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Capillary malformations and segmental overgrowth syndromes

A Deniz Akkaya

Koc University Hospital, Turkey

There is a significant confusion in the terminology among physicians from different disciplines when describing vascular anomalies. The syndromic forms of vascular anomalies are usually misdiagnosed. Moreover, terminology for vascular malformations associated with segmental overgrowth continues to be debated and categorization is still a challenge. Despite the advances in genomic sequencing techniques, accurate clinical diagnosis is still essential. Accurate description of the cutaneous lesions, associated findings and the overgrowth patterns are the first clues leading to the diagnosis. Early diagnosis of the subtypes of these syndromes is essential for the optimum management of the affected patients. This presentation will be covering differential diagnosis of the established syndromes with asymmetric overgrowth and vascular anomalies including Klippel-Trenaunay Syndrome (KTS), Cutis Marmorata Telangiectatica Congenita (CMTC), Macrocephaly-Capillary Malformation Syndrome (M-CM), Diffuse Capillary Malformation with overgrowth (DCMO) Syndrome, Congenital Lipomatous Overgrowth and Vascular malformation with epidermal nevus and skeletal (CLOVES) abnormalities.

drdenizakkaya@yahoo.com

A novel efficient and safe treatment for atopic dermatitis: Topical superoxide dismutase (SOD)

Christian Diehl

Marconi University, Italy

The role of oxidative stress in the occurrence and maintenance of atopic dermatitis (AD) is more and more pointed out. The levels of inflammatory cytokines produced by Th2 (IL-4, IL-5, IL-13), by Th17 (IL-6, IL-17, IL-22) and by macrophages and epithelial cells (IL-1 β , TNF- α , IL-6) are all increased in AD. The release of all these cytokines is under strong influence of ROS and oxidative stress is marked in AD. Superoxide dismutase features a strong antioxidant able to scavenge superoxide radicals. It was demonstrated that superoxide dismutase 3 controls adaptive immune responses, but also inhibits the immune response of Th2 cells and reduces the expression of IL-4, IL-6, IL-8 and IL-13. It also reduces the levels of NO, NOS and iNOS whose increase induces pruritus. For this reason, it was tested in children with AD in topical application, giving excellent results with very good tolerance. The results of these trials are presented here, which make topical SOD a promising alternative to topical steroids in the management of AD in children.

chdiehl@hotmail.com