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ASSOCIATION

2019

28th CARIBBEAN DERMATOLOGY CONFERENCE

Trinidad & Tobago
November 6 - 9, 2019



PROGRAMME



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TABLE OF CONTENTS

Messages	2
About the Conference	4
Profile of Trinidad and Tobago	9
Sponsors & Exhibitors	10
Schedule at a Glance	12
The “Apple” Award	13
Conference Schedule	15
Abstracts	23
Faculty	41

MESSAGE FROM THE PRESIDENT



Dear Colleagues and Friends,

On behalf of the Executive Committee and members of the 2019 Conference Planning Committee, please let me welcome you to the beautiful islands of Trinidad and Tobago for the 28th Annual Meeting of the Caribbean Dermatology Association (CDA).

We would like to extend a special welcome to our Guest Speaker, Dr. Louis Weatherhead, who is originally from Barbados and currently lives in Ottawa, Canada, and is a past president of the Canadian Dermatology Association. Dr. Weatherhead will deliver the keynote address and a workshop on "Surgical techniques for the General Dermatologist", we look forward to learning from his vast knowledge and expertise and the surgical pearls he will share with us.

Special thanks to Dr. Naomi Dolly, Conference Chairperson, Drs. Chrisma Maharaj, Jeanine Reemaul, Tonya Abraham and Maria Gonzalez, the CDA Executive Team and members of the Trinidad and Tobago Dermatological Society for doing most of the planning to ensure that we have a successful meeting. The CDA would like to extend our sincere gratitude to members of the pharmaceutical, cosmeceutical and medical device industries who gave their support by way of exhibits and sponsorship, Mr. Hanif Smith and his team from SMTC and the Secretariat, and the staff of the Hyatt Hotel for accommodating us during our stay.

I would like to thank everyone who took time out from their busy schedules to attend the conference, experience the camaraderie of the CDA, cultivate and maintain vibrant collegial relationships, and participate in the scientific activities. I wish you safe travels back home to your families and hope you take away wonderful memories of Trinidad and Tobago.

Dr. Jeffrey Edwards

President

Caribbean Dermatology Association

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MESSAGE FROM THE CONFERENCE CHAIR



Dear Colleagues and Friends,

On behalf of the Executive Members and the Organizing Committee of this 28th Annual Meeting of the Caribbean Dermatology Association (CDA), welcome to Trinidad and Tobago.

We extend a warm welcome to our Guest Speaker, Dr. Louis Weatherhead, as we look forward to learning from his expertise when he delivers the keynote address and a workshop on surgical techniques. We do hope that he has a comfortable and relaxing stay with use here in Trinidad and Tobago.

The executive of the CDA and the local planning committee worked hard and tirelessly to ensure that the scientific content of this meeting is packed with information that is a learning tool to further the knowledge and education of all the attendees. We hope that you are able to take full advantage of this opportunity as we continue to strive to always provide the latest and newest in the ever growing field of dermatology.

We are fortunate to have the support of a great cadre of sponsors, whom I hope you will get to meet during the conference. This year boasts of one of the largest group of sponsors in the history of CDA meetings. Without them this meeting would not be possible.

There are a number of people to thank for helping to make this meeting a reality. The local committee in Trinidad and Tobago, for doing most of the planning, the members of the pharmaceutical and medical device industries who gave their support by way of exhibits and sponsorship, the rest of the Executive members, Hanif Smith and the staff of SMTC, our Secretariat and the staff of The Hyatt Regency for hosting us during our stay. Ultimately, my gratitude goes to you all who made the effort to attend the meeting and participate in the scientific and social activities.

Finally, I wish you all safe travels back home to your families and trust that you will all have a good meeting.

Best regards.

Dr. Naomi Dolly

Vice President

Caribbean Dermatology Association

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 28th Annual Caribbean Dermatology Conference has been approved for **Continuing Medical Education Credits** by the **National Committee of Continuing Medical Education** of the **Medical Council of Jamaica** for a maximum of **thirteen (13) hours of credit**. Each participant should claim only those CME hours actually spent in the activity.

Evaluations and CME Certificates

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.

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Faculty Disclosures

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 any off-label use of products that will be discussed.

The following speakers have indicated that they **DO NOT HAVE** a relationship which poses a potential conflict of interest to disclose.

Aleah Ali	Louis Weatherhead
Alicia C. Jordan	Marilyn Suite
Althea East-Innis	Martina S Rodriguez
Andrew LeRoy Forde	Michael Fitz-Henley
Arusha Campbell Chambers	Neil Persadsingh
Brian Morrison	Nirmala Hallai
Dr Andrea Clare-Lyn Shue	Rebeca De Miguel Madurga
Donna Thompson	Shiva Tewari
Heather Wilson	Stephen K. Tyring
Jared Jagdeo	Suleman Bhamjee
Jeanine Reemaul	Tonya Abraham-Ali
Jeffrey Edwards	

The following speakers **HAVE** indicated they will be discussing off-label products in their presentations.

Arusha Campbell Chambers
Brian Morrison
Donna Thompson

The following speakers **HAVE** indicated they will **NOT BE** discussing off-label products in their presentations.

Aleah Ali	Marilyn Suite
Alicia C. Jordan	Martina S Rodriguez
Althea East-Innis	Neil Persadsingh
Andrew LeRoy Forde	Nirmala Hallai
Dr Andrea Clare-Lyn Shue	Rebeca De Miguel Madurga
Heather Wilson	Shiva Tewari
Jared Jagdeo	Stephen K. Tyring
Jeanine Reemaul	Suleman Bhamjee
Jeffrey Edwards	Tonya Abraham-Ali
Louis Weatherhead	

On-Site Registration & Office Hours

Wednesday	November 6, 2019	2:00pm - 6:00pm
Thursday	November 7, 2019	8:00am - 5:00pm
Friday	November 8, 2019	8:00am - 5:00pm
Saturday	November 9, 2019	8:00am - 12:00pm

Connect and Engage

WIFI will be available in the meeting and exhibit rooms for guests of the Hyatt Regency. Off-site attendees will be able to purchase WIFI passes for TT\$100 (*approx. USD\$15*) per day. Follow us on Facebook, tweet at us **@CaribDerm**, and use the hashtag **#CDA2019Trinidad** to connect with and engage faculty, staff and your fellow attendees.

Name Badges & Function Tickets

Your name badge serves as your passport to all educational sessions and the exhibit area. You are asked to wear your name badge at all times. We recommend for your safety that you do not wear your name badge outside of the hotel and conference function areas.

Social function tickets will be 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.



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Refunds and Exchanges

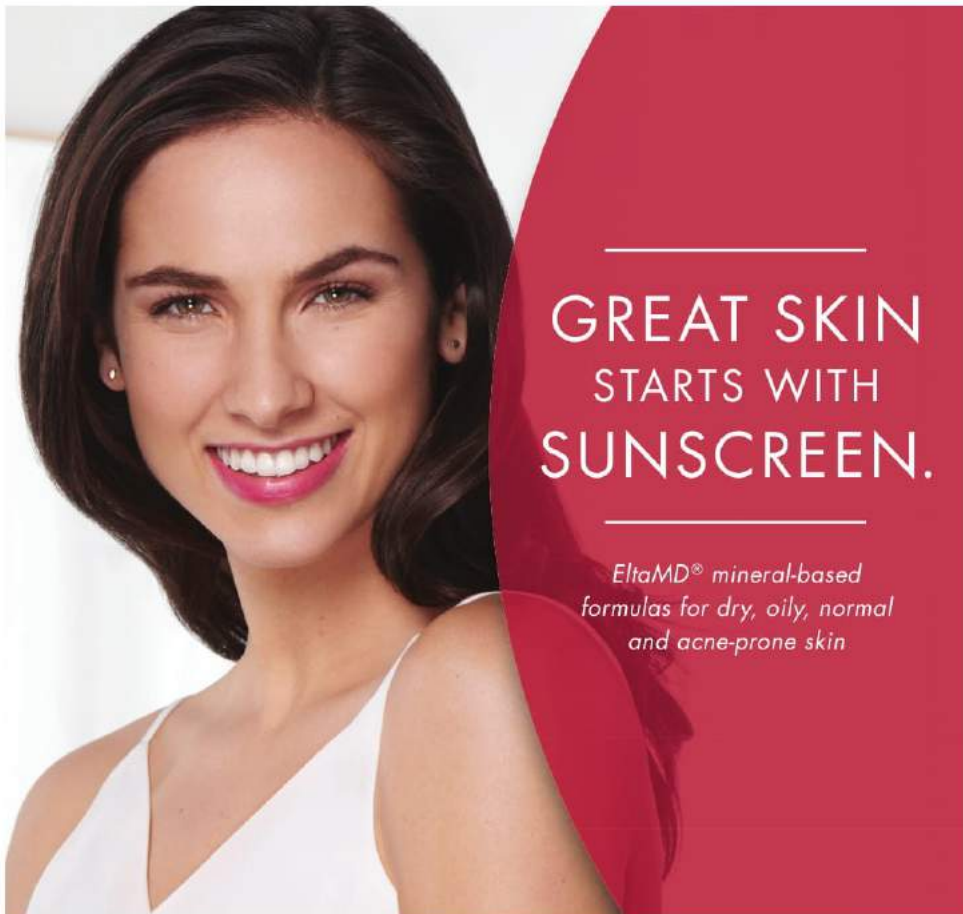
Refunds will not be issued until after the Conference. Tickets for Conference social events are **NOT** refundable.

Special Dietary Requirements

Individuals with special dietary requirements must request special meals during registration or 24 hours in advance, at the registration desk. We regret that requests for special meals not made in advance may not be honoured.

No Smoking Policy

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



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PROFILE OF TRINIDAD AND TOBAGO

It is believed that the Arawak name for these twin islands was "*Lère*" which means "*Land of the Humming Bird*." Arawaks and Caribs prospered at the south-eastern end of the Caribbean chain until 1498, when Columbus spotted "*Lère*" and named it "La Isla de la Trinidad" (The Island of the Trinity).

These twin islands of the Lesser Antilles are the closest to the South American continent. Geologically, Trinidad and Tobago are not part of the Antillean arc, but lie outside of the hurricane belt, and are therefore quite often sheltered from the hurricanes that pass through the Caribbean region. Trinidad was once part of the South American mainland and is situated on its continental shelf, while Tobago is part of a sunken island arc chain related to the Pacific-derived Caribbean Plate.

