

Abstracts

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1. Bone mineral density test in patients of pemphigus vulgaris on long term oral steroid therapy

Zahida Rani, Abdul Hameed, Atif Hasnain Kazmi

Department of Dermatology, King Edward Medical College/ Mayo Hospital, Lahore.

Introduction Glucocorticoids are indispensable for controlling pemphigus vulgaris. They are also the most common cause of drug induced osteoporosis. Approximately one out of five patients treated for one year with 7.5-10 mg of daily prednisolone will develop skeletal fractures. Patients at increased risk are over 50 years of age, postmenopausal or have restricted mobility. Alternate day therapy does not minimize the risk of osteoporosis.

Aims and objectives To determine the frequency of osteoporosis in patients with pemphigus vulgaris on long term steroid therapy.

Materials and methods The study was conducted at the Department of Dermatology, Mayo Hospital, Lahore. Fifty consecutive patients of both sexes and any age, diagnosed with pemphigus vulgaris who had been taking oral steroids for more than six months, were enrolled. Bone mineral density (BMD) test in all patients was done. BMD test of twenty five controls belonging to the same age group was also done carried out.

Results Results will be presented and discussed at the conference.

Key words Pemphigus vulgaris, glucocorticoids, bone mineral density, osteoporosis

2. Dexamethasone-cyclophosphamide pulse therapy (DCP) in pemphigus vulgaris

Zakin Ahmed, Mohammad Kausar

Consultant Dermatologist, Forest College, Peshawar.

This is a study of 22 cases of pemphigus vulgaris and pemphigus foliaceus with dexamethasone and cyclophosphamide pulse therapy. Most of the cases were in complete remission by the end of 8th pulse. There was no side effect of either steroids or cyclophosphamide. Even those who were cushingoid also recovered from Cushing syndrome. So we recommend steroids/ cyclophosphamide pulse as best option for the treatment of pemphigus.

3. Clinico-pathological spectrum of mycosis fungoides

Faria Asad, Sabrina Suhail Pal, Shahzad Shafqat

Department of Dermatology, King Edward Medical College/ Mayo Hospital, Lahore.

Cutaneous lymphomas represent a heterogeneous group of T, NK and B-cell neoplasms, with mycosis fungoides being the most common subtype. Mycosis fungoides presents with a variety of clinical patterns and stages. It frequently poses a diagnostic challenge both for the clinician and the pathologist especially in the early stages of the disease.

Objective The objective of the study was to correlate histopathological features with the clinical presentation.

Patients and methods This study was performed in the Department of Dermatology,

Mayo Hospital, Lahore from June, 2001 to August, 2004. Patients whose biopsy specimens were diagnostic or consistent with mycosis fungoides by means of a scoring system were enrolled in the study. The scoring system included presence or absence of Pautrier's microabscesses, extent of exocytosis, dermal infiltrate and dermal fibrosis. The scores were then compared with the clinical stage of the disease.

Results Twenty two patients in which the dermatopathological features were consistent with or diagnostic of mycosis fungoides were studied. The mean age at the time of diagnosis was 45 years, with a range of 21 to 74 years. Forty five per cent patients (n=10) were clinically in erythrodermic phase, 27.27% (n=6) were in plaque stage, 13.63% (n=3) presented with patches and 9.09% (n=2) had poikiloderma. Only in one patient (4.5%) nodules were present. The histopathological patterns were evaluated and showed that the scores interpreted by the dermatopathologist did not correlate with the clinical severity.

Conclusion Histopathological assessment in mycosis fungoides showed a weak association with the clinical stage of the disease.

4. Clinicopathological spectrum of mycosis fungoides-type cutaneous T-cell lymphoma

Zafar Iqbal Shaikh, Simeen Ber Rahman
Military Hospital, Rawalpindi

Mycosis Fungoides (MF) is the commonest type of cutaneous T-Cell lymphoma (CTCL). A retrospective analysis of 33 patients diagnosed as MF at Military Hospital, Rawalpindi between years 2000 and 2004 was undertaken. The data collected included age, sex, time span between onset of manifestations and the definite diagnosis of MF, clinical presentations, stage of the disease ranged from 24 to 68 years (mean age, 52 years), with 24 males and 9 females (male to female ratio, 2.6:1). The time duration between onset and the diagnosis of MF ranged from 2 months to 3 years (mean, 8 months) and number of biopsies performed for diagnosis were 1 to 5 (mean, 1.5). 60% of the cases were diagnosed at first biopsy. The clinical presentations included hypopigmented patches 7 (21.3%), erythematous papules and plaques 6 (18.2%), erythroderma 5 (15.2%), psoriasiform 3 (9%),

nodules 3 (9%), noduloulcerative 2 (6%), ichthyosiform 2 (6%) poikiloderma 2 (6%), follicular 1 (3%), morphea-like 1 (3%), and purpuric 1 (3%). The histological features included lymphocytic infiltrate in the dermis, epidermotropism, epidermal lymphocytes larger than dermal lymphocytes, lymphocytes with cerebriform nuclei, Pautrier's micro abscesses, haloed lymphocytes, and interface dermatitis. The records of the marker studies (n=12) showed predominantly T helper cell immunophenotype (CD4+) in 11 (92%) cases and cytotoxic immunophenotype (CD8+) in 1 (8%) patient. In a clinically non-specific dermatosis, a high index of suspicion and a regular follow up may eventually lead to the diagnosis of CTCL.

Key words Mycosis fungoides, clinical presentations, histopathological features.

5. Diagnostic efficacy of histopathology in cutaneous leishmaniasis in absence of LT bodies

Syed Afaq, Attiya Tareen, Ikramullah Khan, Riaz A. Sheikh, Anwarul Haq
Pakistan Institute of Medical Sciences, Islamabad

Objective To determine the diagnostic efficacy of histopathology in cutaneous leishmaniasis (CL) in absence of LT bodies.

Background Leishmaniasis is an epidemic problem in various parts of Pakistan and is already endemic in certain areas particularly in northern areas like Kohat, Bannu, Peshawar, and various parts of Baluchistan, Murree, Chakwal and Mianwali in Punjab, Kashmir and even in peripheries and suburbs of Islamabad. Presence of LT bodies is considered a diagnostic clue for leishmaniasis. In their absence, diagnosis becomes difficult. We attempted to determine the most likely histopathological patterns, which can help in the diagnosis of leishmaniasis in the absence of LT bodies.

Setting Department of Dermatology and Pathology, Pakistan Institute of Medical Sciences, Islamabad, Pakistan

Study Design Retrospective descriptive study

Material and methods All the suspected cases of CL presenting to outpatient Department of Dermatology from August, 2002 to August, 2004 were subjected to skin biopsy for histopathology. All the slides were stained with haematoxylin and eosin and were studied by a board of dermatologists and pathologists. Only those cases that turned out to be negative for LT bodies but were clinically strongly suspected to be cases of cutaneous leishmaniasis with supporting circumstantial evidence and responding to parenteral injection meglumine antimoniate were included in the study. Circumstantial evidence implied presence of CL in same community, history of fly bite or positive history of visit to endemic areas.

Results Various histopathological patterns were found, out of which the most common pattern was diffuse chronic inflammatory infiltrate with prominent plasma cell infiltrate. Second pattern was non-specific inflammatory infiltrate in which plasma cell infiltrate was less prominent. Third pattern was granulomatous reaction with presence of plasma cells. Necrosis and fibrosis were also noted in some cases.

Conclusion We concluded that in the absence of LT bodies diffuse chronic lymphocytic infiltrate with predominance of plasma cells was most often found.

6. Cutaneous leishmaniasis – trial of an oral drug

Simeen Ber Rahman
Military Hospital, Rawalpindi

Background Miltefosine is an antiprotozoal that inhibits the metabolism of phospholipids in cell membranes of parasites. It has a marked antileishmanial activity in vitro in animal models. The specific mode of action of miltefosine in leishmaniasis is not known.

Objectives The purpose of this study was to determine effects of oral miltefosine in patients with cutaneous leishmaniasis and its comparison with the most effective standard treatment, pentavalent antimony compound.

Methods The study is a non-randomized, open label comparison, in which 24 patients, 12 years of age or older diagnosed as cutaneous leishmaniasis clinically, histopathologically

and with positive smear (LD bodies) were selected. 12 patients received oral miltefosine 100 mg/day for 28 days along while 12 patients received injectable pentavalent antimony 20 mg/kg/day for 28 days. Pretreatment complete general physical and systemic examination was performed with laboratory investigations (CBC, LFTs, serum urea creatinine and lipid profile). These investigations were repeated again after 2 weeks and at the end of treatment to note any deviation from the normal limits. Until now 4 patients have completed therapy.

