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5TH EADV SPRING SYMPOSIUM

Istanbul, Turkey
May 22-25, 2008

SYMPOSIUM SECRETARIAT
5th EADV Spring Symposium
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A good deal of friendly ribbing usually takes place between the different specialties in a hospital. It is often part of the professional culture and everyone remembers stories about the physical strength of orthopaedic surgeons, the projected intellect of internists or the encyclopaedic - if untimely - knowledge of pathologists. And how do dermatologists fare in this? You have probably heard about the 'Doctor-of-the-ten-ointments' and how patients with skin disease neither get well nor ever die thereby securing a steady income for dermatologists. Often money and cosmetics manage to creep into this kind of conversation and rarely do they do so in a positive way. Occasionally you will therefore find a dermatologist who is worried about the reputation of our field.

In truth, all this is merely a sign of completely justified envy and should cause no worry. But it is not fair to our patients, which is much worse. After all, dermatological patients suffer in a way that few other patients suffer: They suffer publicly. Internal disease, even if mortal, is largely private and does not necessarily intrude in the social life of a patient. In contrast, skin disease is public. Anyone can recognise diseased skin, and with the recognition comes the reaction. Our patients therefore need us not only to heal their diseases, but to heal their lives as well. The best way to do this is to rally round the professional and scientific societies that provide the academic backbone of our specialty nationally as well as internationally.

This year has witnessed many changes in the Academy, the most important perhaps being that many more countries are now represented on the Board. This allows us to draw on the strength of additional talent for the greater benefit of both the patients and the Academy, which is not all that bad if you think about it.
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After going through a stormy period of heavy changes in the statutes and rules of our Academy (and a long phase of transition), the EADV has now reached safe shores. The daily life and work was always very intense, but now it can really expand and reach out towards new tasks. The Academy is healthy, vigorous and full of life thanks to the commitment of so many enthusiastic members who devote a lot of energy to common goals and to help advance our specialty, thus improving the lives of our patients.

Looking back at the challenges occurred last year, I am a little bit ashamed that I have bothered you with so much politics - and mostly internal politics. Some of these issues were important and - apart from minor “querelles”, which is something normal among human beings - most of the work was fun. A lot of things have changed: we moved to Switzerland, we increased the number of staff in our house, we started to lobby at EU level and we increased the number of issues per year of our journal (JEADV). We also continued and professionalised the “Fostering Dermatology and Venereology Programme” started by Past President Jean-Hilaire Saurat, we changed our statutes considerably to allow postal votes - thus extending participation and representation to all European countries in a truly democratic fashion - while new membership categories were defined, especially with attractive benefits for young colleagues (“junior members”), and task forces were established for many fields in our discipline, among many more things.

None of this would have been possible without the tremendous effort and help of our administrative staff headed by chief administrative officer Nancy Induni together with Catherine Cathala, Marika Wendler, Judith Strasser, Stefanie Blum, Elli Donou and Sophie Cambron. Also crucial has been the tremendous input of our committees and their chairpersons, the invaluable help and comments from all the Board members and the enthusiastic (and often exhausting) labour within the executive committee. Special mention must be made to Treasurer Jón Olafsson, Secretary General Joe Pace and congress presidents Andreas Katsambas and Erwin Tschachler.

There are some societies where the role of a president is “an easy burden” and one would be tempted to continue in such position for longer. Fortunately, this is not possible at the EADV, and I am happy to put the burden on the shoulders of my successor, Alberto Giannetti, who I am sure will lead our Academy in a brilliant way to a bright future.

A major scientific breakthrough

Many dermatologists from both private practice and hospitals and universities approached me to focus more on real dermato-venereology. They feel that some facts and news concerning skin and sexual health or disease would be a good thing to include in our newsletter. It would not hurt to give some space to real hot spots in the field. For me, the year 2006 started with a major breakthrough: the pathophysiology of eczema and dry skin. The Scottish-Irish group around Dr. McLean published a highly significant association between mutations in the epidermal differentiation complex on chromosome 1, (namely profilaggrin) with ichthyosis vulgaris and with dry skin in atopic eczema. All of a sudden, what we had known for a long time became...
clearer, namely that our skin has not only an immunological, but also a physico-chemical barrier against environmental noxious substances, be they irritative-toxic or allergens. However, the mechanism underlying the so-called “dry skin” was never really understood. These new studies have opened our eyes and have stressed the importance of barrier proteins involved in forming the cornified envelope in normal skin, thereby helping the understanding of the pathomechanisms of atopic eczema, which is not just an “immune” disease. The epithelium - for a long time regarded as inert and boring - plays a central role and must not be forgotten in our excitement about the immune reactivity from dendritic cells towards many subgroups of T lymphocytes and amplifying mediator-secreting mast cells, basophils and eosinophils.

Scientific progress can be achieved only through intense research which will finally lead to new strategies in diagnosis and treatment. The basic researchers have to work hand in hand with the clinicians, because there is no meaningful genotyping without clinical excellence in the definition of phenotypes. A good dermatologist is a prerequisite for any progress in basic dermatological research.

Advocating for our patients

With this in mind we can proudly be the advocates for our patients and also use new therapeutic options. Dermatologists should not leave the exciting new “biologics” to other disciplines just because they are expensive or may have side effects. A good dermatologist has to be in the mainstream of scientific progress and try to use all modern methods and facilities. This does not mean giving up good and established classical treatment modalities like antiseptic colourings or anthralin. Our strength is that dermatologists understand both the tricks and secrets of galenics in topical therapy and the benefits and risks of systemic treatments, be it in oncology with monoclonal antibodies or protein kinase inhibitors, inflammatory diseases with soluble cytokines, receptors or antibodies, antiviral combinations in HIV, vaccination strategies, new surgical modalities and many others.

In a time of increasing competition between disciplines, the solution for our field is for dermato-venereologists to be better than others in treating our patients. They are our best allies when we approach the public or governments. Therefore, we include lay groups and patient organisations in our lobby activities at EU level, launched this year with receptions in our house on selected topics of “Skin and sexual health in Europe”. Past President Martin Black gave us this title at the London congress.

Dermato-venereologists can be active at several levels; they are excellent advisers for governments, public health and prevention issues. They are very experienced in consumer protection thinking of declaration laws for ingredients of cosmetics, drugs or food.

Furthermore, the skin is a signal organ for many diseases and problems: for environmental damage (e.g. dioxin and chloracne), for many internal diseases (e.g. acanthosis nigricans) and for psychological stress often unconscious for the patient (e.g. urticaria factitia).

Our exciting specialty has all the options to attract the best and brightest young doctors; we should not miss this chance. Junior members (anybody under 35 years) are most cordially welcome to the EADV!

Johannes Ring

"A good dermatologist is a prerequisite for any progress in basic dermatological research."

"Skin readers"

Dermato-venereologists can read the skin like a book. The stigmata of atopy as, for instance, ichthyotic palms or Dennie-Morgan’s fold are more predictive than measuring IgE in serum. When a mother with an eczema child comes to me, I look at her palm and tell her that some cousin, uncle or aunt, has hay fever. “How do you know?” she asks, and I say: “We are as efficient reading palms as a Gipsy woman in Granada - and probably better!”

We have often talked about problems and - still more often - we have continued to complain about the different kinds of difficulties our specialty is facing. We should also talk about the opportunities and strengths and the fun it is to deal with patients whom nobody can help better, cheaper and faster than we do as specialists. Maybe this economic argument should also be used more often and with a louder voice towards health officials and insurance companies who want to save money!

