### Dermatologists & Melanoma 2017



### 12<sup>th</sup> Global Dermatologists Congress <sup>2<sup>nd</sup> Euro-Global Congress on Melanoma and Skin Diseases</sup>

August 31-September 01, 2017 London, UK

# e-Poster

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#### A new important tool in the treatment of the idiopathic guttate hypomelanosis: Report of two cases

Leandro Fonseca Noriega, Angélica Fonseca Noriega and Letícia Arsie Contin Municipal Public Server Hospital, Brazil

**Statement of the Problem:** Idiopathic guttate hypomelanosis (IGH) is an acquired leukoderma that usually begins in the fourth decade of life and presents a progressive increase in incidence with aging. It manifests as multiple asymptomatic hypochromic/ achromic macules of the upper and/or lower limbs, often associated with actinic skin damage. No consensus has been reached in regard to the therapeutic approach, which may include the use of topical calcineurin inhibitors, tretinoin, cryotherapy, phenol, dermabrasion, laser modalities, and skin graft. Regardless of the therapeutic option used, the response tends to be unsatisfactory.

**Case reports:** we present 2 cases of IGH treated with microinfusion of drugs in the skin through microneedling equipment, in which a 5-fluorouracil (5-FU) solution was used (5%). Case 1 presented with lesions in the lower limbs that intensified after cryotherapy, and the case 2 with lesions in the upper limbs that were unresponsive to treatment with 88% phenol. Both patients demonstrated a good clinical response 3 months after a single session of this innovative treatment, without evidence of systemic or local adverse reactions.

**Discussion:** we opted for this treatment based on studies that described dermabrasion followed by the use of 5-FU cream for vitiligo. 5-FU used in low concentrations generates selective destruction of keratinocytes, while melanocytes are maintained functional. So, the repigmentation occurs due to a favorable microenvironment for melanocyte migration and pigment spread. Transdermal drug delivery systems enable hydrophilic drugs such as 5-FU to permeate the stratum corneum barrier, and reach the epidermis. Microinfusion of drugs in the skin with adapted microneedling equipment has been recently described in the clinical dermatological practice. This low-cost modality creates accurate microperforations at an adjustable depth and simultaneously deposits micro-doses of the required drug.

Conclusion: we report the use of 5-FU 5% to treat IGH, through a drug delivery technique.

#### Biography

Leandro Fonseca Noriega has his expertise in Dermatology. Currently, he works as Dermatologist at the Hospital do Servidor Público Municipal de São Paulo, São Paulo, Brazil.

leandronorieg@gmail.com

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#### Astaxanthin reduces MMPs to suppress melanoma proliferation and trigger fiborblasts collagen production *in vitro* and *in vivo*

Hsin-Yu Chou<sup>1,2</sup> and Hui-MinWang<sup>2,3,2</sup> <sup>1</sup>National Chung Hsing University, ROC <sup>2</sup>Kaohsiung Medical University, ROC <sup>3</sup>Quanzhou Normal University, China <sup>5</sup>China Medical University, ROC

The objective of this study was to assess astaxanthin as an anticancer agent to resist melanoma cells (A375 and A2058). Melanoma was reduced in cellular migration via wound healing and invasion assay to show a dose-dependent manner when treated with astaxanthin. Also could reduce melanoma cells migration by inhibition of MMP-1, -2 and -9 expressions. In addition, DCFDA assay showed that the cellular ROS production was reduced. The cellular proliferation assay also showed a dose-dependent manner to present a high inhibition. One-dimensional flow cytometric analysis demonstrated that astaxanthin stimulated a cell cycle arrest at the G1 phase. Measurements via a double fluorescence stained image of annexin V-fluorescein isothiocyanate (FITC)/propidium iodide (PI) to verify the apoptotic cell death mechanism. Antitumor efficacy of astaxanthin declined tumor size significantly in xenograft model. The results indicate that astaxanthin presented a promising inhibition of melanoma tumor growth *in vivo* and *in vitro*.