Results All patients completed the study without any serious complication. Nausea and mild headache lasted 1 – 2 days in 1 patient receiving miltefosine. Lesions improved significantly and only scarring and postinflammatory pigmentation was left. Among patients on pentavalent antimony, at least 40% of cases showed myalgias and anorexia while 60% showed increase in liver enzymes while 10% developed ECG changes and Injection abscess at the site and a further 5% showed no response to the treatment.

Conclusion The assessment of the efficacy of any therapeutic agent in a self-healing disease such as cutaneous leishmaniasis is very difficult. However, miltefosine appears to be a safe and effective alternative to currently used therapies. It may also be helpful in regions where parasites are resistant to current agents.

Key words Cutaneous leishmaniasis, drug trial, miltefosine, antimonials

7. Chloroquine in cutaneous leishmaniasis

Sahibzada Mehmood Noor, Dildar Hussain
Tehsil Headquarter Hospital, Sadda, Parachinar

Background Cutaneous leishmaniasis (CL) is endemic in certain areas of Pakistan. This study was carried out to determine the efficacy of intralésional chloroquine in CL.

Methods CL patients with single lesion presenting to Leishmaniasis clinic of Tehsil Headquarter Hospital, Sadda from 1st December, 2003 to 30th March, 2004 were included in the study. The patients were diagnosed clinically and confirmed by laboratory identification of parasites in a Giemsa – stained smear prepared from the

lesion. All important clinical details were recorded on a specially designed pro forma and the patients were registered for the purpose of treatment and a card was issued to them for subsequent visits and follow up.

Results A total of ten patients with single lesion on exposed parts of body; hands, face and feet were treated with intralesional chloroquine thrice weekly for three weeks, total of nine injections. All patients were declared cured on the basis of clinical and pathological criteria at 7 weeks (4 weeks after the completion of therapy). No adverse effects were observed.

Conclusion Intralesional chloroquine was found to be safe and cost-effective therapy for single lesion of cutaneous leishmaniasis. Intralesional chloroquine was used for the first time in the treatment of CL.

8. Efficacy and safety of live attenuated vaccine against cutaneous leishmaniasis – a preliminary report

Simeen Ber Rahman
Military Hospital, Rawalpindi

Objective To find out the efficacy and safety of DESTO-developed live attenuated vaccine against cutaneous leishmaniasis in 62 human volunteers of Pakistan Army serving in endemic area.

Design Pilot Study

Place and duration of study The study is being conducted at Sibi, an endemic area of Baluchistan for cutaneous leishmaniasis. It was started in Jan 2004 and will be concluded in December this year.

Materials and methods Non-immune healthy adult male volunteers of 18-45 years of age recently posted in the endemic area and likely to stay for whole one year in the same area were selected. Eighty one individuals with negative Leishmanin skin test were given single dose of 0.1 ml DESTO-developed vaccine (5th passage live attenuated promastigotes of *L. major* @ 5 x 10⁻⁵ per 0.1 ml in normal saline containing 7.5% glycerol) intradermally on volar aspect of forearm. 0.1 ml of normal saline containing 7.5% glycerol as control reagent were given to another 75 individuals. Pre and post vaccination complete general physical and systemic

examinations were performed with laboratory investigations (urine analysis, CBC, LFTs, serum urea, creatinine) to note any deviation from normal limits. Leishmanin skin test was performed again three months post-vaccination in all individuals to record its conversion to evaluate the efficacy of the vaccine. Also the occurrence of natural cutaneous leishmaniasis in both subject and control group was noted. Follow up after two weeks; three and six months has been performed while final evaluation will be done in December this year.

Results Sixty two individuals from subjects group and 56 from control group have been followed up. Among subjects group 17.74% showed Leishmanin skin test conversion while 11.29% developed natural cutaneous leishmaniasis. Among control group 12.5% showed Leishmaniasis skin test conversion while 7% developed cutaneous leishmaniasis. No individual developed lesion at vaccine site and neither of them developed any physical, systemic or laboratory abnormality.

Conclusion It can be concluded from the results available and follow up done so far that the vaccine developed by the Defence Science and Technology Organization is entirely safe but did not show the desired antigenic response.

Key words Live attenuated vaccine, cutaneous leishmaniasis, human volunteers

9. Comparison of the efficacy of intralesional vs. intramuscular injection of meglumine antimoniate in the treatment of cutaneous leishmaniasis

Attiya Tareen, Syed Afaq, Riaz A. Sheikh, Ikramullah Khan
Pakistan Institute of Medical Sciences, Islamabad.

Objective
To compare the efficacy of intralesional vs. intramuscular injection meglumine antimoniate in the treatment of sores of cutaneous leishmaniasis.

Design Prospective, comparative, interventional study

Setting Pakistan Institute of Medical Sciences, Islamabad

Subjects 76 (40 males, 36 females) consecutive patients with sores of cutaneous leishmaniasis with mean age of 24 years, presenting to the Dermatology outpatients, underwent treatment with intralesional or intramuscular injection meglumine antimoniate according to the selection criteria for each from June, 2002 to April, 2003.

Main outcome measures After completing local or systemic treatment, cure rate was calculated by observing the improvement criteria i.e. flattening of lesion and absence of pain or itch.

Intervention According to the sample selection procedure of the two modalities of treatment, 46 (60.5%) patients (group I) were found suitable for intralesional therapy and 30 (39.5%) (group II) for intramuscular therapy.

Results The final outcome in group I that had intralesional injection meglumine antimoniate at weekly intervals in 46 patients was that 44 (95.65%) got cured, 2 (4.35%) were lost to follow up. The average number of injections required I/L was found to be 6 at weekly intervals. Out of 30 patients in group II who received daily intramuscular injection meglumine antimoniate, 25 got cured, 3 developed systemic side effects in the form of deranged liver function, 3 had gastrointestinal upset, 2 had a fall in hemoglobin, and 1 developed prolonged QT interval in ECG. I/M treatment was stopped the same day that the patient developed symptoms of adverse effects. After 14 days the tests were done again and found to be normal and the symptoms relieved. They then were given I/L treatment to which all of them (n = 3, 100%) responded extremely well. The average number of injections required for I/M treatment was found to be 18.

Favourable correlation between results of slit skin smear slides from the active edge of the lesion and histopathological examination of skin biopsy specimen was possible in 56 patients out of whom 55 turned out to be consistent with cutaneous leishmaniasis, 1 was negative for CL. Slit skin smear was done in 55 (72.4%) patients out of whom 42 (55.3%) showed presence of Leishmania Donovan bodies on Giemsa's staining and only 13 (17.1%) gave negative smear test, while in 21 patients smear test could not be performed.

Conclusion 1. Intralesional therapy is superior to I/M therapy in terms of efficacy and safety. Comparison of the results of statistical data of 76 patients selected according to inclusion criteria showed far better results for I/L therapy as compared to I/M therapy in terms of outcome. Less number of injections were required for I/L therapy but if duration of lesion was greater than 4 months, more injections were required for healing and vice versa. The main advantage of the study has been that we are able to specify dosage (1 ml/cm²) and intervals (6-7 days) between treatments besides the total duration in weeks i.e. 6, and number of average injections i.e. 6, required for I/L treatment. Both the treatments were given according to the recommended guidelines of WHO.

2. In lesions of less than 4 months duration, smear should be performed preferably. The incidence of positive smears in lesions of less than 4 months duration as compared with lesions of greater than 8 months duration strongly suggests that slit skin smear should be preferably performed in early lesions instead of skin biopsy. Smears are easy to make, are cost effective, inflict less pain than biopsy and give instant result. Sores of Cutaneous Leishmaniasis can be easily diagnosed on the basis of history and clinical examination and need not to be further worked up in lab most of the times. This is true of Disease Control Centres (CDC) in remote villages of endemic areas for treating CL cases. But in a tertiary care center like PIMS cases of different diseases are presenting simultaneously which have to be differentiated from CL and documented.

Average duration of treatment corresponds to the average number of injections i.e. six injections weekly for 6 weeks in intralesional and eighteen injections daily intramuscularly for 18 consecutive days. Clinical examination revealed different morphological patterns of lesions showing that 57 out of 76 patients had plaques. Papules were observed in 5, nodules in 5 and ulcers in 9 patients. Out of 76 patients, 64 patients had dry (urban) type of lesions that mostly favours CL caused by *L.tropica*⁴⁶.

