magnus Group

2ND EDITION OF INTERNATIONAL CONFERENCE ON

DERMATOLOGY AND COSMETOLOGY

May 19, 2021

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IDC 2021

Book of Abstracts

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DERMATOLOGY AND COSMETOLOGY

May 19, 2021

Theme:

Untangling the mysteries behind Dermatology and Cosmetic Care

INDEX

About MAGNUS GROUP

Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

About IDC 2021

IDC 2021 aims to bring together specialists from various medical and surgical branches, Dermatology researchers, clinicians, faculty, students, Directors in the field of dermatology and cosmetology under one roof to share and exchange clinical experiences with the ultimate aim of intensifying practical knowledge. With delegates from all around the world attending, it will provide the ideal forum to discuss the latest findings to put them into context and really understand how they affect your practice day to day.

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KEYNOTE FORUM

2ND EDITION OF
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MAY 19, 2021

IDC 2021

Marian Dmochowski
Autoimmune Blistering Dermatoses Section, Department of Dermatology, Poznan University of Medical Sciences, Poznan, Poland

Biochemical-molecular and imaging techniques for diagnosing autoimmune bullous diseases: The three-tier approach

Autoimmune bullous diseases (ABDs) are requiring precise diagnosis as generally aggressive, having potentially lethal side-effects, treatment is necessary. Nowadays, they can be reliably diagnosed, in addition to the meticulous clinical evaluation including identification of their comorbidities/triggers/sustainers, using a combination approach with biochemical-molecular and imaging laboratory techniques. Taking into account cost effectiveness, I am using an imaging, single-step direct immunofluorescence (DIF) of perilesional tissue and/or of plucked scalp hair for evaluation of IgA, IgG, IgM, C3 as well as IgG4 and IgG1 subclasses deposits visualized with up to three various microscopic systems with an analysis of pattern of deposits. In addition to DIF, still golden standard for diagnosing ABDs, serum studies using biochemical-molecular techniques, namely ELISA, are necessary. Currently, I am using a multi-analyte ELISA enabling the detection of IgG antibodies to desmoglein 1/3, BP180/BP230, envoplakin and type VII collagen in a single procedure. In case of clinical suspicion of dermatitis herpetiformis an ELISA for serum IgA antibodies to tissue transglutaminase, instead of multi-analyte ELISA, is used in addition to DIF. Such a dual imaging/biochemical-molecular laboratory approach is usually sufficient to detect autoimmune nature of a blistering dermatosis in question enabling one to resign from performing H+E histology and indirect immunofluorescence (IIF) studies. Only in cases where it is absolutely necessary, the IIF on a mosaic substrate and/or cells transfected with various epitopes of laminin 332 can be used. Despite substantial progress in diagnosing ABDs heading toward all-in-one methodology encompassing both IgG and IgA autoimmunity and utilizing biomarkers as specific for ABDs as possible, treatment schemes are still unsatisfactory. The aim of future therapeutic efforts should be based on a personalized medicine principle using biotechnology achievements.

Audience Take Away:

- Autoimmune blistering dermatoses (ABDs) can be efficiently diagnosed with three-tier approach: clinical evaluation, direct immunofluorescence, multi-analyte ELISAs
- Evaluating IgG4 deposits using direct immunofluorescence is important diagnostically as it enables the detection of an active Th2-mediated stage of a disease in question
- With multi-analyte ELISAs being currently developed one can simplify the issue of diagnosing ABDs as they generally enable resignation from subjective imaging indirect immunofluorescence techniques

Biography:

Professor Marian Dmochowski MD/PhD is the Head of Autoimmune Blistering Dermatoses Section, Department of Dermatology, Poznan University of Medical Sciences, Poznan, Poland. His research interests are focusing on autoimmune blistering dermatoses, particularly issues of improving diagnosing them with imaging and biochemical-molecular techniques, their comorbidities/triggers/sustainers and improving management. His publications were cited almost 1,000 times. He was an active member of the Society for Investigative Dermatology (USA).

Makoto Senoo
Boston University Henry M. Goldman School of Dental Medicine, USA

Transcription factor p63 and stem cell diseases

Homeostasis and regeneration of the skin are maintained by self-renewal, proliferation, and differentiation of tissue-specific stem cells. We have shown previously that the transcription factor p63 plays an essential intrinsic role in regulating self-renewal of skin stem cells. In this keynote speech, I will present three short stories developing in our laboratory surrounding the control of homeostasis and regeneration of the skin.

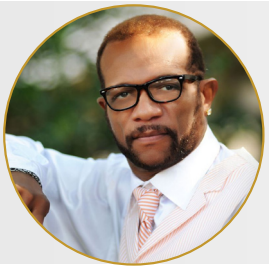
(1) Control of the cell cycle progression in skin stem cells by p63.

(2) Regulation of dermal adipocytes by skin stem cells via paracrine signaling.

(3) Rapid enrichment and expansion of skin stem cells for regenerative medicine.

Biography:

Dr. Makoto Senoo is Associate Professor in the Department of Molecular and Cell Biology at the Boston University School of Dental Medicine. Dr. Senoo is a pioneer in the p63 field since its discovery in 1997. His lab focuses on intrinsic and extrinsic regulation of homeostasis and diseases of epithelia with a long-term goal of developing stem cell-based therapeutic options.



Dave Ray
President/ CEO of Herbal Hair Rx, Beauty Werkz, Evad Yar Publications, DRG Consultancy, all of Dave Ray Enterprises

Implementing anchored approaches for distal outcomes through community resilience

At the time when the salon industry could describe agile change on clients and guests as "fixing the plane while it flies," the CoViD-19 pandemic has rewritten the rules of upheaval in modern times. Those of us leading any salon or beauty entity to our own families—are not fixing the plane in midair, we're now building it. Times like these need leaders who are resilient in the face of such dramatic uncertainties.

There is a new outlook that salon leaders will now need in order to effectively navigate through the crisis. Resilient leaders are defined first by five essential qualities of who they are, and then by what they do across three critical time frames: Respond, Recover, and Thrive.

