Report from the Section of Dermatology and Venereology, 67th Annual Meeting of the Swedish Medical Association

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Once a year all Swedish medical doctors have the possibility to join the above-mentioned meeting. Each speciality arrange their own programme and below you will find an extract from the dermatological programme in the meeting 2010.

The Swedish Medical Association was founded in 1808. As the medical profession has diversified over the intervening two centuries the importance of doctors from different disciplines meeting to discuss views on common diseases and treatments has increased. Since 1943 the association has held annual meetings. The 2010 meeting, with the slogan "Equality in healthcare", was held in Gothenburg on 1–3 December, bringing together 9,300 doctors, nurses, other healthcare providers and industry. The organizers' summary of the dermatological programme, describing the symposia highlights and guest lectures, and focusing on quality of life, elderly people, immigrants and children with unusual and severe skin diseases is set out below.

Skin problems in elderly people

Chris Anderson, Linköping, Sweden, summarized physiology, innate reactivity and photo-damage of the ageing skin. He discussed how impaired cellular repair with delayed wound healing, impaired barrier function and toxin clearance set the stage for irritant dermatitis and attenuated immune responses, resulting, for example, in severe forms of infestations such as is seen in scabies.

John Paoli, Gothenburg, Sweden, presented his view on the treatment of non-melanoma and melanoma skin cancer in elderly people, and the preference for surgery as it results in the best curative and aesthetic outcomes. The advantages of Moh's micrographic surgical technique in the treatment of basal cell carcinoma were discussed.

Carita Hansson, Gothenburg, Sweden, discussed the investigation and treatment of leg and foot ulcers in elderly people. She stressed the importance of measuring systolic brachial and ankle pressures to determine arterial insufficiency as well as the investigation of venous insufficiency with handheld Doppler in patients who are candidates for venous surgery. A generous use of biopsies was recommended for all ulcers without a definite diagnosis or when the anticipated healing rate is not achieved. Maggot therapy to clean chronic wounds and topical negative pressure to treat slow healing ulcers were discussed.

Joanna Wallengren, Lund, Sweden, reviewed common pruritic skin disorders in elderly people, such as nummular eczema, lymphoma, bullous skin diseases, severe infestations of scabies and localized neuropathic pruritus, such as brachioradial pruritus and notalgia paraesthetica. Topical treatment with emollients, corticosteroids, cooling agents, calcineurin inhibitors, capsaicin or Botox for neuropathic pruritus was discussed. Caution in the use of systemic drugs, due to side-effects such as fatigue, impaired memory or psychomotor functions, is mandatory, while narrow-band ultraviolet B (UVB) may be useful in pruritic and inflammatory skin conditions.

Jacek Szepietowski, Wroclaw, Poland, gave an overview of pathways of itch transmission, itch measurement and classification of itch. He suggested the following investigation of patients with chronic pruritus to exclude a systemic origin of itch: blood morphology and erythrocyte sedimentation rate (ESR), iron level, transferrin, ferritin, kidney markers (urea, creatinine), liver markers (GOT, GPT, GGPT, bilirubin), thyroid gland markers (thyroid stimulating hormone (TSH), triiodothyronine (T3), and thyroxine (T4)), glucose serum level and examination of stool for parasite detection. Uraemic pruritus tends to persist and is continuous in 50% of patients, the rest of patients experience pruritus during or just after haemodialysis. Pruritus is the most common side-effect of drugs. Opioids, hydroxyethyl starch (plasma volume expander) and antimalarials (especially in black Africans) are the most common itch-inducing drugs. In addition, penicillins, statins, angiotensin-converting enzyme inhibitors and trimethoprim/sulpha are potent pruritus inducers.

Skin disease and quality of life

Florence Dalgard, Oslo, Norway, who has performed several studies on the prevalence of self-reported skin complaints, summarized different tools to study the burden of skin disease and quality of life. These measures are important in determining priorities, as patients increasingly demand new expensive therapies, such as lasers and biologics, instead of traditional low-cost dermatological therapy. Thus, patient-reported outcome measures (PROMS) may be used at both the individual

and the group level. Specific dermatological instruments include the Dermatology Life Quality Index (DLQI), Skindex-29 and Skindex-17 and measure emotions, functioning and symptoms. The Patient Benefit Index (PBI) is a 23-item questionnaire measuring patient-defined outcomes.

Torsten Zuberbier, Berlin, Germany, discussed quality of life in urticaria and how to improve it. Quality of life in chronic urticaria is preferably measured using the specific questionnaire CU-Q2oL. Patients describe embarrassment, impaired eating behaviour, sleeplessness, problems concentrating, and problems with work and social relations. New treatment guidelines suggest increasing the dose of non-sedating H1 antihistamines by up to four-fold, then, if the response is poor, changing of antihistamine, and thereafter adding leukotriene antagonist. The next step includes: H2 antagonists, cyclosporin A, dapsone or anti-immunoglobulin E (IgE). Systemic steroid courses of 3–7 days are recommended only for exacerbations.

Magnus Lindberg, Örebro, Sweden, summarized his studies on patients with hand eczema, showing significant impairment in all health domains, in both physical and mental health. Women showed a more impaired mental quality of life than men. In another epidemiological study he showed that childhood atopic dermatitis increases the risk of hand eczema, job changes and sick leave. It seems, however, that the patients did not regarded childhood eczema as a limiting factor when choosing their profession.

Agneta Gånemo, Malmö, Sweden, reviewed several studies showing impaired quality of life in patients with psoriasis. Desquamation and pruritus result in physical, psychological and social consequences not only for the patient but also for the family. The new biologics have been shown to improve quality of life in patients with psoriasis, while traditional treatment impairs it.

