

Caribbean Dermatology Association

32nd Caribbean Dermatology Conference



PROGRAMME

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Message from the President



Dear Colleagues and Friends,

On behalf of the CDA Executive Committee and members of the 2023 Conference Planning Committee, please let me welcome you to the 32nd Annual Meeting of the Caribbean Dermatology Association (CDA). We are happy to thank everyone, and in particular our colleagues from the Netherlands for participating in this conference and welcome you all to the beautiful country of Suriname.

We would like to extend a special welcome to our Guest Speakers, Professor Barbara Horvath who is Professor and Chairman of the Department of Dermatology and the Expertise Center for Blistering Diseases at the University Medical Center Groningen, the Netherlands and Dr. Gilles Diercks who is a Pathologist at the University Medical Center of Groningen (UMCG), the Netherlands and has research interests in dermatopathology with special attention to immunofluorescence and electron microscopy of the skin. Both Professor Horvath and Dr. Diercks will deliver the keynote address and the Lois La Grenade Distinguished Lecture on "Autoimmune Blistering Diseases: Clinics and treatment" and "Autoimmune Blistering Diseases: Histology and immunofluorescence of autoimmune bullous diseases" respectively.

Special thanks to members of the CDA Planning Committee and its Chairperson, Dr Esther Lai-A-Fat and members of 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 exhibits, sponsorship and sponsored speakers and to Ms Claire Antonius and Ms. Shivani Jhagroe of Orga Nice who were responsible for the planning and logistics of the meeting. Special thanks to Mr. Hanif Smith and the SMTC team for assistance with registration and other important duties for the meeting.

I would like to thank everyone who took time out from their busy schedules to attend the conference where participants will meet and experience the camaraderie and charm of the CDA, participate in the scientific activities and tour parts of Suriname. Wishing everyone a successful 2023 meeting and hope to see you all at the 2024 CDA meeting in Barbados.

Dr. Jeffrey Edwards

President

Caribbean Dermatology Association

ABOUT THE CONFERENCE

The 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 32nd 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 **Thirteen (13) 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 at the close of the meeting. CME certificates will be sent by e-mail within 7—10 days of the conclusion of the meeting.

On-Site Registration & Office Hours

Tuesday October 31, 8:00am - 4:00pm

Wednesday November 1, 8:00am - 4:00pm

Thursday November 2, 8:00am - 4:00pm

Name Badges & Function Tickets

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. We recommend for your safety that you do not wear your name badge outside of the hotel and conference function areas.

Social function tickets will be available for purchase at the registration desk, and must be presented at each event. Participants will not be admitted to social functions without the appropriate ticket.



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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) — who joins us again as our 2021 Lois LaGrenade Distinguished Lecturer. 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. Rebecca de Miguel Madrugo | | | 2022 | Dr. Jeffrey Edwards |

CONFERENCE SCHEDULE

TUESDAY OCTOBER 31ST

ARRIVAL, CHECK-IN & REGISTRATION

8.00am – 4.00pm

WEDNESDAY NOVEMBER 1ST

ARRIVAL, CHECK-IN & REGISTRATION

8.00am – 4.00pm

EXHIBITS OPEN

11.00am – 12.50pm

WELCOME AND OPENING REMARKS

11.00am – 12.50pm

| TOPIC | SPEAKER | TIME |
|---|---|-------------|
| SCIENTIFIC SESSION I 1.00pm – 3.30pm | Chairperson: Dr. Andrew Forde | |
| Hitting the Nail on the Head | Dr. Richard Desnoes <i>Jamaica</i> | 1.00 – 1.15 |
| Locus Minoris Resistentiae – Chromoblastomycosis in a Stoma Scar | Dr. Marilyn Suite Dr. Naomi Dolly Dr. Maria Bartholomew <i>Trinidad & Tobago</i> | 1.15 – 1.30 |
| HPV Related Vulvar Disease | Dr. M. Esajas <i>The Netherlands</i> | 1.30 – 1.55 |
| Vulvopathology: Experience of an Academic Outpatient Clinic. | Dr. JM Oldhoff Dr. M. Esajas <i>The Netherlands</i> | 1.55 – 2.25 |
| DISCUSSION | | 2.25 – 2.35 |
| Monkeypox in Trinidad: Clinical Manifestations of the First Two Cases | Dr. Jeffrey Edwards <i>Trinidad</i> | 2.35 – 2.50 |
| A Case Report of Blastomycosis Treated With Amphotericin B and Itraconazole | Dr. Heather Morris <i>Guyana</i> | 2.50 – 3.05 |
| Rosacea-Like Dermatitis in a 7-Year-Old Boy | <i>Dr. Naomi Dolly Dr. Jeffrey Edwards Trinidad</i> | 3.05 – 3.20 |
| DISCUSSION | | 3.20 – 3.30 |

EXHIBITS OPEN

5.00pm – 6.00pm

 GENERAL PRACTITIONER'S MEETING

6.00pm – 8.00pm

| | | |
|---|--|-------------|
| Welcome | | 6.00 – 6.02 |
| Prayer | | 6.02 – 6.05 |
| Greetings from the Ministry of Health | | 6.05 – 6.10 |
| Diagnosis and Management of Acne Vulgaris | Dr. Arusha Campbell-Chambers <i>Jamaica</i> | 6.10 – 6.30 |
| Atopic Eczema | Dr. Arjan Hogewoning, <i>The Netherlands</i> | 6.30 – 6.50 |
| Urticaria and Angioedema | Dr. Andrew Burton Dr. Jamee Charles <i>Jamaica</i> | 6.50 – 7.10 |
| Tinea Capitis | Dr. Jim Zeegelaar <i>The Netherlands</i> | 7.10 – 7.30 |
| Allergic and Irritant Contact Dermatitis | Dr. Donna Thompson <i>United Kingdom</i> | 7.30 – 7.50 |
| Panel Discussion | | 7.50 – 8.05 |
| Vote of Thanks | Dr. Donovan Heidanus | 8.05 – 8.10 |

 WELCOME RECEPTION
Home of Dr. Esther Lai-A-Fat

8.15pm-10.15pm

THURSDAY NOVEMBER 2ND

BREAKFAST

7.00am – 8.00am

EXHIBITS OPEN

8.00am – 8.30am

| TOPIC | SPEAKER | TIME |
|---|---|---------------|
| SCIENTIFIC SESSION I 8.30am – 11.05am | Chairperson: Dr. Marie Grandison-Didier | |
| Cutaneous leishmaniasis in Suriname | Dr. Sue Fa Liu Dr. RVP Hu Dr. Esther Lai A Fatt Dr. N. Tjon Kiem Sang Dr. Donovan Heidanus <i>Suriname</i> | 8.30 – 8.50 |
| A Systematic Approach to Diagnosing and Managing Chronic Pruritus | Dr. P.M.J.H. Kemperman <i>The Netherlands</i> | 8.50 – 9.20 |
| Prevalence of Pruritus in the Elderly Adult Population. | Dr. L Thondavada Dr. S. Chapman Dr. V. Jagessar <i>Trinidad & Tobago</i> | 9.20 – 9.35 |
| DISCUSSION | | 9.35 – 9.45 |
| Dermatomyositis in Skin of Color: New Insights into Diagnosis and Therapy | Dr. DMW Balak <i>The Netherlands</i> | 9.45 – 10.05 |
| A Systematic Review of Panniculitis in Dermatomyositis | Dr. T McKenzie Dr. J Ho <i>Jamaica</i> | 10.05 – 10.20 |
| A Literature Review of Lupus Pernio: Destructive Cutaneous Sarcoidosis in Skin of Colour | Dr. Heather Wilson <i>Guyana</i> | 10.20 – 10.35 |
| Innovation and New Trends of Psoriatic Disease Treatment <i>Janssen Pharmaceutical Sponsored Lecture</i> | Dr. Jeanine Reemaul <i>Trinidad</i> | 10.35 – 10.55 |
| DISCUSSION | | 10.55 – 11.05 |
| COFFEE BREAK AND EXHIBITS | | 11.05 – 11.30 |

