

Hyperpigmentation is a common symptom but will not provide much valuable information to help diagnosing the skin condition. Almost all skin diseases in dark skin can give hyperpigmentation at some point, especially if they have a chronic or protracted course. A non-specific hyperchromia can darken the elementary lesions of the underlying dermatosis, which could mislead the physician when examining the patient. Hyperpigmentation is the main cause of consultation of dark-skinned patients but the list of causes of hyperpigmentation is countless, thus topography and additional signs should help the physician. Three conditions are of particular exception, namely acne, lichen planus and prurigo lesions in HIV patients.

Hypopigmentation on the other hand is an important sign for diagnosis and hypopigmentation also severely impairs the quality of life of the patients. Causes of permanent achromia include mainly vitiligo, post-traumatic achromia, idiopathic hypomelanosis, chronic lupus of the discoid type, and burns. Causes of mottled hypopigmentation include vitiligo, systemic scleroderma and lichenification. Lastly, frequent causes of hypopigmentation include eczema, seborrhoeic dermatitis, pityriasis versicolor, vitiligo minor, injection or local treatment of corticosteroids, achromic hamartoma, lichen striatus or verruca plana. Rare causes of hypopigmentation include mycosis fungoides, sarcoidosis and leprosy.

Lastly, skin bleaching is a widespread practice especially among sub-Saharan immigrants. Women mainly practice skin bleaching for various reasons: to obtain radiant skin, to get a better social status including jobs and marital prospects or because of social pressure such as westernised beauty ideals. Abuse of depigmentating agents such as hydroquinone, potent or ultra potent corticosteroids or other homemade concoctions leads to a high prevalence of disfiguring dyschromia. Cutaneous complications related to hydroquinone use are periorbital pigmentation, exogenous ochronosis, vitiligo mottled-like hypopigmentation, lupus-lichen lesions and even maybe skin cancer. The abuse of corticosteroids leads to cutaneous infections such as tinea, acne, stretch marks, skin atrophy and



Fig. 2. Prurigo nodularis in an HIV patients. Typical annular pigmented itchy lesions with central depigmentation.



Fig. 3. Heterogenous depigmentation induced by skin bleaching agents.

systemic complications. As users tend to hide the use of such agents to the physician it is important to treat any underlying skin dermatoses, disrupt bleaching agents, avoid any judgemental approach and educate about the risks of such practice.



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Fig. 1. Pityriasis rosea in a young girl. The rash appears grayish but the topography and the aspects are still typical of pityriasis rosea. Note the medalion in the left cheek that helped to make the diagnosis.

Health Economics and Dermatology

In recent years there have been major advances in dermatology. We have new biological drugs for treatment of psoriasis and other inflammatory conditions. However, they are very expensive, but we have been able to reduce the number of beds due to dermatological research. Sweden is a very good country for health economic studies as the budgetary system is simple and includes all costs except sick-leave costs. Hence, rent, salaries for staff, electricity, drugs for in- and out-patients are included in the budget. Lindelöf et al. has demonstrated that melanomas are best and cheapest treated by a dermatologist without previous referral from a general practitioner (GP). However, still in many places people have to seek a GP first. When calculating cost, the whole process should be included, not only different procedures. Priorities in health care must be made to afford treatment of the most severe diseases. This

includes dermatology and we have to adjust to that. I think it is important to stick to core dermatological values and realise that some diseases are of a more cosmetic nature. However, due to the rapid increase in skin cancer and the higher prevalence of inflammatory diseases like atopic dermatitis there is still a need for more dermatologists. This will improve quality of dermatologic care and reduce costs.



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Comments from the General Secretary of NDA

Highlights of the 32nd Nordic Dermatology Congress in Tampere

The 2013 year congress was the seventh Nordic Dermatology Congress organized by the Finnish Dermatological Society. It has been 5 years since the last, highly appreciated, congress in Reykjavik. The scenery of Iceland is difficult to match but the forests and lakes of Tampere were beautiful in the sun of August. Five years made no difference to the old and new Nordic friends who found each other quickly, just as it was described in the 22 stories of Nordic dermatologists who participated in the collection of memories released at the congress to celebrate 100 years of NDA.

The keynote lecture, "Clinical challenges in percutaneous absorption", was held by Professor Howard Maibach, University of California, the nestor of contact dermatitis. He called Nordic dermatology for an "epicentrum of international dermatology". Professor Maibach has certainly contributed to this development by offering education at his department in San Francisco to many Nordic dermatologists. Among the invited speakers, were the ambassadors of Finnish dermatology in USA and Europe. Jouni Uitto from Thomas Jefferson University in Philadelphia talked on "Personalized Medicine for Heritable Skin Diseases". Leena Bruckner Tuderman from Freiburg Medical Center held a lecture on "Skin fragility: novel approaches with exome sequencing and disease proteomics". Many sessions such as Cutaneous lymphoma, Contact dermatitis, Mast cells in dermatology, Atopic dermatitis and Gendermatoses demonstrated ongoing Nordic cooperations and a broad spectrum of current Finnish research. Obviously, good basic school education (one of the best schools in Europe) and governmental money are essential for successful research.

A panel discussion, "Nordic perspective in dermatology", was the final session of the programme. Sampsa Kauppi, the Chairman of the Young Dermatologists in Finland, informed about plans for a joint meeting with the Young Dermatologists in Denmark after a session at "Young dermatologist's forum". He also suggested a common Nordic course for young Nordic dermatologists in Health economics after an inspiring lecture of Olle Larkö.

Several dermato-venereologists from Estonia and Latvia participated in the congress. Many voices were raised to broaden the cooperation with the Baltic Association of Dermatovenereologists.

General Assembly discussed several important topics like review of the present statutes, the position of venereology in NDA (Harald Moi) and use of the financial surplus for organisation of focused meetings for residents (Kristian Thestrup-Pedersen, Jörgen Rönnevig and Lasse Braathen) to be held between regular Nordic congresses. Gregor Jemec was elected as president of NDA and Joanna Wallengren as secretary general and treasurer. We are very honoured and grateful for confiding in us.

The gala dinner was held at the music theatre Palatsi with a show of Elvis Presley's repertoire from the rock and roll of the 50's to his Las Vegas years. It was especially touching to see young dermatologists from the Nordic countries rocking together – should be a good rhythm for future cooperation.

We thank cordially the Finnish Dermatological Society and the sponsors for bringing Nordic dermatologists together and organising this excellent congress setting – a start for the second century of Nordic Dermatology Congresses.

Petter Gjersvik, Chairman of the Norwegian Society for Dermatology and Venereology, concluded that the Nordic Dermatology Societies need each other. He announced that the 33rd Nordic Dermatology Congress will be held in Trondheim in 2016.

The new board (see page 151), inspired by the congress and the Finnish sisu will meet already in November to discuss the issues raised by General Assembly. An education committee, which is being organised, will also evaluate possible Nordic CME programmes and common core curriculum for the future specialists. A training course in dermatologic surgery is planned by Gregor Jemec in Roskilde in the autumn of 2014. As the number and contents of the national courses for residents are limited (for review see table), please, suggest suitable themes for focused meetings as well as other activities you would like NDA to engage in.



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