Trinidad and Tobago offers more than swaying palms and sun-kissed beaches, as the islands represent a "multicultural feast prepared by descendants of settlers from Europe, Africa, Asia, South America and the Middle East". The people are mainly of African or East Indian descent. Almost all speak English, while small percentages also speak Hindi, French patois, and several other dialects. Trinidad has two major cultural traditions: Creole, a mixture of African elements with Spanish, French, and English colonial culture; and East Indian. Trinidad's East Indian culture came to the island with indentured servants who were brought after the emancipation of the African slaves in 1833. The East Indians retain many traditions, including the celebration of Hindu and Muslim religious festivals.

Trinidad is rich in natural resources, as oil and natural gas production generate significant revenues. Visitors from around the world flock to the islands each year to enjoy the spectacular reefs, abundant wildlife and unique variety of festivals celebrating the many religious and secular traditions. The islands are also the home of the only musical instrument to be invented in the twentieth century: *the steelpan*.

Points of interest in Trinidad include the La Brea Pitch Lake in the southwest, which is the world's largest natural reservoir of asphalt and has occasionally yielded fossils of prehistoric animals; El Cerro del Aripo - the highest point at about 940 metres; and the Aripo Caves. Trinidad is also famous for an 85 foot statue of the Hindu god, Hanuman, found on the way to the Temple in the Sea in Port of Spain. Shopping spots of interest include the Long Circular Mall and The Falls at West Mall.

Points of interest in Tobago include the Buccoo Reef - a protected marine park; Fort King George, and the Main Ridge Forest Reserve. The islands are home to more than 400 species of birds, 600 species of butterflies, 50 kinds of reptiles and 100 types of mammals, including red howler monkeys, anteaters, agouti and armadillos. The National Museum and Art Gallery of Trinidad and Tobago located in Port of Spain is a definite tour stop for all those interested in knowing more about the islands.

Quick facts on Trinidad and Tobago

Capital:	Port of Spain (Trinidad)
Currency:	Trinidad and Tobago Dollar (TTD)
Area (total):	Trinidad: 5,128 sq km (1,980 sq miles); Tobago: 300 sq km (116 sq miles)
Terrain:	Mostly plains, with some hills and low mountains
Population:	1,328,019 (2011 Census)
Religion:	Roman Catholic, Hindu, Anglican, Muslim, Presbyterian, among others.
Language:	English (official)

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SCHEDULE AT A GLANCE

Time	WED NOV 6	THUR NOV 7	FRI NOV 8	SAT NOV 9
8:00 AM		Exhibits	Exhibits	Secretariat Open
9:00 AM		Scientific Session I	Scientific Session III	Clinical Case Session
10:00 AM		Exhibits	Exhibits	
11:00 AM		Scientific Session II	Scientific Session IV	
12:00 PM		Lunch	Lunch	
1:00 PM				
2:00 PM	Registration & Badge Collection	Secretariat Open: Registration and Badge Collection	Secretariat Open: Registration and Badge Collection	
3:00 PM	Exhibitor Load In	Annual General Meeting	Workshop - Surgical Techniques for the General Dermatologist	
4:00 PM		Laser Demo	Workshop - Use of Fillers and Botox in Different Age Groups	
5:00 PM		Exhibits	Exhibits	
6:00 PM		General Practitioner's Symposium		
7:00 PM				
7:00 PM—UNTIL				

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 best original research paper with the greatest relevance to the Caribbean.

Past Awardees

2000	Dr. Michael Fitz-Henley	2006	Dr. Michael Fitz-Henley	2013	Dr. Marilyn Suite
2001	Dr. Michael Fitz-Henley	2007	Dr. Doris Joseph	2014	Dr. Jeffrey Edwards
2002	Dr. Suleman Bhamjee	2008	Dr. Suleman Bhamjee	2015	Dr. Kyjuan H. Brown
2003	Dr. Althea East-Innis	2010	Dr. Sandra McLeod	2016	Dr. Althea East-Innis
2004	Dr. Morgan Basanta	2011	Dr. Neilia-Kay McGill	2017	Dr. Jeffrey Edwards
2005	Dr. Donna Thompson	2012	Dr. Sean Bullen	2018	Dr. Marilyn Suite

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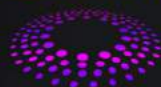
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CONFERENCE SCHEDULE

Day

1

Opening and Welcome Port of Spain Ballroom

8.00am - 8.40 am	EXHIBITS OPEN	
8.40am – 8.45am	Welcome	Local Organizing Committee

Scientific Session I Port of Spain Ballroom 8.45am - 10.55am

Chairperson: Dr. Maria Gonzalez

8.45-9.00	The Spectrum of Skin Diseases Seen at a Hospital-Based Dermatology Clinic Compared by Age Groups, Seasons and Disease Associations #009	Althea East-Innis <i>Jamaica</i>
9.00 - 9.15	A Cross Sectional Study of Psoriasis and Psoriatic Arthritis Patients of South Trinidad #029	Shiva Tewari <i>Trinidad and Tobago</i>
9.15 – 9.30	Allergic Contact Dermatitis: A Retrospective Multicenter Study in the Cayman Islands #007	Rebecca de Miguel <i>Cayman Islands</i>
9.30- 9.45	Allergy Testing: A Nine-Year Review in a Private Office #004	Suleman Bhamjee <i>Barbados</i>
9.45- 10.00	Prevalence of Skin Cancer in Persons with Albinism in Haiti #020	Brian Morrison <i>United States</i>
10.00 – 10.10	DISCUSSION	
10.10 – 10.20	Shedding Light on Sunscreens #005	Arusha Campbell-Chambers <i>Jamaica</i>
10.20 – 10.30	Climate Change and the Skin #008	Althea East-Innis <i>Jamaica</i>
10.30 – 10.50	Management of Acne Scars Using Radiofrequency (Sublative) and Fractional CO2 (CO2RE) Candela Sponsored Lecture	Naomi Dolly <i>United States</i>
10.50 – 10.55	DISCUSSION	

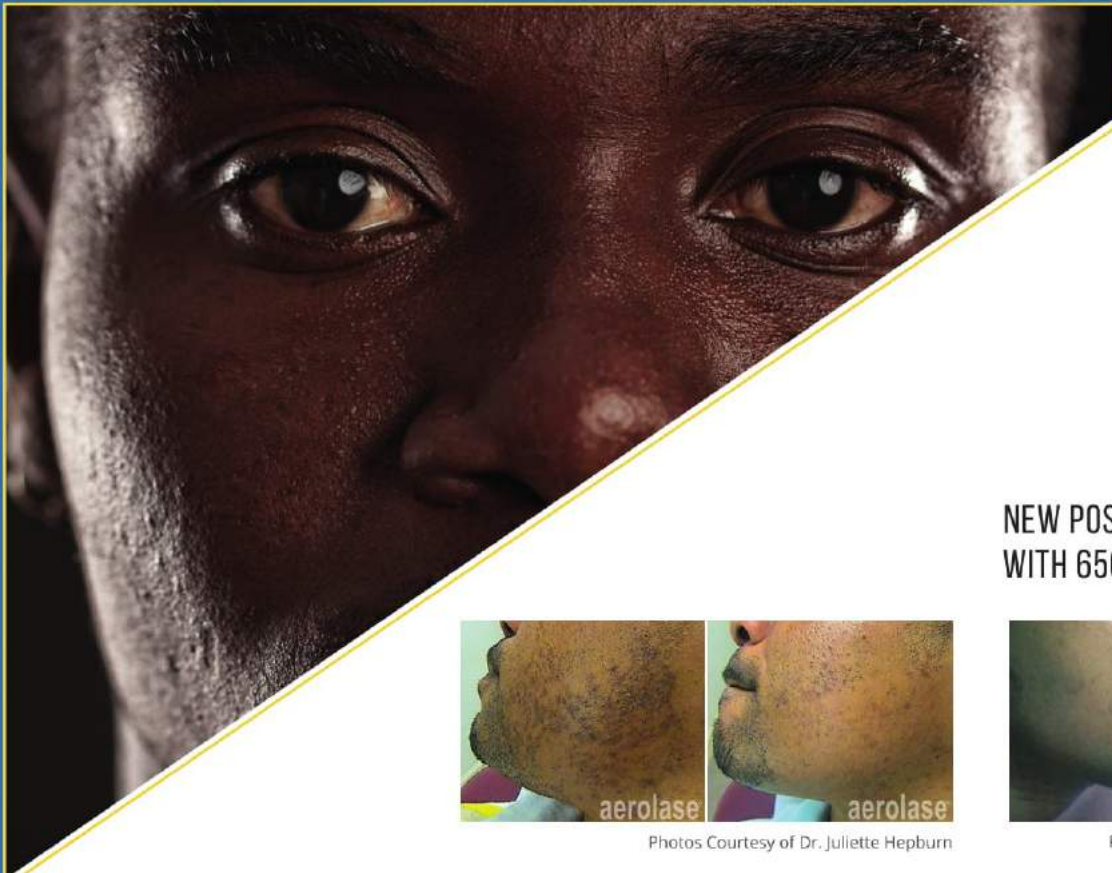
28th Caribbean Dermatology Conference

Coffee Break and Viewing of Exhibits
Port of Spain Foyer
10.55 - 11.25

Scientific Session II
Port of Spain Ballroom
11.25am – 12.55pm

Chairperson: Dr. Marilyn Suite

11.25 – 11.40	The Use of Laser, Light, and Devices for Aesthetic Purposes and the Treatment of Skin Conditions #018	Jared Jagdeo <i>United States</i>
11.40 - 12.20	Dermatological Surgery: Where Have We Come From... Where Are We Now... Where Are We Going... Lois La Grenade Distinguished Lecture	Louis Weatherhead <i>Canada</i>
12.20 - 12.35	Skin Cancer in Skin of Colour: Experience From a Tertiary Referral Center in South Trinidad: A Six-Year Retrospective Study #003	Aleah Ali <i>Trinidad and Tobago</i>
12.35 – 12.45	Hair Loss: What's Good and New? Clinitech Sponsored Lecture	Jorge Moreno <i>Mexico</i>
12.45 – 12.55	DISCUSSION	



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Photos Courtesy of Dr. Juliette Hepburn



Photos Courtesy of Dr. Arusha Campbell-Chambers

Annual General Meeting (Open to all CDA Members)