"Patients are our best allies when we approach the public or governments."
The time of the 15th EADV Congress in Rhodes has come and Professor Katsambas and his colleagues - with the aid of Professor Luger and the Scientific Committee - have formed a spectacular scientific programme that encompasses all fields of dermatology and venereology. The 3-day programme includes 13 courses, 45 symposia, and 31 workshops, all of them chaired by prominent dermatologists and presented by expert speakers in the specific area of interest.

The selected topics ensure that all aspects of clinical dermatology - ranging from psoriasis, acne and autoimmune bullous disease to cosmetic dermatology, bioengineering of the skin and psychodermatology - are covered thoroughly and with the highest scientific standards. In terms of content, the following new sessions have been introduced in the programme: “Diagnosis and management of the photosensitive patient”, “Prevalent disorders in the Mediterranean”, “Advances in the management of leg ulcers” and “Skin manifestations of endocrine disorders”. In addition to the main programme, 13 lunch sessions will focus on specific topics such as androgenetic alopecia, molecular basis of skin cancer, Lyme borreliosis and principles of clinical photography.

Programme highlights
For those who wish to test their abilities in clinico-pathology, a wonderful opportunity will be provided in three test-yourself sessions, which will focus on clinical dermatology, venereology and histopathology. The highlight of the scientific programme will be marked by the opening lecture of Professor C. Orfanos, entitled “From Hippocrates to Modern Medicine”. Moreover, at the plenary sessions a number of distinguished figures of both our specialty and medicine will offer their insight and expertise on the topics: “Advances in dermatology: From bench to bedside” (Professor Katz), “Collagen in health and disease” (Professor Krieg), “Skin, stress and the nervous system” (Professor Chroussos), “STIs across Europe” (Professor Waugh) and “Lessons of autoimmunity: Sjogren’s syndrome” (H.M. Moutsopoulos).

What’s new
The concluding “What’s New” session will provide a useful update on advances in Dermato-Venereology (Professor Stingl), Dermatological Research (Professor Schwarz), Dermatotherapy (Professor Giannetti) and Dermatological Surgery (Professor Landi).

Nearly 250 free communications and 2,000 posters will also be presented during the days of the Congress, whereas 18 satellite symposia will supplement the overall programme. In addition, the meetings of the Sister Societies will take place at the Congress venue on Wednesday, 4 October, offering an attractive programme on selected topics of discussion.

Local Scientific Committee
Rhodes, the City of Helios

When somebody visits Rhodes for the first time, aware of the myth that sets the island as the home of Helios - the sun God - they cannot help but start their stay in this magic place with a good disposition.

This “love affair” is surely related to the famous mythical liaison, which claims that Rhodes is the child of Aphrodite, the goddess of love.

Among the many ways to enjoy and be seduced by this island, the visitor will find:

- The extraordinary Valley of the Butterflies, the area known as Seven Springs and the beautiful forests of the Rhodian deer, one of the island’s symbols.
- Other towns, such as: Lindos, Kamiros and lalysos - all of them in ruins today - remind us of over 2,500 years of the island’s history.
- The omnipresent Byzantine churches, with their outstanding frescoes, are the confirmation that the Greeks aspired to keep their essence despite the many invaders who always failed to enslave them.
- The exquisite courtyards of the traditional houses of the “Marasia” and the cobbled lanes of villages that modern architectural trends have not succeeded in spoiling.
- The modern and luxurious hotels which show that Rhodes still leads in the tourist industry.

The unique nightlife and the hundreds of ways people from the island enjoy themselves, both at traditional festivals, where everyone performs traditional Greek dances - the sousta, the sirtos, the kalamatianos - accompanied by the violin and lute, and at the top-quality cultural events that take place daily in the nightclubs of Rhodes.

Local Congress Organisers

Rhodes highlights

- The ancient Acropolis of Rhodes, located in the district of Ag. Stefanos (Monte Smith) where you can see the ruins of the Athena Polias and Pythian Apollo temples.
- Rodini, a small river-valley in the outer city.
- The official Institute of Hydrobiology (Aquarium) on the northernmost tip of Neohori.
- The fortress town, divided into two parts:
  - The Kollakio or Kollako to the north, including Knights Street, the Palace of the Grand Master (Castello), the official churches of the Order, the Hospital (today’s museum) and other buildings.
  - The Burgh or Hora to the south, with the old market (Socrates Street) and Turkish bazaar around Suleiman’s mosque.
- The Archaeological Museum of Rhodes, housed in the medieval building of the Hospital of the Knights
- The Grand Palace, first built by the Knights of St John of Jerusalem on the site of a 7th century Byzantine fortress.
- The Clock Tower, placed opposite the castle’s canons, which is one of the hottest nightclubs in town.
- The Turkish Hamam (baths), still open, at Arionos square and close to the mosque of Sultan Mustafa (1765).
Myth, Fantasy and Reality on the Land

Prof. Emiliano Panconesi writes for EADV News on the cultural aspects of the island of Rhodes, where the 15th EADV Congress will be held from 4-8 October. Discover the island and its fascinating history through this passionate account provided by the Founding President of the EADV.

Everything in Rhodes (not from roses, but from erod, the Phoenician word for serpent) seems strangely opposed to the idea that island means isolation: these Sporades, related to the word sparse, from the largest to the smallest (some so small they cannot be found on any map, no matter how great the scale) seem - a poetic contradiction - united in an embrace, and created to connect (notwithstanding religions, wars and politics) Greece and Turkey, land and sea, arid areas and fertile ones, gods and mortals, love and hate.

On gods and marvels

We physicians should be interested to know that the mainland generated, maybe at Pergamon, our first pagan god, Esculapius. Furthermore, the Island of Kos (Cos) was the birthplace of the school and activity of our first mortal ancestor, the wise physician Hippocrates who, it has been said, dedicated a temple to the pagan god Esculapius. For obvious phytobiological reasons he was not able to see the supposedly very ancient plane tree dedicated to him that tourists can see today. The marvel is the similarly brief non-biological life (from 290 to 225 BC) of the great bronze statue, the famous Colossus of Rhodes (about thirty metres high), known to so many and seen by so few, that disappeared due to an exceptional natural cause, specifically an earthquake in 227 BC. Although the citizens of Rhodes had erected this statue to celebrate the resistance to the siege of Demetrius I in 305 BC, it is worth noting that their ancient wisdom led them to dedicate it to the sun god Helios, son of the Titan Hyperyon, perhaps unconsciously foreseeing the profitable industry of travel-to-tan that would develop in this part of the world.

The god of sun

The pagan world had at least one god for everything, but the sun was so important that there was more than one god to represent it. Helios, to whom the people of Rhodes dedicated their Colossus (one of the wonders of the world) was not the most important of these gods of the sun; he was surpassed by Apollo. The two were often confused, and Ovid, one of the greatest poets of all times, dedicated one of his best stories to Helios, namely, the story of Phaëton, the courageous youth who dared enter the throne room of the sun god Helios, where the god of the sun (Helios) was to ask him if it was true that he was his son, as his mother (a mortal) Clymene had told him. Then Phaëton asked if he could take his father's place for a day driving the carriage that towed the sun. The god, worried because his son was a mortal, complied nonetheless because he did not want to disappoint him. Phaëton proudly mounted on the carriage, took the reins and drove up into the sky, feeling like the Lord of the Universe, from whence he precipitated into the Eridanus. Some charitable Naiads, the Heliades, daughters of Helios and thus Phaëton's sisters, gathered up his remains, buried him and grieved on his grave.

