

Joint Event on



International Congress on

DERMATOLOGY AND TRICHOLOGY

&

2nd WORLD NEPHROLOGY AND THERAPEUTICS CONGRESS

September 20-21, 2018 | Rome, Italy

DAY 1

Keynote Forum

Dermatology Congress 2018 & World Nephrology 2018

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Palitha Ratnayake, Arch Gen Intern Med 2018, Volume 2 | DOI: 10.4066/2591-7951-C5-013



Palitha Ratnayake

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Biography

Palitha Ratnayake is the current President of Sri Lanka College of Pathologists. Following MD in Histopathology, he has completed advanced course in Dermatopathology at St John Institute in St Thomas Hospital, London in 2001 and Fulbright Fellowship in Dermatopathology in University of California, USA in 2009. He has done many research studies in the field of Dermatopathology and given speeches at both local and international conferences and symposia. He holds many years of experience in teaching junior dermatologists and pathologists and has been contributing as an examiner for MD Histopathology for several years. His special research interest is mycosis fungoides, cutaneous leishmaniasis and cutaneous infections.

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COLOURS IN SKIN BIOPSIES – A CLUE TO DIAGNOSIS

Substances with different colours may present in a skin biopsy sample, which provide clues for the definitive diagnosis of the underlying skin disease. On the other hand, pathologists use colored substances to highlight different material in a biopsy sample, which is not apparent on routine hematoxylin, and eosin stained skin biopsies. In this lecture different pathological entities of skin will be discussed where the presence of colored substance plays a major role in the diagnosis. Mucin in a skin biopsy will give bluish tinge to the tissue. Mucin can be highlighted by different mucin stains like alcian blue, colloidal iron and mucicarmine. When a bluish tinge is present in a biopsy sample depending on the dermal location, diagnosis can be narrowed down. In systemic lupus erythematosus and dermatomyositis mucin is present in the stroma. Follicular mucinosis is a clue to mycosis fungoides, especially folliculotrophic variant. Presence of mucin in a dermal based granuloma is a clue to diagnose granuloma annulare. Calcium is a substance which can be present in different skin lesions which appear dark blue in H and E stained skin biopsies. Calciphylaxis, calcinosis cutis and pancreatic panniculitis are some of the conditions where calcium is deposited in skin tissue. Fibrin gives red characteristic red colour. Fibrin is deposited in different conditions of skin including vasculitis with fibrinoid necrosis, rheumatoid nodules with central necrobiotic focus containing fibrin etc. Deposition of amorphous or granular eosinophilic material appears as pink colour cutaneous deposits. In different cutaneous pathological conditions which help to narrow down the differential diagnosis. Amyloid, elastotic degeneration of skin and caseous necrosis can appear as pink material, which can be differentiated using different special stains. Special stains are also used to highlight different micro organisms in cutaneous infections. Fungi may appear purple with PAS stain and black with Grocott stain. Giemsa stain highlights donovani bodies in cutaneous leishmaniasis in purple. Acid fast stains use to highlight mycobacterial which appear pink. It is important to pay attention to variation in colours and their patterns, which will provide valuable clues in the diagnosis of cutaneous diseases.



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Huang Wei Ling

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Biography

Huang Wei Ling is graduated in Medicine in Brazil, specialist in infectious and parasitic diseases, a General Practitioner and Parenteral and Enteral Medical Nutrition Therapist. Once in charge of the Hospital Infection Control Service of the City of Franca's General Hospital, she was responsible for the control of all prescribed antimicrobial medication and received an award for the best paper presented at the Brazilian Hospital Infection Control Congress in 1998. Since 1997, she has been presenting her work worldwide, concerning the treatment of various diseases, using techniques based on several medical traditions around the world.

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THE TREATMENT OF CHLOASMA IN TRADITIONAL CHINESE MEDICINE

Introduction: Chloasma is a condition in which dark patches appear on the skin, most commonly on the cheeks, bridge of the nose, forehead, upper lip, and chin – areas of the face that receive the most sun exposure. In Traditional Chinese Medicine (TCM) the causes of the disease could be liver-Qi stagnation, spleen-deficiency, kidney-Yin-deficiency and kidney-Yang-insufficiency.

Purpose: The purpose of this study is to demonstrate that to successfully treat chloasma you need to look for the roots of the problems, not only the symptom.

Methods: Over two case reports, the first being a 42-year-old woman who sought Acupuncture treatment for chronic headache and had the doctor notice the skin stains disseminated on her face, especially in the cheeks area. The second case, a 48-year-old man with constant knee pain was on Acupuncture treatment, and at his physical examination, there was found several dark patches on his face. Both patients were diagnosed with energy imbalance (Yin, Yang, Qi and Blood) and were treated with Acupuncture sessions associated with Chinese dietary counseling.

Results: Both patients had a significant improvement of the chloasma patches, even though that wasn't the main cause of complaint. This overall recovery was achieved with the treatment of the patient in a holistic aspect, because when the energy imbalance that is causing problems is cared for, all the physical and/or emotional symptoms of one or several medical specialties improve at the same time.

Conclusion: The treatment of chloasma in TCM has a different point of view from Western medicine, by treating deeply the root cause of the problem in its energy level. Each patient has their own imbalance and the treatment must be individualized to have successful results.



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