#### **Biography**

Hsin-Yu Chou, a fresh year PhD at Graduate Institute of Biomedical Engineering (National Chung Hsing University), graduated from the Department of Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Taiwan. His research area focused on phototoxic injury and skin cancer research.

s9412105@gmail.com

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# Accepted Abstracts

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#### Primary cutaneous follicular lymphoma associated with Helicobacter pylori infection

A H Bashir<sup>1,6</sup>, S M Yousif<sup>2</sup>, Lamyaa A M El Hassan<sup>3</sup>, W M Elamin<sup>4</sup>, Ameera Adam<sup>5</sup>, M E Ibrahim<sup>5</sup>, K O Alfarouk<sup>5,6</sup>, A K Muddathir<sup>5</sup> and A M El Hassan<sup>5</sup> <sup>1</sup>Khartoum College of Medical Sciences, Sudan

<sup>2</sup>Aliaa Medical Centre, Sudan
<sup>3</sup>Ahfad University for Women, Sudan
<sup>4</sup>Alzaeim Alazhari University, Sudan
<sup>5</sup>University of Khartoum, Sudan
<sup>6</sup>H Alfarouk Cancer Center, Sudan

A 66 year old male with a long standing uncontrolled gastric *H. pylori* infection and Crohn's disease presented with nodular lesions in the back. These were removed surgically. Pathologically the lesion consisted of lymphocytes, giant cells with vacuolated cytoplasm and histiocytes and immunohistochemistry analysis showed that there were stem cells, B cells and CD1a Langerhans cells. The diagnosis of Langerhans histiocytosis was made. The giant cells were positive for both CD 20 B cell marker and the macrophage marker CD 68 indicating that they were derived from B cells. They were strongly positive for *H. pylori* antigen. A year later the patient reported with non-itching nodular lesions in the right flank. There was no lymphadenopathy or splenomegaly. A biopsy of the lesion showed a follicular center B cell lymphoma. The tumor cells were positive for *H. pylori* antigen. He was treated for *H. pylori* infection. He completely recovered and was in good health a year later.

derma55@yahoo.com

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#### Dysplastic nevi, cutaneous melanoma and other skin neoplasms in patients with myotonic dystrophy type 1: a cross-sectional study

Zampetti A<sup>1</sup>, Manco S<sup>1</sup>, Masciullo M<sup>1</sup>, Santoro M<sup>2</sup>, Bewley A<sup>3</sup>, Feliciani C<sup>1</sup> and Silvestri G<sup>1</sup> <sup>1</sup>Catholic University of Rome, Italy <sup>2</sup>Don Carlo Gnocchi Foundation Organizzazione, Italy <sup>3</sup>Barts NHS Trust, UK

Myotonic dystrophy type 1 (MD1) is reported to be associated with internal malignancies. The association of myotonic dystrophy with cutaneous tumors is not fully understood. We sought to explore the total nevi count and the presence of atypical nevi, cutaneous melanoma, and other skin neoplasms in a representative cohort of patients with MD1 and to compare the findings with age- and sex-matched control subjects. In all, 90 patients with MD1 and 103 age- and sex-matched control subjects were assessed for cutaneous neoplasms by clinical skin and epiluminescence examination (dermoscopy). Where indicated, subsequent excisions were performed. In patients with MD1, leukocyte n (CTG) expansion was measured. Patients with MD1 showed significantly higher numbers of nevi, dysplastic nevi and melanomas despite a significantly greater proportion of the control subjects reporting sunburns. In addition, we found a significantly greater number of pilomatrixoma in patients with MD1. Our study is limited by the fact that there is no agreed-upon standardized technique to assess for prior sun exposure. Further research in the association of cutaneous neoplasms and MD1 including vitamin D and molecular biological techniques are also recommended. MD1 itself may predispose to development of skin tumors.

anna.zampetti@gmail.com

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#### Psoriasis and quality of life

**Hülya Çakmur** Kafkas University, Turkey

Background: Patients with psoriasis experience a low quality of life and high treatment burden.

**Objectives:** To assess psoriatic patient quality of life using the Dermatology Life Quality Index (DLQI) in the Northeastern Anatolia region of Turkey. Additionally, we evaluated the correlation between the DLQI and the clinical severity of psoriasis and examined demographic data and their relationship with the DLQI and psoriasis severity.

