

Looking back in history

Punch, pulse, pixel, publish and people of Dr. Koushik Lahiri

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Figure 1: Dr. Koushik Lahiri.

Dr. Koushik Lahiri, MBBS, DVD(CAL), FIAD, FFAADV, FRCP (Glasgow), FRCP (Edin), FRCP (London) is a Professor and Senior Consultant Dermatologist of Apollo Gleneagles Hospitals, Kolkata, India, and the Honorary Director of WIZDERM [Figure 1]. He was also the Editor-in-Chief of the Indian Journal of Dermatology (2012–2017). He is the Editor Emeritus of the Indian Journal of Dermatology, Vice President of International Society of Dermatology, ex-President of the Association of Cutaneous Surgeons of India, and ex-National Secretary General of Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL).

Dr. Lahiri has been recently honored as the “Distinguished Academician” by Apollo Hospitals Educational and Research Foundation (AHERF) and Apollo Hospital Group. He has received various awards both in and out of the country including the highest orations awards for Indian Dermatologists, the Dr. B M Ambady memorial oration, and Dr. P N Behl oration. Dr. Lahiri had conceptualized and proposed the IADVL Academy of Dermatology which has now become the academic lifeline of Indian Dermatologists. ACSI Academy of Dermatosurgery was also his brainchild. He was the founder of several interactive e-groups, including ACAD_IADVL.

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Figure 2: Books authored/edited by Dr. Koushik Lahiri.

Based on his proposals in IADVL, conference names, such as DERMAZONE, DERMACON, and CUTICON, have been recognized and accepted as the official names of dermatology conferences in India by the Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL).

Today his name is inseparable from a highly familiar entity among the dermatologist community in India, TSDF or Topical Steroid Dependent/Damaged Face (TSDF). He coined this term.

As the founder chairperson of the countrywide IADVL Taskforce Against Topical Steroid Abuse (ITATSA), he became the face of a historic and epoch-making mammoth movement of Indian Dermatologists.

He has received the International League of Dermatology Societies (ILDS) prestigious Certification of Appreciation (CoA) award. He is also honored for outstanding leadership, with special recognition from the Rutgers State University of New Jersey and New Jersey Medical School Chapter of Sigma Xi, and the Scientific Research Society. He is also the recipient of the AAD member making difference award for 2018 as well. He has authored/edited five books, contributed 24 chapters and more than 100 publications in national and international journals [Figure 2].

“We are responsible for our dreams because we are responsible for our conscious acts we intend to do”
St. Augustine (354–430 AD)

Dr. Koushik Lahiri delivered Dr. PN Behl’s oration in the World Congress of Cosmetic Dermatology in 2017 at Bengaluru on the topic of “Punch, pulse, pixel, publish and people.”

Punch and publish

Dr. Lahiri started using skin biopsy punches in vitiligo surgery with gratifying results.^[1–3] Phototherapy alone may sometimes be inadequate to replenish lost pigment in

vitiligo.^[4] Various surgical modalities and transplantation techniques have evolved over recent decades. Of these, miniature punch grafting has been established as the easiest, most rapid, and the least expensive method. Dr. Lahiri and his team, in their study, found punch grafting in combination with phototherapy (NB-UV-B, 311 nm) to be an easy, safe, inexpensive, and effective method of repigmenting static and stubborn vitiligo. Different facets of punch grafting-induced and phototherapy-aided surgical repigmentation were taken into consideration. The area of repigmentation, maximum pigment spread, and relationship between the donor graft area and area of surgical repigmentation were documented.^[4]

For good results of surgical procedures, vitiligo vulgaris lesions should be stable. One marker of stability we have is that the lesions are not increasing in size or that there are no signs of Köbner activity. This is, however, sometimes difficult to evaluate unless at least two years have elapsed. Another marker used is test grafting. The concept of stability of vitiligo was given thought of and was worked on by Dr. Lahiri.^[5–7] He said that an attempt should be made to clearly fathom and define stability, not merely on the clinical ground but along with electron microscopy and histoenzymological analysis of the perilesional and nonlesional skin of vitiligo patients. Probably some growth factors which are responsible for both mitogenic and melanogenic stimulation of melanocytes should also be considered. Some serological test(s) should be available to measure these growth factors.^[5–7] Dr. Lahiri has written chapters on the stability of vitiligo in various books such as Surgical Management of Vitiligo (Editors. Ortonne JP, Olsson MJ), Surgery of the Skin (Editors, Robinson JK, Hanke CW, Siegel DM, Fratila A), ASC(I) Textbook on Cutaneous and Aesthetic Surgery (Editor in chief, Mysore Venkatram). Earlier, Falabella^[8,9] had laid criteria of stability of vitiligo which consisted of (1) lack of progression of old lesions of vitiligo within the past two years, (2) no new lesions developing within the same period, (3) absence of a recent Koebner phenomenon, (4) repigmentation of depigmented



Figure 3: Left to right: Dr. Koushik Lahiri, Dr. B Haldar, Dr. S R Sengupta, Dr. Sandipan Dhar, Dr. Uttam Banerjee, Dr. Subrata Malakar. Dr. Koushik Lahiri coordinating from OT during Dermatosurgery workshop in Kolkata, 1996.



Figure 4: Left to right: Dr. A K Bajaj, Dr. Rui Fernandez, Dr. Suresh Joshipura, Dr. Koushik Lahiri, Dr. S. Sacchidanand, Dr. Chetan Oberai representing India during the ILDS Assembly of Delegates meeting during the 2007 World Congress of Dermatology, Buenos Aires, Argentina.



Figure 5: Left to right: Dr. Raghavendra Rao, Dr. Saumya Panda, Dr. Preeti Sarvadekar, Dr. Rajesh Kumar, Dr. Koushik Lahiri, Dr. Raghunatha Reddy, Dr. Nilendu Sarma, Dr. Nilay Kanti Das, Dr. Sujay Khandpur in a get together of WCD 2007 IADVL-ILDS-ISD scholarship holders during DERMACON 2017, Kolkata.

areas by medical treatment or sometimes spontaneous repigmentation, (5) a positive mini-grafting test, and (6) lack of Koebnerization at the donor site.^[8,9]

Spontaneous repigmentation was documented in vitiligo in a number of publications by Dr. Lahiri.^[10] Herpes labialis induced lip leucoderma (HILL) was treated with micropigmentation.^[11] Successful repigmentation after regrafting in previous punch failure cases has also been reported.^[12]

People

Teachers, mentors, philosophers, guides, and friends for Dr. Koushik Lahiri were Prof. PK Guha, Prof. SR Sengupta, Dr. Subrata Malakar, Dr. Satish Savant, Dr. Sandipan Dhar, Dr. Rafael Falabella, Dr. AK Dutta, and Dr. S Premalatha. They guided him to the path of learning and success [Figure 3].

Pulse and pixel

Modalities in 1995–2005 for surgical treatment in skin diseases were (1) Electrosurgery, (2) Cryosurgery, (3) Vitiligo surgery, (4) Micropigmentation, (5) Chemical peeling, (6) Scar revision by punch techniques, and (7) Microdermabrasion. The introduction of lasers later revolutionized the treatment of acne scars, hair removal, and management of unwanted tattoos. So, we moved from the treatment of diseased skin to desired skin. Chemical peels are increasingly being used in cosmetic dermatology.

The use of his camera to capture his patients' clinical details, friends, guides, and philosophers is noteworthy [Figures 4 and 5]. As a result of this endeavor, he was asked to give a lecture on photography at AIIMS, New Delhi. He has been instrumental in creating Facebook groups, association groups, and all India Whatsapp groups.

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Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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