

DERMFEST 2017 - ABSTRACTS

MORNING SESSION 1

Frontal fibrosing alopecia - the Darth Vader of trichology

Dawn Caruana, Consultant Dermatologist

Frontal fibrosing alopecia (FFA) describes hair loss and scarring characterised by progressive frontotemporal hair line recession. Since it was described in 1994, there has been an exponential increase in reported cases of FFA in the literature, with a similar increase in cases seen in clinical practice. This presentation will include an overview of the clinical and histological features of FFA and tips regarding early and timely recognition of the condition, through real-life cases and case series. We will also discuss up-to-date treatment options, ways of monitoring disease activity and prognosis.

Isotretinoin – how to use it and how to manage the risks of depression, suicide and inflammatory bowel disease

Catalin Popescu, Associate Professor of Dermatology, Carol Davila University of Medicine, Bucharest, Romania

Isotretinoin has dramatically changed the lives of patients with nodulo-cystic acne. In low dose it is also very effective in less severe acne cases, in which other therapies have failed to achieve long-term remission. However, isotretinoin is frequently underutilised due to fears of rare but severe adverse effects such as depression, suicide and inflammatory bowel disease. Are these fears justified? What is the best available evidence regarding these risks? How should they be managed?

Behçet's disease: challenges in diagnosis & management

Bernard Coleiro, Division of Rheumatology, Department of Internal Medicine, Mater Dei Hospital, Malta

Behçet's syndrome is a condition characterised by different clinical manifestations including the commonly occurring recurrent mouth aphthae as well as other less common features. When the latter features are the predominant form of presentation this may pose a diagnostic challenge. Treatment for Behçet's disease may also be problematic as patients may fail to respond to immunosuppressive therapy. This presentation will discuss some of the challenges involved in the diagnosis and treatment of Behçet's disease.

MORNING SESSION 2

What's new in Genito-Urinary Medicine?

Philip Carabot, Consultant Genito-Urinary Physician, St James Hospital, Malta

Are we winning the battle against the STIs? It may appear so, with some success in the implementation of the UNIDS 2014 programme 90-90-90, at least in some countries but not in all Eastern Europe and Central Asia in particular. The overall rate of other STIs keeps increasing, syphilis amongst MSM in particular. The introduction of PREP is hailed as a huge milestone, but at what cost? Gonorrhoea is becoming practically untreatable in many parts of the world with few viable new antibiotics in sight. Apart from the undoubted success of the Hepatitis B and HPV vaccines, there have been no major advances in the search for vaccines against other infections. Are we winning?

Advances in laboratory investigations in Dermatology & Genito-Urinary Medicine

Christopher Barbara, Clinical Chairman, Department of Pathology, Mater Dei Hospital

The pathology laboratories at Mater Dei Hospital provide the Dermatology Department with a wide range of tests which help in the diagnosis, management and monitoring of dermatological conditions. The Pathology Department receives many requests over the year from the Dermatology Department as shown below:

Pathology Specimens from Dermatology Department				
	2014	2015	2016	2017 (up to Sept)
Microbiology	190	210	414	473
Chemistry	2216	2683	2722	2156
Haematology	1115	1166	1340	1033
Histopathology	1863	2040	2824	2359
Total	5384	6099	7300	6021

Advances in technology have expanded the menu of tests offered. Histopathology includes special stains for neoplastic and non-neoplastic disease including inflammatory dermatosis,

infectious conditions and assessment of alopecia. Immunohistochemistry is performed as required, predominantly for neoplastic disease but also, occasionally, for non-neoplastic conditions. There is also a direct immunofluorescence service. Flow cytometry is used in the diagnosis of cutaneous lymphoma. Microbiology will be improving its service by introducing the identification of bacteria and fungi using the Malditoff system. Besides being much cheaper and cost effective for organism identification, the turnaround time for identification from a colony will now be shortened to about 12 minutes. Virology has extended diagnosis of HIV using rapid 4th generation assays. These tests are point of care and an anonymous service of testing will be offered at the GU clinic. The molecular diagnostics laboratory has made several advances within the last years where multiplex PCR diagnostic tests are being offered. Viral loads are being processed locally for hepatitis B, C and HIV and antiviral resistance testing is also being done locally.

