

ONCOLOGY

Dermatopathology in ACA crosshairs

John Jesitus | Senior Staff Correspondent

IF DERMATOLOGISTS DON'T more effectively police themselves, experts say, they may lose their ability to perform in-office dermatopathology. Dermatopathology also faces competitive pressures and aggressive fee reductions, they say.

Part of the Social Security Act, the Stark Law prohibits physicians self-referrals. However, an in-office ancillary services (IOAS) exception allows dermatologists to do in-office dermatopathology, says Jane M. Grant-Kels, M.D. She is professor and chairman of dermatology, University of Connecticut School of Medicine, Farmington, Connecticut. She also directs the department's dermatopathology service, residency program and

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Optimizing melasma management

Correct diagnosis, combined therapy keys to successful treatment



A 39-year-old Hispanic female patient before and after eight weeks of 4 percent hydroquinone cream twice daily and sunscreens every morning.

Photos: Amit Pandya M.D.

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SUCCESSFULLY TREATING MELASMA requires a correct diagnosis and, increasingly, combination therapy, an expert says.



Dr. Pandya

To prevent misdiagnosing melasma, dermatologists must remember that melasma does not usually affect the eyelid area, says Amit Pandya, M.D., professor of dermatology, University of Texas Southwestern, Dallas.

"It does not go above the inferior orbital rim, or below the superior orbital

Hydroquinone alone works well in about

40%
of cases

Melasma usually gravitates toward the central forehead, he notes. "It also emanates above the eyebrows and stops somewhere on the forehead instead of continuing from the eyebrows all the way to the hairline," Dr. Pandya

says. Lesions on the lateral forehead are more likely to be lichen planus pigmentosus, he says.

Eyelid lesions, however, usually represent periorbital hyperpigmentation.

"Additionally, melasma tends to spare the

Top 10 dermatologic pearls

Louise Gagnon | Staff Correspondent

ORLANDO, FLA. — For a chuckle, people turn to David Letterman's Top 10 List. For some clinical pearls, dermatologists can look to *Dialogues in Dermatology*, a discussion at a recent meeting of the Florida Society of Dermatology and Dermatologic Surgery.

The presentation highlighted numerous clinical and aesthetic pearls that would be of value to skin specialists, according to Terrence A. Cronin Jr., M.D., of Melbourne, Fla., editor-in-chief of *Dialogues in Dermatology*, the monthly audio journal published by the American Academy of Dermatology. Here, he offers his top 10 list of clinical pearls:

10 Cosmetic Strategies: Erythematous, Pigmentation & Wrinkles featuring Mary Lupo, M.D., & Diane S. Berson, M.D.

"It's not always the (filler) material, but the talent and skill of the dermatologist," Dr. Cronin tells *Dermatology Times*, explaining that it's not the product that is being injected that matters, but rather who is injecting it.

"As Dr. Lupo mentioned in her dialogue, 'We're like chefs in a kitchen and none of us cook exactly the same.' But I think at the end, what we give our patients is a level of control over their condition, confidence in how they look, and at the same time, we're often helping their medical problems," he says. "There is not a distinctively right way of doing things. Everyone does things differently. There are tricks of the trade to make things better. It's how you put your skill sets, knowledge, and experience together."

9 Perceptions of Dermatology in the House of Medicine featuring Lisa Garner, M.D., & Steven Shama, M.D.

"There is a changing healthcare environment, and it's important dermatologists continue to have ties to the network of other physicians that we work with," Dr. Cronin says. "The pearl that I got from Dr. Garner is that you have to be involved. If a colleague needs a patient to be seen, then try and get that patient into your practice promptly: Be responsive and don't be neglectful of your colleagues. The last thing you want is to be excluded from the house of medicine."

8 Unbalanced Life of a Physician

"Dr. Olbricht mentioned the MEMO (Minimizing Error and Maximizing Outcome) study in England pointing out how many physicians were burnt out by the practice of medicine," Dr. Cronin says, noting 61 percent of general practitioners surveyed in the study said their work was stressful and over the course of two years, 31 percent left their jobs. "You need to look out for your mental health. There are things we can do to reduce stress in our lives such as meditation, prayer, exercise and yoga."

7 Aspects of Beauty featuring James Spencer, M.D., & Zoe Diana Draelos, M.D.

"Dr. Spencer emphasized that the proportion of Phi, or a 1:1.6 ratio, is instinctive in terms of what we think is beautiful," Dr. Cronin says. "We also see symmetry as beautiful. We see think in terms of biologic or reproductive health, but ideally you want people to look like a younger aspect of themselves. It's a common sense idea to not try to make people look like a picture out of a magazine."

6 Vulvar Disease: What Do We Know? featuring Lynne Margesson, M.D., & William Danby, M.D.

"You may have someone suffering with a yeast infection, and it's not resolving," Dr. Cronin, says noting about 25 percent of *Candida* cases are not due to *Candida albicans*. "Dr. Margesson noted there may be an unrecognized yeast species, like *Candida glabrata* or *C. tropicalis*. You could use boric acid or topical flucytosine," he says.

5 Evaluating Quality of Life featuring Suephy Chen, M.D., & Gary Brauner, M.D.

"We're not always performing life-saving maneuvers, but dermatologists are always doing something to improve the quality of life of their patients," Dr. Cronin says. "Dr. Chen recommended research methods that measure quality of life. Some skin diseases, like having lupus, are worse than having a heart attack when it comes to psychological aspects of quality of life."

4 Diagnosing Neuropathies with

Dr. Wolpowitz discussed in his dialogue that "if you know a patient is having a nerve problem, special skin biopsies can be performed to assess for small fiber neuropathy." Dr. Cronin emphasizes, "The locations where you biopsy are very important for small fiber neuropathy."

3 Skin Cancers in Organ Transplant Recipients featuring Thomas Stasko, M.D., and Edward H. Yob, D.O.

Dr. Stasko emphasized that transplant patients get an increased number of skin cancers. Dr. Cronin was impressed by Drs. Yob and Stasko's recommendation to use everything possible in their armamentarium, including Mohs surgery, cryosurgery, and ED&C to keep these cancers at bay.

2 Neonatal Dermatology featuring Laurence Schachner, M.D., and Gary Brauner, M.D.

If an infant has a blister, Dr. Schachner has some basic steps to follow. "Step one, just cleanse the surface. Step two, the fluid comes out. The fluid is great for gram staining. It's great for culture. It's great for virus. It can be useful for serology. The fluid is out. We now have a flaccid lesion. Cut the roof off. The roof is terrific for the KOH prep. That's where you're going to find neonatal or congenital yeast," he says. "Step three, we now have a denuded lesion. That's where we're going to do the scraping and do the Tzanck, etc."

1 Psychodermatology & Optimizing Patient/Physician Interactions featuring John Y. M. Koo, M.D., & Mary C. Martini, M.D.

"Some patients deal with frustration by becoming hostile," Dr. Cronin says. "It may be an issue with insurance and co-payments that upsets the patient. Dr. Koo recommended doing something simple like sitting next to the patient rather than in front of them. This tells the patient that you are on the same side with the patient. You are showing empathy for that patient's situation." **DT**