CARIBBEAN DERMATOLOGY ASSOCIATION
25th CARIBBEAN DERMATOLOGY CONFERENCE
Montego Bay, JAMAICA
November 2 - 5, 2016

“Twenty-Five Years, Cherishing the Past and Embracing the Future”

PROGRAMME

2016
We're all unique, but one thing we should all have in common is pH 5.5. That's the sign of healthy skin and that's what you get with Sebamed®.

**Why is our skin so important?**

Skin is our largest body organ, and it's important to take the best possible care of it. Apart from being aesthetically pleasing, your skin serves other important functions. Such as being your body's first line of defense from harmful environmental influences and in the regulation of bodily functions.

**How does Sebamed help your skin?**

Sebamed products protect the skin's barrier function through their pH of 5.5, keeping your skin at its healthiest. They're also soap free and alkali free.

Sebamed®
Ideal for healthy skin

**What is pH 5.5 and why is it important?**

pH is an indication of your body's acidity or alkalinity. The ideal pH of healthy skin for everyone is 5.5. Having healthy skin ensures your body is protected against external aggressions such as germs, pollution, toxins and bacteria. It even helps against dehydration. Yet sometimes we may be exposed to allergens, the weather, as well as internal factors that can cause our skin to deviate from it's pH of 5.5, when this happens, the healthy balance has been compromised.

Who can benefit from Sebamed? EVERYONE! Sebamed has a range of products to suit EVERY skin type - even sensitive or problematic skin.

And if you already have healthy skin, Sebamed helps maintain your skin's condition to the ideal, healthy pH of 5.5.

Ask your dermatologist for more information on Sebamed!

Distributed by: AMCO
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MESSAGE FROM THE PRESIDENT

Dear Colleagues and Friends:

Welcome to Montego Bay, the tourism capital of Jamaica, where over the next few days we meet to celebrate twenty-five (25) years since the birth of our beloved Caribbean Dermatology Association (CDA). On a personal note, thinking back to my first CDA meeting...twenty years ago...Barbados in 1996, it seems to me that time has disappeared quickly. Though in twenty-five years, our Association has achieved many of the objectives of its founding members, we still have much to look forward to.

Each year we meet to share well-researched papers; educate Family Practitioners; and host Guest Speakers of the highest quality from the international Dermatology community. Along the way we have developed long-lasting relationships with members of the pharmaceutical and device industries. It is my opinion that we need to keep the energies high to see an Atlas of Caribbean Dermatology published as well as a recognized postgraduate training programme in Dermatology offered by the University of the West Indies. This will require continued input from some of the stalwarts of our Association, but we will also need much more input from our future leaders, the youthful members of the CDA. Many of our founding members who have helped to bring the CDA to where it currently stands are not as energized as they were in the early years of this Association. Hence the theme for this, our 25th annual meeting: “The CDA at 25 years, Cherishing the Past and Embracing the Future.”

This year we welcome Dr. Cheryl Rosen from the University of Toronto as our Guest Speaker. We look forward to sharing in her expertise and we trust that she will be able to take a bit of time while with us to enjoy the warm sunshine and calming waters of the Caribbean.

As always, I wish to thank all who will make presentations; our partners from the pharmaceutical and device industries; the staff of the Hilton Rose Hall for hosting us; as well as the staff members of our tireless Secretariat. Finally, I wish to thank the Executive Committee and the members of the Planning Committee for the support in completing the task of planning yet another meeting. This is truly appreciated. To all our attendees, please enjoy the meeting and when it is all over, travel safely back home to your families.

With best regards,

Richard Desnoes,
President
ABOUT THE CONFERENCE

The Annual Caribbean Dermatology Conference is the premier opportunity for the Caribbean’s Dermatologists to be informed, educated and updated on the latest scientific, surgical and clinical developments in the diagnosis, treatment and management of the dermatology patient in the Caribbean. Various treatments, management approaches and diagnostic tools will be assessed for their applicability and accessibility within the Caribbean.

As always, the Annual Caribbean Dermatology Conference will serve to cultivate and maintain vibrant collegial relationships between the Caribbean’s Dermatologists, while allowing them the opportunity to learn about the territories and cultures of the CDA’s member countries. The Annual CDA Conference is attended by doctors from the Caribbean, the United Kingdom, Canada, the United States of America and the US Virgin Islands.

Educational Objectives

At the completion of this Conference, participants should:

1. Be able to identify developments that can positively impact the diagnosis, treatment and management of dermatological diseases and conditions within the Caribbean region.
2. Have a better understanding of diagnostic and management approaches to challenging cases through the presentation and discussion of live clinical cases.
3. Be prepared to apply the knowledge gained to decisions regarding the diagnosis, management and treatment of dermatological patients in the Caribbean.

Accreditation Statement

The 25th Annual Caribbean Dermatology Conference has been approved for Continuing Medical Education Credits by the National Committee of Continuing Medical Education of the Medical Council of Jamaica for fifteen (15) hours of continuing medical education credit. Each participant should claim only those CME hours actually spent in the activity.

Faculty Disclosures

In its efforts to ensure balance, independence, objectivity, and scientific rigour in its continuing medical educational programmes, the Caribbean Dermatology Association requires that all faculty participating in any CDA CME activity disclose to the audience any real or apparent conflict(s) of interest that may have direct bearing on the subject matter of the programme.

Disclosure of Potential Conflicts of Interest

The following speakers HAVE indicated the listed relationships, which pose a potential conflict of interest.

Cheryl Rosen  Consultant: Abbvie, Janssen, Neutrogena, Eli Lilly, Celgene, Novartis

Neil Persadsingh  Other: Preceptor i.e. Trainer in use of Aerolase Lasers
The following speakers have indicated that they **DO NOT HAVE** such a relationship to disclose:

- Donna Braham
- Kyjuan H Brown
- Arusha Campbell-Chambers
- Andrea Clare-Lyn Shue
- Naomi Dolly
- Althea East-Innis
- Jeffrey Edwards
- Michael Fitz-Henley
- Maria Gonzalez
- Seung Lee
- Jeanine Reemaul
- Ife Rodney
- Jonathan Shapero
- Marilyn Suite
- Dr Louis Weatherhead

### Evaluations and CME Certificates

As part of the Association’s efforts to reduce the carbon footprint of the Conference, participants will be asked to complete evaluations electronically and CME certificates will be sent by e-mail at the conclusion of the meeting.

