

INTERNATIONAL PATHOLOGY DAY



“PATH ART” Poster Competition

Topic: “Importance of Pathology
in patient care”

Contest is open for

- MBBS students
- College of Nursing students
- School of Nursing students
- DMLT students
- DRRT students



1st prize Rs.1500
2nd prize Rs.1000
3rd prize Rs.500

Submission deadline 12pm:
11th November, 2024

Department of Pathology
Amala Institute of Medical Sciences



welcome

Amala
INSTITUTE OF MEDICAL SCIENCES
REDEFINING CARE everyday in every way

**FORENSIC UNCOVERED:
 A VISUAL EXHIBITION**

FORENSIS 2025
 Poster & Model Making Competition

May 10, 2025 | 9.00am - 12.00pm | Amala Auditorium



Organized by
DEPT. OF FORENSIC MEDICINE
 Amala Institute of Medical Sciences, Thrissur

Amala Institute of Medical Sciences | Amala Plot No. 12, Thrissur, Kerala | Ph: 0487 2200002 | www.amalainstitute.org | Facebook | Instagram | LinkedIn



Betsy

Dr. BETSY THOMAS
 MD, FRCOG, DNB, MICOG
 PRINCIPAL
 AMALA INSTITUTE OF MEDICAL SCIENCES
 AMALA NAGAR, THRISSUR-680 555

WORLD VITILIGO DAY 2025

Programme List

Date: 25/06/2025 Time: 09.00 AM

Venue: Amala square

Department : Department of Dermatology

Theme: Innovation for Every Skin, Powered by AI

- Prayer** : **Video by Amala.**
- Welcome Speech** : **Dr. Mohamed Nazeer**
Associate Professor, Dept of
Dermatology
- Presidential address** : **Rev. Fr. Deljo puthoor**
Joint Director, AIMS
- Inauguration** : **Rev. Fr. Julious Arakkal**
Director, AIMS
- Felicitation** : **Dr. Betsy Thomas**
Principal, AIMS
- Awarding prizes**
- ▶ Quiz Competition
 - ▶ Reels Competition
 - ▶ Poster Competition
- Vote Of Thanks** : **Dr. Meekha cizly james**
Senior resident, Dept of Dermatology
- Awareness Section** : **Ms. Neha**
Clinical Psychologist, Dept of
Dermatology

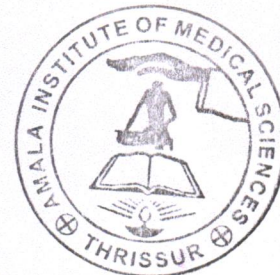
Betsy

Dr. BETSY THOMAS
MD, FRCOG, DNB, MICOG

PRINCIPAL

AMALA INSTITUTE OF MEDICAL SCIENCES
AMALA NAGAR, THRISSUR-680 555

Amala Institute of Medical Sciences (An Undertaking of Amala Cancer Hospital Society)
Accredited by KUHS with QAS A+ Grade & Certified, Amala Nagar P.O. Thrissur, Kerala
Ph: +91 487 2304000 | 2304070 | Fax: +91 487 2307969 | uroncology@amalaaim.org
www.amalaaim.org | Follow us on   



E Poster

1. *E-poster*: Unmasking the red herring : Erythroderma as a clue to undifferentiated connective tissue disorder by Dr. Swathi at Mid Cuticon Kerala 2025.
2. *E-poster*: Reactive infections mucocutaneous eruptions an entity to be reckoned by Dr. Anna at Mid Cuticon Kerala 2025.

Poster competition on Vitiligo Day



Betsy

Dr. BETSY THOMAS

MD, FRCOG, DNB, **MICO** Institute of Medical Sciences (An Undertaking of Amala Cancer Hospital Society)

PRINCIPAL Affiliated to Kerala University of Health Sciences Accredited by KUHS with QAS A+ Grade & NABH & NABL Accredited & ISO 9001:2015 Certified, Amala Nagar P.O, Thrissur, Kerala.
AMALA INSTITUTE OF MEDICAL SCIENCES
AMALA NAGAR, THRISUR, 680 565
Ph: +91 487 2304000, 2304070 | Fax: +91 487 2307969 | urooncology@amalaims.org
www.amalaims.org | Follow us on    



