

SOUVENIR  
PROGRAMME

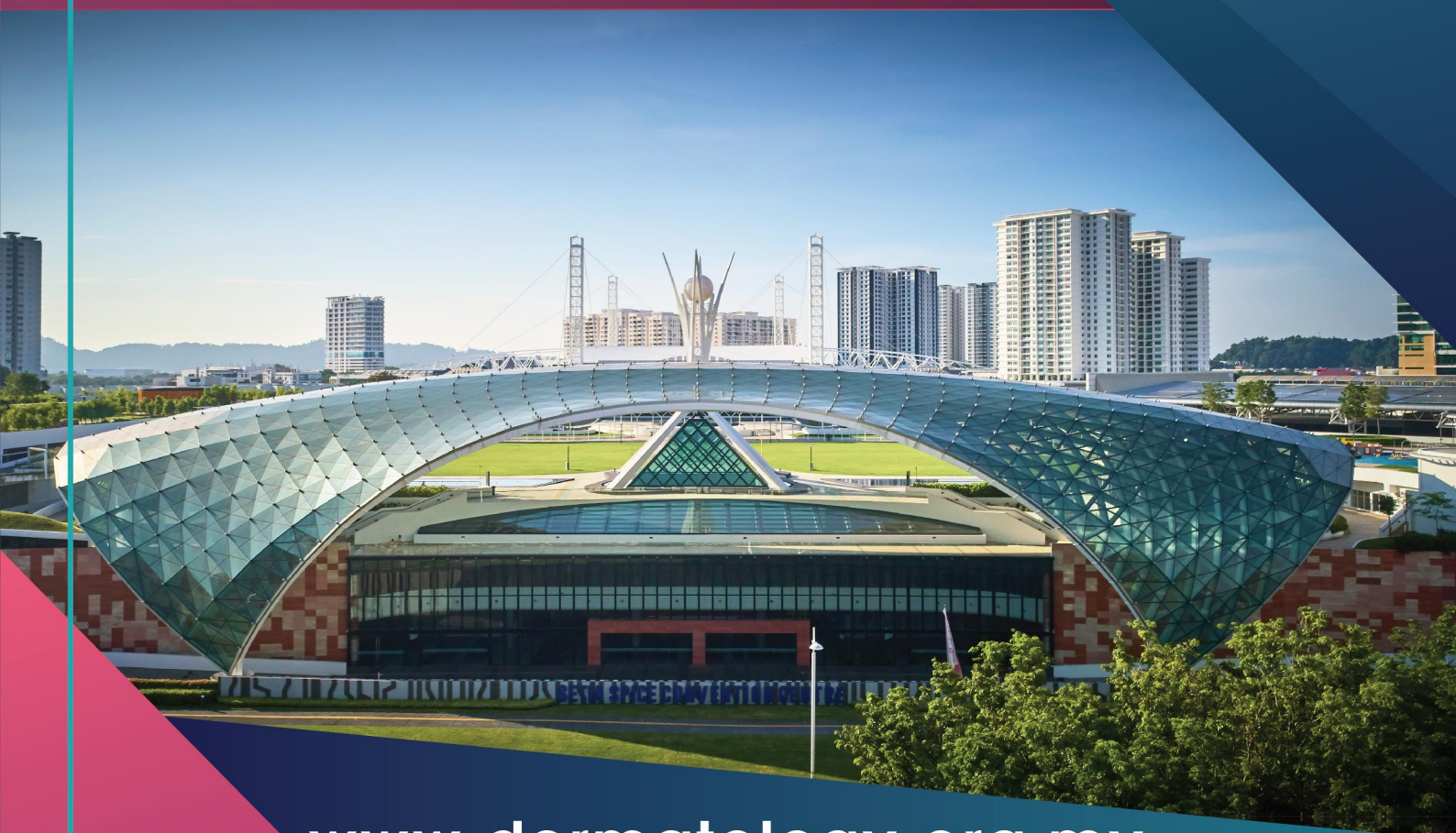
# 48<sup>th</sup> PDM

Annual General Meeting &  
Annual Dermatology Conference

*Women's Dermatology*



**PDM** Persatuan  
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Malaysia  
Dermatological Society of Malaysia  
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14<sup>th</sup> to 17<sup>th</sup> September 2023

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# ACHIEVE LASTING CHANGE



DUPIXENT is indicated for the treatment of patients aged 6 years and older with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. DUXIPENT can be used with or without topical corticosteroids.<sup>1,2</sup>

## RAPID AND SUSTAINED CONTROL - CONSISTENT ACROSS ALL AGES

- » Sustained improvement of itch, skin clearance, and QoL up to 52 weeks, with rapid control after first dose<sup>1-16</sup>

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- » With 4-years long-term safety data in adults<sup>17</sup>
- » Approved in patients as young as 6 years old<sup>1,2</sup>

## START WITH EASE, STAY WITH CONFIDENCE

- » DUXIPENT is not an immunosuppressant<sup>1,2</sup>
- » 85% patient satisfaction with DUXIPENT treatment at 1 year<sup>18\*\*</sup>

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AD, atopic dermatitis; QoL, quality of life.

\*\*adult population only. \*DUPIXENT was first authorized by the European Medicines Agency in 2017; 503,728 patients worldwide across all approved indications<sup>19,20</sup>

References: 1. DUPIXENT prescribing information Singapore, March 2022 and Malaysia, February 2022. 2. Blauvelt A et al. *Lancet* 2017; 389:2287-2303. 3. Data on file (AD-1224 CSR). Sanofi and Regeneron Pharmaceuticals, Inc. 2016. 4. Blauvelt A et al. *Lancet* 2017; 389:2287-2303, [suppl.]. 5. Data on file (AD-1224 CSR DLQI rate). Sanofi and Regeneron Pharmaceuticals, Inc. 2021. 6. Data on file (AD-1652 CSR EASI). Sanofi and Regeneron Pharmaceuticals, Inc. 2019. 7. Data on file (AD-1652 CSR CDLQI rate). Sanofi and Regeneron Pharmaceuticals, Inc. 2019. 8. Paller AS et al. *J Am Acad Dermatol* 2020; 83(5):1282-1293. 9. Cork MJ et al. Poster presented at the Revolutionizing Atopic Dermatitis Conference; 2021; June 13; Virtual Conference. Poster 468. 10. Data on file (AD-1652 CSR pruritus NRS). Sanofi and Regeneron Pharmaceuticals, Inc. 2019. 11. Simpson EL et al. *JAMA Dermatol* 2020; 156(1):44-56. 12. Data on file (AD-1526 CSR EASI). Sanofi and Regeneron Pharmaceuticals, Inc. 2019. 13. Paller AS et al. *Am J Clin Dermatol* 2020; 21:119-131. 14. Data on file (AD-1539 EASI). Sanofi and Regeneron Pharmaceuticals, Inc. 2022. 15. Data on file (AD-1539 pruritus NRS). Sanofi and Regeneron Pharmaceuticals, Inc. 2022. 16. Data on file (AD-1539 CDLQI). Sanofi and Regeneron Pharmaceuticals, Inc. 2022. 17. Beck L et al. *Am J Clin Derm* 2022; May;23(3):393-408. 18. Strober B et al. *JAMA Dermatol* 2022;158(2):142-150. 19. IQVIA Sanofi Integrated DUPIXENT Platform, data through August 2022. 20. DUPIXENT Summary of Product Characteristics, 2022. Accessed October 13, 2022. [https://www.ema.europa.eu/en/documents/product-information/dupixent-epar-productinformation\\_en.pdf](https://www.ema.europa.eu/en/documents/product-information/dupixent-epar-productinformation_en.pdf).

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DUPIXENT  
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# CONTENTS

Welcome Message from the President	2
Executive Committee 2022 - 2024	3
Faculty	4 - 7
Programme Summary	8
Daily Programme	
• 14 <sup>th</sup> September 2023 (Thursday)	9
• 15 <sup>th</sup> September 2023 (Friday)	10 - 11
• 16 <sup>th</sup> September 2023 (Saturday)	12
• 17 <sup>th</sup> September 2023 (Sunday)	13
Lectures & Symposia	16 - 24
Oral Presentations	26 - 27
Poster Presentations	28 - 33
Trade Exhibition	35
Acknowledgements	36 - 37



# WELCOME MESSAGE



Salam Malaysia Madani.

Dear friends and colleagues

It is an honour to invite you to the 48<sup>th</sup> Annual Dermatology Conference of Dermatological Society of Malaysia to be held at Setia SPICE Convention Centre Penang from 14<sup>th</sup> to 17<sup>th</sup> September 2023.

The theme for this year's conference is ***“Women's Dermatology”*** which focuses on evidence-based updates on dermatological conditions that are of particular concern to women throughout their lives including acne, rosacea, contact dermatitis, pregnancy specific dermatoses, skin tumours, pigmentary and sun-related skin changes and lastly skin aging.

We are grateful to have both international and local esteemed speakers, who are experts in their field of practise to share their knowledge, experiences and skills at this conference. We bid a very warm welcome to some renowned speakers from Singapore, Thailand, Taiwan and Spain.

The scientific programme this year has been planned to cater to the needs for dermatologists, trainees, general physicians, paediatricians, aesthetic physicians, medical officers and primary care doctors. We will have an exciting and interactive pre-congress workshop on cosmetic dermatology with breakout sessions for practical hands-on training. A memorial lecture in honour of the late Professor Malcolm Greaves will be held in honour of his great contributions to the development of dermatology in Malaysia.

See you in Penang. Please book your date and incorporate a staycation with the many attractions and culinary delights that Penang has to offer.

A handwritten signature in black ink, appearing to read 'Sabeera'.