Key words Leishmaniasis, meglumine antimoniate, intramuscular, intralesional

10. Case of adult visceral leishmaniasis - a rare occurrence

Simeen Ber Rahman
Military Hospital, Rawalpindi

A 30-years-old soldier resident of Muzaffarabad presented at CMH, Jehlum with two months history of high grade intermittent fever accompanied with chills, progressively worsening upper abdominal pain with dragging sensation, weight loss of about 15 kg and two episodes of epistaxis on admission. He found to have temperature of 100^o F, slightly pallor, hepatosplenomegaly and retinal haemorrhages on examination. Differential diagnosis of chronic malaria, visceral leishmaniasis, chronic myeloid leukemia, myelofibrosis and hairy cell leukemia was made. His blood picture showed anaemia, leukopenia and thrombocytopenia. He was transferred to CMH Rawalpindi for further management where he was thoroughly investigated and found to have microcytic hypochromic anaemia with no malarial parasites on blood film. Bone marrow examination done at Armed Forces Institute of Pathology showed Leishman-Donovan bodies. He was diagnosed and treated for visceral leishmaniasis with 850 mg of antimony (Glucantime) intramuscularly for 28 days with supportive therapy needing transfusion of RBC and platelets. After complete recovery he was discharged and is now on regular follow up.

Key words Adult Visceral Leishmaniasis

11. Facial rejuvenation with botulinum toxin type - A

Mabroor A. Bhatti
Liaquat National Hospital, Karachi

The use of Botulinum toxin type A has become a useful tool for facial rejuvenation. This is a critical review of 90 patients who were treated in Pakistan with Botulinum Toxin Type A over a period of three years for the treatment of dynamic wrinkles of the face. The site of injections, mode of delivery and complications are discussed. If proper precautions are taken the injection is extremely safe and is an adjunct to various non surgical and surgical treatments like soft tissue augmentation and face lift.

12. Medicated soap – A therapeutic option or wastage of resources

Muhammad Jahangir, Nausheen Naz
Department of Dermatology, Allama Iqbal Medical College / Jinnah Hospital, Lahore.

Prescription of medicated soaps is common practice among many dermatologists and family physicians. However, others hold a totally different opinion and think that these are not effective at all and consider them as wastage of resources. We searched the literature for evidence-based published data on this subject through the standard text books, medical journals and internet. An effort was made to answer the following questions.

1. Are medicated soaps really effective in the management of dermatoses?
2. Is it justified to burden our poor patients by prescribing expensive medicated soaps instead of routinely used toilet soaps?

Analysis of the collected data and the conclusions drawn will be presented.

13. Local flaps for the skin lesions of the face in dermatological surgery

Mabroor A. Bhatti
Liaquat National Hospital, Karachi

The use of local flaps is becoming a common feature in the treatment of small lesions of the face. It is an outpatient procedure and can be learnt and mastered quickly. The type and the choice of local flap on various sites of the face are discussed from the plastic surgeon point of view.

14. The art of hair transplant surgery

Muhammad Humayun Mohmand
I.L.H.T, Islamabad

Hair transplant surgery is now getting quite popular in Pakistan and some of the dermatologists and other specialists are also taking interest in it. It is a very simple procedure but has a steep learning curve to master a natural looking hair transplant. It is very easy to give a very unnatural result, even with a follicular unit

hair transplant surgery. I.L.H.T, the pioneer of hair transplant has taken it to a new dimension and we present a basic introduction to the art of natural looking hair transplant surgery.

15. Atopic dermatitis – frequency of associated disorders in children

Ijaz Ahmed, Zarnaz Wahid , Sarwat Nasreen
Karachi

Introduction Atopic dermatitis is a chronic inflammatory disease of multifactorial origin. It is the most common type of childhood eczema seen in our community. Most of these patients have a positive family or personal history of atopy in the form of asthma, allergic rhinitis or hay fever. Multiple dermatological disorders are associated with the atopic dermatitis. The study was aimed to see the frequency of these associations in children with atopic dermatitis in our community and to compare these results with international literature.

Material and methods The study was carried out in the department of dermatology, “Ziauddin Medical University, KDLB Campus” from 1st September, 2004 to 31st August, 2004. All the freshly registered patients up to 15 years of age suffering from atopic dermatitis were enrolled in the study. The clinical diagnosis was made on the basis of diagnostic criteria for atopic dermatitis described by U.K’s working party. All the findings were recorded on a preformed pro forma and relevant investigations carried out. Results were compiled and tabulated.

Results The family history of atopy was positive in 78 patients (68.4%) while the personal history of atopy in 48 (42.1%). Irritant contact reactions were commonly observed in 52 patients (45.6%). Dry and cold weather exacerbated the disease in 85 patients (74.5%) while 3 patients (2.6%) suffered aggravation in summer. Among endogenous eczemas, discoid eczema was seen in 27 patients (30.8%), pityriasis alba in 21 (18.4%), and seborrheic dermatitis in 10 patients (8.8%). The most common infections were bacterial, seen in 12 patients (10.5%) followed by viral and fungal infections in 9 (7.8%) and 4 patients (3.5%) respectively. Nail changes like pitting, ridging, thickening and discoloration were seen in 7 patients (6.1%). Other findings observed in our patients were Dennie- Morgan fold in 4 patients (3.5%) and cataract 5 patients (4.5%).

Conclusion Atopic dermatitis is associated with multiple conditions. A high percentage of patients have a positive family or personal history of atopy. Environmental factors like weather, irritants and infections cause worsening of the disease. Atopic patients have an increased frequency of other endogenous eczemas and nail and eye changes.

Key words Atopy, endogenous eczemas, Dennie-Morgan fold, infections.

16. Raised serum IgE levels: frequency and correlation with severity of atopic dermatitis

Ijaz Ahmed
Ziauddin Medical University, Karachi.

Introduction Atopic dermatitis is a multifactorial disease, resulting due to an interplay of different exogenous and endogenous factors in genetically predisposed subjects. Type 1 allergy represents the genetically determined immune defect that leads to an excessive formation of immunoglobulin E (IgE) antibodies against innocuous environmental allergens in these subjects (1, 2). IgE titers correlate well with the severity of atopic dermatitis. Elevated serum IgE levels occur in about 80 percent of patients with atopic dermatitis and are directed against a wide variety of antigens e.g. pollens, moulds, foodstuff, house dust mites (HDM) and bacterial antigens. Despite a strong association of atopic dermatitis with raised serum level of IgE, no relevant study has been conducted in our country previously. The current cross sectional study was aimed to see the frequency of raised serum IgE level in patients with atopic dermatitis and to correlate the serum levels with severity of the disease. The study was completed in the out patient department of Dermatology, “Ziauddin Medical University”, KDLB Campus Karachi, from 1st October, 2003, till 30th March, 2004, over a period of six months.

Subjects and methods Patients belonging to both sexes and all age groups were included in the study. A clinical diagnosis of atopic dermatitis was made based on Hanfin and Rajika’s diagnostic criteria. The clinical severity was graded as mild (localized chronic

forms with <10% of the body surface area involved), moderate (disseminated lesions over trunk and extremities), and severe forms (e.g., more generalized eczema). Sera of all these patients were subjected to be tested for IgE levels by ELISA and their levels were graded as well to correlate with severity of the disease.

Results The study comprised of 112 patients, including 67 males (60%) and 45 females (40%). The descending frequency of severity of the disease in the enrolled patients was mild in 36.2%, moderate 46.4% and severe in 21.4%. Seventy-eight patients (69.6%, $P < 0.001$) had raised serum IgE level, from a cut off value of 87 IU/ml. The remaining 34 patients (30.4%) had a serum IgE level within the range of cut off value. Elevated serum IgE levels were divided into 3 groups i.e. 87 to 1000 IU/ml (42%), 1001 to 2000 IU/ml (17%) and 2001 to 3000 IU/ml (10.7%). Normal range of serum IgE (cut off value up to 87 IU/ml) was found in 32.2% patients followed by 30.4% having the serum IgE up to 1000 IU/ml, 42% patients and 10.7% in the range of 1001-2000 IU/ml 2001-3000 IU/ml respectively.

Conclusion Majority of patients suffering from atopic dermatitis have a raised serum level of IgE, which correlates well with severity of the disease.

Key words Atopic Dermatitis, IgE, Severity, Diseases.

17. Efficacy and safety of sulfasalazine in the treatment of alopecia areata

Sumara Rashid, Sabrina Suhail Pal
Lahore

Background Alopecia areata is an autoimmune disease and presents with non-scarring patchy or confluent hair loss or in severe cases as alopecia totalis and alopecia universalis. Sulfasalazine is an aminosalicyclic acid derivative which has been used for various autoimmune diseases. Its effectiveness is presumed to be the result of its immunomodulatory effects. A study from USA found sulphasalazine useful in the treatment of severe alopecia areata.

Objectives To evaluate the safety and efficacy of sulfasalazine in treatment of alopecia areata.

Methods The study was performed on 50 patients including 26 males and 24 females. All were above 2 years of age without any other systemic disorder or dermatoses. Pregnant or lactating females were not included in the study. Oral sulfasalazine was given to every patient with initial dose of 500 mg/day. The dose was increased by 500 mg every week to a maximum of 3 gm/day depending upon the regrowth of hair. Complete blood and urine examination, liver and renal function tests were performed as base line and fortnightly thereafter until maximum dose of the drug was achieved. The response of the therapy was observed weekly for a period of 4 months. Only those patients who showed a response to the treatment were followed up for further 3 months. Every patient was photographed in the beginning and at the end of treatment.

