthly Clinical Meeting of IADVL WB on 28/08/2025 at Medical College & Hospital, Kolkata

The monthly clinical meet was held at Medical College, Kolkata, on 28th August 2025. The event was graced by the presence of eminent faculty members, including Dr. R. C. Gharami, Dr. Kishalay Ghosh, Dr. Sourav Dhara, Dr. Sukumar Jana, and Dr. Abanti Saha, along with enthusiastic participation from residents of various medical colleges.

Postgraduate trainees presented a series of fascinating and rare clinical cases, such as Rosai–Dorfman disease, eccrine angiomatous hamartoma, Mycobacterium abscessus infection, non-infective granulomatous mastitis, pigmented spindle cell nevus, Goltz syndrome, cutaneous Crohn's disease, lymphangioma, cutaneous lymphadenopathy, and porocarcinoma.

Each case presentation comprehensively covered the clinical features, diagnostic work-up, and therapeutic interventions, followed by an engaging and insightful discussion led by senior faculty members.

The session was a resounding success, providing a valuable academic platform for exchanging knowledge and deliberating on rare and challenging dermatological entities.



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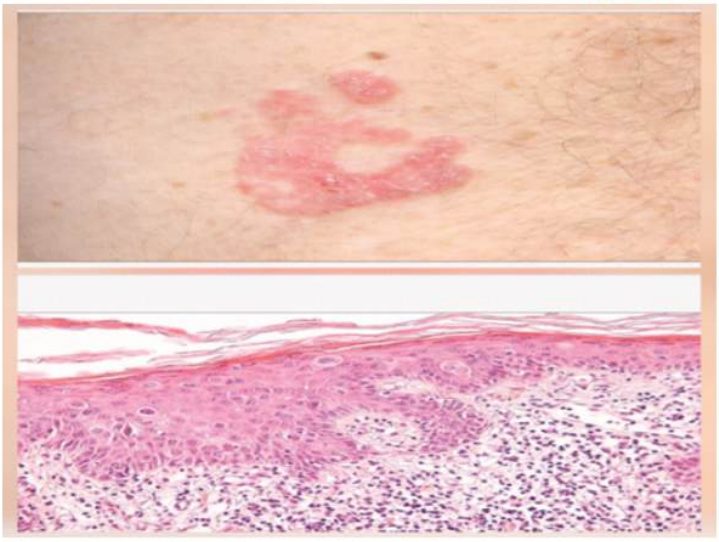
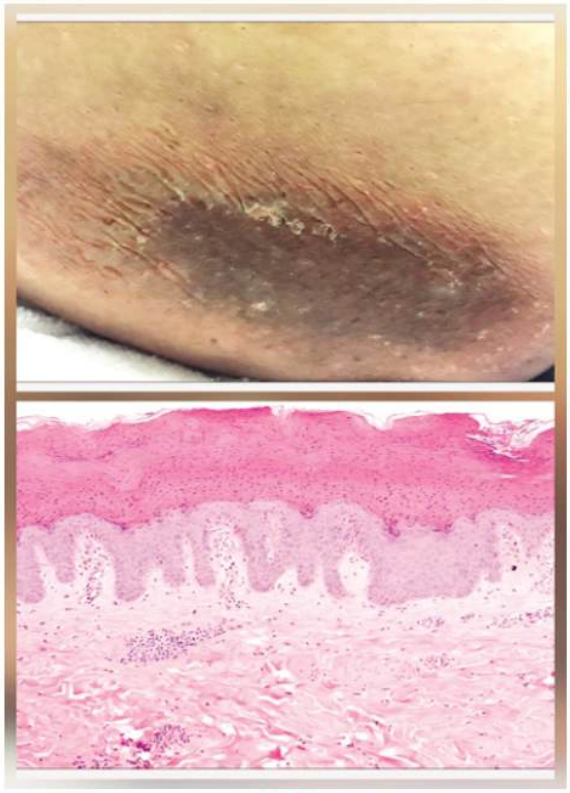
Quiz Zone

