

# Nordic Dermatology Association Celebrates its 100<sup>th</sup> Anniversary!



Copenhagen 1910

## Background

The Nordic Dermatology Association was founded in 1910 as Nordiska Dermatologiska Föreningen in order to promote scientific exchange between dermatologists and venereologists in the Nordic countries. Meetings were to alternate between different Nordic university cities every 2–3 years. Due to World War II and other circumstances during the stormy 20<sup>th</sup> century, the congresses could not be held as often as suggested originally and so far 31 meetings have been organised. At the congress in Bergen in 1998, it was decided that English will be the official language of the organization. Along with the excellent scientific sessions, the organisers made efforts to put great social programmes for the participants and for the accompanying persons to facilitate personal contacts in the Nordic countries. The number of members has increased from 59 in 1910 to 1,424 in 2013.

## Content

The scientific programmes of the congresses have mirrored the achievements in other western countries as well as the panorama and the expression of skin diseases due to environmental and cultural factors in the Nordic countries. Originally, presentations of interesting cases and therapy dominated discussions. UV treatment, early developed in the Nordic countries, inflammatory skin diseases, skin tumours and later allergy were topics of most interest. An endemic occurrence of some microbes had impact on the investigation and treatment, such as *Borrelia burgdorferi* in the case of morphea. These special circumstances have resulted in a common therapeutic tradition in the Nordic countries. Or maybe the common tra-

**JOANNA WALLENGREN**  
Adjungated Genereal Secretary of NDA

dition is partly due to the exchange of the experiences at the Nordic congresses? A comparable socio-economic health care system in the Nordic countries resulted in similar guidelines and organisation, such as programmes for sexually transmitted diseases. Long distances to dermatological centres have promoted development of teledermatology. Many sessions and free communications focused on new research techniques to refine diagnostics and to introduce new treatments of skin diseases, communicating the latest news in molecular biology and immunology. This development has been fuelled by interactions with the dermatologic communities all over the world, especially in the USA and in the rest of Europe. The social programmes made the congresses “class reunions” of Nordic dermatology.”

## Contributions from the participants

To illustrate the development of dermatology in the Nordic countries for the last 25 years, we turned to the participants of the Nordic Dermatology Congresses from 1986 to 2008 to share experiences and reflexions on Nordic dermatology and venereology. Here we thankfully present interviews with 22 dermatologists concerning their careers, fields of interest, collaborations, opinions on the position of the Nordic dermatology and venereology in the international setting and memories from the Nordic congresses. They witness of enthusiasm, pride and friendships.

## Present congress of 2013

The present 32<sup>nd</sup> Nordic Dermatology Congress, sets start for a second century of NDA. With modern communications, networking at congresses can easily go on at a daily basis and create more frequent meetings. We wish NDA to continue as a forum for new ideas, inspiration and friendship!



Tammerfors 2013

**AGNETA ANDERSSON**  
Editorial Manager of Acta Dermato-Venereologica  
Editor of Forum for Nordic Dermato-Venereology



## Klaus Ejner Andersen

**You have participated in most Nordic congresses for the last 25 years with communications mainly concerning news and problems in compositae dermatitis. You were also president of the 30<sup>th</sup> congress in Odense in 2004.**

### *How did you embark on this subject?*

At the Nordic Congress in Gothenburg in 2001 it was decided that Odense should host the 30<sup>th</sup> Nordic Congress of Dermatology and Venereology in 2004. It has previously been held in Aarhus and Copenhagen so it was our turn. Carsten Bindslev-Jensen was a very engaged and effective general secretary, Flemming Brandrup was chairman of the Scientific Committee and I was Congress President. It was fun and also hard work with the help of other members of the staff of the Department of Dermatology. The Congress was a success with about 450 registered participants.

Dermatology and Venereology was not my priority specialty after becoming a doctor in 1972. I planned to go into private practice as a general practitioner. During regular on-call emergency service work in Northern Zealand I saw so many patients with acute skin disorders that I was tempted to get some further education in skin diseases prior to starting in private practice.

I applied in 1975 for a registrar position at the Dermatology Clinic, Medical City Hospital in Copenhagen, where Svend Anker Kvorning was chairman and Lis Danielsen consultant. The specialty caught my interest and a year later I moved to the Department of Dermatology at Gentofte Hospital where Niels Hjorth was professor and chairman. It became the turning point for my choice of medical profession. Niels Hjorth was such a stimulating, supportive and enthusiastic teacher and clinician that I became deeply interested in contact dermatitis – his special interest. He became my mentor. At some point during 1977 I mentioned to Niels Hjorth that I would like to “travel” with dermatology – i.e. work abroad. Hjorth supported the idea and came home from a Congress in Mexico and said that I could choose to work in Philadelphia with Albert Kligman or in San Francisco with Howard Maibach. They both accepted to “take me” under their “umbrella” for one year. In 1978 I chose to go to San Francisco because of the city and Niels Hjorth then suggested that in order to get funding

I should select a scientific area – dermatotoxicology – not in focus in Denmark but important in USA.

That is the background for my continued interest in dermatotoxicology and contact dermatitis. I got financial support from Danish funds to cover about half the expenses for myself, wife and 2 children of 1 and 3 years of age. Howard Maibach generously employed me as research assistant to cover for the rest. I worked with predictive allergenicity tests and skin penetration tests in guinea pigs. My good fortune in San Francisco was besides the stimulating environment at Howard Maibach’s laboratory that professor Jan Erik Wahlberg from Stockholm was on “sabbatical” in San Francisco the same year, and we became good friends. He became a very important mentor and supervisor for my studies. The cooperation with Wahlberg continued after returning to Denmark and I learnt a lot from his scientific expertise and friendship and completed my thesis on guinea pig allergy tests defended in 1986.

In 1980 I became certified dermatologist and continued to work at the Gentofte department until 1984. Then I went into private practice in Roskilde in partnership with Ruth Nielsen and worked there until 1989. Since 1985 I have been member of the European Environmental Contact Dermatitis Research Group (EECDRG) where approximately 15 dermatologists and chemists meet 2 times a year to discuss contact dermatitis related issues and projects.

The cooperation and friendships among members established internationally over the years is a great joy and a daily inspiration for professional development and research. In 1987 Professor Henning Schmidt from Odense become sick and died prematurely. The post was advertised and I decided to apply and to my surprise I got the position and started in Odense in January 1989. An important factor for my choice to apply was that Flemming Brandrup was consultant and chairman at the department, and we had worked together at Gentofte Hospital and I appreciated and valued very much his clinical expertise and his professional attitude towards patients and colleagues. In Odense I have been fortunate to work with good colleagues over the years and will in particular mention the dermatologists Evy Paulsen PhD, Charlotte G Mørtz Ph.D, Flemming Andersen PhD, the present chairman Professor Carsten Bindslev-Jensen, and the chemist Professor Lars P Christensen, Institute of Chemical Engineering, Biotechnology and Environmental Technology, University of Southern Denmark.

The Nordic Congresses are in my opinion important for Scandinavian Dermatology and Venereology – in spite of the other international congresses developed over the years. Scandinavian dermatologist share cultural features and the

working conditions are similar. The Nordic Congresses have a nice size – not too small and not too big. It gives us an opportunity to develop collaboration, discuss challenges and opportunities, and to get a mutual understanding of the future of our specialty.

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## Jane Baumgartner-Nielsen

You participated in the 30<sup>th</sup> congress in Odense in 2004 with a poster entitled “Interactions between skin-homing T-lymphocytes and peripheral mononuclear blood cells in patients with atopic dermatitis.”

*How did you embark on this subject?*

Working with atopic dermatitis and cell interactions was a central part in my employment as research fellow in the Department of Dermatology, University Hospital of Aarhus, Denmark. More doctors in the department have a great competence in this field of dermatology and I was privileged to work with them.

*What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.*

During my time as a medicine student I experienced excellent and engaged education in dermatology in the department and I decided to learn more about dermatology after my basic training. After 3 years as research fellow I started specialist training and I expect to finish my specialization this year. Private I have become a mother to three active and lovely children.

*Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?*

My focus of interest has not changed significantly, but during my last year of training my focus will be on cutaneous lymphoma, systemic sclerosis and non-melanoma skin cancer. I still have contact to the research group in my department and my project for now is an evaluation of atopic dermatitis and the use of systemic treatment.

*What are your thoughts about the position of this field in the global dermatologic community?*

Atopic dermatitis is an ongoing challenge and still there is a lot to learn about this disease. We still need potent biologics for the most severe cases and I think that atopic dermatitis as a research field is far from exhausted.



## Lasse Braathen

You participated in the 24<sup>th</sup> congress in Uppsala in 1986 as chair at the Workshop Epidermal immunoregulation and with a communication “PDT – an effective treatment in AK and BCC. An overview of its practice and clinical benefits” at a symposium.

*How did you embark on this subject?*

I had been working on immunology in skin disease since 1977, and in particular on epidermal immunoregulation with special reference to the Langerhans cell function. The first International Langerhans Cell Workshop was organized by me in Oslo 1984, with participation of all the best skin immunologist-researchers from Europe and USA. I was therefore well qualified to chair the Workshop on Epidermal Immunoregulation. My interest in Photodynamic Therapy (PDT) originated from my contacts with the researchers in Oslo which were mainly responsible for the development of Methyl-ALA. I was involved in the first clinical studies, and I founded the Nordic Working Group on Photodynamic Therapy, the European Society for Photodynamic Therapy in Dermatology and the International Society for Photodynamic Therapy in Dermatology. I was doing private general practice in Oslo a couple of years before I started at the Department of Dermatology at The National Hospital in Oslo in 1975.

