New look EADV News

On Darwinism and newsletters

The most important element of Darwin’s discovery is the description of change as the predominant life force. Change in circumstances, leading to change in speciation. The surviving fittest were not necessarily particularly fit, but their genetically determined phenotypes fitted the circumstances. It is in many ways a determinist world without will, where success depends on random mutations. If the mutation produces a phenotype, which fits the given surrounding, it is a success; if not, it disappears ignominiously. No matter how hard it tries a giraffe cannot become a mouse.

Not so in social Darwinism, where fitness falls under the sphere of human will. Fitness has been transformed into something you can work on, something you can influence. ‘After going to university, he was fit for the job’. Human society has put itself beyond many laws of nature, and the intellectual capacity for modifying our surrounding or adapting with the help of technology has propelled us forward to become the all-dominant and all-conquering species of the day.

Similar things happen with organisations. They evolve and adapt to the many requirements, not only of the society they are part of, but also to the demands of the members. They must - because a stagnant organisation is a dying organisation. Our Academy has an excellent track record of development. The Academy of today is a much different organisation from the Academy I joined in 1991 and it continues to evolve. Some people might think that all these recurrent changes are merely disruptions of a serene Shangri-La, but they would be very wrong to do so. The boringly regular changes that the Academy undergoes are a sign that the organisation possesses the most important life force – the ability to change.

In its own small way, the newsletter is trying to keep pace with the rest of the Academy, as the attentive reader may have noticed. We have a new layout and some new features. We hope you will like them and that they will help keep the newsletter fit for whatever the future brings.

Gregor Jemec
Editor

Welcome to Berlin!

EADV and the Local Organising Committee look forward to welcoming you to Berlin for the 18th EADV Congress from 7-11 October 2009.

See page 5 ➔➔

New research

Researchers at LEO Pharma are working with the Danish National Advanced Technology Foundation on possible disease markers for psoriasis and with the University of Copenhagen (Faculty of Pharmacy) on nanocreams.

See page 7 ➔➔

European Scleroderma Day 2009

How the Irish Raynaud’s & Scleroderma Society raised public awareness through a launch event with Health Minister Mary Harney, physicians, patients and the media.

See page 12 ➔➔

New EADV resource for patients

The EADV website www.eadv.org now has a section dedicated to our patients. This section of the website, Patient Corner, is easily accessible from the main page. The purpose of the new section is primarily to be able to direct patients to information about various dermatological and venereological diseases.

Patients can access a directory of EADV leaflets on a wide range of dermatological and venereological conditions, find pamphlets provided by the American Academy of Dermatology (AAD) and links to other useful websites.

Continued on page 11 ➔➔

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Only Toctino treats chronic hand eczema from the inside—so patients can do more on the outside.

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President’s Perspective

Making EADV a truly international force

Dear Friends,

The 18th EADV Congress in Berlin is almost upon us and I hope you will enjoy all aspects of what promises to be another wonderful EADV event.

Since our last briefing, the 1st EADV-AAD Review Course took place in Munich in June and, much to everyone’s satisfaction, was a huge success. The combined efforts of Prof Johannes Ring and Dr Mary Maloney, whom I sincerely congratulate, proved a triumphant team effort of both Academies, showcasing the best of their international representation. We shall look forward to the organising of the second EADV-AAD Review Course in the near future which will take place in the USA.

CME in India

Moving towards the East and India in particular, the first round of the ‘Dermatology Live Events’ took place in the last week of August. These consisted of three EADV members visiting four cities throughout India and presenting lectures to the Indian audience as an integral part of the CME programme in India – opening new doors for the EADV to the international dermatological world.

Communications with the Chinese have also been progressing well throughout the year. The CME programme not only allows the EADV to flaunt its expert speakers in their various fields by participating in these sessions, but has led to increased interest among Chinese dermatologists wanting to attend EADV congresses and, moreover, to apply for EADV membership.

Speaking of memberships, I am pleased to report that as at June 2009, the EADV reached an all-time high in membership applications and has evidently become the largest organisation of its specialty throughout Europe.

Focus on task forces

As for developing further learning initiatives, our focus is now closing in on the EADV Task Forces. The idea is to seek experts in each particular area who can help bring new ideas and learning material, perhaps in conjunction with other specialty societies, which can then be integrated into interesting and informative scientific sessions that the participants of future EADV meetings will have the opportunity to exploit.

As the Academy is continuing to expand, thus becoming a stronger force not only within Europe but worldwide, the need to establish an International Committee is more apparent than ever before. In Paris in 2008, this committee was founded and a number of renowned dermatologists from all over the world were selected to represent each continent and to work together on the Academy’s international affairs. Clearly this is a constructive step for EADV which reinforces its status to a wider section of the dermatological community.

Kind regards,

Prof Andreas Katsambas
EADV President
Skin conditions in immunosuppressed patients

The prototype of an immunosuppressed patient is the organ transplant recipient (OTR) who requires lifelong immunosuppressive (IS) therapy. Both the level and duration of immunosuppression may be relevant for the occurrence of skin infections and, in the long run, for the development of skin tumours, mainly non-melanoma skin cancers (NMSC), eg squamous cell carcinomas (SCC) (figure 1), which account for approximately 50% of all malignancies in OTRs. This may also be the case in patients under long-term iatrogenic IS therapy for other reasons, eg in the scenario of autoimmune and rheumatoid diseases. By contrast, HIV-infected patients, who show only a modest increase of NMSC, present a distinctly different mechanism: these patients are on average younger than OTRs, and their relentless progression of immunosuppression eventually resulting in death from opportunistic infections differs from the steady state or possibly even declining immunosuppression involved in transplantation.

Other factors

The incidence of NMSC in OTR increases with the length of the post-transplantation period, level and duration of immunosuppression and varies according to the extent of life-time sun (UV) exposure of the patient. An additional predisposing factor is a light skin type. The role of cutaneous types of human papilloma viruses (HPV) in the development of NMSC is still a matter of debate. No direct oncogenic effect of these HPV types has been proven, but an influence on apoptosis and interference with the repair of UV-damaged cells has been demonstrated. Solid-organ transplant recipients are a complex patient population that experiences numerous and aggressive skin cancers. Therefore proactive, comprehensive and organised dermatologic care for these patients is necessary.

Skin infections in OTR are of fungal, bacterial, or viral origin. There may be an increase in the incidence and severity of conventional skin infections, commonly caused by Streptococci group A and Staphylococci. The same applies to fungal infections, which under immunosuppression may differ with regard to the clinical signs, severity or course of the disease compared to immunocompetent patients.

