Annual Scientific Meeting of the Hong Kong Society of Dermatology and Venereology 2008

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New perspectives in the management of scalp psoriasis

Speakers: Dr. Wai-Kwong Cheong
Private Dermatologist, Specialist Skin Clinic (S) Pte Ltd, Singapore

The scalp is affected in about 50-80% of psoriasis patients and at least 30% of the patients feel socially impeded by it. Scalp psoriasis is a typical example of a condition which a relatively small area of the body affected has a great negative impact on a patient's daily life. Coal tar preparations, potent or very potent topical corticosteroids and calcipotriol are the most commonly prescribed treatments for scalp psoriasis. Other remedies include salicyclic acid, tazorotene and newer agents such as betamethasone dipropionate shampoo, excimer 308 nm laser and UVB fibre-optic comb.

The presentation suggested approaching treatment of scalp psoriasis in terms of a clearance phase followed by a maintenance phase using combination of clobetasol proprionate shampoo and topical calcipotriol. The clobetsol proprionate shampoo can be used as a short contact therapy (fifteen minutes) and as a cleansing shampoo. It is cosmetically acceptable and thus improves compliance. Studies have shown that clobetasol shampoo used once daily to be superior to tar shampoo and calcipotriol scalp solution and non-inferior to clobetasol scalp gel in the treatment of moderate to severe scalp psoriasis.

Learning points:
Clobetasol shampoo when used in combination with topical calcipotriol is an effective treatment for scalp psoriasis.

Optimising treatment of psoriasis

Speaker: Dr. Paul Yamauchi
Clinical Assistant Professor, David Geffen School of Medicine at UCLA, USA

Psoriasis is a chronic inflammatory disorder that currently has no cure. It affects around 2% of the general population in the United States. Around 30% of patients with psoriasis also develop psoriatic arthritis between the ages of 15 to 25. The main choices of systemic treatment of psoriasis include methotrexate, cyclosporine and oral retinoids, all with significant potential for toxicity and need close clinical and laboratory monitoring. Although the exact pathogenesis of psoriasis is still unclear, there is increasing evidence to support that inflammatory cytokines expressed by activated T-cells and macrophages play an important role in the development of psoriasis.

The goals of treatment are 1) to induce significant clinical improvement, 2) to maintain remission and 3) to reduce adverse effects. However, many

psoriasis patients are frustrated with the efficacy of traditional therapies and feel that they are often not treated aggressively enough to have the disease controlled.

Biologics are selective immunomodulating agents targeting the immune responses that lead to the formation of psoriatic plaques and arthritis. Adalimumab, etanercept and infliximab are anti-tumour necrosis factors, while efalizumab and alefacept are T-cell modulators. They have different efficacies and can be used alone or with other traditional systemic therapies. One of the concerns of these agents is the reduction of efficacy with time.

Newer agents, namely ustekinumab and ABT-874, are human monoclonal antibodies against interleukins 12 and 23 that are under clinical trials for use in patients with moderate to severe chronic plaque type psoriasis. They seem to be effective and well-tolerated. More studies are needed to support their use clinically.

Learning points:

Psoriasis is a chronic inflammatory skin disorder that many patients demand more aggressive therapies. Biologics target specific immune responses that lead to the formation of psoriasis. They can be used alone or in combination with other traditional systemic therapies. The efficacy of these biological immunomodulatory agents from several U.S. based research studies and clinical experiences are convincing.

Update on laboratory diagnosis of syphilis

Speaker: Dr. Kai-Man Kam
Consultant Medical Microbiologist, Centre for Health Protection, Department of Health, Hong Kong

Despite the overall decreasing trend of new cases attending Social Hygiene Clinics (SHCs) in the past few years, the number of new syphilis patients attending SHCs has remained quite stable at around 1,000 new cases per year. This constituted an increasing proportion of all sexually transmitted infections (STIs) seen in SHCs and has replaced herpes genitalis as the fourth commonest STI in SHCs since 2004.

Enzyme Immunoassay (EIA) and the Venereal Disease Research Laboratory (VDRL) test are commonly used for syphilis screening. While EIA is a sensitive treponemal test that picks up latent as well as treated syphilis, VDRL is a non-trepnonemal test which picks up active infection. For pregnant women undergoing antenatal screening, the median percentage of positive syphilis serology using VDRL test has increased from 0.2% during 1999-2002 to 0.32% during 2003-2007. EIA was first used to screen pregnant women in Hong Kong in 2004 and the percentage of positive syphilis serology has ranged from 0.77%-0.94% in the past four years.

Learning points:

With the growing importance of syphilis amongst all STIs, physicians attending to STIs should be aware of the current diagnostic algorithm practiced in SHCs as well as in antenatal screening. Future developments in laboratory techniques will further enhance the diagnostic capabilities in different stages of syphilis infection and result in better prevention and control.

Major developments in STI/HIV

Speaker: Professor Roy Chan
Director, National Skin Centre, Singapore

At the end of 2007, there were an estimated 33 million people living with HIV globally, compared with 29 million at the end of 2001. Despite several developing countries recording declining incidence and prevalence of curable STIs (gonorrhoea, syphilis, chancroid), 940,000 new infections occurred with 680,000 lives lost and half million young people newly infected in the last 2 years. Globally there has been a definite reduction in sexual risk, especially among adolescents; however, there has been a rapid emergence of high risk partnerships among MSM and adolescents, and a resurgence of STIs among MSM in many countries. Also, there has been growing evidence of potential co-infections such as HSV, Malasia, TB and helminths which increases HIV viral load, and thereby accelerating HIV disease progression and transmission.

Concerning the treatment of HIV, there have been new drugs available since 2000 and this includes enfuvirtide, tipranavir, darunavir and the HIV intergrase inhibitor Raltegravir. But a further study to confirm their efficacy is required. For the treatment of other STI, patient-delivered therapies for partners were shown to decrease repeated infection with gonorrhoea or chlamydia significantly and suppressive antiviral therapy has been shown to decrease HSV-2 transmission. However, there is a growing concern that fluoroquinolone resistance in *N. gonorrhoea* continues to spread. Prevention remains of primary importance in management of STI. Quadrivalent and bivalent HPV vaccines have shown its efficacy against infection with HPV of these types resulting in a reduction of cervical/vaginal dysplasia and vulvo-vaginal condylomata. Barrier contraception is effective against HPV, gonorrhoea, chlamydia, HSV and vaginal infection.

Learning points:

Globally there has been a definite reduction in sexual risk, especially among adolescents. However, there has been a rapid emergence of high risk partnerships among MSM and adolescents, and a resurgence of STIs among MSM in many countries. Patient-delivered therapy for partners were shown to decrease repeated infection with gonorrhoea or chlamydia significantly and suppressive antiviral therapy has been shown to decrease HSV-2 transmission, but there is a growing concern that fluoroquinolone resistance in *N.gonorrhoea* is increasing.

Corrigendum

On page 106 of the "Report on Scientific Meetings" published in the Summer 2008, the following errors need correction:
The Chinese name for the reporter of NPY Chan should be 陳珮瑤.

The publisher apologises for this error and any inconvenience that may have caused.