Caribbean Dermatology Association

31st Caribbean Dermatology Conference

November 2 - 5, 2022

31st Caribbean
Dermatology
Conference
November 2 - 5 | 2022

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PROGRAMME

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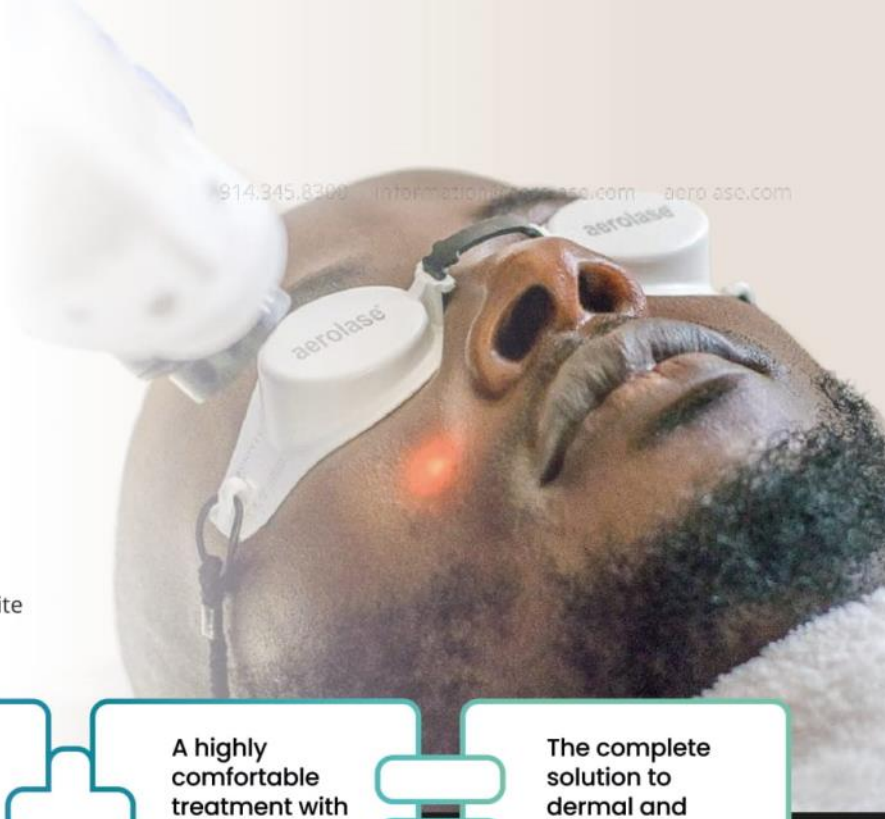

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- ✓ Likely to take the next step for results
- ✓ Any filler, botox, or laser patient
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New Patients:

- ✓ Patients with mild to moderate photodamage
- ✓ Patients seeking additional antioxidant protection to prevent further damage

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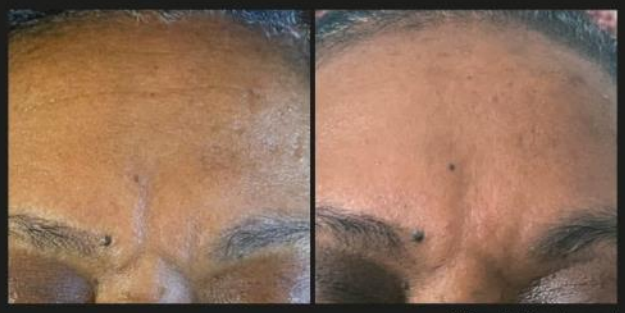
Patient Results Delivered in an Unmatched Manner



After 1 Treatment

After 1 Treatment

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Message from the President

Dear Colleagues and Friends,

On behalf of the CDA Executive Committee and members of the 2022 Conference Planning Committee, please let me welcome you to the 31st Annual Meeting of the Caribbean Dermatology Association (CDA). A special welcome and thank you to members of the Dowling Club for participating in this conference. We were supposed to have this collaborative meeting with the Dowling Club in 2020 but plans went awry due to the COVID-19 pandemic. However, we are happy to welcome members of the Dowling Club to the beautiful island of Jamaica.

We would like to extend a special welcome to our Guest Speaker, Dr. Claire Fuller, a Consultant Dermatologist in the UK who chairs the International Foundation for Dermatology and is a board member of the International League of Dermatological Societies. Dr Fuller has interests in infectious and tropical dermatoses and she will deliver the keynote address and the Lois La Grenade Distinguished Lecture on " Emergence of Global Health Dermatology and Its Importance in Increasing the Influence for Our Specialty".

Special thanks to members of the CDA Planning Committee and its Chairperson, Dr Andrea Clare Lyn-Shue and members of the CDA Executive Team for doing most of the planning to ensure that we have a successful meeting. The CDA would like to extend our sincere gratitude to members of the pharmaceutical and cosmeceutical industries who gave their support by way of exhibits, sponsorship and sponsored speakers and to Mr. Hanif Smith and his team from the CDA Secretariat who were responsible for the planning and logistics of the meeting.

I would like to thank everyone who took time out from their busy schedules to attend the conference where participants would meet and cultivate vibrant collegial relationships, experience the camaraderie and charm of the CDA, participate in the scientific activities and tour parts of Jamaica. Wishing everyone a successful 2022 meeting and hope to see you all at the CDA meeting in 2023.

Dr. Jeffrey Edwards

President
Caribbean Dermatology Association

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1. Shanmugam V.K., et al. Longitudinal observational study of hidradenitis suppurativa: impact of surgical intervention with adjunctive biologic therapy. International Journal of Dermatology 2018; 57: 62–69.
2. Kimball AB, et al. Two Phase 3 Trials of Adalimumab for Hidradenitis Suppurativa. N Engl J Med 2016; 375:422-434.
3. BurmesterGR, PanaccioneR, Gordon KB, Rosenbaum JT, ArikanD, Lau WL, Tarzynski-PotempaR. Long-Term Safety of Adalimumab (HUMIRA) in Adult Patients from Global Clinical Trials across Multiple Indications: An UpdateAnalysis in 29,987 Patients Representing 56,301 Patient-Years [abstract]. Arthritis Rheumatol.2017;69(suppl 10).
4. Burmester GR, Gordon KB, Rosenbaum JT , et al. Long term safety of adalimumab in329,967 adult patients from global clinical trials across multiple indications : an2 combined analysis . Adv Ther (2020) 37(1):364-380

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JAMAICA

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ABOUT THE CONFERENCE

The Caribbean Dermatology Conference is the premier opportunity for the Caribbean's Dermatologists to be informed, educated and updated on the latest scientific, surgical and clinical developments in the diagnosis, treatment and management of the dermatology patient in the Caribbean. Various treatments, management approaches and diagnostic tools will be assessed for their applicability and accessibility within the Caribbean.

The Virtual Caribbean Dermatology Conference will serve to cultivate and maintain vibrant collegial relationships between the Caribbean's Dermatologists, while remaining physically distanced. The Annual CDA Conference is attended by doctors from the Caribbean, the United Kingdom, Canada, the United States of America, and the US Virgin Islands.

Educational Objectives

At the completion of this Conference, participants should:

1. Be able to identify developments that can positively impact the diagnosis, treatment, and management of dermatological diseases and conditions within the Caribbean region.
2. Have a better understanding of diagnostic and management approaches to challenging cases through the presentation and discussion of live clinical cases.
3. Be prepared to apply the knowledge gained to decisions regarding the diagnosis, management and treatment of dermatological patients in the Caribbean.

Accreditation Statement

The 31st Annual Caribbean Dermatology Conference has been approved for **Continuing Medical Education Credits** by the **National Committee of Continuing Medical Education** of the **Medical Council of Jamaica** for a maximum of **Twelve (12) hours of credit**. Each participant should claim only those CME hours actually spent in the activity.

Evaluations and CME Certificates

Conference, participants will be asked to complete evaluations electronically at the close of the meeting. CME certificates will be sent by e-mail within 7—10 days of the conclusion of the meeting.

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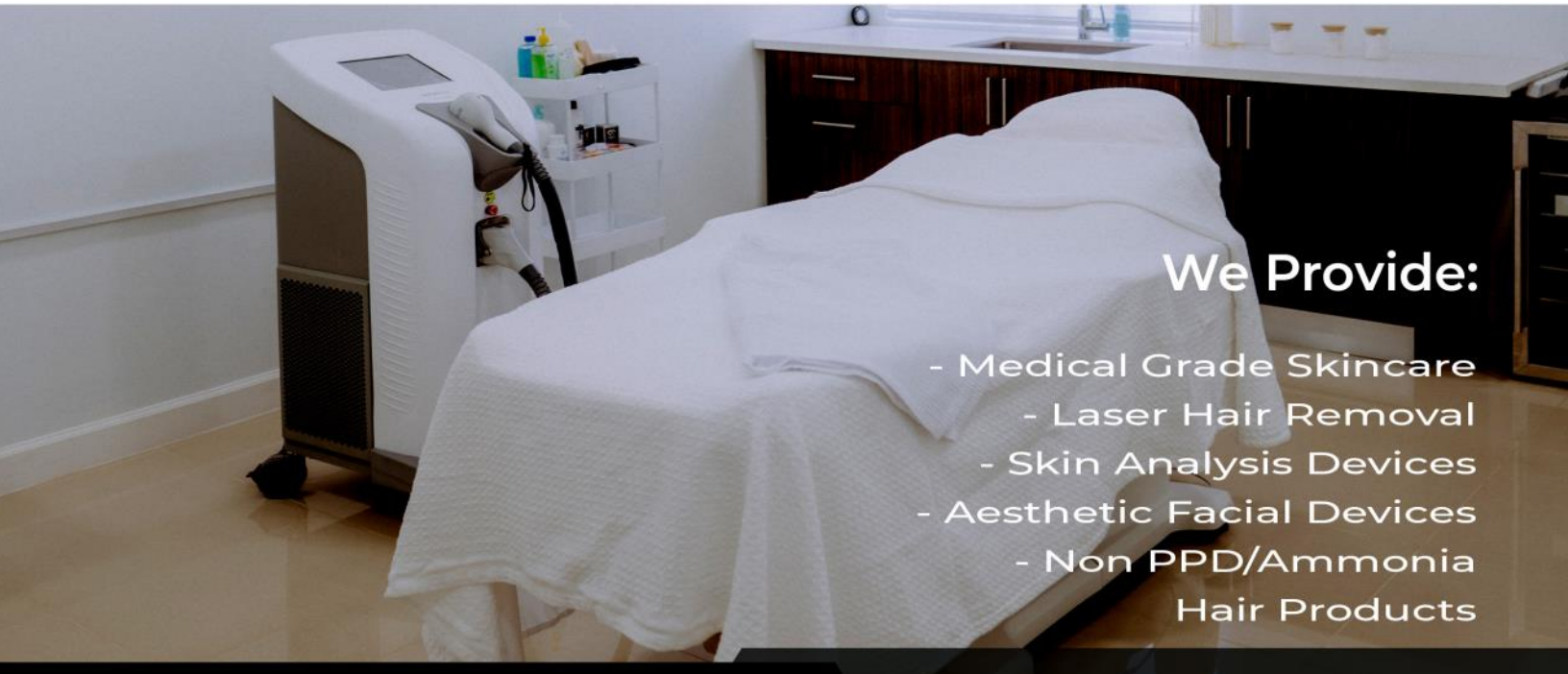

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FACULTY DISCLOSURES

In its efforts to ensure balance, independence, objectivity, and scientific rigour in its continuing medical educational programmes, the Caribbean Dermatology Association requires that all faculty participating in any CDA CME activity disclose to the audience any real or apparent conflict(s) of interest that may have direct bearing on the subject matter of the programme, and any off-label use of products that will be discussed.

The following speakers have indicated that they **DO HAVE** a relationship which poses a potential conflict of interest to disclose.