Candida infections as well as reactivation of herpes simplex (figure 2) and herpes zoster virus are most prominent during the first post-transplant year. In the later post-transplantation period, chronic viral infections are observed, particularly HPV infections. In this scenario, HPV-induced warts, as well as mollusca contagiosa – a pox virus infection – can be numerous and difficult to treat.

Opportunistic infections may be caused by fungi occurring on the surface of the skin and mucous membranes of the human body as saprophytes (eg Candida spp) or fungi ubiquitous in the environment, generally without pathogenic potency for humans, such as Aspergillus, Cryptococcus, Zygomycetes, and Scedosporium spp. In a severely immunocompromised host virtually any fungus in the environment may lead to infection with or without involvement of the skin.

Generally the diagnosis must be confirmed by identification of the presumed pathogen, through direct examination, culture or, if available, molecular-biological methods. Under immunosuppression infections with different pathogens may occur in the same patient or even within the same lesion.

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The 18th EADV congress will bring together dermatologists from Europe and all over the world to share their expertise and discuss together the most recent developments in dermatology and venereology.

The Scientific Programme will cover the full spectrum of dermatological diseases as well as novel trends in rapidly moving fields such as cutaneous oncology, allergy, autoimmune, inflammatory and infectious disorders of the skin. Emphasis will also be placed on dermatosurgery and lasers in dermatology. In addition to the diversity of symposia, workshops, courses and other sessions we believe that the plenary lectures will be of special interest.

Special Global Dermatology Symposia

The rapid development of global dermatology will be reflected in three scientific sessions dedicated to dermatological practice outside Europe: in China, India and the Levant.

Sister Society Meetings

Besides the scientific events at the Congress itself, the EADV also continues its successful partnership with specialised dermatological societies who will hold meetings at the Congress venue on the Wednesday prior to the Congress opening.

For detailed information, please consult our website at www.EADVBerlin2009.com.

The EADV and the Local Organising Committee are pleased to welcome you to Berlin. We will make every effort to offer you a scientific and practice-oriented meeting to make this Congress a most memorable scientific, social and cultural experience.

See you in October!

Prof Thomas A Luger

EADV Congress President 2009

On behalf of the Local Scientific Committee

Highlights include:

Lectures

- P N Naidu (Durban, South Africa)
  “HIV in Africa – the pandemic next door”

- Schneider (Mannheim, Germany)
  “Nanotechnology – a new challenge for dermatology”

- D Roop (Denver, USA)
  “Stem cells in skin diseases and therapies”

- “What’s new?” sessions
dedicated to the most recent developments in dermatological research, skin allergy, cutaneous oncology and dermatosurgery.
The Herpes Viruses Association is a patient support organisation, run by patients and started in 1981, to counter the stigma that was picked up by the media from the US Zovirax advertisements. In England, headlines such as “No-cure sex ‘bug’ that is threatening the country” *(Sunday Mirror*, 1982), “The Sex Epidemic” *(Cosmopolitan*, 1982), “Curse of the Promiscuous” *(Daily Mail*, 1982) meant that people diagnosed with genital herpes feared that their sex life was finished.

They came together to seek lovers from amongst the diagnosed. Gradually, as members realised that a cold sore on the genitals was no more serious than one on the face, they decided it was necessary to create a resource so that people from all over the UK and indeed the world, could access information.

**Aims**

The HVA’s aim is to educate people about herpes simplex (genital herpes and cold sores) so that they can resume normal life. It provides a helpline (calls charged at local rate) and a website ([www.herpes.org.uk](http://www.herpes.org.uk)), leaflets, quarterly journals, meetings, talks and seminars. The helpline is run by trained volunteers who can answer medical questions about the condition as well as counsel people with the psychological worries that sometimes affect them. The website gets 26,000 visitors a month.

The HVA helps the public by supplying the facts. People are usually surprised to learn that catching herpes simplex is common and normal – more than half the population in developed countries is seropositive – and that most people are unaware that they have it. For the few people who get frequent or severe symptoms, the HVA can advise on treatment:

- prescribed medication and self-help. The association has run trials and has found that some complementary therapies do have a benefit.

**Services**

The HVA assists medical professionals by supplying posters, cards, leaflets and booklets for their patients. People calling the helpline can talk for as long as they wish, so this lessens the burden on sexual health clinics’ staff. The association’s services are valued by members of the British Association for Sexual Health and HIV (BASHH). As Dr Patrick French, consultant physician in HIV/GU Medicine, MBChB FRCP, University College Hospital, London, says “Genital herpes has considerable long-term clinical and psychological morbidity and a crucial part of our management approach is referral on to the Herpes Viruses Association for support… many patients have come back to me to say that their [HVA’s] support has been vital in their coming to terms with the diagnosis. They also have a unique position in public education and raising awareness regarding herpes. This is particular important in de-stigmatising these infections.”

Subscribers receive quarterly journals and leaflets dealing with all aspects of the virus from ‘too many recurrences’ to ‘talking about this with a new partner’. Events are organised by members both in and outside London.

The Department of Health no longer provides core funding for small health charities, so the HVA now relies on donations from people who have been helped. As this is not an ‘attractive cause’, free-thinking people – or charitable trusts – are needed to help support the HVA.

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The Danish National Advanced Technology Foundation has recently announced that it will support a miRNA research project managed by LEO Pharma and five collaborators in the Copenhagen area. The teams will study the possibilities for using miRNA for diagnosis and therapeutic grouping of skin diseases.

miRNAs are a newly-discovered class of small non-coding RNA molecules (≈19-25 nucleotides) that regulate the synthesis of proteins by targeting mRNAs resulting in suppression of translation or degradation. It is estimated that up to 25% of protein-encoding mRNAs are regulated by miRNA (Lewis BP et al., 2005). Not surprisingly, miRNAs are critical regulators of many biological processes and are implicated in a number of diseases.

Recent evidence indicates that miRNAs play an important role in chronic inflammatory diseases such as rheumatoid arthritis (Sonkoly E et al, review, 2008). In the skin miRNAs are known to play a role in morphogenesis and differentiation. However, little is known about the expression and role of miRNAs in skin diseases. In a recent study, deregulation and over-expression of miR-203 miRNA in keratinocytes was associated with psoriasis (Sonkoly E et al, 2007) indicating that specific miRNA profiles are found in psoriasis.

