
Accepted Abstracts

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World Dermatologist Summit and Skin Care Expo

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Basal cell carcinoma of the face: Different clinical presentations and different approaches for its treatment

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Basal cell Ca also called rodent ulcer is a relatively benign form of Cancer when diagnosed and treated early however it could present late thus necessitating aggressive surgical approaches or even devastating if further neglected. The face is the most common site affected and is highly important due to its privileged position in the human body. The author presents some different forms of clinical presentations and thus different techniques adopted which vary greatly from the early conditions to the advanced ones. The surgical role varies from simple excision and sutures

to wide excision and local flaps. There is a wide variety of these flaps suggested and applied by the author. The advantages of the most popular are discussed. In neglected cases involving the cranial bones this would necessitate a craniofacial approach to respect the deep structures affected for achieving cure and reconstruct an aesthetical accepted face. Some of these patients are shown with the operative steps and results obtained. Conclusions are then drawn.

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Tissue repositioning and rejuvenation of the face and neck by chemical myoplasty and myopexy

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Background: Until now, the concept of facial rejuvenation was based only on volume augmentation concept (fillers). This concept can be seen in a different way, by projecting a chosen facial area without any volume augmentation, keeping the same tissular mass as volume, just by repositioning the muscles by chemical myoplasty and myopexy.

Aim: To achieve the projection on a facial area without volume augmentation, a 3D muscles repositioning is needed to lift, tighten, and project muscular visco elastic units considered as elastomers.

Methods: A patented mixture of carbolic acid and peanut oil acid (arachidonic acid) is used. Concentration of carbolic acid is 5%. The basic technique consists in injecting perpendicular to the plan of the muscle (vector) 0.05 ml of this mixture each cm and same in the perpendicular plan (tensor) to the precedent following the direction and the sense to obtain the wished deformation of the muscle using criss cross-technique. Syringes 1 ml luer lok as needles 30 g1/2 are used.

Results: Over the last 16 years, I have treated hundreds of patients in this way. Results are satisfactory for patients and physicians. Concerning 1/3 medium of the face, the naso-

labial furrow is less deep and shorter. The malar area is more projected and the tightening effect is evident. Concerning the 1/3 inferior of the face, static: the mandible contour gets a better definition – The infra mandibular area gets concave – the saddy low jowls disappear dynamic: the inaesthetisms of mouth depressors as marionette lines become quite invisible without any muscular paralysis. The effectiveness of this treatment increases with the number or the repetition of the procedures because the basic muscular tone will be thus increasingly high on the scale of the tension of this last. The treatment can be ineffective in 8% of the cases (bad technique). The only complications met are only transitory, like oedema and ecchymosis which never exceeds 10 days in worst cases without medications.

Conclusion: The techniques of chemical myoplasty and myopexy open possibilities to facial plastic surgeons as cosmetic dermatologists enabling them to complete and/or maintain a face lift and to propose an alternative to the surgery. Such techniques are too an alternative to fillers and botulinum for facial rejuvenation using projection without paralysis without volume augmentation.

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Aesthetic crowns for restoring anterior primary incisors

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Background: Proper treatment of carious primary teeth is of particular importance in order to prevent oral infections. This is also because primary teeth play a very important role in proper mastication and in maintaining space in the arch for the permanent teeth. Pediatric aesthetic dental procedures are often done for reconstructive or cosmetic purposes. The Hall technique is a conservative alternative treatment for carious primary molars developed by Dr. Norna Hall in the 1980s.

Aim: The aim of the present study was to evaluate the effectiveness of acrylic crown to restore carious maxillary primary incisor, following the Hall technique guide, with clinical follow-ups carried out after 3, 6 and 12 months.

Material & Methods: Ten healthy children aged 2–4 years of both genders, with extensive carious maxillary incisors were involved in this study. Acrylic crown was performed to

restore carious incisor without caries removal. Instructions on oral hygiene and appliance of the crowns were not reported in the cases recorded during any of the recall visits. Retention of the crowns was observed to be good in 100% (N=10) of the cases during the 3, 6 and 12 months follow-up, whereas only 10% of the cases showed poor retention at the 6 months follow-up, that needed re-cementing. Based on the statistical analysis, parental satisfaction was observed to have significantly increased with the progression of time for all the considered parameters.

