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News



# Chronicles of A.I. Pospelov Moscow Society of Dermatovenerologists and Cosmetologists (MSDC was founded on October 4, 1891)

Bulletin of the MSDC № 1155

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## ABSTRACT

On December 19<sup>th</sup> we held our last meeting of Moscow Society of Dermatologists and Cosmetologists named after A.I. Pospelov in person.

There were 137 participants and no applicants.

Professors, teachers and doctors from leading dermatovenerological clinics in Moscow were invited to take part in the anniversary meeting of the MSDC.

Our agenda included two clinical cases. Both of them were based on speakers' personal experience and included nail and facial skin disorders. This kind of analysis may boost doctors' experience in diagnosis and management of challenging clinical cases. There were no scientific reports of the meeting.

**Keywords:** MSDC; chronicle; history.

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Новости

## Хроника Московского общества дерматовенерологов и косметологов имени А.И. Пospelова (МОДВ основано 4 октября 1891 г.)

Бюллетень заседания МОДВ № 1155

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### АННОТАЦИЯ

19 декабря 2023 года состоялось 1155-е заседание Московского общества дерматовенерологов и косметологов имени А.И. Пospelова.

Заседание прошло в очном формате, всего присутствовало 137 участников. На вступление в члены МОДВ заявки не подавались.

Принять участие в юбилейном заседании МОДВ были приглашены профессора, преподаватели и врачи ведущих дерматовенерологических клиник Москвы.

В клинической части заседания представлены сообщения, основанные на собственном опыте докладчиков (пациенты с поражением ногтей и кожи лица).

Разбор сложных клинических случаев позволяет практическим врачам анализировать собственный опыт лечения трудных пациентов.

**Ключевые слова:** МОДВ; хроника; история.

### Как цитировать:

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## EDITOR'S NOTE

On December 19, 2023, the 1155th regular meeting of the A.I. Pospelov Moscow Society of Dermatovenerologists and Cosmetologists (MSDC) was held. A total of 137 participants were present. No applications were submitted for the MSDC membership.

The Presidium of the Conference included Professor A.A. Kubanov, Academician of the Russian Academy of Sciences; Professor O.Yu. Olisova, Corresponding Member of the Russian Academy of Sciences; Professor E.S. Snarskaya; Associate Professor of the Department of Dermatovenereology and Cosmetology of the Central State Medical Academy of the Administrative Directorate of the President of the Russian Federation A.B. Yakovlev, PhD (Medicine).

Faculty members and doctors from leading dermatovenereology clinics in Moscow were invited to participate in the jubilee, 1155<sup>th</sup> meeting of the MSDC.

Professor Alexey A. Kubanov, Academician of the Russian Academy of Sciences, gave a short welcoming speech.

## MAIN TOPICS OF THE MEETING

In the clinical part of the meeting, two reports were presented, both based on the 'speakers' own experience with patients who presented with nail lesions (first report) and facial skin lesions (second report). The analysis of complicated case reports allows practicing physicians to analyze their own experience of treating unusual patients. Both reports were presented by the staff of the V.A. Rakhmanov Clinic

of Skin and Venereal Diseases (I.M. Sechenov First Moscow State Medical University).

No reports were presented in the scientific part of the meeting.

### Patients with nail lesions

In the clinical part of the meeting, the first paper presented was "Patients with Nail Lesions: Analysis of Complex Clinical Cases." The speaker was I.S. Maksimov, assistant of the V.A. Rakhmanov Clinic and Department of Skin and Venereal Diseases. The report was based on the author's clinical experience in the treatment of onychodystrophies. Onychodystrophy (OD) is a pathological condition of the nail that is not infectious in nature. OD is frequently a diagnosis of exclusion after the diagnoses of onychomycosis or onychobacteriosis have been ruled out. Therefore, the author has devoted considerable attention to the sequential steps of the patient's examination, from initial complaints and history to pathogen testing and onychoscopy.