**Materials & Methods:** This study was a single-center, prospective, cross-sectional study at the University of Kafkas, Kars, Turkey. 127 adult patients were included in the study. The Turkish version of the DLQI was used. To measure psoriasis severity, the Psoriasis Area Severity Index (PASI) and Body Surface Area (BSA) were simultaneously evaluated. The patient demographics were compared with quality of life and the severity of psoriasis.

**Results:** DLQI scores ranged from "very large" to "extremely large" in 61% of the patients. The psoriasis severity (BSA and PASI) was "mild" in 63% of patients. The quality of life was significantly affected in cigarette smokers and in patients whose disease included nail involvement. The PASI and BSA scores of patients with scalp and nail involvement were significantly higher. A significant, positive correlation was found between disease duration and the severity of psoriasis. BSA correlated with PASI.

**Conclusion:** The quality of life of psoriasis patients is strongly reduced. A significant relationship was found for DLQI with nail psoriasis and smoking. A linear, positive correlation was detected between the DLQI and BSA but not between the DLQI and PASI.

hulyacakmur@gmail.com

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### 1, 3-bis (3, 5-dichlorophenyl) urea compound 'COH-SR4' inhibits proliferation and activates apoptosis in melanoma

Kathryn Leake Oncology Solutions, USA

The current clinical interventions in malignant melanomas are met with poor response to therapy due to dynamic regulation of multiple melanoma signaling pathways following administration of single target agents. In this context of limited response to single target agents, novel candidate molecules capable of effectively inducing tumor inhibition along with targeting multiple critical nodes of melanoma signaling assume translational significance. In this regard, we investigated the anti-cancer effects of a novel dichlorophenyl urea compound called COH-SR4 in melanoma. The SR4 treatment decreased the survival and inhibited the clonogenic potential of melanomas along with inducing apoptosis in the *in vitro* cultures. SR4 treatments lead to inhibition of GST activity along with causing G2/M phase cell cycle arrest. Oral administration of 4 mg/kg SR4 leads to effective inhibition of tumor burdens in both syngeneic and nude mouse models of melanoma. The SR4 treatment was well tolerated and no overt toxicity was observed. The histopathological examination of resected tumor sections revealed decreased blood vessels, decrease in the levels of angiogenesis marker, CD31, and proliferation marker Ki67, along with an increase in pAMPK levels. Western blot analyses of resected tumor lysates revealed increased PARP cleavage, Bim, pAMPK along with decreased pAkt, vimentin, fibronectin, CDK4 and cyclin B1. Thus, SR4 represents a novel candidate for the further development of mono and combinatorial therapies to effectively target aggressive and therapeutically refractory melanomas.

kleake@live.unthsc.edu

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#### Electrical signaling in epithelial migration

Min Zhao University of California at Davis, USA

E pithelia, such as skin are seldom considered to have any electrical activities. However, live polarized epithelia-epidermis for example does maintain electrical potential difference, normally apical negative and basal side positive. This electrical feature has been known over many decays and is named trans-epithelial potential difference (TEP). Whether the TEP has any significant functions in epithelial biology remain to be less well studied and understood. Research in the past decades provide compelling experimental evidences suggesting significant roles for the TEP in epithelial polarization, migration and wound healing. We have demonstrated the electrical feature of epithelial tissues and some of the molecular mechanisms as well as the overriding guidance effects of electrical signaling in cell polarization, guidance effects of electric fields in cell migration, and tissue growth in wound healing and finally some exciting and new understanding of how epithelial cells sense and respond to electrical stimulation. My presentation will draw attention of audience to this potentially important aspect of electrical signaling at tissue level in skin biology and implications in melanoma and skin diseases.

minzhao@ucdavis.edu

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### Cryo-carboxy surgery, a new armamentarium in aesthetic treatment of difficult mutilating nasal hairy mole