Journal

VOLUME - 2 / ISSUE - 13



Amala

INSTITUTE OF MEDICAL SCIENCES
NABH & NABL ACCREDITED ISO 9001: 2015

REDEFINING
CARE
everyday
in every way



PAPYRUS

A JOURNAL SCAN FROM AMALA



EDITORIAL BOARD MEMBERS

CHIEF EDITOR

Dr. Angela Merici Alen

Junior resident
Dept. of Dermatology
AIMS, Thrissur

ASSOCIATE EDITORS

Dr. Regina Jacob

Junior resident
Dept. of Dermatology
AIMS, Thrissur

Dr. Deepthy Sara Sen

Junior resident
Dept. of Dermatology
AIMS, Thrissur

Dr. Anna Alphonsa

Junior resident
Dept. of Dermatology
AIMS, Thrissur

ADVISORS

Dr. Sebastian Criton

Professor & HOD
Dept. of Dermatology
AIMS, Thrissur

Fr. Antony Mannummel CMI

Associate Director
AIMS, Thrissur

PATRON

Fr. Julius Arakkal CMI

Director
AIMS, Thrissur



CONTENTS

THIS ISSUE

ASDERMIN B (GSDMB) IN PSORIATIC PATIENTS—A PRELIMINARY COMPREHENSIVE STUDY ON HUMAN SERUM, URINE AND SKIN
PAGE 4

1ST LINE TREATMENT RESISTANT BULLOUS PEMPHIGOID, WHAT NEXT ?
PAGE 5

TOPICAL MINOXIDIL AND DIETARY SUPPLEMENT FOR THE TREATMENT OF CHEMOTHERAPY-INDUCED ALOPECIA IN CHILDHOOD: A RETROSPECTIVE COHORT STUDY
PAGE 6

ASSOCIATION OF RITUXIMAB WITH RISK OF LONG-TERM CARDIOVASCULAR AND METABOLIC OUTCOMES IN PATIENTS WITH PEMPHIGUS
PAGE 7

ERENUMAB FOR TREATMENT OF PERSISTENT ERYTHEMA AND FLUSHING IN ROSACEA
PAGE 8

FERTILITY TRENDS AND ADVERSE PREGNANCY OUTCOMES IN FEMALE PATIENTS WITH PSORIASIS IN THE UK
PAGE 9

ASSOCIATION OF DIFFERENT PRESCRIBING PATTERNS FOR ORAL CORTICOSTEROIDS WITH FRACTURE PREVENTIVE CARE AMONG OLDER ADULTS IN THE UK AND ONTARIO
PAGE 10

PARADOXICAL REACTIONS TO IL-17A INHIBITOR: A CASE REPORT AND LITERATURE REVIEW
PAGE 11

CIRCULATING BIOMARKERS ARE ASSOCIATED WITH DISEASE SEVERITY OF CHRONIC HAND ECZEMA AND ATOPIC DERMATITIS
PAGE 12

IT'S TIME TO EMBRACE SKIN - TONE DIVERSITY
PAGE 13

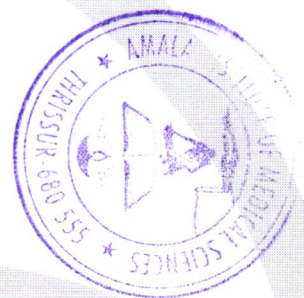


ASDERMIN B (GSDMB) IN PSORIATIC PATIENTS– A PRELIMINARY COMPREHENSIVE STUDY ON HUMAN SERUM, URINE AND SKIN

Nowowiejska J, Baran A, Pryczynicz A, Hermanowicz JM, Sieklucka B, Pawlak D and Flisiak I (2024) Gasdermin B (GSDMB) in psoriatic patients–a preliminary comprehensive study on human serum, urine and skin. *Front. Mol. Biosci.* 11:1382069. doi: 10.3389/fmolb.2024.1382069

Psoriasis stands as a prevalent skin condition demanding significant attention in dermatology today. Researchers persistently delve into its origins, identifying markers, and refining treatment approaches. This study focused on gasdermin B (GSDMB), a protein within the gasdermin family, known for its role in cell death and growth. Unlike previous studies, GSDMB levels in the blood and urine of psoriatic patients, along with its tissue expression through immunohistochemistry were examined. This study involved 60 psoriatic patients and 30 dermatologically healthy volunteers, and found notably higher concentrations of GSDMB in the blood and urine of psoriatic patients compared to controls without skin disorders. However, the urinary GSDMB/creatinine ratio was lower in psoriatic patients. Immunohistochemistry revealed increased GSDMB expression in both the dermis and epidermis of psoriatic plaques compared to unaffected skin and healthy controls. Serum GSDMB levels correlated positively with patients' age. These findings contribute to understanding psoriasis by implicating GSDMB, potentially involved in keratinocyte migration, necessitating further investigation. Elevated serum GSDMB and altered urinary GSDMB/creatinine ratios could serve as potential biomarkers for psoriasis, warranting future research into GSDMB's therapeutic potential.

