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# World Dermatological Congress

September 18-20, 2017 SAN ANTONIO, TX, USA

## Scientific Tracks & Abstracts Day 1

# World Dermatological Congress

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## Hyper IgE syndrome: A case report

**Gabriela Torres and Carla Rosero**  
Central University of Ecuador, Ecuador

This case report describes about a syndrome of recurrent staphylococcal abscesses, sinopulmonary infections, and severe eczema. The condition was initially called Job syndrome. It was speculated that the immune defect in Job syndrome lay in an abnormality in nonspecific mechanisms of local bacterial resistance and perhaps in abnormalities of mediators of the acute inflammatory response. This disorder was termed hyperimmunoglobulin E syndrome (HIES) when an associated increase in serum levels of immunoglobulin (Ig) E was described. HIES is rare; the precise incidence is not known. It is found equally among males and females, and is observed in members of succeeding generations. It has been reported in Caucasians as well as in individuals of Asian and African origin. HIES is characterized by dermatitis, recurrent infections (principally bacterial), and elevated serum IgE, although there is significant variation in the constellation of symptoms and signs among individual patients. Classification of HIES into two subtypes has been proposed. We present an 11-year-old male patient with a history of recurrent pneumonia, a history of cutaneous eczema that begins at birth, with severe to mild seizures; presents prominent front, broad nasal bridge, hypertelorism, fleshy nose, prognathism, statural decrease and scoliosis. It was detected: IgE of 2620. The clinical scale of Grimbacher criteria was applied to the patient, scoring 47 points with a high probability of diagnosis of Hyper Ig Syndrome. It was treated with short and sporadic cycles of steroids, antihistamines, vitamin C and antibiotic therapy, 1 monthly dose. He received three sessions of phototherapy weekly, achieving clinical improvement of the dermatological picture for several months; nevertheless the patient dies from complications due to a new episode of pneumonia.

### Biography

Gabby Torres has completed his PhD in Medicine and Surgery from the Central University of Ecuador. She has taken her specialization in Dermatology from University of Guayaquil. She is the Member of the Ecuadorian Society of Dermatology. She has named as the Best Ecuadorian Dermatologist by the International Organization for Training and Medical Research. she has received the first place in the second contest for Ecuadorian Dermatological Research. She is the University Assistant of the Coordination of the Postgraduate of Dermatology at the Central University of Ecuador. She is working as a Physician and the Head of Teaching at Hospital Gonzalo Gonzalez. She is the Member of the Ibero-Latin American College of Dermatology, Bolivarian Society of Dermatology and Mesoamerican Academy of Dermatology and Cosmetic Surgery.

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## **Surgery of hair transplantation using the technique Fue (follicular unit extraction)**

**Daniel Dourado**

CEMEPE (Center of Medicine and Research), Brazil

**B**aldness surgery has gained many supporters in recent years because some patients don't accept hair loss. It is important to take the following steps to conduct the surgery by FUE (Follicular Unit Extraction) technique. First, photographs are taken in different positions for documentation. After, tricotomy of donor area is done with a hair trimmer machine. The donor and recipient area are marked with an appropriate pen. At this moment, the hair line (previous hair) should be designed with great perfection and creativity. Once done, whole scalp is cleaned with a antiseptic solution. The anesthetic block of the donor area is then performed with anesthetic of choice in the prominences of the occipital nerves. Then, the infiltration of the quadrants with saline anesthetic solution is done. With the help of the motorized punch, the incisions of the Follicular Units (FUs) are carried out with care to preserve FUs close to each other. While the doctor makes the cylindrical cut of the FU with the punch, the assistant makes the extraction with a delicate forceps and conserves these FUs in cold saline solution. After counting and separating the FUs by number of hair strands, they are implanted in the recipient area (bald) with the aid of the implanter (surgical instrument used to introduce the FU into the bald area with minimal manipulation and trauma) or using a previous incisions with needles and then the FUs are placed with forceps. Care should be taken to implant 1 and 2 hair strands of FUs in the hair line to confer naturality to the hair transplant. In the end, the Band-Aid® is performed. In the next day, the patient returns to remove the Band-Aid® and receive guidance on washing of the hair in those first seven days.