Nader Elmelegy Tanta University, Egypt

A n Egyptian papyrus document describes the use of cold as an anti- inflammatory, and Hippocrates, back in fifth century BC, recommended cold for reducing bleeding, bruising, and swelling. Cryosurgery technique involves performance of one or more freeze-thaw cycles. This causes tissue damage, vascular stasis and inflammatory response upon freezing a certain area with cryospray or cryoprobe. Furthermore, organization of polar water molecules into a clathrate around proteins will facilitate cold denaturation. In these conditions, protein loses its tertiary structure or three-dimensional shape, because non-covalent hydrophobic bonds are ruptured. Upon losing its tertiary structure, the protein is no longer able to perform its functions including the enzymatic ones. *In vivo* research of mouse oocytes has established that if tissue temperature is above-40°C, then formation of the intracellular is directly dependent on frozen extracellular water fraction. For intracellular crystals start to form, 94 % or more volume of extracellular water would have to be frozen. Hairy moles cause severe aesthetic and psychological problems to their patients. Many traditional techniques have been used as, skin graft, local flaps, distant flaps and free flaps. All results are unsatisfactory. Also laser, chemical peel and local medical treatment have been used with less acceptable results. In this work we are going to present, a new line for treatment with the use of cryo-carboxy surgery for treatment of such lesions. Patients were so happy with the results, as in those cases no destruction of the local tissues. We will present this new technique and present our clinical cases

naderelmelegy@gmail.com

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#### Most current and up to date treatment options for non-melanoma skin cancers

Neil Sandhu Daystar Skin and Cancer Center USA

Non-melanoma skin cancer (NMSC) is the most common type of cancer amongst the Caucasian population. Basal cell carcinoma and squamous cell carcinoma are the two types of non-melanoma skin cancers. These skin cancers require treatment with Mohs Surgery, excision, superficial radiotherapy, cryosurgery, Electrodessication and curettage, Blu-U light treatment Imiquimod, or 5-Flurouracil. Mohs surgery is the most effective treatment for all types of BCC and SCC greater than 2cm in diameter. Mohs surgery cure rate is 97% for SCC and 99% for BCC. Standard excisions are performed on BCC and SCC less than 2 cm in diameter. The cure rate for a standard excision is 98% for BCC and 95% for SCC. Electrodissection and cautery is performed by using a sharp ring curette instrument to remove the epidermis and dermis that contains cancer cells. Then you use electrocautery to char the base of the wound. This is best used to treat low risk NMSC. Superficial radiotherapy is a noninvasive low energy radiotherapy that penetrates only a short distance below the surface of the skin. This is best for people who are not candidates for surgery. Cryotherapy involves using a device that sprays liquid nitrogen to freeze and then thaw the areas of concern causing a local cellular destruction. This is used for superficial BCC and in situ SCC. Imiquimoid and topical 5-Fluorouracil (5FU) are best used for superficial BCC but not for SCC. Lastly, the Blu-U light treatment is best used for actinic keratosis (AK), which is pre-cancerous. After application of Levulan Kerastick to the AKs, exposure to the Blu light causes a reaction to occur which destroys the AK cells.

sandhu.neil@gmail.com

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#### Wnt-dependent regulation of Sox10 expression in melanoma development

Shakhova Olga, Rexhep Uka, Christian Britschgi, Claudia Matter, Anja Kraettli, Mitchell Levesque and Reinhard Dummer University Hospital Zurich, Switzerland

Metastatic melanoma is the most aggressive skin cancer and despite tremendous efforts and substantial advances in clinical treatment of melanoma patients within recent years, it remains a deadly disease. Melanoma tissue is often heterogeneous and, in addition to melanocytes, contains cells of other neural crest lineages. The transcriptional factor Sox10 is one of the key regulatory molecules of neural crest stem cells development and as we have previously demonstrated, Sox10 plays a crucial role in the formation and maintenance of giant congenital melanocytic nevi and melanoma *in vitro* and *in vivo*. However, the molecular mechanisms underlying Sox10-mediated melanoma development remain largely uncharacterized. To identify interaction partners of Sox10, we have performed unbiased screen using mass-spectrometry based proteomics. We demonstrate here that the canonical Wnt signaling is involved in fine-tuning of Sox10 expression levels in a  $\beta$ -catenin-dependent manner. Moreover, we show that Sox10 physically interacts with  $\beta$ -catenin and that interfering with Wnt signaling impairs melanoma formation via deregulation of Sox10 expression.

olga.shakhova@usz.ch

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#### Just see me: Pigmentation solutions for higher fitzpatrick skin types