GASDERMIN B & PSORIASIS



1ST LINE TREATMENT RESISTANT BULLOUS PEMPHIGOID, WHAT NEXT ?

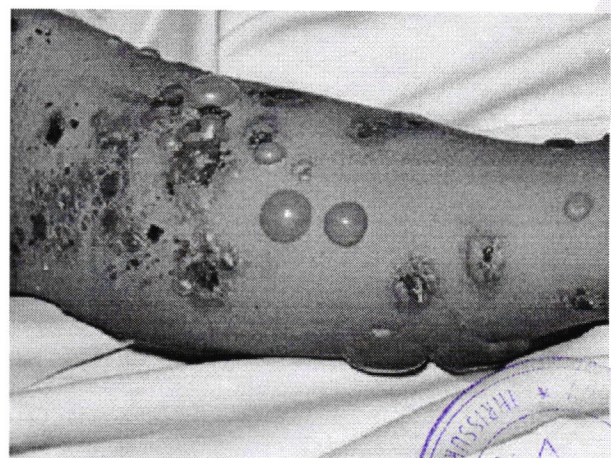
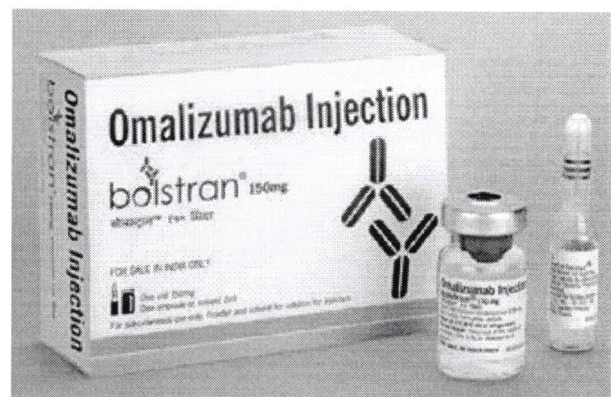
Chebani R, Lombart F, Chaby G, Dadban A, Debarbieux S, Viguiet MA, Ingen-Housz-Oro S, Pham-Ledard A, Bedane CR, Picard-Dahan C, Berthin C, Dereure O, Konstantinou MP, Castel M, Jouen F, Joly P, Seta V, Duvert-Lehembre S, Le Roux C, Quereux G, Sassolas B, Brenaut E, Sin C, Richard MA, Bérard F, Giusti D, Belmondo T, Gille T, Caux F, Prost-Squarcioni C, GrootenboerMignot S, Alexandre M; French Study Group on Autoimmune Bullous Diseases. *Omalizumab in the treatment of bullous pemphigoid resistant to first-line therapy: a French national multicentre retrospective study of 100 patients.* Br J Dermatol. 2024 Jan 23;190(2):258-265. doi: 10.1093/bjd/ljad369. PMID: 37792727.

A recent French national multicentre retrospective study explored the use of omalizumab in treating bullous pemphigoid (BP) when conventional therapies failed. They included 100 patients from 2014 to 2021, mostly elderly (median age 77 years). The study found promising results, with 77% achieving complete remission (CR) and 9% achieving partial remission after omalizumab treatment. CR was maintained in various ways: off therapy (11.7%), on minimal therapy (57.1%), and on non-minimal therapy (31.2%). The median time to CR was 3 months.

Interestingly, patients with higher serum levels of anti-BP180-NC16A IgE before starting omalizumab were more likely to achieve CR (75% vs. 41%). However, other factors like urticarial lesions, total IgE concentration, or eosinophil count didn't predict CR. Patients on higher doses of omalizumab (>300 mg every 4 weeks) didn't have different final outcomes but experienced faster control of disease activity and CR onset compared to lower doses.