Arusha Campbell-Chambers	**Speaker's Bureau:** Speaker's Honoraria for Aerolase-sponsored presentation
Claire Fuller	**Other:** Spouse employed by L'Oreal UK in Corporate Governance as a lawyer

The following speakers have indicated that they **DO NOT HAVE** a relationship which poses a potential conflict of interest to disclose.

Althea East-Innis
Anastasia Douglas
Andrew Burton
Dr Robyn Edwards
Janelle Welch
Jason Thomas
Jeffrey Edwards
Jenny Hughes
Jonathan Sutton
Julia Schofield
Nick Levell
Nirmala Hallai
Oluwadamilola Jagun
Orchid Dawkins
Perin Celebi
Richard Barlow
Rodane Ruddock
Sandra McLeod
Stephanie Austin
Tanya Bleiker

The following speakers **HAVE** indicated they will be discussing off-label products in their presentations.

Althea East-Innis
Arusha Campbell-Chambers
Jeffrey Edwards

The following speakers **HAVE** indicated they will **NOT BE** discussing off-label products in their presentations.

Anastasia Douglas
Andrew Burton
Claire Fuller
Dr Robyn Edwards
Janelle Welch
Jason Thomas
Jenny Hughes
Jonathan Sutton
Julia Schofield
Nick Levell
Nirmala Hallai
Oluwadamilola Jagun
Orchid Dawkins
Perin Celebi
Richard Barlow
Rodane Ruddock
Sandra McLeod
Stephanie Austin
Tanya Bleiker

Faculty not listed above **HAVE NOT** completed Faculty Disclosures and will be required to do so prior to making their presentation. In absence of a written disclosure they will be required to disclose verbally, before they present, any potential conflicts of interest and discussion of off-label products.

On-Site Registration & Office Hours

Wednesday November 2, 2:00pm - 6:00pm
Thursday November 3, 8:00am - 5:00pm
Friday November 4, 8:00am - 5:00pm
Saturday November 5, 2022 8:00am - 11:00am

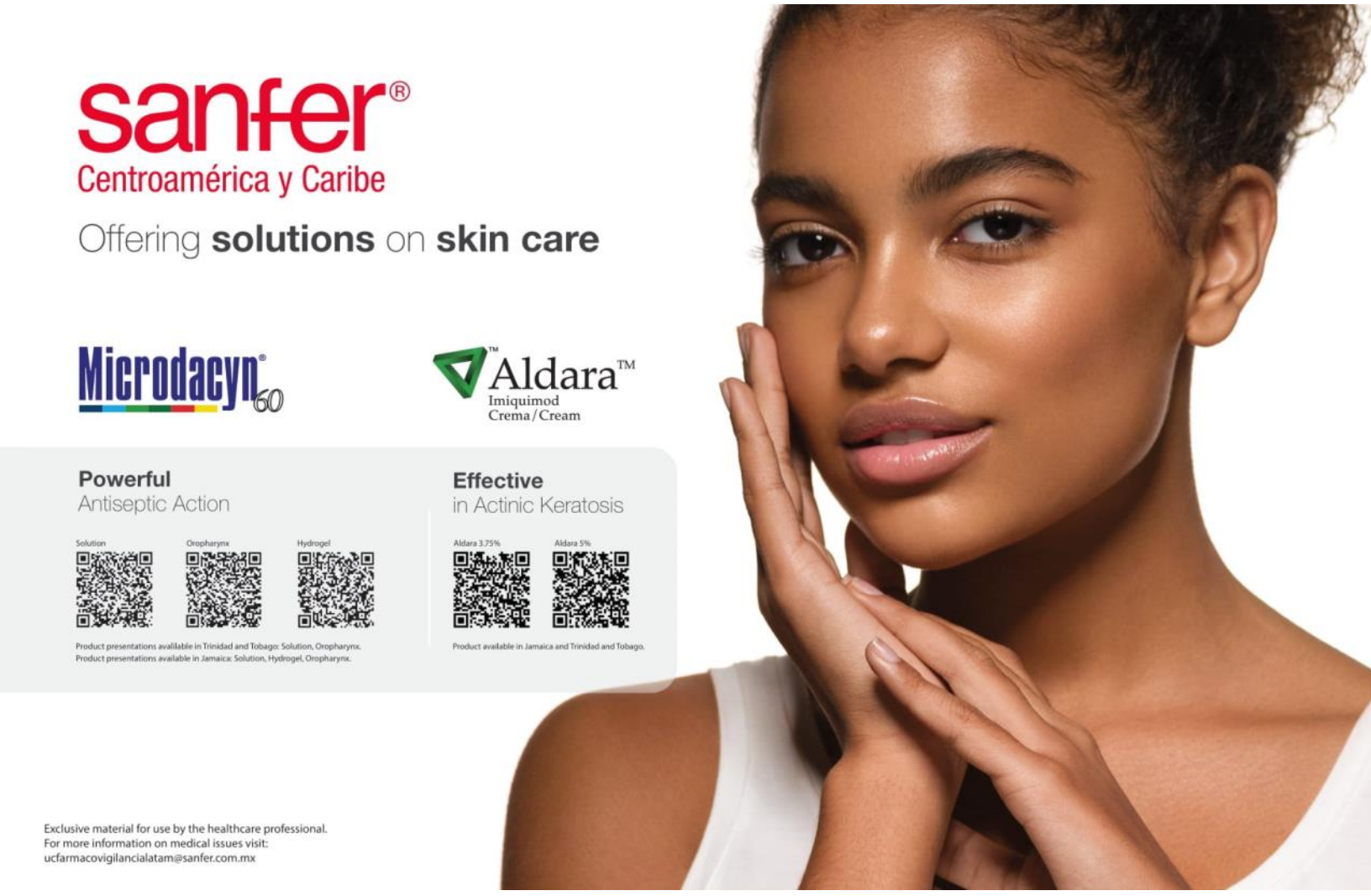
Connect and Engage

Follow us on Facebook, tweet at us **@CaribDerm,** and use the hashtag **#CDA2022JA** to connect with and engage faculty, staff and your fellow attendees.

Name Badges & Function Tickets

Your name badge serves as your passport to all educational sessions and the exhibit area. You are asked to wear your name badge at all times. We recommend for your safety that you do not wear your name badge outside of the hotel and conference function areas.

Social function tickets will be available for purchase at the registration desk, and must be presented at each event. Participants will not be admitted to social functions without the appropriate ticket.



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THE "APPLE" AWARD

The Professor Hywel Williams Research Prize, fondly referred to as The "Apple" Award, was given to the **Caribbean Dermatology Association** by our 2000 Guest Speaker Professor Hywel Williams (Nottingham, UK) — who joins us again as our 2021 Lois LaGrenade Distinguished Lecturer. The prize is awarded at the end of the Annual CDA Conference to the presenter of the best original research paper with the greatest relevance to the Caribbean.

Past Awardees

2000	Dr. Michael Fitz-Henley	2006	Dr. Michael Fitz-Henley	2013	Dr. Marilyn Suite
2001	Dr. Michael Fitz-Henley	2007	Dr. Doris Joseph	2014	Dr. Jeffrey Edwards
2002	Dr. Suleman Bhamjee	2008	Dr. Suleman Bhamjee	2015	Dr. Kyjuan H. Brown
2003	Dr. Althea East-Innis	2010	Dr. Sandra McLeod	2016	Dr. Althea East-Innis
2004	Dr. Morgan Basanta	2011	Dr. Neilia-Kay McGill	2017	Dr. Jeffrey Edwards
2005	Dr. Donna Thompson	2012	Dr. Sean Bullen	2018	Dr. Marilyn Suite

2019 Dr. Rebeca de Miguel Madurga

CONFERENCE SCHEDULE Day 1

Tuesday November 1

CLINICOPATHOLOGIC CONFERENCE
Hosted by: *The Division of Dermatology, The University of the West Indies, Mona Campus at The University Hospital of the West Indies*
Sponsored by Abbvie
8.00am – 1.00pm

Wednesday November 2

ARRIVAL, CHECK-IN & REGISTRATION AT JEWEL PARADISE COVE
2.00pm – 6.00pm

CDA EXECUTIVE MEETING
6.00pm – 7:30pm

WECLOME RECEPTION
7.30pm – 9.30pm

Thursday November 3

TOPIC	SPEAKER	TIME
Exhibits Open		8.00 – 8.30
Welcome and Prayer	Dr. Andrea Clare-Lyn Shue Dr. Arusha Campbell-Chambers	8.30 – 8.35
Message from the CDA President	Dr. Jeffrey Edwards **President, CDA**	8.35 – 8.40
Message from the Dowling Club	Dr. Donna Thompson **Immediate Past-President** **Dowling Club**	8.40 – 8.45
SCIENTIFIC SESSION I **8.45am – 10.35am**		**Chairperson: Jonathan Ho**
Descriptive Study of Ankle Range of Motion (ROM) In Patients With Active/Healed Chronic Venous Leg Ulcer (CVLU) Attending the Skin Clinic National Chest Hospital	Dr. Sandra Mcleod *Jamaica*	8.45 – 9.00
Cases from the Vascular Anomalies Clinic	Dr. Jenny Hughes *United Kingdom*	9.00 – 9.15

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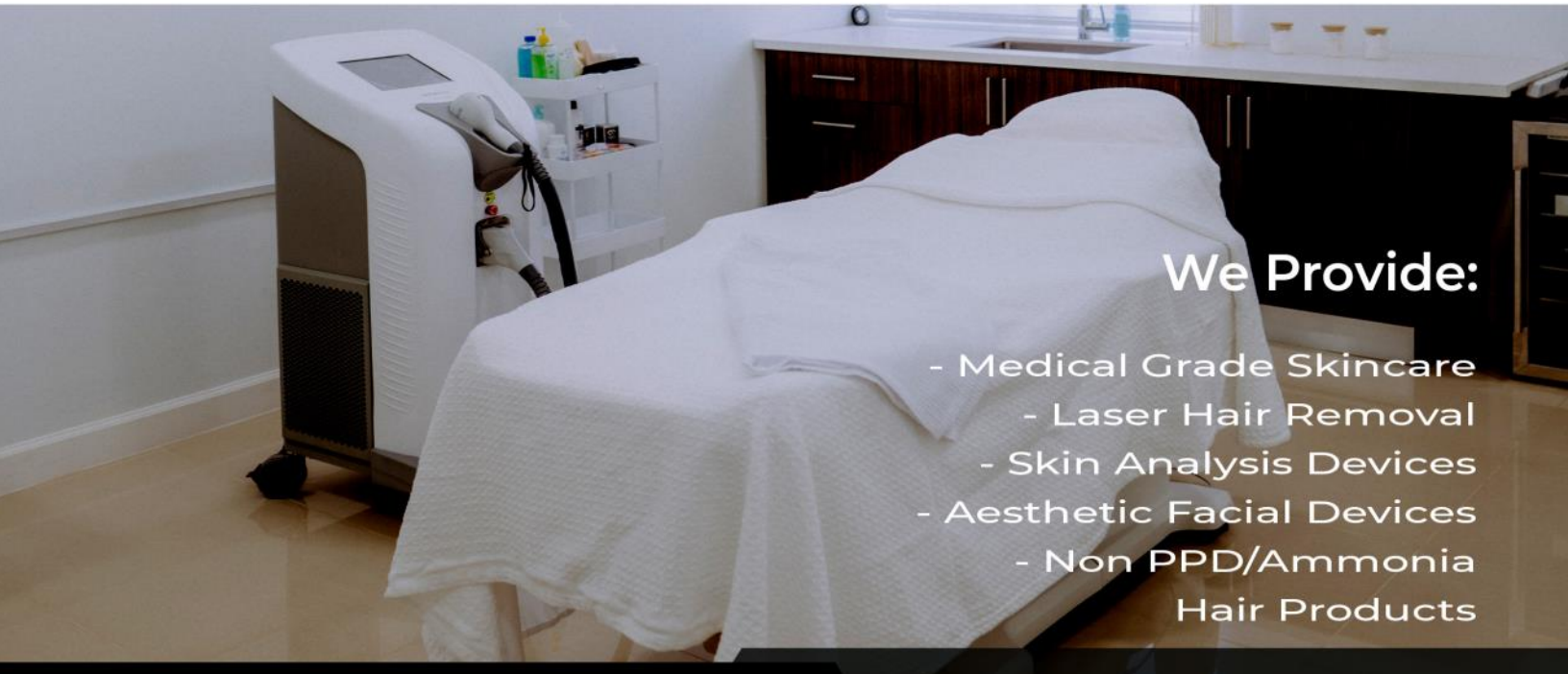

