



**CARIBBEAN
DERMATOLOGY
ASSOCIATION**

24th CARIBBEAN DERMATOLOGY CONFERENCE

BARBADOS

Hilton , Barbados

November 4-7, 2015

PROGRAMME



2015



has the Perfect Solution for ALL your Dermatology Electrosurgical Needs!

...contact your Andar  Sales Representative today.



AARON® 940

POWER
40 watt high frequency desiccator

FLEXIBILITY
Adjustable in 1/10th watt increments in the first 10 watts, in monopolar and bipolar

ACCURACY
More accurate power with Universal Power Control 100-240 VAC

SIMPLICITY
Less to do and less to buy makes this the most cost effective and user friendly unit on the market

COST EFFECTIVE
Aaron® 940™ is a ground reference unit – no grounding pad required.

RELIABILITY
The Aaron® 940™ is backed by Bovie's two (2) year manufacturer's limited warranty.



AARON® 950

VERSATILITY
High Frequency Desiccator with 60 watts of Cutting capabilities

UNIQUE
Two machines in one convenient package

SIMPLICITY
Six (6) Doctor presets for fast, easy setup

ACCURACY
Adjustable in 1/10th watt increments in the first 10 watts, for the most accurate output available

COST EFFECTIVE
No grounding pad required when working in the desiccation mode.

RELIABILITY
The Aaron 950 is backed by Bovie's two (2) year manufacturer's limited warranty.



TABLE OF CONTENTS

Messages	2
About the Conference	4
Sponsors & Exhibitors	7
Profile of Barbados	8
Schedule at a Glance	9
The “Apple ” Award	10
Conference Schedule	11
Abstracts	17
Faculty	28

MESSAGE FROM THE CONFERENCE CHAIRPERSON



Dear Colleagues;

It is again an honour to host the Caribbean Dermatology Association (CDA) in the lovely island of Barbados. We are indeed "24 years and growing stronger" as we add new members and maintain the strong bonds of our association. There is a buzz of excitement as we look forward to this highly anticipated academic and social programme.

A warm Caribbean welcome awaits at Dr. Blondelle Durant's Rowan's Park residence on Wednesday night offering a chance to relax and unwind while enjoying our local cuisine. "Shaking a leg" is mandatory so wear comfortable shoes!

"Dermatologists still do skin better!" We certainly believe that statement. An unwavering commitment to continual medical education is required to maintain our position as the foremost experts in skin, hair and nail health. The scientific programme captures all the areas of research, therapeutics, clinical cases and cutting edge machinery necessary to keep abreast of current practice. Professor Jean Bologna will deliver The Lois La Grenade Lecture on Melanoma and Melanocytic Naevi; a particularly relevant topic in our sunny environment.

The education of our regional general practitioners continues to be an important objective and so our General Practitioner's Symposium features prominently in the week's activities.

The never before seen Garrison Historic Tours including the rediscovered Garrison Tunnels awaits us on the last day. The conference ends with a relaxing Sunset Catamaran Cruise.

CDA 2015 promises to be both exciting and satisfying. Thanks for coming this year and have a wonderful conference!

Sincerely,

Dr. Andrew Forde
Conference Chairman

MESSAGE FROM THE PRESIDENT



Dear Colleagues and Friends,

Welcome to Barbados, well known for rum, sugar cane and abundant sunshine where we convene for the 24th Annual Meeting of the Caribbean Dermatology Association (CDA). Indeed, it seems to me that the months have passed very quickly since we last met in Trinidad for what was a very enjoyable and well attended meeting and I wish to thank the Organizing Committee for all the energy and time spent to ensure that we had a great time.

This year we extend a warm Caribbean welcome to our Guest Speaker, Professor Jean Bologna, from Yale University. She brings with her a wealth of Dermatology experience and we look forward to her presentations. We trust that apart from attending the academic part of our meeting that she will have some down time; partake in the social programme; and sample some of the many activities that Barbados has to offer visitors to its shores.

The members of the Planning Committee this year, Drs. Andrew Forde, Blondelle Durrant and Suleman Bhamjee have worked tirelessly with the members of the Executive Committee and Hanif Smith, of the Secretariat to make the necessary preparations for this meeting. I extend many thanks to them for taking on the task to plan this conference and for hosting us.

As we are in our second term in office, I express gratitude to all the members of the Executive for their continued support and advice which I know will continue into 2016. Many thanks as well to our partners from the Pharmaceutical and Medical Device Industries for supporting our meetings and we trust that this will follow in the years to come. Thanks as well to the staff of the Barbados Hilton for their hospitality during our stay with them.

Finally, I trust you will all have an enjoyable meeting with good vibes and I wish you all safe travel back to your families.

With best regards,

Dr. Richard Desnoes
President.

ABOUT THE CONFERENCE

The Annual Caribbean Dermatology Conference is the premier opportunity for the Caribbean's Dermatologists to be informed, educated and updated on the latest scientific, surgical and clinical developments in the diagnosis, treatment and management of the dermatology patient in the Caribbean. Various treatments, management approaches and diagnostic tools will be assessed for their applicability and accessibility within the Caribbean.

As always, the Annual Caribbean Dermatology Conference will serve to cultivate and maintain vibrant collegial relationships between the Caribbean's Dermatologists, while allowing them the opportunity to learn about the territories and cultures of the CDA's member countries. The Annual CDA Conference is attended by doctors from the Caribbean, the United Kingdom, Canada, the United States of America and the US Virgin Islands.

Educational Objectives

At the completion of this Conference, participants should:

1. Be able to identify developments that can positively impact the diagnosis, treatment and management of dermatological diseases and conditions within the Caribbean region.
2. Have a better understanding of diagnostic and management approaches to challenging cases through the presentation and discussion of live clinical cases.
3. Be prepared to apply the knowledge gained to decisions regarding the diagnosis, management and treatment of dermatological patients in the Caribbean.

Accreditation Statement

The 24th Annual Caribbean Dermatology Conference has been approved for **Thirteen (13) Hours of Continuing Medical Education Credits** by the National Committee of Continuing Medical Education of the Medical Council of Jamaica. Each participant should claim only those CME hours actually spent in the activity.

Faculty Disclosure

In its efforts to ensure balance, independence, objectivity, and scientific rigour in its continuing medical educational programmes, the Caribbean Dermatology Association requires that all faculty participating in any CDA CME activity disclose to the audience any real or apparent conflict(s) of interest that may have direct bearing on the subject matter of the programme and/or off-label use of products.

Evaluations and CME Certificates

As part of the Association's efforts to reduce the carbon footprint of the Conference, participants will be asked to complete evaluations electronically and CME certificates will be sent by e-mail at the conclusion of the meeting.

On-Site Registration & Office Hours

Wednesday	November 4, 2015	2:00pm - 6:00pm
Thursday	November 5, 2015	8:00am - 5:00pm
Friday	November 6, 2015	8:00am - 5:00pm
Saturday	November 7, 2015	8:00am - 12:00pm

Name Badges

Your name badge serves as your passport to all educational sessions and the exhibit area. You are asked to wear your name badge at all times. Social function tickets will be handed out along with name badges, and must be presented at each event. Participants will not be admitted to social functions without the appropriate ticket.

CDA 2015 Badge Colours

Blue	Full Registration	
Green	Exhibitors Only	
Purple	One Day – Thursday	
Orange	One Day – Friday	
Yellow	One Day – Saturday	
Grey	Temporary	
Red	Staff	

As in any unfamiliar city, we recommend for your safety that you do not wear your name badge outside of the hotel and conference function areas.

Refunds and Exchanges

Refunds will not be issued until after the Conference. Tickets for Conference social events are **NOT** refundable.

Special Dietary Requirements

Individuals with special dietary requirements must request special meals (vegetarian/vegan) 24 hours in advance, at the Conference Secretariat located in the Diamond Room. We regret that requests for special meals not ordered in advance may not be honoured.

Lost & Found

If you have lost or found an item, please contact the CDA Conference Secretariat in the Diamond Room.

No Smoking Policy

The use of tobacco products, personal vaporizers or electronic nicotine delivery systems is strictly prohibited in the Conference Centre and all hotel meeting rooms hosting CDA events. Thank you for your compliance.