After having done my PhD in 1980 on skin immunology I was appointed professor and became the second in command at the clinic under Professor Rajka. In 1988 I also obtained the Master degree in Health Administration from the University of Oslo. In 1989 I was offered the job as professor for Dermatology at the University of Bern, Switzerland, and as Clinic Director of the Dermatological University Clinic in Bern, Switzerland. I accepted and moved to Bern, and in 1990 I was elected President of the Collegium of the Department Heads at the University Hospital and was elected member of the Hospital Board. You have to retire with 65 years of age in Switzerland, so I am now retired from my position at the university, but I am still doing private practice. In addition I sit on a number of Editorial Boards and I still have a number of international honorary positions.

During my career I have founded 8 different organisations, Norwegian and International. Being a reserve officer and

active in the Norwegian Reserve Officers Association, I was decorated with their highest honour. I also served in NATO's Reserve Officers Association, CIOMR, as National Vice-President, as President of the Scientific Committee and as Secretary General and President. I cooperated with numerous colleagues in the various organisations I was member, often in leadership position. One of my most fruitful cooperations in research was with the Robert Koch Institute in Berlin. I had the idea that Langerhans cells in vaginal and cervical mucosa is the first cell to be infected with HIV in sexual transmission. The Robert Koch Institute had the virus and I was able to isolate living functional Langerhans cells, and together we were able to show that Langerhans cells were easily infected with HIV. When it was published it created an enormous interest in the public media, and I was invited by the Presidential Advisor on AIDS in Washington and by the Parliamentary AIDS Commission of the German Federal Parliament.

I remember the first Nordic Congress I went to organized by Professor Zachariae in Aarhus in 1977. We were like a big family. Over the years the Nordic Congresses became larger, but I always felt that they had a special atmosphere, the Nordic Family. I had the fortune to be able to do research in skin immunology at the time were so much was unknown, so I was able to contribute to enlarging our knowledge on skin immunity. Over the years I was elected corresponding member and Honorary member of several European Dermatological Societies. I was also awarded the Gold Medal by the French Minister of Defense, for my services for France and its Armed Forces, The Knight Cross in Gold of the Austrian Officers Association, and in Silver by the Vienna Officers Society. And in 2000 I was honoured with the "Grosse Zapfenstreich" of the German Army in Schloss Spandau in Berlin.

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## Anette Bygum



**You participated in several Nordic congresses, among others in the 30th congress in Odense in 2004 with a communication at a parallel session with a communication entitled "IgA bullous dermatoses."**

### 1. How did you embark on this subject?

Regarding linear IgA dermatosis I got interested because we had some patients in our department with a very impressive clinical picture.

### 2. What prompted your interest in dermatology in the first place?

As a medical student I was fascinated by this visual speciality,

*Who inspired you?*

Flemming Brandrup.

*Tell us about your dermatologic career*

I have always been fascinated of the rare diseases and detective work in finding a diagnosis in rare clinical presentations and syndromes and other interests. In recent years with a special focus on hereditary angioedema.

### 3. Have you changed the focus of your interest during the time passed?

No still the rare diseases and genodermatoses.

*With whom do you cooperate in your country*

Flemming Brandrup was/is my mentor but he has retired.

*Or internationally*

Anders Vahlquist and I have a huge network.

*Other dermatologists*

Konrad Bork in Mainz, Marcus Maurer and Markus Margerl in Berlin.

*Basic scientists*

At our university and abroad, especially France, Italy and South Carolina.

### 4. What are your thoughts about the position of this field in the global dermatologic community?

Hereditary angioedema is mostly a disease seen within the field of allergology – and in many countries there is a close collaboration with dermatology

*In addition, would you like to elaborate on the following topics?*

*"The position of Nordic dermatology in the dermatologic community?"*

Very important with regard to genodermatosis.

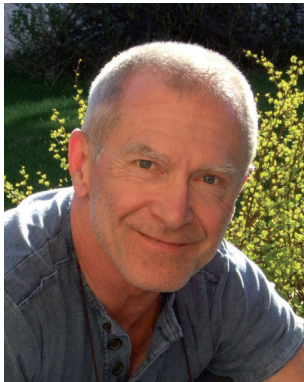
*"My best memory from a Nordic Dermatology Congress*

My best memory is from the Nordic Congress in Göteborg in 2001 participating in a genodermatosis session with Anders Vahlquist as a co-chairman. I think it was my first presentation in English and I presented a family with hereditary hypotrichosis simplex – a rare but specific and fascinating disease, where the molecular genetic basis has since been unravelled. At this session Petra Kampman from Norway gave a short presentation with the title "Ichthyosis prematurity syndrome – an unknown, frequent and ancient mid-Scandinavian recessive disease". I remember her presentation especially because she had a "glass-ball with snow in it – like childrens toy" to illustrate the scales from the skin in a fetus to flow in the amnion



water in the mother. Some years later in fact a child was born at Odense University Hospital with this disease – and I diagnosed it because of remembering Petra’s presentation (very little was written about the subject in the literature – and never from Denmark). Later on we had a collaboration leading to unravelling of the gene!

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## Torbjörn Egelrud

As Secretary General and treasurer of the Nordic Dermatology Association since 1993, you have participated in many Nordic congresses. Among others, at the 24<sup>th</sup> congress in Uppsala in 1986, you talked on “IgA in the skin of dermatitis herpetiformis” at a symposium

on Bullous skin diseases. Later, in Reykjavik at the 26<sup>th</sup> congress in 1993, you participated in a workshop on “Inherited disorders of keratinisation” with a communication entitled “Mechanisms of stratum corneum desquamation” and in a workshop “Cutaneous absorption” with communication “Structural basis of skin as a barrier”. At the 27<sup>th</sup> congress in Åbo in 1995 you were chair of the special course “Proteases.”

### 1. How did you embark on this subject?

I was fascinated by the association between a skin disease (dermatitis herpetiformis) and an intestinal disorder (gluten enteropathy). Aiming at identification of antigens for the IgA antibody deposits in papillary dermis we isolated the IgA aggregates, characterized them biochemically, and prepared what we hoped was antigen binding fragments. I was too biased in favour of the hypothesis that the the antigen was derived from gluten that I missed my chance. This was in the mid 80’s. In spite of our observation that the IgA from papillary dermis appeared to be covalently cross-linked, I did not imagine the presence in the aggregates of epidermal transglutaminase. (This was reported by Sárdy and co-workers in 2002. The transglutaminase had been purified from plantar stratum corneum by Goldsmith and Martin already in 1975). I then turned to studies on the role of protein structures and proteases in cell cohesion and desquamation in the stratum corneum, which turned out to be quite rewarding.

### 2. What prompted your interest in dermatology in the first place?

*Who inspired you? Tell us about your dermatologic career and other interests.*

Before finishing Medical School I had got my PhD in physiological chemistry. While doing the last part of my internship in early 1980 I was contacted by Ove Bäck (now professor emeritus at Lund’s university) who told me that dermatology was a nice discipline if you wanted to combine clinical work with basic science. He was right.

### 3. Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?

Yes, from dermatitis herpetiformis to studies on the stratum corneum and proteases involved in barrier homeostasis, among them kallikreins 5, 7, and 14, thought to be major targets of the protease inhibitor LEKTI. (Mutations in the LEKTI gene causes Netherton’s syndrome.)

### 4. “My best memory from a Nordic Dermatology Congress (it can be just any congress you have attended).”

As Secretary General of the Nordic Dermatological Society I had the privilege to attend all congresses between 1993 and 2008, so I have many “best memories” of nice places and friendly people. An outstanding memory is from my very first Nordic Congress in Uppsala in 1986: Lill Lindfors and Nils Landgren performing the anthem “Den Blomstertid nu kommer”.

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## Barbara Gasi-or-Chrzan

You participated in the 26<sup>th</sup> congress in Reykiavik with a free communication entitled “Lysozyme, alpha 2-macroglobulin and immunoglobulin A in serum of patients with psoriasis treated with UVB/PUVA” and in the 28<sup>th</sup> congress in Bergen with a communication “Can psoriasis protect against development of cutaneous malignant melanoma?”

### How did you embark on this subject?

I was studying medicine at Medical School in Wroclaw, Poland. I chose dermato-venerology as my specialization. Prof. dr.

med. Jozef Kubicz was my supervisor. Prof. dr. med. Stefania Jablonska, prof. Tadeusz Chorzelski and prof. Andrzej Langner from Warszawa were my censors.

Dermatology Clinic in Breslau (now Wroclaw after WW II) was established in 1877, and the first chief director was Heinrich Købner. Many famous dermatologists have been working there: Albert Neisser, Josef Jadasson, Max Jesner, Heinrich Gottron. Now prof. dr. med. Jacek Szepletowski is leading the Department.

