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

SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Issue Spotlight

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"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.

Volume 3, Issue 12, April 2026

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Note from the President

Dear Esteemed Members and Colleagues,

As I pen this message , I do so with a heart filled with gratitude, pride, and a sense of fulfillment, knowing that this will be my final communication to you as President of IADVL West Bengal.

Serving this vibrant and dynamic community has been one of the greatest honours of my professional life. I remain grateful for the trust you placed in me.

Over the course of my tenure, I have had the privilege of working alongside an exceptionally dedicated team and an equally enthusiastic membership base, all committed to advancing dermatology and strengthening our association

The past year has been a journey of collective effort, meaningful engagement, and steady progress. From academic activities, interactive webinars, SIG meetings, and hands-on workshops to initiatives that strengthened professional bonding within our fraternity—each step was made possible through teamwork and shared vision. The various activities highlighted during this tenure stand as a testament not to individual achievement, but to what we can accomplish together as a vibrant dermatology community.

I would like to place on record my sincere appreciation for our Honorary Secretary, Dr. Suchibrata Das, whose tireless dedication, meticulous planning, and unwavering support formed the backbone of our functioning. My heartfelt thanks also go to the Honorary Treasurer, Dr. Indrasish Podder, and every member of the Executive Committee, whose commitment and cooperation ensured that every initiative was executed smoothly and meaningfully .

I would also like to thank each one of you—our members—for your trust, encouragement, and active participation. Your engagement has been the true driving force behind our collective success.

A special word of praise is reserved for Dr. Kaushiki Hajra, whose extraordinary work as Editor of Skintellect has elevated the quality, relevance, and reach of our publication. Under her stewardship, the newsletter has truly become a reflection of our academic vibrancy and collective voice.

As one chapter closes, another begins. I extend my warmest wishes to the incoming team—Dr. Arghyaprasun Ghosh as President, Dr. Somenath Sarkar as Secretary, Dr.Aniruddha Ghosh as treasurer and the entire new Executive Committee. I am confident that under their leadership, IADVL West Bengal will continue to grow, innovate, and inspire.

Our office staffs always were at our disposal for the successful operation of our association. I shall always be grateful to them.

Though my tenure as President concludes, my commitment to our association and to the field of dermatology remains unwavering. I look forward to continuing this journey alongside all of you in new capacities in every possible way.

With warm regards and best wishes to all,

Dr. Dinesh Kr. Hawelia
President
IADVL WB

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Secretary's Scribes

It is never easy to begin writing a farewell note at the end of a long and eventful tenure of two years. Bidding adieu is always an emotional and reflective moment.

These years have been anything but ordinary. At times, it felt like navigating a turbulent sea with an ill-equipped ship. We have witnessed challenging phases—moments when the medical fraternity faced direct attacks, and times when internal discord threatened to shake the integrity of our beloved IADVL. Yet, we endured. We stood united. That is the true spirit of IADVL WB.

I consider myself fortunate to have begun my tenure under the inspiring leadership of Dr. Sandipan Dhar, a truly iconic figure of IADVL WB. I remain deeply grateful to Dr. Nilendu Sarma, who steered the ship through some of its most turbulent waters, and to Dr. Dinesh Hawelia, under whose calm guidance we continued our journey. Each of them has enriched me with invaluable lessons that extend far beyond the boundaries of our association. I offer them my heartfelt respect and gratitude.

Words fall short when I try to express my appreciation to all my colleagues, who stood by me with unwavering support at every step. Whether it was social initiatives, academic endeavors, or cultural and recreational activities—you were always there, contributing wholeheartedly.

Together, we have moved forward in every domain. Our Monthly Clinical Meetings—one of the most important academic platforms for our students, the future torchbearers—have continued consistently. We have expanded our reach to district medical colleges, and I sincerely thank the institutions that extended their support in hosting these programs. I hope the day is not far when all medical colleges in our state actively participate in this initiative.

We successfully organized Masterclass series—focused, topic-based CME programs for our students—and several SIG CMEs in collaboration with IADVL Academy Central, some of which earned national recognition for excellence. We observed all IADVL Days across medical colleges and centers through seminars, CMEs, and public awareness campaigns. We have also conducted many other academic Programs on different topics.

Our digital academic initiatives—Derma Addhyayan and Derma Abahan—crossed geographical boundaries and emerged as impactful national-level webinar series. Our branch was honored with the Best Branch Award for two consecutive years, a testament to our collective effort.

We also proudly participated in Dermapledge, contributing to the Guinness World Record for the "Most pledges for a dermatological disease awareness campaign in 24 hours." On World Skin Health Day 2025, we organized large-scale free camps across the state in a single day. Our commitment to social responsibility remained unwavering, as we reached out to school children, destitute homes, orphanages, and women's health initiatives.

None of this would have been possible without each one of you. I extend my deepest gratitude and respect to all members.

I remain ever grateful to my seniors, whose guidance helped me navigate complex situations—be it constitutional matters, finance, academics, legal issues, or organizational protocols. I am truly indebted to you Sir.

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My sincere thanks to all stakeholders and members of different committees of our branch. Your dedication and hard work transformed challenges into achievements.

A special note of appreciation to our young brigade—the true workhorses of IADVL WB. Your energy, enthusiasm, and commitment have driven every initiative to success. I look forward to seeing many future leaders emerge from among you.

I am grateful to the Editor, Editorial Board members, and all contributors of our glorious IJD, the oldest dermatological journal on the continent, for its continuous progress. I sincerely wish for it to emerge as one of the leading journals in the world. I also extend my heartfelt congratulations to the editors of SKINTELLECT, our monthly newsletter, whose tireless and dedicated efforts have elevated it to new heights.

Our office staff deserve special mention—their tireless efforts form the backbone of the smooth functioning of IADVL WB.

I would like to express my sincere gratitude to our pharma partners for their unwavering, continuous, and generous financial support, which has been the driving force behind all the initiatives and activities of our association.

As I step down, I feel reassured that IADVL WB will be in capable hands under the leadership of Dr. Arghya Prasun Ghosh, Dr. Somnath Sarkar, and Dr. Aniruddha Ghosh, along with their experienced and visionary team. I extend my best wishes to them for the journey ahead.

Warm regards to YOU ALL.

Long live IADVL.

Long live IADVL WB.

Dr. Suchibrata Das
Honorary Secretary
IADVL WB

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Editors Desk

Dear Readers,

As I write my final message as the Editor of this esteemed newsletter, I do so with a deep sense of gratitude and privilege. I am sincerely thankful to the senior members of IADVL WB for entrusting me with this significant responsibility. Serving in this role has been an immensely enriching experience and a valuable opportunity for professional growth, allowing me to further develop my skills in leadership, coordination, and communication.