| TOPIC | SPEAKER | TIME |
|---|--|---------------|
| SCIENTIFIC SESSION II 11.30am – 1.15pm | Chairperson: Dr. Richard Desnoes | |
| Resurgence of Syphilis During the Period of 2018-2023 in Suriname | Dr. PJ Venlo Dr R Hu Dr. KSM Sewpersad <i>Suriname</i> | 11.30 – 11.45 |
| Skin Resurfacing Solutions for Skin of Colour <i>Candela Sponsored Lecture</i> | Dr. Naomi Dolly <i>Trinidad & Tobago</i> | 11.45 – 12.10 |
| Pilot Project: Post-Exposure Prophylaxis with Single Dose Rifampicin for Leprosy in Guyana to Interrupt the Transmission of Leprosy | Dr. Heather Morris <i>Guyana</i> | 12.10 – 12.20 |
| DISCUSSION | | 12.20 – 12.25 |
| Melanoma: Are Jamaican Patients Aware of this Diagnosis? | Dr. RD Thomas Dr. ADC East-Innis Dr. JD Ho <i>Jamaica</i> | 12.25 – 12.40 |
| Melanonychia and Nail Melanoma: Diagnosis and Treatment | Dr. Leon Plusjé <i>The Netherlands</i> | 12.40 – 1.10 |
| DISCUSSION | | 1.10 – 1.15 |
| LUNCH 1.15pm – 2.00pm | | |
| TOUR 2.00pm – 6.00pm | | |
| DINNER | | |

FRIDAY NOVEMBER 3RD

| TOPIC | SPEAKER | TIME |
|--|--|-------------|
| BREAKFAST 7.00am – 8.00am | | |
| EXHIBITS OPEN 8.00am – 8.30am | | |
| SCIENTIFIC SESSION III 8.30am – 10.00am | Chairperson: Dr. Arusha Campbell-Chambers | |
| Effect of the Introduction of Screening for Cancer Precursor Lesions on Anal Cancer Incidence Over Time in People Living With HIV: A Nationwide Cohort Study | Dr. R P van der Zee Dr. F W N M Wit Dr. Olivier Richel Dr. M van der Valk Dr. P Reiss Prof. H J C de Vries Dr. J M Prins <i>The Netherlands</i> | 8.30 – 8.50 |
| Confluent and Reticulate Papillomatosis 2023. Where Are We Now? | Dr. Michael Fitz-Henley Dr. Jonathan Ho Dr. Suleman Bhamjee Dr. Trimaine McKenzie Dr. Maxine Chung <i>Jamaica</i> | 8.50 – 9.15 |
| Deciphering the Origin of Leprosy in Surinam: A Molecular Study Approach | Dr. K.S.M. Sewpersad Dr.W. R Faber Dr. C. Avanzi Dr. A. Geluk Dr. M. Chan Dr. H.E. Menke Dr. T. Pieters <i>Suriname</i> | 9.15 – 9.35 |
| The Incidence and Clinical Manifestations of Patients Diagnosed With Disseminated Histoplasmosis Among Patients Attending a Large HIV Clinic in Trinidad | Dr. Jeffrey Edwards Dr. Selena Todd Dr. Jonathan Edwards Dr. Gregory Boyce Prof. David W. Denning <i>Trinidad & Tobago</i> | 9.35 – 9.50 |
| DISCUSSION 9.50 – 10.00 | | |

SCIENTIFIC SESSION IV

10.00am – 12.05pm

Chairperson: Dr. Marilyn Suite

| | | |
|---|---|---------------|
| Dr Lois La Grenade Distinguished Lecture Autoimmune Blistering Diseases, Part 1: Clinics and Treatment | Prof. B. Horváth Prof G.F.H. Diercks <i>The Netherlands</i> | 10.00 – 10.40 |
| Autoimmune Blistering Diseases, Part 2: Histology and Immunofluorescence of Autoimmune Bullous Diseases | | |
| 'Punctate Pemphigus': Evaluating the Frequency of a Recently Described Direct Immunofluorescence Pattern in Jamaican Patients with Pemphigus Foliaceus/Vulgaris | Dr. ATW Burton Dr. JD Ho <i>Jamaica</i> | 10.40 – 10.55 |
| Combined Classical Dermoepidermal Junction Immunoreactant Deposition and Intraepidermal IgG in Patients with Bullous Systemic Lupus Erythematosus | Dr. J Charles Dr. M Fitz-Henley Dr. JD Ho <i>Jamaica</i> | 10.55 – 11.10 |
| DISCUSSION | | 11.10 – 11.20 |
| COFFEE BREAK & EXHIBITS | | 11.20 – 11.40 |
| Herpes Zoster – A Debilitating Disease <i>GSK Sponsored Lecture</i> | Dr. Salvatore Ferraro <i>Panama</i> | 11.40 – 12.00 |
| DISCUSSION | | 12.00 – 12.05 |

TOPIC

SPEAKER

TIME

SCIENTIFIC SESSION V

12.05pm – 1.25pm

Chairperson: Dr. Donna Thompson

| | | |
|---|--|---------------|
| Five Cases of Toxic Epidermal Necrolysis in 2023. A Therapeutic Challenge in Medically Complicated Patients | Dr. Nirmala Hallai Dr. R. Ragobar Dr. R. Badri-Maharaj Dr. K. Samaroo <i>Trinidad & Tobago</i> | 12.05 – 12.20 |
| Cnidaria, Beautiful but Insidious Aquatic Species | Dr. Ruud K Horlings <i>The Netherlands</i> | 12.20 – 12.40 |
| A Changing Wardrobe for Dermatomyositis: A Case Series of Patients With 'Stole' and 'Halter Back' Signs | Dr. Jonathan Ho <i>Jamaica</i> | 12.40 – 12.55 |

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|---|---------------------------------------|-----------------|
| Diagnosing and Managing Hair Disorders in Skin of Color | Dr. Nadia Rbia <i>The Netherlands</i> | 12.55 – 1.15 |
| <hr/> | | |
| DISCUSSION | | 1.15 – 1.25 |
| <hr/> | | |
| LUNCH | | 1.25 – 2.40 |
| <hr/> | | |
| ANNUAL GENERAL MEETING | | 2.40pm – 4:40pm |
| <hr/> | | |
| DINNER | | |
| <hr/> | | |



ABSTRACTS

TITLE: Dermatomyositis in Skin of Color: New Insights into Diagnosis and Therapy

AUTHOR (S): Deepak Balak;

Submitted for: Medical Dermatology

Organization: Leiden University Medical Center

ABSTRACT BODY:

Dermatomyositis is a rare immune-mediated inflammatory disease that can present with specific cutaneous findings with or without muscle weakness. Dermatomyositis without proximal muscle weakness, classified as clinically amyopathic dermatomyositis, is highly relevant for dermatologists to be able to recognize based on the pathognomonic skin stigmata of dermatomyositis. Timely diagnosis of dermatomyositis is important given the increased associations with internal malignancies and interstitial lung disease. Dermatomyositis disproportionately affects patients with skin of color, with an estimated 3-fold higher incidence compared to white individuals. There is scarce data available on the clinical presentation of dermatomyositis in skin of color patients. In this presentation, I will provide an overview of frequent and rare cutaneous manifestations of dermatomyositis, discuss diagnostics strategies and treatment options, and highlight distinct presentations and management considerations in patients with skin of color.