Port of Spain Ballroom

2.00pm - 3.30pm

Hands-on Session with a Novel 650-Microsecond Medical & Aesthetic Laser

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4.00pm - 5.00pm

General Practitioner’s Meeting

Port of Spain Ballroom

6.00pm - 8:30pm

Chairperson: Dr. Jeffrey Edwards

5.00 - 6.00	EXHIBITS OPEN	
6.00 - 6.02	Welcome	
6.02 - 6.05	Prayer	
6.05 - 6.10	Greetings Honourable Minister Terrence Deyalsingh Minister of Health	
6.10 - 6.30	Diagnosis and Management of Patients with Pruritus	Donna Thompson <i>United Kingdom</i>
6.30 - 6.50	Common Skin Conditions in Children	Andrea Clare-Lyn Shue <i>Jamaica</i>
6.50 - 7.10	Cutaneous Manifestations of HIV/AIDS	Jeffery Edwards <i>Trinidad and Tobago</i>
7.10 - 7.30	Hair Disorders in Persons with Pigmented Skin	Llorenia Muir-Green <i>Jamaica</i>
7.30 - 7.50	Commonly Misdiagnosed Skin Conditions	Abigail Cumberbatch <i>Trinidad and Tobago</i>
7.50 - 8.10	Management of Acne Vulgaris	Andrew Forde <i>Barbados</i>
8.10 - 8.20	PANEL DISCUSSION	
8.20 - 8.25	Vote of Thanks	

CONFERENCE SCHEDULE

Day 2

8.00am - 8.30am

Exhibits open

Scientific Session III
Port of Spain Ballroom
8.30am – 10.30am

Chairperson: Dr. Marie Grandison-Didier

8.30 - 8.45	Disorders of Hyperpigmentation in Adolescents: Prevalence, and How It Affects the Quality of Life #011	Michael Fitz Henley <i>Jamaica</i>
8.45 - 9.00	The Conundrum of Disorders of Acquired Macular Hyperpigmentation #028	Marilyn Suite <i>Trinidad and Tobago</i>
9.00 – 9.15	Updates in the Management of Melasma and Post-Inflammatory Hyperpigmentation #006	Arusha Campbell-Chambers <i>Jamaica</i>
9.15- 9.30	The Pilo-Sebaceous Unit in Health and in Disease in African American Men #024	Neil Persadsingh <i>Jamaica</i>
9.30 – 9.40	DISCUSSION	
9.40 – 9.55	Use of Propranolol for Infantile Haemangiomas #014	Nirmala Hallai <i>Trinidad and Tobago</i>
9.55 – 10.10	What is the True Etiology of Recurrent Shingles? #030	Stephen Tyring <i>United States</i>
10.10 – 10.25	Genital Dermatoses in Men Attending a Dermatology Practice in Trinidad #010	Jeffrey Edwards <i>Trinidad and Tobago</i>
10.25 – 10.40	Telephone Survey Study of Impact of Patient Information Leaflets for Acne Created by Public Health Skin Clinic, Georgetown, Guyana #022	Heather Morris-Wilson <i>Guyana</i>
10.40 – 10.50	DISCUSSION	

Coffee Break and Viewing of Exhibits
Port of Spain Foyer
10.50 – 11.20

Scientific Session IV
Port of Spain Ballroom
11.20 – 12.45

Chairperson: Dr. Arusha Campbell-Chambers

11.20 -11.35	Special Considerations in the Treatment of Non-melanoma Skin Cancer in Persons with Oculocutaneous Albinism #021	Brian Morrison <i>United States</i>
11.35 – 11.50	A Novel Method of Undermining Tissue During an Excision #031	Louis Weatherhead <i>Canada</i>
11.50 – 12.05	'Searching Soles': Acral Lentiginous Melanoma in Western Jamaican Dermatology Clinics #019	Alicia Jordan <i>Jamaica</i>
12.05 - 12.15	DISCUSSION	
12:15 - 12:45	Caring for my Patient with Hidradenitis Suppurativa: The Role of Biologics Abbvie Sponsored Lecture	Alberto Jose Lavieri <i>Argentina</i>

Lunch
12.45pm – 1.45pm

Concurrent Workshops (Separate Registration Required)
Jade/Ruby
2.00pm - 4.00pm

2.00 – 4.00	Surgical Techniques for the General Dermatologist	Louis Weatherhead <i>Canada</i>
	Make Us Beautiful - Defining the Appropriate Use of Fillers and Botox in Different Age Groups #013	Maria Gonzalez <i>United Kingdom</i> Naomi Dolly <i>United States</i>

CONFERENCE SCHEDULE

Day 3

Clinical Case Session
 Regency V Ballroom
 8.10am - 12.00pm

Chairperson: Dr. Richard Desnoes

8.10 – 8.25	Something Old, Something New, Some Borrowed, Something Blue #001	Tonya Abraham <i>Trinidad and Tobago</i>
8.25 – 8.40	It Could Happen to You! - Managing Complications in Cosmetic Dermatology #012	Maria Gonzalez <i>United Kingdom</i>
8.40 - 8.55	Paediatric Dermatology Cases	Andrea Clare-Lyn Shue <i>Jamaica</i>
8.55 - 9.05	Clinical Cases	Aleah Ali <i>Trinidad and Tobago</i>
9.05 – 9.20	Dermatology Cases	Naomi Dolly <i>United States</i>
9.20 – 9.30	DISCUSSION	
9.30- 10.30	Live Cases	
10.30- 10.45 Regency Foyer Coffee Break		
10.45- 12.00	DISCUSSION	

POSTERS

Port of Spain Ballroom

Kikuchi-Fujimoto Disease: A Rare Presentation with Palmar-Plantar Nodules #002	Aleah Ali <i>Trinidad and Tobago</i>
Bullous Pemphigoid in Infancy #015	Nirmala Hallai <i>Trinidad and Tobago</i>
Mishaps and Misfortunes in Dermatology #016	Nirmala Hallai <i>Trinidad and Tobago</i>
Survey of the Range of Skin Diseases of Patients Accessing Outpatient Dermatology Services in a Primary, Secondary and Tertiary Care Setting in Trinidad #017	Nirmala Hallai <i>Trinidad and Tobago</i>
Use of Mascot "Ardie the Armadillo" for Dissemination of Information About Leprosy in Guyana: A Novel Intervention to Address Stigma and Discrimination #023	Heather Morris-Wilson <i>Guyana</i>
A Rare Case of Blistering in an Elderly Patient #025	Jeanine Reemaul <i>Trinidad and Tobago</i>
Granular Parakeratosis - an Unusual Acquired Disorder of Keratinisation #026	Jeanine Reemaul <i>Trinidad and Tobago</i>
A Case of Multinucleate Angiohistiocytoma #027	Martina Rodriguez <i>Trinidad and Tobago</i>



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ABSTRACTS

#001

TITLE: Something Old, Something New, Some Borrowed, Something Blue

AUTHOR (S): Tonya Abraham-Ali;

Submitted for: Pediatric Dermatology, Medical Dermatology

ABSTRACT BODY:

It has been four (4) years since I last presented at the CDA so I decided to choose four (4) interesting cases that I have been lucky to see over my years as a resident and into my practice. These cases show the true diversity of our specialty from pediatric to neoplastic with a bit of infectious disease and lastly a "bright" surprise.

#002

TITLE: Kikuchi-Fujimoto Disease: A Rare Presentation With Palmar-Plantar Nodules

AUTHOR (S): Aleah Ali;

Submitted for: Medical Dermatology

ABSTRACT BODY:

Abstract Background: Kikuchi-Fujimoto disease (KFD) also known as histiocytic necrotizing lymphadenitis was first describes by Japanese pathologist Kikuchi and Fujimoto in 1972. Since then it has been reported extensively within Asian populations, European population and recently within the Afro-Caribbean population of the French West-Indies. We report the first case involving an Indo-Caribbean woman presenting with cutaneous lesions at an unusual site. Up to 40% of patients with KFD have cutaneous involvement. To date, these skin eruptions have not been fully described. A review of literature will be undertaken to identify characteristic cutaneous features.

Methods: We describe a 46-year-old, Indo-Caribbean woman with sudden eruption of painful erythematous nodules on her hands and feet associated with fever and lymphadenopathy. Skin biopsy demonstrated interface dermatitis with moderate lympho-histiocytic infiltrates with karyorrhexis. Axillary Lymph node biopsy supported these findings. Only other significant laboratory finding, was a positive ANA titer (1:320).

Conclusion: To our knowledge this is the first cases of Kikuchi's disease presenting with painful nodules on palms and soles. It is therefore important to consider KFD as a differential for painful erythematous palmar-plantar nodules. Many cases of SLE associated with KFD have also been described, even data suggesting that KFD may represent an initial manifestation of SLE. In this case significant laboratory finding included positive ANA titer and interface dermatitis, therefore our patient will be followed up closely for progression to SLE

#003

TITLE: Skin Cancer in Skin of Colour: Experience From a Tertiary Referral Center in South-Trinidad: A Six-Year Retrospective Study

AUTHOR (S): Aleah Ali;

Submitted for: Medical Dermatology

ABSTRACT BODY:

Background: Skin Cancer is less prevalent in people of color. The epidemiology of skin cancer in the English-speaking Caribbean has been undocumented thus far. There may be many contributing factors for the development of skin



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malignancies in Caribbean countries. For instance, diverse ancestral backgrounds, prolonged exposure to UV radiation, high prevalence of HIV, endemic HTLV-1 virus and notably, minimal public health campaigns. This study aims to fill this gap on the frequency, types, demographic and clinical features of skin cancer in the Caribbean.

Method: Data was obtained retrospectively from the Pathology, Dermatology and Medical Records departments at the San Fernando General Hospital from May 2013 to May 2017. Results: A total of 1172 skin biopsies were performed by the Dermatology Department during the specified period. There were 31 cases of histologically confirmed skin cancer. Ninety-seven percent (97%) of these were from skin of color. The most frequent tumor was Basal Cell Cancer (35%) followed by Squamous Cell Cancer (19%). Equivalent numbers of Melanoma and Kaposia's sarcoma (10%) were observed. Cases of cutaneous T-cell lymphoma and cutaneous metastases were also noted. Analysis of data based on age at presentation, ethnicity, sex, histological sub-type will be discussed.

Conclusion: Skin cancer in pigmented skin constitutes a small but significant proportion of patients who attend Dermatology clinics in Trinidad. The trends observed in this study will help identify characteristics of skin cancer amongst this diverse population.

#004

TITLE: Allergy Testing: A Nine-Year Review in a Private Office

AUTHOR (S): Suleman Bhamjee;

Submitted for: Research

ABSTRACT BODY:

Allergies have a significant role in the diagnosis and management of dermatological conditions, and seems to be

increasing over the years. This study reviews several years of results in a private office, to ascertain the data that is seen in this setting and the various trends.