I would like to place on record my sincere appreciation for my dedicated team members—Dr. Bartika Sikder, Dr. Dyuti Das, Dr. Shriya Saha, Dr. Pranjal Praveen, Dr. Soumi Biswas, Dr. Tamanna Dokania, Dr. Titli Ghosh, and Dr. Ameli Sarkar—whose unwavering support, commitment, and innovative ideas ensured the smooth and timely execution of each issue. Their collaborative spirit and consistent efforts have been instrumental in maintaining the quality and continuity of this publication.

I express my sincere appreciation to the entire office staff of IADVL WB, with special mention of Mr. Khageswar Das, whose invaluable contribution to the organization and design of the newsletter has been instrumental to its successful execution.

I would also like to acknowledge with great respect the guidance and encouragement extended by our outgoing President, Dr. Dinesh Hawelia, and Secretary, Dr. Suchibrata Das. Their exemplary leadership and steadfast support have been invaluable in enabling our editorial team to navigate this responsibility effectively.

I extend my sincere gratitude to each contributor to Skintellect, whose scholarly inputs and thoughtful contributions have enriched the magazine and enhanced its academic value.

This month's issue features Dr. Arun Achar, who shares reflections on his distinguished and accomplished academic journey in the Dermat Spotlight section. In Dermbuzz, Dr. Shrayan Pal presents an insightful discussion on the various aspects of premature greying of hair. In the Residents' Corner, Dr. Rubina Sultana offers a detailed perspective on the myths surrounding skin cancer in darker skin types. The Dermaginations section, as always, celebrates creativity, featuring a beautifully composed poem by Dr. Shrayan Pal and an evocative painting by Dr. Nirjhar Mondal.

As I formally hand over the editorial responsibilities to the incoming Editor, Dr. Ameli Sarkar, I extend my best wishes for her tenure. I am confident that under her stewardship, this newsletter will continue to evolve and reach newer milestones. I also convey my best wishes to the incoming President, Secretary, and the entire executive team for a successful and impactful term ahead.

Signing off,

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

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CONDOLENCE MESSAGE

Dr. Gautam Chatterjee

22nd February 2026

With a heavy heart, we, on behalf of the IADVL West Bengal State Branch, express our profound grief and sorrow at the untimely demise of our esteemed senior life member [LM/WB/2572], Dr. Gautam Chatterjee, who passed away on 22nd February 2026 at 3:05 PM at Charnock Hospital, Kolkata.

He was a tremendously dynamic, ever-smiling person whose contributions to the field of Indian dermatology were immense. His leadership and warmth have left an indelible mark, marking the end of an era. His passing is a great loss to our community.

On this sorrowful occasion, we convey our deepest and heartfelt condolences to his bereaved family and pray to the Almighty that his departed soul may rest in eternal peace.

With deepest sympathy,

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CALL FOR APPLICATIONS: EDITORIAL INTERN (INDIAN JOURNAL OF DERMATOLOGY)

*The Editorial Board of the **Indian Journal of Dermatology** invites applications from qualified and motivated dermatologists for the positions of **Editorial Intern.***

These positions provide an opportunity to actively contribute to academic dermatology, participate in the peer-review process, and gain hands-on editorial experience in a reputable scientific journal.

Position Details

Editorial Intern

Roles and Responsibilities

- *Initial technical screening of submissions*
- *Assisting in plagiarism checks and formatting review*
- *Coordinating communication between authors and editorial office*
- *Supporting editorial projects and digital initiatives*
- *Reviewing articles suited to sub specialty*

Eligibility Criteria

- *Life Member of IADVL West Bengal*
- *Diploma/MD/DNB Dermatology- within last 5 years*
- *Preferably 3 or more prior publications in peer-reviewed indexed journals*

♦ *Tenure*

Duration: 1 year (renewable based on performance)

NB- Positions are honorary. No financial reimbursement will be provided.

♦ *Application Process*

Interested candidates should submit:

1. *Updated Curriculum Vitae (<2 pages)*
2. *Mention specific areas of Interest clearly in the CV and in the email (do not write broad description like clinical dermatology); be specific like psoriasis, urticaria, dermatopathology, laser, aesthetics, dermatosurgery.*
3. *Brief statement of interest (300–500 words) outlining motivation and vision*
4. *List of publications*
5. *Copy of Diploma/MD/DNB (Dermatology) qualification certificate.*
6. *Prior editorial/reviewer experience (if any)*

Applications should be emailed to: editor@e-ijd.org with a CC to iadvlwb@gmail.com

*Subject line: Application for **Editorial Intern (Indian Journal of Dermatology)** (Name of Applicant)*

Last date for submission: 15th April 2026

Best wishes for your application! See you on-board!

Best wishes,

Manas Chatterjee

Editor-in-Chief, Indian Journal of Dermatology

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DERMATOLOGIST SPOTLIGHT: DR. ARUN ACHAR

Q1. Hello sir. It's a pleasure to have you with us today. May we know what first inspired you to pursue dermatology as a career, and what has continued to keep you passionate about the field over the years?

In the true sense, I initially had no specific plan to pursue dermatology as a postgraduate subject. At that time, dermatologists were often casually referred to as "itch doctors," which did not create much attraction toward the field. My primary focus was on preparing for competitive postgraduate entrance examinations such as those for West Bengal, AIIMS, and PGI Chandigarh.

During my preparation, I studied the dermatology chapters from Harrison's Principles of Internal Medicine mainly for entrance purposes. Fortunately, I secured a seat for MD Dermatology at AIIMS during the mid-session (September). As it was a premier institute and a clinical subject, I did not hesitate to join.

However, the subject was entirely new to me, and the workload—both clinical and academic—was quite overwhelming. For the first one or two months, I often questioned whether I should continue. Thankfully, my seniors and senior residents were extremely supportive and approachable, which helped me adjust to the department. Gradually, I developed a strong interest in the subject and began to enjoy both the field and the department more each day.

Q2. Early in your professional journey, was there a mentor or defining experience that significantly influenced your clinical thinking and approach to dermatology?

During my postgraduate residency, my mentor was Dr. Paschel, my senior resident at AIIMS. His sincerity, behavior, and dedication to both clinical work and academics greatly inspired me. Among the faculty, Dr. Ramam was my guide and mentor. His depth of knowledge in dermatology and dermatopathology, along with his excellent teaching methods, had a profound impact on me.

At AIIMS, most teachers emphasized independent learning. They guided us on how to examine patients, take proper histories, identify clinical findings, and learn from our mistakes, rather than spoon-feeding us.