TITLE: 'Punctate Pemphigus': Evaluating the Frequency of a Recently Described Direct Immunofluorescence Pattern in Jamaican Patients with Pemphigus Foliaceus/Vulgaris

AUTHOR (S): Andrew Burton; Jonathan D Ho

Submitted for: Medical Dermatology

Dermatopathology

Organization: University Hospital of the West Indies

ABSTRACT BODY:

All forms of pemphigus demonstrate similar direct immunofluorescence findings of intraepidermal, intercellular immunoreactant deposition in a continuous net-like or 'chicken wire' pattern. Recently, a punctate pattern has been described in a United States cohort. While apparently also common in some European centers, the punctate pattern is reportedly absent in a recent study of Iranian patients. Ethnic and molecular differences have been suggested as explanations for this phenomenon and its discordance. We examine direct immunofluorescence patterns in Jamaican patients of Afro-Caribbean descent with pemphigus foliaceus and pemphigus vulgaris patients and evaluate the frequency of this rarely discussed pattern of deposition.

TITLE: Diagnosis and Management of Acne Vulgaris

AUTHOR (S): Arusha Campbell-Chambers;

Submitted for: Medical Dermatology

Organization: Dermatology SOLUTIONS

ABSTRACT BODY:

Acne vulgaris is a common chronic skin disease involving blockage and/or inflammation of pilosebaceous units. It can present with open and closed comedones (blackheads and whiteheads) and inflammatory lesions, including papules, pustules, or nodules/cysts. Complications of acne include Post Inflammatory Hyperpigmentation (PIH), Hypertrophic/atrophic scarring, Keloids, Gram-negative folliculitis and Psychosocial problems.

Although teenagers are mostly affected, acne can present in various age groups from new-borns to adults. It has a multifactorial pathogenesis and varied clinical features involving comedonal and/or inflammatory lesions. It can cause short and long term physical and psychosocial effects including depression, anxiety, social withdrawal and suicide.

The diagnosis is based on clinical presentation. Diagnosing acne is usually easy, but one needs to be on the lookout for other diseases in the differential diagnosis which may mimic acne. These include but are not limited to peri-oral/peri-orificial dermatitis, rosacea, sebaceous hyperplasia, syringoma, folliculitis, pityrospoum folliculitis and Favre Racouchot syndrome. Laboratory investigations are useful where hyperandrogenism, or gram-negative folliculitis is suspected.

Combination treatment with topicals, systemic therapy, procedures, psychological support and patient education can be instituted based on the individual's needs. The novel 650-microsecond 1064 Nd: YAG laser has been shown to be safe and effective in all skin types to treat acne and get quicker results, in combination with medical and other procedural treatment, or for those seeking alternative treatments.

TITLE: Effect of the introduction of screening for cancer precursor lesions on anal cancer incidence over time in people living with HIV: a nationwide cohort study

AUTHOR (S): Henry de Vries; R P van der Zee, F W N M Wit, Olivier Richel, M van der Valk, P Reiss, J M Prins

Submitted for: Medical Dermatology

Organization: Amsterdam UMC

ABSTRACT BODY:

Incidence of anal cancer is high in people with HIV, particularly in men who have sex with men (MSM). Screening for & treatment of precursor lesions might prevent progression to anal cancer in people with HIV. We examined trends in incidence of and mortality after anal cancer diagnosis in people with HIV, including the effect of screening from 2007 onwards, in the Netherlands.

We included adults with HIV and identified all primary anal squamous cell carcinoma from the Dutch ATHENA cohort. We reported temporal trends in incident anal cancer cases from Jan 1, 1996, to Dec 31, 2020, & all-cause & anal cancer-related mortality in individuals diagnosed with anal cancer. Multivariable Poisson regression & multivariable Cox regression were used for analysis.

Among 28.175 individuals in HIV care (59.7% MSM), 227 primary anal cancer cases were diagnosed. Crude incidence rates of anal cancer in MSM declined slowly over time, from 107.0 (95% CI 75.7-147.0) per 100.000 person-years (py) in 1996-2005 to 93.7 (75.3-115.0) per 100.000 py in 2013-20 (p=0.49). Crude incidence rates in non-MSM & women were lower than in MSM, but increased slightly over time, from 51.08 (95% CI 20.54-105.25) to 67.82 (40.83-105.91; p=0.52) per 100.000 py in non-MSM & from 8.09 (0.20-45.06) to 24.95 (10.03-51.40; p=0.29) per 100.000 py in women. TNM tumor staging was more favourable in individuals diagnosed during screening. Crude anal cancer-associated 5-year mortality decreased from 30.4% (1996-2005) to 18.3% (2013-20; odds ratio 0.48; p=0.070).

As anal cancer incidence is slowly declining in MSM, not in non-MSM & women, health-care professionals should not focus only on MSM for anal cancer prevention. Men diagnosed with anal cancer during screening had improved survival, probably because they were diagnosed at an earlier stage. These data are an important justification to screen those most at risk of anal cancer.

TITLE: Hitting the Nail on the Head

AUTHOR (S): Richard Desnoes;

Submitted for: Medical Dermatology

Organization: Western Regional Health Authority

ABSTRACT BODY:

A 47 year old Diabetic male was referred to the Dermatology clinic of Lucea Hospital with a 6 year history of a filiform wartlike projection arising from the distal phalanx of his right middle finger. He reported it was slow growing and non-tender and that he had traumatized the affected finger many times with a hammer as he worked as a carpenter.

On examination there was a 1 cm long filiform keratinized lesion which resembling a cutaneous horn arising from the distal phalanx of the right middle finger in the periungual region. There was also a longitudinal hyperpigmented band on the medial aspect of the nail plate. The lesion was excised. Histology was reported as an Onychomatricoma. The clinical features, differential diagnoses, investigations and management of Onychomatricoma are discussed.

TITLE: Autoimmune Blistering Diseases, part 2; Histology and immunofluorescence of autoimmune bullous diseases

AUTHOR (S): Gilles Diercks; Barbara Horvath

Submitted for: Medical Dermatology

Organization: University Medical Center Groningen

ABSTRACT BODY:

Autoimmune bullous diseases of skin and mucosa are uncommon, disabling and potentially lethal diseases. For a quick and reliable diagnosis histology and immunofluorescence is essential. Histology can give the first clue about the nature of the autoimmune bullous disease, indicating the blister level, e.g., an intra or subepidermal bullous disease. However, in many cases immunofluorescence is mandatory to establish the right diagnosis. Two variants of immunofluorescence are known. The direct method uses a skin or mucosal biopsy of the patient to detect in vivo bound antibodies. Indirect immunofluorescence uses patient's serum and a substrate to visualize circulating autoantibodies. Widely used substrates are monkey esophagus and human salt-split skin. These two methods supplemented with advanced techniques like immunoblotting and ELISA assays allow us to reliably classify autoimmune bullous diseases; not only the main entities pemphigus and pemphigoid, but also subclasses within these groups. This is important since prognosis and therapy can vary between all these different variants of autoimmune bullous diseases.