Results Out of 50 enrolled patients, 6 dropped out. In 3 patients the drug was stopped because of drug induced hepatitis. Remaining 41 patients (17 females and 24 males) completed their treatment. After 4 months of therapy, 37 showed no recovery while 4 had regrowth of hair. Out of these 4, there was total recovery in 2 and partial recovery in 2 patients. Other than hepatitis, no side effects were observed with sulfasalazine.

Conclusion Though sulfasalazine is a safe drug but it has not been found to be efficacious in the treatment of alopecia areata.

18. Chronic granulomatous inflammatory disorders at a tertiary care hospital

Rubina Qureshi, Riaz A. Sheikh, Anwar ul Haque
Department of Dermatology & Department of Pathology, Pakistan Institute of Medical Sciences, Islamabad.

A retrospective study was carried out to evaluate skin diseases associated with chronic granulomatous inflammation at Pakistan Institute of Medical Sciences (PIMS) over a period of six months. There were a total of 249 biopsies in this period, among which 14.8% cases were diagnosed as lesions associated with chronic granulomatous inflammation. Among these cutaneous leishmaniasis constituted 56.7% of cases while cutaneous tuberculosis was diagnosed in 14.9%. Sarcoidosis, syphilis and granuloma annulare constituted a small number of cases.

Key words Chronic granulomatous inflammation, cutaneous leishmaniasis, cutaneous tuberculosis, lupus vulgaris, scrofuloderma, tuberculosis verrucosa cutis, sarcoidosis, syphilis, granuloma annulare

19. Spectrum of common childhood skin diseases – a tertiary care experience

Nuzhat Yasmeen, Mohammad Riaz Khan
Department of Dermatology, Jinnah Post Graduate Medical Centre, Karachi / Khyber Teaching Hospital, Peshawar.

Objectives To assess the pattern of childhood skin diseases and to analyze the attitude towards consultation and self-treatment.

Setting Outpatient department in Jinnah Postgraduate Medical Centre (JPMC) and National Institute of Child Health (NICH), Karachi, Pakistan.

Design The data of children with skin diseases attending O.P.D. during the period from May, 2002 to July, 2003 was recorded and then analyzed.

Subject and methods Children with complaints of skin diseases visiting outpatient department of JPMC & N.I.C.H were enrolled in this study. A detail Performa was filled in, for all the patients. 250 cases were finally analyzed in 15 months duration. The diseases were subclassified on etiological basis e.g. infectious (bacterial, fungal, viral, parasitic) immune-mediated, congenital, allergic and miscellaneous. Their sex, race, age, duration, history of previous treatment and family & past history for skin or systemic diseases were noted and subsequently analyzed.

Results 31% of patients visiting the O.P.D were children with skin diseases. Infectious skin diseases were the commonest (60%). Among the infections, fungal were on the top (20.6%). It was followed by bacterial diseases (12%). Eczemas were also common constituting 21% of skin diseases. Children with congenital skin conditions were also referred to O.P.D (6.4%). Previous treatment history was present in 64% of patient. Among these, antibiotics (topical and / or systemic) were taken by 39% of patients; whereas history of steroids (topical and / or systemic) was present in 25% of patients. Contrary to the concept that skin

diseases are present more commonly in severely malnourished children; this research showed that 52% patients were of normal weight. Only 13.6% were severely malnourished.

Conclusions Skin diseases are fairly common in children especially infectious skin diseases. Eczematous and allergic skin diseases are also very common in children. Self-medication is a common practice. Topical steroids were the most commonly used medications.

Key words Childhood skin diseases, bacterial cutaneous infection, eczema, congenital skin lesions, self-medication.

20. Treatment of scabies simplified!

Shahid Javaid Akhtar
Punjab Medical College, Faisalabad.

Background Scabies is rampant in our community and conventional scabiecidal therapies are cumbersome, difficult to instruct and hard to implement. This often results in high failure rates because of non-compliance.

Objective We examined the compliance and efficacy of oral ivermectin in the treatment of scabies.

Methods Two doses of oral ivermectin, each amounting to 300 microgram/kg, were given one week apart to 25 patients and all of their family members/close contacts. No other instructions like change of personal wears, bed sheaths, etc were advised.

Results A compliance rate of 96% was observed. One and two months follow ups showed a cure rate of 80% and 92%, respectively.

Conclusion Oral ivermectin is an effective antiscabietic that is easy to administer in our busy hospital/clinical settings and has high patient acceptability. Furthermore, physicians need not bother about the application ritual, frequency and time of application, and change of clothing instructions that are mandatory with the conventional treatment.

21. Cryotherapy plus intralesional steroid versus cryotherapy alone in the treatment of keloids – a comparative study

Ajab Khan Kakar, Tahir Saeed Haroon, Sabrina Suhail Pal

Department of Dermatology, Unit-II, King Edward Medical College / Mayo Hospital, Lahore.

Background The treatment of keloids is a challenging task. Intralesional steroids have an established role in its treatment. Studies have shown variable results with cryotherapy alone and in conjunction with intralesional steroids.

Objectives To assess the role of cryotherapy alone and in conjunction with intralesional steroids in the treatment of keloids.

Patients and methods This study was conducted in the department of dermatology, Mayo Hospital, Lahore, Pakistan, from July, 2002 to September, 2003. Sixty patients (26 males & 34 females) whose age ranged from 12 to 60 years was enrolled. The patients were divided into two equal groups for each therapeutic modality. Areas of involvement were comparable in the two groups. Group-I patients were treated with open spray of liquid nitrogen until the area was frozen. Each lesion was subjected to a single freeze thaw cycle of 30 seconds at four weeks interval for a maximum of eight sessions. Group-II patients were put on combination therapy. Each lesion was treated with eight sessions. Group II patients were put on combination therapy. Each lesion was treated with liquid nitrogen spray for 30 seconds, followed by intralesional triamcinolone acetonide (40 mgs/ml/lesion) for a maximum of eight sessions. Responses were graded as follows: Grade-1 (1-25%), Grade-2 (26-50%), Grade-3 (51-75%), Grade-4 (>75%)

Results Cryotherapy plus intralesional steroids were effective in all the patients in Group-II whereas cryotherapy alone was only partially effective (Grade 1 & 2) in 2 (6.7%) patients. There was no significant difference between the frequency of side effects in the two groups.

22. Enzymatic treatment in acne vulgaris: a right versus left comparison

Tanzeela Khalid, Syed Muhammad Azam Bokhari, Javed Iqbal, Muhammad Shahid

Department of Dermatology, Allied and D.H.Q Hospitals, Faisalabad.

Objective To determine the efficacy of topical enzymes in patients with mild to moderate acne vulgaris.

Patients and methods Ten patients with mild to moderate acne vulgaris were enrolled in the study. They were given topical application of proteolytic enzymes (AC-Enzyme lotion) on one half of face and topical isotretinoin 0.05% (Cosmin) cream on the other half. Follow ups were done every 15 days for 6 weeks. On follow ups, patients were assessed objectively by two dermatologists, who were blind to therapy, independently. Subjective impression of improvement by the patient was also noted.

Results At first follow up after fifteen days, three (30%) patients noticed improvement on the side where they were using enzymatic treatment. Three (30%) patients claimed improvement on the side where isotretinoin cream was being applied. Four (40%) patients felt equal improvement on both sides. The assessment of observers was the same as that of the patients.

Conclusion Will be drawn after two further follow ups, scheduled every two weeks. However, the initial results suggest that the efficacy of topical enzymatic treatment is comparable to that of topical isotretinoin in mild to moderate acne vulgaris.

23. Chemabrasion in resistant acne and acne scarring

Muhammad Iftekhar Sheikh, Abdul Hameed, Atif Hasnain Kazmi

Department of Dermatology Unit I, King Edward Medical College/ Mayo Hospital, Lahore.

Background Resistant acne and acne scarring often pose a challenge to dermatologists. Chemabrasion is a novel idea of combining microdermabrasion with chemical peeling.

Microdermabrasion produces controlled removal of skin layers in successive sessions and the chemicals (Jessner's solution) absorbed through open follicles causes partial destruction of sebaceous glands.

Objective To assess the efficacy of chemabrasion in resistant acne and acne scarring.

Materials and methods A study of chemabrasion was done in 100 patients, 13 males and 87 females, from July 2001 to July 2003. Inclusion and exclusion criteria, a result criteria and a study Performa with follow-up details was decided.

Results More than 90% of patients showed >80% improvement. Mild erythema was universal effect which subsided 2-3 days.