"Where sorrowing they weep into the stream forever. And each tear as it falls shines in the water. A glistening drop of amber."

Apollo the god, the merciless, the lover

The sad beauty of this story could have stirred the jealousy of even this most important of the gods of the Sun and Light (and, therefore, Truth), Apollo, or Phoebus, (brilliant and shining), the most Greek of all the gods and also the god of Music, who played a golden lyre, and the god of Healing, who was to teach mankind the Art of Healing. He was the son of Zeus and Leto (Latona) and was born on the tiny Island of Delos far from the Sporades. His oracle was in Delphi, below Parnassus, and there the priestess Pythian, in trance due to vapors that arouse from a crevice in the rocks, predicted the future to pilgrims. Modern physicians and researchers should know that there are studies demonstrating that the hallucinations of Pythian were caused by vapors exhaling from the earth laden with limestone, bitumen and deposits of methane gas (and ethylene) that excited the nervous system causing euphoria and depression.

Apollo, who was so often a purely benevolent figure, could also be cruel and pitiless, as recounted in the story-poem in

The Turkish coast near the ruins of Cnidos with its two ports.
beautiful hexameters by Fra Girolamo Fracastoro (1478-1553) concerning the young shepherd Syphilis, his rival in music. Apollo the god punished him by giving him the famous sexually transmitted disease that was named after him, a name that remained forever and everywhere.

The Asclepiads
Apollo fell in love with the beautiful Coronis (Arsinoe) a mortal young woman of Thessaly, who, naively uncautious, betrayed him, the god of Truth. He was informed of her betrayal by his pure white raven, whom he unjustly turned pitch black in a fit of rage, and then had Coronis killed, perhaps by an arrow shot by his sister Artemis (Diana). Coronis was pregnant, but her child was saved: the child, that very Asclepius, born in Pergamum - Bergama, in Turkey - and raised by the centaur Chiron. Asclepius surpassed Chiron in his ability to cure the infirmities of mortals (using herbs, charms, and potions), and was eventually killed by a thunderbolt thrown by his grandfather Zeus because he saved people from death. Asclepius was then admitted among the gods and sanctuaries were dedicated to him. Physicians are considered his descendants and are called Asclepiads, including Hippocrates (whom Plato called Asclepiade in PHAEDRUS). Asclepius' symbols are the staff, serpent, egg, symbolising vigilance, stability, force and the capacity to renew efficiency, all characteristics of the good physician, as Galen (129 Pergamum – 199 Rome) pointed out. One ends up praying to Asclepius when everything else fails.

The origins of medicine
The Southern Sporades, the Dodecaneses (Dhodhekanisos) are very close to the Turkish coast, almost always in sight. Kos is the second largest island after Rhodes and the two have many things in common, including the fortresses built by the Knights Hospitaller, Moslem architecture, and the fact that still today many inhabitants speak Turkish as well as Greek. Hippocrates was a contemporary of Socrates (469-399 BC) and was born in Kos. A true Asclepiad, he taught the art of healing for pay, but we do not know how much of what he taught is presented in the CORPUS HIPPOCRATICUM composed of 60 different texts (anonymous author, in Ionic dialect) that were partly retrieved and re-presented in Latin by Galen five centuries later. Some particularly fascinating examples of the titles/topics are: the Four Humours, Epilepsy (called the Sacred Disease in ancient Greece), Embryology; Waters, the Places in an unknown country where the physician establishes himself; Female Diseases, the critical days and opportune circumstances; Epidemics, Spells, Ethics and Pledges, Aphorisms, individual Constitution… It seems that the school on the Island of Kos was in competition with that of Corido on the Turkish mainland, of which only ruins remain today. The Hippocratic star was followed for centuries, albeit opposed by the followers of Paracelsus, and waned only in the 19th century, but it was never completely extinguished.

Rhodes' strategic position
What is there, besides the fortress, of possible interest to us in the capital Island of Rhodes? Rhodes, we repeat, was apparently unable to isolate itself from the nearby, so called “dependent” islands and from the Anatolian mainland that reaches out like a bifidus tentacle separating it from Kos. In ancient times it managed to maintain an equidistant position from both Athens and Sparta1.

1 This is how they were called in the old books dedicated to the Southern Sporades.

2 It is said that politically the island alternated between a pro-Spartan oligarchy and a pro-Athenian democracy.
particular the sculptors Polydorus, Athenodorus and Agesander, who worked together and who may have worked also in Rome, where one can see their famous sculpture representing the story of the legendary Trojan priest Laocoon exhibited in the Vatican Museum.

**Lindo, Joliso and Camiro**

Three small *polis*, Lindo, Joliso and Camiro grew together giving rise to today’s capital city on the northern point of the island. Its port was designed (perhaps by Hippodamus of Miletos) in the form of a theatre, to resemble that of Piraeus; in the 4th century AD (according to Diodorus) the position and design favoured the event of terrible flooding that caused many deaths. Lindo is the only of the original three *polis* to leave specific traces, probably because of its cult for the virgin goddess Athena (Minerva), Zeus’ favourite daughter, who was born from his head. With her menacing grey eyes, she was a combative goddess, but wise, reasoning and poetic, befitting her position as goddess of Reason and of Poetry. The olive tree and the owl were dear to her, and arriving in the bay or along the shore by sailboat at dusk one imagines being protected by Pallas Athena.

**Statues and oratory school**

The Island of Rhodes is famous for its great statues, in particular the Colossus dedicated to the god Helios mentioned at the beginning of this article. Moreover, hundreds of smaller statues and numerous splendid buildings were constructed between 60 BC and 20 AD and described by Strabone, as well as sacred woods on the beautiful acropolis.

There was an important school of eclectic oratory, which supposedly enumerated among its pupils the Romans Cato, Julius Caesar and Lucretius. The island was also home to an equally important art school specialised in sculpture. We note in particular the sculptors Polydorus, Athenodorus and Agesander, who worked together and who may have worked also in Rome, where one can see their famous sculpture representing the story of the legendary Trojan priest Laocoon exhibited in the Vatican Museum.

**Last centuries**

A jump of centuries brings us to the Rhodes of crusaders and cavaliers, generally delimited within the confines of the city. This era can be fairly precisely dated between 15 August 1308 and 1 January 1523. The Order of the Knights of Rhodes (also known as the Hospitalers, Knights Hospitaller, Knights of Malta, Knights of Saint John of Jerusalem) acquired Rhodes in 1309. The Order of the Knights was founded by the legendary monk Gerard, the Superior of the Hospital for sick pilgrims in Jerusalem (near the Church of St. John the Baptist)
after the city was conquered by the Crusaders in 1099. They built a hospital, then fortified the island and ruled it as an independent state.

The old city of Rhodes, the quarter called “Collacchio”, defended by the fortress and city walls, teemed with bankers and merchants, Venetians above all, who left their wealth and spirit of Christian charity in the admirable architecture of hospitals and other buildings that are still standing. An epidemic of plague (accompanied by famine), that spread throughout the Aegean area in the early 15th century, hit Rhodes in 1455. There was a devastating earthquake in 1481 and, finally, a terrible 6-month siege by the Turks in 1522, ending with their occupation of the island until the end of the Italian–Turkish war, which led to the Italian occupation of the island (1912).