#005

TITLE: Shedding Light on Sunscreens

AUTHOR (S): Arusha Campbell-Chambers;

Submitted for: Medical Dermatology

ABSTRACT BODY:

Sunscreen is a substance that you put on your skin to prevent it from being damaged by the sun. (Cambridge Dictionary). The United States Federal Drug Administration (US-FDA) regulates sunscreens as over-the-counter drugs. In Europe they are classified as cosmetics. Sunscreens can be classified into physical sunscreens which reflect sunlight e.g. zinc oxide, titanium dioxide or chemical sunscreens which absorb sunlight e.g. oxybenzone, avobenzone, octisalate, octocrylene, homosalate, octinoxate. Although sunscreens are prohibited from claiming to prevent skin cancer and skin ageing, they are able to do these things reasonably well. There have been questions concerning the skin absorption of some chemical sunscreen ingredients, and their impact on the environment. On February 26, 2019, the FDA published a proposed rule to establish final monograph regulations for over-the-counter (OTC) sunscreen drug products.

If finalized, the rule will update conditions under which OTC sunscreen products may be marketed in the United States (US). The rule proposes that zinc oxide and titanium dioxide remain classified as generally recognized as safe and effective (GRASE) for use in sunscreens at concentrations of up to 25 percent. Aminobenzoic acid and trolamine salicylate would be classified as not GRASE for use in sunscreen and prohibited from being marketed in the U.S. Additionally, the rule proposes that twelve ingredients could be excluded from the final monograph because there is insufficient data to determine whether they are GRASE. Additional data is therefore being sought. The American Academy of Dermatology states that sunscreen remains an important method of sun-protection from harmful rays.

#006

TITLE: Updates in the Management of Melasma and Post-Inflammatory Hyperpigmentation

AUTHOR (S): Arusha Campbell-Chambers;

Submitted for: Laser and Cosmetic Surgery

ABSTRACT BODY:

Melasma consists of symmetrical hyperpigmented patches caused by increased dermal and/or epidermal melanin. Sun-exposed areas, especially cheeks, upper lip, chin and forehead are most commonly affected. Post-inflammatory hyperpigmentation (PIH) is increased pigmentation caused by any prior inflammation of the skin at that site e.g. post infections, acne, allergic reactions, eczema, procedures, etc. These conditions are caused by mechanisms that result in either epidermal and/or dermal melanosis. Treatment of Melasma and PIH involves treating underlying inflammation, vasculature and pigmentation and reducing risk factors. Avoidance of abrasive skin care products, use of sunscreens and sun protection, skin-lightening agents to affected areas and procedures where appropriate are recommended.

Studies have shown that sunscreens use alone helps lighten PIH and Melasma. Those sunscreens that block visible light in addition to UV light are advantageous. Oral agents such as polypodium leucomotos extract and tranexamic acid (oral and topical) have also been found to assist in the treatment of these conditions. Procedures used include microdermabrasion, chemical peels, micro-needling, lasers (e.g. Nd:YAG, Q-switched Nd:YAG, picosecond lasers) and fractional radiofrequency. Cover up cosmetics and psychological support may also be necessary as patients pursue treatment. The 650 microsecond ND:YAG laser has been found to be safe and effective in treating Melasma and PIH in all skin types. Guidelines for its use in treating these conditions have recently been published.

#007

TITLE: Allergic Contact Dermatitis: A Retrospective Multicenter Study in the Cayman Islands

AUTHOR (S): Rebeca de Miguel Madurga;

Submitted for: Medical Dermatology

ABSTRACT BODY:

Contact dermatitis is rising worldwide. It has estimated to have a prevalence 15-20% in general population. This has a high cost in the health care system and a deep impact in the quality of life of patients. As of now, there is no epidemiological research or data from the Cayman islands nor the Caribbean. Cayman islands holds a population around 65,000 inhabitants with almost half of them expatriates who constantly stay for a short period of time. Therefore, data are based on different nationalities.

Objective: The goal of this study is to assess the incidence of most common allergens that cause contact dermatitis in the Cayman Islands in the last three years. As well as formulating the first epidemiological study in the region.

Material and Methods: This is a retrospective multi-centre study, with data from patients over the past three years (2017-2019). The two brands of epicutaneous patch testing used were True Test (36 allergens) and AllergEAZE (49 custom selected allergens). The allergens chosen for the AllergEAZE battery was through a selection between the American, European and British Standard series.

Results: In one of the Clinics, they performed 15 True Test brand. 26.67% were allergic to nickel sulfate and 26.67% to gold sodium thiosulfate. In the other clinic, the tests performed were True Test plus AllergEAZE serie with 48 patients examined. Nickel was one of the most prevalent (25%).

Conclusions: There is an emerging pattern of common allergens that trigger contact dermatitis in the Cayman Islands; Disperse blue, was proven one of the most common allergens involved. However, It would be wise to advise patients to avoid contact with dark clothing before conducting patch testing in order to rule out disperse blue as a causative agent. Nickle sulfate was another of the most common allergens here. It could be of further interest to see if certain allergens were more prevalent in certain racial groups. We would like to encourage doctors, not only in the Cayman Islands, but throughout the Caribbean to come together and share their data to provide a better understanding of the allergens involved in our region.

#008

TITLE: Climate Change and the Skin

AUTHOR (S): Althea East-Innis;

Submitted for: Other

ABSTRACT BODY:

The term "climate change" refers to a change in global climate patterns. The skin is one of the first organs in contact with the environment; in fact, many skin diseases are as a result of our interaction with our surroundings. Climate change promises to change the microbial environment and presence of disease vectors which will certainly impact the skin. In addition, there is increasing literature on the effect of climate change on airborne diseases, zoonoses, fungal infections and severe allergic disease. This presentation will explore the changes in skin diseases and disease patterns which are already being documented and those which we anticipate will occur in the future.

#009

TITLE: The Spectrum of Skin Diseases Seen at a Hospital-Based Dermatology Clinic Compared by Age Groups, Seasons and Disease Associations

AUTHOR (S): Althea East-Innis; Dr Michael Fitz-Henley, Dr Maxine Chung, Dr Alicia McNish

Submitted for: Research

ABSTRACT BODY:

A vast array of dermatological disorders is usually seen in a hospital-based dermatology clinic. The aim of this research was to identify the mucocutaneous disorders seen in the Dermatology clinic at the University Hospital of the West Indies, to study the age and seasonal variations and to identify diseases which tended to occur together. The study had a retrospective cross-sectional design and included all new patients in in our dermatology clinic from January 1, 2018 to December 31, 2018. Individual diseases were documented and diagnoses were also placed into categories such as follicular diseases, infections, papulosquamous disorders, autoimmune blistering disorders and so on. Statistical analysis calculated frequencies and Pearson's chi-squared test was used to identify associations between age groups, seasons and disease groups.



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#010

TITLE: Genital Dermatoses in Men Attending a Dermatology Practice in Trinidad

AUTHOR (S): Jeffrey Edwards;

Submitted for: Medical Dermatology

ABSTRACT BODY:

Genital dermatoses in men are diverse and clinical features may include pruritus, pain, erythema, urethral discharge, lumps and bumps, and ulcers. During the period January 2008–December 2018, 1421 male patients attended a private dermatology practice in Trinidad and 127 (8.9%) presented with genital conditions. Of these, 100 (78.7%) were heterosexual, 27 (21.3%) self-identified as homosexual/bisexual and 26 (20.5%) were HIV infected. Infective conditions of the genitals accounted for 59.7% of the cases, followed by inflammatory conditions 19.4%, benign lesions 9.3%, genital dysesthesia 4.7%, cancer/precancerous lesions 3.1% and other genital conditions 3.8%. The psychosocial impact of genital dermatoses is significant and can result in guilt, low self-esteem, sexual dysfunction and the avoidance of intimate relationships, hence early diagnosis, counselling/allaying of fears and appropriate treatment is important.

#011

TITLE: Disorders of Hyperpigmentation in Adolescents: Prevalence, and How It Affects the Quality of Life

AUTHOR (S): Michael Fitz-Henley;

Submitted for: Medical Dermatology

ABSTRACT BODY:

There are about 1.2 billion adolescents in the world comprising about 18% of the world's population. WHO defines adolescence as ages 10-19 years. In regards to hyperpigmented disorders many tend to focus on those conditions in adults eg Melasma and the effect that it may have on the Quality of Life (QOL). This paper sought to review if sufficient data existed on the prevalence of the various hyperpigmented disorders that occur in adolescents and found it to be deficient. We present data on some QOL data that exists for adolescents and look at interesting facts pertaining to the addition of hyperpigmentation in those disorders. Knowledge of this data will help us to understand the psychological impact of hyperpigmentation on our adolescent patients, the effects on QOL issues, and thus offer better care for them holistically.

#012

TITLE: It Could Happen to You! - Managing Complications in Cosmetic Dermatology

AUTHOR (S): Maria Gonzalez;

Submitted for: Laser and Cosmetic Surgery

ABSTRACT BODY:

The field of aesthetic dermatology has recently exploded. This has resulted in a large number of medical and non-medically trained practitioners pursuing short inadequate training and treating patients with procedures which may result in significant complications. The treatment of aesthetic complications is rightly listed on the dermatology specialist registrar curriculum in the UK as dermatological opinions are commonly sought by patients who suffer complications which are not adequately managed by those delivering these treatments. Complications from aesthetic procedures can be significant and life changing. This presentation seeks to highlight some of the complications experienced in a busy medical practice and to emphasise the importance of ensuring a high level of competency in managing these problems particularly among those of us working within the field of dermatology.

#013

TITLE: Make Us Beautiful - Defining the Appropriate Use of Fillers and Botox in Different Age Groups

AUTHOR (S): Maria Gonzalez; Dr. Naomi Dolly

Submitted for: Laser and Cosmetic Surgery

ABSTRACT BODY:

The use of injectables such as fillers and botox have become the cornerstone of cosmetic dermatology with their ability to transform faces through non-surgical approaches. This workshop will compare and contrast the use of fillers and botox in younger patients (those under 45 years old) and more mature subjects. These two groups have very different requirements and an understanding of the ageing face is necessary if patients are to receive appropriate treatment based on their individual needs. Recognising the unique characteristics of the ageing face is essential in avoiding the mishaps that are often seen both in the local environment and among well known celebrities.