The subject of my special interest, beside of clinical dermatology, was lysozyme (muramidase) antibacterial enzyme widespread in human body secretions, as well as in animals and some plants. The aim of my doctors dissertation was the influence of hen egg white lysozyme on wound healing in human and laboratory animals (guinea pig).

After an invitation from prof. dr. med. Edvard Falk, at that time chief of Dermatology Department in Tromsø, middle of October 1988 I came through Finland to Tromsø by a "Skoda" car on summer tires. At the beginning I got one year employment. Time is running very fast and this year is the 25<sup>th</sup> anniversary of my work at Dermatology Department, University of Tromsø. Professor Falk was very interested in research and inspired me to continue research.

In northern Norway psoriasis is very common disease. Bacterial infections are known to trigger psoriasis. Lysozyme has also other antibacterial properties. We started to investigate the role of lysozyme in psoriasis. Part of this work has been presented at the 26<sup>th</sup> Nordic Dermatology Congress in Reykiavik as a free communication entitled "Lysozyme, alpha 2- macroglobulin and immunoglobulin A in serum of patients with psoriasis treated with UVB/PUVA". Some other results on this subject were published in Acta Dermato-Venereologica. In the 28<sup>th</sup> NDA congress in Bergen we presented the communication "Can psoriasis protect against development of cutaneous malignant melanoma?".

Since October 1988 I have been employed at Department of Dermatology, Institute of Clinical medicine, University of Tromsø as associate professor. I'm also working as a clinician.

Rare cases are of my special interest. I am in touch with Dermatology University Clinic in Wroclaw, Poland where I studied dermatology. A broad spectrum of rare skin diseases can be seen there. Now my main activity is teaching medical students in dermatology. I am also occupied with history of dermatology. As a hobby, I'm studying ancient history. My other interests are classical music, theater and fishing. All my adult life I was occupied with dermatology.

Dermatology is developing. New technologies are coming. Thanks to the basic research, treatment methods of skin diseases are changed to be more comfortable and more effective, giving us our patients a better quality of life. The modern dermatology is not only a skin rash. Dermatology is part of the whole medicine. Now the world is open. Thanks to global communication it is much easier to keep contacts and exchange knowledge and experiences with dermatologist from other countries.

Last but not least, dermatology congresses play a big role in this process. We celebrate 100<sup>th</sup> anniversary of Nordic Dermatology Association. On this occasion I wish and hope for a continuous and broader development of Nordic dermatology.

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## Väinö Havu

**You participated in many Nordic congresses. You were president of the 27th congress in Åbo and chair of the special course Proteases.**

This is a very good idea. Times come and go and become forgotten unless someone is active. In the Congress in Åbo there was more than 400 participants and representatives from many baltic clinics.

*What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.*

I have to tell openly that Professor Sonck was the person who inspired me to the field of dermatology.



Väinö Havu and Eric Sonck at the congress in Åbo 1995.

*Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?*

During my studies in Helsinki, I started research work in the Department of Anatomy and continued it through my studies and even later for several years. This inspiration brought me to professorship of Anatomy in Oulu and association professorship in Turku. Two years of study in National Institutes of Health, USA, mainly in Department of Pathology. Some years later I decided to concentrate in Dermatology, in the klinik of inspiring Sonck.

*What are your thoughts about the position of this field in the global dermatologic community?*

I have been retired for more than 10 years but I follow intensely what is going on in the medicine broadly. Unfortunately, it is impossible to learn all what is going on. I have found that dermatology as whole and Scandinavian congresses progress very well and are up-to-date.

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## Gisli Ingvarsson

**You participated in the 28<sup>th</sup> congress in Bergen with a poster entitled “DH and celiac disease are both primarily associated with HLA-DQ” and in the 31<sup>st</sup> congress in Reykjavik in 2008, where you were secretary, with a communication entitled “Medical treatment of**

**hidradenitis suppurativa”.**

*How did you embark on this subject?*

Through the years the Nordic Congress of Dermato-Venereology has been a venue of my interests. For a modest dermatologist from Iceland it is always a significant event. I got my first notice of it from the sleepy city of Västerås, Sweden, in June 1993 during my second year as intern in the field of dermatology. At the time I was working shifts at a hospital clinic in Sweden, obligatory for my educational purposes, and thus did not get the chance to attend the Reykjavík congress. But I’m sure the Reykjavík congress helped when I applied for an internship in Tromsø, Norway that very spring when professor Edvard Falk, who had attended, gave me that job, not knowing me the least. I then became the first, and to my knowledge the only, Icelandic dermatologist educated in Norway, with Sweden being the cradle for most of our specialists in dermato-venereology ever since Iceland cut its royal ties with Denmark.

But the events following of the XXVI congress in Reykjavík would still affect my career and unexpectedly to renew my ties to Denmark through professor emeritus Hugh Zachariae, who had agreed to head the professoriate in Tromsø for professor Falk at said congress. Professor Hugh Zachariae made himself available to head the professoriate in Tromsø a six month period in early 1996, during my internship. That year my department acquired a CO<sub>2</sub> laser, which by default fell into my hands. Being just as generous and supporting as my senior colleagues always have been to my whims and notions, professor Zachariae encouraged me to take on a daring project, a project still in motion.

My first real chance to attend the Nordic Congress of Dermato-Venereology was the XXVIII congress of 1998 in Bergen, Norway, an opportunity not to be missed. To be able to exhibit two posters at the event was a new level of experience. At that congress I also came into contact with my Icelandic colleagues, for the very first time, something I had not had the occasion to do before.

After moving back to Iceland 2004, I recall going to the XXX congress in Odense in Denmark as a rank and file attendant, however as our chosen delegate from Iceland had found himself unavailable attend, and me being one of a few attendants from Iceland, I was made an *ad hoc* delegate representing Iceland before the General Assembly. Essentially placed there by default, by the thirtieth congress, by necessity sidestepping the official protocol of delegate election. This was done in no small part because the General Assembly was about to decide that the next Congress was to be held in Reykjavík, and I was to bring the news to my colleagues in Iceland. I was of course assured and promised all necessary support from the attending delegates, to realize this upcoming congress.

Dr. Baldur T. Baldursson, then a newly elected president of our small society, took the challenge with much gusto and presided over the XXXI congress most successfully, with only a “band of gypsies” at his hand to assist. Of course we did get all the promised support needed from our honorable Scandinavian colleagues which enabled us to pull this through – and for that invaluable help I would pour my heart out to those good people, giving my gratitude for that assistance anytime and unprompted.

When I on the occasion contacted Dr. Gregor Jemec, whom I still didn’t know at the time, he surprised me with a most generous gesture; to share a chair with me in a session on my preferred topic – Hidradenitis Suppurativa. Dr. Jemec conceived the whole performance in few drafts and gave me a role as a speaker on a subject I was perhaps the least familiar with; the medical treatment of Hidradenitis suppurativa. That was a zen-like experience for me. I can’t really thank him enough for that challenge.



The XXXI congress was without question a game-changer in my modest career as a specialist, for there I had the chance to become acquainted with professor Emtestam and his colleagues – the very people who had made most important scientific underpinnings to my CO<sub>2</sub> laser activity from the very beginning of my research on that subject. Today we share a most interesting project together on a Scandinavian Quality Registry that, while an ongoing process, will hopefully elevate our services to the patients and the scientific community to a new level.

All of the above; my experiences and achievements as a student, as a lecturer, as a delegate and as a scientist, can easily be credited to activities and contacts made possible by the Nordic Congress. Now I look forward with anticipation to the coming XXXII congress in Tampere, Finland and what will be done there. It will be my great pleasure to attend now as before and to meet and befriend our gracious hosts: our Finnish counterparts.

## ••• Kristi Kalimo

**You participated in the 24<sup>th</sup> congress in Uppsala in 1986 with a communication entitled “Occupational aspects in atopic dermatitis“ at a workshop on Atopic dermatitis. At the 29<sup>th</sup> Nordic congress in Gothenburg in 2001, you also participated as chair in the symposium Pediatric dermatology.**

### *1. How did you embark on this subject?*

I was interested in occupational dermatology. Atopic dermatitis (AD) patients posed a clear risk to develop dermatitis in working life. Dr Kaija Lammintausta had her medical dissertation about this topic with specific focus on hospital workers. Because AD is such a common disease our aim was to study this topic further with specific emphasis on long term prognosis of different AD patients. I had also a pleasure to work with colleagues who shared similar interests.

### *2. What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.*

Dermatology is an exciting discipline because you have a close contact with the patient, the disease, as also the treatment result. Professor Carl Erik Sonck was a charismatic person who passionately threw himself in the battle to find out the etiological factors as well as treatment results for the diseases. Frankly also our family settings have played a role, since my husband, enthusiastic researcher had a possibility to work abroad and with two careers and three children it did bring up some practical problems. Dermatology seemed to fit in these settings well.

I started my career working at the virological department of Turku University. I was busy with viral diagnostics using radio-labelled antibodies to detect the diseases. The immunological systems were roughly applied for dermatological diagnostics, e.g. Dr Eeva Vainio detecting anti-gliadin antibodies. I had a pleasure to have active co-workers both in Finland and abroad. My main streams of studies have been in occupational and clinical dermatology, in basic mechanisms, in allergy testing, in the clinical picture, treatment and prognosis and for AD the significance of saprophytic yeasts deteriorating the disease and also as targets for the treatment.