At that time, there were no mobile phones, and internet access was limited to the library. Although good computer facilities were available, I regret not taking greater interest in learning computer skills.

Whenever we had doubts, teachers often gave hints rather than direct answers, encouraging us to consult textbooks first. I had the privilege of learning from eminent teachers like Dr. Pasricha, Dr. Pandhi, Dr. V.K. Sharma, Dr. Neena, Dr. Kaushal, Dr. Ramam, and Dr. Khaitan.

Q3. Your time at AIIMS is often regarded as formative for many clinicians. In what ways did your experience there shape your clinical philosophy and professional journey?

At AIIMS, Saturdays were free from OPD duties, but they were among the most academically intense and hectic days for postgraduate trainees, senior residents, and faculty members. The day began sharply at 8:00 AM with the clinical conference. Senior residents selected interesting cases for discussion, which were assigned to junior residents without prior briefing.

Junior residents were expected to arrive at least 30 minutes early to examine all the patients. Faculty members arrived punctually at 8:00 AM, and the case discussions began one by one. There was always a lively and interactive atmosphere, with a spirit of healthy academic challenge among residents and teachers.

Although the faculty were aware that residents had discussed the cases beforehand, they would still question individuals during the conference.

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When a junior resident made an accurate diagnosis, especially in atypical cases, they were specifically acknowledged and appreciated. I truly miss those conferences.

Following the clinical conference, the dermatopathology conference was held. Dr. Ramam and the pathologist, Dr. M.K. Singh, were always present and conducted detailed discussions on histopathological features. We typically reviewed the slides beforehand and prepared notes. During the session, faculty members could question any resident, which encouraged thorough preparation and active participation.

I have occasionally discussed with colleagues the possibility of introducing similar conferences in our department. However, due to various constraints, it has not been feasible.

Nevertheless, those sessions were extremely valuable and played a significant role in enhancing our clinical and academic knowledge.

Q4. When you encounter a patient whose diagnosis is not immediately apparent, how do you approach the case and navigate the diagnostic process?

From the beginning, I developed the habit of consulting books or the internet whenever I had doubts regarding diagnosis or management. I usually write short notes (now often with photographs) and revisit them during my leisure time for further study.

I do not prefer ordering unnecessary investigations. However, when required, I perform biopsies and other relevant tests. Since dermatopathology expertise may sometimes be limited, I often discuss cases with pathologists and, if needed, review the slides myself.

I always strive to confirm the diagnosis as accurately as possible. I am open to discussion with colleagues, senior residents, and even students. If someone provides a correct insight, I always acknowledge and appreciate it.

Q5. In an era where investigations and technologies are rapidly advancing, how relevant do you think clinical intuition remains in dermatology?

Clinical intuition remains essential in dermatology. Without a preliminary clinical impression or diagnostic probability, it is difficult to proceed effectively.

I avoid unnecessary or irrelevant investigations and emphasize strong clinical knowledge combined with clinicopathological correlation. Histopathology can often refine or even change a diagnosis and guide appropriate treatment.

Q6. From your experience, what are some common clinical or practical mistakes that young dermatologists tend to make in everyday practice?

In my experience, young dermatologists generally do not make major mistakes. However, many are extremely busy and may focus on completing work quickly or earning more, which should be avoided.

Ethical practice is crucial. To be a good practitioner, one must remember three key principles: sound clinical knowledge, punctuality, and rational treatment

Q7. Which areas of clinical dermatology do you believe require greater attention or research, particularly in the Indian context?

In the Indian context, greater attention and research are needed in infections—especially fungal infections—sexually transmitted diseases (STDs), and dermatological emergencies such as Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and DRESS syndrome.

Q8. How do you manage situations where treatments do not produce the expected results, or when there is therapeutic uncertainty?

When a patient does not respond as expected, I first reconsider whether there may have been an error in diagnosis or treatment. I discuss such cases with colleagues and sometimes even with students.

If the diagnosis is confirmed, I explore alternative management options through books or the internet. I tend to reflect deeply on such cases, especially when outcomes do not meet expectations.

Q9. Sir, if you had not chosen dermatology, what other path within or outside medicine might you have pursued?

If I had not chosen dermatology, I would likely have pursued general surgery. However, once I received the opportunity to study dermatology at AIIMS, New Delhi, I joined without hesitation.

Q10. Medicine can be demanding. What interests or activities outside of work help you stay mentally refreshed and maintain balance?

I believe mental relaxation is essential for effective work. During my time in Midnapore, we had a close-knit group of colleagues who engaged in recreational activities like carrom, cards, and chess.

I also enjoy watching movies and traveling, especially to hilly areas, which helps me stay refreshed.

Q11. Thank you sir for such a lovely discussion. Lastly, over the years, how have patient expectations evolved, especially with the growing influence of aesthetic dermatology and social media?

I do not focus heavily on evolving trends like aesthetic dermatology or social media influence. Instead, I believe in building a strong doctor–patient relationship based on trust.

Success in both academic and clinical practice depends on knowledge, consistency, and dedication to work.

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DERMBUZZ : PREMATURE GREYING OF HAIR — A CLINICAL, SOCIAL, AND PSYCHOLOGICAL PERSPECTIVE

Dr. Shrayan Pal
Consultant Dermatologist, Kolkata

Hair is rarely just hair. Across cultures and generations it represents youth, health, identity, and self-expression. The colour of our hair plays a subtle but powerful role in how we perceive ourselves and how we believe others perceive us. When hair begins to turn grey earlier than expected, the experience often carries emotional significance far beyond the biological change itself.

In everyday dermatology practice, premature greying of hair is one of the most common aesthetic concerns among young patients. Teenagers, college students, and young professionals frequently arrive at the clinic worried that something is seriously wrong with their health. Many describe embarrassment during social interactions, anxiety about ageing, or constant comments from friends and relatives about their appearance.

From the perspective of a dermatologist who sees and studies such cases regularly, premature greying is not merely a cosmetic issue. It is a condition where biology, psychology, lifestyle, and social perception intersect, and therefore deserves a thoughtful and balanced medical approach.

Understanding Premature Greying

Premature greying, medically termed canities, refers to the appearance of grey or white hair significantly earlier than the expected age. Although exact definitions vary slightly across populations, the commonly accepted clinical benchmarks for Indian population is widely accepted to be before the late twenties.

Hair colour is determined by melanin, the natural pigment produced by specialized cells called melanocytes located in the hair follicle. These melanocytes transfer pigment to the growing hair shaft during the growth phase of the hair cycle. When melanocytes gradually lose their ability to produce pigment, the hair shaft emerging from the follicle contains less melanin and appears grey. When pigment production stops entirely, the hair appears white.