Conclusion: The study leads to the conclusion that the simple technique of aesthetically restoring the carious primary maxillary incisors allows it to be used in daily clinical practice with a higher rate of success and satisfaction to the child and parent.

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Auricle reconstruction without microscopic surgery after traumatic amputation due to human bite. Two successful cases by using a pocket technique

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Background: Traumatic auricular amputation due to human bite is not a common event. Nonetheless, it constitutes a difficult challenge for the reconstructive surgeon. Microsurgery can be performed in some cases, but most microsurgical techniques are complex and their use can only be advocated in very specialized centers. Replantation of a severed ear without microsurgery can be a safe alternative as long as a proper technique is selected. Simple saturation is doomed to failure.

Methods: We present two cases, one of a big partial (about 40%) and one of a total traumatic auricular amputation, both caused by human bites, which were successfully managed in our Departments. The technique of ear reattachment as a composite graft, with partial burial of the amputated part in a pocket of the retro auricular region, as first described by Baudet, was followed in both cases.

Results And Discussion: Traumatic ear amputation (TEA) is a complete avulsion of a part or of the total auricular tissue. TEA are rare (only 74 cases have been described in the literature) and their handling is complex. The prementioned technique is described in detail, along with the postoperative management and outcome of the patients. In addition, a brief review of the international literature regarding ear replantation is performed. The patients were satisfied with the results and after 24 years follow-up both results were stable and well received by the patients and their relatives.

Conclusion: The Baudet technique has been used successfully in two cases of traumatic ear amputation due to human bites. It is a simple technique, without the need for microsurgery, and produces excellent aesthetic results, while preserving all neighboring tissues in case of failure with subsequent need for another operation. Traumatic earpinna amputation (TEA) is a complete avulsion of a part or of the total auricular

tissue. TEA are rare (only 74 cases have been described in the literature). The surgeon's objective is to obtain the best cosmetic result without demolishing the auricular area in order to allow future ear reconstruction in case of replantation failure. Many techniques of ear replantation have been described in the literature during the last 30 years: microsurgical replantation, pocket techniques and reattachment techniques. Microsurgical replantation should be sought and achieved every time, it is possible. When it is not possible, the surgeon can choose between ear reattachment and a pocket technique according to two clinical features: the size of the amputated part and the involvement of the ear lobe. Ear reattachment can be achieved when the amputated part is smaller than 15 mm or when amputation involves the earlobe. Pocket techniques, which are appropriate for the replantation of the auricular cartilage, can be used when the amputated part is bigger than 15 mm and does not comprise the earlobe. The surgeon's objective is to obtain the best cosmetic result without demolishing the auricular area in order to allow future ear reconstruction in case of replantation failure. Many techniques of ear replantation have been described in the literature during the last 30 years: microsurgical replantation, pocket techniques and reattachment techniques. Microsurgical replantation should be tried every time it is possible. When it is not possible, the surgeon can choose between ear reattachment and a pocket technique according to two clinical features: the size of the amputated part and the involvement of the ear lobe. Ear reattachment can be achieved when the amputated part is smaller than 15 mm long or when amputation involves the earlobe. Pocket techniques, which are appropriate for the replantation of the auricular cartilage, can be used when the amputated part is bigger than 15 mm and does not comprise the earlobe.

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Application-driven no-reference quality assessment for dermoscopy images with multiple distortions

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Dermoscopy is a noninvasive diagnostic technique which is useful in diagnosis of many skin diseases. In recent years, dermoscopy technology has been developing towards network platforms, and more non-clinical physicians have chance to capture and upload dermoscopy images into remote diagnosis systems. Unfortunately, this process can easily lead to poor image quality (arising from for example hair, blur and uneven illumination) which can adversely influence consequent automatic image analysis results on potential lesion objects. The purpose of this study is to deploy an algorithm that can automatically assess the quality of dermoscopy images. Such an algorithm could be used to direct image recapture or correction. We describe an application-driven No-Reference (NR) Image Quality Assessment (IQA) model for dermoscopy images affected by

possibly multiple distortions. For this purpose, we created a multiple distortion dataset of dermoscopy images impaired by varying degrees of blur and uneven illumination. The basis of this model is two single distortion IQA metrics that are sensitive to blur and uneven illumination, respectively. The outputs of these two metrics are combined to predict the quality of multiply distorted dermoscopy images using a fuzzy neural network. Unlike traditional IQA algorithms, which use human subjective score as ground truth, here ground truth is driven by the application, and generated according to the degree of influence of the distortions on lesion analysis. The experimental results reveal that the proposed model delivers accurate and stable quality prediction results for dermoscopy images impaired by multiple distortions.