### **Biography**

Graduate in medicine by the universidade de vassouras-rj. Specialization in dermatology by the eduardo de menezes hospital (themig). post-graduate in medicine and aesthetic surgery lato sensu by cemepe. Dermatologist specialist by the brazilian dermatology society (SBD). Member of the brazilian society of dermatological surgery (SBDD).

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## Frequency of risk factors in bacteria corneal ulcer

**Akbar Ali Thind**

Thind Cosmetic Laser Centre, India

The aim and objective of the study were to examine the risk factors which are responsible for causing corneal ulcers. Corneal ulcer may be defined as discontinuation in normal epithelial surface of cornea associated with necrosis of surrounding cornea tissue. It is a potentially blinding ocular condition of cornea which can cause several visual losses if not treated at early stage. It is caused by bacteria, viruses, fungi, protozoa and other parasites. But bacteria are the most common cause of cornea ulcer. A particular feature of bacterial corneal ulcer is its progression and corneal destruction which may be completed within 24 - 48 hours caused by virulent bacteria. It is obvious from the results that trauma with vegetative material was the most common risk factor. It is evident from the data that 18(25%) from rural population and 7(9.72%) from urban population showed trauma due to vegetative materials. It was more in rural population than urban population. History of non-vegetative trauma in 7 (9.72%) and 9 (12.5%) in rural and urban population respectively was recorded. as shown in, ocular surface disorder was observed in 1 (1.38%) and 2 (2.77%) patients belonging to rural and urban population respectively. The keratitis was induced by foreign bodies in 5 (6.94%) and 3 (4.16 %) patients belonging to rural and urban population respectively. There were 8 (11.11%) of total patient of foreign bodies of rural and urban population. Contact lenses affected 8(11.11%) patients from rural and urban populations. Rural population was more affected by contact lenses than urban population. Keratopathies including herpetic, ballous and post operative keratopathies were present in 3 (4.16 %) patients. Blepharitis was observed in 3 (4.16%) patients. It was observed that 4 (3.7%) patients had no significant prior history.

### Biography

Akbar Ali Thind is a Cosmetologist in Thind Cosmetic Laser Centre, India with 10 years' experience in the field of Cosmetic Dermatology. He is attending many Conferences and workshop in all over world is the highest qualified Cosmetology Doctor in Malerkotla with a Diploma in Aesthetic Medicine. He get two time scholarship from India government.

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## **Retrospective analysis of non-ablative scar treatment in dark skin types in Namibia using the 1540 nm Palomar icon**

**Marisa Venter and Rudie van Vuuren**  
Khomas medical Center, Namibia

The use of lasers to treat atrophic and hypertrophic scarring conditions in darker skin types presents a significant challenge to treating clinicians around the world. In Namibia an African country in the south-western corner of the continent our current treatment modalities are deep dermal peels; ablative; non-ablative; and fractional laser resurfacing and surgical techniques, but we are limited in skin types IV through VI due to increased risks of hyper- and hypo-pigmentation. This is especially true when attempting to treat large areas of acne scarring. This study investigates the treatment of atrophic and hypertrophic scarring with a non-ablative 1540 nm icon Palomar laser in Namibian patients with traditional markings scarring and traumatic scarring.

### **Biography**

Marisa Venter is an Aesthetic Medical Practitioner with 9 years' experience in the field of Cosmetic Dermatology. She is the highest qualified Aesthetic Doctor in Namibia with a Diploma in Aesthetic Medicine. She holds a MBChB degree from the University of Stellenbosch.