**Dr Sabeera Begum Kader Ibrahim**  
President



# EXECUTIVE COMMITTEE 2022 - 2024

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Dr Sabeera Begum Kader Ibrahim

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Dr Tan Wooi Chiang

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Dato' Dr Noor Zalmy Azizan

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**Ignasi Figueras**

Consultant Dermatologist  
Hospital Universitari de Bellvitge  
Spain



**Tey Hong Liang**

Co-Director of Skin Research  
Programme  
Nanyang Technological University  
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**Goh Chee Leok**

Senior Consultant Dermatologist  
National Skin Centre  
Singapore



**Tanongkiet Tienthavorn**

Consultant Dermatologist and  
Phlebologist  
Institute of Dermatology, Bangkok  
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**Patrick Huang Po-Han**

Executive Director  
Taiwanese Dermatological Association  
Taiwan



**Siriwan Wananukul**

Consultant Paediatric Dermatologist  
Chulalongkorn University, Bangkok  
Thailand



**Mark Koh Jean Aan**

Consultant Dermatologist,  
Paediatric Dermatologist and  
Dermatopathologist  
KK Women's and Children's Hospital  
Singapore



**Angeline Yong Anning**

Consultant Dermatologist  
Angeline Yong Dermatology  
Singapore



## INTERNATIONAL FACULTY



**Kok Wai Leong**

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StarMed Specialist Centre  
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**Uma Alagappan**

Medical Director  
The Dermatology Clinic  
Singapore



**Francis Yi-Xing Lai**

Consultant Dermatologist  
Monash Health, Skin Health Institute  
Australia

## LOCAL FACULTY



**Azura Mohd Affandi**  
Consultant Dermatologist  
Hospital Kuala Lumpur  
Kuala Lumpur  
Malaysia



**Pubalan Muniandy**  
Consultant Dermatologist  
KPJ Kuching Specialist Hospital  
Sarawak  
Malaysia



**Peter Ch'ng Wee Beng**  
Consultant Dermatologist  
Gleneagles Kuala Lumpur  
Kuala Lumpur  
Malaysia



**Tang Jyh Jong**  
Consultant Dermatologist &  
Head of Department  
Hospital Raja Permaisuri Bainun Ipoh  
Perak  
Malaysia



**Henry Foong Boon Bee**  
Consultant Dermatologist  
Foong Skin Specialist Clinic  
Perak  
Malaysia



**Tang Min Moon**  
Consultant Dermatologist  
Sarawak General Hospital  
Sarawak  
Malaysia



**Jamiyah Hassan**  
Universiti Teknologi MARA  
Selangor  
Malaysia



**Tan Wooi Chiang**  
Consultant Dermatologist  
Hospital Pulau Pinang  
Pulau Pinang  
Malaysia



## LOCAL FACULTY



**Kwan Zhenli**

Consultant Dermatologist  
Universiti Malaya  
Kuala Lumpur  
Malaysia



**Felix Yap Boon Bin**

Consultant Dermatologist  
Sunway Medical Centre  
Selangor  
Malaysia



**Latha Selvarajah**

Head of Dermatology Department  
Hospital Sultan Ismail  
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Malaysia



**Evelyn Yap Wen Yee**

Consultant Dermatologist and  
Head of Department  
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Johor  
Malaysia



**Yong Shin Shen**

Consultant Dermatologist  
Universiti Malaya  
Kuala Lumpur  
Malaysia

# PROGRAMME SUMMARY

Date Time	14 <sup>th</sup> September 2023 (Thursday)	15 <sup>th</sup> September 2023 (Friday)	16 <sup>th</sup> September 2023 (Saturday)	17 <sup>th</sup> September 2023 (Sunday)
0730 - 0800	Registration			
0800 - 0830	<b>MALAYSIA PSORIASIS REGISTRY MEETING</b>	<b>PLENARY 1</b>	<b>PLENARY 2</b>	<b>SYMPOSIUM 4</b>
0830 - 0900		<b>FREE PAPER PRESENTATION 1</b>	<b>FREE PAPER PRESENTATION 2</b>	<b>BMI LECTURE</b>
0900 - 0930				
0930 - 1000	Tea Break			
1000 - 1030	<b>GOVERNMENT DERMATOLOGISTS' MEETING</b>	<b>BMI LECTURE</b>	<b>BMI LECTURE</b>	<b>BMI SYMPOSIUM</b>
1030 - 1100		Tea Break	Tea Break	
1100 - 1130		<b>SYMPOSIUM 1</b>	<b>BMI LECTURE</b>	<b>BMI LECTURE</b>
1130 - 1200			<b>SYMPOSIUM 3</b>	Tea Break
1200 - 1230	<b>CONTACT DERMATITIS MEETING</b>	<b>BMI PRE-LUNCH SYMPOSIUM</b>	<b>BMI PRE-LUNCH SYMPOSIUM</b>	<b>SYMPOSIUM 5</b>
1230 - 1300				<b>CHALLENGING CASES OF THE YEAR</b>
1300 - 1330	<b>BMI LUNCH SYMPOSIUM</b>	<b>BMI LUNCH SYMPOSIUM</b>	<b>BMI LUNCH SYMPOSIUM</b>	
1330 - 1400				<b>CLOSING CEREMONY</b>
1400 - 1430	<b>PRE-CONGRESS WORKSHOP - COSMETICS DERMATOLOGY</b>	<b>BMI LECTURE</b>		
1430 - 1500		<b>SYMPOSIUM 2</b>	<b>PDM ANNUAL GENERAL MEETING</b>	
1500 - 1530				
1530 - 1600				
1600 - 1630		<b>BMI LECTURE</b>		
1630 - 1700				
1700 - 1730		<b>BMI EVENING SYMPOSIUM</b>		
1730 - 1800				
1800 - 1830		Tea Break		



# DAILY PROGRAMME

## 14<sup>th</sup> September 2023 (Thursday)

**Venue: Jadeite, Level 4, Amari SPICE Hotel, Penang**

0800 - 0830	Registration
0830 - 0930	<b>MALAYSIA PSORIASIS REGISTRY MEETING</b>
0930 - 1000	Tea Break
1000 - 1200	<b>GOVERNMENT DERMATOLOGISTS' MEETING</b>
1200 - 1300	<b>CONTACT DERMATITIS MEETING</b>
1300 - 1400	<b>BMI LUNCH SYMPOSIUM (<i>Boehringer Ingelheim</i>)</b> <i>Chairperson: Tan Wooi Chiang</i> Navigating through Generalised Pustular Psoriasis: Future Outlook and Patient Experience <i>Latha Selvarajah</i>
1400 - 1615	<b>PRE-CONGRESS WORKSHOP ON COSMETICS DERMATOLOGY</b> <i>Chairpersons: Noor Zalmy Azizan / Peter Ch'ng Wee Beng</i> Can We Reverse Aging <i>Patrick Huang Po-Han</i>  Facts and Fancies of Skin Boosters <i>Peter Ch'ng Wee Beng</i>  Break out into 3 Groups for Hands-On Demonstrations (Limited to 30 dermatologists)

# DAILY PROGRAMME

## 15<sup>th</sup> September 2023 (Friday)

Venue: Ballroom 1, Setia SPICE Convention Centre, Penang

0730 - 0800	Registration
0800 - 0845	<b>PLENARY 1   Ganesapillai Memorial Lecture</b> <i>Chairpersons: Sushil Kumar Ratti / Sabeera Begum Kader Ibrahim</i> Layered Antiaging Approach in Aesthetic Dermatology <i>Patrick Huang Po-Han</i>
0845 - 0945	<b>FREE PAPER PRESENTATION 1</b>
0945 - 1030	<b>BMI LECTURE (LIVEMED)</b> <i>Chairperson: Pubalan Muniandy</i> Skin Barrier Dysfunction and Mechanism of Itch in Atopic Dermatitis <i>Azura Mohd Affandi</i>  Innovations in Improving Itch Management <i>Tey Hong Liang</i>
1030 - 1045	Tea Break
1045 - 1200	<b>SYMPOSIUM 1   Facial Dermatoses &amp; Pigmentation I</b> <i>Chairperson: Gangaram Hermandas</i> Update on Management of Acne <i>Azura Mohd Affandi</i>  How to Treat Recalcitrant Rosacea <i>Patrick Huang Po-Han</i>  Facial & Periorbital Hyperpigmentation - What's New and How to Treat <i>Angeline Yong Anning</i>  Q&A
1200 - 1300	<b>BMI PRE-LUNCH SYMPOSIUM (Sanofi)</b> <i>Chairperson: Azura Mohd Affandi</i> Atopic Dermatitis Among Female Patients: How Best to Treat and Address <i>Uma Alagappan</i>  Case Sharing and Questions <i>Yong Shin Shen</i>
1300 - 1400	<b>BMI LUNCH SYMPOSIUM (Loreal)</b> <i>Chairperson: Leong Kin Fon</i> Beyond the Itch: Exploring Innovative Approaches to Atopic Dermatitis Management <i>Mark Koh Jean Aan</i>
1400 - 1445	<b>BMI LECTURE (Hyphens)</b> <i>Chairperson: Tang Min Moon</i> S.aureus in Atopic Dermatitis - The Missing Piece of the Puzzle <i>Kok Wai Leong</i>



# DAILY PROGRAMME

## 15<sup>th</sup> September 2023 (Friday)

**Venue: Ballroom 1, Setia SPICE Convention Centre, Penang**

- 1445 - 1600    **SYMPOSIUM 2 | *Dermatoses in Pregnancy***  
*Chairperson: Nazirin Ariffin*  
Pregnancy Related Dermatoses  
*Tang Jyh Jong*
- Vulvar Dermatoses: O&G Perspective  
*Jamiyah Hassan*
- Biologics in Pregnancy and Lactating Women  
*Latha Selvarajah*
- Q&A
- 1600 - 1645    **BMI LECTURE (J&J)**  
*Chairperson: Azura Mohd Affandi*  
Disease Memory and Disease Modification in Psoriasis  
*Francis Yi-Xing Lai*
- 1645 - 1745    **BMI EVENING SYMPOSIUM (Bayer)**  
*Chairperson: How Kang Nien*  
Revisiting Superficial Fungal Skin Infections - Management & Treatment  
*Tan Wooi Chiang*
- 1745 - 1815    Tea Break

