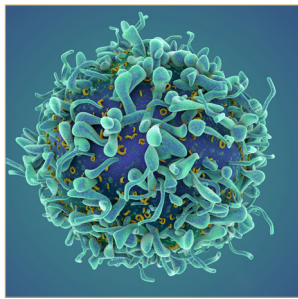
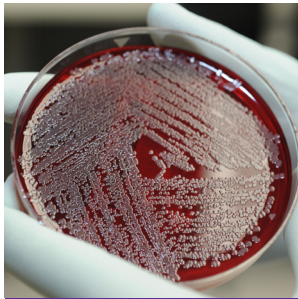


# Workshop

## *Infectious Disease 2019* *Europathology 2019*



Joint Event  
International Conference on  
**Pathology and Infectious Diseases**  
&  
3<sup>rd</sup> International Conference on  
**Pathology and Oncology Research**  
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## Sidharth Sonthalia

*SKINNOCENCE: The Skin Clinic and Research Centre, India*

### DERMOSCOPY – The new non-microbiological diagnostic tool for mycotic infections

**Background:** The rampant use of over-the counter steroids for tinea has resulted in the epidemic of tinea incognita leading to the epidemic of antifungal therapeutic failures in South Asian countries. Intermittent or prolonged use of oral/topical corticosteroids in cutaneous fungal infections not only renders treatment difficult, but also jeopardizes clinical as well as laboratory diagnosis by standard KOH smear and fungal culture methods, since the scaling (that contains the fungi) is dramatically suppressed. DERMOSCOPY is a relatively new non-invasive imaging technique that has till now been used by skin specialists for discerning benign moles from melanomas. However, in this lecture, I shall demonstrate and explain the innovative repurposing of Dermoscopy by my team and me to serve as a dependable tool for prompt diagnosis of cutaneous mycotic infections.

Dermoscopy in diagnosis, selection of choice of treatment and follow-up in patients with steroid-modified tinea/dermatophytosis:

o Onychoscopy [Dermoscopy of the Nail Unit for diagnosis of Onychomycosis]

- Onycholysis with jagged proximal margin
- Aurora borealis pattern (longitudinal striae of different colors)
- Ruin pattern (distal pulverization of nail plate)
- Fungal melanonychia

o Trichoscopy [Dermoscopy of the Scalp & Hair for diagnosis of Tinea Capitis]

- Comma or C-shaped hair Cork screw hair or coiled hair Broken/ zig-zag/ bended/ angulated/ deformable hair
- Black dots, Morse-code hair and translucent hair
- More specific for ectothrix infections – morse code hair,

endothrix infection – comma/ cork-screw hair.

Dermoscopy OF NON-GLABROUS skin for diagnosing Tinea corporis/cruris INCOGNITO [when KOH and culture are difficult due to suppression of scaling]

o Tinea of vellus hair – perifollicular scaling, translucent hair, bended hair, morse-code hair, corkscrew and comma-shaped hair, brown dots with whitish halo – indication for systemic antifungal treatment and aids in deciding treatment duration.

- Dermoscopy OF GLABROUS skin for diagnosing Tinea of palms and soles
- Tinea pedis/ mannum – localization of scales to palmar and plantar creases.

**Conclusion:** Thus, in this lecture, I shall share the past 10-years of experience of my team in repurposing DERMOSCOPY as a tool for diagnosis of fungal infections, especially when KOH/culture are not possible or non-diagnostic.

#### Speaker Biography

Sidharth Sonthalia is a Senior Consultant Dermatologist & Medical Director, SKINNOCENCE: The Skin Clinic & Research Center, Gurugram, India. He devotes his time equally to patients, active research (translational/clinical) and education of other Dermatologists and allied Specialists in novel and controversial subjects like Dermoscopy, Dermatopathology, Management of Resistant Fungal Infections, Psychodermatology PCOS etc., by organizing focused congresses and International Summits under the aegis of his initiative DermaSource India,. He has delivered more than 80 lectures as invited Guest Faculty at various International conferences organized by ASPCR, ICD, IPCC, CCD, WCD, WDC and DERMACONS. He is serving as the Founding Chair of the South Asian Alliance against Cutaneous Mycosis [SAARCUM], Secretary General of Asian Society of Pigment Cell research [ASPCR], Chief Founder & Secretary General of the Indian Society of Dermoscopy, Onychoscopy & Trichoscopy [ISODOT], He is a founding co-chair of the Afro-Asian Dermoscopy Group [AADG].