WiFi and Social Media

WiFi will be available in the meeting room and exhibit hall. The network code for the meeting is **CDC15**. Follow us on Facebook, tweet at us @CaribDerm, and use the hashtag #CaribDerm15 to engage with faculty, staff and your fellow attendees.



2% Ketoconazole
Ketozal

ANTI-DANDRUFF & ANTIFUNGAL SHAMPOO & CREAM

Ketozal Shampoo

Ketozal Shampoo is gentle on hair and skin and effective in the treatment of Dandruff (*Seborrheic dermatitis*) and Liver Spots or Iota (*Tinea Versicolor*).



Ketozal Topical Cream

Ketozal Topical Cream is a broad spectrum anti-fungal agent effective for treatment of Skin and Body Fungus (*cutaneous candidiasis* and *tinea corporis*), Jock Itch (*tinea Cruris*), Ringworm of Hands (*tinea manus*), Athlete's Foot (*tinea pedis*), Liver spots or Iota (*tinea versicolor*) and Dandruff (*Seborrheic dermatitis*).

CONSULT YOUR PHYSICIAN OR PHARMACIST

DISTRIBUTED BY **Collins** LIMITED

SPONSORS & EXHIBITORS

Our Thanks to our Sponsors and Exhibitors for their continued support

PLATINUM

Ethnor del Istmo, S.A. [Janssen]

GOLD

Galderma

SILVER

Cari-Med Limited / Leo Pharma

Carlisle Laboratories Ltd.

Elta MD Skincare

Melanopeel Mandelic Acid Peels / Dermalogics Acne Anti-aging Skincare

More Pharma Pharmaceutical

Pharmtech Caribbean Limited

EXHIBITOR

3Gen, Inc.

4 S Medical

Aerolase

Bridger Ltd.

Bryden pi Limited

Chemotechnique Diagnostics / Sun Crest International Limited

Glenmark Pharmaceuticals

Skinceuticals

We recognise the support of:

Medimpex West Indies

PROFILE OF BARBADOS



The Barbados Tourism website describes Barbadians as the official ambassadors of how to live life: they have mastered the art of fine living, and offer “daily lessons for those who seek to do the same.” Barbados offers a vibrant culture; passionate in spirit and full of life, where luxury and exceptional culinary delights mingle among lush tropical greenery, clear blue waters, and warm golden sunlight.

Barbados is the easternmost island of the Caribbean, and is the only island not touched by the Caribbean Sea at all (it is completely surrounded by the Atlantic Ocean). The island is geologically unique, being actually two land masses that merged together over the years. It was created by the collision of the Atlantic crustal and Caribbean plates, along with a volcanic eruption. Later, coral formed, accumulating to approximately 300 feet. The island is about 100 km east of the Windward Islands and about 400 km north-east of Trinidad and Tobago. Barbados is 166 square miles (431 square km):- 21 miles long and 14 miles wide; or as they say in Barbados 21 miles long and a smile wide.

The island was uninhabited when first settled by the British in 1627. African slaves worked the sugar plantations established on the island until 1834, when slavery was abolished. The economy remained heavily dependent on sugar, rum, and molasses production through most of the 20th century. Many people were drawn to Barbados because of the climate and slow pace of life. The island was thought of as a cure for "the vapours". The gradual introduction of social and political reforms in the 1940s and 1950s led to complete independence from the UK in 1966. In the 1990s, tourism and manufacturing surpassed the sugar industry in economic importance.

The Barbadian capital city of Bridgetown, located in St. Michael, was originally named "Indian Bridge" for the bridge that had been constructed over the river by early Indian settlers. Sometime after 1654, a new bridge was constructed and the name Bridgetown was born.

Drawing on its English, African and West Indian roots, Barbados has established its own distinctive identity, evidenced in its customs, traditions and values, and passionately expressed through the rich history, exceptional cuisine and artistic talents of its people. The history of rum in Barbados, and Barbados itself are forever entwined. First made 370 years ago from the sugar cane that populated the island, Barbados rum soon found the favour of many English sailors who, as legend tells it, offered their bounty of rum as proof that they had crossed the Atlantic. But it wasn't until 1703, when *Mount Gay Rum* began distilling the oldest brand of rum in existence, that the world would come to recognize Barbados as the true birthplace of rum.

While one can circuit the entire island in a few hours, do reserve an entire day to tour Barbados – from the underground (Harrison's Caves), to the undersea (*Atlantis* submarine tours), to the cities and inland. A popular place to go for a lime on Friday and Saturday nights is the fish fry at Oistins, which offers a fun and unique blend of music, atmosphere and food for both locals and visitors alike.

Quick facts on Barbados

Capital - Bridgetown

Currency - Barbadian Dollar

Area - (total) 431 sq. km (166 sq. mi)

Terrain - Relatively flat; rises gently to the central highland region

Population - 289,680 (July 2014 est.)

Language - English

<http://www.barbados.org/index.html>

<http://www.indexmundi.com/barbados/background.html>

<http://www.visitbarbados.org/>

THE "APPLE" AWARD

The Professor Hywel Williams Research Prize, fondly referred to as The "Apple" Award, was given to the Caribbean Dermatology Association by Professor Hywel Williams (Nottingham, UK) in 2000, when he was our Guest Speaker.

The prize is awarded at the end of the Annual CDA Conference to the presenter of the most outstanding original research paper with the greatest relevance to the Caribbean.

Past Awardees:

- 2002 Dr. Suleman Bhamjee
- 2003 Dr. Suleman Bhamjee
- 2004 Dr. Morgan Basanta
- 2005 Dr. D. Thompson
- 2006 Dr. Michael Fitz-Henley
- 2007 Dr. Doris Joseph
- 2008 Dr. Suleman Bhamjee
- 2010 Dr. Sandra McLeod
- 2011 Dr. Neilia-Kay McGill
- 2012 Dr. Sean Bullen
- 2013 Dr. Marilyn Suite
- 2014 Dr. Jeffrey Edwards

CONFERENCE SCHEDULE

Wednesday 4th November

Registration

2.00pm - 6.00pm

Welcome Reception

7.30pm - 10.30pm

Residence of Dr. Blondelle Durant

Thursday 5th November

Exhibit Hall Open

8.00am - 8.55am

Welcome

8.55am - 9.00am

Scientific Session I

Chairperson: Dr. Richard Desnoes

8.30am - 10.15am

8.30 - 8.45	Prevalence of Psoriasis in Barbados	Dr. Suleman Bhamjee <i>Barbados</i>
8.45 - 9.10	Inhibitors of IL 12/23 in the Treatment of Psoriasis Ethnor del Istmo, S.A. [Janssen] Sponsored Lecture	Dr. Marc Bourcier <i>Canada</i>
9.10 - 9.20	DISCUSSION	
9.20 - 9.35	The Epidemiology of Pityriasis Rosea in an Office Practice in Jamaica	Dr. Michael Fitz-Henley <i>Jamaica</i>
9.35 - 9.50	Review of Inpatient Dermatology Referrals at the Kingston Public Hospital: 2003 - 2014	Dr. Sandra McLeod <i>Jamaica</i>
9.50 - 10.05	Alopecia in Trinidadian Women	Dr. Marilyn Suite <i>Trinidad & Tobago</i>
10.05 - 10.15	DISCUSSION	

Coffee Break and Viewing of Exhibits

10.15am - 10.45am

Scientific Session II

Chairperson: Dr. Andrea Clare-Lyn Shue

10.45am - 12.40pm

10.45 - 11.00	Attitudes towards Sun Protection, and Knowledge of the Effect of Sun Exposure on the Skin amongst Patients in a Dermatology Practice	Dr. Tracey Durant <i>Barbados</i>
11.00 - 11.15	Acne Keloidalis Nuchae: Epidemiology and Associated Disorders: A Retrospective Study	Dr. Althea East-Innis <i>Jamaica</i>
11.15 - 11.30	The Rate of Missed Melanoma in Sentinel Node Negative Patients: The Ottawa Experience	Dr. Louis Weatherhead <i>Canada</i>
11.30 - 11.40	DISCUSSION	
11.40 - 12.25	Update on Melanoma and Melanocytic Nevi The Lois La Grenade Distinguished Lecture	Prof. Jean Bologna <i>USA</i>
12-25 - 12.40	DISCUSSION	

Lunch and Viewing of Exhibits

12.40pm - 1.45pm

First pulse therapy for AK
LESS time
MORE tolerability

In Actinic Keratosis (AK)
NEW!

