

Caribbean Dermatology Association
29th Caribbean Dermatology Conference

A VIRTUAL EXPERIENCE

November 6 - 7



Virtual Caribbean
**Dermatology
Conference**

November 6 - 7, 2020



PROGRAMME

TABLE OF CONTENTS

President's Message	5
About the Conference	7
Faculty Disclosures	9
Sponsors	11
The "Apple" Award	13
Conference Schedule	14
Abstracts	21
Faculty	27



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Message from the President



Dear Colleagues and Friends,

On behalf of the Executive Committee and members of the 2020 Conference Planning Committee, please let me welcome you to the 29th Annual Meeting of the Caribbean Dermatology Association (CDA) and our first Virtual Meeting due to the coronavirus pandemic.

We would like to extend a special welcome to our Guest Speaker Dr. Joseph Jorizzo, who is Professor, former and founding Chair of the Department of Dermatology at Wake Forest University School of Medicine and an Adjunct Professor of Dermatology at the Weill Cornell School of Medicine. Professor Jorizzo will deliver the keynote address and the Lois La Grenade Distinguished Lecture on "Vasculitis – an update" and we look forward to learning from his vast knowledge and expertise in the field of dermatology.

Special thanks to Dr. Andrea Clare Lyn Shue, Conference Chairperson, members of the CDA Planning Committee and the CDA Executive Team for doing most of the planning to ensure that we have a successful meeting. The CDA would like to extend our sincere gratitude to members of the pharmaceutical and cosmeceutical industries who gave their support by way of virtual exhibits and sponsorship and to Mr. Hanif Smith and his team from the CDA Secretariat who were responsible for the planning and logistics of the meeting.

I would like to thank everyone who took time out from their busy schedules to attend the virtual conference, cultivate and maintain vibrant collegial relationships, experience the camaraderie and charm of the CDA and participate in the scientific activities. We hope you and your families try to be safe during these challenging times of the coronavirus pandemic.

Dr. Jeffrey Edwards

President

Caribbean Dermatology Association



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ABOUT THE CONFERENCE

The Virtual 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.

The Virtual Caribbean Dermatology Conference will serve to cultivate and maintain vibrant collegial relationships between the Caribbean's Dermatologists, while remaining physically distanced. 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 Virtual 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 a maximum of **Eight (8) hours of credit**. Each participant should claim only those CME hours actually spent in the activity.

Evaluations and CME Certificates

Conference, participants will be asked to complete evaluations electronically and CME certificates will be sent by e-mail at the conclusion of the meeting.

Virtual Meeting Platform

The conference will be held using the Connected Community and **ZOOM**. Participants are encouraged to update their profiles, add a profile photo, add sessions to your personal schedule, and access all three on-demand workshops. We encourage you to join all or some of the listed tracks to ensure you are ready to participate in the meeting. Each session listed in the platform will have a link to the Zoom web conference sessions.



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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, and any off-label use of products that will be discussed.

The following speakers have indicated that they **DO HAVE** a relationship which poses a potential conflict of interest to disclose.

Aleah Ali

Consultant: Obagi Medical

André Vicente Esteves de Carvalho

Consultant: Abbvie, Novartis, Jansen, Lilly, Leo Pharma, AMGEN, UCB, Boehringer Ingelheim

Speaker's Bureau: Abbvie, Novartis, Jansen, Lilly, Leo Pharma

Other: Researcher (Clinical trials) - Abbvie, Lilly, Boehringer-Ingelheim

Delphine Kerob

Other: Employee of L'Oreal, Vichy Laboratoires

The following speakers have indicated that they **DO NOT HAVE** a relationship which poses a potential conflict of interest to disclose.

Alicia McNish

Arusha Campbell-Chambers

James Pham

Joseph L Jorizzo

Nirmala Hallai

Renuka Badri Maharaj

Romario Thomas

Tristi Edwards

Yasmin Khalfe

The following speakers **HAVE** indicated they will be discussing off-label products in their presentations.

Arusha Campbell-Chambers

Delphine Kerob

Joseph L Jorizzo

Romario Thomas

Tristi Edwards

29th Caribbean Dermatology Conference

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James Pham

Nirmala Hallai

Renuka Badri Maharaj

Yasmin Khalfe

Faculty not listed above **HAVE NOT** completed Faculty Disclosures and will be required to do so prior to making their presentation. In absence of a written disclosure they will be required to disclose verbally, before they present, any potential conflicts of interest and discussion of off-label products.

Connect and Engage

Participants are encouraged to join the various meeting tracks and participate in the discussion boards in each track. Follow us on Facebook, tweet at us [@CaribDerm](#), and use the hashtag [#CDA2020VX](#) to connect with and engage faculty, staff and your fellow attendees.



In moderate to severe plaque psoriasis^{1,2}

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REFERENCES

1. Nogueira M, Torres T. Guselkumab for the treatment of psoriasis: evidence to date. *Drugs in Context* 2019; 8: 21259. DOI: 10.7573/dic.212594.
2. Griffiths CEM et al. Maintenance of Response With Guselkumab for up to 3 Years' Treatment in the Phase.
3. VOYAGE 1 Trial of Patients With Plaque Psoriasis. Presented at the Falls Clinical Dermatology Conference 2018; September 12-18 Oct, 2018; Las Vegas, USA.