The idea behind the project is to use Exiqon’s unique array technique for measuring miRNAs in skin and blood samples to detect and group chronic skin diseases (eg psoriasis, eczema and cancer). LEO Pharma expects to use the miRNA pattern to distinguish psoriasis and eczema from other skin diseases and subsequently guide the treatment selection, thereby assuring patients the optimal treatment and avoiding unnecessary side effects. The skin lesions in eg psoriasis and early stages of cutaneous T cell lymphoma (CTLC) may be quite similar and difficult to distinguish; however, the misdiagnosis of pre-malignant CTLC can be fatal (Weenig RH et al, 2009). The development of a simple diagnostic test will therefore be of great benefit to the patients.

**Detecting the possible disease marker for psoriasis**

**By Mads Røpke, Senior Research Scientist, LEO Pharma**

**Intelligent creams in drug formulation**

**Nina Østergaard Knudsen, PhD student, New Products, LEO Pharma**

It is important to be in the right place at the right time. This is also the case when it comes to active ingredients in creams for treatment of skin diseases. Intelligent creams can help protect the drug and efficiently lead the drug to specific injured sites in the skin reducing the exposure of healthy cells. Development of such intelligent creams with nanoparticles is a benefit for the patient, since such systems can reduce the amount of active drug which reaches the systemic circulation, giving fewer side effects for the patients.

**Function of Nanocreams**

In regular creams penetration of the active drug component into the skin is largely dependent on the condition of the skin. All layers in the skin are exposed to the drug, and some of the drug may end up in the systemic circulation, exposing other tissues, especially when the skin barrier is impaired during skin diseases. To get a controlled delivery of the drug to specific layers in the skin, nanoparticles are explored as a tool to reduce exposure of healthy cells. Both solid lipid nanoparticles and liposomes can encapsulate drugs for protection and direction to specific targets. Like extremely small soap bubbles, liposomes can act as protective depots digging through different layers of the skin when the nanocream is applied. Sensors on the surface of the particles are registered by sensors in the lower epidermis, signalling liposomal release of the drug into the injured cells. Consequently, the drug is only exposed at the target side and treatment becomes extremely specific. In this way, the dosage can be reduced compared to regular creams, making it safer for the patient to use such products. This is important for recurrent skin diseases, where patients are treated daily. Development of nanoparticles for the formulation of drugs in the treatment of skin diseases are the aim of two industrial PhD project between LEO Pharma (New Products) and the University of Copenhagen (Faculty of Pharmacy).
For the second time the city of Ghent was able to host the EADV Dermatopathology Summer School. The first part of this Summer School, covering functional dermatopathology, was held in the Department of Dermatology of Ghent University Hospital from 6–10 July 2009.

A lot has changed in our department since the first edition of the Dermatopathology Summer School was held here in 2005–2006 (with the sad loss of Professor Naeyaert, head of our department in 2007), but we are still equally proud and eager to host this exceptional event.

The preparation of the course is always intense and often hectic in between the daily workload in the clinic and the department. However, by Monday 6 July, we had our Faculty Hall ready to welcome 28 dermatology residents for 5 days of dermatopathology training. As always, many European countries were well represented (a total of 19 different nationalities), coming from the most northern regions of Finland to southern European countries such as Turkey, Italy, Spain and Portugal… even a participant from Cairo (Egypt) joined the group.

**Top speakers**

The programme was quite packed with lectures in the morning and slide seminars on individual microscopes in the afternoon. After the slide viewing the participants had the opportunity to discuss the slides with the speakers. Once again top speakers came to Ghent from all over Europe: Professor Metze, Dr Calonje, Dr Zelger, Professor Haneke and, of course, Professor Kerl who gave a special lecture on Wednesday evening.

It is always a pleasure to see friendships and collaborations evolve between residents of different cultural and ethnic backgrounds, but with a common passion for dermato(patho)logy.

On Thursday evening the group (together with Dr Zelger) went out to see the medieval town of Ghent where they were able to taste one of our local dishes (“Gentse Waterzooi”). After dinner all the participants (and Dr Zelger!) joined in to sing a song/hymn in their native language.

Many thanks to all the speakers and participants and, of course, to the EADV for their efforts in sustaining this fostering programme.

We are looking forward to part two (tumoural dermatopathology) in July 2010!

**Dr Sofie De Schepper**
Chairperson
EADV Dermatopathology Summer School 2009
Participants’ feedback

“We were happy to be a part of the EADV Summer School of Dermatopathology part 1, which was held in the beautiful city of Ghent from 6-10 July 2009. During the course, we had an extensive overview of the histopathological features of inflammatory skin diseases. We enjoyed the outstanding lectures given by recognised experts in the field.

Not even the rainy weather could spoil the wonderful experience we had sharing time with other young dermatology residents and we are looking forward to attending the second part of this course next year where we will again meet our friends and colleagues from all over Europe. See you soon!”

Marisa André (Portugal) and Raquel Molina (Sweden)

“I was one of the lucky residents selected from all over Europe to participate in one of the most useful and well-organised courses I have ever attended: the Summer School on Dermatopathology in Ghent in July this year, organised by Dr Sofie De Schepper, who went out of her way to make sure everything was great.

The course had a well-balanced content between theory (the first part being mainly dedicated to inflammatory diseases) and practice, consisting of histological slide viewings and discussions. We all presented our cases, which was a very useful exercise. For me, the most impressive moment was Professor Kerl’s evening lecture and his take-home message for us, in the form of an old Chinese proverb: ‘Teachers open the door, but you must enter by yourself’. This course was a opened door, allowing us to step into the fascinating world of dermatopathology and, at the same time, giving us the chance to bond, not only by studying and discussing the slides side by side, but also by exchanging knowledge, ideas, life experience, by singing together and sightseeing in Ghent in rainy weather, or relaxing together over a fine Belgian beer, while admiring the sun slowly going down over the city’s picturesque bridges and cobbled lanes.”

Madalina Geanta (Romania)
It is my pleasure, on behalf of the Local Organising Committee, to invite you to attend the 7th EADV Spring Symposium which will be held in Hotel Croatia, Cavtat, Croatia, from 13-16 May 2010.

The Spring Symposium of EADV has become a lovely tradition of bringing together dermatologists and venereologists from all parts of Europe and World. Therefore, Croatia is proud to host this major event for the first time and also to welcome for the first time EADV on our home soil. The 7th EADV Spring Symposium has as its theme “Harmony in Dermatology & Venereology” inspired by the need for the co-existence of prevention as well as management of skin and venereal diseases.