#014

TITLE: Use of Propranolol for Infantile Haemangiomas

AUTHOR (S): Nirmala Hallai;

Submitted for: Pediatric Dermatology

ABSTRACT BODY:

Haemangiomas are the commonest tumors in infancy, with a prevalence of up to 10% in populations of European descent. They are less common in those of African and Asian origin. The population of Trinidad and Tobago is 1.4 million, with a combined total 92.6% being of African, Indian and Mixed ethnicities. Propranolol is internationally accepted as standard first line therapy for complicated infantile haemangioma. Early initiation of treatment, can have a more favourable outcome. However, its usage in the region, is still relatively new. This has resulted in delays in referral for management.

A series of twelve patients collected over the past four years is presented. Their clinical subtype ranged from nodular in the peri-ocular, occipital and anterior neck region, to extensive plaque and nodular subtype in a hemifacial distribution. The decision to start propranolol was predominantly where function was potentially compromised, and also concern about disfigurement. The age of commencing propranolol, ranged from 2.5 months to 25 months. Two mothers had advanced maternal age and one suffered from pre-eclampsia. Nine patients had good clinical responses. Duration of treatment often extended up to twelve months. One patient developed hypotension. All were admitted for monitoring during initiation and dosage increase of propranolol.

A multidisciplinary team involving Dermatologist, Paediatrician, Paediatric Cardiologist, Ophthalmologist, Otolaryngologist and Radiologist is a necessary and safe approach. Clustering of patients in a single centre can enhance future clinical knowledge regarding efficacy and safety in our population.

#015

TITLE: Bullous Pemphigoid in Infancy

AUTHOR (S): Nirmala Hallai;

Submitted for: Pediatric Dermatology

ABSTRACT BODY:

Case 1 - Two year old boy developed acute onset of widespread blistering. It was associated with lip swelling, tense blisters around the eyes and more widespread blisters on his trunk and limbs. Skin Biopsy revealed subepidermal blisters with neutrophilic infiltrate. Direct Immunofluorescence showed a positive IgG and C3 in a linear pattern along Basement Membrane zone. Treatment included prednisolone for 6 months and dapsone for 11 months. However relapsed three months later. Prednisolone and Dapsone were given for a further seven months with lesser effect, and was eventually switched to azathioprine 3mg/kg.

Case 2 - Three year old girl admitted with a 2 week history of annular crusting at angles of mouth, treated as impetigo. She was felt to have reacted to augmentin then cefuroxime with lip swelling. Examination revealed an annular pattern of blisters on trunk. Discrete blisters on legs and in a peri-ocular distribution. Skin biopsy and DIF showed similar features as case 1. Treatment included prednisolone up to 2mg/kg and azathioprine for up to 10 months.

Case 3 - Two year and eleven month old girl admitted with a four day history of periorbital swelling with blisters, swelling of the upper lip and annular blisters of her limbs. Skin biopsy and DIF revealed similar features. Management included prednisolone 1mg/kg and Azathioprine for a few months.

Discussion: Despite the lack of availability of Indirect Immunofluorescence and ELISA antibody testing against BP180-NC16A antigen, the histology, DIF and clinical course are supportive of a diagnosis of Bullous Pemphigoid in infancy. Although regarded as being rare and more common in those less than 12 months, this case series suggests the opposite. Their shared initial presentation with periocular blistering and lip swelling is interesting. All patients responded to topical/oral corticosteroids and azathioprine. Relapses are generally uncommon. Further studies are required to clarify the epidemiology of Bullous Pemphigoid in children.

#016

TITLE: Mishaps and Misfortunes in Dermatology


AUTHOR (S): Nirmala Hallai;

Submitted for: Other

ABSTRACT BODY:

Three scenarios are discussed that may have resulted in sickness or demise of our patients. In one month, three consecutive cases of neonatal blisters, presented to hospital. None had a family history of autoimmune or genetic disorders. No nail problems or difficulty swallowing. They all had a clinical diagnosis of bullous impetigo, and responded to intravenous antibiotics. Lumbar puncture and blood cultures were negative. One skin swab grew staph aureus. Interestingly, all patients were delivered at the same private institution, by the same staff. Neonatal impetigo is rare. These infections are likely to be predicated by the same birthing or neonatal environment. Feedback to the Clinical Director resulted in investigation of cleaning policies.

A 62 year lady with chronic plaque psoriasis and psoriatic arthritis, had been on methotrexate for ten years. Her care was transferred to our clinic, closer to home. A screening chest X-ray was done for the first time. A delayed report showed a 6.8 cm mass in the right upper lobe. CT chest revealed a right upper lobe bronchogenic carcinoma. Life-saving lobectomy confirmed primary adenocarcinoma. Apart from her genetic susceptibility, she had prolonged exposure to second hand smoke. Although baseline CXR is recommended by some clinicians, this practice varies amongst



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specialities. Regionally, concern exists about tuberculosis and possibly idiopathic pulmonary fibrosis.

A 5 year old boy with atopic dermatitis was admitted with a one month history of deteriorating headaches and blurred vision. He suffered from severe, widespread eczema over three years. Elsewhere, he had several hospital admissions for eczema. His Ophthalmologist detected bilateral papilloedema. A diagnosis of intracranial hypertension was made . He was erythrodermic, and below the 5th growth centile. His desperate single mother had sought management from a non-Dermatologist constituting weekly, then monthly Tricort 40 mg intramuscular injections. He got 18 injections over fifteen months. After a complaint was made to the Medical Board, this doctor responded that he will change his practice. Concerns about clinical competence and negligence are raised.

#017

TITLE: Survey of the Range of Skin Diseases of Patients Accessing Outpatient Dermatology Services in a Primary, Secondary and Tertiary Care Setting in Trinidad.

AUTHOR (S): Nirmala Hallai; Vivien Macias , Shivaughn Ramroop, Sudhir Ishwarakava, Sarah Ramjit S and Priya Laloo

Submitted for: Research

ABSTRACT BODY:

Aim To determine the range of skin diseases of patients attending all Dermatology Clinics in our region.

Method A retrospective case note review of patients accessing the relatively new Dermatology Services in the North Central Regional Health Authority Region, Trinidad and Tobago, October 2015 to March 2017. A broad classification of skin diseases was used to identify any trends in our population. Data was separately collected from three primary care

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and two hospital clinics. Results and Conclusion 1309 patient notes were reviewed. Up to 10% patients had more than one diagnoses. Remarkably, similar trends in disease patterns emerged from all three primary care clinics.

When combined with the data from hospital, eczematous skin diseases were the most common, affecting 37.5% (491 patients), then skin infections 13.8%(181patients) and psoriasis 8.8%(116 patients). Acne affected 6.6% (87 patients), with lichen planus 4.2% (55 patients). Psoriasis was less common in children (aged< 16 year old), affecting approximately 2.1%. There was also some geographic variability observed, with psoriasis affecting up to 13% of outpatients in regions of larger East Indian population. 14.8% of those attending adult hospital clinics, had severe psoriasis, usually requiring systemic therapy. Adult hospital clinics managed those with severe or difficult conditions like immunobullous diseases (9.5%), connective tissue diseases (4.3%), eczema (15%) and large range of other skin conditions like vasculitis, erythema multiforme etc (21.3%).

Although acne is common, only 6.6% of our patients were affected. Perhaps patients may have sought alternative Dermatology providers for treatment. Papular urticaria was very common in children, and needs to be explored further. Other information extrapolated included waiting times, sources of referrals and number of patient visits. This survey provides a working knowledge for the wide range skin diseases in our population. Similar trends for inflammatory dermatoses are observed in North America and Europe. It paves the way for future combined nationwide or regional detailed analysis, from our unique ethnically diverse population.

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#018**TITLE:** The Use of Laser, Light, and Devices for Aesthetic Purposes and the Treatment of Skin Conditions**AUTHOR (S):** Jared Jagdeo;**Submitted for:** Laser and Cosmetic Surgery**ABSTRACT BODY:**

Laser, light, and other devices are commonly used to enhance aesthetics and to treat skin conditions. In diverse populations that include skin of color patients, special attention and approaches are often required to achieve safe and outstanding results due to laser physics and complex tissue interactions and concerns. Herein, I present the use of laser, light, and devices for aesthetic purposes and the treatment of skin conditions. Several treatment pearls will be presented that can be incorporated into clinical practice for the betterment of patients. The devices discussed include the use of lasers, including fractionated carbon dioxide laser for a variety of skin conditions, cutting edge photodynamic therapy approaches, light based devices, fillers, and other aesthetic methods that are safe and effective for all skin types.

#019**TITLE:** 'Searching Soles': Acral Lentiginous Melanoma in Western Jamaican Dermatology Clinics**AUTHOR (S):** Alicia Jordan;**Submitted for:** Research, Pigmented Lesion and Melanoma**ABSTRACT BODY:**

Acral lentiginous melanoma (ALM) is a subset of cutaneous malignant melanoma. ALM presents on the soles of the feet, palms, fingernails and toenail beds. ALM is a slow growing tumour occurring most often in older males and persons of Asian and Sub-Saharan black descent. This retrospective, descriptive study was conducted using medical records from public dermatology clinics across Western Jamaica. Data of all patients presenting to dermatology clinics and ward referrals to dermatology with suspected ALM was reviewed for the period August 2017 to April 2019. This data was analysed with an aim of comparing the epidemiology of ALM in Western Jamaican dermatology clinics to that in published literature.

#020**TITLE:** Special Considerations in the Treatment of Non-Melanoma Skin Cancer in Persons With Oculocutaneous Albinism**AUTHOR (S):** Brian Morrison; Dr. Shesly Jean Louis**Submitted for:** Medical Dermatology**ABSTRACT BODY:**

Oculocutaneous albinism (OCA) is a group of autosomal recessive inherited disorders caused by reduced or lack of melanin synthesis and an increased risk of skin cancer and premalignant lesions at an early age. Preventative measures are an inexpensive means of decreasing the morbidity and mortality associated with OCA. Educating patients and their parents about the importance of sun protection is essential. The use of protective clothing is typically more cost-effective than sunscreen for many patients. Sunscreen is often difficult to obtain and costly to apply on a daily basis. Supplementation with oral Polypodium leucotomos extract may also decrease UV- and ROS-induced DNA damage.

Field therapies are an important strategy in reducing the burden of premalignant actinic keratoses (AKs). Multiple treatment modalities exist including topical therapies, chemical peels and photodynamic therapy. Cost-effective topical therapies include the use of compounded 5% 5-fluorouracil cream alone or in combination with calcipotriol cream. The use of medium-depth chemical peels such as 35% trichloroacetic acid alone or in combination with Jessner's solution to a stage II frost are also effective.