As we progress into the "Recover" phase of the crisis, strong leaders recognize and reinforce critical shifts from a "today" to a "tomorrow" mindset for their staff and guests. They perceive how major CoViD-19-related market and societal shifts have caused substantial uncertainties that need to be navigated—and seized as an opportunity to grow and change. Amid these uncertainties, resilient leadership requires even greater follower-ship, which must be nurtured and catalyzed by building greater trust. And resilient leaders start by anticipating what success looks like at the end of recovery—how their business will thrive in the long term—and then guide their staff to develop an outcomes-based set of agile sprints to get there.

"The historic challenge for leaders is to manage the crisis while building the future." ~Henry Kissinger~

Resilience is not a destination; it is a way of being. A "resilient salon team" is not one that is simply able to return to where it left off before the crisis. Rather, the truly resilient team is one that has transformed, having built the attitudes, beliefs, agility, and structures into its DNA that enable it to not just recover to where it was, but catapult forward—quickly.

The Mindset Shift: From Today to Tomorrow

For many of us as owners in the early days of the CoViD-19 crisis, the days started to blend together. In fact, some have said that the CoViD-19 world has only three days in the week: yesterday, **today**, and **tomorrow**. In that spirit, forward thinking entrepreneurs need to shift the mindset of their staff from "today" to "tomorrow," which involves several changes that have important implications for the path to recovery.

1. The situation shifts from the unpredictability and frenetic activity of the early **Respond** period to a more settled, though still uncomfortable, sense of uncertainty (an "interim" normal). The implication: The situation invites salon owners to envision the destination at the end of Recover.

2. The focus of leadership expands from a very inward (and entirely appropriate) focus on employee safety and operational continuity to also include embracing a return to a face-to-face posture as was the normal practice in the salon experience. The implication: Owners should envision the destination in terms of desired clientele outcomes, not internal processe

3. Management goals shift from managing the crisis—keeping the organization functioning—to managing the transition back to a restored future. The implication: The Salon Recover Project team may need a different skill set than the Salon Respond Project management.

4. Planning shifts from short-term contingency planning to mid- and long-term economic and scenario planning to understand the related impacts on modes of operation, staff, financing, and so forth. The implication: It is critical to model the alignment of financial resources to the cash required to ramp-up the modes of operation. Things will never be the same.

5. Management's attitude shifts from a primarily reactive mode to anticipating how to reinvent the industry. The implication: Management should seize the opportunity to energize their staff or teams by imagining a successful future and embracing trust as the catalyst to get there.

6. The only certainty is … Uncertainty "The recovery from the CoViD-19 crisis must lead to a different economy."

7. The substantial shifts in society, its institutions, and its individuals during the crisis have introduced major uncertainties into our familiar structures. Assumptions about what is true and stable—for example, the freedom to move unrestricted in free societies—have been upended. These shifts have resulted in macro-level changes in, and uncertainties about the underpinnings of business and society that entrepreneurs must navigate:

Changes in the social contract. Societal expectations of the salon industry are being reframed to ensure the viability of all involved. The implicit contract between businesses and their stakeholders (clientele, staff, beauty distributor & manufacturer) has always been based on accepted—and generally unspoken—assumptions about "the way things are." But the way things are has changed, and that contract is being rewritten. For example, in the implicit "future of work" contract, staggered staff schedules may be both more productive for the salon and more desirable for staff. Further, there are new considerations around work/life balance, job/career fluidity, and staff's well-being gaining prominence in ways that suggest these factors are reshaping a new standard for how and when we work.

Changes in the roles and rules of our entities. As the crisis unfolds, we find business doing procedures differently and more cautious to protect both the client and the staff. Even as much as temporarily eliminating several services, based on the duration of implementation. Enforcement is crucial as sanitization and safety are the first of the inevitabilities, coupled efficiency and earnings.

Unpredictability in Financing Sources.

The pandemic has sent financial shock waves through economies, financial institutions, restaurants and salons to names a few. The sources and uses of cash and the movement of liquidity during thecrisis have been unpredictable. Owners will need to plan for wide variations in their financial position and needs, all of which are dependent on the disease's progression, the level of payment acceptance, and the pace of economic recovery. They will also need to evaluate their ability to handle a potential mounting debt burden and the impact this will have on their credit worthiness with financial institutions.

Permanence of customer behavior changes. The crisis will have a profound impact on customer behavior. As the Asian markets reopened, a segment of consumers who visited physical stores was reluctant to touch anything. Client therefore will have to abide by the new salon regulations.

All the consumer research done by Nielsen assert that, after the crisis, people's daily routines will be altered by a new cautiousness about health, suggesting that some shifts in behavior could be long-term. The significant increase in home care beauty packages has even increased the influence on behavior of a capable client who would normally do salon visits. Owners will need to anticipate whether and how the pandemic has permanently altered behaviors, experiences, expectations, and the role of digital engagement.

Expectations for physical, emotional, financial, and digital safety.

Recovery will create anxiety among all involved, as the post-CoViD-19 world takes shape. Understanding the fears that clients and staff are grappling with—and how their expectations for safety and security have changed, perhaps permanently—will be critical for owners as they seek to restore confidence and chart a new path forward. It remains to be seen how we would have identified the four subject areas: 1. CoViD-19 itself, 2. Fear of the virus, 3. Fear about the economy, and even 4. Fear of the ultimate vaccine—will ultimately be resolved.

What's normal … next?

As salons emerge from Recover and transition into the Thrive phase, trust, coupled with the five qualities of resilient leadership, serves as a strong foundation on which resilient leaders can build the business models to address the new opportunities that will emerge.

What might life be like after the crisis passes, and what will it take to thrive in a world remade?

When we receive notifications on our mobile devices, indicating that a software update is required to allow our phones to work more effectively, we generally respond in agreement. Upon completion of the software update, our devices aesthetics look the same. Only the applications on our devices appear with varying icons. It may take a moment for us to adjust to the new undertakings of the device. But we adjust with the velocity of time. Let's all embrace the new software updates in our operation as the globe will make the necessary shifts.

It is incumbent on us in the salon industry to collaboratively create and develop new anchored approaches toward distal outcomes.

Let's refrain from being deficit based and more asset based.

Unthink – Change – Refreeze ought to be our mindset toward the new norms which will be inevitable.

