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To evaluate the efficacy of Non Cultured Extracted Hair Follicle Outer Root Sheath Cell Suspension in cases of Stable Vitiligo

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Background: Vitiligo is an acquired disorder of pigmentation caused by loss of epidermal melanocytes. Current non cultured cell based transplantation therapies largely involve shave skin biopsy for preparation of melanocyte suspension. Follicular cell suspension (FCS) is a novel technique based on findings that hair follicle not only has higher proportion of melanocytes but also their precursor stem cells, which have not been recognized in epidermis.

Materials and Method : 30 patients with vitiligo, stable for atleast 6 months were included in this study. Hair follicles were extracted by Follicular Unit Extraction method from occipital scalp and were incubated in Trypsin-EDTA to separate outer root sheath cells. The suspension was centrifuged to obtain a pellet which was resuspended and applied to dermabraded recipient area.

Results: Overall, 17 out of 30 patients showed>75% pigmentation. 3 patients showed<25% pigmentation (with all three being>50 years of age). The donor site healing was considered as excellent by all the patients with no report of any perceptible change,post healing.

Conclusion: Non cultured FCS can be a useful transplantation method for vitiligo with added advantage of absence of donor site scarring or pigmentation as is the case inepidermal cell suspension technique.

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Leprosy: An ancient disease in a modern world

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Introduction: Despite being an ancient disease, leprosy is still endemic in developing parts of the world and accordingly, remains an important public health concern. Leprosy has even been reported in isolated cases in developed countries, including Australia, usually from migrant sources from endemic areas. Nonetheless, little is published about the diagnosis and treatment of the condition in the developed setting.

Case: A 29-year-old man originally from Sri Lanka living in Australia was referred by his GP for widespread flesh colored papular lesions affecting his entire body including face, hands and feet. The lesions initially started on his left hand but slowly progressed over a 6-7 month period.

Discussion: There are case reports that have highlighted delays in diagnosis of leprosy in the developed world and this may be due to a lack of clinician knowledge about the condition as it presents in such environments. The cases of leprosy in Australia, although infrequent, emphasize the importance of considering leprosy in the differential diagnosis of patients from endemic countries who present with skin changes and/or neuropathy, even if exposure was like to be years ago. Leprosy has even been diagnosed intermittently amongst the Indigenous Australian population and knowledge of the traditional symptoms of leprosy is important to avoid missed diagnosis. It is also very important to understand the natural progression of leprosy and the lepra reaction, as it can result in rapidly progressive neurology and permanent disability.

Conclusion: Despite the infrequent incidence of leprosy in developed nations such as Australia, doctors should be well aware of the signs and symptoms of leprosy and ensure a biopsy or urgent referral to a specialist is performed for further evaluation. The fundamental principles set out to control and minimize the long-term disability associated with leprosy are early detection and commencing management in a timely manner.

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