The wide range of Dermoscopy in daily use

Andreas Blum, Assistant Professor of Dermatology, University of Tuebingen, Germany

The wide range of dermoscopy starts with different useful instruments. Special interests will be about the areas of the use of dermoscopy, indication, skin tumors, the need of the knowledge of the excision rate (malignant versus benign), follow-up of skin tumors, inflammatory skin disease, trichoscopy and onychoscopy. Visual ideas and questions will close this presentation.

Antibiotics in Dermatology Practice

Joseph Pace, Consultant Dermatologist

Antibiotics are commonly prescribed by dermatologists primarily for acne and rosacea, but also for many other inflammatory and infectious diseases where antibiotics are central for optimal management. Multiple growing national and global concerns from the UN, WHO, and the World Medical Association (among many others)* related to antibiotic resistance make it mandatory for all healthcare professionals to critically address their prescribing habits and patient compliance and initiate an antibiotic stewardship policy to optimise drug dosing and duration that might help minimise the emergence of resistance. This presentation addresses current antibiotic usage, the potential adverse effects to both the individual and the community, and makes suggestions for an effective antibiotic stewardship policy to attempt reduction of the serious concerns that have arisen.

**"The global increase in antibiotic resistance has created a public health problem of potential crisis proportions"
World Medical Association 1996*

"Resistance of P..acnes to antibiotics is an INCREASING PROBLEM. Its mechanism, prevention, and therapy require URGENT ATTENTION..." Cunliffe W. J Derm 2000

Eternal youth granulomas

Franco Rongioletti, Full Professor and Chairman, Unit of Dermatology, University of Cagliari, Italy

Granulomatous reactions to dermal fillers for tissue augmentation is a rare but possible late complication occurring both with permanent (more frequent) and biodegradable or resorbable products. Predictions cannot be made for possible late reactions, sometimes occurring even after 18 years. Although clinical diagnosis seems to be an easy task, the issue is sometimes challenging if cosmetic intervention is denied or not mentioned by the patient or by the referring physician. Identifying the filler is therefore difficult and experts may be called in trials to solve the problem. Histopathology is the best means to obtain the correct diagnosis and to identify the type of filler particles. In fact, the particular configuration of the vacuoles and cystic structures inside the granulomas reflects the shape of the injected implants particles. The clinical and microscopic features, the pathogenesis and the treatment of the granulomatous reactions to dermal fillers for tissue augmentation will be presented. Moreover, a new clinical situation in which some patients, in the quest for physical perfection, become addicted to multiple sequential cosmetic injections, increasing the risk of adverse reactions will be also discussed.

AFTERNOON SESSION

DERMATOLOGY & GENITO-URINARY MEDICINE IN GENERAL PRACTICE

Management of viral warts in General Practice

Michael Boffa, Consultant Dermatologist & Senior Lecturer in Dermatology & Caroline Galdes, General Practice Trainee, Department of Dermatology, Sir Paul Boffa Hospital, Malta

Viral warts are benign skin growths caused by infection with the human papilloma virus. They are common and are a frequent reason for consultation in general practice. Clinical diagnosis is usually easy but management may be challenging. Not all warts need treatment as most give little inconvenience and will eventually resolve spontaneously without scarring, however they may persist for a long time. Common reasons for patients requesting treatment of warts include their unsightly appearance, fear of the warts spreading and pain, especially with plantar warts. Unfortunately, none of the available treatments kill the causative virus. This presentation will discuss management options for viral warts applicable to general practice. These include no treatment, simple measures like wart paints, occlusion with duct tape, topical retinoids, imiquimod and some other innovative approaches. Recommendations for safe use of cryotherapy for viral warts in general practice will also be presented.

Clinical Pointers to melanoma - which lesions require urgent referral?

Eileen Clark, Consultant Dermatologist & Ian Baldacchino, General Practice Trainee, Department of Dermatology, Sir Paul Boffa Hospital, Malta

Melanoma is a malignant tumour and its thickness at the time of removal is the key determinant of the patient outcome. There are different types of melanomas, some of which commonly have an early slow growth phase, where malignant cells stay within the epidermis in an 'in-situ' phase before they acquire the capacity for invasion. This phase may last many months or even years and if the melanoma is detected and removed in this phase of early growth, it may be curable. Thus, physicians have the potential to reduce the mortality of this disease. There are various tools to help physicians recognise the signs of a malignant melanoma. It is important that such lesions are recognised as being suspicious for melanoma, and referred urgently for further assessment.

