

Conference Report for BAD/DC SAS Travel Fellowship – Summer 2019

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Title	29 th EADV Virtual Congress 2020
Venue	Virtual (changed from non-virtual venue in Vienna, Austria due to current COVID-19 pandemic)
Date	29 th – 31 st October 2020
Organized by	European Association of Dermatology Venereology
Nature of attendance	Continuing Professional Development
Attendees	International (mostly European) attendees and presenters
Participation of attendants	<ul style="list-style-type: none">• Mixture of live and on-demand virtual sessions• e-poster access• Virtual networking areas• Content accessible for 3 months
Objectives	Keeping up to date on all sub-specialties of dermatovenereology
Strengths of conference	<ul style="list-style-type: none">• Access for 3 months after launch• Ability to attend multiple sessions which would normally occur at the same time• Wide range of topics with good cover of cosmetic dermatology• Offer of various international opinions and enjoyable watch of the debates between specialists from different countries and their varying practices
Improvements that could be seen	<ul style="list-style-type: none">• Website design – navigating in between sessions was difficult without needing to go back to the home page.• Website best viewed on Chrome rather than Safari.• A few speakers delayed in logging in to present or uploading presentations• Missing out on networking and unable to view attendance list• Not all live sessions I had attended were logged on the conference site. In fact it suggested I had only done 1 hour's worth! Time done attending the conference outside the live dates were not included in the final CPD certificate

At the virtual conference, I had chosen to attend sessions based around themes I felt I needed a more recent update. From the start of the live congress, I was able to browse the programme and clicked on which sessions I would “favourite.” This generated a list of “favourites” I could just run through without needing to click in and out of sessions frequently. I had attended most of these sessions live, with some of the content accessed at a later date for presentations not successfully live and available at the time. Some were on-demand only and this included the History of Dermatology which I have always attended at all EADV congress events but sadly without the history tour and museum visits that they used to do.

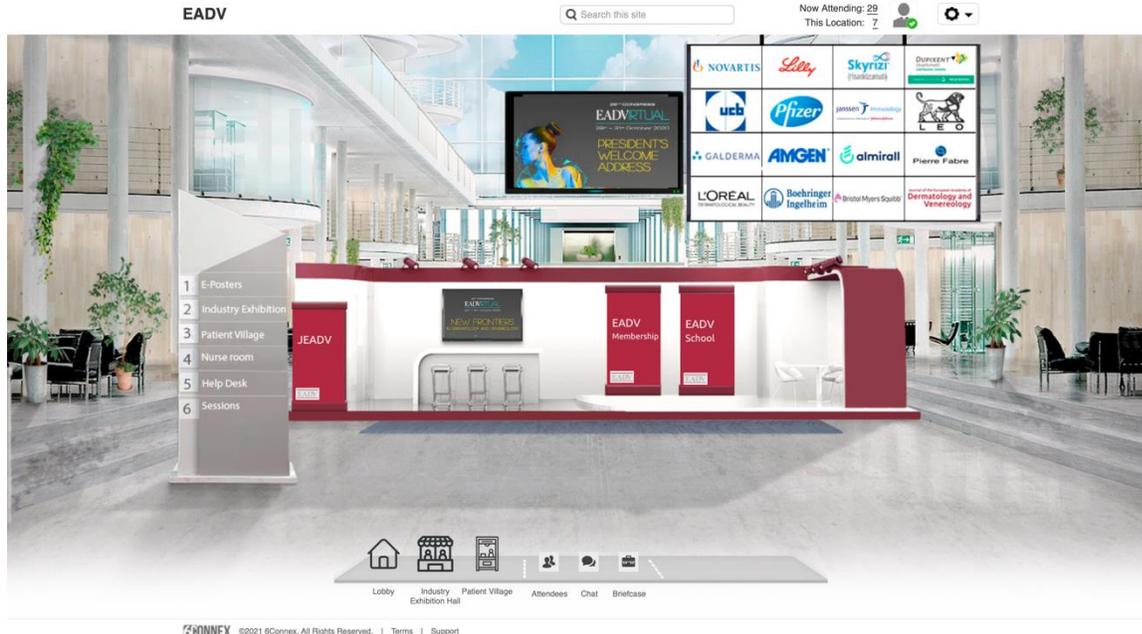
The first day kicked off with four sessions on Dermoscopy where I focused on the review of non-melanocytic lesions. It was reassuring to know that having a low threshold in excising pink lesions with “featureless features” is sound for considering the possibility of amelanotic melanoma. In the Hair Disorder sessions we are reminded that the new advent use of dupilumab in severe eczema can either improve or worsen alopecia in case reports. We would also hope that JAK inhibitors will feature more in treatment of alopecia areata with oral preparations likely to give a better response than topical forms. The section on Nail Disorders was of interest with a video demonstration on injecting triamcinolone to the nails in selected cases of nail psoriasis and was interestingly suggested as a first line treatment, followed by topical corticosteroids. Given clinic time pressures and appointment availability as well as comfort with treatment, I would be more inclined to go for the topical approach and be more aware of the impact of nail psoriasis in patients in their DLQI assessments.

There seemed to be a separate entity in acne with a female adult classification, which I would not have immediately noticed in my day to day practice. On reflection there are many female patients who report not having acne in their teenage years until later on in adulthood and identifying this particular population could be a way of acknowledging that this is common. This also brings the subject of male adult acne in my mind, which could be looked into further as well, particularly since depression is seen in a significant proportion of male adults.

The second day had many “Controversies Sections” to encourage professional debates on selected topics. These included whether treatment of actinic keratosis prevents the appearance of keratinocyte cancers (SCCs), whether in treating bullous pemphigoid the focus should be on topical or oral corticosteroids, debate on whether biologics in psoriasis patients should be continuous or stopped / used intermittently and also views on topical or surgical management should be the first approach in treating lentigo maligna. Both sides of the argument tend to have their advantages and the clinician’s decision should be based on the patient’s preferences and clinical presentation as well as the clinician’s own experience.

The third and final day consisted of Hypopigmentation sessions based around diagnosis and management of vitiligo with phototherapy combination therapies more in favour than as a monotherapy. Hyperpigmentation sessions focused on ways to prevent and treat pigmentation with a comprehensive talk on the effects of visible light and pigmentation in darker skin types and appropriate selection of sunscreen. Lasers are still considered 3rd line management with topical treatments preferred as 1st line, followed by chemical peeling as 2nd line. In skin cancer prevention, we are reminded that nicotinamide taken for at least 12 months can reduce the rate of new non-melanotic skin cancers in high risk patients and acitretin has the most robust

evidence in reducing the incidences of squamous cell carcinomas in patients. The last session attended was the History of Dermatovenereology where we are reminded by one of the presentations that body shaving practises over time (especially with the advocacy of going 'natural') may influence how well body lice might thrive!



Screenshot of the EADV homepage