Chemoprevention with oral nicotinamide and systemic retinoids can be beneficial. Nicotinamide resulted in 23% fewer

non-melanoma skin cancers (NMSC) in patients taking the supplement. Isotretinoin has also been successfully used as chemoprevention. It is more commonly used in women of childbearing potential, as well as xeroderma pigmentosum and basal cell nevus syndrome, while acitretin is used in organ transplant recipients and patients with severe actinic damage. Acitretin is the most widely investigated chemopreventative therapy for SCC.

The results of a 16-year retrospective study evaluating the efficacy of acitretin in organ transplant recipients found a significant reduction in SCC development over the first 3 years of treatment with a well-tolerated side-effect profile. A systemic review of randomized controlled trials evaluating the use of oral retinoids as chemoprevention of NMSC in solid organ transplant recipients also found that acitretin was beneficial.

#021

TITLE: Prevalence of Skin Cancer in Persons with Albinism in Haiti

AUTHOR (S): Brian Morrison; Shesly J. Louis, MD; Myriam Fethiere, MD; Danie Dure, MD

Submitted for: Other Non-melanoma skin cancer and epidemiology

ABSTRACT BODY:

Background: Oculocutaneous albinism (OCA) is a group of autosomal recessive disorders caused by reduced or lack of melanin synthesis. The lack of melanin in the skin puts persons with albinism at an increased risk of developing skin cancer. However, little is known about the burden of skin cancer amongst those with albinism in the Caribbean.

Objective: To evaluate the prevalence and behavior of skin cancer among subjects with albinism seen by the Alpha foundation in Haiti. Methods: This was a retrospective chart review of patients with albinism seen in Port au Prince, Haiti. Data was obtained from patient records and analyzed using SPSS software.

Results: We evaluated a total of 107 records. Non-melanoma skin cancers (NMSC) were confirmed in 18 (16.8%) patients. Women were more affected than men (14 vs 4; $p < 0.05$). Squamous cell carcinoma (SCC) was the most common malignancy, found in 15 (14%) patients, followed by basal cell carcinoma (BCC) in 7 (6.5%) patients. Majority of patients with premalignant and/or malignant skin lesions were between 21-40 years of age. The youngest patient in this cohort NMSC was a 16-year-old female.

Limitations: Confirmatory skin biopsies were not able to be performed on all patients with suspected BCC or Squamous cell carcinoma in situ (SCCIS) due to financial constraints. The sample size in this study was smaller when compared to previous studies. Information about location and treatment outcome is missing from our records.

Conclusion: The prevalence of skin cancer in persons with albinism Haiti is similar to that reported elsewhere in the literature. The creation of evidence-based early detection and treatment strategies will decrease the burden of skin cancer in this population.

#022

TITLE: Telephone Survey Study of Impact of Patient Information Leaflets for Acne Created by Public Health Skin Clinic, Georgetown, Guyana

AUTHOR (S): Heather Morris-Wilson;

Submitted for: Research

ABSTRACT BODY:

Patients in recent years have become more conscious about managing their health. They rely on their primary care physicians to impart suitable and accurate information about their ailments. Due to the heavy workload of doctors this may not be forthcoming though. Studies have shown that effective verbal communication between physician and

patient can be beneficial for the patients' health. More so, the verbal communication is much more effective if a suitably designed patient information leaflet is given before the patient leaves the consultation.

Acne is a chronic disease that affects nearly everyone at some point in their lives. It is notorious for being a cause of increased rates of depression and suicidal ideation with negative impact on the patient's self-confidence. The patient with acne would also be affected negatively because of side effects of inappropriate medications purchased over the counter at pharmacies without a doctor's advice and prescription. If acne is severe this would require a substantial amount of self-management. Patient information leaflets serves a series of functions for the patient, which includes imparting basic information regarding the disease, how to use topical and/or oral medications, how to manage the disease by using maintenance therapy and can even dispel myths that exist around the disease.

This study was done to evaluate the impact of PILs discussing a common skin condition found in Guyana: Acne vulgaris. The leaflet emphasized the use of pictures and self-care among patients. This survey revealed that patient education complemented with a suitably designed information leaflet given to patients with acne can significantly improve knowledge about disease and its management.

#023

TITLE: Use of Mascot "Ardie the Armadillo" for Dissemination of Information About Leprosy in Guyana: A Novel Intervention to Address Stigma and Discrimination

AUTHOR (S): Heather Morris-Wilson;

Submitted for: Research

ABSTRACT BODY:

There is still a huge challenge in Guyana to convince most persons that Leprosy can be treated in an outpatient basis. Every year when World Leprosy Day is commemorated, the Guyana Leprosy Programme makes a gargantuan effort to disseminate information about this still feared and stigmatizing disease via all mediums of communication. These strategies seem to fall short since persons still do not understand basic concepts of the disease especially the characteristic of the skin lesion. The Guyana Leprosy Programme continues annually to diagnose new patients with multiple skin and nerve lesions. Most patients with multiple lesions also present with visible deformities.

The Global Leprosy Strategy 2016-2020 has stated children as one of its special target audience with the hope that at the end of 2020 there would be zero cases of visible deformities among this group. The mascot would be very popular among school children and would be particularly useful in identifying early cases in the schools. The use of a mascot 'Ardie the Armadillo' could be a novel way try to remedy a situation of lack of awareness and seeming apathy among the Guyanese adult population serving also to address many of the negative attitudes towards persons affected by Leprosy and their families.

The nine-banded armadillo was chosen as a mascot because of its universal significance to Leprosy research. It is the perfect natural incubator to grow large quantities of Mycobacterium leprae to study the disease, test drugs and look for a vaccine.

#024

TITLE: The Pilo Sebaceous Unit in Health and in Disease in African American men

AUTHOR (S): Neil Persadsingh;

Submitted for: Research

ABSTRACT BODY:

Although Acne Keloidalis is thought to be a different disease from Pseudo Folliculitis Barbae, it should be realized that



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both of these diseases affect the same histological structure in the skin. The anatomical site may be different; Acne Keloidalis occurs on the back of the head, and Pseudofolliculitis Barbae, on the beard area of the face; but when you examine the actual causes of these two diseases it would appear that they are one and the same process affecting the pilosebaceous unit on different parts of the head

#025

TITLE: Granular Parakeratosis - an Unusual Acquired Disorder of Keratinisation

AUTHOR (S): Jeanine Reemaul; A. Cumberbatch

Submitted for: Medical Dermatology

ABSTRACT BODY:

We report a case of granular parakeratosis which is an unusual eruption affecting intertriginous sites, and that has distinctive histopathologic features. The exact aetiology of this condition is unknown.

#026

TITLE: A Rare Case of Blistering in an Elderly Patient

AUTHOR (S): Jeanine Reemaul; N. Dolly

Submitted for: Medical Dermatology

ABSTRACT BODY:

Here we present a case of a 69 year old patient who presented with a diagnostically challenging blistering eruption. We hope to highlight the pearls and pitfalls in diagnosis of this rare variant of Pemphigus. We will also discuss salient clinical and diagnostic features to aid in distinguishing one form of Pemphigus from the other.

#027

TITLE: A Case of Multinucleate Angiohistiocytoma

AUTHOR (S): Martina Rodriguez; Dr. Naomi Dolly

Submitted for: Medical Dermatology, Laser and Cosmetic Surgery

ABSTRACT BODY:

Multinucleate Angiohistiocytoma is a slowly, growing, multiple discrete but grouped, red to violaceous papule usually on lower extremities or dorsum of hands, but may occur on facial sites. Not many cases have been reported and here we present a case of a patient with multinucleate angiohistiocytoma on her face that was diagnosed and successfully treated. Treatment is not clearly defined but literature has documented surgical excision and laser as effective treatment options.

#028

TITLE: The Conundrum of Disorders of Acquired Macular Hyperpigmentation

AUTHOR (S): Marilyn Suite;

Submitted for: Medical Dermatology

ABSTRACT BODY:

Our experience as dermatologists and past discussions held in this forum reinforce that disorders of acquired macular hyperpigmentation are common in the Caribbean population. Consultation is often sought for treatment of these troublesome and sometimes cosmetically disabling conditions, however, it is those of unknown aetiology such as lichen

planus pigmentosus, ashy dermatosis, erythema dyschromicum, idiopathic eruptive macular pigmentation and Riehl melanosis that have led to the proposal of a global consensus. This consensus heralds further research which will be relevant to dermatologists worldwide. The aim of this presentation is to sensitize dermatologists to the similarities and differences between these conditions and perhaps stimulate our own research in this regard.

#029

TITLE: A Cross Sectional Study of Psoriasis and Psoriatic Arthritis Patients of South Trinidad

AUTHOR (S): Shiva Tewari; A. Ali

Submitted for: Research

ABSTRACT BODY:

Background: Psoriasis is a complex, disfiguring and disabling skin disorder with no cure. It is a global disease affecting over 100 million individuals worldwide ¹, with reported prevalence ranging from 0.09% to 11.43% ². Patients suffering from psoriasis comprise a significant proportion of the workload of the Dermatology and Rheumatology clinics at the South-West Regional Health Authority. However, there is a paucity of data on the epidemiology of this condition in South Trinidad.

Objective: This study will be the first of its kind to be published for South Trinidad. Information from this study will provide preliminary data on the burden of this frequent and non-communicable disease to guide future research. It aims to identify demographic characteristics of these diseases in our sample population and to compare it with national, regional and international trends.

Methods: The data was collected via a cross-sectional study that was done in collaboration with the Rheumatology Unit. The sample size consisted of all patients with psoriasis and/or psoriatic arthritis who attend Dermatology and Rheumatology clinics at the South-West Regional Health Authority during the period January 1st, 2019 to June 30th, 2019. The questionnaire included PASI and DLQI scores as well as the CASPAR criteria, demographics, treatment and investigations for each patient. A doctor filled out the data collection sheets with each psoriasis/psoriatic arthritis patient at the respective clinics then performed a physical examination. This diagnosis of psoriasis was either made clinically by a consultant or pathologically by biopsy.

Results and conclusion: Unfortunately, as the data collection has only recently ended, we are unable to give details of our processed data. The study will be concluded at the end of June, 2019 and the data will be available for the Caribbean Dermatology conference. We currently have over 200 participants at the conclusion of the study. We can send a follow up email with the data before the conference if required.

#030

TITLE: What is the True Etiology of Recurrent Shingles?

AUTHOR (S): Stephen Tyring;

Submitted for: Medical Dermatology

ABSTRACT BODY:

Purpose: To determine the true etiology of cases of putative recurrent shingles referred to a dermatology clinic.