This process is gradual and typically progresses over years. Once a hair follicle completely loses its pigment-producing cells, repigmentation becomes biologically difficult, which explains why reversing established grey hair remains a challenge in dermatology.

The Biology Behind Early Greying

Modern dermatological research has significantly improved our understanding of why hair greys earlier in some individuals. Rather than being a simple "ageing process," premature greying is now known to involve multiple biological mechanisms within the hair follicle.

Melanocyte stem related issues

Hair follicles contain a reservoir of melanocyte stem cells located in a region known as the bulge. These stem cells serve as a renewal system, producing fresh pigment-forming melanocytes during each new hair cycle. Recent laboratory research has shown that premature greying may occur when these stem cells either fail to migrate to the hair bulb, or undergo premature differentiation, or gradually become depleted. Once this regenerative pool is exhausted, the follicle loses its ability to produce pigmented hair.

Oxidative Stress

One of the most widely studied mechanisms in premature greying involves oxidative stress. Inside the hair follicle, metabolic processes constantly generate reactive molecules known as free radicals. Under normal circumstances the body neutralizes these molecules using antioxidant enzymes such as catalase. However, studies examining grey hair follicles have found that: Hydrogen peroxide accumulates within the follicle & catalase activity declines. Excess oxidative stress damages melanocytes and the enzyme tyrosinase, which is essential for melanin synthesis. Over time this oxidative damage interferes with pigment production and accelerates greying.

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Genetic Influence

Genetics remains the strongest determinant of early greying. In clinical practice, many patients report that their parents or grandparents experienced similar early greying patterns. Scientific studies have identified several genes that influence hair pigmentation and melanocyte function. Among the most studied is the IRF4 gene, which regulates melanin production and has been strongly associated with hair greying in genome-wide studies. Other genes such as MITF, BCL2, and MC1R also play important roles in melanocyte survival and pigment regulation. This explains why some individuals begin greying very early despite otherwise good health.

Nutritional Factors

Nutritional deficiencies are frequently discussed in relation to premature greying. While they may not always be the primary cause, they can certainly contribute. Commonly associated deficiencies include: Vitamin B12, Iron, Copper, Zinc, Folate, Vitamin D

Several Indian studies have observed a higher frequency of vitamin B12 deficiency among patients with early greying. Correction of such deficiencies is therefore an important part of evaluation. However, it is equally important to inform patients that correcting a deficiency may slow progression but rarely reverses already grey hair.

Lifestyle and Environmental Factors

Lifestyle choices can influence the rate at which greying progresses. Smoking, in particular, has shown a strong association with premature greying by increasing systemic oxidative stress and directly damaging melanocytes within hair follicles. Other contributing factors may include:

- ✓ *Chronic psychological stress*
- ✓ *Irregular sleep patterns*
- ✓ *Poor dietary habits*
- ✓ *Environmental pollution*
- ✓ *Prolonged ultraviolet exposure*

Recent experimental studies have even suggested that acute stress may activate the sympathetic nervous system, leading to rapid depletion of melanocyte stem cells in animal models.While the exact relevance to human hair greying is still being studied, it highlights the complex relationship between stress and pigmentation.

Psychological and Social Impact

As dermatologists, recognizing this emotional dimension is essential. In many consultations, reassurance and education provide as much relief as medical treatment. Although medically harmless, premature greying can significantly influence emotional well-being. Young individuals frequently describe feeling older than their peers, self-conscious in social gatherings, less confident in professional environments, anxious about their appearance etc.

Repeated comments from friends, colleagues, or family members can unintentionally magnify this concern. Many patients begin using hair dyes at a very young age and may feel dependent on cosmetic concealment. Some avoid certain hairstyles or social situations out of embarrassment.

Conventional Management

At present, management focuses on slowing progression and addressing reversible factors. This often includes correction of nutritional deficiencies and the use of antioxidant supplements aimed at reducing oxidative stress within the hair follicle. Compounds commonly used in clinical practice include: Biotin, Vitamin B complex, L-cysteine, N-acetyl cysteine, Vitamins C and E. While these therapies may support follicular health, expectations must remain realistic.

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Cosmetic Solutions: *For most individuals, cosmetic camouflage remains the most practical solution. Modern hair colouring techniques have evolved considerably and can provide natural-looking results with minimal damage when used correctly. Dermatologists often guide patients toward safer products and proper application intervals.*

Emerging and Experimental Therapies: *Research into hair pigmentation biology has opened the door to several new therapeutic possibilities.*

- *Peptide-based cosmeceuticals such as palmitoyl tetrapeptide-20, which aims to stimulate melanin production by activating melanocyte pathways.*
- *Platelet-rich plasma (PRP) therapy. PRP contains growth factors that may improve the follicular microenvironment and potentially support melanocyte survival. Some small clinical reports have suggested mild improvement, although results remain inconsistent.*
- *Low-level laser therapy has also been explored for its ability to enhance cellular metabolism within hair follicles. While primarily used for hair loss, some investigators believe it may indirectly support pigment-producing cells.*
- *More advanced regenerative approaches such as exosome therapy, PDRN, and stem-cell-based treatments are currently being investigated in experimental settings. These therapies aim to restore the follicular environment or reactivate melanocyte stem cells.*

Although promising, these techniques remain in early stages and are not yet standard clinical treatments.

Looking Toward the Future

The science of hair pigmentation is advancing rapidly. With deeper understanding of melanocyte biology and follicular stem cells, future therapies may one day move beyond cosmetic concealment toward true pigment restoration. Researchers are currently studying ways to: Protect melanocyte stem cell reservoirs, Reduce oxidative damage within follicles, Stimulate dormant pigment cells to resume activity. While these discoveries may eventually transform management, current treatment still focuses on prevention, supportive care, and realistic counselling.

From a Dermatologist's Perspective

Premature greying of hair illustrates how closely medical science and human psychology can intertwine. A condition that is medically harmless may still carry considerable emotional weight for the individual experiencing it.

The most effective management often involves a combination of scientific explanation, correction of modifiable factors, honest discussion about treatment limitations & empathetic reassurance. When patients understand the biological nature of the condition and the strong role of genetics, much of their anxiety tends to diminish.

Ultimately, the role of the dermatologist is not only to address the pigment of the hair, but also to help patients navigate the condition with clarity, confidence, and informed choices. Because grey hair may appear earlier for some individuals — but with proper guidance, it need not define how young they feel or how confidently they live.