In the course of analyzing the presented clinical cases, the author offers a severe critique of the practice of prescribing antifungal therapy without a thorough examination of the patient. In the case of non-fungal nail lesions, the costs of such treatment are not justified, since the treatment is ineffective. The author highlights the issue of opportunistic pathogens that colonize the nail plate and its apparatus in the presence of existing non-fungal lesions, which are often traumatic. These include species of *Candida*, *Fusarium*, and *Acremonium*. Topical treatment, in the author's opinion, should almost always begin with determining the area of the



MSDC meeting № 1155 takes place in the conference hall of the Lesnaya Safmar Hotel.



In the Presidium of the MSDC № 1155 meeting: Academician of RAS, Prof. A.A. Kubanov (right), Corresponding Member of RAS, Prof. O.Yu. Olisova (centre), Associate Professor A.B. Yakovlev (left).

nail to be removed. Indeed, areas of the nail plate with pronounced symptoms of onycholysis, onychorrhexis, and onychomadesis, as well as in cases of total destruction of the nail plate, should be removed. Such variants of onychodystrophy as Rosenau's depressions, hapalonychia (onychomalacia), koilonychia, and ridged onychodystrophy, obviously, cannot be removed. Moreover, as the nail plate grows back after the therapy start, it is possible to clearly observe the regression of these symptoms and draw conclusions about the effectiveness of the treatment of the underlying disease that caused onychodystrophy.

A particular problem is the yellow nail syndrome, which the author also presented as a polyetiological phenomenon. In fact, this syndrome can be observed during treatment with antimalarial drugs, tetracyclines as one of the symptoms of jaundice in hepatitis, or with prolonged lymphostasis of the affected limb. Therefore, the author recommended to include lymphoscintigraphy and pelvic ultrasound in the examination plan.

Sometimes, after a traumatic injury, the symptoms of local onychia are combined with lesions of the nail fold caused by staphylococci, streptococci, and *Candida* spp. fungi. However, a separate problem is the colonization of the already pathologically changed nail plate by *Pseudomonas aeruginosa*. This microorganism is resistant to numerous antibiotics and can cause generalized skin lesions. The eradication of this microorganism can be achieved through the use of gentamicin, fluoroquinolones (ofloxacin), and a 0.5%–1% di-oxidine solution.

Retroonychia, i.e., a new nail plate growing beneath the old one, is common as a post-traumatic phenomenon. This may be accompanied by secondary infection, pain when walking, and, in some cases, nail plate arrest.

The author presented a case study of subungual eumycetoma, a fungal lesion of subcutaneous tissues. Using mass spectrometry (MALDI-TOF), the causative agent was identified as the dematiaceous fungus *Madurella mycetomatis*.