Aldara™ 3.75%

- ▶ **Less** time and adverse effects
More tolerability, compatibility and treatment area
- ▶ **Sustained efficacy** by activating the immune response and improves tumor vigilance
- ▶ **Treats the field cancerization** by improving photodamage and lesions eliminating clinical and subclinical lesions
- ▶ Ideal as single therapy or as a complement for ablative therapies



Microdacyn®₆₀

Antiseptic, Disinfectant and Sterilant



Ideal for mild to moderate wounds;
no burning feeling

Anti-inflammatory, antimicrobial
and skin regeneration triple effect

Eliminate virus, bacteria and fungus

Practical and suitable to use at
home and office

Non toxic, it doesn't stain or
damage any kind of material

Annual General Meeting*(Open to all CDA Members)*

2.00pm - 3.30pm

Unopposed Viewing of Exhibits

5.00pm – 6.00pm

General Practitioner's Symposium**Chairperson:** Dr. Suleman Bhamjee

6.00pm - 8.35pm

5.00 - 6.00	Exhibits open	
6.00 - 6.02	Welcome	Dr. Richard Desnoes President
6.02 - 6.08	Prayer	
6.08 - 6.10	Greetings	Dr. Kenneth George Senior Medical Officer of Health Ministry of Health, Barbados
6.10 - 6.30	Atopic Eczema and Seborrhoeic Eczema	Dr. Sean Bullen <i>Barbados</i>
6.30 - 6.50	Tinea Capitis	Dr. Richard Desnoes <i>Jamaica</i>
6.50 - 7.10	Common Bacterial Infections of the skin	Dr. Marie Grandison-Didier <i>St. Lucia</i>
7.10 - 7.20	Questions and Answers	
7.20 - 7.40	Cutaneous Manifestations of Metabolic Syndrome	Dr. Althea East-Innis <i>Jamaica</i>
7.40 - 8.00	The Sun and the Skin	Dr. Blondelle Durant <i>Barbados</i>
8.00 - 8.20	Pigmented Lesions: Distinguishing Benign Barnacles from Cutaneous Melanoma	Prof. Jean Bologna <i>USA</i>
8.20 - 8.30	Questions and Answers	
8.30 - 8.35	Vote of Thanks	

Reception

8.35pm - 9.30pm

Friday 6th November

Exhibits open

8.00am - 8.30am

Scientific Session III

Chairperson: Dr. Donna Thompson

8.30am – 10.25am

8.30 - 8.50	When History Trumps Histology: Chemical Leukoderma vs. Vitiligo	Dr. Lois La Grenade <i>USA</i>
8.50 - 9.05	Antibiotic Treatment of Skin and Soft Tissue Infections	Dr. Valerie Fletcher <i>USA</i>
9.05 - 9.15	DISCUSSION	
9.15 - 9.30	Selection of Dressing in Wound Management	Dr. Lavanya Thondavada <i>Trinidad & Tobago</i>
9.30 - 9.45	Doctor, I Now Have Hair!	Dr. Kyjuan Brown <i>Bermuda</i>
9.45 - 10.15	Photography in Dermatology: How to Do It	Mr. Emerson Haynes <i>Barbados</i>
10.15 - 10.25	DISCUSSION	

Coffee Break and Viewing of Exhibits

10.25am - 11.00am



Available only through
authorized physicians.

eltamd.com

Scientific Session IV

Chairperson: Dr. Jennifer Isaacs

11.00am - 12.35pm

11.00 - 11.15	Research Directions in Genetically Mediated Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis (SJS/TEN)	Dr. Neil Shear <i>Canada</i>
11.15 - 11.30	The Sexually Transmitted Infections and Skin Conditions seen among HIV infected Clients Attending the STI Clinic in Trinidad	Dr. Jeffrey Edwards <i>Trinidad & Tobago</i>
11.30 - 11.45	Improvement in Diffuse Dermal Angiomatosis with Transition to Electronic Cigarettes	Dr. Tamia Harris-Tryon <i>USA</i>
11.45 - 11.55	DISCUSSION	
11.55 - 12.10	Efficacy, Safety, Quality of Life, and Patient Satisfaction with a 650 Microsecond Nd:YAG Laser for Pseudofolliculitis Barbae and Hair Removal	Dr. Arusha Campbell-Chambers <i>Jamaica</i>
12.10 - 12.25	Treatment of Acne Keloidalis with the Laser	Dr. Neil Persadsingh <i>Jamaica</i>
12.25 - 12.35	DISCUSSION	

Lunch and Viewing of Exhibits

12.35pm - 2.00pm

Scientific Session V

Chairperson: Dr. Michael Fitz-Henley

2.00pm - 3.50pm

2.00 - 2.30	Patients Who Have Taught Me a Lesson	Prof. Jean Bolognia <i>USA</i>
2.30 - 2.45	Xeroderma Pigmentosum: A Case Report	Dr. Rebeca de Miguel Madurga <i>Cayman Islands</i>
2.45 - 2.55	DISCUSSION	
2.55 - 3.10	The Calcium Conundrum	Dr. Jeanine Reemaul <i>Trinidad & Tobago</i>
3.10 - 3.25	Secondary Syphilis - The Great Imitator	Dr. Jeffrey Edwards <i>Trinidad & Tobago</i>
3.25 - 3.40	Medical Spas and their Global Direction	Dr. Arusha Campbell-Chambers <i>Jamaica</i>
3.40 - 3.50	DISCUSSION	

Conference Dinner

Dress: Casually Elegant

7.00pm - 10.00pm

Saturday 7th November

Clinical Case Session

Chairperson: Dr. Jeffrey Edwards

8.30am - 9.30am

8.30 - 8.45	Interesting Cases from the Dermatology Association of Jamaica, 2014-2015	Dr. Michael Fitz-Henley <i>Jamaica</i>
8.45 - 8.50	DISCUSSION	
8.50 - 9.05	Tokens from the Skin Clinic at the Bustamante Hospital for Children	Dr. Andrea Clare-Lyn Shue <i>Jamaica</i>
9.05 - 9.30	Open for Other Cases	

Coffee Break

9.30am - 9.45am

Live Clinical Cases

9.45am – 11.00am

9.45 - 10.30	Viewing of Live Clinical Cases
10.30 – 11.00	DISCUSSION

Presentation of “Apple” Award and Closing Remarks

11.00am - 11.15am

Lunch, Garrison Tour and Sunset Catamaran Cruise

12.00pm - 8.00pm

CONFERENCE ABSTRACTS

Thursday 5th November

Title: Prevalence of Psoriasis in Barbados

Author(s): **Bhamjee, S.**

Psoriasis is often said to be one of the most common conditions to present in the Dermatology setting. This study aims to determine the statistics in Barbados. The sample population was taken from the Dermatological Institute of Barbados, and the relevant data was gathered from their electronic database. The main outcome of the study was to determine the prevalence of psoriasis. The study revealed that the prevalence of psoriasis was 1.4%, which is relatively close to the 2% that is usually generalised to all the population.

Title: Inhibitors of IL 12/23 in the Treatment of Psoriasis

Author(s): **Bourcier, M.**

Title: The Epidemiology of Pityriasis Rosea in an Office Practice in Jamaica

Author(s): **Fitz-Henley, M.**

Pityriasis Rosea (PR) is a relatively benign and fairly common condition seen in most dermatology practices around the world. Despite its frequency, the aetiology of PR has not been definitively worked out. A viral pathogenesis is highly favoured but not yet proven. Various patterns in the epidemiology of its presentation have been documented in the literature in several countries, but not yet from the Caribbean.