Biography:

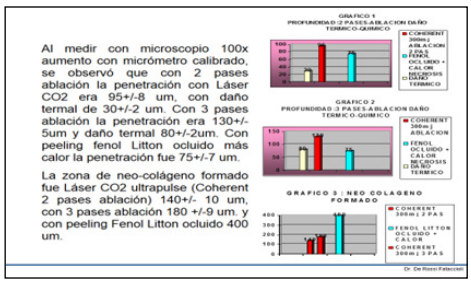
He is chairman of judges for all major competitions to include the Bronner Brothers competitions.In August 2017, Dr. Ray was presented with the SAGE Lifetime Achievement Award by the American Beauty Industry Alliance for his commitment and support to his field.He has a Ph.D. in Clinical Trichology from the University of Queensland, Brisbane, Australia.He attained a doctorate from the fraternity of NBCL, Washington, DC. A certified Trichologist and Licensed Massage Therapist.His zeal for improving Customer Service in his homeland from all fronts is being recognized in every quarter, as he vehemently brings these powerful workshops to Antigua and Barbuda. As Board Certified Master Colorist and former Regional Training Director for Mizani/L'Oreal USA, He has won almost every national competition in which he has participated.

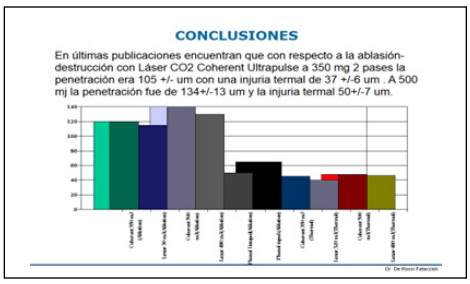
Daniel De Rossi Fattaccioli
Peruvian Society of Dermatology, Peru

Histological Comparaison between deep –depth chemical peelings Phenol Croton (using HEAT like a new penetration factor) and laser CO2 –Erbium-Nd Yag

Statement of the Problem: Chemical peelings it's the most ancient procedure to remove and repair the photodamage effects (Ebers papyrus) .the newest with Erbium ,Neodimiun YAG Carbon Dioxide (CO2) Laser (ultrapulsed, fraccional & others) are be using for the same : remove sun damage elastotic collagen on reticular dermis , atrophic basal-malphigi stratum and hyperkeratosis cornium stratum and , the paramount , production of the best neoCollagen.Olders Phenol Deep Chemical peelings (Backer-Gordon ,Litton ,Fintzi and Hetter formulas) have been used and still using extensively for facial skin rejuvenation

Treatments with Carbon Dioxide (CO2) Laser and Phenol Deep Chemical peelings (Backer-Gordon ,Litton ,Fintzi and Hetter formulas) have been used and still using extensively for facial skin rejuvenation.I introduce a new Formule wich use the HEAT like a penetration factor and on the same time in its preparation. These studies have been done to compare the effects of the treatments using histologics views in different periods of time. Biopsies of facial skin treated on pre and retroauricular zone were maked: immediately after application of CO2 laser ablations and 24 hours after the application of a new adaptation of the Baker´s formula : DeRossi Fattaccioli`s formule for deep chemical peeling.Areas nearly the first biopsies were biopsied after 12 hours, 24 hours, 1 week, 2 weeks, 2 and 3 months after CO2 ultrapulsed laser ; and 24 hours, 48 hours, 72 hours, 1 week, 1 year and 10 years after application of Phenol. Initial biopsies showed that being CO2 laser ablations deeper than deep chemical peeling Phenol-Croton oil DeRossi Fattacioli`s Formule, both treatments have produced a zone of new collagen formation, but at 3 months comparatively deep chemical peeling with DeRossiFattaccioli´s formula show a thicker and wide new collagen zone than CO2 laser ultrapulse ablation.Proving that this new Formule is more effective than the others . I introduce it for your knowledge . and for use it on your practice.Also I will show biopsies of Laser CO2 fraccional and continue pulse , Erbium Yag and Neodimio Yag that are used for rejuvenation of the skin and will compare the neocollagen production.





Biography:

Daniel De Rossi Fattaccioli is the Member Of American Academy Of Dermatology Aada , International Society Of Peeling Isp , Jalisco Dermatologic College (Mexico) , Argentina Dermatologic Society , Cilad Colegio Iberolatinoamericano Of Dermatology , Peruvian Society Of Dermatolgy.Principal Proffesor Of Dermatology Of National University Of Tacna " Jorge Basadre Grossman" And Particular University Of Tacna –Peru Dermatology Office Chief Of The Hospital Regional De Tacna Peru " Hipolito Unanue"

Shazia A. Ali
University Of Wales College of Medicine, UK

Updates On facial aging

Aesthetic and anti-aging medicine are relatively new branches of medicine. The intricate micro as well as macro changes that occur over time leading to the 3D change in the facial shape needs to be understood more clearly. New studies and evidence-based research is constantly and incessantly targeting the aging phenomenon in order to better understand and explain these intricate anatomical changes. All this groundwork leads us to more accurate treatment solutions, which are based on verified principles. The speaker will talk in detail about all these anatomical changes, layer by layer that happen in the face over time backed by science. The ultimate goal is to help the aesthetic clinicians to be able to device reconstructive plans that can address the natural 3D facial shape correction. To compliment the my talk I will give a 2nd practical treatment based talk on how to treat facial aging. "Correction Of Mid-Face Loss Of Contour And Naso-labial Folds". The first changes that are perceived in any face due to aging occur at the mid face level. Deepening of the lid cheek junction and exaggeration of nasolabial folds start to bother our patients by their mid 30's. The speaker will shed light on the science that explains these changes and also share a comprehensive treatment plan utilizing different types of injectables.

