

**Sudanese Association of Dermatologists**  
**The 14<sup>th</sup> Scientific Conference**

**29 – 31 January, 2013 – El Salam Rotana Hotel**  
**Khartoum, Sudan**

**Abstract Book**

## Pre-Conference Workshops 21 – 28 January 2013

Date	Workshop Title
20, 21 January	Cosmetology One (Dr. Marium Okair): Anti-aging precedures
23 January	Laser in Dermatology
27, 28 January	Cosmetology Two (Dr. Abdelazim Almalik): New trends and techniques

## The 14<sup>th</sup> Dermatology Conference Programme

Tuesday, 29 <sup>th</sup> January, 2013	
8:00 – 9:00	Registration
9:00 – 10:00	<p><b>Opening Ceremony</b></p> <ul style="list-style-type: none"><li>• القرآن الكريم</li><li>• كلمة رئيس المؤتمر ورئيس الجمعية</li><li>• كلمة أمين عام الجمعية الطبية السودانية</li><li>• كلمة رئيس إتحاد أطباء السودان</li><li>• كلمة وزير الصحة ولاية الخرطوم – راعي المؤتمر</li></ul>
10:00 – 10:30	Coffee Break

<b>Day One: January 29</b>	<b>First Session</b>	
Chair Persons: Dr Osman Suleiman & Mohamed Adam		
10:30 – 11:00	Guest Lecture: Tumour microenvironment: potential target in treatment of skin cancer	Khalid Omer Elfaroug
11:00 – 11:15	Discussion	
11:15 – 11:30	Dermatology: the past, the present and the future	Prof Osman M. A. Taha
11:30 – 11:45	The causative organisms of Tinea capitis in Khartoum State	Ragaa
11:45 – 12:10	M Learning in Dermatology	Khalid Osman
	Clinical photography in dermatolog	Khalid Osman
12:10 – 12:40	Face and skin ageing: what's new?	Abdelazim Almalik
	Toxins: Tips & Tricks	
12:40 – 13:10	Discussion	
13:10– 13:20	Sponsor company presentation: SUDANI	
13:20	Lunch	

<b>Day Two: January 30</b>	<b>Second Session</b>	
Chair Persons: Mahasen Mohamed Elhassen & Medani Ibnouf		
9:00 – 9:15	Seasonal Variation of Stevens-Johnson and Toxic Epidermal Necrolysis	Safiedin Elnour
9:15 – 9:30	Biologics and Autoimmune Diseases	Abdelazim Almalik
9:30– 9:45	Hidradenitis Suppurativa, in Association with Helicobacter Pylori, a Case Report	Adil Hamid Basheir
9:45– 10:00	Erythema nodosum leprosum	Mohamed Salah
10:00– 10:15	Drugs and stevenson johnson syndrom/toxic epidermal necrolysis	Aziza baldou
10:15– 10:30	Tinea coroporis and steroids	Mahasin Belo
10:30– 11:00	Discussion	
11:00 – 11:30	Coffee Break	

<b>Third Session</b>		
Chair Persons: Dr Haider Mohamed Ali & Dr Mohamed Salah		
11:30 – 11:45	Hairsuitism and acne in polycystic ovary syndrome gynecologist management	Prof Mohammed El-Amin El-Hindi
11:45 – 12:00	Testicular biopsy	Osman Suleiman
12:00 – 12:15	HIV/AIDS and The Skin, Different Clinical Cases	Safiedin Elnour
12:15 – 12:30	Sexual Deviation at paraphilics	Omer Komboli
12:30 – 13:00	Discussion	
13:00	Lunch	
Day Three: January 31	Forth Session	
	Chair Persons: Dr Ali Babiker & Dr Mubarak	
9:00 – 9:45	Guest Lecture; Role of Modern Imaging Modalities in Psoriatic Arthritis	Eltayeb Elobeid Ahmed
9:45 – 10:00	Discussion	
10:00 – 10:15	Nd-yag:Challenges,disputes & solutions in 5 years experience (2007- 2011)	Mohammad Tome
10:15 – 10:30	Comparison of the treatment of dermatosis papulosa nigra with 1064 Nd: YAG and the hyfrecator	Mahasen Mo-hamed Elhassen
10:30 – 10:45	Use of Nd:YAG laser in skin rejuvenation	Mahdi Shamad
10:45 – 11:00	Discussion	
11:00 – 11:30	Coffee Break	
11:30	General Assembly Meeting Conclusions and Closing	
13:30	Lunch	