We would very much like to take this opportunity to exchange our ideas and experience with our colleagues worldwide. So, you are all cordially invited to participate in the Symposium and to contribute to its success. As the Organising Committee, we shall do our best to make your stay in Cavtat near Dubrovnik, the famous south pearl of Adriatic, an unforgettable professional and personal experience.

We cordially await you!

Prof Jasna Lipozenčić
Chairperson
EADV Spring Symposium 2010

Discovering Croatia

Most have heard of Dubrovnik, the crown jewel of the Adriatic, but to discover Cavtat across the bay is like being told a precious secret. Situated on a peninsula wrapping around this bay is the Hotel Croatia – consistently ranked as the top five-star resort on the Croatian coast.

As is with any good secret, the truth is hidden at first glance. Approaching the Hotel Croatia, you may not realise what lies beneath the trees it has been built amongst, as this top resort has been constructed to blend into its natural surroundings - not to be too imposing on the eyes or to hinder your relaxation in one of the most beautiful places on earth. In reality, the Hotel Croatia has eleven floors and over 480 rooms, many of which have terraces overlooking the Adriatic, though the hotel barely manages to peek through the pine trees. And with three indoor and outdoor pools, two beaches and walking trails along the coast, you'll constantly be reminded of where you are and why you decided to visit Dalmatia.

The Hotel Croatia has, since its opening in 1973, been the site for the largest and most important conferences and gatherings on the Croatian coast. With conference and dining facilities that excel above all others, it is no surprise that the Hotel Croatia is booked years in advance. Again though, the greatest attention has been put into the hotel’s...
design so that one never feels crowded or rushed, rather it is an experience of space and relaxation.

The town of Cavtat was once an ancient Greek settlement; today it is a quaint fishing village that mixes restaurants, cafes and shops for tourists in a comfortable way. For those wishing to visit the much-heralded walled city of Dubrovnik (visible across the bay), though without always competing with the crowds that descend each season, it is just a short drive or, perhaps even more pleasant, boat ride away. The Hotel Croatia makes the perfect starting point for discovering the southern Croatian-Dalmatian coast, and as the international airport is just five kilometres away (even closer to Cavtat than Dubrovnik), your vacation or business trip on the Adriatic can start mere minutes after your arrival.

Continued from page 1 •

Patient Corner is divided into two sections: EADV leaflets which are freely available to the public, including seven leaflets from the Task Force on Skin Disease in Pregnancy. There are also 18 leaflets in the open section both in Italian and in Romanian.

The pamphlets provided by the AAD with their kind permission are copyright protected and not for distribution. To access those pamphlets you have to log on to the website.

The other section of Patient Corner contains links to other websites. We have checked these websites to make sure that their content is informative and not too commercial. At the moment there are 31 websites linked and more are to come. As these websites are third party, EADV cannot guarantee their contents but we have done our best to ensure that they are useful.

We at the Website Committee would like to encourage all EADV members to check out Patient Corner and to offer any comments if desired. We are aware this part of the EADV website is in its infancy now but we are certain it will grow stronger and bigger in the years to come. In future we would like to have information in the various European languages as not all of our patients are fluent in English. So many thanks for those who provided the leaflets in Italian and Romanian. We would also like to thank the EADV staff, especially Stefanie Blum, for their work on this project.

On behalf of the Website Committee
The inaugural Scleroderma Day in Ireland was celebrated on 29 June 2009 at a launch event in Trinity College, Dublin, attended by the Minister for Health, Mary Harney, and other key political figures. Doctors, patients, science and industry leaders, and the media were addressed by the Minister and consultants, who spoke about the need for early diagnosis of this disabling disease.

In the lead-up to the day the Society distributed press releases to the media, radio and print interviews were conducted and an information campaign took place throughout the country. Every General Practitioner in Ireland, every rheumatologist and dermatologist, and many other medical practitioners as well, were sent a letter by the Irish Raynaud’s & Scleroderma Society (IRSS), inviting them to the event and enclosing a package of information about the diagnosis and treatment of scleroderma. Specifically, this packet included advice for the GP to follow on finding two or more symptoms in a patient. This letter was signed by leading rheumatologist Professor Douglas Veale of St Vincent’s Hospital, Dublin.

EU action

This was all part of a new programme launched on 29 June to speed up diagnosis of the rare condition scleroderma, also known as Systemic Sclerosis. Called VEDOSS (Very Early Diagnosis of Systemic Sclerosis), this programme is an EU-wide directive led by EUSTAR (the EULAR Scleroderma Trials and Research group) and supported by FESCA (Federation of European Scleroderma Associations). In Ireland it has the support of Minister Mary Harney and Dr Ronan Kavanagh, President of the Irish Society of Rheumatologists.

At least 2% of Raynaud’s patients develop scleroderma, a systemic connective tissue disease with high morbidity and mortality. Several different types exist, symptoms vary widely, and progression is unpredictable, making diagnosis very difficult. EULAR in June 2008 officially decreed it a rare disease in need of special focus.

Under the VEDOSS programme, GPs are asked to refer to a rheumatologist or to a National Scleroderma Centre any patient with two or more early symptoms of SSc for further testing. These symptoms were decided by a team of international rheumatologists using the Delphi process, and include in order of importance:

- Raynaud’s Phenomenon
- Puffy Fingers
- Antibodies (ANA, ACA, Topo I)
- Diagnostic nailfold capillaroscopy
- Calcinosis
- Digital ulcers
- Dysfunction of the œsophageal sphincter
- Telangectasia

Professor Douglas Veale and Dr Sean Gaine, Consultant in Respiratory Medicine, spoke at the launch event about the necessity of seeing people with two of these symptoms as soon as possible, so that treatment can begin as necessary, and PAH can be ruled out by tests. The Minister for Health gave her support for the programme and for the ongoing work of the Irish Raynaud’s & Scleroderma Society. The IRSS now hopes to collect data on how successful VEDOSS is in increasing early diagnosis.

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About scleroderma
Scleroderma is a rare disease of the immune system, blood vessels, and connective tissue. Occurring probably only in 1 out of 10,000 people, though without any proper studies into how prevalent it is, it is diagnosed both too infrequently and too late. Treatment, if started early, can prevent the worst effects of this incurable disease, but the availability of treatment is patchy across the EU, leading to an inequitable situation.

Patient support
The patient support associations of Europe have banded together to form an umbrella group that is working to achieve better awareness of the disease, and to get equal access to successful treatments for all. FESCA currently has 16 member groups and includes patient associations from Belgium, Cyprus, Denmark, Germany, France, Hungary, Ireland, Italy, the Netherlands, Portugal, Spain, Switzerland, and the United Kingdom.