### On-Site Registration & Office Hours

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Wednesday</td>
<td>November 2, 2016</td>
<td>2:00pm - 6:00pm</td>
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<tr>
<td>Thursday</td>
<td>November 3, 2016</td>
<td>8:00am - 5:00pm</td>
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<tr>
<td>Friday</td>
<td>November 4, 2016</td>
<td>8:00am - 5:00pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>November 5, 2016</td>
<td>8:00am - 12:00pm</td>
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### Connect and Engage

WiFi will be available in the meeting room and exhibit hall. The network code for the meeting is **CDC2016**. Follow us on Facebook, tweet at us [@CaribDerm](https://twitter.com/CaribDerm), and use the hashtag **#CDA2016Jamaica** to connect with and engage faculty, staff and your fellow attendees.

### Name Badges

Your name badge serves as your passport to all educational sessions and the exhibit area. You are asked to wear your name badge at all times. Social function tickets will be handed out along with name badges, and must be presented at each event. Participants will not be admitted to social functions without the appropriate ticket.
We recommend for your safety that you do not wear your name badge outside of the hotel and conference function areas.

**CDA Badge Colours**

- **Green**: Full Registration
- **Purple**: Exhibitors Only
- **Orange**: One Day – Thursday
- **Grey**: One Day – Friday
- **Blue**: One Day – Saturday
- **Red**: Staff

Discover our wide range of Skin Health Products.
Refunds and Exchanges
Refunds will not be issued until after the Conference. Tickets for Conference social events are NOT refundable.

Special Dietary Requirements
Individuals with special dietary requirements must request special meals (vegetarian/vegan) 24 hours in advance, at the Conference Secretariat. We regret that requests for special meals not ordered in advance may not be honoured.

Lost & Found
If you have lost or found an item, please contact the CDA Conference Secretariat.

No Smoking Policy
The use of tobacco products, personal vaporizers or electronic nicotine delivery systems is strictly prohibited in all meeting and function areas hosting CDA events. Thank you for your compliance.
SPONSORS & EXHIBITORS

Our Thanks to our Sponsors and Exhibitors for their continued support

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Galderma Laboratories, L.P.
Massy Distribution Jamaica Ltd.
Melanopeel Mandelic Acid Peels / Dermalogics Acne Anti-aging Skincare
More Pharma Pharmaceutical Company
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EXHIBITORS

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4 S Medical
Aerolase
Bayer Consumer Health
Cari-Med Limited / Leo
Carlisle Laboratories Ltd.
Glenmark Pharmaceuticals
Laudun International
Pharmtech Caribbean Limited
Roche Pharmaceuticals

We recognise the support of:

Dermalogica Caribbean
PROFILE OF JAMAICA

Montego Bay here I come
Montego Bay here I come
Montego Bay here I come
Am coming home with my son.

I hope I get Jamaican Bun,
Ackee, Saltfish and Yellow Yam
Lay back in a de rising sun
Montego Bay here I come!

- Maxine Foster

Jamaica, the third largest island of the Greater Antilles, is best described by its Arawak (Taino) name “Xaymaca” which translates to “land of wood and water”. The island is a lush tropical oasis, with miles of beaches, fertile valleys, far-reaching plains, rugged mountains, and hidden caves. There are also hundreds of indigenous species, including bats, birds, reptiles, insects, mammals, and a variety of flora.

Under Spanish occupation, after Christopher Columbus’ discovery of Jamaica in 1492, the Tainos were driven to extinction, and African slaves were brought to work on the many plantations that had been established throughout the island. In 1655, British forces seized control from the Spaniards, and by 1670, the island was declared a British colony. Today, 53 years after independence, Jamaicans are proud of their cultural and religious heritage, expressed through their food, music, and language.

Jamaica is world renowned for its tourism product: the white sand beaches, the tranquil eastern parishes, the booming nightlife of its major cities, and for ambassadors such as Usain Bolt, the fastest man on Earth, and reggae icon, Bob Marley. Jamaica has two major airports, and is accessible by sea, with cruise ship docks in Montego Bay, Ocho Rios, Port Antonio, and Falmouth.

Jamaica offers something for everyone! From the south coast to the north coast, island roamers can hike through the mountain ranges of the island’s interior, and view the picturesque waterfalls and rivers that are replete throughout the terrain; from east to west, one can track the sun as it dances across the horizon, rising in the cool, tranquil surroundings of Portland in the east, and setting in all its fiery-red fanfare on the horizon of the Negril waters in the west; from morning to night, the culture-lover can visit numerous museums, and notable landmarks in each parish; and New Kingston, Montego Bay and Negril offer pulsating “hip-strips”, with an array of restaurants, nightclubs and theatres to choose from.

Montego Bay is the capital of the parish of St. James, and is the second largest city in Jamaica by area, and the fourth by population. When Christopher Columbus first visited, he named the bay Golfo de Buen Tiempo (“Fair Weather Gulf”).

Montego Bay is known for its large hospital (Cornwall Regional Hospital), port facilities, fine restaurants, and shopping opportunities. The coast is dotted with several tourist resorts, many of which are newly constructed. Famous tourist destinations include the White Witch’s Rose Hall and Tryall, both of which feature world-class golf courses.

The city is benefitting from a series of infrastructural modernization projects, which aim to keep Montego Bay as a top destination in the Caribbean and the world. The Montego Bay Convention Centre, located near to the Rose Hall estate,
was opened in 2011, and is one such project. The facility offers the island a prime conference and exhibition venue, and has housed various events since its official opening. Similarly, the opening of the multibillion-dollar state-of-the-art Hospiten medical facility in 2015, appears to be tailor-made for health tourism.