1. *Scaly psoriasiform plaque over upper arm since 6 months. Below the clinical and biopsy picture. What is the diagnosis? (PIC 1)*
2. *Asymptomatic scaly brownish plaque over elbow. Below is the clinical and biopsy picture. What is the diagnosis? (PIC 2)*
3. *What is this FDA approved device ? (PIC 3)*
4. *The name of the following procedure. (PIC 4)*
5. *Name the dermoscopic sign and the condition. (PIC 5)*



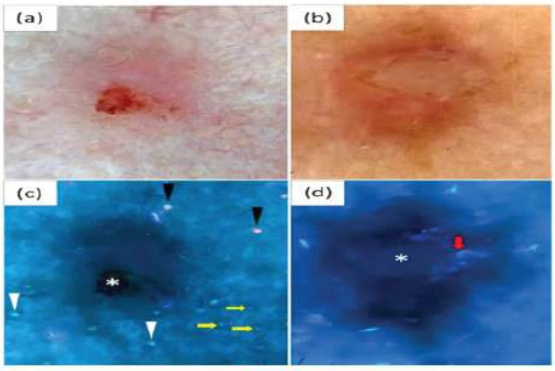
PIC 1



PIC 2

PIC 5

PIC 3



PIC 4

Quiz Answer Volume-3, Issue-4

1. *Prurigo Pigmentosa*
2. *Penicillin Marneffei, drug Mycophenol Mofetil (category D)*
3. *Pruritic urticarial plaques and papules of pregnancy, option no 4 ie the new borns may have transient lesion is the correct answer*
4. *Eccrine glands develpos at 4months over palms and soles.*
5. *Cathepsin C gene mutation*

The correct response given:
Dermwiz: Shatanik Bhattacharya

Thank You for your answer and happy reading

Kindly send your entry to iadvlwb@gmail.com with 'Skintellect Quiz' as subject.
The correct response of each month gets acknowledged in the next issue.
Send your entries now!
Good luck from Team Skintellect.

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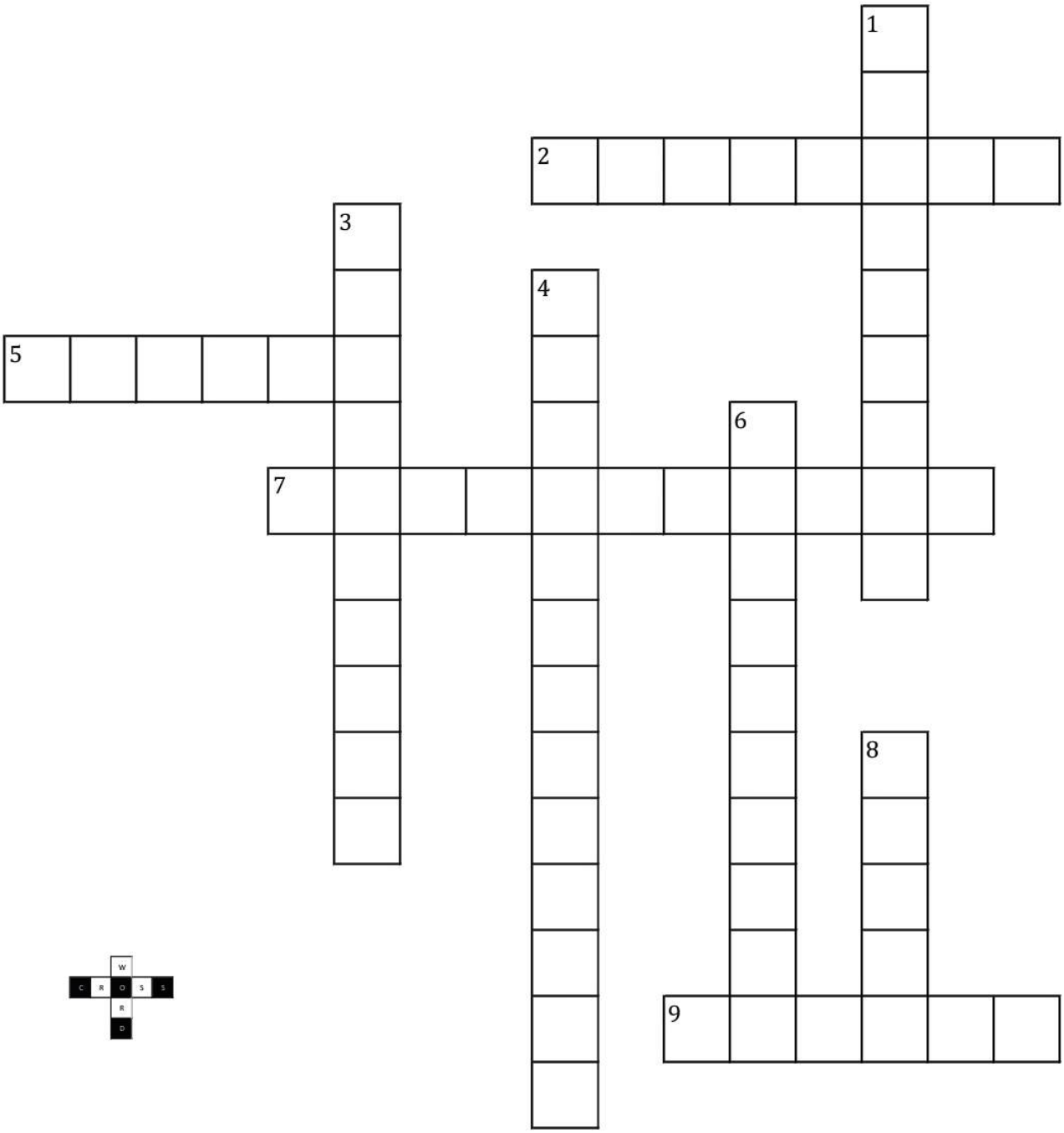
Brainstorm