Overall, the study confirms omalizumab's effectiveness and safety for BP treatment in cases where conventional therapies fail. It highlights the potential predictive value of baseline antiBP180-NC16A IgE levels in response to omalizumab. This information can guide clinicians in selecting appropriate treatment strategies for BP patients.

OMALIZUMAB IN BULLOUS PEMPHIGOID

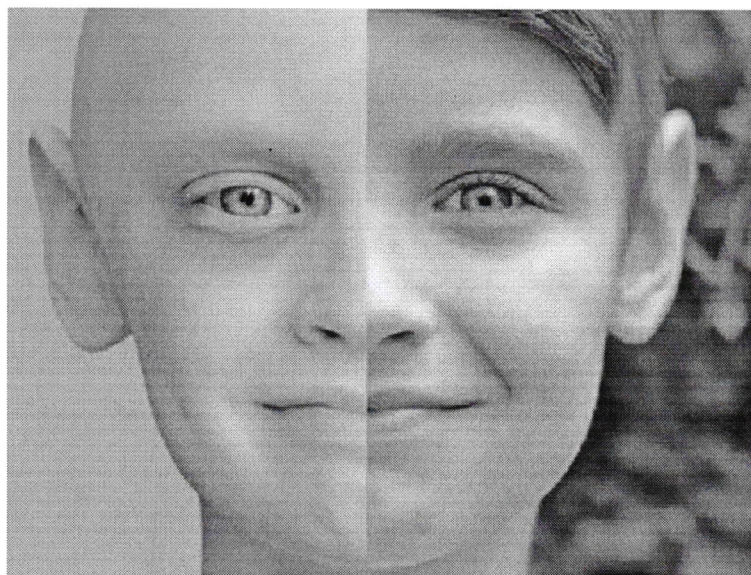


TOPICAL MINOXIDIL AND DIETARY SUPPLEMENT FOR THE TREATMENT OF CHEMOTHERAPY-INDUCED ALOPECIA IN CHILDHOOD: A RETROSPECTIVE COHORT STUDY

Lee, J.W., Kang, J., Choi, J.Y. et al. *Topical minoxidil and dietary supplement for the treatment of chemotherapy-induced alopecia in childhood: a retrospective cohort study. Sci Rep 14, 4349 (2024).* <https://doi.org/10.1038/s41598-024-53054-8>

Chemotherapy-induced alopecia (CIA) is a common and challenging issue in children, yet there's a lack of comprehensive research on its nature and treatment. The study aims to fill this gap by examining the characteristics of pediatric CIA patients and the effectiveness of treating them with topical minoxidil or a combination therapy involving medicinal yeast and pantothenic acid complex-based dietary supplements (CYP). A retrospective cohort study was conducted analyzing data from children who underwent high-dose chemotherapy followed by stem cell transplantation and received either minoxidil or CYP treatment for CIA between January 2011 and January 2022. Out of 70 patients studied, 61 (87.1%) showed clinical improvement. Those who responded better to treatment received higher cumulative doses of minoxidil over a longer duration compared to others. All patients received minoxidil, while 42 (60%) also received CYP. The combination therapy group exhibited significantly thicker hair compared to those on minoxidil alone (21.4% vs. 9.3%, $P = 0.02$), with only 3 (4.3%) reporting mild, self-limiting adverse effects. In conclusion, findings suggest that both minoxidil and CYP treatments are effective options for pediatric CIA, providing hope for better management of this condition in children undergoing chemotherapy.

MINOXIDIL & DIETARY SUPPLEMENTS FOR CHILDHOOD CHEMOTHERAPY-INDUCED ALOPECIA



ASSOCIATION OF RITUXIMAB WITH RISK OF LONG-TERM CARDIOVASCULAR AND METABOLIC OUTCOMES IN PATIENTS WITH PEMPHIGUS

Khalaf Kridin, MD, PhD; Noor Mruwat, PhD; Ralf J. Ludwig, MD

JAMA Dermatol. 2023;159(1):56-61.

doi:10.1001/jamadermatol.2022.5182

Published online November 30, 2022

Pemphigus is an autoimmune bullous disease characterized by erosions and blisters on skin and mucosal surfaces. Its pathology involves pathogenic autoantibodies targeting desmoglein 1 and desmoglein 3 adhesion molecules in the epidermis. Recent guidelines and consensus statements maintain systemic corticosteroids as first-line therapy for pemphigus due to their effectiveness in inducing and consolidating remission. However, the primary challenge lies in achieving long-term remission while minimizing systemic corticosteroid dosage and duration to mitigate their life-threatening adverse effects.

