



YENEPOYA

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Details of the Collaborative Activity

2018-21

Name of the Collaborating Institute: Indian Association of Dermatologists, Venerologists and Leprologists (IADV L)

Name of collaborating department: Dermatology Department, Yenepoya (Deemed to be University)

Activities:

Joint Research and Publications:

1. Rengasamy M, Shenoy MM, Dogra S, Asokan N, Khurana A, Poojary S, Jayaraman J, Valia AR, Sardana K, Kolalapudi S, Marfatia Y. Indian association of dermatologists, venereologists and leprologists (IADV L) task force against recalcitrant tinea (ITART) consensus on the management of glabrous tinea (INTACT). *Indian Dermatology Online Journal*. 2020 Jul;11(4):502.
2. Shenoy MM, Rengasamy M, Dogra S, Kaur T, Asokan N, Sarveswari KN, Poojary S, Arora D, Patil S, Das A, Srivastava A. A multicentric clinical and epidemiological study of chronic and recurrent dermatophytosis in India. *Mycoses*. 2021 Aug 11.
3. Rai R, Shenoy MM, Viswanath V, Sarma N, Majid I, Dogra S. Contact sensitivity in patients with venous leg ulcer: A multi-centric Indian study. *International Wound Journal*. 2018 Aug;15(4):618-22.

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SPECIAL ISSUE ARTICLE

Year : 2020 | Volume : 11 | Issue : 4 | Page : 502–519

Indian association of dermatologists, venereologists and leprologists (IADVL) task force against recalcitrant tinea (ITART) consensus on the management of glabrous tinea (INTACT)

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Abstract

Background and Aims: Dermatophytosis has always been a common superficial mycosis in India. However, the past 6-7 years have seen an unprecedented increase in the number of patients affected by recurrent, chronic, recalcitrant and steroid modified dermatophytosis involving the glabrous skin (tinea corporis, tinea cruris and tinea faciei). Importantly, there has been a notable decrease in clinical responsiveness to commonly used antifungals given in conventional doses and durations resulting in difficult-to-treat infections. Considering that scientific data on the management of the current epidemic of dermatophytosis in India are inadequate, the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) Task force Against Recalcitrant Tinea (ITART) has formulated a consensus statement on the management of dermatophytosis in India. **Methods:** Seventeen dermatologists with a focussed interest in dermatophytosis participated in a Delphi consensus method, conducted in three rounds. They responded as either "agree" or "disagree" to 132 statements prepared by the lead experts and gave their comments. Consensus was defined as an agreement of 80% or higher concurrence. Statements on which there was no consensus were modified based on the comments and were then recirculated. The results were finally analysed in a face-to-face meeting and the responses were further evaluated. A draft of the consensus was circulated among the participants and modified based on their inputs. **Results:** Consensus was achieved on 90 of the 132 statements. Direct microscopy using potassium hydroxide mount was recommended in case of diagnostic difficulty on clinical examination. Counselling of patients about strict adherence to general measures and compliance to treatment was strongly recommended as the key to successful management of dermatophytosis. A combination of systemic and topical antifungal drugs was recommended for the treatment of glabrous tinea in the current scenario. Topical corticosteroid use, whether used alone or in combination with other components, was strongly discouraged by all the experts. It was suggested that topical antifungals may be continued for 2 weeks beyond clinical resolution. Itraconazole and terbinafine were recommended to be used as the first line options in systemic therapy, whereas griseofulvin and fluconazole are alternatives. Terbinafine was agreed to be used as a first line systemic agent in treatment naïve and terbinafine naïve patients with glabrous tinea. Regular follow-up of patients to ensure compliance and monitoring of clinical response was recommended by the experts, both during treatment and for at least 4 weeks after apparent clinical cure. Longer duration of treatment was recommended for patients with chronic, recurrent and steroid modified dermatophytosis. **Conclusion:** Consensus in the management of dermatophytosis is necessary in the face of conventional regimens proving ineffective and dearth of clinical trials re-evaluating the role of available antifungals in the wake of evolving epidemiology of the infection in the country. It needs to be backed by more research to provide the required level of evidence. It is hoped that this consensus statement improves the quality of care for patients with dermatophytosis, which has emerged as a huge public health problem, imposing considerable financial burden on the country.