Quick facts
Capital - Kingston
Currency - Jamaican dollar
Area - (total) 10,991 sq. km (4,244 sq. mi)
Terrain - Mountainous interior, coastal plains.
Population – 2,723,246 (2014, Statistical Institute of Jamaica)
Language - English

http://en.wikipedia.org/wiki/Montego_Bay
THE “APPLE” AWARD

The Professor Hywel Williams Research Prize, fondly referred to as The "Apple" Award, was given to the Caribbean Dermatology Association by Professor Hywel Williams (Nottingham, UK) in 2000, when he was our Guest Speaker.

The prize is awarded at the end of the Annual CDA Conference to the presenter of the best original research paper with the greatest relevance to the Caribbean.

Past Awardees

2000  Dr. Michael Fitz-Henley
2001  Dr. Michael Fitz-Henley
2002  Dr. Suleman Bhamjee
2003  Dr. Althea East-Innis
2004  Dr. Morgan Basanta
2005  Dr. D. Thompson
2006  Dr. Michael Fitz-Henley
2007  Dr. Doris Joseph
2008  Dr. Suleman Bhamjee
2009  Not awarded
2010  Dr. Sandra McLeod
2011  Dr. Neilia-Kay McGill
2012  Dr. Sean Bullen
2013  Dr. Marilyn Suite
2014  Dr. Jeffrey Edwards
2015  Dr. Kyjuan H. Brown
## CONFERENCE SCHEDULE

### Wednesday 2nd November

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>2.00pm - 6.00pm</td>
<td>Arrival/Check-in/Registration</td>
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<tr>
<td></td>
<td>Welcome Reception</td>
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<tr>
<td>7.30pm - 9.30pm</td>
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### Thursday 3rd November

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7.00am - 8.00am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>8.00am - 8.55am</td>
<td>Exhibits open</td>
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<tr>
<td>8.55am - 9.00am</td>
<td>Welcome</td>
</tr>
<tr>
<td>9.00am - 10.50am</td>
<td>Scientific Session I</td>
</tr>
<tr>
<td>10.00 - 10.15am</td>
<td>DISCUSSION</td>
</tr>
<tr>
<td>10.15 - 10.50am</td>
<td>Coffee Break and Exhibits</td>
</tr>
<tr>
<td>10.50am - 12.40pm</td>
<td>Scientific Session II</td>
</tr>
<tr>
<td>11.30 - 11.40am</td>
<td>DISCUSSION</td>
</tr>
<tr>
<td>11.40 - 11.55am</td>
<td>DISCUSSION</td>
</tr>
<tr>
<td>12.00 - 12.30am</td>
<td>DISCUSSION</td>
</tr>
<tr>
<td>12.30 - 12.40pm</td>
<td>DISCUSSION</td>
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</tbody>
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Lunch
12.40pm - 2.00pm

Annual General Meeting (Open to all CDA Members)
2.00pm - 3.30pm

General Practitioner’s Meeting
6.00pm - 8:40pm
Chairperson: Bridget Ffrench

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<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker/Location</th>
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<tr>
<td>5.00 - 6.00pm</td>
<td>Exhibits open</td>
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<tr>
<td>6.00 - 6.02pm</td>
<td>Welcome</td>
<td>Dr. Richard Desnoes CDA President</td>
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<tr>
<td>6.03 - 6.05pm</td>
<td>Prayer</td>
<td>Dr. Lenoir Dacon-Anderson</td>
</tr>
<tr>
<td>6.05 - 6.10pm</td>
<td>Greetings</td>
<td>Dr. Delroy Fray SMO Cornwall Regional Hospital</td>
</tr>
<tr>
<td>6.10 - 6.25pm</td>
<td>Dr. Marisa Taylor United Kingdom</td>
<td>Tinea Capitis</td>
</tr>
<tr>
<td>6.30 - 6.45pm</td>
<td>Dr. Arusha Campbell-Chambers Jamaica</td>
<td>Follicular Scarring Scalp Disorders in Adults</td>
</tr>
<tr>
<td>6.50 - 7.05pm</td>
<td>Dr. Althea East- Innis Jamaica</td>
<td>Skin Signs of Collagen Vascular Diseases</td>
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<tr>
<td>7.05 - 7.15pm</td>
<td>QUESTIONS AND ANSWERS</td>
<td></td>
</tr>
<tr>
<td>7.20 - 7.35pm</td>
<td>Dr. Cheryl Rosen Canada Sunscreen Use and Shade Policies</td>
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</tr>
<tr>
<td>7.40 - 7.55pm</td>
<td>Dr. Llorenia Muir-Green Jamaica</td>
<td>Contact Dermatitis</td>
</tr>
<tr>
<td>8.00 - 8.15pm</td>
<td>Dr. Donna Braham Jamaica Scabies</td>
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<tr>
<td>8.15 - 8.30pm</td>
<td>QUESTIONS AND ANSWERS</td>
<td></td>
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<tr>
<td>8.35 - 8.40pm</td>
<td>Vote of Thanks</td>
<td>Dr. Jennifer Dixon</td>
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Cocktail Reception
8.40pm - 10.00pm

Friday 4th November

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7.00am - 8.00am</td>
<td>Breakfast</td>
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<tr>
<td>8.00am - 8.30am</td>
<td>Exhibits open</td>
</tr>
</tbody>
</table>
# Scientific Session III
8.30am – 10.50am
Chairperson: Ronnie Cooper

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 - 8.45am</td>
<td>Dr. Jonathan Shapero</td>
<td>Canada Barrriers to Treatment Access for Children in the Caribbean Canadian Community with Tinea Capitis</td>
</tr>
<tr>
<td>8.45 - 9.15am</td>
<td>Dr. Cheryl Rosen</td>
<td>Canada Psoriatic Disease for the Dermatologist</td>
</tr>
<tr>
<td>9.15 - 9.30am</td>
<td>Dr. Jeffrey Edwards</td>
<td>Trinidad &amp; Tobago Two Unusual Cases of Lichen Planus</td>
</tr>
<tr>
<td>9.35 - 9.50am</td>
<td>Dr. Ife Rodney</td>
<td>USA Pregnancy Problems: How to Evaluate and Treat Pregnant Patients</td>
</tr>
<tr>
<td>9.50 - 10.05am</td>
<td>DISCUSSION</td>
<td></td>
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<tr>
<td>10.05 - 10.50am</td>
<td>Coffee Break and Exhibits</td>
<td></td>
</tr>
</tbody>
</table>
### Scientific Session IV
**10.50am – 12.30pm**
**Chairperson:** Marie Grandison-Didier