TITLE: The incidence and clinical manifestations of patients diagnosed with disseminated Histoplasmosis among patients attending a Large HIV Clinic in Trinidad

AUTHOR (S): Jeffrey Edwards; Selena Todd, Jonathan Edwards, Gregory Boyce, David W. Denning

Submitted for: Medical Dermatology

Organization: University of the West Indies St Augustine

ABSTRACT BODY:

Objective

Histoplasmosis is a significant causes of mortality among HIV infected patients. The aim of the study was to determine the incidence and clinical manifestations of disseminated histoplasmosis among patients attending a large HIV Clinic in Trinidad.

Methods

As of June 2022, there were 5200 patients enrolled at the HIV Clinic, Medical Research Foundation of Trinidad and Tobago. Over the period November 2021 – June 2022, 280 patients with a CD4<350 cells/mm³ were recruited for the study. Urine was screened for Histoplasma antigen using the Immy EIA and the Optimum Imaging Diagnostics (OIDx) LFA and the clinical manifestations of patients with disseminated histoplasmosis were recorded.. Data were analysed by SPSS.

Results

Among the 18 patients were diagnosed with disseminated histoplasmosis, there were 14 (77.8%) males, 4 females (22.2%), age range 25-67 years, median age 38 years and median CD4+ T-cell count 31 cells/mm³ with an incidence of 6.4% (18/280). Skin lesions (55.6%) were the most common clinical manifestation of disseminated histoplasmosis (p=0.002). Other clinical manifestations included lymphadenopathy (p=0.003), hepatomegaly (p<0.001), splenomegaly (p<0.001) and oral candidiasis (p<0.001).

Conclusion

The incidence of disseminated histoplasmosis was 6.4% among study patients and skin lesions were the most common clinical manifestation, hence testing for disseminated histoplasmosis in HIV patients is very important in endemic areas.

TITLE: Mpox in Trinidad- Clinical Manifestations of the first two cases

AUTHOR (S): Jeffrey Edwards;

Submitted for: Medical Dermatology

Organization: University of the West Indies St Augustine

ABSTRACT BODY:

Case 1 was A 53 year old HIV negative MSM was seen on July 11, 2023 with a 2 day history of an asymptomatic lesion on the penis and a one day history of painful right inguinal lymphadenopathy. His sexual contacts had anogenital lesions and skin lesions on the hands so a viral swab for PCR Mpox was done on the penile lesion. Three days after the appearance of the penile lesion, the patient developed headache, fatigue, malaise and chills which lasted for 2 days then resolved.

Case 2 was a 26 year old HIV negative MSM was also seen on July 11, 2023, He developed fever body pains for 2 days (July 02, 2023) which resolved followed by skin lesions which began in the anogenital region and then later involved the fingers and the trunk. The perianal lesions were very painful. None of his sexual contacts were ill or had and skin lesions. Viral swabs for PCR Mpox wwere done on the perianal lesions and on a lesion on the trunk. Mpox was confirmed via PCR in both patients, none of whom a recent travel history or had any contact with one another.

TITLE: Rosacea-like dermatitis in a 7 year old boy

AUTHOR (S): Jeffrey Edwards; Dr Naomi Dolly

Submitted for: Medical Dermatology

Organization: University of the West Indies St Augustine

ABSTRACT BODY:

A 7 year old boy presented with a 2 month history of asymptomatic lesions on the cheeks and nose and there was no response to topical steroids. The differential diagnoses included sarcoidosis, granuloma annulare, tumid lupus and granulomatous rosacea. A biopsy was performed which confirmed rosacea-like dermatitis and the patient was treated with doxycycline 100mg daily and metronidazole gel twice daily with complete resolution of the lesions.

TITLE: High risk HPV related vulvar disease

AUTHOR (S): Martha Esajas;

Submitted for: Medical Dermatology

Organization: UMCG

ABSTRACT BODY:

This presentation is about HPV and HPV related vulvar disease, with the focus on HSIL of the vulva. A brief update on HPV in general, HSIL of the vulva, the clinical signs, supported with pictures will be presented as also the different treatment modalities of HSIL and gynaecological related issues. HPV vaccination will be discussed and the role of vaccination in HPV related vulvar disease. A research proposal for a RCT with HPV vaccination and HSL was granted recently by the Dutch Cancer Society (KWF). A short introduction of this upcoming multicentre trial will be briefly presented.

TITLE: Confluent and Reticulate Papillomatosis 2023. Where are we now?

AUTHOR (S): Michael Fitz-Henley;

Submitted for: Medical Dermatology

Organization: University Hospital of the West Indies

ABSTRACT BODY:

For decades, confluent and reticulate(d) papillomatosis (CARP) has been considered a rare condition and only afforded limited discussions in textbooks worldwide. This has been with some justification due to the relative paucity of papers researching the condition. Its pathogenesis has been widely associated with a single case report of *Dietzia* species isolated from skin scrapings with speculation of an association with *Malassezia furfur* continuing without much credible evidence.

CARP occurs mainly on the trunk of richly pigmented skin after puberty, is recurrent but then mysteriously avoids the skin of the elderly. Discussions abound about its association with acanthosis nigricans.

For 20 years at past CDA meetings and elsewhere we have presented findings to suggest that CARP is not that rare after all but rather under-recognised and under-reported. It has a spectrum of changes which morphs from that likened unto pseudoatrophoderma colli moving to the classical central confluent hyperpigmented patches with a reticulate margin from which it got its name. There are also less well associated facial changes. The occurrence of progressive macular hypomelanosis in the same location and age group is worthy of note. There is no doubt that CARP is associated with an elevation in body mass index.

In this lecture we review the attempts to further elucidate the pathogenesis, histology, clinical features and treatment to enable CARP to become a better understood dermatological entity.

TITLE: Cnidaria, beautiful but insidious aquatic species

AUTHOR (S): Rudolf Horlings;

Submitted for: Medical Dermatology

Organization: Martini hospital Groningen

ABSTRACT BODY:

Due to increased global migration, dermatologists can come across patients with skin problems that have been acquired and brought in from overseas. Because of the unfamiliarity with these so called "import dermatoses", delivering proper care, might be challenging. Two cases of envenomation with aquatic animals belonging to the phylum "Cnidaria" are presented. Cnidaria, like hydroid polyps, sea anemones, jelly fish and corals, can be found world-wide in freshwater and marine environments, but are predominantly abundant in tropical countries. The common characteristics to all of the Cnidarians is that their tentacles contain nematocysts which can launch a toxic barb or blob. When humans are stung by these species, they develop vesicles, blisters or lumps at the injected areas.

However sometimes these local symptoms are accompanied by quite severe systemic symptoms as is shown in case 1. Furthermore delayed/recurrent skin reactions, even at non exposed sites, up to months after the initial contact with a jellyfish can be experienced (case 2). While the immediate reaction is toxin mediated, an immune mechanism is likely responsible for the delayed symptoms.

TITLE: Title: Autoimmune Blistering Diseases, part 1; Clinics and treatment

AUTHOR (S): Barbara Horvath;

Submitted for: Medical Dermatology

Organization: University Medical Center Groningen

ABSTRACT BODY:

Abstract

Autoimmune blistering diseases (AIBD) are a group of heterogeneous skin disease characterized by circulating and/or tissue-bound autoantibodies against different structural proteins of the epidermis or epidermal basement membrane zone

Two main groups are pemphigus and pemphigoid diseases.

In pemphigus diseases the autoantibodies targeting the epithelial desmosomal cadherins desmoglein 1 and/or desmoglein 3 causing intraepidermal splitting. The major phenotypes are pemphigus vulgaris and pemphigus foliaceus. Paraneoplastic pemphigus is an extreme rare variant with an heterogeneous autoantigen profile and the diagnostics is often challenging.