It is common that people who live in lands occupied and colonised by outsiders remember the “invaders” as tyrants. We note that, unusually, the Italians escaped this fate in Rhodes, although they did leave bad memories of their presence elsewhere. The Italians governed the island until the German occupation (1943 – 1945), which was followed by a year of British occupation. In 1946 the island passed to Greece and, with the other Dodecanese, was finally formally ceded in 1947, ever since enjoying full status as a part of Greece.

Emiliano Panconesi

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Przegląd Dermatologiczny

Przegląd Dermatologiczny is the only official journal of the Polish Dermatological Association. Its publication started in 1906, so this is the year of its first centenary. It is published bimonthly and it contains:

- A review article prepared at the request of the editing team, discussing, crucial dermatological matters.
- Original articles, containing the results of research carried out in various centres in Poland.
- Case reports, presenting cases of rare dermatoses, as well as interdisciplinary medical studies, aimed at dermatologists as well as doctors specialising in other fields.

Circulation

With a circulation of 2,000 copies, Przegląd Dermatologiczny is aimed at dermatologists, as well as other doctors specialising in this field. The Journal can also be accessed on the Internet via its website www.derma.pl, where full editions from previous years can be found.

It is registered in the Embase (Experta Medica) Database, and it is expected to be indexed in Medline. Each edition contains an extensive summary in English, however no articles entirely in English have been published so far. The articles are thoroughly reviewed before publication.

Three best papers in the last three years:

- Cutaneous pemphigus vulgaris
  The authors present 15 cases of cutaneous pemphigus vulgaris (p. v) and discuss the diagnostic and classification criteria of this variant of p. v

- Oral allergy syndrome (OAS) in 44 patients
  The author presents large series of OAS cases and discusses diagnosis criteria and some peculiarities of this important allergic syndrome.

- Photosensitivity and photoprotective properties of antimalarias in lupus patients
  Anna Woźniacka, Anna Lesiak, Anna Sysa-Jedrzejowska
  The authors present the results of phototesting in 35 cases of SLE and 20 cases of SCLE before and after treatment with chloroquine. Conclusions show that antimalarias have photoprotective properties in various forms of LE.

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Dr. Yahya Dowlati, President of the Iranian Society of Dermatology, provides insight to the history and organisation of dermatology in Iran.

The history of dermatology in Iran roughly mirrors the history of Iranian medicine. Clinical descriptions and remedies of many diseases were documented in ancient Persian books. A prime example is the Avesta, the religious book of the Zoroastrians, which describes conditions such as scabies, leprosy and vitiligo. As the middle era of Iranian medicine approached, there was a dramatic increase in the number of individuals who presented their findings in comprehensive and compiled books.

Two physicians deserve special recognition: Zakarya Razi - also known as Rhazes (865-925) - is one of them. He was the first physician who differentiated smallpox from measles and his famous encyclopedia is known as the Continents in the Western world. One century later, Abu-Ali Sina - also known as Avicenna (980-1037) - became the most competent physician of his time, and compiled his famous medical book, Ghanoon (Canon), which was translated into Latin and used in educational institutions in Europe for many years. As the middle era of Iranian medicine approached, there was a dramatic increase in the number of individuals who presented their findings in comprehensive and compiled books.

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The development of pre-modern dermatology in Iran took place under the influence of Western medicine in the 19th century after the establishment of Dar-al-Fonoon (Polytechnic and Science School) of Tehran in 1850.

Dermatology practice

The first department of dermatology was founded in Tehran University in 1939 by Dr Mohammad Maleki. It is located at the Razi Hospital in central Tehran and is still considered as the most important dermatology hospital in the country. The chair of the department of dermatology of the Tehran University of Medical Sciences is Professor Cheyda Chams-Davatchi, MD, who studied general medicine and dermatology in France.

About 160 Iranian dermatologists are academic staff and work in departments of dermatology in 42 Universities of Medical Sciences or Schools of Medicine in various cities. About 200 dermatology beds are available in university hospitals in Iran, of which about 100 are in Tehran. There are no private dermatology hospitals and those patients who need hospitalisation are usually referred to the dermatology departments of the universities.

Training

Most Iranian dermatologists have done their residency in Iran. To obtain recognition as a dermatologist, students need to finish their medical studies at one of the Iranian Universities of Medical Sciences or other medical schools abroad that are considered eligible by authorities at the Iranian Ministry of Health and Medical Education (MOHME). Then, the applicants should take part in the specialty residency entrance examination, which is run by the MOHME. The minimum duration of residency programmes in Iran is 4 years, after which trainees should take part in a national examination for Board Certification. Regarding foreign applicants, the MOHME evaluates their documents and if they fulfill all requirements set by Iranian Health authorities of general and dermatology practice, they are then entitled to practise in Iran.

Facts & Figures

Country Name: Iran was known as Persia until 1935. It became an Islamic republic in 1979 after the ruling monarchy was overthrown.

Capital: Tehran

Population: 68,017,860 inhabitants

Official language: Persian

Other languages spoken: Persian dialects (58%), Turkic and Turkic dialects (26%), Kurdish (9%), Luri (2%), Balochi (1%), Arabic (1%), other (3%).

Climate: Mostly arid or semiarid, subtropical along the Caspian coast.

Healthcare
Life expectancy:
Male: 68.6 years
Female: 71.4 years

Infant Mortality Rate:
41.58 deaths per 1.000 births

Health Professionals:
66,000 general practitioners
Also,
23,000 specialists
and sub-specialists
16,000 dentists
11,600 pharmacists

Dermatologists:
550 in practice

Located in the Middle East, Iran borders the Gulf of Oman, the Persian Gulf and the Caspian Sea. Its border countries include: Afghanistan, Armenia, Azerbaijan, Iraq, Pakistan, Turkey and Turkmenistan.
**Dermatology around the World**

### in Iran

**Research**

Considerable research is done in Iran. The first established dermatology research centre in Iran is the Centre for Research and Training in Skin Diseases and Leprosy (founded in 1991 by the author of this article), and fully affiliated to Tehran University of Medical Sciences. Most research in Iran focuses on the fields of cutaneous leishmaniasis, for which Iran is an endemic country, atopic dermatitis, other kinds of dermatitis, acne vulgaris, pemphigus vulgaris and disease of the hair and skin; particularly non-melanoma skin cancers (NMSCs). In recent years, two other dermatology research centres have been established in the Shahid Beheshti University of Medical Sciences and the Isfahan University of Medical Sciences, known as the Skin Research Centre and Skin Diseases and the Leishmaniasis Research Centre; respectively.

**Skin problems and diseases**

Cutaneous leishmaniasis is endemic in Iran and is a major health problem in several provinces. Other common skin diseases are acne vulgaris, melasma, hair problems, dermatitides, pyoderma, viral skin diseases including warts, and skin tumors, especially skin squamous cell carcinoma and basal cell carcinoma.

**Fees and reimbursement**

Most patients in Iran pay a part of the health fee themselves, the amount depending on the insurance company they have contracted (the insurance cover differs, but is usually from 50% to 75%). Insurance companies in Iran do not cover expenses for skin care products and cosmetic procedures. Not all private dermatologists contract with insurance companies, whereas dermatologists who work in the dermatology clinics of universities routinely contract with health insurance companies.