Management of urticaria in General Practice

Sue Aquilina, Consultant Dermatologist & Krystle Ebejer, General Practice Trainee, Department of Dermatology, Sir Paul Boffa Hospital, Malta

Two typical cases of urticaria in an adult and child are presented. Making a diagnosis of urticaria is easy if one takes a good clinical history. The history is also used to check for any underlying triggers or aggravating factors, which should be removed where possible. The choice of investigations is discussed, but blood tests might not be needed if a patient responds well to oral antihistamines. Modern second-generation oral antihistamines are indicated as first-line symptomatic treatment, with up dosing if necessary. Referral to a dermatologist is indicated when there is insufficient response to antihistamines, or if urticarial vasculitis is suspected. Systemic steroids may be needed in short rescue courses but long-term use should be avoided. Omalizumab is a new treatment option in patients who do not respond to oral antihistamines or second-line treatment options.

Ten tips and tricks for common skin disorders

Catalin Popescu, Associate Professor of Dermatology, Carol Davila University of Medicine, Bucharest, Romania

The patient consults you. You quickly make the right diagnosis. You prescribe a treatment that is known to work but you do not get the expected result. What next? Even common diseases may sometimes need less common approaches. Do you have something up your sleeve? This presentation will include ten tips and tricks that might help you when you do not know what to do.

Re-emergence of syphilis: testing, treatment and follow up of an old disease in the new era; the role of the general practitioner

Valeska Padovese, Consultant-in-charge of Genito-Urinary Clinic & Yanica Vella, General Practice Trainee, Genito-Urinary Clinic, Mater Dei Hospital, Malta

In 2015 Malta reported 11.5 confirmed syphilis cases per 100 000 population, which is one of the highest rates in Europe. The majority of infections were reported in people older than 25 years while young people between 15 and 24 accounted for less than 10% of cases. The increases continue to be driven by increased cases among men, specifically among men who have sex with men (MSM), likely to be due to both behavioural and testing reasons. The concomitant rises in the trend for other STIs suggest that high-risk behaviour is increasing. This is particularly relevant when considering the high proportion of HIV co-infections, particularly among MSM. The authors describe epidemiological trends, clinical manifestations, laboratory investigation, treatment and HIV co-infection in patients diagnosed with syphilis at the genitourinary clinic (GUC) in the last decade. Promoting safer sexual behaviour and increasing testing rates among risk groups through targeted prevention campaigns is essential to prevent cases and reduce the risk of complications due to late diagnosis. Development of Point of Care Testing (POCT) for HIV and Syphilis in MSM and sex workers is under evaluation at the GU clinic.

Skin conditions that require urgent referral

Charmaine Apap, Resident Specialist in Dermatology & Caroline Attard, General Practice Trainee, Department of Dermatology, Sir Paul Boffa Hospital, Malta

Although in the practice of Family Medicine one does not frequently encounter dermatological emergencies, it is important to be able to recognise the conditions which should prompt urgent referral to the Dermatology Department. The warning symptoms and signs that one should look out for when examining such patients are discussed and the most important dermatoses that should not be missed including erythroderma, bullous disorders, serious skin infections and severe drug eruptions in both adults and children are reviewed.

Diabesity - diabetes, obesity & the skin

Franco Rongioletti, Full Professor and Chairman, Unit of Dermatology, University of Cagliari, Italy

Diabesity' is the term for diabetes occurring in the context of obesity. Obesity and diabetes are widely recognized as "epidemic" diseases in the Western world and are associated with numerous skin manifestations which may have a profound impact in the ordinary life of the patients. In particular, this presentation will deal with new or revisited skin clues in the setting of diabesity. Recognizing that diabetes and obesity can both exacerbate and increase the likelihood of many dermatological conditions will permit earlier diagnosis and treatment of these conditions.