How to cite this article:

Rengasamy M, Shenoy MM, Dogra S, Asokan N, Khurana A, Poojary S, Jayaraman J, Valia AR, Sardana K, Kolalapudi S, Marfatia Y, Rao P N, Bhat RM, Kura M, Pandhi D, Barua S, Kaushal V. Indian association of dermatologists, venereologists and leprologists (IADVL) task force against recalcitrant tinea (ITART) consensus on the management of glabrous tinea (INTACT). Indian Dermatol Online J 2020;11:502-519

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Available from: <http://www.idoj.in/text.asp?2020/11/4/502/289610>

Full Text

Introduction

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**INDIAN ASSOCIATION OF DERMATOLOGISTS,
VENEREOLOGISTS AND LEPROLOGISTS** (index.php)

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IADVL Task-force Against Recalcitrant Tinea (ITART)

It is a special task-force created as a brain child of IADVL president Dr Yogesh Marfatia, which was approved in the AGBM in January 2017. It was created in order to address the recent epidemic of dermatophytosis that has affected the whole country. There has been a substantial increase in the load of dermatophytosis in the hospital OPDs and private clinics. Many of these infections are extensive, show poor response to standard therapy and have been recurrent. This has led to a great burden to the afflicted individuals and families where many members are affected. Poor life quality and economical burden to the affected individuals and the families has been a hallmark of this epidemic. There has been a gross misuse of steroid- antifungal combination for the treatment of dermatophytosis which seems to have contributed to the current epidemic.

Members

Dr. Madhu Rengarajan (LM/TN/3857)
Chairperson

Dr. Manjunath Shenoy (LM/KN/2878)
Convener

Dr. Kabir Sardana (LM/ND/2916)
Members

Dr. Sunil Dogra (LM/P/3954)
Members

Dr. Shital Poojary (LM/M/4189)
Members

Dr. Deepika Pandhi (LM/ND/3772)
Members

Dr. Jyothi Jayaraman (LM/KN/5016)
Members

Objectives


1. To sensitize and educate the dermatologists regarding the various aspects of the current epidemic and guide towards management by conducting focussed scientific meetings and by creating educative materials
2. To educate the family physicians by scientific talks and educative materials regarding the proper management of the infection and to prevent mismanagement.
3. To promote the awareness towards harmful effects of steroid-antifungal combinations in the treatment. To prevent misuse of such potent steroid based over-the-counter formulations by public awareness.
4. To evaluate the burden of dermatophytosis in different parts of India and to study the various aspects of the epidemic by research.
5. To develop guidelines for the treatment of dermatophytosis in the changed scenario

Achievements

1. Preparation of a PPT on Tinea management for the family physicians and conduction of GP meetings in various parts of the country
2. Conduction of two exclusive Symposia on dermatophytosis; 12 th February at Mangalore and on 2 nd & 3 rd September at Chandigarh.

<https://www.iadvl.org/itart.php>

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- 3. Participating and holding ITART sessions to educate the dermatologists at various IADVL conferences including the CUTICONS, DERMAZONES, MIDDERMNACON etc. This included lectures, panel discussions, quizzes etc.
- 4. Preparation of the materials in the form of pamphlets and posters for the education and counselling and distribution to dermatology clinics and hospitals across the country. Holding public awareness marches and runs.
- 5. Publications on articles related to dermatophytosis in journals and books.
- 6. Published two news bulletins; one for the dermatologists (TINEA TIMES) and other for the GPs (FUNGI TIMES).

 [Download Tinea Infection Diagnosis & Management\(https://s3-us-west-2.amazonaws.com/files.iadvl.org-new/files/itart-ppt-practitioners.pptx\)](https://s3-us-west-2.amazonaws.com/files.iadvl.org-new/files/itart-ppt-practitioners.pptx)



October 2017
Issue 01

(newsletter.php#13)

 ITART GALLERY

(gallery_details.php?album_id=11)



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COVID-19 is an emerging, rapidly evolving situation.

Get the latest public health information from CDC: <https://www.coronavirus.gov>.

Get the latest research from NIH: <https://www.nih.gov/coronavirus>.