Many years ago, the author felt that there was a clustering and seasonal variation to the cases being seen in a private dermatology practice in Jamaica. We began a basic prospective study of the cases seen to properly characterize the pattern of the presentation of PR in Jamaica. We also looked at some climatic factors over the period. It is proposed to, finally, do an analysis of the data to see if the resultant patterns enhance or refute the theories as to its pathogenesis.

Title: Review of Inpatient Dermatology Referrals at the Kingston Public Hospital, 2003 - 2014

Author(s): **McLeod, S.**

A review of inpatient dermatology referrals at the Kingston Public Hospital/ Victoria Jubilee Hospital, Jamaica, over the period 2003 – 2014, looking at patient demographics, source of referrals, and disease patterns.

Title: Alopecia in Trinidadian Women

Author(s): **Suite, M.**

Alopecia is a not uncommon reason for consultation with a dermatologist, but many patients first seek advice from hairdressers or others and may only visit their dermatologist when prompted. If the alopecia is reversible or can be arrested, a delay in presentation may not be critical. Diagnosis and management can be quite challenging. This is a descriptive, prospective study of patients presenting to a private dermatology practice. Demographic features, duration of disease, styling practices, clinical diagnosis and other factors will be explored.

Title: Attitudes towards sun Protection, and Knowledge of the Effect of sun Exposure on the skin amongst Patients in a Dermatology Practice

Author(s): **Durant, T.**

Background: Due to the tropical climate and year round intense sunshine in Barbados, sun damaged skin, Actinic Keratoses, Basal Cell Carcinomas, and Squamous Cell Carcinomas, are commonplace in any dermatology clinic on the island. Melanomas also seem to be on the rise. Even so, it remains a task to convince some patients to use sunscreen and other sun-protective or avoidance measures.

Objective: We sought to determine how knowledgeable the patients surveyed were about the risk factors for skin cancer, and the effect of UV rays on the skin. We also tried to determine frequency of sunscreen use, and attitudes and beliefs about sunscreens.

Method: An anonymous survey of 22 questions was distributed to 251 patients in a private dermatology clinic in Barbados during April 2013.

Results/ Conclusion: In general, there was a good understanding of the risk factors for skin cancer, and the benefits of sunscreen. Sunscreen use was high in the population surveyed, but there remained some misconceptions about the effect of sun on the skin, as well as the use of sunscreens. Addressing these misconceptions may further improve the sun-protective practices of this population.

Title: Acne Keloidalis Nuchae: Epidemiology and Associated Disorders – A Retrospective Study

Author(s): **East-Innis, A.,** Ho, J., Stylianou, K., Paolino, A.

Acne keloidalis nuchae (AKN) is a chronic scarring folliculitis usually occurring in young adult males of African descent. It may present with follicular papules, pustules, small keloid-like papules or plaques, and even bands of keloidal tissue. In studies done on patients with AKN, epidemiological trends and associated pathologies have been documented. Some authors have been suspicious that AKN is not a disease in isolation and may be associated with other dermatologic or general medical conditions.

We carried out a retrospective study of patients attending the Dermatology Clinics at the University Hospital of the West Indies over a 15-year period. The objectives were to study the demographics of patients with AKN and to identify associated conditions both dermatological and non-dermatological. The prevalence of these related disorders was calculated and compared with the prevalence in the normal population. Logistic regression was used to identify differences in risk factors for those who had associated disorders and those who did not.

Title: The Rate of Missed Melanoma in Sentinel Node Negative Patients: The Ottawa Experience

Author(s): **Weatherhead, L.,** Ward, C., Bradshaw, S., Mclsaac, J., & Heughan, C.

Background: Lymph node involvement is a major independent prognostic factor for survival in patients with malignant melanoma. Sentinel lymph node biopsy (SLNB) detection of microscopic melanoma nodal involvement has been shown to improve both five-year survival and five-year disease free survival.

In a retrospective study at the Ottawa Regional Cancer Centre (ORCC), 40/140 (28.6%) of patients with a single primary melanoma developed metastatic melanoma following negative SLNB at a mean follow-up of 63.3 months. This is substantially higher than the upper limit of rates reported in the literature, which range between 9 – 14%. The reason for this high rate of metastatic melanoma following negative SLNB at ORCC is not clear.

Objective: To determine the number of missed melanoma micrometastases in SLNBs originally reported as negative in patients followed at ORCC.

Method: Test subjects for histological re-examination of SLNs in this study include all patients (40/140 patients) followed at ORCC who developed metastatic melanoma after a negative SLNB between 1999 and 2004. Four SLNBs (4/40) were excluded, as original tissue could not be obtained. Control subjects (36/140) include patients with negative SLNB between 1999 and 2004 who did not develop metastatic melanoma within the follow-up period. Three hematoxylin and eosin (HE) stained levels were done for each SLN block (36 test, 36 controls). A paired immunohistochemical stain (S100, HMB45, MART1) was done for each HE stain.

Results: Histological re-examination of additional levels revealed 4/36 (11%) cases from patients who developed metastases had missed positive sentinel lymph nodes, which were originally reported as negative. None of the 36 control cases (0/36) showed missed disease in the sentinel lymph nodes.

Conclusion: Histological re-examination revealed only a small portion of missed SLN micrometastases. Technique alone cannot explain the high rate of metastatic melanoma in SLNB negative patients at five-year follow-up, however it can contribute to missed melanoma micrometastases at the time of SLNB. Given the significant implications of SLNB status on current disease management and prognostication, Dermatologists should be wary of the negative SLNB. Long-term prognosis may be guarded in node negative patients with a primary cutaneous melanoma.

Title: Update on Melanoma and Melanocytic Nevi (The Lois La Grenade Distinguished Lecture)

Author(s): **Bologna, J.**

Friday 6th November

Title: When History Trumps Histology - Chemical Leukoderma vs. Vitiligo

Author(s): **La Grenade, L., Cheng, C.**

Introduction: This presentation summarizes 51 cases of Daytrana-associated chemical leukoderma and reviews the literature on chemical leukoderma (CL) and its differentiation from vitiligo. Daytrana is a methylphenidate transdermal system, approved by the US Food and Drug Administration (FDA) for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in patients aged 6 years and older. The review was stimulated by FDA becoming aware of reports of hypopigmentation and depigmentation, including reports of 'vitiligo', associated with Daytrana use.

Methods: We searched the FDA Adverse Events Reporting System (FAERS) for cases of leukoderma associated with Daytrana use, from initial marketing through December 2014. Search terms included hypopigmentation, depigmentation, leukoderma, and vitiligo. We also searched the medical literature for articles on chemical leukoderma.

Results: The 51 cases of Daytrana-associated leukoderma identified in FAERS ranged in age from 7 – 38 years (median 10.5 years). Nineteen cases were reported as vitiligo, five of which had skin biopsies supporting a

diagnosis of vitiligo. Forty-three cases had only local leukoderma at or near the application site. Seven had distant leukoderma lesions away from the application site. Three cases continued to develop new lesions even after discontinuing Daytrana. Time to onset ranged from 2 months – 4 years (median 10 months). Leukoderma was persistent in all cases up to 5.5 years after discontinuing Daytrana (median follow-up time 14 months).

The literature review yielded 197 CL articles dating back to 1939. They chronicled the evolution of CL in terms of diagnostic criteria, nomenclature and causative chemicals.

Conclusion: We concluded that all 51 cases were in fact chemical leukoderma, most likely resulting from repeated application of Daytrana patches.