TRAINEE PRESENTATIONS

A study of melanoma and skin phototypes in Malta -

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Skin phototype is one of the factors determining melanoma development, with the fairer skin types I and II being associated with a higher risk. The majority of the Maltese population is of skin types II to IV, type III being the commonest. This study aimed to identify any associations between melanoma patients with different skin phototypes and the histological subtype, Breslow thickness and site. Patients diagnosed with melanoma between January 2012 and June 2014 were included. Data was gathered from the Malta National Cancer Registry. There were a total of 167 registered cutaneous melanoma cases; 135 were included in the study. There were 22 patients (16.3%) with skin type I, 82 (60.7%) with skin type II, 29 (21.5%) with skin type III and 2 (1.5%) with skin type IV. There was an association between melanoma and skin phototype ($p < 0.001$), with cutaneous melanoma being commoner in the fairer skin types I and II, as expected. There was also an association between skin phototype and histological type of melanoma ($p = 0.005$), with *in situ* melanoma being the commonest subtype in patients with skin types III. This study confirms that skin phototypes III and IV have a decreased risk of melanoma as compared with types I and II. It goes further by illustrating that, at least in the Maltese population, melanomas in patients with skin type I and II are more likely to be invasive when compared to skin types III and IV ($p = 0.00027$). Melanomas in patients with skin type III tend to be excised at the *in situ* stage. Further studies are needed to clarify why this occurs and possibly investigate any innate protective mechanisms.

Neutrophilic dermatosis of the dorsal hands

*D Micallef, M Bonnici, *D Pisani, D Mintoff, *O Woods, M J Boffa; Department of Dermatology, Sir Paul Boffa Hospital, Malta & *Department of Pathology, Mater Dei Hospital, Malta*

Neutrophilic dermatosis of the dorsal hands (NDDH) is an uncommon localised variant of Sweet syndrome characterised by tender erythematous plaques, pustules and bullae on the dorsae of the hands. In this presentation we report three new cases of NDDH in Malta. All patients were female, aged 60-82 years and presented with ulcerated violaceous plaques on the dorsae of the hands. The diagnosis was confirmed histologically in each case. Neutrophil leucocytosis was noted in all cases and two had raised inflammatory markers. None of the cases were associated with inflammatory diseases or malignancy and all resolved with corticosteroids. We performed a comprehensive literature review and found 94 cases of NDDH reported on PubMed. The mean patient age was 59 years and 60.5% were females. 84.0% of cases had reported bilateral

involvement and other sites were affected in 31.9%. Underlying disease was found in a significant proportion, notably 13 cases of recent infection, 11 cases of haematological disorders (myeloproliferative disorders, myelodysplasia, or malignancies), 9 cases of active solid organ tumours and 3 patients with inflammatory bowel disease. Systemic and/or topical corticosteroids were employed in the treatment of 77.7% of cases while dapsone and colchicine were the commonest steroid-sparing agents used. All treatment regimens led to improvement which was often rapid and complete. While NDDH is uncommon, the fact that three cases were encountered locally over five years raises the possibility that the condition might actually be commoner than thought and may be misdiagnosed. Awareness of NDDH is important since a correct diagnosis would trigger a search for underlying diseases and proper treatment with corticosteroids and/or steroid-sparing agents.

An unusual cause of genital swelling

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Genital swelling can develop acutely, sub-acutely or chronically and can be secondary to a variety of different medical and surgical causes. Specifically in men, non-painful subacute and chronic genital oedema can pose a diagnostic conundrum. We present the case of a 25-year-old man with a four-year history of increasingly severe and persistent penile and scrotal swelling. Skin biopsies showed granulomatous inflammation. Blood investigations revealed a mild anaemia with folate and iron deficiency. On questioning, the patient also admitted to a history of change in bowel habits and bleeding per rectum. For this reason he underwent an oesophago-gastro-duodenoscopy and colonoscopy which showed raised perianal lesions, aphthous ulceration throughout the colon, and tightening and inflammation of the ileo-caecal valve. Colonic biopsies showed numerous discrete non-necrotising granulomas. These investigations thus supported the impression of Crohn's disease with extra-intestinal metastatic involvement of the genitals as the cause of the genital swelling. The patient was treated for Crohn's disease with oral prednisolone, azathioprine and infliximab with subsequent improvement in the swelling. Crohn's disease is a very uncommon cause of non-ulcerated penile and scrotal oedema but one which should nonetheless be considered by the clinician when faced with this presentation.