e: [drsidsarthsonthalia@gmail.com](mailto:drsidsarthsonthalia@gmail.com)

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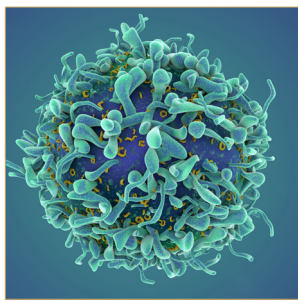
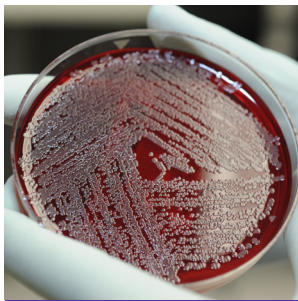
# Scientific Tracks & Sessions

## November 11, 2019

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# *Infectious Disease 2019*

# *Europathology 2019*



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## **Pseudoprogession under checkpoint inhibition therapy**

**Mona Passler**

Charité - University Medicine, Germany

A novel agent called checkpoint inhibitor therapy has revolutionized not only the treatment for several tumor entities but also our general understanding of oncology. As more and more patients with solid tumors undergo this promising immune therapy, new phenomena like pseudoprogession challenge the clinician.

Pseudoprogession is a temporary increase in tumor size due to infiltrating leucocytes and edema during checkpoint inhibitor therapy, which can be mistaken with real progession. Subsequently, tumor size decreases due to tumor cell destruction. Pseudoprogession is described in 1.5% - 17% of all cases - depending on the tumor entity and study. Identifying pseudoprogession plays a decisive part in successfully using checkpoint inhibition therapy, because the misinterpretation of tumor growth might lead to the discontinuation of an

effective treatment, as pseudoprogession indicates a high likelihood of > 1year survival. In order to guarantee the best possible treatment, it is crucial to be informed about pseudoprogession and to know techniques to distinguish between pseudo- and real progession when tumor size increases under checkpoint inhibition therapy. While there are several indicators to differentiate between the two, ultimately only infiltrating growth – which solely occurs in malign tumor growth – proves real progession.

### **Speaker Biography**

Mona Passler graduated from Charité Medical University, Berlin, Germany. She is a junior researcher and has worked for several years with Dr. Pietzner and Professor Sehouli from Charité University Berlin specializing with malignant ascites in ovarian cancer and checkpoint inhibition therapy.

e: [mona.passler@charite.de](mailto:mona.passler@charite.de)



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## **Nuclear inverse polarity papillary lesions lacking myoepithelial cells: a report of two cases**

**Shinya Tajima, Ichiro Maeda, Yoshio Aida, Akio Kazama, Akira Endo, Motohiro Chosokabe, Keiko Kishimoto, Koichiro Tsugawa, Masayuki Takagi and Junki Koike**

St. Marianna University School of Medicine, Japan

Previous reports have described the occurrence of apocrine lesions with loss of myoepithelial cells which were thought to be benign. Here we report 2 cases of “non-apocrine” papillary lesions lacking myoepithelial cells associated with interesting immunohistochemistry results and clinico-pathological features. Both papillary lesions were lined by a fibrovascular core and nuclear inverse polarity without nuclear atypia. Loss of myoepithelial cells was observed by hematoxylin-eosin, Calponin, and p63 staining. Some reports have indicated that high-molecular-weight cytokeratin 5/6 and estrogen receptor immunostainings are important for differentiating benign versus malignant lesions. Moreover, p63 and MUC3 are important for distinguishing between papillary lesions according to the differential index (based on the Allred score) of  $\frac{([ER \text{ total score}] + [MUC3 \text{ total score}])}{([CK5/6 \text{ total score}] + [p63 \text{ total score}] + 1)}$ . Based on this analysis, our 2 cases had benign lesions. However, based on immunopositivity for the cell-cycle marker Cyclin-D1, one case was negative, and the other case was about 70% weak positive. Additionally, the Ki-67 index was <1% in both cases, and no evidence of disease was observed after at most 64

months of follow-up for both cases, despite a lack of additional treatment. Thus, we propose that lack of myoepithelial cells in papillary lesions do not necessarily indicate malignancy and that the present cases had at the most tumor of uncertain malignant potential.