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<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
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</table>
| 10.50 - 11.05am | Dr. Marilyn Suite  | *Trinidad & Tobago*  
*Insect Bite-Like Reactions: A Marker of Haematological Malignancy* |
| 11.10 - 11.25am | Dr. Naomi Dolly     | *USA*  
*Is It Lymphoma or Is It Not?* |
| 11.30 - 11.45am | Dr. Neil Persadsingh | *Jamaica*  
*The Human Papilloma Virus and Its Role in Cancer* |
| 11.50 - 12.05am | Dr. Donna Thompson  | *United Kingdom*  
*The Downside of Dressings: An Investigative Report of Wounds Undercover* |
| 12.05 - 12.30pm |                      | **DISCUSSION**                                                           |

**Lunch**
**12.30pm - 2.00pm**

### Scientific Session V
**2.00pm - 4.00pm**
**Chairperson:** Khamedaye Basdeo-Maharaj

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
</tr>
</thead>
</table>
| 2.00 - 2.15pm | Dr. Michael Fitz-Henley | *Jamaica*  
*Surgical Look at Pincer Nails* |
| 2.20 - 2.35pm | Dr. Louis Weatherhead | *Canada*  
*Update on Management of Basal Cell Carcinoma* |
| 2.40 - 2.55pm | Dr. Ife Rodney       | *USA*  
*Unmasking Facial Pigmentation: Advances in Treatment* |
| 3.00 - 3.10pm |                      | **DISCUSSION**                                                           |
| 3.15 - 3.30pm | Dr. Kyjuan Brown    | *Bermuda*  
*Unconventional Application of Lasers in Clinical Practice* |
| 3.35 - 3.50pm | Dr. Neil Persadsingh | *Jamaica*  
*A Safe and Effective Treatment of Skin Colour with a Multi-Application 650 Microsecond Laser* |
| 3.50 - 4.00pm |                      | **DISCUSSION**                                                           |

**Dinner**
**Dress:** Casually Elegant
**7.00pm - 10.00pm**

### Saturday 5th November

<table>
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<th>Time</th>
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<tbody>
<tr>
<td>7.00am - 8.00am</td>
<td>Breakfast</td>
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</table>

**Clinical Case Session**
**8.00am - 12.00pm**
**Chairperson:** Deborah Stephens-John

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<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
</tr>
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</table>
| 8:00 - 8.15am | Dr. Donna Thompson  | *United Kingdom*  
*Local Anaesthetic Contact Allergy: A Case of Mistaken Identity* |
25th Caribbean Dermatology Conference

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker(s)</th>
<th>Topic</th>
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<tbody>
<tr>
<td>8.20 - 8.35am</td>
<td>Dr. Andrea Clare-Lyn Shue Jamaica</td>
<td>Help! What is this? Interesting Confounding Cases</td>
</tr>
<tr>
<td>8.40 - 8.55am</td>
<td>Dr. Michael Fitz-Henley Jamaica</td>
<td>Interesting Cases from Jamaica and the Dermatology Association of Jamaica</td>
</tr>
<tr>
<td>9.00 - 9.15am</td>
<td>Mr. Sam Lee USA</td>
<td>Radiofrequency Alleviating Dercum's Disease Tissue Edema</td>
</tr>
<tr>
<td>9.15 - 9.30am</td>
<td></td>
<td>DISCUSSION</td>
</tr>
<tr>
<td>9.30 - 11.30am</td>
<td>CLINICAL CASES</td>
<td>DISCUSSION</td>
</tr>
<tr>
<td>11.30 - 12.00pm</td>
<td></td>
<td>DISCUSSION</td>
</tr>
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</table>

Day In The Country Tour
12.30pm - 6.00pm
CONFERENCE ABSTRACTS

THURSDAY NOVEMBER 3

Title: A Retrospective Study of Skin Manifestations in Patients with Systemic Lupus Erythematosus Attending the University Hospital of the West Indies, Jamaica

Author(s): East-Innis, A.
Systemic lupus erythematosus (SLE) is an autoimmune disease which affects multiple organs in the body. The skin is the second most commonly affected organ after joint involvement. Skin lesions are also the second most frequent way in which the disease presents itself. The most commonly used classification of cutaneous lesions in lupus erythematosus is that of the late Professor James Gilliam. He segregated skin lesions into those that are specific and those that are not specific for lupus.

The purpose of this study was to identify the spectrum of skin manifestations of systemic lupus erythematosus (SLE) in our population, and to investigate whether this differed significantly from other population groups, and whether it correlated with disease activity. We hypothesized that skin lesions were a direct indication of disease severity in patients with SLE and served as both diagnostic and prognostic tools. We also postulated that renal disease occurred more frequently in SLE patients with skin manifestations. The study was a retrospective, descriptive, and analytical study of patients attending the Dermatology Clinic or admitted to the Dermatology Service at the University of the West Indies during the period January 2008 to May 2015.

Title: Intense Pulsed Light may Improve Acne Through TNF-alpha Down-regulation

Author(s): Taylor, M.; Porter, R., Gonzalez, M.
Background: Despite many studies on the action of yellow light in acne, its efficacy and mechanisms of action are still unclear.

Objectives: To determine if IPL can cause a clinical improvement in acne and whether it modifies TLR2 and TNFα expression.

Methods: Twenty-one (21) patients with mild to moderate acne involving their backs received 530nm IPL treatments once every two weeks. Assessments at baseline and after the fourth treatment included lesion counts, Leeds grading and SER. Biopsies from the treatment area were taken at three time points. TLR2 expressions was determined by immunohistochemistry and TaqMan® Low Density Arrays were used to measure TNFα, IL-8 and IL-10.