Conclusion Chemabrasion has proved to be very safe and effective treatment for acne and acne scarring.

Key words Chemabrasion, resistant acne, ace scarring.

24. Treatment of acne with 1450 nm diode laser – a preliminary report

Prof. Syed Muhammad Azam Bokhari
Punjab Medical College Faisalabad

Acne vulgaris is a common condition which is difficult to treat. Systemic therapy has many adverse side effects whereas topical therapies usually lead to local irritation. We tried a new physical modality of treatment without any systemic or adjuvant topical therapy.

Fifteen patients with moderate to severe acne refractory to conventional therapies were randomly enrolled in the study. They were treated for four sessions, one month apart. Results on follow ups will be presented at the conference

25. Erbium:YAG laser skin resurfacing: a Pakistani experience

*Afzal Lodhi, Misbah Huzaira, Khalil A. Khatri**
Skintronics, Karachi
Massachusetts General Hospital, Skin & Laser Surgery Centre

Background and objectives To evaluate the use of the erbium: YAG laser for resurfacing in type IV skin patients in Pakistan.

Study design/Materials and methods Ten patients with skin type IV underwent laser skin resurfacing with an erbium: YAG laser to treat wrinkles, acne/chickenpox scars and hyper pigmentation. An evaluation was done by the treating physician and a photographic evaluation and grading was done by a blinded observer.

Results The treating physician's records showed no erythema, pigmentary alteration, infection or scarring at the 3-month follow-up. The blinded observer's evaluation of the 3-month photographs showed moderate to excellent improvement in 80% of patients in their respective underlying condition.

Conclusion The erbium: YAG laser is safe and effective in treating wrinkles, acne/chickenpox scars and hyper pigmentation in skin type IV patients.

26. History of dermatology in Pakistan

Ijaz Hussain, Atif Hasnain Kazmi
Department of Dermatology, King Edward Medical College/ Mayo Hospital, Lahore.

History is said to be the biography of great men and fortunately, there had not been dearth of such examples in Dermatology. Who were the giants who nurtured this specialty? Dermatology, as a separate entity, was virtually non-existent at the time of independence in 1947. There was not a single qualified dermatologist in the whole country. Over the decades, many milestones were achieved. New departments were established, staffed and equipped. Undergraduate and postgraduate teaching and qualifications were started. In 1979, Pakistan Association of Dermatologists, the official representative body of the dermatologists of the country was founded for the promotion of subject. Now as the PAD is holding its silver jubilee, it would be worthwhile to remember and pay tribute to our benefactors.

27. Challenges to dermatology in Pakistan

Tariq Rashid

Department of Dermatology, Allama Iqbal Medical College / Jinnah Hospital, Lahore.

As we celebrate the Silver Jubilee of PAD, an understanding of the challenges faced by dermatology would help in designing effective strategies for the future. Many challenges need to be addressed. Inadequate number of qualified dermatologists, poor primary health care delivery, widespread prevalence of myths and misconceptions regarding skin diseases, uninhibited growth of quackery, inadequate training of medical graduates and nurses in dermatology, lack of necessary and modern technology, indifferent attitude of stake-holders and other medical professionals towards dermatological needs and ethical issue in dermatological practice. PAD can play a vital role in planning and implementing ways and means to fight these challenges.

28. Cultural dermatology in Pakistan

Rukhsana Cochinwala, Badr Dhanani

Institute of Skin Diseases Sindh, Karachi.

Pakistan is a land of culture and heritage. Our history began as early as 5000 years ago nesting in the cradle of Moenjodaro and Harappa. Alexander the Great added his insignia to the culture. The glorious grandeur of the Mughals is still visible in every part of our country.

The contribution of the saints and Sufis is the integral part of our culture. We have adapted to various cultures, it reflects in the outer form and inner form in our thoughts and action.

The customs, the dress, the language and the mode of living differs from region to region in Pakistan so also the pattern of diseases.

Cultural dermatology deals with dermatological problems based on the colours of culture or its dress, food or swatches of tradition. So Pakistan's cultural legacy has its own reflection on dermatology.

29. Surgical management of neuropathic hand deformities in leprosy patients

*Mabroor A. Bhatti, Azeem Khan**

Liaquat National Hospital, Karachi

*Marie Adelaide Leprosy Centre, Karachi

This is a review of 30 patients who were treated surgically in Marie Adelaide leprosy centre from 2002 – 2004 for the neuropathic deformity of the hands. The presentation, reconstruction and outcome have been discussed. The neurological deficit should be diagnosed and corrected early by the physician to prevent any secondary complications, which in return can delay the ultimate outcome.

30. Deformity and disability index in patients with leprosy

Muhammad Luqman Ahmed, Ijaz Hussain, Atif Hasnain Kazmi

Department of Dermatology Unit I, King Edward Medical College/ Mayo Hospital, Lahore.

Background Leprosy continues to be a serious challenge in most of the developing countries, contributing significantly to the physical and social disability of the patients afflicted.

Objectives The aim of this study was to estimate the disability rate in patients of leprosy.

Patients and methods This study of deformities and disabilities in leprosy was conducted on 100 diagnosed cases of leprosy (70 males and 30 females), aged 9-70 years. Forty one percent of the cases (32% males and 9% females), were found to have various deformities and disabilities. The deformity and disability rate was higher in males than in females and it was positively associated with increasing with multibacillary leprosy (42.5%) than in paucibacillary leprosy (23.7%), the highest being in lepromatous leprosy patients (68.5%).

Results Hands were affected most frequently (32%) followed by feet (30%) and eyes (16%). The most commonly found deformities and disabilities were anesthesia of hands and feet, claw hands, resorption of toes and plantar ulcers. According to WHO disability grading,

59% of the patients had no disability, 10% had grade 1 and 31% had grade 2 disability.

Conclusions Disability assessment is very important not only to evaluate the effectiveness of the leprosy control programs but also for the patients whose important worry is the stigmatizing deformities caused by the disease. The earlier detection of sensory loss might reduce these secondary deformities.

Key words Leprosy, disability index.

31. Cutaneous manifestations of systemic lupus erythematosus in children

Farhana Muzaffar

Department of Dermatology, Institute of Child Health / Children Hospital, Lahore.

Introduction Systemic lupus erythematosus (SLE) is a multisystem disease of autoimmune etiology. Cutaneous changes are seen in more than two-third of patients.

Objectives The present study was planned to evaluate cutaneous manifestations of SLE in children.

Patients and methods Fifteen cases of SSLE were collected from the Department of Paediatric Dermatology, Children Hospital, Lahore. The diagnosis was based on American Rheumatism Association criteria. Cutaneous changes were recorded on a predevised pro forma.

Results Age of onset was 5-13 years in 14 (93.3%) children. One case of neonatal LE was seen. There were 8 (53.3%) females and 7 (46.7%) males. Malar rash was present in 10 (66.6%), photo sensitivity in 8 (53.3%), diffuse hair loss in 6 (40%), hyperpigmentation in 5 (33.3%), vascular lesions in 5 (33.3%), mucosal lesions in 3 (20%), nail changes in 2 (13.3%), bullous lesions in 1 (6.7%), livedo reticularis in 1 (6.7%), and rheumatoid nodules in 1 (6.7%). The single case of NLE had generalized scaly lesions.

Conclusion Cutaneous changes in children were different from those seen in adults. Female preponderance was not seen in children. Photosensitivity and vascular lesions were less frequent while the discoid rash was rare. Peripheral gangrene, chronic ulcers,

chilblain, Raynaud's phenomenon and ichthyosis were not seen. Neonatal LE is a rare entity.

Key words SLE, neonatal LE, cutaneous manifestations

32. Cutaneous manifestations associated with gastrointestinal diseases

Shagufta Shafi, Khalid Mahmood, Atif Hasnain Kazmi**

Department of Dermatology, Fatima Jinnah Medical College / Sir Ganga Ram Hospital, Lahore.

* Department of Dermatology, King Edward Medical College/ Mayo Hospital, Lahore.

There are indefinite number of dermatological disorders associated with gastrointestinal disease including inflammatory bowel diseases associated with pyoderma gangrenosum, erythema nodosum and aphthous stomatitis. The hepatitis B and C infections are associated with erosive or oral lichen planus, and porphyria cutanea tarda while *Helicobacter pylori* is associated with Sweet syndrome. Certain cutaneous eruptions associated with malabsorption syndrome e.g. acrodermatitis enteropathica and dermatitis herpetiformis have been seen in our patients.

Early recognition of cutaneous manifestations associated with the gastrointestinal tract disease may be lifesaving and may lead to early preventive intervention to decrease risk of malignancy.