Title: Antibiotic Treatment of Skin and Soft Tissue Infections

Author(s): **Fletcher, V.**

Skin and soft tissue infections, including infections of chronic wounds, are a source of severe morbidity, and adversely affect quality of life. Acute infections are commonly caused by gram positive bacteria such as *Streptococcus* spp. and *Staphylococcus* spp., while infections of chronic wounds may be caused by a variety of bacteria. Antibiotic resistant bacteria have become a common cause of skin and soft tissue infections, in part because of inappropriate antibiotic use. Appropriate antibiotic choice and duration of therapy depend on the type

The advertisement features a smiling couple in a light blue dress, embracing. The background is a mix of blue and red. In the top left is the LEO logo (a lion). A white swan logo is above the 'Daivobet' text. A circular badge on the left says 'Safe & effective pharmaceutical products'. At the bottom left is another LEO logo and the website 'www.staphy.com'. At the bottom right is a blue speech bubble with 'living well with psoriasis' and the website 'www.psorinfo.com'. The bottom of the ad lists three products: 'Fucidin' (Fusidic acid / sodium fusidate), 'Fucidin H' (Fusidic acid / hydrocortisone acetate), and 'Fucicort' (Fusidic acid / betamethasone valerate). A tagline 'Fucidin Line Trusted for Generations' is below the products. At the very bottom, it says 'All registered trademarks mentioned above belong to the LEO Group, used under license by LEO Pharma Americas Inc., U.S.A.' and 'www.leo-pharma.com - © LEO, OCT 2010'.

LEO

Daivobet®
calcipotriol/
betamethasone dipropionate

Fast and safe relief in all phases of psoriasis vulgaris

Safe & effective pharmaceutical products

Fucidin® *OOO*
Fusidic acid / sodium fusidate

Fucidin® H *OOO*
Fusidic acid / hydrocortisone acetate

Fucicort® *OOO*
Fusidic acid / betamethasone valerate

Fucidin® Line
Trusted for Generations

living well with psoriasis

www.staphy.com
A website with information on how to live with atopic eczema

www.psorinfo.com
A website with information on how to live with psoriasis

LEO®

All registered trademarks mentioned above belong to the LEO Group, used under license by LEO Pharma Americas Inc., U.S.A.

www.leo-pharma.com - © LEO, OCT 2010

of infection, the bacteria isolated, and patient co-morbidities.

This presentation reviews the current guidelines for treatment of skin and soft tissue infections and provides an overview of the common antibiotics used to treat these infections.

Title: Selection of Dressing in Wound Management

Author(s): **Thondavada, L.**

The process of dressing selection is determined by a number of factors including the nature and location of the wound and range of materials available. The availability of different types of wound dressing has increased in the last decade. Wound care practitioners have at their disposal an extensive range of dressings. Emerging dressing types include interactive/ bioactive dressings, and tissue-engineered skin substitutes. There is no one dressing that is suitable for the management of all types of chronic wounds, and few are suited for the treatment of a single wound during all stages of the wound healing cycle. Successful wound management depends on an understanding of the healing process, combined with knowledge of the properties of the various dressing available.

Without such knowledge and careful assessment of all the factors that affect healing, dressing selection is likely to be arbitrary and ineffective, wasteful both in terms of time and physical resources. A synopsis of wound assessment and wound bed preparation will aid in choosing the appropriate dressing. Wound management is more than the application of a dressing and for many, this remains a challenge simply because the choice of dressing is vast. It will also touch on advanced technologies, including tissue-engineered skin substitutes, and an optimal healing environment. For new advanced dressings, 'bioactivity' appears to be the way forward in maintaining a moist healing environment, offering antimicrobial properties and cellular interaction.

Title: Doctor, I Now Have Hair!

Author(s): **Brown, K.H.**

I would like to present my clinical experience, in regards to medical hair restoration. I use a combination of PRP, Lasers Light Therapy, and Topical Medication.

Title: Research Directions in Genetically Mediated Stevens-Johnson Syndrome/ Toxic Epidermal Necrolysis (SJS/TEN)

Author(s): **Shear, N.H.**, La Grenade, L.

A symposium convened by the National Human Genome Research Institute was held on March 3-4, 2015 to examine priorities for future research to eliminate genetically mediated SJS/TEN globally. SJS/TEN is one of the most devastating adverse drug reactions (ADRs) and until recently has been essentially unpredictable. Following the 2004 discovery of the association of *HLA-B*15:02* with carbamazepine-induced (CBZ) SJS/TEN, screening for this allele has reduced the incidence of CBZ-induced SJS/TEN in populations with a high risk allele frequency. With improved cost-effectiveness of genetic testing, widespread risk screening and prevention seems possible. Identification of more *HLA* associations with SJS/TEN holds promise for the prevention of genomically-mediated ADRs. Much remains to be learned about basic pathogenic mechanisms, why a minority of allele carriers react, and other risk factors. Despite active research programs in many parts of the world, little of this is supported in the U.S., and U.S. participation in consortia to identify and study cases is minimal. Consortia outside the U.S. are generally under-powered to identify additional risk alleles and could benefit from increased collaboration. Pharmacovigilance methods for case identification remain arduous and likely miss many cases, while estimates of incidence and severity are scant, particularly among key population subgroups. Improved

collaboration would facilitate high-priority research including identifying early biomarkers, developing low-cost clinical assays, and examining the impact of using alternative medications. By expanding these investigations to other population groups and causative drugs, and extending knowledge of pathogenic mechanisms and population trends, we may soon anticipate the real possibility of global eradication of genetically mediated SJS/TEN.

Title: The Sexually Transmitted Infections and Skin Conditions seen among HIV Infected Clients Attending the STI Clinic in Trinidad

Author(s): **Edwards, J.**, Hinds, A., Lyons, N., Figueroa, J.P.

Background: The Queen's Park Counselling Centre and Clinic (QPCC&C) is the main STI Clinic in Trinidad with branches in the north and south of the island.

Design and Methods: A prospective cross-sectional study of STI prevalence among HIV positive clients attending the QPCC&C was conducted during the period April-September 2014. A questionnaire was administered to obtain socio-demographic data and risk factors for STI infections, a physical examination was carried out, and screening for STIs was done. Data was analysed using SPSS Version 22.

Results: A total of 210 HIV positive clients {138 males (65.7%) and 72 females (34%)} were seen during this period, age range 17-68 years, mean age 36.41 years and a mean CD4 count of 554 cells/mm³. Sixty-eight (68) of the 210 clients (32.4%) were concurrently diagnosed with a STI. More males {66 of 138 (47.8%)} than females {14 of 72 (19.5%)} presented with a STI ($p=0.001$) and risk factors for STIs included homosexual/bisexual sexual orientation ($p=0.001$) and multiple sex partners within the past 12 months ($p=0.044$). The most common STIs included syphilis=44 (21.0%), genital warts=17 (8.1%), Chlamydia trachomatis = 12 (5.7%), herpes genitalis=11 (5.2%) and gonorrhoea=5 (2.4%). The most common skin conditions included the rash of secondary syphilis=15 (7.1%), papular urticaria=6 (2.9%), oral candida=4 (1.9%), dermatophyte infections=4 (1.9%), seborrheic dermatitis=3 (1.4%) and psoriasis=3 (1.4%).

Conclusion: The STI prevalence is high among patients with HIV infection in Trinidad identifying them as a critical group for HIV prevention efforts.

Title: Improvement in Diffuse Dermal Angiomatosis with Transition to Electronic Cigarettes

Author(s): **Harris-Tryon, T.A.**, Vandergriff, T., Brehm, M.

Importance: Diffuse dermal angiomatosis (DDA) of the breast has a well-documented association with heavy smoking, and smoking cessation represents a critical element in treatment of DDA. Herein we report clinical improvement in a patient with DDA after switching to electronic cigarettes as a bridge to eventual smoking cessation.

Observations: A 27-year old woman presented with reticulated, violaceous indurated plaques with superficial ulcerations and tenderness of her breasts bilaterally. She was morbidly obese and a heavy smoker, but had no personal history of vascular disease. Biopsy showed diffuse proliferation of endothelial cells around blood vessels and intercalating between collagen bundles. DDA was diagnosed. The patient decreased tobacco use from 0.5–1 pack/day of tobacco cigarettes to using electronic cigarettes with <3 tobacco cigarettes per day.

Since this transition, she noted marked improvement in the ulcerative lesions. A literature review of the established safety and risks of electronic cigarettes suggests the toxic effects are minimal compared to those of tobacco cigarettes.

Conclusion and Relevance: Smoking cessation is crucial for treatment of DDA in order to alleviate underlying hypoxia and tissue ischemia. Electronic cigarettes as an aid in smoking cessation may be an appropriate first step in management of certain DDA patients who have had difficulty with smoking cessation in the past.