Across

2. Omnibus sign is seen in this condition
5. Multinucleated giant cells seen in neurofibroma
7. FDA approved capsid inhibitor for multidrug resistant HIV
9. Most precise receptor for Braille reading

Down

1. Histidine rich protein mutated in ichthyosis vulgaris
3. Gene mutation seen in Papillion-lefevre syndrome
4. Aurora Borealis sign on dermoscopy is seen in
6. Inclusion body seen in endothelial cells infected with clamydia trichomatis L1-3
8. Peel used for treating onychomycosis



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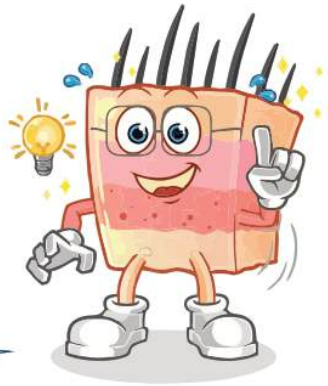
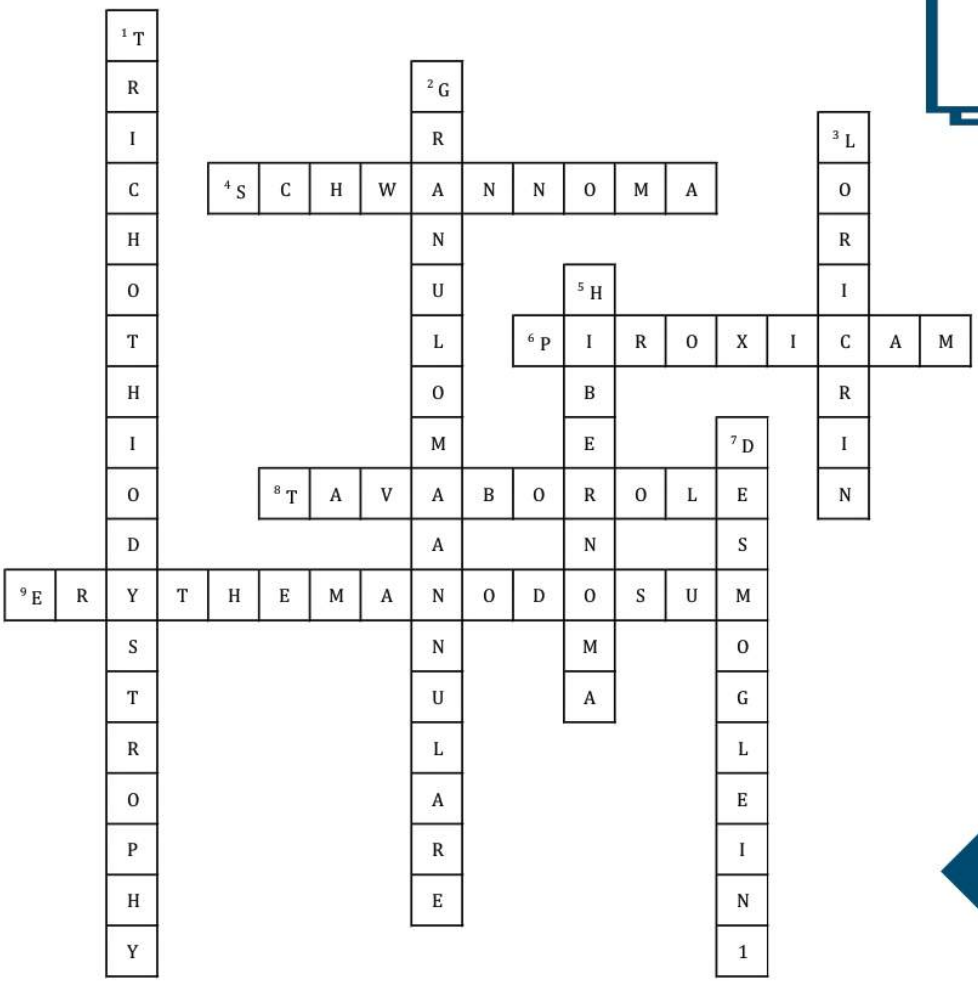
Dermwiz