FESCA believes that medical practitioners must have better knowledge, and is working with EULAR Scleroderma Trials and Research (EUSTAR) specialists to promote research and the spread of information, in the hope that this will lead to earlier diagnosis. Specific “Recommendations for the Treatment of Systemic Sclerosis” have now been developed with input from FESCA. Those with scleroderma ask for equal rights with those who suffer from other, less rare conditions. They ask for equal opportunities in research, diagnosis, treatments and care. They ask for an equal chance at a meaningful, pain-free life while suffering from a chronic incurable condition. Research, increased knowledge among medical practitioners, and increased understanding within their communities can give them this.

European Scleroderma Day – 29 June
Having a disease that nobody has heard of is a lonely business. When even the doctors cannot recognise it, or tell you what is going to happen, it is lonelier still. So Scleroderma Awareness Day was created to tell people, including the medical community, what it means to have this disabling disease. Now, 29 June is designated a Europe-wide day to recognise the bravery of those who live with scleroderma and to demand equal treatment and equal care for people with the condition across Europe. On 29 June we also celebrate the life and death of Paul Klee and all those who struggle with scleroderma. Klee, the gifted Swiss artist, made painting his life’s work, but it was strongly influenced by his illness, systemic scleroderma, as the painting chosen for Scleroderma Day demonstrates (see opposite page). We campaign for a world in which equal rights, treatments, and care are offered to people with scleroderma and in which such rare diseases are not forgotten, but afforded the consideration and attention of other more common diseases.

Very Early Diagnosis of Systemic Sclerosis (VEDOSS)
Scleroderma (Systemic Sclerosis) can be treated early only if diagnosed early. The VEDOSS project, led by EUSTAR, calls for all General Practitioners to refer people with two early symptoms to a rheumatologist for further investigation. While Raynaud’s (lack of circulation in the fingers and toes when chilled, leading to white, numb digits) is a common, mild condition, it may prove to be the precursor of systemic scleroderma, and it is one of the symptoms that call for surveillance. A second symptom is hard puffy fingers. Where both symptoms are present, an ANA blood test should be conducted. Examination by a rheumatologist familiar with systemic sclerosis is the next step. This is best conducted in a specialist scleroderma clinic. Early diagnosis of scleroderma saves lives and leads to control of the disease.

1st Systemic Sclerosis World Congress
In February 2010, a World Scleroderma Congress will be held in Florence. This will be a dual event, consisting of a 3-day congress for doctors, and a one-day event for patients at which rheumatologists will address issues of interest to people who have scleroderma. All lectures and events will be in English, but FESCA is investigating the possibility of translation.

In order to learn more about FESCA please visit our website: www.fesca-scleroderma.eu

Dates to Remember
- Dates of medical congress: 11-13 February 2010
- Date of patient congress: 12 February 2010
- Location: Florence, Italy
This International Review Course was a world premiere in that the European Academy of Dermatology and Venereology (EADV) and the American Academy of Dermatology (AAD) actually did something together in creating a common programme and organising a common event in postgraduate education in our specialty.

The format was based on a programme which the AAD has been running successfully for some years, namely "Regional Review Courses", where a limited number of participants (maximum 200) get high-level postgraduate education in a nice location over 2 or 3 days with interactive teaching, discussions and practical information.

Transatlantic collaboration

That idea was taken as the basis of this programme which was developed as a joint initiative by Johannes Ring (Munich) and Mary Maloney (Worcester, USA). The course was held in Munich (Hotel Maritim, located quite centrally) and organised by the EADV Central Office, together with great support from the Department of Dermatology and Allergy Biederstein, Technische Universität München (Johannes Ring and Martin Mempel).

The course started on Thursday in the late afternoon with 2 major lectures on melanoma (by EADV President Andreas Katsambas) and on non-melanoma skin cancer (by Mary Maloney) which gave in-depth and very practical information on the diagnosis and treatment of these common skin diseases. Later in the evening, after the welcome reception, a special film was shown, the famous musical "Odyssey of Allergy", which had been performed on the occasion of the 10th EADV Congress in Munich, October 2001, in the Lowenbrau beer hall. The video was very well received.

The programme continued with lectures on signature nevi, a term created and very well explained by Jean Bologna (North Haven, USA), followed by an review on the difficult subject of cutaneous T-cell lymphoma with a remarkable collection of slides by Joan Guitart (Chicago, USA).

New diagnostic tools

EADV Past President, Alberto Giannetti (Modena) showed the new opportunities of dermoscopy as a new tool in dermatology diagnosis with fantastic slides and results. Jean-Hilaire Saurat (Geneva), acting president of the International League of the Dermatological Societies (ILDS), introduced the new term "dermatoporosis" for skin ageing and proposed a concept of accepting this condition as a disease with striking diagnostic and therapeutic opportunities. The session was closed by Acting President of the AAD David Pariser (Norfolk, USA) who stepped in at the last minute for Louis Dubertret whose plane was unable to leave Paris due to a technical problem.

The afternoon excursion led the participants out of Munich into the Bavarian Alps, first to the monastery at Ettal, where Benedictine monks are still working and running a famous boarding school. From this beautiful Rococo church the journey went on to the Linderhof castle, built by King Ludwig II of Bavaria. Many of the participants were starting to philosophise about possible similarities between this so-called "mad" king, who probably was not schizophrenic, but not entirely "normal" and the recently deceased "King of Pop" Michael Jackson. Anyhow, in a week full of rain, the afternoon was sunny, the clouds were soon disappearing and a rainbow welcomed the group when they had dinner at the Alpine cottage "Kreut-Alm" on the outskirts of the mountains overlooking the plain to Munich.

The next day was a full working day with a tough programme starting with a wonderful lecture by Gerd Plewig on acne, during which he not only dwelt on the history of this disease but also introduced a new concept for what was formerly called "acne tetrade" - "dissecting terminal folliculitis" - a kind of revolution in its field!

Frank Powell (Dublin, EADV President-Elect) gave a most remarkable lecture on rosacea, showing all the different subtypes and stressing different pathophysiological concepts with a special consideration of demodex mites crawling over the skin, where people could see a film of the creatures moving to the sound of Beatles’ music.

Advances in treatment

The field of allergic reactions was covered by a series of lectures starting with Johannes Ring, the event organiser, giving a broad overview on "Skin and Allergy", stressing the fact that no other discipline has so much experience and
opportunity to deal with a multitude of different allergic diseases than the skin. Dermatologists should take this up and use this chance. Not only urticaria, angioedema and drug eruptions, but also contact dermatitis and atopic eczema were presented and discussed.