33. Spectrum of cutaneous infections in patients with leukemia

Tariq Zaman, Muhammad Jahangir, Muhammad Abbas Raza, Tahir Saeed Haroon
Department of Dermatology, Allama Iqbal Medical College / Jinnah Hospital, Lahore.

Due to immunosuppression, cutaneous infections are common in patients with leukaemia. In this observational, descriptive and cross sectional study, the incidence and morphological patterns of various cutaneous infections in leukaemia were analyzed. Detailed dermatological examination of 250 diagnosed patients of different types of leukaemia was performed. Cases having any

skin infection were further investigated. Various cutaneous infections were present in 177 (71%) patients. Out of these, 101 (57%) were male while 76 (43%) were female. The age ranged from 2 – 76 years. Cutaneous infections were more common in acute as compared to chronic leukemias ($p < 0.01$). Candidiasis was the commonest infections were present in 35% of the patients, respectively. Scabies was found in 12%. More than half of the patients (54%) had two or three types of concomitant infections. Bacterial infections were more frequent in myelogenous leukemias ($p < 0.001$), while dermatophytic/pityrosporum and candidal infections were more common in lymphocytic leukemias ($p < 0.05$ and < 0.001 , respectively). Dissemination, higher grade of severity and atypical morphology was frequently seen. In conclusion, incidence of different cutaneous infections is higher in our patients but spectrum and morphological patterns are similar with the previous reports.

34. Treatment of vitiligo with narrowband UVB

Haroon Nabi, Faria Asad
Lahore

Background Vitiligo is an idiopathic acquired cutaneous disorder of pigmentation with the 1-2% incidence worldwide. The clinical presentation is characterized by solitary or multiple depigmented macules or patches that may arise in localized, segmental or generalized distribution. Various treatment modalities have been described in the literature and narrow-band UVB has recently been reported to be an affective therapy for vitiligo.

Objectives To assess the safety and efficacy of narrow band UVB in patients with vitiligo.

Methods The study was performed in The Skin Clinic from July, 2003 to August, 2004. Narrow band UVB was given as monotherapy three times a week. The starting dose was 500 mJ/cm² with 20% dose increments at each subsequent week, until some pigmentation appears or persistent erythema developed. The treatment was continued until maximum repigmentation was achieved. However, in patient who achieved less than 25% improvement in 30 exposures the procedure was stopped. Patients' compliance was noted in

terms of attendance frequency for treatment. Response to narrowband UVB therapy was expressed as "more than 75%" (grade A) "between 26% and 75%" (grade B) and "less than 25%" (grade C).

Results There were a total of twenty two patients; 14 females and 8 males with age range 11 to 46 years. They were 5 cases of generalized vitiligo and 17 cases of localized type. The lesions covered from less than 5% to 60% of body surface area. Each case had been previously treated with topical steroid or topical psoralen with solar light exposure. Nineteen patients had Fitzpatrick skin phototype IV and three had phototype III. Nine out of 22 cases responded well and were placed in grade A and five patients were accorded grade B. Four cases showed minimal repigmentation (grade C) and four patients did not complete the study because of various reasons. Repigmentation was notable in the lesions on the face, neck, chest, back and lower legs, while it was minimal in hands, wrist, feet and ankles. Thus response to therapy was positively correlated with localization of the lesion and patient's compliance. Erythema and burning were the few reversible adverse effects seen.

35. Treatment of freckles and lentigines with superficial fulguration

Mansoor Haider, Sabrina Pal
Department of Dermatology, King Edward Medical College/ Mayo Hospital, Lahore.

Background Freckles and lentigines are benign pigmented lesions for which various modes of treatment have been mentioned in the literature including bleaching agents, sunscreens, lasers and chemical peels. Laser therapy is costly and limited to only few big cities. Chemical peeling requires skill. We treated them with superficial fulguration because it is simple and cheap procedure and can be performed even at secondary health care centres thus reducing the burden on tertiary centres.

Patients and methods This therapeutic trial was carried out over a period of one year. Twenty patients (14 females, 6 males) aged 12 to 23 years were included in the study. A relevant history and photographs were taken before treatment. Lesions were fulgurated superficially with electrocautery machine (Superfrecator) with 0-5 volts and low mode in

one or two sessions depending upon the number of lesions and patient's tolerance. Topical antibiotics were applied over treated area for 1 week followed by the regular use of sunscreen thereafter. Patients were evaluated one month after treatment for outcome of therapy and according to reduction of number of lesions as grade-0 (nil), grade-1 (up to 50%), grade-2 (50-75%) and grade-3 (>75%).

Results Forty percent of patients (n = 8) showed a response of grade-3. Twenty five percent of patients (n = 5) had a response of grade-2 while 15% patients showed grade-1 response. Two patients were lost on follow up. Two cases showed postinflammatory hyperpigmentation.

Conclusion Superficial fulguration has been found as a cheap and effective method to treat freckles and lentigines.

36. Alopecia areata; combination therapy with isotretinoin (0.05%) cream and minoxidil (2%) solution

Ijaz Ahmed, Zarnaz Wahid, Sarwat Nasreen
Karachi

Introduction Alopecia areata is a common disease that causes loss of hair on the scalp and elsewhere. Alopecia areata may cause patchy hair loss over vast portions of the scalp however; any hair-bearing area on the body may be affected. It is responsible for 0.7-3% of patients seen by dermatologists. The cause is unknown but it is associated with an alteration in the immunological system. The role of environmental factors in initiating or triggering the condition is yet to be determined. Treatment must be continued for a minimum of 3 months before regrowth can be expected and maintenance therapy is often necessary. Treatments for alopecia areata can be divided into two groups based on the area of involvement i.e. therapies for less than 50% hair loss include topical corticosteroids, dithranol, tretinoin and minoxidil, while therapy for patients with more than 50% hair loss comprises of systemic cortisone, PUVA therapy, irritants and immunosuppressive drugs. The current study was aimed to see the combined effect of minoxidil (2%) solution and isotretinoin (0.05%) cream in the treatment of alopecia areata.

Subjects and methods The study was conducted in the out patient department of Dermatology (KDLB CAMPUS), "Ziauddin Medical University, Karachi", from 1st October, 2003 till 30th September, 2004 over a period of 1 year. A clinical diagnosis of alopecia areata was made and the freshly registered cases fulfilling the inclusion criteria were enrolled. All the patients were advised to apply minoxidil (2%) solution in the daytime and isotretinoin (0.05%) cream in the night time to avoid photosensitivity. The daily treatment was advised for a period of four months and thereafter every alternate day for another two months as a maintenance therapy. Clinical assessment was carried out by patients' self-assessment, investigator assessment and clinical evaluation on follow up visits.

Results The total number of patients studied, was 54 including 31 males (57.4%) and 23 females (42.6%), male to female ratio being 1.3. Twenty-nine patients (53.7%) suffered from three lesions, 18 (33.3%) had two lesions and seven (13%) only one. Complete restoration of hair follicles was the feature in 45 (83.4%, P<0.001) by the end of therapy. All the patients with single patch responded (13%), while 15 patients (27.8%) with 2 lesions recovered completely. Twenty-three patients (42.6%) with 3 lesions had a complete restoration of hair follicles.

Conclusion The combination therapy of isotretinoin (0.05%) cream and minoxidil (2%) solution of alopecia areata is cost effective, stimulating hair regrowth within a shorter interval and is well tolerated.

Key words Alopecia areata, minoxidil, isotretinoin, hair follicles.

37. Male androgenetic alopecia treated with finasteride

Naseema Kapadia, Tasneem Burhany
Aga Khan University Hospital / Abbasi Shaheed Hospital, Karachi.

Background Dihydrotestosterone causes miniaturization of scalp hair follicles resulting in androgenetic alopecia. Finasteride, inhibits type II 5 alpha reductase thereby decreasing the conversion of testosterone to dihydrotestosterone.

Objective To determine the efficacy of finasteride in male androgenetic alopecia.

Methods Eight men, 18-42 years of age with moderate vertex male pattern hair loss received 1 mg finasteride / day for 2 years. Efficacy was determined by patient self-assessment, investigator assessment and assessment of clinical photographs. Safety was assessed by clinical analysis of adverse experiences if any.

Results After 6 months to 1 year treatment there was a significant improvement assessed by patients, investigator and photographs. Efficacy was improved and maintained throughout the second year of the study. Finasteride was generally well tolerated.

Conclusion In men with male pattern hair loss. Finasteride 1 mg / day for 2 years slowed the progression of hair fall and increased hair growth.

38. Hair loss & today's state of art hair restorative treatment

Mabroor A. Bhatti
I.L.H.T, Islamabad

Specialized anatomy of hair follicle with special reference to its germinal centre will be presented. It will also discuss refinement in the technique of single follicular hair transplantation especially with reference to its extraction of implantation technique.