### *3. Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?*

The University Hospital in Turku has been very active and co-operation with different specialties easy. E.g. the departments of clinical microbiology, immunology, clinical allergy, pediatrics, dentistry offered possibilities for fruitful co-operation. Several young colleagues made their doctoral thesis in co-operation with these departments, Dr Elina Varjonen (cereal allergy), Dr Johannes Savolainen (AD and *Candida albicans*), Dr Outi Kortekangas-Savolainen (AD and *Saccharomyces cerevisiae*), Päivi Lintu (AD and *Malassezia furfur*), Dr Juhani Laine (dental amalgam and oral lichen ruber planus), Dr Mervi Liutu (chronic urticaria and *Helicobacter pylori*).

In Gothenburg I also had a pleasure to work with devoted colleagues. There Dr Ann Broberg studied significance of dietary factors and medical counseling in the course of AD. Extra education seemed to improve the treatment results and from year 1990 we had a possibility for extra assistance in clinical counseling for the patients in Turku. As I had a possibility to work with Prof Sigfrid Fregert with occupational dermatology I obtained that specialty and devoted much practical work to the problems in contact allergy, allergy testing and work related skin diseases. Through occupational dermatology I had a pleasure to work with a number of enthusiastic dermatologists and other scientists in Finland and abroad.

### *4. What are your thoughts about the position of this field in the global dermatologic community? In addition, would you like to elaborate on the following topics? “The position of Nordic dermatology in the dermatologic community?” “My best memory from a Nordic Dermatology Congress” (it can be just any congress you have attended).*

I feel that smaller groups like NDA have a role in global dermatology. Nordic guidelines are quite uniform and it is easier to discuss certain topics thoroughly before bringing them to bigger audiences. In that respect also the bigger association, “European” poses a step before grand international forums.



In NDC, the general atmosphere has been generally very warm and discussions always easy between the colleagues. It has been a great pleasure to attend those congresses.



## Antti Lauerma

**You participated in several Nordic congresses, among others in the 30<sup>th</sup> congress in Odense in 2004 in a session with a communication entitled “Topical Staphylococcal enterotoxin enhances IGE production and allergen induced skin inflammation”.**

### *1. How did you embark on this subject?*

We wanted to study the effect of staphylococcal infection in our new mouse model for atopic dermatitis, to both see if the model worked in this context and also to study the mechanisms of staphylococci effect in atopic dermatitis.

### *2. What prompted your interest in dermatology in the first place?*

I started to do research as a medical student to see if I was interested. The topic was suggested by a colleague, Sakari Reitamo, who had just returned from the US. The topic was in dermatology, corticosteroid allergy. Interest in this research made me interested in dermatology also in general.

### *Who inspired you?*

Sakari Reitamo, my thesis supervisor, and Arja-Leena Kariniemi, my clinical instructor who taught me clinical dermatology while a student. Also, later, Jouni Uitto and Howard Maibach were major sources of inspiration. All four continue to be an inspiration.

### *Tell us about your dermatologic career and other interests.*

I did my dissertation while a student and a young physician. I spent almost two years in UC San Francisco in 1991–1993, after which I specialized in dermatology (1997), skin allergology (2000) and occupational dermatology (2004). I was in Helsinki University Central Hospital most of my time until 2003, when I moved to Finnish Institute of Occupational Health as Chief Medical Officer, where I worked until 2010.

In 2011 I was professor in Tampere, after which I returned to Skin and Allergy Hospital as professor and administrative physician. I also have been doing private practice since 1997, participated in several societies’ activities in board positions

(ESCD, Finnish Society of Allergology, Finnish Dermatological Society, EAACI, ESDR) and supervised six PhD dissertations.

### *3. Have you changed the focus of your interest during the time passed?*

Yes, first interest was contact dermatitis, then topical treatments (tacrolimus development), after which animal models of allergy, prognostic factors of respiratory allergy, and now microbiome research, where we have EU funding for 4 years.

### *With whom do you cooperate in your country or internationally? Other dermatologists?*

Annamari Ranki, Bernhard Homey, Jonathan Barker, Riitta Palatsi, Kaisa Tasanen, and their groups.

### *Basic scientists?*

Harri Alenius, Petri Auvinen, Jens-Michel Schroeder, Juha Kere, Björn Andersson, and their groups.

### *4. What are your thoughts about the position of this field in the global dermatologic community?*

I think Nordic Dermatology is a strong part of global dermatologic community, despite its relatively small size.

### *Tell us about “My best memory from a Nordic Dermatology Congress.”*

The speech of Professor Väinö Havu in the courtyard of Turku Castle in Turku congress evening.



## Harald Moi

**You participated in the 28<sup>th</sup> congress in Bergen as chair in a symposium Anogenital HPV-infection and with a presentation entitled “Alternative treatments of ano-genital warts.” You have also chaired and co-chaired the venereological session in all the following NDA meetings.**

### *What are your thoughts about the position of venereology in the nordic dermatologic community?*

In spite of the name, Nordic Dermatology Association (NDA), venereology is an integrated part of the association and of the Nordic meetings. Two of the countries, Norway and Sweden, have changed the names of their national societies to include also venereology: Norwegian Society for Dermatology and

Venereology/Norsk Forening for Dermatologi og Venereologi and Swedish Society for Dermatology and Venereology/Svenska Sällskapet för Dermatologi och Venereologi. I was member of the board of the Swedish Society when the members of the society in the 1980ies decided to include venereology in the name. I was also member of the board of the Norwegian Society when the decision was made in 2011 to include venereology in the name.

Most of the members of the Nordic dermatology Societies seem to want to keep venereology as a part of the specialty, but the interest for STIs, venereological research and willingness to become a dedicated venereologist seems to decline. Most European countries have a combined specialty for dermatology and venereology. Great Britain, Ireland and Malta have a specialty called genitourinary medicine, or sexual health, which also include care of AIDS, treatment of HIV infection, and prevention of unwanted pregnancies. These countries have many out-patient clinics dedicated for venereology, including hospital care for HIV, with a high number of physicians, nurses and health advisers working only with STIs. For those who are interested, some positions should be reserved for venereology and genital dermatology also in the Nordic countries, with possibility for research and teaching, combined with clinical work.

The European Branch of International Union for Sexually Transmitted Infections (IUSTI) is an active organization, with members from most European countries in the board, including the Nordic countries. A European IUSTI meeting is arranged every year, sometimes combined with IUSTI world meetings, and sometimes combined with meetings of International Society for STD Research. ISSTD arrange meetings every second year, alternatively in USA and Europe. IUSTI has a European STI Guidelines Editorial Board; three of the thirteen regular members of the editorial board are from Nordic countries. European Academy for Dermatology and Venereology (EADV) is represented in the editorial board. Official European guidelines for STIs are produced, and published in peer-reviewed journals and on the IUSTI website ([iusti.org](http://iusti.org)). IUSTI is also asked to arrange venereological sessions in the EADV meetings.

About 1985 a Swedish venereological interest group was founded during a meeting in Örebro, and was called the STD Club. This interest group is now an integrated section of the Swedish Society for Dermatology and Venereology, and arranges well attended, high quality winter and autumn meetings. However, the mean age of the members of the section is increasing.

Scandinavian Society for Genitourinary medicine, SSGM, was grounded in Sweden in the late 1970ies, and arranged multi-

disciplinary biannual Nordic meetings changing between the Nordic countries except Iceland until the 17<sup>th</sup> meeting in Oslo 2010. In Oslo, it was decided not to continue the SSGM meetings, but to arrange sub-meetings for Nordic venereologists in connection with Nordic or European meetings. However, this idea has not been realized.

Venereology is an integrated part of the NDA meetings, with a venereological symposium. I have chaired or co-chaired the venereological session in all the eight NDA meetings since Copenhagen 1989, including the coming meeting in Tampere August 2013. In Tampere, the venereological session is one of three parallel one hour sessions, and the only STI session out of 21 parallel sessions and 6 plenary or keynote sessions. This illustrates the interest for venereology in the NDA.

Some NDA meetings can be remembered. In my first meeting in Copenhagen 1989, I had very limited sponsoring, and camped in a small mountain tent. However, it was a rainy weather, and my co-chair, Anne-Marie Worm, felt sorry for me and offered me a bed in her home.

To the venereological session in Reykjavik in 1993, I invited David Taylor-Robinson to give the main lecture. In 1980, he had discovered *Mycoplasma genitalium* as a new agent causing urethritis, and in 1990 PCR techniques for the diagnosis had been developed. His talk inspired the Swedish venereologists to start clinical *M. genitalium* research. Together with Jørgen Skov Jensen, microbiologist in Copenhagen, several colleagues in Sweden since then have contributed to elucidate the role of *M. genitalium* in genital infection. In the last IUSTI editorial board meeting, it was decided to produce European guidelines for genital mycoplasmas. I was asked to be the responsible editor, and Jørgen Skov Jensen the lead author.

The next meeting in Reykjavik was in 2008, and I succeeded to invite Harald zur Hausen to give a lecture about the role of virus, especially HPV, as a cause of cancer. In December the same year, 2008, he received the Nobel Prize in medicine for his research. Unfortunately the venereological session was a parallel session with melanoma, and the attendance to his talk was quite sparse.

