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Therapeutic efficacy of intralesional tuberculin in verruca vulgaris

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Aim: To study therapeutic efficacy of intralesional tuberculin in the treatment of verruca vulgaris.

Material & Method: This was an interventional study. The study population was patients of verruca vulgaris with 10 or less than 10 warts, age <40 years and no other systemic illness. Mantoux test was performed. 40 patients of verruca vulgaris with Mantoux response more than 5 mm were enrolled for the intervention. Each wart was then injected with 0.1 ml of tuberculin at 2 weeks interval for maximum 6 visits. Response in the form of change in size of wart was noted. Side effects like swelling, tenderness, vesiculation were also noted. At least six months of follow up was kept to observe for recurrences, if any. Complete clearance of lesion was taken as complete response. Result was categorized into 4 grades: Grade 0: No response, grade 1: Less than 50% response, grade 2: More than 50 but less than 100% response and grade 3: 100% response.

Result: Out of 40 patients, 75% patients showed complete response, 17.5% partial response and 7.5% no response. In grade 0, 1, 2, 3 there were 3 (7.5%), 2 (5%), 5 (12.5%), 30 (75%) patients respectively. 5 out of 40 i.e., 12.5% patients had recurrences. Lesser the number of warts, more are the chances of recurrence ($p=0.037$). 8 patients showed side effects in the form of blistering and vesiculation.

Conclusion: Intralesional tuberculin is an effective therapeutic agent for treatment of warts. No significant association was seen between Mantoux test and complete clearance. Patients with lesser number of lesions have higher chances of recurrences with this mode of therapy. Lesions present in close proximity to each other had shown more side effects.

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The global burden of atopic dermatitis

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At Decision Resources Group, we specialize in forecasting trends in the global burden of diseases bolstered by extensive and comprehensive literature review. Atopic dermatitis, an inflammatory disease characterized by intense itching and eczematous lesions has become a common health problem affecting about 20% of children and 3% of adults worldwide. We base our report on the internationally accepted ISAAC Phase III results to which we retrofitted curves looking at historical data and developed a robust model to generate age and gender wise prevalence estimates for all ages. This model accounted for spontaneous remission as well as the birth cohort effect, which is the observed higher disease risk in children than adults. The ISAAC study results capture a uniform disease definition across all countries in our global estimates and allow for defensible and comparable rates of 12-month prevalence, lifetime prevalence and drug treatable population which we present across the North and South American, European, Asia Pacific, Middle East and African regions. We provide a snapshot of the worldwide prevalence indicating a worrisome rise in the low income countries but almost plateauing in the high income countries. Our report highlights the variation amongst the population eligible for drug treatment between high and low income countries. We also report the distribution of the disease based on its severity and atopic association. Combined with our ten year forecast, our results facilitate identification of countries at risk and enablement of opportunities for affordable promising therapies in those vulnerable countries.

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