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## Hybrid lifting homologous therapy (HLH therapy) a new step in natural face lift

**Tsioumas G. Sotirios**

University of Camerino, Greece

Traditionally, the only way to improve the signs of aging and in general the ptosis of the face contour due to aging was the surgical lifting. The famous facelift. Based on the basic principles of face anatomy and surgical lifting, the HLH THERAPY (Hybrid Lifting Homologous) appeared. An alternative natural lifting treatment, where in a natural and autologous way, without changing the shape of the face or the characteristics we manage to go back in time and give a younger look. It is a bloodless treatment that gives the same results as surgical lifting, both in duration and appearance, but without the risk of distortion of characteristic or undesirable side effects. HLH Therapy uses both, the Plasma exeresis technique using the PLEXR® microsurgical device and the autologous threads treatment using the needle shaping technique and the machine Vibrance. Briefly during the treatment we have the simultaneous expansion of the thickness of the elastic fibers, reducing their length, changing their direction from vertical to horizontal (through Needle Shaping), while at the same time with the plasma exeresis techniques and the machine Plexr® we have sublimation of excess of skin. This parallel application of these two separate therapies (autologous threads and sublimation with the use of Plasma Exeresis) is the synthesis of the HLH methodology. We can say that it is the next step in soft surgery applications. The results are impressive, with only few days of recovery and no anesthetic use. The treatment was first inspired by surgeon ophthalmologist Sotiris Tsioumas and was first developed by him after six years research and experience.

### Biography

Dr. Tsioumas is a surgeon Ophthalmologist and graduate of the Medical School of the University of Modena in Italy. He is a master in Aesthetic Medicine, having completed his specialization at the "Agios Savvas" Oncology hospital; and his areas of specification include toxins, fillers, mesotherapy, peels, threads, tumour removal and painless, bloodless and suture-free blepharoplasty with Plexr. Dr Tsioumas is also a lecturer at the University of Camerino and President of S.A.M.N.A.S (Society Aesthetic Medicine Non Ablative Surgery. Moreover his persistent research and devotion on Aesthetic Medicine made him write his first book "Manual of Aesthetic Medicine" that was translated in three languages.

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## New treatment with plasma exeresis for non- surgical blepharoplasty

**Tsioumas G. Sotirios**

University of Camerino, Greece

The survey aims to highlight new noninvasive techniques on Oculoplastic focusing on the eyelid. Research and test object were 80 patients, age range 40-78 years, who had problems of small, medium and high degree of ptosis and problems from older surgical blepharoplasties. Common factor and 80 cases were surgical avoidance desire, due to cost and fear in the process. The method of solving the mentioned problems was the bloodless blepharoplasty using plasma exeresis. For the evaluation of the results through Plasma Exeresis method, set a satisfaction scale of 1 to 5 (1 = not at all satisfied - 5 = completely satisfied). All patients have described the results of treatment as 5 .

### Biography

Dr. Tsioumas is a surgeon Opthamologist and graduate of the Medical School of the University of Modena in Italy. He is a master in Aesthetic Medicine , having completed his specialization at the “Agios Savvas” Oncology hospital; , and his areas of specification include toxins , fillers , mesotherapy , peels , threads , tumour removal and painless , bloodless and suture-free blepharoplasty with Plexr. Dr Tsioumas is also a lecturer at the University of Camerino and President of S.A.M.N.A.S (Society Aesthetic Medicine Non Ablative Surgery. Moreover his persistent research and devotion on Aesthetic Medicine made him write his first book “Manual of Aesthetic Medicine “ that was translated in three languages.

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## **Acantholytic squamous cell carcinoma: Pathological study of three cases in Ecuador**

**Eduardo Garzon Aldas and Gabriela Torres D**  
Central University of Ecuador, Ecuador

**A**denoid squamous cell carcinoma is an uncommon histopathological variant of squamous cell carcinoma characterized by acantholysis of tumor cells creating pseudolumina and the appearance of glandular differentiation. It is also known as pseudoglandular, pseudo angiosarcoma, adenoid, epithelioma dyskeratotic or adenoacanthoma. In this article we describe and analyze 3 cases of acantholytic cell carcinoma. The purpose is to verify if the data of our cases can be validated with scientific information. All our cases presented lesions in the face, in one of them the tumor developed on the skin that showed actinic keratosis. The other 2 tumors were in the right side of the face, and both were big, approximately the biggest 8 x 4, and the other one 6 x 2.5 cm. Due to the size and location, they were both send to the oncologist for the treatment. One of our cases showed metatypical carcinomas plus acantholytic variant of squamous cell carcinoma. None of our cases presented metastasis. The histopathological findings were: keratinized squamous tumor cell type, adenoid structures with round spaces with a defined wall with at least one cell width and spaces with isolated or group of dyskeratotic cells.