The total amount for an interview and examination at a private dermatology office is from 40.000 to 70.000 Iranian Rials (equivalent to 4 to 7 euro). The approved fee for the same services at the university clinics is 20.000 Iranian Rials (equivalent to 2 euro).

**Iranian Society of Dermatology**

The Iranian Society of Dermatology was founded in 1977, but after 3 years its activity was suspended. Because of the problems of the Iran-Iraq war, the re-establishment of the Society was not possible for 14 years. In 1991, Dr Yahya Dowlati - Dermatologist and Dermatopathologist certified by the American Board - was elected as the first president of the Society. Nowadays, it has about 550 members. The latest general assembly of the Society members took place in October 2004 when the present board of directors was elected.

The Iranian Society of Dermatology has held 7 International Congresses of Dermatology during the past 15 years. In addition, the Society always contributes towards CME programmes for general practitioners and specialists through collaboration with the Iranian Medical Council and departments of dermatology of medical universities around Iran. The Iranian Society of Dermatology arranged a number of Sister Society Symposium Sessions at the 13th and 14th Annual Congresses of the EADV, held in Florence (2004) and London (2005). The Society will hold a similar session this year at the 15th EADV Congress in Rhodes, Greece.

**Threats for dermatologists**

Iran suffers from a lack of a well-organised referral system. In addition, due to some policies of the former authorities of health in Iran, the number of general practitioners has increased disproportionately to the need in recent years, which results in economic problems for most of them as well as unemployment. These factors have resulted in a great interference of general practitioners as well as other specialists in the field of dermatology. Each year, many reports concerning the malpractice of non-dermatologists who practise dermatology are referred to the health official of MOHME, the Iranian Medical Council and the Iranian Forensic Medicine Organisation. The excessive attention to cosmetic procedures by dermatologists is another potential threat to the quality of dermatology practice in Iran.

**Yahya Dowlati, MD, PhD**

President of the Iranian Society of Dermatology

**Acknowledgements**

Special thanks to Dr Alireza Khatami and Dr Alireza Firooz for their assistance in the preparation of this report.
DEBRA

DebRA is a patient support group and medical research charity in the UK working on behalf of people living with Epidermolysis Bullosa (EB).

Founded
DebRA was created in 1978 by a group of parents whose children were affected by Epidermolysis Bullosa (EB). At this time only some 200 people with EB were known to health professionals in the UK.

Scope and purpose
The original aims of the charity were to stimulate knowledge of, and interest in, EB for the benefit of those with the condition and their families and to fund medical research into EB. From these humble origins DebRA has grown significantly with DebRA Groups now established in 32 countries around the world.

DebRA is the UK’s main donor of specialist EB treatment and research facilities at national level. Therefore, people affected by EB not only rely very heavily on DebRA funded research to provide a long term answer to the illness, but are also almost entirely dependent on the range of specialist support services provided by the charity. These include travelling nurses able to visit children and adults in their homes, clinics, equipment provision and respite holiday accommodation for families under severe pressure.

Achievements
Thanks to voluntary donations, DebRA has been able to help people who live with this painful, horrific and disabling condition, by:

• Leading the world in identifying and funding specific research projects likely to lead to a cure and successful treatments for EB.
• Establishing specialist treatment centres.
• Providing a dedicated EB healthcare team of children’s and adult nurses, a dietician, welfare support and social workers to pioneer improvements in care, that have led to children with RDEB no longer being frail, underweight and malnourished.
• Enabling prenatal diagnosis to be made at a much earlier stage.
• Making skilled counselling and expert guidance on current legislation and governmental services available to EB families, to improve their quality of life.
• Raising awareness of the issues surrounding EB to the general public, healthcare professionals, schools, and other interested parties.

Contact details
E-mail: john.parker@debra.org.uk
Website: www.debra.org.uk

What is Epid

Epidermolysis Bullosa (EB) is a very rare genetic condition in which the skin and internal body linings blister at the slightest knock or rub, causing painful, open wounds. It is likely to affect 1 in 17,000 live births and it is estimated that there are currently 5,000 people with the condition in the UK.

Because EB is an inherited condition, which is passed on genetically from parents to children, first time parents often do not know that they are carriers and will have no prior warning that the child will be affected, until birth.

The condition has a number of distinct forms. At its mildest, the blistering is confined to the hands and feet making holding things and walking extremely painful. In more severe forms all the body is affected and the wounds heal very slowly, giving rise to scarring, physical deformity and significant disability. For many affected by the condition the blistering is not limited to the skin, but also affects the inner body linings, such as the mouth and oesophagus. The eating of solids is, in these cases, almost impossible, and the disposal of the body waste incredibly painful. When this condition applies, malnutrition is often a consequence, further reducing the body’s resistance to infection.

Types of EB
EB can be divided into three main types. This division is made on the basis of the location of disruption (mechanical defect) in the basement membrane of the skin. The location of the defect determines the symptoms of each type of EB. Every main type can again be divided into several variations and currently, 27 clinical sub-types are known.

• EB Simplex is characterised by a lack of adhesion of the skin right above the basement membrane (the basal layer).
It affects approximately 70% of EB sufferers. Most forms of EB simplex are inherited as dominant traits i.e. the parents visibly have the condition. The most common form of EB simplex has blistering confined to hands and feet. These patients usually do not seek medical assistance because the disorder is mild and because it is well known in the family due to the dominant inheritance.

• Junctional EB is characterised by a lack of adhesion of the skin through the basement membrane. Of all EB sufferers approximately 10% have junctional EB. Junctional EB is inherited recessively i.e. the parents are carriers, often unknowingly, and do not show physical signs of the condition. The birth of a child with junctional EB is therefore totally unexpected.

• Dystrophic EB is characterised by a lack of adhesion of the skin under the basement membrane. Around 20% of all EB sufferers have dystrophic EB, its name deriving from the tendency of the blisters to heal with scarring. This process can lead to contraction of the joints, fusion of the fingers and toes, contraction of the mouth membranes and narrowing of the oesophagus.

People with the more severe types of EB also have an exceptionally high risk of developing skin cancers, shortening their lives by approximately 30-40 years. In its most severe form, the condition is fatal in infancy.

Whilst considerable progress has been made in recent years in understanding EB and identifying the genes that cause the condition, there is as yet no effective treatment or a cure.

John Parker

Sunday
The day starts at 5.00 a.m. but the night before I have to take 15 minutes to prepare my bandages, which include a long list of creams, band bandages, gauzes and oils for the bath, among other things. I start by taking off bandages on my arms then my middle bandage that gets cut off, another time saver. Just two legs to go and then I will be in the bath, I can’t wait to ease the pain.

Once I get in the bath, I’m in there for half an hour to enable taking off old dead skin and dry blood and this is done with a soft cloth, which I do myself. Once I’m out of the bath I drip dry, then put on the cream, then my mum puts on new bandages and then I re-do my two legs, two arms and my middle.

After cleaning up the mess from the old bandages, I rest in preparation for the week to come.

Monday arrives
I wake up at six to have a patch up if needed. It’s soon time to go to college so I get dressed – soft clothes like a tracksuit and trainers. If my feet are bad then I wear slippers for ease.

The course I am on is Art and Design, I have a one to one helper to help set up my equipment, once it’s set up I can work on it independently. The students in my class have accepted my condition and they get on fine with me. I get around college on my scooter and if the lessons are upstairs and my feet hurt I use a lift as well as a manual wheelchair to get up and down the floors with the help of my carer.