### **Speaker Biography**

Shinya Tajima graduated Keio University School of Medicine, then he was employed as a staff to Department of Pathology at Keio University School of Medicine. There he learned pathological anatomy and diagnostic pathology. After two years, he joined Department of Radiology at St. Marianna University School of Medicine to study breast imaging. And he have presented some scientific exhibitions about radio-pathological correlation of the breast in domestic and international congress. Furthermore, he learned at St. Marianna University Graduate School of Medicine for 4 years. And after PhD of radiolo-pathology was acquired, now he is doing some research about the comparison of pathologic features and radiologic imaging findings and also using pathological knowledge, he is research about cancer stem cell and circulating tumor cells as assistant professor of St. Marianna University School of Medicine Department of Pathology and Radiology.

e: stjajima0829@gmail.com

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## **Nutritional treatment and nutritional intervention protocol in patients diagnosed with cancer and partially gastrectomized**

**Eider Mora Tellería and Gina Llado-Jordan**

Universidad Isabel I, Spain

**M**alnutrition, in patients diagnosed with cancer and partially gastrectomized, increases morbidity and mortality. It could work also as a prognostic factor of the disease. A lot of patients (15-40%) with gastric tumor suffer from malnutrition and it can increase to 80-90% in advanced stages. In addition, in patients diagnosed with cancer and partially gastrectomized, gastrectomy causes a nutritional deficit too.

Due to the previously mentioned aspects, the main objective of the Nutritional Intervention Protocol (NIP) is to establish the nutritional treatment in the patients mentioned. The procedures established in the NIP have to be carried out by nutritionists, being the following: blood samples analysis, anthropometric parameters, dietary survey, diagnosis, planning, execution and nutritional treatment monitoring.

Prior NIP's writing, a review of the literature from 2010 to 2018 was carried out. The studies and guidelines consulted were selected using inclusion and exclusion criteria.


Nowadays, no similar protocols exist. Only guidelines have

been found in which it is recommended that patients should control their diet in order to improve their symptoms. But these guides do not explain how is the intervention. That is why our protocol is important. This protocol also integrates knowledge related to nutritional evaluation and treatment in gastric tumors. So it allows the professional to carry out an adequate nutritional treatment in this very specific type of patient. Finally, it should be noted, that not only the protocol is important but also nutritionists' work (in a multidisciplinary team) to address diseases that can be modified through nutrition.

### **Speaker Biography**

Eider Mora has completed her degree in Human Nutrition and Dietetics at Universidad Isabel I, Spain. She is currently studying a master's degree in nutrition and health. Before that she completed her studies in sports nutrition and her nursing degree. She currently works as a Nutritionist and few years ago she worked as a nurse in the oncology department. Nowadays, her research focuses on Nutrition and Health.

e: ginalladojordan@gmail.com

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## **A measure of quality of life in individuals with dysphagia in head and neck patients: a questionnaire in english**

**Ferly Felix, Clerin Jolly Pongur and C Satish**

Dr.M.V.Shetty College Of Speech and Hearing, India

**D**ysphagia is defined as a condition resulting from the halting in the eating pleasure or in proper hydration and nutrition, which also implies routine changes and subsequent decline in the quality of life. Dysphagia has been associated with wide range of speech and language disorders it has a significant effect on individuals quality of life with several disease conditions. Swallowing-related quality of life after head and neck cancer treatment suggests that chemoradiation may provide superior swallowing outcome to surgery/radiation in patients with oropharyngeal primary also patients with depressed mental health and prolonged feeding tubes may be at higher risk of long-term dysphagia. The present study aims to assess the quality of life in individuals with dysphagia of head and neck cancer patients. The objectives of the study are

1. To compare the quality of life in head and neck cancer patients.

2. To compute incidence and prevalence of dysphagia in head and neck cancer patients. The study conducted in patients with head and neck cancer patients experiencing dysphagia. The study suggests that the patients with head and neck cancer experience ~90% swallowing difficulty followed by chemotherapy. Particularly CA tongue has higher risk of dysphagia and larger impact over quality compared to other types. The study implicates for better life being in cancer patients who experience dysphagia.