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The logo for AbbVie, featuring the word "abbvie" in a lowercase, blue, sans-serif font.The logo for Janssen, featuring the word "Janssen" in a blue, sans-serif font, with "PHARMACEUTICAL COMPANIES OF" in a smaller, blue, sans-serif font below it, and "Johnson & Johnson" in a red, cursive font below that. To the right is a blue, stylized graphic element resembling a curved arrow or a drop.The logo for Obagi Medical, featuring the word "OBAGI" in a blue, sans-serif font with a trademark symbol, and "MEDICAL" in a smaller, blue, sans-serif font below it, all enclosed in a blue square border.The logo for Montcalm, featuring a stylized graphic of horizontal lines above the word "MONTCALM" in a bold, black, sans-serif font, with "MARKETING AND DISTRIBUTION" in a smaller, black, sans-serif font below it, and "Exclusive Obagi Caribbean Distributor" in a very small, black, sans-serif font at the bottom.The logo for Sanfer, featuring the word "sanfer" in a bold, red, sans-serif font with a registered trademark symbol (®) to the right.

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THE "APPLE" AWARD

The Professor Hywel Williams Research Prize, fondly referred to as The "Apple" Award, was given to the **Caribbean Dermatology Association** by our 2000 Guest Speaker Professor Hywel Williams (Nottingham, UK). 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	2006	Dr. Michael Fitz-Henley	2013	Dr. Marilyn Suite
2001	Dr. Michael Fitz-Henley	2007	Dr. Doris Joseph	2014	Dr. Jeffrey Edwards
2002	Dr. Suleman Bhamjee	2008	Dr. Suleman Bhamjee	2015	Dr. Kyjuan H. Brown
2003	Dr. Althea East-Innis	2010	Dr. Sandra McLeod	2016	Dr. Althea East-Innis
2004	Dr. Morgan Basanta	2011	Dr. Neilia-Kay McGill	2017	Dr. Jeffrey Edwards
2005	Dr. Donna Thompson	2012	Dr. Sean Bullen	2018	Dr. Marilyn Suite
		2019	Dr. Rebeca de Miguel Madurga		

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1. Fugeré P, et al. Contraception 1990;42:225-34;
2. Gollnick et al Journal of Dermatological treatment 1998;9:71-79
3. Information taken from Diane 35 CCDS version 17 aemps 26.09.17

CONFERENCE SCHEDULE

Day 1

All times are Eastern Standard Time EST – (8am in Jamaica | 9am in Trinidad)

Friday November 6

TOPIC	SPEAKER	TIME
SCIENTIFIC SESSION I		
8.00am – 9.40am		
Chairperson: Dr. Marilyn Suite		
Welcome	CDA Organizing Committee	8.00 – 8.10
SMART Management of Atopic Dermatitis <i>GSK Pharmaceutical Sponsored Lecture</i>	Dr. Allan Alejo <i>The Philippines</i>	8.10 – 8.30
Sores and Boils Alley: A Five-Year Retrospective Review of Blistering Skin Diseases From Five Dermatology Clinics in Southern Trinidad	Dr. Aleah Ali <i>Trinidad and Tobago</i>	8.30 – 8.45
Healthy Skin for Everyone: One-Year Impact of a Multi-Component, Community-Based Skin Cancer Intervention Program for Underserved Populations	Dr. John Strasswimmer <i>United States</i>	8.45 – 9.00
Spironolactone in the Management of Acne	Dr. Tristi Edwards <i>Jamaica</i>	9.00 – 9.15
Management of Factitial Dermatitis: Currents Concepts	Dr. Naveen Kansal <i>India</i>	9.15 – 9.30
QUESTIONS AND ANSWERS		9.30 – 9.40
BREAK AND VIEWING VIRTUAL CONFERENCE BAG		9.40 – 10.10



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Photos Courtesy of Dr. Arusha Campbell-Chambers



Photos Courtesy of Chesahna Kindred, MD



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TOPIC	SPEAKER	TIME
SCIENTIFIC SESSION II		
10.10am – 12.00pm		
Chairperson: Dr. Richard Desnoes		
The Prevalence and Cutaneous Manifestations of Syphilis Among Men Who Have Sex with Men (MSM) Attending a Large HIV Clinic in Trinidad	Dr. Jeffrey Edwards <i>Trinidad and Tobago</i>	10.10 – 10.25
Updates in the Treatment of Post-Inflammatory Hyperpigmentation and Melasma	Dr. Arusha Campbell-Chambers <i>Jamaica</i>	10.25 – 10.40
Did the COVID-19 Pandemic Affect Dermatology Inpatient Care in Trinidad?	Dr. Nirmala Hallai <i>Trinidad and Tobago</i>	10.40 – 10.55
Tribute to Dr. Lois La Grenade	Dr. Richard Desnoes <i>Jamaica</i>	10.55 – 11.00
Vasculitis: An Update The Lois La Grenade Distinguished Lecture	Prof. Joseph Jorizzo <i>United States</i>	11.00 – 11.40
QUESTIONS AND ANSWERS		11.40 – 12.00
LUNCH BREAK		12.00 – 1.00