The Norwegian and the Swedish dermatological societies have integrated venereology in their names. Perhaps it is time also for the Nordic Dermatologic Association and the other three Nordic Dermatological societies to do the same. If the dermatologists really want to keep venereology as a part of the specialty, this should be a positive signal.





## Cato Mørk

**You participated in the 28<sup>th</sup> congress in Bergen with a communication entitled “A clinical study of 105 patients with erythromelalgia.” and in the 30<sup>th</sup> congress in Odense in parallel sessions with communications entitled “Androgenic and diffuse alopecia” and “No long-term changes in quality of life following climate therapy for psoriasis”.**

*1. How did you embark on these subjects (erythromelalgia, hair growth disturbances, psoriasis, climate therapy, quality of life)?*

Erythromelalgia: In 1990 professor Knut Kvernebo had a lecture on the hypothesis that erythromelalgia is a unique model for microvascular arteriovenous shunting and skin hypoxia. Some years later, under his supervision, I continued his scientific work and focused on studies of microvascular pathophysiology using laser Doppler perfusion Imaging, capillary assisted video microscopy and laser Doppler flowmetry, as well as clinical trials in patients with erythromelalgia. Today we have followed more than 200 patients for up to 27 years, the largest prospective cohort in the western world, mostly Norwegian patients, but also patients from Scandinavian countries, UK and USA have also been included.

I presented my thesis in 2004; “Erythromelalgia: Studies on pathogenesis and therapy”. In 2012 Ole Magne Kalgaard followed with the thesis “Erythromelalgia: Clinical aspects, pathology and therapy” and Mari Kvernebo, Department of Dermatology, Rikshospitalet, Oslo University Hospital will continue.

Alopecia: I have been involved in many clinical trials, and early in my career I was stimulated to focus on hair diseases and interventions with minoxidil and finasteride in male pattern hair loss. Following this work I have seen most patients referred with hair loss and excessive hair growth, and contributed with many lectures on hair disorders.

Climate therapy: Since 1976 Norwegian psoriasis patients have been offered periods of three weeks climate therapy. Doctors from Rikshospitalet have supervised and administered the treatment. I have been medically responsible for these patients for many years and started a more scientific evaluation of the treatment outcomes. Climate therapy is supplemental

to those patients who require hospitalization and frequent intensive outpatient care. The therapy commonly has a beneficial effect on psoriasis severity and is highly appreciated by most patients. The treatment is a possibility for patients with psoriasis to have a break from their intensive medication and treatment schedule. The aims of the therapy is to relieve the symptoms, improve coping abilities, meet peers that can share experiences, alleviate fatigue and improve physical, psychological and social well-being. The Norwegian Health Centre at Lanzarote and Gran Canary also treat many patients with psoriasis from Sweden, Finland and Iceland.

*What prompted your interest in dermatology in the first place?*

I have been practicing dermatology for almost thirty years now and I am happy that I chose this field of medicine. Dermatology deals with diseases of skin, hair and nails. You see patients of all ages and there are thousands of diseases, syndromes, disorders, illnesses and sicknesses that can affect quality of life. Every organ in the body has some signs on the skin. As a dermatologist you have to rely on your clinical diagnostic skills. The advantages are variety, variety of patients and clinical variety, growing variety of treatment and devices. We treat appearance, which is important for people's quality of life.

The field is full of technology, surgical procedures and pharmacological interventions. Dermatology is a speciality where you easily can combine academic medicine with clinical work. Furthermore, dermatology offers autonomy, more controllable hours and you can choose independence from the increasing bureaucracy and control in hospital medicine. I appreciate this freedom.

*Who inspired you?*

I became acquainted with dermatology at medical school at University in Oslo. Professor Georg Rajka, professor Lasse Braathen and professor Ole Fyrand and lecturer Tor Langeland, Department of Dermatology, Rikshospitalet were the teachers that inspired me as a student. My first job as a medical doctor was at the same department and with short interruptions I worked there until 2009.

My dermatological career: Academic degree: M.D. University of Oslo 1982, Ph.D. Oslo University 2004 Education: Specialist in dermatology and venereology 1990 Previous academic position: Professor, Department of dermatology, Rikshospitalet, Oslo University hospital, 2007–2009. Current academic position: Adjunct professor, Faculty of Medicine, Department of Cancer Research and Molecular Medicine, NTNU, Trondheim 2010. I started Akershus Dermatological Clinic in 2009. Cooperation in our country and internationally. An Erythromelalgia Study Group was established with focus on epidemiology, pathogenesis and therapy. The group is organised as a research network involving: Department of Biomedical



Engineering, University Hospital, Linköpings Universitet, Sweden; Department of Cardiothoracic Surgery, Ullevaal University Hospital; Rikshospitalet, Oslo University Hospital with the following departments: Institute of Laboratorium of Clinical Neurophysiology, Department of Neurology, Department of Psychosomatic Medicine, Department of Pathology, and Department of Dermatology; and The Erythromelalgia Association (TEA; [www.erythromelalgia.org](http://www.erythromelalgia.org)). This group is together with Department of Dermatology, Mayo Clinic world leaders in erythromelalgia research.

The understanding of the EM pathogenesis has given invaluable knowledge of how to use skin microvascular measurements as a “window” for studies of global nutritive microcirculation. Studies are being planned in cooperation with professor Mark Davies, Department of dermatology, The Mayo Clinic.

In studies on quality of life in patients with psoriasis I have for many years have fruitful cooperation with professor Astrid Klopstad Wahl, University in Oslo. We have also studied pain and discomfort in patients with psoriasis with professor Audun Stubhaug, University in Oslo.

At NTNU, I have together with professor Eirik Skogvoll and associate professor Anna Bofin, supervised a project on photodynamic therapy and basal cell carcinoma.

*What is your best memory from a Nordic Dermatology Congress?*  
As a young resident I was surprised to be entertained by Lill Lindfors at my first Nordic Dermatology Congress in Uppsala in 1986. She has been extremely popular in Norway, also among the Norwegian male dermatologists at this congress. I also remember from the same congress the personal atmosphere at Hotel Linné, where I lived in central Uppsala, next to Sweden's most historic botanical garden and the splendid Gothic Cathedral.

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## Filippa Nyberg

**You participated in the 27<sup>th</sup> congress in Åbo in 1995 in a symposium “Autoimmune diseases: mechanisms and management” with two presentations entitled “Expression kinetics of adhesion molecules in UV-induced DLE” and “SCLE skin lesions in comparison to PMLE lesions.”**

### 1. How did you embark on this subject?

I started the projects on phototesting in cutaneous lupus in my second year as a resident (ST) at department of dermatology, Karolinska Hospital 1993. My mentor was Eija Stefansson (previously Rosenblad) who had just left Helsinki for Stockholm.

### 2. What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.

When I had finished medical school, I wanted to see the world and become either specialist in infectious medicine or gynecology. I went to Calcutta to work for half a year before my physician's exam, and during one normal work day in Mother Theresa's home for the dying, in came two Swedish doctors who wanted to photograph “diseases of the dark skin”. They happened to be Johan Landegren and Alf Björnberg, I told Johan who had just led the course in dermatology at Karolinska with me as a student, my future plans but then he said “oh but remember that dermatology is also an international speciality, look at us!”. After having finished my AT, I remembered his words, made a phone call to the department of dermatology at Karolinska and was lucky to get a vacancy there within 2 weeks. Then it went on with dermatology...

### 3. Have you changed the focus of your interest during the time passed?

Yes, both as a specialist and a researcher I am more interested in overview than in separate molecules nowadays. I have also spent a lot of energy and learning in leadership since I have been head of department on two hospital-based clinics, then also at higher organisational level. My interest in patient safety and quality has always been there, but of course developed during 2 years as a medical director of Uppsala University Hospital.

### With whom do you cooperate in your country or internationally? In Sweden? Other dermatologists? Basic scientists?

I cooperate with clinicians and clinical researchers in dermatology, rheumatology and pathology, in Sweden, Germany, Great Britain and USA and Japan to some extent, mainly in epidemiology.

### 4. What are your thoughts about the position of this field in the global dermatologic community?

Cutaneous lupus and the whole group of autoimmune diseases in the skin, especially the nonblistering diagnoses, are underfunded, under-researched, under-resourced in health care and often have a poor quality of life. They are not even “orphan diseases”, they are too common for that and are in fact as common as SLE which is a disease with higher mortality. In fact the incidence and prevalence data were not known when I started my research.

5. In addition, would you like to elaborate on the following topics? "The position of Nordic dermatology in the dermatologic community?"

I think it is good to cooperate within the speciality in a closer network and Nordic dermatology should be a good platform. However, since our Baltic neighbours are just as close, it does not make sense to exclude them and we should in my opinion always think of them and include in a Baltic cooperation whenever possible. That should also probably strengthen the position of Nordic Dermatology in Europe, right now there is a Belgian dermatologist who is "representative of the North" in EADV!!!

*"My best memory from a Nordic Dermatology Congress (it can be just any congress you have attended)."*

My daughter Stella was born soon after the congress in Åbo 1995. The Reykjavik congress was wonderful both to visit Iceland, the Blue Lagoon but also for example Fenella Wojnarowska in the symposium about organisation of specialist primary care in Britain together with Olle Larkö – both are role models in their own way.