This retrospective cohort study compared the long-term cardiovascular and metabolic outcomes of pemphigus patients treated with rituximab compared with conventional corticosteroid-sparing agents like azathioprine and MMF. Analyzing data from 1602 participants, rituximab-treated patients showed significantly lower risks of myocardial infarction, stroke, peripheral vascular disease, hypertension, hyperlipidemia, type 2 diabetes, obesity and osteoporosis compared to those on azathioprine/MMF. Remarkably, all-cause mortality rates were comparable between the two groups.

This study underlines the potential value of rituximab in pemphigus management, especially for patients with heightened cardiovascular and metabolic concerns. These findings suggest that rituximab may be considered as a favourable option for individuals with existing cardiovascular and metabolic complications. This could help in clinical decision-making, emphasizing the importance of personalized treatment strategies tailored to individual patient profiles.

RITUXIMAB & LONG-TERM CARDIOVASCULAR & METABOLIC RISKS



ERENUMAB FOR TREATMENT OF PERSISTENT ERYTHEMA AND FLUSHING IN ROSACEA

Wienholtz NKF, Christensen CE, Do TP, Frifelt LEW, Snellman J, Lopez-Lopez CL, Egeberg A, Thyssen JP, Ashina M. Erenumab for Treatment of Persistent Erythema and Flushing in Rosacea: A Nonrandomized Controlled Trial. *JAMA Dermatol.* 2024 Apr 17:e240408. doi: 10.1001/jamadermatol.2024.0408

Rosacea, a chronic inflammatory skin condition, commonly manifests with facial erythema and flushing, significantly impacting quality of life. Despite various treatment options, managing these symptoms remains challenging. Recent research implicates calcitonin gene-related peptide (CGRP) in rosacea pathogenesis, suggesting CGRP inhibition as a potential therapeutic strategy. Erenumab, an anti-CGRP-receptor monoclonal antibody, offers a novel approach in targeting this pathway. This study aims to evaluate erenumab's effectiveness, tolerability, and safety in reducing rosacea-associated erythema and flushing.

This single – center, open label, nonrandomized controlled trial was conducted in Danish Headache Center, Copenhagen University Hospital, Rigshospitalet in Copenhagen, Denmark. Patients received 140mg of erenumab subcutaneously every 4 weeks for 12 weeks. A safety follow up was done at 20 weeks. The primary outcome was mean change in the number of days with moderate to extreme flushing during weeks 9 through 12, compared with the 4-week run-in period.

A total of 30 participants were included, of whom 27 completed the 12-week study. The mean (SD) number of days with moderate to extreme flushing was reduced by -6.9 days 23.6 days at baseline. The mean (SD) number of days with moderate to severe erythema was reduced by -8.1 days from 15.2 days at baseline.

SIDE HEADING: ROSACEA & ERENUMAB

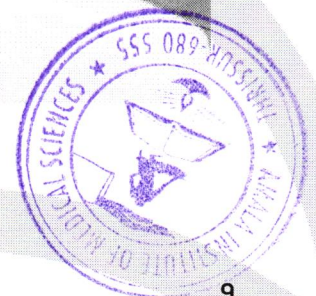
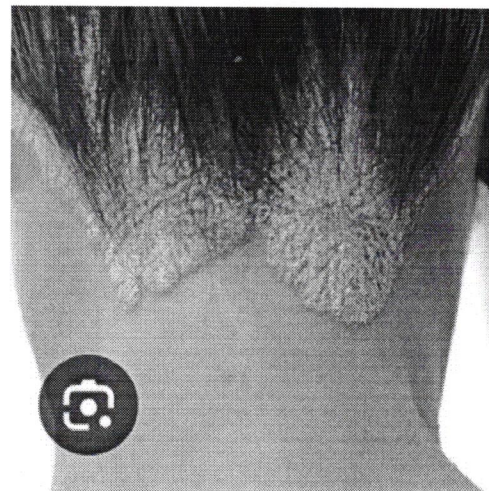