# DAILY PROGRAMME

## 16<sup>th</sup> September 2023 (Saturday)

Venue: Ballroom 1, Setia SPICE Convention Centre, Penang

0730 - 0800	Registration
0800 - 0845	<b>PLENARY 2   Malcolm Greaves Memorial Lecture</b> <i>Chairpersons: Gan Ain Tian / Tan Wooi Chiang</i> Hormones and Its Impact on Hair Loss and Skin Changes in Women <i>Angeline Yong Anning</i>
0845 - 0945	<b>FREE PAPER PRESENTATION 2</b>
0945 - 1030	<b>BMI LECTURE (Biersdorf)</b> <i>Chairperson: Noor Zalmy Azizan</i> Innovative Treatment in Xerosis and The Alliances <i>Tanongkiet Tienthavorn</i>
1030 - 1045	Tea Break
1045 - 1130	<b>BMI LECTURE (Novartis)</b> <i>Chairperson: Wong Kit Wan</i> A Window of Opportunity for Improving PsO Outcomes? <i>Felix Yap Boon Bin</i>  Practical Approach with Secukinumab: Real World Evidence and Clinical Experience <i>Latha Selvarajah</i>
1130 - 1200	<b>SYMPOSIUM 3   Genital Infection</b> <i>Chairperson: Benji Teoh Tze Yuen</i> Update in STIs in Women <i>Pubalan Muniandy</i>
1200 - 1300	<b>BMI PRE-LUNCH SYMPOSIUM (Zuellig)</b> <i>Chairperson: Azura Mohd Affandi</i> Bedside Clinic: Olumiant in Atopic Dermatitis <i>Ignasi Figueras</i>  The Paradigm Shift in Alopecia Areata <i>Ignasi Figueras</i>  Alopecia Areata in Malaysia: Translating Evidence into Practice <i>Peter Ch'ng Wee Beng</i>  Panel Discussion <i>Azura Mohd Affandi / Ignasi Figueras / Peter Ch'ng Wee Beng</i>
1300 - 1400	<b>BMI LUNCH SYMPOSIUM (Bayer)</b> <i>Chairperson: Teeba Raja</i> The Real-World Effective Treatment of Lipid Lamellar Layer and Prebiotic-Containing Formulation in Atopic Dermatitis <i>Siriwan Wananukul</i>
1430 - 1600	<b>PDM ANNUAL GENERAL MEETING</b> <i>Venue: Jadeite, Level 4, Amari SPICE Hotel, Penang</i>

# DAILY PROGRAMME

## 17<sup>th</sup> September 2023 (Sunday)

Venue: Ballroom 1, Setia SPICE Convention Centre, Penang

- 0800 - 0850    **SYMPOSIUM 4 | *Facial Dermatoses & Pigmentation II***  
*Chairperson: Henry Foong Boon Bee*  
Facial Contact Dermatitis  
*Tang Min Moon*  
  
Update on the Treatment of Melasma  
*Henry Foong Boon Bee*  
  
Q&A
- 0850 - 0935    **BMI LECTURE (*Abbvie*)**  
*Chairperson: Felix Yap Boon Bin*  
The Role of Upadacitinib in Atopic Dermatitis - Clinical Case Sharing  
*Evelyn Yap Wen Yee*
- 0935 - 1035    **BMI SYMPOSIUM (*Galderma*)**  
*Chairperson: Tan Wooi Chiang*  
Holistic Skin Care Routine: Link to Treatment Outcomes  
*Goh Chee Leok*  
  
Exploring the Prevalence of Antibiotic Use in Acne Treatment and Non-Antibiotic Solutions  
*Azura Mohd Affandi*
- 1035 - 1120    **BMI LECTURE (*Glenmark*)**  
*Chairperson: Kwan Zhenli*  
Tacrolimus - Going Beyond Steroids  
*Tang Jyh Jong*
- 1120 - 1130    Tea Break
- 1130 - 1220    **SYMPOSIUM 5 | *Skin Tumours***  
*Chairperson: Kwan Zhenli*  
Skin Tumours in the Elderly  
*Azura Mohd Affandi*  
  
Skin Tumours in Pregnancy - When to Cut?  
*Kwan Zhenli*  
  
Q&A
- 1220 - 1320    **CHALLENGING CASES OF THE YEAR**  
*Chairperson: Sharifah Rosniza Syed Nong Chek*
- 1320 - 1400    **CLOSING CEREMONY**  
- Awards Presentation  
- Lucky Draw

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1. Hans Staller, Peter Kurka, Johannes Kandziora, Viktoria Povel, Marion Treuer & Anna Mucura-Reigun (2017) A new topical panthenol-containing emollient for maintenance treatment of childhood atopic dermatitis: results from a multicenter prospective study. *Journal of Dermatological Treatment*, 28(6), 774-779, DOI: 10.1080/09546820.2017.1332939

2. Study: RMP 2702, RMP 2703 (alpha diversity)

3. Study: RMP 2702, Questionnaire, absence of flare in RMP 2702, tested in combination with Bepanthen SensiDaily Moisturizer

\* Based on an eczema treatment consideration study conducted by IQVIA among 100 practicing doctors in the Philippines in January 2021. A 5-point scale was employed.



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## PRE-CONGRESS WORKSHOP ON COSMETICS DERMATOLOGY

### **CAN WE REVERSE AGING**

**Patrick Huang Po-Han**

Taiwanese Dermatological Association, Taiwan

Aging has traditionally been regarded as an irreversible process. Various antiaging approaches, including topicals, energy-based procedures, toxins, and dermal fillers, can restore the molecular features of dermal aging with clinical efficacy. This talk will summarize and clarify the current understanding of skin aging and associated treatments to put some of the new antiaging technology that has emerged in this rapidly expanding field from clinical into molecular context.

In addition, the government's regulation of novel regenerative medicine will be reviewed in order to clarify whether practitioners should be more conservative or aggressive in the new aesthetic medicine wave.

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## PLENARY 1 | Ganesapillai Memorial Lecture

### **LAYERED ANTIAGING APPROACH IN AESTHETIC DERMATOLOGY**

**Patrick Huang Po-Han**

Taiwanese Dermatological Association, Taiwan

The process of aging happens at every anatomical layer. Asian skin reacts differently to many treatments that work well for Caucasians. It is common to find patients with unexpected outcomes if practitioners do not know much about Asian skin or how Asians react to products and technology.

The "layered" antiaging approach was introduced in 2015. This talk will introduce this concept to explain how to incorporate different antiaging methods scientifically. Although more research is needed, before initiating any new treatment on Asians, practitioners may follow this approach to avoid any harm and create natural and safe results for their patients.

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## SYMPOSIUM 1 | Facial Dermatoses & Pigmentation I

### **HOW TO TREAT RECALCITRANT ROSACEA**

**Patrick Huang Po-Han**

Taiwanese Dermatological Association, Taiwan

Rosacea is common but troublesome for both patients and dermatologists. Due to the chronic and relapsing nature of the disease, patients are usually unsatisfied with conventional treatment methods. For those who have poor responses to topical and oral medications, many newly emerging treatments are options for these recalcitrant cases.

In this presentation, I will focus on topical and oral drugs, as well as other energy-based devices and injectable modalities. This talk will also cover the role of demodex and responses to a novel topical drug in a clinical observation.

**BMI PRE-LUNCH SYMPOSIUM (*Sanofi*)**

## **ATOPIC DERMATITIS AMONG FEMALE PATIENTS: HOW BEST TO TREAT AND ADDRESS**

**Uma Alagappan**

The Dermatology Clinic, Singapore

Atopic Dermatitis (AD) is a chronic disease that causes inflammation, redness, and irritation of the skin. Conventional off-label therapy involving immunosuppressants remain the mainstay in treating this condition, though patients should not be using these therapies for the long-term. To enhance patient care, clinicians need to understand the pathophysiology of AD, and the availability of new treatment options to precisely target what matters most.

Though treatment is important, emotional counselling for patients should also be equally prioritised, and techniques for counselling may differ by gender. Patient care today should move beyond treatment, but to also consider the patient's overall wellbeing.

---

**BMI PRE-LUNCH SYMPOSIUM (*Sanofi*)**

## **CASE SHARING AND QUESTIONS**

**Yong Shin Shen**

Universiti Malaya, Kuala Lumpur, Malaysia

Patients with atopic dermatitis carry physical and emotional burden in their daily lives. In addition to the itch and pain on the skin, patients suffer from having subpar quality of life. Besides tackling the physical condition, clinicians today also need to provide patient care from a holistic point of view, to also consider patients' emotional wellbeing. This often involves different counselling techniques for patients, which may also differ by gender. In this presentation, Dr Yong Shin Shen will be sharing female patient cases on dupilumab treatment, and the holistic care involved in supporting female patients.

---

**BMI LUNCH SYMPOSIUM (*Loreal*)**

## **BEYOND THE ITCH: EXPLORING INNOVATIVE APPROACHES TO ATOPIC DERMATITIS MANAGEMENT**

**Mark Koh Jean Aan**

KK Women's & Children's Hospital, Singapore

A growing body of research highlights the crucial role of prebiotic microbiomes in AD management. Harnessing this knowledge, Lipikar, a well-known skincare product, has developed a formulation that incorporates prebiotic ingredients. By nourishing and balancing the skin's microbiome, Lipikar offers a novel solution for relieving AD symptoms. This presentation emphasizes the significance of these advancements, illustrating how the integration of prebiotics, such as Lipikar, represents a promising avenue for addressing the challenges of AD beyond its characteristic itch. This presentation will also include case sharings on management of Atopic Dermatitis.

## **S.aureus IN ATOPIC DERMATITIS - THE MISSING PIECE OF THE PUZZLE**

**Kok Wai Leong**

StarMed Specialist Centre, Singapore

Atopic dermatitis (AD) is characterised by skin barrier dysfunction, with elevated skin pH and distinct microbiome dysbiosis. Multiple studies have established the strong correlation of *S.aureus* colonisation with AD severity and exacerbation, underscoring the importance of sustained intervention to reduce *S.aureus* overgrowth. This lecture aims to offer a comprehensive understanding of the role of *S.aureus* colonisation in AD and to explore strategies for managing it. This includes highlighting the different therapeutic options and how the use of antiseptic washes and advanced next-generation emollients can be integrated into a broader treatment plan to complete eczema care.

