

Diary of Local & Overseas Scientific Meetings

Clinico-pathological Seminar

A monthly (every second Wednesday) CME accredited meeting between dermatologists and dermatopathologists for reviewing and discussing cases with interesting clinico-pathological presentation. *Histological slides are available for preview.*

Organiser: Social Hygiene Service,
Department of Health
Date: 8 September, 13 October &
10 November, 2004
Time: 5:00pm-5:45pm Slide preview
5:45pm-7:30pm Seminar
Venue: Yaumatei Dermatology Clinic,
12/F Yaumatei Specialist Clinic
(New Extension), 143 Battery Street,
Yaumatei, Kowloon.
Organising Mr. Lo Shing Kai
Secretariat: (Tel. 2770 4001)
CME points: Hong Kong College of Physicians-
Active: 2/session; Passive: 1.5/session;
Hong Kong College of Pathologists-
2/session

Clinical Meeting and Journal Club

A monthly (every last Wednesday) CME accredited meeting among dermatologists to discuss clinical management of interesting cases in Clinical Case Demonstration, followed by Journal Club in which selective topics and articles are reviewed and updated. *Patient is available for examination and demonstration.*

Organiser: Social Hygiene Service,
Department of Health
Date: 22 September, 27 October,
24 November, 2004
Time: 5:00pm-7:30pm
(Case demonstration and slide preview
from 5:00pm-6:15pm and case
discussion & journal club from 6:15pm
to 7:30pm)

Venue: Social Hygiene Service Headquarters,
Cheung Sha Wan Dermatological Clinic,
3/F West Kowloon Health Centre,
303 Cheung Sha Wan Road,
Kowloon.
Organising Ms. Landy Lee (Tel. 2150 7356)
Secretariat: Ms. Lee Kit Lai (Tel. 2150 7367)
CME points: Hong Kong College of Physicians-
Active: 2/session; Passive: 1.5/session
*(The Clinical Meeting in December will be suspended
due to the annual/exit assessment)*

Clinico-pathological Meeting

A half-yearly CME accredited meeting between dermatologists and dermatopathologists for reviewing and discussing cases with interesting clinico-pathological presentation. *Patients are available for examination & demonstration and histological slides are available for preview.*

Organiser: The Hong Kong Society of Dermatology
& Venereology
Date: 8 December, 2004
Time: 6:00pm-8:30pm
Venue: Yaumatei Dermatology Clinic,
12/F Yaumatei Specialist Clinic
(New Extension), 143 Battery Street,
Yaumatei, Kowloon.
Organising Ms. Joyce Li
Secretariat: (Tel. 2770 4001)
CME points: Hong Kong College of Physicians: 1.5
Hong Kong College of Pathologists: 2.5
Hong Kong College of Family Physicians:
2 (Category 6.2)
College of Surgeons of Hong Kong: 2.5
Department of Health: 3
Hong Kong Academy of Medicine: 3
Hong Kong Doctors Union: 3
Hong Kong Medical Association: 3

Dermatology Symposium 2004

Organiser: The Chinese University of Hong Kong
Date: 5 September, 2004
Venue: Sheraton Hong Kong Hotel
Organising: Ms. Isabella Fu
Secretariat: Department of Medicine & Therapeutics,
The Chinese University of Hong Kong
Prince of Wales Hospital,
Shatin, N.T.
Tel: 2632 3996
Fax: 2637 3852

**The 13th European Academy of
Dermatology and Venereology Congress**

Organiser: European Academy of Dermatology and
Venereology
Date: 17-21 November, 2004
Venue: Florence, Italy
Organising: OIC-TRIUMPH SRL
Secretariat: Via Lucilio, 60
00136 Rome, Italy
Tel: 39-06-355301
Fax: 39-06-35530262
E-mail: registration@eadv2004.info

Answers to Dermato-venereological Quiz on pages 170-171

1. The clinical differential diagnoses include psoriasis, chronic eczema, fungal infection, and erythrokeratoderma.
2. With a positive family history, poor response to topical steroids, negative fungal culture and non-specific histologic features, the most likely diagnosis is erythrokeratoderma; progressive symmetric erythrokeratoderma (PSEK) type.
3. Erythrokeratodermas are a group of rare genodermatoses with well-demarcated hyperkeratotic and erythematous plaques. There are two major clinical types: erythrokeratoderma variabilis and PSEK. The histopathologic features of erythrokeratoderma are non-specific and included acanthosis and papillomatosis with compact hyperkeratosis, basketweave hyperkeratosis, and parakeratosis. Palmoplantar keratoderma and neurologic defects may be present in erythrokeratoderma.
4. PSEK is an autosomal dominant condition with incomplete penetrance and is characterised by non-migratory, hyperpigmented, symmetric, hyperkeratotic plaques on the extremities, buttocks, and face. Studies of large affected family have found mutation in loricrin gene in PSEK. Loricrin is the major constituent of the epidermal cornified cell envelope.
5. Topical keratolytics, retinoids, emollients and steroids produce variable response. Systemic retinoid has been reported to be useful. There was marked improvement in our patient after taking acitretin.