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RESIDENT'S CORNER:
SKIN CANCER IN DARKER SKIN TYPES: MYTHS AND MISSED DIAGNOSIS

Dr. Rubina Sultana
3rd yr pgt
STM, Kolkata

Skin cancer is often perceived as a disease predominantly affecting fair-skinned populations. This belief has contributed to under-recognition and delayed diagnosis among individuals with darker skin types (Fitzpatrick skin types IV–VI). Although the overall incidence of skin cancer is lower in darker skin due to the photoprotective effects of melanin, morbidity and mortality may be disproportionately higher because lesions are frequently detected at more advanced stages.

*World Cancer Day, this year with the theme "**United by Unique**," emphasize that every individual's cancer journey is distinct, and equitable awareness must extend across all skin types—particularly in addressing the often-overlooked burden of skin cancer in darker skin. Dermatologists play a crucial role in dispelling myths surrounding skin cancer in darker skin and ensuring early recognition and appropriate management.*

Epidemiology of Skin Cancer in Darker Skin:

Melanin acts as a natural photoprotective pigment provides partial protection against ultraviolet (UV) radiation by absorbing and scattering UV rays, reduces the formation of DNA photoproducts such as cyclobutane pyrimidine dimers that initiate carcinogenesis. Darker skin contains larger and more densely distributed melanosomes that provide intrinsic photoprotection.

However, melanin does not completely eliminate cancer risk. Despite this protective effect, skin cancers still occur in individuals with darker skin. Many skin cancers in darker skin arise through mechanisms independent of UV exposure, including chronic inflammation, scarring, or immunologic factors.

This biological protection has unfortunately contributed to the misconception that people with darker skin are immune to skin cancer contributing to diagnostic delays.

*The pattern of skin cancers in darker skin also differs from that seen in fair-skinned populations. Squamous cell carcinoma is often the most common malignancy, followed by basal cell carcinoma and melanoma. Unlike fair-skinned individuals, melanoma in darker skin most commonly presents as **acral lentiginous melanoma**, affecting palms, soles, and nail units.*

Risk Factors for Skin Cancer in Darker Skin

Although ultraviolet radiation remains an important factor, several additional risk factors are particularly relevant in darker skin populations:

- *Chronic scars and burn scars*
- *Long-standing inflammatory dermatoses*
- *Chronic ulcers and sinus tracts*
- *Immunosuppression*
- *Viral infections such as human papillomavirus*
- *Environmental carcinogens*

These factors contribute particularly to the development of squamous cell carcinoma.

Common Myths Surrounding Skin Cancer in Darker Skin

Myth 1: Darker Skin Does Not Develop Skin Cancer

Although incidence is lower, skin cancer can occur in all skin types. Delayed diagnosis in darker skin may lead to poorer outcomes.

Myth 2: Skin Cancer Only Occurs on Sun-Exposed Areas

In darker skin types, melanoma and other malignancies frequently occur on non–sun-exposed areas, including acral surfaces and mucosal sites.

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Myth 3: Pigmented Lesions Are Usually Benign

Many patients assume that pigmented lesions are harmless. However, melanoma in darker skin may present subtly and may even be amelanotic.

Myth 4: Routine Skin Examination Is Unnecessary

Because skin cancer is perceived as rare in darker skin, routine skin examinations are often overlooked, leading to missed opportunities for early detection.

Why Skin Cancer Is Often Missed in Darker Skin?

Several factors contribute to missed or delayed diagnosis:

- ***Low Patient Awareness***

Patients may believe that darker skin provides complete protection against skin cancer and may ignore suspicious lesions.

- ***Low Clinical Suspicion***

Healthcare providers may overlook malignant lesions due to the perception that skin cancer is rare in darker skin types.

- ***Atypical Presentation***

Many lesions do not exhibit classical features. Melanoma may be amelanotic, while squamous cell carcinoma may resemble chronic ulcers.

- ***Anatomical Location***

Lesions frequently occur in areas that are not routinely examined, including acral surfaces and mucosal sites.

- ***Socioeconomic Factors***

Limited access to dermatologic care and inadequate awareness programs may further delay diagnosis.

Clinical Pearls for Dermatologists:

- *Always examine **palms, soles, and nail beds** during routine skin examination.*
- *Any **non-healing ulcer or chronic scar** should be biopsied to rule out squamous cell carcinoma.*
- *Do not rely solely on the **ABCDE criteria**, as acral melanoma may present differently.*
- *Evaluate **longitudinal melanonychia** carefully for irregular pigmentation or Hutchinson sign.*
- *Pigmented basal cell carcinoma may mimic benign lesions in darker skin.*
- *Dermoscopy is particularly valuable in evaluating **acral pigmented lesions.***
- *Maintain a **high index of suspicion** despite lower incidence rates.*
- *Early biopsy of suspicious lesions remains the most effective method for early diagnosis.*

Role of Dermatologists in Reducing Diagnostic Disparities:

Dermatologists play a central role in improving outcomes for patients with darker skin types.

Dermatologists must actively challenge myths and maintain a high index of suspicion when evaluating suspicious lesions. Educational campaigns should emphasize the importance of examining acral sites, nail units, and chronic scars.

Comprehensive skin examination, early biopsy, and patient education are essential steps toward improving early detection and reducing disparities in skin cancer outcomes across different skin types.

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DERMAGINATIONS: PAGING PASSION BEYOND PRACTICE

FORBIDDEN

Dr. Shrayan Pal

I call it curiosity,
not love—
a smaller word,
with room to escape;
I lean just a little
to see what happens,
the way dusk hesitates
before choosing night.

You sit there
like an open matchbox:
small,
dangerous,
inviting.
Part of me measures risk,
Taking notes;
Another part leans closer,
imagining the warmth
before the burn.

I like you
the way one likes a dark road—
knowing better,
walking anyway.
My heart keeps asking
practical questions.
My body ignores them.

Nothing has happened.
That's the trouble.
Everything feels possible,
including the ending.
But the heart, practicing its courage,
keeps time—
waiting to see
what I will dare to choose.