## TESTICULAR BIOPSY

*Osman Sulieman Elkhaleefa*

Associate Professor of Dermatology & Head Department.  
Faculty of Medicine Neelen University

This study was carried out for more than 4 years in Khaleefa Suleiman Skin & STIs Andrology Hospital “collection” and the aim behind was diagnostic one.

96 Azoospermic patients underwent bilateral single testicular biopsy. It was found that 18 patients with normal spermatogenesis while 79 patients showed different histopathological abnormalities (SCO syndrome, tubular necrosis, maturation arrest...ect). Moreover bilateral single testicular biopsy is indicated in all patients for better histopathological evaluation.

# HAIRSUITISM AND ACNE IN POLYCYSTIC OVARY SYNDROM GYNECOLOGIST MANAGEMENT

*Prof. Mohammed El-Amin El-Hindi*

The dermatological manifestations of abnormal andro gen dynamics in PCOS vary within the patient popu lation as a result of complete interplay between ge netics, organ sus ceptibility and hormonal profile.

Hyperandrogenism in PCOS most commonly manifest it self by hirsuitism, acne, acanthosis nigricans and andro genic alopecia.

There is a spectrum of clinical severity in women with these distressing symptoms, however subtle, due to PCOS and hyperandrogenism and it is important to diagnose and treat them as psychological sequelae are very common. Multi-speciality approach for management is mandatory. Management of dermatological signs of hyperandrogenism due to PCOS should be done in collaboration with the gynecologist as new modalities of treatment which are in the domain of gyneco logy are now available specially if fertility is one of the symptoms. The main objectives of this presentation to discuss the modern diagnosis and management of PCOS by the gynecologist which inadvertently will treat most of the dermatological problems of hyperandrogenism.



## DERMATOLOGY: THE PAST, THE PRESENT AND THE FUTURE

*Professor Osman Taha,*

Dermatology has always been, still is and will continue to be a thrilling and interesting subject.

Unfortunately, in the past, it was looked at by many physicians and surgeons as a trivial branch of medicine. However, due to our better understanding of microanatomy, biochemistry, immunology, molecular genetics of the skin and to the rapid and recent advances in methods of investigations and treatment; dermatology is now one of the top specialities in medicine. Its vivid and bright future will be discussed in this paper.

## ERYTHEMA NODOSUM LEPROSUM

*Mohamed Salah*

Erythema nodosum leprosum (ENL) is an inflammatory reaction, which may occur in the course of leprosy and may result in nerve function impairment and subsequent disability in this article I will talk about our experience in Sudan.

## ROLE OF MODERN IMAGING MODALITIES IN PSORIATIC ARTHRITIS

*Dr. Eltayeb Elobeid Ahmed*

Dear organizer, greetings, I spoke to prof. Mahmoud & i will be grateful if you schedule my talk on the last day 31/1 because of arab health event in Dubai thanks

Musculoskeletal imaging has experienced an incredible resurgence over the last years. It is no longer limited to trauma, rare tumors and arthritis imaging. Modern imaging techniques including MRI, CT, ultrasound and nuclear medicine have increased the diagnostic acumen of musculoskeletal radiology. This has resulted in an enormous demand for trained musculoskeletal radiologists possessing detailed knowledge of musculoskeletal anatomy and disease processes.