FERTILITY TRENDS AND ADVERSE PREGNANCY OUTCOMES IN FEMALE PATIENTS WITH PSORIASIS IN THE UK

Teng-Chou Chen, PhD; Ireny Y. K. Iskandar, PhD; Rosa Parisi, PhD; Matthias Pierce, PhD; Clare Tower, PhD; C. Elise Kleyn, MD; Christopher E. M. Griffiths, MD; Darren M. Ashcroft, PhD; for the Global Psoriasis Atlas

This study is relevant as the current evidence regarding fertility trends and obstetric outcomes among patients with psoriasis is lacking due to studies of small sample sizes, non inclusion of comparators, and the lack of accurate pregnancy records. This population-based cohort study used data from 887 primary care practices that contributed to the UK Clinical Practice Research Datalink GOLD database between 1998 and 2019, linked to a pregnancy register and Hospital Episode Statistics. For each patient with psoriasis, 5 patients were matched by age from the same general practice. These patients were followed up for 4.1 years. Patients with psoriasis were identified clinically. Fertility rates were calculated as the number of pregnancies per 100 patient-years. The outcomes of each pregnancy were screened. A negative binomial model was used to examine the association between psoriasis and the fertility rate. Logistic regression was applied to compare the association between psoriasis and obstetric outcomes. A total of 63 681 patients with psoriasis and 318 405 matched comparators were included in the analysis (median age, 30 years). Lower fertility rates (rate ratio, 0.75) were found in patients with moderate to severe psoriasis. Compared with matched comparators without psoriasis, pregnancies in patients with psoriasis had a higher risk of loss (odds ratio, 1.06); however, there was no increase in the risk of antenatal hemorrhage, preeclampsia, or gestational diabetes. Future research should focus on identifying the mechanism of increased risk of pregnancy loss among patients with psoriasis.

SIDE HEADING: PSORIASIS & PREGNANCY



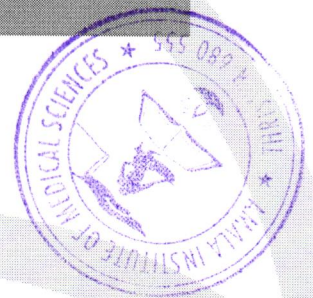
ASSOCIATION OF DIFFERENT PRESCRIBING PATTERNS FOR ORAL CORTICOSTEROIDS WITH FRACTURE PREVENTIVE CARE AMONG OLDER ADULTS IN THE UK AND ONTARIO

Julian Matthewman, MD, MSc; Mina Tadrous, PhD; Kathryn E. Mansfield, PhD; Deva Thiruchelvam, MSc; Donald A. Redelmeier, PhD; Angela M. Cheung, PhD; Iliana C. Lega, PhD; Daniel Prieto-Alhambra, PhD; Lawrence A. Cunliffe; Amy Mulick, MSc;

Alasdair Henderson, PhD; Sinéad M. Langan, PhD; Aaron M. Drucker, MD, ScM

A study comparing prescribing patterns of oral corticosteroids and fracture preventive care among older adults in the UK and Ontario revealed significant differences. In the UK, where GPs commonly prescribe short courses of corticosteroids, fracture preventive care was less frequent, possibly due to the perception that short courses pose lower fracture risk. Conversely, in Ontario, where long-term corticosteroid use is more prevalent, fracture preventive care was more common. This suggests a correlation between prescribing patterns and fracture preventive care practices. The study underscores the importance of aligning prescribing practices with evidence-based guidelines to ensure optimal patient outcomes. Moreover, it highlights the need for healthcare systems to address potential gaps in preventive care, particularly in regions where certain prescribing patterns may inadvertently contribute to higher fracture risks among older adults. Such insights can inform targeted interventions and policy initiatives aimed at improving fracture prevention strategies and reducing the burden of osteoporotic fractures in aging populations.