Results: Inflamed lesion counts fell significantly by 28.0% (p = 0.002) but not the Leeds score, SER or non-inflamed lesions. A reduction in TNFα expression of 17.6% (p = 0.031) weakly correlated with the change in lesion counts. TLR2 expression fell by 2.6% (p < 0.001) but did not correlate with lesion counts. Neither IL-10 nor IL-8 expression was significantly altered.
Conclusions: 530nm IPL significantly reduces inflammatory lesions where its efficacy will need optimizing to make it a viable treatment option. Its mechanism seems to include a novel anti-TNFα effect, independent of IL-10 up-regulation.

**Title: Use of Therapeutic Agents in the Management of Toxic Epidermal Necrolysis**  
**Author(s): Reemaul, J.**

Toxic Epidermal Necrolysis is a rare, potentially life-threatening, dermatological condition characterized by keratinocyte necrosis and widespread epidermal detachment. Despite the high mortality associated with this condition, there remains no consensus with regard to the use of therapeutic agents in its management.

Here, a series of cases encountered at the Port of Spain General Hospital is presented, with particular focus on the management employed and outcomes derived.

**Title: The Effects of UV Radiation on Cutaneous Biology**  
**Author(s): Rosen, C.**

**Title: More About Methylisothiazolinone: The Current Caribbean Cosmetic Conundrum**  
**Author(s): Thompson, D.**

Methylisothiazolinone (MI) is an ingredient used as a preservative in many personal-care, cosmetic, pharmaceutical, household and industrial products. There has been a recent worldwide epidemic of allergic contact disease related to MI arising from its more frequent use and higher concentrations in cosmetic products, with resulting increased sensitizing potential. Reports from Australia and New Zealand, Europe and the United Kingdom, South Africa, Thailand, and several other regions have reflected the rising prevalence of positive patch tests to MI, and have highlighted the associated dangers. MI was named as the 'Contact allergen of the year 2013' by the American Contact Dermatitis Society, and this preservative is also currently undergoing review by the Therapeutic Goods Administration (TGA) in Australia. Several international regulatory bodies and concerned individuals have called for this ingredient to be banned.

In July 2015, the European Commission Consumer Safety Committee after reviewing the data concluded that MI can no longer be considered safe at the currently used concentrations and has recommended its removal from all leave-on cosmetic and pharmaceutical products with reduced amounts in rinse-off products by 2017.

On the eve of this anticipated removal of MI from cosmetic products in Europe, this study has been conducted to review the current Caribbean position as it relates to cosmetic and domestic products containing MI that remain available to consumers in various Caribbean countries with the aim of identifying these as potential sources of sensitization and highlighting the many clinical presentations of contact allergic disease seen in patients exposed to MI.
Title: Ten Things you Need to Know About Cosmetic Dermatology  
Author(s): Gonzalez, M.
Cosmetic dermatology is merely an extension of dermatology. The requirement to be a skilled physician is no less pressing than with any other area of dermatology. This talk aims to highlight key points of importance to those wishing to enter into cosmetic dermatology practice. The importance of medical ethics in decision making will be touched on. An overview of the commonest procedures offered to patients will be highlighted. Relevant complications and techniques to minimize these will be addressed. The treatment of interesting and difficult to treat pigmentary disorders will also be covered, with a particular emphasis on the use of laser technology.

FRIDAY NOVEMBER 4

Title: Barriers to Treatment Access for Children with Tinea Capitis in the Caribbean Canadian Community  
Author(s): Shapero, J., Zur, R., Shapero, H.
Tinea capitis is a common fungal infection of the scalp that has a high childhood prevalence in the Caribbean Canadian community. If left untreated, it can cause severe inflammatory reactions and the development of kerion and permanent hair loss. Tinea capitis is effectively treated with oral antifungals, however at present, these are not covered by Canadian government drug programs. The Jane Finch Community, where the study authors (JS and HS) practice dermatology, is a neighbourhood in the city of Toronto, Canada, with a large Caribbean Canadian population. Fourteen family physicians practicing in the Jane Finch Community of Toronto were surveyed on their experience treating tinea capitis in this community. Physicians in the community see on average 29.5 new cases of tinea capitis and 15.75 cases of complications including scarring and kerion formation per practice per year. Physician estimates revealed a median of 40 – 50% of their patients struggle to pay for their treatment. 100% of physicians surveyed felt that including oral antifungal therapy coverage to the government drug programs would have a positive impact on their patients. Coverage for oral antifungal treatments of tinea capitis may provide a simple, cost-effective solution to a major problem impacting children in the Caribbean Canadian community.

Title: Psoriatic Disease for the Dermatologist  
Author(s): Rosen, C.

Title: Two Unusual Cases of Lichen Planus  
Author(s): Edwards, J.
Two unusual patients with lichen planus, one a 29 year old male - age of onset at 11 years; and the other a fourteen month old male child - age of onset at eight months; will be presented and discussed.
Title: Pregnancy Problems: How to Evaluate and Treat Pregnant Patients  
Author(s): Rodney, I.

Dermatologists face multiple challenges when managing pregnant and lactating patients. Early diagnosis and management of pregnancy specific dermatoses are important to prevent adverse effects on both the mother and fetus. In addition, treatment options for common dermatologic disorders, such as infections and inflammatory dermatoses, may be limited in this patient population due to the lack of evidence-based studies concerning drug therapy and risks to the fetus. This session will address these issues, as well as other dermatologic concerns pertinent to pregnancy.

Title: Insect bite-like Reactions: A Marker of Haematological Malignancy  
Author(s): Suite, M.

Exaggerated insect bite reactions are common in normal individuals however, hypersensitivity to insect bites or insect bite-like reactions have been reported in immunodeficient individuals such as those infected with the human immunodeficiency viruses, as well as patients with haematological malignancies. While chronic lymphocytic leukaemia is the most frequently reported association, these reactions have been seen in other conditions including mantle cell lymphoma, natural killer lymphocytosis, and nodal marginal zone lymphoma.

The eruption may precede the diagnosis but more often occurs after diagnosis or during the course of management. Most patients deny insect bites, which suggests that these are insect bite-LIKE reactions and not insect bite reactions.

Dermatologists need to be aware of this phenomenon and should have a high index of suspicion in these cases so that they may be investigated appropriately for haematological malignancy.