MRI is clearly the modality of choice for evaluating muscles, tendons, cartilage and ligament & depicting early arthritic changes. It is also very effective in evaluating bone marrow abnormalities.

CT has great advantages for detecting subtle bony abnormalities and calcification, with ability as MR for multiplanar and three dimensional reconstructions. These are especially useful for preoperative planning.

Ultrasound, with its new high frequency transducers, has been gaining popularity due to its low cost, portability and wide availability. It can be used for evaluation of tendons, joint effusions, hip dysplasia, foreign bodies and carpal tunnel abnormalities.

## M LEARNING IN DERMATOLOGY

*Khalid Osman*

Mobile learning (m-learning) is particularly important in medical education, and the major users of mobile devices are in the field of medicine. This topic describes the medical and implications for m-learning in Dermatology. Some technologies used and examples of usage, benefits, outcomes, and barriers at the postgraduate and continuing medical education are explored.

## CLINICAL PHOTOGRAPHY IN DERMATOLOG

*Khalid Osman*

This article discusses the role of clinical photography in dermatology research and the value of healthcare professionals engaging with clinical photographers when planning and undertaking clinical photography. Digital photography is a powerful tool that is transforming the specialty of dermatology by integrating patient and practice management. The fundamentals of digital imaging are discussed, and an approach to the selection of a digital camera and its associated hardware and software is provided. The applications of this technology to patient and practice management are addressed, and the ethical implications of digital tampering are also discussed.

## **ND-YAG : CHALLENGES,DISPUTES & SOME SOLUTIONS IN 5 YEARS EXPERI- ENCE ( 2007- 2011)**

*Dr. Mohammad Tome Abdelmajeed Alamen*

Associate professor of dermatology - Ribat University hospital

Laser in dark skin has got its own challenges, regarding the presence of melanin in the epidermis as well as the in the hair follicles. The problems & disputes faced during this practice & how to overcome will be discussed in this presentation.

## **TINEA COROPORIS & STEROIDS**

*Mahasin Belo*

Superficial fungal infections affect the outer layers of the skin. They are common in hot, moist climates and infect keratinized tissues. Tinea corporis starts as erythematous circular desquamated lesion with clear center and elevated border. In dermatology the appearance of the lesions play a cardinal role in diagnosis. Cortico steroids obscure the picture of the lesion causing tinea incognito. Creams used by girls for bleaching consist of potent steroids e.g. movate, top gel & civic cream. Also medical officers usually give steroids for any lesion in dermatology. This paper has been prepared to shed light on the harmful impact due to use of medicines containing steroids which affect the appearance of patients leading to psychological vulnerability to crises.

## Comparison of the treatment of dermatosis papulosa nigra with the 1064 Nd: YAG and the hyfrecator

*Mahasen Mohamed Elhassen*

Back ground: Dermatitis papulosa nigra (DPN) is a common benign nevoid condition generally occurring in the adult black population. It is an aging process. No treatment generally is indicated for dermatosis papulosa nigra unless lesions are cosmetically undesirable. DPN has been treated before with conventional therapy such as curettage, superficial liquid nitrogen (cryotherapy), and electrodesiccation (hyfrecator). Recently treatment with laser therapy like pulsed dye laser and Nd: YAG laser has also been reported.

Objectives: This study aimed To compare the outcome of the treatment of dermatosis papulosa nigra with the 1064 Nd: YAG and the®2000 hyfrecator.

Materials and Methods: A prospective, clinical descriptive intervention study was carried out in December 2010 ñApril 2011 in eleven patients with DPN selected from different dermatology clinics in Khartoum State. Personal and clinical data were recorded in a proforma for every patient. The laser system (1064 Nd: YAG) was used for the removal of the lesions on the right side, while the ®2000 hyfrecator system was used for the left side of the face. The 1064 Nd: YAG laser was used in the standard mode with the focusing hand-piece in a non-contact application with a fluence of 165- to 168 joules/second, 5ms pulse duration and 2.5 mm spot size. The hyfrecator was used in the low mode with a range of power from 5-8 watts, the tip

was put close to the lesion without contact. Ten methods were proposed for evaluation and 10 % was given for everyone. Photographs were taken from the patients as well as written consent.