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A Patient With Intractable Genital Pruritus and Discharge	Dr. Jeffrey Edwards *Trinidad and Tobago*	9.15 – 9.30
DISCUSSION		9.30 – 9.40
Lois la Grenade Lecture: Emergence of Global Health Dermatology and Its Importance in Increasing the Influence for Our Specialty	Dr. Claire Fuller *United Kingdom*	9.40 – 10.10
DISCUSSION		10.00 – 10.15
Chronic Bullous Disease of Childhood	Dr. Bronwyn Hughes *United Kingdom*	10.15 – 10.30
Patch Testing in a Plastics Factory	Dr. Nirmala Hallai *Trinidad and Tobago*	10.30 – 10.45
DISCUSSION		10.45 – 10.50
BREAK AND VIEWING EXHIBITS		10.50 – 11.15

TOPIC	SPEAKER	TIME
SCIENTIFIC SESSION II **11.15am – 12.40pm**	**Chairperson: Dr. Richard Desnoes**	
The Role of Moisturizers in Skin Care *A Massy Distributors Sponsored Presentation*	Dr. Arusha Campbell-Chambers *Jamaica*	11.15 – 11.30
Inflammatory Dermatoses	Dr. Julia Schofield *United Kingdom*	11.30 – 11.45
The Histopathologic Spectrum of Alopecias Seen in a Jamaican Setting	Dr. Jonathan Ho *Jamaica*	11.45 – 12.00
Communication Techniques in Psychodermatology	Dr. Padma Mohandas *United Kingdom*	12.00 – 12.15
Contact Dermatitis Update	Dr. Donna Thompson *United Kingdom*	12.15 – 12.30
QUESTIONS AND ANSWERS		12.30 – 12.40
LUNCH & EXHIBITS		12.40 – 1.50

TOPIC	SPEAKER	TIME
SCIENTIFIC SESSION III **2.00pm – 4.15pm**	**Chairperson: Dr. Carol Burrell**	
Treatment of Acne with a 650 - Microsecond 1064nm Nd:YAG laser *An Aerolase Sponsored Presentation*	Dr. Arusha Campbell-Chambers *Jamaica*	2.00 – 2.15

Cellulitis	Prof. Nick Levell *United Kingdom*	2.15 – 2.30
Metformin: An Old Drug With New Purpose in Dermatology	Dr. Althea East-Innis *Jamaica*	2.30 – 2.45
Getting to the Bottom of Things	Dr. Portia Gold-Smith *United Kingdom*	2.45 – 3.00
DISCUSSION		3.00 – 3.15
Update on Genital Lichen Sclerosus	Dr. Claire Fuller *United Kingdom*	3.15 – 3.30
Cutaneous Reactions to Cutaneous Glucose Monitors in Children	Dr. Tanya Bleiker *United Kingdom*	3.30 – 3.45
Correlates of Prevalent Syphilis Infection Among MSM Living With HIV Attending the HIV Clinic in Trinidad	Dr. Jeffrey Edwards *Trinidad and Tobago*	3.45 – 4.00
DISCUSSION		4.00 – 4.15
BANQUET		7.00 – 10.30

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CONFERENCE SCHEDULE Day 2

Friday November 4

TOPIC	SPEAKER	TIME
Exhibits Open		**8.00 – 8.30**
SCIENTIFIC SESSION IV **8.30am – 11.00am**	**Chairperson: Dr. Andrea Clare-Lyn Shue**	
A Californian Import: Cutaneous Coccidioidomycosis	Dr. Orchid Dawkins *Jamaica*	8.30 – 8.45
Pustules With a Twist: A Case Series of Patients with Monkeypox at the University Hospital of the West Indies	Dr. Rodane Ruddock *Jamaica*	8.45 – 9.00
A Case of Multiple Nodules	Dr. Janelle Welch *Jamaica*	9.00 – 9.15
Necrolytic Migratory Erythema *sine* Hyperglycaemia	Dr. Jason Thomas *Jamaica*	9.15 – 9.30
DISCUSSION		9.30 -9.45
Paediatric Still's Disease Presenting with Persistent Pruritic Papules and Plaques	Dr. Andrew Burton *Jamaica*	9.45 – 10.00
A Case of "Wet Gangrene": Dermatology to the Rescue	Dr. Anastasia Douglas *Jamaica*	10.00 – 10.15
Unusual Malignant Transformation in a Longstanding Nevus Sebaceous	Dr. Rodane Ruddock *Jamaica*	10.15 – 10.30
Unusual Presentations of a Familiar Disease	Dr. Alicia McNish *Jamaica*	10.30 – 10.45
DISCUSSION		10.45 – 11.00
COFFEE BREAK & EXHIBITS		11.00 – 11.20

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DISCUSSION		10.45 – 11.00
COFFEE BREAK & EXHIBITS		11.00 – 11.20

TOPIC	SPEAKER	TIME
SCIENTIFIC SESSION V **11.20am – 12.35pm**	**Chairperson: Dr. Arusha Campbell-Chambers**	
An old manifestation in the modern world of "Yazoo and Cuppa Soup"	Dr. Jonathan Sutton *United Kingdom*	11.20 – 11.30
A Case of 10 Specialties	Dr. Richard Barlow *United Kingdom*	11.30 – 11.40
Lichen Planopilaris Associated with Ponatinib Use in a Patient With Chronic Myelogenous Leukemia	Dr. Trishnay Adams *Jamaica*	11.40 – 11.50
Green Skin: Not Just for Martians	Dr. Danielle Morris *Jamaica*	11.50 – 12.00
Reservoir Dogs: The Tale of an Atypical Infection in an Immunocompromised Patient	Dr. Sunita Odedra *United Kingdom*	12.00 – 12.10
Alopecia Universalis With Unusual Histopathologic Features After Vaccination With ChAdOx1 nCoV-19 (AZD1222)	Dr. Alicia McNish *Jamaica*	12:10 – 12:20
DISCUSSION		12.20 – 12.35
Lunch and Exhibits		12.35 – 1.45

TOPIC	SPEAKER	TIME
Scientific Session 6 **1.45pm – 4.45pm**	**Chairperson: Dr. Andrew Forde**	
Incorporating Medical Aesthetics into a Dermatology Practice: Quantitative Data From 995 - Patient Cohort *A Montcalm Sponsored Presentation*	Dr. Aleah Ali *Trinidad and Tobago*	1.45 – 2:15
Fiji Albinism Project: Raising Awareness and Destigmatising Albinism in Fiji	Dr. Emily Vaughan *United Kingdom*	2.15 – 2.25

A Clinically Evasive Case With a Fatal Outcome Epidermodysplasia Verruciformis	Dr. Perin Celebi *United Kingdom*	2.25 – 2.35
Piecing the Puzzle Together and Seeing the Bigger Picture: An Interesting Case from BHC	Dr. Robyn Edwards *Jamaica*	2.35 – 2.45
A Clinical Case of a Sunburn-Like Rash and Night Fevers	Dr. Meenakshi Verma *United Kingdom*	2.45 – 2.55
DISCUSSON		2.55 – 3.05
A 3 Patient Case Series: Methotrexate Induced Nasal Septal Perforation, Mucositis and Widespread Ulceration	Dr. Anjnee Shah *United Kingdom*	3.05 – 3.15
Diffuse Dermal Angiomatosis of the Breast in a 35-Year-Old Lady with Large Pendulous Breasts	*Dr.* Alex Gan *United Kingdom*	3.15 – 3.25
Prolidase Deficiency: A Long-Awaited Genomic Diagnosis	Dr. Helena Wace *United Kingdom*	3.25 – 3.35
Rapidly Expanding Ulceration of the Scalp: A Diagnostic Challenge	Dr. Marieta Papanikolaou *United Kingdom*	3.35 – 3.45
Spontaneous Regression of Basal Cell Carcinoma After COVID-19 Vaccine	Dr. Oluwadamilola Jagun *United Kingdom*	3.45 – 3.55
An Interesting Case of COVID-19 Presenting as an Agep-Like Skin Eruptions	Dr. Stephanie Austin *United Kingdom*	3.55 – 4.05
Clinical Interventions for Cutaneous Sporotrichosis: A Systematic Review	Dr. Emily Vaugan *United Kingdom*	4.05 – 4.20
The Marley Malady: Melanoma in Jamaica, Still a Deep-Seated Problem	Dr. Chico Collie *Jamaica*	4.20 – 4.35
DISCUSSION		4.35 – 5.00

Saturday November 5

TOPIC	SPEAKER	TIME
Clinical Cases – CDA Members		**9.00 – 11.30**
Lunch		11.30 – 12.30
CDA Attendee Off-Site Activity		1.00 – 6.00

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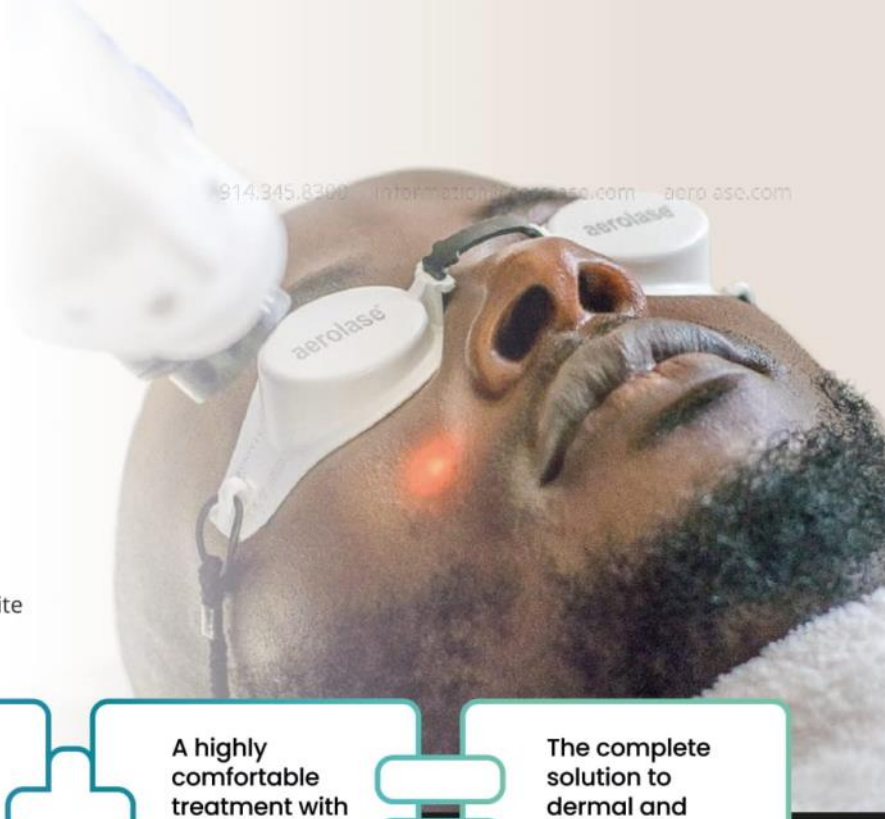

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FOR PATIENTS WITH SKIN OF COLOR

Reverse by Aerolase is a modern approach, combining two elite devices, to correct and prevent skin aging, for flawless skin in every patient.