Title: Is it Lymphoma or is it not?  
Author(s): Dolly, N.

Cutaneous Lymphoma is one of the less common malignancies affecting all skin types. There is often a delay in diagnosis due to the varied presentation and the wide range of diagnoses. On the histological basis some cutaneous lymphomas are difficult to differentiate from pseudolymphomas and other dermatoses. I present a series of cases highlighting some typical as well as atypical presentations of cutaneous lymphomas.

Title: The Human PapillomaVirus and its role in Cancer  
Author(s): Persadsingh, N.

The human papillomavirus (HPV) is responsible for several cancers, eg. Cancer of the cervix, the penis, the colon, oral cancers. There seems to be a strong association with cancer of the skin, especially squamous cell and basal cell cancer.

The genome of the HPV virus has been cracked, and now that we have isolated the genes, we are
starting to understand the profound effects that this virus plays in causing some cancers, and we are starting to understand how the cancer spreads.

The role of the new vaccines against HPV and how they act to prevent some cancers will be discussed. This is a new frontier in medicine and we should all try to understand the biology of a new topic that will be impacting our practice in the years to come.

**Title: The Downside of Dressings: An Investigative Report of Wounds Undercover**

**Author(s): Thompson, D.; Chiang, N.Z.; Foo, S.; Gazzani, P.; Spencer, A.**

Much has been written in the literature about wound management with recent guidance on chronic wound dressings and antimicrobial dressings published by the National Institute for Clinical Excellence in March 2016.

We highlight a downside of dressings demonstrated through a cases series of 10 patients seen in the Cutaneous Allergy Unit at the Birmingham Skin Centre, England, UK since 2012, who developed contact dermatitis arising from sensitization to components within their dressings and other wound care products. Acrylates used in the adhesive and absorbent portions of some dressings and Isocyanates used in the foam portion of others, have both been identified as culprits. The dressings implicated in our series included: Mepilex® Border dressing (Möllycke Health Care, Gothenburg, Sweden), a self-
adherent absorbent silicone dressing; DryMax® Extra (Aspen Medical Europe Ltd, Redditch, Worcestershire, UK), a highly absorbent dressing which contains sodium polyacrylate superabsorbent particles; Cavilon™ No Sting Barrier Film (3M™, Berkshire, UK), a liquid barrier film; and Micropore™ Surgical Tape (3M™), a hypoallergenic surgical tape, all containing acrylates, and commonly used in wound care; with Lyofoam polyurethane dressing containing isocyanates.

We aim to raise awareness of these ingredients as emerging sources of sensitization and contact allergy to be considered in cases where there is deterioration of wounds being covered with dressings. Additionally, we recommend that in the investigation and management of such patients, patch testing to the actual dressings is conducted, and that the manufactures of these dressings are contacted with a view to supplying specific dressing components for further patch testing.

Title: A Surgical look at Pincer Nails
Author(s): Fitz-Henley, M.
Pincer nails are more common than often realised, as they are often misdiagnosed as a fungal infection only or as ‘regular’ ingrown toenails. Apart from the aesthetic appearance, pincer nails can be a significant source of painful distress for the patient.

We will look at the options in managing this condition, and review our experience in trying to implement simple, effective solutions.

Title: Update on the Management of Basal cell Carcinoma
Author(s): Weatherhead, L.
Basal cell carcinoma (BCC) is the most common cancer of all kinds. In most circumstances, they are easily managed by surgical or radiation therapy. However, there are times when these options of therapy are not appropriate and the use of oral medication is indicated. This talk will give an overview of the commonly used modes of therapy of BCC and then discuss the use of the hedgehog pathway inhibitor vismodegib.

Title: Unmasking Facial Pigmentation: Advances in Treatment
Author(s): Rodney, I.
Disorders of facial pigmentation, including melasma, postinflammatory hyperpigmentation and acquired dermal melanosis, are highly prevalent and can be psychologically devastating and therapeutically challenging. This session will review the clinical features of causes of facial pigmentation, and will discuss practical approaches to management; including exciting new developments such as topical plant based products, oral tranexamic acid, laser and light-based therapies.

Title: Unconventional Application of Lasers in Clinical Practice
Author(s): Brown, K.H.
Title: A Safe and Effective Treatment of Skin of Colour with a Multi-application 650 Microsecond Laser  
Author(s): Persadsingh, N.

The 1064 Nd Yag laser has unique skin tissue interactions with skin of colour. It is safe and gentle on skin of colour, yet delivers high energy into the dermis without disrupting the melanocytes.

It can be safely used in hair removal, PFB, acne keloidalis, spider veins, acne, rosacea, and skin rejuvenation.
It can also be used in Tinea ungium, psoriasis, and to treat warts. It has been used to treat skin ulcers, and even used in painful arthritic joints with good effects.

SATURDAY NOVEMBER 5

Title: Local Anaesthetic Contact Allergy – A Case of Mistaken Identity  
Author(s): Thompson, D.; Sanyal, S.

Local anaesthetics have been applied routinely to the skin or mucosa to prevent pain during surgical procedures or operations with a variety of adverse reactions to these recorded in the literature. We report a case of mistaken identity, in which contact sensitization to the preservative contained within the preparation, masqueraded as a contact allergy to the local anaesthetic itself.

Skin prick tests and patch tests in our patient were negative to the local anaesthetic series, but were Patch testing was positive to sodium meta bisulphite and to the actual Xylocaine (with adrenaline) local anaesthetic preparation at 1% and 2%. Both products contained Sodium Meta bisulphite, an antioxidant preservative. Sodium bisulphite, and meta bisulphite are added to local anaesthetic products containing vasoconstrictors (adrenaline/epinephrine, levonordefrin) to prevent biodegradation by oxygen. As such, bisulfites are often present in solutions of procaine, chlorprocaine, bupivicaine, lidocaine, mepivacaine, tetracaine, and etidocaine with vasoressors.

This case highlights the importance of sulphites as a potential cause of adverse reactions to local anaesthetics in patients sensitized to sulphites from any source. We recommend that such patients be given written information detailing the sources of sulphites including adrenaline containing local anaesthetics and stating the need for avoidance of local anaesthetics with vasoconstrictors to minimize the risk of exposure to sodium meta bisulphite.