TOPIC	SPEAKER	TIME
SCIENTIFIC SESSION III		
1.00pm – 2.10pm		
Chairperson: Dr. Carol Burrell		
The Benefits of Medical-Grade Skin Care in a Caribbean Dermatology Practice - Fact vs fiction Montcalm Pharmaceutical Sponsored Lecture	Dr. Aleah Ali <i>Trinidad and Tobago</i>	1.00 – 1.30
Managing an Unusual Rash in an Unusual Time	Mr. James Pham <i>and</i> Dr. Marisa Taylor <i>Australia</i>	1.30 – 1.45
Overcoming Antimicrobial Resistance of the Skin	Dr. Yasmin Khalfe <i>United States</i>	1.45 – 2.00
QUESTIONS AND ANSWERS		2.00 – 2.10



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CONFERENCE SCHEDULE

Day 2

Saturday November 7

TOPIC	SPEAKER	TIME
SCIENTIFIC SESSION IV 8.30am – 9.45am	Chairperson: Dr. Andrea Clare Lyn-Shue	
From Wound Care to Disinfection <i>Sanfer Pharmaceutical Sponsored Lecture</i>	Dr. Leo Paul-Powell <i>Jamaica</i>	8.30 – 9.00
CLINICAL CASES		
A Flagellate Eruption, Water-Exacerbated Pruritus and Fever of Unknown Origin: Dermatology to the Rescue!	Dr. Alicia McNish <i>Jamaica</i>	9.00 – 9.10
Diagnosed with a Fungal Infection Unresponsive to Therapy	Dr. Naomi Dolly <i>and</i> Dr. Jeffrey Edwards <i>Trinidad and Tobago</i>	9.10 – 9.20
Evolution of a Severe Case of Erythrodermic and Arthropathic Psoriasis Patient in the State University Hospital of Haiti	Dr. Celestin Roldan <i>Haiti</i>	9.20 – 9.30
QUESTIONS AND ANSWERS		9.30 – 9.45
BREAK AND VIEWING VIRTUAL CONFERENCE BAG		9.45 – 10.15



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on its
First Virtual Meeting
and its
29th Annual Caribbean
Dermatology Conference

TOPIC	SPEAKER	TIME
SCIENTIFIC SESSION V		
10.15am – 1.00pm		
Chairperson: Dr. Andrew Forde		
Guselkumab (Tremfya): Therapy that Responds to Unmet Needs in Psoriasis <i>Janssen Sponsored Lecture</i>	Dr. Gabriel Magarinos <i>Argentina</i>	10.15 – 10.45
Skin Manifestations and Dermatology in the Time of COVID-19 Invited Lecture	Prof. Delphine Kerob <i>France</i>	10.45– 11.15
The r-Evolution of Therapeutic Targets in Psoriasis <i>Abbvie Pharmaceutical Sponsored Lecture</i>	Dr. Andre Esteves de Carvalho <i>Brazil</i>	11:15– 11.45
QUESTIONS AND ANSWERS		11.45 – 12.00
CLINICAL CASES		
What's Biting You?	Dr. Tonya Abraham-Ali <i>Trinidad and Tobago</i>	12.00 – 12.10
A Rapidly Growing Lesion on the Nose	Dr. Naomi Dolly <i>and</i> Dr. Jeffrey Edwards <i>Trinidad and Tobago</i>	12.10 – 12.20
Intralesional Therapeutics in Skin Malignancies: You Want to Put That Where?	Dr. Romario Thomas <i>Jamaica</i>	12.20 – 12.30
QUESTIONS AND ANSWERS		12.30 – 12.40

WORKSHOP QUESTIONS AND ANSWERS

12.40 – 1.05

Workshops will be available on-demand on Wednesday November 4

Workshop 1: Use of Platelet Rich Plasma in Dermatology

Dr. Chrisma Maharaj
Trinidad and Tobago

View On-Demand

Workshop 2: Use of Chemical Peels in Dermatology: A live demo of B-Hydroxy acid superficial chemical peel. Discussion of frosting and safety in pigmented skin.

Dr. Aleah Ali
Trinidad and Tobago

View On Demand

Workshop 3: Medical and Surgical Management of Central Centrifugal Cicatricial Alopecia

Dr. Achiamah Osei-Tutu
United States

View On Demand

CLOSING REMARKS

1.05 – 1.10

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1. Koltum et al. Contraception 2008, 249-256
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ABSTRACTS

TITLE: What's Biting You?

AUTHOR (S): Tonya Abraham-Ali

Submitted for: Medical Dermatology

ABSTRACT BODY:

The year 2020 will certainly go down in our history books as the year of the novel corona virus 19, but here I present a few interesting arthropod-borne diseases and their social implications. Perhaps it was nature's way of distracting me from the fact that yes, certainly viruses had taken over, but that we must not forget our other infections diseases.