Methods: A prospective cohort study of patients aged 15-87 years with reported recurrent herpes zoster was conducted. Vesicular fluid and serology for herpes simplex 1, 2, and varicella zoster virus immunoglobulins were obtained from patients presenting with vesicles. Biopsies were obtained from patients with ambiguous presentations.

Results: 42 patients (57%) had evidence of herpes simplex virus infection. 32% of patients had positive herpes simplex virus cultures or polymerase chain reaction sequencing, and 25% additional patients were diagnosed with presumptive simplex infection based on elevated antibody titers. 42% of patients had a diagnosis other than zoster or simplex. One individual had a positive viral culture for varicella zoster virus. 99% of patients who presented with suspected recurrent herpes zoster had no definitive evidence of varicella zoster virus reactivation.

Conclusions: The most common diagnosis was herpes simplex infection. Our results suggest that true recurrent shingles in immunocompetent patients is rare.

#031

TITLE: A Novel Method of Undermining Tissue During an Excision

AUTHOR (S): Louis Weatherhead;

Submitted for: Cutaneous Surgery

ABSTRACT BODY:

Undermining is an important step in lesion removal to allow proper closure of the created defect without undue tension along the wound edge. This is a novel technique which allows undermining to be performed, before the area is removed, and which allows for better hemostasis and sparing of subcutaneous structures. The talk will be in slide and video format.

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Dr. Tonya Abraham-Ali was an honors graduate of the Royal College of Surgeons in Dublin, Ireland. She then spent 2 years as a research fellow at Emory University in Atlanta where she was published on several occasions in the *JID* displaying her work on basic science research with an emphasis on the inflammatory mediators after UV exposure. Her further postgraduate qualifications in Dermatology were from the Medical College of Georgia in Augusta, Georgia where she completed her residency in 2006. During her residency she published several case reports with a keen interest in Paediatric Dermatology.

Dr. Abraham-Ali opened her private practice in St. Clair in 2006 and has enjoyed seeing it grow over the years.

Dr. Abraham-Ali is a member of the Caribbean Dermatology Association and a past Secretary/ Treasurer of the Trinidad and Tobago Dermatological Society as well as a member of the American Academy of Dermatology.



Dr. Aleah Ali is the Consultant Dermatologist at the San-Fernando General & Teaching Hospital, SWRHA, Trinidad.

Dr. Ali, graduated from the University of the West Indies, MBBS program, following which she pursued her membership with the Royal College of Physicians (RCOP) and Specialist Certification in Dermatology with the Royal College- UK. She graduated at the top of her class during her diploma and master's in Clinical Dermatology UK. She is a member of the TTDS- Trinidad and Tobago Dermatology society and the CDA -Caribbean Dermatology Association and has acted as an external examiner for M.Sc. in Clinical Dermatology, Cardiff.

She has a special interest in treating Skin of Colour, Adult and Pediatric Skin conditions, Photoaging and Skin Cancers in pigmented Skin.



Dr. Suleman Bhamjee graduated from the University of the West Indies in 1989 with his MBBS and earned his Diploma in Dermatology at St John's Institute of Dermatology, University of London in 1996. Dr. Bhamjee is a Fellow of the Royal College of Physicians and an International Fellow of the American Academy of Dermatology. He is currently Consultant Dermatologist at the Queen Elizabeth Hospital and Associate University Lecturer of the University of the West Indies.

Dr. Bhamjee is a member of the Caribbean Dermatology Association and served as its Program Director from 1997 to 2010. He was awarded the Professor Hywell Williams "Apple" Prize for Research in the Caribbean in 2002 and 2008. He has served as President of the Dermatological Association of Barbados and is the President and Founder of the Dermatological Institute of Barbados. Dr. Bhamjee is author of *Pigmented Dermatology: A Quick Reference and Healthier Skin*. He was Awarded "The Philip Sherlock Distinguished Lecture" for Outstanding Contributions to Dermatology in the Caribbean in 2017.



Dr. Arusha Campbell-Chambers is a British born and Vincentian raised Dermatologist who founded the Dermatology Solutions Skin Clinics and Medical Spas in Jamaica, St. Vincent and the Grenadines and Antigua. She trained at the University of the West-Indies, Mona and the St. John's Institute of Dermatology, King's College London. Dr. Campbell-Chambers has always excelled, gaining many awards and honours throughout her academic life.

Her special interest in Cosmetic Dermatology blossomed over the years with extensive training in the UK, USA and Caribbean. She is an International Fellow of the American Academy of Dermatology and is Board Certified in Aesthetic Medicine with the American Academy of Aesthetic Medicine. She is a member of the executive committee of the Caribbean Dermatology Association, and a co-founder of the Arise and Blossom Women's Organisation.



Dr. 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.



Dr. Abigail Cumberbatch is a graduate of the Faculty of Medicine, University of the West Indies (UWI). She completed her Diploma and Masters in Clinical Dermatology with Distinction at Cardiff University, Wales. She also attained her membership in the Royal College of Physicians (MRCP) and Specialty Certificate in Dermatology (UK).

Dr. Cumberbatch has been employed at the Dermatology Department, Port of Spain General Hospital, Trinidad for the past fifteen (15) years and is currently the Consultant Dermatologist in said department. Additionally she has been an associate lecturer in Dermatology at UWI since 2008.



Dr. Rebeca de Miguel is a Dermatologist and Venereologist, specialized 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. PhD cum Laude in psoriasis. After she completed two masters on oncological dermatology and hair loss.

She has been working in the Cayman Islands for the last 8 years where she has had the opportunity to treat a wide variety of skin conditions in all prototypes, being the skin cancer 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.



Dr. Naomi Dolly graduated from St. Joseph's Convent High School in Trinidad and Tobago. She enrolled in the Faculty of Medical Sciences at The University of West Indies on a Further Additional Scholarship from the Republic of Trinidad and Tobago.

Her successful completion of Medical School with multiple distinctions and honors in various modules, led to the strong foundation in starting her residency in dermatology in SUNY Downstate Medical Center, Brooklyn, New York. She has also completed fellowships at NYU Medical Center in advanced medical dermatology and dermatopathology at the Akerman Academy of Dermatopathology, New York.



Dr. 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 International Fellow of the American Academy of Dermatology and has several publications in peer-reviewed journals including original research and editorials. She has been President of the Dermatology Association of Jamaica, Vice President and Treasurer of the Caribbean Dermatology Association. Her special area of interest is the epidemiology of dermatological diseases in Caribbean populations and how these diseases differ in presentation and behaviour in different ethnic groups. As a result of this she completed the Master of Science Degree in Epidemiology from the University of London in 2015.



Dr. R. Jeffrey Edwards is a graduate of the Faculty of Medical Sciences of the University of the West Indies (UWI) and has a MSc in Dermatology from Cardiff University, Postgraduate Diploma in Genitourinary Medicine from the University of Liverpool, MPH from the University of Manchester and a Doctorate in Public Health (DrPH) from the University of the West Indies. He has published several scholarly articles and has research interests in HIV/AIDS, HTLV-1, STIs and the dermatological manifestations and public health implications of these conditions.

He was awarded the Apple Award for the best research presentation at the Annual Caribbean Dermatology Association Meeting in 2014 and 2017. Dr. Edwards is the Director/Consultant of the Medical Research Foundation of Trinidad and Tobago, the largest HIV Clinic in the English speaking Caribbean, and a Lecturer in Public Health at UWI.



Dr. Michael Fitz-Henley has been Consultant Dermatologist and a Lecturer at the University of the West Indies since 1987 with a private practice at Dermatology Associates in Kingston, 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, Past President and Vice President of the CDA. Up to 2017 he had delivered over 50 'documented' lectures/presentations at the annual CDA meetings apart from being a guest plenary speaker at the Canadian Dermatology Association, Suriname/Dutch meetings along with numerous other lectures in Jamaica and the Caribbean. Most recently, he was co-chair of a session on hyperpigmentation at the 24th World Congress of Dermatology in Milan, Italy, June 2019, where he also presented a paper.



Dr. Andrew LeRoy Forde is a dermatologist based in Barbados with 22 years experience in his field. He practices general dermatology and has an interest in Aesthetic Dermatology. Dr. Forde graduated from the University of the West Indies (UWI) in 1988 with First Class Honours in Biology and Chemistry. In 1993 he completed his MB.,BS from the UWI and the Diploma in Dermatology from the University of London in 1997. Dr. Forde became an International Fellow of the American Academy of Dermatology in 2002 and is a former Commonwealth Scholarship recipient.

At present Dr. Forde is in private practice and still provides the government Polyclinic Dermatology Service he started in 1997. He is also an Associate Lecturer in Dermatology at the UWI and is involved in the development of undergraduate and postgraduate students. Dr Forde is a former regular contributor to the Bajan Sun online magazine as well as the Better Health magazine. He also make regular appearances on Mornin' Barbados seen on CBC TV, in a segment called "Getting into your skin".



Dr. Maria Gonzalez is a Consultant Dermatologist who has worked in the field of dermatology for the past 26 years. During this period she divided her time between academic work at Cardiff University and clinical work at the University Hospital of Wales. Dr. Gonzalez now leads a private dermatology clinic with a focus on laser and aesthetic dermatology. She is a key opinion leader for several laser companies and presents regularly on these subjects at relevant national and international meetings.



Dr. Nirmala Hallai MBBS UWI 1997, Distinction Prize Diploma in Dermatological Sciences – Cardiff University 2001. Member (2003) then Fellow (2014) Royal College Physicians (London). Specialist Registrar Dermatology Cardiff, then Sheffield (UK) 2003-2007, culminating in CCT Dermatology. Consultant Dermatologist Doncaster Royal Infirmary (UK) 2008-2014 being lead clinician for patch testing and Principal Investigator for BADBIR (BAD Biologics and Immunomodulators Register). Consultant Dermatologist Eric Williams Medical Sciences Complex, and lead clinician for Dermatology, North Central Regional Health Authority, Trinidad and Tobago, since 2014.

Associate Lecturer UWI, St Augustine Campus, Faculty of Medical and Paraclinical Sciences. Member of British Association of Dermatologists (BAD), British Society Cutaneous Allergy, Caribbean Dermatology Association and Trinidad and Tobago Dermatology Society.



Dr. Jared Jagdeo, M.D., M.S., is an Associate Professor of Dermatology and Director of the Center for Photomedicine at SUNY Downstate Medical Center. Dr. Jagdeo established the Laser, Aesthetics and Body Institute in 2018 to bring state-of-the-art laser technology and comprehensive cosmetic services for dermatology patients at SUNY Downstate. As a leader in the field of lasers and light-based medicine, he is dedicated to providing world-class, compassionate care to his patients and to helping them achieve their skincare and aesthetic goals.