Title: Help! What is this? Interesting Confounding Cases  
Author(s): Clare-Lyn Shue, A.

Title: Interesting Cases from Jamaica and the Dermatology Association of Jamaica (DAJ)  
Author(s): Fitz-Henley, M.
Each year we see several interesting cases in Jamaica, many of which are presented to the quarterly meetings of the DAJ. These include difficult cases to try and determine the best possible diagnosis, and cases with unusual or uncommon features. We share some of these cases today.

Title: Radiofrequency Alleviating Dercum’s Disease Tissue Edema  
Author(s): Song, J.; Koutsoukos, N.; Biggs, A.; Palmares, T.; Benedicto, S.; Song, M.; Song, A.; Seung, L.; Palmares, C.
Dercum’s disease is an extremely rare disorder characterized by multiple, painful growths consisting of fatty tissue (lipomas). These growths mainly occur on the trunk, the upper arms and upper legs, and are found just below the skin (subcutaneously). Pain associated with Dercum’s disease can often be severe. Treatment is physical therapy, lidocaine injections, liposuction, and lipoma removal.

Radiofrequency is a non-surgical, fat reduction, skin-tightening and cellulite-improving radiofrequency technology. The external radiofrequency applicator is applied to the contour area of concern and moved back and forth slowly over top of a small layer of ultrasound gel.

We report a case of a 66 year old female with Dercum’s disease which had been undiagnosed for 2 decades. Treatment with compression stockings and physical therapy with massage aided her. Fatty tissue from her eyelids were removed with blepharoplasty. Application of radiofrequency to her extremities resulted in a 2-inch reduction in circumference in visible improvement in her subcutaneous tissue.
FACULTY

Kyjuan H. Brown is a Family Practitioner with a special interest in Dermatology. Dr. Brown graduated from St. George’s University School of Medicine, Grenada, West Indies, where he obtained his Medical Doctorate Degree; and from the University of Cardiff, Wales, UK, with a Diploma in Dermatology.

Dr. Brown is the Founder and Medical Director of the Northshore Medical and Aesthetics Center (NMAC) in Devonshire, Bermuda. NMAC has grown to encompass six (6) physicians in a wide range of medical specialties. Additionally, the practice has an accredited medical laboratory and pharmacy.

Andrea Clare-Lyn Shue graduated from St. John’s Institute of Dermatology (London). She is currently Senior Dermatologist at the Bustamante Children’s Hospital, and an Associate Lecturer at University of the West Indies, Mona, and a visiting Consultant Dermatologist to the Cayman Islands Hospital. She is also a Fellow of the American Academy of Dermatology.

Naomi Dolly graduated from St. Joseph’s Convent High School in Trinidad and Tobago. She enrolled in the Faculty of Medical Sciences at The University of West Indies on a Further Additional Scholarship from the Republic of Trinidad and Tobago. Her successful completion of Medical School with multiple distinctions and honors in various modules, led to the strong foundation in starting her residency in dermatology in SUNY Downstate Medical Center, Brooklyn, New York. She has also completed fellowships at NYU Medical Center in advanced medical dermatology and dermatopathology at the Akerman Academy of Dermatopathology, New York.
Althea East-Innis obtained her MBBS degree from the University of the West Indies. After internship she worked for one year as a Resident at the Dermatology Unit of the University Hospital of the West Indies, before proceeding to the United Kingdom to complete the Diploma in Dermatology from the Institute of Dermatology in London. She subsequently studied in Internal Medicine obtaining the MRCP (UK), and then Venereology obtaining the Diploma in Genito-urinary Medicine (Venereology). She returned to Jamaica in 1997 when she was appointed Consultant Dermatologist and Lecturer at the University of the West Indies.

She is an overseas Fellow of the American Academy of Dermatology. Her special areas of interest are ‘Hospital In-patient Dermatology’, ‘Advanced Medical Dermatology’ and ‘The Epidemiology of Skin Diseases in the Caribbean’. She has publications in peer-reviewed journals, including original research and editorials. She has held various executive offices including President of the Dermatology Association of Jamaica, and Vice President of the Caribbean Dermatology Association. Her most recent academic pursuit is the MSc in Epidemiology from the University of London.

Jeffrey Edwards is a graduate of the Faculty of Medical Sciences of the University of the West Indies (UWI) and has interests in in the fields of STI/HIV, dermatology and public health. He is the Consultant attached to the Queen’s Park Counselling Centre and Clinic, and is an Associate Lecturer at UWI.

Michael Fitz-Henley is a Consultant Dermatologist practicing in Jamaica. He is a part time Consultant at the University Hospital of the West Indies, where he is also an Associate Lecturer. Otherwise, he spends most of the week in private practice at Dermatology Associates in Kingston.

He graduated in 1979 from the University of the West Indies after completing a DM in Family Medicine, then went on to do the diploma in Dermatology at the University of London. He was successful in that examination, having passed with Distinction and just a few medals for being first in the class. He returned to the University of the West Indies where he was appointed a Consultant in 1987. After a short stint at full time, he has been part time ever since.

He is a member of the Medical Association of Jamaica, the International Society of Dermatology, the American Academy of Dermatology, the American Society for Dermatologic Surgery and Contact Dermatitis Society and the Council for Nail Disease, as well as Dermatology Association of Jamaica.

He has been a past President and Vice President of the Dermatology Association of Jamaica, as well as past President and Vice President of the Caribbean Dermatology Association (CDA). He has given numerous lectures in Jamaica, and at the Caribbean Dermatology Association conferences, and in several other countries. He has been a past recipient of the “Apple” (Professor H. Williams’s awards) for lectures at the CDA, with the latest being on the topic of Confluent Reticulate Papillomatosis.
**Maria Gonzalez** has worked exclusively in the field of Dermatology for the past 22 years. During this period she divided her time between academic work at Cardiff University and clinical work at the University Hospital of Wales. Here she distinguished herself as a leader and innovator in the teaching of dermatology winning awards for her contribution to the field. Dr. Gonzalez’s areas of special interest include dermatologic surgery, laser surgery, treatment of pigmentary disorders, treatment of hair disorders, treatment of skin cancers and the management of acne and acne scarring. She also has an interest in cosmetic dermatology and has spoken widely and published on relevant cosmetic dermatology subjects.