Biography:

Dr. Shazia got her basic training at the department of Dermatology Heath University Hospital, Cardiff Wales, in United Kingdom. She holds Masters degree in the field of Dermatological Sciences. She got an early start in aesthetic and Laser dermatology as part of her basic training; which gave her an edge as a practicing cosmetic dermatologist and becoming one of the pioneer names in the field of aesthetics. Actually her mother institute is so proud of her accomplishments that she has been chosen to be the brand Ambassador for University of Wales College of Medicine.Currently Dr. Shazia is working as the Head Of Dermatology Department at the Al Tababah Specialized Clinics Jeddah, KSA. She practices general dermatology with special interest in hair disorders, laser, aesthetic and anti-aging medicine. She is recognized nationally and internationally for her innovative work with skin lasers/RF, cosmetic dermatology and cutting edge facial rejuvenation techniques. Dr. Shazia is active in many professional societies like American Society of Laser Surgery and Medicine, International Academy of Cosmetic dermatology, World Society of Anti Aging Medicine, International academy of Anti Aging Medicine, IMCAS etc.

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SPEAKERS

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Alvin Kar Wai LEE*, Lisa Kwin Wah CHAN, Cheuk Hung LEE
EverKeen Medical Centre, G/F, 26 King's Road, Tin Hau, Hong Kong

Treatment of Acne Fulminans Using Intense Pulsed Light (IPL)

Acne Fulminans Treatment with Intense Pulsed Light (IPL)

Background: Acne Fulminans is a rare disorder that primarily affects male adolescents. It is characterized by acute onset of painful destructive pustule and nodules that appear on face, chest, back and upper extremities. It can present with systemic symptoms such as weight loss and fever. Treatment is typically difficult and may require potent medications such as steroids, isotretinoin and cyclosporine. We present 3 cases of Acne Fulminans that have been successfully treated with Intense Pulsed Light therapy.

Method: 3 cases of Acne Fulminans have failed systemic Isotretinoin and antibiotics therapy were treated with Intense Pulsed Light therapy. All of them were treated with IPL, cutoff filters of 515-755nm, pulse durations of3-6 ms, pulse delay of 10-40ms, fluence of 10-22 J/cm2, double and triple pulses, number of treatments: 8.

The treatments were performed tri-weekly until the patients were satisfied with the cosmetic results. No adjuvant therapy like isotretinoin was given to any of the patient. Clinical photos were taken every time before treatment. 2 individual blinded investigators were asked to assess and compare with the pretreatment photos. Patient satisfaction rates were asked before the first and the last treatment. Side effects were monitored.

Results: The improvement were excellent in 3 of them. The effects of IPL treatments were long-lasting. All 3 patients showed a high patient satisfaction rate.

Conclusion: Intense Pulsed Light can successfully improve refractory Acne Fulminans.

Biography:

Dr Alvin Lee, MBChB (CUHK), MScPD (Cardiff), PgDipPD (Cardiff), PGDipClinDerm (Lond), DipMed (CUHK), DCH (Sydney), is a general practitioner with special interest in aesthetic medicine. He has Master in Practical Dermatology and Master in Clinical Dermatology at Cardiff University and is also a clinical tutor (honorary) at the Division of Family Medicine and Primary Health Care, The Chinese University of Hong Kong

Lisa Kwin Wah CHAN*, Alvin Kar Wai LEE, Cheuk Hung LEE
EverKeen Medical Centre, G/F, 26 King's Road, Tin Hau, Hong Kong

Treatment of Macular, Hypertrophic and Keloid Scars Using Intense Pulsed Light (IPL)

Background: Scarrings are distressing to patients. This study evaluates the efficacy and safety of Intense Pulsed Light (IPL) for Chinese patients with macular, hypertrophic and keloid scars.

Methods: 4 cases of macular, hypertrophic and keloid scars on different body areas were included in this case study. All of them were treated with IPL, cutoff filters of 515-755nm, pulse durations of 3-6 ms, pulse delay of 10-40ms, fluence of 10-22 J/cm2, double and triple pulses, number of treatments:10-18. Case 1: scald, hypertrophic scar at the right wrist. Case 2: and 3 cutter-assaulted and Traffic accident macular, surgical scar. Case 3: Hypertrophic post surgical chin scar. Case 4: hypertrophic, surgical scar at the left elbow.

The treatments were performed tri-weekly until the patients were satisfied with the cosmetic results. No adjuvant therapy like steroid injection was given to any of the patient. Clinical photos were taken every time before treatment. 2 individual blinded investigators were asked to assess and compare with the pretreatment photos. Patient satisfaction rates were asked before the first and the last treatment. Side effects were monitored.

Results: There was an overall clinical improvement in the hyperpigmentation, thickness, hardness, redness of the scars in all 4 patients (100%).

The improvement was excellent in 3 of them (75%) and good in 25%. The effects of IPL treatments were long-lasting. All 4 patients showed a high patient satisfaction rate.

Conclusion: This study suggests IPL is effective in improving the erythema, hardness, thickness as well as the appearance scars secondary to a variety of causes. The results were long-lasting.

Biography:

Dr LISA CHAN, MBChB (CUHK), MScPD (Cardiff), PgDipPD (Cardiff), PGDipClinDerm (Lond), DipMed (CUHK), DCH (Sydney), is a general practitioner with a keen interest in aesthetic medicine. She has a Master's in Practical Dermatology with Distinction at Cardiff University and is also a clinical tutor (honorary) at the Division of Family Medicine and Primary Health Care, The Chinese University of Hong Kong

Swami Shraddhamayananda
Ramakrishna Mission Charitable Dispensary, Belur Math, Howrah, West Bengal

Efficacy of homeopathic medicine in the treatment of acne- A study of 400 cases

Acne is the involvement of the oil glands at the base of hair follicles characterized by papular and pustular eruptions over face, forehead, chest and back. Disfigurement associated with psychological problem is the major problem of acne which commonly affects the adolescent population. Hyperkeratinization, obstruction of sebaceous follicles, stimulation of sebaceous gland secretion, Propionibacterium acnes colonization of pilosebaceous units are some of the important pathogenetic factors of the disease. The teenage groups are commonly affected. Acne scars are the most important sequel of inflammatory acne. It is very common to them who are repeatedly infected with acne. Thus early control of inflammation can prevent pigmentation and scar formation. In many cases conventional treatment fails and the patients become helpless in this condition. Thus in this study a possible curative role of homeopathic medicines was explored in such cases based on a pilot study done earlier at our Institute. A group of 400 such cases were enrolled in the study following consideration of all ethical issues and inclusion and exclusion criteria formulated at our institute. There was also a control group of 40 cases where only placebo was given which were similar in appearance containing only vehicle of the medicine. Only a single oral homeopathic medicine (sulphur in 30 homeopathic dilution or tuberculinum in 200 homeopathic dilution) was given in the test group based on clinical case history as observed in the pilot study. No local application was used in the study. Out of 400 cases, 380 (95 %) cases showed significant improvements within six months of treatment including cure, while the control group showed no changes even after six months. The results of this study were very encouraging indicating a definite role of homoeopathic medicine in acne and acne scar.