### **Speaker Biography**

Ferly Felix completed graduation and post-graduation in Dr. M.V. Shetty College Of Speech and Hearing, Mangalore, Karnataka. I have completed 5 scientific papers and 3 ongoing research and published one in Language in India Journal and others are under process. Currently I am working as a lecturer in Dr. M.V.Shetty College Of Speech and Hearing.

e: ferlyfelix6@gmail.com



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## **Breaking the fungal biofilm with Q-switched Nd: YAG laser and black peel: species-blind nonpharmacological eradication of Azole-resistant onychomycosis**

**Amarendra Pandey**

COSMASURE, India

**Background:** Onychomycosis (ONM), hitherto an easily manageable problem, more commonly seen in elderly patients has unfortunately transformed into an extremely-difficult-to-treat nail disorder, especially due to the widespread azole resistance. Not only has the azole resistance become a reason of treatment failure with itraconazole or ITRA (the usual drug of choice), the azole-induced cross resistance to oral terbinafine and topical amorolofine has rendered ONM caused by dermatophytes, yeasts as well as molds to Multi-Drug-Resistant (MDR) ONM, refractory to all forms of pharmacological interventions. The problem is reaching epidemic proportions in South Asian Countries. The use of ITRA further becomes impossible in the elderly who are not only on polypharmacy (owing to plethora of drug interactions of ITRA), but also stemming from its absolute contraindication in patients with any disease that has impaired or has the potential to compromise the patient's cardiac function. However, ONM involving multiple nails in geriatric and diabetic patients warrants complete treatment as it serves as a source of recurrent tinea of the feet and other sites, and even contributes to formation of diabetic foot ulcers. Dermatologists across the Asia-Pacific are finding it difficult to treat all forms of ONM, especially because most have been rendered azole-resistant due to unscrupulous use of ITRA with respect to wrong dosage, duration and dietary-intake instructions due to wrong prescription by non-specialists and/or self-use by the patients.

**Focus:** Physical therapies, especially Q switched Nd: YAG and fractional lasers have been anecdotally reported to provide gratifying results in ONM. However, their success in eradication of proven MDR onychomycosis is lacking. In my lecture, I shall be discussing the mechanism of action, methodology, success rates, and mild precautions required


while treating MDR ONM with lasers, especially Q-switched Nd: YAG laser. I would crystallize the concepts on exploiting the latter's property of selective photo-thermolysis against the fungal chromophore of xanthomegnin (532 nm) or melanin (1064 nm), and thermal disruption of biofilms to result in a cost-effective, species-blind high-efficacy, and geriatric-safe approach to eradication of azole-resistant and MDR onychomycosis. For colleagues who don't have access to this otherwise easily available and affordable device, I shall dwell upon our team's novel innovation of successful repurposing of the Black Peel, a cosmetic peel for acne and pigmentation consisting black acetic acid, salicylic acid, tetrahydrojasmonic acid, bio sulphur, and potassium iodide for successful treatment of ONM, in combination with topical ciclopirox nail lacquer. The innovative use of chemical peel for ONM, although requires multiple sessions, it offers an excellent option in resource- and cost limited settings.

**Conclusion:** Q-switched laser and special chemical peels offer a drugfree, extremely safe, convenient, and efficacious option of successfully treating azole-resistant and MDR onychomycosis. The knowledge and acquisition of these skills have become essential for any practicing specialist in today's era of rampant drug-resistant pathogenic dermatophytic, candida and mold infections.

### **Speaker Biography**

Amarendra Pandey is a Cosmetic Dermatovenereologist, Aesthetic Dermatologist and Dermatologist in Civil Lines, Jabalpur and has an experience of 7 years in these fields. He practices at Cosmasure in Civil Lines, Jabalpur. He completed DVD from DY Patil University in 2014, MBBS from Vikram University Ujjain in 2010 and MD - (Dermatology & STD) from University of Guyana Faculty of Health Sciences in 2015.

e: a.pandey007@gmail.com

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## **Gastro-intestinal basidiobolomycosis in the last ten years amongst children in Southern Iran**

**A Sanaei Dashti, N Zarei, Kadivar, A Alborzi, Gh Pooladfar and E Sadeghi**

Shiraz University of Medical Sciences, Shiraz Iran

**Background:** Gastro-Intestinal Basidiobolomycosis (GIB) is a rare fungal infection caused by *Basidiobolus ranarum*. Fewer than 50 cases of GIB were reported worldwide between 1964 and 2012 (During a 48 year period), which less than 20 of them have been reported from Saudi Arabia, Kuwait, Nigeria, USA, and Brazil. This study aimed at presenting GIB cases in southern Iran.

**Materials and Methods:** All patients who infected with GIB was studied during the last 10 years from the year 2009. A questionnaire was completed for the 18 infected cases who admitted in pediatrics wards. Patients' complaints, physical examination, clinical symptoms, abdominal sonography and pathology reports were investigated. SPSS software was applied to analyze the data.