TITLE: Sores and Boils Alley. a Five-Year Retrospective Review of Blistering Skin Diseases From Five Dermatology Clinics in Southern Trinidad

AUTHOR (S): Aleah Ali

Submitted for: Medical Dermatology

ABSTRACT BODY:

Aim: Water-bladders, water-bubbles, blebs and, blisters, are frequently encountered terms in our practice. We aim to study the demographics and differential diagnosis of patients with these complaints. **Method:** A Retrospective study was performed using medical records from five public dermatology clinics and ward referrals in Southern Trinidad during the period August 2015 to August 2020.

Results: The differential diagnosis of patients presenting with blistering skin diseases includes, pemphigus vulgaris, bullous pemphigoid, linear Ig A disease, bullous impetigo, pyoderma gangrenosum, sweet's syndrome, fixed drug eruption, bullous vasculitis etc. **Conclusion:** There is a scarcity of Caribbean data on blistering diseases. There are many constraints on diagnostic accuracy for example, availability of indirect immuno-fluoresce and Elisa-antibody testing. The demographics of blistering diseases in our local population will be discussed as well as the response to various treatment modalities such as oral corticosteroids, mycophenolate mofetil, azathioprine, dapsone, methotrexate, IVIG and rituximab. Additionally, our experience with Biosimilar vs Biologics will be presented.

TITLE: Updates in the Treatment of Post-Inflammatory Hyperpigmentation and Melasma

AUTHOR (S): Arusha Campbell-Chambers

Submitted for: Other

ABSTRACT BODY:

Melasma consists of symmetrical hyperpigmented patches caused by increased dermal and/or epidermal melanin. Sun-exposed areas, especially cheeks, upper lip, chin and forehead are most commonly affected. Post-inflammatory hyperpigmentation (PIH) is increased pigmentation caused by any prior inflammation of the skin at that site e.g. post infections, acne, allergic reactions, eczema, procedures, etc. These conditions are caused by mechanisms that result in either epidermal and/or dermal melanosis. Treatment of Melasma and PIH involves treating underlying inflammation, vasculature and pigmentation and reducing risk factors.

Avoidance of abrasive skin care products, use of sunscreens and sun protection, skin-lightening agents to affected areas and procedures where appropriate are recommended. Studies have shown that sunscreens use alone helps lighten PIH

and Melasma. Those sunscreens that block visible light in addition to UV light are advantageous. Oral agents such as tranexamic acid (oral and topical) have also been found to assist in the treatment of these conditions. Procedures used include microdermabrasion, chemical peels, micro-needling, lasers (e.g. Nd:YAG, Q-switched Nd:YAG, picosecond lasers) and fractional radiofrequency.

Cover up cosmetics and psychological support may also be necessary as patients pursue treatment. The 650 microsecond ND:YAG laser has been found to be safe and effective in treating Melasma and PIH in all skin types. Guidelines for its use in treating these conditions have been published.

TITLE: Diagnosed With a Fungal Infection Unresponsive to Therapy

AUTHOR (S): Jeffrey Edwards; Naomi Dolly

Submitted for: Medical Dermatology

ABSTRACT BODY:

A 35 year old female had asymptomatic, slightly hyperkeratotic, hyperpigmented plaques on the trunk and limbs since childhood. She has been diagnosed with a fungal infection by numerous physicians and treated with multiple courses of oral and topical antifungals and topical corticosteroids but with no help. The differential diagnoses and biopsy findings will be discussed.

TITLE: A Rapidly Growing Lesion on the Nose

AUTHOR (S): Jeffrey Edwards; Naomi Dolly, David Musa, Gregory Boyce

Submitted for: Medical Dermatology

ABSTRACT BODY:

A 30 year old heterosexual male migrated from St Vincent to Trinidad 2 years ago and was diagnosed HIV positive in February 2020. Baseline CD4 count and HIV viral load were 303 cells/ μ L was 464,842 c/mL respectively. The patient commenced antiretroviral therapy in March 2020 and in May 2020 developed a lesion on the nose which rapidly increased in size. At his next visit in June 2020, the patient complained of epistaxis and a fungating mass on the nose was observed. The differential diagnoses, biopsy findings and other investigations performed will be discussed.

TITLE: The Prevalence and Cutaneous Manifestations of Syphilis Among Men Who Have Sex With Men (Msm) Attending a Large HIV Clinic in Trinidad

AUTHOR (S): Jeffrey Edwards; Omari Lavia, Isshad John, Gregory Boyce

Submitted for: Medical Dermatology

ABSTRACT BODY:

Objective: To determine the prevalence and cutaneous manifestations of syphilis among men who have sex with men (MSM) attending a large HIV Clinic in Trinidad. Methods: A chart review study was conducted during the period January-December 2019 on MSM attending the HIV clinic who were screened for syphilis and demographic, clinical and laboratory data were extracted from the medical records. Descriptive and bivariate analyses were conducted using SPSS 25.

Results: During the period, 218 MSM were seen, age range 19-67 years, mean age 35.97 years. The prevalence of syphilis was 41.3% (90/218) and 71.1% (64/90) of these infections were asymptomatic ($p < 0.05$). Of the patients diagnosed with syphilis, 26.7% were diagnosed with secondary syphilis, 16.7% early latent syphilis, 54.4% with late

latent syphilis and 2.2% with neurosyphilis.