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### **SYMPOSIUM 2 | Dermatoses in Pregnancy**

## **PREGNANCY RELATED DERMATOSES**

**Tang Jyh Jong**

Hospital Raja Permaisuri Bainun Ipoh, Perak, Malaysia

Pregnancy dermatoses are inflammatory skin disorders that occur during pregnancy or immediately postpartum. Cutaneous changes during pregnancy could be related to altered endocrine, metabolic and immunological state during pregnancy. The dermatoses of pregnancy can be classified into the following 3 groups: physiologic skin changes in pregnancy, dermatoses affected by pregnancy, and specific dermatoses of pregnancy. Many cutaneous changes are related to physiological changes of pregnancy. Pre-existing dermatological conditions tend to change in pregnancy; some are aggravated while others may be relieved. The specific dermatoses of pregnancy represent a heterogeneous group of pruritic skin diseases that include pemphigoid gestationis, polymorphic eruption of pregnancy, intrahepatic cholestasis of pregnancy, and atopic eruption of pregnancy. Clinical characteristics, in particular timing of onset, morphology and localization of skin lesions are crucial for diagnosis. While polymorphic and atopic eruptions of pregnancy are distressing only to the mother because of pruritus, pemphigoid gestationis may be associated with prematurity and small-for-date babies and intrahepatic cholestasis of pregnancy poses an increased risk for fetal distress, prematurity, and stillbirth.

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### **SYMPOSIUM 2 | Dermatoses in Pregnancy**

## **VULVAR DERMATOSES: O&G PERSPECTIVE**

**Jamiyah Hassan**

Universiti Teknologi MARA, Selangor, Malaysia

Vulvar dermatoses can affect women throughout their lifetime and can be a heterogeneous cause of inflammatory, pre-malignant, or malignant and sexually transmitted. Symptoms of pain, pruritus, and dyspareunia often are the reasons women seek attention in the gynaecological clinic. Commonly the vulva is affected by specific dermatological diseases where the signs can be observed elsewhere, like lichen sclerosis. The rising challenge in the 21<sup>st</sup> century is managing viral-related sexually transmitted vulvar dermatoses, which can affect women of all ages. Vulvar cancer is ten times less common than cervical cancer, but pre-cancerous or cancerous lesions must be ruled out, especially with prolonged symptoms in the elderly.



## **SYMPOSIUM 2 | Dermatoses in Pregnancy**

### **BIOLOGICS IN PREGNANCY AND LACTATING WOMEN**

**Latha Selvarajah**

Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia

The use of biologics has increased for many inflammatory and autoimmune conditions, for which they have revolutionized clinical care. Most biologics readily cross the placenta, leading to concerns regarding their use during pregnancy and lactation.

Many studies have reported safety with the use of anti-tumour necrosis factor (TNF) during pregnancy. Less is known about the effects of other agents in pregnancy, and the potential risk of neonatal infections, immune responses and adverse events after immunization. For lactation, many studies have documented very low amounts of biologics in breastmilk, indicating breastfeeding may be safe.

Best management practice is to achieve good disease control in pregnant patients with a goal of improving both maternal and fetal outcomes. Potential risks of fetal exposure to biologics should be weighed against the risk of disease flare in the pregnant patient, which differs depending on the severity and risk of complications from the underlying disease, as well as the type of biologic.

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## **BMI EVENING SYMPOSIUM (*Bayer*)**

### **REVISITING SUPERFICIAL FUNGAL SKIN INFECTIONS - MANAGEMENT & TREATMENT**

**Tan Wooi Chiang**

Hospital Pulau Pinang, Pulau Pinang, Malaysia

Superficial fungal infections are common. It could affect the quality of life of our patients if not treated adequately. Fungal infections can evolve from a simple fungal infection to a mixed infection. Choosing a convenient and yet effective preparation is the key to treatment success. Education is most important to prevent recurrence. Bifonazole is a steroid free, antifungal cream designed for once daily use and has anti-inflammatory properties.

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## **BMI LECTURE (*Biersdorf*)**

### **INNOVATIVE TREATMENT IN XEROSIS AND THE ALLIANCES**

**Tanongkiet Tienthavorn**

Ministry of Public Health, Thailand

The session would provide fundamental and updated knowledge in regards with skin barrier related to skin diseases affected majorities worldwide. Thus, the speaker would focus an important in the use of topical dermatological skin cares as to mainly treat or as an adjuvant in the management of inflammatory skin diseases. Practical points and recent guidelines will also be other issues offered in the presentation.

**BMI LECTURE (Novartis)**

## **A WINDOW OF OPPORTUNITY FOR IMPROVING PsO OUTCOMES?**

**Felix Yap Boon Bin**

Sunway Medical Centre, Selangor, Malaysia

Psoriasis is a chronic, disfiguring and disabling disease that is beyond skin deep with great negative impact on patient's quality of life, joint and cardiovascular health. Recently, more convincing evidence supporting the concept of disease modification with early treatment intervention which may delay or prevent the cumulative disease burden. This presentation will cover the concept of disease modification and its relevance in the management of psoriatic disease with the available scientific evidence.

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**BMI LECTURE (Novartis)**

## **PRACTICAL APPROACH WITH SECUKINUMAB: REAL WORLD EVIDENCE AND CLINICAL EXPERIENCE**

**Latha Selvarajah**

Hospital Sultan Ismail, Johor, Malaysia

Psoriasis is a chronic condition with multiple systemic and immune manifestations, thus requiring effective therapy to achieve treatment goals. Clinical trials have led to many approved biologics for the treatment of moderate-to-severe psoriasis; initial biologic treatment choice varies with disease severity, clinical presentation, associated co-morbidities and patient preferences. Among the various biologics, IL-17A inhibitors have shown efficacy across multiple psoriatic disease domains in dedicated trials. This lecture comprises case-based approach in managing psoriasis, based on current evidence / expert opinion in the real world setting.

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**BMI PRE-LUNCH SYMPOSIUM (Zuellig)**

## **BEDSIDE CLINIC: OLUMIANT IN ATOPIC DERMATITIS**

**Ignasi Figueras**

Hospital Universitari de Bellvitge, Spain

This session will highlight the efficacy and safety of Olumiant in adults with severe alopecia areata (AA).

Through the engaging narrative of Ava, this session will bring attendees through the emotional pain of hair loss and the practical aspects of initiating Olumiant to restore hair growth.

**BMI PRE-LUNCH SYMPOSIUM (*Zuellig*)**  
**THE PARADIGM SHIFT IN ALOPECIA AREATA**

**Ignasi Figueras**  
Hospital Universitari de Bellvitge, Spain

This session will unveil Olumiant, the first FDA- and NPRA-approved drug for severe alopecia areata (AA) in adults.

Attendees will be updated on the important aspects of managing AA patients, including the efficacy and new safety updates of Olumiant, and how this can be managed in clinical practice.

Additionally, this session will deepen understanding of when atopic dermatitis (AD) patients are eligible for systemic therapies, and the substantial enhancement in quality of life and itch reduction which Olumiant can provide.

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**BMI LUNCH SYMPOSIUM (*Bayer*)**  
**THE REAL-WORLD EFFECTIVE TREATMENT OF LIPID LAMELLAR LAYER AND PREBIOTIC-CONTAINING FORMULATION IN ATOPIC DERMATITIS**

**Siriwan Wananukul**  
Chulalongkorn University, Bangkok, Thailand

Eczema, or atopic dermatitis, is a multifactorial inflammatory skin disorder. It is marked by epidermal barrier dysfunction, immune cell infiltration, and elevated cytokine production. Management encompasses a variety of options, aiming to alleviate symptoms, restore skin barrier integrity, and suppress inflammation. This lecture will also cover the importance of educating patients on the maintenance of skin barrier in between flare ups.

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**SYMPOSIUM 4 | Facial Dermatoses & Pigmentation II**

**FACIAL CONTACT DERMATITIS**

**Tang Min Moon**  
Sarawak General Hospital, Sarawak, Malaysia

The face is exposed to a multitude of allergens and is hence a vulnerable site of contact dermatitis. Irrespective of whether irritant or allergic, the most important triggers of contact dermatitis involving the face are personal skin care and cosmetic products. These are directly in contact with facial skin. The allergens concerned for allergic contact dermatitis of the face include fragrance, preservatives, and metals. Allergens that may indirectly result in facial contact dermatitis include resin (from nail polish etc), plants or volatile chemicals (airborne), as well as systemic medicines through photoallergy.

**SYMPOSIUM 4 | Facial Dermatoses & Pigmentation II**  
**UPDATE ON THE TREATMENT OF MELASMA**

**Henry Foong Boon Bee**

Foong Skin Specialist Clinic, Ipoh, Perak, Malaysia

The objective of this lecture is to understand the pathophysiology of melasma and to learn the latest advances in the treatment of melasma.

Melasma is an acquired pigmentary disorder that occurs mainly in women (>90% of cases) of all racial and ethnic groups, but particularly affects those with Fitzpatrick skin types III-V. It has a higher incidence in Asians, Hispanic and Mediterranean populations. It has exacerbations by pregnancy, oral contraceptives, UV exposure and thyroid diseases. The most common clinical presentation is mask-like hyperpigmentation of forehead, mid cheek, upper lip and chin.

The 4 main factors in the pathogenesis of melasma are the following: 1) UV Light 2) Hormones: HRT, pregnancy, contraceptive pill (estrogen and progesterone) 3) Genetic predisposition and 4) Aberrant gene regulations from transcriptome study. The new contributing factors in the pathogenesis includes 1) Increased vascularity 2) Visible light 3) Impaired epidermal barrier function and 4) Inflammation. If we just focus on the melanocytes we may be missing the broader picture of the underlying pathogenesis.

Melasma can be managed but not cured. The treatment strategies involve sunblocks, topical hypopigmenting agents, oral tranexamic acid, chemical peels, microdermabrasion, microneedling, laser and light devices. The lecture will elaborate on how to use laser to treat melasma.

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**BMI LECTURE (*Abbvie*)**

**THE ROLE OF UPADACITINIB IN ATOPIC DERMATITIS -  
CLINICAL CASE SHARING**

**Evelyn Yap Wen Yee**

Hospital Pakar Sultanah Fatimah, Johor, Malaysia

Atopic Dermatitis pathology involves a diverse network of immune pathways. Within each patient, there are numerous JAK1-dependent cytokine signaling pathways that drive different pathologic mechanisms in AD. In addition to driving inflammation, key cytokines drive chronic itch in AD via JAK1 signaling in sensory neurons. Upadacitinib demonstrates the highest selectivity for JAK1 over other JAK isoforms in engineered cellular assays. Upadacitinib is a selective and reversible JAK inhibitor, and it preferentially inhibits signaling by JAK1 or JAK1/3, with functional selectivity over cytokine receptors that signal via pairs of JAK2. In this lecture, we will be looking at the trials and scientific data of Upadacitinib in atopic dermatitis management, and few patient cases will be discussed.