Find NCBI SARS-CoV-2 literature, sequence, and clinical content: <https://www.ncbi.nlm.nih.gov/sars-cov-2/>.

FULL TEXT LINKS



Multicenter Study Int Wound J. 2018 Aug;15(4):618-622. doi: 10.1111/iwj.12905.

Epub 2018 Mar 30.

Contact sensitivity in patients with venous leg ulcer: A multi-centric Indian study

Reena Rai ¹, Manjunath M Shenoy ², Vishalakshi Viswanath ³, Nilendu Sarma ⁴, Imran Majid ⁵, Sunil Dogra ⁶

Affiliations

PMID: 29600560 DOI: [10.1111/iwj.12905](https://doi.org/10.1111/iwj.12905)

Abstract

Venous leg ulcers are the most common form of non-healing leg ulcers. They are subjected to treatments such as topical medications, dressings, and compression therapies. This can lead to exposure to a number of allergens with subsequent sensitisation and contact dermatitis of the regional skin. This may contribute to the poor ulcer healing. To detect the various contact sensitisers in patients with venous leg ulcers through patch testing, patients from 6 centres across India with venous leg ulcers of longer than 6 weeks duration were enrolled for the study. They were patch tested using a special parch test kit with 27 antigens. A total of 172 patients were included in the study; 82 (48.2%) tested positive for at least 1 antigen. Among them, polyvalent sensitisation was noted in 71% of patients. Wood tar mix (10.4%) and the framycetin (8.7%) were the most common allergens. There is a high frequency of allergic sensitisation to various ingredients of topical therapies used in the venous ulcer management, which may interfere with wound healing. Avoiding them can help obtain a better therapeutic outcome.

Keywords: contact dermatitis; patch test; venous ulcer.

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DEPARTMENT OF DVL

Collaborative activities for research, faculty exchange, student exchange / Industry- internship etc..., per year 2015-2020

Sl. No.	Title of the Collaborative activity	Name of the Collaborating agency with contact details	Name of the participant	Source of financial support	Year of collaboration	Duration	Nature of the activity	Link of the relevant document
1	Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) task force against recalcitrant tinea (ITART) consensus on the management of glabrous tinea (INTACT)	Indian Association of Dermatologists, Venereologists and Leprologists (IADVL), New Delhi	1. Madhu Rengasamy 2. Manjunath M Shenoy 3. Sunil Dogra 4. Neelakandhan Asokan 5. Ananta Khurana 6. Shital Poojary 7. Jyothi Jayaraman 8. Ameet R. Valia 9. Kabir Sardana 10. Seetharam Kolalapudi 11. Yogesh Marfatia 12. P. Narasimha Rao 13. Ramesh M Bhat 14. Mahendra kura 15. Deepika Pandhi 16. Shyamanta Barua 17. Vibhor Kaushal	None	2018-2020	02 years	Development of guidelines	https://www.iadvl.org/itart.php
2	Clinico	Indian Association	1. Dr Manjunath	None	2018-2020	02 years	Epidemiologi	https://www.iadvl.org

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	Epidemiological study of Recurrent and Chronic Dermatophytosis in India	of Dermatologists, Venereologists and Leprologists (IADV), New Delhi	Shenoy 2. Dr Madhu R 3. Dr Sunil Dogra 4. Dr Shital Poojary 5. Dr Ankita Shrivastav 6. Dr Sharmila Patil 7. Dr Divya Arora 8. Dr Asokan N 9. Dr Iffat Hassan 10. Dr Vikram K Mahajan 11. Dr Anupam Das 12. Dr Bhumesh Kumar 13. Dr Sarveswari 14. Dr Tejinder Kaur				cal survey	g/itart.php
3	Contact sensitivity in patients with venous leg ulcer: A multi – centric Indian study	Indian Association of Dermatologists, Venereologists and Leprologists (IADV), New Delhi	1. Reena Rai 2. Manjunath Shenoy M 3. Vishalakshi Viswanath 4. Nilendu Sarma 5. Imran Majid 6. Sunil Dogra	IADV	2015-2017	02 years	Clinical and investigation al work	

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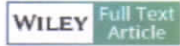
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