Pemphigoid diseases; bullous and non-bullous pemphigoid, mucous membrane pemphigoid (MMP), linear IgA disease (LAD), epidermolysis bullosa acquisita (EBA) and pemphigoid gestationis (PG), are subepidermal blistering diseases characterized by autoantibodies against different structural component of the epidermal basement membrane zone. Bullous pemphigoid (BP) is the most frequent autoimmune disease of the skin, especially in elderly.

The diagnostics of AIBD is based on the confirmation of the tissue-bound or circulating auto-antibodies, identification of autoantigens using different techniques according the clinical setting.

Treatment strategies in AIBDs aim to stop autoimmune response caused by the autoantibodies. The anti-CD20 monoclonal antibody rituximab has revolutionized i the treatment of pemphigus. Complete remission off-therapy became an attainable goal. Recently rituximab has been approved for pemphigus vulgaris. Rituximab is not only safe and effective, but also improves the quality of life and reduces the treatment burden.

The treatment of pemphigoid diseases is more challenging die to the more complex pathomechanism and the elderly patient population.

TITLE: Resurgence of Syphilis during the period of 2018-2023 in Suriname

AUTHOR (S): Pamela Joanna Venlo Joanna; Drs. K.Sewpersad & Dr. R V.P.Hu

Submitted for: Research

Organization: Dermatology Department Tourtonnelaan

ABSTRACT BODY:

Background: Worldwide an increase in Syphilis cases has been observed after the Covid Pandemic. In this study we confirm a similar trend in Suriname, we especially number in Syphilis cases from 2018-2023. An change in sexual behavior during and after the Covid Pandemic may have resulted in these changes.

Methods: Cross-sectional examination of the laboratory data (Venereal Disease Research Laboratory-test (VDRL) and Treponema Pallidum Haem Agglutination-test (TPHA)) utilizing electronic and written medical record data during the period 2018 to 2023. Duplicate results where filtered and patient records were used to determine which cases had second stage Syphilis.

Results: The number of new reported syphilis cases in one of the Dermatology Department in Suriname is 120 in 2018, 121 in 2019, 77 in 2020, 66 in 2021 and 194 in 2022 and 123 in the first half of 2023.

Conclusion: In Suriname we recorded a two-fold rise in confirmed Syphilis cases comparing to the base line before the COVID period. A significant rise in secondary stage Syphilis is prominent, especially in pregnant women in 2022. Studying the change in sexual behavior during and after the Covid Pandemic may give insight in the origin of these changes. The data is limited to the dermatology services.

TITLE: Cutaneous Leishmaniasis in Suriname

AUTHOR (S): SueFa Liu; R.V.P. HU, PHD, MD, Dermatologist / E. Lai A Fat, MD, Dermatologist/ K.S.M Sewpersad, MD, Dermatologist/ N. Tjon Kiem Sang, MD, Dermatologist/ D. Heidanus, MD, Cosmetic Dermatologist

Submitted for: Medical Dermatology Research

Organization: Ministry of Health, Dermatology Service, Governmental Venereal Disease Clinic, Suriname/ Academic Hospital Paramaribo

ABSTRACT BODY:

In Suriname, a nation known for its rich diversity and tropical climate, the population faces a range of health challenges. Among these challenges is cutaneous leishmaniasis, locally referred to as "Bosyaws" or "Boesie-Yasi."

The impact of cutaneous leishmaniasis extends beyond medical concerns; it also brings forth significant socioeconomic challenges, particularly for individuals residing in remote and underserved regions.

In this narrative, we will explore the epidemiological data surrounding cutaneous leishmaniasis in Suriname, as provided by The Dermatology Service, Governmental Venereal Disease Clinic.

Additionally, we will delve into a specific case where standard treatment for cutaneous leishmaniasis in Suriname, involving pentamidine isethionate, failed. This case will help shed light on the complexities and challenges encountered in the quest to provide effective care for the affected patient.

TITLE: Vulvopathology; experience of an academic outpatient clinic.

AUTHOR (S): Marja Oldhoff; Oldhoff, JM and Esajas, MD

Submitted for: Medical Dermatology

Organization: UMCG

ABSTRACT BODY:

AUTHOR: JM Oldhoff, MD Esajas

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Submitted for: Medical Dermatology

ABSTRACT BODY

Clinical vulvopathology cases will be discussed. Learning objectives will include;

- Recognition of vulvar erosive lichen planus
- When to think about superinfection
- Gynaecological problems related to vulval disease

TITLE: Nail unit melanoma

AUTHOR (S): Leon Plusje;

Submitted for: Pigmented Lesion and Melanoma

Organization: Erasmus University Medical Centre

ABSTRACT BODY:

Unlike skin diseases elsewhere on the body, in nail pathology they presents very differently. This poses a challenge to (almost) every dermatologist. Of all these diagnosing melanonychia and acral melanoma is by far the most challenging. As 75% of all acral melanoma arise from longitudinal melanonychia correct interpretation of symptoms is paramount and leads to earlier diagnosis and more favourable prognosis. But also, exclusion of benign causes of nail pigmentation.

In this presentation the anatomy and physiology of the nail complex will be elucidated for this basic knowledge is a prerequisite in understanding any nail abnormality. Practical support will be given in making diagnosing melanonychia and it's cause as well as early stage subungual melanoma more easy.

The use of dermoscopy in interpreting features in cases of longitudinal melanonychia is of utmost importance. Often other causes of dyschromia in the nail plate can be diagnosed immediately. Surgical procedures for attaining adequate biopsy specimens for histology as well as the treatment of subungual melanoma will be elaborately discussed. Recent developments in the adjuvant treatment of advanced stage III-IV melanoma will briefly be addressed.

Finally algorithms for the follow up on benign melanonychia lesions and subungual melanoma will be discussed.

TITLE: Five cases of Toxic Epidermal Necrolysis in 2023. A therapeutic challenge in medically complicated patients

AUTHOR (S): Nirmala Hallaj; R Ragobar, R Badri-Maharaj and K Samaro

Submitted for: Medical Dermatology

Organization:

ABSTRACT BODY:

We report five consecutive cases of Toxic Epidermal Necrolysis (TEN), over a 7-month period in our region. Four males and one female, with age range 17 to 85 years. The youngest patient had autoimmune cerebral vasculitis, with possible systemic lupus erythematosus, acute renal impairment, and neutropenic sepsis. The oldest patient suffered from multiple myeloma and was covid positive. Two patients had stable conditions like diabetes, hypertension and previous alcoholic liver disease. One patient was well prior. The causes, disease progression, treatment and outcome will be reviewed.

Of the five patients, three developed acute renal impairment. Two required haemodialysis. These patients were transferred to a High Dependency Unit (HDU), but succumbed to the complications. The other two, were given intravenous immunoglobulin (IVIg) 1g/kg/day over 3-5 days and successfully discharged. One received intravenous methylprednisolone. All five were treated with topical corticosteroids, paraffin wraps, intravenous hydrocortisone at any point, and supportive care with other medical specialities.

The culprit drugs were allopurinol, diclofenac/ mefenamic acid, co-trimoxazole, methotrexate and chlorophyl® herbal supplement.