**BMI SYMPOSIUM (*Galderma*)**

## **HOLISTIC SKIN CARE ROUTINE: LINK TO TREATMENT OUTCOMES**

**Goh Chee Leok**

National Skin Centre, Singapore

Professor Goh will explore the application of CTMP (Cleanse, Treat, Moist, and Protect) in managing skin conditions like Acne, Rosacea, Atopic Dermatitis, and Sensitive Skin Syndrome. This presentation will emphasize a dermatologist-guided skincare approach rooted in CTMP principles. The goal is to bolster patient confidence, promote adherence to treatment plans, and simplify product selection, ultimately reducing confusion and optimizing treatment outcomes.

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**BMI SYMPOSIUM (*Galderma*)**

## **EXPLORING THE PREVALENCE OF ANTIBIOTIC USE IN ACNE TREATMENT AND NON-ANTIBIOTIC SOLUTIONS**

**Azura Mohd Affandi**

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Dr. Azura will discuss the non-antibiotic approaches for managing Acne Vulgaris, shedding light on the significance of retinoid receptor specificity in addressing acne-related issues. This presentation delves into alternative strategies to combat acne, highlighting the pivotal role of retinoids in targeting acne receptors effectively. Dr. Azura's insights promise to offer valuable guidance in achieving clearer, healthier skin without relying on antibiotics.

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**BMI LECTURE (*Glenmark*)**

## **TACROLIMUS - GOING BEYOND STEROIDS**

**Tang Jyh Jong**

Hospital Raja Permaisuri Bainun Ipoh, Perak, Malaysia

Tacrolimus has been a useful therapeutic tool in dermatology practice ever since its inception. It is approved for the treatment of atopic dermatitis, and its safety and efficacy have been extensively studied in large-scale randomized controlled trials and open-label studies worldwide. Its topical application in the form of 0.03% to 0.1% ointments is rapidly effective and safe in pediatric and adult patients. Its local immunosuppressive and steroid-sparing action stands recognized. Tacrolimus offer a safe and efficacious alternative that minimizes the need for topical glucocorticoids and does not cause skin atrophy. Since its introduction, many "off-label" applications have been reported to cover several inflammatory dermatoses such as other types of eczema, vitiligo, psoriasis, alopecia areata, contact hypersensitivity, lichen planus, pyoderma gangrenosum, ichthyosis linearis circumflexa, rosacea, vesiculobullous diseases, connective-tissue diseases, graft-versus-host disease, and other inflammatory skin conditions. At present, its therapeutic efficacy other than atopic dermatitis is confined to case studies and large studies are warranted.

**SYMPOSIUM 5 | Skin Tumours**  
**SKIN TUMOURS IN THE ELDERLY**

**Azura Mohd Affandi**  
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Skin cancers can be divided into benign and malignant lesions. Benign skin tumours in elderly women include seborrhoeic keratosis, actinic keratosis and dermatofibroma. Malignant skin tumours include basal cell carcinoma, squamous cell carcinoma, melanoma, extra-mammary Paget's disease, cutaneous lymphoma and Merkel cell carcinoma.

It is important for elderly women to have regular skin examinations, especially if they have a history of excessive sun exposure or other risk factors for skin malignancy. Any suspicious lesions should be further evaluated by a dermatologist. Early detection and treatment offer the best chances of successful outcomes.

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**SYMPOSIUM 5 | Skin Tumours**  
**SKIN TUMOURS IN PREGNANCY - WHEN TO CUT?**

**Kwan Zhenli**  
Universiti Malaya, Kuala Lumpur, Malaysia

It is important to ascertain pregnancy status during a dermatologic surgery consultation. During pregnancy, procedures can be categorised into:

Urgent - biopsy and/or treatment of suspected melanoma or aggressive non-melanoma skin cancer, treatment of friable and bleeding pyogenic granuloma.

Non-urgent (2<sup>nd</sup> trimester) - treatment of nodular basal cell carcinoma.

However, necessary surgery should not be delayed. When operating on a pregnant patient, peri-operative considerations including antibiotics, local anaesthetics and use of topical antiseptics. From the second trimester, position the patient in a left lateral tilt position.

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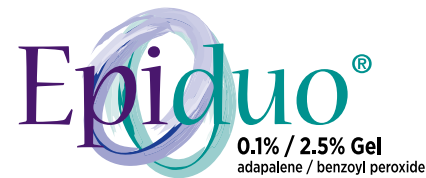
Help to break the itch-scratch cycle:  
instant relief from itch and dryness,  
moistures and restores the skin barrier



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CTMP<sup>TM</sup> HOLISTIC SKINCARE ROUTINE



**Recommended as 1<sup>st</sup> line  
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**Effective in reducing lesion as early as  
week 1 up to 20% reduction.<sup>4</sup>**



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**References:** 1. Clinical Practice Guidelines of Acne Vulgaris, 2022, Ministry of Health Malaysia. (Source 23 March 2023) 2. Goh et al. Expert consensus on holistic skin care routine: Focus on acne, rosacea, atopic dermatitis, and sensitive skin syndrome. J Cosmet Dermatol. 2023;22:45-54. 3. Epiduo<sup>®</sup> product insert leaflet. 4. Gollnick H et al. Br J Dermatol 2009;161:1180-1189. 5. Based on internal analysis by Galderma using data from the following source: IQVIA: MIDAS<sup>®</sup> Global Quarterly, Q2 2022, ATC: D10 ANTI-ACNE PREPARATIONS, 75 countries, for the time period MAT Q2 2022 reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.

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# ORAL PRESENTATIONS

- ID 03 DOUBLE- BLINDED RANDOMIZED CONTROLLED TRIAL OF INTRALESIONAL VERAPAMIL AND TRIAMCINOLONE VERSUS INTRALESIONAL TRIAMCINOLONE FOR TREATMENT OF KELOID**  
**Dalleen Leong<sup>1</sup>, Norazirah Md Nor<sup>2</sup>, Adawiyah Jamil<sup>3</sup>**  
<sup>1</sup>Hospital Ampang, Selangor, Malaysia  
<sup>2</sup>KPJ Ampang Puteri Specialist Hospital, Selangor, Malaysia  
<sup>3</sup>Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
- ID 06 OUTCOMES IN ORGAN TRANSPLANTS FROM DONORS WITH MELANOMA: A SYSTEMATIC REVIEW**  
**W H S Ng<sup>1</sup>, D J Curchin<sup>2</sup>, S McGinn<sup>3</sup>, S D Smith<sup>4</sup>**  
<sup>1</sup>Monash Health, Clayton, Victoria, Australia  
<sup>2</sup>The Westmead Clinical School, Sydney Medical School, The University of Sydney, Australia  
<sup>3</sup>Department of Renal Medicine, Royal North Shore Hospital, Sydney, New South Wales, Australia.  
<sup>4</sup>ANU Medical School, ANU College of Health and Medicine, Australian National University, Canberra, ACT, Australia
- ID 25 AUTOLOGOUS SERUM THERAPY IN RECALCITRANT CHRONIC SPONTANEOUS URTICARIA: EXPERIENCE FROM 3 DERMATOLOGY CLINICS IN MALAYSIA**  
**Ingrid Pao Lin Ting<sup>1</sup>, Nurul Izyan Ghazali<sup>2</sup>, Yan Teo<sup>1</sup>, Siaw Ling Lai<sup>1</sup>, Mohammed Faizal Bakhtiar<sup>3</sup>, Min Moon Tang<sup>1</sup>**  
<sup>1</sup>Department of Dermatology, Hospital Umum Sarawak, Sarawak, Malaysia  
<sup>2</sup>Department of Internal Medicine, Hospital Sibu, Sarawak, Malaysia  
<sup>3</sup>Allergy & Immunology Research Center, Institute for Medical Research, National Institutes of Health, Setia Aalam, Selangor, Malaysia
- ID 28 LATENT TUBERCULOSIS INFECTION AND TUBERCULOSIS IN PSORIASIS PATIENTS: A 10-YEAR RETROSPECTIVE STUDY AT THE DERMATOLOGY CLINIC SARAWAK GENERAL HOSPITAL, MALAYSIA**  
**Yan Teo, Sze Ying Foo, Normala Haris, Ingrid Pao Lin Ting, Siaw Ling Lai, Jiu Wen Kiing, Min Moon Tang**  
 Department of Dermatology, Sarawak General Hospital, Sarawak, Malaysia
- ID 30 USE OF BIOLOGICAL AGENTS IN PATIENTS WITH CHRONIC DERMATOSES AT HOSPITAL UMUM SARAWAK: A 13-YEAR REVIEW**  
**Siaw Ling Lai<sup>1</sup>, Ingrid Pao Lin Ting<sup>1</sup>, Yan Teo<sup>1</sup>, Henrietta Albela<sup>2</sup>, Min Moon Tang<sup>1</sup>**  
<sup>1</sup>Department of Dermatology, Hospital Umum Sarawak, Sarawak, Malaysia  
<sup>2</sup>Department of Paediatric, Hospital Umum Sarawak, Sarawak, Malaysia
- ID 38 PREVALENCE OF HIDRADENITIS SUPPURATIVA IN KUALA LUMPUR, MALAYSIA: A CROSS SECTIONAL STUDY**  
**Lachoomii Piriya Ganesan<sup>1</sup>, Moonyza Akmal Ahamd Kamil<sup>2</sup>, Azahirafairud Abdul Rahim<sup>1</sup>**  
<sup>1</sup>Department of Internal Medicine, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia  
<sup>2</sup>Department of Dermatology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- ID 48 EPIDEMIOLOGY AND CLINICAL CHARACTERISTICS OF PEMPHIGUS IN A TERTIARY HOSPITAL IN PENANG: A 11-YEAR RETROSPECTIVE STUDY**  
**Cheng Jie Ling<sup>1</sup>, Law Eu Shen<sup>2</sup>, Tan Xue Fang<sup>1</sup>, Teo Ley Khim<sup>1</sup>, Tan Wooi Chiang<sup>2</sup>**  
<sup>1</sup>Clinical Research Centre, Hospital Pulau Pinang, Penang  
<sup>2</sup>Department of Dermatology, Hospital Pulau Pinang, Penang