Biography:

Dr. Swami Shraddhamayananda ia at present Monk in charge of medical unit at Belur Math, Ramakrishna Mission Charitable Dispensary, Belur Math, Howrah, West Bengal, India . He is a medical graduate from Calcutta University and a pioneer physician and scientist working on homeopathic medicines. He has published one book on vitiligo and twelve research articles on dermatology in different peer reviewed journals. He delivered lectures at different national and international conferences on vitiligo, burn injury, acne, warts etc. He is involved in many charitable and social works in India.

Satadal Das[1]* and Swami Shraddhamayananda[2]

[1]Department of Virology, Regional Research Institute, CCRH, Kolkata, India
[2]Ramakrishna Mission Charitable Dispensary, Belur Math, West Bengal, India

Stratified E and L gene expressions direct molecular pathogenesis of Verruca vulgaris

The hyperkeratotic, exophytic, dome shaped general wart of the skin usually represent verruca vulgaris, which occurs mainly due to infections of three important human papilloma viruses HPV-2, HPV-4, and HPV-40. The virus induced restricted growth in the superficial layer leads to sessile, verrucous, discrete papules and nodules. The virus essentially causes intraepithelial extended infectious cycle with no cell death or viraemia. At first E-genes are up regulated and after binding with syndecan-1 and TRAPPIII complex, the virus infects primitive basal keratinocytes through integrin receptors leading to combined replication of the virus and the cells. In this stage gene expressions occur with E1, E2, E6, E7 genes with latent infection and episomal viral DNA. After this, there is up regulations of both E and L genes, which leads to upstream infections in differentiated cells. The late gene expressions occur helping viral assembly and release by L1, L2, E4 gene, and finally only L gene up regulation play a key role during desquamation of viral laden squamous cells. Among cytokine genes, there are up regulations of IL6, IL8, IL10 and down regulations of IL1, IL18, IL2, TNF and IFN genes. The malignancy is mainly responsible for a crosstalk with the Hippo pathway signaling molecules and EGFR. Thus the gene expressions as well as molecular pathogenesis leading to verruca vulgaris occur in a stratified way, which is unique of this disorder. Gene expressions and synchronous viral replication in a differential cellular population is the primary foundation of verruca vulgaris and a molecular cross talk may lead to malignant transformation of this disease.

Audience Take Away:

- They will understand the basic molecular pathogenesis of verruca vulgaris
- They will know about the unique stratified gene expressions of this disease
- They will understand how malignancy occurs in this disease
- The knowledge of this stratified gene expression may lead to gene expression manipulation by different drugs in future by the audience

Biography:

Satadal Das completed his MD from Calcutta University. He is at present Principal Investigator of Virology Laboratory, Regional Research Institute, CCRH, Kolkata, Govt. of India and Consultant Microbiologist, Peerless Hospital & B. K. Roy Research Centre, Kolkata. He was Professor of Pathology & Microbiology at a state postgraduate medical college, Government of West Bengal, India. He has published 120 articles in peer reviewed journals, published a textbook on microbiology, and presented more than 200 papers. He has supervised 12 PhD students. He has also interest in space biology and delivered lectures at Royal Holloway, London University and at Rutgers University in astrobiology.

Alexey Avdeev
Peoples' Friendship University, Russia

Gold Thread: Back to the past or cutting-edge technique

Year 2020 marked 25 years since the method of gold thread implantation started to be used in Russia; later on this method was called gold armouring. Non-resorbable meso-thread Golden Light – is a nonorganic monofilament sterile implant, which is 99,99 made of gold Meso-thread Golden Light cause minimal aseptic inflammatory tissue reaction during the implantation and gradually encapsulate, due to the formation of a capsule around the connective tissue. At the same time they stimulate subdermal neocollagenesis. In the implantation zone there is increased angiogenesis - an increase in the total area of the vascular bed, indicators of microcirculation, and as a result - improved nutrition and hydration of tissues. This has a positive effect on the skin color, increases its turgor and elasticity of the skin, thereby creating conditions for preventing progressive gravitational ptosis of tissues.The fact that Golden Light does not dissolve prevents the lysis of synthesized connective tissue, supporting the achieved effect for a long time. After the procedure, some swelling may occur, as well as the appearance of small bruises soreness and tingling in the area of implantation. These phenomena pass disappear within a week. Hardware cosmetology methods can be used after 2 months from the day of the thread implantation

The gold thread implantation philosophy: Creation of an additional connective tissue framework under the skin in order to stabilize tissues and counteract gravitational ptosis Stimulation of angiogenesis, which leads to better skin vascularization. It improves the nutrition of tissues, their hydration, and as a result – better elasticity, turgor and skin color

Audience Take Away:

- Year 2020 marked 25 years since the method of gold thread implantation started to be used in Russia; later on this method was called gold reinforcement.
- Gold – is a nonorganic monofilament sterile implant (Au 99,99 %)
- Gold has no pyrogenic and antigenic properties and causes minimal tissue reaction during implantation
- For 25 years of gold thread implantation there were no after-troubles
- Gold thread armouring can be successfully combined with other methods of therapeutic cosmetology – botulinum toxin injections, biorevitalization, injection contour plasty
- The technique of "golden reinforcement" of the face gives excellent results and can be successfully used to maintain a young face contour

Biography:

Dr. Avdeev studied Medicine at the First Moscow Medical Institute, Russia and graduated as MD in 1986. He has published more than 40 research articles. EDUCATION:2012 - 2013 Pirogov Moscow Medical University. Specialty: Plastic Surgeon,1994 –1997 Priorov Central Institute of Traumatology and Orthopaedics (CITO) Post-Graduate Training Research Degree "Endoexpander method of plasty of extensive post-traumatic skin defects in children"(preceptor –Prof. V.N. Merkulov) He received PhD degree in 1997 at the same institut., 1990 –1992 Priorov Central Institute of Traumatology and Orthopaedics (CITO)Traumatology and Orthopaedics Residency 1986 –1987 Obninsk Medical and Sanitary Department No. 8 under 3rd General Departmentof Ministry of Health of the USSR Internship,1980 –1986 Sechenov FirstMoscow Medical Institute Qualification: Medical Doctor. Specialty: General Medicine ALEXEY AVDEEVPROFESSIONAL

EXPERIENCE,2019-2020 - Peoples' Friendship University, Department of Reconstructive Plastic Surgery with an ophthalmology course, Moscow, Russia. Associate professor, Plastic Surgeon. 2017-2019 - Present Institute of Beauty on Arbat, Moscow Russia. Position: General Director, Plastic Surgeon Duties: Management of financial and economic activities in accordance with the Charter of the medical organization; ensuring compliance with the law in the activities of the medical organization; preparation of strategic and current work plans; organization of working process and effective interaction of all structural units., 2013–2017 Research and Education Center of Lomonosov Moscow State University. Position: Chief of Department and main Plastic Surgeon 2013 –2017 Private Medical Surgical Center "Osnova" Position: Founder and Director 2006 –2013 Private Medical Center "La Strada" Position: Head of the Department of Surgery, Head Doctor Duties: provision of specialized medical care to patients (surgery, traumatology, orthopaedics); keeping medical records (outpatient cards, inpatient medical history); performing operations and postoperative patient management; implementation of new medical technologies; observance of principles of medical ethics and deontology; carrying out sanitary and educational work; professional development at least once every 5 years. 2004 –2006 State Department of Presidential Affairs of the Russian Federation. Position: Medical Doctor at Department of Reconstructive Plastic Surgery 1997 –2004 Clinic of Sport and Ballet Trauma, Priorov Central Institute of Traumatology and Orthopaedics. Position: Medical Doctor 1987 –1990 TraumatologyOrthopedic Department of Central Medical Unit under Ministry of Health of the USSR (City of Obninsk) Position: Medical Doctor Duties: Provision of specialized medical care to patients (surgery, traumatology, orthopaedics); keeping medical records (outpatient cards, inpatient medical history); performing operations and postoperative patient management; implementation of new medical technologies; observance of principles of medical ethics and deontology; carrying out sanitary and educational work; professional development at least once every 5 year

Reema Khalid AlEssa[1]*, Sahar Alshowmer[1], Abdullah Alfaleh[1], Mohammed Albalawi[2] , Sultan Alkhenaizan[3]

[1]College of Medicine, King Saud bin Abdulaziz University for health Sciences (KSAU-HS), Riyadh, Saudi Arabia

[2]Department of Molecular, Pathology and Genetics, King Abdulaziz Medical City(KAMC), National Guard Health Affairs (NGHA), Riyadh, Saudi Arabia

[3]Department of Dermatology, King Abdulaziz Medical City (KAMC),, National Guard Health Affairs (NGHA), Riyadh, Saudi Arabia

Clinical and Molecular Characterization of Ichthyosis at King Abdulaziz Medical City (KAMC), Riyadh KSA.

Introduction: Ichthyosis is a disorder of abnormal keratinization, characterized by excessive scaling and consists of more than twenty subtypes varied in severity, mode of inheritance and the genes involved. Unfortunately, there is insufficient data in the literature regarding the prevalence of ichthyosis locally.

Aim: to determine the prevalence of ichthyosis, identify the histopathological features and genetic profile of ichthyosis among King Abdulaziz Medical City patients (KAMC), Saudi Arabia.

Method: It is an observational retrospective case series study conducted in March 2020, included all patients who were diagnosed with Ichthyosis and confirmed by histological and molecular findings over the last 20 years in King Abdulaziz Medical City (KAMC), Riyadh, Saudi Arabia. Molecular analysis was performed by testing genomic DNA and checking genetic variations using the AmpliSeq panel. All disease-causing variants were checked against HGMD, ClinVar, Genome Aggregation Database (gnomAD) and Exome Aggregation Consortium (ExAC) databases.

Result: A total of 52 cases of Ichthyosis were identified with a mean age of 14±10 years. There is almost equal distribution between female patients 48% and males 52%. Majority of them were Saudis 94%. Ichthyosis Vlgaris was identified in 15.69% patients and X-linked ichthyosis in 15.69%. Four patients had Congenital Ichthyosiform Erythroderma 7.84%, and two had lamellar Ichthyosis 3.92%. More than half of patients presented with general scaling 59%. Associated conditions were also reported.

Conclusion: This study is the first pillar toward establishing the Ichthyosis genetic profile in Saudi Arabia. Several novel mutations were identified as not previously reported. Consanguineous marriage is clearly recognized in the Saudi population, therefore, we propose a nationwide Ichthyosis program that would help to extend the spectrum of the genetic profile and to prevent future of such devastating genetic disorder.

Audience Take Away:

- First study of its type for establishing ichthyosis genetics profile in SA
- we need a good collaboration between medical centers of SA to establish a genetic basis for ichthyosis in SA which can minimize the outcome of the disease and improve its management as the disease has been assessed and described clinically mainly
- Genetic profile of multiple genes in one disease

Biography:

Dr. Reema Khalid AlEssa, a Doctor who graduated from College of Medicine, King Saud bin Abdulaziz University for Health Sciences, National Guard Health Affairs, MBBS degree with an excellent GPA and Honour degree. She also has a second bachelor degree in the Pharmacy, from college of Pharmacy, King Saud University, Riyadh Kingdom of Saudi Arabia. She is one of the best Medical students with outstanding academic achievements. She won many awards in several national and international conferences with 5 publications for now.