### **Biography**

Eduardo Garzon Aldas has completed his PhD in Medicine and Surgery from the Central University of Ecuador. He has taken his specialization in Dermatology from University of Guayaquil. He is the President of the Ecuadorian Society of Dermatology. He has named as the Best Ecuadorian Dermatologist by the International Organization for Training and Medical Research. He has received the first place in the second contest for Ecuadorian Dermatological Research. He is the Chief of the Postgraduate of Dermatology and Professor of Postgraduate of Dermatology at the Central University of Ecuador. He is working as a Physician and the Head of Teaching at Hospital Gonzalo Gonzalez. He is the Member of the Ibero-Latin American College of Dermatology, Bolivarian Society of Dermatology and Mesoamerican Academy of Dermatology and Cosmetic Surgery.

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## What is new in hair loss treatment?

**Cristiane Kafler**

Faculty of Medicine of ABC, Brazil

Hair loss troubles men and women and may present a considerable impact on quality of life. Androgenetic alopecia is the most common cause of follicular miniaturization leading to a non-cicatricial capillary rarefaction pattern, and affects approximately 50% of Caucasian men by age 50.2. Alopecia areata is an immune-mediated inflammatory disorder affecting hair follicles. This study introduces a new technique to treat alopecia: Micro-infusion of drugs into the skin (MDS). The treatment consists on the dermal application of medicine into the scalp through vibrating microneedles, the same ones used in tattoo devices. This technique uses a drug delivery system, and the trauma of the microneedles contributes by increasing inflammation, micro-vascularization vasodilation, and improvement in the perfusion of the hair bulb. Microtrauma fosters regeneration, which activates stem cells in the bulb, leading to the super expression of genes related to hair growth, such as Wnt3-a, Wnt10-b and vascular endothelial growth factor in rats. Drug delivery can be implemented utilizing minoxidil, finasteride, dutasteride 0,1%, vitamins, growth factors, cyclosporine, 5-fluorouracil and triamcinolone - all sterile, depending on the type of alopecia treated. We described 3 cases treated with MDS, 2 cases of male androgenetic alopecia and 1 case of alopecia areata. In all cases, there was increase in the caliber of hair fibers, increase in the quantity and quality of the hair due to improvement in cellular nutrition, decrease of the empty follicle observed in the trichoscopy, and improvement in the scalp coverage. MDS can be used in situations of male and female androgenetic alopecia, alopecia areata, and frontal fibrosing alopecia safely and with very satisfactory results.

## Biography

Cristiane Kafler is a Specialist in Dermatology by the Faculty of Medicine ABC (FMABC). She is a Member of the Brazilian Society of Dermatology and International Dermoscopy Society. She is an Assistant Professor at FMABC - Faculty of Medicine ABC.

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## Bacterial skin infections

**Luiz A B Pôrto**

Federal University of Minas Gerais, Brazil

**Introduction:** Bacterial skin infections are very prevalent in clinical practice and have great variability of presentations, etiology and severity. They are usually characterized by the presence of signs of inflammation - erythema, edema, heat and local pain or hypersensitivity - associated or not with other manifestations, such as fever, ulceration, exulceration or blistering. Thus, prior recognition of severe, life-threatening conditions is very important for effective treatment.

**Epidemiology:** The incidence in the general population is 24.6 per 1000 person-years and prevalence rate in the hospitalized population ranges from 7% to 10%.

**Etiology:** Most cases of bacterial cutaneous infection are caused by beta-hemolytic streptococci or Staphylococcus aureus, but other bacteria also cause these infections. Direct examination of smear with Gram stain or culture of pus may be required to identify the etiologic agent. Clinical charts: the main kinds of bacterial skin infections are: Pyoderma; Folliculitis; Abscess and furunculosis; Erysipelas and cellulite; Necrotizing fasciitis. These types of infection have some specific characteristics, clinical outcome and treatments. There are topical and systemic antibiotic therapies. In some cases, it is necessary for surgery intervention and hospitalization.

