

From the desk of the guest editor

When the world is going crazy managing HIV/AIDS, another silent killer is preparing itself to mount its attack on the mankind. Arsenicosis is the name of the emerging threat and dermatologists play a key role in case detection and subsequent management. The skin manifestations are pathognomonic and diagnosis can be reached by a meticulous dermatological examination even in the absence of laboratory facilities to detect the arsenic levels.

The situation of arsenicosis is getting worse with each passing year. India and Bangladesh are among the worst affected countries and they don't even have the setup to follow the WHO's guideline ($<10 \mu\text{g/L}$) of detection of arsenic level in drinking water. The source of arsenic consumption is not limited to drinking water but even beverages, milk, crops and vegetables grown on arsenic contaminated water are found to be responsible, apart from industrial pollutants.

Arsenicosis is not just limited to the skin but has profound and protean systemic manifestations. The morbidity associated with the disease is immense and it also leads to social ostracism. Systemic or skin malignancies arising secondary to arsenicosis have significant mortality. Unfortunately, till date no satisfactory treatment is available for reverting the clinical damages once produced. Hence, increasing awareness of the society and medical community towards this health hazard is an important step in the fight against arsenicosis. I am happy that IJDVL has decided to join this fight by publishing this unique symposium on a subject that is relevant to India.

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