SIDE HEADING: FRACTURE PREVENTION IN CORTICOSTEROID THERAPY



PARADOXICAL REACTIONS TO IL-17A INHIBITOR: A CASE REPORT AND LITERATURE REVIEW

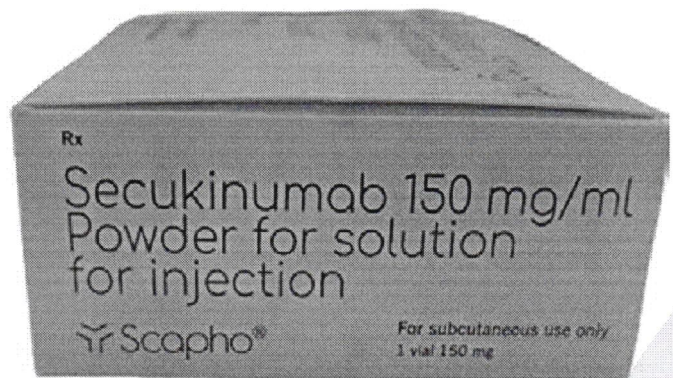
AUTHOR=Ren Jingyu, Deng Linjun, Guo Shuping, Liu Hongye
TITLE=Paradoxical reaction to IL-17A inhibitor: a case report and literature review
URL=<https://www.frontiersin.org/articles/10.3389/fmed.2024.1364127>
DOI=10.3389/fmed.2024.1364127 ISSN=2296-858X

Psoriasis, a chronic inflammatory disease, is believed to be mediated by T cells, particularly TH17 cells and their related cytokines, including IL-17A. Anti-IL-17A treatments have shown significant effects in managing psoriasis. However, rare cases of pustular psoriasis, a paradoxical reaction, have been reported with the use of different IL-17A inhibitors.

The patients in these cases were predominantly middle-aged and elderly females. The onset of paradoxical reactions varied, with the most common new psoriasis type being palmoplantar pustulosis. Most patients exhibited mild symptoms, which improved significantly or completely alleviated upon discontinuation of the medication or switching to another treatment.

The exact pathogenesis of this phenotypic transformation in psoriasis remains unclear. It may be due to a cytokine pattern rearrangement leading to an overexpression of TNF- α or a negative feedback loop in the IL-23/IL-17 axis leading to elevated IL-23. Both mechanisms could potentially drive the transformation of the psoriasis phenotype to pustular psoriasis. Genetic factors may also play a role. Further investigation is needed to understand this complex relationship.

PARADOXICAL REACTIONS IN SECUKINUMAB



CIRCULATING BIOMARKERS ARE ASSOCIATED WITH DISEASE SEVERITY OF CHRONIC HAND ECZEMA AND ATOPIC DERMATITIS

Anna S Quaade, Xing Wang, Julie B K Sølberg, Nina H Ulrich, Benjamin D McCauley, Jacob P Thyssen, Christine Becker, Jeanne D Johansen, *Circulating biomarkers are associated with disease severity of chronic hand eczema and atopic dermatitis, British Journal of Dermatology, Volume 189, Issue 1, July 2023, Pages 114–124, <https://doi.org/10.1093/bjd/ljad110>*

Hand eczema (HE) is an inflammatory skin disease associated with impaired quality of life for patients. The main etiologies include irritant contact dermatitis (ICD), allergic contact dermatitis (ACD), and atopic dermatitis (AD). Although AD is the strongest known risk factor for the development of HE, two-thirds of HE cases are seen in individuals without AD. A study involving 108 adult Danish fair-skinned patients with CHE (disease duration >3 months and/or ≥2 relapses in the last year) and AD found signs of systemic immune activation in very severe CHE without AD and moderate-to-severe AD patients. This is the first evaluation of the proteomic plasma signature of patients with CHE. Proteomic analysis involves identifying proteins that are differentially expressed between normal conditions and specific pathological states. Severe chronic hand eczema without atopic dermatitis and moderate-to-severe atopic dermatitis shared systemic T helper 2 cell activation. Th2 markers CCL17 and MCP-4 were the top two DEPs (differentially expressed proteins) both in moderate-to-severe AD and very severe CHENO_AD. It shows that systemic Th2-driven inflammation is upregulated both in groups, which suggests that targeting type 2 inflammation might be effective in treating several CHE subtypes.