No patients were diagnosed with primary syphilis. The older patients were more likely to have a diagnosis of syphilis than the younger demographic ($p=0.029$) and patients of East Indian descent were more likely to be diagnosed with secondary syphilis ($p=0.002$). Conclusion: The prevalence of syphilis is high among MSM attending the HIV clinic and the infections were more likely to be asymptomatic hence more frequent screening for syphilis among MSM is required. If patients were symptomatic, secondary syphilis was the most common manifestation.

TITLE: Spironolactone in the Management of Acne

AUTHOR (S): Tristi Edwards

Submitted for: Research

ABSTRACT BODY:

Acne vulgaris is a prevalent inflammatory skin condition affecting the pilosebaceous unit. In adult females, the prevalence has risen in recent years, leading to more research into the differences in pathogenesis and ultimately management of these patients. Adult females may present with what is referred to as "hormonal" acne, which describes the inflammatory acne lesions that appear on the lower half of the face and neck. Even though the serum levels of androgen tend to be normal in these patients, hormonal therapies have proven to be an efficacious option for acne.

The off-label use of spironolactone, an anti-androgen and potassium sparing steroid hormone, has increased over the past 30 years in the treatment of acne. The safety of spironolactone has been explored and found to be satisfactory in many studies, however, the current literature is lacking high quality, robust studies on its efficacy in acne treatment. Nevertheless, the drug is still used in many countries by dermatologists who are convinced of its efficacy.

A few studies have shown that spironolactone is effective in female patients who have failed isotretinoin, oral antibiotics and other systemic treatments. No head to head trial has been done to compare the efficacy of spironolactone to combined oral contraceptives, hence a proposal of such a study has been included in this dissertation. The cost of medications for acne are notoriously high worldwide. In the United Kingdom, patients have the benefit of accessing systemic medications for acne freely through the National Health Service. In Jamaica and other Caribbean countries, the governments do not sponsor these drugs. Spironolactone has been found to be a cheap alternative for the treatment of moderate to severe acne in these countries.

TITLE: Did the COVID-19 Pandemic Affect Dermatology Inpatient Care in Trinidad?

AUTHOR (S): Nirmala Hallai; Dr Renuka Badri-Maharaj

Submitted for: Medical Dermatology

ABSTRACT BODY:

Dermatology inpatient standards of care were audited according to the British Association of Dermatologist staffing and facilities guidance 2014. This was approved by the medical chief of staff and conducted from February to July 2020, in a tertiary care hospital. Our first case of COVID-19 was in March 2020. These patients were hospitalized in separate Healthcare facilities in our region. Measures on reducing outpatient activity were adhered. During the six months, 83 inpatients were consulted. 48 (58%), came from internal medicine and 22 (27%) were from the paediatric and neonatal units. Eczema was the most common diagnosis affecting 31% of patients, followed by infection, 12%, erythema multiforme/ Steven's Johnson syndrome, 12% and erythroderma affecting 8%.

Differing trends were seen in children and adults. Delayed presentation to hospital, in the context of the pandemic, occurred in two cases each of erythroderma, and toxic epidermal necrolysis. Along with medical comorbidities, this contributed to fatality in three patients. Only one suspected case of COVID 19 was referred with a palmar purpuric eruption whilst in isolation, but later tested negative. All consults were reviewed promptly by appropriate staff. Delays in starting or increasing immunosuppression occurred in two patients during the pandemic. 20 patients had skin biopsies.

Bedside topical therapy was implemented. Where possible, and using available treatment, patients and their relatives were encouraged and educated about applications of topical preparations. This improved compliance particularly over the weekend, where under-staffing remains an issue. Appropriate barrier or reverse barrier isolation was accommodated. Interestingly, our consultation rate was highest in April, when 'stay at home' measures were implemented. In conclusion, standards of care were largely unaffected during the coronavirus pandemic. International transition from dedicated dermatology wards to dermatology consults on medical wards, has shifted our inpatient priorities. Our disease pattern reflects that seen in the pre-pandemic era. This is likely to change with increasing COVID cases.

TITLE: Management of Factitial Dermatitis: Current Concepts

AUTHOR (S): Naveen Kansal

Submitted for: Medical Dermatology

ABSTRACT BODY:

Self-inflicted dermatoses include several disease entities and constitute a sizable portion of psychodermatology clinic patient visits. The DSM-V now distinctly defines the factitial dermatoses and the 'cry for help' of these patients is certainly clearer

[1]. Management of these patients begins with a clinical examination coupled with a non-judgemental interview. It is here significant to consider that females are likely to have more physical harm (including self-mutilation) and therefore, the need for adequate care [2]. Attention should be given to associated personality disorders and deranged illness behaviors. The foremost basic principle is to rule out any actual organic condition [3]. The treatment is challenging and taxing for both the physician and the patient. The critical step in effectively treating a patient is establishing a strong therapeutic rapport. Honesty and trust in the doctor-patient relationship improve compliance; a nonconfrontational approach is preferable to an assertive or audacious interaction, which may lead to the breakdown of this association early in therapy.