As a physician-scientist, his research focuses include cutaneous photobiology, wound healing, fibrosis, skin cancer, immunology, and procedural dermatology. He has co-authored over 90 peer-reviewed journal articles, as well as edited several books and co-authored book chapters.



Dr. Alicia Jordan was educated at Queens College secondary school in Barbados. The recipient of a Barbados Government Scholarship, she pursued her undergraduate studies in medicine at UWI Mona Campus Jamaica graduating in 2011. She completed internship and two years in the Internal medicine department at Queen Elizabeth Hospital in Barbados before leaving to pursue postgraduate studies.

She was awarded her Masters in Clinical Dermatology with distinction from Cardiff University, Wales UK in 2016. Currently, she is a resident in the dermatology department at Cornwall Regional Hospital in Western Jamaica. She is a member of Toastmasters International Club, enjoys reading, travelling, relaxing on any Caribbean beach and Crossfit.



Dr. Alberto Jose Lavieri, a PhD of Medicine at the University of Milano, Italy, is a Dermatologist & Pediatric Dermatologist. He is a Professor of the University of Buenos Aires, Argentina.

He is Coordinator of Argentine working groups of Psoriasis, Hidradenitis Suppurativa and autoinflammatory diseases of the Argentine Society of Dermatology; Coordinator of the therapeutic guidelines of Psoriasis and HS of the Argentine Society of Dermatology, and the Latin American representative at the HS European Foundation.



Dr. Brian Morrison is a Board-Certified Dermatologist with broad areas of interest including international medicine, nail disorders and cosmetic dermatology. Dr. Morrison received his undergraduate degree in Microbiology and Cell Science at the University of Florida. After college, he moved to New York City to pursue a Master's degree in Nutrition at Columbia University and stayed in the city for his medical degree at New York University School of Medicine.

After completing his residency at the University of Miami/Jackson Memorial Hospital, he joined full-time faculty at the rank of Assistant Professor in the Philip Frost Department of Dermatology and Cutaneous Surgery at the University of Miami Miller School of Medicine where he currently acts as assistant residency director, co-director of resident aesthetic education and director of Jackson Memorial Hospital dermatology services. Additionally, for over 5 years he has worked closely with his Haitian colleagues to educate physicians and help provide care to patients throughout Haiti. He is also an author of a number of peer-reviewed publications encompassing basic science research and clinical cases in dermatology.



Dr. Heather Morris-Wilson is a General Practitioner who has been working at the main Public Health Skin clinic, Ministry of Public Health since 2012. Developing a passion for skin and the management of its disorders she completed the Diploma in Practical Dermatology and Masters in Clinical Dermatology at the Cardiff University in Wales, United Kingdom in 2015 and 2016 respectively. With both experiences under her belt she returned to Guyana determined to make an impact focusing on the prevalence and quality of life of patients with Atopic Eczema, Psoriasis and Vitiligo in the Guyanese population.

She is also the recently appointed Leprologist at the Public Health Skin clinic, Georgetown which is the central unit for leprosy management. She is presently focused on reviewing the attitudes of the population towards patients with visible deformities due to leprosy and preparing to do research on leprosy transmission in Guyana as it relates to our local 9-banded armadillo (*Dasypus novemcinctus*).



Dr. Llorenia Muir-Green graduated from the University of the West Indies, obtaining a double major in Chemistry and Biochemistry. She then went on to pursue a career in Medicine at UWI. Graduating with Honours, she went on to pursue postgraduate specialization in Clinical Dermatology at Cardiff University, for which she got Distinction. She was a recipient of the 2013 Fellowship in Hair and Scalp Disorders at the University of British Columbia. She is a member of the North American Hair Research Society, International Society of Hair Restoration Surgery, and a member of the Caribbean Dermatology Association.

She is the current President of the Dermatology Association of Jamaica and an Associate Lecturer in Dermatology (UWI). She helped to re-establish the Dermatology service at the Cornwall Regional Hospital where she conducts a once a month Hair and Scalp Disorder Clinic. She still conducts a similar clinic at the Dermatology Clinic at National Chest Hospital. She has presented at various international conferences including the American Academy of Dermatology, World Congress of Dermatology, Caribbean Dermatology Association and has presented at the Medical Association of Jamaica's Annual Symposium.



Dr. 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*.



Dr. Jeanine Reemaul earned her medical degree from the University of the West Indies, St. Augustine in 2007. She worked both in internal medicine as well as primary care before attaining her MSc in Clinical Dermatology from King's College, London in 2013. She has since been employed at Port of Spain General Hospital in the department of Dermatology where she currently holds the position of Registrar.



Dr. Martina Rodriguez is a 2013 graduate of The University of the West Indies, Mona Campus Jamaica – Faculty of Medical Sciences. Prior to this, she obtained her first degree in May 2005 in Biology (pre-med) from Kean University in New Jersey, USA. On return to her country of Trinidad and Tobago from USA, she was employed at the Forensic Science Centre-Biology department and also volunteered in the pathology department, witnessing and assisting with autopsies. In addition, Dr. Rodriguez has authored and co-authored articles in medical journals for research projects done at The National Blood Bank of Trinidad and Tobago at the Port-of-Spain General Hospital and at The University of the West Indies - department of Para-Clinical Sciences.

Dr. Rodriguez completed her one (1) year internship at the Port-of-Spain General Hospital in 2014 and resumed duties as a House Officer, thereafter. She presented orally and via poster on a complication of cataract surgery and retinal disease at the Ophthalmology Society of the West Indies, in Barbados while in ophthalmology in 2016. Dr. Rodriguez is a member of the Trinidad and Tobago Medical Association and is now on the executive board of branding for the mentioned organization. She has a keen interest in Dermatology and presently works alongside an American Board certified Dermatologist and Dermatopathologist, Dr. Naomi Dolly in Trinidad.



Dr. Marilyn Suite is a graduate of the Faculty of Medicine of the University of the West Indies. She has postgraduate qualifications in Dermatology and Internal Medicine from the United Kingdom and is a fellow of the Royal College of Physicians (UK). Dr. Suite is a dermatologist in private practice; a former consultant dermatologist at the Port of Spain General Hospital Trinidad and the Scarborough General Hospital, Tobago; and a former Specialist Medical Officer, Hansen's Disease Control Unit of the Ministry of Health Trinidad and Tobago. She is a former Associate Lecturer and Associate Clinical Instructor in Dermatology, University of the West Indies, and former visiting lecturer for the Diploma and MSc in Clinical Dermatology, Cardiff University, Wales.

Dr. Suite is a founding member of the CDA and was its President from 1996 to 2002. She served as Secretary from 1992 to 1994 and as Vice President from 2012 to 2018. She is a past Secretary/ Treasurer and past Chairperson of the Trinidad and Tobago Dermatological Society, a member of the International Society of Dermatology, and an international fellow of the American Academy of Dermatology.



Dr. Shiva Tewari is currently a consultant at the San Fernando Teaching Hospital. He is a Trinidadian who graduated from the University of the West Indies Mt. Hope campus in 2010. He worked in the internal medicine department at the San Fernando General Hospital until 2013 when he pursued his specialization in Dermatology.

He achieved his MRCP and MSc in Dermatology in 2014 and subsequently the SCE in Dermatology in 2015. In 2019, the Dermatology and Rheumatology units at the San Fernando Teaching Hospital embarked upon a joint psoriasis and psoriatic arthritis project. The data from that project will be presented at this meeting.



Dr. Donna Thompson is a Consultant Dermatologist and current Specialty lead for Dermatology at the Birmingham Skin Centre, City Hospital, a part of the Sandwell and West Birmingham Hospitals NHS Trust located in Birmingham, UK. Her subspecialty interests include Paediatric Dermatology as well as Cutaneous Allergy, and she is the lead physician for a dedicated Regional Cutaneous Allergy Unit providing patch testing and other investigations required as part of the management of contact dermatitis and other contact, occupational and environmentally induced skin diseases.

Dr. Thompson is a graduate of the University of the West Indies (UWI) where she obtained a Bachelor of Science (BSc.) degree in Chemistry from the faculty of Natural Sciences, as well as a Bachelor of Medicine and Bachelor of Surgery (MBBS) degree from the faculty of Medical Sciences. She is also a graduate of the University of London having obtained a Master of Science (MSc) degree in Clinical Dermatology with distinction from the St. John's Institute of Dermatology. She is a Fellow of the Royal College of Physicians (FRCP) of London.



Dr. Stephen Tying is a Clinical Professor in the Department of Dermatology, Microbiology/ Molecular Genetics and Internal Medicine at the University of Texas Health Center at Houston. Dr. Tying is former President of the Texas Dermatological Society and received the TDS Mentoring and Leadership Award in 2014. He is board certified by the American Academy of Dermatology and received the AAD Presidential Citation in 2016. He is a member of the Infectious Disease Society of America and the American Federation for Clinical Research.

Dr. Tying is an Assistant Editor for the *J Am Acad Dermatol*, and sits on several editorial boards as well as serves as a reviewer for a number of journals. A principal investigator for over 300 successfully completed clinical trials, Dr. Tying's research interests include the therapy and prevention of various mucocutaneous diseases, especially those disorders with an infectious and/or immunological basis.



Dr Louis Weatherhead is a graduate of the University of the West Indies Faculty of Medical Sciences, 1978. After completion of his internship at The Queen Elizabeth Hospital, Barbados, he pursued a residency in Dermatology at the University of Ottawa and received his Dermatology specialty certification from the American Board of Dermatology and the Royal College of Physicians and Surgeons of Canada in 1983.

He started his practice in 1984, joining the Faculty at the University of Ottawa and staff at the Ottawa Hospital. He was the consultant dermatologist at the Cancer Centre of the Ottawa Hospital, General campus, until May 31, 2018. He pursued additional training in surgical dermatology at The University of California, San Diego and until 2015 was the director of Surgical Dermatology at the University of Ottawa. His practice is limited to premalignant and malignant skin disease and surgical dermatology, including laser and cosmetic dermatology.

He has published several scholarly articles and his research interests were related to malignant melanoma especially regarding metastatic disease in node negative patients. Current research is in the use of gene expression profiling in the prognosis of node negative melanoma patients. He holds a joint appointment at The University of Ottawa as an Associate Professor in the divisions of Dermatology and Medical Oncology. He is a member of The Ontario Skin Cancers Advisory Committee and is a past president of the Canadian Dermatology Association.