After dinner I can do my homework, watch TV or play the play station. I go to bed at about 12 although often it’s later as I can’t sleep when I get an unsettled night due to the state of my condition.

More about my life
At half term in the holidays I go to Douglas House for respite. In my spare time I help DebRA Charity by doing talks and speaking about how I cope with my skin condition, I do this to help other people with this condition and to raise awareness.

Every four to six months I go to the Hospital so the Doctors can check my skin and have a blood test to see if I am low in iron, if the results come back saying low in iron I have to have an iron transfusion. I also see the Dietician who can check my weight. If my weight is less than 6 months previously; they will put me on supplements such as a nourishment drink, as well as eating three meals a day. (They are BIG!)

I try to stay positive but sometimes my skin can be bad, so that’s where the power of Music helps. I don’t like taking painkillers (just Paracetamol), but when I’m really bad I will take one. When the pain goes away it helps but when the painkiller wears off I’m in even more pain than before I had taken the painkiller.

Due to the determination of my supportive and strong family it has made me positive and strong minded and kept me going.

Dean Anderson
The theme “European Dermatology and Venereology: strong past - stronger future” should be a reminder, on the one hand, of Vienna’s close ties with the history of Dermatology and Venereology and, on the other hand, of the fact that co-operation, exchange of knowledge and know-how on a pan-European level will be necessary to strengthen and nurture our specialty in the future.

The scientific programme

The 16th EADV Congress will feature plenary lectures, courses, symposia and workshops on top-priority topics for office and hospital-based dermatovenereologists, organised and delivered by experts of the highest reputation. Together with interactive “Test yourself” sessions, “What’s New” lectures, lunchtime sessions and satellite symposia, the scientific programme will provide excellent opportunities to become updated on all important diagnostic and therapeutic developments in Dermatology and Venereology.

The topics will range from infectious skin diseases to phlebology, from genetics in dermatology to skin resurfacing and rejuvenation and from dermatopathology to the latest advances in the therapy of psoriasis. In addition to the scientific events at the Congress itself, the EADV will continue its partnership with specialised dermatological societies who will hold satellite meetings at the meeting venue on the Wednesday prior to the Congress opening.

Vienna and the history of Dermatology and Venereology

One of the most prominent roots of modern Dermatology originates in Vienna. Since 1776 - when Joseph Plenck published his famous treatise on skin diseases - several scientific and clinical advances have been pioneered in this city. It was in Vienna where the foundation of Dermatology and Venereology was laid as we know it today: in 1849, for the first time in the world, a “professor for syphilis” (Carl Ludwig Sigmund) was appointed and was followed a few months later by a professor for “skin diseases” (Ferdinand Hebra). In the following decades, a number of eminent dermatologists such as Moriz Kaposi, Isidor Neumann, Ernest Finger, Heinrich Auspitz and Joseph Kyrle established Vienna as a centre of dermatological excellence. The tradition, interrupted by the 2nd World War, was revived and extended by Klaus Wolff. Under his watch, Vienna has been put back on the map as a dermatological landmark.

Today, Dermatology and Venereology in both Vienna and Austria are again innovative, vibrant and expanding disciplines. The Austrian Society of Dermatology and Venereology has fostered clinical as well as basic dermatological research since its foundation in 1890. The Society has currently more than 800 active members.

Vienna - metropolis in the heart of Europe

Vienna, capital of Austria, is waiting to give you a warm welcome to the 16th EADV Congress. The tradition of Vienna as a major conference site dates back to 1815, when the city hosted the peace talks that followed the Napoleonic Wars (“Congress of Vienna”).

Today, Vienna is a clean, green and safe city. In the leisure time between and after the scientific Congress programme, you will have ample opportunities to explore the city and its surroundings. Then you will be able to decide for yourself which part of this beautiful cosmopolitan city you like the most: historical Vienna (rich in museums, galleries and palaces), musical Vienna (with its opera houses and concert halls) or gastronomic Vienna (with its traditional inns, coffee houses and wineries). http://info.wien.at.

The EADV and the Local Organising Committee will do their very best to make the 16th EADV Congress in Vienna a most memorable scientific, social and cultural experience. We look forward to welcoming you to Vienna in May 2007.

Erwin Tschachler, on behalf of the Local Organising Committee
The EADV has decided to produce a series of films and other deliveries for the continuing education of clinical dermatologists throughout Europe and for their patients. These films are primarily available for EADV members and will provide educational clues presented by Masters of the specialty. The series will only address themes considered of major importance now and in the future, where a need and challenge is identified.

**Self-treatment practices**

The theme of the first films is the challenge posed by poor self-treatment practices of patients who use cumbersome local treatments. It is estimated that out of 10 dermatology patients, 8 will get the prescribed medicine from a pharmacy, 4 will use it regularly, and 2 will apply it correctly on the skin and use a proper local dose. This results in a high percentage of treatment failures. The prescribing dermatologist holds a key position to correct this situation. In a recent report, the WHO stated that globally only 50% of medicines are taken regularly, and improvement of self-treatment and adherence can do much more good than any technical innovation in medicine.

Professor Andrew Finlay will be the Master introducing the first film, which is produced by the Adherence to Dermatological Treatment Study Group (Sweden), chaired by Professor Jørgen Serup, Linköping/Copenhagen. The group includes dermatologists, pharmacists and nurses from Uppsala University (Åsa Kettis Lindblad, Lena Ring), Göteborg University (Karin I. Kjellgren), Jönköping Hospital (Marianne Maroti, Eva Ulff) and Linköping University/Bispebjerg Hospital (Jørgen Serup). The producers of this film are: EADV, the CME-committee, Skire-Project and Suntower Communications (Sweden).

**Productions include**

- **DVD film and booklet “Improving Dermatological Therapy”:** a 30-minute film made for clinical dermatologists. It is an update on adherence and provides suggestions on how to change routine, interact and improve a situation. A dialogue with Practising Dermatologist Susanne Vissing, (Denmark) is included. The film can also be used to train staff of dermatology clinics.
- **DVD film and booklet “Manage Your Skin Problems”:** a 15-minute film made for dermatology patients. It focuses on a case where good self-treatment practice resulted in successful healing. A number of suggestions are presented to patients on how to manage their difficult situation with greater success. It can be shown directly in the clinic as a special session or in the waiting room.
- **EADV posters for your clinic,** one on “How to Improve Self-Treatment of Skin Disease” illustrating rational and simple principles of product application to skin resulting in uniform spread, another on “Uptake of Drug At Different Anatomical Sites” showing the complexity of body region, local application and pharmacological dose. 

**The production process**

The production of the films and other materials took place from November 2005 to August 2006, under the leadership of Gun Skire of Skire-Project. It was a hard process with a development of a list of issues and specifications, detailed manuscripts, language corrections, filming and interviews of patients, dermatologists and other experts, clinics and private scenes, and development of animation and illustrations for posters, by Thomas Møller. Mixing messages, texts, films and sound was a major task carried out by Roger Persson from Suntower Communications. Last but not least, patients and staff of the clinics, and the experts, offered their time for the project without receiving any honorarium. This is appreciated and highly acknowledged.

**Jørgen Serup, Professor of Dermatology**

Chairman of the CME Committee
The aim of this 2-year summer course was to increase the general knowledge on dermatopathology in European dermatology residents and to raise a special interest in this field.