Time should be reserved in the interview to recognize the psychiatric problem. The patient needs to be allowed to express her concerns and problems in confidentiality. Equally, the actual physical damage must be recognized and measures are taken to prevent future self-harm. Pharmacotherapy with psychotropics, for example, selective serotonin reuptake inhibitors (SSRIs), and low-dose atypical antipsychotics (preferably the second generation ones e.g., risperidone, olanzapine, aripiprazole, ziprasidone, etc.), help these patients.

Cognitive-behavioral therapy, relaxation, meditation, and psychotherapy help in improving the long term-prognosis. The illness usually fluctuates with the circumstances of the patient's life. A multidisciplinary team approach with dermatologists and mental health professionals has been shown to improve the prognosis. The prognosis for cure remains usually poor; about a third to half of these unfortunate patients will have a chronic disease and usually have a personality disorder (commonly borderline) with a need for continued care [1,4].

TITLE: Overcoming Antimicrobial Resistance of the Skin

AUTHOR (S): Yasmin Khalfe; Stephen K. Tyring, MD, PhD, MBA

Submitted for: Medical Dermatology, Research

ABSTRACT BODY:

A public health crisis that existed before the COVID-19 pandemic and will likely persist beyond the pandemic is Antimicrobial Resistance (AMR). AMR is an emergent health threat responsible for the death of over 700,000 people globally each year. A continued rise in resistance is projected to kill 10,000,000 annually by 2050. While there were improvements in infection-related deaths during the 20th century due to public health developments, vaccines and antimicrobials, this progress is now at risk of being lost.

The growth of AMR and emergence of novel infectious diseases in the past few decades have been exacerbated by antimicrobial overuse in humans, livestock and agriculture. As seen with the COVID-19 pandemic, the lack of existing vaccines for infectious diseases makes the availability of effective antimicrobials incredibly important. Ironically, as the world waits for a COVID-19 vaccine, estimates show that at least 80,000,000 children less than one year of age could miss routine vaccinations due to the pandemic. This, along with the possible overuse of antimicrobials during the pandemic, is a cause for concern given the re-emergence of multiple infectious diseases and growth of AMR.

In dermatology, emerging infectious diseases and AMR are important issues. Dermatologists treat many skin conditions that warrant the use of antimicrobials, from their use in dermatologic surgery to treatment of cutaneous diseases caused by bacterial, viral, fungal or parasitic infections. In fact, dermatologists prescribe more antibiotics per provider than any other specialty. With this, dermatologists should be aware of local resistance development patterns and lower the risk of AMR by using directed therapy for the appropriate microbe, adjusting drug dosages to an effective level, prescribing antimicrobials judiciously, and providing education on AMR.

As seen with the COVID-19 pandemic, understanding newly emerging infectious diseases is crucial for all physicians. It is imperative that dermatologists have knowledge of infectious diseases and resistance development to effectively treat patients and combat AMR that has emerged in recent years.

TITLE: A Flagellate Eruption, Water-Exacerbated Pruritus and Fever of Unknown Origin: Dermatology to the Rescue!

AUTHOR (S): Alicia McNish; Jonathan Ho MBBS, D.Sc, Dip.Dermpath

Submitted for: Medical Dermatology

ABSTRACT BODY:

Flagellate eruptions are unique manifestations of a variety of dermatologic diseases. We report a case of a 30-year-old Jamaican male with a history of high-grade fevers, water-exacerbated pruritus and a flagellate eruption. We discuss the etiology of this rash and describe an algorithmic approach to the diagnosis of flagellate dermatoses.

TITLE: Managing an Unusual Rash in an Unusual Time.

AUTHOR (S): James Pham; Marisa Taylor

Submitted for: Medical Dermatology

ABSTRACT BODY:

We would like to present a case of anti-MDA5 dermatomyositis and the challenges of management during the height of

COVID.

TITLE: Healthy Skin for Everyone: One-Year Impact of a Multi-Component, Community-Based Skin Cancer Intervention Program for Underserved Populations

AUTHOR (S): John Strasswimmer MD PhD; Audrey Jacobsen, MD MPH

Submitted for: Research

ABSTRACT BODY:

Abstract Importance: Primary and secondary skin cancer interventions are needed in underserved, minority populations to address the rising incidence of melanoma and the associated with late diagnosis, worse mortality rates, and decreased access to care.

Objective: To determine the long-term effectiveness of a multi-component community-based intervention on skin cancer knowledge, risk perception, and behavior modification.

Study Design : A single-arm, multi-component trial in a non-profit free clinic in Florida and affiliated non-clinical community sites. Participants: Spanish-speaking adults over the age of 18 regardless of education level or English proficiency living in predominantly underserved communities.

Results: 114 participants were enrolled with 76.7% (n=89) female and a mean age of 38.4 (SD=12.9). For 92% (n=104), this was the first time they had ever received information about skin cancer. On the pretest 25.3% (n=24) of the participants identified melanoma as a type of skin cancer. The number of participants identifying melanoma as a skin cancer increased to 95.5% (n=105) on the post-test ($p<0.001$). Concern of developing skin cancer increased after the workshop ($p=0.05$). All three sun protective behaviors analyzed (sunscreen, long-sleeve shirt, and hat use) increased at the 3-month follow-up ($p<0.001$) and use remained statistically significantly higher at one year. 85.5% (n=94) of the participants completed the text-messaging component, with an average of 54.6% (SD=16.3) of messages opened.