Simple, in-office treatments

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Instant outcomes with long-lasting results

+

A highly comfortable treatment with short social downtime

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The complete solution to dermal and epidermal concerns

Ablation for Skin of Color

Patients already enrolled in a skincare regimen:

- ✓ Likely to take the next step for results
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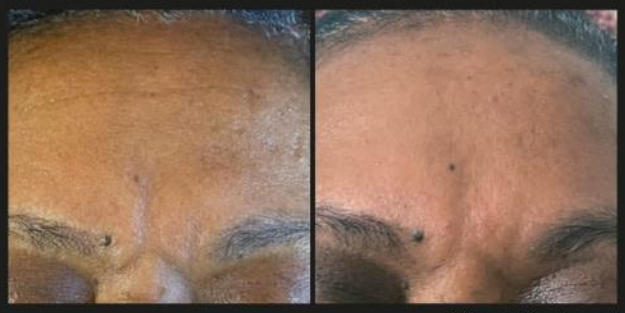
- ✓ Longer-lasting results for these complementary products

New Patients:

- ✓ Patients with mild to moderate photodamage
- ✓ Patients seeking additional antioxidant protection to prevent further damage

An official game-changer, Aerolase has developed new protocols for fully ablative and non-ablative treatments on Fitzpatrick skin types I–VI in a single session. Highly safe, effective, and comfortable - this is truly a new era of laser medicine.

Patient Results Delivered in an Unmatched Manner



After 1 Treatment

After 1 Treatment

ABSTRACTS

TITLE: Lichen Planopilaris Associated With Ponatinib Use in a Patient With Chronic Myelogenous Leukemia
AUTHOR (S): Trishnay Adams; Dr. Smith-Matthews BSc, MBBS, M.S (Derm), Fellowship Cut.Onc; Dr. Jonathan Ho MBBS, D.Sc., Dip. Dermpath
Submitted for: Medical Dermatology
Organization:

ABSTRACT BODY:
Ponatinib is a tyrosine kinase inhibitor (TKI) used in the treatment of chronic myeloid leukemia. Cutaneous reactions occur in approximately 40% of patients receiving TKIs. Keratosis pilaris-like, ichthyosiform and rarely lichen planopilaris-like eruptions have been described. We report a 31-year-old Afro-Caribbean male who developed scalp pruritus, alopecia and a folliculocentric eruption involving the trunk and limbs within 12 weeks of commencing ponatinib. Scalp biopsy revealed a lymphocytic scarring alopecia consistent with lichen planopilaris, while a biopsy of the right thigh revealed subtle evidence of a similar scarring alopecia. We discuss the clinical and histopathologic findings of this rarely reported entity.

TITLE: An interesting case of COVID-19 presenting as an AGEP-like skin eruptions
AUTHOR (S): Stephanie Austin; Dr R Sheppeard, Dr A Crawford, Dr S Taibjee, Dr W Chong & Dr A Belgi
Submitted for: Histopathology
Organization: Royal Hallamshire Hosptial

ABSTRACT BODY:
A 57-year old male presented with general malaise, pyrexia & a rapidly progressing, polymorphous skin eruption that quickly evolved. He also reported dry, gritty eyes, myalgia & sore throat. He presented with a widespread papulo-pustular skin eruption affecting approximately 50% BSA, with several papules & erosions on the hard palate. Within 24 hours, the morphology changed; he had a scaly, papulo-pustular rash affecting the trunk, more superficial pustular lesions affecting the proximal thighs & deep-seated, necrotic-looking nodules affecting the distal thighs.

He was treated with IV antibiotics & a short course of acyclovir inially; once infection was excluded, he was started on topical Mometasone Furoate; with a dramatic resolution of the rash.

He had an elevated white cell count (19.3) with a lymphopenia (0.3) and a markedly raised CRP (390); other routine bloods, viral serology, cultures & syphilis serology were unremarkable. He was positive for Coronavirus. A skin biopsy showed broad pustular change within the subcorneal/upper epidermal region with associated spongiosis. The superficial and mid-dermis showed moderately dense wedge-shaped mixed infiltrate comprising neutrophils, lymphocytes, histiocytes and sparse eosinophils. There was neutrophilic infiltration of vessel walls with mild endothelial swelling, with intraluminal thrombi in some superficial vessels; with no evidence of fibrinoid necrosis or karyorrhexis suggestive of vasculitis.

Although histology wasn't typical, a diagnosis of AGEP-like skin eruption was made on clinico-pathological correlation in the context of COVID-19. AGEP is more commonly a drug-associated dermatosis, but has been reported with several viral infections. Few cases of AGEP associated with SARS-CoV-2 have been described in the literature associated with medications including cefepime & hydroxychloroquine. Our patient had no history of drug consumption or vaccination history prior to development of his skin eruption. As far as we know this is the first case of COVID-19 presenting as a widespread, rapidly progressing AGEP-like eruption.

TITLE: A Case of 10 Specialties
AUTHOR (S): Richard Barlow; Tim Blake
Submitted for: Medical Dermatology
Organization: NHS UHCW

ABSTRACT BODY:
A 62 year old window fitter presented with lethargy, breathlessness, weight loss and intermittent sweating. He described episodic lymphadenopathy, arthralgia, fevers and rashes characterised by papules, plaques, nodules and subcutaneous swelling that were often tender and typically self-limiting. Right unilateral proptosis and ophthalmoplegia affecting the medial rectus was associated with one episode and motor paralysis of C8-T1 on the right-side with the most recent.

Vasculitic screen and immunoglobulin subclasses were normal. Imaging showed a chronic empyema with effusion, reactive paraoesophageal lymph nodes and an enlarged medial rectus of the right eye. Bone marrow ruled out lymphoproliferative disorders. Skin biopsy showed non-specific perivascular lymphocytic infiltration. The working diagnosis of IgG4-related orbital disease improved with IV methylprednisolone and maintenance MMF, hydroxychloroquine and weaning course of prednisolone. PET scan at the time of right arm weakness showed aortitis, pleural and pericardial effusions with lymphadenopathy. MRI confirmed multiple left-sided middle cerebral artery infarcts. Digital subtraction angiography did not show vasculitis, thought secondary to partial treatment with IV methylprednisolone. It was unclear if the stroke was embolic or vasculitic in nature. His neurological manifestations improved with cyclophosphamide. Following discussion with several colleagues, the diagnosis has been revised to VEXAS (Vacuoles, E1 enzyme, X-linked, Autoinflammatory, Somatic) syndrome. This has been confirmed with genetic testing demonstrating an acquired somatic mutation affecting the methionine-41 codon (p.Met41) in UBA1 and has commenced tocilizumab.

TITLE: Pediatric Still's Disease Presenting With Persistent Pruritic Papules and Plaques
AUTHOR (S): Andrew Burton; Jonathan D. Ho MBBS, D.Sc, Andrea Clare-Lyn Shue MBBS Dip.Dermp, Petagay Scott Brown MBBS DM
Submitted for: Pediatric Dermatology, Dermatopathology
Organization:

ABSTRACT BODY:
Still's disease is an autoinflammatory disorder presenting with quotidian fevers, hyperferritinemia and an evanescent, non-pruritic urticarial eruption. More recently, persistent papules and plaques often with a flagellate appearance have been described in adult-onset Still's disease. Here we describe this atypical presentation in a 2-year-old Chinese male, discuss aspects of diagnosis and detail his treatment course to date.

TITLE: Treatment of Acne with a 650 - microsecond 1064nm Nd:YAG laser
AUTHOR (S): Arusha Campbell-Chambers; None
Submitted for: Laser and Cosmetic Surgery
Organization: Dermatology Solutions

ABSTRACT BODY:
Acne Vulgaris is a chronic inflammatory dermatosis notable for open or closed comedones and inflammatory lesions, including papules, pustules, or nodules. It is one of the most common conditions treated by dermatologists, and its pathogenesis is multifactorial. Follicular hyperkeratinization and excess sebum production caused by hormones, results in blockage of the pilosebaceous unit. Microbial colonization with Cutibacterium acnes and complex inflammatory mechanisms also play a role. Acne may cause significant psychosocial problems, post-inflammatory hyperpigmentation and scarring.

Mild acne can be treated with topical treatment including benzoyl peroxide, retinoids, antibiotics, dapsone, azelaic acid and clascoterone. For moderate to severe acne systemic antibiotics, hormonal treatment, retinoids may be added. Procedures like comedone extraction, corticosteroid injections, chemical peels, microdermabrasion, laser, blue and red light and photodynamic therapy may also be used adjunctively.

The isotretinoin package insert advises the discontinuation of isotretinoin for 6 months before performing cosmetic procedures, including waxing, dermabrasion, chemical peels, laser procedures, or incisional and excisional cold-steel surgery. It is traditional practice to follow this standard because of concerns regarding reports of sporadic adverse events and increased risk of scarring.

However, the American Society for Dermatologic Surgery's task force concluded that there is insufficient evidence to justify delaying treatment with superficial chemical peels and non-ablative lasers, including hair removal lasers and lights, vascular lasers, and non-ablative fractional devices for patients currently or recently exposed to isotretinoin. Combination therapy can help enhance treatment efficacy and reduce the dosage and side-effects of systemic medications like isotretinoin. The 650-microsecond, 1064-nm Nd: YAG laser in combination with low-dose isotretinoin is safe and effective for the treatment of acne and acne scars.

TITLE: A clinically evasive case with a fatal outcome – Epidermodysplasia Verruciformis
AUTHOR (S): Perin Celebi; Dr Emily Vaughan, Dr Alex Gan, Dr Rand Hawari, Dr Mahomen Dada, Dr Rabi Nambi
Submitted for: Medical Dermatology
Organization: University Hospitals Derby and Burton NHS Foundation Trust

ABSTRACT BODY:
A 30year-old male was referred to dermatology with a widespread scaly pale-pigmented asymptomatic rash. Starting as warty lesions on his face age10, it later spread as scattered hypopigmented macules and flat-topped pale-pigmented papules/plaques with overlying fine scale across his trunk, upper- and lower-limbs.

This was unsuccessfully treated as eczema and cutaneous fungal infection whilst in Cameroon, and later as pytiriasis versicolour and lichen planus after moving to the UK in2017. He had no known family members with a similar skin rash, though his parents had passed away when he was 8years old. Background chronic Hepatitis Be-antigen positive liver cirrhosis was diagnosed and treated with Tenofovir under Gastroenterology since2018.

On presentation to our department in March2022, the clinical impression of Epidermodysplasia Verruciformis(EV) was explained. Histology from two incisional biopsies taken from his left flank and abdomen revealed an acanthotic epidermis, enlarged keratinocytes in the upper epidermal layers containing basophilic cytoplasm and prominent keratohyaline granules in the granular layer, confirming the diagnosis of EV.

EV can be inherited as an autosomal recessive disorder with mutations in EVER1/EVER2 genes important in the immune systems protection against human papilloma virus(HPV) infection. It can also be acquired in the immunosuppressed. It is caused by >30HPVsubtypes with high-risk subtypes having the potential to predispose to SCC and other skin cancers.

Our case was referred to Genetics for investigation of inherited mutations and the Gastroenterology team for review prior to starting Acitretin treatment. Unfortunately, an MRI had revealed a diagnosis of metastatic hepatocellular carcinoma deemed not to be operable/curable. This was confirmed moderately-differentiated HCC on liver biopsy in May2022 and the decision was made to start him on palliative chemotherapy. He sadly passed away in July2022.

We present this case with appropriate literature review with the aim to increase awareness of this clinically evasive diagnosis, epidermodysplasia verruciformis.

TITLE: A Californian Import: Cutaneous Coccidioidomycosis
AUTHOR (S): Orchid Dawkins; Dr Frances Berry; Dr Althea East-Innis; Dr Jonathan Ho MBBS, D.Sc., Dip. Dermpath
Submitted for: Medical Dermatology
Organization:

ABSTRACT BODY:
Coccidioidomycosis is caused by two dimorphic and highly virulent pathogens Coccidioides immitis and Coccidioides posadasii. It occurs predominantly in southwestern US, northern Mexico, and Central and South America, with C. immitis being found primarily in California. We present a case of disseminated coccidioidomycosis in a 71 year old Jamaican male. To our knowledge, this is the first reported case in Jamaica.