**Results:** The mean(SD) age of the women was 5.06(±4.10) years. Fourteen (77.8% ) of them were male and 4 (22.2%) were female. Abdominal pain was the most frequent


complaint that was reported by 83.3% of the patients and most of them had fever (66.7%). The most common impression on admission for majority of the patients was lymphoma.

**Conclusion:** Although GIB is a rare infection all over the world, the results in southern Iran showed it is not as rare as other countries. It should be considered in any child with chronic or sub-acute abdominal pain and mass to prevent delayed diagnosis.

### **Speaker Biography**

Anahita Sanaei Dashti has completed her Pediatric Infectious Diseases Subspecialty in Shiraz University of Medical Sciences, Shiraz, Iran. She is the head of infection control unit of Namazi Hospital since 2012. She also has published about 48 papers in reputed journals and has been serving as an editorial board member of one Journal.

e: [anahitasanaei@gmail.com](mailto:anahitasanaei@gmail.com)

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## First report of occult hepatitis B infection among ART naive HIV seropositive individuals in Maputo, Mozambique

A Awa Abdul Carimo<sup>1</sup>, B Eduardo Samo Gudo<sup>2</sup>, C Cremildo Maueia<sup>2</sup>, D Nédio Mabunda<sup>2</sup>, E Lúcia Chambal<sup>1</sup>, F Adolfo Vubil<sup>2</sup>, G Ana Flora<sup>2</sup>, H Francisco Antunes<sup>3</sup> and I Nilesh Bhatt<sup>2</sup>

<sup>1</sup>Maputo Central Hospital, Mozambique

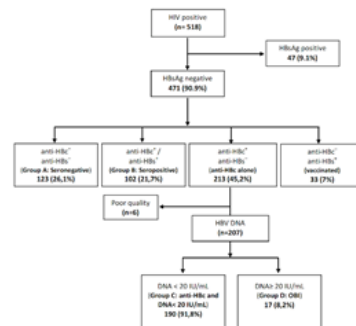
<sup>2</sup>Instituto Nacional de Saúde, Mozambique

<sup>3</sup>University of Lisbon, Portugal

Mozambique has no study about the prevalence and the clinical impact of occult B infection and has the eighth highest HIV prevalence in the world. HIV is one of the most recognized risk factor for occult hepatitis B. The aim of this study was to investigate the frequency and clinical and laboratory characteristics of OBI in ART naive HIV infected patients. We conducted a cross-sectional study in two health facilities within Maputo city, between June and October 2012. A questionnaire was used to obtain demographics and clinical data. Serological studies was done in blood samples, such as, HBV surface antigen (HBsAg), antibodies against HBV surface antigen (anti-HBs) and antibodies against core antigen (anti-HBc), as well as a quantification of HBV DNA using real time PCR.

We find that from the 518 ART-naive HIV-positive subjects, 90.9% (471/518) were HBsAg negative. Among HBsAg negative, 45.2% (213/471) had isolated anti-HBc antibodies, and the frequency of OBI among patients with anti-HBc alone was 8.3% (17/206) (fig 1). A total of 11.8% of patients with OBI presented elevated HBV DNA level. Frequency of individuals with APRI score > 2 and FIB-4 score > 3.25 was higher in patients with OBI as compared not exposed, immune and anti-HBc alone patients. OBI was not correlated either with CD4+ T cells count or transaminases levels.

We conclude that OBI is prevalent among HIV patients in Mozambique, and that the screen testes are not sufficient to diagnose this patient.



Flowchart of recruitment and testing of study participants anti-HBc – antibody against HBV core antigen; anti-HBs- – antibody against HBV surface antigen; DNA – desoxirribonucleic acid; HBsAg- HBV surface antigen; HBV– hepatitis B virus; HIV– human immunodeficiency virus; OBI- occult hepatitis B virus infection

### Speaker Biography

Awa Carimo is an internist working in Maputo Central Hospital, Mozambique, she has completed her Master thesis from Faculty of Medicine Lisbon University. She has published 3 papers in reputed journals. She works in Nephrology department from 2011 as a dialysis supervisor. She is an assistant teacher in Medicine Faculty, Universidade Eduardo Mondlane as well as in Instituto Superior de Ciências e Tecnologia de Mozambique.

e: awacarimo83@gmail.com

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