The course was divided into two parts (2005/2006), each consisting of 5 days with intensive dermatopathology lectures in morning sessions and slide viewing on individual microscopes in the afternoon sessions. The 2005 sessions mainly focused on inflammatory disorders, while this year neoplastic diseases were the head topic.

A group of 30 residents coming from all over Europe - Spain, Greece, Romania, Italy, Bulgaria, UK, Norway, France, Lithuania, Germany, Portugal, Belgium, Hungary, Poland, Turkey and Estonia - entered the two year course.

**Topics and speakers**

The 2006 programme comprised excellent topics and speakers including epidermal genodermatosis and epidermolysis bullosa (D. Metze, Germany), deposition disorders (F. Rongioletti, Italy), nail pathology (J. André, Belgium), melanocytic tumors (H. Kerl, Austria), tumors of cutaneous appendages (B. Cribier, France), epidermal tumors and cutaneous cysts and oral pathology (E. Haneke, Germany), vascular tumors (L. Requena, Spain), lymphomatous and leukemic cutaneous infiltrates (W. Kempf, Switzerland), soft tissue tumors (B. Zelger, Austria) and, naturally enough, the course organiser who gave two lectures on intraepidermal vesiculopustular diseases and connective tissue disorders. On Wednesday evening the special lecture by Thomas Brenn (UK) presented an overview of non-melanocytic mimics for melanoma.

**Evaluation of the course**

To end the course participants were asked to fill in an evaluation form. They evaluated this dermatopathology summer school 100% relevant for their training and all of them claimed that this course would certainly influence their own training in the future. However, many participants found some of the lectures - although brilliant and meaningful - too advanced and would have preferred a more gradual approach. In addition, many would have liked to have more time for slide viewing and more attention to clinicopathologic correlation.

Overall, the first edition of the EADV Dermatopathology Summer School 2005-2006 in Ghent was a great experience for all participants and speakers and not in the least for myself. The tone is set for the next edition in Graz and for many editions to come!

Many thanks again to the speakers, participants and to the EADV!  

**Sofie De Schepper**

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**Participants' impressions from the summer course in Ghent**

“...the course was well organised, and it has certainly influenced my daily dermatology practice by structuring my knowledge and stimulating a further analysis of the topics.

Most of the lectures were very interesting and well articulated, even if I would have preferred a more basic education instead of some very detailed, academic lectures. I would like to stress the importance of this programme, which allows young dermatologists of different countries to meet and exchange experiences.”

Ms. Athanasia Tourlaki, Italy

“A real strength of the course was the use of a systematic approach to interpretation of histopathology. This provides a good framework for trainees and helps to narrow down the differential diagnosis. Probably more attention needs to be paid to the more common disorders and less on the minutiae. Dermatopathology is a huge subject and one cannot realistically cover all entities in two weeks. All in all, this was an excellent course and an excellent opportunity to meet colleagues from across Europe and forge new friendships. I am pleased that the EADV is continuing with this programme and I...”

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**Geographical breakdown of participants**
Participants’ views on the Fostering Dermatology summer course in Vienna

“First of all I would like to thank the EADV for giving me this unique opportunity to take part in this excellent fostering dermatology event. I applied for the course to improve my microbiological skills and to meet colleagues from all over Europe. I must admit that the meeting exceeded my expectations by far: The courses and teachers were outstanding and the organisation was excellent. The training was relevant to practical dermatology, as it gave helpful theoretical background information and it helped improve my practical skills. All participants were enthusiastic about the training and last but not least I made a lot of new European friends in Vienna. All was accompanied by beautiful weather and warm summer nights spent together with amicable discussions.”

Mr. Klaus Eisendle, Austria

“Before the course, my expectations were very high, because I had already participated in the Bullous Disease course in London, which was very useful. Moreover, I believe that as a dermatologist I should know microbiology very well. I was sure that very important Professors would come and share their knowledge and experience with us. And now I can say that my expectations were fulfilled.

This course exactly supported my training. It is always possible to find the contents of this course from separate books and literature. But without any application, it is not possible to understand the subjects completely and correctly. In this course Professors presented the subjects in such a clear way that we all understood the contents very well.

Comparing the two courses (I and II), I realised that as the number of the participants decreases and the duration of the course rises, the efficiency of the course increases. This way, contacts and relations between the participants are formed and I am sure that in some years, these relations will be useful for all of us.”

Ms. Özge Gündüz, Turkey

would highly recommend this course to all residents.”

Dr. Paul Farrant, England

“The two weeks of dermatopathology helped me develop a systematic approach when looking at histological slides. It was a great challenge for me to hear the lectures from European experts on their topics and then individually study their slides at the microscope with their guidance. One further advantage of the Fostering Dermatology programme is to communicate with residents from various European countries. Thank you very much to the EADV and especially to Professor Naeyaert and his team for the perfect organisation of the course.”

Mr. Amir Yazdi, Germany

“...Microbiology” was a very interesting and informative summer school, where I learned so much about microbiology and skin diseases. In practice, a microbiological diagnosis is a differential diagnosis to many skin diseases, and my expectations concerning a basic knowledge in microbiology was fulfilled. The education was high quality and I highly recommend other young dermatologist to join the EADV Fostering Dermatology courses.”

Ms. Jane Baumgartner-Nielsen, Denmark
Meet the Three EADV Presidents

The time has come for EADV members to decide who should accompany the new President two years and, therefore, who should take the reins of the Academy from 2008-2010. The three professionals present their visions and proposals for the future of the Academy.

Andreas Katsambas

"My prime goal is to broaden the scope of the Academy and bearing this in mind I have a vision that I would like to see come to fruition in my capacity as President."

It gives me great pleasure to stand as candidate for EADV President-Elect and having been nominated for this appointment is in itself a great honour.

The EADV Task Forces that have been recently established is a first step that will integrate the work of dermatologists from various countries throughout Europe. The smaller, less advanced countries will be given the opportunity to achieve a higher scientific standard or, perhaps for some, an equal level with those countries that are more advanced.

Dermatological education throughout Europe is the direction that I believe we should concentrate on, since it is our dermatologists of tomorrow that will continue the tradition and hard work that our founding members began so long ago.

It is important to support younger colleagues who continuously express such eagerness to attend EADV congresses.

It is also important to increase this level of support, and I feel this can be achieved through the assistance of other National Societies.

Ole B Christensen

"To provide more and better Continuous Medical Education to a growing number of members from all over Europe"

My aim is to adhere to the objectives of the Academy in all aspects and present these objectives to a growing number of members from all countries within the geographic boundaries of Europe.

Challenges facing the Academy

Academic events
- Should EADV Congresses expand in size and in number of participants?
- Should the Academy have 5-6 congress venues to circulate across Europe?
- Should the Academy itself organise the Congresses?
- Is it recommendable to continue with the spring meeting or do we attract new members by supporting national and/or smaller regional meetings?

Membership
- How do we best attract members from the new member countries and other international members?
- Could we attract more members by lowering the registration fee at congresses?
- Do we have a reasonable proportion of members from both sexes?

Professionalism
- A European Examination/Qualification Board?
- A European Accreditation system?
- How can we expand the programme within the frame of Fostering Dermatology for residents?
- Is it of interest to start summer courses for colleagues in private practice?
- Should we develop exchange programmes between departments in Europe or even outside Europe?

International
- Cooperation with AAD?
- Patient organisations, UEMS, EDF and other parties of interest?
- Does the field of Venereology have a fair representation within the Academy?