Afzaal Bashir FCPS*[1], Muhammad Mustehsan Bashir PhD[1], Muhammad Sohail FCPS[1], Sunaina Afzaal MBBS[3], Mahmood Saba PhD[2]

[1]Plastic Surgery Department, King Edward Medical University, Lahore, Pakistan
[2]Department of Regenerative Medicine, King Edward Medical University, Lahore, Pakistan
[3]Rahber Medical and Dental College, Lahore, Pakistan

Long term effect of stem cell enriched adipose tissue grafting on contour deformities with pigmentary changes of face

Introduction: Contour deformities of the face requiring soft tissue augmentation are usually associated with hyper pigmentation of overlying skin. These deformities often result from a variety of conditions like trauma, infection and certain acquired diseases like Rhomberg's disease. Conventionally, such contour problems are treated by using allogenic fillers, implants, major flap surgery, lasers and other cosmetic options but with certain limitations. Flap surgery, Implants and Allogenic Fillers deal contours but do not improve hyper-pigmentation. Similarly, Lasers and de-pigmentary creams improve pigmentation but have nothing to do with contour correction. Therefore, innovative strategies are required that can simultaneously heal contour deformities and also resolve the skin hyper-pigmentation permanently. Fat is an ideal source of autologous tissue for regenerative medicine applications in plastic surgery and cosmetology. Fat grafting is recognized as a promising and novel technique for volume restore and skin rejuvenation due to its regenerative properties. In the current study we aim to evaluate the effect of autologous fat grafting for contour deformities related hyper-pigmentation.

Methods: A prospective study conducted in the Departments of Plastic & Reconstructive Surgery and Tissue Engineering and Regenerative Medicine Laboratory, Department of Biomedical Sciences, King Edward Medical University/Mayo Hospital, Lahore from February 2017 to January 2019. Adipose tissue was harvested from lower part of abdomen. Mesenchymal Stem cells were isolated and cultured. In the next sitting, more fat harvested, enriched with stem cells and grafted at the contour defect. Serial photographs of the recipient area were taken every three months till one year under standard settings and camera make and pigmentation compared.

Results: One hundred patients, 63 % females and 37% males with mean age of 27.33+ 7.25 years. The volume of injected fat was having mean of 9.73+ 5.21 ml. Most of the patients (43%) required one session while 37% required two sessions of fat grafting and in 20% patients three sessions repeated after an interval of three months were adequate to get satisfactory results. Improvement in pigmentation measured by difference ICD was having mean of 1.08x106± 464745.535. Thirty seven percent patients were highly satisfied while 52% were satisfied and 11% patients were unsatisfied with the improvement in pigmentation of the overlying skin.

Conclusion: Stem Cells enriched adipose tissue grafting is a magnificent treatment option for contour deformities of face with pigmentary changes.

Key Words: Mesenchymal Stem Cells, Contour defects, Pigmentary changes, Adipose tissue, Integrated Color Density

Audience Take Away:

- How contour deformities of face with pigmentary changes present
- Methods to address such deformities
- Role of autologous adipose tissue in dealing with contour defects
- Effect of Mesenchymal Stem Cells in on pigmentation

Biography:

Dr.Afzaal Bashir studied his medical graduation from King Edward medical College, Lahore, Pakistan which is the leading and the oldest institute of the territory. Later he did post graduation in Plastic and Reconstructive surgery from College of Physicians and Surgeons Pakistan. Dr.Afzaal is one the passionate workers in the field of aesthetics and reconstructive surgery that he designed two instruments for rhinoplasty. Currently, he is the teaching faculty of plastic surgery at King Edward medical College, Lahore, Pakistan and visiting plastic surgeon at Mayo Hospital, Lahore, Pakistan.

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Khalidova Khalida Rashidovna

Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan.

Pro-inflammatory cytokines TNF-alpha, IL-6 and IL-8 at patients with idiopathic type of Kaposi's sarcoma

Immune system controls tumor growth due to cellular mechanisms and cytokines - mediators of intercellular interactions. Activity of some cytokines is used by the body in the implementation of antitumor surveillance. The most important cytokines are T cell growth factors, such as IL-2, IL-4, immunoregulatory cytokines associated with the type of T helper response (IFN-γ, IL-4, IL -12, TNF, IL-10), Polarization of T-helpers is associated with the activation pro-inflammatory cytokines. The aim of the study was to determine the state of proinflammatory cytokines TNF-alpha, IL-6 and IL-8 in patients with idiopathic type of Kaposi's sarcoma (ICS). There were 72 patients with ICS under observation. The level of cytokines was determined in serum using ELISA. The level of TNF-alpha in the sera of patients with ICS was significantly different from that of healthy individuals (110,6+17,5 pg/ml vs 25,5±2,1 pg/ml). Fluctuations in the concentration of TNF in the blood serum with ICS within the average error was 80-130 pg/ml. One of the main functions of IL-6 is the regulation of antibody-producing cells from B-lymphocytes and the production of immunoglobulins, plays a central role in nonspecific antiviral immunity, along with TNF-α. High reliable IL-6 concentrations of 28,9±3,5 pg/ml correlate with a high B-lymphocyte content and IgG concentration. There was also a hyperproduction of IL-8 33,4±4,1 pg/ml versus 6,8±1,6 pg/ml. The change in the concentration of cytokines in the blood serum make it possible to prove the role of pro-inflammatory cytokines in the pathogenesis of ICS. Tumor cells can themselves produce IL-6 and TNF-alpha, which are growth factors that ensure the immunoreficiency of the tumor tissue and the inhibition of the T-cell link of immunity. Obviously, these cytokines are diagnostic criteria for the malignancy of the process.

Biography:

Dr. Khalidova Khalida Rashidovna has been working at the Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan for 30 years. She is the head of the PCR laboratory, she has been studing and treating AIDS-associated diseases (Kaposi's sarcoma) and STD. She received PhD degree in 2000 at the same institution. She has published more than 200 research articles in different scientific journals.

Mirsaidova Munisa Abdushukurovna*, Radjabova Yulduz Nazimova

Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan. Tashkent city[2]Wakasa Otsuki Pearl Co., Ltd., Shima, Mie Prefecture, Japan

Problem of the Behcet's disease in Uzbekistan

Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan. Tashkent city

Behcet's disease is systemic vasculitis of unknown etiology, characterized by recurrent erosive and ulcerative lesions of the mucous membrane of the mouth and genital organs, frequent involvement of the eyes, joints, organs of the gastrointestinal tract (GI tract), central nervous system. The variety of clinical manifestations and the uncertainty of the origin of this syndrome lead to diagnostic errors and inadequate therapy.