## ORAL PRESENTATIONS

### **ID 51 CLINICAL RESPONSE TO HYDROXYCHLOROQUINE AMONG MALAYSIAN WITH CUTANEOUS LUPUS ERYTHEMATOSUS: CAN GENETIC POLYMORPHISM OF CYTOCHROME P450 PLAY A ROLE?**

**Chia Qi E<sup>1</sup>, Teeba Raja<sup>1</sup>, Suganthi Thevarajah<sup>2</sup>, Siu Bee Wong<sup>3</sup>, Sut Enn Lee<sup>4</sup>, Njundu Jatta<sup>5</sup>, Johnson Stanslas<sup>5</sup>, Audrey Chee Hui Yong<sup>6</sup>, Eng Wee Chua<sup>7</sup>, Kang Nien How<sup>8</sup>**

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<sup>3</sup>Department of Dermatology, Hospital Sultanah Bahiyah, Alor Setar, Malaysia

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<sup>8</sup>Dermatology Unit, Hospital Sultan Abdul Aziz Shah, Universiti Putra Malaysia, Selangor, Malaysia

### **ID 54 OPTIMIZING PATIENT CARE: A SINGLE-CENTER RETROSPECTIVE OBSERVATIONAL STUDY ON THE IMPACT OF LABORATORY MONITORING FOR LOW DOSE ISOTRETINOIN THERAPY** **W C Ho<sup>1,2</sup>, S Y Ooi<sup>2</sup>, W S L Wan Ahmad Kammal<sup>1,2</sup>, K N How<sup>1,2</sup>**

<sup>1</sup>Dermatology Unit, Department of Medicine, Faculty of Medicine and Health Sciences, University Putra Malaysia, Selangor, Malaysia

<sup>2</sup>Department of Medicine, Hospital Sultan Abdul Aziz Shah, Selangor, Malaysia

### **ID 59 CASE SERIES OF GENERALISED PUSTULAR PSORIASIS RESPONDING TO SUBCUTANEOUS BRODALUMAB - A LOCAL EXPERIENCE**

**N Abdul Rahim, S Abd Wahab, L D Aminuddin, T Taib**

Hospital Al-Sultan Abdullah, Puncak Alam, Selangor, Malaysia

### **ID 68 LOCAL EXPERIENCE OF PULSED DYE LASER TREATMENT IN CHILDREN WITH CAPILLARY MALFORMATIONS IN HOSPITAL TUNKU AZIZAH**

**N S Sies, M R Reyhanah, D Ooi, T Yuong Chin, B Sabeera, P Nirmala, L Kin Fon**

Pediatric Dermatology Unit, Hospital Tunku Azizah, Kuala Lumpur, Malaysia

### **ID 70 RESURGENCE OF FORGOTTEN DISEASE: YAWS** **CASE DETECTION CAMPAIGN AND MASS DRUG ADMINISTRATION WITH AZITHROMYCIN IN HULU PERAK**

**Har Kiran Kaur Deol<sup>1</sup>, Nor Ammadah Binti Azman<sup>2</sup>, Hajah Noor Asmah Binti Haji Shah Azizi<sup>2</sup>, Nor Azila Binti Rani<sup>2</sup>, Peter Chang Chung Meng<sup>3</sup>, J J Tang<sup>1</sup>**

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<sup>3</sup>Jabatan Kesihatan Negeri, Perak, Malaysia

# POSTER PRESENTATIONS

**ID 02 CUTANEOUS MUCORMYCOSIS INFECTION DUE TO RHIZOMUCOR VARIABILIS PRESENTING AS RECURRENT LOWER LIMB ULCERATION AND CELLULITIS IN AN IMMUNOCOMPETENT HOST**

**A Y Monteiro**<sup>1,2</sup>, A W M Tan<sup>2</sup>, J S S Lee<sup>2</sup>, J Y Pan<sup>2</sup>

<sup>1</sup>Duke-NUS Medical School, Singapore

<sup>2</sup>National Skin Centre, Singapore

**ID 04 CUTANEOUS METASTATIC BREAST CARCINOMA**

**F N H Abdol Rahman**<sup>1</sup>, K W Wong<sup>1</sup>, R Z Raja Mohd Razi<sup>2</sup>, S E Choon<sup>1,3</sup>

<sup>1</sup>Department of Dermatology, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

<sup>2</sup>Department of Pathology, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia

<sup>3</sup>Clinical School Johor Bahru, Jeffrey Cheah School of Medicine & Health Science, Monash University, Malaysia

**ID 05 BEAUTY AND THE BEAST: UNLICENSED COSMETIC PROCEDURE LEADS TO FOREIGN BODY GRANULOMA**

**J O Chia**, M A A Akmal, S Armon

Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

**ID 07 CONTACT SENSITIZATION PATTERN OF PATIENTS WITH ECZEMA AT THE FACE AND NECK REGION: A RETROSPECTIVE STUDY BETWEEN 2016 AND 2022 AT THE DEPARTMENT OF DERMATOLOGY HOSPITAL KUALA LUMPUR**

**H G Teo**<sup>1</sup>, Syed Nong Chek S R<sup>1</sup>, M M Tang<sup>2</sup>

<sup>1</sup>Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

<sup>2</sup>Sarawak General Hospital, Sarawak, Malaysia

**ID 08 WHEN LEPROSY MIMICS PSORIASIS: A RARE COEXISTENCE**

**C H Kew**<sup>1</sup>, Zuliatul F B<sup>2</sup>, S R Syed Nong Chek<sup>1</sup>

<sup>1</sup>Department of Dermatology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

<sup>2</sup>Department of Pathology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

**ID 09 RITUXIMAB IN THE TREATMENT OF RECALCITRANT PEMPHIGUS VULGARIS - A CASE SERIES**

**A W Lim**, T G Ng

Department of Dermatology, Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

**ID 10 CLINICOEPIDEMIOLOGICAL CHARACTERISTICS OF CUTANEOUS MALIGNANCY IN SARAWAK: A 66-MONTH REVIEW AT THE DERMATOLOGY CLINIC SARAWAK GENERAL HOSPITAL, KUCHING MALAYSIA**

**Ingrid Ting Pao Lin**, Maheswary Ganisson, Teo Yan, Lai Siaw Ling, Kiing Jiu Wen, Tang Min Moon

Sarawak General Hospital, Kuching, Sarawak, Malaysia

**ID 12 CUTANEOUS TUBERCULOSIS WITH ACID FAST BACILLI IN PATHOLOGIC SECTION: A REPORT OF 4 CASES IN HOSPITAL TENGKU AMPUAN AFZAN**

**Hasin W H**<sup>1</sup>, Isparaini F D H<sup>1</sup>, Abd Rahman A<sup>2</sup>, Che Abdul Rahim A R<sup>1</sup>, R Ramalingam<sup>1</sup>

<sup>1</sup>Department of Dermatology, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

<sup>2</sup>Department of Pathology, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia

**ID 13 TRANSEPIDERMAL WATER LOSS, STRATUM CORNEUM HYDRATION AND SURFACE pH IN PATIENTS WITH MILD CHRONIC PSORIASIS PLAQUE AND THE RELATIONSHIP WITH PRURITUS**

**Waheeda D Abdul Kadir**<sup>1,2</sup>, Adawiyah Jamil<sup>2</sup>

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## POSTER PRESENTATIONS

- ID 14 ADVERSE EFFECT OF ACNE TOPICAL THERAPY AND THE ASSOCIATION WITH EPIDERMAL BIOPHYSICAL CHARACTERISTICS**  
**Ummu Aiman Faisal**  
*Malaysia*
- ID 15 CUTANEOUS ADVERSE DRUG REACTION. A 10-YEAR REVIEW (2013-2022) IN HOSPITAL TENGKU AMPUAN AFZAN, A TERTIARY HOSPITAL IN PAHANG, MALAYSIA**  
**F Omar, N M Zakaria, A R Rahim, R Ramalingam**  
*Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia*
- ID 16 LINEAR IGA BULLOUS DERMATOSIS IN STABLE SYSTEMIC LUPUS ERYTHEMATOSUS: RARE ASSOCIATION**  
**Chong Chee Seng<sup>1</sup>, Moonyza Akmal Bt Ahmad Kamil<sup>2</sup>**  
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<sup>2</sup>*Department of Dermatology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*
- ID 17 A 10-YEARS RETROSPECTIVE REVIEW ON PITYRIASIS RUBRA PILARIS IN A TERTIARY DERMATOLOGY CENTRE, MALAYSIA**  
**Y P Loo<sup>1</sup>, C H Loo<sup>2</sup>, Norazlima M A<sup>2</sup>, C K Wong<sup>2</sup>, W C Tan<sup>2</sup>**  
<sup>1</sup>*Hospital Kuala Lumpur, Kuala Lumpur, Malaysia*  
<sup>2</sup>*Hospital Pulau Pinang, Penang, Malaysia*
- ID 18 TOPICAL CORTICOSTEROID ADHERENCE AMONG CAREGIVERS OF CHILDREN WITH ATOPIC ECZEMA**  
**E Liew Li Fong<sup>1</sup>, W W Chong<sup>1</sup>, L Selvarajah<sup>2</sup>, U S Sulaiman<sup>1</sup>, N Poonuthurai<sup>3</sup>, N Mohamed Shah<sup>1</sup>**  
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<sup>3</sup>*Pediatric Dermatology Unit, Pediatric Department, Hospital Tunku Azizah, Kuala Lumpur, Malaysia*
- ID 19 A DIAGNOSTIC CHALLENGE OF BREAST CARCINOMA MIMICKING CHEST WALL INFECTION**  
**S Y Ng<sup>1</sup>, Y Y Yeong<sup>2</sup>, W F Tan<sup>3</sup>**  
<sup>1</sup>*Hospital Tawau, Sabah, Malaysia*  
<sup>2</sup>*Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia*  
<sup>3</sup>*Hospital Queen Elizabeth, Sabah, Malaysia*
- ID 20 CO-INFECTION OF LEPROMATOUS LEPROSY WITH LUCIO'S PHENOMENON AND PULMONARY TUBERCULOSIS - A CASE REPORT**  
**Nurul Ashiqin N<sup>1</sup>, Dina Azureen A R<sup>1</sup>, Teeba Raja<sup>1</sup>, Noor Afidah M S<sup>2</sup>, W H Chang<sup>1</sup>**  
<sup>1</sup>*Department of Dermatology, Hospital Selayang, Selangor, Malaysia*  
<sup>2</sup>*Department of Pathology, Hospital Selayang, Selangor, Malaysia*
- ID 21 FACTORS ASSOCIATED WITH KNOWLEDGE AND ATTITUDE TOWARDS SCABIES AMONG MEDICAL DOCTORS IN SABAH, MALAYSIA**  
**M E Tay, Voo S Y M**  
*Department of Dermatology, Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia*
- ID 23 A CASE OF CD30+ PRIMARY CUTANEOUS ANAPLASTIC LARGE CELL LYMPHOMA**  
**Ingrid Pao Lin Ting<sup>1</sup>, Silvester Wei Teng Ngia<sup>2</sup>, Nur Shazwaniza Binti Awang Basry<sup>3</sup>, Yan Teo<sup>1</sup>, Siaw Ling Lai<sup>1</sup>, Min Moon Tang<sup>1</sup>**  
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- ID 24 ADULT LANGERHANS CELL HISTIOCYTOSIS PRESENTING WITH ERYTHRODERMA AND MULTISYSTEM INVOLVEMENT: A CASE REPORT**  
**N I Pison, T G Ng, F Y Ng, S C Gan**  
*Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia*