I will work hard for an open, democratic and interactive attitude before decision-making within the Executive Committee and between the Executive Committee and the Board of Directors and the different subcommittees. I believe that a growing number of members, a growing need for CME and more interaction between the decision-making body of the Academy and the members will demand a strong local administration in the Brussels House. In order to obtain this organisation - with appropriate and efficient staff - it is mandatory for the Academy to have a sound, transparent, and predictable budget continuously reviewed and balanced towards the needs for expansion of the Academy.

I have the time, the experience, the dedication and the skills to serve as President-Elect and subsequently as President.

My aim is to be guided by the Academy’s objectives and work for a bigger and stronger Academy by serving the members in the true spirit of unifying Dermato-Venereologists under the EADV.

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• Build on the relationships between the Academy and National Societies in Europe.

Although the EADV is European based, we need:

• to extend our wings internationally through the creation of an International Affairs Task Force;
• to examine the Academy’s existing collaboration with societies such as the European Dermatology Forum (EDF), the European Society of Dermatological Research (ESDR) and the American Academy of Dermatology (AAD).

Involvement of our members in the work of the Academy is very important to me, therefore a Member Communication Work group would assist with the liaison between the Academy and any individual member who may wish to provide his/her thoughts. My predecessors have done a terrific job so far and I intend to maintain this status with the intention to improve areas that require more attention. It is of great importance to maintain a friendly and united atmosphere amongst the Academy members, which I believe is the foundation of a successful organisation.

Having served our Academy for over 17 years, I can assure you that I will do my best to harmonise any complicated or personal situations that may arise. I thank each and every one of you who have trusted me to continue with the improvement and development of the Academy to the best of my abilities.

Fenella Wojnarowska

“The role of the EADV must be to ensure high quality equitable clinical care for all skin and sexual health patients, and to champion them and their doctors.”

The New EADV Statutes

• The EADV can now be inclusive welcoming all European countries to the Board and celebrating the diversity of Europe.
• Functions in a transparent democratic and accountable manner.
• Must involve all its members, so that they see themselves as stakeholders in the society, benefiting from it, engaged in its functioning and fulfilling its aims.

The EADV is in an exceptional position to disseminate understanding between European dermato-venereologists. European countries have major differences in healthcare delivery.

• We all can offer something unique. As doctors striving to offer the best care, we can be inspired by and learn lessons from colleagues in other countries, particularly now we all face cuts in health funding, and the EADV should lead in this.
• An EADV Patient Support Group would be our most powerful ally in campaigning with the public and politicians.

There are wider aims that are not written in the Statutes.

• Promote community, collaboration, exchange, and friendship between dermato-venereologists from all European countries.
• Champion our specialty with the public and politicians, the new links with EU politicians must be strengthened.

The EADV activities must help its members to take pride in and gain satisfaction from their work.

• Visits to Innovative Practices and Departments, the Workshops and Congresses.
• More feedback to extend this programme.
• Participation of members in committees, panels and other activities.
• Build strong links with the National Societies of Europe and our neighbours around the Mediterranean and the Middle East.

In conclusion I have felt passionate about the EADV from its beginnings, contributing to most congresses, and in the last 6 years by working on 3 committees and editing the EADV News. I have a clear vision of the role of the EADV. My management style is to be inclusive and to arrive at a consensus, although I am not afraid to take tough decisions. I feel that a broad base to the organisation is essential for member involvement and I believe in delegating and empowering individuals so that they feel that they are a stakeholder in the success of the EADV, with their contribution valued and recognised.

Finally I would aim to define the EADV thus: the EADV ensures excellent and equitable clinical care for every European patient with skin or sexual healthcare problems.
My dear friends,

By the time this article is in print I may have been confirmed as EADV Secretary-General, or as happens in democratic societies, a new person may have been elected to run the shop for the next four years. I believe a few reflections are in order at this moment in time.

Firstly, it has truly been a privilege to serve as your Secretary-General under the Presidency of Johannes Ring. In these two years we have managed to go far - much further than we had the right to expect given the failed numerous efforts of the past, and the "exceptional" problems that needed to be dealt with which occupied so much precious time and other resources.

**Challenges & upcoming improvements**

The challenges have been met and for the most part overrun. I am proud to be part of the team that has managed to bring a significant number of new countries to the Board table and that has also managed to obtain unanimous agreement on a set of statutes that prepare EADV for a hugely successful future when I predict that membership, like the price of oil, will rocket to a scale unheard of today. By giving a vote to our Junior members we have recognised that our younger colleagues are our Academy's future and it is proper that they should have a say in Academy matters. I trust they will accept this challenge and responsibility and involve themselves in all issues related to the EADV.

The future now beckons for the EADV and by all accounts it will be a bright one indeed.

- The EADV will do all possible to increase membership throughout and beyond the shores and borders of Europe and new ideas about membership will be discussed in the months to come.
- We will have an EADV Congress team that will be increasingly involved in Congress organisation and finally take over almost completely in the not too distant future.
- We will need to agree on a formula that allows the Congresses to go where they thrive best but utilising any benefit for all EADV members.
- Our excellent JEADV will be published monthly.
- Our Fostering programme will gradually involve office dermatologists ever more widely.

**Thank you all**

I wish to show my appreciation to my colleagues in the Executive Committee, the Board, and indeed all EADV members for support, co-operation, and courtesy that have enabled me to do my utmost for the Academy even at difficult times when it was perhaps easier to call it a day. My back up team with Nancy and her ladies in Brussels and Monica at our Malta office, deserve the highest praise for their effort (e-mails often fly fast and furious even on Sundays), their unstinting loyalty and devotion to duty, and for being supportive when times were stressful and more. Apologies when I was the stressful factor!!

So “Grazzi JR et al” and “Welcome and In bocca al lupo, Alberto”.

Good Luck EADV!

Joseph L. Pace
Secretary General
Send your pictures to **EADV News** ...

Send us pictures of your team in dermato-venerology practice to: stefanie@eadv.org

A selection of these images will be published in upcoming issues of **EADV News**.

**Important note:** Pictures must be submitted in one of the following formats: eps, jpeg, tif.
(Please ensure that your pictures are high resolution images: 300 dpi.)

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**Dates for your Diary**

**Calendar of Events**

### > 2006

**6th Post Graduate Course and Congress / European College for the Study of Vulval Disease**
Paris, France
21-23 September 2006

**15th EADV Congress**
Rhodes, Greece
4-8 October 2006

**22nd IUSTI – Europe / Conference on Sexually Transmitted Infections**
Palais des Congrès de Versailles, France
19-21 October 2006

**11th World Congress on Cancers of the Skin**
Amsterdam, The Netherlands
8-11 June 2006

### > 2007

**2nd World Congress on Work-Related and Environmental Allergy**
Weimar, Germany
13-16 June 2007

**12th Congress of the European Society for Dermatology and Psychiatry**
Wrocław, Poland
14-17 June 2007

**11th World Congress on Cancers of the Skin**
Amsterdam, The Netherlands
8-11 June 2006

**Dermatopathology and Beyond It**
Eisenach, Germany
29 June-1 July 2007

**21st World Congress of Dermatology**
Buenos Aires, Argentina
1-5 October 2007

### > 2008

**5th EADV Spring Symposium**
Istanbul, Turkey
22-25 May 2008

**17th EADV Congress**
Paris, France
17-20 September 2008

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