Results conclusions and recommendations: The results of seven patients who completed six weeks, out of the eleven, were evaluated. Excellent response was achieved in 3 patients with laser and in 3 with hyfrecator. Very good response in 3 patients with laser and 2 patients with hyfrecator. Good response in one patient with laser and 2 with hyfrecator. None of the patients showed poor or bad response with the 1064 Nd: YAG or the®2000 hyfrecator. Atrophic scar was developed in one patient on the laser side and in 3 of patients with hyfrecator. Wound infection occurred in no patient on laser side and in one patient with hyfrecator. Residual tissue in one patient with laser and 3 with hyfrecator. Hyper pigmentation lasted more than 6 weeks in 4 patients with laser and in 2 with hyfrecator. Patients satisfaction was less than 70% in one patient with laser and 2 with hyfrecator. Both Nd:YAG laser 1064 nm and the hyfrecator 2000 have satisfactory response in treating DPN with insignificant difference in the efficacy or the post operative undesired effects. More studies are needed to confirm these findings.

## **HIDRADENITIS SUPPURATIVA (HS), IN ASSOCIATION WITH HELICOBACTER PYLORI, IN A FEMALE SUDANESE PATIENT: A CASE REPORT**

*Bashir A. H. H., Lamyaa A. M., Elamin W M. and El Hassan A. M.*

Hidradenitis suppurativa (H S) is an annoying chronic condition characterized by swollen, painful and inflamed lesions in the axillae, groin, and other parts of the body that contain apocrine glands. The disease was originally attributed to a chronic acneiform infection of the apocrine glands but more recently it was documented to be due to a folliculitis. The hallmark of the disease is sinus tracts and draining fistulas in the skin. We reported here a rare case of H S in a 26 years old Sudanese female, who, presented with insidious onset and progressive course of nodulo-pustular lesions that discharged foul pus of 2 month duration. The lesions involved the chin, cheeks and the forehead. The diagnosis was confirmed by histopathology. By immunostaining the lesions were positive for H pylori antigen. A stool examination was positive for H pylori infection. The patient responded well to ant- H pylori therapy and the lesions regressed.

## DRUGS AND STEVENSON JOHNSON SYNDROM/TOXIC EPIDERMAL NECROLYSIS

*Aziza Baldou, Mahmoud Abdalls*

**Objective:** The objective of this study was to identify the drugs which might have caused Stevensons Johnsons syndrome and toxic epidermal necrolysis.

**Material:** 25 cases with the above mentioned conditions admitted to Khartoum Dermatological hospital were studied. The age range of the patients was between 8 and 70 years 52% of which were between 18 and 40, %2% of the cases were diagnosed as TEN, 40% as SJS and only 8% with overlap SJS/TEN

**RESULTS:** The commonest that preceded the development of the disease was the new antimalarial drugartesumine (artesunate?fansidar comination) in 28% Of the cases followed by the quinolone antibiotic cviprofloxacin in 20% of cases, Other culprits included carbamazine, phenytoin, septrin, erythromycin, chloroamphenicol, cefatrixone artemether, hydroxychloroquine, paracetamol radiotherapy and herbal medication.

**CONCLUSION:**Since both drugs artesunate?fansidar and ciprofloxacin are widely used in the Sudan because of the high prevalence of malaria and bacterial infections it becomes absolutely necessary that the information of about the risk of adverse drug reaction in the for, of epidermal necrolysis should be made available both to doctors and patients.



## THE CAUSATIVE ORGANISMS OF TINEA CAPITIS IN KHARTOUM STATE

*Dr, Ragaa, Professor Shekh Mahgoub*

The objective of this study is to determine the causative organisms of Tinea capitis in Khartoum State, and to detect the common dermatophyte species in the study area. The data were collected from the pupils clinically suspected to have Tinea capitis.