Conclusions and Relevance: This culturally-tailored intervention using community health workers for skin cancer education and prevention coupled with a targeted text messaging program represents a successful method of improving knowledge, awareness, and sun-protective behaviors in underserved, minority populations. Improved prevention and early detection may result in more favorable prognoses and decrease outcome disparities.

TITLE: Intralesional Therapeutics in Skin Malignancies: You Want to Put That Where?

AUTHOR (S): Romario Thomas; Stephanie Smith-Matthews MD; Jonathan Dale Ho MD

Submitted for: Cutaneous Lymphoma

ABSTRACT BODY:

Dermatologists have the unique advantage of direct access to their organ of specialty. We report the successful use of intralesional therapies in two patients, one with progressive tumor stage mycosis fungoides and CD30+ large cell transformation, and the second with a genital verrucous carcinoma in the setting of iatrogenic immunosuppression.

FACULTY



Dr. Tonya Abraham-Ali was an honors graduate of the Royal College of Surgeons in Dublin, Ireland. She then spent 2 years as a research fellow at Emory University in Atlanta where she was published on several occasions in the *JID* displaying her work on basic science research with an emphasis on the inflammatory mediators after UV exposure. Her further postgraduate qualifications in Dermatology were from the Medical College of Georgia in Augusta, Georgia where she completed her residency in 2006. During her residency she published several case reports with a keen interest in Paediatric Dermatology.

Dr. Abraham-Ali opened her private practice in St. Clair in 2006 and has enjoyed seeing it grow over the years.

Dr. Abraham-Ali is a member of the Caribbean Dermatology Association and a past Secretary/ Treasurer of the Trinidad and Tobago Dermatological Society as well as a member of the American Academy of Dermatology.



Dr. Allan Alejo is a board-certified dermatologist with experience in clinical practice and medical affairs. He is a member of the Phillipine Dermatological Society, the Philippine College of Pharmaceutical Medicine



Dr. Aleah Ali is the Consultant Dermatologist at the San-Fernando General & Teaching Hospital, SWRHA, Trinidad.

Dr Ali, graduated from the University of the West Indies, MBBS program, following which she pursued her membership with the Royal College of Physicians (RCOP) and Specialist Certification in Dermatology with the Royal College- UK. She graduated at the top of her class during her diploma and master's in Clinical Dermatology UK. She is a member of the TTDS- Trinidad and Tobago Dermatology society and the CDA -Caribbean Dermatology Association and has acted as an external examiner for M.Sc. in Clinical Dermatology, Cardiff.

She has a special interest in treating Skin of Colour, Adult and Pediatric Skin conditions, Photoaging and Skin Cancers in pigmented Skin.



Dr. Arusha Campbell-Chambers trained at the University of the West-Indies, Mona and the St. John's Institute of Dermatology, King's College London. She always excelled throughout her academic life, gaining many awards and honours. Dr. Campbell-Chambers founded the Dermatology Solutions Skin Clinics & Medical Spas in Montego Bay, Kingston, St. Vincent and Antigua.

Her special interest in Cosmetic Dermatology blossomed over the years with extensive training in the UK, USA and Caribbean. She is an International Fellow of the American Academy of Dermatology and is a member of the executive committee of the Caribbean Dermatology Association.



Dr. Jeffrey Edwards is a graduate in Medicine of the Faculty of Medical Sciences, University of the West Indies (UWI) and is the holder of a Postgraduate Diploma in Genitourinary Medicine from the University of Liverpool, a Master of Science in Dermatology from the University of Wales, Cardiff and a Doctorate in Public Health from the University of the West Indies. He is the Director/Consultant of the Medical Research Foundation of Trinidad and Tobago (a large HIV Clinic) and Coordinator of the Master of Public Health Programme at UWI St Augustine



Dr. Tristi Edwards received her MBBS from UWI, Mona and a Masters degree in Clinical Dermatology (with distinction) from Cardiff University in Wales, UK. She is very passionate about caring for patients with conditions of the skin, hair and nails. She uses various social media platforms to educate persons on these conditions via informative videos, pictures and infographics. Dr. Edwards also does educational sessions for health professionals and community groups. She currently works in private practice in Mandeville, Jamaica.



Dr. André Vicente Esteves de Carvalho graduated in Medicine from the Federal Faculty of Medical Sciences Foundation of Porto Alegre (1998). Specialist in Dermatology by the Brazilian Society of Dermatology (2001). Specialization course in Dermatological and Micrographic Surgery at Mohs at the Dermatology Service of the Yale School of Medicine. Master and PhD in pathology by the Federal University of Health Sciences of Porto Alegre.