Latest results

The topical treatment was highlighted by Lawrence Eichenfield (San Diego, USA), who introduced the newest results on anti-inflammatory topical treatment in atopic eczema. Finally, Lars French (Zurich, Switzerland) gave a lecture on cutaneous drug eruptions, showing the wide spectrum and reflecting on some more recent syndromes like acute generalised exanthematous pustulosis (AGEP) and drug-related eosinophilic sensitivity syndrome (DRESS).

Martin Mempel (Munich), the co-organiser, gave an excellent lecture on granulomatous skin diseases, a very difficult subject with new data on T-cell clones in granuloma anulare and in infectious granulomas.

The genetic basis of atopy and atopic eczema was covered in depth by Stephan Weidinger (Munich), stressing not only the filaggrin mutations but also new findings regarding the IgE receptor as well as a totally new gene association to atopic eczema on chromosome 11.

The venereological part of the specialty was highlighted by Erwin Tschachler (Vienna), who brought news on syphilis and HIV infection with careful explanation of the complex new highly active antiretroviral treatment (HAART).

Sunday was dedicated to practical approaches, namely hyperhydrosis when David Pariser (Norfolk) gave a lot of very important tips and tricks for the office, and a final lecture on laser and IPL in dermatology by Michael Landthaler (Regensburg, Germany), where it became clear that both techniques and their manifold subdivisions have a distinct place in dermatology treatment.

Going forward

Mary Maloney and Johannes Ring, in their summing up, expressed the opinion that this first undertaking of a common review course, as a joint undertaking of both European and American Academies, was a big success. In all, 120 eager participants from 38 countries took an active part in the discussions. The programme shall be continued, most likely interchanging between the continents, so next year Europeans should be invited to an as yet unknown destination in the USA.
Thanks to the strong commitment of our Romanian colleagues, the Bucharest Symposium was a great success. From our statistics, we note that 1093 participants from about 70 countries took part, each averaging three sessions. An exceptionally high 69.5% filled in their evaluation forms which once again yielded statistics by UNI-C and the CME-CPD Committee for your attention.

For reasons of confidentiality, the speakers’ personal data are not published openly but is available as usual upon request to Judith@eadv.org.

**Overall remarks**

The new “Focus”, “Forum” and, “Masters of Dermatology” sessions were very successful. “What’s New?” sessions and Dermoscopy maintained proven popularity. There is (fortunately) a persistent interest in the topics of core dermato-venereology and its subspecialties (dermatopathology, dermatosurgery, dermato- oncology, allergy etc), and notably in problematic issues like autoimmune bullous dermatoses, connective diseases, photosensitivity disorders.

There is also an increasing interest in new corrective, cosmetic and aesthetic dermatological procedures. All successes will be especially pursued in future scientific programmes and thanks to all of you who took the time to make the statistics possible.

Dr Jean-Paul A Gabbud

Chairman

On behalf of the CME-CPD Committee

E-mail: jgabbud@bluewin.ch

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**Top 10 Events**

 ranked in order, 20+ attendees)

1. FS04: Dermoscopy Pearls
2. W06: New Insights in Dermatopathology
3. W13: The Burden of Ageing Skin
4. FS05: Diagnosis and Management of the Cutaneous Lupus Patient
5. W12: Dermoscopy
6. F07: How to Manage Genital Discharge?
7. WN03: What’s New in Venereology?
8. F01: Mohs’ Surgery: when is it really needed?
9. S15: Systemic Immunotherapy for Skin Diseases
10. MD01: Masters of Dermatology

**10 Best Attended Sessions**

1. PL02 Plenary Session 2 (Prevention Strategies of Melanoma) (187)
2. PL01 Plenary Session 1 (Quality of Life in Dermatological Care) (182)
3. WN01 What’s New in Clinical Dermatology? (112)
4. MD01 Masters of Dermatology (101)
5. WN03 What’s New in Venereology? (87)
6. W12 Dermoscopy (73)
7. S13 Nail Disorders (72)
8. S03 Rosacea and Facial Dermatoses (66)
9. S07 Connective Tissue Disorders (65)
10. WN02 What’s New in Dermatology Research? (56)

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Gain CME credits! Visit the online CME-CPD section “Education” at www.eadv.org
Call for Applications – EADV Scholarships

7th EADV Spring Symposium in Cavtat, Croatia, 13–16 May 2010

1. Michael Hornstein Memorial Scholarship

Named after the late friend and distinguished colleague Dr Michael Hornstein, EADV will offer the Michael Hornstein Memorial Scholarship to one recipient of each Eastern European country.

Eligible countries - geographic Eastern Europe: Belarus, Bosnia & Herzegovina, Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Former Yugoslav Republic of Macedonia, Ukraine

2. John Stratigos Memorial Scholarship

Named after the late dear friend and distinguished colleague Prof John Stratigos, EADV will offer the John Stratigos Memorial Scholarship to one recipient of each Mediterranean country.

Eligible countries - geographic Mediterranean countries: Albania, Algeria, Croatia, Cyprus, Egypt, Greece, Israel, Italy, Lebanon, Libyan Arab Jamahiriya, Malta, Morocco, Palestine, Portugal, Montenegro, Spain, Syria AR, Tunisia, Turkey

3. Imrich Sarkany Non-European Memorial Scholarship

Named after the late friend and distinguished colleague Dr Imrich Sarkany, EADV will offer the Imrich Sarkany Non-European Memorial Scholarship to a maximum of five (5) young dermatologists of non-European countries.

Eligible countries - Rest of the world (except Eastern European and Mediterranean countries already listed before) eg Africa, Arab countries, Asia, Latin America, North America (inc Alaska, Canada), Oceania (Australia, New Zealand etc…)

Every EADV scholarship award consists of €1000 less the fee of a one-year EADV membership according to the status of each recipient. Free registration to the symposium is also provided for each winner.