TITLE: A Case of "Wet Gangrene": Dermatology to the Rescue
AUTHOR (S): Anastasia Douglas; Alicia McNish, MBBS, Stephanie Smith-Matthews MBBS, M.S (Derm), Fellowship Cut.Onc, Althea East-Innis, Jonathan Ho MBBS, D.Sc, Dip. Dermpath
Submitted for: Medical Dermatology
Organization:

ABSTRACT BODY:
We report a 57-year-old female with scaly rash to the body for 1 year and ulceration to the peripheries for 2 weeks. Initially assessed as wet gangrene with a view to amputate, dermatologic consultation altered the clinical course. On examination, we identified psoriasiform plaques on the body and erosions, pustules and nail dystrophy involving the feet. Biopsy confirmed a pustular variant of psoriasis. We present a case of acrodermatitis continua of Hallopeau, misdiagnosed as wet gangrene, discussing the clinical and therapeutic options of this rare variant of psoriasis

TITLE: Metformin: An Old Drug With New Purpose In Dermatology
AUTHOR (S): Althea East-Innis; None
Submitted for: Medical Dermatology
Organization: University of the West Indies

ABSTRACT BODY:
Metformin was first discovered in 1922 and was launched as a form of medication for diabetes mellitus in 1957 in France. However, it was not until 1995 that it was introduced to the United States of America. It is currently the most widely prescribed drug for diabetes.

In recent times its effects on hyperinsulinemia (and its signs) as well as its platelet anti-aggregating and antioxidant effects has been shown to have therapeutic benefit in a variety of diseases including dermatological disorders. Its role and proposed mechanism of action in the treatment of acne, hirsutism and a number of other cutaneous disorders including skin cancers have been studied and documented. In this presentation, the evidence and new uses for metformin will be explored.

TITLE: A patient with intractable genital pruritus and discharge
AUTHOR (S): Jeffrey Edwards; Miriam Parboo, Jonathan Edwards, Gregory Boyce
Submitted for: Medical Dermatology
Organization: University of the West Indies
ABSTRACT BODY:
A 44 year old female presented with a 15 month history of genital pruritus. She had one male sexual partner prior to onset of genital pruritus and claimed to be no longer sexually active. She used over the counter intravaginal medications intermittently with little help until she visited the STI Clinic where she was diagnosed with trichomoniasis on wet mount examination. She was treated multiple times with oral metronidazole with minimal improvement. The patient was seen in our Clinic where on examination there was a profuse, yellow, malodorous discharge and Trichomonas vaginalis was diagnosed on wet mount examination and confirmed by PCR. An endocervical swab taken for nucleic acid amplification (NAAT) for N. gonorrhoea and C. trachomatis was negative as were serologic screening for HIV, syphilis, hepatitis B and hepatitis C. She was treated with increasing doses of oral metronidazole and then oral tinidazole but the genital pruritus and discharge persisted and trichomoniasis continued to be diagnosed on wet prep. It was concluded that there was most probably antimicrobial resistance to 5-nitroimidazoles and she was treated with a low cost combination of boric acid 600mg compounded with clotrimazole vaginal cream intravaginally twice daily for 60 days which resulted in complete resolution of symptoms.

TITLE: Correlates of prevalent syphilis infection among MSM living with HIV attending the HIV clinic in Trinidad
AUTHOR (S): Jeffrey Edwards; Abigail Mohammed, Leon-Omari Lavia, Jonathan Edwards, Shiva Verma, Saketh Reddy, Gregory Boyce
Submitted for: Medical Dermatology
Organization: University of the West Indies

ABSTRACT BODY:
Background

Syphilis among men who have sex with men (MSM) living with HIV is of public health concern, thus the objective of the study is to determine the correlates of prevalent syphilis infection in this population so that urgent interventions could be instituted.

Methods

A cross-sectional study was conducted during the period September 2020-June 2021 among MSM who attended a large HIV Clinic in Trinidad. A questionnaire was administered to obtain socio-demographic data and correlates of prevalent syphilis and patients were screened for syphilis using the traditional algorithm. Descriptive and bivariate analyses were conducted and multivariable logistic regression factors was used to assess factors significantly associated with a syphilis diagnosis.

Results

Two hundred and sixty four MSM were enrolled; age range 18–64 years, median age 33 years and 89 (34.4%) were actively bisexual. The prevalence of syphilis was 28% (74/264), and of these 2 (2.7%) were diagnosed with primary syphilis, 6 (8.1%) were diagnosed with secondary syphilis, 24 (32.4%) and 89.2% (66/74) of these infections were latent infections and asymptomatic. Multivariable logistic regression analysis showed that those patients who participated in sex with anonymous partners (OR 2.09; 95% CI, 1.03–4.26), those with a previous diagnosis of syphilis (OR 5.16; 95% CI, 1.03–25.83) and those who used marijuana in the last 12 months (OR 2.13; 95% CI, 1.14–3.96) were more likely to be diagnosed with syphilis.

Conclusion

There is a high prevalence of asymptomatic syphilis among MSM living with HIV in Trinidad. Repeat episodes of syphilis and anonymous sex may play a role in the transmission dynamics of T pallidum infection in this population, thus urgent public health prevention interventions are warranted.

TITLE: Diffuse Dermal Angiomatosis of the Breast in a 35-Year-Old Lady With Large Pendulous Breasts
AUTHOR (S): Alex Gan;
Submitted for: Medical Dermatology
Organization: University Hospitals of Derby and Burton NHS Foundation Trust, United Kingdom

ABSTRACT BODY:
An 86 year old South Asian lady was reviewed on the medical admissions unit with a rapidly progressive new-onset eruption of large purplish non-tender nodules to the groin and upper thighs, associated with unilateral lower limb oedema affecting the left leg (see attached pictures). She had a background of hypertension and hypothyroidism, with no recent changes to her regular medication. She had been feeling lethargic over a period of several weeks but denied having any unintentional weight loss, night sweats or fevers. She had no ill contacts or any recent travel out of the country. Differential diagnoses included infections such as atypical mycobacteria, fungal or bacterial, as well as cutaneous malignancy. An urgent skin biopsy and full body imaging with computed tomography (CT) scanning were performed. Histology showed evidence of invasive moderately differentiated squamous cell carcinoma measuring up to 2mm in depth, with features favouring a diagnosis of primary cutaneous squamous cell carcinoma (SCC) rather than metastasis. The CT scan showed a left lobe lung mass with several metastatic lung nodules, para-aortic and iliac lymphadenopathy, and scattered nodules in the groin and thigh areas.

The case was discussed at several multidisciplinary team (MDT) meetings as the histology did not tie up immediately with the clinical presentation, which did not look like primary cutaneous SCC. At present, both the skin and lung MDT do not feel that the findings are in keeping with primary cutaneous or pulmonary malignancy. She will be reviewed by the oncology team for consideration of palliative chemotherapy with a cancer of unknown primary.

This case serves to show an interesting clinical presentation of likely metastatic cutaneous malignancy, and the paramount importance of clinicopathological correlation in challenging cases.

TITLE: Patch Testing in a Plastics Factory
AUTHOR (S): Nirmala Hallai; nil
Submitted for: Contact Dermatitis
Organization: Eric Williams Medical Sciences Complex

ABSTRACT BODY:
Seven patients were referred from a PVC (polyviylchloride) plastics factory, amidst concerns about a recent change in the materials used, possibly contributing to occupational dermatoses. A site visit was conducted.

Five patients attended for patch testing in 2019. The British standard, medicament, facial, plastics and glue series and dermatophagoides farinae mix (House Dust Mite, HDM) were used.

Three patients had a positive patch test reaction to HDM, two reacted to sodium metabisulphite bisulfite and hydroperoxides of linalool. Other positive allergens were triethanolamine, resorcinol monobenzoate, potassium dichromate, disperse blue and propyl gallate.

Apart from contact dermatitis, an endogenous component of eczema was seen in two patients. Other skin conditions diagnosed and treated were urticaria, seborrhoeic dermatitis, papular urticaria, pityriasis versicolor, acne and folliculitis.

There are challenges and identifying the causative agent with allergic contact dermatitis to PVC. It can contain other additives like plasticizers, antioxidants, pigments and stabilizers. Occupational dermatoses usually occur during the fabrication process, rather than with the end product. Fine particles from the PVC blending materials and ground recycled PVC products can contribute to an airborne irritant contact dermatitis.

Appropriate use, with regular laundering of long-sleeved PPE (personal protective equipment) coveralls, gloves and safety goggles can help to reduce contact dermatitis. Consequentially, improved ventilation of the factory, with the installation of a large, industrialized ceiling fan, was beneficial.

TITLE: Descriptive study of ankle Range of Motion(ROM) in patients with active/healed Chronic Venous Leg Ulcer (CVLU) attending the Skin Clinic National Chest Hospital.
AUTHOR (S): Sandra Mcleod; None
Submitted for: Research
Organization: /National Chest Hospital/Kingston Public Hospital

ABSTRACT BODY:
Proper calf muscle pump function is an important part of an adequate venous return in the lower limbs.

Ankle ROM may be considered a proxy for calf muscle pump function. Reduction in Ankle ROM has been shown to be positively correlated to worsening of Chronic Venous Insufficiency and Venous Ulceration.

In This Descriptive study, the ankle ROM was assessed for patients with CVI and active or healed leg ulceration using technique of goniometry. Goniometry was performed in both limbs . Results were assessed and correlated with age,sex and duration of ulceration.

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TITLE: Green Skin: Not Just for Martians
AUTHOR (S)*:* Danielle Morris Morris; Dr Romario Thomas MBBS, Dr Jonathan Ho MBBS, D.Sc., Dip. Dermpath
Submitted for: Medical Dermatology
Organization:

ABSTRACT BODY:
We report a case of a 35-year-old Jamaican school teacher with recurrent episodes of green discoloration involving her palms. We discuss the clinical and diagnostic approach to patients with green skin, distinguishing green eccrine pseudochromhidrosis from true green eccrine chromhidrosis and other causes of green skin discoloration.

TITLE: Reservoir dogs: the tale of an atypical infection in an immuno-compromised patient
AUTHOR (S)*:* Sunita Odedra;
Submitted for: Medical Dermatology
Organization: University Hospitals Birmingham NHS Foundation Trust

ABSTRACT BODY:
A 58-year-old man presented with a 6-month history of non-healing ulcers across his ankles. He described the development of tender red lumps, which progressively increased in size and then broke down into larger ulcers. New lesions continued to appear. He was well travelled; lived in West Africa 20 years ago, and for the last 10 years has worked along the Western Mediterranean coastline, delivering boats. He has a history of ankylosing spondylitis, for which he recently discontinued Adalimumab due to concerns this may be contributing to delayed wound healing.

On examination, there were two large crateriform ulcers with rolled indurated edges and surrounding erythema, located anteriorly over both ankles. Several crusted satellite nodules extended along his legs proximally. Skin biopsy showed a dense lymphohistiocytic and plasma cell infiltrate, with evidence of vasculitis, scattered multinucleated giant cells and small granulomata. Atypical infections were considered, though not supported by special stains. Working diagnosis was erythema induratum, however with no history of exposure to tuberculosis during his travels, the patient challenged this diagnosis and brought to light new information regarding leishmaniasis identified in a friend's pet dog in Spain. Further review of histology with Giemsa staining identified amastigotes within macrophages, consistent with a diagnosis of cutaneous leishmaniasis (CL).

Leishmaniasis is a zoonotic infection transmitted by sandflies infected with the protozoa Leishmania. CL is the most common form in both the general population, and amongst travellers. Although still a rare condition within developed countries, cases of CL

have been reported in increasing numbers. Given his travels within the Mediterranean, the most likely causative species in our patient is Leishmania infantum for which dogs are considered a major reservoir. Our case emphasises the importance of considering patients' concerns, and including the rarer, atypical infections as important differentials, especially in the context of an immunocompromised patient.