The number of cases seen in this region only, within our entire population of 1.4 million, surpasses the expected TEN incidence of 1.9 cases per million people per year. Aetiologies include drugs, HLA susceptibility, malignancy, autoimmune diseases, infections, idiopathic, HIV and COVID-19 positivity. Herbal remedies are an emerging cause. The mortality rate is high. SCORTEN (severity-of-illness score in TEN) values may be useful in predicting outcome. Renal complications, precludes the use of conventional IVIg, cyclosporin and etanercept.

TITLE: Diagnosing and managing hair disorders in skin of color

AUTHOR (S): Nadia Rbia;

Submitted for: Alopecia

Organization: Erasmus MC

ABSTRACT BODY:

Hairloss is one of the most common dermatologic conditions, with a significant negative impact on quality of life. A timely diagnosis is therefore critical and trichoscopy is a technique that improves diagnostic accuracy and follow-up. There are several disorders that are noted to be more common in patients with skin of color, these include central centrifugal cicatricial alopecia, dissecting cellulitis, discoid lesions of lupus erythematosus, traction alopecia, seborrheic dermatitis, and hair breakage. We will discuss these

along with common hair loss concerns and their trichoscopic findings. Furthermore we will touch upon several treatment regimens and discuss recent scientific publications.

TITLE: Deciphering the Origin of Leprosy in Suriname

AUTHOR (S): Karin Sewpersad; W. R Faber, C. Avanzi, A. Geluk, M. Chan, H.E. Menke, and T. Pieters

Submitted for: Medical Dermatology

Organization:

ABSTRACT BODY:

Background:

The origin of leprosy in the Surinamese population is a source of conflicting scientific and public debate. Leprosy could have been introduced in Suriname after the discovery of the new world by different waves of migration from Europe, West Africa, Asia and Brazil. Modern patients and soil samples from Suriname were investigated using molecular biology to clarify the origin and spread of leprosy and the environmental presence of *M. leprae*.

Methods:

Skin biopsies from patients with MB leprosy were used for strain (sub-)typing by PCR- and whole-genome sequencing. Patients' residencies were geolocated.

Dapsone, rifampicine and ofloxacin resistance was investigated using whole-genome sequencing (HGS).

Soil samples were taken from armadillo burrows, abandoned leprosaria and living environment of leprosy patients. DNA extracted from these samples was tested by RLEpqPCR.

Results:

27 biopsies of 26 MB leprosy patients were collected of which 24 were positive for *M. leprae*. Typing revealed the presence of SNP strain 1 (Asian) and 4 (West African and South American); genotyping showed that the majority were genotype 4P. One patient harbored two *M. leprae* genotypes 1D-2 and 4P suggesting co-infection. Three out of 28 soil samples from former leprosaria were positive for *M. leprae*.

Geo-plotting showed that most patients were from population groups living along the Suriname river.

HGS was recovered from 12 strains and revealed dapsone resistance with mutation in *folP1* (P55S and P55R) in 2 patients.

Conclusions:

Despite limited sampling, strain typing suggests the introduction of leprosy in Suriname from Asia, Africa and possibly more recently from Brazil, not from Europe

Positive soil samples indicate that armadillos may play a role in the persistence of *M. leprae*.

The patients with Dapsone resistance did not show a relapse; follow-up however, was short.

TITLE: Locus Minoris Resistentiae – Chromoblastomycosis in a stoma scar

AUTHOR (S): Marilyn Suite; Dr. Naomi Dolly, Dr. Maria Bartholomew

Submitted for: Medical Dermatology

Organization: N/A

ABSTRACT BODY:

Locus minoris resistentiae, translated “ place of less resistance”, refers to a body region which is more vulnerable to infection, damage or injury. This lowered resistance may be congenital or acquired, causing the disease or injury to occur at this location rather than any other location in the body. We report a case of chromoblastomycosis occurring in the stoma scar after colostomy reversal – a case of locus minoris resistentiae.

TITLE: Prevalence of Pruritus in the Elderly Adult Population.

AUTHOR (S): Lavanya Thondavada; S chapman V.Jagessar

Submitted for: Medical Dermatology

Organization: St. James Medical Complex

ABSTRACT BODY:

Background:

Pruritus is the most common skin disorder in the geriatric population. The prevalence of pruritus increases with age and can be partially attributed to a decline in the normal physiological status of the skin. Aging is a multi-factorial process that is progressive and degenerative and leads to a decrease in the function of the whole-body system. It affects the largest organ in the body, the skin, and with aging, elderly people become more susceptible to many dermatological conditions due to the metabolic changes happening throughout the skin layers. Pruritus is a relatively common symptom that anyone can experience at any point in their life, especially in the elderly population. Itching can be a manifestation of a host of factors ranging from primary skin disorders, to psychological, pharmaceutical, immunization to socioeconomic root causes.

Methods:

This cross sectional qualitative and quantitative study will use structured questionnaires, semi-structured interviews and direct observation that will be conducted among the registered Geriatric patients, aged 65 and over, in the Gerontology clinic at the St. James Medical Complex.

Results:

Skin care regimen with emollients data to be collected from primary sources with the aid of structured, semi- structured interviews and direct observation to address the pathophysiology of xerotic skin, rapidly and significantly improves dryness, hydration, reduced symptoms of xerosis and improved quality of life in older persons.

Conclusion:

This research will conduct an evidence-based investigation into chronic itching in the elderly with emollients by significant improvement in skin barrier function, hydration and the itching associated with pruritis.

TITLE: A Literature Review of Lupus Pernio: Destructive Cutaneous Sarcoidosis in Skin of Colour

AUTHOR (S): Heather Wilson; Heather Wilson

Submitted for: Research

Organization: Ministry of Health

ABSTRACT BODY:

Background

Sarcoidosis can affect multiple organs including the skin in young and middle-aged adults. The etiology is still unclear. Common cutaneous lesions of sarcoidosis are lupus pernio, maculopapular rashes and erythema nodosum. Lupus pernio is a common specific skin variant of sarcoidosis characterized by its violaceous discoloration. This literature review will have as its primary focus lupus pernio, its current methods of management and the impact of nasal lupus pernio on the quality of life of patients.

Method

A comprehensive search of Ovid Medline, Scopus, Web of Science, and Google Scholar databases was performed to identify relevant literature on cutaneous sarcoidosis and lupus pernio. Case reports and series with potentially eligible studies were also reviewed.

Results

Lupus pernio seems to be more common in black female patients. It is easily recognizable by its location on the central face which can be a harbinger of chronic disease. This form of cutaneous sarcoidosis has been associated with disease of the upper and lower respiratory tract and bone lesions, ocular and nail disease. The centrofacial location has also brought to the fore issues of quality of life since patients inadequately treated have a higher potential to develop disfiguring scars.

Conclusion

It is important that patients with isolated cutaneous features of lupus pernio, without systemic involvement, be followed-up thoroughly by the clinician due to the likely risk of developing systemic disease in the future. Disfiguring lesions of lupus pernio can have a negative impact on quality of life of patients.