REQUIRED DOCUMENTATION:
(Only documents in English will be reviewed)

- The completed Scholarship Application Form with name of scholarship applied for
- A CV and a list of publications (not more than 3 pages)
- A current copy of the applicant’s training or specialist certificate
- 2 letters of support written and signed by:
  - the director of training or departmental head or the head/chief of the hospital/clinic and by
  - a “specialist” EADV member
- A copy of an ID with a passport-size photo

For further information and to download the application form:
http://www.eadv.org/scholarships/
or upon request by email to
Prof Nikolaï Tsankov – Honours & Awards Committee Chairperson:
scholarship@eadv.org

Application deadline for all scholarships: 30 October 2009

Note: Applicants will be notified of receipt of application by e-mail. Applicants will be informed about the status of their application around 15 January 2010. This information is also on the EADV website (since the beginning of September 2009).
International Hyperhidrosis Society (IHHS)

Mission

The International Hyperhidrosis Society was launched in 2003 to educate and support the millions who suffer with - and treat - hyperhidrosis. Because hyperhidrosis is such a widely misunderstood and under-diagnosed disease, the IHHS serves a vital role in providing comprehensive and authoritative information on hyperhidrosis care and management, not only within the medical and patient community, but also the world at large. We also advocate for patient access to effective treatments and for the pursuit of hyperhidrosis research; we continually aim to raise awareness about the emotional and economic impact of living with excessive sweating.

Resources

Through our website (www.SweatHelp.org) and our bi-monthly newsletter, SweatSolutions, the IHHS strives to speak to all members of our diverse community. We’re pleased to offer these resources in five different languages: English, Spanish, French, German and Portuguese.

Our Physician Finder directory is another dynamic element of our organisation. This ever-increasing directory contains 2,000 physicians from around the world who are familiar with and offer treatment of hyperhidrosis. Those seeking treatment can access a pool of healthcare professionals whom they can trust have a grounded knowledge in the best hyperhidrosis treatments.

CME

Since our inception we have offered unique and comprehensive continuing medical education seminars (CME) to physicians and medical professionals. For the past two years, the IHHS has conducted CMEs with live-patient sessions that allow rare opportunities for doctors to participate and observe live demonstrations of the latest in hyperhidrosis care—from Botox injections to Iontophoresis use.

Medical professionals who have received training at one of the IHHS CME events are listed in this 2,000-member international directory with a star beside their name, indicating their special qualifications. Over 60,000 patients and medical professionals worldwide subscribe to our newsfeed.

Our teen website is a gem in our online community. This part of the hyperhidrosis population requires a different style of communication than adults, and here we address all the same elements of excessive sweating, but in a more teen-friendly fashion.

Future aims

We look forward to new and improved treatments in the coming years and to educating more physicians and patients about these latest options. We’re also hoping to launch new online tools such as surveys, webinars, and self-assessment tools in the future to help bring our community together in real time. For perhaps the most underserved segment of the hyperhidrosis population, we’re developing more programmes to support children and teens with excessive sweating.

We also will continue to emphasise the importance of educating doctors on best practices and hope to have more opportunities to convene our best physicians to conduct hands-on physician-training seminars. Ultimately, up-close and hands-on training in the treatment methods for hyperhidrosis leads to the highest-quality care for patients.

Most importantly, we will continue to find new ways to reach out to the individuals who suffer with hyperhidrosis, particularly those who don’t know they have the disease and are suffering alone and, very likely, in silence.

Interaction with EADV

We have been a Sister Society to the EADV since 2004 and have educated hundreds - if not thousands - of physicians through this venue. This is an incredibly valuable partnership that facilitates unmatched international outreach to the medical community. The IHHS is grateful for their annual invitation to participate in the EADV Congress. Because we are a non-profit organisation, we are especially appreciative of the EADV’s generosity and inclusion. This allows us to do what we do best: develop and conduct the event that will attract some of the finest and most caring medical professionals in the world. Treating hyperhidrosis is not a lucrative endeavour, but it is extremely rewarding and it requires a particular perspective when approaching treatment. At the upcoming EADV Congress in Berlin, our session will be from 09.00-13.30 on Wednesday, 7 October 2009 at the International Congress Centre Berlin (ICC). We hope to see you there!

Contact

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Spotlight on young dermatologists

Spyridon Gkalpakiotis (Greece)

“My name is Spyridon Gkalpakiotis and I’m 29 years-old. I have been working as a resident at the Department of Dermatovenerology, Charles University 3rd Medical Faculty, Prague. Currently I am completing my last year of training under the supervision of the Department chairman, Prof Peter Arenberger, MD, PhD, DSc, MBA.

I was born in Greece but completed my medical studies at the same faculty where I currently work. Immediately after obtaining my diploma of medical doctor I started both my dermatovenereology training and my research activities on malignant melanoma. In October 2009 I am planning to defend my PhD thesis on “Evaluation of adjuvant therapy of malignant melanoma by real-time RT-PCR methodology”. My favourite topics in dermatology are psoriasis, digital dermoscopy and malignant melanoma.

I am a member of the Czech Dermatovenereological Society (Czech Medical Society group) and Chairman of its Section of Young Dermatologists, and also of the International Society of Dermoscopy and of the European Academy of Dermatology and Venereology. I am very happy and proud being a member of this international and very successful organisation. The scientific journal (JEADV) is very well recognised, helping young dermatologists keep up-to-date in different topics. I hope that awards and scholarships will continue to be offered to young colleagues. One of my wishes is to be offered scholarships which will cover the expenses of a visiting researcher at a department of dermatology abroad.”

Zejna Velagic (Bosnia and Herzegovina)

“I was born in 1981 in Melbourne, Australia. I graduated from Hacettepe University Medical Faculty in Ankara, Turkey (the courses were taught in English) in 2005. Immediately after graduation I started my dermatovenereology residency at Gazi University Hospital, Ankara, Turkey and continued at the dermato-venereology clinic in the Clinical Centre of the University of Sarajevo in Bosnia and Herzegovina where I got the title “specialist of dermato-venereology” in 2009. Being in different clinics (and countries) during my residency gave me the advantage of seeing different approaches and managements and gaining varied experiences. I have incorporated all these different experiences in dermatology from these clinics and I am trying to use the best practices from each wherever possible.

I am currently working in my own private practice in Sarajevo. I provide cosmetic dermatology as well as general dermatology to my patients. My major areas of interest are cosmetic dermatology including laser systems and dermatosurgery.

In May 2008 I was awarded the Michael Hornstein Memorial Fellowship at the 5th EADV Spring Symposium held in Istanbul, Turkey. It was a great experience to be accepted by the EADV! The positive stimulation that EADV gives to young dermato-venereologists is really nice and helpful for us beginning our travels in the world of dermatovenereology.”

DVDs on Dermoscopy
Arranged by Giorgio Annessi and Stefania Seidenari.

One DVD contains the course material for personal medical education about dermoscopy, while the other aims to serve as a reference for those who wish to organise a training course on dermoscopy.