**Conclusion:** It is important to identify the kind of the bacterial skin infection as soon as possible to treat adequately and avoid complications to the patient.

## Biography

Luiz A B Pôrto is a Physician, graduated in the Faculty of Medicine from Federal University of Minas Gerais in Belo Horizonte. He has completed his Post-graduation in Medicine and Cosmetic Surgery from 2015 to 2016 in CEMEPE. He is working in the Dermatology Department of the institution IMEG in Belo Horizonte- Brazil. He has his expertise in evaluation and passion in improving the health and wellbeing. His open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare. He has built this model after years of experience in public health and dermatology in hospital, clinical office and education institutions.

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## Paraneoplastic signs in dermatology : Not to miss new regional classification (Part 1)

**Mohamed M. Fawzy**  
Tanta, Egypt

**P**araneoplastic diseases (or manifestations or syndromes) may be defined as clinical and biochemical imbalance associated with the presence of malignancies without direct primary tumor invasion or metastasis (Remote or systemic effect of malignancy). These phenomena are mediated by humoral factors (by hormones or cytokines) secreted by tumor cells or by an immune response against the tumor. The skin may have signs that are suggestive of systemic diseases, thus contributing to the diagnosis of many diseases, including malignancies. In 1868, Hebra was the first to suggest that skin pigmentation could indicate the presence of visceral cancer. Since then, more than 50 dermatological conditions have been reported as potential markers of malignancy. Paraneoplastic dermatoses are heterogeneous group of clinical manifestations that may have a benign appearance. They are the second most common paraneoplastic syndrome, only behind endocrine syndromes. It is not always easy to determine the correlation between a dermatologic finding and an internal neoplasm or even to define the frequency of this association in the general population. Curth, in his studies of acanthosis nigricans maligna, proposed some criteria to assess the causal relationship between dermatological change and potential underlying malignancy. Here we try to put a new regional classification for easy remember and study of these signs in order not to be missed.

### Biography

Mohamed Moustafa Fawzy, A.Lecturer of Dermatology and Venereology,Tanta Univeristy, Egypt. Highly interested in field of diagnostic and therapeutic dermatology and also the link between skin and internal medicine. He made many informative lectures and seminars in this field in his department and other meetings and conferences

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## How to avoid side effects and complications during thread lifting

Sulamanidze M. MD, Sulamanidze G. MD, Sulamanidze C. MD, Kajaya A. MD

Clinic of Plastic and Aesthetic Surgery TOTALCharm, Georgia

**Background** Aesthetic surgery and dermatology have proposed hundreds of methods aimed at removing visible manifestations of the aging face. However, as is typically the case when there are several different techniques to improve the same problem, none of these approaches has stood the test of time and become favoured. Neither can a new method of the rejuvenating surgical technique by means of the barbed threads lay claim to provide a total solution of aesthetic problems of the ageing face. Having studied the available literature, we noted that the number of complications associated with this technique is usually underestimated, their causes appear to be explained erroneously, hence followed by drawing incorrect conclusions.

**Aim** To analyse complications, side effects, undesirable events and poor outcomes associated with the method of lifting soft tissues of the face and neck by different variants of thread-mediated lift, obtained by the specialists from our Clinic, submitted to us from other clinics, as well as reported by doctors from different countries. **Materials and methods.** Based on analyzing a total of 600 cases taken from the clinical archives, with 100 clinical record forms chosen randomly for each year from 2013 through 2016, we carried out a statistical study of various types of complications and problem events involved. Besides, analyzed were all similar cases reported to us by our colleagues from other clinics, thus making it possible to reveal the causes of these complications and work out appropriate measures aimed at prevention and treatment thereof.

**Conclusions** Long-term practice and comprehensive studies showed that this technique has its intrinsic indications, properties, and principles of its own, and failure to take them into due consideration may result in more or less severe complications, adverse reactions, side effects, and troublesome problems.