TITLE: A Case Report of Blastomycosis treated with Amphotericin B and Itraconazole

AUTHOR (S): Heather Wilson; Dr. Yaima Salazar-Oliva, Dr. Kishore Ramdass

Submitted for: Medical Dermatology

Organization: Ministry of Health

ABSTRACT BODY:

Deep fungal infections or mycoses can cause significant morbidity and mortality. The burden of deep fungal infections is not well described in Guyana. These infections range from deep cutaneous and subcutaneous mycoses to multi-organ diseases caused by primary or opportunistic fungal pathogens. Blastomycosis is a fungal infection caused by *Blastomyces dermatitidis*. The most common route of transmission is the inhalation of spores and, less commonly, traumatic inoculation of the fungus into the skin. This is a case report of a biopsy proven blastomycosis a male diabetic working in the forestry industry. Initially before presentation primary health care treatment with oral griseofulvin and topical antifungal agents for many months was unsuccessful. This patient was treated in private practice and in a hospital setting. Clinical, mycological, histological, and treatment data were collected from the medical file. Treatment was successful with injections of amphotericin B and oral itraconazole. Topical antifungal therapies are insufficient for treatment due to poor drug penetration across the subcutaneous layer. It is noteworthy that even though amphotericin B is nephrotoxic and has administration related side-effects, the patient rapidly improved with this agent. The limitation of this study is its retrospective design and small cohort size. Systemic antifungal agents can lead to complete resolution with increased survival rates in immunosuppressed individuals if clinicians have a high index of suspicion with rapid evaluation and prompt treatment. There is a need to build local capacity for mycology so as to improve on the index of clinical suspicion and diagnostic capabilities.

TITLE: Pilot Project: Post-Exposure Prophylaxis with Single Dose Rifampicin for Leprosy in Guyana to Interrupt the Transmission of Leprosy.

AUTHOR (S): Heather Wilson; Dr Holly Alexander

Submitted for: Research

PILOT STUDY

Organization: Ministry of Health

ABSTRACT BODY:

Background

Leprosy is a communicable disease caused by the bacillus *Mycobacterium leprae* affecting skin and peripheral nerves and can cause permanent damage to skin, nerves, ears, face, hands, and feet. Guyana, a low disease burden country, reports more than 50% of multibacillary cases among its new cases. Guyana with its strong contact screening capacity has trained staff visiting most contacts of index patients within three months of diagnosis of leprosy. It now seems prudent to introduce chemoprophylaxis with single dose rifampicin to suitable contacts. Since the WHO has recommended this intervention, it is hoped that after five years, by 2027, of consecutive uses of chemoprophylaxis, the Program would be treating less cases of leprosy.

Method

This pilot project, initiated in September 2022, would include suitable intradomicile contacts of paucibacillary and multibacillary leprosy patients registered from January 2019: -563 intradomicile contacts of 102 patients. The contacts of patients registered from January 2023 to present are also being administered the chemoprophylaxis.

Conclusion

The limitations of this intervention are that extradomicile contacts are not included and prophylaxis cannot be offered if index cases refuse to divulge their disease. However, on the other hand, while there are many reasons against the use of chemoprophylaxis with single dose rifampicin, such as issues of stigma and discrimination of contacts, in Guyana after one year of introduction of this intervention all contacts given rifampicin are satisfied and pleased to help their family member. Guyana would be the second Caribbean country after Cuba to offer this intervention.

FACULTY



Dr. Renuka Badri Maharaj, MBBS(UWI) has been House Officer for six years in Internal Medicine, with fourteen months spent in Dermatology at Eric Williams Medical Sciences Complex. Also Acting Medical Registrar in varying subspecialities. I have previously presented at the CDA conference in 2020 and hope to further my training in Dermatology in the near future.



Dr. Deepak Balak is a dermatologist with a drive to help advance and improve the quality of care for patients with chronic immune-mediated inflammatory skin disease.

In 2010, Deepak obtained his Doctor of Medicine (MD) and a Master of Sciences in Biomedical Sciences (MSc) at the Leiden University in Leiden, the Netherlands. At Erasmus University in Rotterdam, the Netherlands, he completed both a dermatology residency training (2017) and a PhD-thesis on clinical drug development in psoriasis (2018). In 2019, he was a fellow of the International Psoriasis Council (IPC) with Professor Alice Gottlieb at the Mount Sinai Hospital in New York, USA.



Dr. Andrew Burton is a faith-centered Jamaican physician with a fun-loving spirit. He obtained both undergraduate and postgraduate medical degrees from the University of the West Indies, Mona, and is currently in pursuit of a Doctor of Medicine in Dermatology- currently in his second year, with specific future subspecialty interest in Paediatric Dermatology. His other interests include brightly-coloured bow ties, music, socialising, travel and volunteerism.



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 founded the Dermatology Solutions Skin Clinics & Medical Spas in Montego Bay, Kingston, St. Vincent and Antigua, with a vision to - Create complete wellness; Skin, body and mind.

She has received several awards and honours academically and has extensive additional training in Cosmetic Dermatology. Dr. Campbell-Chambers is an International Fellow of the American Academy of Dermatology, past Vice-President of the Dermatology Association of Jamaica and committee member of the Caribbean Dermatology Association. She is an international speaker who has spoken at TEDx events in Canada and the United States, empowering others to "Love the Skin You're In". She enjoys educating others about dermatology.

FACULTY



Dr. Jamee Charles hails from the beautiful island of St. Lucia. She completed her Doctor of Medicine (MD) degree at the Spartan Health Sciences University in St. Lucia in 2017; during this time, she also completed her clinical clerkships at the University of the West Indies, Mona Campus and multiple training centers in Chicago, Illinois. During her medical training, she was the recipient of the Dean's List Award for academic excellence and outstanding scholastic performance. She subsequently gained entry into the Doctor of Medicine (DM)- Internal Medicine Residency Program at the University of the West Indies, Mona Campus; and completed one year of training there. She then went on to gain entry into the DM- Dermatology Residency Program at the same institution, where she is currently a second year Dermatology Resident. Dr. Charles has a keen interest in Complex Medical Dermatology; and by extension, is particularly interested in pursuing a Fellowship in Rheumatologic Dermatology in the near future.



Dr. Henry de Vries is dermatologist, Principal Investigator and Professor of skin infections at the University of Amsterdam. He also works at the Amsterdam Public Health Service STD clinic and the National Centre for Infectious diseases control. He is involved in clinical, epidemiological and diagnostic aspects of STD and emerging skin infections. Research topics are: STI in gay men, lymphogranuloma venereum, HPV related anal cancer precursor lesions (AIN), cutaneous leishmaniasis, and leprosy.



Dr. Richard Desnoes is a Jamaican graduate of the University of the West Indies, Faculty of Natural Sciences (B.Sc, 1987 Biochemistry and Zoology) and Faculty of Medical Sciences (MB.BS, 1994). He completed a Diploma in Dermatology at The University of London, St. John's Institute of Dermatology in 1998. He worked as a Medical Officer in the Dermatology Unit of the University Hospital of the West Indies for many years.

He has been employed as a Dermatologist with the Western Regional Health Authority (Cornwall Regional Hospital) in St. James since November 2015 until the present and does private practice in Kingston and St. James. He is a Past President of the Dermatology Association of Jamaica and the Caribbean Dermatology Association. Additionally, he is an Associate Lecturer in Dermatology at the University of the West Indies and is a member of the Dermatology Specialty Board of the University of the West Indies. He is interested in hospital-based clinical Dermatology and Skin Bleaching. He is married to Marlyn and writes poetry as a means of relaxation.



Dr. Gilles F.H. Diercks is a dermatopathologist affiliated with the University Medical Center Groningen, the Netherlands. Currently, he is head of the laboratory of immunodermatology, part of the national Expertise Center for Blistering Diseases. Although an all-round dermatopathologist his main interests are immunofluorescence and electron microscopy of blistering diseases. He is (co)-author of more than 130 peer reviewed articles and contributed to the textbook Autoimmune Bullous Diseases



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, Coordinator of the Master of Public Health Programme at UWI St Augustine and President of Caribbean Dermatology Association.