39. Ciclopirox olamine liquid – a novel treatment for seborrheic dermatitis

Umair M. Bajwa , M. Saeed, Samina Naz
Department of Dermatology, Social Security Teaching Hospital, Lahore.

Background Seborrheic Dermatitis (SD) is a chronic, recurring inflammatory skin disorder in persons having pre-existing seborrhoea (oily skin). Clinically it presents as greasy scales on erythematous base on sebaceous gland rich areas, i.e. scalp, face and upper trunk. These sebum rich areas facilitate growth of yeast *Malassezia furfur* (*P. ovale*). Ciclopirox olamine is a hydroxypyridone, broad spectrum antifungal agent, which offers in structure and mechanism of action from

other antifungal agents. It is shown to be effective against *M. Furfur*. Apart from its broad antifungal properties it also exhibits strong anti-inflammatory and anti-bacterial actions.

Objective To determine the efficacy of ciclopirox olamine 1.5% liquid in treating SD of scalp.

Methods Fifty subjects having SD of the scalp with signs and symptoms of erythema, scaling, pruritus and burning were included. Age and sex was no bar. The subjects applied Ciclopirox olamine 1.5% liquid once daily for 28 days. Subjects signs and symptoms of severity – erythema, scaling, pruritus and burning were rated on scale of 0-3 (none of severe). A minimum score of 4 was required for inclusion for the sum of the individual ratings. Subjects were evaluated for efficacy at baseline, day 7, 14, 22, 29 and at the end point - final visit, up to day 35. Clinical responses taken as primary efficacy variable were assessed by a global improvement, based on a 0-5 scale (100% clearance to flare of SD). Changes in signs and symptoms scores were also evaluated.

Results All the subjects (so far evaluated) achieved more than 75% improvement as showed by global evaluation scores. Excellent cosmetic acceptability was noted in 82% of subjects. Burning sensation was noted in only 4% of cases.

Conclusion Ciclopirox olamine 1.5% liquid is effective and safe in the treatment of SD of the scalp. It improves all the signs and symptoms of SD i.e. scaling, erythema, pruritus and burning.

Key words Ciclopirox Olamine Liquid, Seborrheic Dermatitis.

40. Fungal infections – present scenario

Ram H Malkani
Jaslok Hospital & Research Centre, Mumbai, India

8-10% of OPD patients in any dermatology clinic present with fungal infections. Fungal infections can be caused by dermatophytes or yeasts resulting in cutaneous mycoses. Fungal infections affecting the glabrous skin are

diagnosed and treated with ease. Pityriasis versicolor and onychomycosis at times could be recalcitrant to treatment. A good laboratory backup, a knowledge and use of newer antifungals are essential in ensuring good results. Among the newer antifungals, the advantages and shortcomings of fluconazole, itraconazole and terbinafine are highlighted. Among topical preparation butenafine and bifonazole are commented upon. In view of butenafine not being available, only bifonazole (Mycospore) is dealt with in great detail. The efficacy, utility of bifonazole is highlighted in comparison with other topical antifungals especially in pityriasis versicolor and tinea pedis infection.

41. Effects of itraconazole pulse therapy on quality of life in patients of disto-lateral subungual onychomycosis

Shahbaz Aman, Talat M. Akbar, Ijaz Hussain, Muhammad Jahangir, Tahir S. Haroon
Department of Dermatology, King Edward Medical College/ Mayo Hospital, Lahore.

Background Distal and lateral subungual onychomycosis (DLSO) is the most common clinical type of onychomycosis. The disease causes little physical handicap but it has a devastating effect on quality of life (QOL) particularly in our set up.

Objective The purpose of the study was to assess the effect of itraconazole pulse therapy on quality of life in our patients with DLSO.

Methods Sixty-two patients, 47 males and 15 females suffering from DLSO, age range 19 to 55 years, who were themselves able to understand and fill the questionnaire related with general and disease-specific QOL in English or Urdu version, were enrolled in the study. The total score ranged from 0-60. The higher the score, the greater was impact on QOL. The patients were subjected to itraconazole pulse therapy and each pulse consisted of 200 mg dosage twice a day for 7 days, followed by a drug-free interval of three weeks. Two pulses were given for fingernail onychomycosis and three pulses for toenail infection. The pre- and post-trial data was analyzed before and after therapy in 46 finger and 16 toenail cases of DLSO.

Results The disease caused psychosocial problems (92%), economic problems in treatment (89.4%), difficulty in cutting nails (62.9%), physical contact problems with hands (60.8%), discomfort in wearing shoes and walking (56.2%), pain (33.8%), disturbance of work with hands (30.4%) and affected performance in sports (22.5%). After itraconazole pulse therapy, these problems were decreased to 12.9%, 14.5, 6.45%, 6.4%, 12.5%, 4.8%, 6.45% and 3.2%, respectively. The mean pre-treatment score in patients with finger and toenail disease was 32 ± 5.4 and 4.4 ± 5.6 ($p < 0.05$) after itraconazole therapy at last follow up 32 weeks & 48 weeks for finger and toenail disease, respectively. Fingernail disease has affected more QOL than toenail disease and longer duration of disease, greater involvement of individual nails and greater numbers of nails involved were also associated with more serious impact on QOL. Females were found to be more psychologically upset than males.

Conclusion Itraconazole pulse therapy significantly improves the QOL in disto-lateral subungual onychomycosis of both finger and toenails in our patients.

42. Evaluation of simplified protocol of modified regime of intralesional steroids in nail psoriasis

Khawer Saleem
PNS – Shifa, Karachi, Pakistan

Background Locally injected steroids are one of the standard therapy offered for nail psoriasis. In spite of this there have been only a few formal trials of its efficacy.

Objective The aim of the study was to evaluate the efficacy of a simplified protocol of a modified regimen of intralesional injection therapy for the treatment of nail psoriasis and to assess the side effects of this regimen. The rationale for the regimen in this study was to see that a stronger solution of steroid given less frequently might produce a satisfactory outcome in comparison to a common practice of using weaker solutions of steroid much frequently.

Methods Patients having psoriatic nail dystrophy, reporting in Skin Department of Military Hospital Rawalpindi were registered.

The features accounted for were pitting, onycholysis, subungual hyperkeratosis, ridging, thickening and colour change. The affected digits were scored from 0 to 3 for the severity of each of these features. Similar number of control digits was also selected. Injection of triamcinolone acetonide (10mg/ml) was given into the nail bed and matrix following ring block anesthesia. The features were rescored after two months. A second injection was given after 02 months if warranted by poor response. The follow up period ranged up to six months.

Results Eighty three digits were injected in thirty one subjects. Pitting was the commonest presenting feature seen in 71 digits (85.5%) and improved in 51 digits (71.8%). Onycholysis was seen in 37 digits (44.5%) and improved in 25 digits (67.5%). Subungual hyperkeratosis was seen in 57 digits (68.7%) and improved most of the times. Other features like longitudinal ridging, thickening and yellow oil drop like discoloration also improved considerably. The side effects of this regimen were minimal. This regimen has been found to be effective and safe for the treatment of psoriatic nail deformities.

Key words psoriasis, nail psoriasis, intralesional steroids

43. Syndromic management of sexually transmitted infections (STIs) – strategy adopted for prevention and control of HIV infection in Sindh, Pakistan

M. Ashraf Memon

Sindh AIDS Control Program Government of Sindh, Karachi, Pakistan

Objectives

1. To document the presence of STIs among patients attending Public Sector Hospitals in Sindh, Pakistan.
2. To determine pattern of STI Syndromes among male and female patients reporting to public sector hospitals.
3. To identify constraints and lessons learned

Methods 42 STI Clinics were established in each of the 21 District Headquarter Hospitals in province in December, 1995. Separate Clinics were established in Skin and Gynae OPDs for Male and Female patients respectively to make them socially and culturally acceptable.

Retrospective analysis of data received from 42 STI clinics were analyzed at the Provincial Implementation Unit (PIU) of Sindh AIDS Control Program. Epi Info 6 and SPSS 10 were used for data entry and analyses. Reports of observations made during monitoring of STI clinics were reviewed.

Results Total 1005 reports received from January, 1996 to September, 2002 were included in the study. Total number of patients (new cases) treated in these clinics were 25438, 20449 (80%) females and 4989 (20%) males. 11353 (44.6%) of the patients were from rural and 14085 (55.4%) from urban areas of the province. A gradual increase in total number of new cases was observed in each successive year.

Many factors were identified to improve the practices & reporting of sexually transmitted infection.

44. Prevalence & pattern of sexually transmitted diseases in Faisalabad

Muhammad Arif Maan

Allied Hospital, Punjab Medical College, Faisalabad.

Due to socioeconomic and political instability, incidence of sexually transmitted diseases is on rise worldwide. Due to our strong religious teachings and beliefs we were lucky to have very low incidence of sexually transmitted infections in the past but unfortunately due to globalization the risk of these infections is on the rise. In order to recommend suitable preventive measures we undertook the study to assess the existing sexual practices and knowledge about safer sex.