Watch the spider!

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Spider bite poisoning is a relatively uncommon occurrence in Europe. In Malta two spiders, namely *Steatoda paykulliana* and *Loxosceles rufescens*, are known to have poisonous venom.

The former only causes mild localized pain and no known cases were recorded in Malta while the latter can cause potentially serious localized and systemic features called loxoscelism. Presentation may vary from mild discomfort to severe pain, skin necrosis and systemic features. We report the second known case of spider poisoning in Malta caused by *Loxosceles rufescens*. A young female presented with localized pain and erythema on her left thigh following a witnessed spider bite. Local features progressed to dermonecrosis while systemic features including fever, fatigue and generalized erythematous eruption lasted for 6 days. The patient was managed by a multidisciplinary team and the area healed with scarring over 2 months. Despite being a rare occurrence, clinicians should be aware of spider bite poisoning and its presentation as it could lead to potentially serious complications.

A study of acne antibiotic resistance in Malta

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Acne is a common dermatological disease with a significant impact on the patient's quality of life. Long courses of topical and oral antibiotics are commonly used to treat acne. However, *Propionibacterium acnes* (*P. acnes*) resistance is becoming more common as reported in various countries. There are no studies available reporting the antibiotic sensitivities of *P. acnes* in the Maltese population. This study therefore aimed to determine the antibiotic sensitivities of *P. acnes* in Maltese patients with acne. Patients were recruited from dermatology outpatient clinics both at Sir Paul Boffa Hospital and private clinics. Demographic and clinical data including previous treatments used were recorded. Swabs were taken and sent for culture and sensitivity to minocycline, doxycycline, tetracycline, clindamycin, azithromycin and co-trimoxazole. There were a total of 110 patients of which 93 had a positive culture for *P. acnes*. Nineteen percent (n=18) of the patients with a positive culture had resistance to at least one antibiotic. Resistance was highest with azithromycin (17%, n=16) followed by clindamycin (15%, n=14), tetracycline (2%, n=2) and doxycycline (2%, n=2). There were no resistant strains to minocycline or co-trimoxazole. This is the first study documenting antibiotic resistance in *P. acnes* in Malta. It is relatively low compared to other countries. Resistance to all tetracycline antibiotics is common however in our study strains resistant to doxycycline and tetracycline were sensitive to minocycline. These results may help direct the choice of antibiotic for treating patients with acne and underline the need for further studies in this area.

The re-emergence of lymphogranuloma venereum in Europe, a Maltese case

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Lymphogranuloma venereum (LGV) is a sexually transmitted infection (STI) caused by *Chlamydia trachomatis* serovars L1-L3, L2 being the most common. Prior to 2003, LGV was considered a tropical disease and thus, generally sporadic and 'imported' into Europe from endemic countries. In recent years LGV has been consistently on the rise, especially in HIV positive men who have sex with men (MSM) with high-risk sexual behaviour, and several EU countries have reported an increase in the incidence of LGV. Current guidelines recommend screening all MSM who give a history of receptive anal intercourse in the previous 6 months for anorectal *Chlamydia trachomatis* infection. MSM who result positive for anorectal infection, should subsequently be screened for LGV. Approximately 25% of LGV infections can be asymptomatic and may represent a missed pool of undiagnosed LGV. In April 2016, the GU Clinic in Malta started screening all MSM who test positive for rectal *Chlamydia trachomatis* for LGV, irrespective of HIV status. The test consists of a rectal PCR swab for the detection of L1, L2, L3 *Chlamydia trachomatis* serovars. To date, there have been 60 documented diagnoses of rectal *Chlamydia trachomatis*, with one patient testing positive for LGV, serovar L2. This is the first documented LGV case in Malta in a HIV negative MSM on Pre-Exposure Prophylaxis (PrEP). As with other STIs, education on prevention, a high index of suspicion and early diagnosis and treatment are essential to prevent late, irreversible complications such as anal fistulae and strictures. From a public health perspective, surveillance and notification of LGV cases are essential to provide a clearer picture on its emergence in Europe.