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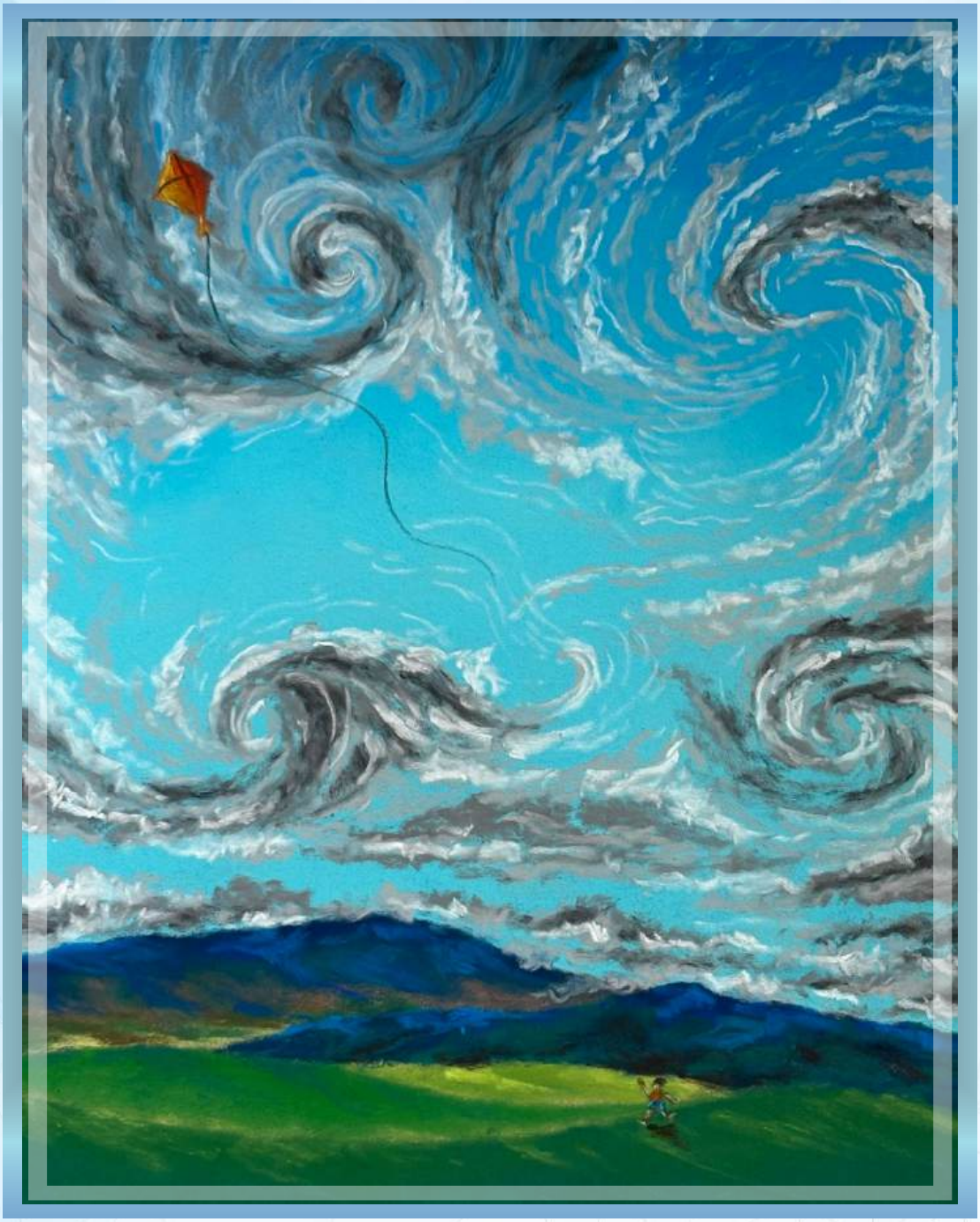
THE KITERUNNER
MEDIUM- SOFT PASTEL

Dr Nirjhar Mondal
SR, BC Roy, PGIPS



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Monthly Clinical Meeting of IADVL WB on 30/03/2026 at R K M Seva Pratisthan, Kolkata

A clinical meeting was held on 30.03.2026 at Ramakrishna Mission Seva Pratishthan, attended by numerous senior dermatologists and postgraduate trainees. Multiple live cases along with their clinicopathological correlations were presented and discussed in detail:

- *Papular mucinoses*
- *Nevoid whorled hypermelanosis*
- *Lepromatous leprosy*
- *Morphea*
- *Epidermolysis bullosa pruriginosa*
- *Lichen planus with lichen planopilaris*
- *Lupus miliaris disseminatus faciei (LMDF)*
- *Cutaneous lymphoid hyperplasia*

The event was highly enriching and interactive, chaired by Dr. Ashok Gangopadhyay and Dr. Abanti Saha. Cases were discussed and prepared under the guidance of team RKM - Dr. Siddhartha Das, Dr. Jayanta Das, Dr. Raghubir Banerjee and Dr. Shreya Poddar.

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District Chapter of IADVL WB

ACTIVITIES DONE BY BANKURA PURULIA CHAPTER of IADVL WB (2025-26)

1. *CMEs on different topics related to recent updates in dermatology, venereology and leprosy at regular intervals which are attended not only by members but also postgraduate trainees.*
2. *Arranged Leprosy congress with Kolkata Derma Summit on 20th January 2026 at Purulia which was attended by 220 delegates and around 21 faculties from Kolkata, Durgapur, Bankura and Purulia. This was whole day programme where different aspects of Leprosy was discussed by eminent speakers followed by case based panel discussion and a wonderful workshop on nerve examination by faculty and students of TLM, Purulia.*
3. *Participated actively in 13th July Health camp organised by IADVL WB at Purulia Ramkrishna Mission.*

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Quiz Zone

1.
   - *Above mentioned therapy is being used in treatment of which disease? (Fig. 1)*
   - *Identify the virus being used as vector? (Fig. 1)*
2.
   - *Name of the test being performed? (Fig. 2)*
   - *Name the Nerve being tested. (Fig. 2)*
3. *A 11 year old boy, born of consanguineous marriage presented with c/o poor growth, frequent pulmonary infections & butter fly shaped telangiectatic erythema over face. Karyotyping of the patient is shown on the right hand side. (Fig. 3 a & b)*
   - *What is the diagnosis?*
   - *What pathognomonic abnormality has been depicted on karyotyping?*
4. *Correlate the dermoscopy with histopathology & state the diagnosis. (Fig. 4 a & b)*
5. *A 12 year old girl presented with recurrent history of sinopulmonary infection, multiple warts over hand & genitalia since few months. Laboratory investigations revealed neutropenia, lymphopenia & low Ig G level. Bone marrow biopsy showed hypercellular marrow with multiple neutrophils. Microscopy revealed following appearance of neutrophils. (Fig. 5)*
   - *What is the most likely diagnosis?*

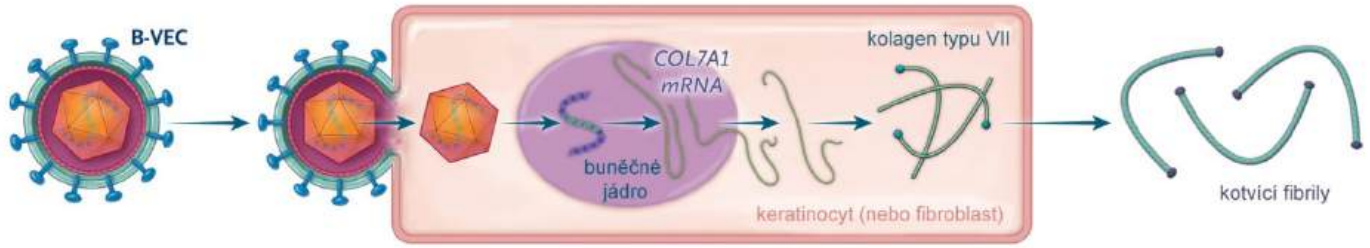

Fig. 1

PATIENT SPREADING FINGERS AGAINST RESISTANCE.