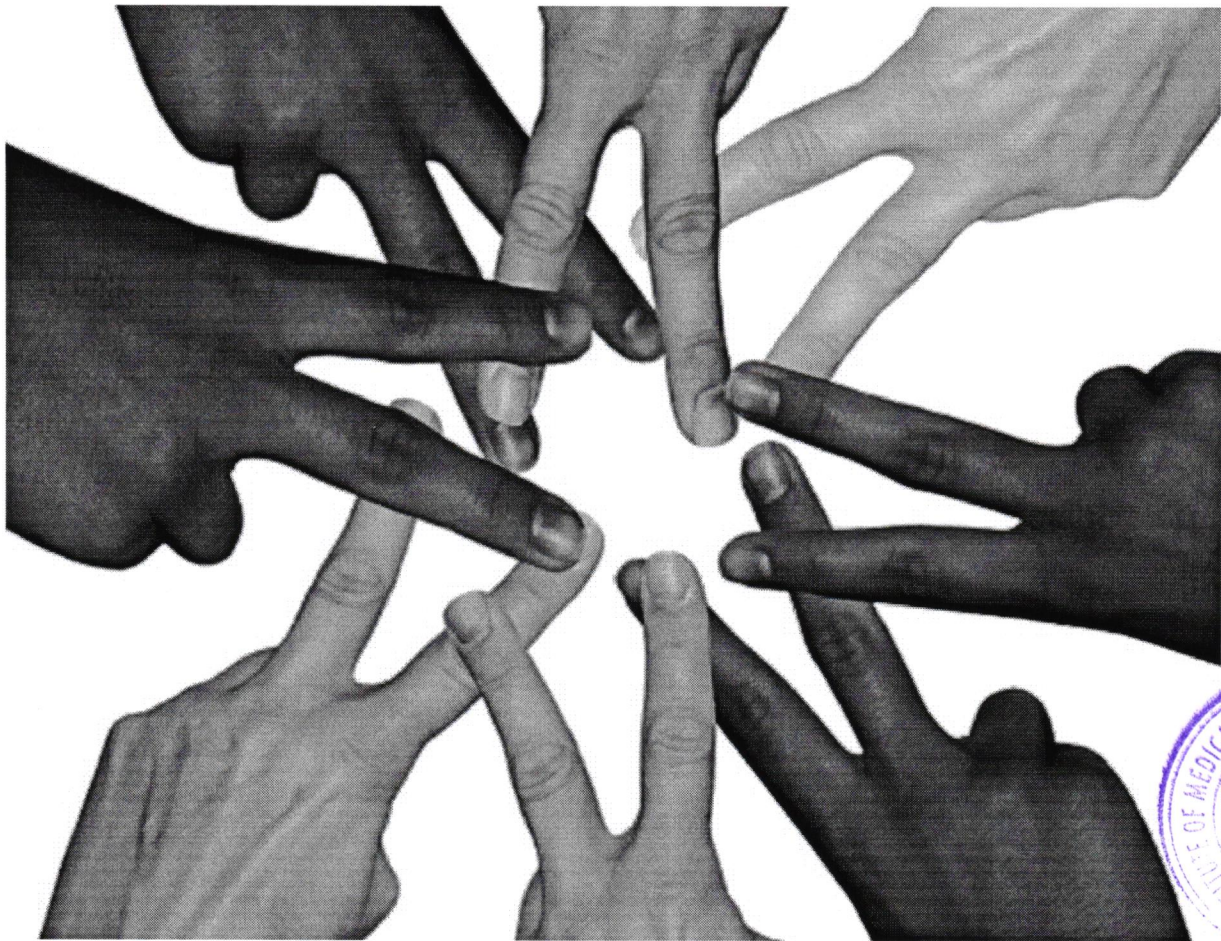
SIDE HEADING: BIOMARKERS IN ATOPIC DERMATITIS



IT'S TIME TO EMBRACE SKIN - TONE DIVERSITY

Every skin color is a marvel of biology and adaptation. Skin color affects ones self-image, a fact that has long been a consequence of racial discrimination and dominance as well as the prevalence of light-skinned models in modern advertisements and other forms of communication. The spectrum of human skin colors is a mesmerizing testament to the boundless diversity that enriches our world. From the deepest shades of ebony to the softest hues of ivory, each skin tone carries its own unique beauty, charm, and cultural significance.

The notion that "all skin colors are beautiful" is not just a statement; it is a profound recognition of the richness found in the mosaic of humanity. it's time to embrace diversity in all its forms and create a world where everyone can feel seen, valued, and appreciated for who they are, inside and out. This April 6, 2024 observed as skin health day and let's take the pledge to stop commenting on peoples skin tone and embrace the beauty of every skin tone.



AN INITIATIVE BY
POSTGRADUATES OF
DEPT. OF DERMATOLOGY



Amala

INSTITUTE OF MEDICAL SCIENCES
NABH & NABL ACCREDITED ISO 9001:2015

REDEFINING
CARE
everyday
in every way