Title: Efficacy, Safety, Quality of Life, and Patient Satisfaction with a 650 microsecond Nd:YAG Laser for Pseudofolliculitis Barbae and Hair Removal

Author(s): **Campbell-Chambers, A.**

Background/ Objective: Pseudofolliculitis Barbae (PFB) and unwanted hair can cause physical and emotional disturbance to affected individuals. The objectives of the study were to evaluate the impact of PFB and unwanted hair on patients' quality of life, and their opinions on efficacy, safety and their satisfaction with a 650 microsecond Nd:YAG 1064 nm laser.

Study Design/ Materials and Methods: A questionnaire was administered to a sample of our patients treated for unwanted hair and/or PFB with the 650 microsecond Nd:YAG laser. Twenty-five patients, skin types III to VI, of whom two (8%) were male and twenty-three female (92%), agreed to participate. Sixteen (64%) were skin type VI, five (20%) were skin type V, three (12%) were skin type IV and one (4%) was skin type III.

Results: Patients who received greater than six treatments had an average of greater than 75% reduction in PFB lesions and greater than 51% to 75% perceived long term hair reduction. Most patients (84%) experienced no side effects. Most participants (60%) found that their PFB lesions and/or unwanted hair had a moderate to severe impact on their self-esteem before starting laser treatments. Most of these patients stated that their self-esteem improved after laser treatments.

L-Mesitran® 

**A NATURAL
BREAKTHROUGH
IN WOUND CARE**

L-Mesitran® is a range of innovative medical devices which combine the therapeutic benefits of medical grade honey with modern, versatile and easy to use presentations in the treatment of all types of wounds and burns.

Conclusion: Pseudofolliculitis barbae and unwanted hair can have a significant impact on the individual's self-esteem and quality of life. The novel 650 microsecond Nd:YAG 1064nm laser has been shown to improve the patients' self-esteem and to be safe, convenient and effective in treating PFB and unwanted hair in dark skin types.

Title: Acne Keloidalis

Author(s): **Persadsingh, N.**

The treatment of the disease Acne Keloidalis remains a challenge. Topicals only work for a while and treatment with intra lesional steroids again is only temporary. We must realize that Acne Keloidalis is a chronic disease which waxes and wanes and none of our treatments have been very good.

Now we have the Aerolase Laser which is a 1064 Nd Yag laser. We have started to use this laser in this condition with promising results.

Again we offer this as an alternative to topicals and to steroid injections.

Title: Xeroderma Pigmentosum. A Case Report

Author(s): **de Miguel, R.**

Xeroderma pigmentoso (XP) is a rare autosomal recessive disease with a lack in the fibroblasts to repair UV damage due to a defect in a nucleotide excision repair (NER). There is a marked clinical variability such as skin tumors and neurological disorders, depending on the subtype of XP. The identification of the complementation group of the defect that can be determined by using cell fusion techniques, is named from XPA to XPG and 20% variants.

We present the case of a 67-year-old female patient with XP with different skin cancers since childhood. No neurological disorders. No assignment to a complementation group studied.

The patient was seen at my office for the first time 3 years ago with several lesions compatible with melanomas. She had records of 2 melanomas Breslow >2mm in 2009. She has been having different types of Melanoma all over the body since then. Some of them have undergone spontaneous regression and the rest have been removed surgically.

In March 2011, the number of melanomas increased to more than 30. Chest X ray and SCAN clear. LDL levels normal. No PET or SLN (Sentinel Lymph node) biopsy done. No systemic treatment. Suspicious lesions are removed under general anesthesia every 3 months.

In her last CT scan (March 2015) the patient presented early metastasis in upper lobules of the lungs and bones. The patient doesn't want to receive any aggressive treatment. She wants to keep under mole mapping control (Fotofinder) and surgical removal of the melanomas.



Title: The Calcium Conundrum

Author(s): **Reemaul, J.**

Calciophylaxis is an exceedingly rare but highly morbid syndrome of abnormal vascular calcification, resulting in cutaneous necrosis. It is most commonly encountered in patients who have received long-term haemodialysis for end stage renal disease (ESRD).

Case: A 43 year old male presented with a one month history of cutaneous ulcers on his lower limbs. He was previously diagnosed with ESRD, but had not yet commenced haemodialysis therapy. Although there was a high index of clinical suspicion of calciophylaxis, his biochemical picture was not in common presentation and several punch biopsies failed to confirm the diagnosis.

The patient eventually succumbed to his other medical complications and post mortem results were striking.

The case report serves to highlight the diagnostic and treatment dilemmas associated with this rare condition.

Title: Secondary Syphilis - The Great Imitator

Author(s): **Edwards, J.**

Secondary syphilis has many varied cutaneous and systemic manifestations with almost all patients having a positive non-treponemal test (VDRL) and a confirmatory treponemal test (TP-PA, MHATP). A number of cases will be presented where this condition masks itself in the guise of common skin conditions, hence many physicians can be easily fooled by the great imitator.

Title: Medical Spas and their Global Direction

Author(s): **Campbell-Chambers, A.**

A Medical Spa, as defined by the International Spa Association, is a facility in which the primary goal is to offer comprehensive medical and wellness services in a spa atmosphere, which may include complementary therapies. They have been described as the fastest growing sector in the Spa Industry in the U.S. Precise definitions of Medical Spas differ among various organizations.

Spas originated as places where people would go to relax, 'take the waters' and 'rebalance'. Today, medical spas represent a convergence of medicine and healing spas, seeking to provide wellness, relaxation and comfort. A combination of medical and aesthetic services is offered under one roof. The attitude, image and competence of the staff are paramount. Professionals should work within their scope of practice and should have the appropriate training and certification. Patient/ client safety should not be compromised for financial gain.

The Medical Spa industry is booming and becoming more popular with the average persons, who are seeking complete well-being in a relaxing atmosphere. Non-invasive procedures are more popular than surgical ones. Even traditional hospitals and clinics are creating a more relaxing environment. Governments and the private sector are recognizing the growth and potential of wellness tourism and preventative health. More physicians are turning to aesthetic and even alternative medicine in light of various challenges faced in traditional work environments. The Medical Spa Industry represents the best of both worlds. There is likely to be more regulation in the future to ensure that safe and healthy practices are maintained.

YOUR COMPLETE CLINICAL SOLUTION FOR

- ACNE
- ACNE SCARS
- PIGMENTATION
- ANTI-AGING
- MELASMA

MELANOPEEL®
SKIN CLARITY SYSTEM



Melanopeel® Mandelic Acid Peels
5 effective alpha / beta hydroxy blends to target acne, pigmentation melasma, and anti-aging

The Melanopen™
Fractional Medical Microneedle Pen for acne and scars

Dermalogics Acne / Anti-aging skincare line
Give your patients effective but affordable dermatological grade skincare



SHOW SPECIALS AVAILABLE

Saturday 7th November

Title: Interesting Cases from the Dermatology Association of Jamaica, 2014-2015

Author(s): **Fitz-Henley, M.**

At the quarterly meetings of the Dermatology Association of Jamaica, we have presented some interesting cases in the past year. Instead of the normal 'case for diagnosis' we quickly present, summarise, and share the diagnostic conclusions, and instead highlight the lessons we learned with some take-home messages and reminders. Please feel free to disagree with any conclusion!

Title: Tokens from the Skin Clinic at the Bustamante Hospital for Children

Author(s): **Clare-Lyn Shue, A.**

The Bustamante Hospital for Children is the largest dedicated Paediatric Hospital in the Caribbean, with a capacity of 283 beds. Last year, over 120,000 patients were seen and treated here. The Dermatology Clinics are a part of the elite clinics held daily, and over 4,500 patients are seen in the skin clinics each year.

This paper shares with you a few of the interesting cases seen over the years.