The DVD on personal medical education will be made free to all members.

The DVD for organising a meeting on dermoscopy will be given only to bona fide course organisers.

HOW TO APPLY: Please send your request by e-mail to the attention of Prof S Seidenari, Fostering Dermatology & Venereology Committee, at fostering@eadv.org.
Harmony in Dermatology and Venereology

May 13 – 16, 2010

Hotel Croatia, Cavtat, Croatia

www.eadv.org/cavtat2010
Dear Friends,

By the time you all receive this newsletter summer will be almost over and Berlin will be welcoming many dermatologists to the annual EADV Congress. I trust you have all had a good summer and are raring to go with the busy times ahead.

Membership

Summer is always a very busy time for the Membership Committee who, together with staff in Brussels and my office in Malta, process many new applications in July and August. The total membership before going to print had passed 3,000. This is excellent news indeed especially since many considered that the national society membership concept would militate adversely against our regular members.

Board member for Russia

May I take this opportunity to welcome into the EADV family all the new members from Russia. After a steady trickle initially, Russian applications have turned into a flood earning a seat on the Board with the second seat on the horizon. The new Board Director will take his/her place on the Board after the Berlin Congress.

Elections

The deadline for receipt of nominations to fill several important vacant positions within the Academy was 7 August. The election of the Treasurer-elect will take place during the Board Meeting in Berlin as will the election of Chairpersons for the Website Committee, Scientific Programming Committee, Fostering Specialist Skills Committee and Nomination and Election Monitoring Committee. Furthermore, several standing Board members were nominated for a second term of office of three years. Members from Denmark, France, Germany, Italy, Malta, Sweden, UK and, as I mentioned above, Russia will elect new Board members in September.

Proposed changes to the statutes

The Board unanimously agreed in Paris last year to some important adjustments to the statutes as proposed by the Membership Committee. These will reduce a number of possible electoral ploys and tactical recruitment and, if accepted by the General Meeting, will go a long way to reduce the massive electoral fever that grips EADV every 2 years. In addition, a small number of changes have had to be made where inadvertently our Statutes were in conflict with Swiss Civil law although in the case of any dispute, the latter of course supersedes. I firmly believe that the proposed changes are central to the continued progress of EADV. The Electoral Reform Society of London will be sending all necessary documentation shortly. Voting may as usual be online at the ERS secure site or by post. Please check the EADV website for updated information. Voting is a right and an obligation so...vote!

PS The changes suggested will include a change from the 31 August deadline to 31 March. This will make life IMMENSELY more liveable for the EADV’s staff (and the Secretary General) and ensure that election preparation and new member applications that crowd in during August when all those who later may be asked to give an opinion are unreachable - they simply vanish from the face of the earth - will instead be worked upon quietly during the winter months and people's assent sought and received in good time.

Berlin Congress

We are all looking forward to the Berlin Congress in October. The organising committee headed by Thomas Luger has made every effort to create a scientific and practice-oriented meeting at the highest level in a socially and culturally most stimulating environment. A bumper attendance is forecast and I predict we will also have a record attendance from outside Europe in keeping with EADV's attempts to initiate and consolidate an academic dialogue with a number of countries, most recently India and China. See you in Berlin!

Joseph L Pace
Secretary General

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1/4 page €600

➤ Please send your suggestions, feedback and contributions for the attention of the Editor, EADV News c/o Stefanie Blum, Administrative Officer at the EADV Office via: stefanie@eadv.org
Sutures

Reactions to sutures are not an uncommon complication in dermatology surgery. It can be in the form of suture-splitting, as in this patient, which is the extrusion of subcutaneous sutures through the wound without inflammation, or stitch abscesses due to sutures left in longer than 10 days, inducing foreign body reaction and manifesting as sterile pustules and last the development of nodules in scars around the sutures due to starch powder or talc transferred from surgical gloves to the surface of the sutures inducing granulomatous foreign body reaction. All the three complications can be resolved by the removal of the sutures.

Text and photo: Prof Iqbal A Bukhari, Associate Professor and Consultant Dermatologist, Dermatology Dept, College of Medicine, King Faisal University and King Fahad Hospital of the University, AlKhobar, Saudi Arabia

Calendar of Events

> 2009

18th EADV Congress
Berlin, Germany
7-11 October 2009

European Congress on Anti-Aging & Aesthetic Medicine (ECAAAM)
Mainz/Frankfurt, Germany
15-17 October 2009

11th IUSTI World Congress
Cape Town, South Africa
9-12 November 2009

11th World Congress of Paediatrics Dermatology – WCPD 2009
Bangkok, Thailand
17-20 November 2009

Cosmoderm XIV
Hilton Hotel Tel Aviv, Israel
2-4 December 2009

> 2010

7th EADV Spring Symposium
Cavtat, Croatia
13-16 May 2010

> 2011

19th EADV Congress
Gothenburg, Sweden
6-10 October 2010

8th EADV Spring Symposium
Karlov Vary, Czech Republic
7-10 April 2011

> 2012

22nd World Congress of Dermatology
Seoul, Korea
24-29 May 2011

20th EADV Congress
Lisbon, Portugal
19-23 October 2011

> 2012

21st EADV Congress
Riga, Latvia
5-9 September 2012
Our products in Dermatology

**Betamethasone Valerate**
The easy solution for topical treatment with corticosteroids
- Betesil®
- Betatape®
- Cortiflam®

**Hyaluronic acid**
The innovation in wound-healing
- Altergen®
- Ialugen®
- Ialugen® Hydro
- Ialugen® Plus
- Ialuset®
- Ialuset® Hydro
- Ialuset® Plus
- Ialuset® + silver

and skin rejuvenation
- Idune®
- Viscoderm®
- Viscofill®
FOR LONG-TERM ECZEMA CONTROL
YOU NEED TO ACTIVELY MANAGE THE UNDERLYING INFLAMMATION.¹

Atopic eczema flares can be managed in the short-term, but the threat of another flare is always lurking under the surface. New twice-weekly Protopic offers an effective way to control eczema in the long-term² by treating the sub-clinical inflammation between flares.³ It prevents flares and prolongs flare-free intervals in adults and children with moderate and severe eczema.⁴

SO DON’T WAIT FOR THE FLARE, USE TWICE-WEEKLY PROTOPIC TO CONTROL ECZEMA IN THE LONG TERM.*

¹ With intermittent use. *Patients should have had an initial response to an acute exacerbation with Protopic twice daily (max. 6 weeks’ treatment). Prescribing information can be found on the previous page.