### Patients with facial skin lesions

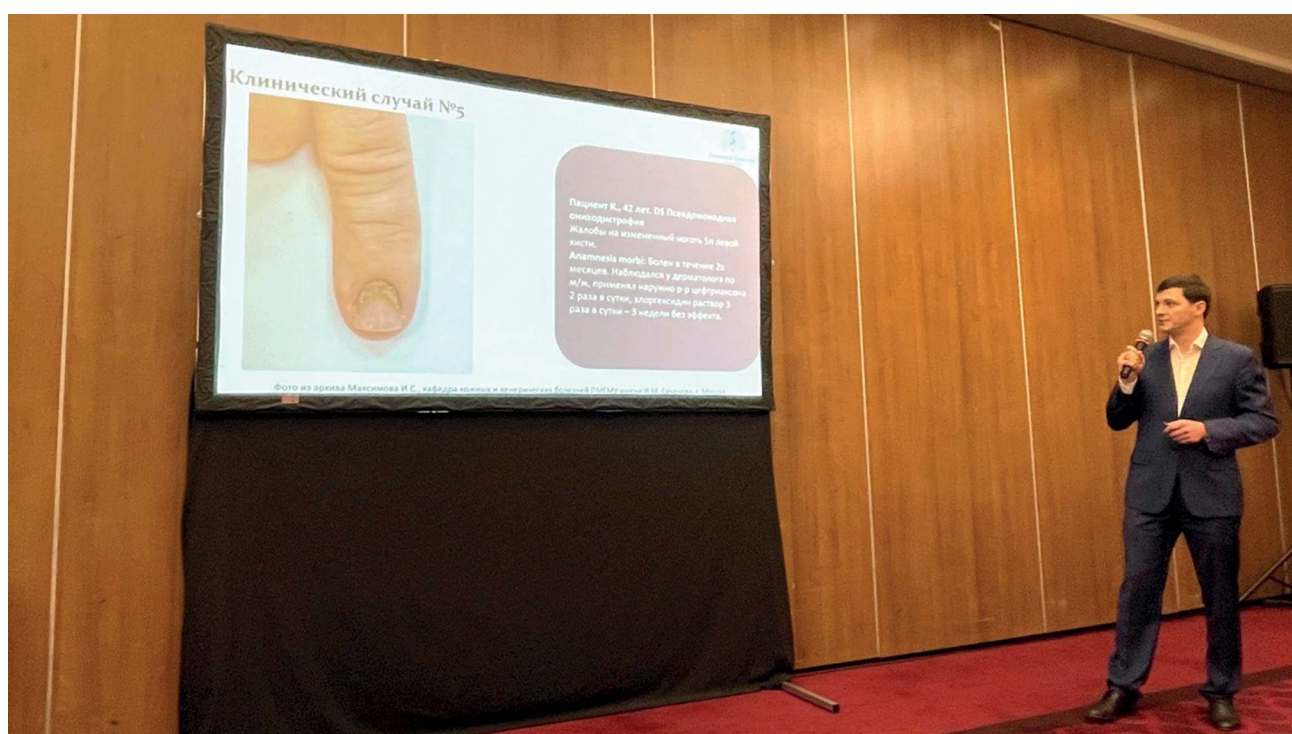
The report "Patients with Facial Skin Lesions: Analysis of Complex Clinical Cases" by E.S. Snarskaya, Professor of V.A. Rakhmanov Clinic and Department of Skin and Venereal Diseases, was devoted to the problems of cosmeceutical facial skin care. The leading problem in facial skin pathology is acne, both acne vulgaris and acne caused by various chemical agents (steroid, anabolic, postmenopausal, and others). Currently, the leading clinical recommendations for the topical treatment of acne are benzoyl peroxide gel and adapalene in combination with benzoyl peroxide or azelaic acid. Prior to the application of these therapeutic agents, it is recommended that dermatocosmetics be used to moisturize and cleanse the skin.

The author provides several clinical examples of the use of a stable combination of benzoyl peroxide and adapalene for the topical treatment of acne formulated as a single product. This combination can be co-administered with systemic therapy with isotretinoin and even in combination with prednisolone. The latter regimen is prescribed for a short course (7–14 days) in cases of extremely severe acne. Approximately five years ago, topical therapy was not a recommended course of action for cases of extremely severe acne, but current clinical practice has revised this approach.

Rosacea is an inflammatory cutaneous vascular disorder of the face related to neuronal dysregulation, which, along with acne, represents one of the most prevalent concerns



Report by E.S. Snarskaya, Professor, V.A. Rakhmanov Department of Skin and Venereal Diseases (Sechenov University).



Report by I.S. Maximov, Assistant Professor of the V.A. Rakhmanov Department of Skin and Venereal Diseases (Sechenov University).

in dermatological and esthetic medicine practice. The predominant approach to rosacea treatment is the Clear Concept, which aims to achieve clear skin devoid of any residual disease signs. This is achieved through monotherapy with a modern drug, such as the ivermectin 1% cream or brimonidine tartrate 0.5% gel, or through combination therapy with these drugs. The author presents a series of clinical cases in

which combination therapy with ivermectin and brimonidine was used, with a course duration of 1 to 3 months. Combination topical therapy does not exclude the use of systemic drugs, among which the leading one is minocycline at a dose of 100 mg/day for 1 month.

The use of cleansing and moisturizing cosmeceuticals is recommended for almost all subtypes of rosacea. One of the

most important recommendations for long-term treatment of rosacea is strict adherence to the dose of brimonidine tartrate. Exceeding the dose may have the opposite effect and increase the symptoms of rosacea (very similar to the increase in mucosal swelling when exceeding the dose of

vasoconstrictors in rhinitis therapy, which is explained by the common mechanisms of action of adrenomimetics).

For long-term systemic treatment with minocycline for the prevention of mucosal candidiasis, it is recommended to prescribe fluconazole 150 mg orally once a week.