Patients attending sexually transmitted infections clinic at DHQ/Allied Hospitals, Punjab Medical College, Faisalabad was evaluated with the help of specially designed Performa in collaboration with Pakistan Medical Research Council.

45. Role of candida antigen in treatment of viral warts

Uzma Ali, Khawar Khurshid, Sabrina Suhail Pal

Department of Dermatology, King Edward Medical College/Mayo Hospital, Lahore.

Background Viral warts constitute a large percentage of outpatients' attendance at dermatologists' as well as family physicians clinics. Though not life threatening many a time they are challenging for the doctor to treat. Various treatment modalities are used for different kinds of warts e.g. caustics, electrocautery, curettage, laser, freezing, chemotherapeutic agents and excision but there is still a place for safe, simple and effective methods for treating warts. Immune mechanism has been suggested to explain spontaneous resolution of warts. If the immune system is stimulated, it can destroy warts spread over different parts of the body. Studies have shown that candida antigen triggers host immune response. Moreover, the antigen is well tolerated and without any significant side effects.

Objectives To evaluate the efficacy and safety of concurrent administration of intradermal and intralesional candida antigen for treatment of viral warts.

Setup Department of Dermatology, Unit II, Mayo Hospital, Lahore.

Study design It is an ongoing prospective study in which 100 patients who have not received any treatment for viral warts in last four weeks have been enrolled. In each case intradermal & intralesional candida antigen is injected. A mixture is made with equal parts of candida solution and 2% lignocaine and is given intradermally 0.1 ml per visit. A total of 3 doses that are 4 weeks apart are being administered and the response of the patient is noted according to the following scale:

No lesions or >90% clearance-excellent
60-90% response good
30-60% response satisfactory
<30% response – poor
A follow up for 3 months is being done.

Results It is an ongoing study that will be completed by the mid of November, 2004 and results will be presented in the scientific session of the conference.

Key words Viral warts, candida antigen.

46. Management of postherpetic neuralgia with transepidermal nerve stimulation (TENS)

M. Saeed, Umair M. Bajwa, Naveed

Department of Dermatology, Social Security Teaching Hospital, Lahore.

Herpes zoster may be associated with pain before, during and even after the appearance of rash. As the elderly population increases, and more people have therapeutic or pathological immunosuppression, it is anticipated that the incidence of herpes zoster and postherpetic neuralgia (PHN) will increase. Management of established PHN remains imperfect. Opioids and topical lidocaine have been tried. The use of intralesional methylprednisolone is believed by some to carry severe risk and the findings of the only published study to show the efficacy have not been confirmed.

Protection against PHN by intervention with antiviral drugs in acute herpes zoster is incomplete.

In this study we tried transepidermal nerve stimulation in established PHN cases. The results so far are encouraging and will be presented during the conference.

47. Plastic surgical management of basal cell carcinoma

Muhammad Ashraf Ganatra

Dow University of Health Sciences, Karachi

Introduction Basal cell carcinoma is one of the common locally malignant tumours, involving the skin of head and neck. It originates in the pluripotential cell of the epidermis and hair follicles.

Methodology All patients presenting to author at different outpatient clinics, with suspected lesion to be basal cell carcinoma, were included in the study. Proper history examination and investigations as appropriate to the case were done.

In all cases lesion was excised with safe margin of 3 mm to 10 mm depending upon the site. The entire specimen was sent for histopathological examination. The resultant defect was either closed primarily or with full thickness graft or with local flap. Local flaps

used were nasolabial flap, cheek rotation flap, forehead flap, post auricular flap and combination of these.

Results From year 2002 to year 2003 (2 years) 53 patients were operated. The most common site was medial canthal area and most commonly reconstructive method was forehead flap. Cosmetic results of reconstruction were fairly acceptable to patients. 3 patients showed presence of growth at the margins and were managed accordingly.

Conclusion Management of basal cell carcinoma by different plastic surgery procedures gave patient acceptable appearance and complete cure.

48. Prevalence & management of hirsutism by electrolysis

Saleem Rao
Lahore

Hirsutism is a common skin disease. Male pattern facial hairs in female create great cosmetic and social problems. Whether the cause is hyperandrogenism or idiopathic the permanent treatment is only electrolysis or the laser therapy. All other measures are temporary. The medicinal treatment of hirsutism is expensive. Electrolysis is effective for permanent cure in all types of hair and laser therapy is an ideal treatment for coarse pigment hair. In the past, the side effects of electrolysis like pigmentation and scarring have been highlighted but with the advancement of technology the risks are minimized. In our experience pigmentation and scarring is rare. If electrolysis is done carefully, the number of hair decrease gradually in multiple sessions and finally the problem is cured with no residual effects in most of the patients. In young females the new hair continue to grow for years, but with less density. For coarse black hair an ideal approach is to treat with a few laser sessions, followed by electrolysis.

49. A study of various clinical manifestations of polycystic ovary syndrome

Zeenat Bano, Tasneem Ahsan, M. Jabeen, H. Yousuf
Medical Unit II JPMC, Karachi

Background Polycystic ovary syndrome is a common disorder affecting 5-10% of women of reproductive age, characterized by hirsutism, obesity, infertility and menstrual disturbances.

Objective To study the frequency of occurrence of various presentations of PCOS. Such as obesity, infertility, hirsutism and acanthosis nigricans.

Place and duration This study was conducted from 1995 to 2004 in Endocrine Clinic, Medical Unit II, JPMC.

Methods All 326 patients with clinical diagnosis of PCOS were evaluated with detailed history and thorough examination especially skin examination for acanthosis nigricans and hirsutism according to modified Ferriman Gallway Chart. Laboratory assessment included FSH, LH, testosterone, prolactin and ultrasound of pelvis.

Results Out of 326 patients 113 were married (34.6%), menstrual disturbance seen in 227 patients (69.8%), hirsutism in 218 patients (66.8%), obesity in 158 patients (57.2%), acanthosis in 96 patients (36.6%), primary infertility in 42 patients (48.8%) and secondary infertility in 27 patients (31.39%).

Conclusion PCOS is common disorder with menstrual disturbances (69.8%) being the most common clinical presentation followed by hirsutism, obesity and infertility.

50. Incidence of polycystic ovarian syndrome in female patients with acne & hirsutism

Samira Rizwan
Islamabad

This is an ongoing trial carried out in Federal Govt. Services Hospital Islamabad to know the incidence of PCOS in female patients with acne and/or hirsutism. About 150 female patients with age varying from 13 years to 35 years were investigated for PCOS. Ultrasound of the pelvis and hormonal assay to see the levels of serum LH, FSH (LH:FSH) and testosterone levels were done. Results will be presented in the conference.

Key words polycystic ovarian syndrome (PCOS)

51. Long pulsed Nd:YAG 1064 nm safest and effective for laser hair removal in Asian skin

Syed Ali Hasnain Kazmi
Lahore.

Many lasers with different parameters are now available from which the dermatologist can choose as it is the therapy of choice for permanent reduction of unwanted hair. Improved clinical results are made possible by high specificity and sensitivity of the laser systems to the Asian Skin because of the use of an appropriate wavelength with the proper pulse duration and fluence.

Theoretically long wavelengths penetrate deeper and are less damaging to the epidermis, so, long pulsed Nd:YAG laser hair removal is safe in our Asian Skin with minimal side effects.

52. Long pulsed Nd:YAG laser for hair removal in darker skin type

Haroon Nabi
Lahore Medical and Dental College, Lahore.

Background and objectives Hirsutism is a common problem for which a permanent solution has been elusive. Laser-assisted hair removal is a promising technique. However,

the optimal wavelength, pulse duration and fluence continue to require further investigations especially in darker skin types.

Study design, material and method To evaluate the long term efficacy and safety of long pulsed Nd:YAG laser 1064nm for facial hair removal in skin type III-V. A total number of 300 female patients were enrolled in the study after informed consent. Patients were treated with pulse width ranging from 10-30 msec & fluence between 35 to 50 J/cm². Patients was treated after 4-6 weeks interval for 3-8 times. The reduction of hair density was assessed at base line and then at monthly interval for a period of 2 years after completion of treatment. Potential complications were assessed.

Results The average hair reduction after 1 treatment was 30% and increased after subsequent treatments and after 4 treatments there was 75% hair reduction. In remaining patients after 6-8 treatments further 10-15% hair reduced, whereas in 10% of the patients hair continued to grow although they were soft and number was reduced. The side effects noted were erythema, pain, edema, vesicles, bullae and post inflammatory pigmentation.

Conclusion Long pulsed Nd:YAG laser is safe and effective for long term hair removal in skin type III-V.