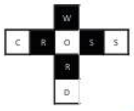


"I
settle on
surfaces where
symmetry pleases,
My hues are regal, my
itch never ceases.
In shadows of wrists
and tongues I reside,
A lattice of whispers
betrays where I
hide.

Dermwiz Answer
Volume-3, Issue-4

Morphea





Answer
Volume-3, Issue-4

IADVL
1973
INDIAN ASSOCIATION OF DERMATOLOGISTS VENEREOLOGISTS & LEPROLOGISTS
WEST BENGAL STATE BRANCH

15th & 16th Nov, 2025

CUTICON WEST BENGAL 2025

28th Annual State Conference of IADVL WB Branch

Venue:
Viveka Tirtha
Near Eco Park, Gate No. 1,
New Town, Kolkata - 700161

Theme: Uniting Science, Art, & Mind in the Practice of Dermatology

Program Highlights

Lectures & panels:
- Cutaneous infections
- Psoriasis
- Skin-endocrine link
- Immunobullous disease

Case-based Panel discussions on:
- Dermato Surgery
- Dermatopathology
- How should we manage common skin diseases?
- Aesthetics
- Drugs used in pregnancy and lactation
- Pigmentary disorders
- STI

Lectures on:
- History of Dermatology
- Pediatric Dermatology (genodermatoses, metabolic diseases, AICTDs)
- Recent advances in Dermatology
- Gentital ulcer
- Leprosy reaction
- Hidradenitis suppurativa
- Acne
- Cutaneous malignancies
- Hair disorders
- Ethics in Dermatology
- Contact dermatitis

- Dedicated sessions for PGTs by the masters in the field
- Free paper for all PLM and LM

REGISTRATION FEES			
Category	**25/07/2025 15/09/2025**	**16/09/2025 31/10/2025**	**01/11/2025 On Spot**
Life Member	₹ 2000/-	₹ 3000/-	₹ 4000/-
PG Student	₹ 1500/-	₹ 2500/-	₹ 3500/-
Accom Person	₹ 1500/-	₹ 2500/-	₹ 3500/-
Workshop	**PG Student**	**Members**	
Dermatopathology	₹ 1000/-	₹ 2000/-	
Dermatosurgery	₹ 1000/-	₹ 2000/-	
Cancellation/Refund	50%	25%	NIL