Out of 71 clinically suspected cases of Tinea capitis,41 (57.7%) were mycologically positive by direct microscopic examination in 20% KOH

Culture was done on sabouraud's dextrose agar medium with chloramphenicol 0.05mg/ml to suppress bacterial contamination.Then incubated at 260C and examined weekly and kept for 3-4 weeks. The characteristic gross appearance and the colour of the surface and reverse of colonies were noted to complete identification. Later needle mounts stained by lactophenol cotton blue were examined microscopically for the special characteristics of the different species.

Slide cultures were used for more identification, where strains were cultured in agar medium. Inoculated agar blocks were incubated for three weeks at 260C, when cultures were visible the coverslips were removed from the agar block,and then mounted on a drop of lactophenol cotton blue on a clean slide, then examined microscopically. The rice grain medium test was used to differentiate *M.audouinii* from *M.canis*.

RESULTS From a total of 71 specimens,48 specimens

(67.6%) were positive cultures on sabouraud's agar medium, 30 specimens (42.3%) of positive cultures commonly grew *M.audouinii*, followed by *T.violaceum* 10 (14.1%), *M.canis* 3 (4.2%), *T.rubrum* 2 (2.8), *T. soudanense* 2 (2.8) and *T.schoenleinii* in one case (1.4%).

*Tinea capitis* was more common among school boys aged 6-9 years old and this study demonstrates that *Tinea capitis* constitutes a significant health problem in the study area. High frequency of *Tinea capitis* in this area may be explained by the weakness of sanitary education, lack of good hygienic conditions.

## THE USE OF ND:YAG LASER IN REJUVINATION

*Dr. Mahdi Shamad*

Use of Laser for dark skin is a challenge, in Sudan we are building our own experience. We are presenting our five years experience in the use of Nd:YAG Laser - 1064 nm in the treatment of straeia and atrophic acne scar. Results are satisfactory. We will share our experience showing the before and after photos.

## FACE AND SKIN AGEING: WHAT'S NEW?

*Dr. Abdelazim Almalik*

Facial ageing is a dynamic process involving all layers of the skin, subcutaneous tissue as well as underlying muscles and bony structures, manifesting as wrinkles or furrows, changes in the skin texture, color and sagging.

This presentation will cover the following points: What's anti-ageing? Why we age? What are the biomarkers of ageing? How to practically evaluate a patient for ageing process status? How to practically apply the knowledge of the biology of ageing to slow down the aging process? How to add age management to your practice?

Learning objectives: Understanding the basic mechanisms of ageing. To know the anatomy of the mid face and the dangerous zone. Highlight relevant multiple injections for re-shaping and re-contouring. Replacing the volume loss and sagging of the skin.

## BIOLOGICS AND AUTOIMMUNE DISEASES

*Dr. Abdelazim Almalik*

Biologics are changing the way physicians treat autoimmune diseases.

Biologics are designated to alter an immune response or to block a specific pathway in this response. What role should biologics therapies play in management of autoimmune and inflammatory diseases? Do biologics change management strategies for patients of refractory autoimmune diseases? Understanding biologics therapies have revolutionized treatment of immune mediated inflammatory diseases (IMID) due to their efficacy, speed of onset and tolerability. Autoimmune diseases show how advances of our understanding of molecular immune mechanisms can be translated into innovate treatment selectively targeting key mediators of immune reactions.

## TOXINS: TIPS & TRICKS

*Dr. Abdelazim Almalik*

Learning Objectives: Outline available techniques on botulinum toxin. Identify the various types of dosing, products and trends. Compare and appraise the pros and cons of available toxins. Updates on latest injection techniques for the upper and lower face. Learn how to improve results by analyzing patients' anatomy & taking into accounts post treatment patterns. Know potential adverse reactions and develop strategies to manage them. Study combination therapy of using toxins along with other procedures for synergistic results.