Pamela R Springer Global Skin Solutions LLC, USA

Hyperpigmentation generally presents as a hypermelanosis on the face of predominantly females. These dark patches and spots of hyperpigmentation can be a disfiguring cosmetic and emotional problem. Pigmentary disorders rank among the top five most common skin complaints in several ethnic groups, including blacks, Arabs, and South Asians. The male population is affected as well. The exact cause is unknown but thought to be strongly influenced by exposure to UV radiation, pregnancy, hormonal therapies, phototoxic drugs, anti-seizure medication and genetic predisposition. The skin of colour population is more prone to encounter this challenging disorder. Reviewing the science related to the complex process of melanogenesis in skin of colour will determine the different types of pigmentary lesions. It is important to reveal the trigger mechanisms including the cultural practices and beliefs. Many times these can impact the outcome of a treatment. Published studies have summarized the best practices based on current research findings. The clinical presentation of epidermal hypermelanosis, with the use of a woods lamp, shows the pigment is intensified. In the superficial dermis and mid dermis the pigment is subdued. If a mixed component, both epidermal and dermal types, in the woods lamp, the light is absorbed by increased melanin. In the hierarchy of therapies, the treating physician must consider the pigment imperfections within the realm of benefits and risks associated with each treatment.

info@pamelaspringer.com

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### The effect of cosmetic procedures for facial rejuvenation on the quality of life and self-esteem (botulinum toxin overview)

Talah M Akkari, Eman M Sanad and Sherein H Abdoulrahman Benha University, Egypt

When there are disfiguring facial lesions, the overall emotional well-being of an individual can be significantly affected, contributing to a decrease in social functioning, productivity at work or school and lowered self-esteem. We to assess the level of self-esteem and degree of satisfaction in patients who went through cosmetic procedure using self-answered questionnaire. One thousand volunteers were included in this study. They were of both sexes, aged from 20 -70 years. All participants should have had a past experience of at least one cosmetic procedure. \* Results: Most volunteers supported the cosmetic procedures. Some of them were supportive due to improvement of the quality of life, others were interested by self- assurance which led them to be bolder and handle with others and have happier marital life. Aesthetic procedures improve the quality of life and self-esteem of most of the volunteers. A respectable number of the populations are seeking for cosmetic procedures; hence dermatologists have to have more information about cosmetic procedures, their proper application, indications, contraindications and side effects. Looking for cheaper, less painful and more prolonged effect of cosmetic procedures is required. On the other hand, Botox was the most frequent procedure done by Saudi volunteers as the largest category of them was at the age range of 40-50 years where nearly all of them have dynamic wrinkles and at the same time can afford the expenses of Botox. Botulinum toxin-upper face is used mostly in (Glabella wrinkles, Lateral canthal lines, Forehead lines, and Upper nasal bunny lines). We will discuss botulinum toxin types, diluation, injecting techniques, tricks, recommendation, contraindications and disadvantages.

Talah\_Akkari@hotmail.com

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### Are cosmetics used in developing countries safe? Use and dermal irritation of body care products in Jimma town, south-western Ethiopia

**Weyesa Amesa** Addis Ababa University, Ethiopia

**Background:** Rabbit skin model was used to test skin irritation of the most commonly used cosmetic products in Jimma town, south-western Ethiopia. The most commonly used cosmetics were Dove, Glysolid, College, Top Society, Fair and Lovely, Nivea, Lux, Magic fruit world, Solea, Body talk, Kris, Holly, Victoria, and Sweet Heart.

**Methods:** Intact and abraded rabbit skins were tested for erythema and oedema under shade and under sun exposure. Draize Primary Irritation Index (PII) was used to calculate skin irritation of each cosmetic. Cosmetic ingredients were analysed from the labels.

**Results & Discussion:** Only Dove cream caused no skin irritation except for an abraded skin under sun exposure for five consecutive days. It has been identified that application of cosmetics on abraded skin under sunny condition worsens the irritation. Cosmetic labels revealed that most ingredients used in all products were those restricted chemicals due to their adverse health effects.

**Conclusion:** This study has concluded that use of cosmetics under sunshine and also on abraded skin increases skin irritation. Hence, those users who have abraded skin are advised not to apply those cosmetics on continuous basis specifically under sun exposure.

waa2020@gmail.com