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## Elisabet Nylander

**You have contributed to several Nordic congresses, mainly with communications regarding vulva diseases. At the 28<sup>th</sup> congress in Bergen you acted as chair for the "Vulva course."**

1. How did you embark on this subject?

I got interested nearly at once after starting as a resident in Dermatology and Venereology. Vulvology was then a small speciality without any Swedish clinic. I worked together with a specialist in Gynaecology. The literature was sparse, much knowledge was lacking and it was often pioneer work, but very inspiring and we learned a lot.

Regarding the Congress I was asked by Harald Moi to hold a session about vulvar diseases. I did a schedule for the course which was nice. As I had got to know Dr Ridley from London, one of the world's leading experts in vulvology, I invited her to participate as well. (Her tickets were kindly paid by Hans Svartholm at Glaxo).

2. What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests. Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?

I got interested in dermatology already as a student; I found it a challenging speciality where you could specialise in different ways. Professor Ove Bäck, my first boss, was an inspiring person. I soon got interested in venereology which together with vulvology has been and still are my main interests and main work. For many years I cooperated with Dr Inga Sjöberg, associate professor, who is a gynaecologist and we initiated and developed the Vulvar clinic in Umeå which was the first Swedish vulvar clinic ever. Another important person in the vulva clinic is Ylva Britt Wahlin, associate professor and dentist, specialised in oral mucosa. Our first pathologist was Per-Åke Hofer, associate professor in pathology and dermatologist as well, who greatly contributed to and participated in care of our patients.

Since many years I have participated in the International and European Vulvar Societies. At first I met Dr Ridley and later on also her colleague Dr Sallie Neill who is now the leading vulvologist. Later on I also got to know their colleague Dr Fiona Lewis. We have also done research in this field, first regarding vestibulodynia, together with psychologist Jan Bergdahl, and later on regarding mucosal lichen planus.

I am part of a research group studying lichen planus from many points of view, with molecular aspects as well as clinical. Regarding venereology I have since many years participated in the work done by the Section for Venereology which is necessary for doing a good job as we have regular meetings and much contact regarding all aspects of clinical work in venereology. I am also part of a research group in Umeå, the Chlamydia Risk Project together with Jens Boman, MD, professor Urban Janlert and Helena Carré, MD, PhD.

4. What are your thoughts about the position of this field in the global dermatologic community?

Venereology: *Chlamydia trachomatis* is the most common infectious disease in a big part of the world. There are other common STIs as well. These diseases are very common, the sequelae are severe and cost a lot of money and the frequency is still increasing. Taken together, all this gives venereology a central position in the medical community, and in order to stop this STD-epidemic we have to change our way of working.

Vulvology: the need of interested vulvologists is still great as many diseases are quite common, the symptoms severe and many women do not get adequate care.

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## Evy Paulsen

**You participated in the 28<sup>th</sup> congress in Bergen in a Breakfast-meeting with a communication “News and problems in compositae dermatitis” and at the 29<sup>th</sup> congress in Gothenburg in 2001 in a symposium Occupational dermatology with a presentation “Occupational plant dermatoses.”**

### *1. How did you embark on this subject?*

In the beginning, when I was a medical student, I was not very interested in dermatology. In those days, it was common practice that pharmaceutical companies provided medical students with booklets, handouts etc. to help us in our education. I remember giving away dermatology material because I thought I would never ever need it.

### *2. What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.*

Everything changed, however, when I, as a preparation for an examination, spent one month of my summer holidays at a department of dermatology: I fell in love in several ways. Many years later, I got a locum-tenency at the department of dermatology in Odense, Denmark, where Klaus Ejner Andersen had recently been appointed professor. One of his interests was – and is – contact dermatitis, and as I would like to do some research, he suggested some topics, from which I without hesitation chose Compositae dermatitis. The prospect of combining my interest in plants with my work was irresistible. Professor Klaus E. Andersen has been my mentor, and our close cooperation with professor Lars P. Christensen (Department of Chemical Engineering, Biotechnology and Environmental Technology, University of Southern Denmark) on plant allergy has been a pleasure.

### *3. Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?*

Compositae dermatitis is still a major problem in India, and Compositae sensitization is the most important cause of plant dermatitis in Europe. Continuing research is necessary in terms of (new) sensitizing species, modes of sensitization and especially elicitation, and treatment modalities. Although the symptoms of Compositae sensitization are not usually life-threatening, they may have a serious impact on quality of

life for the individual patient because avoidance of exposure is difficult because of the ubiquitous allergens.

Richard Rycroft, former editor of Contact Dermatitis, once said that plant contact dermatitis might be used as a model for contact sensitization, and I believe that a thorough understanding of Compositae dermatitis might help us understand the mechanisms involved in sensitization to other allergens.



## Eric Sandström

**You have participated in many Nordic congresses. At the 29th congress in Gothenburg in 2001 you acted as chair of the symposium “HIV-infection” and contributed with a communication entitled “Adverse effects of HIV-treatment.”**

### *1. How did you embark on this subject?*

With a background in bacteriology I was assigned to focus on STIs when I joined the department of dermatovenereology at Södersjukhuset in Stockholm. This led to a thesis on the serological classification of Neisseria gonorrhoea. Given the persistent high rates of syphilis in the late 1970's Geo von Krogh and I offered diagnostic STI services to healthy men in a gay sauna and could show that many carried asymptomatic STIs. This gave rise to a clinic to diagnose sexually transmitted infections in gay men in 1982. It soon became clear that early stages of what was to become AIDS was frequently encountered in healthy gay men in Stockholm.

Over the years the clinic expanded and adapted to holistic care for these patients including terminal care. In these desperate times we participated in many clinical treatment trials including immunotherapy. We organized one such trial of more than 800 patients in the Nordic countries and could show that immunization with a recombinant gp160 (envelope) protein could increase the CD4 count and significantly prolong life at 2 years. However the CD4 effect was transient and of a similar magnitude as monotherapy with zidovudine and there was no survival benefit at 3 years. After the therapeutic revolution in 1996 we were engaged in a series of studies of the new drugs and drug combinations with a focus on increased tolerability and reduction of adverse reactions. The clinic undertook a series of investigations of the health related quality of life and metabolic disturbances caused by HIV drugs.



2. *What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.*

A dear friend, Lena Wanger, wanted a summer vacation and asked me to fill in for her. This offered the prospect of a pleasant summer in a specialty I had no plans to continue in. However the ambiance of the clinic and the hands on approach to many patients with chronic diseases was very appealing. The rigor of Gunnel Eriksson's standards of diagnosis and care convinced me that this could be a good future. Her interest in oral treatment of gonorrhoea introduced me to clinical science, which in retrospect, I can see decided my fate.

With the focus on STIs it was an imperative for me to engage in the emerging AIDS epidemic bringing to the table the venereological concepts of prevention, epidemiology and non-judgemental care, and later the interest in quality of life in chronic diseases from dermatology. The urgency of the quest for a treatment and prevention, and lately the possibility of a cure are providing continued challenges. The vaccine experience and concomitant work in East Africa has given me the privilege to be involved in studies of prophylactic HIV vaccines.

3. *Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?*

Although trained with a microbiological laboratory bias, the fascination of the behavioral aspects of the transmission of STIs, especially in young people, came to dominate my early experience. The dermatological part of the work was interesting, but did not really capture my imagination, since so much was descriptive and few tools were available at that time to exploit the accessibility of the skin for cutting edge scientific investigations. The work with gonorrhoea led me to a sabbatical with King K Holmes in Seattle and the work with HIV to Boston with Martin S Hirsh, both the outstanding institutions in their fields at the day.

The networks of colleagues that were established during these periods have been invaluable for my scientific work. Building on that experience we early employed a coordinator of the clinical work at the HIV clinic with basic scientists primarily at the Swedish Institute for Infectious Disease Control in order to generate knowledge of this new mysterious disease as fast as possible. We were driven by the conviction that good scientific knowledge was the best way to fight the stigma, denial of HIV and its transmission. It was also an essential component in the fight for funds and credibility in the medical community. When times were hard it was a welcome breathing hole to take part in the activities of SÖSAM, that brought back the early fascination of the complexity of STIs in young people.

4. *What are your thoughts about the position of this field in the global dermatologic community?*

Although syphilis was the cradle of dermatology and venereology is still an integral part of the specialty in many countries, dermatologists are not at the forefront in the field of STI. Why is that? Do the diseases not allow for resources sufficient for the creation of a critical mass that would generate leaders and cutting edge programs? Are we unable to assemble all interested parties and claim leadership based on our excellent clinical and epidemiological skills? Do we lack insights into cutting edge science on the fringes of the field that could drive development? Or are we simply not interested enough to build our empires?

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## Marcus Schmitt-Egenolf

*You participated at the 31<sup>st</sup> congress in Reykjavik in 2008 at the session Biologics - Anything unsaid? With a presentation entitled "Systematic follow up of conventional and biologic psoriasis treatment: The Swedish registry PsoReg".*

1. *How did you embark on this subject?*

The Introduction of biologics into dermatology was a challenge for the dermatologic community. We needed to take responsibility and decided to establish PsoReg, which became one of the first registries for systemic psoriasis treatment in the world. This year, on the coming 32<sup>nd</sup> congress in Tampere, I will give a presentation in the session Epidemiology and pathogenesis of metabolic syndrome and its consequences in psoriasis with the title "The higher proportion of men with psoriasis treated with biologics may be explained by more severe disease in men".