## HIV/AIDS AND THE SKIN, DIFFERENT CLINICAL CASES

*Safiedin Elnour*

**Background:** Cutaneous manifestations are common clinical findings in HIV/AIDS patients, the cause may be bacteria, viruses, fungi or other non-infectious agent. Often these conditions are atypical and may be difficult to diagnose and treat.

**Objectives:** To present different cutaneous manifestations of HIV/AIDS in Sudanese patients.

**Methods:** A review of some skin manifestations of HIV/AIDS presented to the Military Dermatology Hospital in the period from 1998 through 2012.

**Results:** More than 1000 photographs were present showing all types of skin diseases, including infections, inflammatory, auto-immune, adverse drug reactions and different types of malignancies.

**Conclusions:** The skin is the most sensitive organ to HIV/AIDS, through which early diagnosis and treatment helps to minimize morbidity and mortality in addition to prevent disease transmission.

## SEASONAL VARIATION OF STEVENS-JOHNSON AND TOXIC EPIDERMAL NECROLYSIS

*Safiedin Elnour*

Background: Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) were severe cutaneous adverse reactions to drugs and infections.

Objectives: To determine an existence of seasonal variation to SJS and TEN. To define its characteristics and its association with other factors.

Methods : A retrospective review of case series of 10 patients from 2009 through 2012 was done.

Results: 10 cases, 6(60%) females, 4(40%) males,9(90%) of them presented in March in different years (2009-2012).6(60%) had TEN, 3(30%) had SJS/TEN and 1(10%) had SJS. In 6(60%) the offending drug was sulphonamide antibiotic, carbamazepine,allopurinol and nevirapine were responsible of one case each.HIV was the comorbidity in two cases,while epilepsy,HPT and rhoematoid arthritis was the factor in other cases.Two female patients died of complications, they were the elder ones.

Limitations: The number of cases was smallone and it was a retrosoective study.

Conclusions: A seasonal variation in SJS and TEN was observed associated with high mortality in old females. HIV was an associated comorbidity.

## Steering Committees of the 14<sup>th</sup> Scientific Conference

**President:** *Dr Mahmoud Abdulla*

**Vice-president and Financials:** *Dr Bakri Elagraa*

**Scientific Committee:** *Dr Mahdi Shamad*

*Dr Adil Hamid*

**Social Committee:** *Dr Khalid Osman*

*Dr Zohair Naeem*

**Steering Committee members:**

*Dr Amin Abdel-Rahman K. Elmubarak*

*Dr Ayat Mohammed El-amin Ali*

*Dr Amro Mohamed Mahmoud*

*Dr Afra Satti Abdulraheem Satti*

*Dr Sama Hassan Alfaki Abdalla*

**Printed Materials:** *Dr Mahdi Shamad*

*Dr Khalid Osman.*

## Executive Committee of Sudanese Association of Dermatologists March 2011 – February 2013

**President:** *Dr Mahmoud Abdulla*

**Vice-president:** *Prof Yousif Kordokani*

**Secretary General:** *Dr Bakri ElAgraa*

**Financial Secretary:** *Dr Haider Mohamed Ali*

**Academic Secretary:** *Dr Mahdi Shamad*

*Dr Adil Hamid*

*Dr Reila Awwad*

**Cultural Secretary:** *Dr Khalid Osman*

*Dr Omer Kombaly*

**Social Secretary:** *Dr Nadia Hassenein*

*Dr Zohair Naeem*



# جمعية أطباء الجلد السودانية

Sudanese Association of Dermatologists



## المؤتمر العلمي الرابع عشر

٢٩-٣١ يناير ٢٠١٣

تحت عنوان : نحو آفاق جديدة في خدمات طب الجلد



برعاية : بروفيسور مأمون حميدة

وزير الصحة ولاية الخرطوم

فندق السلام روتانا - الخرطوم