**Sam Lee** works as a Ophthalmic Technician, medical scribe and research assistant at Southern California Eye Physicians and Surgeons.

**Neil Persadsingh** did his MBBS at UWI, and his Diploma in Dermatology at St. Johns. He has published three books: Acne in Black Women; The Hair in Black Women; and Eczema in Kids of Colour.

**Jeanine Reemaul** earned her medical degree from the University of the West Indies, St. Augustine in 2002. She worked both in internal medicine as well as primary care before attaining her MSc in Clinical Dermatology from King’s College, London. She is currently employed as a House Officer in the Department of Dermatology at Port of Spain General Hospital.
Ife Rodney is an associate professor of dermatology and pathology and director of dermatopathology, in the department of dermatology at Howard University College of Medicine. She also serves as the associate director of the dermatology residency training program at Howard University Hospital.

Dr. Rodney received her medical education at Howard University College of Medicine and completed her dermatology residency training at Howard University Hospital. She then went on to Johns Hopkins Medical Institutions to complete a fellowship in dermatopathology. She is the author of numerous publications, including book chapter and peer-reviewed journal articles. Her areas of expertise include hair and scalp disorders and pigmentary skin disorders.

Cheryl Rosen received her M.D. from the University of Toronto in 1980. She did her residency in internal medicine and dermatology at the University of Toronto from 1980-1984. Dr. Rosen then did a Clinical and Research Fellowship in photobiology at the Wellman Laboratories, Massachusetts General Hospital, Harvard University from 1984-1987.

Dr. Rosen is Head of the Division of Dermatology at Toronto Western Hospital, University Health Network Hospitals. Dr. Rosen has a clinical practice at Toronto Western Hospital. She is a Professor in the Department of Medicine at the University of Toronto. Dr. Rosen was the National Director of the Canadian Dermatology Association’s Sun Awareness Program for many years and remains actively involved in the Program. Dr. Rosen is also a member of GRAPPA (Group for Research and Assessment of Psoriasis and Psoriatic Arthritis) and IPART (International Psoriatic Arthritis Research Team).

Jonathan Shapero is a dermatologist in community practice in Toronto, Ontario, Canada. Dr. Shapero received a Bachelor of Science degree with distinction from the University of Toronto. He is a graduate of Queen’s University School of Medicine. Postgraduate training in dermatology was completed at the University of British Columbia and the University of Toronto. He is a Fellow of the Royal College of Physicians and Surgeons of Canada and a Fellow of the American Academy of Dermatology. He is a member of the Caribbean Dermatology Association, American Society for Dermatologic Surgery and American Contact Dermatitis Society.
Marilyn Suite is a graduate of the Faculty of Medicine of the University of the West Indies. Her post-graduate training in dermatology was obtained in Trinidad under Dr. David Quamina and at St. John’s Hospital for Diseases of the Skin in the United Kingdom. She is a fellow of the Royal College of Physicians, Edinburgh.

Dr. Suite is a former consultant dermatologist at the Port of Spain General Hospital, Trinidad and former Specialist Medical Officer, Hansen’s Disease Control Unit of the Ministry of Health Trinidad and Tobago but is now solely in private practice. She was an Associate Lecturer in Dermatology, University of the West Indies up to 2006 and more recently Associate Clinical Instructor II from 2012 to 2015. Since 2001, she has been a visiting lecturer to Cardiff University, Wales, where she lectures to students pursuing the Diploma and MSc in Clinical Dermatology (formerly Diploma in Dermatological Sciences).

Dr. Suite is a founding member of the Caribbean Dermatology Association and was its President from 1996 to 2002. She also served as Secretary from 1992 to 1994. She has been serving as Vice President since 2012. She is a past Secretary/ Treasurer and past Chairperson of the Trinidad and Tobago Dermatological Society, a member of the International Society of Dermatology, an international fellow of the American Academy of Dermatology and is actively involved in the Lupus Society of Trinidad and Tobago.

Dr. Suite continues to contribute to medical education by delivering talks to medical practitioners and other medical professionals in Trinidad and Tobago and within the region and also educates the general public on dermatological conditions.
Marisa Taylor is currently the Locum Speciality Registrar (CMT rotations), at Princess of Wales Hospital, Abertawe Bro Morgannwg Health Board, Directorate of Medicine.

Donna Thompson is a Consultant Dermatologist and the Specialty lead for Dermatology at the Birmingham Skin Centre, City Hospital, a part of the Sandwell and West Birmingham Hospitals NHS Trust. Her areas of sub-specialist interest include Paediatric Dermatology, and Cutaneous Allergy, including Contact Dermatitis and other contact, occupational and environmentally induced skin diseases. She is also the lead physician for a dedicated Regional Cutaneous Allergy Unit providing patch testing and other tests required as part of the investigation and management of these skin conditions.

In keeping with her passions for both Dermatology and for travel, she sits on several committees including that of: the Caribbean Dermatology Association (CDA); the Dowling Club of UK and Ireland; and the British Society for Cutaneous Allergy (BSCA) where she is currently the Meetings Secretary. She is also the local organizer of the West Midlands Regional Dermatology Clinical Meetings.

Louis Weatherhead is a graduate of The UWI Faculty of Medicine 1978. After internship, he pursued residency in Dermatology at the University of Ottawa teaching hospitals, gaining his FRCPC in 1983. He joined the Faculty at The University of Ottawa in 1984 and is an Associate Professor in the Divisions of Dermatology and Medical Oncology. He was for 25 years the Director of Surgical Dermatology at the University of Ottawa, a position given up in 2015. He has published many articles and book chapters. His research interests are in malignant melanoma, the most current work being the development of a gene array to help in determining the long term prognosis of patients with node negative melanoma. He is a past president of the Canadian Dermatology Association as well as the 4th Lois La Grenade distinguished lecturer.
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