TITLE: Rapidly expanding ulceration of the scalp: a diagnostic challenge
AUTHOR (S): Marieta Papanikolaou; Catarina Quaresma, Bo Liu, Chetan Mukhtyar, Jennifer Garioch
Submitted for: Medical Dermatology
Organization: Norfolk & Norwich University Hospital

ABSTRACT BODY:
An 85-year-old male with background of dementia was referred to Dermatology with a 'scalp lesion' via the Accident & Emergency (A&E) department, where he was being assessed for 2-week history of severe headaches. His daughter also reported onset of discoloration and tenderness over his anterior scalp in the last week. His past medical history otherwise included prostate cancer for which he received 3-monthly triptorelin injections, epilepsy, gastric ulcers, coronary artery disease and a previous colectomy for ulcerative colitis.

Examination revealed dusky discoloration extending over his mid and frontal scalp, with associated large irregular ulceration of his right frontal scalp. No visual or tongue abnormalities, or history of jaw claudication were identified.

His blood tests revealed mild normocytic anaemia, a slight rise in his neutrophil count and chronic renal impairment, along with raised ESR and CRP of 120 mm/hour and 36 mg/L respectively. A CT scan of the head, arranged via A&E showed small vessel disease and a mature left external capsule infarct but no acute pathology.

The patient was referred to Rheumatology on the same day with suspected giant cell arteritis (GCA) and was commenced on prednisolone 50mg once daily. A subsequent doppler ultrasound scan revealed occlusion of the right superficial temporal and occipital arteries, along with reduced flow and thickening of the intima-media complex of the left superficial temporal and occipital arteries, confirming the diagnosis of GCA.

Scalp necrosis is a rare manifestation of GCA, and it is believed to confer a higher incidence of visual loss and other visual defects. This case highlights the importance of a high index of suspicion for GCA and prompt referral to Rheumatology in patients presenting with scalp ulceration with associated history of headaches.

TITLE: Pustules With a Twist: A Case Series of Patients With Monkeypox at the University Hospital of the West Indies
AUTHOR (S): Rodane Ruddock; Jonathan Ho MBBS, D.Sc, Dip.Dermpath, Dr. Althea-East-Innis, Dr. Stephanie Smith-Matthew, Dr. Donna Braham
Submitted for: Medical Dermatology
Organization:

ABSTRACT BODY:
We report the demographic and clinical features of 4 middle-aged Jamaican males with Monkeypox. We additionally report the histopathologic findings in one case and discuss the current understanding of this emerging infectious disease.

TITLE: Unusual Malignant Transformation in a Longstanding Nevus Sebaceous
AUTHOR (S): Rodane Ruddock; Dr. Stephanie Smith-Matthew; Dr. Michael Fitz-Henley; Jonathan Ho MBBS, D.Sc, Dip.Dermpath
Submitted for: Cutaneous Oncology
Organization:

ABSTRACT BODY:
We report an 80-year-old Jamaican woman with a new nodule occurring in a longstanding nevus sebaceus. Histopathology demonstrated two secondary malignant tumors. We review the clinical and histopathologic aspects of this case and discuss the literature regarding tumor formation in this commonly seen hamartoma.

TITLE: A 3 patient case series: Methotrexate induced nasal septal perforation, mucositis and widespread ulceration.
AUTHOR (S): Anjnee Shah; Dr Anjnee Shah, Dr Sarita Jain, Dr Suzannah August, Dr Caroline Morgan
Submitted for: Medical Dermatology
Organization: UNIVERSITY HOSPITALS DORSET

ABSTRACT BODY:
This is a case series with 3 patients on long-term methotrexate for rheumatoid arthritis each of whom developed delayed presentation toxicities. A 76 year old female presented with painful purpuric erosions affecting her lower legs. Over 12 months this became increasingly widespread and ulcerating. The clinical picture and biopsy demonstarted nodular vasculitis and the patient treated with prednisolone. The patient continued to deteriorate resulting in loss of mobility.A septal perforation was also noted. The patient developed flu like symptoms and methotrexate was stopped for 3 weeks; coinciding with significant resolution of pain and ulceration. Methotrexate was stopped. We concluded the ulceration was caused by methotrexate and may have been triggered by the introduction of a PPI to the patient's medication. A 65 year old was admitted due to severe ulceration affecting the oral mucosa and lower legs. The oral ulceration worsened over 4 weeks proceeding declining renal function. The patient had widespread haemorrhagic crusting and ulceration affecting the oral cavity. The oral ulceration improved once methotrexate was stopped and folinic acid given. An 87 year old was admitted due to dehydration, confusion and severe mucositis. 1 week prior to the ulceration beginning the patient was treated with ciprofloxacin for a UTI. The oral ulceration improved with triple therapy mouthwash and withdrawal of methotrexate. Case reports and pharmacy guidelines show the ciprofloxacin can induce methotrexate toxicity. Methotrexate is a dihydrofolate reductase inhibitor used commonly as a disease-modifying antirheumatic drugs1 and in many dermatological conditions. The ability of methotrexate to inhibit cellular proliferation could be the mechanism by which normal regeneration of the epithelium is inhibited; predisposing patients to septal necrosis and perforation as well as ulceration at other sites1. Given the widespread and common use of methotrexate in multiple inflammatory conditions this is an important side effect to be aware of.

TITLE: A old manifestation in the modern world of "Yazoo and Cuppa Soup"
AUTHOR (S): Jonathan Sutton; .
Submitted for: Medical Dermatology
Organization: University Hospital Southampton NHS Foundation Trust

ABSTRACT BODY:
A 50 year-old female was referred with a three week history of large, tender, purple bruises on the lower limbs without prior trauma. She had been admitted due to arthralgia, synovitis, reduced mobility, paresthesia and episodes of spontaneous epistaxis, with dyspnoea on exertion. Fatigue and weight loss had been for many months. The patient was a smoker with known bronchiectasis and a previous duodenal ulcer.

She had a low body mass index, with palmar erythema, gingivitis, buccal mucosal plaques and lower abdominal ecchymoses. There were multiple perifollicular papules, purpura and haematomas present on her lower limbs.

Investigations showed a normocytic anaemia, prolonged clotting, raised myeloperoxidase antibody and a low folate, vitamin D, zinc

and magnesium. An oesophago-gastroduodenoscopy showed scattered petechiae and gastritis. Computed tomography scan showed emphysematous changes and ruled out malignant disease. Nerve conduction studies showed mild patchy sensory peripheral neuropathy, consistent with a mononeuritis multiplex.

A skin biopsy taken from the purpura, showed a perivascular inflammatory infiltrate with lymphocytes, neutrophils with some apoptotic debris, occasional eosinophils. Importantly there was no granulomatous inflammation, no leukocytoclasis or fibrinoid necrosis of vessels walls and a negative direct immunofluorescence.

Therefore a diagnosis of multinutritional deficiency including ascorbic acid, was made. Her dermatological, sensory and biochemical abnormalities rapidly resolved after intensive supplementation with Abidec, ascorbic acid 1 gram daily, colecalciferol, Fortijuice, Scandishake, vitamin B12 and Folate.

This case highlights how nutritional deficiencies are an increasingly relevant and important consideration especially in patients with severe multisystem dysfunction. Ascorbic acid deficiency should be considered and treated with a high index of suspicion, especially in institutionalised or chronically ill patients. Vitamin C analysis is not recommended given logistical difficulties and prolonged processing time. Close and ongoing multidisciplinary team involvement was a fundamental feature of this lady's care, directly contributing to her rapid recovery.

TITLE: Necrolytic Migratory Erythema: sine Hyperglycemia
AUTHOR (S): Jason Thomas; Dr. Donna Braham MBBS DM M.Sc; Dr. Jonathan Ho MBBS, D.Sc., Dip. Dermpath
Submitted for: Medical Dermatology
Organization:

ABSTRACT BODY:
Glucagonoma syndrome is a paraneoplastic phenomenon that presents with necrolytic migratory erythema, hyperglycemia and pancreatic mass. We present a case of a 56-year-old male with ascites, respiratory distress constitutional symptoms and new onset rash consistent necrolytic migratory erythema. We will present the clinical and histopathological features of this entity as well as the diagnostic challenges in the rarely reported euglycemic variant.

TITLE: Clinical Interventions for Cutaneous Sporotrichosis: A Systematic Review
AUTHOR (S): Emily Vaughan; E. Vaughan, P. Celebi, A. Gan, M.Whitfeld
Submitted for: Research
Organization: Derby and Burton NHS Healthcare Trust

ABSTRACT BODY:
Aim

To assess randomised and non-randomised studies regarding the effectiveness of treatment options for cutaneous sporotrichosis.

Background

Sporotrichosis is a chronic mycotic infection caused by the dimorphic fungus, Sporothrix schenckii complex and other Sporothrix species. Sporotrichosis can develop up to 12 weeks after exposure to the fungus. Patients present with painless erythematous ulcerating nodules which spread along the lymphatic vessels. These lesions occur on the face in children and affect the upper limbs in adults. Sporotrichosis was considered to mainly affect men due to outdoor work and contact with infected soil or moss. However, infection has recently been linked to zoonotic spread from infected cats, which has led to an endemic in Brazil. 1% of case studies are reported from Central America and the Caribbean. Sporotrichosis has been treated with potassium iodide for over 100 years. Itraconazole and terbinafine are recommended treatments as per the Infectious Diseases of America Guidelines. Despite this, the efficacy and adverse reactions of these treatments have not been systematically reviewed.

Results

Searches produced a low yield of results with only 9 full studies being included in the systematic review. The studies represented 1,335 participants over a 22 year period from 1996 to 2018. The studies showed heterogeneity with little evidence per treatment option, which makes treatment recommendations difficult. All studies included were graded as low or very low quality of evidence.

Discussion

The evidence for the treatment of sporotrichosis is not reliable and we are unable to confidently recommend treatment options. Sporotrichosis is an endemic disease in low socioeconomic areas in tropical climates. Therefore, sporotrichosis should be considered as a Neglected Tropical Disease (NTD). Recognition as an NTD may lead to prioritisation for well designed, reliable studies in the future. International multi-centre studies are needed in the form of randomised controlled trials.

TITLE: Fiji Albinism Project: Raising Awareness and Destigmatising Albinism in Fiji
AUTHOR (S)*:* Emily Vaughan; P. Celebi, A. Gan, J, Yeon, M. Whitfeld, M. Shree, S. Leaware, U. Singh, M. Kama
Submitted for: Medical Dermatology
Organization: Derby and Burton NHS Trust

ABSTRACT BODY:
Introduction:

Among the Caribbean islands, children with albinism are called “Children of the Moon” and “Grandchildren of the Sun.” They are considered blessed and treated with love and respect. Unfortunately, this is not the same among the Pacific Islands or Africa. In 2020, people with Albinism were branded as “Corona”, used as scapegoats and further ostracised from communities. People with Albinism are vulnerable to human rights violations and suffer with skin and eye health. Albinism is increasingly recognised in the Pacific Region, particularly amongst the Polynesian community in Fiji, Samoa, Vanuatu and Tuvalu. A register has been created for Fijians with albinism, with the objective of understanding the scale and health needs of the population.

Method:

In 2014, The Fiji Albinism Project was established through charity funding in partnership with the Fiji Ministry of Health. The aim is to improve the quality of life of people living with albinism in Fiji. Proformas are completed by Fijians with albinism and their details are collated into an excel spreadsheet.

Results:

The database currently holds 172 people with albinism (aged 9 months to 77 years) with 161 self-reporting as iTaukei. 88 females and 82 males are registered. 64 participants are under 18 years. Basal and squamous cell carcinomas have been seen among adults, with one incidence of clinical Bowens disease in a child. Due to Covid-19, the first virtual International Albinism Awareness Day was held in 2020, with participants from Fiji.

