

Report on the 21st EADV Congress, September 2012, Prague – by Alexa Shipman

I attended this meeting and it was a highly educational experience.

Thursday 27th September:

I started the conference at a work shop on warts – old and new practices. Although no new wonder treatment was mentioned I did pick up the idea that combined approaches are necessary for success e.g. imiquimod 3 days a week and salicylic acid the other 4 days. The next workshop was on neutrophilic dermatoses and the systemic diseases that may be associated, very useful for on-call work. The following workshop of the day was on arthropods and infestations in Europe, recounting tropical diseases that are now autothonous in Southern Europe and also discussing scabies and bedbugs. Most interesting were accounts of an ant that can dissolve hair shafts and feast on the keratin, a cause of alopecia I had never before considered. Next was a symposium on skin disease in HIV patients. It started with sexually transmitted diseases with experts from the Netherlands but went on to discuss in particular drug reactions to anti-retroviral treatments based on people's experiences in South Africa and the US. Finally another workshop on emergencies in dermatology was fascinating, both at helping me for my on-call work, reminding me to consider anaphylaxis as a problem in mastocytosis but also in the debate surrounding management of TEN. The French expert particularly was very clear that there is lack of data for IVIg and that they have stopped giving it without affecting their outcomes and that all cases of TEN should be managed in specialist centres. The Networking Symposium in the evening was unfortunately very poorly attended partly due to confusion over the name. I, and a minority of participants, was therefore privileged to hear the Prague Philharmonic Orchestra as well as hearing the welcoming addresses.

Friday 28th September:

The first session of the morning was spent in the vesicular and blistering eruptions in children workshop, hearing Prof Moss (among others) discuss the genetic and acquired conditions that cause blistering in children. I was unable to get in to the vastly popular Masters of Dermatology session so spent the rest of the morning looking at the posters, including many fascinating historical posters. I then went to a symposium on diseases of the oral mucosae including the differential and management of aphthous ulcers. I also visited the pharmaceutical stands.

Saturday 29th September:

I started with a workshop on the skin manifestations of endocrinology and metabolic disease, of particular interest were the cutaneous signs in paediatrics that should cause you to look for inborn errors of metabolism. I next went to a free communication session, supporting some of my colleagues presenting cases in paediatrics. Next was a Masters of Dermatology Session on hidradenitis suppurativa. I picked up some ideas of different antibiotic regimes but was disappointed to hear the poor results they had had with infliximab. I then went to the plenary lectures which included a fascinating talk on the use of IT in modern medical practice. Finally I presented my case series of frontal fibrosing alopecia in the free communication session. My talk was received well and my slides complemented. A very interesting talk in this session demonstrated, in experimental models, the benefit of tranilast in the treatment of scleroderma.