FACULTY



Suleman Bhamjee

- 1989- Graduated from the UWI, MBBS
- 1989-1995 Did rotations as House Officer and Senior House Officer at the Queen Elizabeth Hospital
- 1995-1996 Diploma in Dermatology, St John's Institute of Dermatology/ University of London
- 1997- Member of the Royal College of Physicians
- 1999- International Fellow of the American Academy of Dermatology
- 1999- Consultant Dermatologist, Queen Elizabeth Hospital
- 1999- Associate University Lecturer of the University of the West Indies
- 1999- Member of the Caribbean Association of Dermatology
- 2005- President of the Dermatological Association of Barbados
- 2006- Elected as a Fellow of the Royal College of Physicians
- 2007- President and Founder of the Dermatological Institute of Barbados
- 2007- Author of Pigmented Dermatology, a quick reference



Jean Bologna, MD is Professor of Dermatology and Vice Chair for Clinical Affairs at the Yale School of Medicine. She has served as President of the Medical Dermatology Society, the Women's Dermatologic Society and the American Dermatological Association, in addition to serving as Vice-President of the Society of Investigative Dermatology (SID), the American Board of Dermatology, and the International Society of Dermatology. Dr. Bologna has also been elected to serve on the Board of Directors of the American Academy of Dermatology and the International League of Dermatological Societies. She is the senior editor of the textbook Dermatology, which is now in its third edition. In addition to recently serving on the FDA's Dermatologic and Ophthalmic Drugs Advisory Committee, she is the founder of the Clinical Scholars program of the SID and author of over 190 articles and book chapters.



Marc Bourcier did his medical school at the University of Montréal. He obtained his MD in 1978. He did his postgraduate training in Montréal and obtained his fellowship in Dermatology in 1983. He is a Diplomat of the American Board of Dermatology (1983). He is Assistant Professor in clinical teaching faculty of Medicine, Sherbrooke University. He was on the Board of the College of Physicians and Surgeons of New-Brunswick for 9 years, and President of the Council of the College of Physicians and Surgeons of New-Brunswick in 2006.

Dr. Bourcier was nominated the Canadian Dermatologist of the Year 2013 by the Canadian Skin Patient Alliance. He works as a community Dermatologist in Moncton, N.B. since 1984. He is author or co-author of several publications. He has been involved in clinical research in Dermatology for the past 15 years, and has great interest in CME.



Kyjuan H. Brown is a Family Practitioner with a special interest in Dermatology. Dr. Brown graduated from St. George's University School of Medicine, Grenada, West Indies, where he obtained his Medical Doctorate Degree; and from the University of Cardiff, Wales, UK, with a Diploma in Dermatology.

Dr. Brown is the Founder and Medical Director of the Northshore Medical and Aesthetics Center (NMAC) in Devonshire, Bermuda. NMAC has grown to encompass six (6) physicians in a wide range of medical specialties. Additionally, the practice has an accredited medical laboratory and pharmacy.



Arusha Campbell-Chambers was born in the United Kingdom and grew up in St. Vincent and the Grenadines. She was trained at the University of the West Indies, Mona and the St. John's Institute of Dermatology, King's College London, where she graduated with Merit. She has achieved several awards and honors academically, and attained extensive training in Cosmetic Dermatology in the United Kingdom, the USA, and the Caribbean.

She is an International Fellow of the American Academy of Dermatology and attained Board Certification in Aesthetic Medicine from the American Academy of Aesthetic Medicine. Dr. Campbell-Chambers is the current Vice President of the Dermatology Association of Jamaica, and is a member of several other medical and dermatological organizations. She founded the Dermatology Solutions Skin Clinic and Medi-Spa ten years ago, and recently established the Skin, Body and Mind Clinic & Institute by Dermatology Solutions in Montego Bay, Jamaica.

Dr. Campbell-Chambers has given many lectures and appearances on television and radio to educate the public. She is a regular contributor to the Jamaica Gleaner newspaper in her 'Skin, Hair and Nail Health' column. Her most recent publication is on Laser Treatment of Pseudofolliculitis Barbae in the American Journal of Aesthetic Medicine in March 2015.

Dr. Campbell-Chambers is passionate about empowering women and co-founded the Arise and Blossom Women's Organization. Her hobbies include baking and interior design. She is married and has two daughters.



Andrea Clare-Lyn Shue graduated from St. John's Institute of Dermatology (London). She is currently Senior Dermatologist at the Bustamante Children's Hospital, and an Associate Lecturer at University of the West Indies, Mona, and a visiting Consultant Dermatologist to the Cayman Islands Hospital. She is also a Fellow of the American Academy of Dermatology.

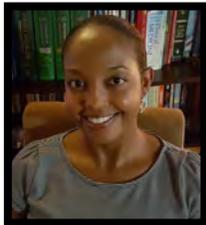


Rebeca de Miguel is a Dermatologist and venereologist, specialised in psoriasis and skin cancer.

Her training in Dermatology started during her first specialist training as a GP with a rotation in the Mayo Clinic, Rochester, MN. After finishing her GP training, she completed another 4 years training in Dermatology in Toledo, Spain. She achieved a Cum Laude with her PhD in psoriasis.

She has been working in the Cayman Islands for the last four years, where she has had the opportunity to treat a wide variety of skin conditions in all prototypes, skin cancer being one of the most common consultations. Among the procedures she performs are mole mapping, photodynamic therapy, Mohs surgery, allergy testing (for contact dermatitis) and cosmetic procedures (laser, botox, fillers, mesotherapy, etc.).

She is member of the Caribbean Dermatology Association, American Academy of Dermatology, European Academy of Dermatology, British Association of Dermatology, Spanish Academy of Dermatology, and American Academy of Aesthetic Medicine. She assists regularly to the meetings of the Jamaican Association of Dermatology. She collaborates with the Cayman Islands Cancer Society on promoting skin cancer awareness in the community.



Tracey Durant is a graduate of the University of the West Indies, gaining her MBBS in 2003. She completed the Masters in Clinical Dermatology at St. John's Institute of Dermatology, University of London, in 2008. Since then she has been practicing at the Caribbean Dermatology and Laser Centre in Barbados, where she sees a wide range of general and aesthetic dermatology patients. She is a member of the Caribbean Dermatology Association, the Dermatological Association of Barbados, the American

Society for Laser Medicine and Surgery, and is an international fellow of the American Academy of Dermatology.



Althea East-Innis obtained her MBBS degree from the University of the West Indies. After internship she worked for one year as a Resident at the Dermatology Unit of the University Hospital of the West Indies, before proceeding to the United Kingdom to complete the Diploma in Dermatology from the Institute of Dermatology in London.

She subsequently studied in Internal Medicine obtaining the MRCP (UK), and then Venereology obtaining the Diploma in Genito-urinary Medicine (Venereology). She returned to Jamaica in 1997 when she was appointed Consultant Dermatologist and

Lecturer at the University of the West Indies.

She is an overseas Fellow of the American Academy of Dermatology. Her special areas of interest are 'Hospital In-patient Dermatology', 'Advanced Medical Dermatology' and 'The Epidemiology of Skin Diseases in the Caribbean'. She has publications in peer-reviewed journals, including original research and editorials. She has held various executive offices including President of the Dermatology Association of Jamaica, and Vice President of the Caribbean Dermatology Association. Her most recent academic pursuit is the MSc in Epidemiology from the University of London.



Jeffrey Edwards is a graduate of the Faculty of Medical Sciences of the University of the West Indies (UWI) and has interests in in the fields of STI/HIV, dermatology and public health. He is the Consultant attached to the Queen’s Park Counselling Centre and Clinic, and is an Associate Lecturer at UWI.



Michael Fitz-Henley has been a Consultant Dermatologist and a Lecturer at the University of the West Indies since 1987, with a private practice at Dermatology Associates in Jamaica. He is a member of the Medical Association of Jamaica, The Dermatology Association of Jamaica, the CDA, The American Academy of Dermatology, International Society of Dermatology, American Society for Dermatologic Surgery, American Contact Dermatitis Society, Council for Nail Diseases, and the International Dermoscopy Society. He is a founding fellow of the CDA and has been a Past President and Vice President. Up to 2014, he had delivered 50 ‘documented’ (possibly others) lectures/presentations at the annual CDA meetings, apart from being a guest plenary speaker at the Canadian Dermatology Association and Suriname/Dutch meetings, along with numerous other lectures in Jamaica and the Caribbean. On three occasions, he was the recipient of the Prof. Hywell Williams Award (The Apple) at the CDA for research relevant to the Caribbean. In 2014, the CDA gave him an award in recognition of his service in Continuing Medical Education in the Caribbean. He was featured as a VIP (Very Important Pelican) in the UWI alumni magazine. He still favours medical dermatology, but has special interests in dermatologic surgery. He has been married for 35 years with three children.