2. *What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.*

I fall in love with dermatology early in life. To be able to look at the diseased skin and recognize a disease in the very same moment fascinated me. I visited several departments in Germany to find a place where I could do my MD theses. Finally I did choose the department in Kiel because I felt that I could learn a lot from Professor Enno Christophers and Professor Wolfram Sterry, who were so kind to offer me a project on T-cell receptor rearrangement in psoriasis. Still

a medical student, I started with my psoriasis research 1989 at the age of 23. I am now 46 years old, so you can say that I have half of my life done psoriasis research. After my medical studies I received an education stipend from the German Research Council and went to Vienna to work with Professor Georg Stingl. I am very thankful that I had the privilege to learn so much early in life from distinguished colleagues who were both excellent in research and in clinics. There love to dermatology inspired me.

*3. Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?*

Although I work in other fields too, like melanoma and genodermatoses, has there always been my psoriasis research. I think I am addicted! I like to work with people who have complementing areas of expertise and personalities. This is not only reflected by my cooperation partners but also by the divergent background of my doctoral students, like medicine, nursery, statistics and economy.

*4. What are your thoughts about the position of this field in the global dermatologic community?*

Today we live longer, while multimorbidity has become the new normal for the aged population. Given limited financial resources this is a big challenge. Registries, based on real-world data derived and interpreted by physicians, can help us to handle this challenge better. The whole world admires the registries in the Nordic countries! PsoReg was a model for later registries, like the British. Together with Professor Luigi Naldi, Italy, I founded the European PsoNet-network, which has now extended to Israel and Australia.

*In addition, would you like to elaborate on the following topics? "The position of Nordic dermatology in the dermatologic community?"*

I think that the cooperation in the Nordic/Baltic countries should be developed more intensively. This collaboration has potential!

*"My best memory from a Nordic Dermatology Congress (it can be just any congress you have attended)."*

The intimate, nearly familiar atmosphere is the strength of the Nordic Dermatology Association. This spirit was clearly present at the meeting in Reykjavik in 2008. The colleagues from Iceland organized under the lead of Dr. Baldur Baldursson a great conference, both scientifically and socially. Baldurs engagement in details like the production of a logotype for the congress inspired by the sculpture of a local artist was impressing. To take a bath in the Blue Lagoon together with my colleagues will never be forgotten!



## Gunilla Sjölin-Forsberg

**You participated in several Nordic congresses. At the 27<sup>th</sup> congress in Åbo in 1998 you participated in the symposium Autoimmune diseases: mechanisms and management with a presentation "Action mechanism of chloroquine in human skin". At the 31<sup>th</sup> congress**

**in Reykjavik in 2008 you participated as chair at the session Drug reactions and interactions with a presentation "ADRs and the skin from a regulatory perspective".**

*1. How did you embark on this subject?*

I have always had a fascination for medicinal products and the impact those may have on the skin.

*2. What prompted your interest in dermatology in the first place?*

I really enjoyed the dermatology lessons during my medical education in Uppsala. Already at an early stage during my internship at a country hospital in Sweden, I decided I wanted to specialize in either this or gynecology. It turned out to be dermatology by chance. The family moved back to Uppsala and I was offered the possibility to combine training in Clinical Pharmacology and Dermatology, a wonderful opportunity to elaborate my special interests.

*Who inspired you?*

The patients!

*Tell us about your dermatologic career and other interests.*

Uppsala was a great place for someone with my interests as the city hosted both a well developed Department of Dermatology at the University Hospital and the National Agency for Medicinal Products (MPA). Often I had my luncheon while biking between the two localities (good for weight control). The environment was good for PhD studies of skin pharmacology and during the clinical training a special interest of adverse drug reactions in the skin developed.

*3. Have you changed the focus of your interest during the time passed?*

Although trying to balance my two specialties, the pharmacological part became more dominant for a period of seven years when I was heading the Department of Drug Safety at the MPA .

*With whom do you cooperate in your country or internationally?*  
Nowadays the interest in drug safety has brought me to CIOMS in Geneva Switzerland. CIOMS is the acronym for Council for International Organisations of Medical Sciences. It is a non-governmental non-profit organization in close collaboration with the World Health Organisation (WHO).

*Other dermatologists? Basic scientists?*

The present collaboration is with scientists and experts globally within the fields of drug development and safety and medical research ethics. The most recent project concerns vaccine safety in low- and -middle income countries.

*4. What are your thoughts about the position of this field in the global dermatologic community?*

My present work is of course within a dermatological borderline area but the clinical training and practical experience of adverse drug reactions with expressions in the skin have always been very helpful. It also includes epidemiological methods used within risk management and these methods are very applicable within research in general. Research ethics is of course a broad perspective covering all research activities within the medical field including dermatology.

*In addition, would you like to elaborate on the following topics? "The position of Nordic dermatology in the dermatologic community?"*

Research within the field of skin pharmacology and research using epidemiological methods are very well developed in the Nordic countries. The advantage of using information from Nordic national registries covering major parts of the populations has been demonstrated in research and should be further elaborated, preferably in close collaboration between Nordic countries.

*Tell us about "My best memory from a Nordic Dermatology Congress (it can be just any congress you have attended)."*

My strongest memories are from Uppsala, Åbo-Turku and Reykjavik. Uppsala because it was my first dermatology congress ever, and I had the opportunity to get the perspective from behind the desk, being part of the staff of the organizer. That was fun! It was also a great inspiration to continue the dermatological track! Finland because I had the opportunity to present some of my research being part of my thesis, to meet colleagues with similar interests and the possibility to acquaint myself with the lovely city of Åbo-Turku. Iceland for the excellent hosts and brilliant meeting. I was very happy to meet my session fellows and discuss our mutual topic. The Island itself was extraordinary.



## Kristian Thes-trup-Pedersen

**You have contributed to most dermatologic congresses since 1986. At the 24<sup>th</sup> congress in Uppsala in 1986 you contributed to the workshop Atopic dermatitis with a lecture "Immunology". At the 26<sup>th</sup> congress in Reykjavik in 1993 you co-chaired the symposium**

**Atopic dermatitis and you gave a lecture entitled "Newer principles in the treatment of atopic dermatitis". At the 28<sup>th</sup> congress in Bergen in 1998 you contributed to the Breakfast-meeting with a lecture entitled "Photopheresis, indications and results." At the 29<sup>th</sup> congress in Gothenburg in 2001 you were chair at the symposium "Atopic dermatitis at the millennium" and talked on "What regulates T lymphocyte migration?" At the 30<sup>th</sup> congress in Odense in 2004 you contributed with presentations entitled "Interactions between skin-homing T lymphocytes and peripheral mononuclear blood cells in patients with atopic dermatitis" and "Incidence, severity and management of atopic dermatitis among children in Denmark during the 1990's".**

*1. How did you embark on this subject?*

My interest in "dermatology and venereology" came via immunology. In anatomy as a medical student in 1963 and onward, we learned lymphocytes were "end stage cells" with unknown function. But – during a 7 month stay in a leprosy hospital in India, it was evident that the immune response of a leprosy patient was of paramount importance for the outcome of the infection. This increased my interest in dermatology – also because in skin diseases you have visual contact with the immune reactions or skin inflammation taking place.

*2. What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.*

My interest came via the regulation of certain immune reactions of skin as stated above. I really came into dermatology around 1975 following a post doc year at Yale University, a fantastic experience to be among so many wellknown researchers.

*3. Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?*



At my department at Aarhus Univeristy Hospital, we have had plenty of Danish and Foreign students. At one time I had approx 15 PhD's working. Funding was very difficult, but we produced many and good studies – from T-lymphocyte chemotaxis to epidemiological studies about atopic dermatitis. This is still continuing in the department, which I left 2003, when turning 60 years. Now, I still have connections with some more clinical studies, but at a slower pace.

*4. What are your thoughts about the position of this field in the global dermatologic community? In addition, would you like to elaborate on the following topics? "The position of Nordic dermatology in the dermatologic community?"*

That Nordic dermatologists can be trusted and that our research reaches far beyond the rather small corner of the world with an impressive impact on our specialty.

*Tell us about "My best memory from a Nordic Dermatology Congress (it can be just any congress you have attended)".*

I believe that one of the most impressive congresses was in Helsinki, when I first attended in 1980 and in Iceland. The beauty of the countries, the weather, the lectures – everything was fantastic. But, if Nordic Dermatology Association will continue for another 100 years is questionable. Internet, the reduction of the pharmaceutical industry with all its problems imposed by politicians – both on economical and safety restrictions may lead to smaller and smaller meetings. I hope not as it is stimulating for our young colleagues to meet in a Nordic setting. Only sure thing is: I will not be around for the 200 years birthday.