### Biography

A specialist in aesthetic surgery and aesthetic medicine was born in 1979 in Georgia. In 2002 he graduated from the Medical State University of Russia. In 2004 graduated from residency and in 2007 – from clinical studies of the Russian Scientific Surgery Center's (RAMS) department.

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## Soft tissue compartments—face aging base etiology of tissue ptosis and how to fight against it properly

**Sulamanidze M. MD, Sulamanidze G. MD, Sulamanidze C. MD and Kajaya A. MD**  
Clinic of Plastic and Aesthetic Surgery TOTALCharm, Georgia

Minimally invasive aesthetic medicine has made steady progress in recent years. Specialists easily manage problems of face aging concerned with skin aging, soft tissues, mimic wrinkles atrophy. But one of the most important reasons of face aging is ptosis of soft tissues and skin. Unfortunately, earlier there was offered only surgical treatment for given problem. Skin was exfoliated from underlying tissues and shifted surgically not considering any anatomic features of face soft tissues, for example, rhytidectomy. Since last years, it is offered to solve this problem by thread lifting. But unfortunately, in most cases threads are placed without any consideration of anatomic features of face soft tissues.

**Materials and methods:** There was organized 7 cadaver-courses and applied more than 100 cadaveric materials for study of anatomic features of face-compartments soft tissues ptosis. During cadaver-courses there were invited 4 pathologists from different countries and more than 200 specialists in aesthetic medicine area (dermatologists and plastic surgeons). Before starting working pathologists described structure of face tissues based on anatomy and prepared materials as well. Afterword, doctors applied different rejuvenated methods as thread lifting, fillers, skin surgical lifting. With this procedure completed the tissues of cadaveric materials were prepared and there was evaluated effectiveness of various methods for fight against soft tissues ptosis. There were discovered all swings and roundabouts of different methods and were determined reasons of complications and relapse occurrence. After each cadaver-course there was gathered consultation of attendee doctors for results discussion.

**Results:** As a result of performed research lasted for 3 years it has been possible to find out the direction of each face compartment ptosis, to determine etiology of any wrinkles appearance on the face, to select correct methods for fight with given problem and also to determine the reason of many complications and appeared relapses. During this period the given methods were actively applied in the practice for patients and have proved its effectiveness.

**Discussion and conclusion:** Results received during the research process are discussed by specialists in aesthetic medicine. Knowing etiology of face aging processes the doctors will easily find way of solving the problems by selecting more correct, safe and effective treatment methods.

### Biography

A specialist in aesthetic surgery and aesthetic medicine was born in 1979 in Georgia. In 2002 he graduated from the Medical State University of Russia. In 2004 graduated from residency and in 2007 – from clinical studies of the Russian Scientific Surgery Center's (RAMS) departmen.

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## Thread lifting methods. Practical advices and techniques

**Sulamanidze G.M., Kajaia A. A.**

Aesthetic medicine clinic Total Charm, Georgia

**Introduction:** In recent years, thread lifting methods are more frequently applied in practice of specialists in dermatology and aesthetic surgery. As of today, there are offered dozen and even hundreds of different threads and methods for face and body rejuvenation. frequently, the companies not even trouble themselves to teach the doctors offering them to purchase the products- threads not even thinking about any possible consequences.

**Materials and methods:** Advices offered by author are based on thread lifting methods application by group of the doctors during 20 years. There were researched results of different methods procedures more than for 300 patients for evaluation of given techniques effectiveness. During many years the technique of thread placing subcutaneously has been modified for more safe and effective methods application.

**Results:** As a result of longstanding work the author succeeded to gather all the features and details of threads application for face and body rejuvenation, to differentiate and to structure thread lifting process and to offer to colleagues practical advices and techniques in order to achieve the best results with application of majority of threads presented in the market.

**Discussion and conclusion:** Aim of presented work is to increase safety level of thread lifting application, to lighten doctors' work and to increase quality of derivable results as well.

### Biography

A specialist in aesthetic surgery and aesthetic medicine was born in 1979 in Georgia. In 2002 he graduated from the Medical State University of Russia. In 2004 graduated from residency and in 2007 – from clinical studies of the Russian Scientific Surgery Center's (RAMS) departmen.

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