Valerie Fletcher received her training in Dermatology at the University of the West Indies, Mona, and at the University of Wales, College of Medicine in Cardiff, where she was awarded the Diploma in Dermatological Sciences with Distinction in 1986. She practiced Dermatology in Jamaica in the 1990s, and is a founding member of the Caribbean Dermatology Association. She was awarded an MD by the University of the West Indies for her research in HTLV1 infection and thesis entitled ‘Cutaneous Lesions found in Tropical Spastic Paraparesis’. She went on to study Internal Medicine and Infectious Diseases at Columbia University at Harlem Hospital in New York, and currently practices Infectious Diseases in Columbus, Georgia. She is board certified in Internal Medicine and Infectious Disease.



Tamia Harris-Tryon was born in Kingston, Jamaica to Guyanese parents. Dr. Harris completed a B.S. in Biology/Biochemistry at Haverford College in Pennsylvania. She then completed an MD/PhD at Johns Hopkins University School of Medicine. Her doctoral work in the lab of Charles Lowenstein M.D. focused on the role of microRNA in endothelial cell biology and immunity. After medical school she was accepted to Johns Hopkins for Dermatology residency. Her resident research focused on clinical studies in ethnic skin aging and molecular mechanism of rosacea. Since residency she has joined the Dermatology faculty at University of Texas, Southwestern in Dallas, TX. At UT Southwestern, she is completing a post-doctoral fellowship in the lab of Lora Hooper Ph.D. She continues to see patients in the Department of Dermatology. Her research explores the molecular mechanisms of cutaneous immunity.



Lois La Grenade was Senior Lecturer in Dermatology at the UWI/UHWI from 1981 – 1997 and founding president of both the Dermatology Association of Jamaica and the Caribbean Dermatology Association. Health problems led to her leaving her position at the UWI, retrain in Public Health at the Johns Hopkins University, Baltimore, MD and joining her family in Maryland. She is now employed as a Medical Officer at the Center for Drug Evaluation and Research at the US Food and Drug Administration, in the Office of Surveillance and Epidemiology. She still manages to remain in touch with dermatology in her current position as she is involved in monitoring the safety of dermatology drugs and reviewing adverse cutaneous drug reactions. She has many publications, including seminal work on HTLV1 associated infective dermatitis.



Sandra McLeod is the consultant dermatologist at the Kingston Public Hospital/ National Chest Hospital.



Neil Persadsingh did his MBBS at UWI, and his Diploma in Dermatology at St. Johns. He has published three books: Acne in Black Women; The Hair in Black Women; and Eczema in Kids of Colour.



Jeanine Reemaul earned her medical degree from the University of the West Indies, St. Augustine in 2002. She worked both in internal medicine as well as primary care before attaining her MSc in Clinical Dermatology from King's College, London. She is currently employed as a House Officer in the Department of Dermatology at Port of Spain General Hospital.



Neil Shear is Professor and Chief of Dermatology at the University of Toronto, Canada and former Lois La Grenade Distinguished lecturer.



Marilyn Suite is a graduate of the Faculty of Medicine of the University of the West Indies. Her post-graduate training in dermatology was obtained in Trinidad under Dr. David Quamina, and at St. John's Hospital for Diseases of the Skin in the United Kingdom.

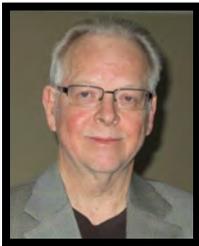
Dr. Suite's career as a dermatologist spans more than 20 years, as consultant dermatologist at the Port of Spain General Hospital, Specialist Medical Officer of the Hansen's Disease Control Unit of the Ministry of Health in Trinidad and Tobago, and also as an associate lecturer of the University of the West Indies. She accepted early retirement from the Ministry of Health, Trinidad and Tobago in 2007, and has since been in solo private practice in Port of Spain. Her work in the public sector continues however, since she offers consultation in dermatology at the Scarborough General Hospital, Tobago. She returned to clinical teaching of medical students as an Associate Clinical Instructor II from 2012 to 2015.

Dr. Suite has been a visiting lecturer for the Diploma and MSc in Clinical Dermatology (formerly Diploma in Dermatological Sciences) at Cardiff University, Wales, since 2001. Dr. Suite is a founding member of the Caribbean Dermatology Association, and was its President from 1996 to 2002. She has been serving as Vice President since 2012. She also served as Secretary from 1992 to 1994. She is a past Secretary/ Treasurer and past Chairperson of the Trinidad and Tobago Dermatological Society, a member of the International Society of Dermatology, an international fellow of the American Academy of Dermatology, and is actively involved in the Lupus Society of Trinidad and Tobago.

Dr. Suite continues to contribute to medical education by delivering talks to medical practitioners and other medical professionals in Trinidad and Tobago and within the region, and also educates the general public on dermatological conditions.



Lavanya Thondavada graduated in Medicine from NTR University of Health Sciences, India, in 2000. She studied post-graduation, Diploma in Clinical Dermatology from University of London, and she did a certificate course in Dermoscopy from Cardiff University in 2012. She did MSc in Dermatology from University of Hertfordshire, London, in 2014. She recently finished (2015) Fellowship in Diabetes from Royal Liverpool Academy. She trained in Wound care management in the USA. She has been working in Geriatric Medicine, St. James Medical Complex. She is running a Skin clinic and Wound care clinic in a health centre, St. George West, NWRHA, Trinidad.



Louis Weatherhead is a graduate of the UWI Faculty of Medicine class of 1978. After internship, he did his residency in dermatology at the University of Ottawa teaching hospitals and received his specialization certifications DABD and FRCPC in 1983. He joined the faculty at the university and currently is an associate professor in the divisions of dermatology and medical oncology at the University of Ottawa. His specialty interests are cutaneous malignancies, particularly melanoma, which is his research interest. He has published over 25 papers and 3 book chapters and has presented at many conferences locally, nationally and internationally. His talk in Barbados is on sentinel nodes in metastatic melanoma.

Meet A Global Leader In Skin Health

Galderma - Partnering with healthcare professionals to provide innovative medical solutions to people with Skin Health needs.

Discover our wide range of Skin Solutions for a lifetime.

Visit us @
GaldermaUSA.com

Galderma Laboratories, L.P.
14501 N. Freeway
Ft. Worth, Texas 76177



You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

© 2015 Galderma Laboratories, L.P.
All trademarks are the property of their respective owners. MIX-00076 10/15

 GALDERMA



Stelara[®]

(ustekinumab)

Advancing steadily

**Reduce the burden
of disease in
active psoriatic arthritis**



All drugs have side effects. Requires medical prescription. Consult with your Physician. Internal company code according to SOP-03.04.06-V.01.
This promotional material has been studied and approved by the Regulatory Affairs and Medical Departments from Janssen.
For product information, adverse event reports and quality concerns contact us at:
Central America and the Caribbean: infojanssen@janssen.la.com and/or Costa Rica: 8000523607, El Salvador: 8000807, Guatemala: 18008153399,
Honduras: 8000128355, Nicaragua: 18002260464, Panama: 8000523413, República Dominicana: 18887601103, Jamaica: 18003712414, Venezuela: infojanssen@janssen.vc.com and/or 8000109342.
Mexico: Janssen-Cilag SA, RfC | 30042337-01 Address: Av. Rómulo Gallegos, Edificio Janssen & Johnson, Piso 12, Sector Las Dos Cañenas, Caracas,
Distrito Capital, Phone: +58-212-2252122.
Central America and Caribbean: Ethicon del Istmo, S. A. RfC: 4337-102-92068-67 Address: Business Park, Torre Sur, piso 1, Costa del Este, Panamá,
Phone: +507-30283702.
Material Code: STE-CAR05150A

janssen
PHARMACEUTICAL COMPANIES
of Johnson & Johnson