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## Mona Ståhle

**You participated in many Nordic congresses. At the 27<sup>th</sup> congress in Åbo in 1998 you acted as chair at a special course "PCR and hybridization technics" and with a lecture entitled "Application of in situ hybridization techniques to dermatology (including non-radioactive ones)". You**

**participated also in the 30<sup>th</sup> congress in Odense in 2004 with a presentation entitled "Psoriasis phenotype at disease onset". At the 31<sup>st</sup> congress in Reykjavik in 2008 you participated as chair at the session "Biologics – Anything unsaid?" and with a presentation entitled "Systemic treatment of psoriasis – a new biologic era".**

### *1. How did you embark on molecular dermatology?*

Following completion of my PhD in 1989 I went to the USA for postdoctoral training and chose to study molecular biology. During almost 2 years of training I aquired basic understanding of the techniques and putative application witin dermatology at the time. It opened up a new and excting line of investigative tools for experimental reesarch

### *2. What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.*

I aspired to work at Karolinska primarily because of the academic environment at the Karolinska Institutet. However when I joined the clinic the focus was on clinical training and it was not easy to find a suitable topic for thesis work. The clinic was demanding and very interesting and being exposed to such variety of interesting and rare cases and the close interaction with dermatopathology was inspirational.

Many highly skilled and academically trained clinicians inspired me; among many others, Erik Borglund for his unusually precise diagnostics skills, Johan Landegren for his teaching. My mentor was Östen Hägermark who introduced me into scientific thinking and who bacame my supervisor for my thesis work. He gave good advice and sound criticisms but made sure that the student was the engine in the process which helped me and his other students to gain independance early on.

### *3. Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or internationally? Other dermatologists? Basic scientists?*

My first work was clinically oriented studying itch in patients on dialysis treatment for renal failure After my post-doc I switched to exploring basic mechanisms and my work became more experimental. I started to build a research group combining clinicians and basic scientists. Initially we worked on matrix metalloproteinases in skin pathology such as skin cancer and wound healing, later we explored the role of antimicrobial peptide LL37 in skin and during the past more than 10 years we have focused on the many aspects of psoriasis.

### *4. What are your thoughts about the position of this field in the global dermatologic community?*

Academic dermatology is threatened globally – the situation has changed dramatically during the past decades. Especially the role of clinically trained doctors in skin research. This we share with other countries. To improve our competitive strength we must work in groups, the one supervisor – one student approach that was the rule in the old days does not work anymore. We must also join networks outside of dermatology to work on common basic questions. That applies to all fields, immunology, genetics, cancer, epidemiology. Importantly we

should keep strong connection between clinic and science. If we can interest clinically trained dermatologists for basic scientific questions we may be successful in translational medicine. My guess is that the role of skin as a research organ will grow.

5. Tell us about "My best memory from a Nordic Dermatology Congress (it can be just any congress you have attended)".

Actually, the first meeting I attended in Helsinki (1980 or 1979?) I had just started at Karolinska and Erik Borglund asked me to present a case that we had seen together – a case of a newborn child with Conradi syndrome (or disease) that he so beautifully diagnosed at a glance before a much surprised crowd of paediatricians. He predicted the X-ray deformities that were subsequently diagnosed and also the disease course. A beautiful case, that he handed over to me for presentation. My only problem during the actual presentation (in addition to almost fainting from having taken a beta-blocker to suppress the racing heart) was that the speaker before me turned off all lights to show his immunofluorescence. I had to start by crawling on the floor in the dark to turn on the light. It took a long while... Eventually the presentation went well and the congress became a sweet memory offering beautiful summer weather and very nice collegial interactions. As a young budding dermatologist, I felt that I wanted to belong to this crowd. I have never regretted my choice.

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## Anders Vahlquist

**You have contributed to all dermatologic congresses since 1986. At the 24<sup>th</sup> congress in Uppsala in 1986 you participated in the symposium Retinoids with a lecture on Side effects on lipid-metabolism. At the 26<sup>th</sup> congress in Reykjavik in 1993 you participated in the**

**symposium Psoriasis with a lecture "The role of retinoids in the treatment of psoriasis". You were also chair of the Workshop Inherited disorders of keratinisation and contributed with a lecture "New ways to the diagnosis and classification of disorders of keratinisation" and "New therapeutic approaches". At the 27<sup>th</sup> congress in Åbo in 1995 you were chair of the symposium "Skin aging and skin care". At the 30<sup>th</sup> congress in Odense you talked on "Congenital ichthyosis and its differential diagnoses".**

*How did I embark on the subjects that I've presented at the NDKs*  
Much of what I've presented over the years on NDKs between 1986 and 2009 has revolved around retinoids and genetic disorders treatable by retinoids. As a matter of fact, retinoids were my way into Dermatology in the mid 70's. After having presented a thesis on vitamin A transport in blood in 1972, I was approached by Lennart Juhlin and Gerd Michaelëson, heads of the Dermatology department in Uppsala, who were interested in the effect of zinc and vitamin A in acne. This was long before the appearance of synthetic retinoids. The similarities between skin symptoms of vitamin A deficiency and the many inherited disorders of cornification known to respond to retinoid therapy paved the way for a research project that has continued ever since. This research also led me into the Board of European Society for Dermatology Research, which has enormously assisted in network-building not only in the Nordic countries and Europe, but also worldwide.

### *The position of Nordic Dermatology and NDK*

Meeting places such as NDK are always useful in creating the personal bonds and memories that inspire future progress of our speciality.

### *Best memories:*

1. Visiting beautiful Iceland during the 1993 NDK! 2. The closing ceremony of the NDK in Uppsala in 1986 (puh!) after having listened to our secret guest-performer, Lill Lindfors, at the gala dinner!

### *Worst memory:*

The very stressful (and learning) events surrounding the organization of NDK in Uppsala – without the help of a congress bureau! All doctors (and their children!) at the Uppsala clinic were heavily involved also in practical things such as the tricky folding of 800 congress bags, constructed like postboxes made of hard plastic sheets. Cheap to buy, but very unpractical and certainly nothing to bring home!

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## Joanna Wallengren

**You participated in the 24<sup>th</sup> Nordic Congress in Uppsala, in 1986, with a poster entitled "Substance P and CGRP as inflammatory mediators".**

*1. How did you embark on this subject?*

After my internship I worked for half a year at the neurology department in Lund, which had been my dream since I started my medical studies. When I later moved to the department of dermatology in Malmö, the head of the department, Prof Halvor Möller suggested I might join a group of scientists in Lund to study neuropeptides in the skin.

*2. What prompted your interest in dermatology in the first place? Who inspired you? Tell us about your dermatologic career and other interests.*

As a medical student, I was invited to work at the Dermatology department in Malmö for a week of eastern holidays, just after the course of dermatology. My guardian during this week was dr Magnus Bruze. I really enjoyed it and found that dermatology with its diagnose-making with a naked eye was very exciting. After trying the deductive work of a neurologist as a legitimated physician, I moved to dermatology in Malmö. With Professor Halvor Möller as main supervisor, we studied the role of neuropeptides, mainly substance P and CGRP, in pharmacological experiments on healthy voluntaries and in patients with skin diseases by use of radioimmunoassay and immuno-histochemistry.

After completing my training in dermatology as well as my PhD thesis, I moved to the department of prof Hans Rorsman in Lund. Here, I was able to work closely with my former supervisors prof Rolf Håkanson at pharmacology department and prof Frank Sundler at histology department in Lund – the true pioneers in the field of neuropeptides and founders of the journal “Regulatory peptides.” It was a very creative environment where clinicians from different specialities met to discuss neuropeptides.

I have always admired my greatly skilled fellow-dermatologists Gösta Krook, Holger Hansson, Rolf Holst, Alf Björnberg, Eva Tegner, Ingrid Thelin, Annika Aronsson and Mikael Klinker.

*3. Have you changed the focus of your interest during the time passed? With whom do you cooperate in your country or interna-*

*tionally? Other dermatologists? Basic scientists?*

I have stayed in the world of neuropeptides but I have become more interested in pruritus. It was prompted by a kind invitation of the Dutch Dermatologist Association to give a lecture on Pruritus in Antwerp at their annual meeting in Antwerp in 1992 (in collaboration with the Belgian Dermatologist Association). I have had the opportunity and pleasure to cooperate with many European dermatologists on the European guidelines on chronic pruritus, which has been a long process. I have also had an honour to contribute with chapters to several books on pruritus, with authors not only from Europe but also from Japan and US. At home, I still work with basic scientists and clinicians - the disciples of Rolf Håkanson and Frank Sundler in Lund.

*4. What are your thoughts about the position of this field in the dermatologic community?*

Happily, pruritus – the main sign of skin disease and very common in the aging population – has gained an increasing interest. It has been made possible by new techniques and a growing interest of basic scientists and pharmacological companies. Skin is a truly interesting and so easily approached organ for the experimental research. The founding of the International Forum for the Study of itch with Acta Dermato-Venereologica as its official journal has brought clinicians and basic scientists together to exchange ideas and create co-operations.

*In addition, would you like to elaborate on: “The position of Nordic dermatology in the dermatologic community”?*

Clinical dermatology has long traditions in the Nordic countries. The dermatologic research has been greatly facilitated by exchange with scientific centres of North America. Many very influential scientists have been trained in US. They have brought home new techniques and thinking to apply in the Nordic setting as well as long-lasting friendships. Eventually, maybe due to the networking through ESDR and EADV, the exchange has continued also with the research centres of Europe. I think that in order to keep pace with the leading dermatologic research we need Nordic cooperation and founding for studies in fields that are important in our region.