The etiology and pathogenesis of Behçet's disease remain unclear, but there is some evidence of the involvement of genetic, immunological and infectious factors in the onset of the disease.

Behcet's disease in the Republic of Uzbekistan in recent years has been detected more often, but these figures on incidence do not reflect the real picture, since underestimation of this pathology is associated with low awareness of doctors of related specialties, resulting in patients receiving non-specialized treatment in other medical institutions, which is cause of complications. Diagnosis of Behcet's disease is established on the basis of criteria developed by the International Study Group for this disease.

In this thesis, we present our materials and methods for studying clinical manifestations in 17 patients with Behcet's disease, among people of Uzbek nationality who were on inpatient treatment at the Republican Specialized Scientific and Practical Medical Center for Dermatovenerology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan in 2017-2018.

The foregoing dictates the need for a more detailed study of the results: immunological, genetic, microbiological, PCR studies and it is planned to develop diagnostic and therapeutic techniques.

To properly establish a diagnosis and reliable registration of BD it is necessary to conduct seminars among dermatovenerologists and doctors of related specialties.

Biography:

Dr. Mirsaidova Munisa Abdushukurovna has been working at the Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan for 20 years. She has been treating urogenital and erosive- ulcer diseases of the genitals. She received her PhD degree in 2009, doctor of medical sciences degree in 2016 at the same institution. She has published more than 60 research articles in different scientific journals

Khalidova Khalida Rashidovna*, Porsokhonova Delya Fazilovna
Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan

Sexually transmitted infections in patients with genital dystrophic diseases

Genital dystrophic diseases represent interdisciplinary problem, a successful solution that will significantly reduce the risk of malignant transformation. The literature describes a number of reasons, may cause dystrophic changes. The aim of the study was to determine the spectrum sexually transmitted infections in patients with genital dystrophic diseases and evaluate their possible role in the development of dystrophy. We observed 30 patients aged 6 to 64 years, among which there are lichen sclerosus, hyperplastic dystrophy, leukoplakia. All patients were carried PCR and microbiological research separated the urogenital tract. STI and the accompanying microflora as a mono-infection or in combination were detected in each patient. In the course of studies exposed: in 26.7% of patients -Ureaplasma urealyticum, 10% - Chl. trachomatis, 43.3% - Gardnerella vaginalis, 3.3%- Mycoplasma genitalium, fungi of the genus Candida - 56.7%, CMV - 13.3%. HSV - 13.3%, HPV 16/18 at 46.7%. From the accompanying microflora St. epidermidis- in 20.0%, Enterobacter - 26.7%, St. aureus - 13.3%, St. Haemolyticus - 16.6%, St. saprophyticus - 16.6% Enterococcae spp. - at 6.7%. We carried out a comprehensive therapy including antibiotics, anti-viral treatment, adjuvants and photodynamic therapy with photosens methylene blue from eight to ten sessions. As the result of the treatment, itching was stopped in 86.7% of patients. These results suggest that the key role in the origin of the itching played pathogens such as Ureaplasma urealyticum (26.7%), fungi of the genus Candida (56.7%), HPV 16/18 (46.7%), Enterobacter - at 26.7%. The origin of pruritus can be realized at the expense of the rich antigenic structure of these pathogens and the activation of kinin-prostaglandin system, which runs the enzymatic activity of some infections.

Biography:

Dr. Khalidova Khalida Rashidovna has been working at the Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan for 30 years. She is the head of the PCR laboratory, she has been studing and treating AIDS-associated diseases (Kaposi's sarcoma) and STD. She received PhD degree in 2000 at the same institution. She has published more than 200 research articles in different scientific journals.

Mirsaidova Munisa Abdushukurovna*, Radjabova Yulduz Nazimova, Porsokhonova Delya Fazilovna

Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan. Tashkent city

Detection of Ureaplasma urealyticum and Herpes virus infection in patients with Behcet's disease

Behcet's disease or "silk road disease" got its description at the beginning of the last century. The etiological factors of Behcet's disease (BB) are still under study. Some authors hold an opinion on the trigger role of the herpes simplex virus, and other infections in the development of this pathology. Ureaplasmas are a frequent associated microorganism in bacterial vaginosis, aggravating the degree of vaginal dysbacteriosis. An important feature of ureaplasmas is the ability to hydrolyze urea to ammonia, i.e. the presence of urease activity, and this in turn leads to damage of the epithelium and may contribute to the further prolonged development of BB. In this connection, ureaplasmas can contribute to the occurrence of erosive-ulcerative lesions of the mucous membrane.The aim of our investigation was to study the presence of the most common STIs from the "new generation" in patients with BB, and to evaluate the results of antimicrobial treatment. In patients with BB, was noted an increased frequency of detection of Ureaplasma urealyticum and herpes virus infections (50-75%). In the course of specific antibacterial / antiviral treatment, the following results were obtained: a decrease in the intensity of pain, disappearance of inflammation and discharge from the genital tract, an improvement in the psycho-emotional state of patients, the restoration of the skin process manifested in decrease of erosions, ulcers, and restoration of the skin of the genitals. The results obtained may indicate a direct or indirect role of Ureaplasma urealyticum and HSV type I and II in the pathogenesis of BB. In this connection, prior to treatment, patients with BB should be examined for the above infections. When prescribing a course of treatment, patients with BB should be guided by the recommendations for the treatment of Ureaplasma urealyticum and Herpes Virus infections.

Biography:

Dr. Mirsaidova Munisa Abdushukurovna has been working at the Republican Specialized Scientific and Practical Medical Center for Dermatovenereology and Cosmetology of the Ministry of Health of the Republic of Uzbekistan for 20 years. She has been treating urogenital and erosive- ulcer diseases of the genitals. She received her PhD degree in 2009, doctor of medical sciences degree in 2016 at the same institution. She has published more than 60 research articles in different scientific journals

PARTICIPANTS LIST

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