Discussion:

In 2020, a 5-year National Strategic plan for Dermatology, Leprosy and Albinism was submitted and reviewed by the Minister of Health and Permanent Secretary of Health in Fiji.. This incorporation of albinism care within the Ministry of Health and Ministry of Education provides a model for other pacific islands and developing countries to follow.

TITLE: A Clinical case of a Sunburn-like Rash and Night Fevers
AUTHOR (S)*:* Meenakshi Verma; Dr Malvina Cunningham, Professor Anthony Bewley
Submitted for: Medical Dermatology
Auto inflammatory conditions
Organization: Barts Health Dermatology

ABSTRACT BODY:
This is a clinical case which presents a diagnostic challenge of a 39-year old Caucasian female with subjective fevers, arthralgia, myalgia, headache and abdominal pain. The patient reported an episodic migratory rash flaring at ovulation including the buttocks, thighs, lower legs trunk and arms with resolution after 7 days. Past Medical History included a recent Termination of Pregnancy and Methotrexate and Administration. No other drugs were noted and there was a family history of Sjogren's syndrome. Initial treatment included treatment for the unknown diagnosis with Hydroxychloroquine, systemic steroids and high-potency topical steroids.

The patient had a further admission in Denmark for a flare. Several differential diagnoses were considered, with inflammatory markers, connective tissue screen, Echocardiogram, Nerve Conduction Studies requested. Several skin biopsies were inconclusive and are discussed.

Serum amyloid A (SAA) protein production increases in patients with inflammatory disorders. SSA levels were 470 (first reading) and 1860 mg/L (3 months later).

Immunology revealed that the patient was an asymptomatic carrier for Wiskott-Aldrich syndrome gene. No genetic cause was identified on National Genetic Screen panel (24 genes)

Following referral to a local specialist North London Dermatology center, Interleukin 1 blockade with Anakinra injections induced improvement with cessation of 6-7 flares to zero. There were no subsequent flares and joint swelling also improved. Further outcomes included: diary of any breakthrough symptoms, postal blood samples to review regular SAA/CRP levels and annual Flu and Pneumonia vaccines.

Tumour Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS) was the final diagnosis. This auto-inflammatory syndrome is characterized by prolonged and recurrent episodes of fever, abdominal and/or chest pain, arthralgia, myalgia, and erythematous rash as per our case.

The history, clinical manifestations, diagnostic clues and therapeutic measures are presented alongside literature evidence for this dermatological disease.

TITLE: Prolidase deficiency: a long awaited genomic diagnosis
AUTHOR (S)*:* Helena Wace; H. Butterfield, S. George, K. Bailey, T. McPherson
Submitted for: Pediatric Dermatology
Organization: Oxford University Hospitals

ABSTRACT BODY:
We present a 16 year old girl, born to consanguineous parents of Pakistani origin, with a history of unusual skin conditions since infancy. She was initially referred to dermatology at the age of 2 with a photosensitive rash on her cheeks and associated scarring, felt to be in keeping with hydroa vacciniforme. Epstein-Barr virus (EBV) titres were accordingly high and there was some improvement with aciclovir. She was noted to have a younger brother with a similar, photosensitive rash. She represented at the age of 10 with painful, non-healing ulceration of the lower limbs. Bloods were largely unremarkable including a thorough infective and autoinflammatory screen, although IgE levels were persistently elevated. Biopsy showed non-specific ulceration. During her early teenage years, her ulcers became progressively difficult to manage, despite various treatments. These included multiple courses of antibiotics, Staphylococcus eradication in addition to trials of high dose steroids, ciclosporin, infliximab and thalidomide. Her mental health and schooling were impacted greatly due to the ulceration and need for regular dressings. She was entered into the

100,000 Genomes Project for whole genome sequencing and, after several years, has been identified with a mutation of the PEPD gene. This gene, on chromosome 19, encodes the enzyme prolidase, involved in the recycling of peptides, crucial for the synthesis of collagen. Loss of function mutations results in prolidase deficiency. This is an extremely rare, autosomal recessive condition leading to skin fragility, intractable ulceration and a wide array of findings that matches our patient's phenotype closely. No established treatments are available, however our patient has benefited from diligent dressings and excellent nursing care. This case demonstrates the value of genetic initiatives such as the 100,000 Genomes Project to uncover new diagnoses for patients with rare diseases.

TITLE: Melanoma Arising at the Site of Trauma With Widespread Metastasis
AUTHOR (S)*:* Janelle Welch; Stephanie Smith-Matthews MBBS, M.S (Derm), Fellowship Cut.Onc; Jonathan Ho MBBS, D.Sc, Dip. Dermpath,
Submitted for: Medical Dermatology
Organization:

ABSTRACT BODY:
We describe a 52 year-old Jamaican male who presented with a mass at the site of penetrating injury with widespread secondary skin nodules. Histopathologic and immunohistochemical exmamination revealed the tumor to be melanoma. We will discuss the clinical and histopathological manifestations of this case along with the potential role of trauma as an inciting factor.

FACULTY

Dr. Trishany Adams completed her Undergraduate training at the University of the West Indies, Mona in 2020. She is currently a Senior House Officer in Dermatology at the University Hospital of the West Indies. She enjoys this highly visual field along with its academics and the detail-oriented procedures.

Outside of the hospital, her other roles include being a member of both the Board of Advisors for the University of the Commonwealth Caribbean's (U.C.C) College of Health and Medical Sciences and U.C.C Group Ltd. Aside from working, her interests include Hiking, event planning, piano and photography.

Dr. Stephanie Austin is in her first year of training as a Dermatology Registrar in Sheffield, in the North of England. She previously held the role of Dermatology Research Fellow at University Hospitals Dorset. She completed her medical training in Warwick; with a previous undergraduate in Biomedical Sciences & a Masters focusing on in-vitro fertilisation.

Stephanie has a keen interest in teaching; she set up a regional teaching programme for Internal Medical Trainees in Dorset, which is in its fourth year and is now focusing on developing a more robust teaching programme for medical students with an interest in Dermatology.

Dr. Richard Barlow is an ST5 in the West Midlands, UK. His areas of interest are psychodermatology and skin surgery for which he plans to specialise in upon gaining consultancy. He is also a patient with Xeroderma Pigmentosum and is chairmen of Action 4 XP, a UK-based charity that looks after people with XP.

Dr Tanya Bleiker has been a Consultant Dermatologist at the University Hospitals of Derby and Burton, UK, since 2001. She is immediate past President of the British Association of Dermatologists (BAD), former Editor-in-Chief of the British Journal of Dermatology (BJD) and is one of five editors of the internationally renowned Rook's Textbook of Dermatology and recently published 1st Edition Rook's Handbook of Dermatology. She is a general dermatologist with interest in contact dermatitis.

FACULTY

Dr Andrew Burton is a faith-centred, fun-loving physician who pleasantly walks his career journey as a ministry to children and families. A proud Jamaican, he obtained both undergraduate and postgraduate medical degrees from the University of the West Indies, Mona, and is a product of Campion College.

His other passions include music, socialising, travel and volunteerism. Dr Burton has a special love for team dynamics and public service, and is employed full-time by the South East Regional Health Authority as a first year resident in the Dermatology Unit at the University Hospital of the West Indies. He also may be found privately as a Paediatrician at The Kidz Klinik. During his sojourn through the DM Paediatrics programme, he developed a special interest in Paediatric Dermatology, attributed to invaluable time spent in the Dermatology clinic during elective months with, and mentorship by, Dr. Clare-Lyn Shue.

Dr. Arusha Campbell-Chambers trained at the University of the West-Indies, Mona and the St. John's Institute of Dermatology, King's College London. She founded the Dermatology Solutions Skin Clinics & Medical Spas in Montego Bay, Kingston, St. Vincent and Antigua.

She has received several awards and honours academically, and has extensive additional training in Cosmetic Dermatology. Dr. Campbell-Chambers is an International Fellow of the American Academy of Dermatology, past Vice-President of the Dermatology Association of Jamaica and committee member of the Caribbean Dermatology Association. She has authored scientific publications, newspaper articles and her first best-selling book: LAUGH LOVE GLOW – A guide to choosing joy, loving yourself and caring for your skin. She also launched the LAUGH LOVE GLOW skin care line, and the KMK LAUGH LOVE GLOW clothing line, in collaboration with KMK Fashions.

Driven by her purpose to empower others, Dr. Campbell-Chambers co-founded the Arise & Blossom Women's Organization, is a Women's Ministry Leader and hosts the *"Arise & Blossom with Dr. Arusha"* online wellness talk-show.

Dr Perin Celebi is a current Dermatology trainee working with the University Hospitals Derby and Burton NHS Foundation Trust. She has previously studied biomedical sciences with a research interest in genetic sequence alteration within cancer genomics at the University of Southampton and graduated from Barts and The London School of Medicine in 2015. Since qualifying she has taken the opportunity to work abroad in multiple locations including Malta, Panama and Belize where she worked in general medical fields within hospitals as well as community outreach to neighbouring islands providing specialist medical care to developing regions. This work contributed to awards she received in clinical and teaching excellence by Health Education London. She has recently completed a Masters degree in Clinical Dermatology and hopes to continue adding to global advances in Dermatology through clinical research, teaching and working with worldwide healthcare initiatives.

Dr. Orchid Dawkins is a second year Dermatology resident at the University of the West Indies, Mona campus. She completed the Bachelor of Medicine, Bachelor of Surgery degree from UWI in 2015. She then pursued her internship and senior house officer years at University hospital of the West Indies, where she rotated through Dermatology and Plastic surgery. She is interested in Procedural dermatology and Cutaneous Oncology.

Dr. Anastasia Douglas completed her undergraduate training at the University of the West Indies. As a Senior House Officer, she had the pleasure of rotating in Dermatology, where she solidified her passion for skincare. Her mother, a practicing Dermatologist, inspired her to pursue this field. She is currently a first year resident in the Dermatology programme and has a special interest in procedural dermatology. In her free time, she enjoys long walks with her canine companion, Crouton.

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Dr. Jeffrey Edwards is a graduate in Medicine of the Faculty of Medical Sciences, University of the West Indies (UWI) and is the holder of a Postgraduate Diploma in Genitourinary Medicine from the University of Liverpool, a Master of Science in Dermatology from the University of Wales, Cardiff and a Doctorate in Public Health from the University of the West Indies. He is the Director/Consultant of the Medical Research Foundation of Trinidad and Tobago (a large HIV Clinic, Coordinator of the Master of Public Health Programme at UWI St Augustine and President of Caribbean Dermatology Association.

Dr Robyn Edwards is a Senior House Officer under the South East Regional Health Authority whose medical journey began at the University of the West Indies, Mona campus. From there, she went on to complete her internship at the May Pen Hospital in Clarendon and returned home to Kingston, St Andrew thereafter for her Senior House Officer period.

She has had a lifelong interest in the field of dermatology and spent 6 months of her year-long Senior House Officer period in dermatology at the Bustamante Hospital for Children. Though still early in her medical journey at present, she hopes to pursue a career in dermatology as well as conduct and partake in research and development projects targeted at improving patients' health literacy, self-management skills, as well as access to and quality of dermatological and overall medical care in Jamaica.

Dr. East-Innis obtained her MBBS degree from the University of the West Indies. She received her postgraduate training in Jamaica and the United Kingdom. She returned to Jamaica in 1997 when she was appointed Consultant and Lecturer in Dermatology at the University of the West Indies. She subsequently pursued the Master of Science degree in Epidemiology and was successful in 2015.

She is the Director of the Doctor of Medicine in Dermatology programme at the Mona Campus of the University of the West Indies. She is an International Fellow of the American Academy of Dermatology. Her special areas of interest are 'Hospital In-patient Dermatology', 'Advanced Medical Dermatology' and 'The Epidemiology of Skin Diseases in the Caribbean'.