# POSTER PRESENTATIONS

- ID 26 LIVEDOID VASCULOPATHY: A REPORT OF TWO CASES IN THE DERMATOLOGY CLINIC HOSPITAL UMUM SARAWAK**  
Y Teo<sup>1</sup>, I P L Ting<sup>1</sup>, S L Lai<sup>1</sup>, P Y Chia<sup>2</sup>, J W Kiing<sup>1</sup>, M M Tang<sup>1</sup>  
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<sup>2</sup>Department of Pathology, Sarawak General Hospital, Sarawak, Malaysia
- ID 29 CLINICAL CHARACTERISTICS OF HISTOPATHOLOGICALLY PROVEN PRIMARY CUTANEOUS AMYLOIDOSIS IN A TERTIARY CENTER**  
H W Chin, M Sarkan, J J Tang  
Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- ID 31 ALOPECIA UNIVERSALIS AND POLIOSIS IN PATIENT WITH VOGT-KOYANAGI HARADA SYNDROME: A CASE REPORT**  
H Zainal, T G Ng  
Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia
- ID 32 AN UNUSUAL CUTANEOUS GRANULOMATOUS ERUPTION IN A FEMALE PATIENT OF CHINESE ETHNICITY**  
N K M Yoong<sup>1</sup>, M Verheyden<sup>2</sup>, P Kadam<sup>3</sup>  
<sup>1</sup>St George & Sutherland Hospital, Sydney, Australia  
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<sup>3</sup>The Skin Hospital, Sydney, Australia
- ID 33 CASE REPORT: LATE PRESENTATION OF A VERRUCOUS HAEMANGIOMA**  
Y Y Kok<sup>1</sup>, F Hassan<sup>2</sup>, C S Lee<sup>1</sup>  
<sup>1</sup>Department of Dermatology, Hospital Melaka, Melaka, Malaysia  
<sup>2</sup>Department of Pathology, Hospital Melaka, Melaka, Malaysia
- ID 34 A CASE OF KAPOSIFORM HEMANGIOENDOTHELIOMA COMPLICATED WITH KASSABACH-MERRITT SYNDROME**  
R S A Raja Mohd Radzi, K W Wong  
Department of Dermatology, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia
- ID 35 A CASE SERIES: HEMATOLOGICAL-RELATED SWEETS' SYNDROME**  
Siti Nur Sakinah Binti Md Zin, Evelyn Yap Wen Yee  
Hospital Pakar Sultanah Fatimah, Muar, Johor, Malaysia
- ID 36 CUTANEOUS CALCIPHYLAXIS IN A CHRONIC NON-DIALYSIS DEPENDENT PATIENT WITH NORMAL PARATHYROID FUNCTION**  
R Niwasini<sup>1</sup>, Preamala<sup>1</sup>, Nor Akmar T<sup>2</sup>  
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- ID 37 A YOUNG ADULT PRESENTING WITH CHRONIC VESICULOPAPULAR RASH**  
M M Ramnan<sup>1</sup>, P Gunabalasingam<sup>2</sup>, N A Tak<sup>3</sup>  
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- ID 40 A RARE PRESENTATION OF LEPTOSPIROSIS: CASE REPORT**  
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Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia
- ID 41 PEMPHIGUS OR PEMPHIGOID? CASE REPORT OF A RARE VARIANT, CUTANEOUS PEMPHIGUS VULGARIS**  
S H Puah, J N Keng  
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# POSTER PRESENTATIONS

## ID 42 INCONTINENTIA PIGMENTI: AN ADULT INDEX CASE

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## ID 43 TWO CASE REPORTS OF KIMURA'S DISEASE: AN UNUSUAL CAUSE OF HEAD AND NECK SWELLING

Y J Tan<sup>1</sup>, Preamala<sup>2</sup>, Nor Akmar T<sup>3</sup>

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## ID 45 LUPUS PROFUNDUS MASQUERADING AS FACIAL CELLULITIS: A CASE REPORT AT HOSPITAL UMUM SARAWAK

Lai S L<sup>1</sup>, Azam H M Z<sup>2</sup>, Ingrid P<sup>1</sup>, Teo Y<sup>1</sup>, Tang M M<sup>1</sup>

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## ID 46 THAT IS NOT ECZEMA: A CASE REPORT

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## ID 47 CHARACTERISTICS OF PSORIASIS PATIENTS WITH DEPRESSION IN MALAYSIA

Jean Nie Lim<sup>1</sup>, Min Moon Tang<sup>2</sup>, Suganthi Robinson<sup>3</sup>

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<sup>2</sup>Department of Dermatology, Hospital Umum Sarawak, Sarawak, Malaysia

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## ID 49 EFFICACY OF PREBIOTIC AND POSTBIOTIC- BASE SKIN CARE, EFFACLAR DUO(+), IN PATIENTS WITH PREDOMINANCE PHOTOTYPE IV DIAGNOSED WITH MILD TO MODERATE ACNE

T Taib<sup>1,2</sup>, S Ab Wahab<sup>1,2</sup>, M S A Saman<sup>1</sup>

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## ID 50 A RARE CASE OF PITYRIASIS LICHENOIDES LIKE MYCOSIS FUNGOIDES, EVEN RARER IN CHILDREN

T Marimutu, N M Mohd Noor, N H Hamidin, A R Ganesan, M I Mustafah, T C Saw

Hospital Sungai Buloh, Sungai Buloh, Selangor, Malaysia

## ID 52 SUPPURATIVE LYMPHADENITIS HISTOPLASMOSIS - AN UNUSUAL PRESENTATION

T S Ang<sup>1</sup>, W C Leong<sup>1</sup>, J J Tang<sup>1</sup>, Venupriya R<sup>2</sup>, A Sadri<sup>2</sup>

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## ID 53 SUCCESSFUL MANAGEMENT OF RECALCITRANT ELEPHANTIASIS NOTRAS VERRUCOSA WITH ACITRETIN AND FOUR-LAYER COMPRESSION BANDAGES: A CASE REPORT

Y Z Kum<sup>2</sup>, K N How<sup>1</sup>, W S L Wan Ahmad Kammal<sup>1</sup>, W C Ho<sup>1</sup>

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## ID 55 ATYPICAL PRESENTATION OF DERMATOFIBROMA OVER THE FACIO-AURICULAR JUNCTION: A CASE REPORT

W C Ho<sup>1,2</sup>, W S L Wan Ahmad Kammal<sup>1,2</sup>, K N How<sup>1,2</sup>, M Y Yap<sup>1</sup>

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## POSTER PRESENTATIONS

- ID 56 ROSACEA CLINICAL CHARACTERISTICS AND TREATMENT RESPONSE: A SINGLE CENTER COHORT STUDY**  
**K A Mohd Hishamuddin<sup>1,2</sup>, A Jamil<sup>1</sup>, M Arumugam<sup>1</sup>, N I Ismail<sup>2</sup>**  
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<sup>2</sup>Hospital Canselor Tuanku Muhriz, Kuala Lumpur, Malaysia
- ID 57 THE EFFICACY AND SAFETY OF CONVENTIONAL SYSTEMIC TREATMENTS FOR PSORIASIS IN ELDERLY PATIENTS: A RETROSPECTIVE STUDY FROM TERTIARY DERMATOLOGY CENTRE**  
**F Y Lai, K M Yew, J J Tang**  
 Department of Dermatology, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- ID 60 CLINICAL PROFILE AND TREATMENT RESPONSE IN PATIENTS WITH LIPODERMATOSCLEROSIS: A RETROSPECTIVE COHORT STUDY IN A TERTIARY CENTRE IN MALAYSIA**  
**Nur Izreena Ismail<sup>1,2</sup>, Adawiyah Jamil<sup>1,2</sup>, Mohan Arumugam<sup>1,2</sup>, Khairun Amalin Mohd Hishamudin<sup>1,2</sup>**  
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- ID 61 A DECADE OF TRENDS IN ALLERGEN SENSITIZATION FROM PATCH TESTING IN A TERTIARY CENTER**  
**Jo Anne Lim<sup>1,2</sup>, Mohan Arumugam<sup>1</sup>, Adawiyah Jamil<sup>1</sup>**  
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<sup>2</sup>Department of Internal Medicine, Hospital University Sains Malaysia, School of Medical Science, Universiti Sains Malaysia, Kelantan, Malaysia
- ID 62 RETIFORM PURPURA & LIVEDO RACEMOSA: A CLUE FOR VASCULOPATHY IN 2 PATIENTS WITH SLE**  
**Narayanan D, Tang J J**  
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- ID 64 A 10-YEAR RETROSPECTIVE STUDY OF LEPROSY CASES REVIEWED IN HOSPITAL QUEEN ELIZABETH, SABAH**  
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- ID 65 ASSESSMENT OF BONE HEALTH IN PATIENTS WITH PEMPHIGUS DISEASES**  
**J Kosnin, D S Y Yusof, F A F Saliman, N Nasaruddin, S Y M Voo**  
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- ID 66 THE IMPACT OF THE COVID-19 PANDEMIC ON THE CARE OF DERMATOLOGY INPATIENTS - OUR EXPERIENCE IN A TERTIARY HOSPITAL IN SINGAPORE**  
**X Wu, D Y Wang, S H Neo, J H L Lim**  
 National Skin Centre, Singapore