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Minimizing injury to the donor area in follicular unit extraction (FUE) harvesting

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Background: Although FUE is considered to be a minimally invasive procedure the injury to the donor area caused by the punch may result in extensive fibrosis and noticeable hypopigmentation.

Objective: To evaluate with advanced image processing the efficacy of using 0.9% NS (normal saline) in minimizing the injury to the donor area in FUE harvesting.

Patients & Methods: The term acute extraction was used to describe the technique where a FU is removed when the punch is aligned parallel with the exit hair angle of the hair follicle, whereas the term vertical extraction describes the technique where a FU is removed when NS is injected

intradermally before harvesting and the punch is placed at patients were chosen for this study to apply both techniques, then to compare the differences in wound surface, size and skin mass removed by the punch.

Results: A significant reduction in the mean values of wound surface and skin mass was recorded in vertical extraction compared to those in acute extraction.

Conclusion: The injection of 0.9% NS prior to harvesting proved to be very efficient in minimizing skin injury in FUE harvesting.

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The role of zinc in the treatment of vitiligo

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Vitiligo is a pigmentary disorder, characterized by acquired, progressive, and well-defined depigmentation of the skin, hair and mucosal surfaces. Regarding its pathogenesis, several hypotheses have been suggested among them, stress, autoimmune factors, genetic predisposition, toxic agents, altered cellular environment, imbalance in the oxidant-antioxidant system, and impaired melanocyte migration and/or proliferation are the most important ones. Zinc is a trace element which has many vital functions in human, particularly as antiapoptotic and antioxidant factor. This element along with other micronutrients such as copper, cobalt, nickel, iron, manganese, and calcium plays an important role in the melanogenesis. For the first time, Bagherani et al. prescribed oral zinc sulphate as a novel option for the treatment of vitiligo. In a clinical trial, they

compared the efficacy of topical corticosteroid with and without oral zinc sulphate in treating vitiligo. This study revealed that the combination of topical corticosteroid and oral zinc was more effective than the topical steroid alone, although this difference was not statistically significant. Other studies also supported the association of zinc and vitiligo. Suggested mechanisms for justifying the efficacy of zinc in preventing and treating vitiligo include prevention of melanocyte apoptosis, inhibition of oxidative stress, its effect on the melanogenesis, its role as an immunomodulatory agent, its antibacterial role, stimulation of α -melanocyte stimulating hormone release, and precipitation of Zn- α 2-glycoprotein in the site of lesions.

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Risk of uveitis in people with psoriasis and psoriatic arthritis: A 10-year nationwide cohort study

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Background: Uveitis has been associated with psoriatic arthritis, but the relationship between uveitis and psoriasis is unsettled.

Objective: To evaluate the risk of uveitis in people with psoriasis and psoriatic arthritis. **Methods:** We conducted a cohort study to assess the risk of incident uveitis in people affected by mild and severe psoriasis with and without psoriatic arthritis.

Results: We identified 8,602 people with psoriasis (including 531 with psoriatic arthritis and 8,071 without psoriatic arthritis) and 917,596 nonpsoriatic controls. Only the severe psoriasis with psoriasis arthritis group had a higher risk of

incident uveitis (adjusted incidence rate ratio (IRR) 3.31, 95% CI 1.07-10.25) than nonpsoriatic controls. The association became stronger in the sensitivity analysis limiting to incident anterior uveitis (adjusted IRR 4.00, 95% CI 1.29-12.41). The mild psoriasis with psoriatic arthritis group and the mild/severe psoriasis without psoriatic arthritis groups did not have an increased risk of incident uveitis.

Conclusions: Only people with severe psoriasis and psoriatic arthritis have an increased risk of incident uveitis, while those with mild psoriasis and psoriatic arthritis and those with psoriasis but no psoriatic arthritis do not.

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