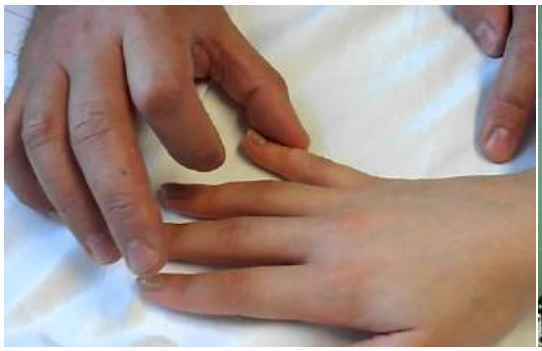

Fig. 2

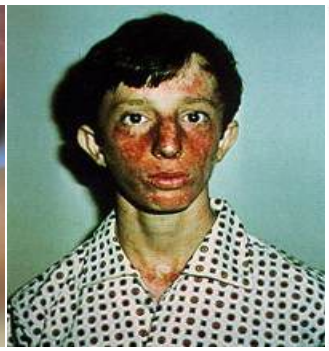

Fig. 3 (a)

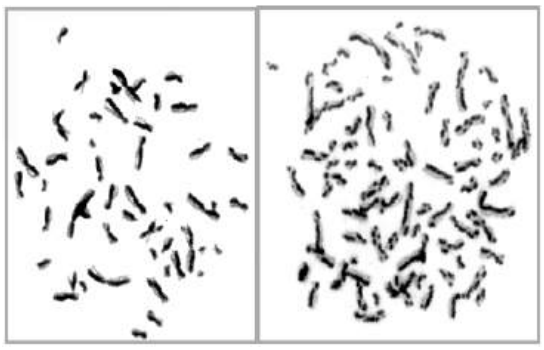

Fig. 3 (b)

Fig. 4 (a)

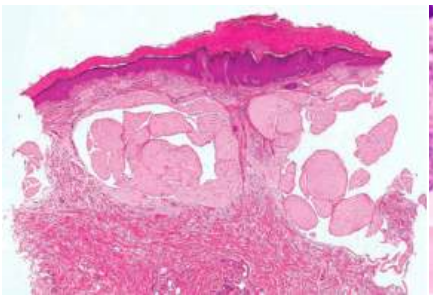

Fig. 4 (b)

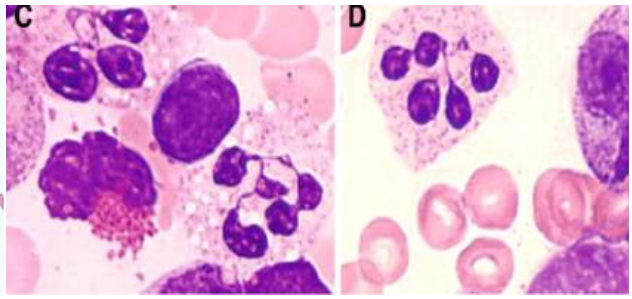

Fig. 5

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Quiz Answer Volume-3, Issue-11

1. ***Congenital juvenile xanthogranuloma. Juvenile*** *xanthogranuloma (JXG is the most common form of non-Langerhans cell histiocytosis in childhood that appears as asymptomatic, solitary, yellow or pink papule or nodule on the head, arms, or trunk.1 The clinical morphology of a congenital JXG is more varied than classic JXG, making a clinical diagnosis more difficult. These lesions are larger, more pink/red/purple, and have a more rapid early growth phase that can often lead to a misdiagnosis of a vascular lesion or malignancy. A congenital JXG however, can be distinquished by a firmer consistency, nodularity, and transition to a yellow/tan color that is more classic of JXG in the first couple of months.1 The clinical course is self limited and a lesion typically involutes within a few years.*
2. *Hypertrophy Lichen planus , austrascious variety. Should start acitretin.*
3. ***Varicella-zoster virus (VZV)—Correct****.*
   VZV-associated alopecia is the most likely diagnosis given the rapid onset of painful hair loss in an immunocompromised patient and characteristic punched out erosions visible at the periphery of the alopecic patch in Fig 2. It is hypothesized that VZV-associated alopecia is due to destruction of hair follicles affected by severe inflammatory infiltrate secondary to VZV infection.1 Although the initial punch biopsy findings were nonspecific, a diagnosis of VZV-induced alopecia was ultimately confirmed by viral polymerase chain reaction. A small residual patch of scarring alopecia was noted at her 6-month follow-up visit.
4. *Kwashiorkor- flaky paint dermatoses.*
5. ***Acral persistent papular mucinosis. Acral persistent papular mucinosis (APPM)*** *is a rare subtype of localized lichen myxedematosus that presents with symmetrical, flesh-colored papules on acral regions, especially the dorsum of the hands and forearms. It is histologically characterized by mucin deposition within the upper and mid-dermis, with preserved collagen and elastic fibers.1-3*