Dr. Martha Esajas is a gynecologist since 2001. From 2001-2013 she worked at the Martini Hospital, a Top Clinical Training Hospital in Groningen, where she devoted herself to gynecological malignancies. Since 2013 she works in the University Hospital where her focus is on gynecological premalignancies (CIN, VAIN and VIN) and vulvar disease. She participates in several clinical trials.

For the vulvar disease she leads a multidisciplinary outpatient clinic together with a dermatologist of the same hospital. She is a teacher for residents, Physician Assistants, and through the Dutch Population Based Organisation for doctor's assistants, where the focus is on cervical screening programs and vulvar disease. She is a member of the European College for the Study of Vulval Disease (CSVD) and the Dutch Society of Vulvar Disease.



Dr. Michael Fitz-Henley graduated in Dermatology in the UK with the Chesterfield Medal for first in class, with Distinction – Institute of Dermatology, London, 1985.

He was a Past President, and Founding Member of the Dermatology Association of Jamaica and a Past President and Vice President & Founding Member of the Caribbean Dermatology Association. In 2000, 2006 & 2009 he was awarded the Prof. H. Williams Award at the Caribbean Dermatology Association for research most relevant to the Caribbean. HE also received the 2014 award from the Caribbean Dermatology Association for enhancing Continuing Medical Education in the Caribbean

in the field of Dermatology.

He has Special Interests in Medical Dermatology – Especially Complex Cases; Dermatologic Surgery eg: Cancer, Flaps, Keloids, Nail Surgery etc; Dermoscopy; Sclerotherapy of Veins in the legs; Chemical peeling; Contact Dermatitis & Allergy Testing.



Dr. Barbara Horvath serves as a Professor and has been the Chair of the Department of Dermatology and the Head of the Expertise Center for Blistering Diseases at the University Medical Center Groningen in the Netherlands since 2019. Barbara Horvath received her training at Semmelweis University in Budapest, Hungary.

Professor Horvath's primary areas of expertise and research focus on immune-dermatology, specifically in autoimmune blistering diseases and hidradenitis suppurativa.

Barbara Horvath is a member of the EADV taskforce on Autoimmune Blistering Diseases and Acne, Hidradenitis suppurativa and Rosacea. She is board member of the European Reference Network on rare diseases. Barbara Horvath is associate editor of the British Journal of Dermatology, editor of the textbook Autoimmune Bullous disease and author of several book chapters and peer reviewed articles.



Dr. Trimane McKenzie is a medical doctor who in 2021 graduated from the University of the West Indies, Mona, having obtained his MBBS degree. McKenzie completed both his internship and Senior House Officer (SHO) role at the University Hospital of the West Indies (UHWI) in Jamaica. During his tenure at the UHWI, he actively engaged in a variety of collaborative research Projects.

Currently, he serves as a Medical Officer at the Kingston and St. Andrew Health Department in Jamaica, where he continues to positively impact the healthcare sector. His hope is to complete a residency in dermatology and eventually a fellowship in rheumatologic dermatology.



Dr. Marja Oldhoff is a consultant dermatologist at the University Medical Hospital in Groningen (UMCG), the Netherlands where she leads the multidisciplinary vulval service together with dr Martha Esajas, gynaecologist. She is a member of the International Society for the Study of Vulval Diseases and the Dutch Society for the Study of Vulval Disease. She is responsible for the training of dermatologists in the UMCG since 2020 where she started working since 2014. Between 2009 and 2014 she was working as a general dermatologist in the Utrecht area. Her dermatological training was between 2003 and 2009 in the University Medical Hospital in Utrecht, where she also finished

her thesis on atopic dermatitis in 2006. She has special interest in infectious diseases, genital dermatosis, mastocytosis, atopic dermatitis and education.



Dr. Leon Plusjé studied Medicine at Erasmus University Rotterdam. Followed by internships in surgery and plastic surgery and a formal training as a dermatologist at the Leiden University Medical Center.

Currently working as dermatologist at the Red Cross hospital and burn care centre in Beverwijk. In addition, associated as an extraordinary staff member at the Dermatology department of the Erasmus University Medical Centre in Rotterdam. Gained a special interest in nail pathology.

Member of the European Nail Society and the American Nail Council.



Dr. Rhea Ragobar, MRCP (UK), SCE Acute Medicine (UK), MBBS (UWI), MSc Clinical Pharmacy (UK), BSc Pharmacy (UWI) is a House Officer at Eric Williams Medical Sciences Complex, Trinidad, in the Department of Medicine for three years with the last 15 months with the Dermatology team. Prior to starting her career in medicine, she worked as a pharmacist for more than 10 years in both retail and hospital pharmacies. She is currently aiming to further specialization in dermatology in the near future.



Dr. Nadia Rbia Final year resident at Erasmus MC Dermatology with special interest in ethnic skin, Mohs surgery and hair and nail diseases. Completed a PhD at the plastic surgery department of Erasmus MC and at Mayo clinic on the topic of nerve regeneration. Will finish residency in the beginning of 2024.



Dr. Marilyn Suite is a medical graduate of the University of the West Indies and has practised as a dermatologist in Trinidad and Tobago for almost 40 years having gained her qualifications in the United Kingdom. She is a former consultant dermatologist at the Port of Spain General Hospital, Trinidad and the Scarborough General Hospital, Tobago and former Specialist Medical Officer, Hansen's Disease Control Unit of the Ministry of Health Trinidad and Tobago.

She is a former Associate Lecturer and Associate Clinical Instructor in Dermatology, University of the West Indies, and former visiting lecturer for the Diploma and MSc in Clinical Dermatology, Cardiff University, Wales. Dr. Suite is a founding member of the Caribbean Dermatology Association and was its President from 1996 to 2002. She served as Secretary from 1992 to 1994 and held the post of Vice President from 2012 to 2018.



Dr. Donna Thompson is a Consultant Dermatologist and current Specialty lead for Dermatology at the Birmingham Skin Centre, City Hospital, Sandwell and West Birmingham Hospitals NHS Trust, Birmingham, UK. Her subspecialty interests include Paediatric Dermatology, as well as Cutaneous Allergy, and she is the lead physician for a dedicated Regional Cutaneous Allergy Service. She has worked as a Dermatologist in the West Midlands region for many years and has extensive experience managing patients from a diverse population.

Dr. Thompson is a published author in peer reviewed journals, and has been an invited speaker at national and international events. She has organized more than 100 educational meetings at a local, regional, national and international level.

32nd Caribbean Dermatology Conference



Dr. Lavanya Thondavada is Registrar at the St. James Medical Complex and runs the Dermatology Clinic at Woodbrook Health Center on Tuesdays. Since 2013 doing dermatology practice at West shore Medical and also in Doctors Inn Port of Spain since 2015.



Dr. Pamela Venlo is a general practitioner. She completed her medical studies in Cuba from 2009 to 2016. In 2018 she completed her training as a general practitioner. She provided her services at the RGD (Regional Health Service) for the first 5 years, February 2018 to April 2023 and recently started her residency in Dermatology.



Dr. Heather Wilson is a General Practitioner with Specialist Interest in Dermatology who has been working at the main Public Health dermatology clinic since 2011. I am very passionate about Dermatopathology and Surgical Dermatology.

My ambition is to reorganize the dermatology system in Guyana so that patients can have easy access to the best care. Eczema, Psoriasis, Sarcoidosis, Leprosy and Vitiligo are main areas of interest as it pertains to pigmented skin.

I am a confident and diligent worker with well-honed communication skills and aim to educate medical students/doctors on the nuances of clinical dermatology.