## POSTER PRESENTATIONS

**ID 67 THE EFFECT OF COVID-19 PANDEMIC ON SUN EXPOSURE AMONG ADULT POPULATION IN KUALA LUMPUR, MALAYSIA: A CROSS-SECTIONAL STUDY**

Nur Izreena Ismail<sup>1,2</sup>, Adawiyah Jamil<sup>1,2</sup>, Ayuni Saharuddin<sup>1,2</sup>, Masniza Mohammad<sup>1,2</sup>, Mohamad Akmal Hakim Mazlan<sup>1,2</sup>, Vaanee Pongkuntran<sup>1,2</sup>, Mohan Arumugam<sup>1,2</sup>, Khairun Amalin Mohd Hishamudin<sup>1,2</sup>

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**ID 69 CONIOCHAETA NECROTIZING SOFT TISSUE INFECTION AND SYSTEMIC MUCORMYCOSIS IN AN IMMUNOCOMPROMISED PATIENT: A CASE REPORT**

J L Lim<sup>1</sup>, N F Mohd Joni<sup>1</sup>, N Ramli<sup>1</sup>, J W Kwan<sup>1</sup>, A Mohd Affandi<sup>2</sup>

<sup>1</sup>Hospital Ampang, Selangor, Malaysia

<sup>2</sup>Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

**ID 71 BLASCHKOLINEAR ACQUIRED INFLAMMATORY SKIN ERUPTION (BLAISE) TREATED EFFECTIVELY WITH ORAL VALCICLOVIR - ARE WE CLOSER TO A UNIFYING DIAGNOSIS?**

Lim Ziying Vanessa, Tee Shang-Ian

National Skin Centre, Singapore

**ID 72 CHROMOMYCOSIS MIMICKER**

Siti Badariah Zakaria, I Anis Omar, Wan Noor Hasbee Wan Muhammad

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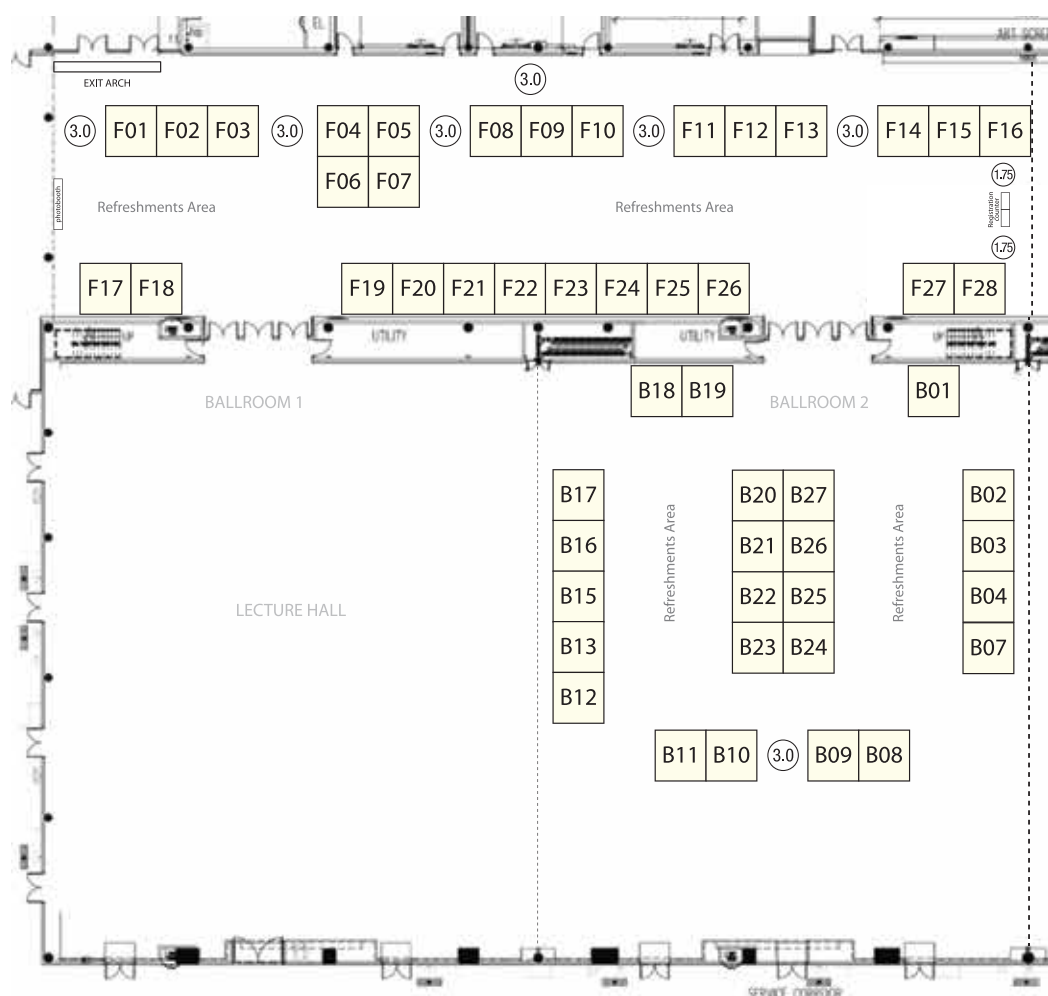


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AD: Atopic Dermatitis, JAK: Janus kinase, IP: Investigational Product, SCORAD: SCORing Atopic Dermatitis, QOL: Quality of Life

1. Jaenicke T. Comparison of different skin care regimens for patients with moderate to severe atopic dermatitis in addition to systemic treatment: results of a multicenter randomized controlled trial. Presented at EADV congress 2022.

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# What's so different about Enstilar®?

Enstilar® supersaturated<sup>1</sup> spray foam formulation<sup>2</sup> delivers improved mPASI reduction as early as week 1.<sup>3,4</sup>

**Enstilar®**  
calcipotriol/betamethasone dipropionate  
CUTANEOUS FOAM



#### References:

1. Lind M, et al. *Dermatol Ther (Heidelb)*. 2016; 6: 413–425.
2. Enstilar® Prescribing Information (Malaysia)
3. Lebwohl M et al. *J Clin Aesthet Dermatol* 2016; 9(2): 34-41
4. Koo J, et al. *J Dermatolog Treat*. 2016; 27: 120–127.

#### Enstilar®

##### Abbreviated Product Information

**COMPOSITION:** One gram of cutaneous foam contains 50 micrograms of calcipotriol (as monohydrate) and 0.5 mg of betamethasone (as dipropionate). **INDICATIONS:** Enstilar is indicated for the Topical treatment of psoriasis vulgaris in adults. **POSOLGY AND METHOD OF ADMINISTRATION:** Enstilar® foam should be applied to the affected area once daily. The recommended treatment period is 4 weeks. If it is necessary to continue or restart treatment after this period, treatment should be continued after medical review and under regular supervision. Patients who have responded at 4 weeks' treatment using Enstilar once daily are suitable for long-term maintenance treatment. Enstilar should be applied twice weekly on two non-consecutive days to areas previously affected by psoriasis vulgaris. Between applications there should be 2-3 days without Enstilar treatment. If signs of a relapse occur, flare treatment, as described above, should be re-initiated. The daily maximum dose of Enstilar® should not exceed 15 g, i.e. one 60 g can should last for at least 4 days of treatment. 15 g corresponds to the amount administered from the can if the actuator is fully depressed for approximately one minute. A two-second application delivers approximately 0.5 g. As a guide, 0.5 g of foam should cover an area of skin roughly corresponding to the surface area of an adult hand. If using other topical products containing calcipotriol in addition to Enstilar®, the total dose of all calcipotriol containing products should not exceed 15 g per day. The total body surface area treated should not exceed 30%. The can should be shaken for a few seconds before use. Enstilar® should be applied by spraying holding the can at least 3 cm from the skin. The foam can be sprayed holding the can in any orientation except horizontally. **CONTRAINDICATIONS:** Enstilar® is contraindicated in erythrodermic and pustular psoriasis. Due to the content of calcipotriol, Enstilar® is contraindicated in patients with known disorders of calcium metabolism. Due to the content of corticosteroid, Enstilar® is contraindicated in the following conditions if present in the treatment area: viral (e.g. herpes or varicella) lesions of the skin, fungal or bacterial skin infections, parasitic infections, skin manifestations in relation to tuberculosis, perioral dermatitis, atrophic skin, striae atrophicae, fragility of skin veins, ichthyosis, acne vulgaris, acne rosacea, rosacea, ulcers, and wounds. Adverse reactions found in connection with systemic corticosteroid treatment, such as adrenocortical suppression or impaired glycaemic control of diabetes mellitus may occur also during topical corticosteroid treatment due to systemic absorption. Visual disturbance may be reported with systemic and topical corticosteroid use. Due to the content of calcipotriol in Enstilar®, hypercalcaemia may occur. Enstilar® contains a potent group III-steroid and concurrent treatment with other steroids on the same treatment area must be avoided. Long-term use of corticosteroids may increase the risk of local and systemic adverse reactions. Treatment should be discontinued in case of adverse reactions related to long-term use of corticosteroid. **UNDESIRABLE EFFECTS:** In Enstilar the estimation of the frequency of adverse reactions is based on a pooled analysis of data from clinical studies. The most frequently reported adverse reactions during treatment are application site reactions. Mild hypercalcaemia has been observed **SHELF LIFE:** Enstilar® shows 2 years of shelf life. **SPECIAL PRECAUTIONS FOR STORAGE:** Do not store above 25°C and can be used for 06 months after opening.

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For Healthcare Professionals only.



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