Responsible for the Psoriasis and immunobiological outpatient clinic and supervisor of the Medical Residency Service of Complexo Hospitalar Santa Casa de Porto Alegre between 2002 and 2018. Dermatologist at Hospital Moinhos de Vento and researcher at IEP (Instituto de Ensino and Research at the same hospital). Has experience in Medicine, with an emphasis on Dermatology, Psoriasis, Dermatological Surgery and Mohs Micrographic Surgery. Member of the board of the International Psoriasis Council (IPC)



Dr. Nirmala Hallai, Dip Derm (dist)(Wales), CCTDerm(UK), FRCP(Lond), is Consultant Dermatologist Eric Williams Medical Sciences Complex, and lead clinician for Dermatology, North Central Regional Health Authority, Trinidad and Tobago, since 2014. Previous Consultant Post at Doncaster Royal Infirmary (UK) 2008-2014 being lead clinician for patch testing and Principal Investigator for BADBIR (BAD Biologics and Immunomodulators Register). A graduate from UWI 1997, attaining distinction Prize Diploma in Dermatological Sciences – Cardiff University 2001. Specialist Registrar Dermatology Cardiff, then Sheffield (UK) 2003-2007. Poster prize Caribbean Dermatology Association (CDA)

meeting 2019.

Associate Lecturer UWI, St Augustine Campus, Faculty of Medical and Paraclinical Sciences. Member of British Association of Dermatologists (BAD), British Society Cutaneous Allergy, Caribbean Dermatology Association and Trinidad and Tobago Dermatology Society. Special interests are Medical, Paediatric and Occupational Dermatology. Dr Hallai has a keen interest in developing Dermatology services in the region



Joseph L Jorizzo, M.D., is Professor, and Former and Founding Chair of the Dermatology Department at Wake Forest University and Adjunct Professor of Dermatology at the Weill Cornell School of Medicine. Dr. Jorizzo received his undergraduate medical degrees from Boston University's six-year A.B./M.D. Program and completed his internship in internal medicine, residency, and Chief Residency in Dermatology at North Carolina Memorial (UNC) Hospital. He also served as a fellow at St. John's Hospital Dermatology Institute in London. Dr. Jorizzo remains a Professor, Former and Founding Chair of the Dermatology Department at Wake Forest University.



Delphine Kerob is a board-certified Dermatologist with a degree in Oncology Radiation therapy, and a Masters in Clinical Pharmacology. She has spent ten years as a consultant Dermatologist at Saint Louis Hospital, Paris developing Onco-Dermatology. In 2010 Dr. Kerob joined Galderma Pharmaceutical as an International Medical Director.

In 2019 Dr. Kerob joined L'Oreal group, Vichy Laboratoires.



Yasmin Khalfe is a fourth year medical student at Baylor College of Medicine in Houston, Texas. She graduated cum laude from Rice University with a Bachelor of Arts in Biochemistry and Cell Biology. Over the last 3 years, Yasmin has served as the President of her medical school class, as well as the President of Baylor's American Medical Women's Association.

She was awarded the Women of Excellence Award by the Baylor College of Medicine Provost and was recently elected into Alpha Omega Alpha Honor Society for her academic achievement in medical school, leadership, and research. Yasmin's dermatology research interests include cutaneous infectious diseases and novel therapeutics. She is currently a student researcher under Dr. Stephen Tying at the Center for Clinical Studies in Texas and is applying for a residency in dermatology. Yasmin will graduate with her M.D. in May 2021.



Dr. Gabriel Magarinos is a specialist in Pathology and Dermatology. He has been Principal Investigator on a number of clinical trials. He is Associate Professor of the Universidad del Salvador and Professor of Cell Biology and Histology at the Universidad de Buenos Aires. He is an executive member of the Latin American Psoriasis Society among many other professional memberships.



Dr. Alicia McNish received her MBBS in 2014 from The University of the West Indies, Mona Campus, Jamaica. She is a second year dermatology resident at U.W.I Mona, where she serves as the Chief Resident. She is also the current Secretary of the Dermatology Association of Jamaica. Her interests include medical dermatology and cutaneous oncology.

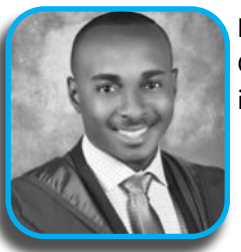


Dr. Leo Paul Powell pursued his undergraduate education at the University of the West Indies (UWI) where he attained a MBBS in 1999. After serving as a Medical Officer at the Black River Hospital, he returned to complete his Doctor of Medicine, DM, from the UWI in 2009.

He is currently a consultant in general surgery at the University Hospital of the West Indies and an lecturer in surgery, in charge of the junior undergraduate surgery programme. He has had several publications in regional and international peer reviewed journals on diverse topics. He has also presented at local and international academic fora.



Dr. Marisa Taylor received her MBBS. From the University of the West Indies Mona and her MSc. In Clinical Dermatology with Distinction from Cardiff University. In 2018 she received her MRCP in Dermatology. She is Consultant Dermatologist and Honorary Senior Lecturer at the Imperial College, School of Medicine.



Dr. Romario Thomas received his MBBS in 2015 from The University of the West Indies, Mona Campus, Jamaica. He is currently a second year Dermatology Resident at U.W.I, Mona. His interests include dermatologic surgery, skin malignancies and cosmetic dermatology.