The correct response given: Dr. Shatanik Bhattacharya for Quiz & Dermwiz

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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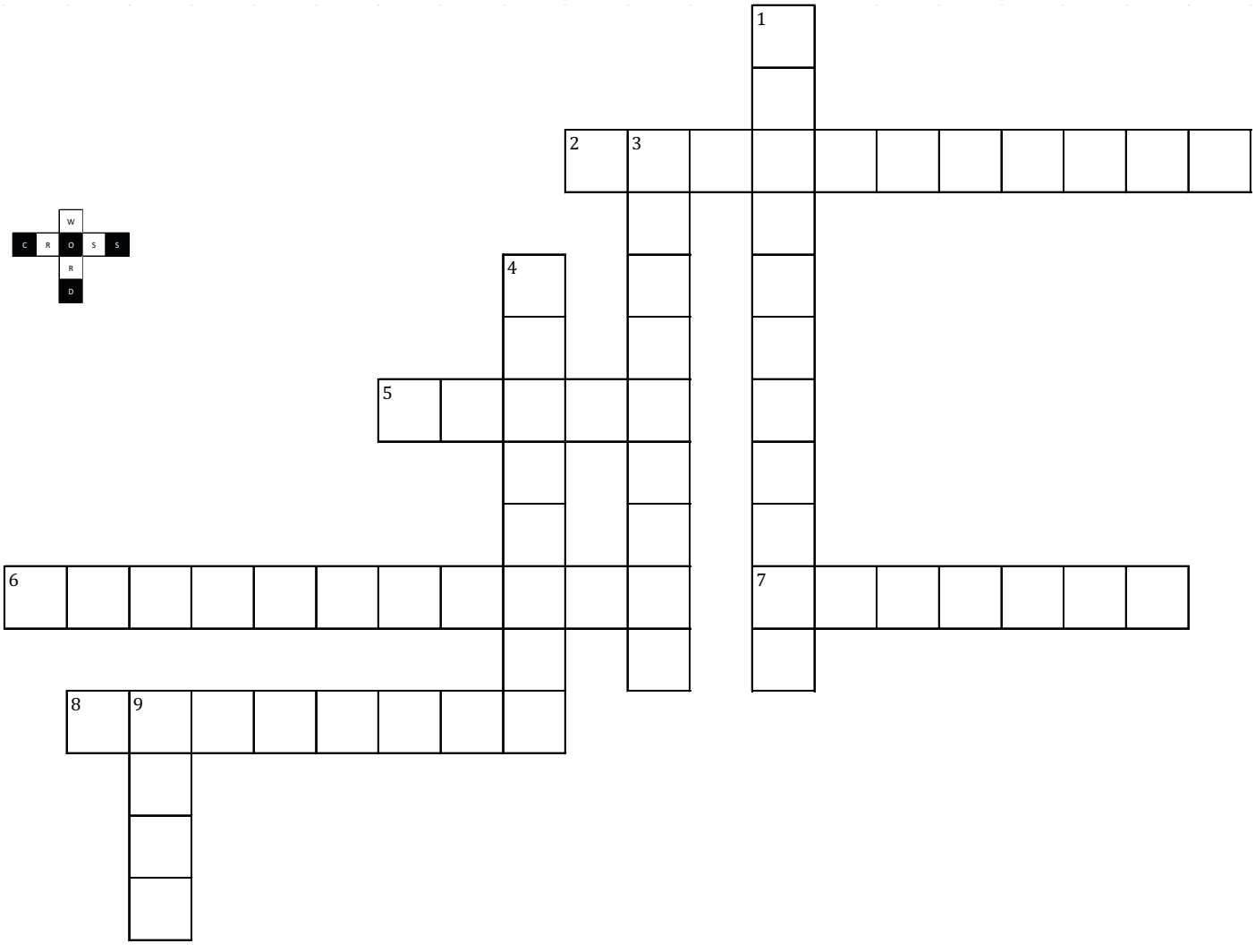
Brainstorm

Across

2. Anti CD20 antibody in SLE
5. Newer regimen for drug resistant TB
6. FDA approved first oral IL23 inhibitor in psoriasis
7. Isotretinoin safety program
8. Fillers containing Poly L Lactic acid used in HIV induced lipodystrophy

Down

1. Capsid inhibitor, injectable HIV preP
3. Anti B cell therapy in SLE
4. IL 1 inhibitor used in auto inflammatory syndrome
9. Highly precise immunotherapy in melanoma



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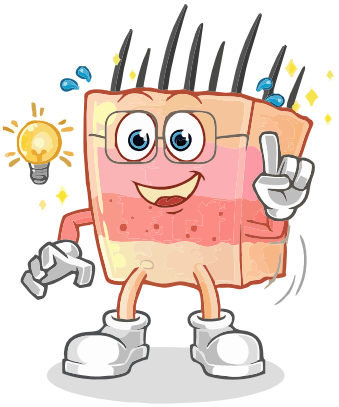
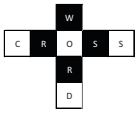
Dermwiz

A
ring I wear, yet
not of gold,
With keratin ridge,
precise and bold.
My center wanes, my
edge stands tall—
A clonal trace that
time installs.



Dermwiz Answer
Volume-3, Issue-11

Favre–Racouchot syndrome



Answer
Volume-3, Issue-11

									[1] S				
						[2] D			Y			[3] P	
						E			P			Y	
						R			H			R	
						M			I			A	
[4] H	Y	P	O	G	R	A	N	U	L	O	S	I	S
						T			I			L	
		[5] E	X	O	S	O	M	E	S			U	
						F						T	
[6] I	N	F	L	I	X	I	M	A	B			A	
						B						M	
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[7] S	[8] N	E	D	D		O	N					D	
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Save the Date

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

14th Mid Term Conference

Experience and dynamicity shapes the future of Dermatology

27th & 28th June 2026

Venue

Anticlock Suites & Resorts, Dhaldangamore
Bankura

REGISTRATION FEES

Category	1/4/2026 30/4/2026	1/5/2026 10/6/2026	11/6/2026 On Spot
Life Member	₹ 1500/-	₹ 2500/-	₹ 3000/-
Accom Person	₹ 1000/-	₹ 2000/-	₹ 2500/-
PG Student	₹ 750/-	₹ 1500/-	₹ 2000/-
Cancellation	50%	25%	NIL

Scan to Register

Programme Highlights

- *Clinical dermatology*
- *Leprosy*
- *STI*
- *Aesthetics*
- *Award paper sessions and e poster for PGTs with prizes*
- *Free paper session for LMs & PGTs with prizes*
- *Young dermatologists' forum*
- *Quiz for PGTs*

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Save the Date

ermazone east
uticon wb
2026

32nd Zonal Conference of IADVL & 29th Annual State Conference of IADVL WB

27th, 28th & 29th November 2026

BBCC, Kolkata

DERMAZONE EAST

32nd East Zonal Conference of IADVL **&** 29th Annual State Conference of IADVL WB Branch

CUTICON WB 2026

Theme:
NextGen Dermatology
Clinical Mastery Meets Innovation

Program Highlights

- Aesthetic Dermatology
- AI in Dermatology
- Allergic Skin Disorders
- Behavioural Patterns in STI
- Clinicopathological Correlation
- Dermatoeconomics
- Dermatology & Internal Medicine
- Dermato-Oncology
- Emerging Cutaneous Infections
- Geriatric Dermatology
- Microbiome in Dermatology
- Neglected Tropical Diseases
- Pediatric Dermatology
- Precision Medicine in Dermatology
- Psychodermatology
- Regenerative Medicine
- Robotics in Dermatology
- Therapeutic Updates