Paediatric dermatology: some important but uncommon diseases

Marie Virtanen, Uppsala, Sweden, (Fig. 1) reviewed classification, diagnostics and future treatment options for epidermolysis bullosa (EB). EB is caused by mutations in 14 genes associated with different extracutaneous complications. The present classification includes four major types of EB; simplex, junctional, dystrophic and Kindler syndrome. The last is a rare autosomal recessive disease characterized by photosensitivity and poikiloderma. She reported on 65 patients diagnosed in Uppsala. In addition to a higher risk of squamous cell carcinoma there is a risk of several extracutaneous complications. Treatment options include botulinum toxin A, gene replacement therapy, cell therapy with injection of fibroblasts and stem cell transplantation.

Agneta Gånemo, Uppsala and Malmö, Sweden, reviewed the classification of ichthyosis based on the genetic background and clinical picture. She stressed the importance of teamwork around a newborn with ichthyosis in order to provide good care, support and information to the parents. The survival of harlequin babies increases with treatment with internal retinoids.

Fig. 1. Dr Marie Virtanen, Sweden *(left)* and Dr Arnold Oranje, The Netherlands *(right)*.

Agneta Troilius, Malmö, Sweden, reviewed the classification of congenital vascular anomalies and summarized the available treatment options for life- and function-threatening infantile haemangiomas (IH), with corticosteroids, surgery, laser, interferon and vincristine and with beta-adrenergic receptor blocker, propanolol, which has been available since 2008. She reported on 32 infants with IH (with a mean age of 4.2 months), who were treated with oral propanolol for 3–10 months to collapse the subcutaneous part of the haemangioma in order permit the subsequent laser treatment to penetrate more easily and to treat both superficial and subcutaneous IH.

Lotta Dellve and Andreas Tallborn Dellve, Gothenburg, Sweden, reviewed their observations from a prospective study on families with children with uncommon diseases and some degree of disability. An intensive competence programme, developing the knowledge of the parents, and supporting and consulting the parents as experts in the care of their children, contributed to empowerment of the family, particularly the fathers.

Arnold Oranje, Rotterdam, The Netherlands, (Fig. 1) reviewed mastocytosis in children. In most children mastocytosis is limited to the skin and often is transient. There are three forms of cutaneous mastocytosis: maculopapulous mastocytosis (formerly known as urticaria pigmentosa), mastocytoma of the skin, and the very rare diffuse cutaneous mastocytosis with two possible clinical manifestations. One manifestation

is bullous and erythrodermic, the other xanthogranuloma-like, presenting with yellow-orange infiltrations. The levels of urinary N-methylhistamine and serum tryptase show high levels initially, usually with a sharp decline with increasing age. He suggested that in most cases of mastocytosis, only yearly check-ups are necessary and symptomatic therapy is advised in only a minority of cases.

Problems of pigmented skin

Amra Osmancevic, Gothenburg, Sweden, found low serum concentrations of 25-hydroxyvitamin D in African immigrants living in the Nordic countries. She suggested that children should be supplemented with 10–40 µg and adults with 25–250 µg of vitamin D.

Jessica Fransson, Stockholm, Sweden, described pemphigus vulgaris in immigrants from the Middle East. The initial therapy of pemphigus vulgaris includes very high doses of internal steroids and later adjuvant steroid-sparing therapy. In mild cases dapsone, antimalarial drugs, nicotinamide and tetracycline may be used, while severe cases may be treated with rituximab.

Leif Dotevall, Gothenburg, Sweden, gave a review of cutaneous leishmaniasis. This disease has become more frequent due to the immigrants from the Middle East as well as tourists and professionals visiting the Middle East, Algeria, Brazil or Peru. Wounds occurring on skin exposed during the night to sandflies heal slowly with scarring if untreated. Cryotherapy, heating or intralesional sodium stibogluconate are often sufficient. Development of a vaccine is in progress.

Jan Faergemann, Gothenburg, Sweden, reported on tinea capitis caused by antropophilic dermatophytes, such as Trichophyton violaceum, tonsurans and soudanense in refugees from North and East Africa. Mild scaling of the head occurs mainly in children and involves siblings or school-mates. Samples of hair may be taken from combs. Daily treatment of all family members with symptoms at the same time using terbinafine or itraconazole for 4 weeks or fluconazole once weekly for 8 weeks is recommended.

Kristian Thestrup-Pedersen, Nyköping Falster, Denmark, summarized his dermatological experience from Saudi Arabia. The homogenous population of Saudi Arabia, as well as the prevalence of cousin-marriages, make it an interesting place to study genodermatosis. He described autosomal recessive diseases: cathepsin C mutations in Papillon-Lefvre syndrome with periodontitis and hyperkeratosis of the palms and soles, and lack of nuclear excision repair systems in xeroderma pigmentosum. He also reported on cryptococcal infection of the skin found in a patient with severe combined immunodeficiency syndrome (SCID), and on severe toxic epidermal necrolysis due to polypharmacy, which was treated successfully with infliximab.

Awards for posters and free communications

The award for best poster went to: "TEWL for in vitro measurement of barrier damage" by O. Bergendorff & C. Person. J. Henricson, G. Nilsson & C. Anderson won the award for best free communication, for " Polarisationspectroscopy-TiVi – a new method for two-dimensional quantification of erythema and blanching in the skin".

Conclusion

Different sections of the Swedish Medical Association aim to create a programme of interest to the whole medical profession. One of the major benefits of these meetings is that they enable a large number of participants from different disciplines to meet and hold discussions, both during interdisciplinary symposia and more informally in the exhibition square (Fig. 2).

We thank our sponsors: ACO, Abbott, Galderma, Astellas, MSD, Janssen-Cilag, Pfizer, and Leo for making it possible to invite guest lecturers.

Fig. 2. The exhibition area at Svenska Mässan: The venue of the meeting.