She has publications in peer-reviewed journals including original research and editorials. She has held various executive offices including President of the Dermatology Association of Jamaica and Vice President and Treasurer of the Caribbean Dermatology Association. She is currently an Associate Editor of Dermatologic Therapy.

Dr Claire Fuller is a consultant dermatologist at the Chelsea and Westminster Hospital in London UK where she leads the multidisciplinary vulval service. She is a member of the International Society for the Study of Vulval Diseases and the British Society for the Study of Vulval Disease. She is a past President of the Dowling Club and St Johns Dermatology Society.

Portia Goldsmith has been a Consultant Dermatologist working at the Royal London and Homerton Hospitals for the last 21 years. Prior to that she was a Consultant at the Whittington Hospital for 5 years. In 1983 qualified from Charing Cross Hospital Medical School and did her medical training there and at Barnet General Hospital.
Her Dermatology training was at the Chelsea and Westminster, the Middlesex Hospitals and St John's Hospital for skin disease where she was the patch test senior registrar. Her special interest is in Contact Dermatitis but she is very much a general Dermatologist. Dr. Goldsmith is an enthusiastic teacher and trainer.

Dr. Nirmala Hallai Consultant Dermatologist at Eric Williams Medical Sciences Complex, and lead clinician for Dermatology, North Central Regional Health Authority, Trinidad and Tobago. She is an Associate Lecturer UWI, St Augustine Campus, Faculty of Medical and Paraclinical Sciences. Prior to that, she was a Consultant Dermatologist 2008, Doncaster Royal Infirmary, UK, where she was the lead clinician for Contact Dermatitis and Principal Investigator BADBIR (BAD Biologics and Immuno-modulators Register). She also has a private practice. She did her postgraduate Dermatology Training South Wales and South Yorkshire, UK. She completed a Diploma in Dermatological Sciences (distinction prize), Wales 2001, and is a graduate from UWI, St Augustine 1997. Fellow of the Royal College of Physicians, London. Member of British Association of Dermatologists (BAD), British Society Cutaneous Allergy, Caribbean Dermatology Association and Trinidad and Tobago Dermatology Society. Special interests are Medical, Paediatric and Occupational Dermatology. Dr Hallai has a keen interest in developing Dermatology services in the region.

Dr. Jonathan Ho is a Consultant Dermatologist and Dermatopathologist and a Lecturer of Dermatology and Pathology at the University of the West Indies, Mona Campus, Jamaica. He is the Co-Director of the Dermatology Residency Program and Director of the Dermatopathology Service at UWI. He is also the director of Dermatopathology Laboratory Services Limited. Dr. Ho is the current President of the Dermatology Association of Jamaica.

Dr Oluwadamilola Jagun is a Dermatology Specialty Registrar in East Kent. She studied medicine at the Royal College of Surgeons in Ireland (RCSI) medical school in Dublin and subsequently completed an MSc in Clinical Dermatology at Cardiff University where she graduated with Distinction.

She holds a Post Graduate Certification in Teaching and Learning and is the co-founder of Skin of Colour Training UK. She has presented at a number of meetings and is a member of the British Association of Dermatologists, the Royal College of Physicians, and the Royal Society of Medicine. In her spare time, she enjoys travelling, calligraphy and microblogging.

Prof Nick Levell is senior dermatologist at the Norfolk and Norwich University Hospital and University of East Anglia. He also works for NHS England as clinical lead focussing on reducing unwarranted variation in care between dermatology units in England. He also works for the UK National Institute of Health Research as dermatology specialty lead, overseeing over 50 research studies supported by the UK government.

He has wide ranging research interests including skin cancer epidemiology, history of medicine, healthcare outcomes, clinical research, health economics, vasculitis, and cellulitis. He is past president and the current treasurer of the British Association of Dermatologists. He is past president and a founder committee member of the British Society for Medical Dermatology. He enjoys hill walking with friends and trying out most sports and in 2022 has been learning to play golf exceptionally badly.

Dr. Sandra McLeod MBBS,MRCP,DIP DERM, MPH , a graduate of the UWI, is the consultant dermatologist and department head at the KPH/NCH. As a Commonwealth Scholar, she pursued post graduate studies in Dermatology at the St. Johns Institute of Dermatology in London.

After completing post graduate studies, Dr McLeod worked in the UK rotating through the disciplines of dermatology, rheumatology, geriatric medicine, and internal medicine which has served her in good stead in the diverse field of dermatology. She has worked at the KPH since her return to Jamaica. She has further honed her research skills, having completed the master's in Public Health (with distinction) from the UWI, with a thesis on the Epidemiology of Venous Leg ulcers in KSA. She has regularly delivered presentations on many dermatological topics including various aspects of venous leg ulceration at local and regional/international conferences.

She is a member of the Dermatology Association of Jamaica , the Caribbean Dermatology Association and the Lupus Foundation of Jamaica.

Dr. Alicia McNish is a proud graduate from the prestigious University of the West Indies (Mona) where she was a recipient of the Faculty of Medical Sciences Dean's List Award. She completed her MBBS in 2014 at the University Hospital of the West Indies (Mona).

She is now a final year resident in the Doctor of Medicine (DM)-Dermatology at the University of the West Indies (UWI), where she currently is the chief resident. She successfully completed part 1 DM Dermatology at UWI a year ago.
In addition to this, Alicia has been the secretary of the Dermatology Association of Jamaica since 2018.

Her interests include complex medical dermatology, cutaneous oncology and Mohs surgery. She plans to complete a fellowship and to pursue an academic career in the future focusing on "hospital in-patient dermatology" . Above of all, she is highly interested in growing the field of dermatology in her homeland.

Dr Padma Mohandas qualified from the University of Mysore in India and pursued further medical training in the UK, initially in Medicine and General Practice. After completing a master's in clinical Dermatology in 2015 with distinction from King's College London she decided to pursue a career in Dermatology and completed Specialist Dermatology training in the East Midlands during which time she developed a specialist interest in Psychodermatology.

She was appointed as Consultant Dermatologist at Bart's Health London in 2020 with a special interest in Psychodermatology and is part of the team running a dedicated complex needs clinic at the Royal London Hospital, which was awarded 'BMJ Dermatology Team of the Year' in 2017, . Dr Mohandas has written many peer reviewed papers and textbook chapters in dermatology and is active in research. Dr Mohandas is on the executive committee of Psychodermatology U.K . With her comprehensive clinical background Dr Mohandas is able to provide a holistic approach to patient care taking into consideration the interdependence of the mind, body and skin.

Dr Danielle Morris' love for dermatology started at a young age after a personal experience with a skin condition of her own. She then became fascinated with skin care and dreamed of helping others in the same way help was offered to her. After graduating with honours from the University of the West Indies, she now considers herself fortunate to be working as a senior house officer in the department of dermatology at the University Hospital, where she has further explored her passion and developed a special interest in cosmetic and procedural dermatology. In her spare time, Danielle enjoys gardening, pottery, and digital arts.

Dr Sunita Odedra graduated from the University of Leicester in 2013 and completed an intercalated BSc in Anatomy and Human Sciences at King's College London, with first class honours in 2011. She undertook her medical and dermatology training across several trusts in the West Midlands, gaining extensive experience in general dermatology, as well as many sub-specialist areas including dermatologic surgery. Dr Odedra successfully secured a highly competitive post as a Post CCT Mohs Surgical Fellow in Nottingham University Hospital NHS Trust, where she is advancing her surgical skills under the guidance of highly experienced Mohs surgeons.

She has had the privilege of presenting cases and research at regional, national, and international conferences. Dr Odedra has also undertaken a number of leadership and managerial roles, including regional trainee representative for core medical and dermatology trainees. She takes pride in teaching and is an honorary personal academic tutor to medical students at the University of Birmingham. Dr Odedra is committed to facilitating shared learning in Dermatology.

Dr. Rodane Ruddock is a second year Dermatology resident at the University of the West Indies, Mona campus. He completed the MBBS degree from UWI in 2019. He then completed his internship and senior house officer years at University hospital of the West Indies, where he developed a love for dermatology. Currently his aim is do procedural dermatology , specifically Mohs Micrographic surgery.

Dr. Julia Schofield, Consultant Dermatologist United Lincolnshire Hospitals NHS Trust, Associate Professor University of Hertfordshire, Dermatology Clinical Lead NHS England Outpatient Recovery and Transformation Programme

Julia trained in Medicine in Manchester then completed GP training in Salford and Dermatology training in Hertfordshire and the Royal London Hospital. She worked as a Consultant Dermatologist in Hertfordshire from 1995 to 2008 and has been a Consultant Dermatologist in Lincolnshire since 2008.

In 2006 she worked with colleagues to set up a Masters programme in Clinical Dermatology at the University of Hertfordshire. This is the only multi-professional educational programme in dermatology of it's type and is very popular with nurses, doctors and pharmacists. In 2020 the Masters programme in Skin Lesions Recognition and Management was launched. These programmes have been pivotal in the training and development of extended role practitioners, particularly dermatology clinical nurse specialists, and nurse surgeons.

Julia was awarded an MBE for services to Dermatology in 2012.

Anjnee Shah is in her final year of CESR Training. Anjnee completed her medical training in London and her Dermatology training in University Hospitals Dorset in the South west of England. Anjnee has developed specialist interests in Genital Dermatology, Psychodermatology and complex medical Dermatology. Anjnee has a keen interest in teaching and supports the teaching of GP Trainees and Physicians Assistant Trainees at Bournemouth University.

Anjnee completed the Chief Resident Scheme in 2021, developing Leadership and Management skills and has been putting these to use helping with service development

Dr Jonathan Sutton is a Dermatology Registrar from Wessex in the United Kingdom, who has also completed part of his training at The Royal Free Hospital in London. He was previously a Royal College of Physician Associate College Tutor and is the current Co-secretary for the Dowling Club, organising the educational events such as the Immunology masterclass and Dermatology trainee event. He has a keen interest in medical education and clinical research, completing a diploma and fellowship within these areas.

Dr Jason Thomas is a 2nd year resident in Dermatology at the University of the West Indies, Mona campus. He was awarded the Bachelor of Medicine, Bachelor of Surgery degree in 2017 at the aforementioned institution. Dr Thomas' interest in Dermatology was initially as a result of his personal journey with vitiligo. He worked previously as a medical officer in Dermatology and Accident and Emergency at the University Hospital of the West Indies. Currently his interests lie in Cutaneous Oncology or Dermatopathology. Personal interests include learning new languages and traveling.

Dr. Donna Thompson is a Consultant Dermatologist and current Specialty lead for Dermatology at the Birmingham Skin Centre, City Hospital, Sandwell and West Birmingham Hospitals NHS Trust, Birmingham, UK. Her subspecialty interests include Paediatric Dermatology, as well as Cutaneous Allergy, and she is the lead physician for a dedicated Regional Cutaneous Allergy Service providing patch testing and other investigations required as part of the management of contact dermatitis and other contact, occupational and environmentally induced skin diseases.

Dr. Thompson is a published author in peer reviewed journals, and she is committed to facilitating shared learning in Dermatology across regions. She has been the organizer of more than 100 educational events at a local, regional, national and international level.

Dr. Thompson is the immediate Past President of the Dowling Club of United Kingdom and Ireland, serving a 2 year period from July 2020 – July 2022 in this presidential post.

She additionally holds the following positions on national and international committees:

Secretary - Caribbean Dermatology Association (CDA)
Meetings Secretary - British Society for Cutaneous Allergy (BSCA)

Dr. Janelle Welch, is a second year Dermatology Resident at the University of the West Indies Mona Campus. She originates from Barbados where she graduated with her Bachelor of Medicine, Bachelor of Surgery degree from the University of the West Indies, Cave Hill Campus in 2014. She then continued her medical training in Antigua, where she completed one year of Internship at Mount St. John's Medical Centre and then worked as a Medical Officer in Internal Medicine for 4 years. She expresses an interest in General Dermatology, Procedural Dermatology and Cutaneous Oncology.